Hospital inpatient care of people with mental health problems in Scotland

Trends up to 31 March 2015

Publication date – 10 May 2016
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Main points

Patients treated for mental health conditions in all hospital wards

- Since 1997/98 discharges for mental health conditions from mental health units fell from over 30,000 per year to less than 18,500. Over the same period, discharges from general hospitals for mental health conditions increased from just under 9,500 to nearly 18,000.
- Patients discharged from mental health units tended to be younger than those discharged from general hospital wards, with an average age of 50 compared to 60.
- Among people discharged from general hospital wards for a mental health problem, most were treated for an organic disorder, such as dementia or delirium, or for a condition related to substance misuse.
- Among those discharged from mental health units, most were treated for schizophrenia and similar disorders, or for disorders of mood.

Patients treated in psychiatric specialties up until 2014/15

- The number of patients treated in mental health units in 2014/15 was slightly lower than in 2013/14.
- People living in the most deprived areas were more than four times as likely to experience a period of psychiatric inpatient care than those in the least deprived areas.

Patients treated in the Learning Disability specialty

- Discharges from the Learning Disability specialty fell sharply from around 4,700 to around 1,200, between 1997/98 and 2005/06, but have started to level out in more recent years. This reflects changes in patterns of care, moving away from long term hospital care towards more community based care.
- People living in the most deprived areas were more than three times as likely to experience an episode of inpatient care in the Learning Disability specialty than those living in the least deprived areas.
Introduction

Mental health problems and learning disability

The term ‘mental health problems’ includes common conditions such as depression and anxiety. Also included are conditions such as schizophrenia and bipolar disorder which are characterised by psychotic symptoms eg hallucinations or delusions. The term also includes personality disorders and eating disorders. Dementia and delirium, which have a demonstrable organic cause in terms of brain disease or injury, are also classified under the umbrella term of mental disorders.

A learning disability is described by Mencap as ‘a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complex information and interact with other people’.

This report

This publication by the Information Services Division (ISD) presents information on patients with mental health problems or learning disability who have been cared for as inpatients or day cases in Scottish hospitals. It also includes records from certain care homes contracted by NHS Boards to provide this care. This report includes information up to 31 March 2015 for all NHS Boards of residence and treatment.

Improvements in SMR04 data completeness in recent years have allowed ISD to improve and expand the structure, scope and content of this report. Several considerations have informed this development, including the following:

- A strategic shift in the care of people with mental health problems away from inpatient treatment towards various forms of care in the community in recent decades. This reflects the evolution of policy (see most recently Scotland’s Mental Health Strategy: 2012-15). As this trend has led to large long-term reductions in the numbers of mental health hospital admissions and the size of the inpatient population (‘hospital residents’) recorded on SMR04, the report presents long-term trends.

- An intention to balance the previous focus on numbers of SMR04 admissions and discharges with long-term trends in the size and characteristics of the hospital resident population.

- The results of a consultation exercise by ISD in 2013 on the future structure and content of the report, including a request for information on patients with learning disability. Recent reports have presented findings for patients with mental health problems treated in mental health specialties but these have excluded the specialty of Learning Disability. In this report, there is a section which looks at records from the Learning Disability specialty.

- The assessment in 2013 by the United Kingdom Statistics Authority of the 2012 mental health publication, which lead to a series of recommendations to facilitate progress towards National Statistics accreditation. These were implemented in the July 2014 report wherever possible, and also incorporated in subsequent reports.
A desire to minimise duplication of information published elsewhere by ISD, eg as part of the Mental Health Benchmarking Toolkit. As a result, recent reports do not contain information on, for example, length of stay or readmission rates.

In Scotland, the majority of mental health inpatients are treated in a psychiatric hospital or unit, under the care of a psychiatrist, in a psychiatric specialty, such as General Psychiatry. However, a large number of patients whose principle diagnosis is a mental health condition are treated in general hospitals under the care of different specialties, such as General Medicine. Until the publication of this report, this group of patients was not included in the reporting of mental health inpatient activity. In another change from recent reports, data for patients treated at the State Hospital are now included in this report.

Please note that this 2016 report has been renamed ‘Hospital inpatient care of people with mental health problems in Scotland’ where previously it was ‘Mental health hospital inpatient care’. This change is to reflect the greater coverage of data sources included this year.

Information sources

Information on mental health inpatients is recorded in the dataset Scottish Morbidity Record 04 (SMR04). Information on non-psychiatric specialties is recorded in the Scottish Morbidity Record 01 (SMR01). Both types of SMR record are produced by NHS Boards and submitted to ISD for collation and analysis at Scotland level.

For further background on the SMR01 and SMR04 datasets, please see Appendix 1.

Data completeness

Publication of this report was delayed from December 2015 due to data completeness issues in SMR04 for a number of NHS Boards. The report includes information up to 31 March 2015, captured at the end of January 2016 for all NHS Boards of residence and NHS Boards where treatment occurred. There are still some completeness issues for NHS Highland and NHS Borders, which are largely due to a change of recording system, and further details are given in Appendix 2. Totals for Scotland are given in the report, but it is important to remember that these will be slight underestimates due to the missing data.

It should also be noted that an increasing amount of healthcare for mental illness takes place in the community, for example through specialist community mental health teams and general practice.

Using this report

This report uses the term ‘hospitals’ to cover all settings where care is given rather than specify hospital or care home. Similarly, as the vast majority of records (over 98%) are inpatients the report will refer to inpatient care rather than differentiate between inpatients and daycases.

Figure A1 shows the different hospital settings where patients with mental health problems or learning disability are cared for as inpatients.
**Figure A1 – Treatment settings for mental health\(^1,2\) or learning disability inpatients discharged from hospitals in Scotland\(^3\), 2014/15**

The majority of care of mental health patients takes place in the specialties of General Psychiatry (psychiatric specialty, recorded as SMR04) and General Medicine (non-psychiatric specialty, recorded as SMR01).

**Further reading and related information sources**

Psychiatric outpatient and community care are key service in the treatment of mental health problems. Although this report does not include data on these services, more details are provided in the [Links to related information sources and publications](#) section.

Information on the population prevalence of common mental health problems, and indicators of mental wellbeing, can be found on the [Scottish Public Health Observatory’s Mental Health](#) web pages.
Results and commentary

In previous years, this report has concentrated solely on information on the psychiatric (mental health) specialties in Scottish hospitals, i.e. the four specialties of General Psychiatry, Psychiatry of Old Age, Forensic Psychiatry and Child & Adolescent Psychiatry. This is represented by the red bar in Figure A1, excluding the Learning Disability portion at the top.

However, as indicated in Figure A1, this is only part of the picture of mental health inpatient care in Scotland, as people with learning disability also form a part of this population, and people are also treated for mental health problems in non-psychiatric specialties. Therefore, two additional sections are included in the Results, and the full structure is outlined below.

Section 1

This new section looks at all inpatients (and day cases) with a diagnosis of ‘mental and behavioural disorders’ (ICD10 codes F00-F99) recorded as their main diagnosis on discharge from Scottish hospitals. There are two (overlapping) groups of such patients: those treated in dedicated psychiatric specialties (SMR04) and those treated in acute (non-psychiatric) specialties (SMR01).

The main characteristics of the two groups are examined and any differences between them highlighted.

Note that this section excludes records from the Learning Disability specialty in SMR04. However, it will include a small number of patients treated outwith this specialty who have intellectual disability (ICD10 codes F70-F79) coded as their principal diagnosis.

Section 2

Section 2 is similar to last year’s report. It presents long-term trends up to 2014/15 (i.e. the year to 31 March 2015) in numbers of admissions, discharges, continuous inpatient stays, patients and residents in psychiatric specialties in Scottish hospitals (all recorded in SMR04). The trend data starts in either 1983/84 or 1997/98, and is presented for a range of geographical breakdowns, patient and clinical characteristics. As this is an update from the last report (May 2015), many findings have been omitted where there has been no noticeable difference compared to the previous report. All the results from this section are available in separate downloadable Excel spreadsheets.

For comparability with previous reports, data included in this section does not include patients treated in the Learning Disability specialty. Unlike previous reports, the section does include, within the Forensic Psychiatry data, patients treated at the State Hospital (Carstairs).

Section 3

This new section looks at the records for patients treated in the Learning Disability specialty (recorded in SMR04). It includes a breakdown of some of their demographics and reflects the different service models operating in different areas of Scotland.
Section 1 – Patients treated for mental health conditions in all hospital wards

This new section of the report compares and contrasts people whose primary diagnosis at the time of discharge was a mental health disorder (ICD10 code F00-F99), but whose admission was recorded in either the SMR04 or SMR01 dataset.

For simplicity, this group of patients, defined by their diagnosis, will be called ‘mental health patients’. Also, the term ‘specialty type’ will be used to refer to the following two groups; ‘psychiatric specialties’ (SMR04) and ‘non-psychiatric specialties’ (SMR01).

Table 1.1 shows the numbers of mental health patients and discharges, by specialty, in 2014/15. Nearly half of all discharges (49%) and patients (45%) were from non-psychiatric specialties.

Table 1.1: Numbers of discharges and patients\(^1\) with a main diagnosis of mental and behavioural disorders\(^2\), treated in Scottish hospitals\(^3\), by specialty, 2014/15.

<table>
<thead>
<tr>
<th>Specialty Type</th>
<th>Specialty</th>
<th>Number of discharges</th>
<th>%</th>
<th>Number of patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grand total</td>
<td>36,291</td>
<td>100%</td>
<td>21,635</td>
<td>100%</td>
</tr>
<tr>
<td>Psychiatric Specialties</td>
<td>Psychiatric specialties total</td>
<td>18,407</td>
<td>51%</td>
<td>12,868</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td>General Psychiatry</td>
<td>14,455</td>
<td>40%</td>
<td>9,960</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>Psychiatry of Old Age</td>
<td>3,252</td>
<td>9%</td>
<td>2,576</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>Forensic Psychiatry</td>
<td>433</td>
<td>1%</td>
<td>296</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Child &amp; Adolescent Psychiatry</td>
<td>267</td>
<td>1%</td>
<td>206</td>
<td>1%</td>
</tr>
<tr>
<td>Non-psychiatric specialties</td>
<td>General Medicine</td>
<td>10,869</td>
<td>30%</td>
<td>6,502</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>Medicine of Old Age</td>
<td>3,191</td>
<td>9%</td>
<td>2,090</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Acute Medicine</td>
<td>786</td>
<td>2%</td>
<td>654</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Accident &amp; Emergency</td>
<td>742</td>
<td>2%</td>
<td>656</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>GP other than Obstetrics</td>
<td>640</td>
<td>2%</td>
<td>531</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Gastroenterology</td>
<td>289</td>
<td>1%</td>
<td>226</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>1,367</td>
<td>4%</td>
<td>1,017</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: SMR04 and SMR01.

