mental welfare commission for scotland

The use of the Mental Health (Care and Treatment) (Scotland) Act 2003 during Covid-19

A review of detentions during the pandemic and deaths of people subject to the Act (March–August 2020)

Statistical Monitoring

December 2020

Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

Contents

Executive summary

Covid-19 has had an impact on many aspects of life, including mental health. To cope with the pandemic, mental health services had to redesign, adapt, or cease some aspects of services. In this report we specifically look at detentions of people for mental health care and treatment in Scotland. People who are treated under the Act are a vulnerable group of patients The Mental Welfare Commission for Scotland has a statutory duty to monitor the use of the Act and promote best practice in its use. We have produced this report to describe what happened during the first six months of the pandemic.

We wanted to compare detentions in the first phase of the pandemic (1 March to 31 August, 2020) with the previous five years to see if there were any significant rises or falls in numbers. We also wanted to understand whether best practice with regards application of the Act was followed, both nationally and by health board.

We also report on the number of detained patients who died during this period and whether there were any deaths linked with Covid-19. We recognise that while this report presents the numbers of people detained and summarises at a population level, every incident relates to a person, and represents a time of difficulty for the individual involved and their family, friends or carers.

Key findings

- There were 333 more detentions beginning in the period March to August in 2020 compared to the previous year. This is an increase of seven per cent on the previous year and that increase is in line with rises in previous years
- Within that, we found that the overall number of detentions dropped in March and April, followed by a sharp increase in May, and stayed higher during the summer.
- The number of Emergency Detention Certificates (EDCs) increased by 28% between April and May and Short Term Detentions Certificates (STDCs) increased by 32% between April and May. In contrast Compulsory Treatment Orders (CTOs) decreased by 6% between April and May. The drop in in March and April and rise in May coincide with the first lockdown weeks and the immediate post-lockdown period.
- There was a concerning reduction in emergency detentions that had the consent of a mental health officer (MHO) – all such detentions should have this safeguard unless it is impracticable. Overall, 45% had MHO consent, compared to the previous five years' average, which was 53%.
- Half (49%) of those who were detained under an EDC were individuals with no previous detention episodes, which was the same as the average of the previous five years.
- There were great differences in number of detentions compared to average between health boards. There were higher-than-average EDCs of individuals with no previous detention episode in Lothian and Highland, while mental health officer consent for EDC was lower than average in Borders, Fife, Forth Valley, Grampian, Greater Glasgow and Clyde, and Highland.
- The time elapsed since the last episode for individuals who had previous detentions under the Act was similar to in previous years.
- We did not find a difference in the age or gender of individuals detained during the time period compared to previous years. We saw some differences in relation to ethnicity and diagnosis (in terms of the broad groups of mental illness, personality disorder,

learning disability). However, percentage of forms for which ethnicity was not provided and diagnosis left blank were higher than previous years, so differences should be interpreted with a degree of caution.

- The progression from one order to another (for example from an EDC to an STDC) was similar to previous years, with slightly higher percentage of orders that started and ended as an STDC.
- We were informed of 60 deaths of individuals who were subject to an order in this period. This was higher than average for previous years (52 deaths) with evident impact of Covid-19 as 13% (eight deaths) were due to Covid-19.
- Among those who died , 50% were detained on a hospital-based CTO, 35% were on a community-based CTO and 15% were on a suspended hospital-CTO (meaning their order was not hospital-based at the time they died).

Our analysis found a seven per cent rise in detentions of people for care and treatment on the 2019 numbers, which was in line with rises over recent years. This differs at the health board level and we could see some indications of more people without previous detentions being detained in some health boards during the time period.

The lack of involvement of a mental health officer (MHO) in detentions was even more apparent than usual. From 1 March to 31 August 2020, fewer than half of emergency detentions involved a mental health officer. Mental health officers are specialist social workers who should be involved each time a person is detained. The mental health officer safeguard is vital, as it allows for a different professional group to take part in the decision making process at point of detention. The continued reduction in the use of this safeguard is concerning. The Commission has raised this concern many times in the past and will work with stakeholders to consider the implications, actions and further scrutiny that is required to address it.

We will also work with the Scottish Mental Health Law Review to discuss how to open up the debate about strengthening the mechanisms for this safeguard. In the Commission's view, the law is not working as was intended when the Act was passed.

We will continue to monitor the number of detentions and activity in later phases of the pandemic. This will be reported on in subsequent reports.

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Glossary

CTO	A compulsory treatment order (CTO) allows for a person to be treated for their mental illness. In this report we refer to Community CTOs (CCTO) and hospital-based CTOs (CTO).
EDC	An emergency detention certificate (EDC) allows a person to be detained in hospital for up to 72 hours while their condition is assessed.
Episode	In this report we refer to episodes, which are periods during which an individual was subject to the Mental Health (Care and Treatment) Act 2003 ('the Act') that were notified to the Commission and appear in the database.
iCTO	Interim CTO – in the case where a CTO has been applied for, the Mental Health Tribunal can grant an interim order whilst considering the need for a CTO. A patient cannot be subject to an interim order for a period of more than 56 days.
MHO consent	Following a medical examination of a patient in the process to grant an EDC or STDC, the practitioner should seek the consent of a mental health officer (MHO). An MHO is a social worker who has undertaken specialist mental health training that includes the relevant legislation. An EDC can be issued without MHO consent, in circumstances where waiting for the assessment would be considered "impracticable" and result in undesirable delay. A STDC cannot be issued without MHO consent.
POS	Place of Safety – Section 297 of the Act confers on the police a power to take a person who appears to be mentally disordered and who appears to be in immediate need of care or treatment to a place of safety, usually a hospital. They may be detained there for a period of up to 24 hours to allow for a medical examination by a doctor.
SD	Standard deviation – a statistical measure of variance in the data relative to the mean.
STDC	In Scotland, short-term detention certificate (STDC) should be the preferred route into hospital over an EDC under the law, as there are more safeguards for the individual. A short-term detention can last up to 28 days.

Background

The World Health Organization (WHO) declared Covid-19 a pandemic on 11 March 2020. Governments, organisations, societies and individuals have all had to deal with the realities of working and living with the tragic loss of life and economic impacts. There is evidence that crises resulting in economic downturns negatively impacts on mental health. This includes increases in self-reported chronic mental health conditions[1] and suicide rates.[2] Individuals with pre-existing mental health conditions are a more vulnerable group who are more likely to experience poorer mental health as a result of crises, as seen in Britain after the 2008 financial crisis.[3] Protective factors to mitigate the impact of economic downturns includes, for example, adequate social welfare systems, social capital, and healthy lifestyles.[4] These factors are currently limited by restrictions imposed to stop the spread of Covid-19. Ongoing business closures put strain on the state to provide welfare for individuals who are out of work. With the furlough scheme due to end in March 2021, further impact is to be expected.

Mental health in Scotland during Covid-19

The SCOVID Mental Health Tracker Study, commissioned by the Scottish Government, monitors the impact of Covid-19 on mental health in a representative sample.[5] While no direct comparisons are available for this sample, findings are compared to the Scottish Health Survey (SHS). The first survey wave found levels of psychological distress about twice as high as in the SHS, which was higher among individuals with pre-existing mental health. One in 10 reported suicidal thoughts, which was more than four times higher among those with pre-existing mental ill health. Individuals in lower socioeconomic groups, living in urban areas, and from ethnically diverse communities were also more likely to report suicidal thoughts.[6]

Increases in suicides during the pandemic has been a concern, but data from several countries currently does not suggest an increase.[7] However, it is likely too early to draw conclusions on whether the pandemic will have an impact on suicide rates. Statistics on suicides in Scotland, published in November 2020, presents the long-term trend until 2019 with next update scheduled for June 2021.[8]

Impact on family/carers

The sudden reduction and difficulties in remobilisation of statutory mental health services and reductions in withdrawal of social supports left families and carers taking on extra caring

[1] The study analysed data from the Labour Force Survey, which includes 25-64-year-olds. The impact of the crisis is likely to also affect individuals of other ages.
[2] Stuckler D, Sanjay B, *The Body Economic: Why Austerity Kills: Recessions, Budget Battles, and the Politics of Life and Death,* 2013, New York: Basic Books.
[3] Janke K et al., *Macroeconomic Conditions and Health in Britain: Aggregation, Dynamics and Local Area Heterogeneity*, Institute for Fiscal Studies, IFS Working Paper W20/12. Available at: https://www.ifs.org.uk/uploads/WP202012-Macroeconomic-Conditions-and-Health-in-Britain.pdf
[4] WHO Regional Office for Europe, Impact of economic crises on mental health, 2011. Available at: https://www.euro.who.int/__data/assets/pdf_file/0008/134999/e94837.pdf
[5] Wethereall K et al., Scottish COVID-19 (SCOVID) Mental Health Tracker Study: Wave 1 Report, Scottish Government 2020. Available at: https://www.gov.scot/publications/scottish-covid-19-scovid-mental-health-tracker-study-wave-1-report/
[6] Ibid.
[7] John A et al., *Trends in suicide during the covid-19 pandemic*, BMJ, 2020(371):m4352. doi: 10.1136/bmj.m4352
[8] National Records Scotland, Probable Suicides: Deaths which are the Result of Intentional Self-harm or Events of Undetermined Intent, 24 November 2020 https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/suicides

responsibilities. A recent survey by Carers UK estimated that an extra nine per cent of people in Scotland have had to take on a caring role since the pandemic started.[9] These figures include caring for individuals with conditions other than mental health, but indicates that with imposed restrictions more people are needing informal support. Further studies have also signalled a worsening of mental health of carers, with high proportion of carers reported feeling burned out.[10] A UK-based study during also found that that caregivers had significantly higher risk of depressive symptoms compared to those who were not caregivers. Most caregivers who had depressive symptoms were not accessing support or treatment,[11] indicating that as well as individuals who need care those who care for them are significantly impacted by the current pandemic.

Impact on services

Globally, significant disruptions to service provision for mental health, neurological and substance use (MNS) services have been evident in most countries, despite all MNS services being listed as essential health services that needed continuity in Covid-19 response plans in many countries.[12] Clinical guidelines outlined prioritisation of services in the response to Covid-19 in Scotland, including Child and Adolescent Mental Health Services (CAMHS), community mental health and learning disability (LD) services.[13] While reducing contact and risk assessment of each situation advised, the guidelines outlined the need for continuing services providing emergency and urgent care as normal based on assessment of needs and risk.[14]

The Scottish Government prepared for a scenario or the NHS becoming overwhelmed and actions needed to manage the demand on health services. Preparations included provisions to amend the Act in relation to length and conditions for detaining an individual.[15] The emergency provisions for this in the Coronavirus Act 2020 have fortunately not needed to be implemented and as a result detentions - in terms of legal definitions and provisions - have been undertaken as before.

[9] Carers UK, The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak, 2020. Available at: https://www.carersweek.org/images/CW%202020%20Research%20Report%20WEB.pdf
[10] Carers UK, Caring behind closed doors: six months on The continued impact of the coronavirus (COVID-19) pandemic on unpaid carers, 2020. Available at: http://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_Oct20.pdf
[11] Gallaghers S, Wetherell MA, Risk of depression in family caregivers: unintended consequences of COVID-19, BJPsych Open 2020, 6(e119): 1-5. Doi: doi: 10.1192/bjo.2020.99
[12] WHO, *The impact of COVID-19 on mental, neurological and substance use services*, World Health Organization, 2020. Available at: https://www.who.int/publications/i/item/978924012455
[13] Scottish Government, *National Clinical Guidance for Nursing and AHP Community Staff during COVID-19 Pandemic*, v1.3, 17 April 2020. Available at: https://www.gov.scot/publications/coronavirus-covid-19-nursing-and-community-health-staff-guidance/
[14] Scottish Government, *National Clinical Guidance for Nursing and AHP Community Staff during COVID-19 Pandemic*, v1.3, 17 April 2020. Available at: https://www.gov.scot/publications/coronavirus-covid-19-nursing-and-community-health-staff-guidance/
[15] Coronavirus Act 2020 c.7

This report

For some individuals, some aspects of their care and treatment may be required to be delivered against their wishes under legislation designed to allow such care and treatment, and provide safeguards for people who require it. These are amongst the most unwell of people in contact with mental health services.

In this report we present an analysis of detentions under the Act during the period 1 March to 31 August 2020. We explored the number of detentions compared to the last five years in relation to type of detention, age, gender, ethnicity, health board of treatment, and where possible, diagnosis. We have also reviewed cases when an individual died while subject to detention under the Act.

We recognise that while this report presents numbers and summarises at a population level, every incident relates to a person, and represents a time of difficulty for the individual involved and their family, friends or carers.

The role of the Mental Welfare Commission

The Commission has a duty to monitor and promote best practice in the use of the Act, which is stipulated in Section 5 (see Box 1).[16]

Box 1. Section 5 of the Act

The Commission shall:

a) monitor the [practical application of the observance of Part 1] of this Act; and b) promote best practice in relation to the [practical application of the observance of Part 1 of this Act].

As part of that role, the Commission has, since the start of the pandemic, worked to ensure that the rights of people with mental illness, learning disabilities, dementia, and other related conditions are adhered to. This has included advising on practices and providing advice for practitioners for situations that may occur as a result of the pandemic and the related restrictions. The Commission has longstanding mechanisms to gather intelligence on how services are working to discharge its duties under section 5 of the Act. These include analysis of the forms submitted to us when an individual is being made subject to provisions within the Act.

We run an advice line for professionals and private individuals to contact where there are concerns related to care and treatment. This is an important mechanism to support health and care professionals, individuals, people who use services, and families and carers by providing advice and guidance and promoting best practice. During the time period related to in this report, there were 1,786 calls to our advice line. This included calls related to Covid-19 as well as any other topics. We have also undertaken intelligence gathering, speaking to managers in mental health care and social work, advocacy services, health professionals,

[16] Mental Health (Care and Treatment) (Scotland) Act 2003 Asp 13

individuals, and families/carers to understand emerging issues at different time points during the early phases of the pandemic.

The aim of this report was to explore the number and characteristics of detentions during the first six months of the pandemic compared to previous years, and the number of deaths of individuals subject to the Act.

Information used in this report

In this report we present number of detentions orders that started during the period 1 March to 31 August 2020. We call this the incidence of orders, and is a record of each type of detention (EDC, STDC or CTO). This does not tell us how many people in total were on an order during these times, but the number that began in the period. This is also different from a detention episode, which can involve more than one type of detention by progressing from a shorter detention to a longer one. Throughout this report we compare to average for previous years, which means the same time period (March to August) for the years 2015-19.

In addition to number of detentions, which we compare to the average for the previous five years, we also report on time elapsed since the most recent episode (i.e. one or more detentions) that the individual had. We also report on individuals who were new to our database, meaning they have not had any previous episodes under the Act. More detail on how we did this is presented in Appendix A.

Deaths during detention

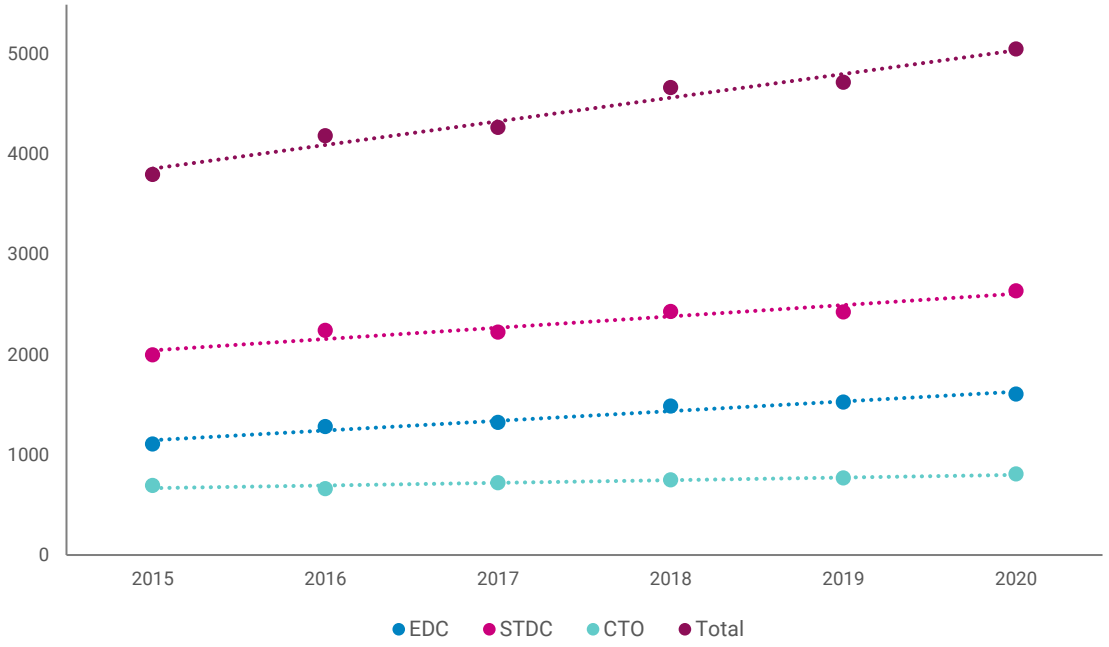
In this report we include an overview of number of deaths that have occurred while an individual was subject to either the Act or to the mental health orders of the Criminal Procedure (Scotland) Act. These deaths are reported to the Commission through our deaths notification system. Due to Covid-19 the Commission has been monitoring more frequently the number of deaths relating to individuals subject to the Act reported to the Commission and has been reporting these on a weekly basis to the Scottish Government. This report includes the number of deaths that occurred between 1 March and 31 August 2020. Our intention is that future monitoring reports, beyond the pandemic, will continue to include this information.

Detentions

Tables B1a-d shows the number of detentions each month between March and August, 2015-20. Overall, detentions increased by 7% on the 2019 figures (+333 detentions). The difference to the same time period in 2019 differed by detention type; EDCs were 5% higher, STDCs 9% higher and CTOs 5% higher.

The increasing number of detentions follows the trend of yearly increases in detentions as shown in Figure 1. For all detentions combined, and for each type of detention, the number of detentions starting in the time period 1 March to 31 August are following a linear trend. In other words, detentions that took place between these dates in 2020 did not deviate from this trend and is what we would have expected to see for the time period based on the increasing trend in previous years.

