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About ISD
Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics
Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).
Introduction

The collection of information relating to mental health care reflects the variety of clinical settings in which this service is delivered. People receiving their care as inpatients in psychiatric hospitals will generate records held nationally on Scottish Morbidity Record 04 (SMR04) which is dedicated to this area of health service provision. Conversely, patient contact with, for example, specialist community mental health teams, general practice or outpatient facilities is recorded as part of more general or locally specific data schemes. This publication mainly covers psychiatric inpatient (SMR04) data, with reference where possible to data on other mental health care services and their associated data sources.

The information contained in this section has been updated to include data for year ending 31 March 2011.

It should be noted that ongoing efforts to improve the quality of SMR04 data may result in differences to previously published information. National data completeness for psychiatric hospital activity is currently estimated to be 98% at 31 March 2011. For further information on national data completeness and data quality, please see the link to Managing Data Quality.
Key points

- There were around 20,919 inpatient admissions to mental health hospitals during the year ending 31 March 2011. This continues the downward trend seen in recent years and represents a 17% fall in the number of admissions since year 2006/07.
- In 2010/11 around 55% of all inpatient mental health admissions were re-admissions. This percentage is similar to those of the previous five years.
- The number of patients who had a psychiatric readmission within one year of a previous psychiatric admission has decreased steadily from 4,576 for the year ending 31 December 2004 to 3,426 for the year ending 31 December 2009. The year on year reduction from the baseline figure at December 2004 was 8.4% at December 2005, 13.8% at December 2006, 17.8% at December 2007 and 25.1% at December 2009. It should be noted that due to completeness issues data for the year ending 31 December 2008 are unavailable.
- Alcohol/drug related problems accounted for 25% of all discharge diagnoses in men and schizophrenia accounted for a further 19%. For women, mood (affective) disorders accounted for 32% of the diagnoses recorded, while dementia diagnoses were identified in 14% of discharges.
- In 2010/11, around 65% of all mental health discharges had a hospital length of stay of 4 weeks or less. This is similar to previous years.
Results and Commentary

Hospital inpatients

This section provides a summary of psychiatric hospital activity, including admissions, discharges, age & sex characteristics and geographic comparisons.

The majority of current available information on Mental Health in the NHS Scotland comes from acute and psychiatric hospitals. As part of the Scottish Morbidity Record system which covers all inpatient and day case activity in Scottish hospitals, information on people admitted to mental illness specialties has been collected (from SMR04) since the 1960s. Data are collected on all patients at the time of admission to hospital and at the time of discharge from hospital.

The most recent revision of the SMR04 mental health record came into effect on 1st April 1996 and one of the notable changes that was made was the facility to classify the psychiatric specialty. Five mental illness specialties are currently available: general psychiatry, psychiatry of old age, adolescent psychiatry, child psychiatry and forensic psychiatry.

Admissions to mental illness specialties in hospital in Scotland are classified into 3 main types:

First admissions: Patients who have not previously received psychiatric inpatient care
Re-admissions: Patients who are re-admitted following a break from psychiatric inpatient care
Transfers: Direct transfer from another psychiatric hospital or from one consultant to another within the same hospital

- In 2010/11 there were 20,919 inpatient admissions to mental illness specialties which continues the decline seen in recent years. This compares with a figure of 27,787 in 1986/87.
- Total inpatient admissions peaked in 1997/98 at 32,010. The increase from earlier years is mostly accounted for by a rise in the number of re-admissions over time (which continued into the early 2000s), rather than increases in the number of first (i.e. new) psychiatric admissions.
- There has been a continuous reduction of female first admissions since the 1980s. Male first admissions by contrast have remained relatively stable.

Trends in the number of admissions to mental illness specialties for each of the 3 listed categories of admission are shown in the charts below. The data cover the years ending March 1987 to March 2011.
Admissions to mental illness specialties in Scottish hospitals - MALE admissions; 1986/87 to 2010/11.

Source: SMR04

Admissions to mental illness specialties in Scottish hospitals - FEMALE admissions; 1986/87 to 2010/11.