1. Patients are counted once within each specialty in which they were treated in the time period, therefore the same patient may be counted in several different specialties. The total for each specialty type may therefore be less than the sum of all the individual specialties.
2. Mental and behavioural disorders is defined by the following ICD10 codes - F00-F99.
3. Includes patients from outwith Scotland who have been treated in Scottish hospitals.
4. The figures presented here differ from those in Figure A1 as these only include discharges/patients with a main diagnosis of mental and behavioural disorders. Discharges from the Learning Disability specialty are also excluded here.

Note that selecting patients with ‘mental and behavioural disorders’ (ICD10 codes F00-F99) as their main diagnosis captured about 88% of discharges in SMR04. The same group of codes captures about 1.1% of all discharges in SMR01.
Other groups of diagnoses which were omitted from the analysis, ‘Factors influencing health status and contact with health services’ is the main omission (8% of discharges in SMR04). This category includes admissions for ‘General psychiatric examination’ and ‘Observation for suspected mental and behavioural disorders’. (This is shown in Table 1.2 in accompanying Excel spreadsheet Section-1-MH-patients-treated-in-all-hospial-wards.xlsx.)

Figure 1.1 illustrates the spread of specialties for discharges. Psychiatric specialties are shown in red and non-psychiatric specialties in blue.

**Figure 1.1: Number of discharges\(^1\) from Scottish hospitals\(^2\) with a main diagnosis of mental and behavioural disorders\(^3\), by specialty, 2014/15**

![Discharge Bar Chart](image)

Source: SMR04 and SMR01.

1. A patient can have several discharges in the year in one or more specialties.
2. Includes patients from outwith Scotland who have been treated in Scottish hospitals.
3. Mental and behavioural disorders is defined by the following ICD10 codes - F00-F99.
4. The figures presented here differ from those in Figure A1 as these only include discharges/patients with a main diagnosis of mental and behavioural disorders. Discharges from the Learning Disability specialty are also excluded here.

Of discharges recorded in SMR01 with a primary mental health diagnosis, almost a third (30%) were from the specialty of General Medicine. A further 9% of these discharges were from Medicine of Old Age.

**1.1 Time trend**

Figure 1.2 shows the time trend from 1997/98 to 2014/15 in discharges with a main diagnosis of mental and behavioural disorders.
Figure 1.2: Discharges\textsuperscript{1,2} with a main diagnosis of mental and behavioural disorders\textsuperscript{3}, by specialty type (psychiatric or non-psychiatric)\textsuperscript{4}, 1997/98–2014/15

![Discharge Chart]

Source: SMR04 and SMR01.

1. Excludes discharges from the Learning Disability specialty.
2. This table relates to the number of discharges rather than patients, therefore the same patient may be counted multiple times.
3. Mental and behavioural disorders are defined by the following ICD10 codes: F00–F99.
4. Includes discharge records for patients from outwith Scotland who have been treated in Scottish hospitals.

The total number of discharges initially decreased from over 39,000 in 1997/98 to a low of just under 32,500 in 2009/10, before increasing again to over 36,000 in 2014/15. The number of these discharges from psychiatric specialties decreased over the whole period, from just under 30,000 to 18,407. At the same time, discharges from non-psychiatric specialties increased from just under 9,500 to nearly 18,000.

In 2014/15, for the first time there were nearly as many discharges from non-psychiatric specialties as psychiatric specialties. These trends make it look as if psychiatric care has shifted away from the specialised mental health specialties into non-psychiatric specialties, but the more detailed analysis below does not support this.

When this trend was broken down by diagnosis (Figures 1.3 & 1.4), the increase in discharges from non-psychiatric specialties was mostly for diagnoses of ‘delirium’ (ICD10 code F05) or ‘mental and behavioural disorders due to psychoactive substance use’ (ICD10 codes F10-F19). Discharges for ‘delirium’ increased by over 4,000 (from 225 in 1997/98 to 4,455 in 2014/15), and discharges for ‘mental and behavioural disorders due to psychoactive substance use’ increased by just under 4,000 (from 5,334 in 1997/98 to 9,267 in 2014/15). Discharges for the ‘organic’ group increased by just 20 and ‘other’ diagnoses only increased by 214.

In psychiatric specialties there were very few discharges for ‘delirium’ (less than 200 per year) over the period 1997/98 to 2014/15. Discharges for ‘mental and behavioural disorders due to psychoactive substance use’ decreased by over 2,200, (from 5,677 in 1997/98 to 3,447 in 2014/15). Discharges for the ‘organic’ group decreased by 3,000 (from 4,642 in 1997/98 to 1,640 in 2014/15), while discharges for the ‘other’ diagnosis category decreased by just over 6,000.
The only diagnosis where a decrease in discharges in psychiatric specialties corresponded with an increase in discharges from non-psychiatric specialties was ‘mental and behavioural disorders due to psychoactive substance use’. This suggests that most of the discharges that once took place in psychiatric specialties have not simply shifted from psychiatric to non-psychiatric specialties during this time period.

Figures 1.3 and 1.4 show the corresponding trends by selected diagnosis groupings for psychiatric and non-psychiatric specialties.

**Figure 1.3: Discharges\(^1\) from psychiatric specialties with a main diagnosis of mental and behavioural disorders\(^2\), by selected diagnosis groupings\(^3\), 1997/98–2014/15**

**Figure 1.4: Discharges\(^1\) from non-psychiatric specialties with a main diagnosis of mental and behavioural disorders, by selected diagnosis groupings, 1997/98–2014/15**

Source: SMR04 and SMR01.

1. Excludes discharges from the Learning Disability specialty.
2. Mental and behavioural disorders are defined by the following ICD10 codes: F00-F99.
3. The ICD10 codes for each condition are presented in brackets in the key.
4. Includes patients from outwith Scotland who have been treated in Scottish hospitals.

1.2 Comparison of patients treated in psychiatric hospitals, non-psychiatric hospitals, or both

In the rest of Section 1, the patients discharged with a main diagnosis of ‘mental and behavioural disorders’ over the five-year period 2010/11-2014/15 have been split into three categories by specialty type:

1. **Psychiatric:** Those with discharges from psychiatric specialties only, in the entire time period.
2. **Non-psychiatric:** Those with discharges from non-psychiatric (acute) specialties only, in the entire time period.
3. **Both:** Those with discharges from both psychiatric and non-psychiatric specialties.

The records of patients in category 3 may be component parts of one single stay in hospital where the patient was transferred between non-psychiatric and psychiatric specialties. Alternatively the records could be part of two completely different stays.

**Overview**

Figure 1.5 shows how people with mental health diagnoses treated in all Scottish hospitals are divided into the three categories.

**Figure 1.5: Patients\textsuperscript{1,2} with a main diagnosis of mental and behavioural disorders\textsuperscript{3}, discharged from hospitals in Scotland\textsuperscript{4}, by specialty type, 2010/11 - 2014/15**

\begin{figure}
\centering
\includegraphics[width=\textwidth]{chart.png}
\caption{Patients with a main diagnosis of mental and behavioural disorders, discharged from hospitals in Scotland, by specialty type, 2010/11 - 2014/15}
\end{figure}

Source: SMR04 and SMR01.
1. Excludes patients discharged from the Learning Disability specialty.
2. Patients may have had multiple episodes in each category but are only counted once in that category, a patient can only be allocated to one of the three categories.
3. Mental and behavioural disorders are defined by the following ICD10 codes: F00-F99.
4. Includes patients from outwith Scotland who have been treated in Scottish hospitals.

Figure 1.5 shows that out of nearly 82,000 patients treated for ‘mental and behavioural disorders’ in the time period 2010/11-2014/15, 52% only had discharges from psychiatric specialties, 40% only had discharges from non-psychiatric specialties and the remaining 8% had a mixture of discharges from psychiatric and non-psychiatric specialties.
**By NHS Board of treatment**

Figure 1.6 shows the split in each category for each NHS Board of treatment.

**Figure 1.6: Patients\(^1\)\(^-\)\(^2\) with a main diagnosis of mental and behavioural disorders\(^3\), discharged from hospitals in Scotland\(^4\), by NHS Board of treatment and specialty type\(^5\), 2010/11 - 2014/15.**

The breakdown by the three categories shows that most NHS Boards of treatment have a similar breakdown to Scotland as a whole. The exceptions include:

- Of the 14 territorial NHS Boards, Forth Valley and Tayside have the highest proportion of patients with discharges only from psychiatric specialties (70% and 65% respectively).

Source: SMR04 and SMR01.

1. Patients are counted once within each NHS Board which they were treated with in the time period. The same patient may be counted in several different NHS Boards if they received treatment in more than one during the period.
2. Patients may have had multiple episodes in each category but are only counted once in that category, a patient can only be allocated to one of the three categories.
3. Mental and behavioural disorders are defined by the following ICD10 codes: F00-F99.
4. Includes patients from outwith Scotland who have been treated in Scottish hospitals.
5. Excludes patients discharged from the Learning Disability specialty.
- Orkney and Shetland have no psychiatric hospitals within their area and so all discharges in these NHS Boards are from non-psychiatric specialties. When patients resident in Orkney and Shetland need psychiatric inpatient care, this will be provided by a mainland Board.
- The State Hospital (Carstairs) is a mental health hospital only, and so all of the patients treated there only have psychiatric discharge records.

**By diagnosis**

This section uses more detailed diagnosis groupings than previous sections, and these are described in Table 1.3.

Two of these categories (‘Organic mental disorders’ and ‘Mental disorders due to psychoactive substance use’) were presented as a time trend in Figure 1.3 and 1.4. Delirium was also presented in Figure 1.3 and 1.4 but this is a subset of the ‘Organic mental disorders’ group. These categories were selected as they were the ones that showed the most change over time.

