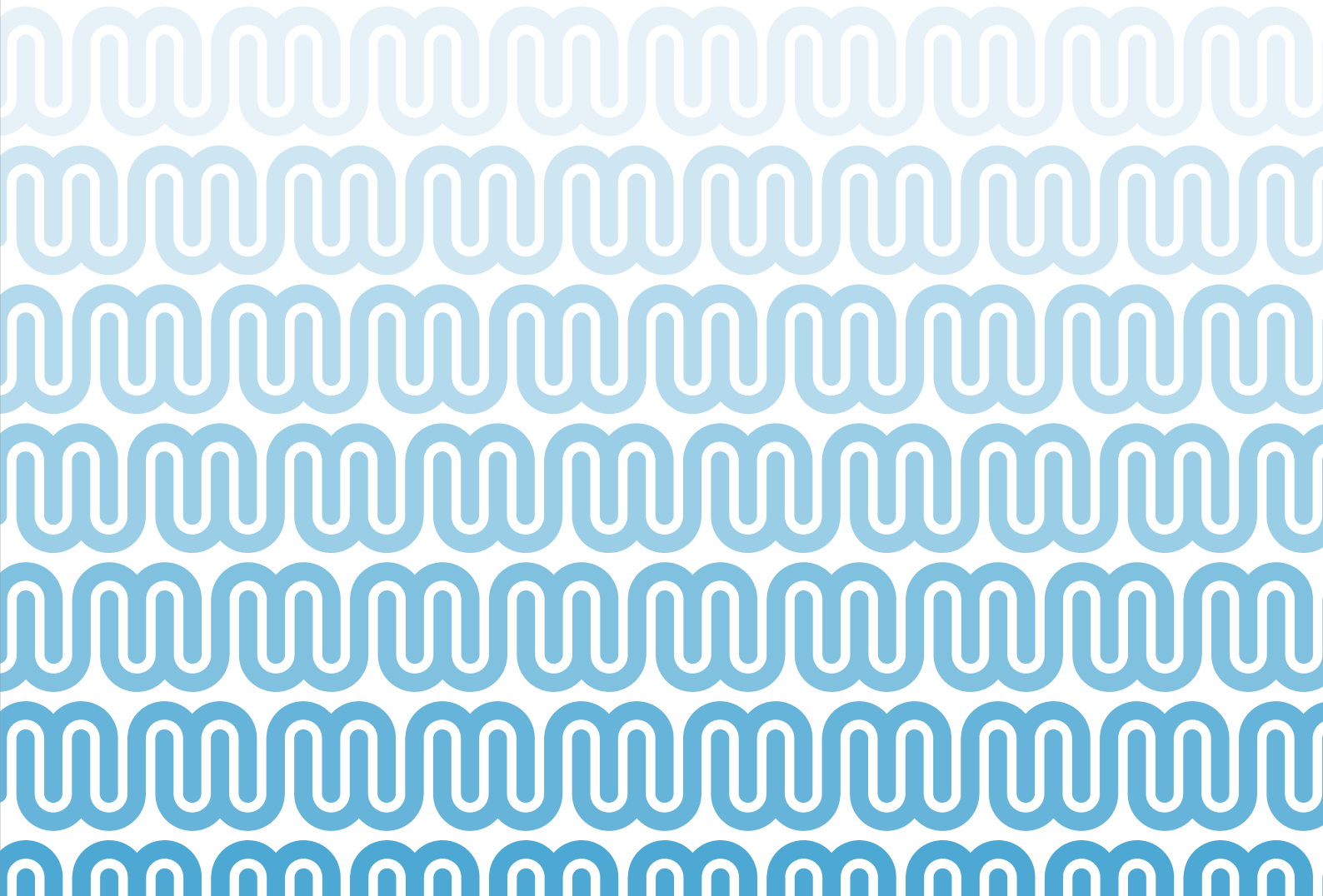
mental welfare commission for scotland

Mental Health Act monitoring report 2020-21

Statistical Monitoring

September 2021



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

Foreword – Julie Paterson, chief executive

"We hope that by sharing this information, and our data on ethnicity, geographical variations and many other aspects of detention, we can support government and services to ensure they provide the right levels of resource and support for vulnerable communities."

When people become very unwell with mental ill health, some aspects of their care and treatment may need to be delivered against their will, to ensure their safety and wellbeing. All such detentions must be done using the Mental Health Act, should last for the shortest possible length of time, and must be reported to the Mental Welfare Commission.

We have a statutory duty to monitor how the law is used. Today's report shows that once again figures for such detentions have risen, but this time the rise is more than double the average over the previous five years.

We don't know why this is, but we are concerned. Every detention is the deprivation of a person's liberty, albeit for the best possible reason in wishing to treat that individual.

The question is whether more people in the population are becoming more seriously unwell every year, with last year's spike even more pronounced. Or whether services are under such pressure that people wait too long, and only receive care and treatment once they have become so unwell they require to be detained.

Whichever is the case, these rising numbers suggest that pressures on mental health services increased significantly last year.

We are also very concerned over the way detentions are taking place. Consent of a mental health officer (a specialist social worker) is an important safeguard and should happen every time a person is detained using the Act. For emergency detentions, consent fell below half of all such detentions last year, with big variations in different parts of Scotland. This is not acceptable; people should receive the protection of this safeguard, where practicable, no matter where they live in the country.

The report shows higher number of detentions for people from ethnic minority groups compared to population levels. Four per cent of Scotland's population identifies as from an ethnic minority (Asian, African, Caribbean or Black, Other or Mixed). The proportion of people detained for mental health treatment from these groups were 6% for emergency detentions, 7.4% for short term detentions, and 7.6% for compulsory treatment orders.

This report is not the first to show a link between deprivation and mental ill health, but for the first time we see these inequalities among people detained for mental health care and treatment.

We hope that by sharing this information, and our data on ethnicity, geographical variations and many other aspects of detention, we can support government and services to ensure they provide the right levels of resource and support for vulnerable communities.

We also call once again for urgent action to ensure mental health officer consent to emergency detentions.

September 2021

Summary and key findings

1. For some people with mental health difficulties, some aspects of their care and treatment might need to be delivered against their expressed wishes at that time. This is done as set out in the Mental Health (Care and Treatment)(Scotland) Act 2003 ('the Mental Health Act') which includes legal safeguards that ensure the person is cared for appropriately and for the shortest time possible.
2. The Mental Welfare Commission has a duty under section 5 of the Mental Health Act to monitor and promote best practice in the use of the Act. This report is published as part of this duty and outlines data primarily on the use of the Mental Health Act during 2020/21. We also make reference to the Criminal Procedure (Scotland) Act 1995 (the Criminal Procedure Act).
3. The Commission recognises that while this report summarises information at a population level, every incident relates to a person, and represents a time of difficulty for them, their carers and those that matter to them.

Detentions under the Mental Health (Care and Treatment) (Scotland) Act 2003

4. A total of 6,699 detention episodes began in 2020-21, which was 10.5% more than in 2019-20 and higher than the average year-on-year increase in the previous years of 4.5%. Half of all episodes began with a short term detention certificate (STDC), 48.0% with an emergency detention certificate (EDC) and 2.0% with a compulsory treatment order (CTO) or an interim compulsory treatment order (iCTO).
5. The rate of detention orders increased for all three type of certificates; emergency detention certificates (EDCs), short-term detention certificates (STDCs), and compulsory treatment orders (CTOs). For all types of orders the rate of detention was higher among males than females, with the smallest difference for EDCs where the rate for females was 59.0 per 100,000 compared to 60.8 for males. Age-standardised rates of detention were highest in the oldest age group (85+ years), apart from EDCs where the highest rate for females was in the age group 18–24 years.
6. The proportion of individuals from an ethnic minority group (Asian, African, Caribbean or Black, Other, or Mixed) in the general population is 4%. Of detention orders that took place in 2020-21, the proportion who were from these groups was 6.0% for EDCs, 7.4% for STDCs, and 7.6% for CTOs.
7. For the first time since we started monitoring detentions we are reporting on the level of deprivation based on the home address of the person being detained according to the Scottish Index of Multiple Deprivation (SIMD). For all three order types there was a clear gradient with a higher proportion of detentions of individuals from the most deprived parts of Scotland. The proportion from SIMD category 1 (most deprived) was 38.3% for EDCs, 32.2% for STDCs, and 29.6% for CTOs.
8. Consent of a mental health officer (MHO) is an important safeguard. For detention under an EDC, MHO consent has been falling over the years and we are again concerned that MHO consent in 2020-21 was the lowest we have seen over the last 10 years at 42.5%. This ranged from 26.4% (Greater Glasgow and Clyde) to 81.2% (Dumfries and Galloway).
9. Social circumstances reports (SCRs) are a critical safeguard which address the interaction of a person's mental health and their social circumstances. For 38.9% of

STDCs in 2020-2021 the Commission received notification that an SCR had been prepared or that an SCR would serve no purpose (and therefore had not been prepared). In 61.1% of cases we received no notification. This has been a concerning downward trend over the past 10 years.

10. There were a total of 155 detentions under section 299 (nurses' power to detain pending a medical examination) in 2020-21, which is 14% fewer than in 2019-20. The overall rate of nurse's power to detain in 2020-21 was 2.8 per 100,000, which was a slight decrease on the previous year's rate of 3.3. The rate of nurse's power to detain orders was higher among females (3.7 per 100,000) than males (2.0 per 100,000).
11. There were 1,125 section 297 (place of safety) orders in 2020-21, which was a 0.8% decrease compared to the year before. These orders related to 831 individuals. A higher proportion of place of safety orders was for males (56.6%) with almost half of individuals detained aged 25–44 years. Of the individuals taken to a place of safety, 2.8% were taken to a police station and 97.2% were taken to a hospital/health care facility. The proportion of place of safety orders where the individual was taken to a police station has decreased over the years, from as high as 18.1% in 2011-12. This reduction is welcomed.
12. As well as the incidence of new episodes and orders, we count the number of individuals who were subject to an order on the first Wednesday in January each year (known as extant orders). In 2021, there were 3,751 extant orders which was a 1% increase compared to the same day in 2020. The rate of extant orders was similar to the year before. Of the total number of orders in place on 2 January 2021, 60.9% of these related to individuals who were male and most were aged 25–44 years or 45–64 years. The majority of extant orders were CTOs (73.3%).Of extant CTOs, 44.7% were community-based. This has increased over time from 38.6% in 2011-12. The rate of hospital-based orders was higher in Fife, Forth Valley, Greater Glasgow and Clyde, Lothian, and Tayside compared to other board areas.

Detentions under the Criminal Procedure (Scotland) Act 1995

13. There were a total of 341 orders under the Criminal Procedure Act in 2020-21 which was the lowest figure in the last 10 years. The average number of orders was 416 in the previous 10 years. The 341 orders related to 206 individuals. Individuals detained under the Criminal Procedure Act in 2020-21 were primarily male (85.4%). Most were aged 25-44 years (60.7%) with the average age of 37 years.

Treatment and Part 16 of the Mental Health Act

14. There were a total of 830 T2 certificates issued during 2020-21, compared to an average of 804 during the years 2011-12 to 2019-20. Most T2 certificates (96.5%) were issued for medication over two months while 2.4% were issued for ECT. This was similar to previous years. Of the T2s, 5.1% were for young people (<18 years).
15. There were a total of 2,031 T3 certificates issued in 2020-21, which was an 8.6% decrease on the 2019-20 figure and diverted from the increasing trend since 2011-12. Most T3s received were for medication over two months (82.5%), while 10.5% were for ECT, 6.6% for artificial nutrition, and 0.3% for medication to reduce sex drive. This is broadly similar to previous years. Of the T3s, 4.6% were for people <18 years.
16. There were 452 T4 certificates issued in 2020-21; an 11.1% increase on the number of T4s in 2019-20 and follows an increasing trend since 2015-16. Of the T4s, 20.6% were

for individuals <18 years. This is an increase on the previous two years, where 13.6% and 13.5% of T4s were for individuals aged under 18 years and follows an increase in younger people treated under a T4 over the last ten years.

17. Health boards are required to notify us each time someone registers, or withdraws, an advance statement containing a written statement of a person's wishes regarding treatment if they become unwell in the future. We monitor this register and provide this information to the Scottish Government as part of their Mental Health Quality Indicators [1]. For the first two years we had complete data for (2018-19 and 2019-20), there were 244 and 257 individuals where we noted a first engagement with the register. In 2020-21, this had dropped to 78. The individuals on the register as a whole have an average age of 50 years and 55.9% are male. In comparison to detentions, there is a more even percentage distribution of individuals from the most and least deprived areas of Scotland.

Introduction

The Mental Welfare Commission for Scotland has a statutory duty to monitor the use of the Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act'). We do this by collating and analysing data compiled from the relevant paperwork provided to us and by publishing monitoring reports with comment and analysis of trends in the use of the Act.

Our last monitoring report related to data on the use of the Mental Health Act during 2018-19. We have since undertaken additional pieces of monitoring work as follows:

- Detention of children and young people – we looked at emergency and short-term detentions over a five year period and considered the reasons why each person was detained, including the diagnoses that contributed to the detention. We published our findings in a report in 2020, and made specific reference to the rising rates of self-harm which were reported in considerations around detention. [2].
- The use of the Mental Health Act during Covid – we published two reports which monitored the trend in detentions during the first six months and the first year of the Covid pandemic. In these reports we also looked at any differences compared to the previous five years and found that consent by a mental health officer (MHO), in particular, was a safeguard that seemed to weaken during the pandemic [3, 4].
- We published a report on ethnicity, in the context of mental health care and treatment in Scotland [2]. In that report we provided an overview of completeness of ethnicity data, which we get from separate ethnicity forms that are to be submitted with detention forms.
- Length of short term detentions – we completed an analysis over a twelve year period to see how long short-term detention certificates (STDCs) last. In a research brief we describe these findings and the implications we think this might have on practice and on the current review of the Mental Health Act. We will be publishing this report in October 2021.

This report outlines data during the whole of 2020-21; much of this data is also reflected in the Commission's specific monitoring of the use of the Mental Health Act in Scotland during the Covid-19 pandemic period between 1 March 2020 and 28 February 2021 [3, 4] and we therefore make references to this work.

The data we present shows the increasing number of detentions in Scotland over the years. A detention occurs when someone is compelled to receive assessment and/or treatment in relation to their mental health. Whilst this is a statistical report, we recognise that each of the instances we report here relates to a time of difficulty for the person and for those important to them.

Methods

In this report we present a number of different measures of compulsory care under the Mental Health Act and also some in relation to the Criminal Procedure (Scotland) Act 1995 ('the Criminal Procedure Act'); we report counts and rates of episodes, orders, or other indicators related to detentions or treatment. We also calculate percentages where relevant. Unless specified, the figures reported relate to the most recent reporting year (1 April 2020 to 31 March 2021). In this section we give an overview of how we report on this information and areas we have changed to improve the quality of the data we report on.

The Commission's data

The datasets we report here are based on notifications we receive when someone is made subject to the Mental Health Act or the Criminal Procedure Act. We also report on authorisations for safeguarded treatments under Section 16 of the Mental Health Act which are sent to us.

Our data is dynamic; that is, the number of detentions, or other indicators, might change retrospectively. This is because some paperwork may not have reached us at the time we produce the monitoring reports. Updates sometimes happen and this means that figures in this report and previous reports may differ. The latest publication should always be referred to for the most accurate figures.

Ethnicity

In each section of this report we state the proportion of detentions where ethnicity was recorded. Our methodology for this has improved since our last monitoring report relating to 2018-19, as we are able to look at our database as a whole and identify any individuals who have multiple detentions where an ethnicity form may have been submitted. This has improved our level of completeness when we look at ethnicity.

It should be noted that the Mental Health Act is the main database that we match ethnicity information with however. This means that the level of completeness for the Criminal Procedure Act is much lower than for detentions under the Mental Health Act.

Scottish index of multiple deprivation (SIMD)

We report level of deprivation according to SIMD categories in this monitoring report. In each section, we report the level of completeness for this information as sometimes an individual may be of no fixed abode or is receiving long term care in hospital and does not have a home address. This is a relatively new area for us so we will continue to work with increasing the quality of information and we will develop processes that do not require manual checking.

Place of safety

A paper based notification system has now been replaced with an electronic system. With the new electronic forms received, the local authority place of safety completion rate is higher than previously. However we have noted a higher proportion of forms that are missing information where the place of safety was a police station. For example, in 2018-19 a total of 18 paper forms were missing this information compared to 90 and 201 in the last two years. We will continue to work with Police Scotland to improve the completion of this section of the form.

Compulsory treatment under the Mental Health Act

Box 1. Explanation of terminology

Emergency detention certificates (EDCs): Emergency detention certificates (EDCs) are designed to be used only in crisis situations to detain a person who requires urgent care or treatment for mental ill health. An EDC can be issued by any doctor, with the input of a mental health officer (MHO), which allows someone to be kept in hospital for up to 72 hours.

Short term detention certificates (STDCs): The preferred route to compulsory treatment is through short term detention orders. They should only take place if recommended by a psychiatrist and a mental health officer. A STDC can detain an individual in hospital for up to 28 days.

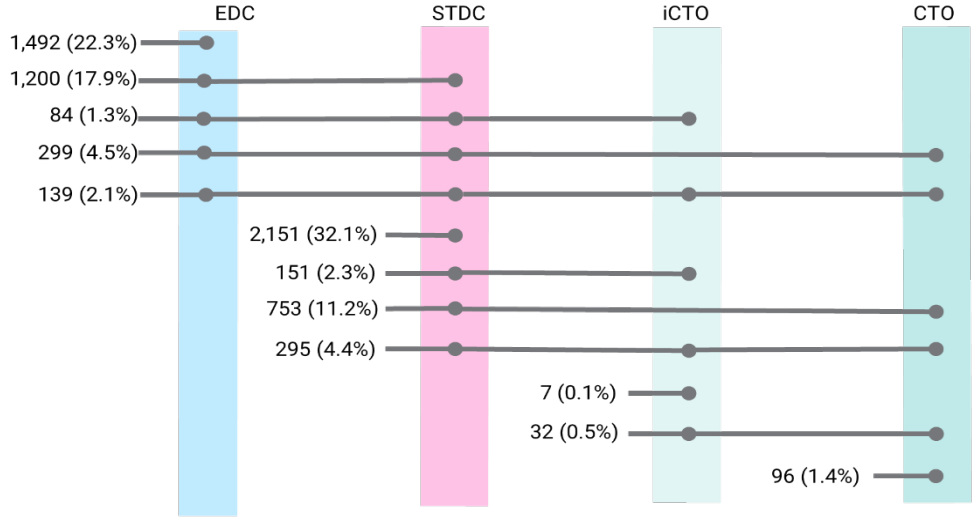
Compulsory treatment orders (CTOs): A mental health officer (MHO) can make an application for a CTO to the Mental Health Tribunal. The application must include two medical reports, an MHO report and a proposed care plan. The Tribunal decides the outcome of the application. The Tribunal is made up of three people, a lawyer, a psychiatrist, and a general member; a general member may be a person with relevant skills and experience, e.g. a person with a mental health condition and with experience of using services, a carer, a nurse, a social worker, a psychologist or occupational therapist. The CTO can last up to six months. It can be extended for a further six months and subsequently then for periods of 12 months at a time.

New episodes of compulsory treatment

An 'episode' is a period where an individual is subject to the Mental Health Act. For example, an individual may be detained under an emergency detention certificate (EDC) then they might be detained under a short-term detention certificate (STDC). Once the individual is well enough the doctor may end the STDC and the individual is therefore no longer detained. This would constitute an episode.

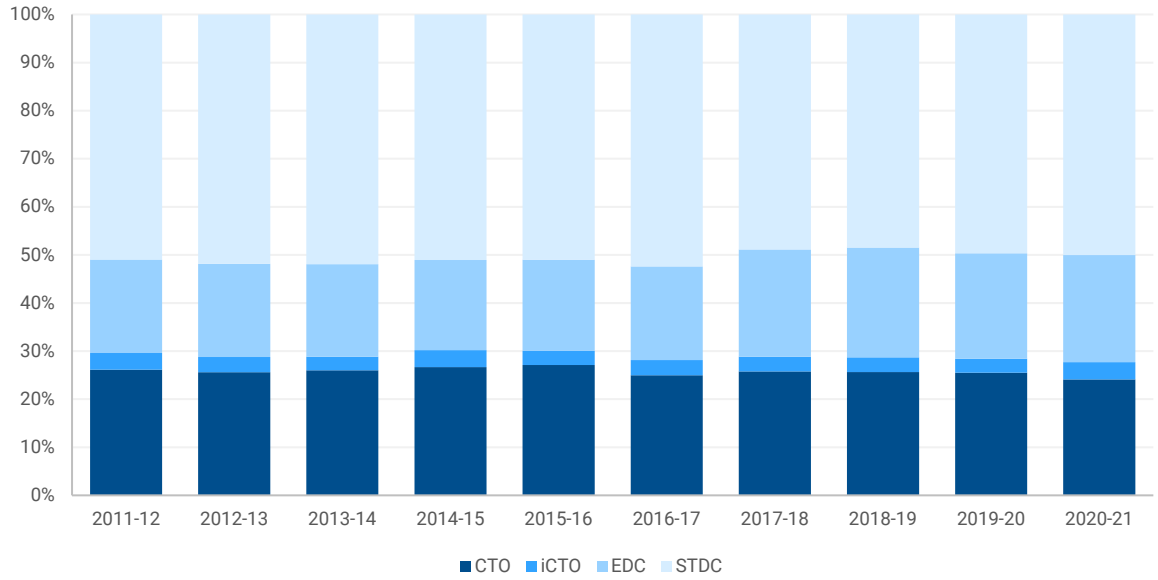
Figure 1 shows the structures of all episodes in 2020-21. We can see that an episode can consist only of an emergency detention, of emergency and short-term detention, only short-term detention and so on.

Figure 1. Order progression among all episodes in 2020-21



Half of all episodes progressed as far as an STDC, 24.1% as a CTO, 22.3% as an EDC, and 3.6% as an iCTO (Figure 2). This was similar to the average in the previous years. Of episodes that ended as an STDC, 64.2% also started directly as an STDC while 35.8% started as an EDC (Figure 1). Of the 96 episodes which started as CTOs, 32% were community-based CTOs.