Source: SMR04
For further information on admissions to mental illness specialties please see:

Admissions to mental illness specialties by admission type - years ending 31 March 1987 - 2011

Psychiatric admissions, admission type by age and gender - years ending 31 March 2007 – 2011

Psychiatric admissions, residents and discharges by Health Board of residence and Community Healthcare Partnership - years ending 31 March 2007 - 2011

Mental illness Inpatient specialties

Admissions to mental illness hospitals are divided into five separate clinical specialties. The number of admissions to each specialty for the year ending 31 March 2011 are shown in the table below. These are broadly similar to the numbers seen in previous years.

Mental illness specialties in Scottish hospitals: admissions by specialty – year ending 31 March 2011.

<table>
<thead>
<tr>
<th></th>
<th>All admissions</th>
<th>First Admissions</th>
<th>Re-admissions</th>
<th>Transfers</th>
<th>Other/not known</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All specialties</td>
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<td>3387</td>
<td>5594</td>
<td>1254</td>
<td>281</td>
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<tr>
<td>General Psychiatry</td>
<td>8205</td>
<td>2424</td>
<td>4822</td>
<td>773</td>
<td>186</td>
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<tr>
<td>Child psychiatry</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Adolescent Psychiatry</td>
<td>50</td>
<td>29</td>
<td>14</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Forensic Psychiatry</td>
<td>224</td>
<td>19</td>
<td>70</td>
<td>133</td>
<td>2</td>
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<tr>
<td>Psychiatry of Old Age</td>
<td>2029</td>
<td>910</td>
<td>686</td>
<td>341</td>
<td>92</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All specialties</td>
<td>10016</td>
<td>3257</td>
<td>5606</td>
<td>906</td>
<td>247</td>
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<tr>
<td>General Psychiatry</td>
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<td>2038</td>
<td>4616</td>
<td>566</td>
<td>124</td>
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<td>Child psychiatry</td>
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<td>6</td>
<td>2</td>
<td>-</td>
<td>2</td>
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<tr>
<td>Adolescent Psychiatry</td>
<td>111</td>
<td>70</td>
<td>30</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Forensic Psychiatry</td>
<td>31</td>
<td>1</td>
<td>8</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatry of Old Age</td>
<td>2520</td>
<td>1142</td>
<td>950</td>
<td>310</td>
<td>118</td>
</tr>
</tbody>
</table>

Source: ISD Scotland SMR04
Formal and Informal Admissions

A patient may be admitted as either an informal or a formal admission. A formal admission refers to a patient admitted under the Mental Health (Scotland) Acts 1960 & 1984 and the Mental Health (Care and Treatment) (Scotland) Act 2003. Only a small proportion of all admissions to mental illness specialties are formal.

It should be noted that a patient's status may change during an inpatient episode. Patients who are admitted on a formal basis and have their status revoked whilst in hospital will still be counted as a formal admission in the analysis below.

- The proportion of formal admissions is slightly higher, at around 16%, than that observed in recent years (around 14-15% of total admissions in the previous four years).
- The absolute number of formal admissions has followed the downward trend of total admissions.
- 11.2% of first admissions for males were formal compared with 12.0% for females in year ending 31 March 2011.
- 15.7% of re-admissions for males were formal compared with 13.9% for females in year ending 31 March 2011.

For further information on Formal/Informal admissions please see:

Psychiatric formal/informal admissions for years ending 31 March 2007 - 2011

Further more detailed information on patients admitted under the Mental Health (Scotland) Acts 1960 & 1984 and the Mental Health (Care and Treatment) (Scotland) Act 2003 can be obtained from the Mental Welfare Commission at:

http://www.mwcscot.org.uk/
Destination on Discharge

Information on where patients go when they are discharged from mental illness specialties is routinely collected on SMR04. More than 60 different detailed destination types can be coded. For ease of presentation, these are aggregated into 7 broad categories below.

- Approximately 75% of psychiatric inpatient episodes end with a discharge to the patient's home
- Around 11% of total discharges are transfers to other psychiatric care providers for ongoing mental illness treatment
- These are broadly similar to the numbers for previous years.