**Table 1.3: ICD10 chapter V sub categories and examples of conditions in each grouping.**

<table>
<thead>
<tr>
<th>ICD10 Code</th>
<th>Primary diagnosis category</th>
<th>Includes the following conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>F00-09</td>
<td>Organic mental disorders</td>
<td>Dementia, delirium, mental disorders due to brain damage</td>
</tr>
<tr>
<td>F10-19</td>
<td>Mental disorders due to psychoactive substance use</td>
<td>Disorders due to use of: alcohol, licit and illicit drugs and psychoactive substances</td>
</tr>
<tr>
<td>F20-29</td>
<td>Schizophrenia, Schizotypal and delusional disorders</td>
<td>Schizophrenia, psychotic disorders, schizoaffective disorders</td>
</tr>
<tr>
<td>F30-39</td>
<td>Mood (affective) disorders</td>
<td>Depression, mania, bipolar disorder</td>
</tr>
<tr>
<td>F40-49</td>
<td>Neurotic and stress-related disorders</td>
<td>Anxiety disorders, Obsessive-compulsive disorder (OCD), Post-traumatic stress disorder (PTSD), hypochondria, dissociative disorders</td>
</tr>
<tr>
<td>F50-59</td>
<td>Behavioural syndromes associated with physiological disturbances</td>
<td>Eating disorders, sleep disorders, sexual dysfunction</td>
</tr>
<tr>
<td>F60-69</td>
<td>Disorders of adult personality and behaviour</td>
<td>Personality disorders, impulse disorders (pathological fire-setting, stealing etc.)</td>
</tr>
<tr>
<td>F70-79</td>
<td>Intellectual disability</td>
<td>Mild, moderate, severe and profound intellectual disability</td>
</tr>
<tr>
<td>F80-89</td>
<td>Disorders of psychological development</td>
<td>Autism, speech disorders, dyspraxia, developmental dyslexia</td>
</tr>
<tr>
<td>F90-99</td>
<td>Behavioural and emotional disorders with onset in childhood</td>
<td>Attention deficit and hyperkinetic disorders, conduct disorders, tic disorders</td>
</tr>
</tbody>
</table>

Figure 1.7 shows the three categories of patients by the diagnosis groupings listed above.
Figure 1.7: Patients\textsuperscript{1,2} with a main diagnosis of mental and behavioural disorders\textsuperscript{3}, discharged from hospitals in Scotland\textsuperscript{4}, by main diagnosis grouping and specialty type\textsuperscript{5}, 2010/11 - 2014/15

Source: SMR04 and SMR01.

1. Patients are counted once within each diagnosis category which they were discharged with, in the time period. The same patient may be counted in several different diagnosis categories if they had more than one discharge during the period.

2. Patients are counted under ‘Both’ for a particular diagnosis if they had at least one discharge with that primary diagnosis in both a psychiatric and non-psychiatric specialty.

3. Mental and behavioural disorders are defined by the following ICD10 codes: F00-F99.

4. The data include people from outwith Scotland who have been treated in Scottish hospitals.

5. Excludes discharges from the Learning Disability specialty.

Figure 1.7 shows that the distribution of care in psychiatric versus non-psychiatric specialties varies with the main diagnostic groupings:

**Psychiatric**

The patients who only have discharges from psychiatric specialties have a range of diagnoses recorded. The most common diagnosis, attributed to 36% of these patients, is ‘mood (affective) disorders’ (F30-39). A diagnosis of ‘schizophrenia and delusional disorders’ (F20-29) is attributed to 25%, ‘mental disorders due to substance misuse’ (F10-19) to 21% (of which 75% relate to alcohol and 25% relate to drugs) and ‘organic mental disorders’ (F00-09) to 15%. ‘Organic mental disorders’ includes conditions like dementia and delirium which predominantly affect older people.

**Non-psychiatric**

In contrast, the majority of patients treated solely in non-psychiatric specialties had one of two main diagnoses; ‘mental disorders due to substance use’ (F10-F19) (51%) or ‘organic mental disorders’ (F00-F09) (38%).

Of the discharges recorded as ‘mental disorders due to substance use’, over 90% were related to alcohol use, such as conditions like ‘acute intoxication’, ‘harmful use of alcohol’ and ‘withdrawal’.
Both specialty types

Of the patients discharged from both psychiatric and non-psychiatric specialties, 46% had a main diagnosis of ‘mental disorders due to substance use’. This may reflect patterns of presentation that include the effects of acute intoxication or long term misuse, the need for detoxification or manifestation of psychiatric symptoms due to substance use.

There were no diagnosis groupings in which all patients were exclusively treated in psychiatric or exclusively treated in non-psychiatric specialties. However, patients with a diagnosis of ‘schizophrenia and delusional disorders’ (F20-29), ‘mood (affective) disorders’ (F30-39) or ‘disorders of adult personality and behaviour’ (F60-69) appear much more likely to be treated exclusively in psychiatric specialties (Figure 1.7).

By age group

When looking at the three patient categories by age group, differences can again be seen (Figure 1.8).

Figure 1.8: Patients with a main diagnosis of mental and behavioural disorders, discharged from hospitals in Scotland, by age group and specialty type, 2010/11 - 2014/15

Source: SMR04 and SMR01.
1. Patients are counted once in the time period. For patients discharged several times in the five-year period, their age is taken at their first admission during the period.
2. Mental and behavioural disorders are defined by the following ICD10 codes: F00-F99.
3. The data include people from outwith Scotland who have been treated in Scottish hospitals.
4. Excludes discharges from the Learning Disability specialty.

Patients discharged only from psychiatric specialties tended to be younger (mean age 50, median age 46 years) than those discharged only from non-psychiatric specialties (mean age 60 and median age 62 years). The age groups with the highest number of patients were 25-34, 35-44 and 45-54 years (psychiatric specialties) and 75-84 and 85 and over (non-psychiatric specialties) (Figure 1.8). For the psychiatric specialties, the peak amongst patients aged 25-54 reflected the spike in the three diagnoses of ‘mental disorders due to psychoactive substance
use’, schizophrenia, and mood disorders, which together accounted for 80% of patients aged 25-54. For the non-psychiatric specialties, the peak amongst patients aged 75 and over reflected the spike in ‘organic mental disorders’ such as dementia and delirium, which affected 85% of these patients aged 75 and over.

The patients with discharges from both psychiatric and non-psychiatric specialties occurred in each age group, with a peak at 35-44 years.

All of the tables in section 1 of the report are available in the following Excel spreadsheet Section-1-MH-patients-treated-in-all-hospital-wards.xlsx

1.3 Flow of patients within hospital stays

This report has already shown that around 92% of psychiatric patients had episodes only in psychiatric or only in non-psychiatric specialties in the five-year period 2010/11-2014/15 (Figure 1.5). Eight percent of patients had discharges from both specialty types, and this section explores whether these were a mixture of separate stays in each specialty type, or whether patients were transferred between non-psychiatric and psychiatric specialties within a single hospital stay.

To investigate this we used continuous inpatient stays (CIS). Due to the way SMR records are generated, one CIS in hospital can be made up of multiple SMR records. A new SMR record is created whenever a patient changes specialty, consultant, significant facility or hospital. If episodes are grouped up into CISs, it is possible to see how many are made up of records in both psychiatric and non-psychiatric specialties and follow a patient’s care pathway.

In the period 2010/11-2014/15, there were 81,700 patients discharged with mental health related conditions (ICD10 codes F00-F99). These patients had a total of 138,253 continuous inpatient stays in hospital which in turn were made up of 173,100 SMR episodes.

Table 1.4 shows the types of CIS.

<table>
<thead>
<tr>
<th>Type of CIS</th>
<th>Number of CISs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CISs involving both specialty types</td>
<td>2,071</td>
<td>1.5%</td>
</tr>
<tr>
<td>CISs with transfer from non-psychiatric to psychiatric specialty</td>
<td>1,560</td>
<td>1.1%</td>
</tr>
<tr>
<td>CISs with transfer from psychiatric to non-psychiatric specialty</td>
<td>366</td>
<td>0.3%</td>
</tr>
<tr>
<td>CISs with transfers in both directions</td>
<td>145</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Total CISs</strong></td>
<td><strong>138,253</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: SMR04 and SMR01.
1. Only includes episodes that have an F code recorded as their main diagnosis. If a patient has a stay made up of some episodes with an F code and some without an F code then only the episodes with the F code are included here.
2. Mental and behavioural disorders are defined by the following ICD10 codes: F00-F99.
3. The data include people from outwith Scotland who have been treated in Scottish hospitals.
4. Excludes discharges from the Learning Disability specialty.

The vast majority of CISs (nearly 99%) were made up entirely of records of one specialty type. Less than 2% involved the patient moving from one specialty type to the other, with three-quarters of these being transfers from a non-psychiatric specialty to a psychiatric specialty.
Transfers the other way were less common, as were transfers from one specialty type to the other and back again.

In summary, patients do not often transfer from one specialty type to the other during their hospital stay, however, when patients do transfer, the most common way is from a non-psychiatric specialty to a psychiatric specialty.

It is important to note that this analysis only looked at patients with a mental health diagnosis recorded. There may be other diagnoses (such as self-harm) that are likely to involve episodes in both a psychiatric and a non-psychiatric specialty.
Section 2 – Patients treated in psychiatric specialties

This section is based on information collected in Scottish Morbidity Record 04 (SMR04) and presents similar breakdowns to those in the 2015 report. Not all analyses are included in this PDF report but are available in the following separate Excel spreadsheets:

Section-2-1-Scotland-NHSboard-LA
Section-2-2-Age-Gender
Section-2-3-Deprivation-UrbanRural
Section-2-4-Specialty-AdmType-Diagnosis

As was the case last year, there are still some data completeness issues in SMR04, leading to slight undercounts for some NHS Boards and therefore for Scotland as a whole. (Appendix 2).

Figure 2.1 illustrates long-term trends for Scotland for the five SMR04 parameters: admissions, discharges, continuous inpatient stays (CIS or ‘stays’), patients and hospital residents (see Glossary for definitions). The time trend spans 32 years to visualise historic patterns, from financial year 1983/84 (after data linkage became well established) until 2014/15 (the most recent year available).