Figure 1. Number of detentions, by year (March to August (2015-2020)

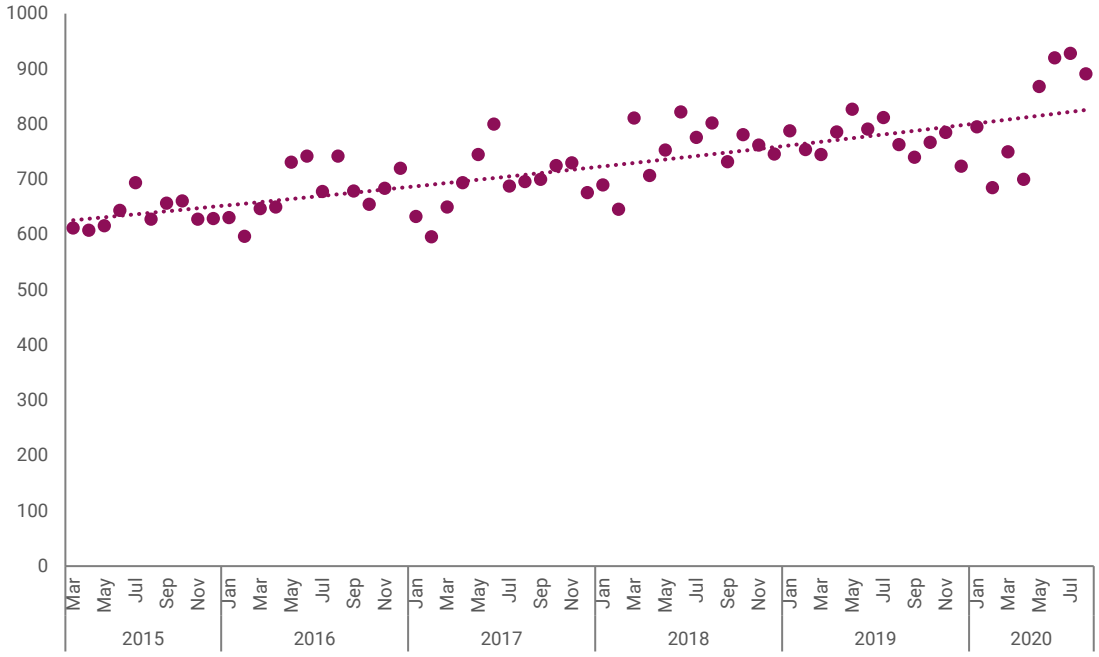


Looking at the number of detentions by each month as a continuous trend since 2015, it is evident that there are variations across different months in 2020, which is also evident for previous years. Figure 2 shows a drop in detentions in the beginning of 2020, followed by a sharp increase in May.[17]

The sharp increase differed by order type – the number of EDCs increased by 28% between April and May and STDCs increased by 32% between April and May. In contrast CTOs decreased by 6% between April and May. The drop in in March and April and rise in May coincide with the first lockdown weeks and the immediate post-lockdown period.

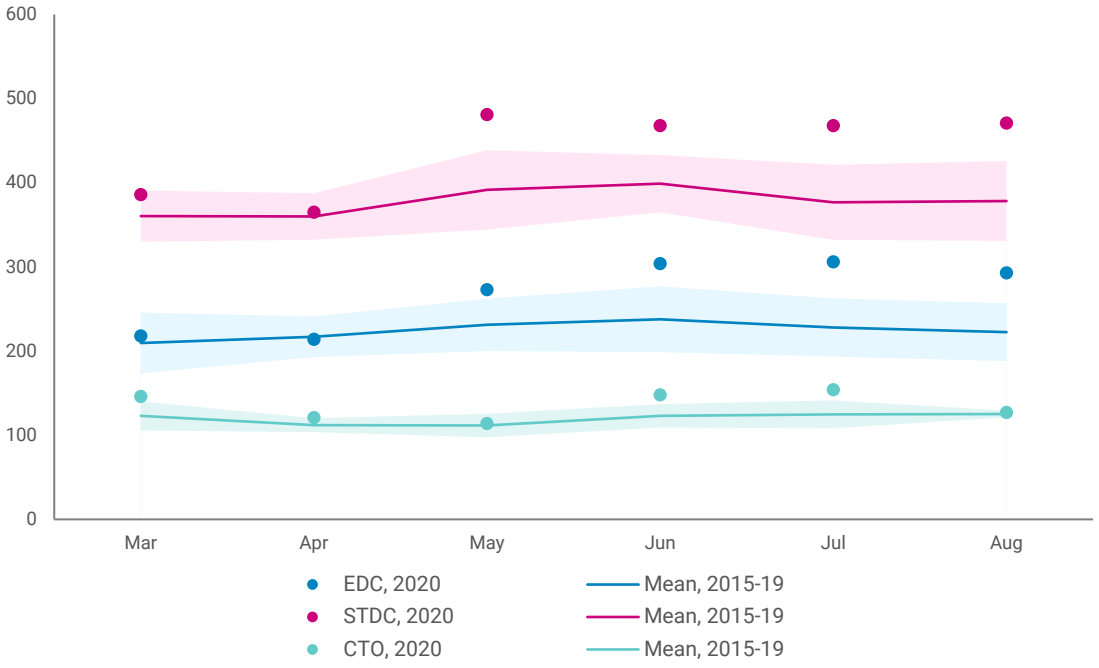
[17] The goodness of fit for the trend line shown is however poorer than for the yearly data shown above, as monthly numbers fluctuate

Figure 2. Number of detentions 2015-20, by month



The fluctuations in overall detentions is however dependent on type of detention. Figure 3 (Table B2) shows the number of detentions for each month compared to the mean number for the same month in 2015-19. The shaded area shows the SDs from the mean in previous years. Figure 4 indicates that number of EDCs and STDCs in March and April were close to the mean and within the SDs for previous years, after which numbers have been higher than previous years. For CTOs, there is less deviation from the mean and previous range for most months, with slightly higher numbers in June and July compared to previous years.

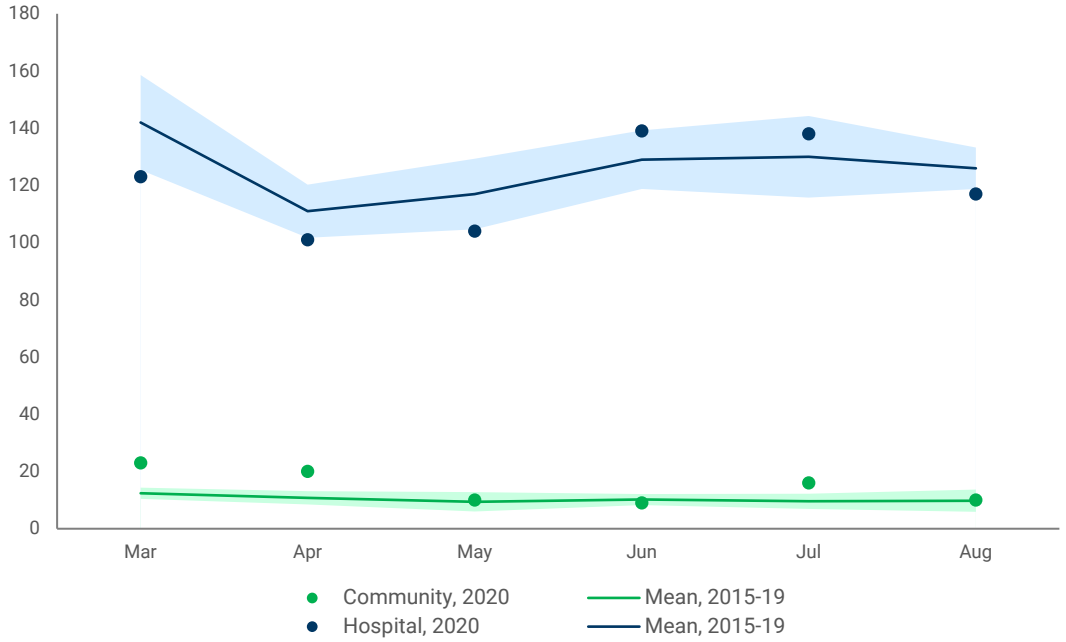
Figure 4. Number of detentions per, by type of order



Compulsory treatment orders (CTOs)

Most CTOs that began during the period in 2020 were hospital-based orders (89%), which is similar to previous years (mean=91%, SD=0.4%). All CTOs starting between March and August are outlined in Table B3. Figure 4 shows the number of hospital and community-based CTOs for the period March to August. Hospital-based CTOs were lower than average for March to May and August, while slightly higher than average for June and July but within the SDs of previous years. For community-based CTOs, numbers were higher than average for March, April and July.

Figure 4. Number of community CTOs and hospital CTOs, by month



MHO consent safeguard

Section 36(3)(d) and 36(6) of the Act outlines the role of Mental Health Officers (MHOs) for detentions on an EDC. These are described in Box 2 and emphasises that medical practitioners should consult with a MHO to consent to the detention unless impracticable.

Box 2. Section 36(3)(d) and 36(6) of the Act

(3) Subject to subsection (6) below, this subsection applies where—

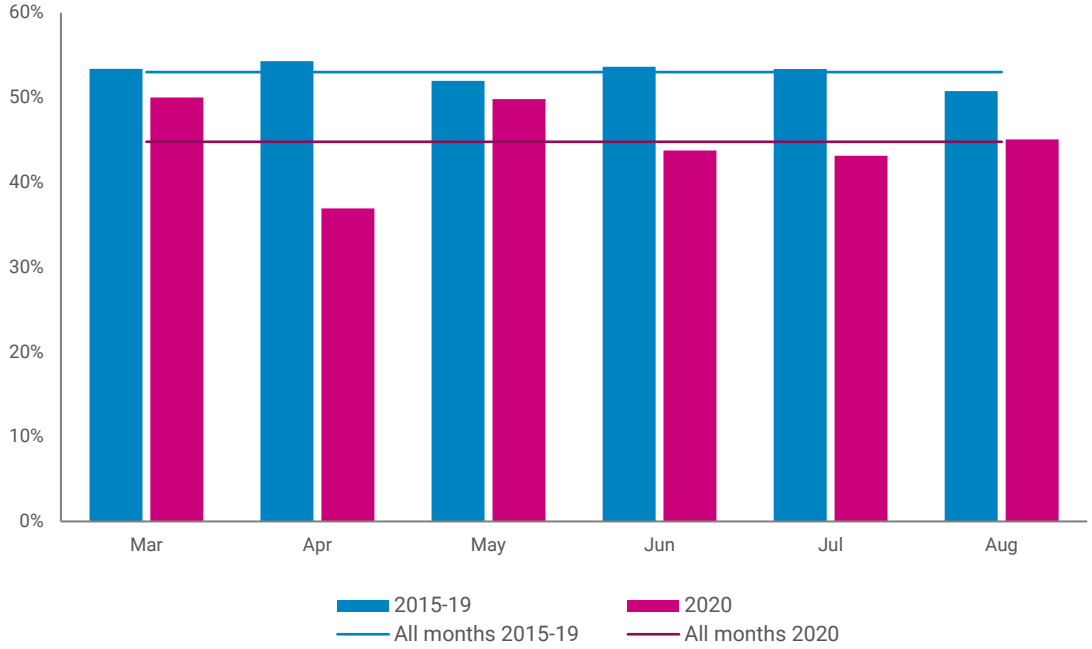
d) the medical practitioner has consulted a mental health officer and that mental health officer has consented to the grant of an emergency detention certificate.

(6) If it is impracticable for the medical practitioner to consult or seek consent under paragraph (d) of subsection (3) above, that paragraph need not be satisfied for the subsection to apply.

Overall, the mean percentage of EDCs with MHO consent was 45% over the time period, with the lowest percentage in April (Figure 5). The overall percentage of EDCs with MHO consent was lower than the average for the same time period in previous years (mean= 53%, SD=1%).

MHO consent may be influenced by a number of factors, many of which we may not be able to measure. However, we know it varies by health board, which is described later in this report.

Figure 5. MHO consent for EDCs

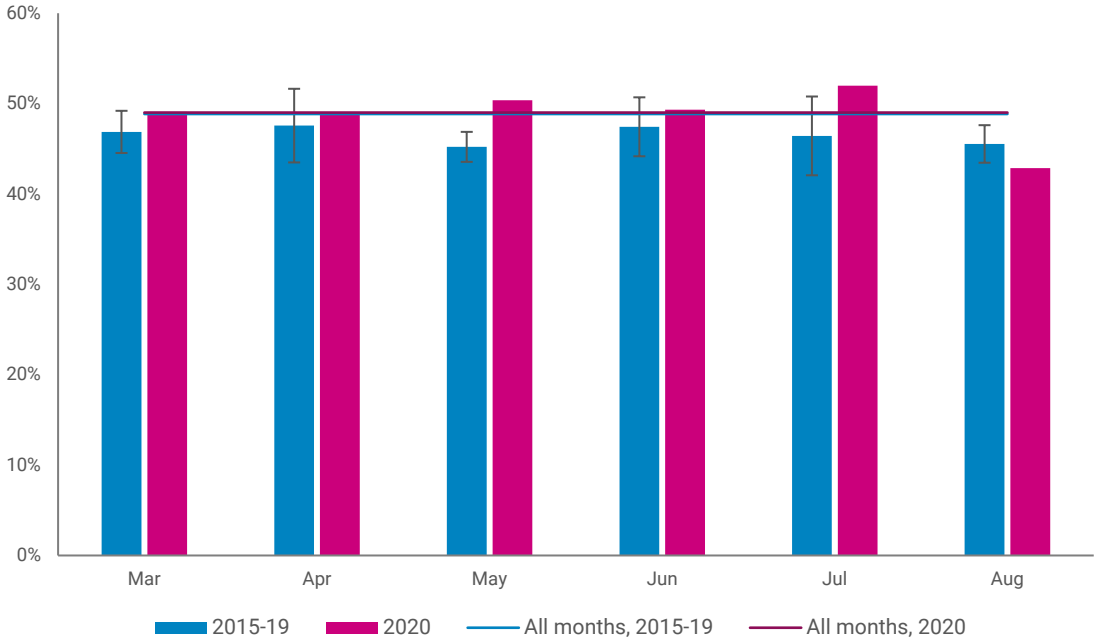


Previous episodes of detention

Our intelligence gathering suggested that there may have been more individuals without previous contact with mental health services presenting to mental health services for the first time during Covid-19. We wanted to find out if that intelligence also impacted on detentions. We therefore analysed the percentage of individuals who were detained on an EDC during the time period and who had no previous detention episodes.

Overall, 49% of all EDCs were individuals who did not have previous detention episodes. This was the same as the average for the last five years (mean=49%, SD=1%) (Table B4). The percentage was higher in May and July and while we can say that across all months there have been the same level of individuals detained on an EDC who did not have previous episodes we will follow up on whether the decline from July to August in 2020 was the beginning of a downwards trend (see Figure 6). We did see differences at health board level, which is described later in this report.

Figure 6. Percentage of individuals with no previous episodes, by month



Our intelligence has suggested that individuals who have not presented to services in a long time are now returning to services and needing support. However, when we compared the percentage of individuals who had previous detention episodes we did not find much difference to the average for previous years (see Figure C1). For all years, time since the end of the last episode was most commonly one year or less. Within this category, most were in the '0 years' category, i.e. the last episode was within 12 months or less (68% of individuals within the 0-1 year group in 2020). This was slightly higher than in previous years (mean=63%, SD=2%).

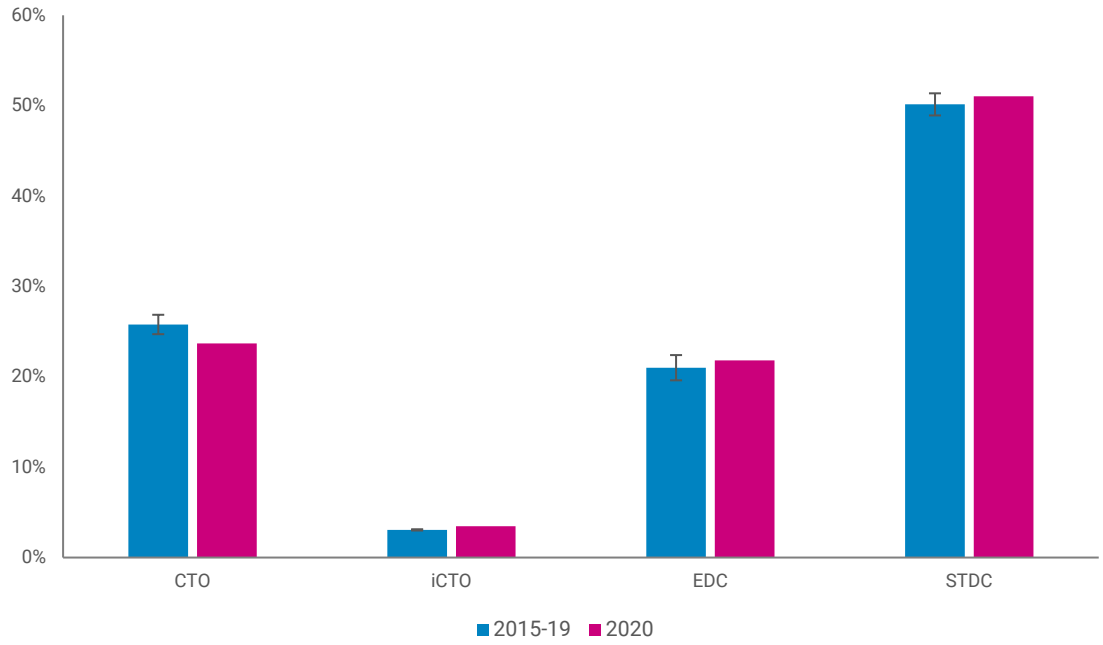
It is important to note that these figures only relate to detention. We are not able to see whether more people have presented to services in general who previously have not been in touch with mental health services, or those who have not been in contact with services for some time.

Detention episode progression

We also wanted to look into whether there was a difference in the progression from one order to another during the period. We found that compared to the previous five years, the percentage of orders finishing as a STDC was 51% (mean=50%, SD=1%), 24% was CTO (mean=26%, SD=1%), 22% was EDC (mean=21%, SD=1%) and 3.5% interim CTO (iCTO) (mean=3.1%, SD=0.1%) (Figure 7). Breakdown for each month is described in Table B5.

We also looked at a more detailed breakdown for each possible combination of orders. These are described in Figure C2 and shows that each progression of detention is more or less similar in 2020 as on average in the previous five years.

Figure 7. Highest order



Individual characteristics

Age and gender

We looked at several different individual characteristics and whether these differed to previous years. The age of detained individuals was very similar to previous years' average. This is described in Table B5. Similarly, we did not find any major difference in gender distribution compared to the average for previous years, which is outlined in Table B6.