Discharges from mental illness specialties in Scottish hospitals by destination on discharge: year ending 31 March 2011

<table>
<thead>
<tr>
<th></th>
<th>Male Number</th>
<th>%</th>
<th>Female Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All discharges</td>
<td>10 516</td>
<td>100.0</td>
<td>10 016</td>
<td>100.0</td>
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<tr>
<td>Discharged home</td>
<td>7 725</td>
<td>73.5</td>
<td>7 648</td>
<td>76.4</td>
</tr>
<tr>
<td>Transfer to other psychiatric care</td>
<td>1 289</td>
<td>12.3</td>
<td>923</td>
<td>9.2</td>
</tr>
<tr>
<td>Transfer to other inpatient care</td>
<td>261</td>
<td>2.5</td>
<td>266</td>
<td>2.7</td>
</tr>
<tr>
<td>Discharged to other NHS/private institution</td>
<td>681</td>
<td>6.5</td>
<td>849</td>
<td>8.5</td>
</tr>
<tr>
<td>Discharged to local authority/voluntary care</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Died</td>
<td>295</td>
<td>2.8</td>
<td>208</td>
<td>2.1</td>
</tr>
<tr>
<td>Other / not known</td>
<td>265</td>
<td>2.5</td>
<td>122</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Source: SMR04

Length of stay

A significant proportion of patients who are admitted to psychiatric inpatient hospitals stay for extended periods of time due to the nature of their illness. This is particularly the case for older people who may be suffering chronic, degenerative illnesses such as dementia and require long-term care.

This is illustrated in the chart below where more than 75% of discharges occur within 4 weeks of admission in the 15 - 44 year old age groups, progressively declining to around 28% of discharges in people aged 75 and over.
Discharges from mental illness specialties in Scottish hospitals
Percentage of patients discharged within 4 weeks of admission, by sex and age
Year ending 31st March 2011

![Bar chart showing percentage discharged within 4 weeks by age and sex]

Source: SMR04

For more detailed information on length of stay for discharges and resident inpatients see:

Discharges from mental illness specialties in Scottish hospitals, percentage of patients discharged within 4 weeks of admission, by gender and age – year ending 31 March 2011

Discharges by diagnosis group

Information Sources and Codes

Psychiatric inpatient episode records (SMR04) provide a source of diagnostic information, with details recorded both on admission to hospital and on discharge (from mental illness specialties).

A main diagnosis is reported, together with provision for up to three further diagnoses on admission, and five further diagnoses on discharge.

- In some cases a specific diagnosis may not be reported on admission, and a diagnosis such as 'under observation' may be recorded.
- The diagnosis may also change between admission and discharge
- For these reasons information on diagnosis is based on diagnosis at the time of discharge from hospital
- The main diagnosis recorded should come from Chapter V (Mental and behavioral disorders) of the International Classification of Diseases 10th Revision (ICD-10)

In order to aid interpretation and analysis ISD usually combines the diagnostic codes into broad groupings. However, information on individual diagnoses is available, if required.
Discharges from mental illness specialties in Scottish hospitals by main diagnosis: Year ending 31 March 2011

1. All diagnosis groups

**Male admissions**  
- Dementia 12%  
- Alcohol/drug misuse 25%  
- Schizophrenia 19%  
- Other psychotic disorders 6%  
- Mood (affective) disorders 21%  
- Neurotic disorders 5%  
- Other conditions 13%

**Female admission**  
- Dementia 14%  
- Alcohol/drug misuse 12%  
- Schizophrenia 8%  
- Other psychotic disorders 5%  
- Mood (affective) disorders 32%  
- Neurotic disorders 8%  
- Other conditions 22%

Totals may not sum to 100% due to rounding  
Source: SMR04

2. Breakdown of mood (affective) disorders

**Male admissions**  
- Bipolar affective disorder 32%  
- Depressive episode 50%  
- Recurrent depressive disorder 10%  
- Other mood (affective) disorders 7%

**Female admission**  
- Bipolar affective disorder 32%  
- Depressive episode 49%  
- Recurrent depressive disorder 13%  
- Other mood (affective) disorders 7%

Totals may not sum to 100% due to rounding
• More males than females discharged from hospital have a diagnosis of alcohol / drug-related problems or schizophrenia.
• Conversely a higher proportion of females than males discharged from hospital have a diagnosis of mood (affective) disorder or dementia.
• The category mood (affective) disorders covers a range of conditions including bipolar affective disorder, depressive episodes and recurrent depressive disorders.
• Depressive disorder accounts for approximately half of all mood (affective) disorders cases.
• For some conditions, most notably schizophrenia, a small number of people may require a relatively large number of spells in hospital.
• During the year ending March 2011, males with a diagnosis of schizophrenia accounted for 19.0% of all admissions but only 5% of first admissions.