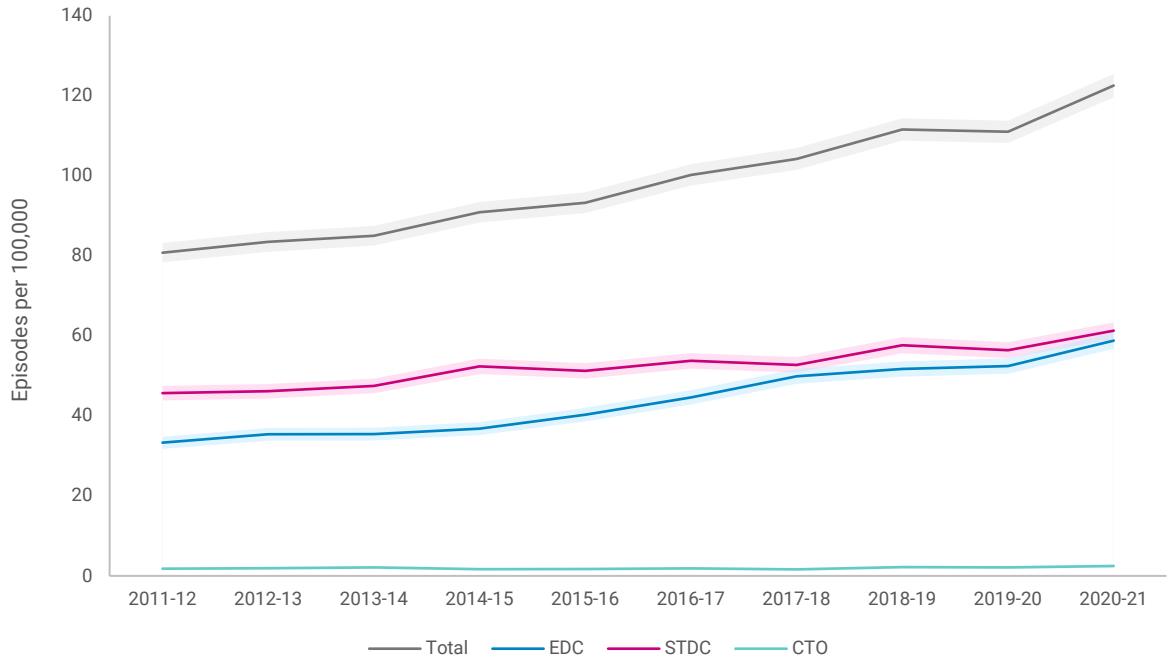
Figure 2. Highest order an episode progressed to by year



In 2020-21, 6,699 episodes began, which was 10.5% more episodes than in 2019-20. The average year-on-year change of new episodes in 2011-12 to 2019-20 was 4.5% (ranging 0%–7.3%) (Appendix Table A1).

Figure 3 shows the change in rate of detention episodes over time with 95% Confidence Interval (CI)[1]. The rate of new episodes per 100,000 population was 122.6 (95% CI: 119.6–125.5). The rate of episodes by type of order (based on the starting order) was 58.8 (95% CI: 56.8–60.8) for EDC, 61.3 (95% CI: 59.2–63.4) for STDC and 2.5 (95% CI: 2.1–2.9) for CTO.

Figure 3. Rate of detention by year with 95% CI (shaded area)[2]



Half of all episodes began with a STDC, 48.0% with an EDC, and 2.0% with a CTO or an iCTO (Appendix Table A1). While the proportion of episodes starting at each order has broadly been the same in the last few years, there has been a gradual decrease in the proportion starting as STDC and CTOs. Episodes starting with an EDC however have increased from 41.2% in 2011-12 to 48.0% in 2020-21. EDCs are not the preferred route to care and treatment and afford less safeguards; given EDC use is for crisis situations only, increasing use would suggest growing levels of acuity.

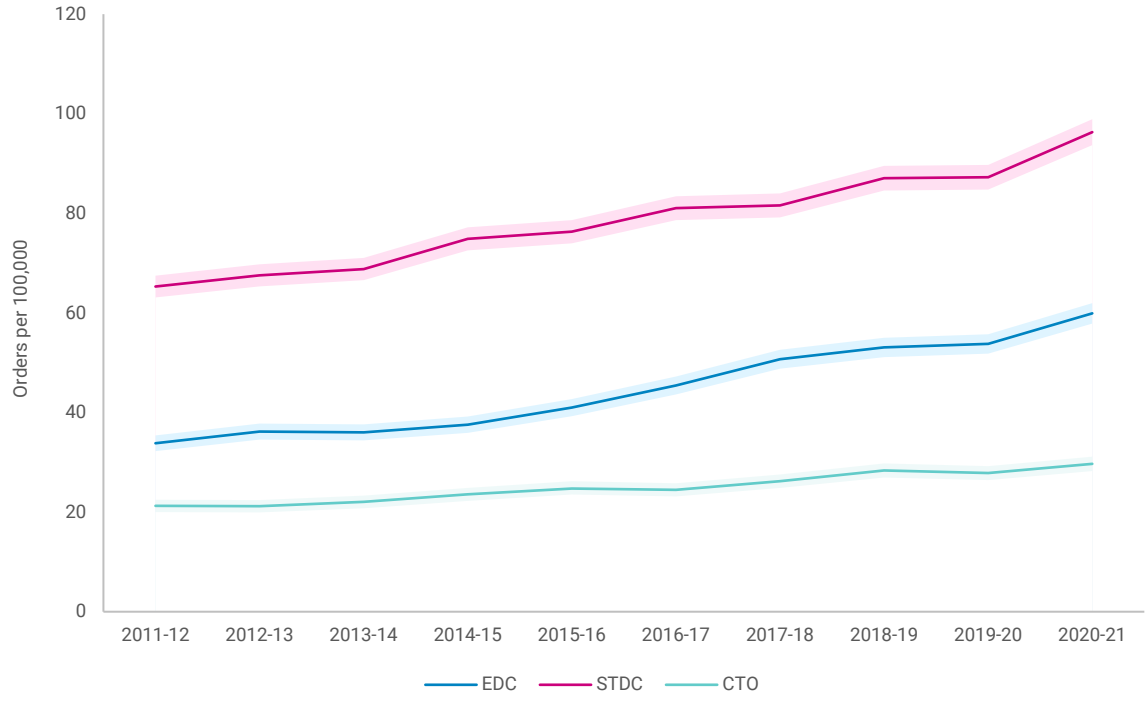
[1] A confidence interval gives a measure of the precision of a value. It shows the range of values that encompass the population or 'true' value, estimated by a certain statistic, with a given probability. For example, if 95% confidence intervals are used, this means we can be sure that the true value lies within these intervals 95% of the time.
[2] Due to the scale of the x-axis, the CI for CTO is not visible on this graph.

New Mental Health Act orders

An order is an instance where an individual becomes subject to the Mental Health Act. For example, an EDC, a STDC, or a CTO. When we count orders, we count each of these instances regardless of where the order lies within an episode.

The number of new orders continued in an upward trend and, as described in our report covering the impact of the Covid-19 pandemic [7], the increase in orders in 2020-21 was higher than in previous years. The number of orders are presented in Appendix tables A2-A4. In the following sections we further expand on our recent report by analysing standardised rates for each order type for 2020-21.

Figure 4. Rate of new orders with 95% CI (shaded area)



Emergency detention certificates (EDCs)

Unlike in the Mental Health (Scotland) Act 1984, there is an expectation that emergency orders will be used 'sparingly' in the current Mental Health Act [3]. Clear reasons need to be recorded as to the necessity for granting an EDC rather than the preferred route of a STDC which provides the person with more safeguards.

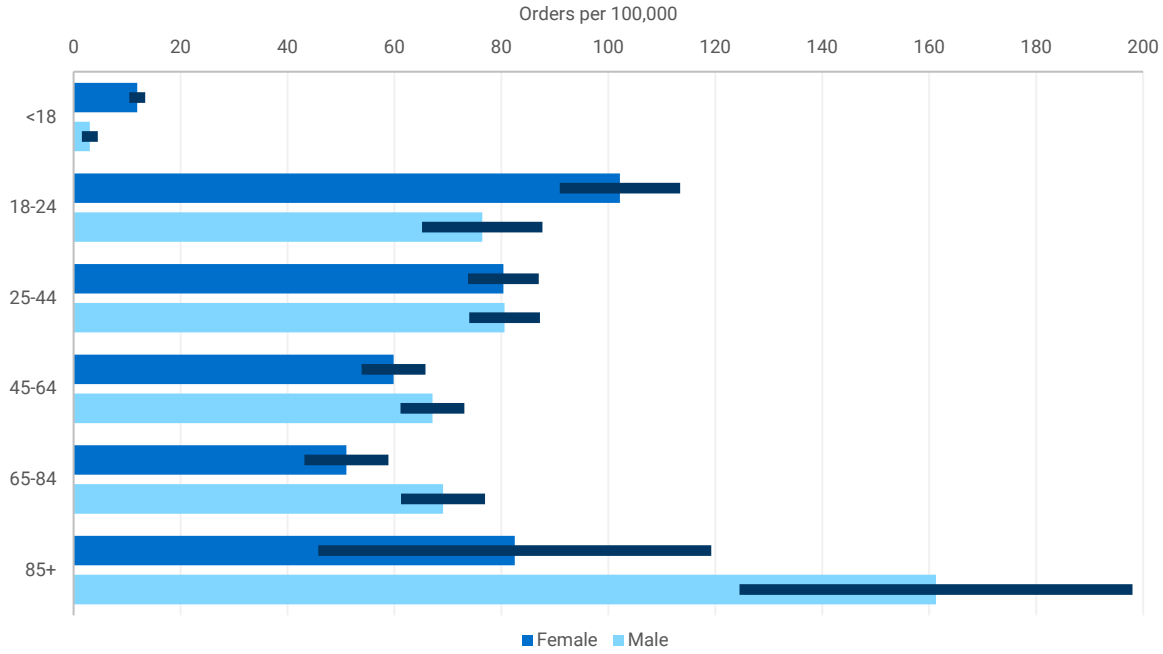
The overall rate of EDCs in 2020-21 was 59.9 (95% CI: 57.9–62.0), which was an increase on the previous year's rate of 53.8 (95% CI: 51.8–55.7) (Figure 4). The number of orders is shown in Appendix Table A2.

The rate of EDCs vary by gender. In 2020-21 the overall rate of EDCs was 59.0 (95% CI: 56.2–61.9) for females and 60.8 (95% CI: 57.8–63.7) for males.

Figure 5 shows the rate for each age group, indicating a higher rate for females than males in younger age groups but for those aged 45 years and older the opposite was true. The rate of

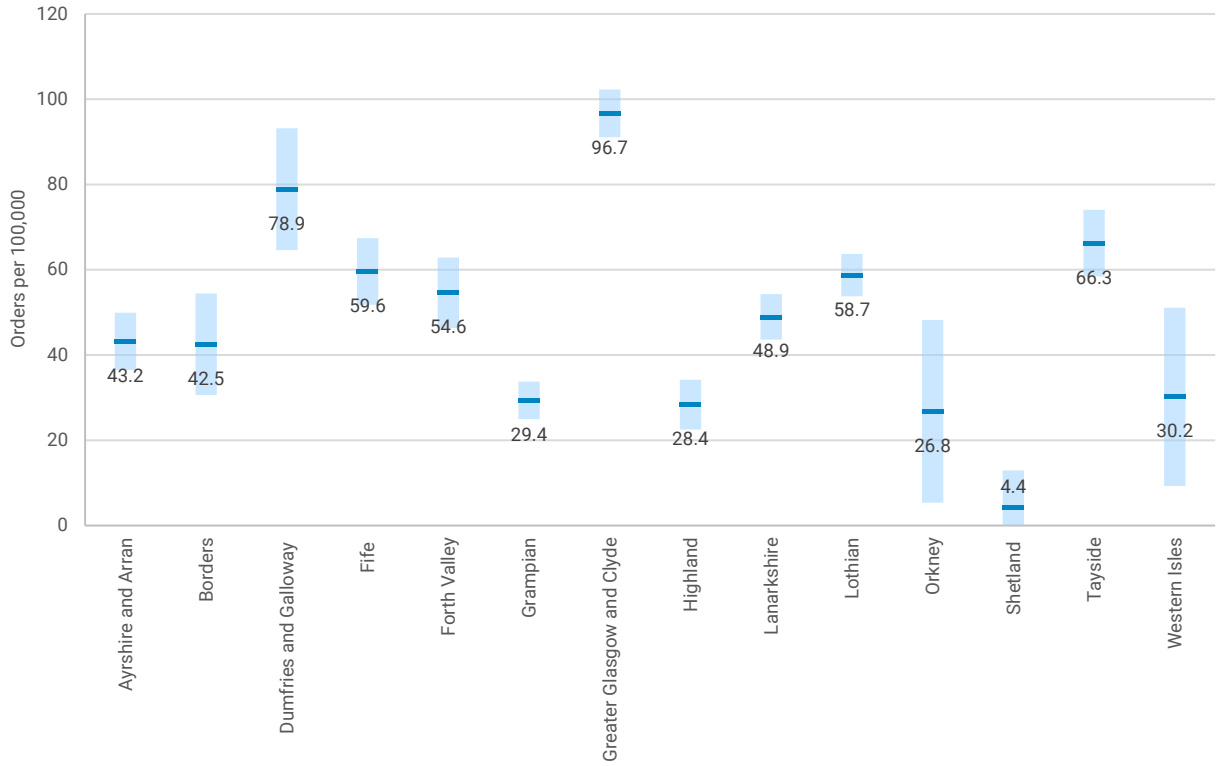
EDCs was particularly high among those aged 85 years or older, particularly for males, which was 161.3 per 100,000, compared to 149.2 in 2019-20. However, it should be noted that the confidence interval is wide and the true estimate is therefore uncertain (95% CI: 124.5–198.0). The rate for females 85 years and older was similar to last reporting year at 82.5, but also for this group the confidence interval was very wide (95% CI: 62.9–102.1).

Figure 5. Age- and gender-standardised rate of EDCs with 95% CI



In the mainland health boards the rate of EDCs varied from 28.4 (95% CI: 22.5–34.2) per 100,000 in Highland to 96.8 (95% CI: 91.2–102.4) in Greater Glasgow and Clyde. The rates across all health boards is shown in Figure 6. The island boards have a small number of orders, which leads to unstable rates with very wide confidence intervals. The rates for these boards should therefore be interpreted with caution.

Figure 6. Rate of EDCs in 2020-21 with 95% CI (shaded area), by health board

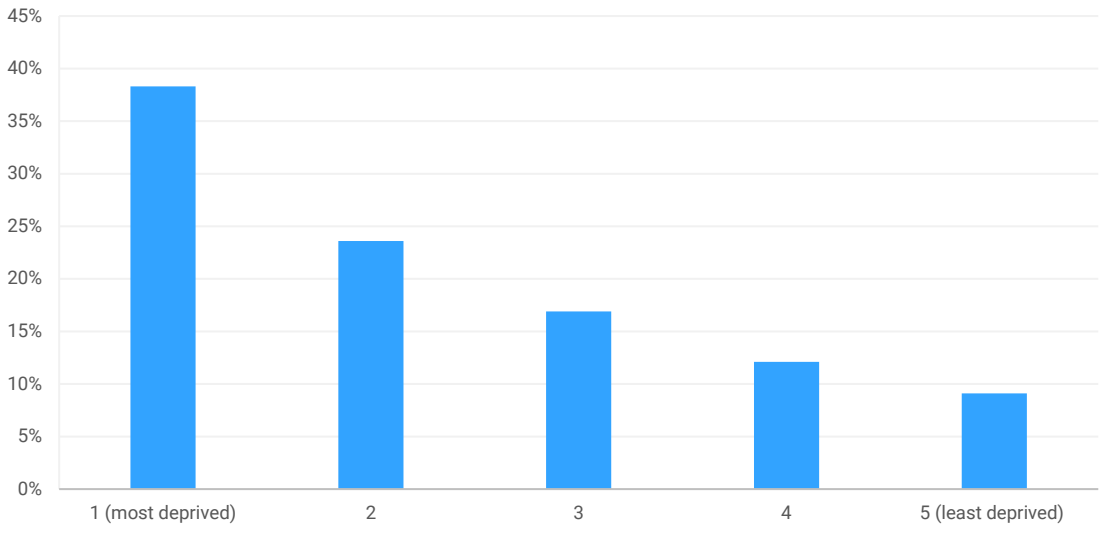


Deprivation

We are reporting on the breakdown by SIMD category for the first time. This is an important indicator within a wider approach to public mental health, which looks at how detentions may be disproportionally affecting people from different areas of deprivation.

We were able to match 97.9% of EDCs with SIMD by using a valid home postcode. Figure 7 shows a clear gradient in the level of deprivation for EDCs, with 38.3% of detentions of people from the 20% most deprived areas of Scotland.

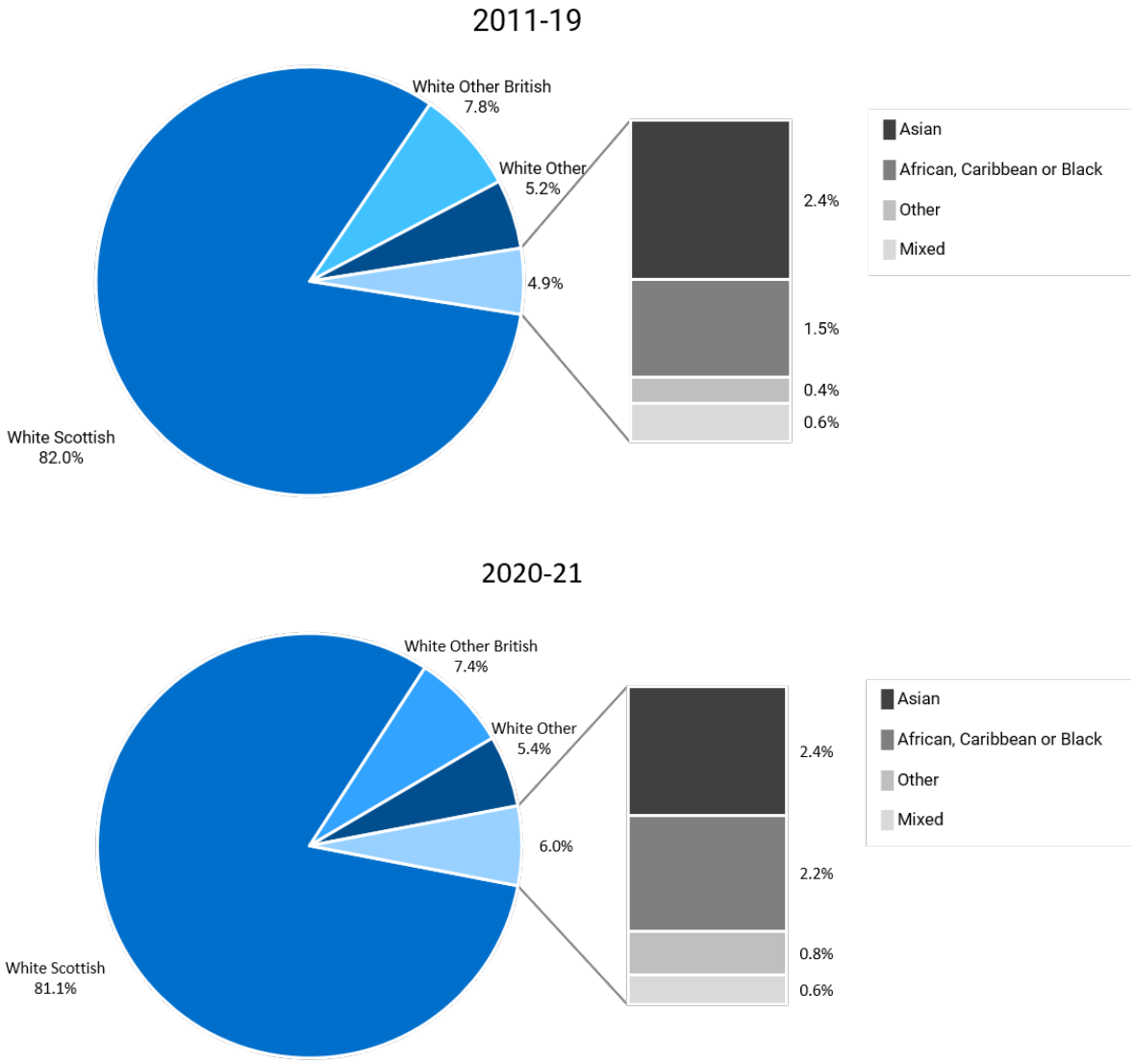
Figure 7. EDCs by level of deprivation



Ethnicity

We had ethnicity information for 85.1% of EDCs in 2020-21. Figure 8 shows the breakdown of ethnicity categories of those detained under an EDC in 2020-21 compared to 2011-12 to 2019-20. There was little difference compared to previous years, apart from a higher proportion of individuals who were African, Caribbean or Black (2.2% vs 1.5%).

Figure 8. Ethnicity among EDCs in 2020-21 and 2011-12 to 2019-20



MHO consent

Mental Health Officers (MHOs) have a unique role in supporting and protecting people who are vulnerable because of a mental illness, learning disability or related condition. MHO duties include protecting individuals' health, safety, welfare, finances and property and the safeguarding of rights and freedom.

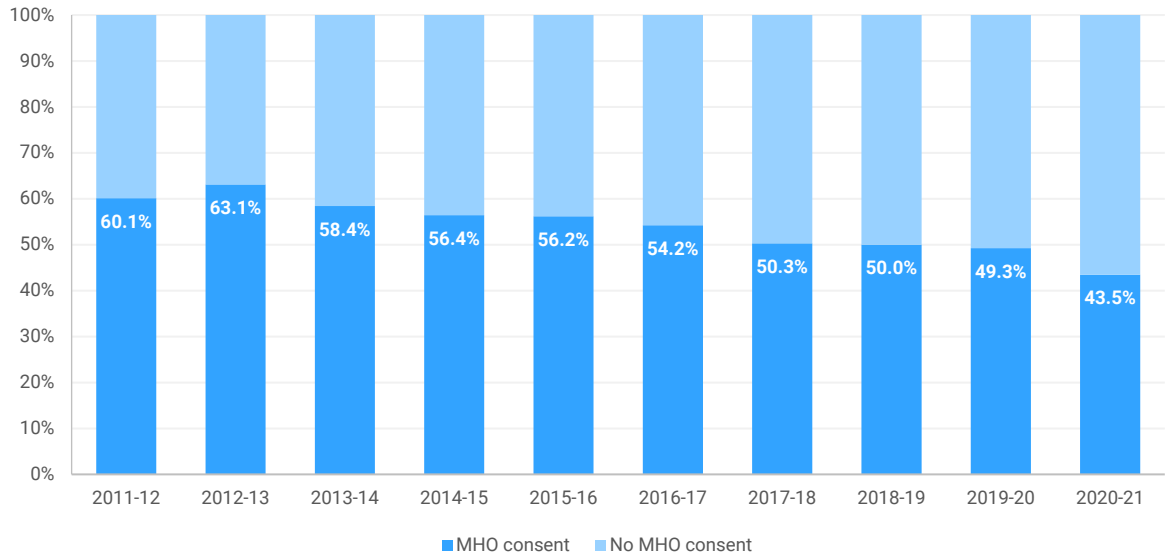
MHOs are involved in the assessment of individuals experiencing mental health difficulties who may need compulsory measures of care, treatment and in some cases, detention.

In line with previous years, MHO consent continues to be lower than we would expect to see.

We recently published our analysis of detentions during Covid-19 where we expressed our concern in the drop of this important safeguard. Overall, 43.5% of EDCs had MHO consent in 2020-21, which was the lowest we have recorded over the last ten years (Figure 9).

If an MHO is not consulted as part of the assessment for an EDC, the medical practitioner must explain the reasons for this. The medical practitioner must also explain the reasons for granting the certificate and why alternatives to detention were considered inappropriate. Further scrutiny is required at a local level to understand this concerning picture of increasing EDCs and reducing MHO safeguards. We will be seeking feedback from Health and Social Care Partnerships, supported by respective Health Boards and Local Authorities, to explain this pattern.

