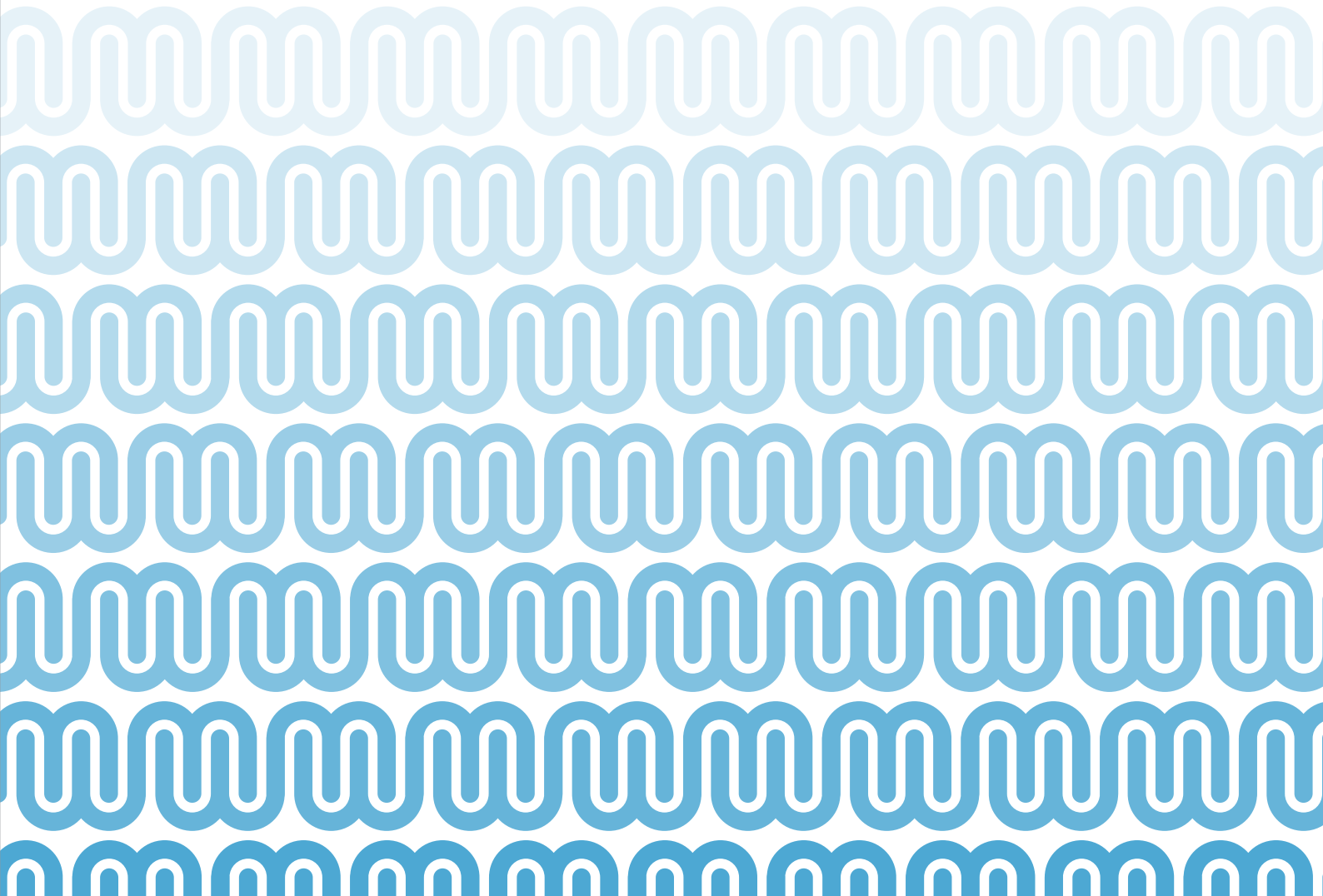
mental welfare commission for scotland

Mental Health Act monitoring report 2021-22

Statistical Monitoring

November 2022



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

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 use of compulsion 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. This year's report shows a slight reduction in the overall levels of compulsion, compared to last year, with reductions in the use of shorter term detentions in hospitals. However, this slight reduction occurs against a backdrop of a much higher rate of increase (double) in the previous year, 2020/21, than in previous years in the preceding decade. Longer term compulsion, often associated with those with more severe mental illness, continues to rise.

We remain concerned over the way emergency detentions are taking place and how safeguards that ensure multi-disciplinary involvement in decisions about the use of this are not being used. Consent of a mental health officer (MHO- a specialist social worker) is an important safeguard and should happen every time a person is detained using the Act. For emergency detentions, consent from an MHO has fallen below half for all such detentions for the last two years in succession, with considerable variations in different parts of Scotland. This is not acceptable; people should receive this safeguard, where practicable, no matter where they live in the country.

Last year was the first time that we were able to use our post-code data-set to clarify the links between areas with greater deprivation and mental ill health requiring the use compulsion, this year we have extended this through even more data-matching so that the links are clearer. We hope that by sharing this information, geographical variations and many other aspects of detention, we can support efforts from Government and services so that they provide the right levels of resource and support for vulnerable communities.

October 2022

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 2021-22. 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 6,569 detention episodes began in 2021-22, which was 2.3% fewer than in 2020-21 and lower than the average year-on-year increase in the previous years of 5.4%. 49.4% of all episodes began with a short term detention certificate (STDC), 48.3% with an emergency detention certificate (EDC) and 2.4% with a compulsory treatment order (CTO) or an interim compulsory treatment order (iCTO).
5. The rate of detention orders decreased for emergency detention certificates (EDCs), and short-term detention certificates (STDCs), but increased slightly for 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 58.1 per 100,000 compared to 60.5 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 2021-22, the proportion who were from these groups was 5.9% for EDCs, 7.0% for STDCs, and 7.1% for CTOs.
7. We continue to monitor detentions by 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 39.0% for EDCs, 32.1% for STDCs, and 30.3% 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 2021-22 was the lowest we have seen over the last 10 years at 40.5%. This ranged from 22.0% (Greater Glasgow and Clyde) to 71.4% (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 43.3% of

STDCs in 2021-2022 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 56.7% of cases we received no notification. This has been a concerning downward trend over the past 10 years.

10. There were a total of 171 detentions under section 299 (nurses' power to detain pending a medical examination) in 2021-22, which is 10.3% more than in 2020-21. The overall rate of nurse's power to detain in 2021-22 was 3.1 per 100,000, which was a slight increase on the previous year's rate of 2.8. The rate of nurse's power to detain orders was higher among females (3.9 per 100,000) than males (2.3 per 100,000).
11. There were 1,255 section 297 (place of safety) orders in 2021-22, which was a 9.8% increase compared to the year before. These orders related to 967 individuals. A higher proportion of place of safety orders was for males (59.3%) with almost half of individuals detained aged 25–44 years. Of the individuals taken to a place of safety, 2.6% were taken to a police station and 97.3% 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 18.0% in 2012-13. 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 2022, there were 3,950 extant orders which was a 5.3% increase compared to the same day in 2021. The rate of extant orders was similar to the year before. Of the total number of orders in place on 5 January 2022, 63.9% 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 (72.1%).Of extant CTOs, 32.7% were community-based. 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 361 orders under the Criminal Procedure Act in 2021-22. The average number of orders was 414 in the previous 10 years. The 361 orders related to 218 individuals. Individuals detained under the Criminal Procedure Act in 2020-21 were primarily male (89.9%). Most were aged 25-44 years (63.3%) with the average age of 38 years.

Treatment and Part 16 of the Mental Health Act

14. There were a total of 928 T2 certificates issued during 2021-22, compared to an average of 806 during the years 2012-13 to 2020-21. Most T2 certificates (95.9%) were issued for medication over two months while 3.1% were issued for ECT. This was similar to previous years. Of the T2s, 3.6% were for young people (<18 years).
15. There were a total of 2,366 T3 certificates issued in 2021-22, which was a 16.5% increase on the 2020-21 figure but is in line with the increasing trend in previous years. Most T3s received were for medication over two months (82.3%), while 10.1% were for ECT, 6.9% 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 530 T4 certificates issued in 2021-22; a 17.3% increase on the number of T4s in 2020-21 and follows an increasing trend since 2017-18. Of the T4s, 15.3% were for individuals <18 years. This is a 25.7% decrease compared to 2020-21 but is still

higher than the previous two years, where 13.7% 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]. In 2021-22, this had increased by 148. The individuals on the register as a whole have an average age of 50 years and 56.4% 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 sent to us and by publishing monitoring reports with comment and analysis of trends in the use of the Act e.g., earlier this year (June 2022) we published a detailed report analysing trends in the use of compulsory treatment orders and making recommendations on what should be considered with regards to law reform[1]. This was important for the work of the Scottish Mental Health Law Review who asked us to undertake this work.

This report outlines data during the whole of 2021-22. The data we present shows the increasing number of detentions in Scotland over the years with a slight fall in this last year of reporting, that follows a sharper increase during the previous year- that we consider may have been due to the Covid-19 pandemic.

The report is a statistical report based on detentions and the wider use of compulsion. However we recognise that a detention occurs when someone is compelled to receive assessment and/or treatment in relation to their mental health and that each of the instances that make up the report here, relates to a time of difficulty for the person and for those important to them.

[1] Characteristics of compulsory treatment orders in Scotland: An analysis to inform Law Reform CharacteristicsOfCTOs_June2022.pdf (mwcscot.org.uk) (accessed 16 September 2022)

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 2021 to 31 March 2022). 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. It should be noted that the Mental Health Act is the main database that we match ethnicity information. 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. Overall valid postcode data was available for 94.7% of detentions in 2021-22.

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.

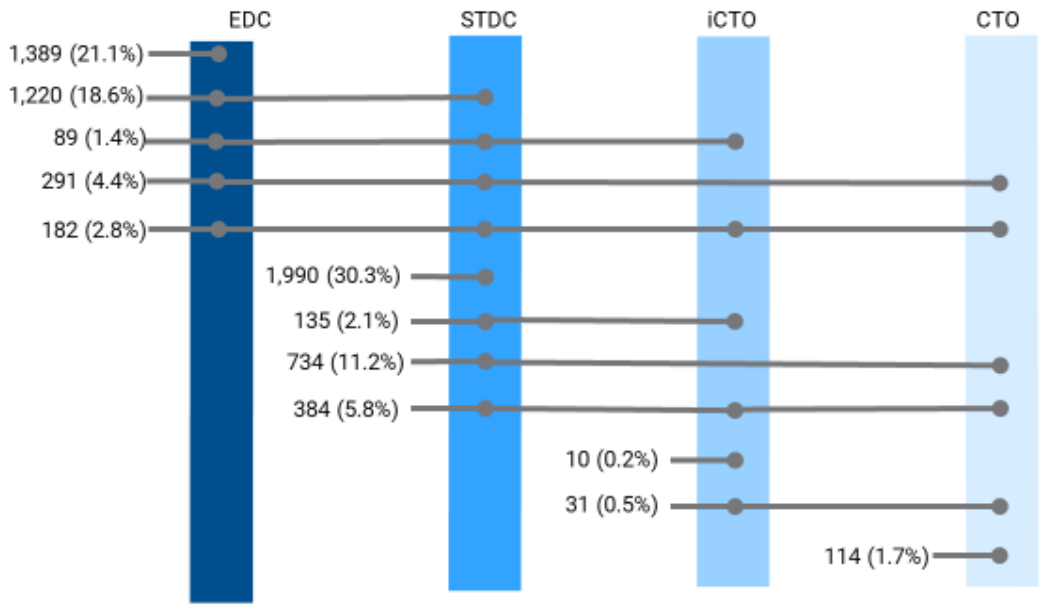
Compulsory treatment orders (CTOs): A mental health officer (MHO) can make an application for a CTO to the Mental Health Tribunal. The application must include two medical reports, an MHO report and a proposed care plan. The Tribunal decides the outcome of the application. The Tribunal is made up of 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 2021-22. 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.

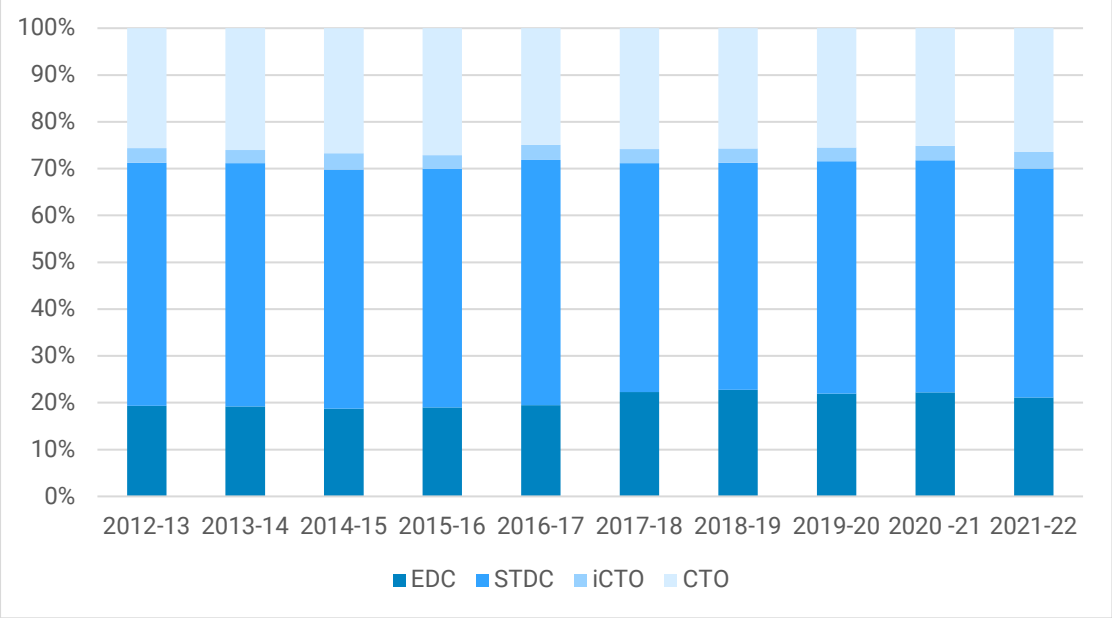
Figure 1. Order progression among all episodes in 2021-22



Of the 114 episodes which started as CTOs (Figure 1) 34.2% were community-based CTOs.

Half of all episodes progressed as far as an STDC, 26.4% progressed to a CTO, 3.6% as an iCTO (Figure 2) and 21.1% ended as an EDC. This was similar to the average in the previous years.

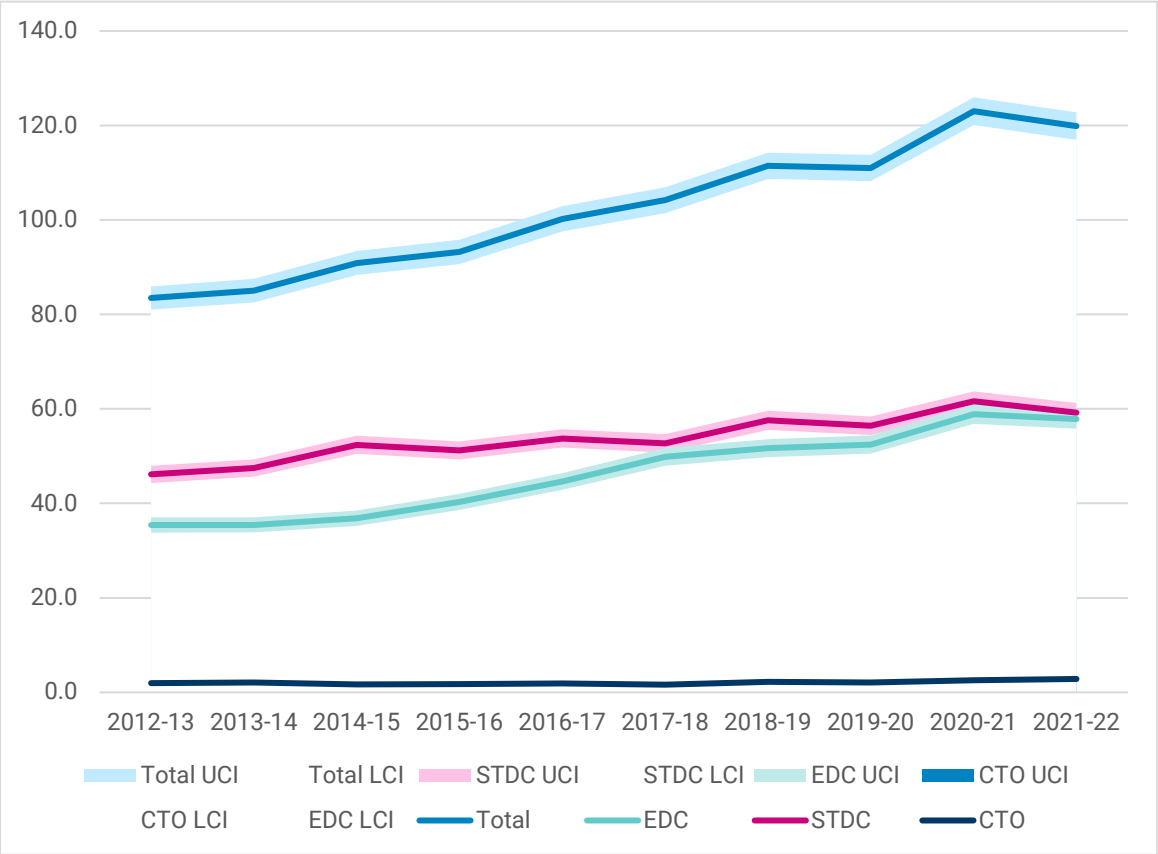
Figure 2. Highest order an episode progressed to by year



In 2021-22, 6,569 episodes began, which was 2.3% fewer episodes than in 2020-21. The average year-on-year change of new episodes in 2012-13 to 2020-21 was 5.4% (ranging 0%–10.9%) (Appendix Table A1).