Ethnicity

Covid-19 has sharpened the focus on health inequalities for individuals from ethnically diverse communities. We record ethnicity of detained individuals, but as we have reported previously in the *Mental Health Act Monitoring Report*[18] there are issues with missing data. 'Ethnicity not provided' ranged from 5.8% to 9.1% for all detentions across all years (mean=7.6%, SD=1.2%) and forms returned blank between 6.9% and 13.1% (mean=9.2, SD=2.0%).

Most individuals who were detained in 2020, and in previous years, were White Scottish. The percentage of White Scottish individuals compared to the mean was 82.4% and 82.3% (SD=0.9%) for EDCs, 80.5% and 81.4% (SD=0.7%) for STDCs, and 78.9% and 81.9% (SD=1.7%) for CTOs. For other groups, Figure 8 shows a breakdown of ethnicity, indicating that more people from Asian and Black groups were detained during this period than in previous years. This is in keeping with reports from Scottish Government that describe people from diverse ethnic communities being at greater risk from the consequences of the pandemic.[19] These

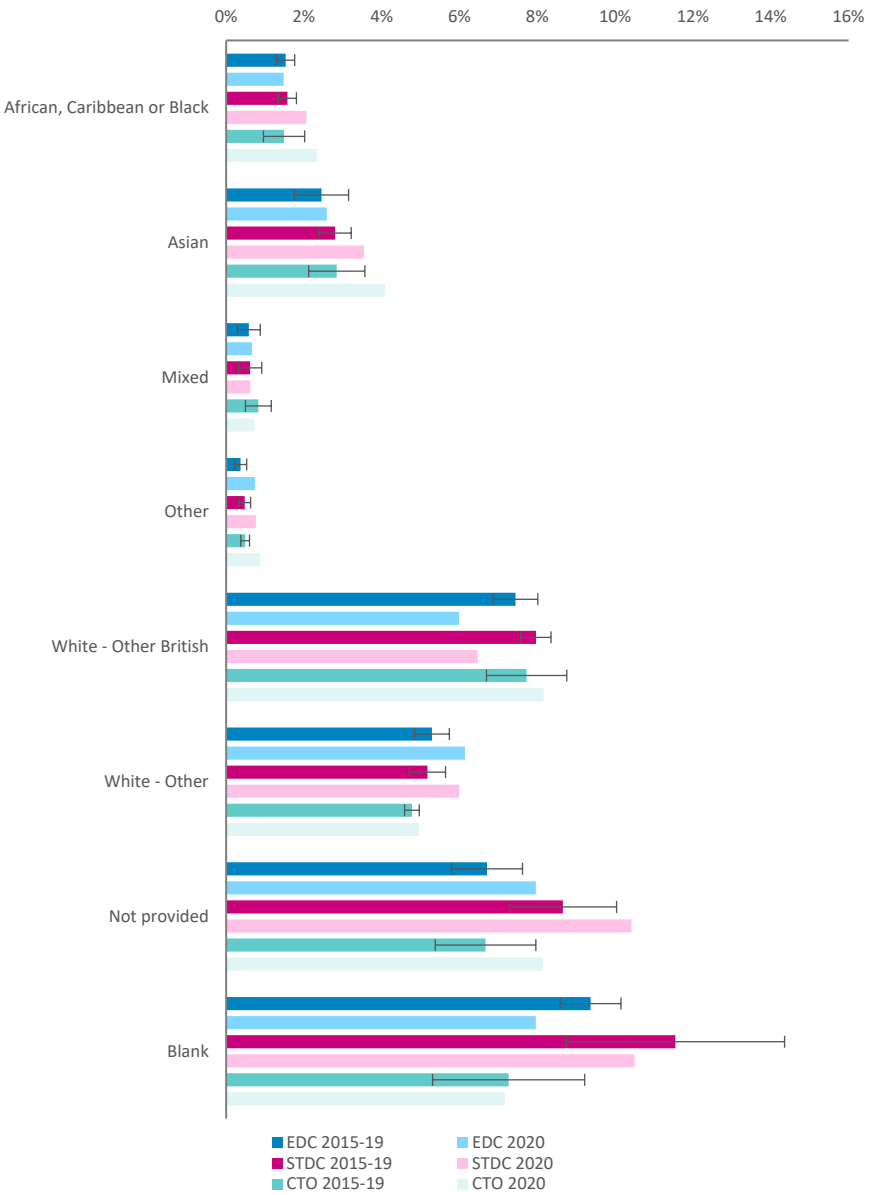
[18] Mental Welfare Commission for Scotland, *Mental Health Act Monitoring Report 2018-19,* 2019. Available at: https://www.mwcscot.org.uk/sites/default/files/2019-11/MHA-MonitoringReport2019.pdf
[19] Scottish Government, *The impacts of COVID-19 on equality in Scotland, 2020*. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/09/the-impacts-of-covid-19-on-equality-in-scotland/documents/full-report/full-report/govscot%3Adocument/Covid%2Band%2BInequalities%2BFinal%2BReport%2BFor%2BPublication%2B-%2BPDF.pdf

may translate into worse mental health outcomes and then to an increase in detentions for those most unwell.

However, the percentage of forms indicated as 'not provided' was higher than previous years and we have previously reported on gaps in return of ethnicity forms.[20] The findings should therefore be interpreted with caution, as more individuals did not have their ethnicity recorded compared to average. Reassuringly, fewer than average EDCs were left blank.

The Commission is undertaking activity with stakeholders to increase the return of ethnicity information in relation to detentions.

Figure 8. Breakdown of detentions by ethnicity (other than White Scottish)



[20] Mental Welfare Commission for Scotland, *Mental Health Act Monitoring Report 2018-19*

Diagnosis

Table B7a-b shows the number of individuals within each diagnosis mix among those detained on an STDC or a CTO during the time period. Most (89.8%) STDCs were for mental illness (mean=88.2, SD=0.7%), as were CTOs (89.4%) which was similar to previous years (mean=89.9%, SD=0.8%). The percentage of other diagnoses were also similar to that of average for 2015-19 as shown in Figure C3. There appears to be a difference in lower number of STDCs of individuals with mental illness and personality disorder (3.7% vs 4.8%, SD=0.4%), however it is worth noting that the percentage of blank STDC and CTO forms were higher than average and above the SD for previous years which should be considered when drawing any conclusions from the data.

Differences at health board level

Number of detentions, and the difference compared to previous years, varied across health boards and across type of detention. Table B7 shows the number of detentions within each health board for the period March to August, 2015-20. The monthly number of detentions with historical ranges are presented in the figures in Appendix D. This excludes the island boards and the State Hospital due to small numbers.

Table 3 provides an overview of number of detentions each month in relation to previous years. Numbers that were above the historic mean and SD (i.e. above the historic range of deviations from the average) is indicated with ↑. Numbers that were below the historic mean and SD is indicated with ↓. All empty cells indicate that the numbers were similar to previous years' average or within the SDs of previous years.

While there were variations, some patterns emerge regarding higher numbers of EDCs and STDCs after April in many or most health boards and higher than average CTOs starting in July in seven health boards.

Table 3. Number of detentions in each health board by month compared to previous years

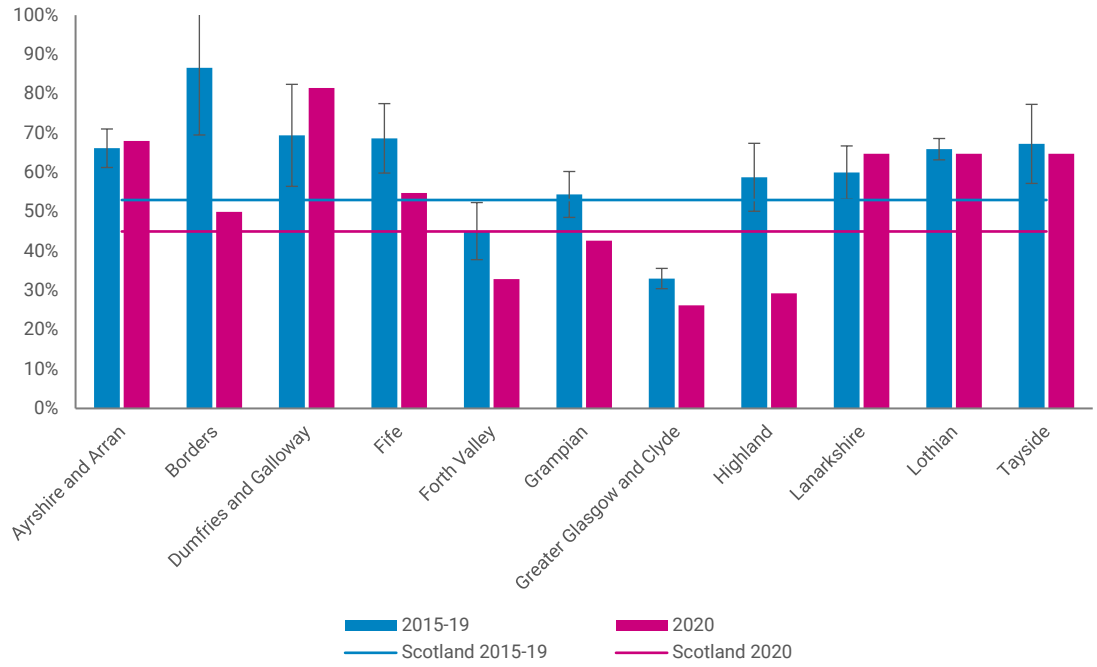
		Mar	Apr	May	June	Jul	Aug
EDC	Ayrshire and Arran		↓	↑	↓		↑
	Dumfries and Galloway	↑		↑	↑	↑	↑
	Fife			↓	↑	↑	
	Forth Valley				↑	↓	
	Grampian	↓	↑				↑
	Greater Glasgow and Clyde				↑	↑	↑
	Highland		↓	↓			
	Lanarkshire	↑	↑	↑	↑		↑
	Lothian	↑	↑	↑		↑	↑
	Scottish Borders		↓	↑		↑	↑
	Tayside	↓					↑
STDC	Ayrshire and Arran			↑	↑		↑
	Dumfries and Galloway			↑	↑	↑	
	Fife		↑		↑	↑	
	Forth Valley			↑	↑		↑
	Grampian	↓	↓	↑	↑		↑
	Greater Glasgow and Clyde	↑		↑	↑	↑	↑
	Highland						↓
	Lanarkshire	↑	↑	↑		↓	↑
	Lothian	↑	↓	↑		↑	↑
	Scottish Borders		↑			↑	
	Tayside	↓					↑
CTO	Ayrshire and Arran				↓	↑	
	Dumfries and Galloway		↑	↓	↑		↑
	Fife		↑	↑	↑	↑	
	Forth Valley					↑	
	Grampian		↓	↓			
	Greater Glasgow and Clyde	↑	↑		↑	↑	
	Highland					↓	
	Lanarkshire			↑		↓	
	Lothian	↑	↑	↑		↑	↑
	Scottish Borders					↑	
	Tayside	↑				↑	

MHO consent, by health board

Figure 9 shows the percentage of EDCs with MHO consent by health board. Three health boards have slightly higher than average MHO consent (Ayrshire and Arran, Dumfries and Galloway, and Lanarkshire), however all were within the SD of previous years mean. Borders, Fife, Forth Valley, Grampian, Greater Glasgow and Clyde, and Highland all had lower-than-average MHO consent which were below the SD of the mean for previous years, meaning they appear to differ from previous years. Lothian and Tayside were slightly lower than previous years but within the SD of the mean.

Grampian remains just about Scotland average, while Forth Valley and Greater Glasgow and Clyde, which in previous years have been below the Scotland average, had an even greater difference to the average than in previous years. Highland, which on average was above the Scotland average in previous years, dropped below the mean for 2020.

Figure 9. MHO consent by health board



Previous episodes of detention

Figure 10 shows that despite the national figure being similar to previous years, there were variation depending on health board level in relation to individuals with no previous detention episodes. There was a higher percentage of individuals with no previous episodes who started an EDC during the time period in Ayrshire and Arran (64.6% compared to 55.7% average), Borders (60.0 compared to 49.4% average), and Dumfries and Galloway (57.0% compared to 49%), which were both above the Scotland average for 2020 of 49%. Percentage new individuals was also higher in Fife (44.9% vs 38.8%) and Lothian (47.6% vs 40.0%), but below the Scotland average. Percentage for each year is presented in table B9.

Figure 10. Percentage of EDCs relating to 'new' individuals, compared to 2015-19 average

When comparing time elapsed since the last episode of detention, there were no evident differences in most health boards (see Table B10). A higher percentage of individuals with an MHA episode 6-7 years ago (Borders, 4-5 years ago (Dumfries and Galloway and Forth Valley) and 6-7 years ago and longer (Highland), however as outlined in Table B10 the SD from the mean in previous years are relatively large so these differences should be interpreted with caution.

As we have already noted, these figures only relate to detention and does not tell us whether more individuals who are new to services, or have not been in contact with services for some time, have presented to mental health services in general.

Deaths

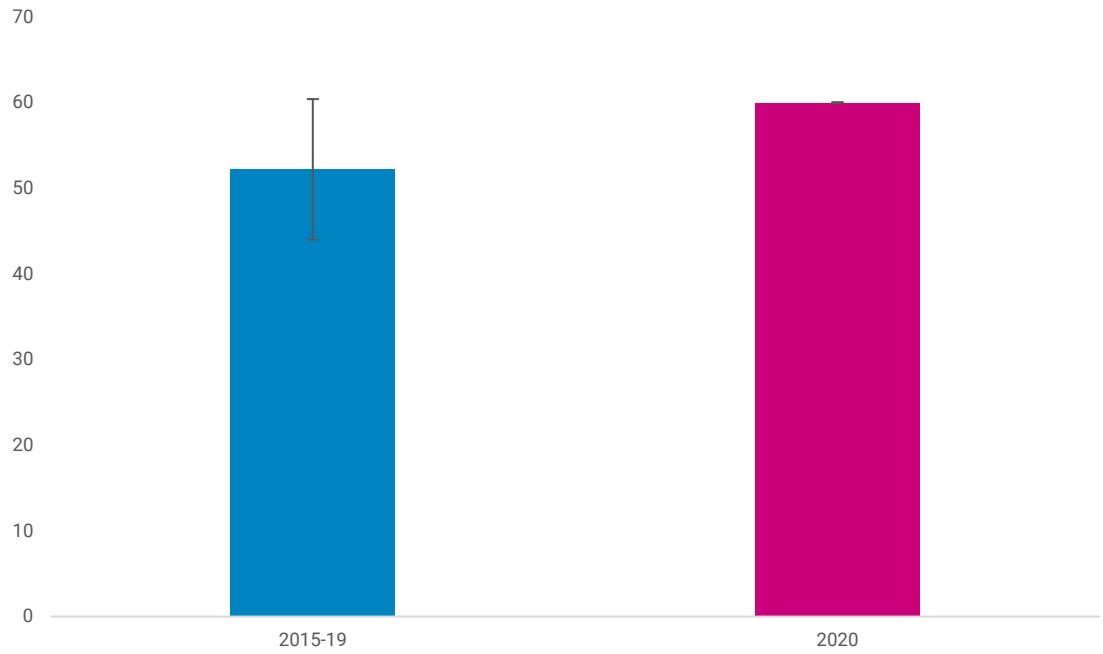
For the period 1 March to 31 August 2020 there were a total of 60 deaths recorded for individuals who were subject to the Act or the Criminal Procedure Act. Of these, 93% were subject to the Act and 7% to the Criminal Procedure Act. A total of 41 were non-Covid-19 (67% of all deaths), 11 were due to suicide or probable suicide (18%), and eight deaths due to Covid-19 were recorded (15%) (Table 4). Among those who died while subject to an order, 50% were detained on a hospital-based CTO, 35% were subject to a community-based CTO and 15% were on a suspended hospital-CTO (meaning their order was not hospital-based at the time they died).

Table 4. Number of deaths in 2020, by cause of death and order type

Cause of death	Number
Covid-19	8
Non-Covid-19	41
Suicide or probable suicide	11
Total	60

Figure 19 shows the mean number of total deaths for previous years, with the SD indicated. The number of deaths in the previous five years ranged from 42 in 2019 to high of 65 in 2018. The mean number of deaths was 52 (SD=8.2), meaning the number of deaths in 2020 is higher than average but at the higher range of SDs for previous years.

Figure 19. Total number of deaths in 2020 compared to previous years



Individual characteristics

We explored the individual characteristics of individuals who died during the period March to August in 2020 and compared to previous years in relation to gender, age and ethnicity (see Table B11.

Deaths that occurred during the time period for 2020 were significantly higher for women than men. The percentage females in 2020 was 47%, compared to mean percentage of 28% (SD=5%). Due to small numbers, a breakdown of gender of Covid-19 deaths is not presented.

There were also some differences in relation to age. A higher percentage of deaths were in the age group 45-64 years compared to average (38% vs 28%, SD=3%) and the age group aged 85 years or older (17% vs 11%, SD=2%). Due to small numbers, a breakdown of age of Covid-19 deaths is not presented.

As previously noted, ethnicity data has challenges in relation to missing data. The distribution of deaths in relation to ethnicity which was similar to previous years. For all years, there was a significant number of individuals for whom ethnicity was missing. Of the ten Covid-19 deaths, nine were White Scottish or White Other British, and one had no ethnicity recorded.

Conclusions

Our findings indicate that while the increase in detentions compared to previous years is in keeping with previous findings and trends that show a rising rate of detentions, there were more detentions during the end of the spring and during the summer. This reflects figures from the Care Quality Commission, published in November 2020 and including data until Mary 2020, which indicated a decrease in number of patients detained in mental health hospitals in England and in acute adult wards until April, after which numbers increased.[21] Differences were also evident between health boards.

The lower-than-average percentage of MHO consent is a concern, especially as this appears to be significantly lower in some health boards. The safeguard of an independent MHO consenting to a detention is an important right for people who have, or may have, a mental disorder and the worsening picture of the use of this safeguard requires attention through services and in the wider context of mental health law reform in Scotland.

During the pandemic the Commission has been providing information on the monitoring of the Act to the Scottish Government short-life working group as part of its advisory role to on whether there is a need to consider commencement of the emergency measures 'easements' of the Act. This report provides a more detailed analysis at health board level which identifies differences. We hope that this will be useful in resource allocation discussions to ensure that the rights of people who have, or may have, a mental disorder are respected as the law intends. The Commission will be raising this aspect of the report at the Scottish Mental Health Law Review and at meetings with services.

An important feature to note is that this data reflects six months and while the number of detentions overall did not deviate from previous years in terms of trend for these six months, if the number of people subject to the Act remain at similar high levels, or increases, this would mean a higher than usual increase for the year 2020 compared to previous years. The Commission will continue to monitor these figures, as well as the number of deaths relating to individuals subject to the Act.