Figure 2.1: Mental health inpatients\(^1,2\) in psychiatric specialties in Scottish hospitals\(^3\): number of admissions, discharges, CIS, patients and hospital residents, 1983/84 to 2014/15

![Financial Year vs. Number of Patients](chart.png)

Source: SMR04.
1. Includes records relating to all discharge diagnoses.
2. Excludes discharges from the Learning Disability specialty.
3. Includes patients from outwith Scotland who have been treated in Scottish hospitals.
There were around 20,900 admissions and discharges in psychiatric specialties in 2014/15, similar to the numbers in the previous year (around 20,700\(^1\)). In contrast, there were fewer continuous inpatient stays (CIS) in 2014/15 than in 2013/14 (around 17,300 compared to around 17,900). This means that there were more episodes per stay on average in 2014/15 compared to the previous year, and further inspection of the data reveals that this increase comes from a larger number of in-hospital transfers (1,521 in 2014/15 compared to 925 in 2013/14). In hospital transfers can take place in a number of circumstances, including when a patient changes consultant or specialty within their hospital stay.

The number of patients in 2014/15 (around 14,200) was also slightly lower than the corresponding figure for 2013/14 (around 14,700), while hospital residents were similar (around 3,500 in both years).

Table 2.1 shows the numbers and European age-sex standardised rates of discharges in 2014/15 and hospital residents at 31 March 2015, by the NHS Board in which the patient resided. Note that in many cases this is different from the NHS Board where the hospital was located; notably for patients from Orkney and Shetland, where there are no psychiatric inpatient facilities.

### Table 2.1: Numbers and European age-sex standardised rates (EASRs) of mental health inpatient discharges from psychiatric specialties in Scottish hospitals during 2014/15, and hospital residents as at 31 March 2015, by NHS Board of residence

<table>
<thead>
<tr>
<th>NHS Board of residence</th>
<th>Discharges</th>
<th></th>
<th>Hospital residents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>EASR per 100,000 population</td>
<td>95% LCL(^1)</td>
<td>95% UCL(^1)</td>
</tr>
<tr>
<td><strong>Ayrshire &amp; Arran(^1)</strong></td>
<td>1,261</td>
<td>355.7</td>
<td>336.0</td>
<td>376.1</td>
</tr>
<tr>
<td><strong>Borders</strong></td>
<td>404</td>
<td>377.6</td>
<td>340.6</td>
<td>417.4</td>
</tr>
<tr>
<td><strong>Dumfries &amp; Galloway</strong></td>
<td>702</td>
<td>470.3</td>
<td>435.3</td>
<td>507.4</td>
</tr>
<tr>
<td><strong>Fife</strong></td>
<td>1,446</td>
<td>403.5</td>
<td>382.8</td>
<td>425.1</td>
</tr>
<tr>
<td><strong>Forth Valley</strong></td>
<td>1,206</td>
<td>417.8</td>
<td>394.2</td>
<td>442.5</td>
</tr>
<tr>
<td><strong>Grampian</strong></td>
<td>1,779</td>
<td>310.3</td>
<td>295.8</td>
<td>325.3</td>
</tr>
<tr>
<td><strong>Greater Glasgow &amp; Clyde</strong></td>
<td>4,911</td>
<td>436.7</td>
<td>424.4</td>
<td>449.3</td>
</tr>
<tr>
<td><strong>Highland</strong></td>
<td>1,115</td>
<td>355.9</td>
<td>335.0</td>
<td>377.7</td>
</tr>
<tr>
<td><strong>Lanarkshire</strong></td>
<td>2,025</td>
<td>321.9</td>
<td>307.7</td>
<td>336.5</td>
</tr>
<tr>
<td><strong>Lothian</strong></td>
<td>3,271</td>
<td>386.1</td>
<td>372.7</td>
<td>399.8</td>
</tr>
<tr>
<td><strong>Orkney</strong></td>
<td>37</td>
<td>180.6</td>
<td>126.4</td>
<td>249.8</td>
</tr>
<tr>
<td><strong>Shetland</strong></td>
<td>52</td>
<td>228.4</td>
<td>170.1</td>
<td>300.0</td>
</tr>
<tr>
<td><strong>Tayside</strong></td>
<td>2,154</td>
<td>526.2</td>
<td>503.9</td>
<td>549.2</td>
</tr>
<tr>
<td><strong>Western Isles</strong></td>
<td>54</td>
<td>201.1</td>
<td>149.6</td>
<td>264.2</td>
</tr>
<tr>
<td><strong>Scotland residents</strong></td>
<td>20,417</td>
<td>388.0</td>
<td>382.6</td>
<td>393.4</td>
</tr>
<tr>
<td><strong>Other(^2)</strong></td>
<td>488</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: SMR04.

\(^{1}\) Indicates values that have been suppressed due to the potential risk of disclosure and to help maintain patient confidentiality.

1. Due to data completeness issues in NHS Borders and Highland (see Appendix 2) the number of discharges will be slightly underestimated for anyone treated within these Board areas. This affects the figures for Borders and Highland residents, with a smaller effect on other NHS Board areas and the Scotland total.

2. ‘Other’ includes people resident outwith Scotland or with no fixed abode, who are not included in the Scotland residents total.

\(^{1}\) Note that this is slightly higher than was quoted in the previous report (about 20,500) for 2013/14. This change is due to improvements in data completion for SMR04 since previous report was published.
Table 2.1 shows that the rates of both psychiatric hospital discharges and residents vary considerably between NHS Boards. On the basis of overlapping 95% confidence intervals (see Glossary), people living in Tayside, Dumfries and Galloway, Greater Glasgow and Clyde and Forth Valley had a significantly higher rate of psychiatric hospital discharge than the Scottish average. These results are broadly similar to the results for 2013/14, and to the results published in the previous Mental Health Hospital Inpatient Care report.

Figure 2.2 shows the standardised population based rate of people with a record of a psychiatric discharge by deprivation for 2014/15.

Figure 2.2: European age-sex standardised rate (EASR)\(^1\) of patients discharged from psychiatric specialties\(^2,3\) in Scottish hospitals\(^4\), by deprivation decile\(^5\), 2014/15

![Graph showing standardised age-sex rate of psychiatric discharges by deprivation decile](image)

Source: SMR04.
1. Age-sex standardised rate (per 100,000 population) based on the European Standard Population 2013.
2. Includes records relating to all discharge diagnoses.
3. Excludes discharges from the Learning Disability specialty.
4. Includes Scotland residents only.
5. The population is divided into tenths according to the 2012 Scottish Index of Multiple Deprivation (SIMD). See Glossary.

Figure 2.2 shows a clear relationship between the deprivation level and the rate of mental health hospital inpatients. In 2014/15, people living in the most deprived areas (SIMD decile 1) were around four times more likely to experience psychiatric inpatient care than people living in the least deprived areas (SIMD decile 10). The relative size of the difference was broadly similar last year to that in 1997/98 (Relative Index of Inequality (RII) of 1.40 in 2014/15 compared 1.37 in 1997/98). This finding is consistent with results presented in previous mental health hospital inpatient publications.

Numbers and rates of psychiatric hospital inpatient admissions, discharges, stays, patients and residents, by NHS Board of residence, NHS Board of treatment, local authority of treatment, age, sex, deprivation, urban-rural classification, specialty, diagnosis and admission status are all available in the spreadsheets which accompany this publication. The results from these analyses are very similar to the results presented in the previous Mental Health Hospital Inpatient Care publication:

- Males have a 20% higher rate of psychiatric discharges than females.
• Schizophrenia and delusional disorders (ICD10 F20-29, see Table 1.3) is the most common diagnosis category for men, while mood (affective) disorders (ICD10 F30-39) is the most common among women.
Section 3 – Patients treated in the Learning Disability specialty

SMR04 records allocated to the Learning Disability specialty have not been analysed in previous versions of this publication, but are included here to provide mental health hospital information for this important population group, to show what data are available and highlight any gaps in the data.

The source of funding and organisational delivery of learning disability care differs among NHS Boards. Care will generally be provided by a mixture of:

- NHS Board
- Council (Local authority)
- Not-for-profit or third sector organisations.

Only the NHS care is likely to be recorded in the SMR04 dataset and therefore available for analysis in this report. Different organisational and funding structures result in some marked variation in the data available from each NHS Board.

Figure 3.1 shows the time trend in discharges, continuous inpatient stays (CISs) and patients for the 18 years up to 2014/15.

Figure 3.1: Trend in discharges, CISs and patients discharged from the Learning Disability specialty in Scotland¹, 1997/98-2014/15

Source: SMR04.

¹. Includes patients from outwith Scotland treated in Scottish hospitals.
The graph shows that:

- Between 1997/98 and 2005/06, discharges and continuous inpatient stays in the Learning Disability specialty have fallen sharply, but then tailed off and have started to level out in recent years.
- There were similar numbers of CISs and discharges, indicating that most stays consist of only one episode.
- There were slightly higher numbers of discharges and CISs in 2014/15 compared to the previous year. 2013/14 had the lowest number of each measure over the 18 years for which we have data.
- The number of patients was in general much lower than the number of CISs suggesting that individuals experience multiple episodes of admission.
- The number of patients recorded has also decreased over the time period (from nearly 900 in 1997/98 to just over 300 in 2014/15).

In the past, a significant proportion of people with learning disabilities lived in long-stay hospitals run by the NHS. These were gradually reduced in size and closed throughout the 1990s and early 2000s, and Government policy introduced in 2000 explicitly stated that all NHS long-stay hospitals would be closed. As a result of this there was a higher level of discharges during this period. This is seen in Figure 3.1.

Table 3.1 shows numbers of discharges, continuous inpatient stays (CIS) and patients, alongside average length of stay (see Glossary), by NHS Board of treatment, for the five-year period 2010/11-2014/15. NHS Board of treatment is presented in order to show the differences in service provision across Scotland. A breakdown by NHS Board of residence looks very similar and is available in table 3.4 in an accompanying Excel spreadsheet.