Figure 3 shows the change in rate of detention episodes over time with 95% Confidence Interval (CI)[2]. The rate of new episodes per 100,000 population was 119.9 (95% CI: 117.0–122.8). The rate of episodes by type of order (based on the starting order) was 57.9 (95% CI: 55.9–59.9) for EDC, 59.2 (95% CI: 57.1–61.2) for STDC and 2.8 (95% CI: 2.4–3.3) for CTO.

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



49.4% of all episodes began with a STDC, 48.3% with an EDC, and 2.4% 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 42.4% in 2012-13 to 48.3% in 2021-22. 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 or may reflect workforce shortages.

[2] 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.

[3] Due to the scale of the x-axis, the CI for CTO is not visible on this graph.

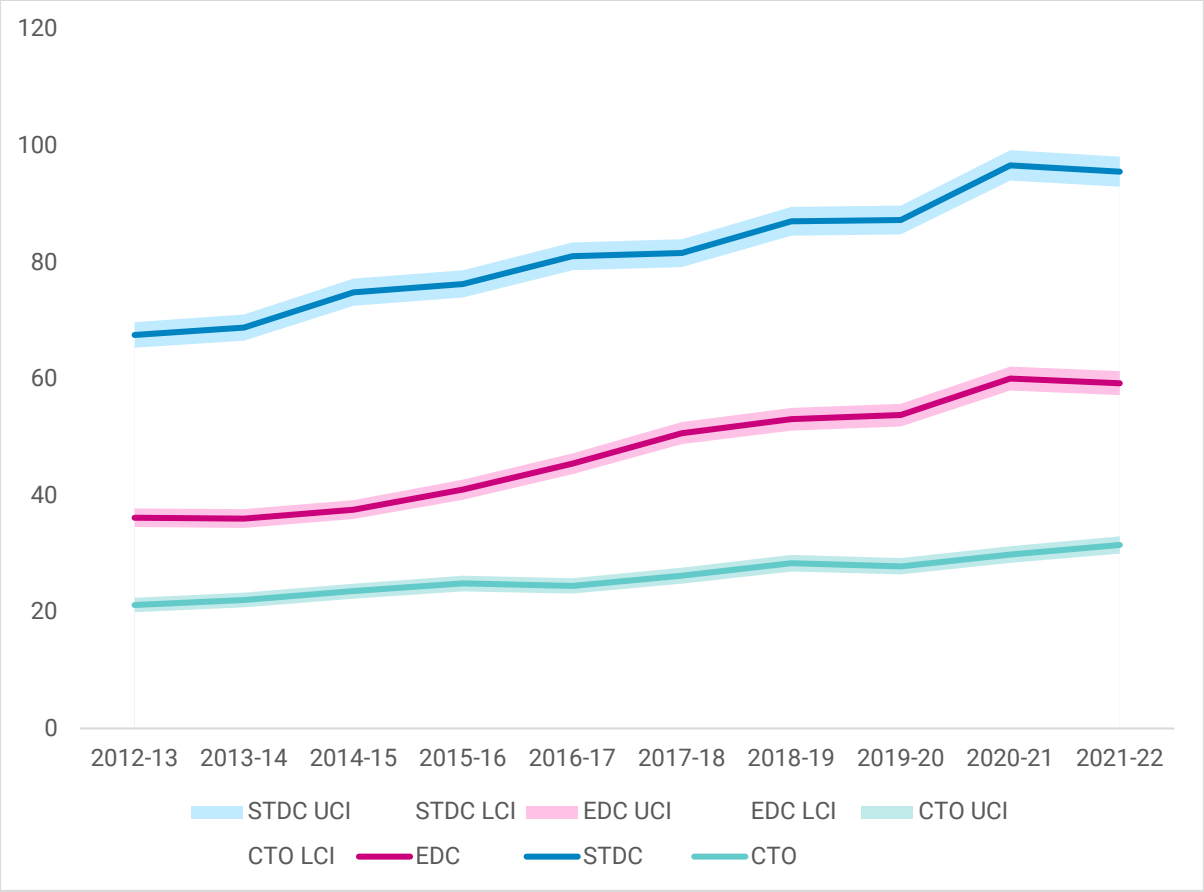
New Mental Health Act orders

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 of compulsion e.g., in the situation where a person may be subject to a suspended hospital based CTO but is admitted under an EDC initially.

The number of new orders shows a slight downward trend in both EDCs and STDCs from last year however this is in the context of a continued in an upward trend over the last decade and with a higher rise in 2020/21 than has been seen in previously years as described in our reports covering the impact of the Covid-19 pandemic [7] and in the MWC monitoring report of the Mental Health Act 2020/21 [8]. The number of CTOs however continues to rise gradually. We published a detailed report in response to a request from Scottish Mental Health Law Review on trends with regards to the use of Compulsory Treatment Orders that explores the rise in CTOs and specifically the rise in community based compulsion. This report is available online [9].

The number of orders are presented in Appendix tables A2-A4. In the following sections we analyse standardised rates for each order type for 2021-22.

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



Emergency detention certificates (EDCs)

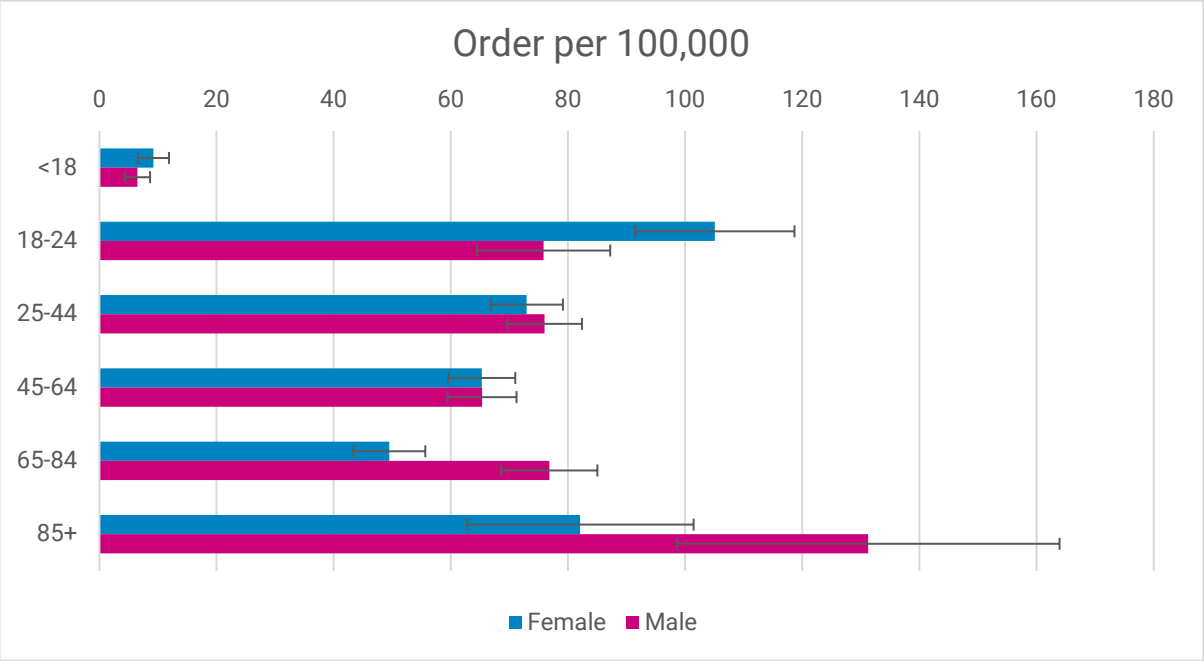
Unlike in the Mental Health (Scotland) Act 1984, there is an expectation that emergency orders will be used 'sparingly' in the current Mental Health Act [3]. Clear reasons need to be recorded as to the necessity for granting an EDC rather than the preferred route of a STDC which provides the person with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

The overall rate of EDCs in 2021-22 was 59.3 (95% CI: 57.2–61.3), which was a slight decrease on the previous year's rate of 60.1 (95% CI: 58.0–62.1) (Figure 4). The number of orders is shown in Appendix Table A2.

The rate of EDCs vary by gender. In 2021-22 the overall rate of EDCs was 58.1 (95% CI: 55.2–60.9) for females and 60.5 (95% CI: 57.6–63.5) for males.

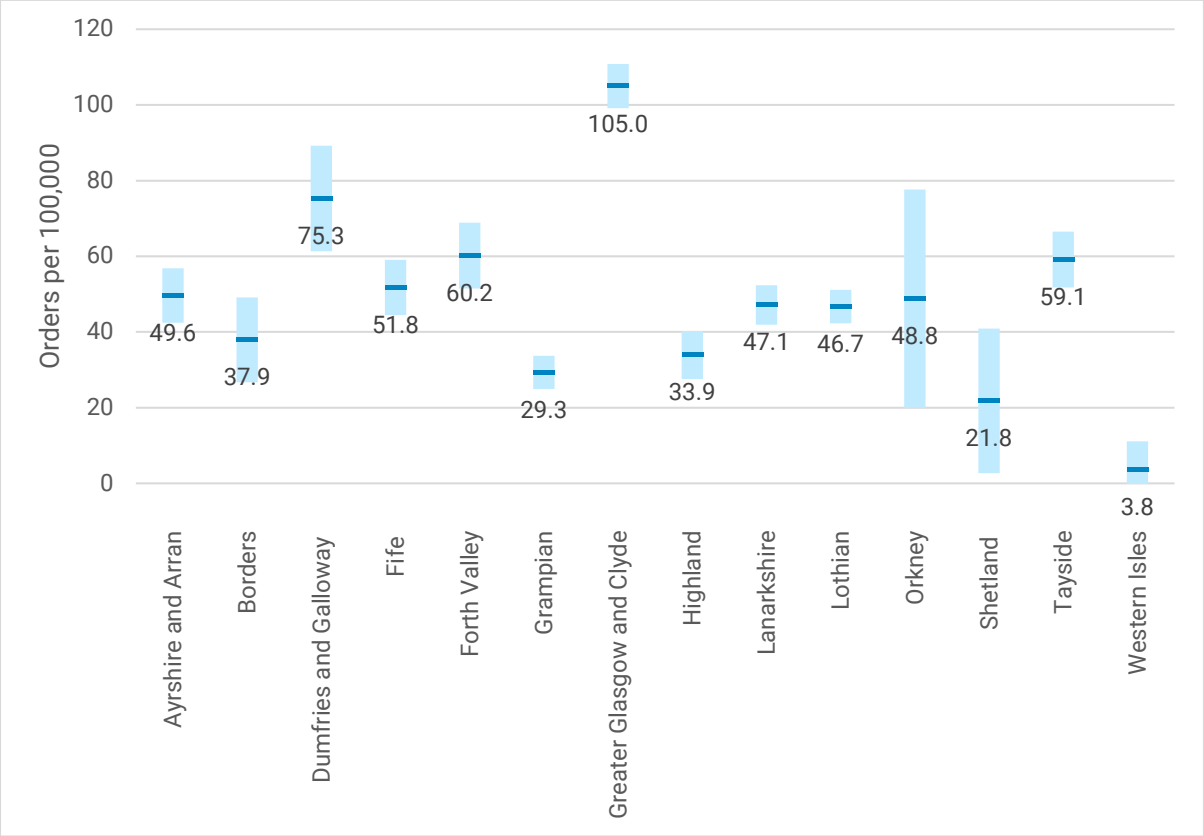
Figure 5 shows the rate for each age group, indicating a higher rate for females than males in younger age groups but for those aged 25 years and older the opposite was true. The rate of EDCs was particularly high among those aged 85 years or older, particularly for males, which was 131.2 per 100,000, but is lower compared to the rate of 161.3 in 2020-21. However, it should be noted that the confidence interval is wide and the true estimate is therefore uncertain (95% CI: 98.6–163.9). The rate for females 85 years and older was similar to last reporting year at 82.1, but also for this group the confidence interval was wide (95% CI: 62.7–101.4).

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



In the mainland health boards the rate of EDCs varied from 29.3 (95% CI: 24.9–33.7) per 100,000 in Grampian to 105.0 (95% CI: 99.1–110.8) in Greater Glasgow and Clyde. Compared to our last monitoring report, rates decreased in seven of the 11 mainland health boards. The rate of EDCs increased compared to our last reported figures in Ayrshire & Arran, Forth Valley, Greater Glasgow and Clyde and Highland. 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 2021-22 with 95% CI (shaded area), by health board

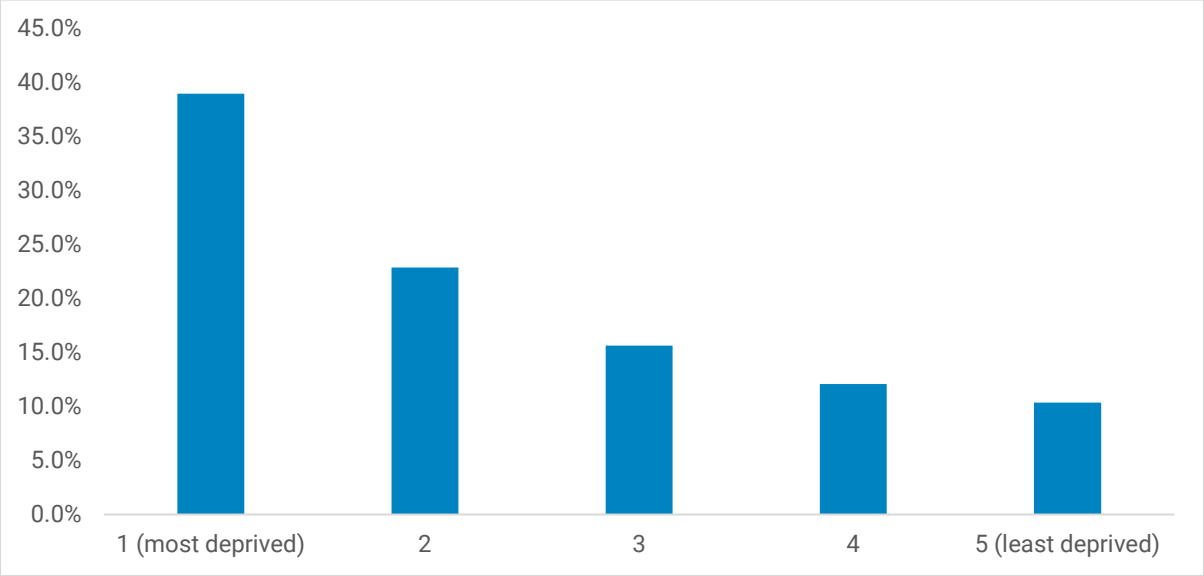


Deprivation

We are continuing to report on the breakdown by SIMD category. 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 98.1% of EDCs with SIMD by using a valid home postcode. Figure 7 shows a clear gradient in the level of deprivation for EDCs, with 39.0% of detentions of people from the 20% most deprived areas of Scotland.