The Scottish Government has made mental health a priority and has published a recovery plan for taking Scotland out of lockdown.[22] Mental health services are also required to provide remobilisation plans to Scottish Government. The ability of an MHO workforce to meet the needs of people liable to detention should be a feature of these plans. The WHO has also recognised that mental health is an important part of the response and recovery from Covid-19[23]. However, community-based services have been limited throughout lockdown and in subsequent phases. This is likely to continue to impact individuals with existing mental health conditions, which has been acknowledged in the literature, and may impact on the burden of detentions going forward.

[21] Care Quality Commission, Monitoring the Mental Health Act in 2019/20 The Mental Health Act in the COVID-19 pandemic, 2020. Available at: https://www.cqc.org.uk/sites/default/files/20201127_mhareport1920_report.pdf
[22] Scottish Government, Coronavirus (COVID-19): mental health - transition and recovery plan, 2020. Available at: https://www.gov.scot/publications/mental-health-scotlands-transition-recovery/
[23] Ghebreyesu AT, *Addressing mental health needs: an integral component of COVID-19 response (editorial).* World Psychiatry. 2020;19:2 Available at: https://onlinelibrary.wiley.com/doi/full/10.1002/wps.20768

Going forward

The Commission recognises the need for monitoring of the situation and will continue to provide the Scottish Government and wider stakeholders with up-to-date data regarding the number of detentions to inform the progression and the need for resource allocation. In this process, the Commission will continue to explore important indicators for reporting and where possible and required liaise with other stakeholders to improve on the data.

Limitations

While the current report includes characteristics of detentions, detailed information of the diagnosis is not included. While ICD-10 codes can be entered on STDC and CTO forms, an audit of a smaller number of forms indicated that data is missing on many forms. The Commission will undertake further auditing and assessment of quality of this information to explore whether the next phase of this monitoring can include this information. Furthermore, the data quality for postcodes have been identified as poor and the Commission is undertaking audit also in this area to explore how the data quality can be improved to report on SIMD quintiles in future iterations of monitoring reports.

Appendix A - Methodology

Aim

The aim of this report was to explore the number and characteristics of detentions during the first six months of the pandemic compared to previous years, and the number of deaths of individuals subject to the Act.

Research questions

1. How many detentions took place during March to August and how does that differ to previous years?
    a. What percentage of emergency detention certificates (EDCs) had consent of a mental health officer (MHO) and does this differ to previous years?
    b. How many 'new' individuals were detained on an EDC and does this differ to previous years?
    c. What percentage of compulsory treatment orders (CTOs) were in hospital and community settings and are there any differences to previous years?
    d. Among individuals detained on any detention during the time period, is there a difference in time elapsed since the last episode compared to previous years?
    e. Is there any difference in relation to 'sequencing' of detentions or highest order of detentions?
2. What are the individual characteristics of those detained during this time period and are there differences as compared to previous years, in relation to age, gender, ethnicity, and diagnosis?
3. Are there geographical variations in detentions during the time period and how do these differ to previous years?
    a. Is there a geographical difference in percentage of EDCs with MHO consent?
    b. Is there a geographical variation in percentage of 'new' individuals detained on an EDC?
    c. Is there a geographical variation in time elapsed since the last episode under the Act for individuals detained on any detention during the time period?
4. How many deaths involving individuals subject to the act occurred during the time period and how does this differ to previous years?
    a. How many deaths were due to Covid-19, suicide, or natural causes?
    b. How many deaths involved individuals subject to the Act and the Act or the Criminal Procedure (Scotland) Act 1995 (Criminal Procedure Act), respectively?

Analysis

Detention orders

All detentions[24] under the Act that started between 1 March and 31 August were extracted to an Excel database for analysis. The process for detention data is described in Box 2. For all variables, frequency statistics were computed. Trend data with linear trend was plotted to show the pattern of number of detentions occurring within each month over time. For monthly numbers, we compare the number of detentions in 2020 with the mean number for the corresponding month for the previous five years. We calculated standard deviations (SD)[25] to assess the variance above or below the mean for previous years. A SD that is close to the mean indicates that the value tends to be similar to the mean, while a wider SD range suggests values are more spread out and vary a lot.

For individual characteristics (such as age and gender) we calculated the average percentage for all previous five years combined, which gives an average distribution of previous years compared to the current year. For data on ethnicity, numbers in certain categories are very small and data has therefore been aggregated to explore the overall percentage non-white ethnic minority as well as higher level ethnicity groupings.

For time elapsed since the most recent episode, we extracted individuals who had an Emergency Detention Certificate (EDC), Short Term Detention Certificate (STDC) or Compulsory Treatment Order (CTO) episode that started in the time period 1 March to 31 August 2020 (the 'current' episode). We extracted these for the last five years. The order was linked to a 'last' episode for which the individual was subject to the Act. The 'last' episode included episodes related to the Criminal Procedure Act, but did not include Place of Safety (POS)[26] or episodes related to the Adults with Incapacity (Scotland) Act 2000 ('the AWI Act').

For 'new' individuals detained on an EDC, we extracted individuals who had no record of being subject to either the Act or the Criminal Procedure Act prior to the episode beginning between 1 March and 31 August 2020, but excluded individuals with POS episodes or AWI Act episodes.

[24] In this report we refer to detentions, which are episodes under which an individual have been subject to the Act. We however recognise that a compulsory treatment order in the community is not a detention *per se (not 'detained' in a hospital)*, and advise that the report is read with this in mind regarding terminology used. We have adopted the common-sense way in which the term is currently used.

[25] For more information about standard deviations and how they are calculated, please see https://en.wikipedia.org/wiki/Standard_deviation

[26] There are two reasons POS orders were not included: a) the low level of intervention compared to other episodes included for comparison, b) changes to the way POS is recorded and reported.

Box A1. Detention data process

At the time of an individual being detained, the practitioner detaining the patient will fill out a form regarding the detention in question.[27] These forms are sent to the Commission to be registered on the Commission's database of individuals subject to the Act. For this report, the focus was on the first six months of the pandemic and data is therefore included up until 31 August. In order to ensure that data is up-to-date, a minimum of one calendar month is required before any data can be extracted.

This report therefore focuses on the period that coincided with the first wave of the pandemic, which included the national lockdown in Scotland and subsequent easing of lockdown. Data relating to the fall of 2020 and onwards will therefore be included in a further monitoring reports.

Deaths

In this report we include an overview of number of deaths that have occurred while an individual was subject to either the Act or to the Criminal Procedure Act. Due to Covid-19 the Commission has been monitoring more frequently the number of deaths relating to individuals subject to the Act and reporting these on a weekly basis to the Scottish Government. This report includes the number of deaths that occurred between 1 March and 31 August 2020.

The Commission has a notification system for deaths relating to individuals subject to the Act, which is sent by the delegate responsible within each health board or other sources (such as from care homes). The notification system involves individuals subject to the Act or to the Criminal Procedure Act, and includes individuals who may be subject to more than one legislation (for example the Act and the AWI Act). The system does not include individuals subject to the AWI Act alone, as for individuals these obtaining information is more difficult. There may therefore be retrospective adjustments on the figures reported on here in the case there is a delay in notification.

The Commission is currently undertaking work to develop a system for investigating all deaths of patients who, at the time of death, were subject to mental health legislation whether in hospital or in the community, including those who had their detention suspended (Section 37 Review Action 1). During 2020, engagement work has been planned with families and health boards in four pilot areas around the current system to identify approaches, gaps and areas of good practice.[28]

[27] Scottish Government, Mental Health Law Forms, 28 August 2019, https://www.gov.scot/publications/mental-health-law-forms/
[28] Mental Welfare Commission for Scotland, Deaths in Detention Reviews, 2020. Available at: https://www.mwcscot.org.uk/policy-and-research/deaths-detention-reviews

Appendix B – Data tables

Table B1a. Number of emergency detention certificates (EDCs), 2015-20

Month	2015	2016	2017	2018	2019	2020
Mar	176	195	171	277	229	218
Apr	181	197	228	221	258	214
May	179	238	240	229	270	273
Jun	185	216	253	279	256	304
Jul	203	217	222	234	264	306
Aug	185	220	210	248	250	293
Total	1,109	1,283	1,324	1,488	1,527	1,608

Table B1b. Number of short-term detention certificates (STDCs), 2015-20

Month	2015	2016	2017	2018	2019	2020
Mar	320	344	361	416	361	386
Apr	313	346	367	369	405	365
May	341	394	377	392	454	481
Jun	355	401	421	422	396	468
Jul	351	362	341	412	418	468
Aug	319	397	360	422	394	471
Total	1,999	2,244	2,227	2,433	2,428	2,639

Table B1c. Number of short-term detention certificates (STDCs), 2015-20

Month	2015	2016	2017	2018	2019	2020
Mar	116	108	118	118	155	146
Apr	114	107	99	117	123	121
May	96	99	128	132	103	114
Jun	104	125	126	121	139	148
Jul	140	99	125	130	130	154
Aug	124	125	126	132	119	127
Total	694	663	722	750	769	810

Table B1d. Number of detentions (all orders), 2015-20

Month	2015	2016	2017	2018	2019	2020
March	612	647	650	811	745	750
April	608	650	694	707	786	700
May	616	731	745	753	827	868
June	644	742	800	822	791	920
July	694	678	688	776	812	928
August	628	742	696	802	763	891
Total	3,802	4,190	4,273	4,671	4,724	5,057

Table B2. Number of detentions by month in 2020 with historic means and SDs

Month	EDC			STDC			CTO			Total		
	M	2020	SD	M	2020	SD	M	2020	SD	M	2020	SD
March	210	218	36.1	360	386	30.4	123	146	17.3	693	750	73.7
April	217	214	24.2	360	365	27.6	112	121	8.3	689	700	59.7
May	231	273	31.1	392	481	47.1	112	114	13.9	734	868	67.9
June	238	304	39.1	399	468	34.0	123	148	13.9	760	920	63.5
July	228	306	34.6	377	468	44.8	125	154	16.6	729.6	928	54.0
August	223	293	34.4	378	471	47.4	125	127	3.9	726.2	891	59.8

M: mean (2015-19); SD: standard deviation (2015-19)

Table B3a. Number of detentions community CTOs, 2015-20

Month	2015	2016	2017	2018	2019	2020
March	13	15	9	12	13	23
April	7	10	14	11	12	20
May	6	9	11	15	6	10
June	7	10	13	11	10	9
July	10	11	5	13	9	16
August	15	5	10	6	13	10
Total	58	60	62	68	63	88

Table B3b. Number of detentions hospital CTOs, 2015-20

Month	2015	2016	2017	2018	2019	2020
March	103	93	109	106	142	123
April	107	97	85	106	111	101
May	90	90	117	117	97	104
June	97	115	113	110	129	139
July	130	88	120	117	121	138
August	109	120	116	126	106	117
Total	636	603	660	682	706	722

Table B4. Percentage of individuals detained on an EDC with no previous episodes, 2015-20

Month	2015	2016	2017	2018	2019	2020
March	48%	45%	49%	44%	50%	48%
April	50%	44%	42%	51%	52%	48%
May	46%	47%	45%	45%	42%	49%
June	47%	50%	52%	43%	45%	47%
July	52%	41%	51%	44%	44%	51%
August	43%	46%	43%	49%	46%	43%

Table B5. Highest order by month and year, %

Order	March		April		May		June		July		August	
	M	2020	M	2020	M	2020	M	2020	M	2020	M	2020
CTO	25%	25%	24%	27%	27%	20%	26%	25%	25%	21%	27%	19%
iCTO	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	7%
EDC	21%	21%	21%	21%	20%	22%	21%	23%	22%	23%	21%	22%
STDC	52%	51%	51%	48%	50%	56%	50%	50%	50%	52%	49%	53%

M: mean (2015-19)

Table B5. Age of detained individuals in 2020 compared to historic means, by detention type

Age group	EDC			STDC			CTO		
	M	2020	SD	M	2020	SD	2015-19	M	2020
<18 years	1%	2%	0.7	2%	3%	0.5	2%	2%	0.6
18-24 years	11%	11%	1.0	9%	9%	0.2	9%	8%	0.4
25-44 years	37%	37%	0.9	31%	32%	1.3	27%	28%	2.2
45-64 years	30%	30%	0.8	29%	29%	1.1	27%	27%	1.2
65-84 years	17%	16%	0.9	24%	23%	0.8	29%	31%	2.1
85+ years	4%	3%	0.5	5%	4%	0.4	5%	4%	1.1

M: mean (2015-19); SD: standard deviation (2015-19)

Table B6. Gender of individuals detained, 2015-20 by order type

Year	EDC		STDC		CTO	
	Female	Male	Female	Male	Female	Male
2015	48%	51.7%	48 %	52%	49%	51%
2016	51%	49.3%	48%	52%	46%	54%
2017	51%	48.6%	50%	50%	48%	52%
2018	50%	49.7%	50%	50%	47%	53%
2019	50%	49.9%	50%	50%	48%	52%
2020	53%	47.4%	51%	49%	47%	53%

Table B7a. Diagnosis of individuals detained on a STDC, 2015-20

Year	Blank	LD	LD+PD	MI	MI+LD	MI+LD+PD	MI+PD	PD
2015	15	18	5	1,755	74	7	95	30
2016	10	13	*	2,006	65	7	105	34
2017	21	18	8	1,943	59	9	122	47
2018	27	17	6	2,152	61	*	104	63
2019	21	18	*	2,144	52	7	116	66
2020	31	10	5	2,369	52	9	98	65

LD: learning disability; MI: mental illness PD: personality disorder

*n<5

Table B7b. Diagnosis of individuals detained 2015-20

Year	Blank	LD	LD+PD	MI	MI+LD	MI+LD+PD	MI+PD	PD
2015	0	9	621	29	25	*	*	*
2016	0	12	596	24	25	*	*	*
2017	0	11	640	22	35	7	*	*
2018	*	9	683	23	31	*	*	0
2019	0	5	694	27	30	9	*	0
2020	10	5	724	25	31	9	*	*

LD: learning disability; MI: mental illness PD: personality disorder

*n<5

Table B8a. Number of emergency detention certificates (EDCs), 2015-20 by health board

Health board	2015	2016	2017	2018	2019	2020
Ayrshire and Arran	67	68	58	58	92	76
Borders	9	9	15	9	19	22
Dumfries and Galloway	49	50	55	46	66	81
Fife	90	82	87	105	107	105
Forth Valley	67	72	80	113	86	73
Grampian	52	55	63	79	71	75
Greater Glasgow and Clyde	326	469	465	493	512	559
Highland	67	54	64	65	54	41
Lanarkshire	102	118	94	140	130	174
Lothian	159	199	200	211	240	264
Orkney	6	*	5	8	*	0
Shetland	*	7	5	*	*	0
State hospital	0	0	0	0	0	0
Tayside	107	93	133	153	145	136
Western Isles	6	*	0	6	*	*

*n<5

Table B8b. Number of short-term detention certificates (STDCs), 2015-20 by health board

Health board	2015	2016	2017	2018	2019	2020
Ayrshire and Arran	98	121	85	88	90	115
Borders	27	26	36	36	35	46
Dumfries and Galloway	54	54	54	73	67	74
Fife	133	142	148	151	123	163
Forth Valley	113	138	118	139	120	158
Grampian	184	223	209	229	255	228
Greater Glasgow and Clyde	583	656	676	726	781	866
Highland	84	91	107	111	85	92
Lanarkshire	170	184	188	207	215	221
Lothian	367	419	397	421	434	450
Orkney	0	*	*	*	*	*
Shetland	*	5	*	*	6	5
State hospital	0	0	*	*	*	*
Tayside	179	179	199	244	210	208
Western Isles	*	*	5	*	5	10

Table B1c. Number of short-term detention certificates (STDCs), 2015-20

Health board	2015	2016	2017	2018	2019	2020
Ayrshire and Arran	29	33	25	27	30	33
Borders	8	11	11	16	8	14
Dumfries and Galloway	21	16	20	18	16	31
Fife	48	48	58	37	41	62
Forth Valley	31	33	53	43	45	49
Grampian	68	77	67	67	67	58
Greater Glasgow and Clyde	196	183	192	221	254	258
Highland	27	32	41	52	41	26
Lanarkshire	54	44	56	57	55	54
Lothian	131	113	126	127	127	135
Orkney	0	*	0	0	0	0
Shetland	0	0	0	0	0	0
State hospital	*	*	*	*	*	*
Tayside	77	65	70	82	78	82
Western Isles	*	*	*	*	*	*

Table B9. Percentage of individuals without previous episodes detained on an EDC, by health board and year

Health board	2015	2016	2017	2018	2019	2020
Ayrshire and Arran	51%	57%	57%	51%	61%	66%
Borders	21%	53%	68%	53%	63%	39%
Dumfries and Galloway	67%	60%	48%	49%	39%	59%
Fife	39%	26%	41%	43%	45%	45%
Forth Valley	49%	44%	49%	55%	55%	49%
Grampian	53%	48%	56%	43%	53%	41%
Greater Glasgow and Clyde	49%	44%	45%	48%	45%	46%
Highland	40%	46%	47%	39%	53%	36%
Lanarkshire	58%	57%	51%	53%	44%	45%
Lothian	42%	38%	41%	39%	40%	48%
Tayside	45%	54%	48%	41%	50%	47%
Scotland	47%	48%	50%	47%	50%	47%

Orkney and Shetland excluded as no EDCs in 2020

Table B10. Time elapsed since last order in 2020 compared to previous years' average, by health board

Health board	0-1 year			2-3			4-5			6-7			8-10			>10		
	M	2020	SD	M	2020	SD	M	2020	SD	M	2020	SD	M	2020	SD	M	2020	SD
Ayrshire and Arran	54%	56%	6.5	15%	15%	4.2	10%	12%	3.7	6%	3%	3.3	8%	5%	2.2	7%	10%	1.0
Borders	54%	59%	12.9	20%	9%	14.9	9%	5%	8.1	3%	14%	3.8	4%	5%	6.0	10%	9%	13.3
Dumfries and Galloway	66%	72%	6.0	14%	3%	7.5	4%	15 %	2.8	6%	0%	1.8	5%	0%	1.7	6%	10%	3.4
Fife	60%	69%	8.6	15%	9%	2.1	9%	6%	1.6	5%	5%	2.4	6%	5%	1.7	6%	6%	2.7
Forth Valley	60%	61%	6.2	17%	10%	4.8	4%	12%	2.8	5%	3%	1.3	7%	4%	2.9	7%	10%	3.0
Grampian	57%	60%	4.4	19%	16%	3.9	5%	7%	2.1	6%	6%	1.7	5%	4%	2.4	8%	7%	3.1
Greater Glasgow and	59%	65%	1.9	15%	14%	0.6	7%	6%	1.1	5%	5%	0.9	5%	3%	0.6	9%	8%	1.1
Highland	55%	48%	8.3	17%	8%	6.3	11%	10%	5.5	6%	12%	1.8	4%	8%	2.5	7%	15%	1.7
Lanarkshire	59%	51%	2.6	14%	21%	2.6	8%	10%	1.3	7%	4%	1.4	5%	5%	2.0	8%	10%	2.5
Lothian	60%	57%	3.2	15%	19%	2.9	8%	10%	1.9	5%	3%	1.8	5%	4%	1.0	7%	9%	1.1
Tayside	56%	65%	4.6	18%	15%	2.8	9%	6%	1.8	4%	2%	1.2	4%	3%	0.9	9%	10%	3.7