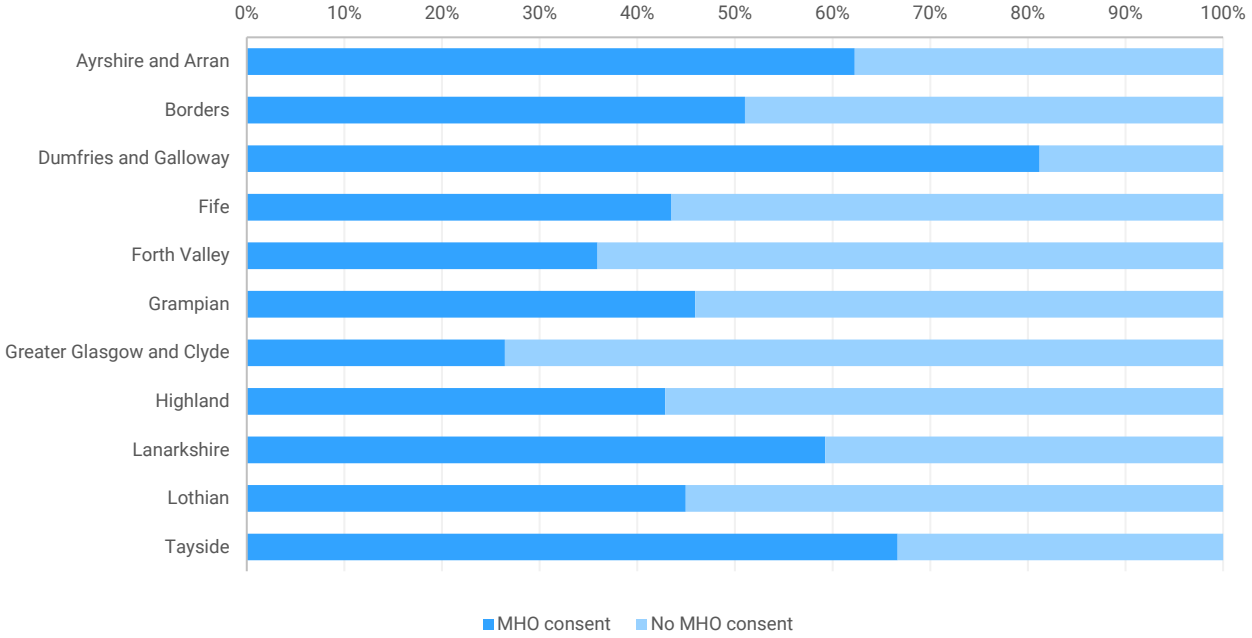
Figure 9. MHO consent for EDCs by year



When we look at the breakdown by health board we see great variation in MHO consent to EDCs from as low as 26.4% (Greater Glasgow and Clyde) to 81.2% (Dumfries and Galloway) (Figure 10). In July 2021 we published a report specifically looking at the impact over the pandemic and noted that MHO consent dropped significantly compared to the average in previous years for most health boards. The health boards where we saw little or no change were Ayrshire and Arran, Lanarkshire and Tayside. In Dumfries and Galloway MHO consent was higher than in previous years [7].

Of those detained under an EDC, 34% were not in a hospital at the time of the detention whereas 66% were in a named hospital, informally. The proportion of detentions that happened when the person was not in hospital was 3% lower than in the previous year, but 10% lower compared to the average for the years 2011-12 to 2019-20 when 44% of EDCs were for people not in hospital at the time of detention.

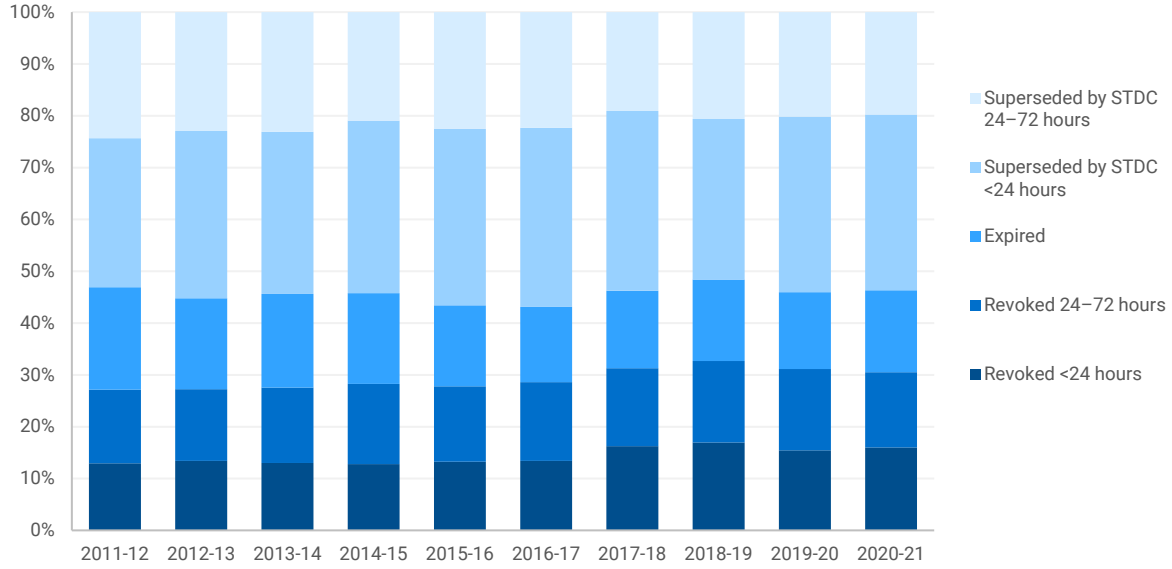
Figure 10. MHO consent for EDCs by health board in 2020-21



Duration of emergency detentions

Similar to previous years about half (53.7%) of EDCs were superseded by a STDC, most commonly within 24 hours. Over time there has been a shift towards more EDCs progressing to a STDC within 24 hours and fewer expiring at the end of the 72-hour-period. Over time there has also been a slight shift in more revocations within 24 hours, but over the last few years the proportions ending at certain times has stayed more or less the same (Figure 11).

Figure 11. EDC conclusion by year



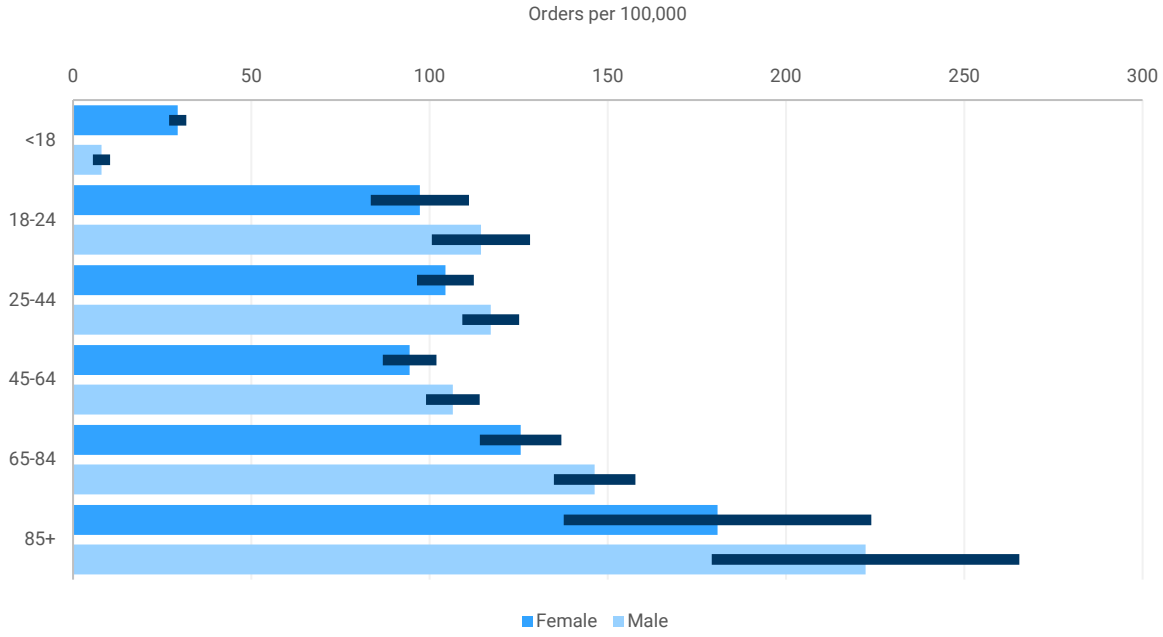
Short-term detention certificates

The overall rate of STDCs in 2020-21 was 96.3 (95% CI: 93.7–98.9), which was an increase on the previous year's rate of 87.3 (95% CI: 84.8–89.7) (Figure 4). The number of STDCs are shown in Appendix Table A3.

The rate of STDCs varies by gender. In 2020-21 the overall rate of STDCs was 93.6 (95% CI: 90.0–97.2) for females and 99.0 (95% CI: 95.2–102.8) for males.

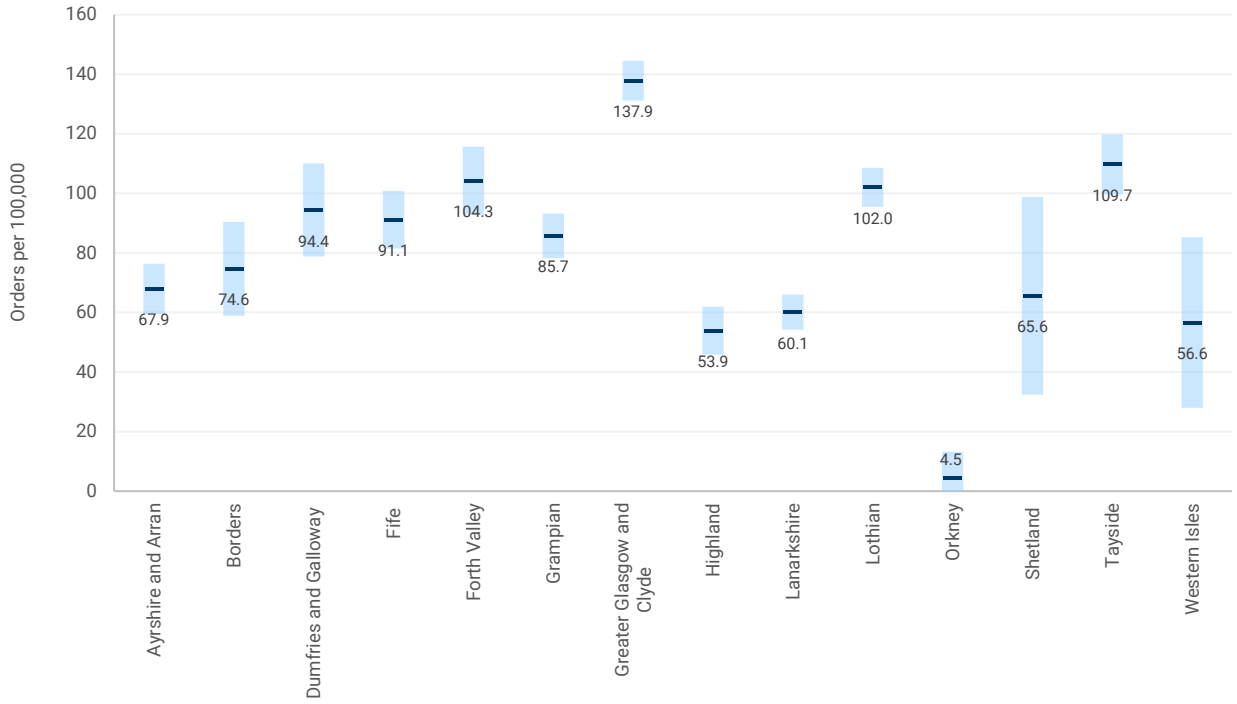
Figure 12 shows the rate for each age group, showing that the rate of STDCs was higher among males than females in all age groups over the age of 18 years. The rate for females over the age of 85 years was higher than our last monitoring report, while the rate for males the same age was lower. However, for both these age groups, just like with EDCs, the confidence intervals were very wide and the rates should therefore be interpreted with caution.

Figure 12. Age- and gender-standardised rate of STDCs with 95% CI



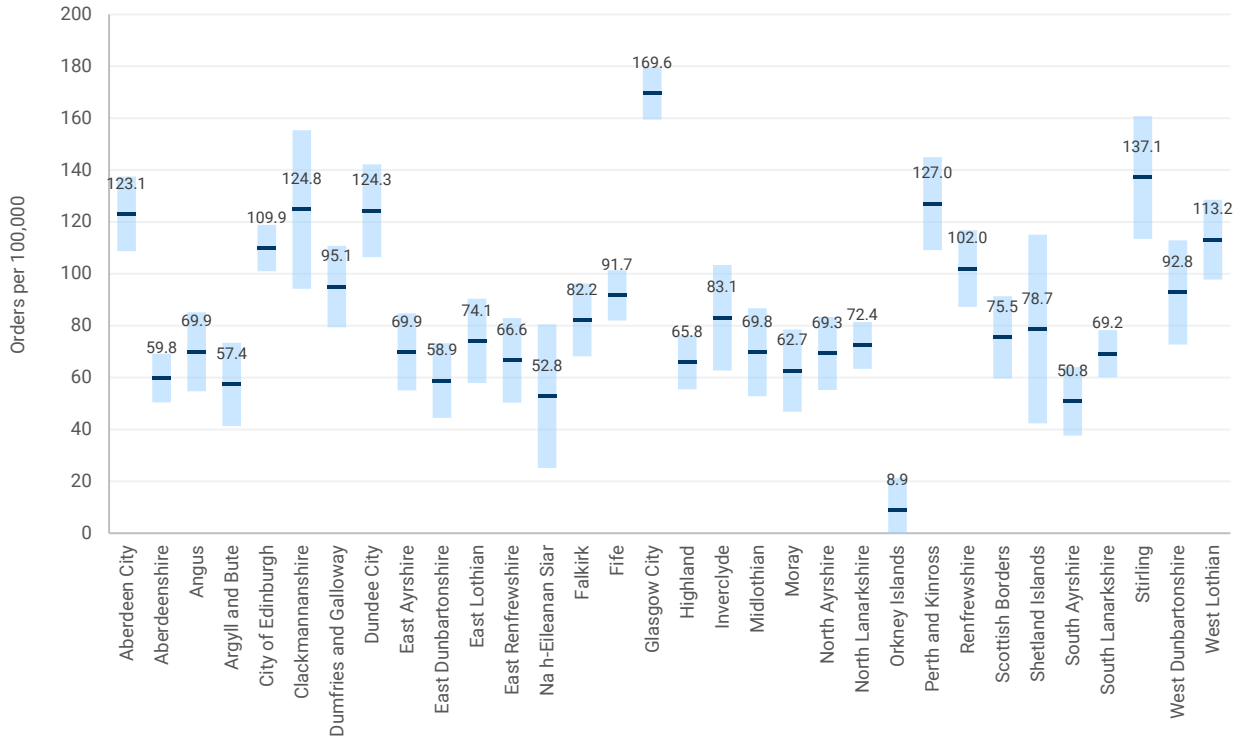
In the mainland health boards the rate of EDCs varied from 53.9 (95% CI: 45.9–62.0) per 100,000 in Highland to 137.9 (95% CI: 131.2–144.5) in Greater Glasgow and Clyde. Compared to our last monitoring report, rates increased in eight of the 11 mainland health boards. The rate of STDCs declined compared to our last reported figures in Lanarkshire, Dumfries and Galloway and Tayside. The rates across all health boards is shown in Figure 13. The island boards have small numbers of orders, which leads to unstable rates with very wide confidence intervals. The rates for these boards should therefore be interpreted with caution.

Figure 13. Rate of STDCs in 2020-21 by health board with 95% CI (shaded area)



The rate of STDCs by local authority ranged from 50.8 per 100,000 (95% CI: 47.6–64.0) in South Ayrshire to 169.6 (95% CI: 159.5–179.7) in Glasgow City (Figure 14). There were sharp increases in several local authorities compared to previous years. The number and rate of STDCs by local authority is shown in Appendix Table A4 and A5.

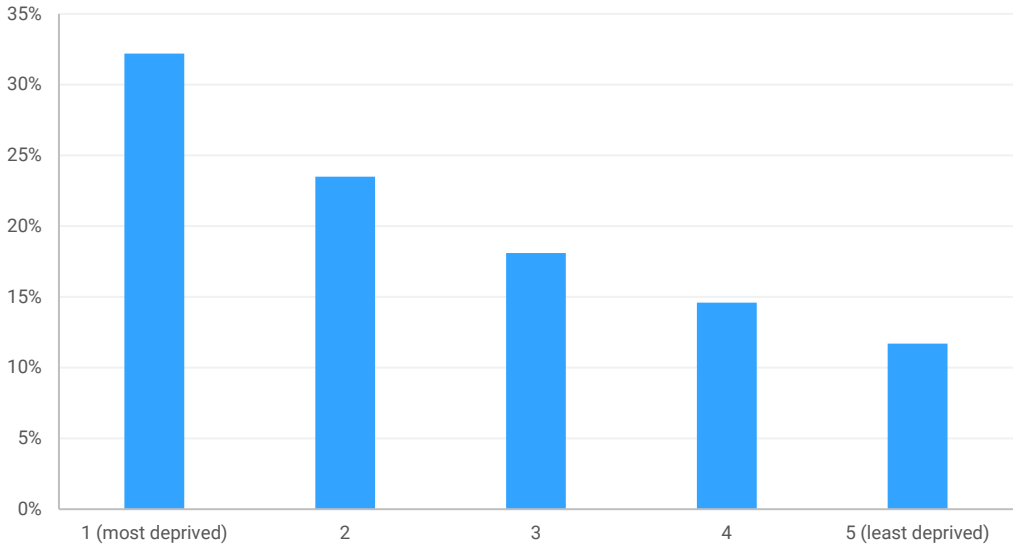
Figure 14. Rate of STDCs by local authority



Deprivation

We were able to match 96.9% of STDCs with SIMD by using a valid home postcode. Figure 15 shows a clear gradient in level of deprivation for STDCs, with 32.2% of detentions of people from the 20% most deprived areas of Scotland.

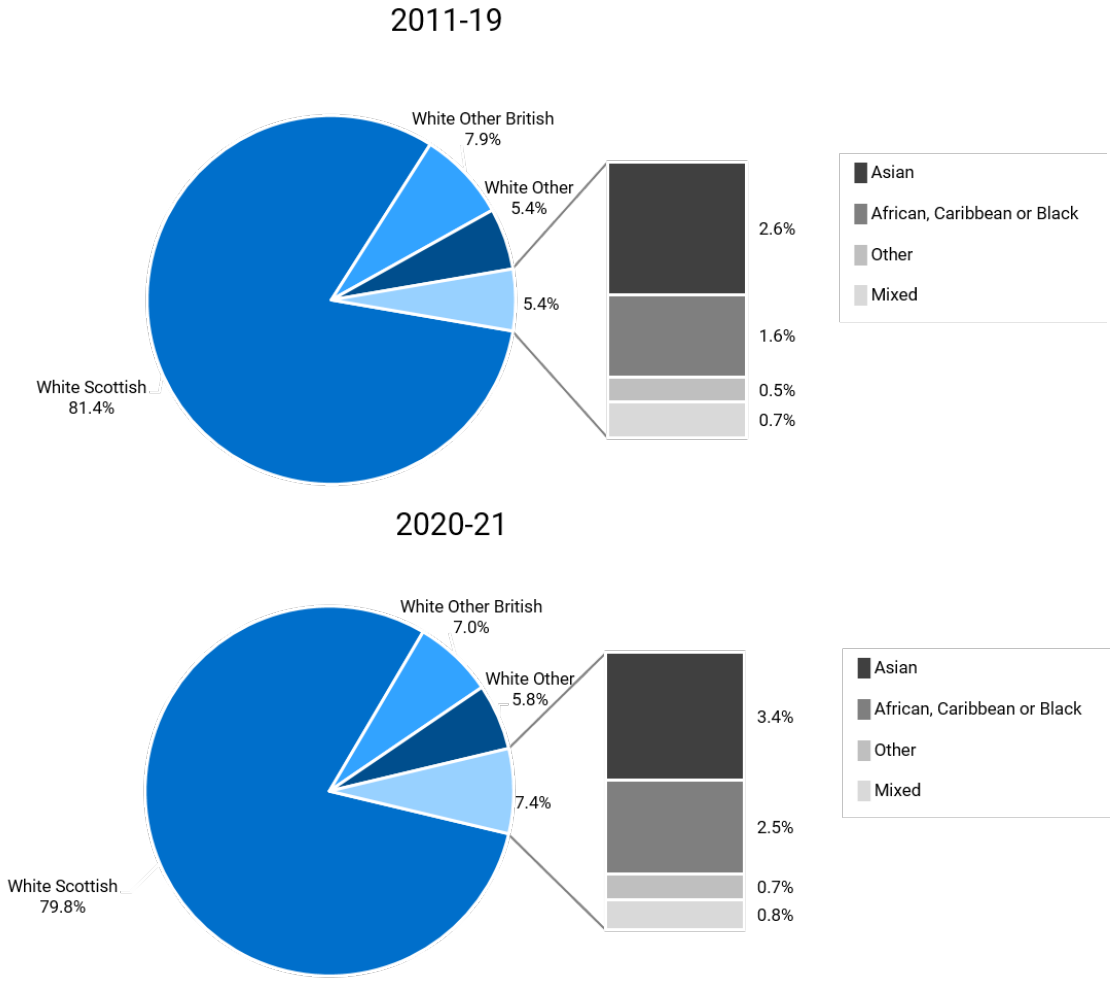
Figure 15. STDCs by level of deprivation



Ethnicity

We had ethnicity information for 81.1% of STDCs in 2020-21. Figure 16 shows the breakdown of ethnicity categories of those detained under an STDC in 2020-21 compared to 2011-12 to 2019-20. There was little difference compared to previous years, but we noted a higher percentage of Asian (3.4% vs 2.6%), African, Caribbean or Black (2.5% vs 1.6%) and Other ethnicities (0.7% vs 0.5%) compared to previous years.

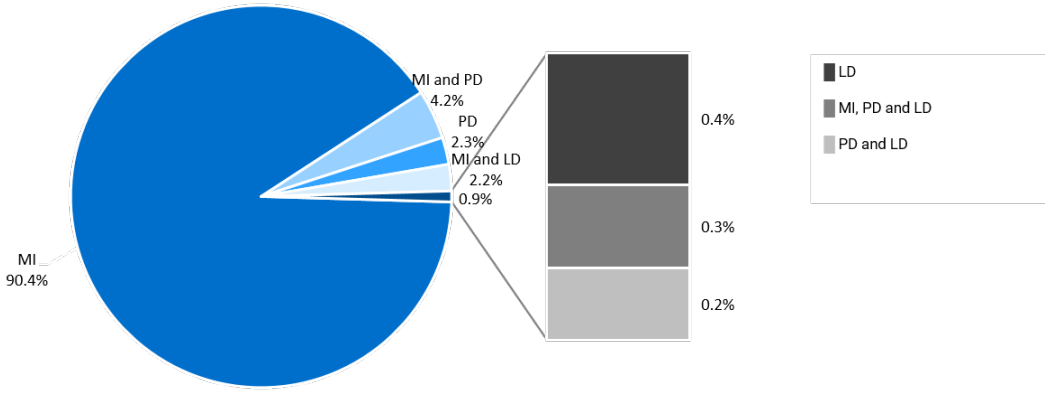
Figure 16. Ethnicity among STDCs in 2020-21 and 2011-12 to 2019-20



Diagnosis

All but seven STDCs had broader level diagnoses recorded. Figure 17 shows that the vast majority of STDCs were for mental illness (90.4%). For 4.2% the diagnosis was mental illness and personality disorder, 2.3% had personality disorder, and 2.2% had mental illness and learning disability. All remaining categories and combinations were less than 1%.