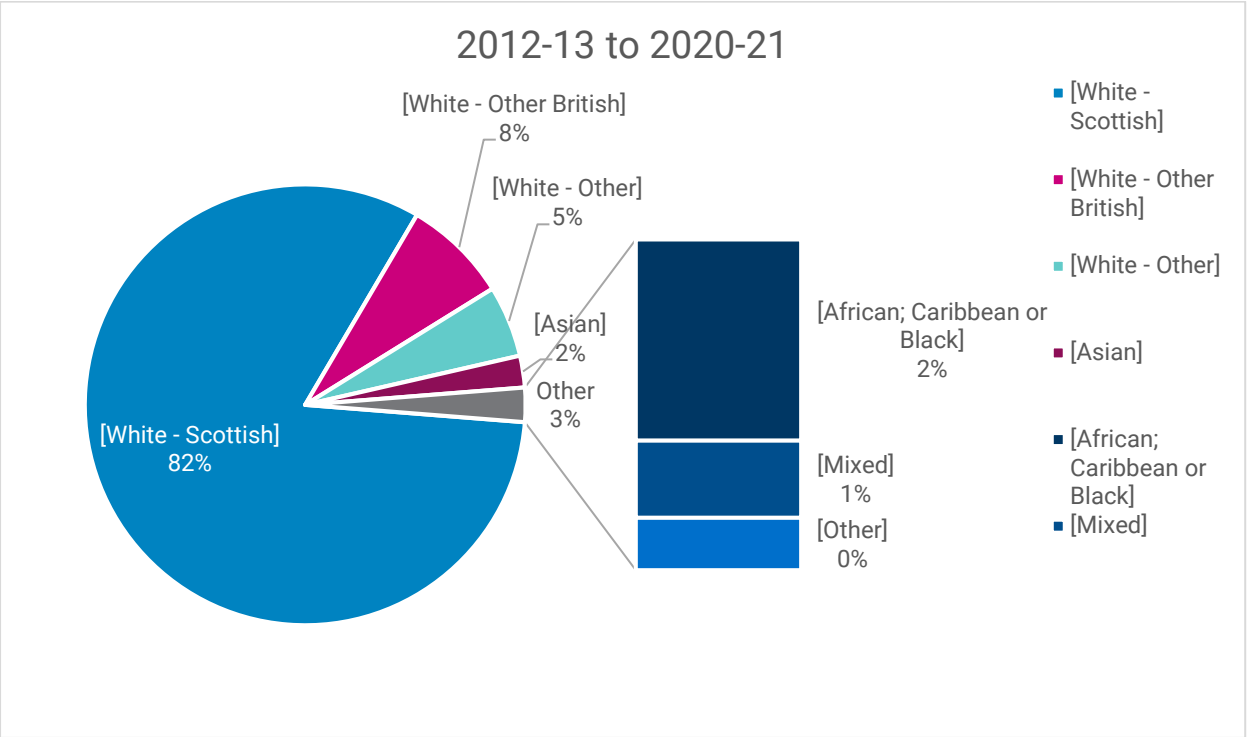
Figure 7. EDCs by level of deprivation

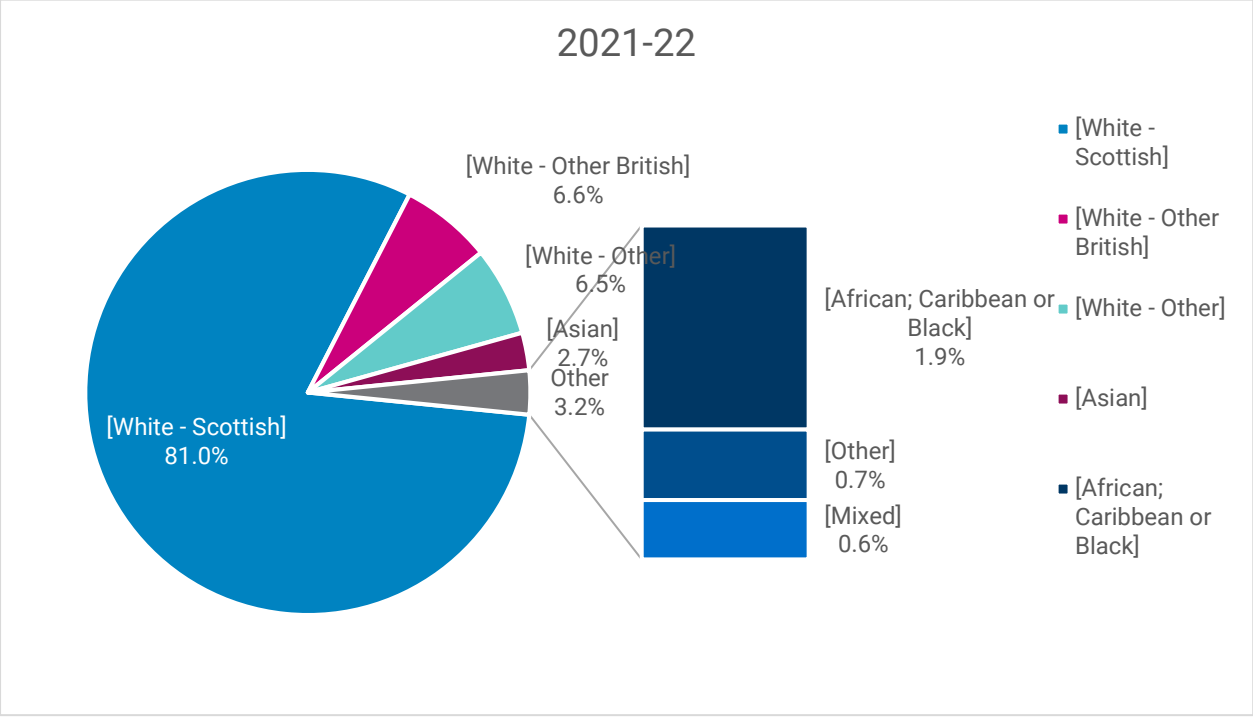


Ethnicity

We had ethnicity information for 86.9% of EDCs in 2021-22. Figure 8 shows the breakdown of ethnicity categories of those detained under an EDC in 2021-22 compared to 2012-13 to 2020-21. There was little difference compared to previous years.

Figure 8. Ethnicity among EDCs from 2012-13 to 2020-21, and in 2021-22





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.

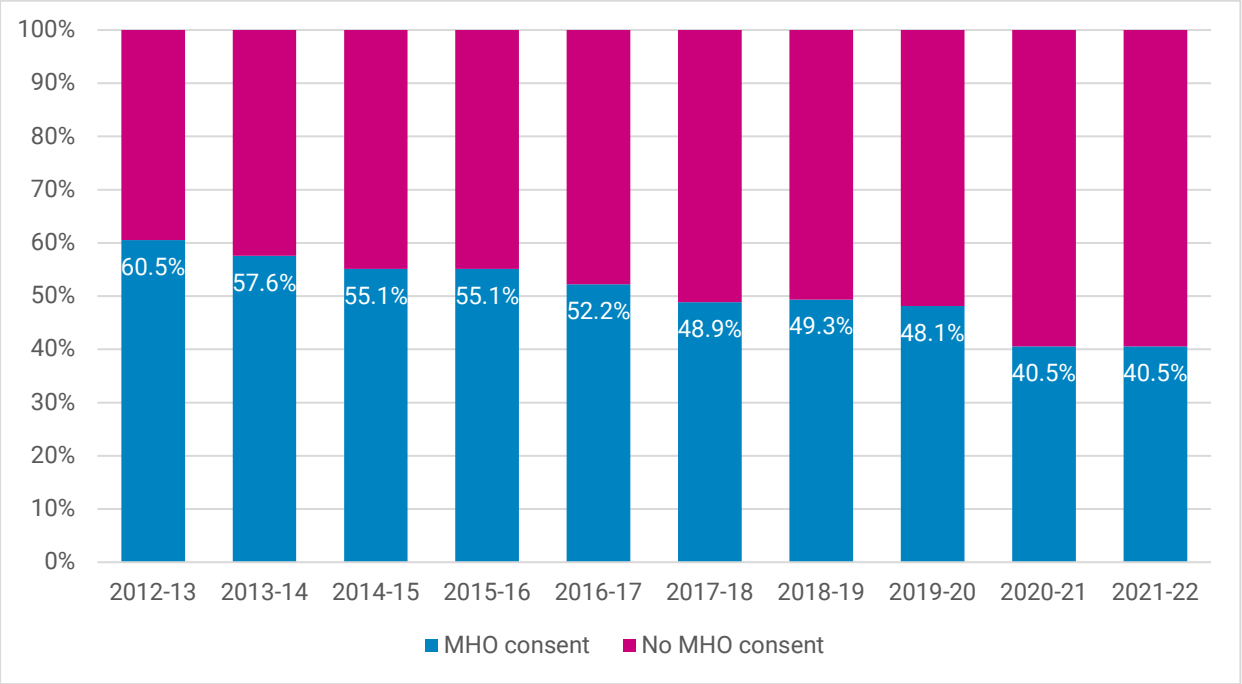
MHOs are involved in the assessment of individuals experiencing mental health difficulties who may need compulsory measures of care, treatment and in some cases, detention.

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

During the pandemic we drew attention to the drop in this important safeguard in our MHA monitoring reports during the pandemic. This does not appear to have recovered. Overall, 40.5% of EDCs had MHO consent in 2021-22, similar to the figure 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. We will be seeking feedback at End of Year meetings from Health and Social Care Partnerships, supported by respective Health Boards and Local Authorities, to explain this pattern.

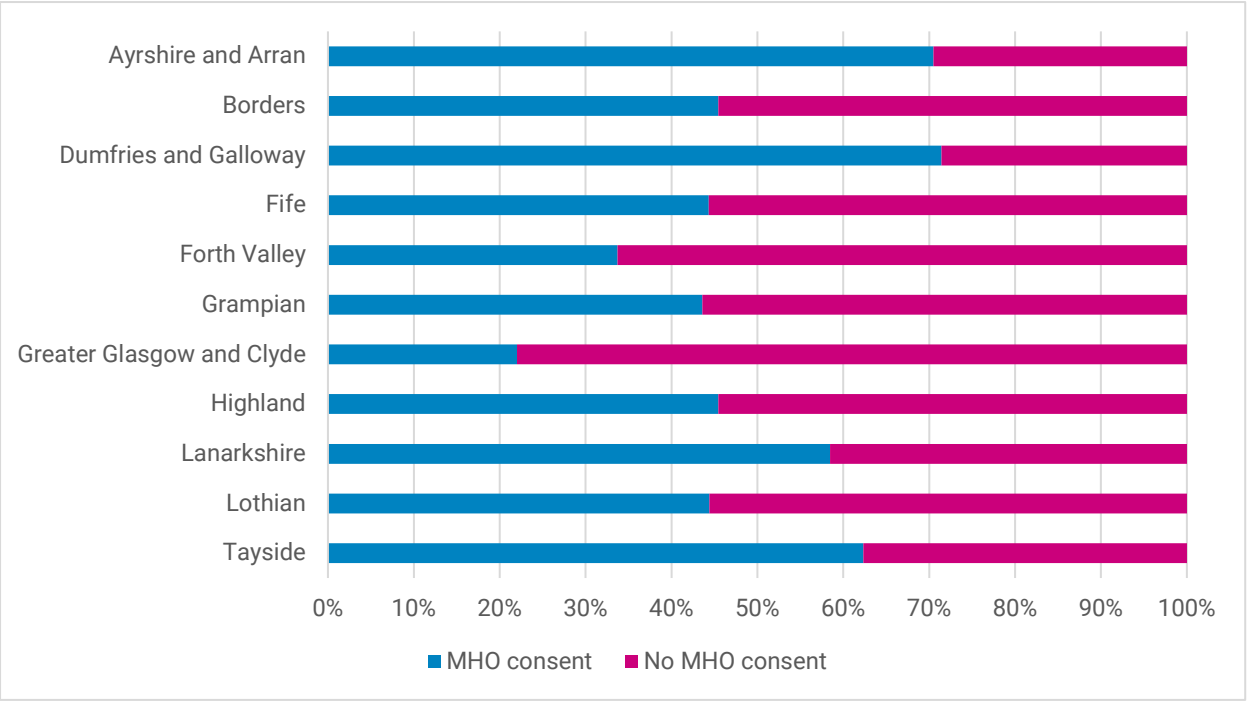
Figure 9. MHO consent for EDCs by year



When we look at the breakdown by health board we see great variation in MHO consent to EDCs from as low as 22.0% (Greater Glasgow and Clyde) to 71.4% (Dumfries and Galloway) (Figure 10).

Of those detained under an EDC, 30.8% were not in a hospital at the time of the detention whereas 69.2% were in a named hospital, informally. The proportion of detentions that happened when the person was not in hospital was 3.0% lower than in the previous year, but 11.7% lower compared to the average for the years 2012-13 to 2020-21 when 42.6% of EDCs were for people not in hospital at the time of detention.

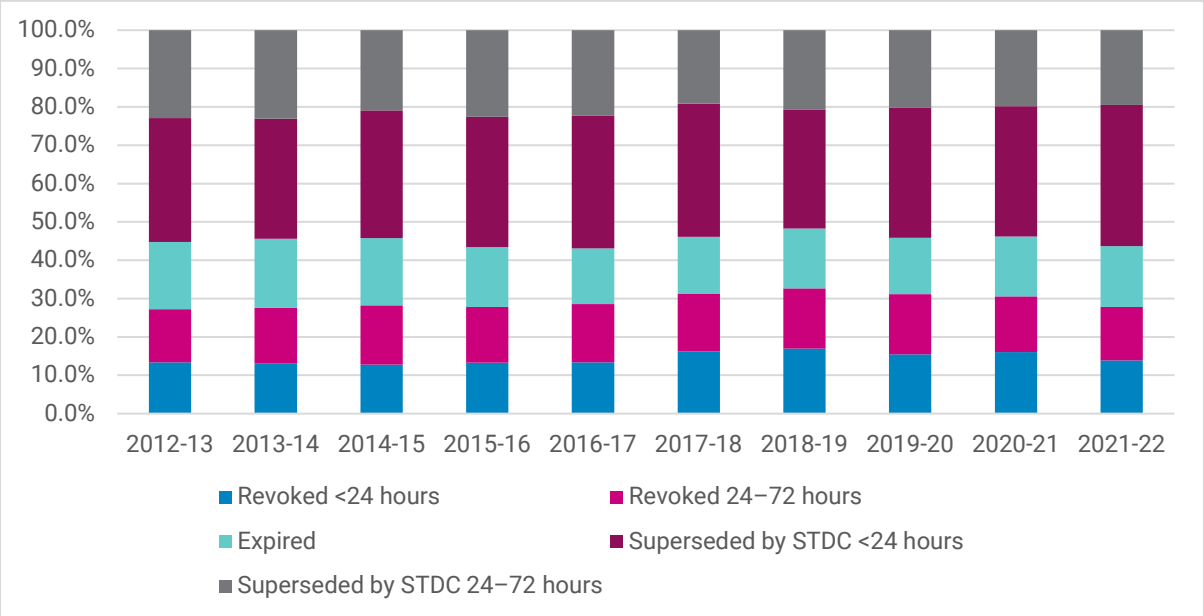
Figure 10. MHO consent for EDCs by health board in 2021-22



Duration of emergency detentions

Similar to previous years just over half (56.4%) 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 recent years there has been a slight shift in more revocations within 24 hours, however in 2021-22, this has dropped to 13.9% compared to 16.0% last year (Figure 11).