M: mean (2015-19); SD: standard deviation (2015-19)

Tale B11. Individual characteristics of deaths, by year (n)

	2015	2016	2017	2018	2019	2020
Age						
<44 years	10	11	11	13	*	7
45-64 years	15	12	16	15	13	23
65-84 years	17	20	25	32	21	20
85+ years	6	5	6	5	5	10
Gender						
Female	13	15	20	18	8	28
Male	35	33	38	47	34	32
Ethnicity						
Black, Caribbean, Other Black; Asian[1]	*	*	*	*	*	*
White Other British and White Other	6	*	5	*	*	*
White - Scottish	26	34	34	47	27	38
Not Provided	4	*	*	8	0	4
Missing	11	7	15	5	11	14

[1]The number of individuals in these groups were very small and were therefore merged into one category

*n<5

Appendix C – Supplementary figures

Figure C1. Number of years elapsed since last order, compared to average

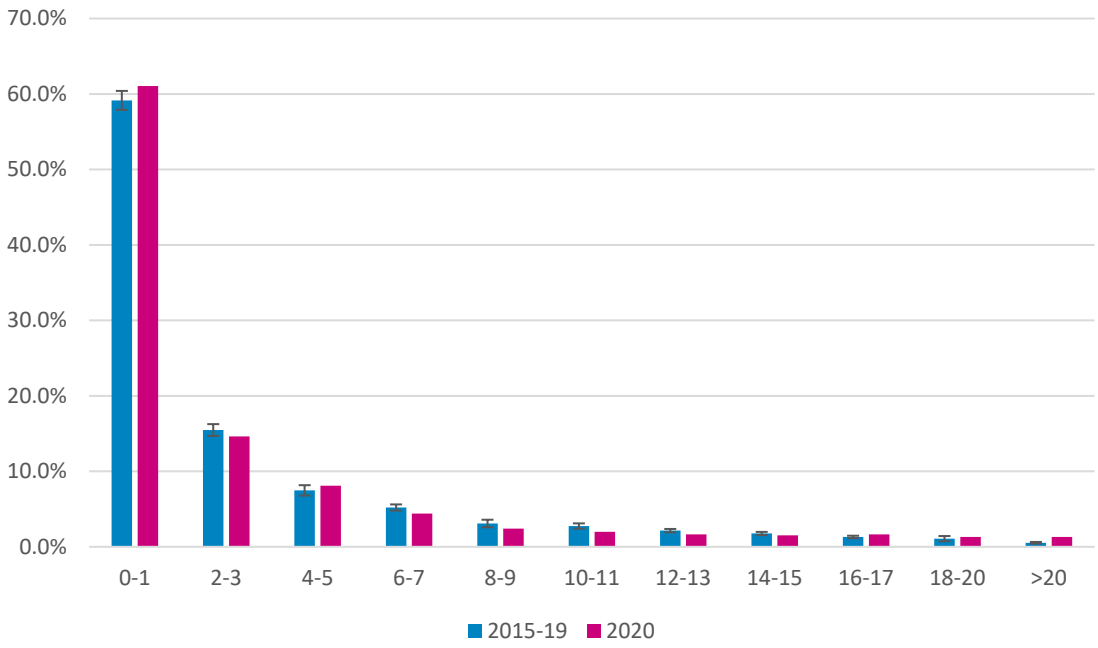


Figure C2. Detention order progression, compared to average

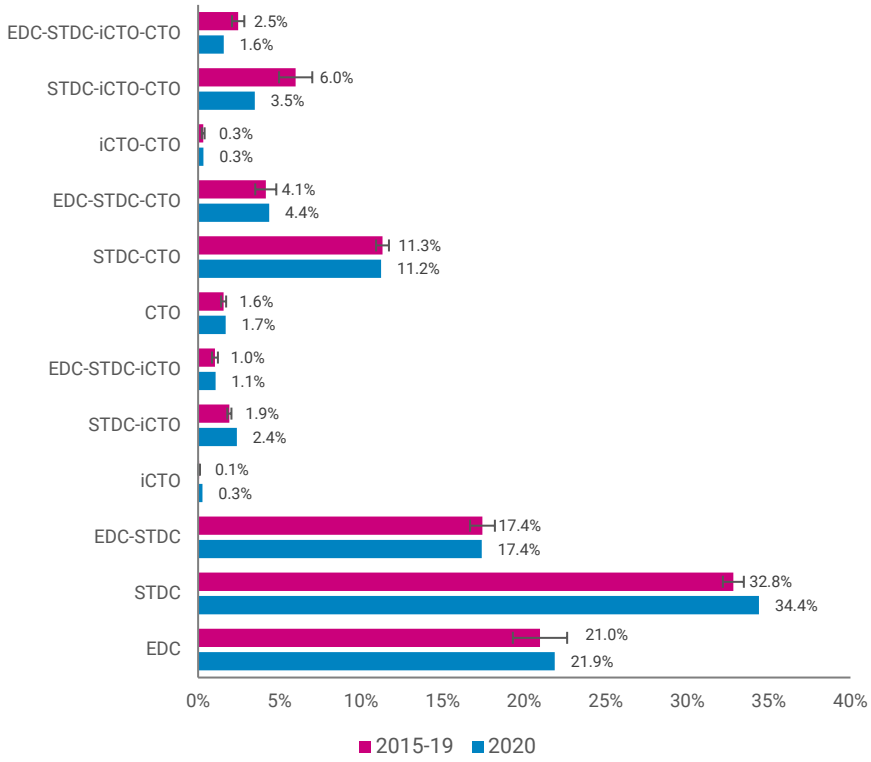
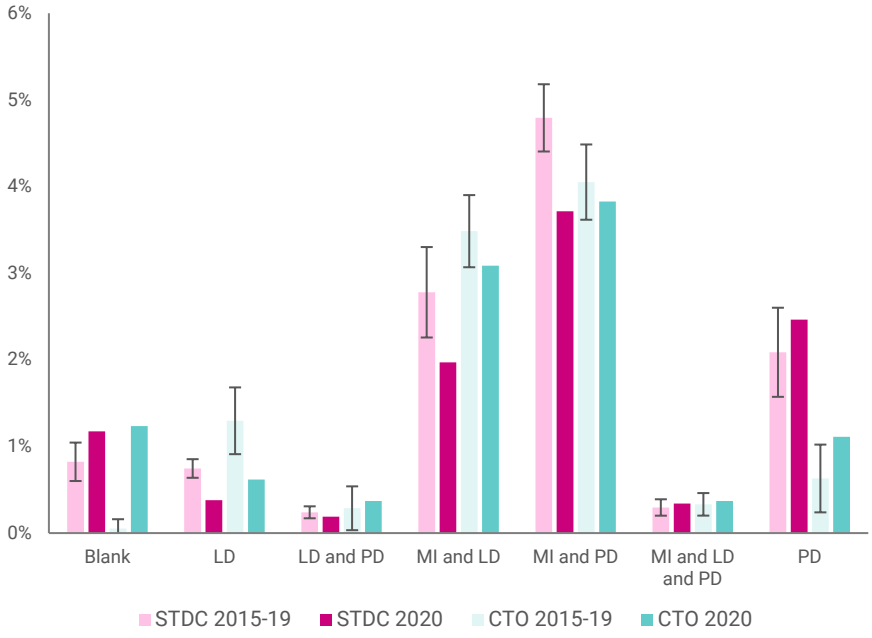
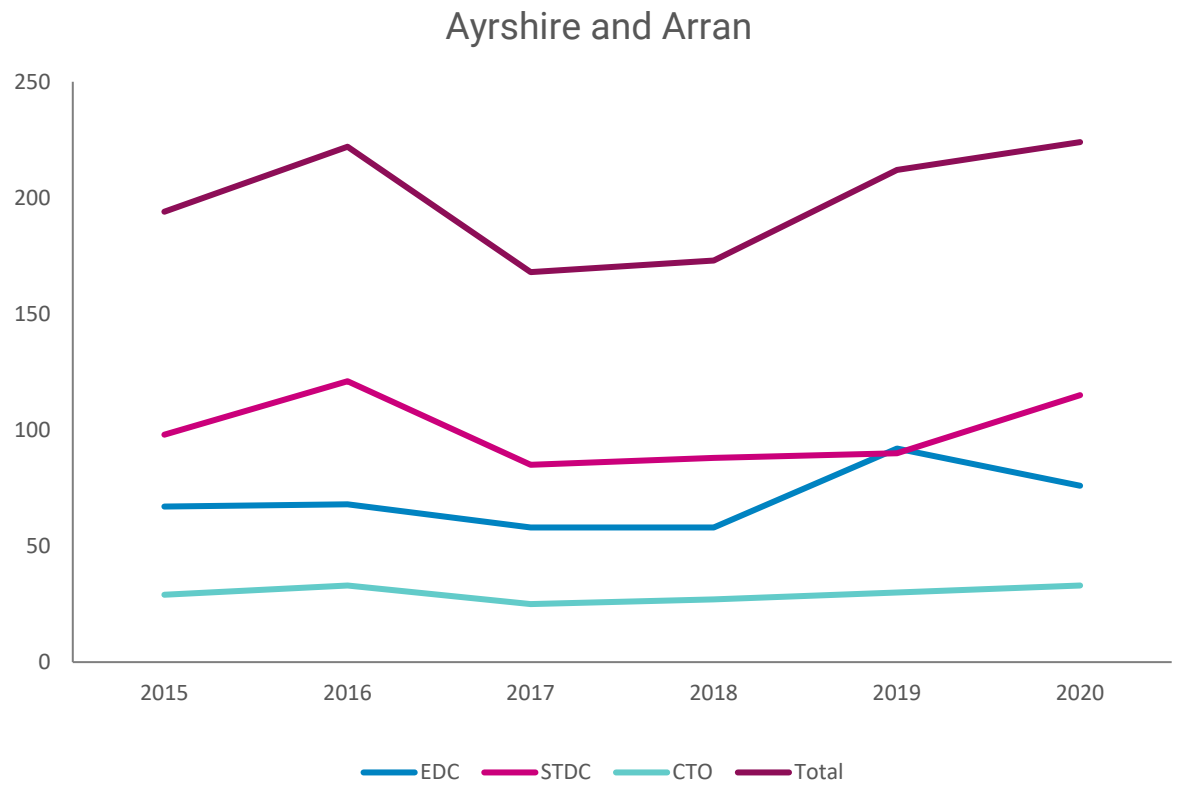


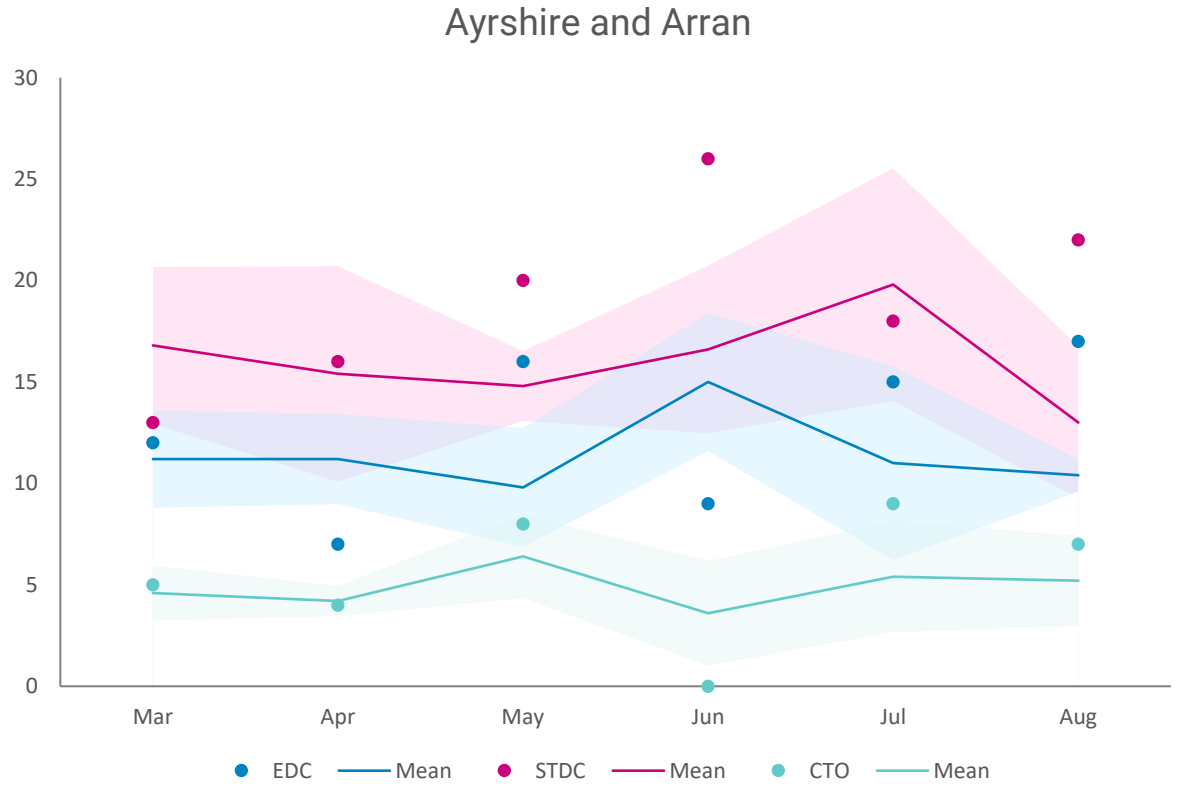
Figure C3. Diagnosis for STDCs and CTOs

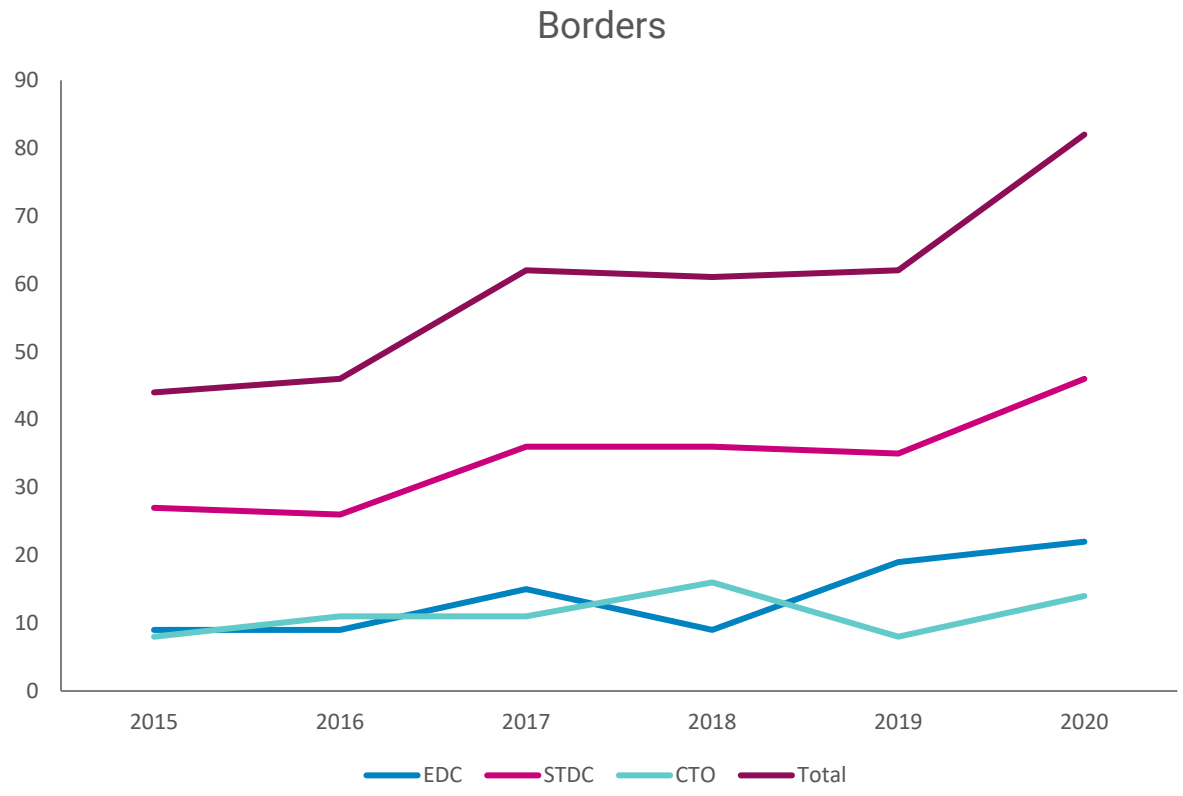


Appendix D – Health Board graphs



Only includes the months March to August





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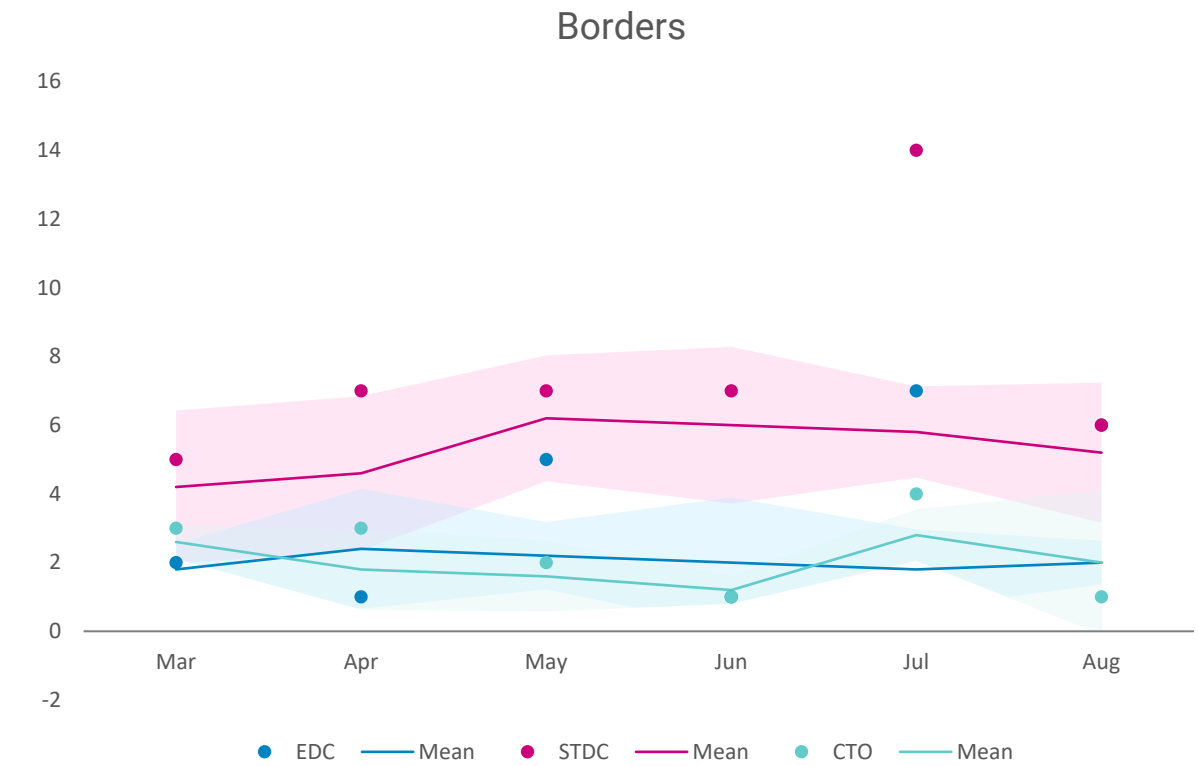