### Table 3.1: Discharges, CISs, patients and average length of stay in Learning Disability specialty, by NHS Board of treatment, 2010/11-2014/15

<table>
<thead>
<tr>
<th>NHS Board of treatment</th>
<th>Number of discharges</th>
<th>Number of CISs</th>
<th>Average length of CIS (days)</th>
<th>Number of patients</th>
<th>% of all learning disability episodes in Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Arran</td>
<td>161</td>
<td>157</td>
<td>232.6</td>
<td>99</td>
<td>2.6%</td>
</tr>
<tr>
<td>Borders</td>
<td>29</td>
<td>26</td>
<td>27.0</td>
<td>20</td>
<td>0.5%</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>4,220</td>
<td>4,175</td>
<td>12.6</td>
<td>140</td>
<td>68.9%</td>
</tr>
<tr>
<td>Fife</td>
<td>143</td>
<td>105</td>
<td>630.9</td>
<td>83</td>
<td>2.3%</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>109</td>
<td>102</td>
<td>364.2</td>
<td>85</td>
<td>1.8%</td>
</tr>
<tr>
<td>Grampian</td>
<td>153</td>
<td>132</td>
<td>217.5</td>
<td>94</td>
<td>2.5%</td>
</tr>
<tr>
<td>Greater Glasgow and Clyde</td>
<td>170</td>
<td>129</td>
<td>679.7</td>
<td>119</td>
<td>2.8%</td>
</tr>
<tr>
<td>Highland</td>
<td>46</td>
<td>43</td>
<td>145.4</td>
<td>35</td>
<td>0.8%</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>124</td>
<td>108</td>
<td>104.5</td>
<td>70</td>
<td>2.0%</td>
</tr>
<tr>
<td>Lothian</td>
<td>701</td>
<td>580</td>
<td>274.6</td>
<td>170</td>
<td>11.4%</td>
</tr>
<tr>
<td>Orkney</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Shetland</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Tayside</td>
<td>272</td>
<td>240</td>
<td>215.7</td>
<td>149</td>
<td>4.4%</td>
</tr>
<tr>
<td>Western Isles</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Scotland</strong></td>
<td><strong>6,128</strong></td>
<td><strong>5,797</strong></td>
<td><strong>92.84</strong></td>
<td><strong>1,059</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
Note that average length of stay can only be calculated for those patients who have been discharged, not those who are still resident at the end of the time period being examined (who may have been inpatients for a long time).

Variation between NHS Boards is almost certainly due to different service delivery models leading to variations in episodes that are recorded in SMR04. Variations in length of stay probably reflect different main uses of the NHS facilities, and in particular the balance of provision between NHS, local authorities and the third sector for shorter (eg respite) and longer (eg continuing care) episodes.

Figures on prevalence of self-reported learning disability in Scotland were reported for the first time in Scotland's census 2011 and are available from the Scottish Learning Disability Observatory (SLDO) website. The figures show that there were 26,349 persons with learning disabilities living in Scotland (0.5% of the Scottish population). These percentages range from 0.38% of the population living in NHS Shetland to 0.55% of those living in NHS Greater Glasgow & Clyde. The percentage in NHS Dumfries & Galloway was 0.47%, slightly lower than the percentage for Scotland as a whole.

**Length of Stay**

A small number of care settings provide either very short stays (likely to be respite) or very long stays (likely to be NHS continuing care). NHS Dumfries & Galloway has one location that provides the vast majority of short stays, whilst NHS Lothian has a location with very few discharges and average length of stay over 1,700 days (nearly 5 years). Further interpretation of Length of Stay data requires a fuller understanding of local care provision.
By age group

A breakdown of numbers of patients discharged from the Learning Disability specialty, by age group, is shown in Figure 3.2 below.

Figure 3.2: Discharges and patients in Learning Disability specialty\(^1\), by age group\(^2\), 2010/11 - 2014/15

The chart shows a different pattern for discharge numbers in comparison to individual patient numbers:

- The age group with the largest number of discharges (2,968) is the under-15s, whereas the 15-24 year age group has the largest number of patients (251).
- Patients in the under-15 age group have, on average, far more discharges per patient than any other age group (47 discharges per patient, compared to 6 in the 15-24 year age group and just 1.5 in the 55-64 and 65 and over age groups).
- The high number of discharges compared to patients in the under 15 category is driven by the activity in NHS Dumfries and Galloway.

For comparison, the Scottish Learning Disabilities Observatory (SLDO) website shows figures from Scotland’s Census, 2011 on the prevalence of people with learning disability in Scotland. Comparing patient numbers in each age group to the prevalence figure shows that 1.3% of people with learning disabilities in the 0-14 age group had an admission (to the Learning Disability specialty in SMR04) in the period 2010/11 – 2014/15. This increases to between 5 and 6 percent in the age groups 15-24, 25-34, 35-44 and 45-54 then is lower in the 55-64 (2.7%) and 65+ age groups (1.6%).

The rest of this section will look at patients rather than discharges, as the discharge numbers are dominated by NHS Dumfries and Galloway.
By gender

Of all patients treated in the Learning Disability specialty in the period 2010/11 to 2014/15, 633 (60%) were male. This is consistent with figures from the SLDO which show that there are more males than females with learning disabilities living in Scotland (57.5% males and 42.5% females).

Figure 3.3 shows the breakdown of patients by gender for each age group.

Figure 3.3: Patients treated in the Learning Disability specialty, by gender and age group, 2010/11-2014/15

Figure 3.3 shows that there were more male than female patients in each age group. The 15-24 year age group had the largest difference between the genders (65% male) whereas in the older age groups (55-64 and 65+) there was a smaller proportion of male patients (54% male).

By diagnosis

Discharges from the Learning Disability specialty had various diagnoses recorded, although the vast majority (almost 90%) had a main diagnosis of ICD10 codes F70-79: ‘intellectual disability’. This intellectual disability can range from ‘mild’ to ‘profound’ in severity.

The second most common main diagnosis recorded for these patients was ICD10 code Z70-79: ‘persons encountering health services in other circumstances’. A Z70-79 code was recorded as the main diagnosis for 6% of the learning disability discharges, and for most of these the exact code recorded was Z75.5, ‘holiday relief care’. This is defined as “provision of health-care facilities to a person normally cared for at home, in order to enable relatives to take a vacation”.

Two percent of learning disability discharges were recorded with a main diagnosis of ICD10 codes F20-F29 ‘schizophrenia, schizotypal and delusional disorders’. A further 2% had a main diagnosis of F80-F89 ‘disorders of psychological development’. This category includes various conditions such as autism. Autism accounts for only a very small fraction of patients.
discharged from the Learning Disability specialty, but perhaps looking at further diagnosis positions (not just main) would show autism and other specific conditions appearing more often.

**By deprivation level**

The relationship between deprivation and the number of learning disability patients discharged from the Learning Disability specialty was investigated using the Scottish Index of Multiple Deprivation (SIMD). Figure 3.4 below shows the standardised rate by SIMD decile. Patients were allocated to a decile based on the postcode of residence recorded on discharge. For a small number of patients the postcode was either missing or could not be associated with a SIMD decile; these patients were excluded from this analysis.

**Figure 3.4: European age-sex standardised rate\(^1\) of patients discharged from the Learning Disability specialty in Scottish hospitals\(^2\), by deprivation deciles\(^3\), 2010/11-2014/15**

As can be seen from Figure 3.4, there is a strong relationship between deprivation and the rate of learning disability inpatient discharges (relative index of inequality (see [Glossary](#)) RII = 0.94). The rate in decile 1 is more than three times higher than the rate in decile 10. This pattern is broadly similar to that seen in the previous Section for patients in psychiatric specialties (Figure 2.2). Numbers and rates of learning disability patients by deprivation decile for individual years 1997/98 to 2014/15 are available in the learning disability data tables accompanying this publication.

The Scottish Commission for Learning Disability (SCLD) [website](#) presents a chart showing the population of adults with learning disability by deprivation quintile. This chart shows there are more than two and a half times more adults with learning disability in the most deprived quintile.
than there are in the least deprived quintile. This reflects the pattern of discharges seen in Figure 3.4.

All the tables and figures section 3 and some additional breakdowns are available in the following Excel spreadsheet: Section-3-Learning-Disability
Links to related information sources and publications

Information Services Division

ISD(S)1 – outpatient attendances

Psychiatric outpatient attendances are recorded on the ISD(S)1 scheme (aggregated summary statistics on activity in hospitals and other health care settings in Scotland). Outpatient information is not included in this report, but can be found on the ISD website at Hospital care – Outpatient activity. As an example, the spreadsheet Annual trends in outpatient activity (published in December 2015) indicates that in 2014/15 there were 351,991 new and return outpatient attendances at psychiatric clinics in NHS Scotland.

The completeness of recording return appointments on the SMR00 outpatient appointment/attendance record scheme is improving over time, and in future this data source will be used more to collate data on outpatient attendances at psychiatric clinics. Diagnostic information is not available from either ISD(S)1 or SMR00.

Other sources and information

Information on the following topics which include mental health data is also available on the Mental Health section of the ISD website:

- Child health
- Community Prescriptions
- General Practice
- Health and social community care
- Psychiatric bed provision
- Scottish Patients at Risk of Readmission and Admission Mental Disorder (SPARRA MD) report
- Substance misuse.

In addition, the following are available under Mental health – Related publications:

- Adult mental health benchmarking
- Alcohol related discharges from psychiatric hospitals
- Child and adolescent (CAMHS) benchmarking
- Child and Adolescent Mental Health Services (CAMHS) waiting times
- Child and Adolescent Mental Health Services (CAMHS) workforce
- Dementia
- Electroconvulsive therapy (ECT)
- Medicines for mental health
- Psychological therapies waiting times
- Psychology workforce.
Regarding data on community mental health, the **Community Health Activity Dataset project** is underway to develop a robust community health activity and cost dataset. Phase two will look at community mental health and all NHS Boards were expected to start collecting data on 1 April 2016.

**Scottish Suicide Information Database (ScotSID)**

The [Scottish Suicide Information Database](#) provides a central repository for information on all recent probable suicide deaths in Scotland, and links these deaths to records of prior health service contact including non-psychiatric inpatients (SMR01), psychiatric inpatients (SMR04) and psychiatric outpatients (part of SMR00).

**Learning disability**

Statistical information on [People with learning disabilities](#) is collated on the ISD website. It includes links to sources of information on adults and children with learning disability in Scotland, including the Scottish Government and the Scottish Consortium for Learning Disability (SCLD).