Figure 17. Diagnoses recorded on detentions under a STDC



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

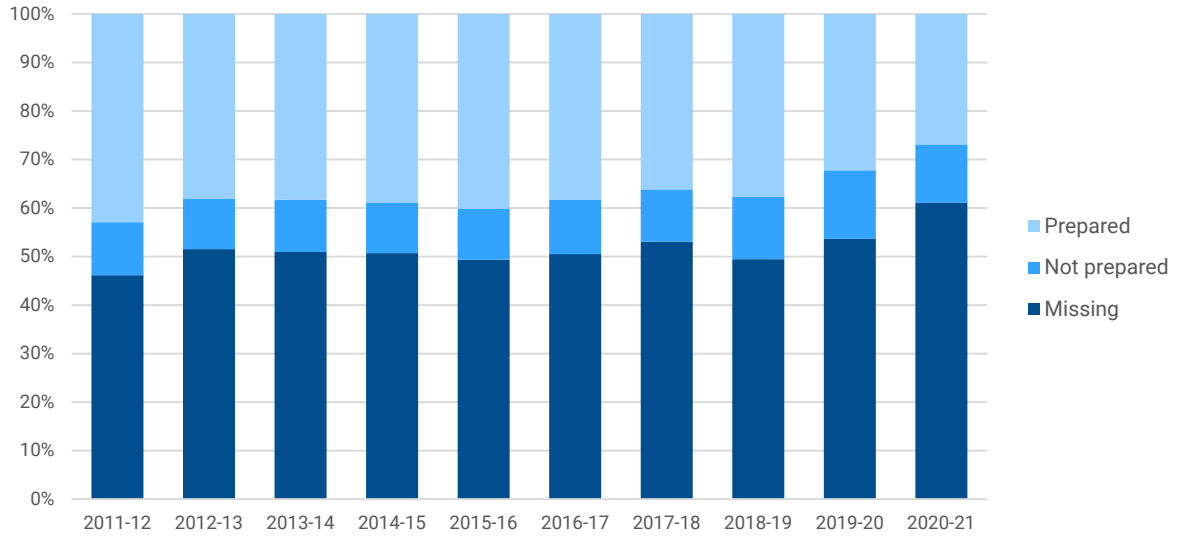
Social circumstances reports

Looking at the person's social circumstances is very important for mental health services to fulfil their duty to respect people's social, economic and cultural rights. One of these duties is for an MHO to write a social circumstances report (SCR), as described in section 231 of the Mental Health Act. Understanding a person's wider circumstances is important to be able to consider the social context that might have contributed to the detention and what options might be available to help with treatment and recovery. The SCR aims to provide that detail on a person's circumstances.

An MHO must prepare a social circumstances report within 21 days of a person being made subject to a STDC. In cases where the MHO considers such a report would serve little or no, practical purpose, the MHO must send a statement of those reasons to the Commission.

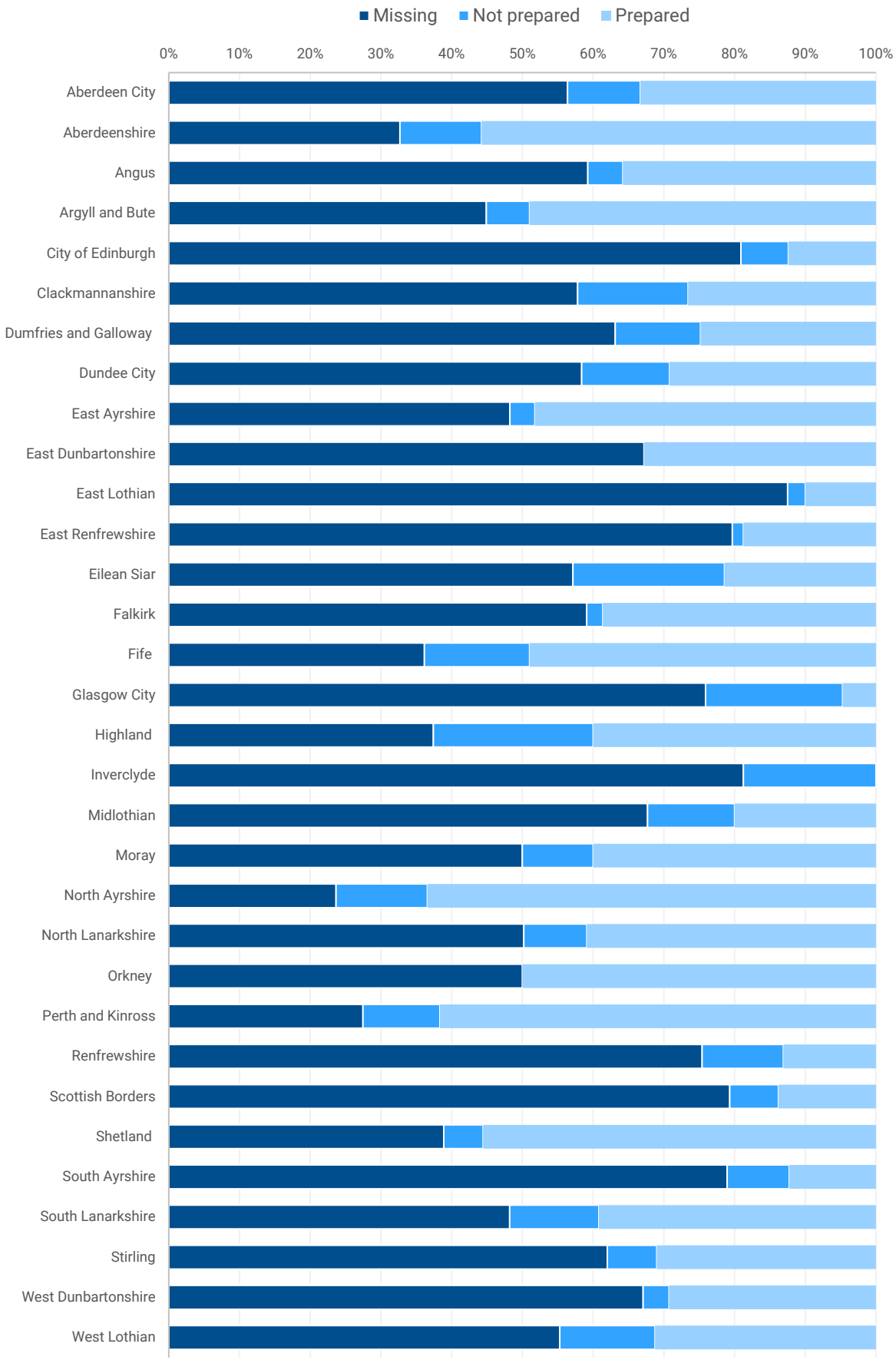
For 38.9% of STDCs in 2020-2021 the Commission received notification that an SCR had been prepared or that an SCR would serve no purpose (12.0% did not have a social circumstances report prepared as it was deemed that it 'serves no purpose' while 26.9% of all STDCs had one prepared). In 61.1% of cases we received no notification (termed "missing" in the discussions below). This is the lowest percent of STDCs that had a report completed and has got progressively lower over the years (Figure 18). This completion rate is of significant concern and the Commission will be raising with Health and Social Care Partnerships and their respective Health Boards and Local Authorities directly.

Figure 18. Proportion of STDCs with a social circumstances report prepared



The proportion of completed social circumstances reports varied from 0% in Inverclyde to 63.4% in North Ayrshire (Figure 19). Proportion of STDCs missing a social circumstances report all together ranged from 23.7% in in North Ayrshire to 87.5% in East Lothian. Social circumstances reports that were returned but indicated as not completed as they 'serve little or no practical purpose' ranged from 0% in East Dunbartonshire to 22.6% in Highland.

Figure 19. Social circumstances reports completed by local authority



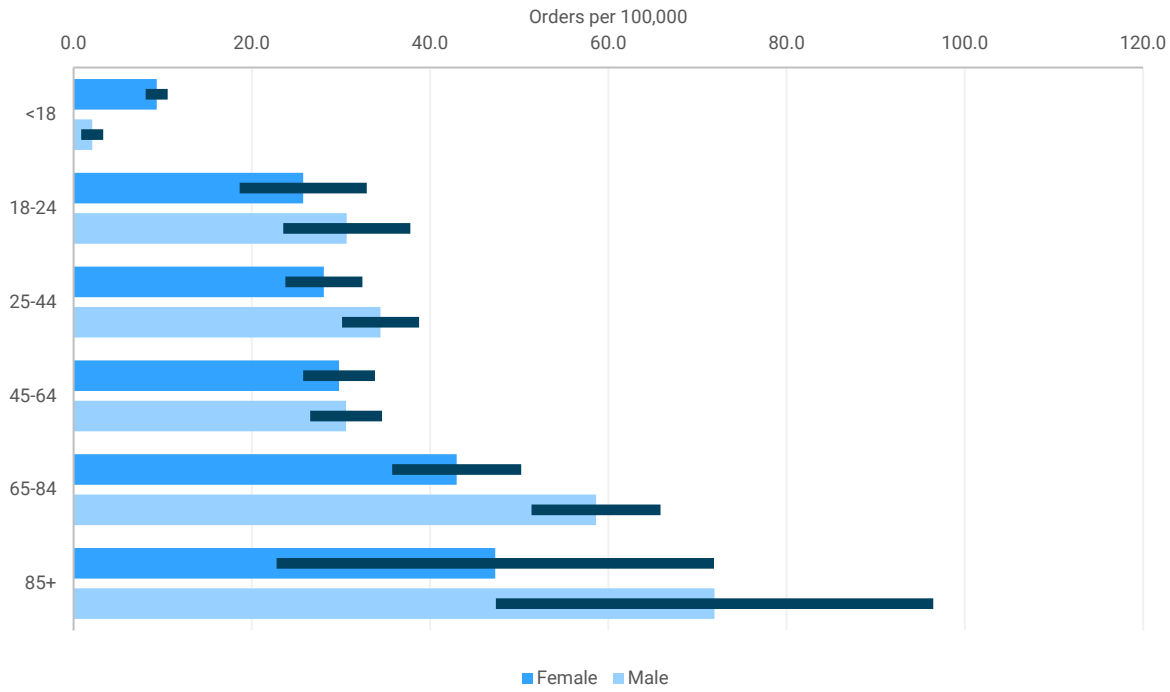
Compulsory treatment orders

The overall rate of CTOs in 2020-21 was 29.7 (95% CI: 28.2–31.1), which was a slight increase on the previous year's rate of 27.8 (95% CI: 26.4–29.2). However, the rate in 2019-20 was lower than we reported in the last monitoring report for 2018-19 at 28.4 (95% CI: 26.9–29.8) (Figure 4). The number of CTOs are shown in Appendix Table A6.

The rate of CTOs vary by gender. In 2020-21 the overall rate of STDCs was 28.2 (95% CI: 26.2–30.2) for females and 31.2 (95% CI: 29.1–33.3) for males.

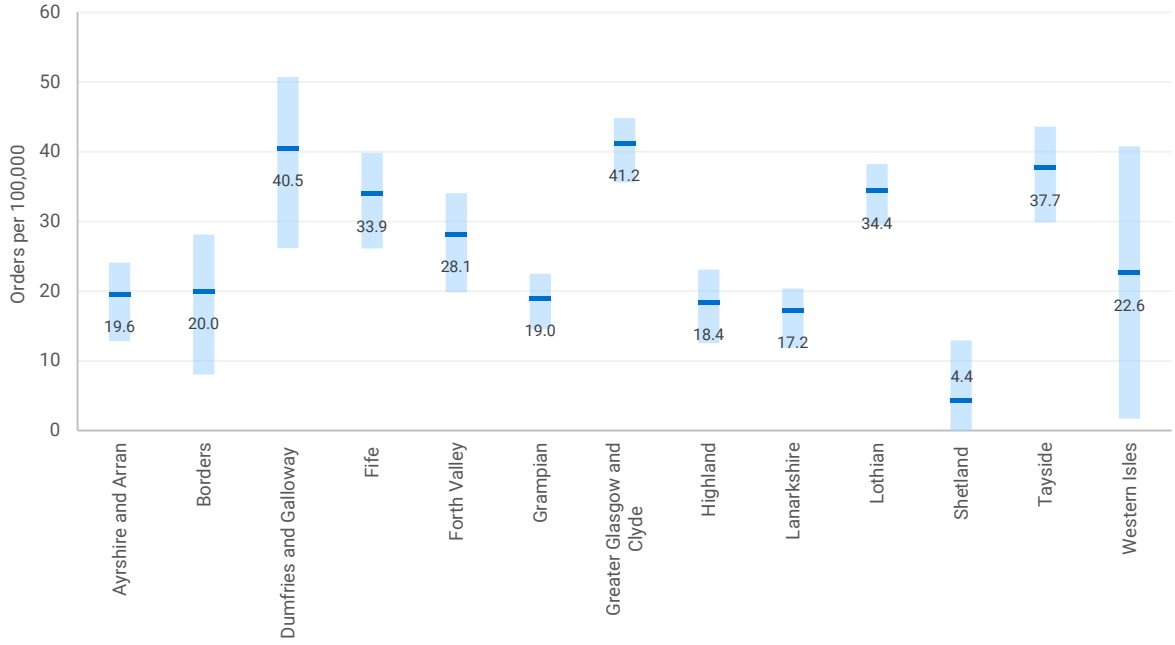
Figure 20 shows a similar trend for EDCs and STDCs with higher rate among females under the age of 18 years, but for the age group 45–64 years the rate is very similar. The wide CIs for several age groups should be noted and acknowledged when interpreting these differences. As with STDCs, the confidence intervals for the oldest age groups were very wide and these rates should therefore be interpreted with caution.

Figure 20. Age- and gender-standardised rate of CTOs with 95% CI



In the mainland health boards the rate of CTOs varied from 19.6 (95% CI: 15.0–24.1) per 100,000 in Ayrshire and Arran to 41.2 (95% CI: 37.5–44.8) in Greater Glasgow and Clyde. Compared to our last monitoring report, rates increased in six of the 11 mainland health boards. The rate of STDCs decreased on our last reported figures in Borders, Grampian, Highland, and Tayside. The rates across all health boards is shown in Figure 21. The island boards have small number of orders, which leads to instable rates with very wide confidence intervals. The rates for these boards should therefore be interpreted with caution.

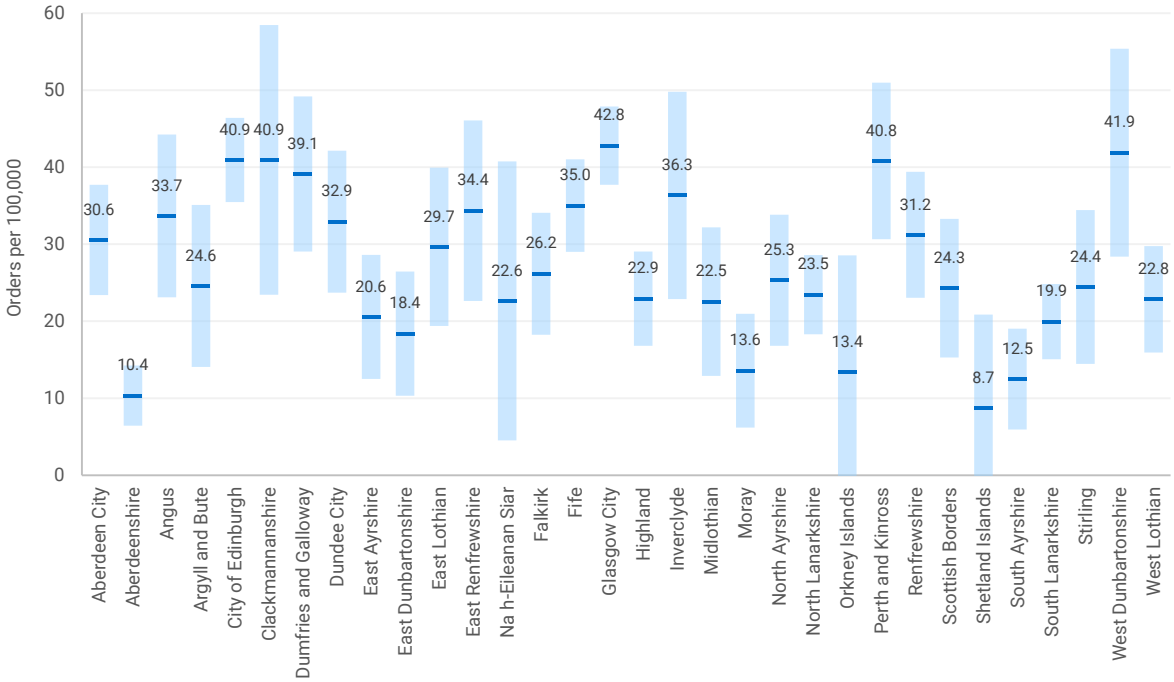
Figure 21. Rate of CTOs in 2020-21 with 95% CI (shaded area) by health board



Note: there were no CTOs for Orkney

We also looked at the rate of CTOs by local authority. The highest range ranged from 10.4 per 100,000 (95% CI: 6.4–14.3) in Aberdeenshire to 42.8 (95% CI: 37.7–47.9) in Glasgow City (Figure 22). Compared to our last monitoring report, we have seen sharp increases in the rate of CTOs in the City of Edinburgh (from to 28.2 to 40.9) and Dundee City (from 26.9 to 32.9). Conversely, the change in Perth and Kinross was in the opposite direction with sharp decrease from 57.7 to 40.8. The number and rate of CTOs is shown in Appendix Table A7 and A8.

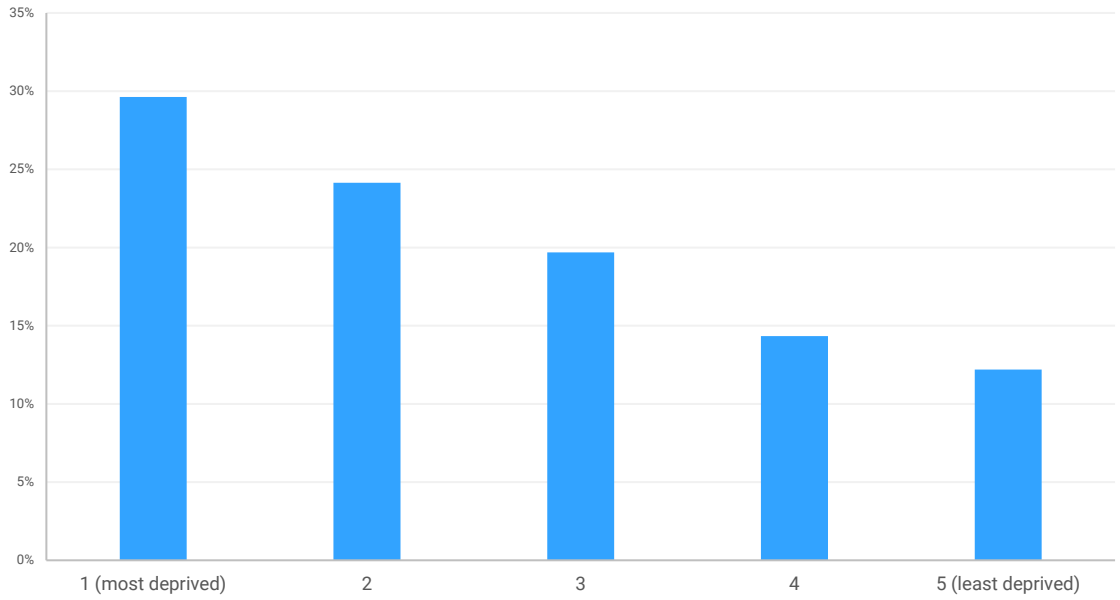
Figure 22. Rate of CTOs in 2020-21 with 95% CI (shaded area) by local authority



Deprivation

We were able to match 92.2% of CTOs with SIMD by using a valid home postcode. Figure 23 shows a clear gradient in level of deprivation for EDCs, with 29.6% of CTOs of people from the 20% most deprived areas of Scotland.

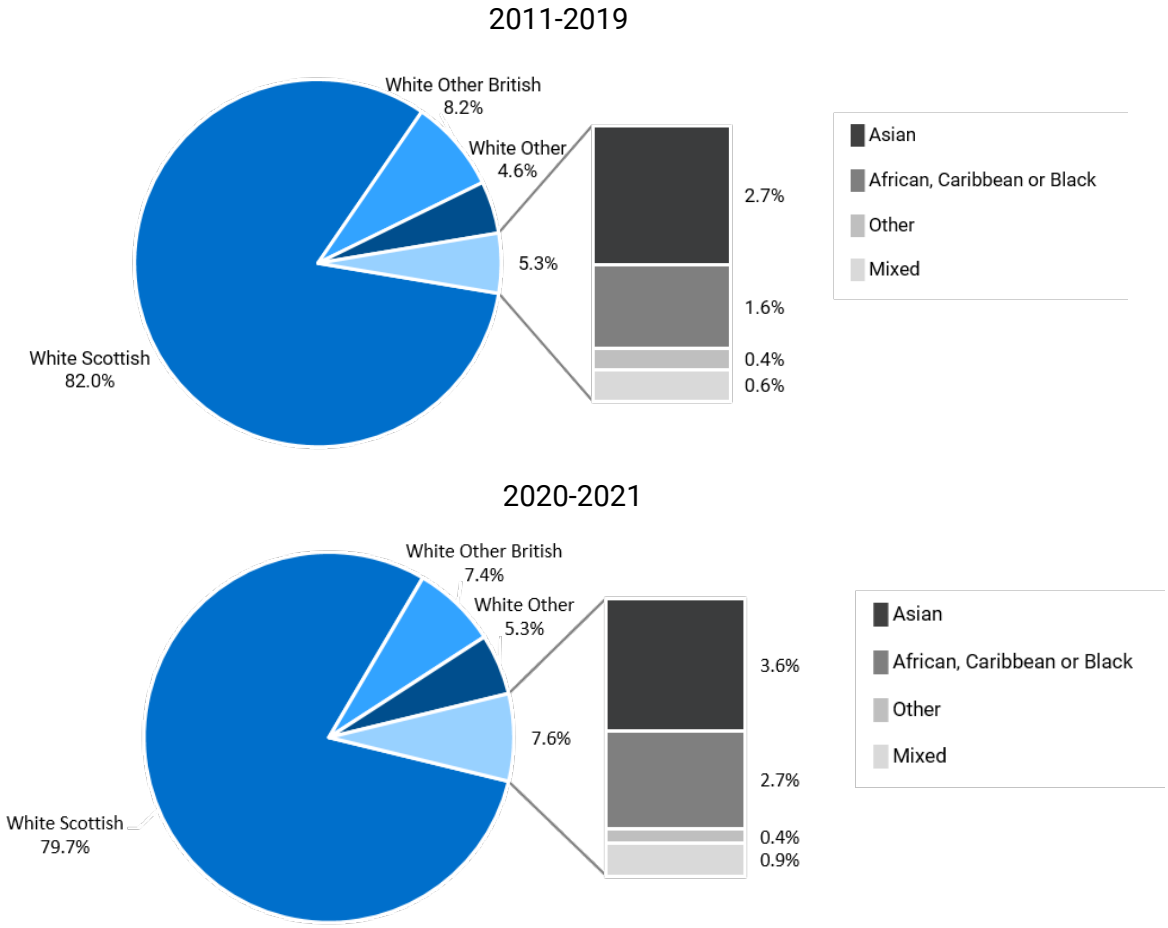
Figure 23. CTOs by level of deprivation



Ethnicity

We had ethnicity information for 85.9% of STDCs in 2020-21. Figure 24 shows the breakdown of ethnicity categories of those detained under a CTO in 2020-21compared to 2011-12 to 2019-20. There were little difference compared to previous years, but we noted a higher percentage of Asian (3.6% vs 2.7%), African, Caribbean or Black (2.7% vs 1.6%), Mixed (0.9% vs 0.6%), and White Other (5.3% vs 4.6%) compared to previous years.