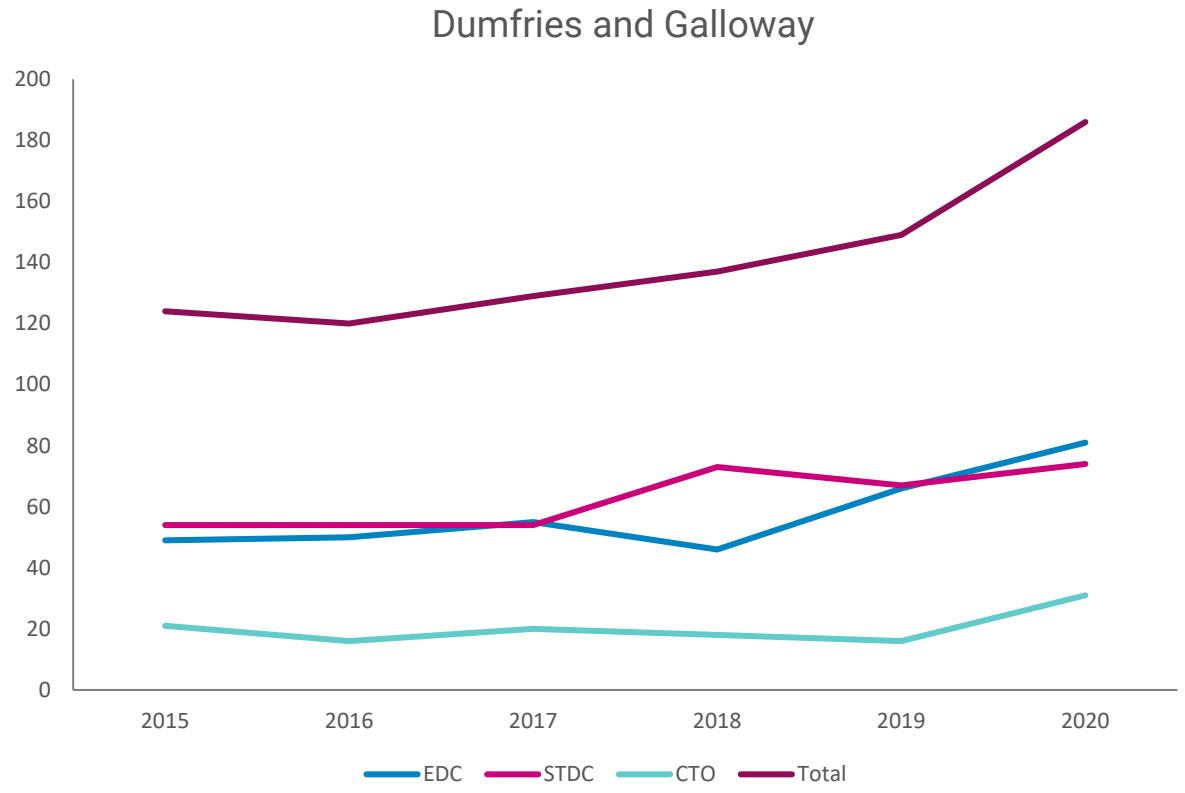

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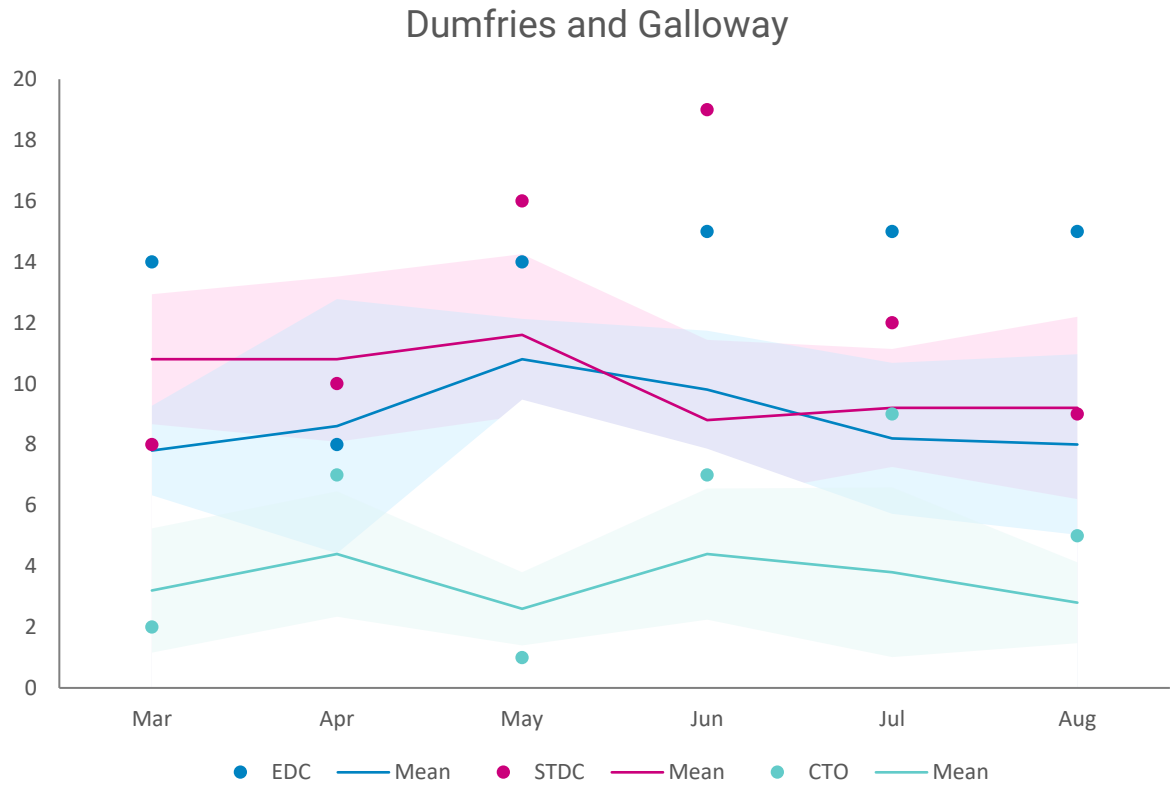
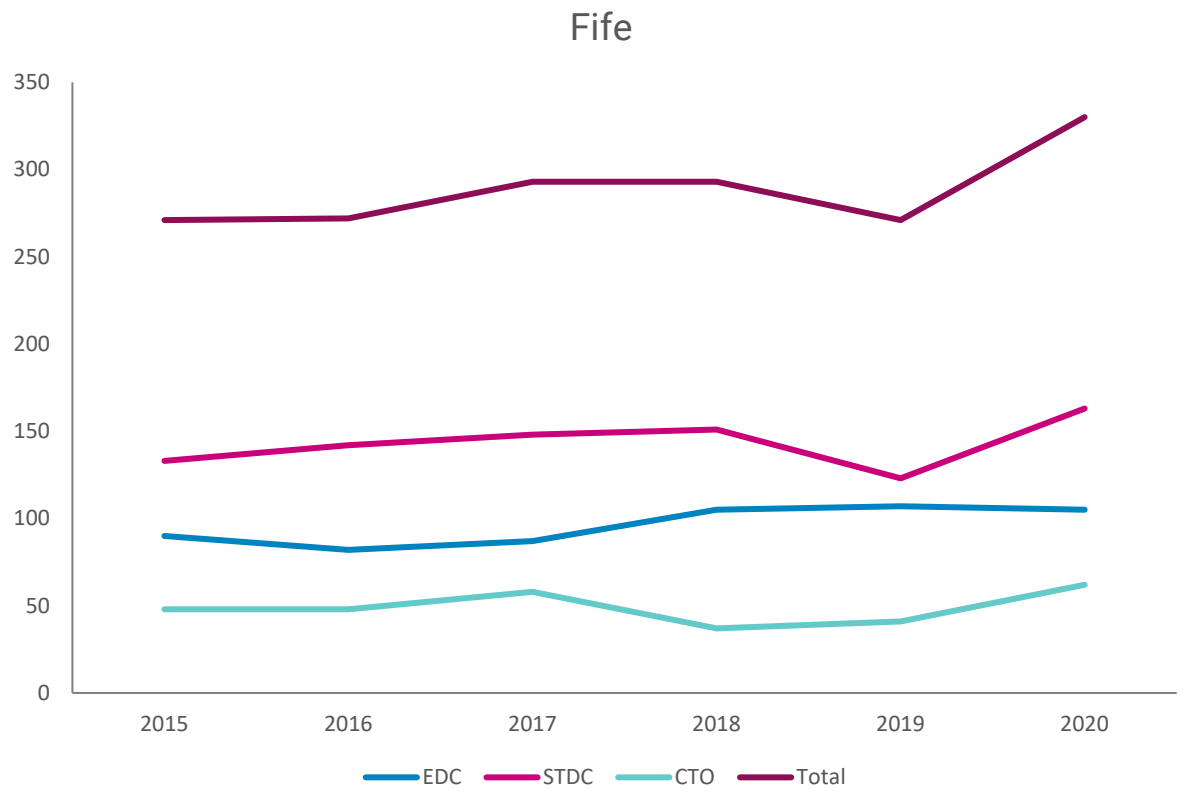
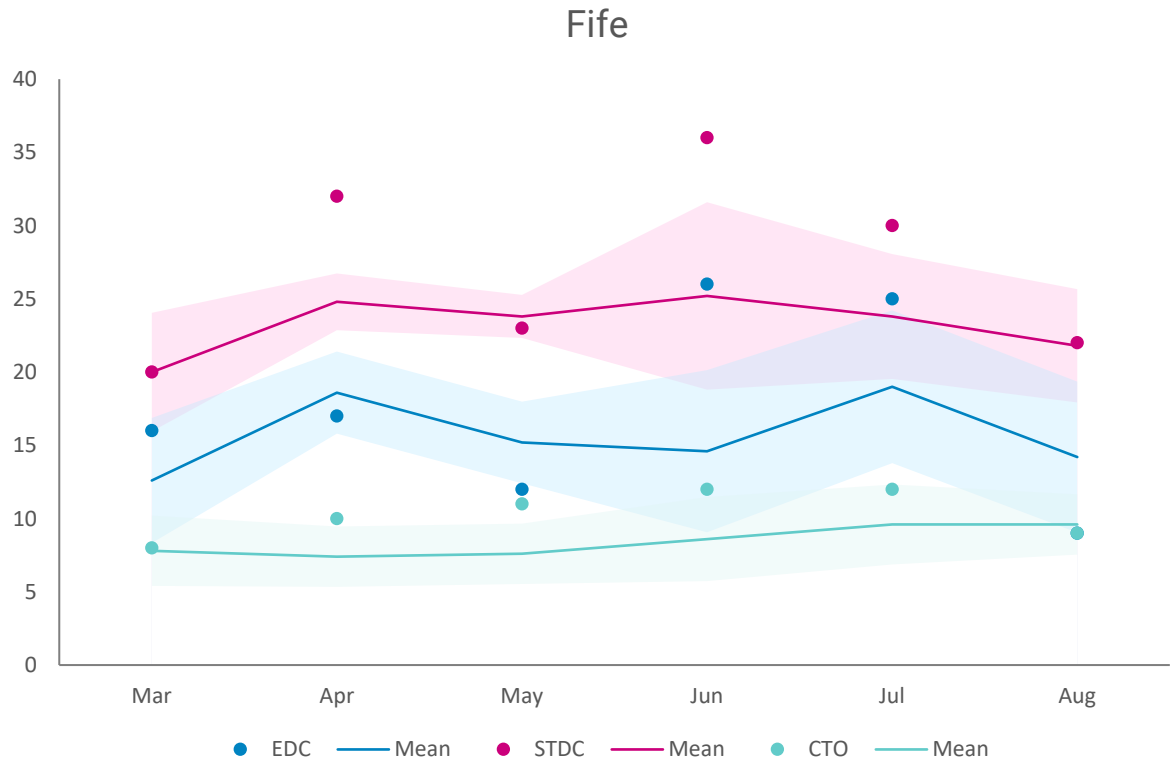
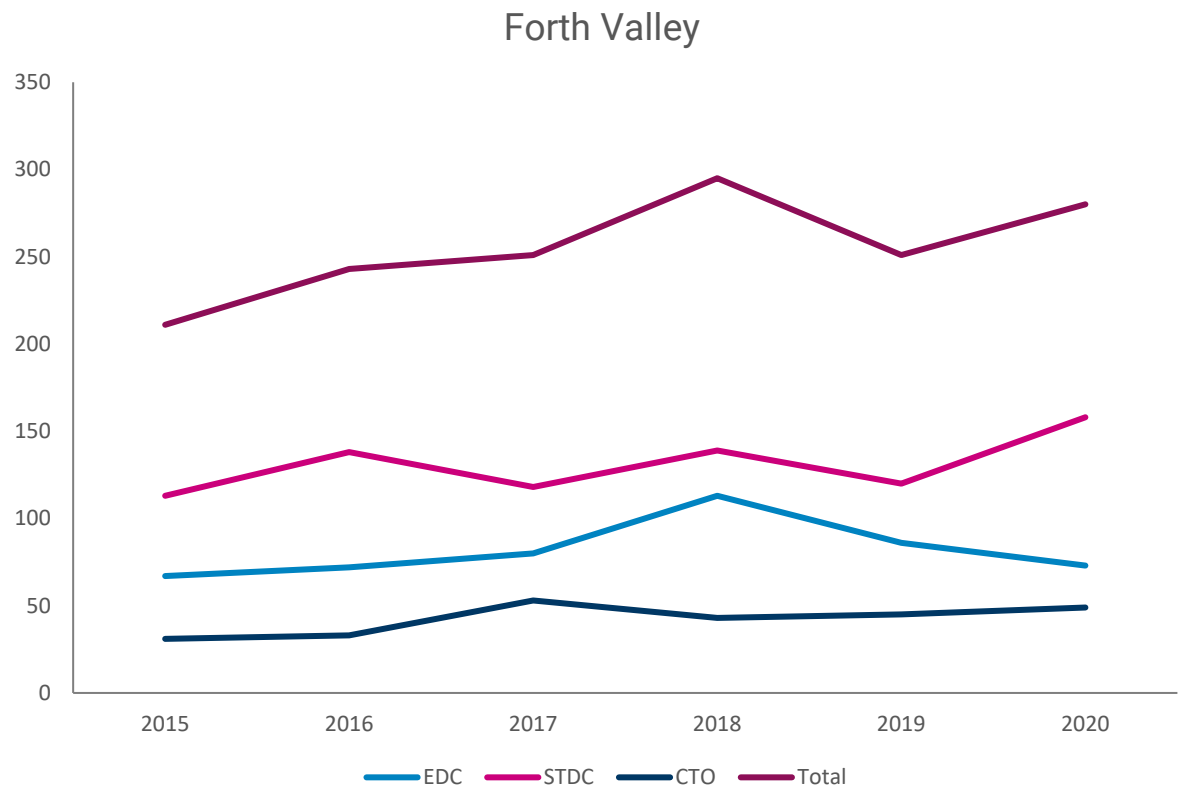




Only includes the months March to August





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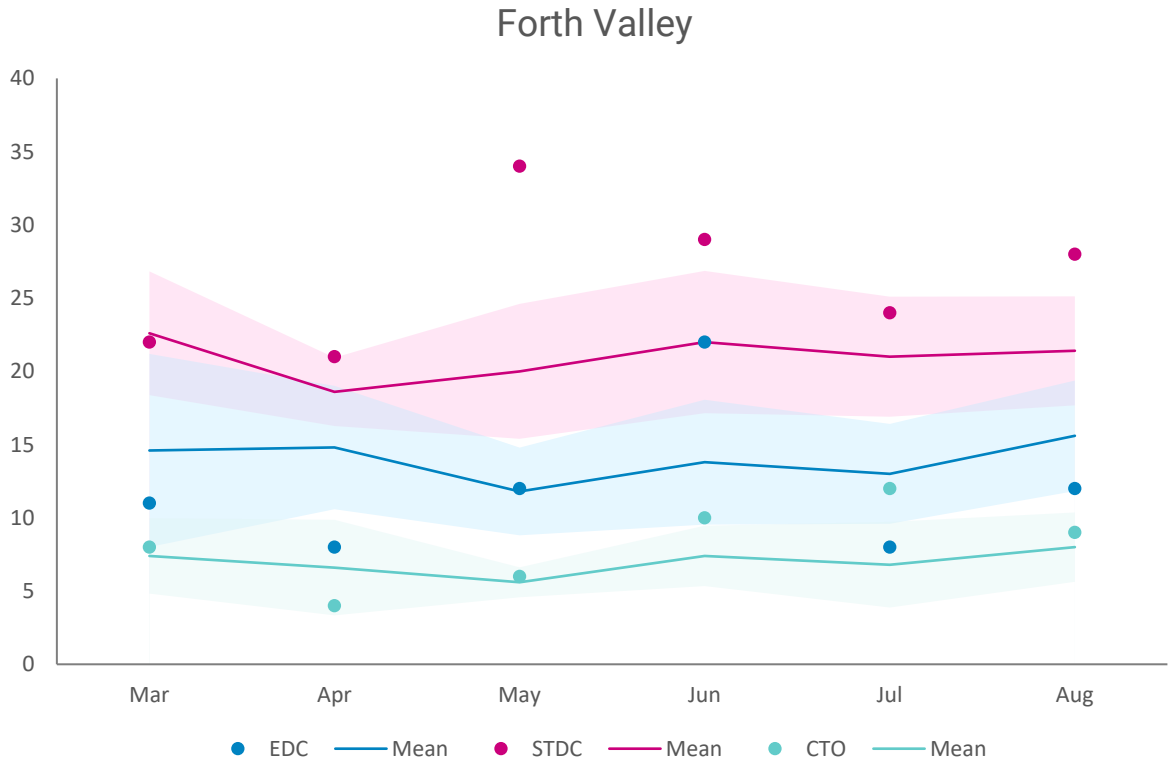