**The Scottish Public Health Observatory (ScotPHO)**

The Scottish Public Health Observatory website includes a [Mental health](#) topic with extensive information on the background and policy context and data on mental wellbeing and mental health problems for adults and children, specific conditions, vulnerable groups, deprivation, and international comparisons, etc.

The ScotPHO website also includes a [Suicide](#) topic which includes the background and policy context, data on time trends and patterns by different geographies and deprivation levels, as well as UK and international comparisons.

**Scottish Government**

**Mental Health and Learning Disability Bed Census: One Day Audit**

The [Scottish Government’s Mental Health Strategy for Scotland: 2012-2015](#) includes 36 commitments. Commitment 26 stated that “We will undertake an audit of who is in hospital on a given day and for what reason to give a better understanding of how the inpatient estate is being used and the degree to which that differs across Scotland”.

To meet this commitment, the ‘Mental Health and Learning Disability Bed Census: One Day Audit’ and the ‘Mental Health and Learning Disability Patients: Out of Scotland and Out of NHS Placements Census’ were carried out at midnight on 29 October 2014. ISD and the Scottish Government (Health Analytical Services Division) worked together to use the information collected in SMR04 to quality assure the results of the audit. Further information about the audit, and the results published in June 2015, can be found on the [Scottish Government’s website](#).

A second [inpatient census](#) was carried out at midnight on 31 March 2016. It had three parts covering beds, out of NHS Scotland placements, and complex clinical care.
Scottish Health Survey Topic Report: Mental Health and Wellbeing

This report, published in January 2015, explores factors associated with mental wellbeing and mental health among adults in Scotland using data from the Scottish Health Survey. Analyses are based on survey years 2012 to 2013.

Mental Welfare Commission for Scotland

The Mental Welfare Commission for Scotland aims to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions.

The Commission produces annual statistical monitoring reports based on an independent overview of the operation of the Mental Health (Care & Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. This is a legal requirement and is embedded in legislation.

The Commission receives notifications of most interventions under the Mental Health (Care & Treatment) (Scotland) Act 2003. It uses these to report on how the Act is used and to monitor trends over time and geographical variations. A range of data is held, including emergency detentions and short term detentions under the Act, for which certificates are issued. These detentions include cases of formal admission to hospital, about which each NHS Board notifies the Commission.

Differences between SMR04 and Mental Welfare Commission for Scotland data

Formal admission records on the SMR04 mental health inpatient record scheme will overlap with the Commission’s records on emergency and short term detention certificates which relate to hospital care. Note, however, that:

- most SMR04 records relate to informal admissions, which the Commission does not routinely record.
- the Commission’s records include those relating to formal community-based care as well as hospital-based care. SMR04 is purely for hospital care.

It is therefore not advisable to try and compare the two data sources.

Health and Social Care Information Centre (English mental health data)

The Health and Social Care Information Centre (HSCIC) publishes the following mental health data for England:

- The Mental Health Bulletin, eg the Mental Health Bulletin, Annual Report - 2014-15, which contains annual data on patients using adult secondary mental health and learning disability services. This contains information from the Mental Health Minimum Dataset (MHMDS) and the Mental Health and Learning Disabilities Dataset (MHLDDS). It is not comparable with the hospital discharge data for Scotland in this report as it is not limited solely to hospital inpatient care, and is limited to services for adults only.

- The National Statistics report on uses of the Mental Health Act 1983 and detained patients, eg Inpatients Formally Detained in Hospitals Under the Mental Health Act 1983 and Patients Subject to Supervised Community Treatment, England - 2014-2015, Annual figures.

- Routine statistics on hospital discharges from the Hospital Episode Statistics database. These data are not comparable to those in this publication as they are not restricted to
Mental Health. HES covers all discharges, outpatient appointments and A&E attendances at NHS hospitals in England.

**Scottish Commission for Learning Disability**

The [Scottish Commission for Learning Disability](#) aims to be a knowledge hub – offering support, information and new ideas about learning disability in Scotland. The commission does this by:

- **Engaging** with a wide range of stakeholders including the people who commission and provide services for people with learning disabilities, those who act as advocates or are working in research, as well as people with learning disabilities and carers.
- **Sharing innovation and good practice** – so that those providing services and interventions can learn from each other.
- Building an **evidence** base, sharing how policy is being implemented and building an understanding of what really works.

**Scottish Learning Disabilities Observatory**

The Scottish Learning Disabilities Observatory is funded by the Scottish Government. It was set up to provide better information about the health and health care of people with learning disabilities and people with autism in Scotland. The Observatory aims to:

- Produce high quality evidence to support learning disability policy and practice.
- Work with partners to help to build more sustainable approaches to increasing the visibility of people with learning disabilities in data.

The Observatory will play a key role in supporting the delivery of 'the keys to life', the national learning disability strategy for Scotland. The team is based in the Institute of Health and Wellbeing at the University of Glasgow. The [Scottish Learning Disabilities Observatory website](#) presents information from the observatory’s work programme including searchable data about the population of people with learning disabilities and people known to have autism from Scotland's Census 2011.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td><strong>Admission</strong></td>
<td>A new admission record (or episode) is created whenever a patient is admitted to hospital or experiences a change of specialty, consultant, significant facility or hospital.</td>
</tr>
<tr>
<td><strong>Age-sex standardised rate</strong></td>
<td>European age-sex standardised rate or EASR, usually expressed per 100,000 population. Standardising for age and sex allows comparisons between different populations and over time where population structures change. In this report, all rates are directly standardised to the European Standard Population (ESP) 2013. For further details on standardising, see ScotPHO Methodology.</td>
</tr>
<tr>
<td><strong>Average length of stay</strong></td>
<td>Average length of a continuous inpatient stay in hospital for a specified group of patients.</td>
</tr>
<tr>
<td><strong>Community Health Index (CHI)</strong></td>
<td>The Community Health Index or CHI number is the unique Scottish number for any health communication for a given patient. It is a ten-digit number created from a patient’s date of birth and four other numbers. All patients who register with a GP will be allocated a CHI number.</td>
</tr>
<tr>
<td><strong>Confidence interval for a European age-sex standardised rate (EASR)</strong></td>
<td>The difference between the upper and lower confidence limit defines the confidence interval. The 95% confidence interval indicates the degree of uncertainty around the EASR; 95 times out of 100, the interval will include the true underlying rate. The width of the confidence interval depends on the size of the population and the underlying variability in the data.</td>
</tr>
<tr>
<td><strong>Continuous inpatient stay (CIS or ‘stay’)</strong></td>
<td>An unbroken period of time that a patient spends as an inpatient. A patient may change consultant, significant facility, specialty and/or hospital during a continuous inpatient stay.</td>
</tr>
<tr>
<td><strong>Crude rate</strong></td>
<td>The annual number of events relative to the size of the population, usually expressed per 100,000 population. The crude rate takes no account of differences between populations with regard to age and gender composition.</td>
</tr>
<tr>
<td><strong>Day case</strong></td>
<td>A patient who makes a planned attendance to a specialty for clinical care, sees a doctor or dentist or nurse (as the consultant’s representative) and requires the use of a bed or trolley in lieu of a bed. The patient is not expected to, and does not, remain overnight.</td>
</tr>
<tr>
<td><strong>Decile</strong></td>
<td>Refers in this report to a tenth of the Scottish population, defined by the SIMD so that the ten groups of data zones range from the most deprived to the least deprived.</td>
</tr>
<tr>
<td><strong>Deterministic matching</strong></td>
<td>Used to link datasets for an individual when there is a common unique identifier in both datasets, for example the CHI number.</td>
</tr>
<tr>
<td><strong>Discharge</strong></td>
<td>A hospital discharge marks the end of an episode of care. Discharges include deaths, transfers to other specialties/significant facilities and hospitals, and discharges home or to</td>
</tr>
<tr>
<td><strong>Episode (of care)</strong></td>
<td>An episode of care runs from a hospital admission until the discharge.</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>European age-sex standardised rate (EASR)</strong></td>
<td>See age-sex standardised rate above.</td>
</tr>
<tr>
<td><strong>Forensic Psychiatry</strong></td>
<td>A specialised branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems.</td>
</tr>
<tr>
<td><strong>Formal admission</strong></td>
<td>A formal admission to psychiatric inpatient facilities under the jurisdiction of the Mental Health (Scotland) acts 1960 and 1984 or the Mental Health (Care and Treatment) (Scotland) Act 2003. This is recorded on SMR04.</td>
</tr>
<tr>
<td><strong>Hospital resident</strong></td>
<td>In this report, a hospital resident is defined as an individual who is an inpatient in a mental health specialty at a given point in time. The figure is not a direct count but rather is calculated from the number of people with an SMR04 admission record but no discharge record, at midnight on 31 March (before the beginning of the next financial year on 1 April). Although the term ‘hospital resident’ is used for simplicity, some people will be looked after in care homes (under contract to the local NHS Board).</td>
</tr>
<tr>
<td><strong>ICD-10</strong></td>
<td>The International Classification of Diseases and Related Health Problems, Tenth Revision (World Health Organization).</td>
</tr>
<tr>
<td><strong>Index of inequality</strong></td>
<td>A measure of the difference or inequality between rates for different SIMD (see below) deciles. The slope index of inequality (SII) is the gradient of the rate across the deciles and describes the absolute inequality, while the relative index of inequality (RII) is found by dividing the SII by the overall rate for the total population. More information is available from the ScotPHO report Measuring socio-economic inequalities in health: a practical guide.</td>
</tr>
<tr>
<td><strong>Informal admission</strong></td>
<td>A voluntary admission to psychiatric inpatient facilities, not under the jurisdiction of any Mental Health act, recorded on SMR04.</td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
<td>A patient who generally occupies an available staffed bed in a hospital and is expected to remain overnight; or is admitted as an emergency or urgent case, regardless of length of stay. Note that a psychiatric patient who is on leave of absence from the hospital must, for legal reasons, be regarded as an inpatient for the duration of their absence which may be for up to 6 months. As of 1 April 2016 patients on pass should be recorded as inpatients for the full time they are on pass. For full definition, see ISD data dictionary.</td>
</tr>
<tr>
<td><strong>Information Services Division (ISD)</strong></td>
<td>Information Services Division of NHS National Services Scotland.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Mencap</td>
<td>Mencap is a charity that works in partnership with people with a learning disability, they provide services that support people to live life as they choose.</td>
</tr>
<tr>
<td>NHS Board of residence</td>
<td>One of the 14 territorial NHS Boards in Scotland (‘Health Boards’) in which patients live. This is based on the postcode of their home address. The population of nine of the NHS Boards of residence was affected by the boundary changes on 1 April 2014, and this report uses the new NHS Boards throughout, for all years of data.</td>
</tr>
<tr>
<td>NHS Board of treatment</td>
<td>One of the 14 territorial NHS Boards in Scotland (‘Health Boards’) with facilities in which patients are treated. There are no SMR04 data by NHS Board of treatment for Orkney and Shetland because these Boards do not have mental health inpatient facilities.</td>
</tr>
<tr>
<td>National Records of Scotland (NRS)</td>
<td>National Records of Scotland (established on 1 April 2011, following the merger of the General Register Office for Scotland (GROS) and the National Archives of Scotland).</td>
</tr>
<tr>
<td>Outpatient</td>
<td>A patient who attends a consultant or other medical clinic, or has an arranged meeting with a consultant or a senior member of his team outwith a clinic session. Outpatients are categorised as new outpatients or follow-up (return) outpatients.</td>
</tr>
<tr>
<td>Patient</td>
<td>In this report, a patient is defined as an individual discharged from hospital (including as a transfer out) at least once during the financial year.</td>
</tr>
<tr>
<td>Probability matching</td>
<td>In linking data from different datasets for an individual, probability matching uses a set of identifiers to estimate the probability that two records correspond.</td>
</tr>
<tr>
<td>Quintile</td>
<td>Refers in this report to a fifth of the Scottish population, defined by the SIMD so that the five groups of data zones range from the most deprived to the least deprived.</td>
</tr>
<tr>
<td>Relative Index of Inequality (RII)</td>
<td>A measure of inequality between SIMD deciles, relative to the average rate of the quantity across the whole population. See Index of inequality above.</td>
</tr>
<tr>
<td>Resident</td>
<td>See hospital resident above.</td>
</tr>
<tr>
<td>Significant facility</td>
<td>A type of clinical facility which is identified for clinical and/or costing purposes. (Some examples of psychiatric significant facilities are: 1R - intensive psychiatric care unit, 1T - psychiatric rehabilitation unit, 1Q - secure psychiatric inpatient facility.)</td>
</tr>
<tr>
<td>Scottish Index of Multiple Deprivation (SIMD)</td>
<td>The SIMD uses a wide range of information for small areas (data zones) to identify concentrations of multiple deprivation across Scotland. See also decile and quintile above.</td>
</tr>
<tr>
<td>Slope Index of Inequality (SII)</td>
<td>A measure of absolute inequality in rates between SIMD deciles. See Index of inequality above.</td>
</tr>
<tr>
<td>SMR01</td>
<td>Scottish Morbidity Record 01 – an episode-based patient record relating to all inpatients and day cases discharged</td>
</tr>
<tr>
<td><strong>SMR04</strong></td>
<td>Scottish Morbidity Record 04 – an episode-based patient record relating to all inpatients and day cases admitted to and discharged from NHS mental health (psychiatric) specialties in Scotland. For further details see Appendix 1.</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Specialty</strong></td>
<td>A division of medicine or dentistry covering a specific area of clinical activity.</td>
</tr>
<tr>
<td><strong>Urban rural classification</strong></td>
<td>This classification was devised by the Scottish Government from two main criteria: settlement size (as defined by NRS); and accessibility (based on drive time analysis to differentiate between accessible and remote areas).</td>
</tr>
</tbody>
</table>
## List of tables and figures in report