Figure 11. EDC conclusion by year



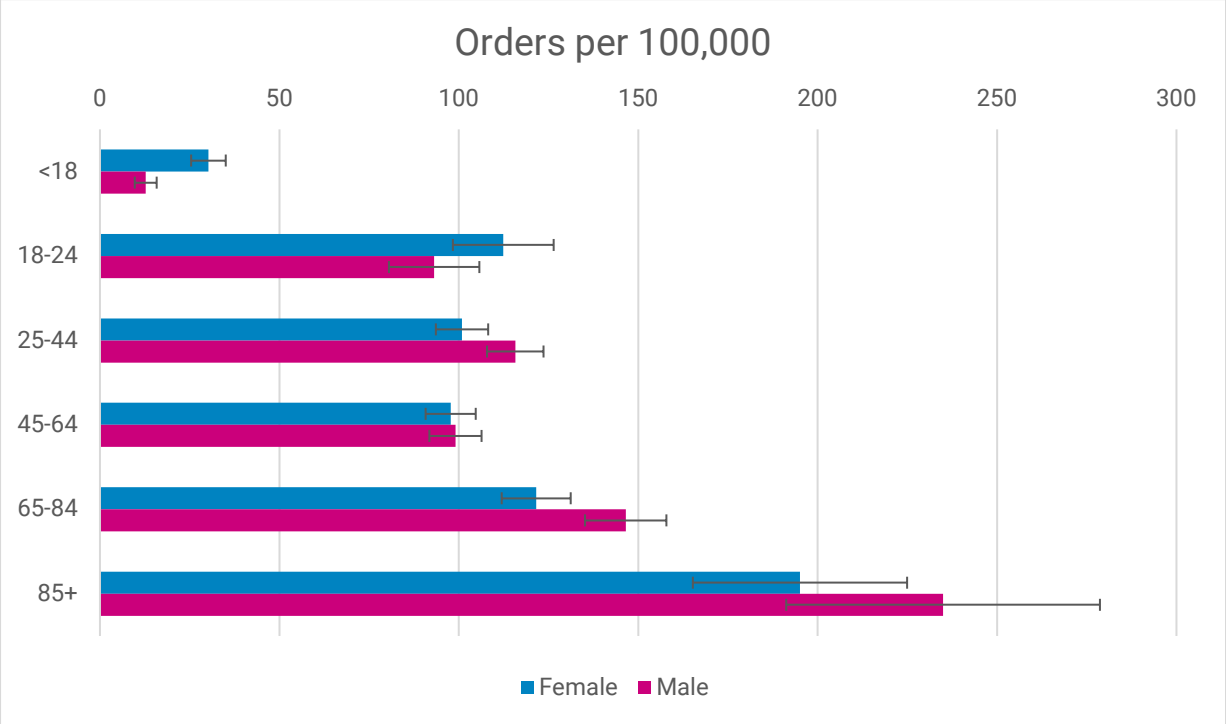
Short-term detention certificates

The overall rate of STDCs in 2021-22 was 95.5 (95% CI: 93.0–98.1), which was a slight decrease on the previous year's rate of 96.7 (95% CI: 94.0–99.3) (Figure 4). The number of STDCs are shown in Appendix Table A3.

The rate of STDCs varies by gender. In 2021-22 the overall rate of STDCs was 94.9 (95% CI: 91.3–98.5) for females and 96.2 (95% CI: 92.5–100.0) for males.

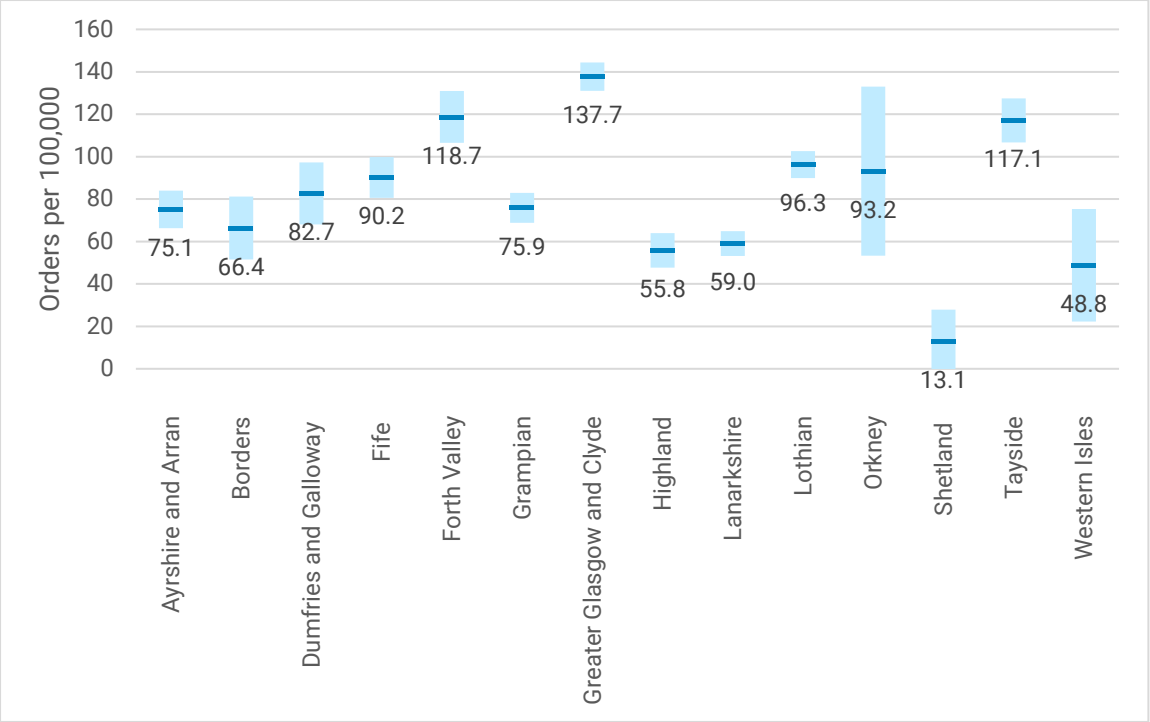
Figure 12 shows the rate for each age group, showing that the rate of STDCs was higher among females than males under the age of 25 but higher among males than females over the age over the age of 25. The rate for females and males over the age of 85 years was higher than our last monitoring report. 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



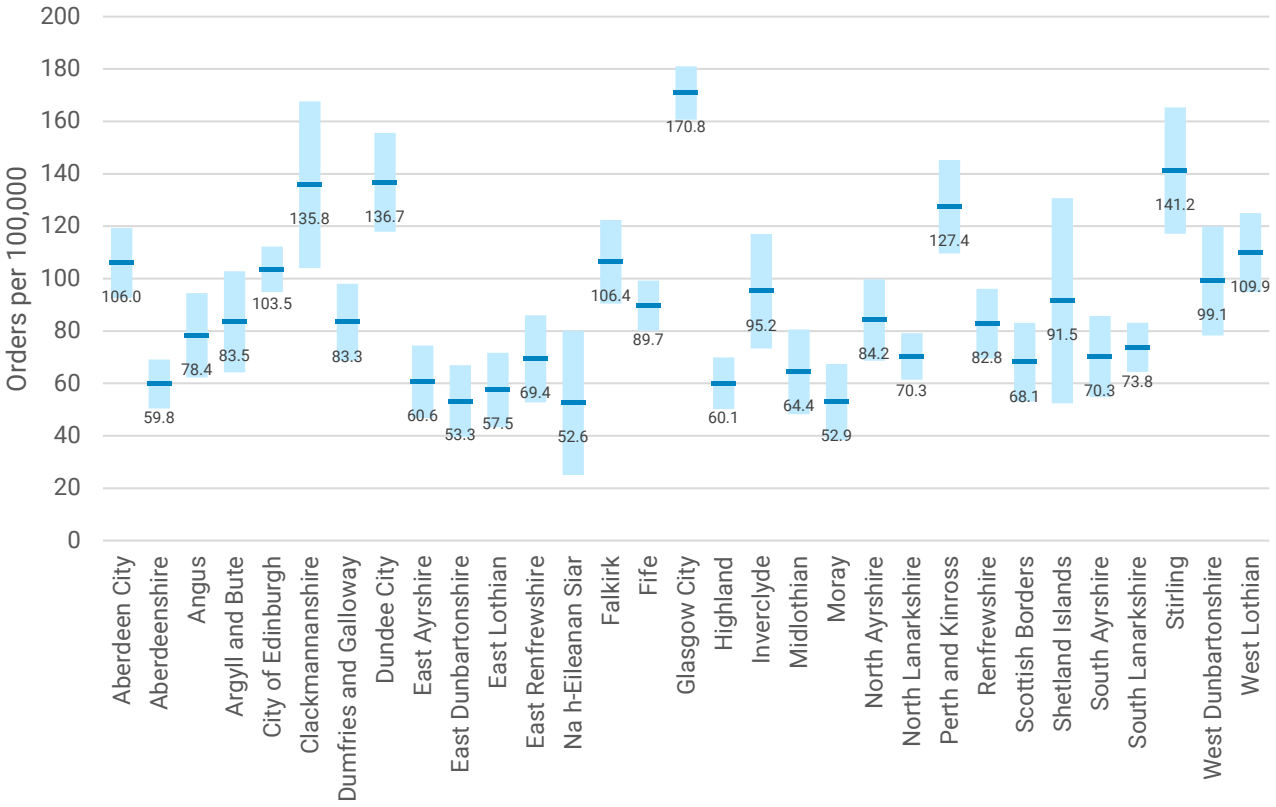
In the mainland health boards the rate of STDCs varied from 55.8 (95% CI: 47.7–63.9) per 100,000 in Highland to 137.7 (95% CI: 131.0–144.4) in Greater Glasgow and Clyde. Compared to our last monitoring report, rates decreased in seven of the 11 mainland health boards. The rate of STDCs increased compared to our last reported figures in Ayrshire & Arran, Forth Valley, Highland 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 2021-22 by health board with 95% CI (shaded area)



The rate of STDCs in mainland local authorities ranged from 52.9 per 100,000 (95% CI: 38.4–67.4) in Moray to 170.8 (95% CI: 160.7–181.0) in Glasgow City (Figure 14). The number and rate of STDCs by local authority is shown in Appendix Table A4 and A5.

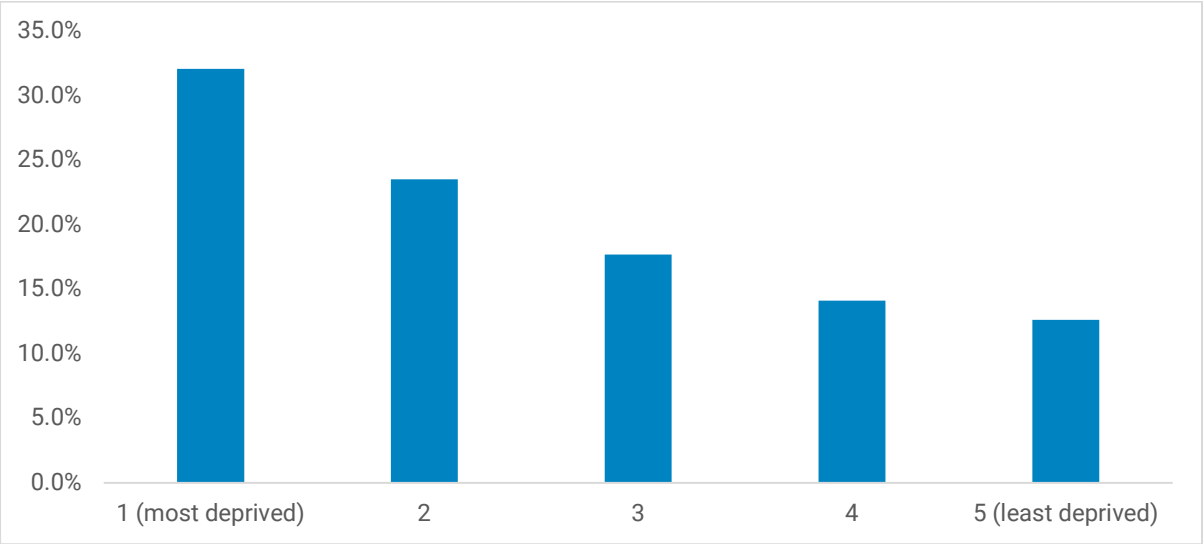
Figure 14. Rate of STDCs by local authority



Deprivation

We were able to match 97.5% of STDCs with SIMD by using a valid home postcode. Figure 15 shows a clear gradient in level of deprivation for STDCs, with 32.1% of detentions of people from the 20% most deprived areas of Scotland.

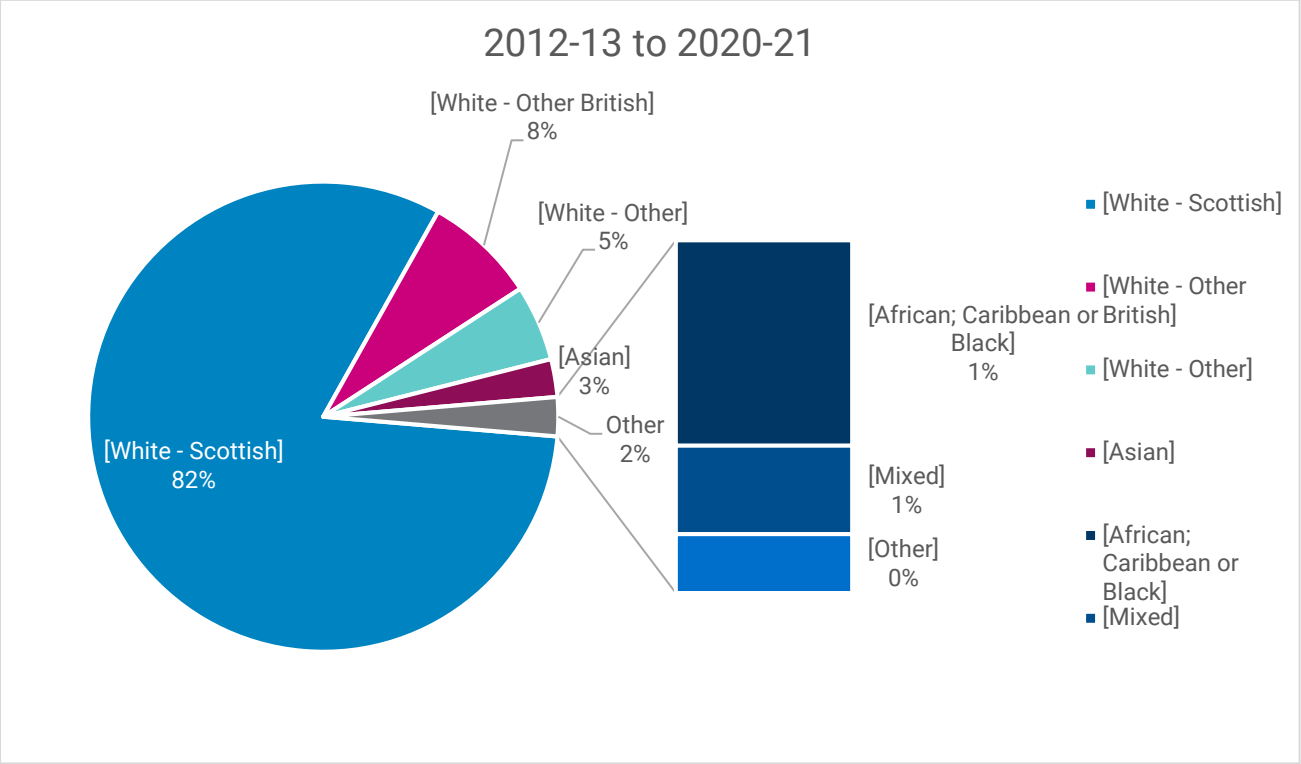
Figure 15. STDCs by level of deprivation

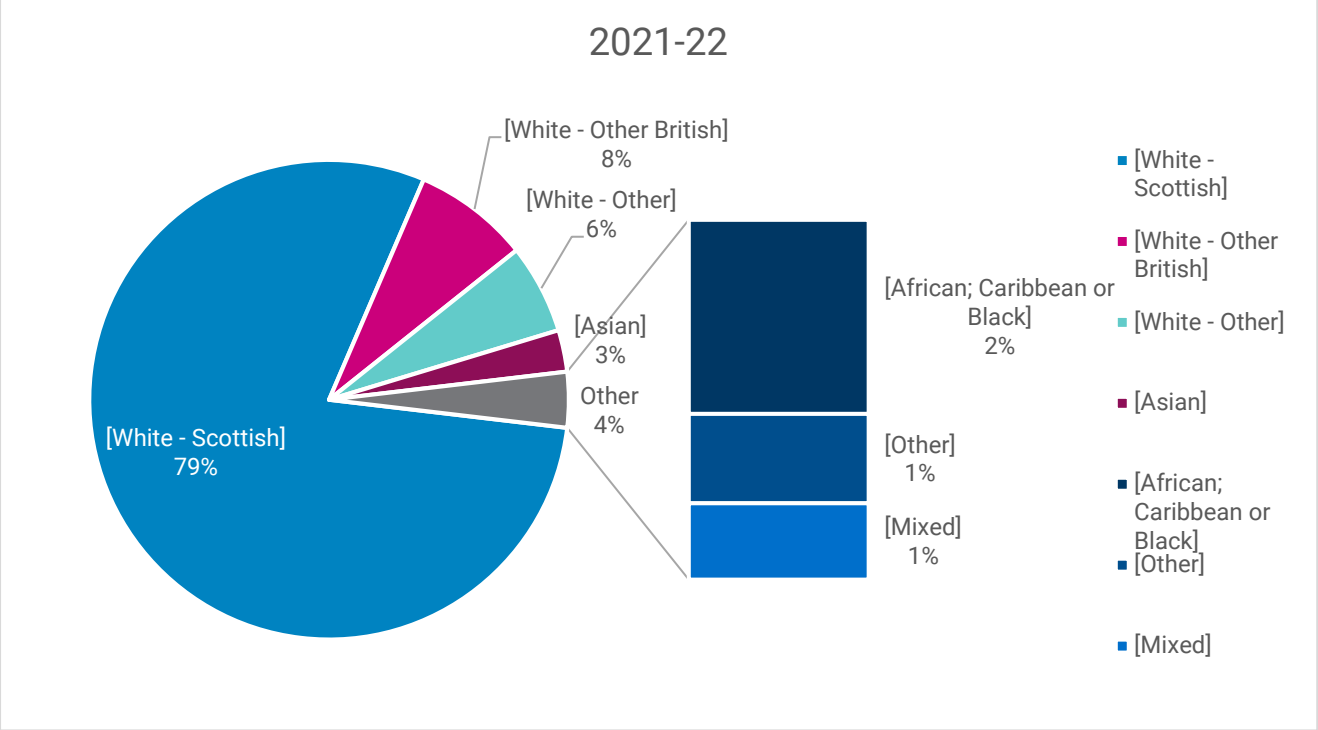


Ethnicity

We had ethnicity information for 84.2% of STDCs in 2021-22. Figure 16 shows the breakdown of ethnicity categories of those detained under an STDC in 2021-22 compared to 2012-13 to 2020-21. There was little difference compared to previous years, but we noted a higher percentage of other White ethnicity (6.0% vs 5.2%), African, Caribbean or Black (2.0% vs 1.6%) and mixed ethnicities (0.8% vs 0.4%) compared to previous years.