The diagnosis groups and their associated ICD10 codes are shown below.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD code (10th revision)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia</td>
<td>F00 - F03 (main diagnosis) or F00*, F02* (second diagnosis)</td>
</tr>
<tr>
<td>Alcohol misuse</td>
<td>F10.0 - F10.9</td>
</tr>
<tr>
<td>Drug misuse</td>
<td>F11.0 - F19.9</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>F20</td>
</tr>
<tr>
<td>Mood (affective) disorders</td>
<td>F30 – F39</td>
</tr>
<tr>
<td>Bipolar affective disorders</td>
<td>F31</td>
</tr>
<tr>
<td>Depressive episode</td>
<td>F32</td>
</tr>
<tr>
<td>Recurrent depressive disorder</td>
<td>F33</td>
</tr>
<tr>
<td>Other psychotic disorders</td>
<td>F04, F05, F09, F22, F23, F24, F28, F29</td>
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<tr>
<td>Disorders of childhood</td>
<td>F80, F81, F82, F83, F84, F88, F89, F90, F93, F94, F98</td>
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<tr>
<td>Neurotic, stress – related and somatoform disorders</td>
<td>F40 – F48</td>
</tr>
<tr>
<td>Personality disorders</td>
<td>F60</td>
</tr>
<tr>
<td>Learning disability</td>
<td>F70 – F79</td>
</tr>
<tr>
<td>Other conditions</td>
<td>All other codes from Chapter V</td>
</tr>
</tbody>
</table>

Further information on discharges from mental illness specialties, aggregated into seven broad diagnostic groupings (main diagnosis on discharge) by gender is available in the following tables.

Psychiatric hospital discharges by diagnosis, type of admission and gender – years ending 31 March 2007 – 2011

Psychiatric hospital discharges by diagnosis, gender and age with rates – years ending 31 March 2007 – 2011
Psychiatric readmission

Information on the number of readmissions to psychiatric hospitals (HEAT target).

The target period for this HEAT target was for patients discharged to end December 2009 and potentially readmitted up to one year after that date. The data now available up to December 2010 allow final performance against this target to be assessed.

**Number of psychiatric readmissions**

![Graph showing the number of psychiatric readmissions from Dec 04 to Dec 09](image)

Source: SMR04

The number of patients who had a psychiatric readmission (within one year of a previous psychiatric admission) has decreased steadily between the years ending 31 December 2004 and 31 December 2009, from 4,576 to 3,426 - a reduction of around 25%. Please note: data for the year ending December 08 is not available due to completeness issues (Information is not shown where completeness estimates for any boards are less than 85% for the year following the discharge period).

Information on readmissions by NHS Health Board is available in the following table.

**Psychiatric readmissions by NHS board**
Day patients

Many patients requiring hospital care for mental illness will receive treatment or therapy on a 'day patient' basis. Day patients commonly attend on a regular basis and an attendance often lasts for at least half a day. It should be noted that due to the ongoing issues relating to the supply of complete and comprehensive hospital activity data from a number of NHS Boards, ISD Scotland are still unable to publish these data later than year ending 31 March 2010.

- Psychiatric specialties account for a significant proportion of overall day patient numbers; in 2009/10, approximately 53% (233,959) of total day patient attendances were in psychiatric specialties.

Trends in total day patient attendances in psychiatric specialties in Scotland; years ending 31 March 2001 - 2010

Source ISD(S)1
Outpatients Summary of attendances at outpatient clinics in psychiatric specialties

Although attendance at NHS hospitals, clinics and other settings for consultant outpatient treatment can take place outwith a psychiatric hospital setting they are an important source of contact with the health service for patients with a mental illness. It should be noted that due to the ongoing issues relating to the supply of complete and comprehensive hospital activity data from a number of NHS Boards, ISD Scotland are still unable to publish these data later than year ending 31 March 2010.