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<thead>
<tr>
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<th>Name</th>
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<td>Treatment settings for mental health or learning disability inpatients discharged from hospitals in Scotland, 2014/15</td>
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<td>Numbers of discharges and patients with a main diagnosis of mental and behavioural disorders, treated in Scottish hospitals, by specialty, 2014/15</td>
<td>2014/15</td>
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<td>ICD10 chapter V sub categories and examples of conditions in each grouping.</td>
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<td>Continuous Inpatient Stays (CISs) for patients discharged with a main diagnosis of mental and behavioural disorders, by type of CIS, 2010/11-2014/15</td>
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<td>Figure 1.2</td>
<td>Discharges with a main diagnosis of mental and behavioural disorders, by specialty type (psychiatric or non-psychiatric), 1997/98–2014/15</td>
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<tr>
<td>Figure 1.3</td>
<td>Discharges from psychiatric specialties with a main diagnosis of mental and behavioural disorders, by selected diagnosis groupings, 1997/98–2014/15</td>
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<tr>
<td>Figure 1.4</td>
<td>Discharges from non-psychiatric specialties with a main diagnosis of mental and behavioural disorders, by selected diagnosis groupings, 1997/98–2014/15</td>
<td>1997/98 to 2014/15</td>
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<td>Patients with a main diagnosis of mental and behavioural disorders, discharged from hospitals in Scotland, by specialty type, 2010/11 - 2014/15</td>
<td>2010/11–2014/15</td>
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<tr>
<td>Figure 1.6</td>
<td>Patients with a main diagnosis of mental</td>
<td>2010/11–</td>
<td>Section-1-MH-</td>
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<tr>
<td>Figure 1.7</td>
<td>Patients with a main diagnosis of mental and behavioural disorders, discharged from hospitals in Scotland, by main diagnosis grouping and specialty type, 2010/11 - 2014/15</td>
<td>2010/11 – 2014/15</td>
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<tr>
<td>Figure 1.8</td>
<td>Patients with a main diagnosis of mental and behavioural disorders, discharged from hospitals in Scotland, by age group and specialty type, 2010/11 - 2014/15</td>
<td>2010/11 – 2014/15</td>
<td>Section-1-MH-patients-treated-in-all-hospital-wards [80KB]</td>
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<td>Further tables and figures related to Section 1</td>
<td>1997/98 to 2014/15</td>
<td>Section-1-MH-patients-treated-in-all-hospital-wards [80KB]</td>
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| Table 2.1 | Numbers and European age-sex standardised rates (EASRs) of mental health inpatient discharges from psychiatric specialties in Scottish hospitals during 2014/15, and hospital residents as at 31 March 2015, by NHS Board of residence | 2014/15 | - |
| Figure 2.1 | Mental health inpatients in psychiatric specialties in Scottish hospitals: number of admissions, discharges, CISs, patients and hospital residents, 1983/84 to 2014/15 | 1983/84 to 2014/15 | Section-2-1-Scotland-NHSboard-LA [689KB] |
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| - | Further tables and figures related to Section 2: Deprivation and rurality | 1997/98 to 2014/15 | Section-2-3-Deprivation-UrbanRural [368KB] |
| - | Further tables and figures related to Section 2: Specialty, admission status and | 1997/98 to 2014/15 | Section-2-4-Specialty- |
### Section 3

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<th>Description</th>
<th>Date Range</th>
<th>File Name</th>
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<tr>
<td>Table 3.1</td>
<td>Discharges, CISs, patients and average length of stay in learning disability specialty, by NHS Board of treatment, 2010/11-2014/15</td>
<td>2010/11–2014/15</td>
<td>[Section-3-Learning-Disability [479KB]]</td>
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<tr>
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<td>Trend in discharges, CISs and patients discharged from the learning disability specialty, 1997/98-2014/15</td>
<td>1997/98 to 2014/15</td>
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<td>Figure 3.2</td>
<td>Discharges and patients in learning disability specialty, by age group, 2010/11 - 2014/15</td>
<td>2010/11–2014/15</td>
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<tr>
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<td>Patients treated in the learning disability specialty, by gender and age group, 2010/11-2014/15</td>
<td>2010/11–2014/15</td>
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<tr>
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<td>European age-sex standardised rate of patients discharged from the learning disability specialty, by deprivation deciles, 2010/11-2014/15</td>
<td>2010/11–2014/15</td>
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</tr>
<tr>
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<td>Further tables and figures related to Section 3</td>
<td>1997/98 to 2014/15</td>
<td>[Section-3-Learning-Disability [479KB]]</td>
</tr>
</tbody>
</table>
Contact

Chris Black
Senior Information Analyst
chrisblack@nhs.net
0131 275 7449

Chris Deans
Information Analyst
chrisdeans@nhs.net
0131 314 1749

Catherine Thomson
Service Manager
catherine.thomson@nhs.net
0131 275 7198

Mental health team mailbox
NSS.isdMENTALHEALTH@nhs.net

Further Information
Further information can be found on the ISD website

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Appendices

Appendix 1: Data sources

SMR01
A Scottish Morbidity Record 01 (SMR01) should be submitted for every episode of inpatient or day case care in an acute, non-psychiatric, non-obstetric specialty in a Scottish NHS hospital. In addition, if the NHS contracts out acute care to a private care home or hospital, an SMR01 record should be generated for each inpatient or day case episode.

SMR01 records are submitted when a patient is discharged (e.g., to home) or transferred to the care of another clinician, specialty, significant facility or hospital.

Further details on the SMR01 scheme and fields available for analysis are included in the ISD Data dictionary.

SMR04
A Scottish Morbidity Record 04 (SMR04) should be submitted for every episode of inpatient or day case care in a mental health specialty in a psychiatric hospital or unit, or in a facility treating people with learning disabilities, in NHS Scotland. In addition, if the NHS contracts out psychiatric care or learning disability to a private care home or hospital, an SMR04 record should be generated for each inpatient or day case episode.

When the SMR04 scheme was originally developed, inpatient stays in mental health specialties were often quite lengthy – perhaps several years – and this is still sometimes the case. To enable up-to-date monitoring of activity, the SMR04 record was developed with two elements: one completed and submitted on admission; and one completed and submitted on discharge. This was to ensure that it was not necessary to wait until discharge for information on the admission to become available (but if the stay is short, the admission and discharge information can be submitted together).

The SMR04 record allows patients to be allocated to the following specialties: General Psychiatry; Child Psychiatry; Adolescent Psychiatry; Child and Adolescent Psychiatry; Forensic Psychiatry; Psychiatry of Old Age; and Learning Disability. In this report, Child Psychiatry and Adolescent Psychiatry are considered together.