Figure 16. Ethnicity among STDCs from 2012-13 to 2020-21, and in 2021-22

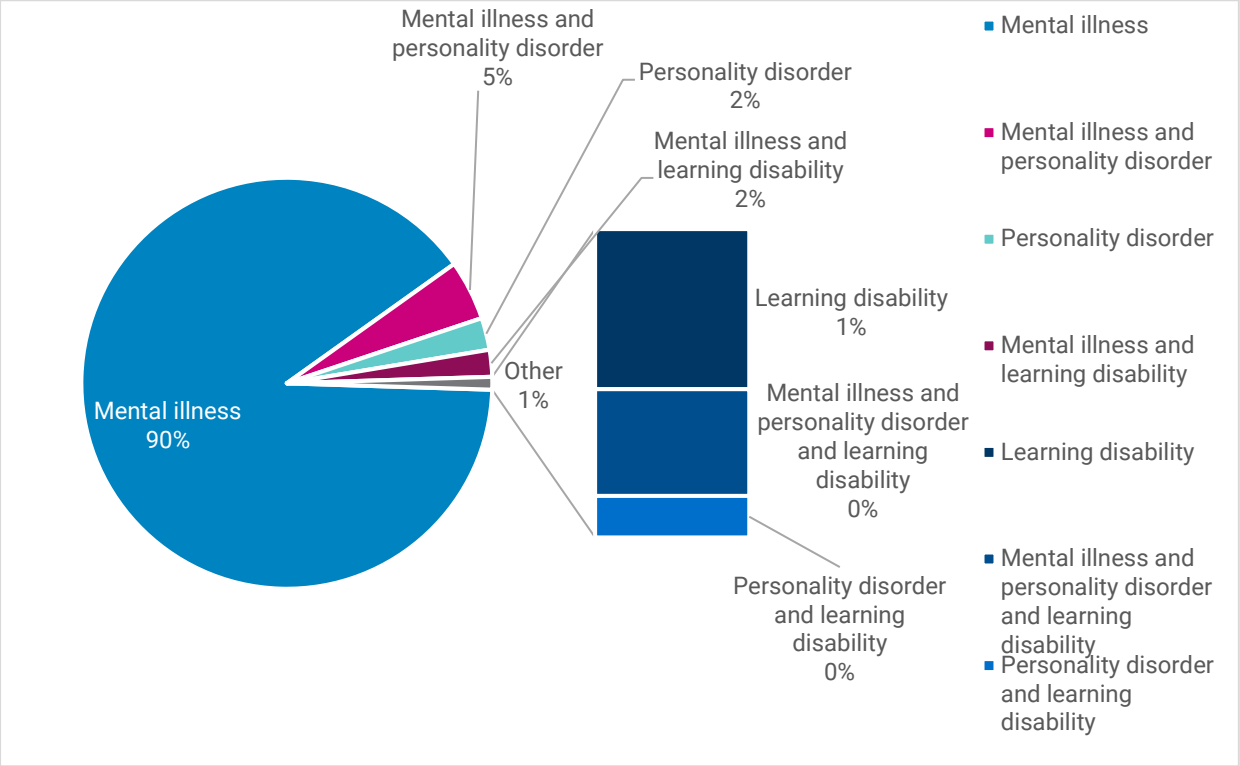




Diagnosis

All but 33 STDCs had broader level diagnoses recorded. Figure 17 shows that the vast majority of STDCs were for mental illness (89.6%). For 4.7% the diagnosis was mental illness and personality disorder, 2.5% had personality disorder, and 2.1% had mental illness and learning disability. Learning disability alone was recorded in 1% of short term detention certificates.

Figure 17. Diagnoses recorded on detentions under a STDC



Social circumstances reports

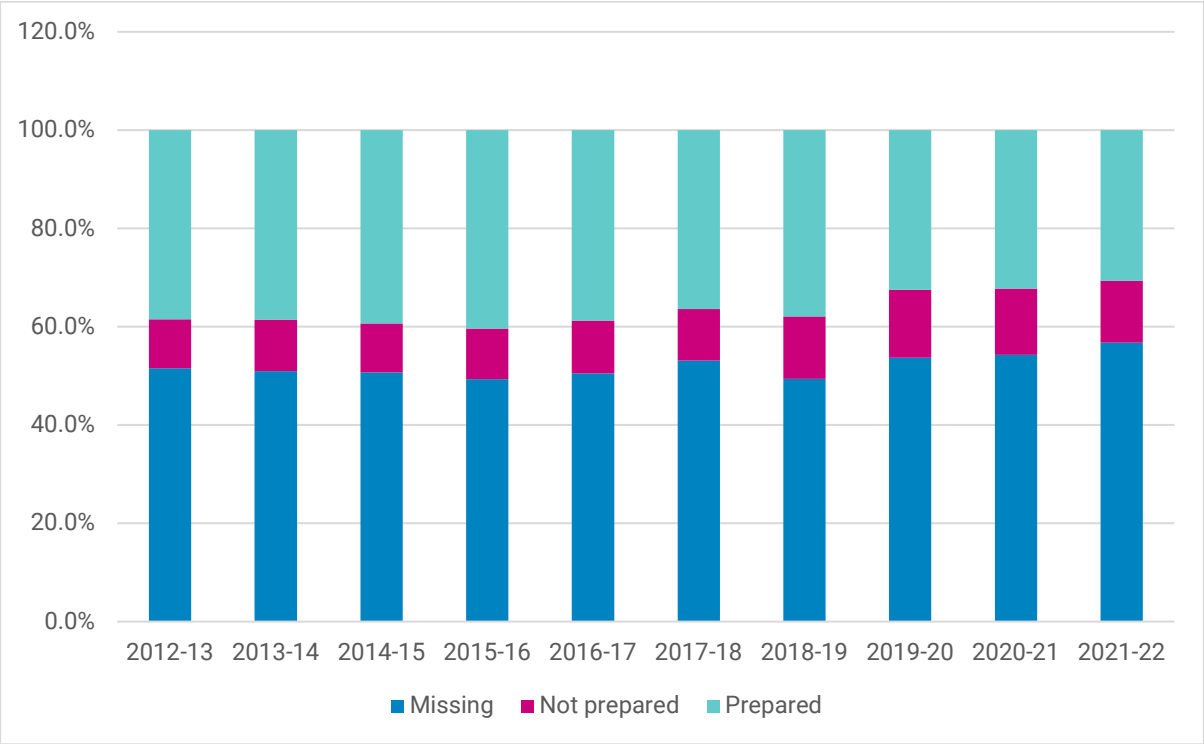
Looking at the person's social circumstances is very important for mental health services to fulfil their duty to respect people's social, economic and cultural rights. One of these duties is for an MHO to write a social circumstances report (SCR), as described in section 231 of the Mental Health Act. 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 43.3% of STDCs in 2021-2022 the Commission received notification that an SCR had been prepared or that an SCR would serve no purpose (12.6% did not have a social circumstances report prepared as it was deemed that it 'serves no purpose' while 30.7% of all STDCs had one prepared). In 56.7% of cases we received no notification (termed "missing" in the discussions below). This is the lowest percent of STDCs that had a SCR report completed and this has got progressively lower over the years (Figure 18). This completion rate is of significant concern

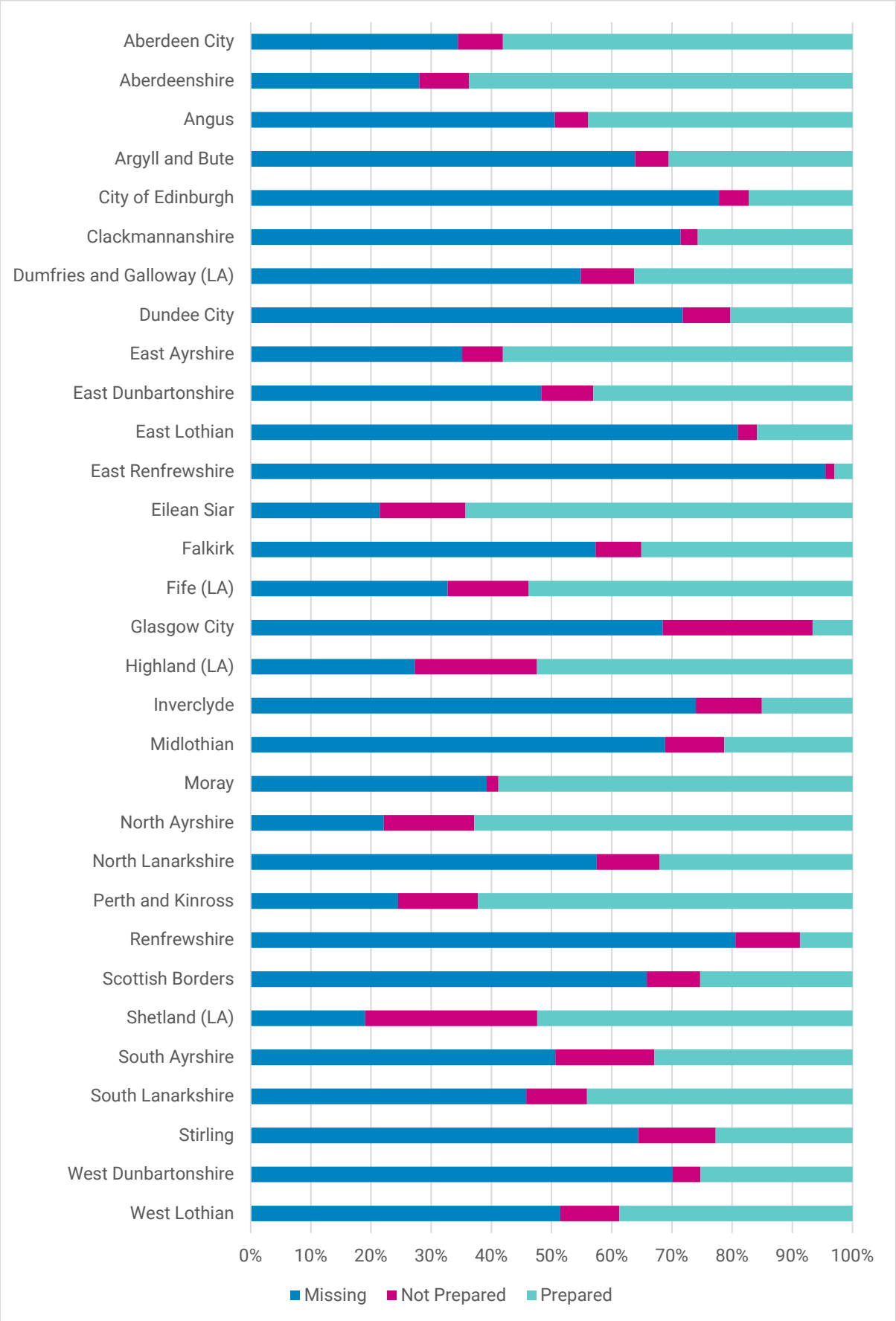
and the Commission will be raising with Health and Social Care Partnerships and their respective Health Boards and Local Authorities directly.

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



The proportion of completed social circumstances reports varied from 3.0% in East Renfrewshire to 64.3% in Na h-Eileanan Siar (Figure 19). Proportion of STDCs missing a social circumstances report all together ranged from 19.0% in Shetland to 95.5% in East Renfrewshire. Social circumstances reports that were returned but indicated as not completed as they 'serve little or no practical purpose' ranged from 1.5% in East Renfrewshire to 28.6% in Shetland.

Figure 19. Social circumstances reports completed by local authority



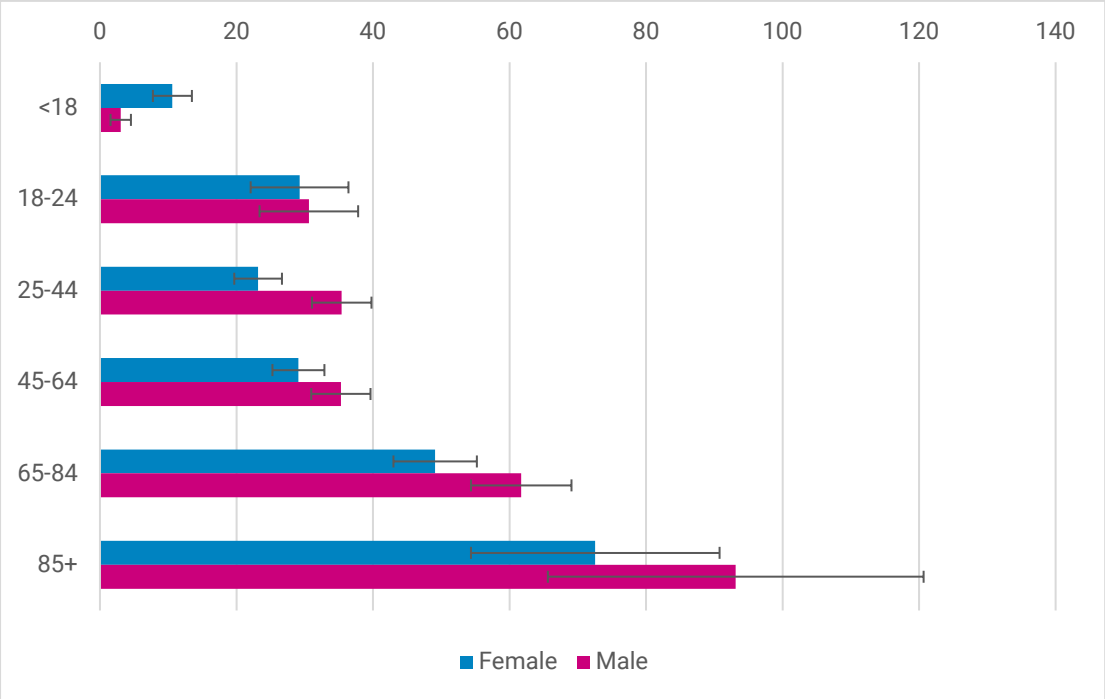
Compulsory treatment orders

The overall rate of CTOs in 2021-22 was 31.5 (95% CI: 30.0–33.0), which was a slight increase on the previous year's rate of 29.9 (95% CI: 28.4–31.3) (Figure 4). The number of CTOs are shown in Appendix Table A6.

The rate of CTOs vary by gender. In 2021-22 the overall rate of CTOs was 29.2 (95% CI: 27.2–31.2) for females and 33.9 (95% CI: 31.7–36.1) for males.