Trends in new outpatient attendances at consultant clinics within mental health specialties. Years ending 31st March 2001 to 2010

Rates for people who failed to attend their outpatient appointment at psychiatric specialties varies considerably. For example, in the year ending 31 March 2010 for patients attending the specialties of forensic psychiatry or psychiatry of old age, the failure to attend rate was around 7%. In the specialty of general psychiatry however, the rate of failure to attend rose to almost 24%.
Rates (%) of new outpatients who failed to attend their appointment within mental health specialties. Years ending 31st March 2006 to 2010

Source SMR00

Links to other information sources

Information on the following mental health topics is also available:

- Mental Health diagnoses in Acute (general) hospitals
- Psychiatric bed provision
- SPARRA MD report final
- Child Health
- Community prescriptions
- General Practice
- Suicide
- Health and Social Community Care
- Substance Misuse
- Workforce

These can be accessed via the following link:

Other information sources
Glossary

SMR04 Scottish Morbidity record 04 – records information on all inpatient admissions and discharges from NHS mental health (psychiatric) hospitals in Scotland.

Formal Admission Formal detention – Admission to psychiatric inpatient facilities under the jurisdiction of the Mental Health (Scotland) acts 1960 and 1984 and the Mental Health (Care and Treatment) (Scotland) Act 2003.

Forensic Psychiatry A specialised branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems.
## List of Tables

<table>
<thead>
<tr>
<th>Table No.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
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<td>Psychiatric admissions, admission type by age and gender - years ending 31 March 2007 - 2011</td>
<td>Years ending 31 March 2007 to 2011</td>
<td>Excel [32kb]</td>
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<td>Admissions to mental illness specialties by admission type - years ending 31 March 1987 - 2011</td>
<td>Years ending 31 March 1987 to 2011</td>
<td>Excel [20kb]</td>
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<td>3</td>
<td>Psychiatric admissions, residents and discharges by Health Board of residence and Community Healthcare Partnership - years ending 31 March 2007 - 2011</td>
<td>Years ending 31 March 2007 to 2011</td>
<td>Excel [120kb]</td>
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<tr>
<td>4</td>
<td>Psychiatric formal/ informal admissions for years ending 31 March 2007 - 2011</td>
<td>Years ending 31 March 2007 to 2011</td>
<td>Excel [27kb]</td>
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<td>Psychiatric hospital discharges by diagnosis, type of admission and gender - years ending 31 March 2007 - 2011</td>
<td>Years ending 31 March 2007 to 2011</td>
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<td>Psychiatric hospital discharges by diagnosis, gender and age with rates - years ending 31 March 2007 - 2011</td>
<td>Years ending 31 March 2007 to 2011</td>
<td>Excel [147kb]</td>
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<td>Discharges from mental illness specialties in Scottish hospitals, percentage of patients discharged within 4 weeks of admission, by gender and age - year ending 31 March 2011</td>
<td>Year ending 31 March 2011</td>
<td>Excel [40kb]</td>
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<tr>
<td>8</td>
<td>Psychiatric re-admissions (HEAT) target</td>
<td>Year ending 31 December 2010</td>
<td>Excel [36kb]</td>
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</table>
Contact

Gordon Thomson
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0131 275 6844

Emma McNair
Principal information analyst
emma.mcnaire@nhs.net
0131 275 6668

Further Information

Further information can be found on the ISD website
## Appendix

### A1 – Background Information

### A2 – Publication Metadata (including revisions details)

<table>
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<tr>
<td>Description</td>
<td>Mental health activity data collected across NHSScotland based on nationally available information routinely drawn from hospital administrative systems. The principal data source is the SMR04 (mental health) return which collects information on admissions to and discharges from NHS psychiatric hospitals in Scotland</td>
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<td>Excel workbooks PDF</td>
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<td>Continuity of data</td>
<td>Includes tables and reports showing year on year comparisons</td>
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<tr>
<td>Revisions statement</td>
<td>As with other SMR data collections, SMR04 – the main source of data included in this publication – is dynamic and each new publication includes revised data for previous years</td>
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<td>Relevance and key uses of the statistics</td>
<td>Making information publicly available for planning, epidemiology, provision of service and providing comparative information</td>
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<td>Completeness</td>
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</tr>
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<tr>
<td>Official Statistics designation</td>
<td>Official Statistics</td>
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<tr>
<td>UK Statistics Authority assessment</td>
<td>Not yet submitted for assessment</td>
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<tr>
<td>Last published</td>
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A3 – Early Access details (including Pre-Release Access)

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

- Standard Pre-Release Access:
  - Scottish Government Health Department
  - NHS Board Chief Executives
  - NHS Board Communication leads

Extended Pre-Release Access
Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

- Scottish Government Health Department (Analytical Services Division)