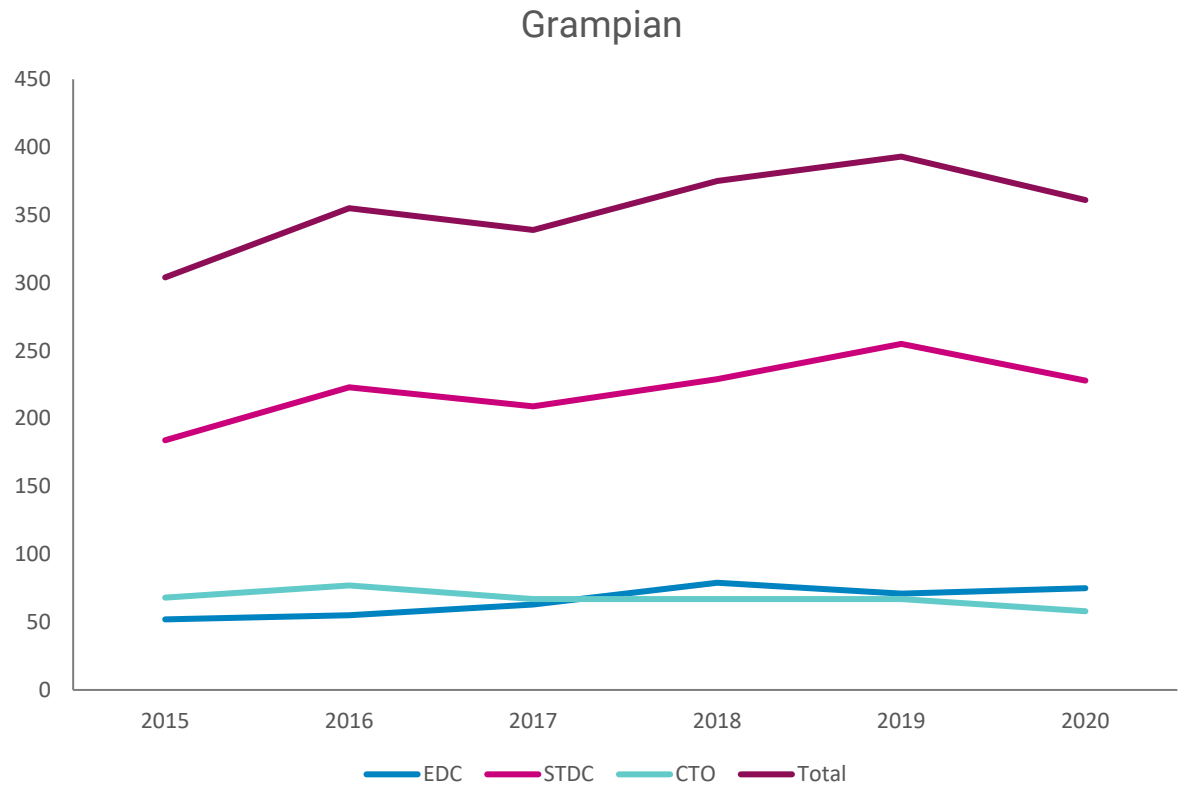

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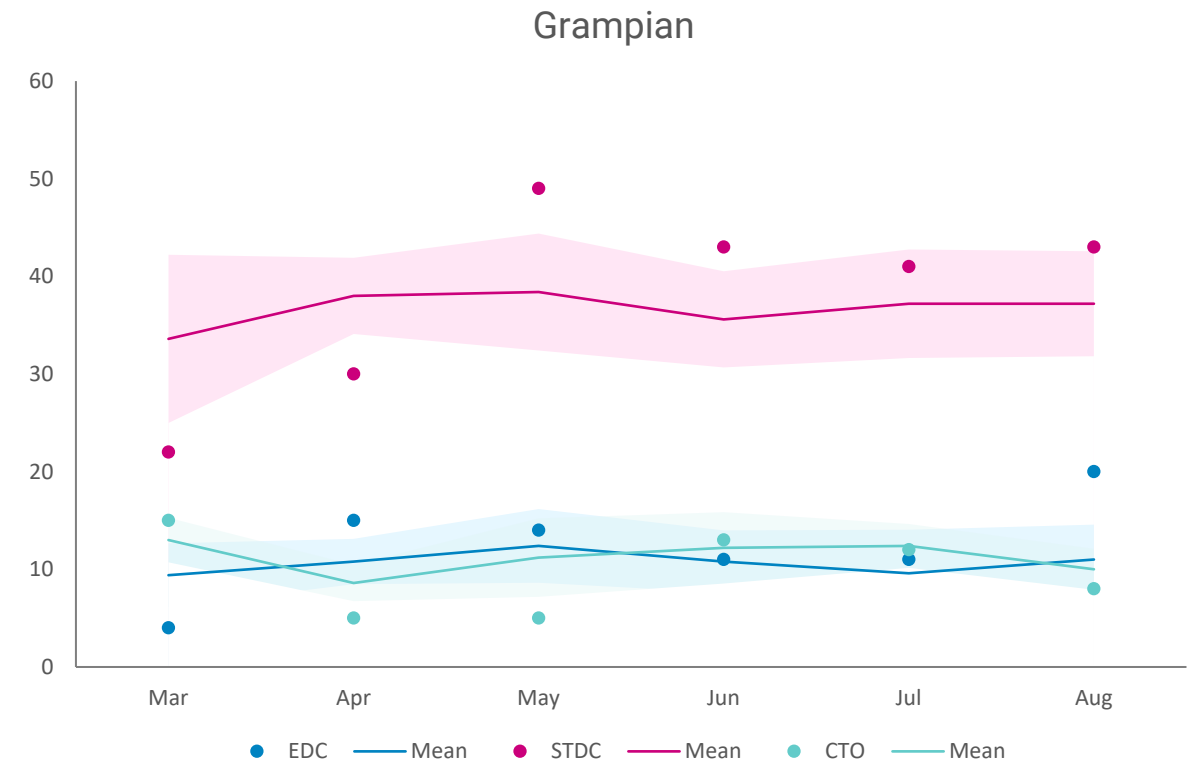

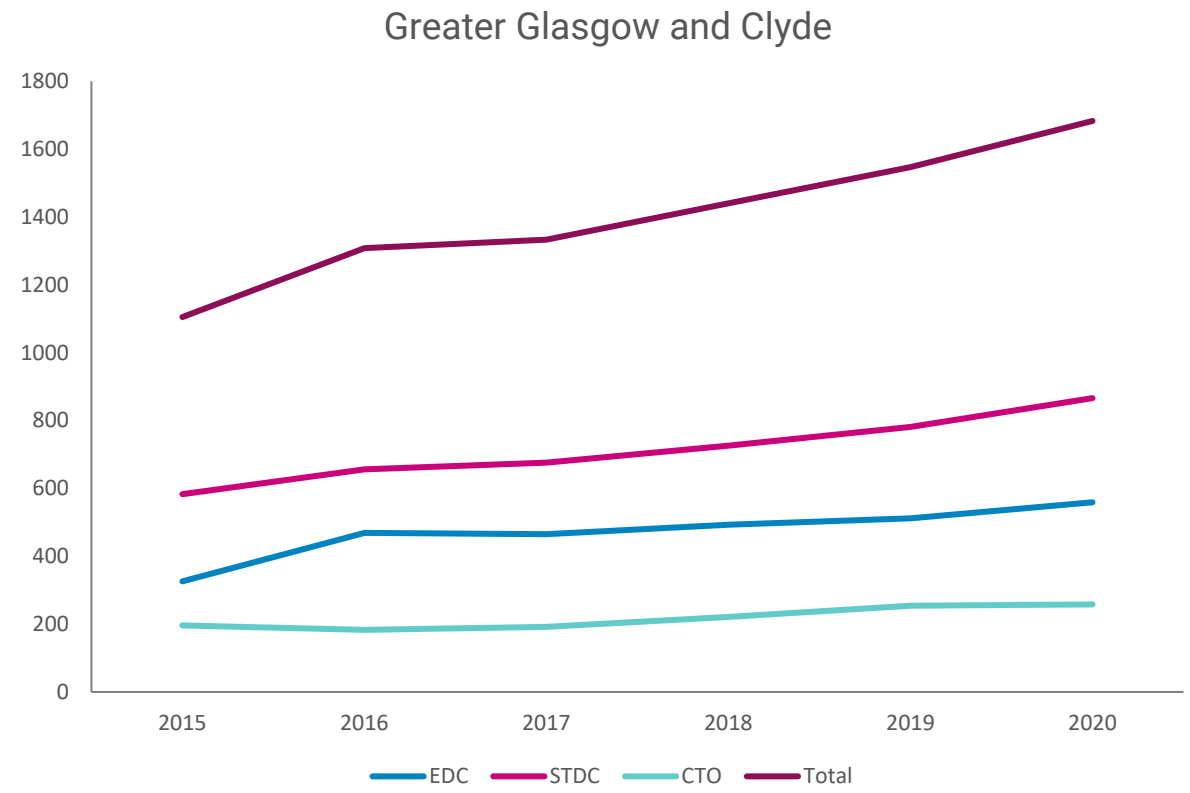

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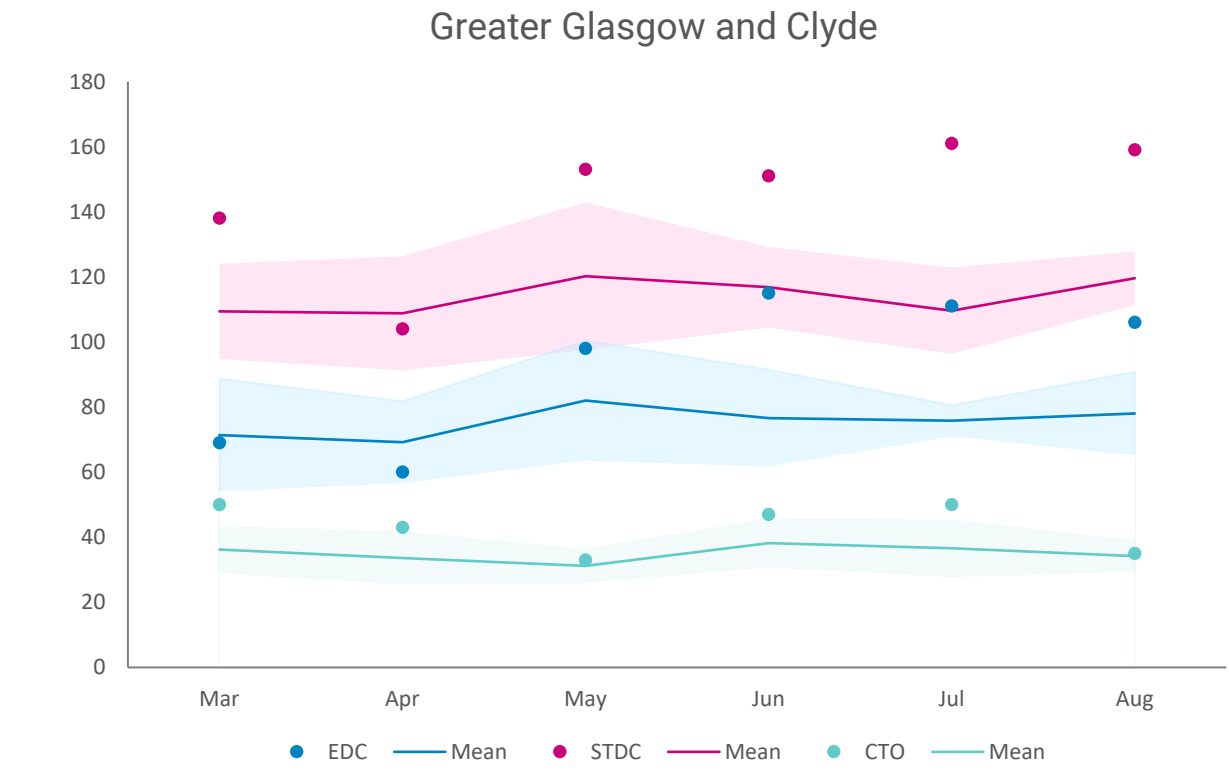