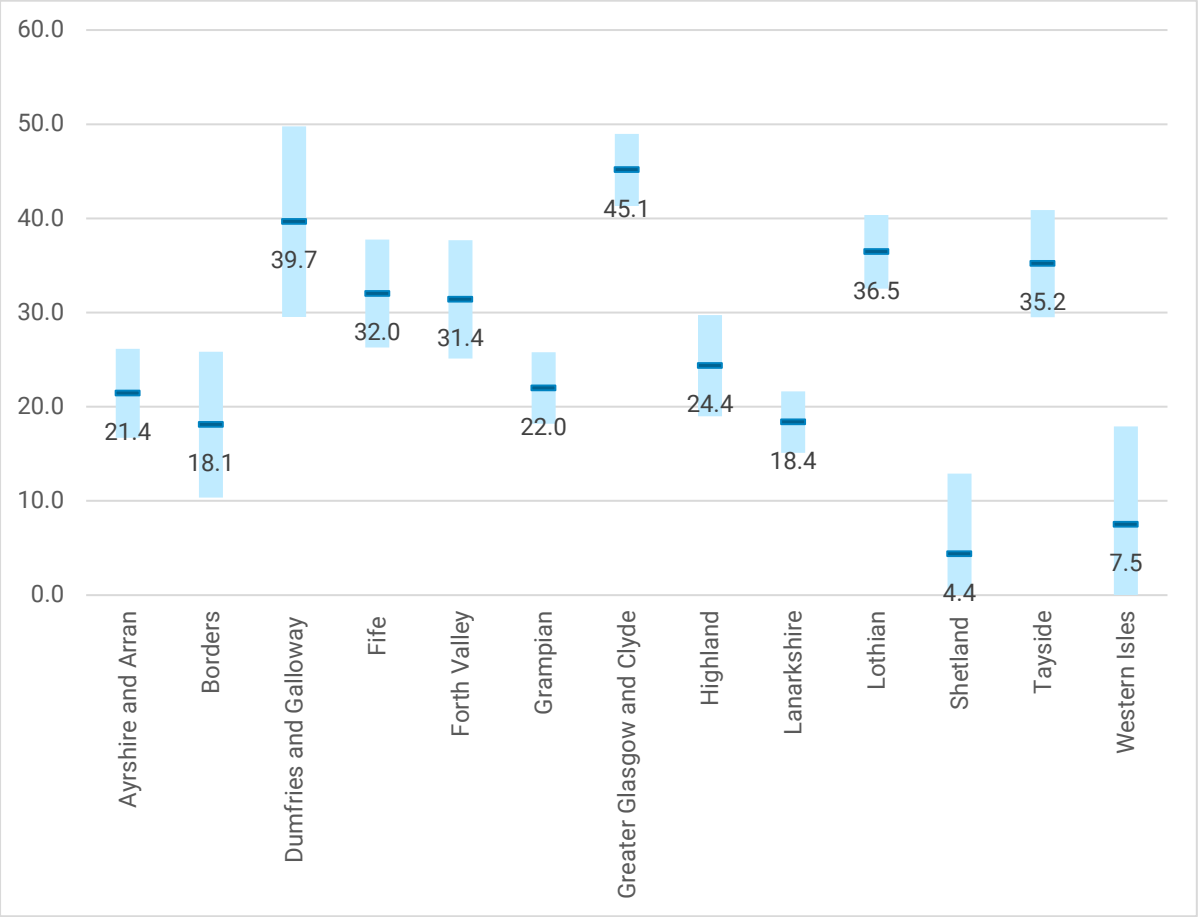
Figure 20 shows a similar trend for EDCs and STDCs with higher rate among females under the age of 18 years. The wide CIs for several age groups should be noted and acknowledged when interpreting these differences. As with STDCs, the confidence intervals for the oldest age groups were very wide and these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

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



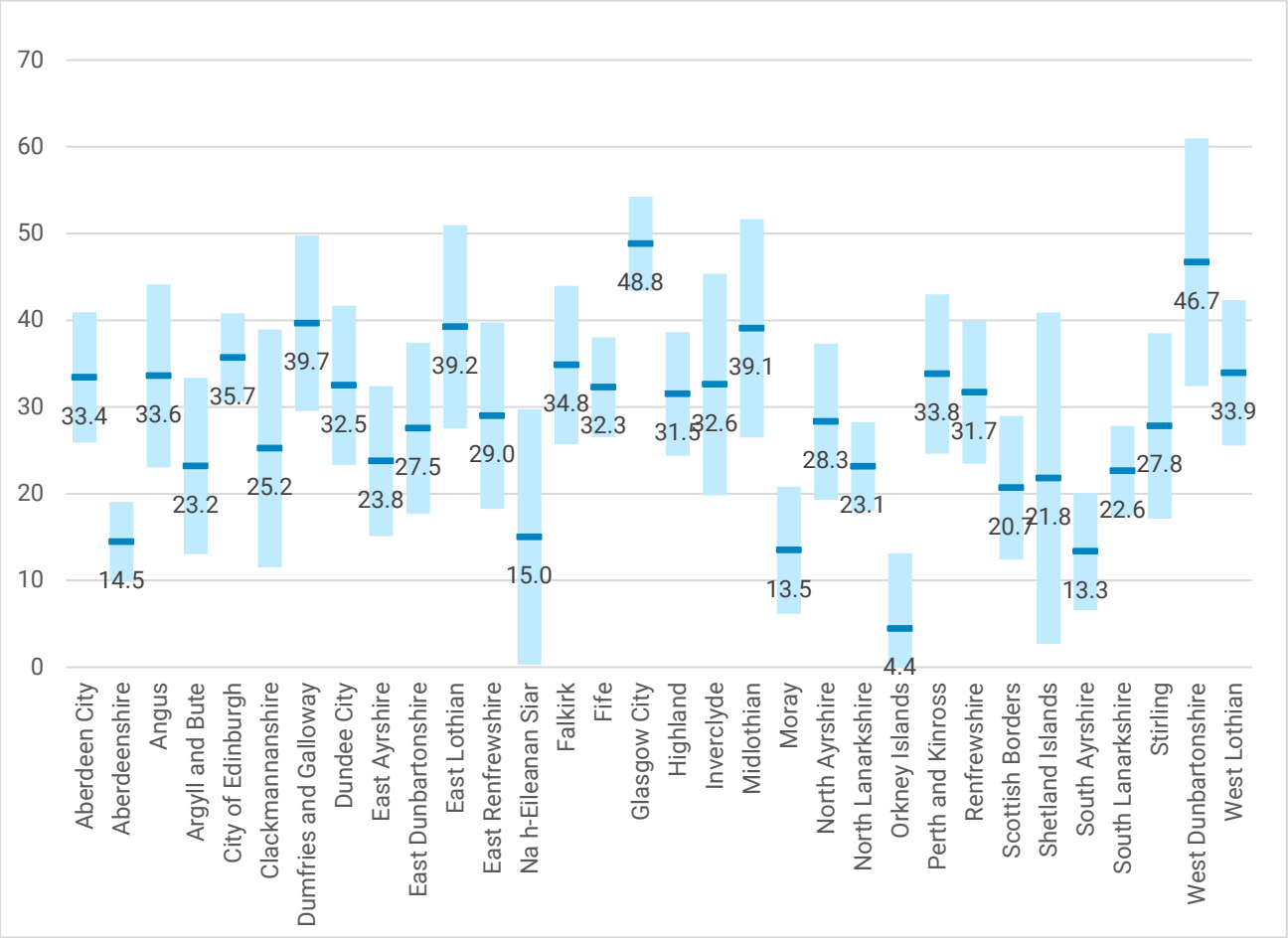
In the mainland health boards the rate of CTOs varied from 18.1 (95% CI: 10.4–25.8) per 100,000 in Borders to 45.1 (95% CI: 41.3–49.0) in Greater Glasgow and Clyde. Compared to our last monitoring report, rates increased in seven of the 11 mainland health boards. The rate of STDCs decreased on our last reported figures in Borders, Dumfries and Galloway, Fife 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 2021-22 with 95% CI (shaded area) by health board



We also looked at the rate of CTOs by local authority. The mainland rates ranged from 13.3 per 100,000 (95% CI: 6.1–20.3) in South Ayrshire to 48.8 (95% CI: 43.4–54.2) in Glasgow City (Figure 22). Compared to our last monitoring report, we have seen sharp increases in the rate of CTOs in the Midlothian (from to 22.5 to 39.1) and West Lothian (from 22.8 to 33.9). Conversely, the change in Clackmannanshire was in the opposite direction with sharp decrease from 40.9 to 25.2. The number and rate of CTOs is shown in Appendix Table A7 and A8.

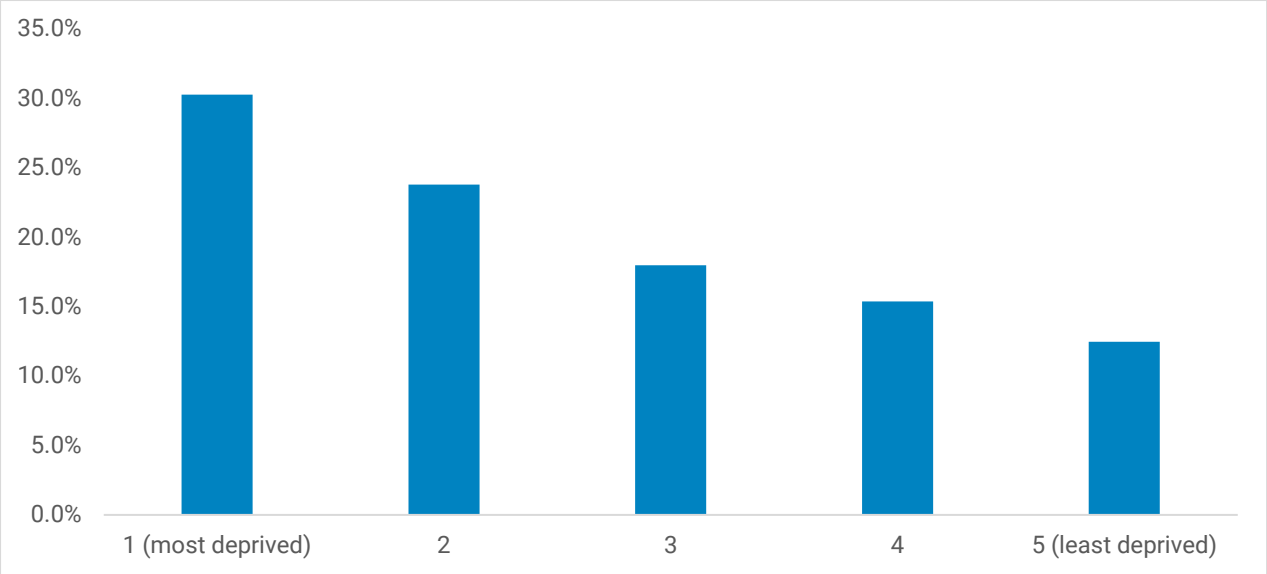
Figure 22. Rate of CTOs in 2021-22 with 95% CI (shaded area) by local authority



Deprivation

We were able to match 95.6% of CTOs with SIMD by using a valid home postcode. Figure 23 shows a clear gradient in level of deprivation for EDCs, with 32.1% of CTOs of people from the 20% most deprived areas of Scotland.

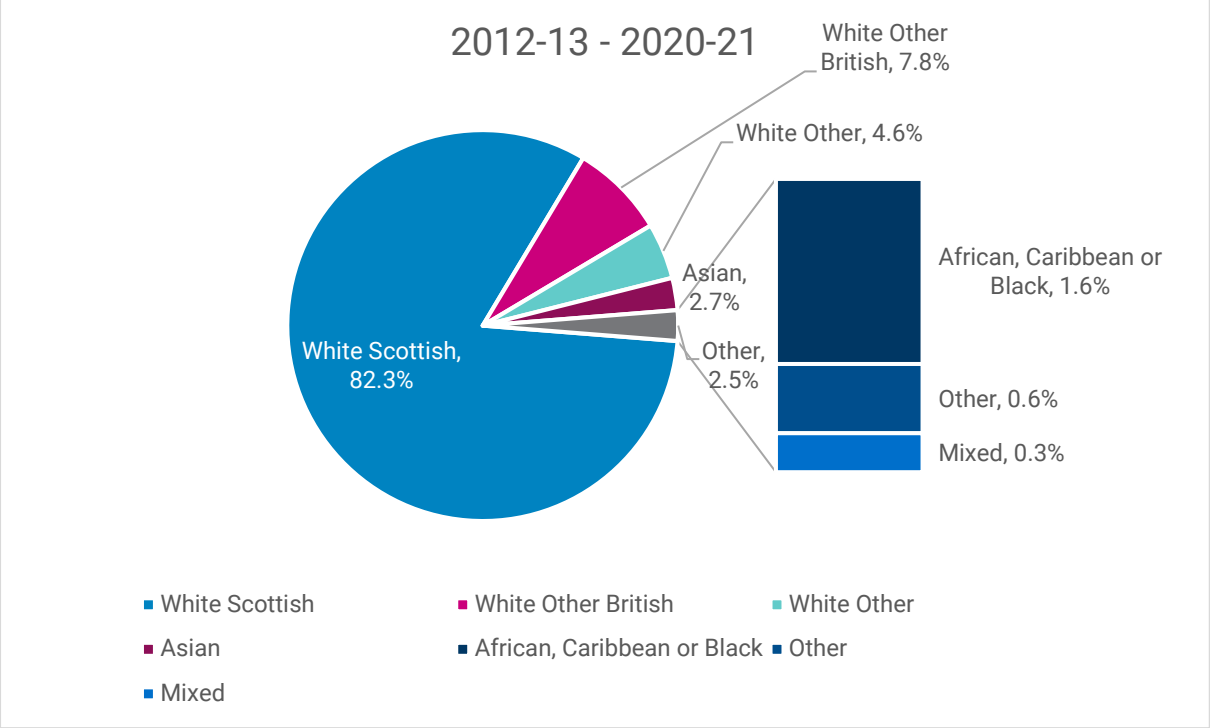
Figure 23. CTOs by level of deprivation

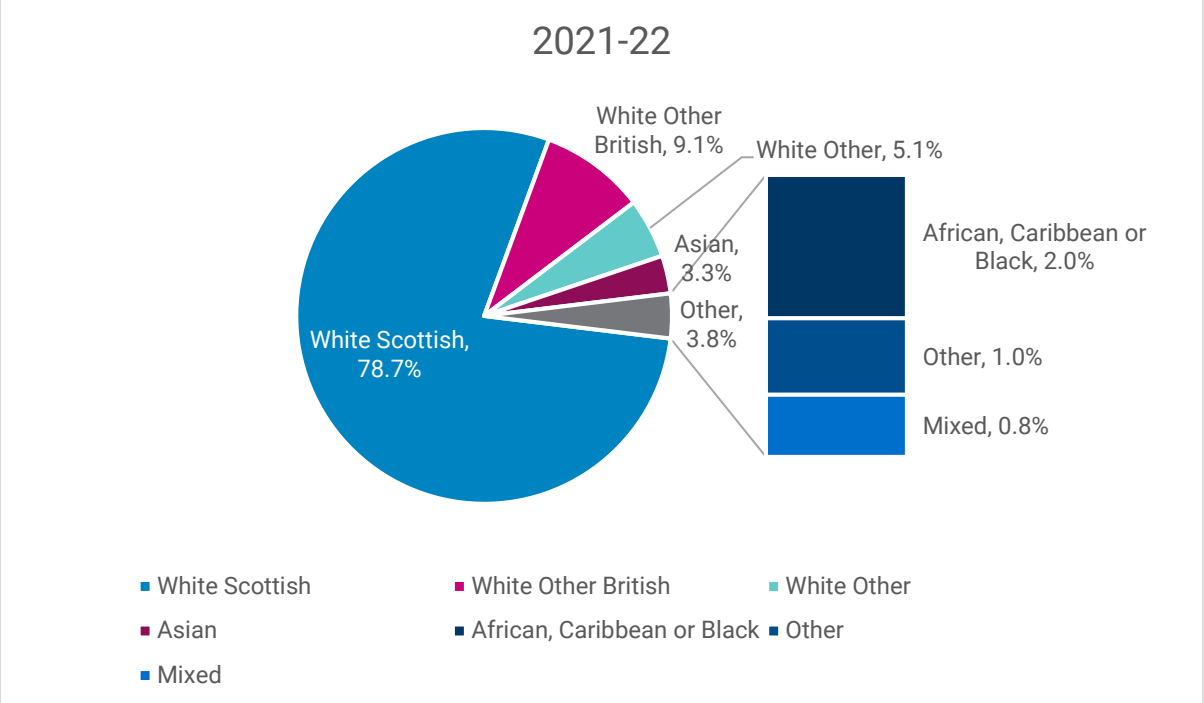


Ethnicity

We had ethnicity information for 88.9% of CTOs in 2021-22. Figure 24 shows the breakdown of ethnicity categories of those detained under a CTO in 2021-22 compared to 2012-13 to 2020-21. There were little difference compared to previous years, but we noted a higher percentage of Asian (3.3% vs 2.7%), African, Caribbean or Black (2.0% vs 1.6%), Mixed (0.8% vs 0.3%), White Other – British (9.1% vs 7.8%) and White Other (5.1% vs 4.6%) compared to previous years.