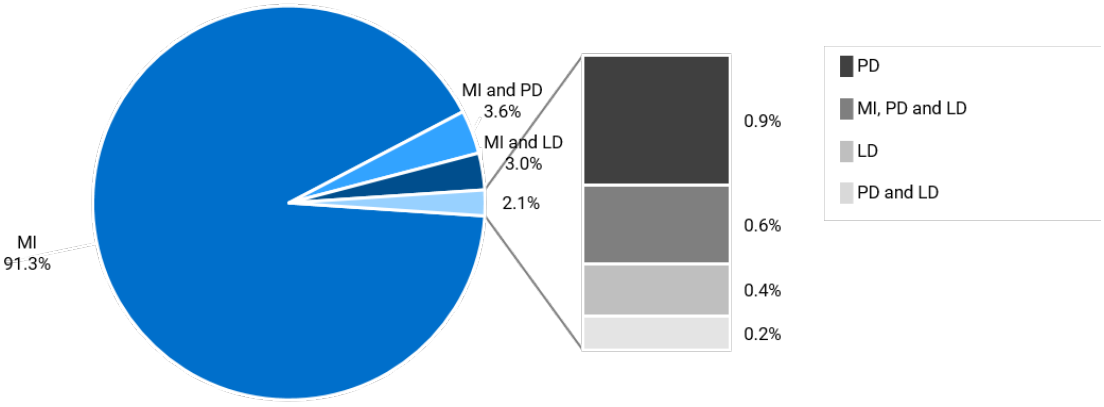
Figure 24. Ethnicity among CTOs from 2011-12 to 2019-20, and in 2020-21



Diagnosis

We had diagnosis recorded for all but four CTOs. Figure 25 shows that the vast majority of CTOs were for mental illness (91.3%). For 3.6% the diagnosis was mental illness and personality disorder, and 3.0% had mental illness and learning disability. All remaining categories and combinations were less than 1%.

Figure 25. Diagnoses recorded on detentions under a CTO



Nurse's power to detain pending medical examination

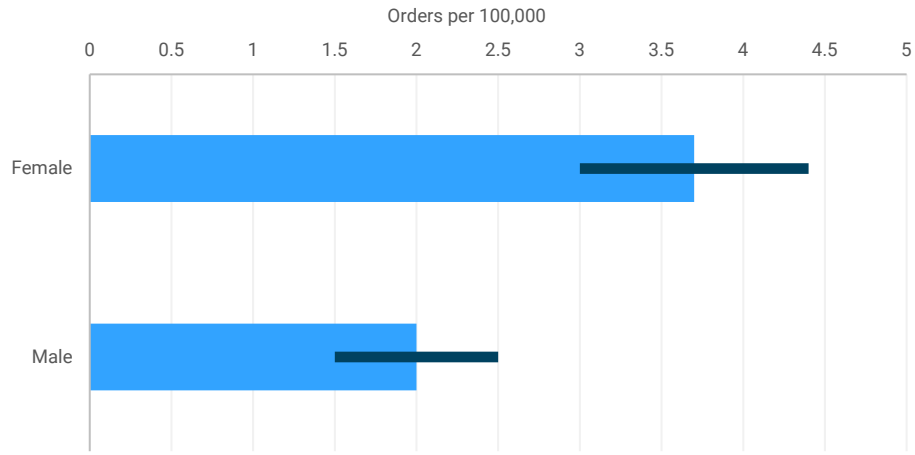
The Mental Health (Care and Treatment)(Scotland) Act 2015 amended section 299 of the Mental Health Act and grants nurses, of the prescribed class, the power to detain someone in hospital for up to three hours; the purpose of which is to enable arrangements to allow for a medical examination of the person to be carried out [8].

There were a total of 155 detentions under section 299 in 2020-21, which is 14% fewer than in 2019-20. In contrast to EDCs, STDCs and CTOs, which have followed a steady upward trend, the number of detentions under section 299 varies over the years (Appendix Table A9). The overall rate of nurse's power to detain in 2020-21 was 2.8 per 100,000 (95% CI: 2.4–3.3), which was a slight decrease on the previous year's rate of 3.3 (95% CI: 2.8–3.8) (Appendix Table A10).

The rate of nurse's power to detain varies by gender. In 2020-21 the overall rate of STDCs was 3.7 per 100,000 (95% CI: 3.0–4.4) for females and 2.0 (95% CI: 1.4–2.5) for males (Figure 26). We note that the percentage of females detained under section 299 (66.4%) is much higher than in the 2019 inpatient census (41.0%) [9].

Prior to the Covid 19 pandemic, the Commission's nurse officers began a piece of work looking at the content and quality of nurse's power to detain forms completed and received at the Commission. This work will resume early in 2022 and will include consideration of the gender discrepancy and regional variation in the use of section 299.

Figure 26. Rate of nurse's power to detain by gender with 95% CI



Place of safety orders

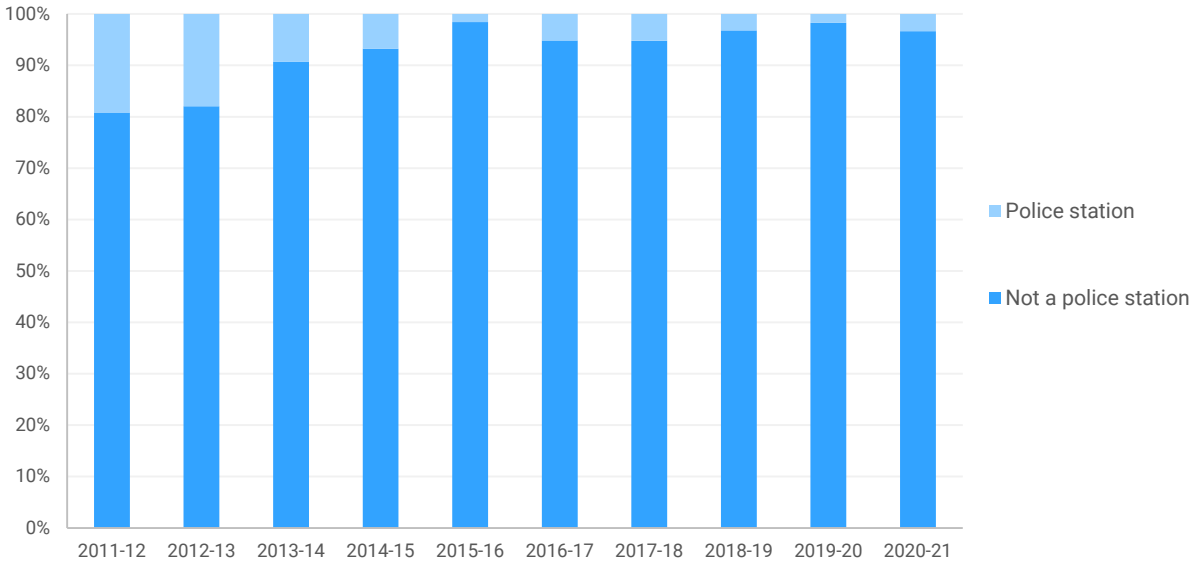
According to section 297 of the Mental Health Act a police constable can remove an individual from a public place and take them to a place of safety if they think the person has a mental health condition and is in need of immediate care and treatment. A place of safety can be, for example, a hospital but if no place of safety is immediately available then the law allows the police constable to take the individual to a police station.

The Commission would expect the place of safety to be within a health care facility and welcomes data this year which evidences the continued reduction in the use of a police station (2.8%) (Figure 26). We note, however, that more forms are missing this information this year (see **Methods**), and this therefore may influence the breakdown of what type of place of safety an individual was taken to. Nevertheless we look forward to further reductions in the use of police stations as a place of safety.

There were 1,125 place of safety orders in 2020-21, which was a 0.8% decrease compared to the year before (Appendix Table A11). These forms related to 831 individuals. Of note is that within the reporting period, there were individuals with multiple detentions under section 297. In particular, we note that six individuals had been detained under Section 297 10 times or more and one individual had been detained 21 times during the year. We will look further into this to better understand the circumstances of the individuals who were detained multiple times under Section 297 during 2020-21.

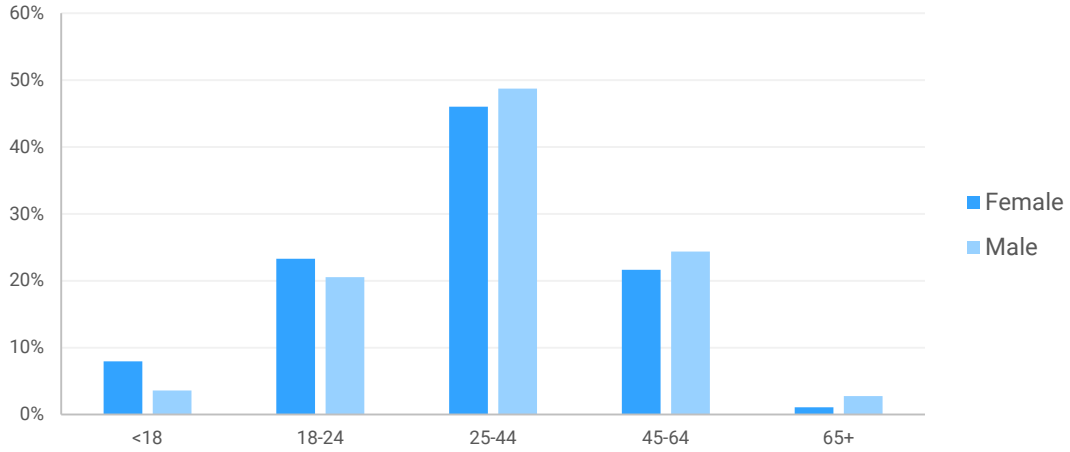
Figure 27 shows that the proportion of orders where the individual was taken to a police station as a place of safety has differed over the years but has decreased from 18.1% in 2011-12 to 2.8% in 2020-21.

Figure 27. Place of safety orders by place individual was taken to



The gender split of individuals detained under section 297 was 56.6% male, which was lower than the average in previous years (59.2%). The highest proportion of place of safety orders were for individuals aged 25-44 years. The gender split was higher for females than males in the <25 groups, and higher among males in the >25 age groups (Figure 28).

Figure 28. Individuals detained under Section 297 in 2020-21 by age and gender



The number of place of safety orders varies by local authority. Table 1 shows both the number of orders in 2020-21 as well as the number of people detained under Section 297. The Commission is keen to understand the reasons for variation across Scotland and will work with partners to understand this. Please note the change in reporting of local authority (see **Methods**).

Table 1. Number of place of safety orders by local authority in 2020-21

Local authority	Number of orders	Number of people
Aberdeen City	427	253
Angus	*	*
Argyll and Bute	22	14
City of Edinburgh	78	69
Clackmannanshire	*	*
Dumfries and Galloway	56	37
Dundee City	21	18
East Ayrshire	*	*
East Lothian	13	11
East Renfrewshire	*	*
Eilean Siar	*	1
Falkirk	39	38
Fife	76	64
Glasgow City	65	60
Highland	117	86
Inverclyde	*	*
Midlothian	9	9
Moray	44	37
North Ayrshire	*	*
North Lanarkshire	15	15
Orkney	*	*
Perth and Kinross	13	9
Renfrewshire	16	16
Scottish Borders	19	16
Shetland	*	*
South Ayrshire	10	10
South Lanarkshire	14	14
West Dunbartonshire	16	15
West Lothian	34	31
Total	1,125	831

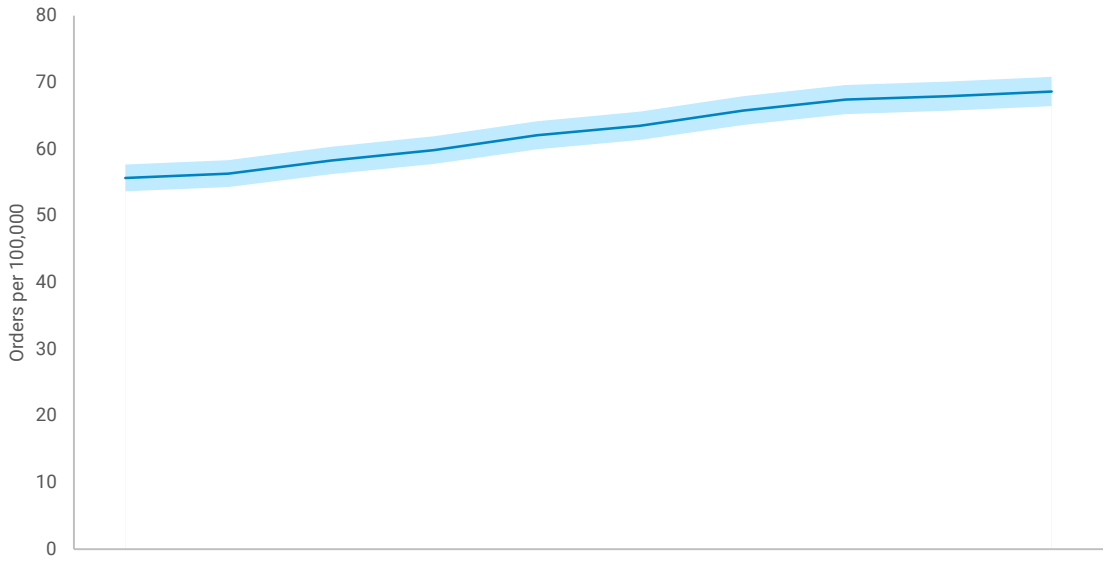
**n<5*

Extant orders

We count the number of people who are subject to an active Mental Health Act or Criminal Procedures Act order on a particular day - the first Wednesday of January. We call this 'extant orders'.

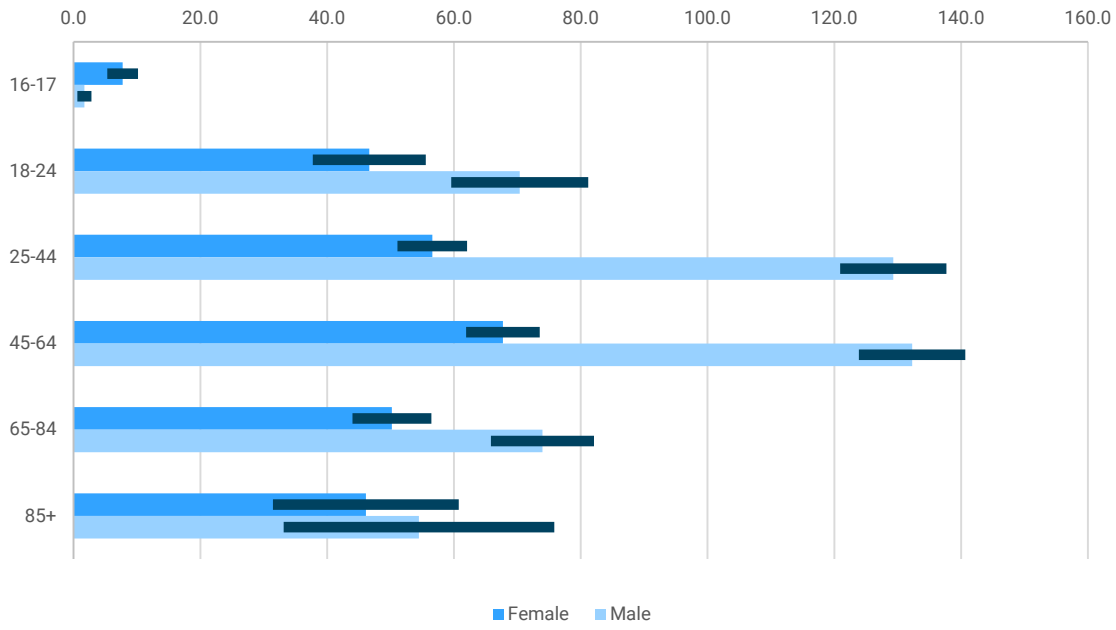
On Wednesday 2 January 2021 there were 3,751 extant orders. This was a 1% increase on the same day in 2020 (Figure 28, Appendix Table A12). The rate of extant orders has increased over time but has changed only slightly in the last three years (Figure 29). The rate on 2 January 2021 was 68.6 per 100,000 (95% CI: 66.4–70.8), up only slightly from 67.9 (95% CI: 65.7–70.1) on the same day in January 2020 (Appendix Table A12).

Figure 29. Rate of extant orders on the first Wednesday of January by year



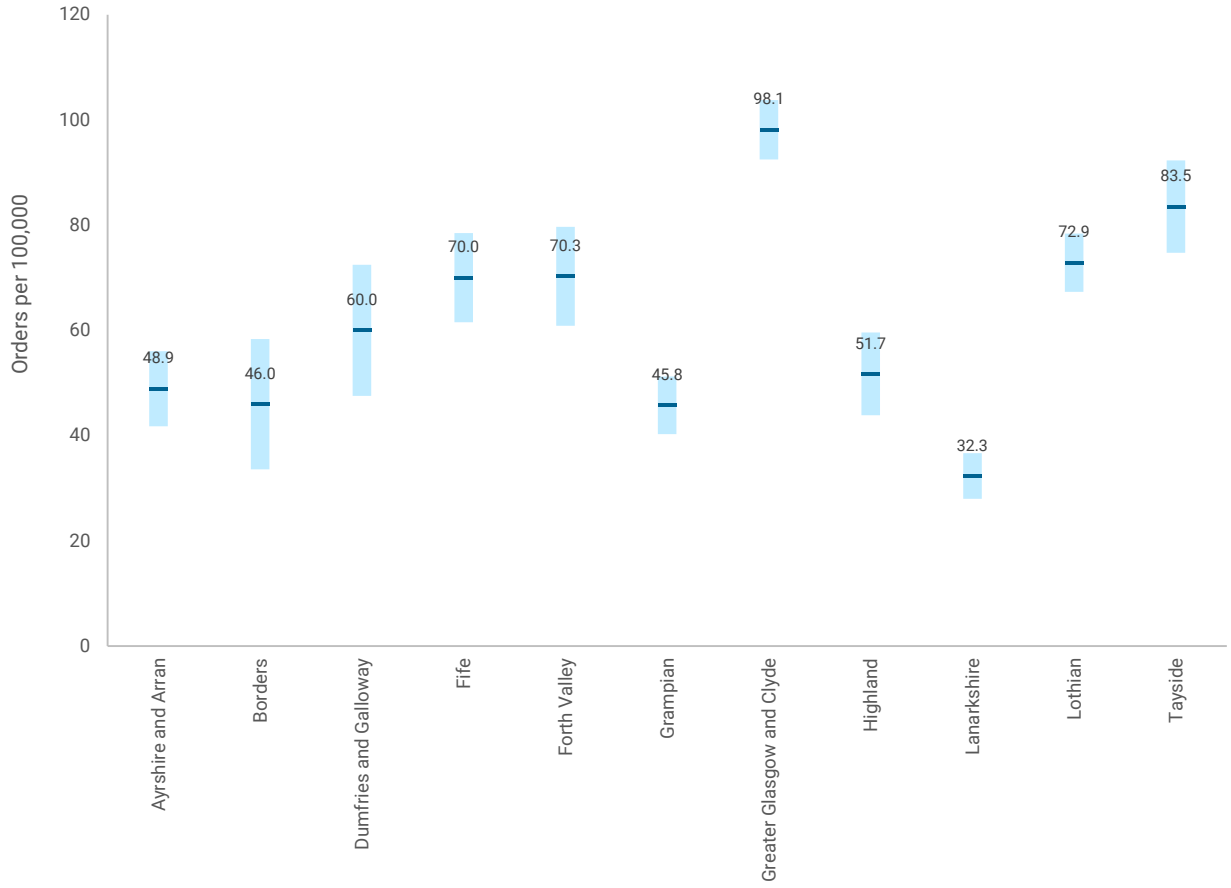
Of the orders in place on 2 January 2021, 60.9% were male and most were aged 25–44 years or 45–64 years. The age and gender standardised rates of orders in existence is shown in Figure 30.

Figure 30. Age- and gender-standardised rate of orders in existence with 95% CI



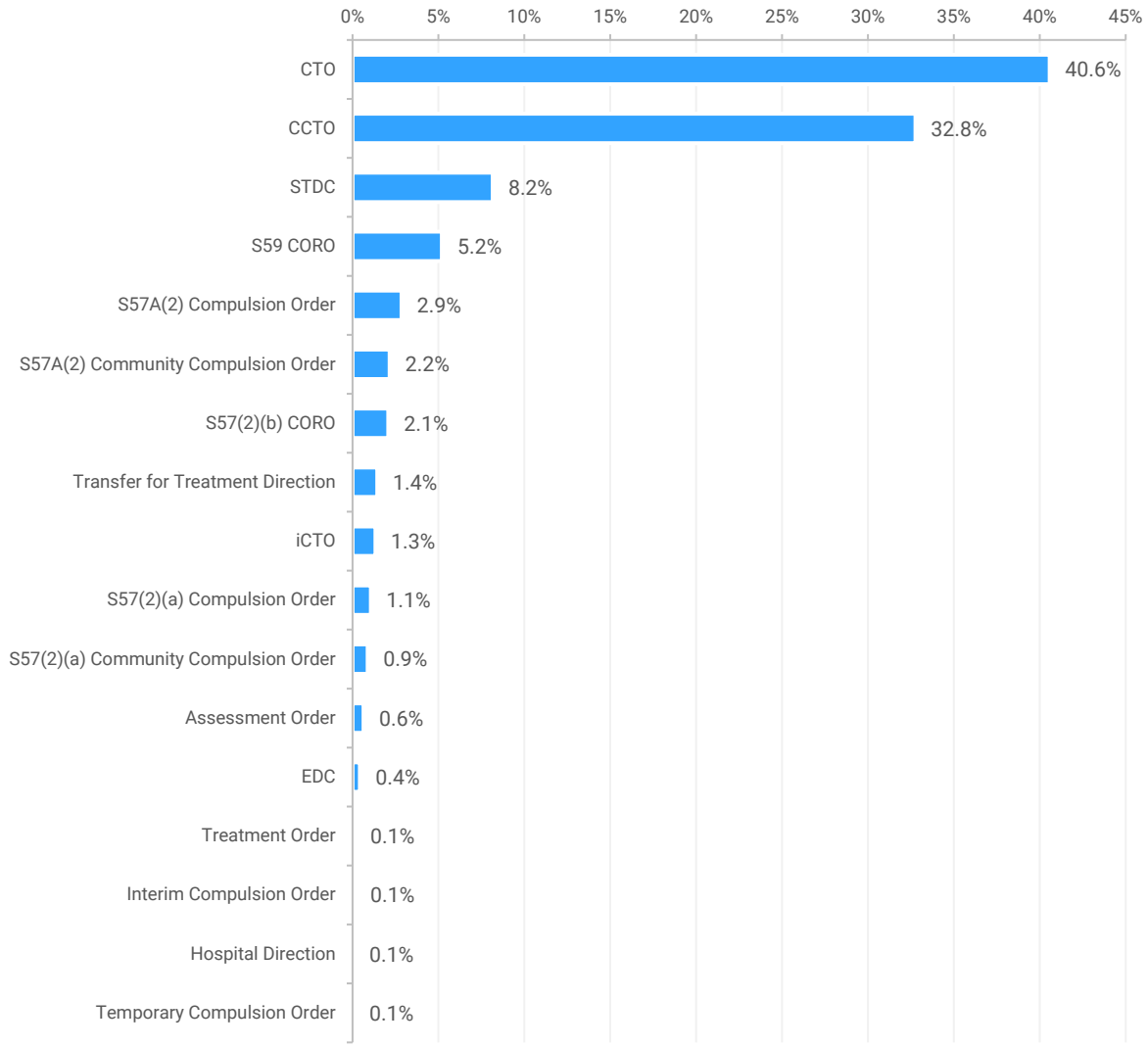
The rate of orders in existence varied from 32.3 per 100,000 (95% CI: 28.0–36.7) in Lanarkshire to 98.1 (95% CI: 92.5–103.8) in Greater Glasgow and Clyde (Figure 31, Appendix Table A13).