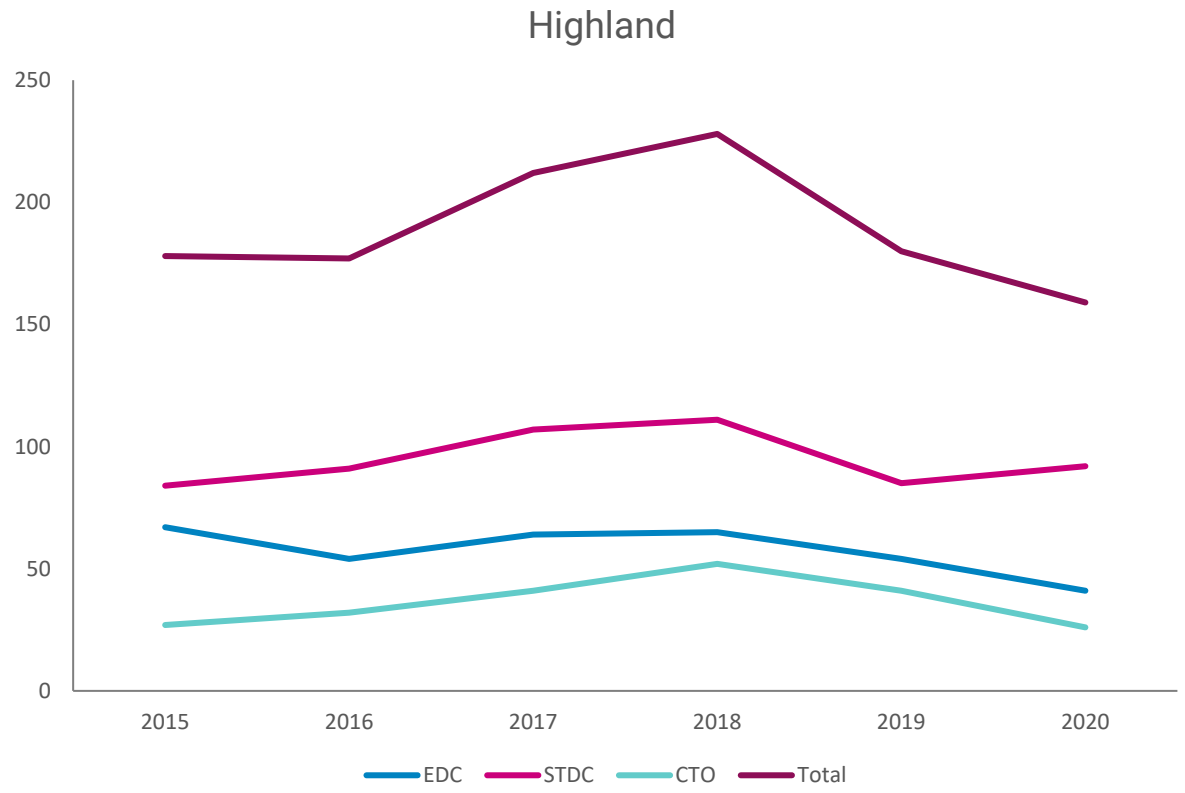

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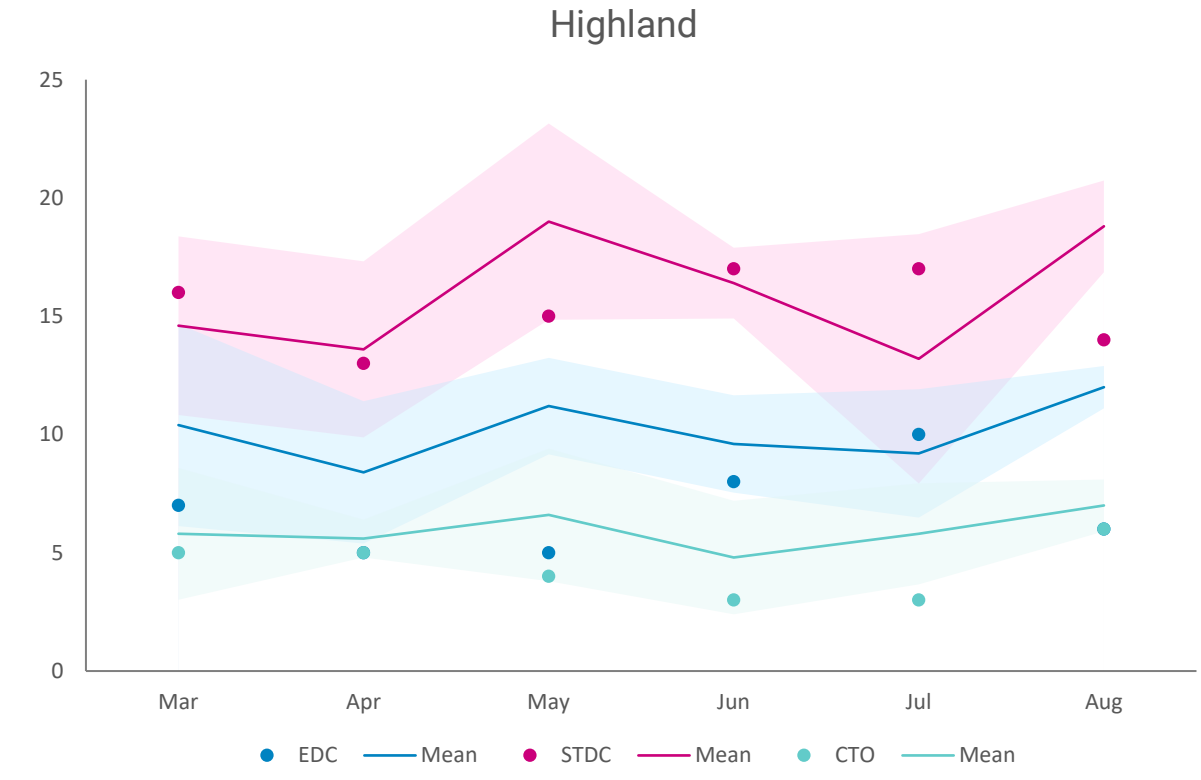
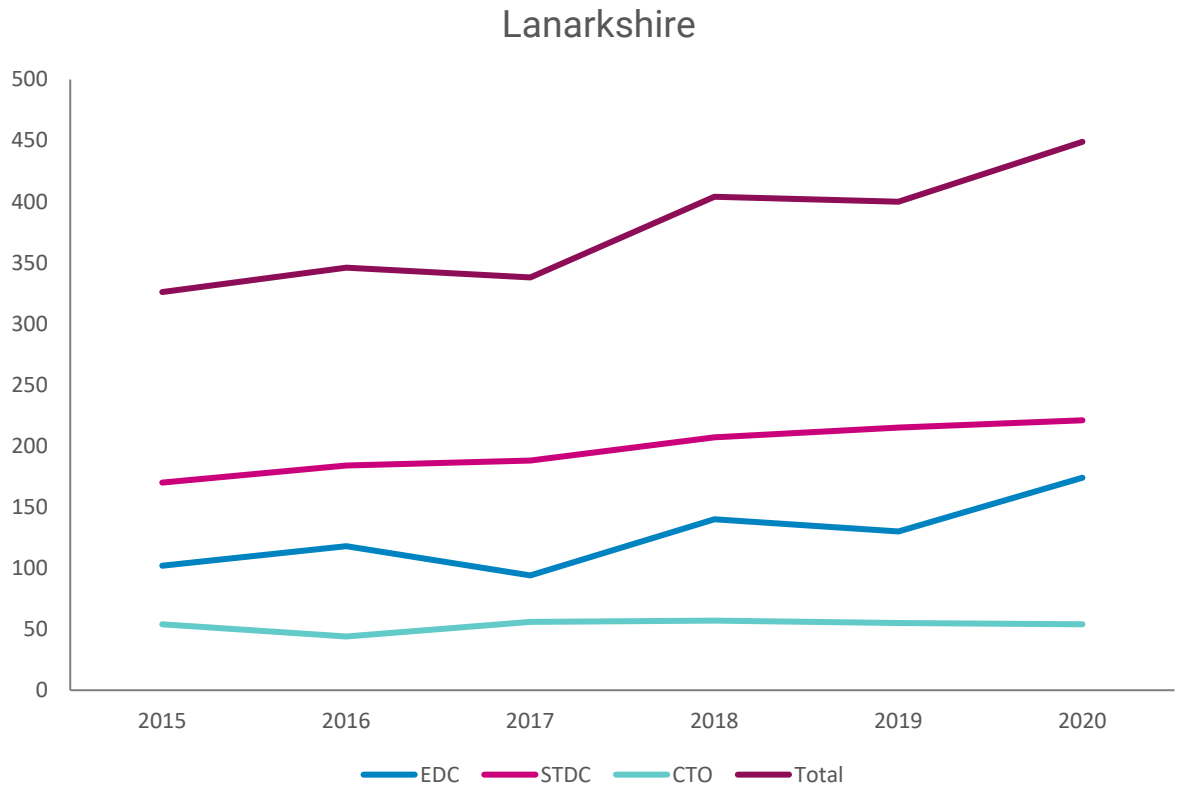
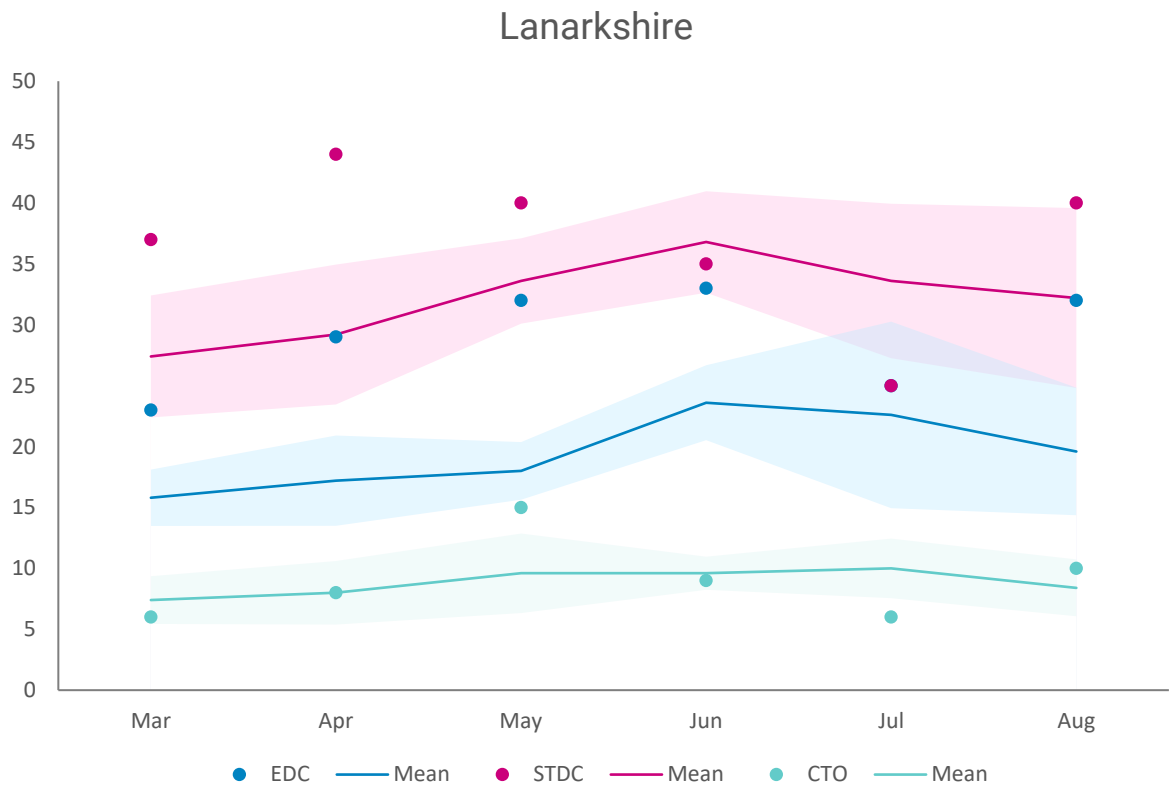
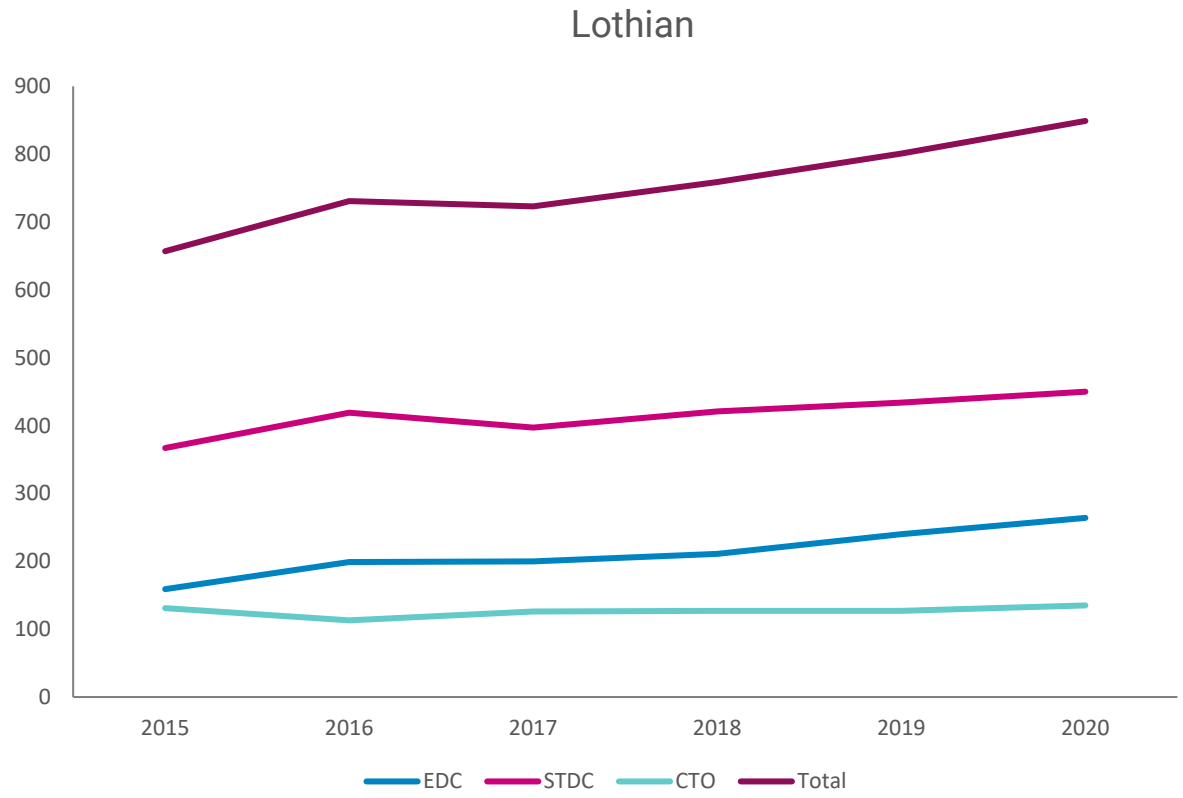


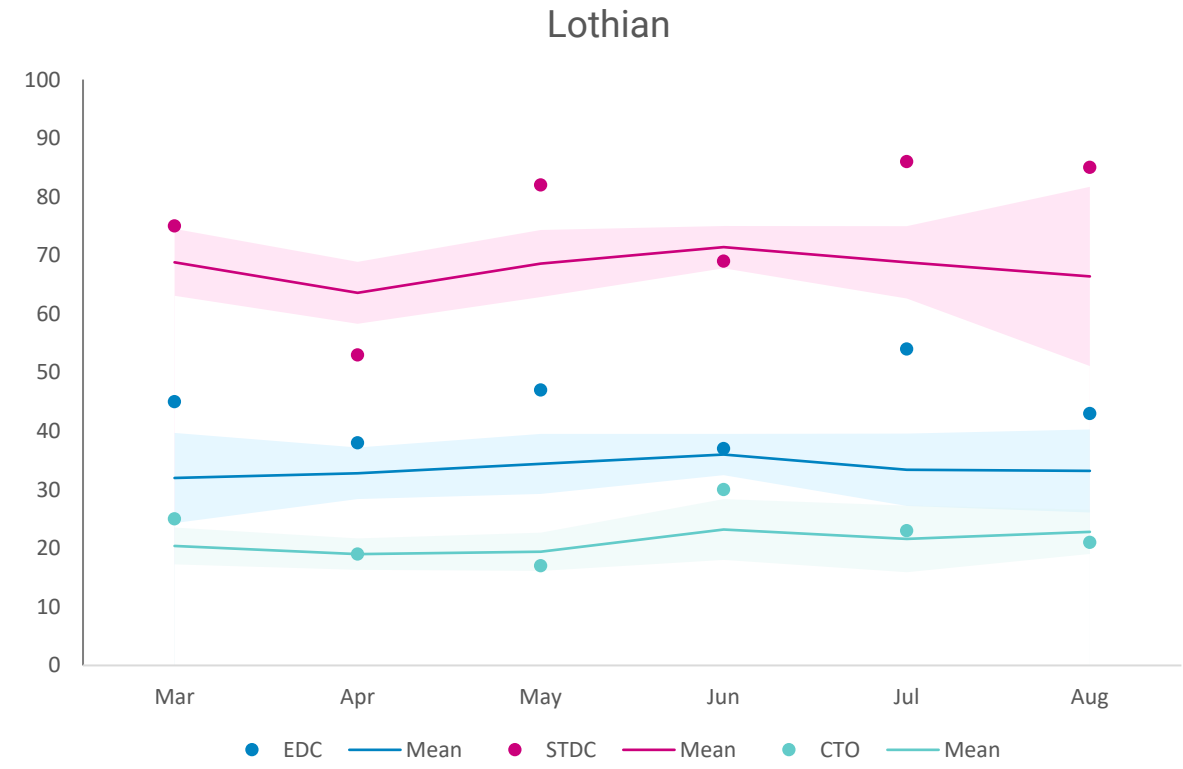


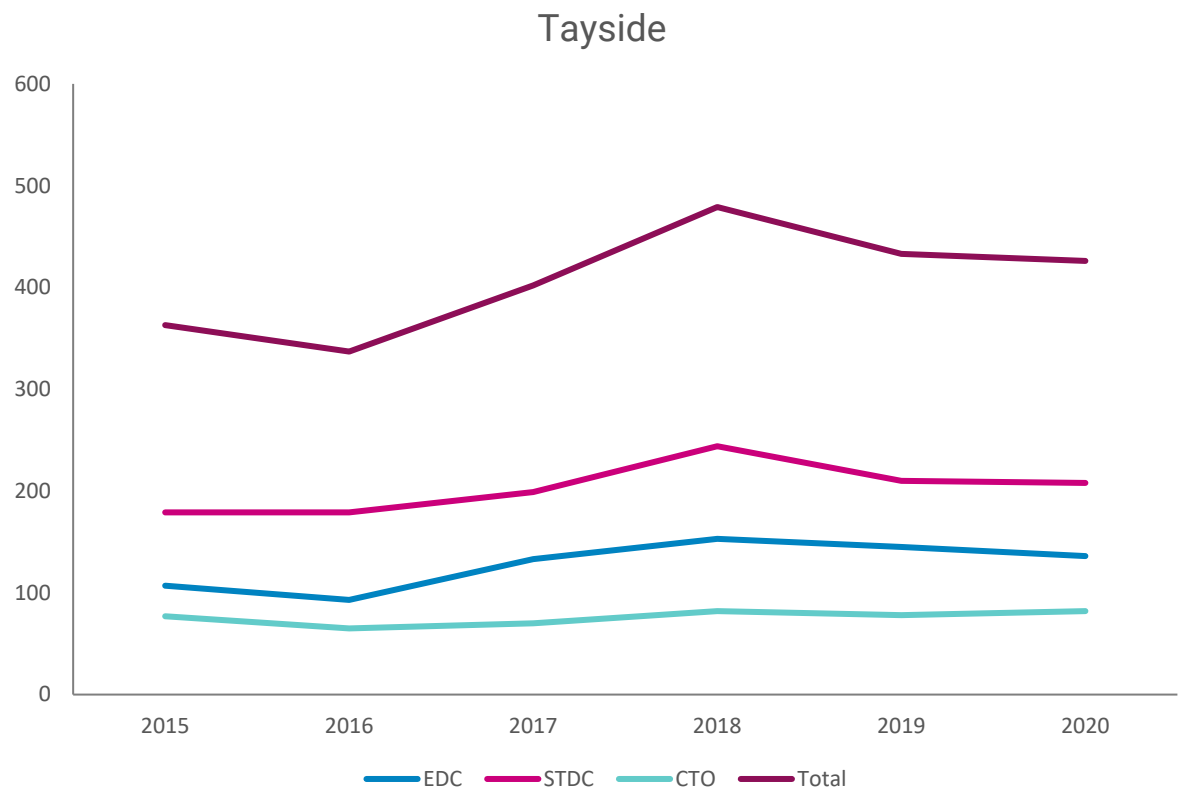
Only includes the months March to August





Only includes the months March to August





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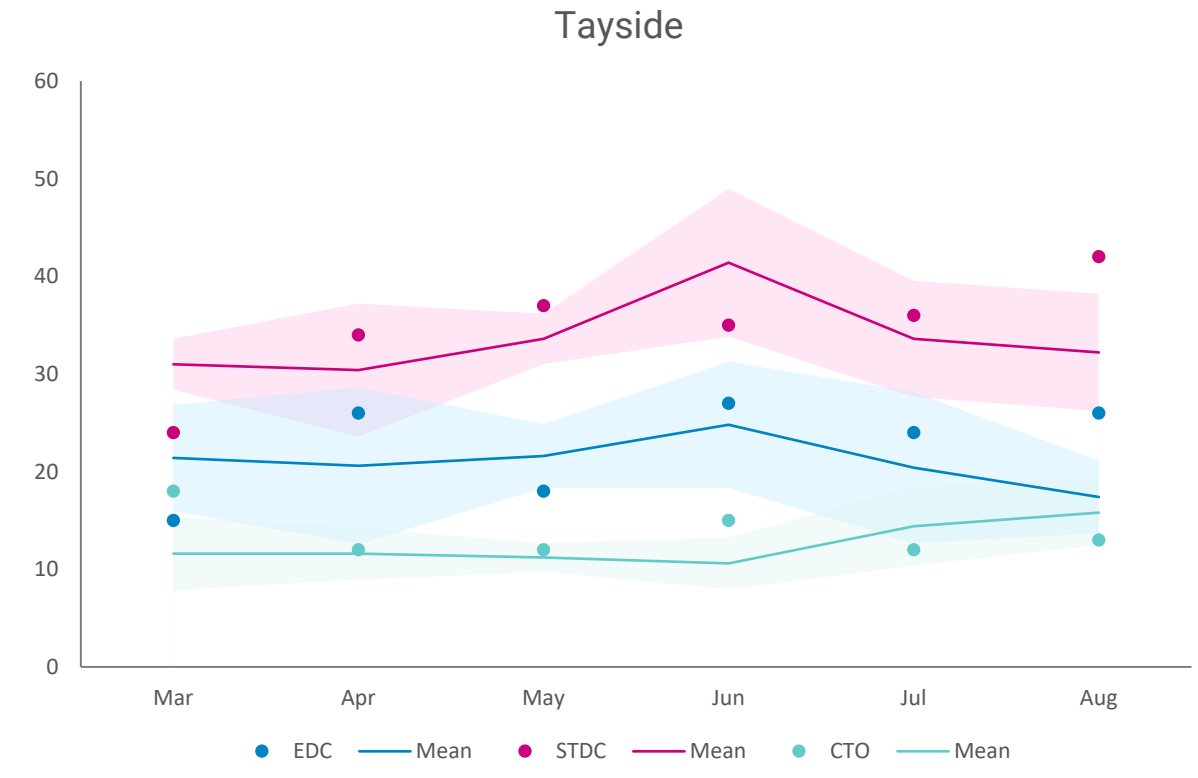

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