Figure 24. Ethnicity among CTOs from 2012-13 to 2020-21, and in 2021-22

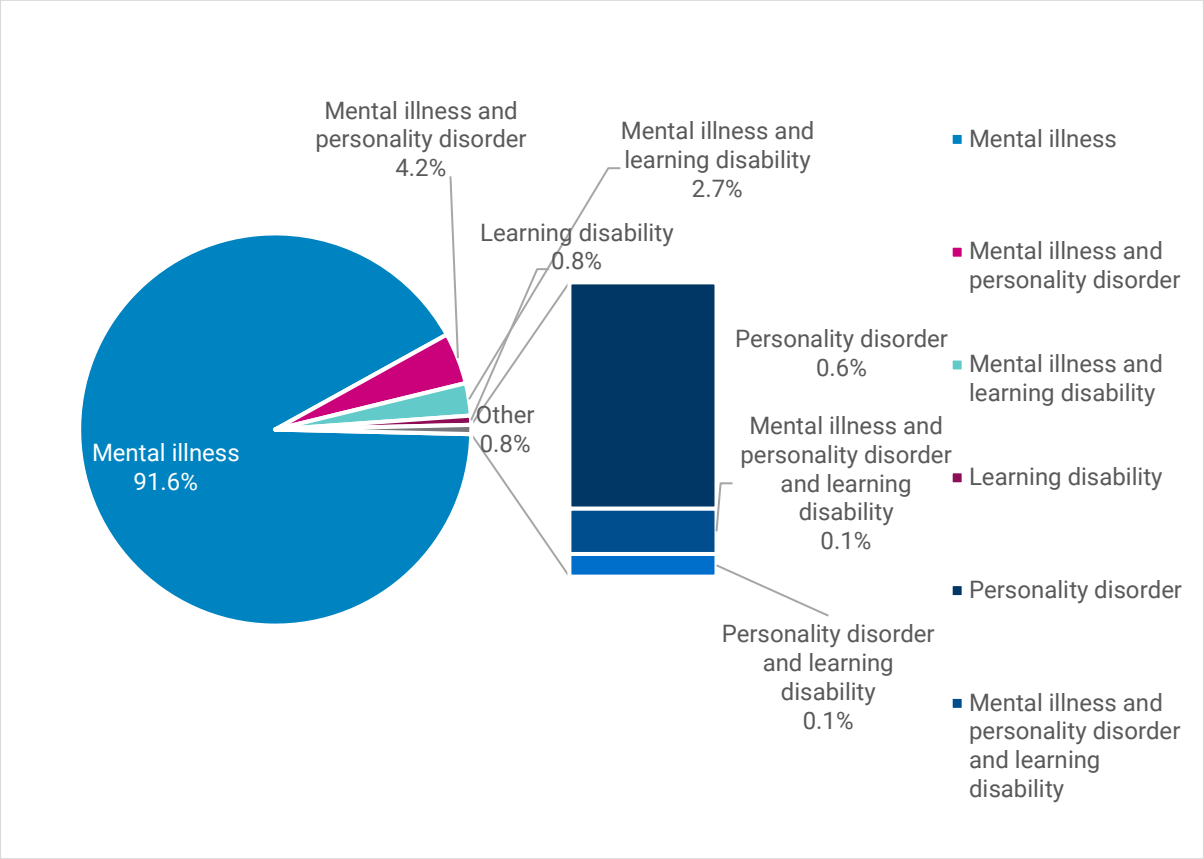




Diagnosis

We had diagnosis recorded for all but four CTOs. Figure 25 shows that the vast majority of CTOs were for mental illness (91.6%). For 4.2% the diagnosis was mental illness and personality disorder, and 2.7% had mental illness and learning disability. Learning disability alone made up 0.8% of the CTO recorded categories. Personality disorder alone made up 0.6% of recorded categories.

Figure 25. Diagnoses recorded on detentions under a CTO



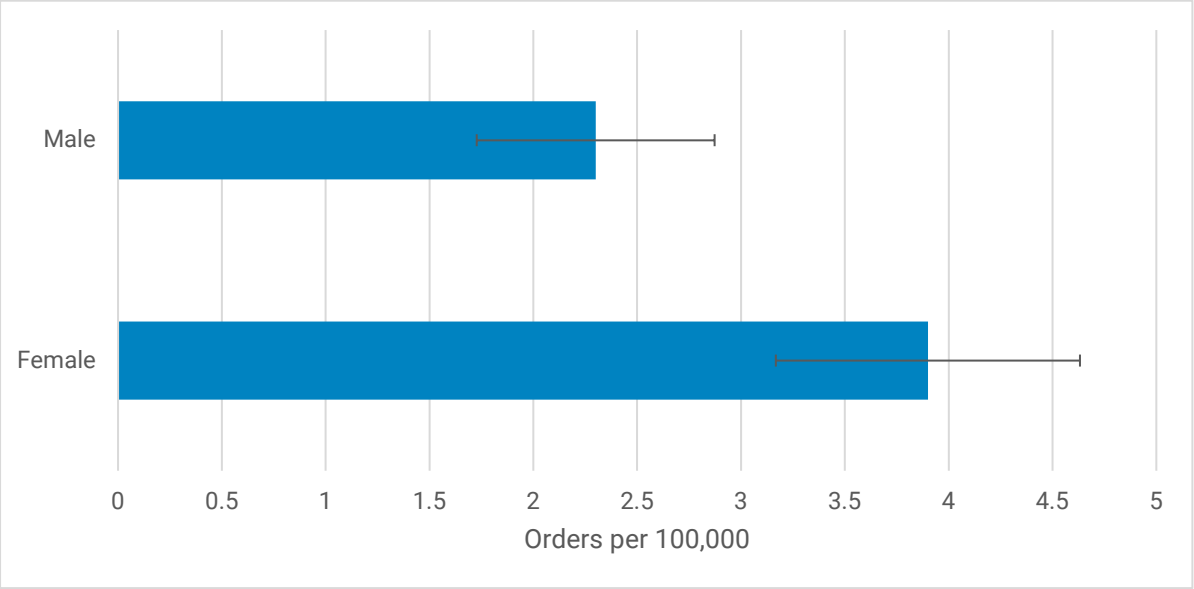
Nurse's power to detain pending medical examination

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 [10].

There were a total of 171 detentions under section 299 in 2021-22, which is 10.3% more than in 2020-21. 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 2021-22 was 3.1 per 100,000 (95% CI: 2.7–3.6), which was a slight increase on the previous year's rate of 2.8 (95% CI: 2.4–3.3) (Appendix Table A10).

The rate of nurse's power to detain varies by gender. In 2021-22 the overall rate was 3.9 per 100,000 (95% CI: 3.2–4.7) for females and 2.3 (95% CI: 1.7–2.9) for males (Figure 26).

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



Place of safety orders

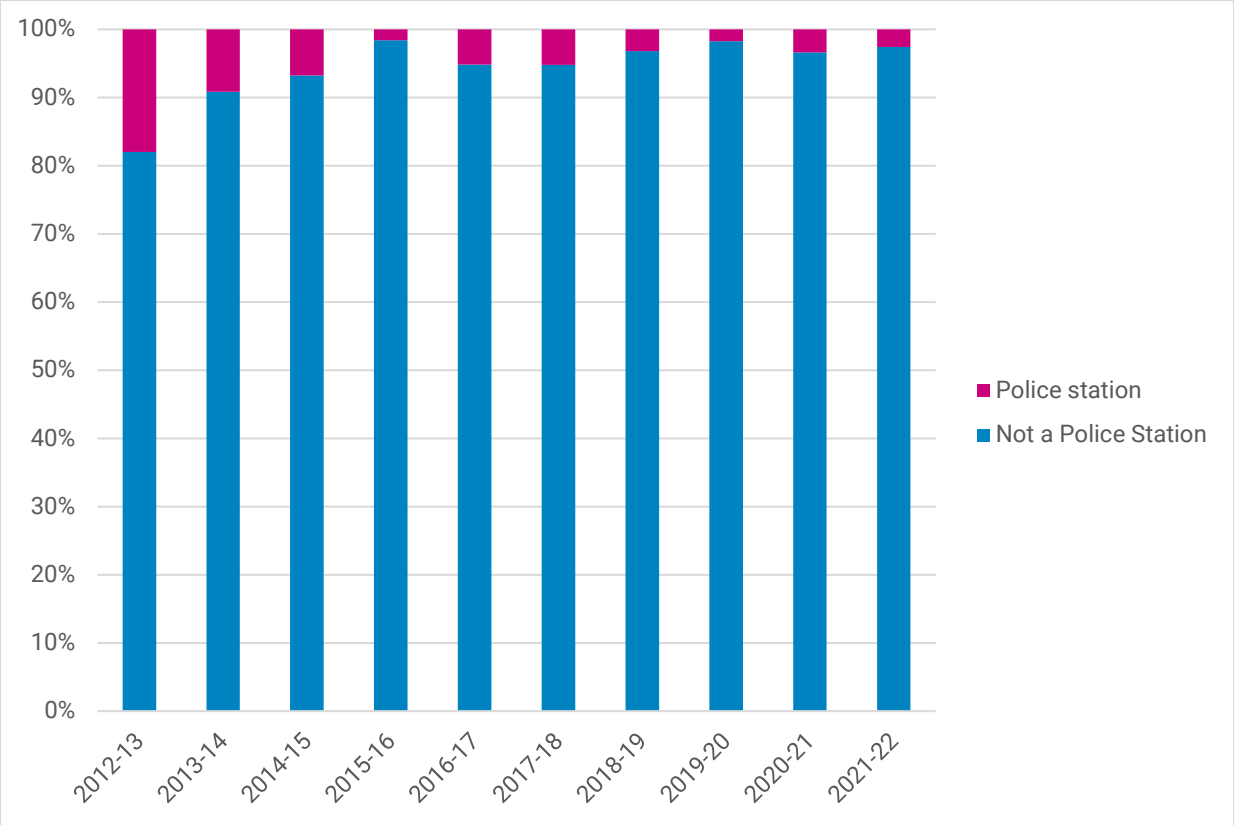
According to section 297 of the Mental Health Act a police constable can remove an individual from a public place and take them to a place of safety if they think the person has a mental health condition and is in need of immediate care and treatment. A place of safety can be, for example, a hospital 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 (2.1%) (Figure 27).

There were 1,255 place of safety orders in 2021-22, which was a 9.8% increase compared to the year before (Appendix Table A11). These forms related to 967 individuals. Of note is that within the reporting period, there were individuals with multiple detentions under section 297. In particular, we note that seven individuals had been detained under Section 297 10 times or more. The Commission is undertaking a project starting late 2022 exploring whether those who are subject to place of safety orders repeatedly have documented crisis care plans.

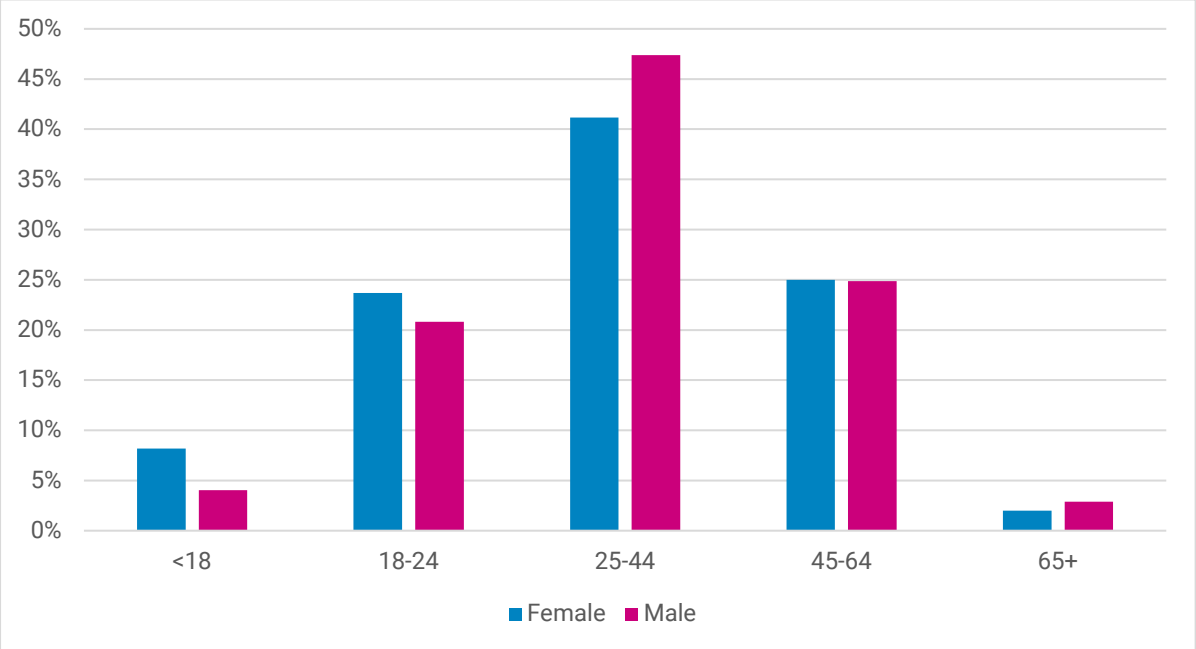
Figure 27 shows that the proportion of orders where the individual was taken to a police station as a place of safety has differed over the years but has decreased from 18.0% in 2012-13 to 2.6% in 2021-22.

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



The gender split of individuals detained under section 297 was 59.3% male. 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 25-44 and 65+ age groups, the proportions were similar for both genders in the 45-64 group (Figure 28).

Figure 28. Individuals detained under Section 297 in 2021-22 by age and gender



The number of place of safety orders varies by local authority. Table 1 shows both the number of orders in 2021-22 as well as the number of people detained under Section 297. The Commission is working with stakeholders and partners to understand factors that might explain the regional variation on use of POS.