Figure 31. Rate of point prevalence of orders in place on January 2021 by health board



When we look at the point prevalence of orders on a given day, this time on 2 January 2021, the majority of orders were CTOs (73.3%). A breakdown of the orders individuals were subject to are shown in Figure 32.

Figure 32. Type of order individuals were subject to on 2 January 2021



Compulsory treatment orders

A compulsory treatment order (CTO) allows for a person to be treated for their mental illness. The CTO will set out a number of conditions depending on whether the person requires to stay in hospital or is living in the community. CTOs are authorised by the Mental Health Tribunal for Scotland and are granted for 6 months initially.

As most orders in existence on 2 January 2021 were CTOs, we looked in more detail into these. The rate of all CTOs in existence was 50.3 (95% CI: 48.4–52.2), which was slightly higher than in the last year we reported for (48.7, 95% CI: 46.9–50.6) (Figure 33). There was little change in rate of hospital-based CTOs, with a very slight increase from 2019-20 (from 26.8 to 27.0) and subsequently there was a slight decrease in rate of community-based CTOs (from 23.9 to 23.7). The proportion of CTOs that were community-based was 44.7%, which has increased over time from 38.6% in 2011-12.

Figure 33. Rate of extant CTOs by year with 95% (shaded area)

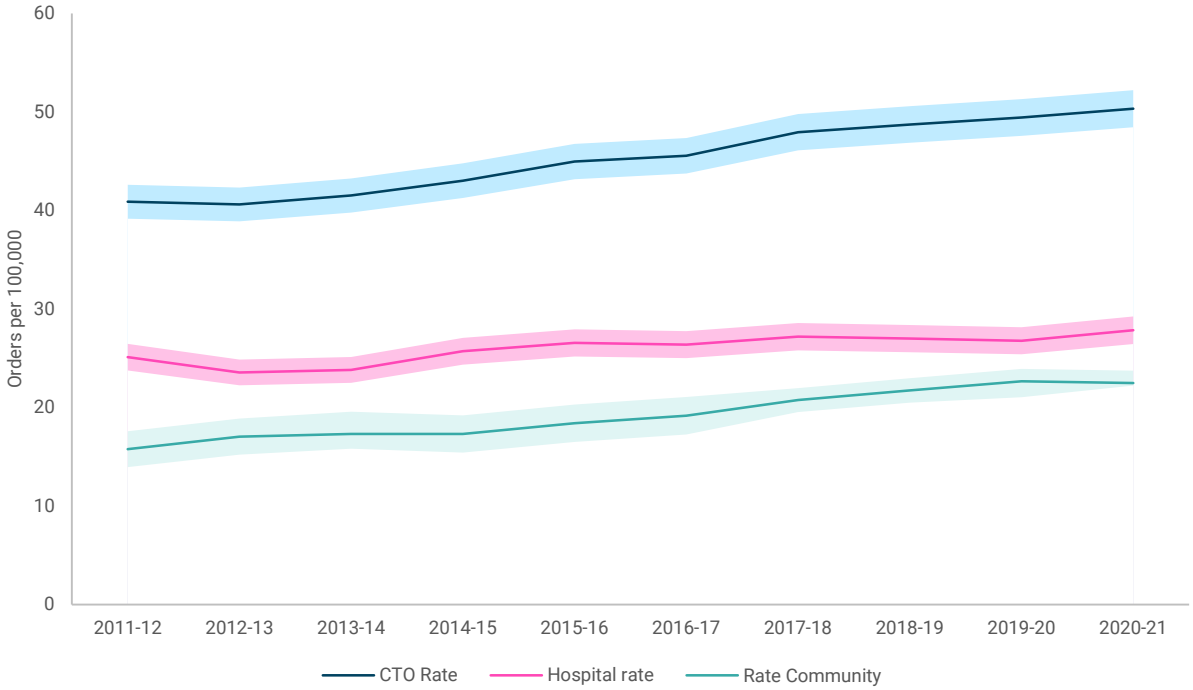
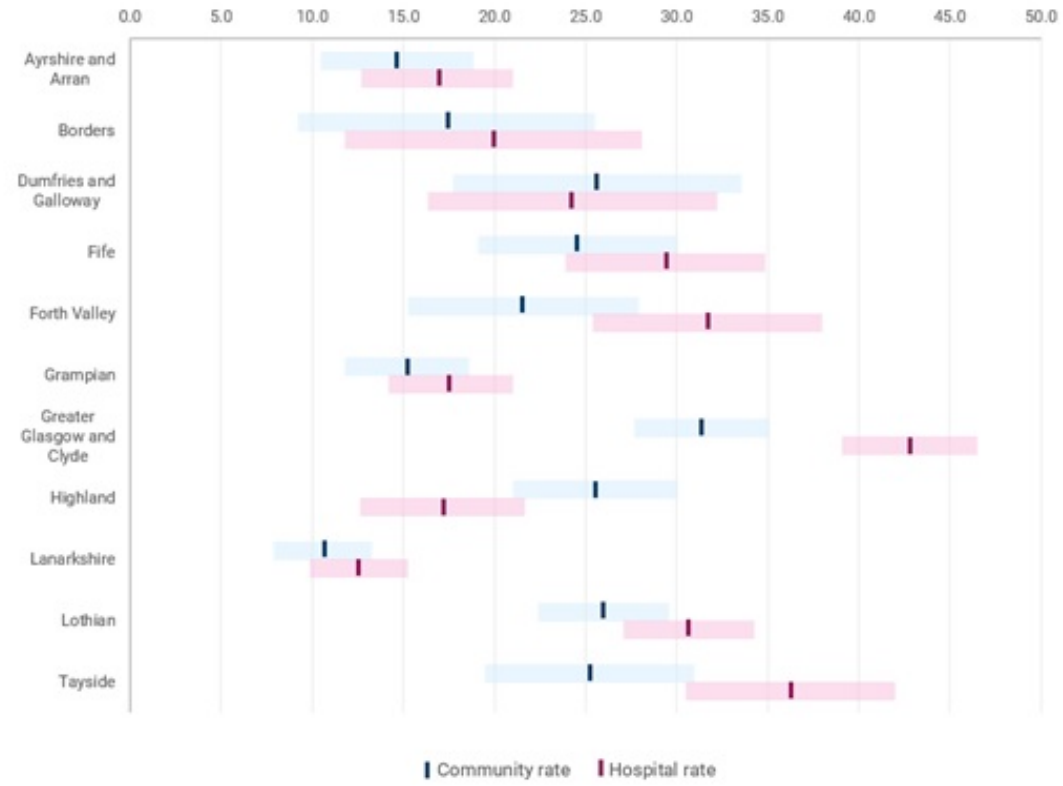


Figure 34 (Appendix Table A14) shows that the rate of hospital- and community-based CTOs varied by health board, with higher rates of hospital-based orders in Fife, Forth Valley, Greater Glasgow and Clyde, Lothian, and Tayside.

Figure 34. Rate of hospital- and community-based CTOs by health board



Compulsory treatment under criminal proceedings

People with a mental illness, learning disability or related condition who are accused or convicted of a criminal offence may be placed on an order under the Criminal Procedure (Scotland) Act 1995 ('the Criminal Procedure Act'). The Criminal Procedure Act requires an individual to be treated in hospital or, occasionally, in the community. Sometimes the order includes additional restrictions for the individual. Any easing of security status or suspension of the order has to be approved by Scottish ministers. An overview of Criminal Procedure Act orders is provided in Box 2. An individual may be subject to a number of orders before a final disposal of the case.

Box 2. Overview of Criminal Procedure Act orders

Assessment and treatment orders

An assessment order allows for an individual to be assessed for a mental illness or related condition. This means that the court can remand the individual in hospital instead of in custody if it appears that they have a mental illness. An assessment order can last up to 28 days but can be extended for up to seven days.

A treatment order allows for individuals to be remanded to hospital for treatment while waiting for trial, in cases where the court believes the individual may have a mental illness. Two doctors, one of which needs to be a psychiatrist, has to examine the individual and be in agreement about the need for treatment in hospital for the order to be granted. The treatment order lasts until the court has made a decision for either acquittal or conviction.

Unfitness for trial and acquittal due to mental disorder

Temporary compulsion order: If an individual's mental illness means that they cannot participate in the court process, the court might find them unfit for trial. A temporary compulsion order allows for an individual who is found unfit for trial to be detained in hospital prior to an examination of facts.

Post-conviction predisposal

This includes interim compulsion order or a Section 200 committal. An interim compulsion order allows for a period of inpatient assessment before a final disposal is made for a mentally ill offender convicted of a serious offence. This order is recommended in cases where a restriction order is considered and can last up to 12 months to allow for comprehensive inpatient assessment.

Mental health disposals

There are three types of disposals that can be given as a final disposal from the court. These are compulsion order, compulsion order with restriction order (CORO), and hospital direction. In addition to these three orders, an individual can be given a community compulsion order, guardianship order, or a community payback order with a mental health treatment requirement.

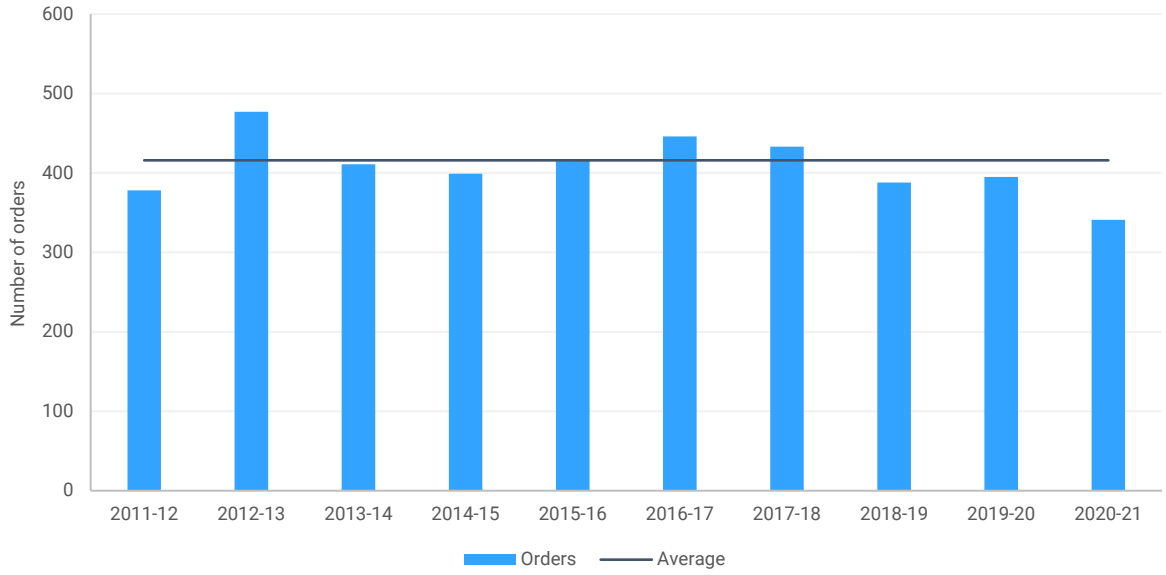
Transfer for treatment

A transfer for treatment direction allows for transferring a prisoner from prison to hospital to provide treatment for a mental illness or related condition.

Total number of Criminal Procedure Act orders

There were a total of 341 orders under the Criminal Procedure Act in 2020-21 which was the lowest figure in the last 10 years. The average number of orders was 416 in the previous 10 years (Figure 35). The 341 orders related to 206 individuals (Appendix Table A15).

Figure 35. Number of Criminal Procedure Act orders by year



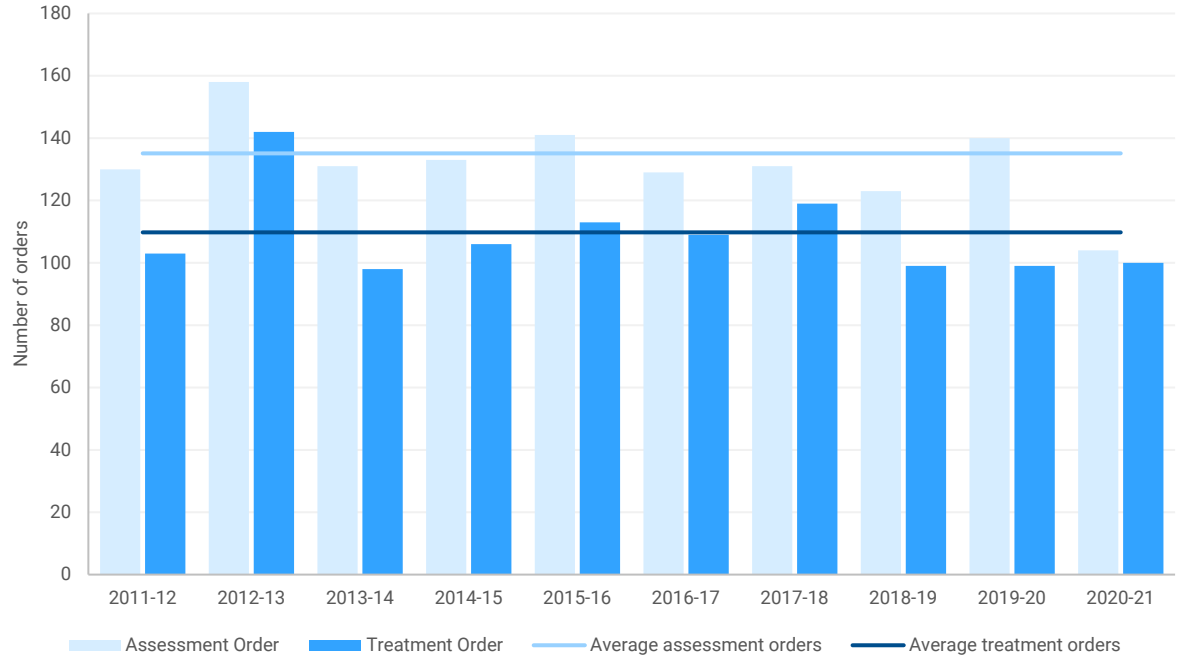
Compared to detentions reported under the Mental Health Act, individuals detained under the Criminal Procedure Act in 2020-21 were primarily male (85.4%). Most were aged 25-44 years (60.7%) with the average age of 37 years.

We had ethnicity information for only 41.3% of individuals in 2020-21 (with an average in the last 10 years of 52.4%) (for more information see **Methods**). For individuals where we had sufficient information to report ethnicity, 79.6% were White Scottish, 8.5% were White Other British, and 6.3% were African, Caribbean or Black. For other groups the numbers were too small to report (Appendix Table A16). The proportion of individuals of African, Caribbean or Black ethnicity was higher than in previous years, however the high proportion of missing information about the ethnicity of individuals detained under the Criminal Procedure Act means these numbers should be interpreted with caution.

Assessment and treatment orders

In 2020-21 there were 104 assessment orders and 100 treatment orders, relating to 103 and 83 individuals, respectively. Figure 36 shows the number of assessment and treatment orders by year with average for the last 10 years. There were much fewer assessment orders compared to the average for the previous 10 years (average=135) as well as fewer treatment orders, though this difference was not as great (average=110).

Figure 36. Number of assessment and treatment orders by year with averages



Unfitness for trial and acquittal by reason of mental disorder

If a person's mental health condition is such that they cannot participate in the court process, the court may find the person unfit for trial. A temporary compulsion order (Section 54(1)(c)) allows for a person, found unfit for trial, to be detained in hospital prior to an examination of facts.

There were a total of 12 individuals who in 2020-21 were deemed unfit for trial, which was similar to the previous two years (Appendix Table A15). Acquittal due to mental health condition, under any of the five disposals (see Box 1), was applied to 27 individuals in 2020-21. This figure was similar to 2019-20, but lower than in the previous nine years (Appendix Table A17).

Post-conviction predisposal

An interim compulsion order allows for a period of inpatient assessment before a final disposal is made with respect to mentally disordered offenders who have been convicted of serious offences. The interim compulsion order is recommended in cases where a restriction order is being considered, and can last up to twelve months to allow for a comprehensive inpatient assessment.

A total of 12 interim compulsion orders were recorded in 2020-21, half the number in 2019-20 and the lowest number of orders in the last 10 years. There were no individuals subject to section 200 in 2020-21; indeed the last section 200 was recorded in 2013-14. This type of order is rarely used due to the more flexible use of assessment and treatment orders post-conviction.

Final mental health disposals by the court

There are three hospital disposals available, namely a compulsion order, compulsion order with restriction order (CORO) and hospital direction. There are also community options; compulsion order, guardianship order and a community payback order with a mental health treatment requirement.

There were a total of 50 mental health disposals in 2020-21, given as a final disposal by the court, which was lower than the average for the previous 10 years which was 60 (Appendix Table A17).

Transfer for treatment

This provision allows for the transfer of a sentenced prisoner from prison to hospital for the treatment of a mental illness or related condition.

There were a total of 35 transfer for treatment directions in 2020-21. This was slightly fewer than in the previous 10 years, for which the average was 41 (Appendix Table A17).

Consent to treatment

There are specific safeguards for specific forms of medical treatment including electroconvulsive therapy (ECT) and procedures classified as neurosurgery for mental disorder. Under the Mental Health Act, certain treatment can only be authorised by an independent doctor; a designated medical practitioner (DMP).

The Commission holds a register of DMPs and for the reporting period 2020-21 there were 87 DMPs on the register. DMPs are experienced, senior psychiatrists, with at least three years of experience at consultant level in Scotland. The register of DMPs is maintained by the Mental Welfare Commission and the Commission organises induction and provides training and an annual seminar for DMPs, however the DMPs are independent practitioners using their knowledge and experience to reach their own conclusions. We currently have 83 DMPs on the register.

Consent to treatment under part 16 of the Act

Part 16 of the Mental Health Act provides safeguards for individuals subject to the Mental Health Act where treatment may be given with or without the individual's consent.

Section 237 and 240 include ECT, any medication for the purpose of reducing sex drive, medication given beyond two months, and artificial nutrition. Transcranial Magnetic Stimulation (TMS) and Vagus Nerve Stimulation (VNS) are also treatment options available for severe depression and are subject to safeguards under section 273(1)(b). TMS and VNS are not commonly used treatments. The various certificate authorising treatments under part 16 are listed in Box 3.

Box 3. Types of treatment certificates

T1 certificate

A T1 certificate is a statutory form ensuring necessary treatment safeguards for neurosurgical treatments for mental disorder. Such treatments are not available in Scotland.

T2 certificate

A T2A certificates covers treatment under section 237(3) of the Act, including: (a) electro-convulsive therapy (ECT); (b) vagus nerve stimulation (VNS); and, (c) transcranial magnetic stimulation (TMS) where the patient's RMO, or a DMP, certifies that the patient is capable consenting to treatment and is not refusing consent for where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent.

A T2B certificate covers treatment under section 240(3) of the Mental Health Act: (a) any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive; and (b) any other medicine given beyond a period of 2 months since the start of compulsory treatment where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent.

A T2C certificate covers treatment under section 240(3) of the Mental Health Act: (a) any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive; and (b) any other medicine given beyond a period of 2 months since the start of compulsory treatment where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent.

T3 certificates

A T3A certificate covers treatment under section 237(3) of the Mental Health Act: (a) electro-convulsive therapy (ECT); (b) vagus nerve stimulation (VNS); and (c) transcranial magnetic stimulation (TMS) where a DMP is required to provide a certificate for medical treatment where a patient is incapable of consenting.

A T3B certificate covers treatment under section 240(3) of the Mental Health Act in relation to the following treatment(s): (a) any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive; (b) any other medicine given beyond a period of 2 months since the start of compulsory treatment; and (c) provision, without consent of the patient and by artificial means, of nutrition to the patient where a designated medical practitioner is required to provide a certificate for medical treatment(s) where a patient is refusing consent or incapable of consenting.

T4 certificate

A T4 certificate is issued to record treatment under section 243 of the Mental Health Act in relation to emergency treatment necessary to save a patient’s life, prevent serious deterioration of the patient’s condition, alleviate serious suffering, prevent the patient from behaving violently, or prevent the patient from being a risk to other people.

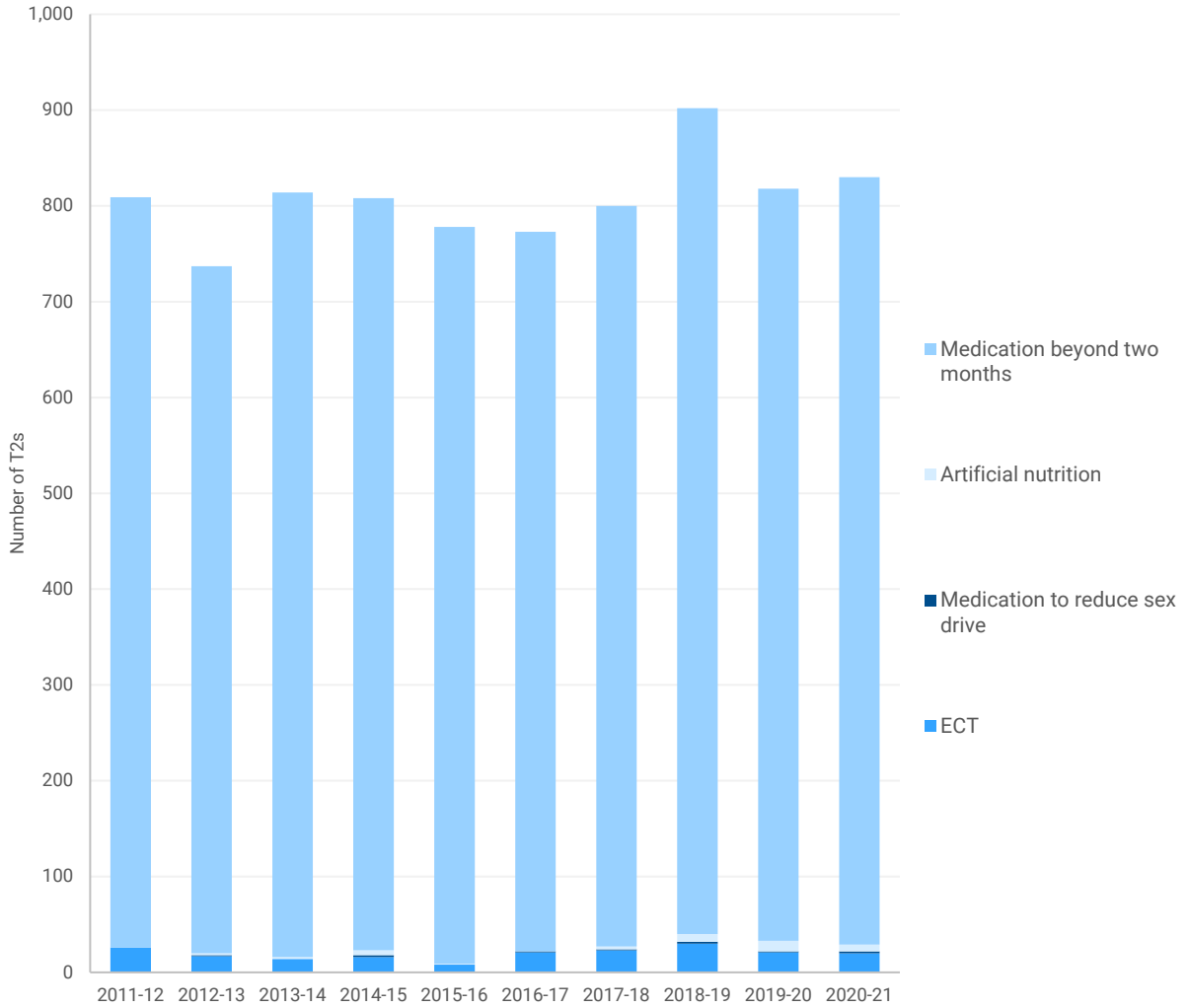
T1 certificate treatments

The Commission has received no T1 certificates. Neurosurgery is not undertaken in Scotland. Section 57 of the Mental Health Act for England and Wales (1983) allows for this treatment which is reviewed by the Care Quality Commission in England.