Further details on the SMR04 scheme and fields available for analysis are included in the ISD Data dictionary.

All SMR records
SMR01 and SMR04 records are sent by NHS Boards to ISD for central collation and analysis. Hospital episodes are combined into continuous inpatient stays, and then aggregated up to patient level, using record linkage. Historically ISD did this using probability matching, but increasingly we use deterministic (exact) matching based on the assigned Community Health Index (CHI) number. (See Glossary for explanation of terms.)
Appendix 2: Data completeness

SMR01

Estimates by ISD of the completeness of datasets in 2014/15 indicate that SMR01 overall is 99% complete, while NHS Highland and NHS Lothian have the lowest levels of completeness at 96% each. NHS Fife, Lanarkshire, Grampian and Dumfries and Galloway each have a completeness level of 99%.

It is not known exactly how many records these slight undercounts relate to in this publication, as this publication only reports on a subset of all SMR01 records (those with a mental health related main diagnosis).

SMR04

The SMR04 record has a two-part structure (admission and discharge – although both admission and discharge records can be submitted together). It is necessary for ISD continually to monitor the number of residents, any duplicate records and overlapping stays, and feed back and help resolve any issues with the relevant NHS Boards.

There are ongoing efforts by NHS Boards and ISD to improve the completeness of the dataset. Of note:

- NHS Borders has a low submission of discharge records; these are estimated to be 88% complete for 2014/15. A deficit of discharge records in turn inflates the number of residents, as patients who have been discharged still appear as if they are resident in hospital. Figures in the report show an apparent increase in Borders residents in 2014/15, but this is likely to be a consequence of incomplete discharge records.

- NHS Highland moved to a new patient management system at the start of March 2014 and has struggled to achieve 100% submission of records since then. In this publication discharges in NHS Highland in financial year 2013/14 are estimated to be 97% complete and in 2014/15 81% complete. These completeness estimates have been based on previous submissions, in the absence of a reliable report from NHS Highland, it is therefore possible that the figures will be adjusted in future.

- NHS Western Isles (94%) and Dumfries and Galloway (98%) are other areas with less than 100% completeness estimates for discharges for 2014/15 at the time of producing the report. However this does not relate to a large number of records.

Even with the completeness issues detailed above, ISD completeness estimates show that in 2014/15, the undercounts were estimated to have reduced the Scotland total by around 2% (418 records compared to the recorded total of 20,905). As this was a small effect, no attempt was made to correct the data for this year. Similarly, the 2013/14 data were not corrected for the missing Borders and Highland records.
## Appendix 3: Publication metadata (including revisions details)

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Publication title</td>
<td>Hospital inpatient care of people with mental health problems in Scotland&lt;br&gt;Please note that this 2016 report has been renamed, previously it was ‘Mental health hospital inpatient care’. This change is to reflect the greater coverage of data sources included this year.</td>
</tr>
<tr>
<td>Description</td>
<td>Mental health hospital inpatient (and day case) information within Scotland, drawn from hospital administrative systems. The data sources are the SMR01 (acute) and SMR04 (mental health) returns for admissions to and discharges from NHS hospitals in Scotland.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks, PDF document</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Scottish Morbidity Record 01 (SMR01), Scottish Morbidity Record 04 (SMR04); NRS mid-year population estimates (with recent years rebased following the 2011 Census).</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>January 2016</td>
</tr>
<tr>
<td>Release date</td>
<td>10 May 2016</td>
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<td>Frequency</td>
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<tr>
<td>Timeframe of data and timeliness</td>
<td>SMR01 and SMR04 data up to 31 March 2015. Publication delayed from December 2015 due to data completeness issues in SMR04.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Report includes figures and tables showing time trends from financial year 1983/4 or 1997/98 to 2014/15.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>As with other SMR data collections, SMR01 and SMR04 are dynamic and each new publication includes revised data for previous years. In addition, planned revisions are a feature of this publication’s release.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>Section 2 of this report is based on similar analyses to those presented in the 2015 report, however some breakdowns are only presented in an Excel workbook and not in the main PDF report. This section for the first time includes data on admissions to and discharges from the State Hospital (Carstairs). Deprivation deciles are presented instead of deprivation quintiles.&lt;br&gt;Two new additional sections are included in this report:&lt;br&gt;Section 1 reports on patients treated for mental health related conditions in either non-psychiatric specialties (SMR01 dataset) or psychiatric specialties (SMR04 dataset).</td>
</tr>
</tbody>
</table>
Section 3 reports on the data ISD holds on patients treated as inpatients and day cases in the SMR04 learning disability specialty.

<table>
<thead>
<tr>
<th>Concepts and definitions</th>
<th>See SMR01 records, SMR04 records and Glossary.</th>
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</thead>
<tbody>
<tr>
<td>Relevance and key uses of the statistics</td>
<td>See Appendix 4.</td>
</tr>
<tr>
<td>Accuracy</td>
<td>The figures in this report are compared to previously published data and expected trends. An ISD data quality assurance exercise for SMR04 was carried out during 2015/16, with assessment of agreed data items at submitting hospital sites across mainland Scotland. The results should be available soon.</td>
</tr>
<tr>
<td>Completeness</td>
<td>See Appendix 2 for details of completeness issues related to this publication. See also spreadsheet with SMR completeness estimates published on ISD website (but bear in mind that the data in this report were acquired in late January 2016).</td>
</tr>
<tr>
<td>Comparability</td>
<td>See Links to other information sources.</td>
</tr>
<tr>
<td>Accessibility</td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td>Coherence and clarity</td>
<td>The report includes a hyperlinked contents page, a glossary, and links to the supporting Excel spreadsheets. These files, and a publication summary, are all available on ISD’s website under Mental health – publications.</td>
</tr>
<tr>
<td>Value type and unit of measurement</td>
<td>Numbers, percentages, crude rates and European age-sex standardised rates (EASRs) per 100,000 population.</td>
</tr>
<tr>
<td>Disclosure</td>
<td>The ISD protocol on Statistical Disclosure Protocol is followed. There was a medium risk of disclosure linked to the published data, and disclosure control methods were employed.</td>
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<tr>
<td>Official Statistics designation</td>
<td>Official Statistics</td>
</tr>
<tr>
<td>Last published</td>
<td>12 May 2015</td>
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<tr>
<td>Next published</td>
<td>December 2016</td>
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<tr>
<td>Date of first publication</td>
<td>Web publication from 2003</td>
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<td>Help email</td>
<td><a href="mailto:nss.isdmentalhealth@nhs.net">nss.isdmentalhealth@nhs.net</a> and see contact details listed above</td>
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<tr>
<td>Date form completed</td>
<td>07/03/2016</td>
</tr>
</tbody>
</table>
Appendix 4: Use of published SMR04 statistics

There are many users of this publication and the SMR04 data in general. These include the Scottish Government, Scottish Parliament, NHS Board Chief Executives and Information Departments, NHS clinical and medical staff, ISD, other NHS organisations (eg Health Protection Scotland, NHS 24), Audit Scotland, private research and pharmaceutical companies, charities, students and members of the public.

The information is used for many purposes, including:

- NHS Boards benchmarking their performance against other NHS Boards.
- Scottish Government Health Department for a variety of purposes, including analytical support, briefing and advice to policy, ministerial and press colleagues and to support the development, implementation and monitoring of policy and performance.
- Suicide prevention work through the Scottish Suicide Information Database (ScotSID) which links recent probable suicide deaths to prior health service contact including psychiatric inpatients.
- ISD and Scottish Government to reply to questions raised in the Scottish Parliament.
- By National Records of Scotland to estimate populations in long-term care in psychiatric hospitals.
- SMR04 data are part of the ACaDMe datamart linking acute (SMR01), mental health (SMR04), cancer registration (SMR06) and deaths records from NRS (National Records of Scotland), and this is used for many purposes.
- Historically, national NHS performance targets (HEAT targets) were included in the mental health publication to allow NHS Boards and the Scottish Government to monitor NHS Boards’ performance, eg for psychiatric readmissions within 12 months of discharge.
- Supporting local, regional and national planning and monitoring.
- Comparative data across Scotland and within the UK and for other European countries are included in databases collated by organisations such as ONS, OECD, WHO and ScotPHO (the Scotland and European Health for All Database).
- A range of users request information on the number of admissions with specific diagnoses and by particular geographic breakdowns.
- Individual researchers use the data for epidemiological studies and as baseline information.
- Press and media use the information to inform public debate and discussion.

Examples of particular requests from students, researchers and private companies:

- The number of patients with a mental illness by urban/rural description.
- The number of admissions to mental health hospitals with a diagnosis of autism spectrum disorder.
- Mental illness discharges by admission type, diagnosis, gender and age group.
- Anorexia & bulimia data for the past 5 years.
- Discharges from psychiatric hospitals in Scotland with a diagnosis of schizophrenia.
Users’ experience of the statistics

On the ISD website, users are invited to provide a rating and comment on the usefulness of the data presented in the publication. The product has been rated as ‘good’ but the number of replies was limited.

As of 1 May 2015, the July 2014 report had been downloaded 131 times and the publication summary 109 times. The publication report invites feedback on the publication, its statistics and data presentation, but so far there has been little response.

The analysis team reflects on the frequency of information requests and, should any appear regularly, consideration is given to including this information in future publications.

ISD ran a consultation exercise in summer 2013 on proposals for the redevelopment of the Mental health publication. Responses were collated and summarised in Results of the ISD Consultation on the ‘Mental Health (Psychiatric) Hospital Inpatient Care Statistics’ Publication. The feedback was taken into account in redeveloping this publication, and will be considered for future reports.
Appendix 5: 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.

Standard pre-release access:
- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

Early access for quality assurance
These statistics will also have been made available to those who needed access to help quality assure the publication: including the Scottish Learning Disabilities Observatory.
Appendix 6: ISD and official statistics

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
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.

These statistics are Official Statistics, currently under assessment by the United Kingdom Statistics Authority for designation as National Statistics.

User engagement
ISD is keen to seek the views of users of health statistics in Scotland to improve the quality, value, accessibility and impact of its outputs. A joint engagement event was arranged in 2014 with ISD, the UK Statistics Authority and health statistics users (see the full report). Please contact us if you wish, with your views of our statistics.