T2 certificate treatments

There were a total of 830 T2 certificates issued during 2020-21, which was a slight increase from the number in 2019-20 (n=818) but lower than 2018-19 (Figure 37). The average for the years 2011-12 to 2019-20 was 804 T2 certificates per year.

Figure 37. Number of T2 certificates by year



Most T2 certificates (96.5%) were issued for medication over two months while 2.4% (n=20) were issued for ECT. This was similar to previous years (see Figure 31). There were a total of seven T2s for artificial nutrition in 2020-21, which was lower than 2019-20 where 11 certificates were issued. The number in 2018-19 was similar (n=8) but in all years prior to that we received five or less T2s for artificial nutrition. The breakdown of certificates by type of treatment is provided in table A18.

Of the T2s we received in 2020-21, 5.1% were for young people under the age of 18 years. The proportion of T2s issued for individuals under the age of 18 years has ranged from 2.1% (2011-

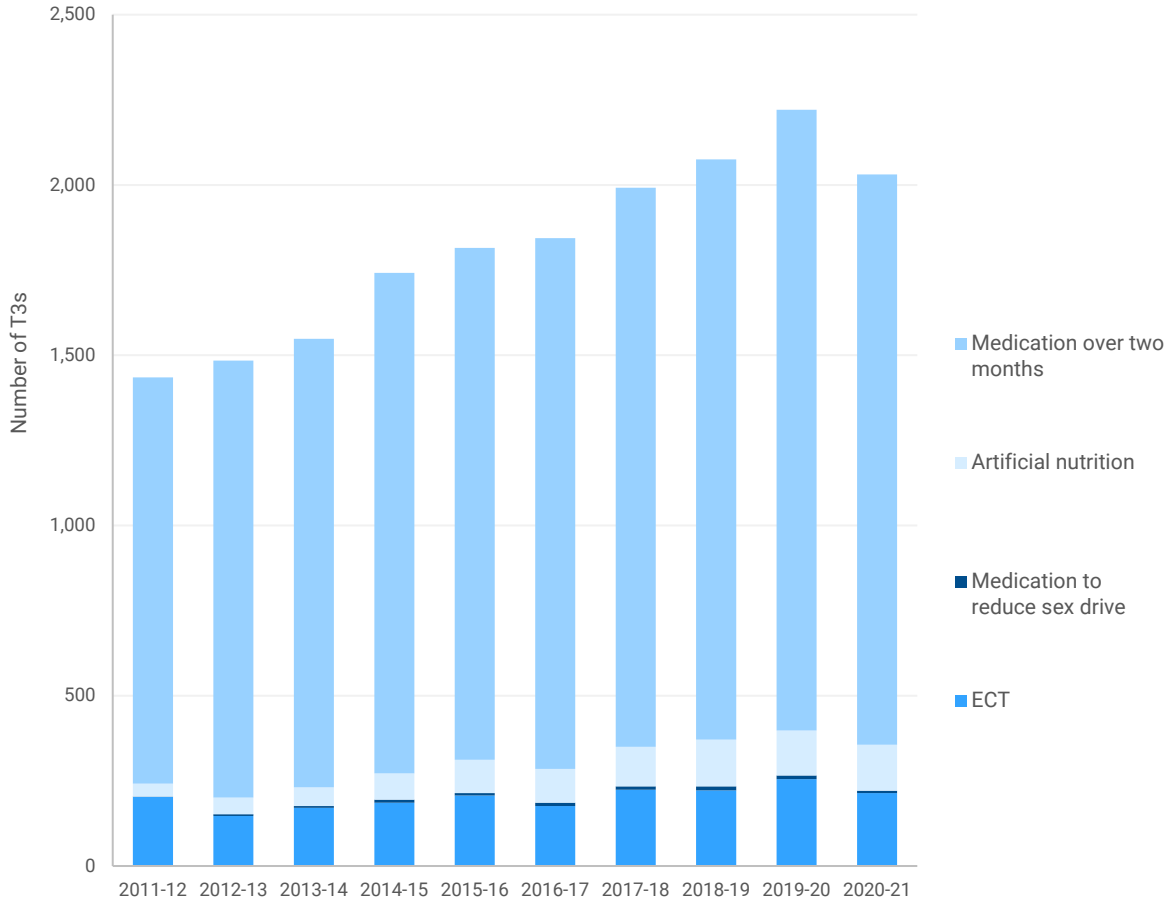
12) to 5.1% in 2015-16 and 2020-21. For the years 2011-12 to 2019-20 the average proportion of young people issued a T2 certificate was 3.8%.

There were differences in gender for the various treatments under T2 certificates in 2020-21; for ECT most were female (80.0%) and medication over two months had a somewhat higher proportion of males (54.9%). Artificial nutrition and medication for sex drive are uncommon treatments and low numbers, however all T2s for artificial nutrition were female and all for reduction in sex drive were male.

T3 certificate treatments

There were a total of 2,031 T3 certificates issued in 2020-21, which was an 8.6% decrease on the 2019-20 figure and diverged from the increasing trend in previous years (Figure 38). Most T3s were for medication over two months (82.5%), while 10.5% were for ECT, 6.6% for artificial nutrition, and 0.3% for medication to reduce sex drive. This is broadly similar to previous years (Appendix Table A19).

Figure 38. Number of T3 certificates by year



Of the T3s we received in 2020-21, 4.6% were for young people under the age of 18 years. The proportion of T3s issued for individuals under the age of 18 years has ranged from 3.2% (2011-12) to 6.3% in (2018-19). For the years 2011-12 to 2019-20 the average proportion of young people issued a T3 certificate was 4.8%.

There were differences in gender for the various treatments under T3 certificates; for ECT a slightly higher proportion were female (56.5%) while medication over two months had a higher proportion males (60.5%). Artificial nutrition were predominantly issued for females (94.1%) while the small number of T3s for medication for sex drive were all male.

We cannot say why the number of T3s have reduced this year. We will continue to monitor this safeguard through our visiting function and in the course of our general work. We will take action following instances where a proper authorisation is not in place for a person's treatment.

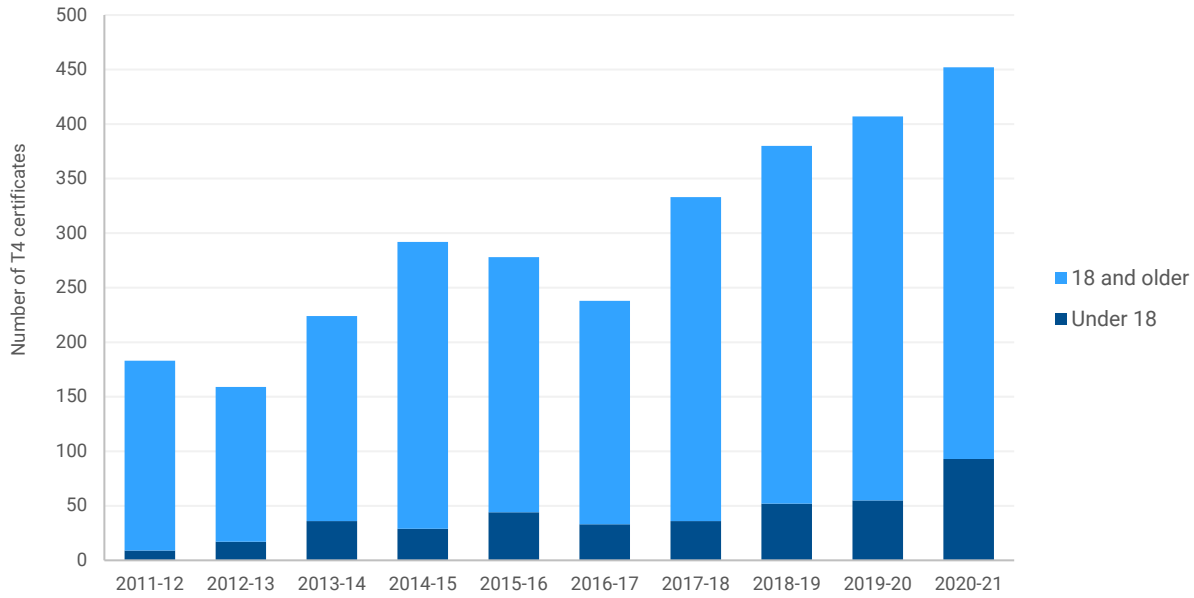
Previously the Commission guidance had outlined a suggested maximum time period for the authority of a T3 to be 3 years after which an RMO would need to again seek DMP authorisation if a person still required treatment against their will. During the pandemic we noted that many treatment plans were authorised for up to one year only. This shortening was perhaps driven by a sense of the limitations of a remote assessment and in order to afford a person the opportunity to meet face-to-face with a DMP (if restrictions or their circumstances might allow for this within the timeframes). For some particular treatments DMPs continued to visit in person, and in all cases they reserved the right to visit if they felt this was needed.

T4 certificate treatments

There were 452 T4 certificates issued in 2020-21, which was an 11.1% increase on the number of T4s in 2019-20 and follows an increasing trend since 2015-16 (Figure 39). This increase may be as a result of improved reporting rather than any clinical change however, there is insufficient information available to confirm. Of the T4s issued in 2020-21, 20.6% were for individuals aged under 18 years. This is an increase on previous two years, where 13.6% and 13.5% of T4s were for individuals aged under 18 years and follows an increase in younger people treated under a T4 over the last ten years (Appendix Table A20).

Overall, 61.1% of all T4s were for females but the gender split for under 18 years was 90.3% female and 9.7% male, compared to 53.5% female and 46.5% male. An overview of number of T4 certificates by health board is provided in Appendix Table A21.

Figure 39. Number of T4s by year



Advance statements

Advance statements are written statements made by a person when they are well, setting out the care and treatment they would prefer or would dislike should they become mentally unwell in the future. The Tribunal and any medical practitioner treating a person must have regard to their advance statement. If the wishes set out in an advance statement have not been followed, a written record (an advance statement override) giving the reasons must be sent to the Commission. We monitor this and our last report on advance statement overrides was published in February 2021 [5].

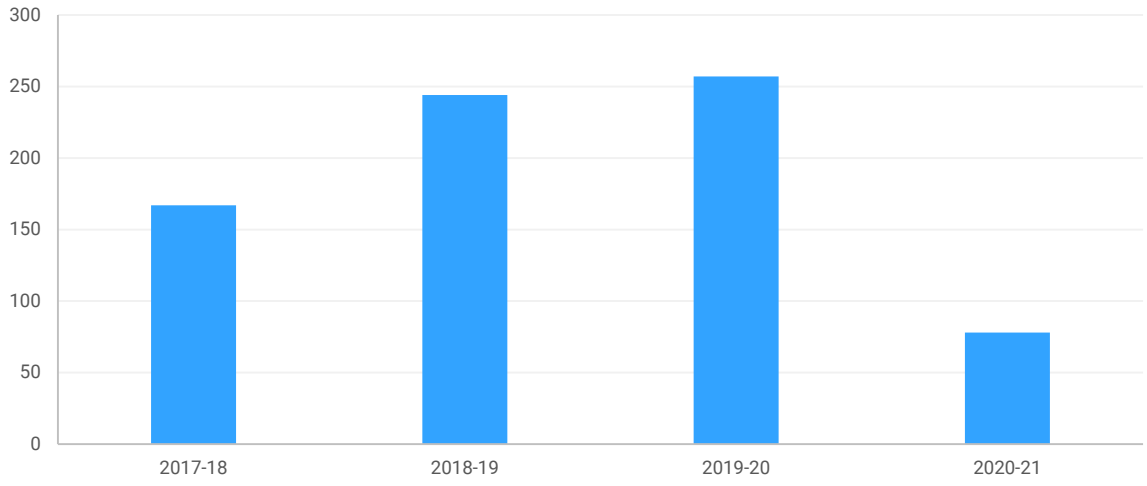
During 2021, we looked at how many people treated under a T3 certificate had an advance statement and found that this applied to only 6% of people. In that report we make several recommendations on how advance statements and the advance statement process might be made stronger both now and through any changes in the context of new mental health legislation [10].

The advance statement register has been in operation since 2017. Each time since 2017 someone either writes a statement or withdraws a statement, health boards should notify the Commission about this. This, however, does not include people who made an advance statement prior to the register being operationalised in 2017.

Over time, our work with the register has developed. We now look at the first ever form we receive relating to an advance statement (creation or withdrawal) and consider this as the point of engagement with the register.

For the first two years we had complete data for (2018-19 and 2019-20), there were 244 and 257 individuals where we noted a first engagement with the register (Figure 40). In 2020-21, this dropped to 78; it is assumed that this indicates a significant impact of the pandemic on services' ability to engage with individuals on matters to do with advance care planning.

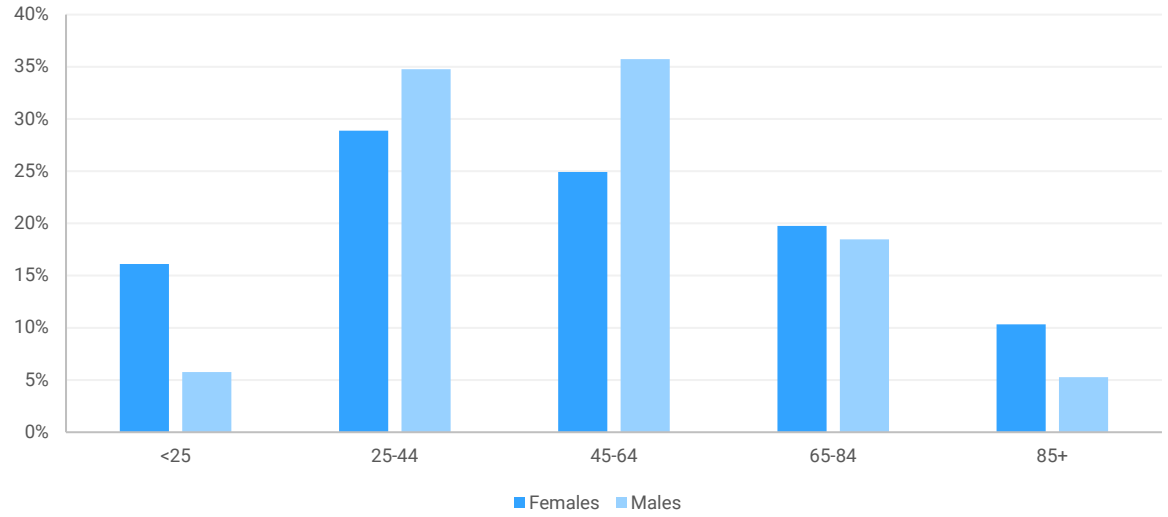
Figure 40. Number of individual with a first engagement with the advance statement register by year



Characteristics

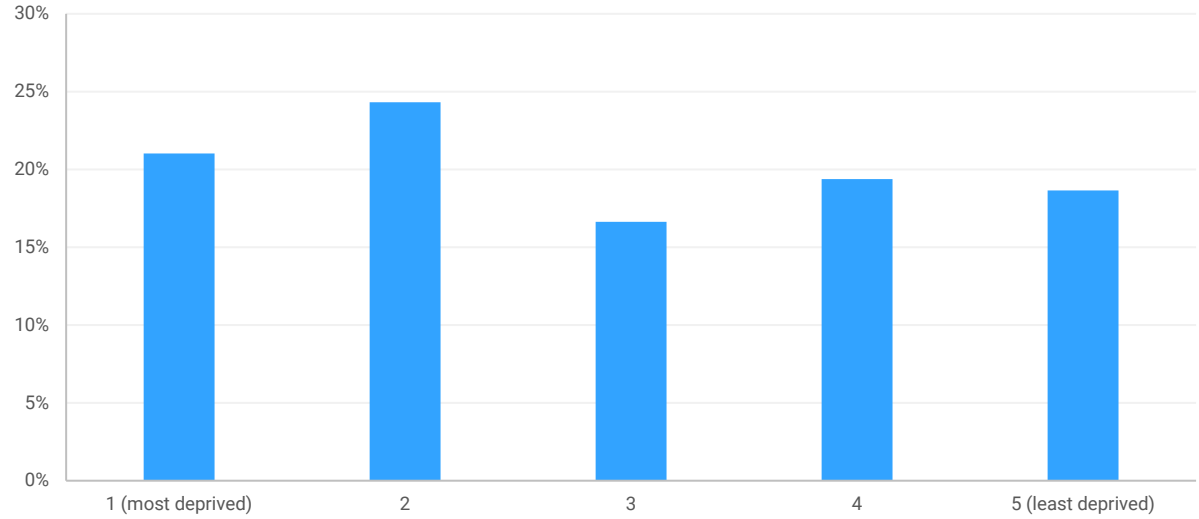
The individuals on the register as a whole have an average age of 50 years (SD=20; median=48, IQR=35–62 years) and 55.9% are male. The age distribution for males and females is shown in Figure 41 and indicates that more young females (<25 years) and older females (over 85 years) have engaged with the advance statement.

Figure 41. Age and gender of individuals engaging with the advance statement register



We had valid postcodes to match SIMD for 68.7% of all individuals (based on their first engagement) on the register. The 198 invalid postcodes were because the person's home address was listed as elsewhere in the UK, was a hospital, they were of no fixed abode, or no address had been entered on the form. In comparison to detentions, there is a more even percentage of individuals from the most and least deprived areas of Scotland (Figure 42).

Figure 42. SIMD categories of individuals engaging with the advance statement register



Concluding remarks and our next steps

This report outlines data during 2020-21 relating to critically important times in people's lives, where they have been assessed as needing to be treated against their will, using compulsory measures under the Mental Health and Criminal Procedure Acts.

As noted previously, the Commission undertook specific monitoring of the use of the Mental Health Act in Scotland during the Covid-19 pandemic, looking at detentions between 1 March 2020 and 28 February 2021. Much of this previously reported data is therefore also reflected and referenced in this 2020-2021 monitoring report.

In July 2021, we made recommendations to Health and Social Care Partnerships, their respective local authorities and the Scottish Government regarding concerns about the capacity of the mental health officer workforce and the safeguards of this role not being realised in practice. The data in this report further evidences these concerns. We will be following up these recommendations and concerns directly.

We will also undertake work to look at the content and quality of nurse's power to detain forms completed and received at the Commission. This will include consideration of the gender discrepancy and regional variation in the use of section 299.

We will consider each case individually where we have received reported multiple place of safety orders for an individual; to understand their circumstances and to identify any areas of practice that could improve to meet the person's needs.

We are also aware of an increasing number of cases where there has been a reported failure to comply with orders made by the Mental Health Tribunal for Scotland to support a person to move from conditions of excessive levels of security. We will issue good practice guidance in 2021 to provide clarity as to the expectations of the law and the rights of individuals in such circumstances, and we will undertake some specific monitoring in 2021-22 to understand the scale and detail of practice.

The Commission will continue to provide the Scottish Government and wider stakeholders with up-to-date data on detentions annually to inform local scrutiny, analysis and understanding, including identification of the need for resource allocation.

Glossary

Designated medical practitioner (DMP)

DMPs are experienced psychiatrists who have received special training from the Mental Welfare Commission. DMP duties are set out in law and are an important safeguard. Their role is to independently decide whether the treatment the doctor has planned is in line with the law and the best interests of the person. The DMP can only give an opinion on the specific medical treatment. The DMP cannot give a second opinion on diagnosis or general treatment.

Mental health officer (MHO)

A mental health officer (MHO) is a registered social worker who has completed specialist training and has an additional qualification in mental health.

MHO consent

To grant an EDC or STDC following a medical examination of a patient, the practitioner should seek the consent of a mental health officer (MHO). 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.

MHTS

The Mental Health Tribunal for Scotland (MHTS) considers and determines applications for compulsory treatment orders (CTOs) under the Mental Health Act and operates in an appellate role to consider appeals against compulsory measures made under the Mental Health Act.

Responsible medical officer (RMO)

A responsible medical officer (RMO) is a psychiatrist who must have required qualifications and experience and be approved by a health board as having special experience in the diagnosis and treatment of mental disorder.

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(2021, accessed August 1, 2021).

Appendix – Data tables

Table A1. New episodes of civil compulsory treatment by starting order, n (%)

Starting order[a]	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
EDC	1,765 (41.2)	1,882 (42.4)	1,888 (41.7)	1,969 (40.5)	2,165 (43.2)	2,411 (44.5)	2,705 (47.8)	2,812 (46.3)	2,866 (47.3)	3,214 (48.0)
STDC	2,421 (56.6)	2,452 (55.3)	2,530 (55.8)	2,801 (57.6)	2,753 (54.0)	2,905 (53.6)	2,861 (50.6)	3,135 (51.7)	3,082 (50.8)	3,350 (50.0)
CTO	95 (2.2)	102 (2.3)	112 (2.5)	90 (1.9)	93 (1.9)	101 (1.9)	88 (1.6)	120 (2.0)	116 (1.9)	135 (2.0)
Total	4,281	4,436	4,530	4,860	5,011	5,417	5,654	6,067	6,064	6,699

[a]The starting order relates to the first order in a sequence of one or more orders

Table A2. Number of EDCs by health board and year

Health board	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Ayrshire and Arran	130	131	113	142	107	138	113	131	161	159
Borders	12	19	18	29	18	32	30	24	34	49
Dumfries and Galloway	64	77	71	74	84	114	105	103	148	117
Fife	115	134	122	150	167	162	181	209	204	223
Forth Valley	66	98	92	95	130	146	179	185	159	167
Grampian	80	118	115	134	101	99	141	118	135	172
Greater Glasgow and Clyde	589	569	638	605	726	833	990	995	1,028	1,146
Highland	129	170	164	158	125	109	123	105	96	91
Lanarkshire	198	169	168	178	199	230	198	281	255	324
Lothian	216	216	238	249	334	390	401	440	451	536
Orkney	6	7	*	7	14	5	15	8	*	6
Shetland	8	8	7	9	*	7	8	*	*	*
Tayside	179	193	165	171	184	187	257	278	256	276
Western Isles	*	13	*	8	10	*	10	8	6	8
Total	**1,793**	**1,922**	**1,919**	**2,009**	**2,202**	**2,456**	**2,751**	**2,886**	**2,938**	**3,275**

*n<5

Table A3. Number of STDCs by health board and year

Health board	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Ayrshire and Arran	192	183	188	207	194	210	170	184	169	250
Borders	53	67	63	71	59	62	62	75	74	86
Dumfries and Galloway	68	90	82	105	105	134	97	142	138	140
Fife	217	235	255	276	272	282	266	289	271	341
Forth Valley	149	163	175	195	244	257	270	246	242	319
Grampian	344	388	367	385	400	451	410	399	488	502
Greater Glasgow and Clyde	981	985	1,024	1,095	1,173	1,249	1,422	1,421	1,507	1,634
Highland	196	222	245	213	200	180	200	201	189	173
Lanarkshire	329	301	284	335	349	369	358	412	410	398
Lothian	615	621	677	751	732	806	753	846	836	931
Orkney		*	*		*	*	5	5	*	*
Shetland	6	8	7	12	8	7	9	5	11	15
State Hospital		*	*	*	*	*	*	*	*	*
Tayside	303	313	291	345	355	362	393	498	413	457
Western Isles	8	7	5	11	7	9	10	9	13	15
Total	3,461	3,589	3,666	4,004	4,100	4,380	4,426	4,734	4,767	5,263

*n<5

Table A4. Number of STDCs by local authority and year

Local authority	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Aberdeen City	165	186	180	174	210	259	209	209	262	282
Aberdeenshire	127	124	121	124	119	129	139	130	143	156
Angus	43	44	47	56	55	52	47	73	52	81
Argyll and Bute	62	62	66	68	53	46	82	60	51	49
City of Edinburgh	412	422	470	527	457	562	522	530	556	580
Clackmannanshire	23	26	21	26	51	47	44	59	39	64
Dumfries and Galloway	66	87	82	106	106	139	98	144	139	141
Dundee City	144	144	125	155	146	165	181	211	199	185
East Ayrshire	49	72	60	79	72	82	64	57	57	85
East Dunbartonshire	58	60	60	47	38	56	56	55	64	64
East Lothian	56	47	48	61	75	63	51	79	59	80
East Renfrewshire	30	31	34	40	36	57	55	63	76	64
Eilean Siar	9	8	5	10	9	9	11	9	13	14
Falkirk	72	93	100	111	129	153	154	126	112	132
Fife	221	239	266	276	271	284	266	291	275	343
Glasgow City	660	609	658	701	744	770	903	908	968	1,078
Highland	144	175	177	162	159	151	148	162	155	155
Inverclyde	49	45	75	61	94	79	74	94	101	64
Midlothian	36	33	33	50	50	50	40	65	64	65
Moray	49	74	52	60	68	65	62	59	78	60
North Ayrshire	58	59	73	74	69	82	62	65	55	93
North Lanarkshire	181	175	163	209	206	221	206	238	239	247
Orkney	*	*	5	5	5	*	*	5	*	*
Perth and Kinross	117	130	121	138	158	144	174	215	167	193
Renfrewshire	93	105	97	120	115	119	145	132	149	183
Scottish Borders	60	69	63	74	58	65	62	74	79	87
Shetland	7	10	12	14	9	7	10	6	11	18
South Ayrshire	63	59	57	53	59	56	45	65	59	57
South Lanarkshire	189	172	155	179	200	209	227	250	234	222
Stirling	58	47	55	55	66	62	71	70	96	129
West Dunbartonshire	56	65	54	58	69	71	75	67	62	82
West Lothian	103	114	131	131	144	125	140	163	151	208
Total	**3,461**	**3,589**	**3,666**	**4,004**	**4,100**	**4,380**	**4,426**	**4,734**	**4,767**	**5,263**

*n<5

Table A5. Rate of STDCs by 100,000 population by local authority and year

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Aberdeen City	74.2	82.7	79.3	76.0	91.2	112.7	91.3	91.8	114.6	123.1
Aberdeenshire	50.1	48.5	46.9	47.6	45.4	49.2	53.1	49.7	54.7	59.8
Angus	37.0	37.9	40.4	48.0	47.0	44.6	40.4	62.9	44.8	69.9
Argyll and Bute	69.7	71.3	75.0	77.6	61.0	52.8	94.5	69.6	59.4	57.4
City of Edinburgh	86.2	87.4	96.4	107.0	91.6	110.8	101.7	102.2	105.9	109.9
Clackmannanshire	44.7	50.7	41.0	50.8	99.3	91.5	85.5	114.8	75.7	124.8
Dumfries and Galloway	43.6	57.7	54.6	70.7	70.8	93.0	65.7	96.8	93.4	95.1
Dundee City	97.8	97.4	84.4	104.6	98.5	111.3	121.7	141.8	133.3	124.3
East Ayrshire	39.9	58.7	49.0	64.7	59.0	67.1	52.5	46.8	46.7	69.9
East Dunbartonshire	55.2	56.7	56.7	44.0	35.5	52.1	51.8	50.8	58.9	58.9
East Lothian	56.0	46.6	47.3	59.8	72.8	60.5	48.6	74.7	55.1	74.1
East Renfrewshire	33.0	34.1	37.1	43.3	38.7	60.8	58.0	66.2	79.6	66.6
Eilean Siar	32.5	29.0	18.2	36.7	33.2	33.5	40.8	33.5	48.7	52.8
Falkirk	46.1	59.3	63.6	70.4	81.4	96.0	96.2	78.6	69.6	82.2
Fife	60.5	65.3	72.5	75.2	73.6	76.7	71.6	78.2	73.6	91.7
Glasgow City	111.3	102.3	110.3	116.9	122.7	125.2	145.4	145.0	152.9	169.6
Highland	61.9	75.1	76.0	69.5	67.9	64.3	62.9	68.8	65.7	65.8
Inverclyde	60.3	55.8	93.4	76.4	118.2	99.8	94.0	120.3	129.8	83.1
Midlothian	43.1	39.2	39.0	58.0	57.2	56.4	44.4	71.2	69.2	69.8
Moray	52.4	79.6	55.1	63.3	71.2	67.7	64.7	61.8	81.4	62.7
North Ayrshire	42.0	42.9	53.3	54.2	50.7	60.3	45.7	48.0	40.8	69.3
North Lanarkshire	53.6	51.8	48.3	61.8	60.9	65.1	60.6	70.0	70.0	72.4
Orkney[a]	4.7	13.9	23.2	23.2	23.1	4.6	13.6	22.5	9.0	8.9
Perth and Kinross	79.7	88.0	81.9	92.7	105.4	95.6	115.2	142.1	109.9	127.0
Renfrewshire	53.2	60.2	55.8	68.9	65.9	67.6	82.0	74.2	83.2	102.0
Scottish Borders	52.7	60.7	55.3	64.9	50.9	56.8	53.9	64.2	68.4	75.5
Shetland[a]	30.1	43.1	51.7	60.3	38.8	30.2	43.3	26.1	48.0	78.7
South Ayrshire	55.8	52.2	50.5	47.1	52.5	49.8	39.9	57.8	52.4	50.8
South Lanarkshire	60.2	54.7	49.2	56.8	63.2	65.9	71.3	78.4	73.0	69.2
Stirling	64.2	51.6	60.3	60.1	71.1	66.1	75.5	74.2	101.9	137.1
West Dunbartonshire	61.8	72.0	60.1	64.7	77.0	79.0	83.7	75.2	69.7	92.8
West Lothian	58.8	64.8	74.4	73.9	80.6	69.4	77.2	89.5	82.5	113.2

[a]The island boards have small number of orders, which leads to unstable rates with very wide confidence intervals. The rates for these boards should therefore be interpreted with great deal of caution.

Table A6. Number of CTOs by health board and year

Local authority	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Aberdeen City	44	64	52	57	77	97	72	71	80	70
Aberdeenshire	49	27	37	40	39	43	32	48	41	27
Angus	20	21	22	22	37	26	30	34	35	39
Argyll and Bute	24	24	15	17	15	14	24	24	22	21
City of Edinburgh	106	103	126	143	132	130	155	147	150	216
Clackmannanshire	8	7	5	6	11	15	17	18	12	21
Dumfries and Galloway	18	25	30	34	28	41	30	40	40	58
Dundee City	53	35	41	46	50	39	47	40	43	49
East Ayrshire	15	19	15	19	24	11	21	20	17	25
East Dunbartonshire	20	17	18	22	15	24	21	23	24	20
East Lothian	19	20	20	23	33	26	18	31	24	32
East Renfrewshire	14	11	15	17	15	16	18	26	30	33
Eilean Siar	*	*	*	5	*	*	6	*	*	6
Falkirk	30	32	29	24	34	41	48	44	44	42
Fife	90	79	88	108	102	91	89	89	111	131
Glasgow City	196	165	184	183	222	176	213	254	293	272
Highland	63	74	71	69	57	65	61	88	68	54
Inverclyde	22	16	28	33	28	27	30	30	44	28
Midlothian	13	17	20	19	22	18	20	20	25	21
Moray	12	15	23	15	18	15	18	20	16	13
North Ayrshire	18	24	15	14	22	21	18	25	20	34
North Lanarkshire	53	55	63	64	52	57	67	75	65	80
Orkney		*	*	*	5	8	6			*
Perth and Kinross	31	33	38	50	56	62	62	87	59	62
Renfrewshire	24	45	36	39	40	52	60	53	59	56
Scottish Borders	18	31	19	28	24	26	28	30	22	28
Shetland	*	5	*	*	*	*	*	7	*	*
South Ayrshire	13	11	14	14	18	26	17	19	11	14
South Lanarkshire	70	61	63	51	80	62	86	80	63	64
Stirling	20	18	15	18	9	13	25	17	21	23
West Dunbartonshire	27	30	24	34	31	39	38	37	31	37
West Lothian	30	36	42	43	35	37	41	43	43	42
Total	**1,126**	**1,126**	**1,175**	**1,260**	**1,337**	**1,323**	**1,422**	**1,542**	**1,521**	**1,623**

*n<5

Table A7. Number of CTOs by local authority and year

Health board	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Ayrshire and Arran	48	53	45	45	65	57	51	58	46	72
Borders	13	28	17	24	19	21	25	27	20	23
Dumfries and Galloway	18	24	29	31	28	39	30	38	40	60
Fife	90	74	86	102	98	94	84	85	104	127
Forth Valley	52	57	48	48	54	67	87	74	76	86
Grampian	106	116	108	117	137	163	128	138	139	111
Greater Glasgow and Clyde	338	313	326	362	392	374	427	465	508	488
Highland	82	86	82	75	65	68	73	97	79	59
Lanarkshire	92	95	102	87	101	95	116	127	108	114
Lothian	175	188	219	243	229	214	245	252	250	314
Orkney						*	*			
Shetland										*
State Hospital		*	*	*	*	*	*	*	5	5
Tayside	110	87	110	120	145	123	148	176	142	157
Western Isles	*	*	*	*	*	*	*	*	*	6
Total	1,126	1,126	1,175	1,260	1,337	1,323	1,422	1,542	1,521	1,623

*n<5

Table A8. Rate of CTOs by 100,000 population by local authority and year

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Aberdeen City	19.8	28.5	22.9	24.9	33.4	42.2	31.5	31.2	35.0	30.6
Aberdeenshire	19.3	10.6	14.4	15.4	14.9	16.4	12.2	18.4	15.7	10.4
Angus	17.2	18.1	18.9	18.8	31.7	22.3	25.8	29.3	30.1	33.7
Argyll and Bute	27.0	27.6	17.0	19.4	17.3	16.1	27.6	27.8	25.6	24.6
City of Edinburgh	22.2	21.3	25.8	29.0	26.5	25.6	30.2	28.4	28.6	40.9
Clackmannanshire	15.5	13.7	9.8	11.7	21.4	29.2	33.0	35.0	23.3	40.9
Dumfries and Galloway	11.9	16.6	20.0	22.7	18.7	27.4	20.1	26.9	26.9	39.1
Dundee City	36.0	23.7	27.7	31.1	33.7	26.3	31.6	26.9	28.8	32.9
East Ayrshire	12.2	15.5	12.3	15.6	19.7	9.0	17.2	16.4	13.9	20.6
East Dunbartonshire	19.0	16.1	17.0	20.6	14.0	22.3	19.4	21.2	22.1	18.4
East Lothian	19.0	19.8	19.7	22.5	32.0	25.0	17.2	29.3	22.4	29.7
East Renfrewshire	15.4	12.1	16.4	18.4	16.1	17.1	19.0	27.3	31.4	34.4
Eilean Siar[a]	7.2	7.3	14.6	18.3	14.8	11.2	22.3	7.5	15.0	22.6
Falkirk	19.2	20.4	18.5	15.2	21.5	25.7	30.0	27.4	27.3	26.2
Fife	24.6	21.6	24.0	29.4	27.7	24.6	24.0	23.9	29.7	35.0
Glasgow City	33.0	27.7	30.8	30.5	36.6	28.6	34.3	40.5	46.3	42.8
Highland	27.1	31.8	30.5	29.6	24.3	27.7	25.9	37.4	28.8	22.9
Inverclyde	27.1	19.8	34.9	41.3	35.2	34.1	38.1	38.4	56.6	36.3
Midlothian	15.6	20.2	23.6	22.0	25.2	20.3	22.2	21.9	27.0	22.5
Moray	12.8	16.1	24.4	15.8	18.8	15.6	18.8	20.9	16.7	13.6
North Ayrshire	13.0	17.4	11.0	10.3	16.2	15.5	13.3	18.5	14.8	25.3
North Lanarkshire	15.7	16.3	18.7	18.9	15.4	16.8	19.7	22.0	19.0	23.5
Orkney[a]	0.0	18.6	4.6	9.3	23.1	36.6	27.3	0.0	0.0	13.4
Perth and Kinross	21.1	22.3	25.7	33.6	37.4	41.1	41.0	57.5	38.8	40.8
Renfrewshire	13.7	25.8	20.7	22.4	22.9	29.6	33.9	29.8	32.9	31.2
Scottish Borders	15.8	27.3	16.7	24.6	21.0	22.7	24.3	26.0	19.0	24.3
Shetland[a]	17.2	21.5	8.6	4.3	8.6	8.6	17.3	30.4	17.5	8.7
South Ayrshire	11.5	9.7	12.4	12.4	16.0	23.1	15.1	16.9	9.8	12.5
South Lanarkshire	22.3	19.4	20.0	16.2	25.3	19.6	27.0	25.1	19.7	19.9
Stirling	22.1	19.8	16.4	19.7	9.7	13.9	26.6	18.0	22.3	24.4
West Dunbartonshire	29.8	33.2	26.7	37.9	34.6	43.4	42.4	41.5	34.9	41.9
West Lothian	17.1	20.5	23.8	24.3	19.6	20.5	22.6	23.6	23.5	22.8

[a]The island boards have small number of orders, which leads to unstable rates with very wide confidence intervals. The rates for these boards should therefore be interpreted with great deal of caution.

Table A9. Number of detentions under nurse's power to detain by year and gender

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Total	149	170	177	187	136	146	167	182	182	155
Female	88	99	112	120	81	96	116	119	119	103
Male	61	71	65	67	55	50	51	63	63	52

Table A10. Rate of detentions under nurse's power to detain by year and gender

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Scotland rate	2.8 (2.4–3.3)	3.2 (2.7–3.7)	3.3 (2.8–3.8)	3.5 (3.0–4.0)	2.5 (2.1–3.0)	2.7 (2.3–3.1)	3.1 (2.6–3.5)	3.3 (2.9–3.8)	3.3 (2.8–4.3)	2.8 (2.4–3.3)
Female rate	3.2 (2.6–3.9)	3.6 (2.9–4.3)	4.1 (3.3–4.8)	4.4 (3.6–5.1)	2.9 (2.3–3.6)	3.5 (2.8–4.1)	4.2 (3.4–4.9)	4.3 (3.5–5.0)	4.2 (3.5–5.0)	3.7 (3.0–4.4)
Male rate	2.4 (1.8–3.0)	2.8 (2.1–3.4)	2.5 (1.9–3.1)	2.6 (2.0–3.2)	2.1 (1.6–2.7)	1.9 (1.4–2.5)	1.9 (1.4–2.5)	2.4 (1.8–3.0)	2.4 (1.8–2.9)	2.0 (1.4–2.5)

Table A11. Number of place of safety order by year

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Number of orders	596	560	661	696	831	1,140	1,182	1,114	1,135	1,126

Table A12. Point prevalence orders by year and health board

Health board	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Ayrshire and Arran	159	152	143	139	158	165	165	188	180	180
Borders	36	40	40	39	41	39	49	46	46	53
Dumfries and Galloway	47	45	53	52	57	61	60	75	70	89
Fife	197	201	225	240	230	254	263	243	251	262
Forth Valley	139	139	151	159	162	163	199	206	212	215
Grampian	230	239	229	227	248	282	279	284	288	268
Greater Glasgow and Clyde	840	840	882	932	983	1,009	1,045	1,069	1,130	1,163
Highland	194	193	212	207	185	184	179	205	205	166
Lanarkshire	196	214	199	199	219	233	212	244	227	214
Lothian	486	493	520	535	564	560	625	616	628	665
Tayside	260	257	274	295	318	321	321	337	322	348

Table A13. Rate of point prevalence orders by year and health board

Health board	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Ayrshire and Arran	42.5	40.7	38.4	37.5	42.6	44.5	44.5	50.9	48.7	48.9
Borders	31.6	35.2	35.1	34.2	36.0	34.1	42.6	39.9	39.8	46.0
Dumfries and Galloway	31.0	29.8	35.3	34.7	38.1	40.8	40.2	50.4	47.0	60.0
Fife	53.9	54.9	61.3	65.4	62.5	68.6	70.8	65.3	67.2	70.0
Forth Valley	46.6	46.5	50.4	52.9	53.5	53.5	65.1	67.3	69.1	70.3
Grampian	40.4	41.7	39.5	38.9	42.2	48.0	47.6	48.6	49.2	45.8
Greater Glasgow and Clyde	74.0	73.9	77.5	81.6	85.5	86.9	89.4	91.0	95.5	98.1
Highland	60.3	60.4	66.0	64.5	57.6	57.2	55.6	63.7	63.7	51.7
Lanarkshire	30.1	32.8	30.5	30.5	33.5	35.5	32.2	37.0	34.3	32.3
Lothian	58.1	58.4	61.2	62.3	65.0	63.6	70.3	68.6	69.2	72.9
Tayside	63.4	62.4	66.5	71.3	76.6	77.3	77.1	81.0	77.1	83.5

A14. Rate of point prevalence CTOs by health board and CTO type

Health board	Community rate	95% CI	Hospital rate	95% CI
Ayrshire and Arran	14.7	10.8–18.6	16.8	12.7–21.0
Borders	17.4	9.7–25.0	20.0	11.8–28.1
Dumfries and Galloway	25.6	17.5–33.8	24.3	16.3–32.2
Fife	24.6	19.6–29.6	29.4	23.9–34.9
Forth Valley	21.6	16.4–26.8	31.7	25.4–38.0
Grampian	15.2	12.0–18.4	17.6	14.2–21.0
Greater Glasgow and Clyde	31.4	28.2–34.6	42.8	39.1–46.5
Highland	25.6	20.0–31.1	17.1	12.6–21.7
Lanarkshire	10.6	8.1–13.1	12.5	9.8–15.2
Lothian	26.0	22.7–29.3	30.7	27.1–34.3
Tayside	25.2	20.4–30.0	36.3	30.5–42.0

Table A15. Number of orders under Criminal Procedure Act and number of individuals with an order by year

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Orders	378	477	411	399	416	446	433	388	395	341
Individuals	215	238	234	221	234	252	227	222	219	206

Table A16. Ethnicity of individuals detained under the Criminal Procedure Act by year

Ethnic grouping	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
African, Caribbean or Black	7 (2.4)	*		*	6 (3.1)	10 (4.8)		5 (2.7)	7 (3.6)	9 (6.3)
Asian	9 (3.1)	24 (8.1)	*	9 (4.4)		8 (3.8)	*	*	*	*
Mixed			*				*	5 (2.7)	*	*
Other	*	*				*	*	*	5 (2.6)	*
White Other British	29 (10.1)	20 (6.8)	12 (6.2)	8 (3.9)	9 (4.6)	*	12 (6.0)	17 (9.2)	19 (9.8)	
White Other	22 (7.6)	9 (3.0)	7 (3.6)	25 (12.2)	15 (7.7)	9 (4.3)	14 (7.0)	20 (10.8)	7 (3.6)	12 (8.5)
White Scottish	218 (75.7)	237 (80.1)	173 (89.2)	161 (78.5)	166 (84.7)	175 (83.7)	165 (82.9)	134 (72.4)	151 (78.2)	113 (79.6)

Table A17. Number of Criminal Procedure Act orders by order type and year

Category	Order	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Treatment and assessment	Treatment order	103	142	98	106	113	109	119	99	99	100
	Assessment order	130	158	131	133	141	129	131	123	140	104
Unfitness for trial	Temporary Compulsion Order	12	17	7	20	18	20	20	16	11	12
Acquittal due to mental disorder	S57(2)(a) Compulsion Order	7	12	15	21	26	28	50	33	22	22
	S57(2)(a) Compulsion Order - Community			*							
	S57(2)(b) CORO	5	4	9	5	3	5	4	5	5	5
	S57 (2)(c) Guardianship order		*								
	S57(2)(d) Supervision and treatment		*		*		*	*	*	*	*
Post-conviction pre-disposals	Interim Compulsion Order	19	26	32	21	23	26	23	15	24	12
	S200 Committal	*	*	*						*	
Mental health disposals	Hospital direction	*	*	*	*	*		*	*		
	S57A(2) Compulsion Order	46	60	57	44	45	60	43	47	52	44
	S57A(2) Compulsion Order - Community		*	*	*		*	*			*
	S58 Guardianship order	*	*	*	*	*		*		*	
	S59 CORO	12	7	10	8	9	10	4	7	5	5
Transfer for treatment	Transfer for Treatment Direction	42	47	47	37	36	58	36	41	36	36
	Total	378	477	411	399	416	446	433	388	395	341

*n<5

Table A18. Number of T2s by treatment type and year

Treatment	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
ECT	26	17	14	16	8	21	23	30	21	20
Medication to reduce sex drive*		*		*		*	*	*	*	*
Artificial nutrition		*	*	5	*		*	8	11	7
Medication beyond 2 months	783	717	798	785	769	751	773	862	785	801
Total	809	736	814	807	778	773	800	902	818	830

*n<5

Table A19. Number of T3s by treatment type and year

Treatment	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
ECT	203	147	171	186	207	176	224	222	255	214
Medication to reduce sex drive	*	5	5	9	7	10	10	12	11	7
Artificial nutrition	38	49	55	77	98	99	116	137	132	135
Medication over two months	1,193	1,283	1,317	1,470	1,503	1,559	1,642	1,704	1,823	1,675
Total	1,435	1,484	1,548	1,742	1,815	1,844	1,992	2,075	2,221	2,031

*n<5

Table A20. Number of T4s by age and year

Age	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Under 18	9	17	36	29	44	33	36	52	55	93
18 and older	174	142	188	263	234	205	297	328	352	359
Total	183	159	224	292	278	238	333	380	407	452

Table A21. Number of T4s by health board and year

Health board	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Ayrshire and Arran	15	9	11	22	34	22	34	38	17	12
Borders	*	*	*	13		*	*	7	*	10
Dumfries and Galloway	6	5	8	24	9	6	9	22	13	20
Fife	14	19	26	21	19	15	11	32	32	34
Forth Valley	*	*	*	*	9	*	*	7	15	9
Grampian	11	15	15	27	16	21	27	28	36	39
Greater Glasgow and Clyde	83	44	47	67	56	37	68	97	120	106
Highland	10	6	25	13	*	5	10	10	7	6
Lanarkshire	8	5	6	8	7	15	14	13	19	13
Lothian	9	14	39	37	58	58	71	54	70	81
Shetland					*	*				
State Hospital	*	6	*	*	*	6	5	*	9	5
Tayside	22	31	42	52	60	47	78	69	66	117
Western Isles				*	*					
Total	183	159	224	292	278	238	333	380	407	452

*n<5

Mental Welfare Commission for Scotland
Thistle House,
91 Haymarket Terrace,
Edinburgh,
EH12 5HE
Tel: 0131 313 8777
Fax: 0131 313 8778
Freephone: 0800 389 6809
mwc.enquiries@nhs.scot
www.mwcscot.org.uk