Table 1. Number of place of safety orders by local authority in 2021-22

Local authority	Number of orders	Number of people
Aberdeen City	481	336
Angus	17	17
Argyll and Bute	31	20
City of Edinburgh	75	69
Dumfries and Galloway	35	30
Dundee City	19	16
East Ayrshire	10	10
East Dunbartonshire	5	*
East Lothian	14	13
East Renfrewshire	*	*
Eilean Siar	*	*
Falkirk	56	44
Fife	53	48
Glasgow City	59	55
Highland	129	98
Inverclyde	5	5
Midlothian	12	8
Moray	89	67
North Ayrshire	9	8
North Lanarkshire	17	17
Orkney	*	*
Perth and Kinross	13	10
Renfrewshire	15	14
Scottish Borders	18	16
Shetland	*	*
South Ayrshire	13	12
South Lanarkshire	14	13
Stirling	*	*
West Dunbartonshire	31	27
West Lothian	22	22
Total	1,255	967

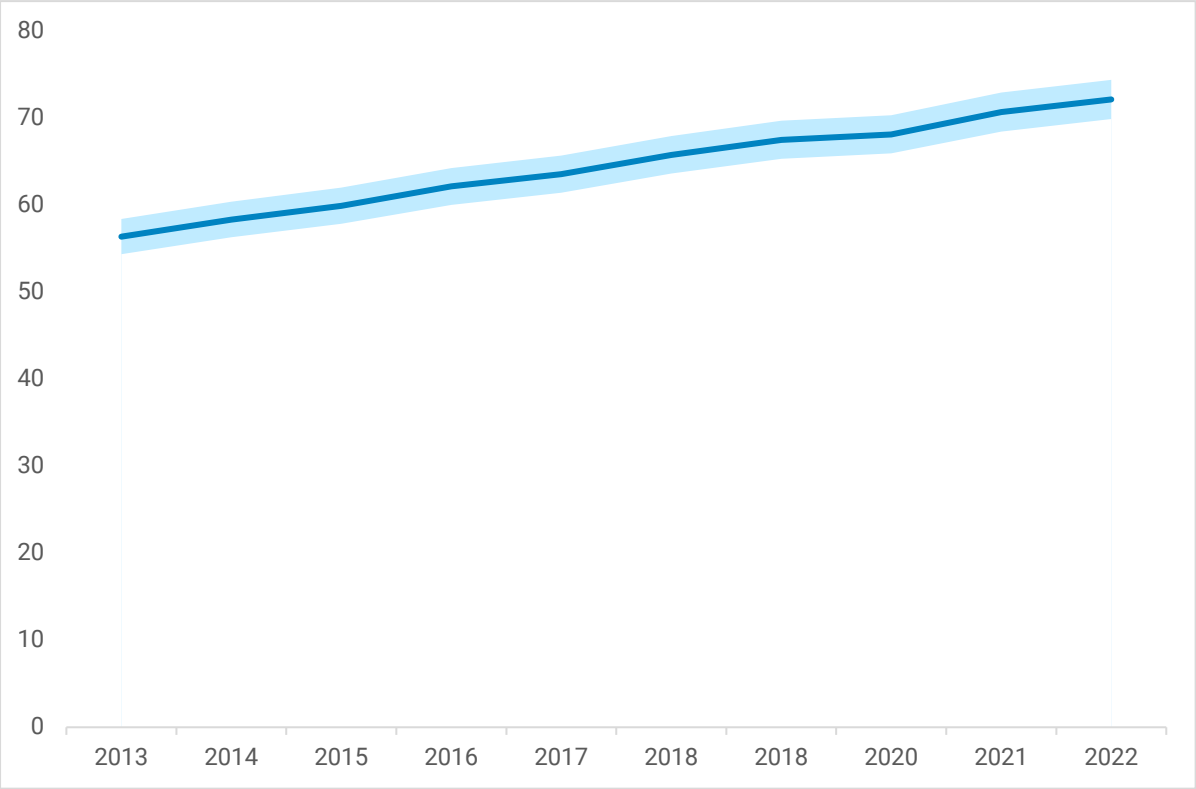
**n<5*

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 based on available data. We call this 'extant orders'.

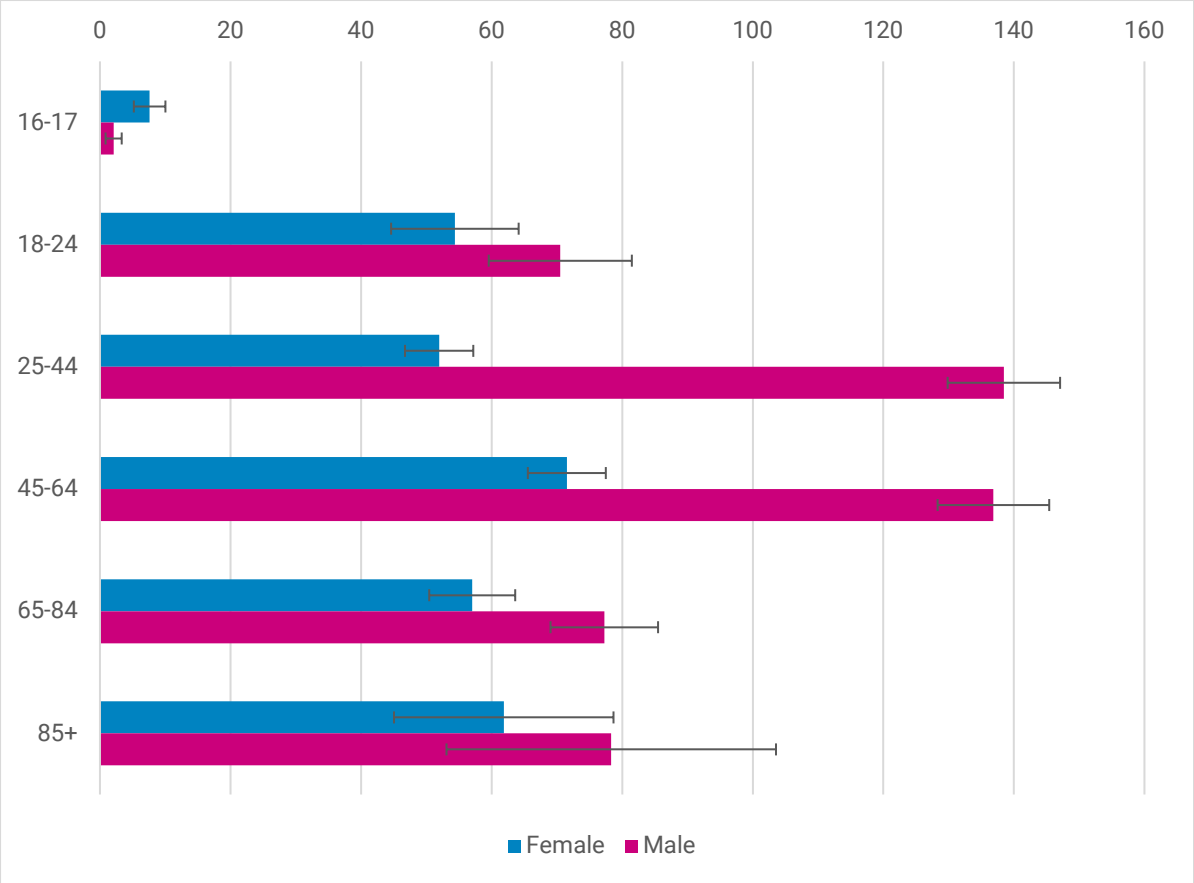
On Wednesday 5 January 2022 there were 3,950 extant orders. This was a 5.3% increase on the same day in 2021 (Figure 29, Appendix Table A12). The rate of extant orders has increased over time (Figure 29). The rate on 5 January 2022 was 72.1 per 100,000 (95% CI: 69.8–74.3), up slightly from 68.6 (95% CI: 66.4–70.8) on the same day in January 2021 (Appendix Table A12).

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



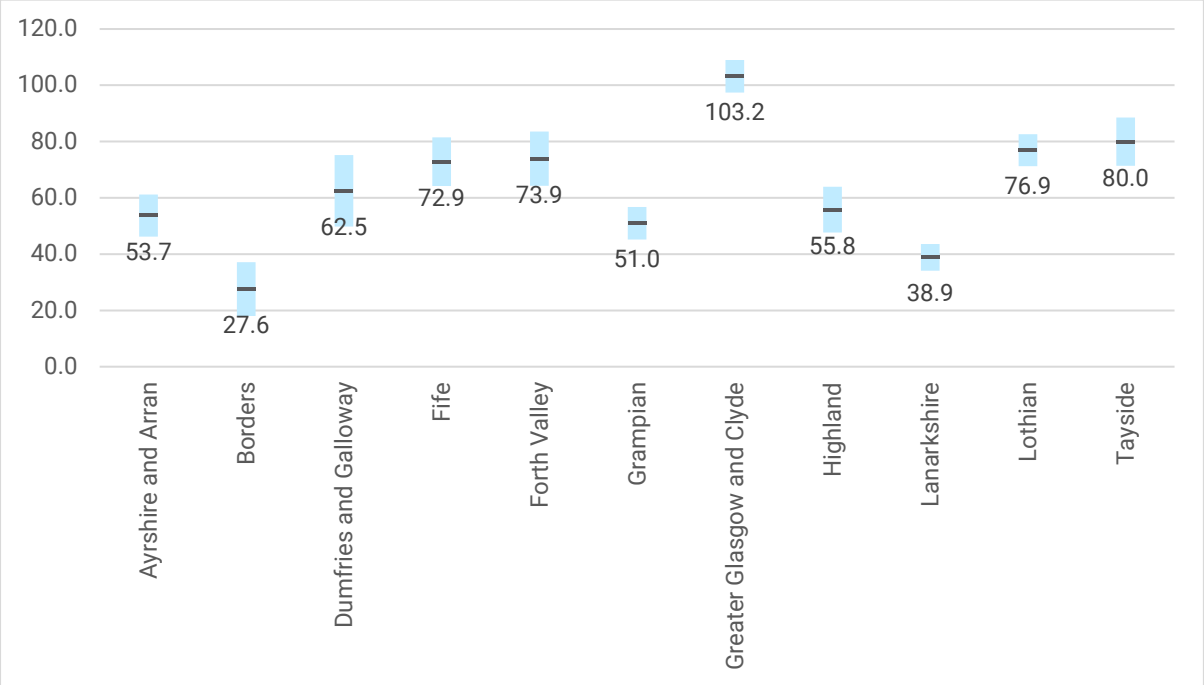
Of the orders in place on 5 January 2022, 63.9% were male and most were aged 25–44 years or 45–64 years. The age and gender standardised rates of orders in existence is shown in Figure 30.

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



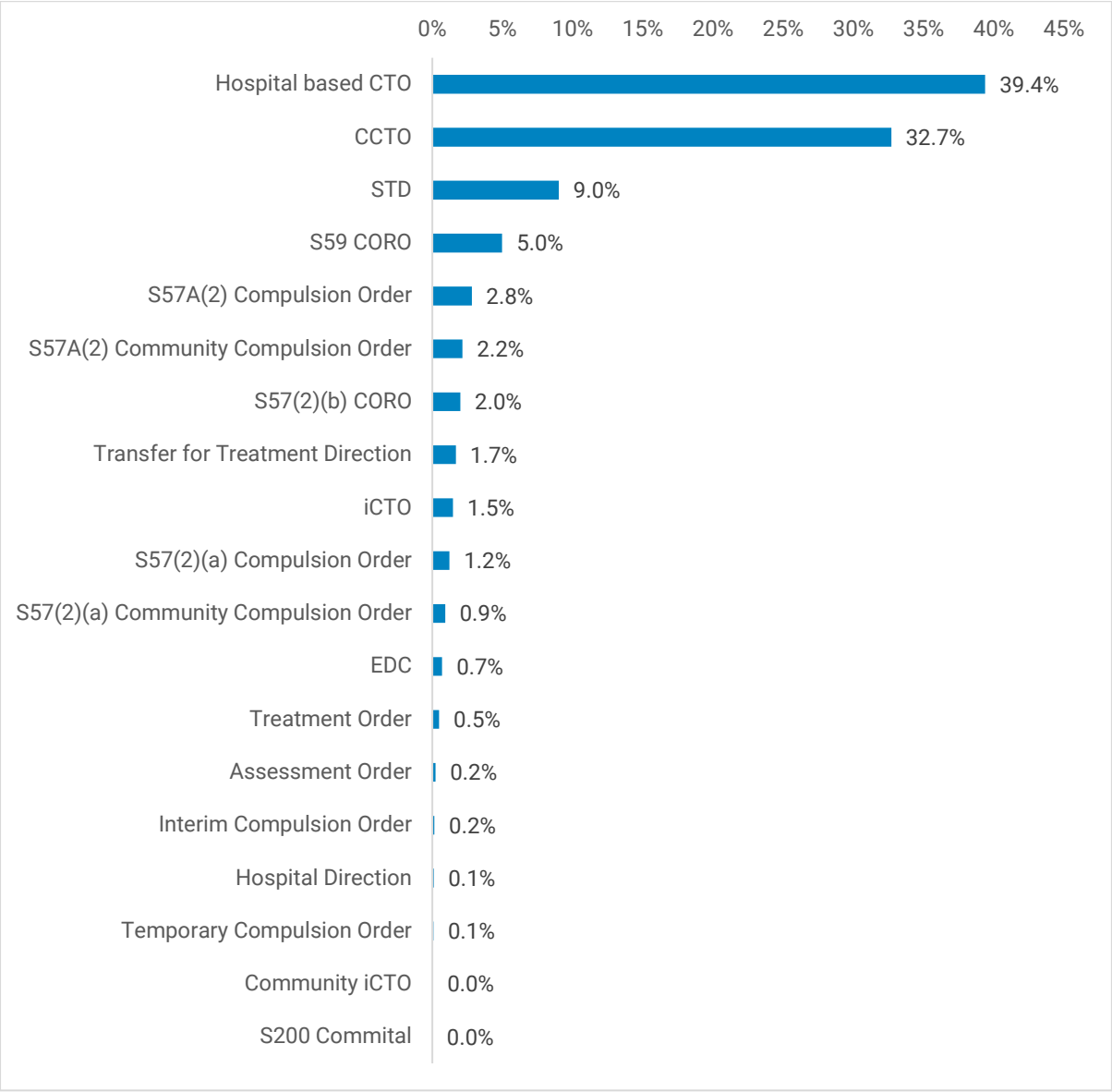
The rate of orders in existence varied from 27.6 per 100,000 (95% CI: 18.0–37.1) in Borders to 103.2 (95% CI: 97.4–109.0) in Greater Glasgow and Clyde (Figure 31, Appendix Table A13).

Figure 31. Rate of point prevalence of orders in place on 5 January 2022 by health board



When we look at the point prevalence of orders on a given day, this time on 5 January 2022, the majority of orders were CTOs (72.1%). A breakdown of the orders individuals were subject to are shown in Figure 32.

Figure 32. Type of order individuals were subject to on 5 January 2022



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 5 January 2022 were CTOs, we looked in more detail into these. The rate of all CTOs in existence was 51.9 (95% CI: 50.0–53.8), which was slightly higher than in the last year we reported for (50.3, 95% CI: 48.4–52.2) (Figure 33). There was little change in rate of hospital-based CTOs, with a slight increase from 2020-21 (from 27.0 to

28.4) and a similar rate of community-based CTOs (from 23.7 to 23.6). The proportion of CTOs that were community-based was 45.4%, which has increased over time from 42.0% in 2012-13.

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

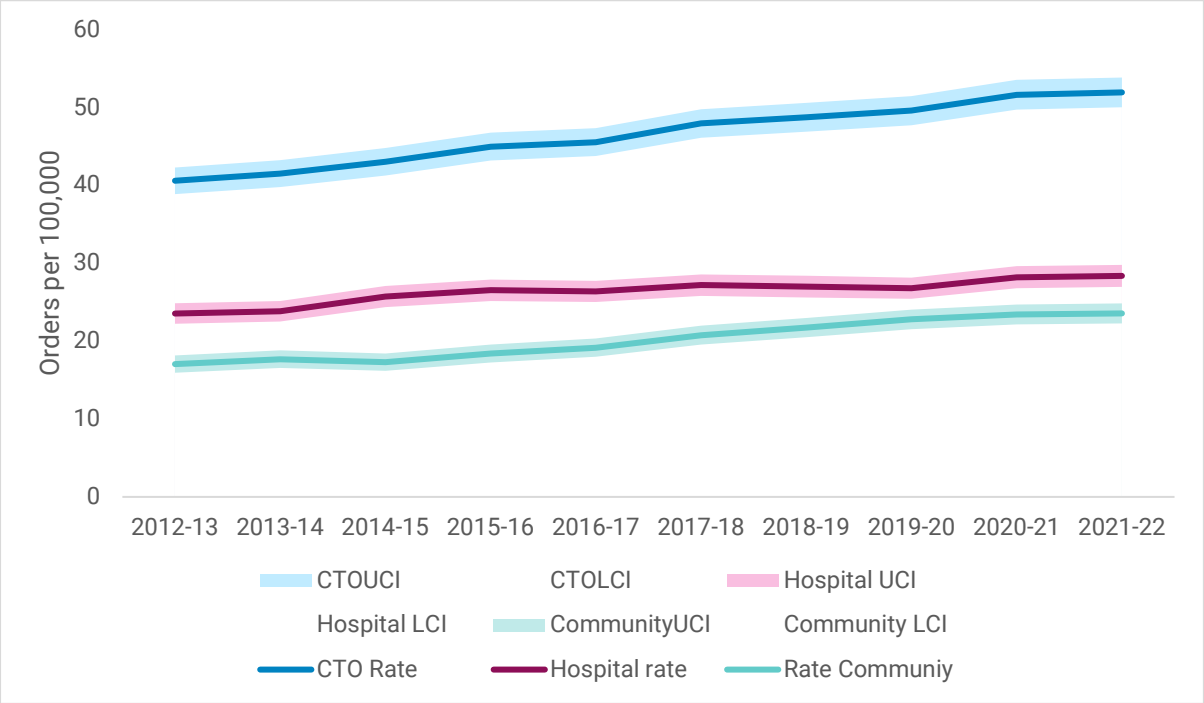
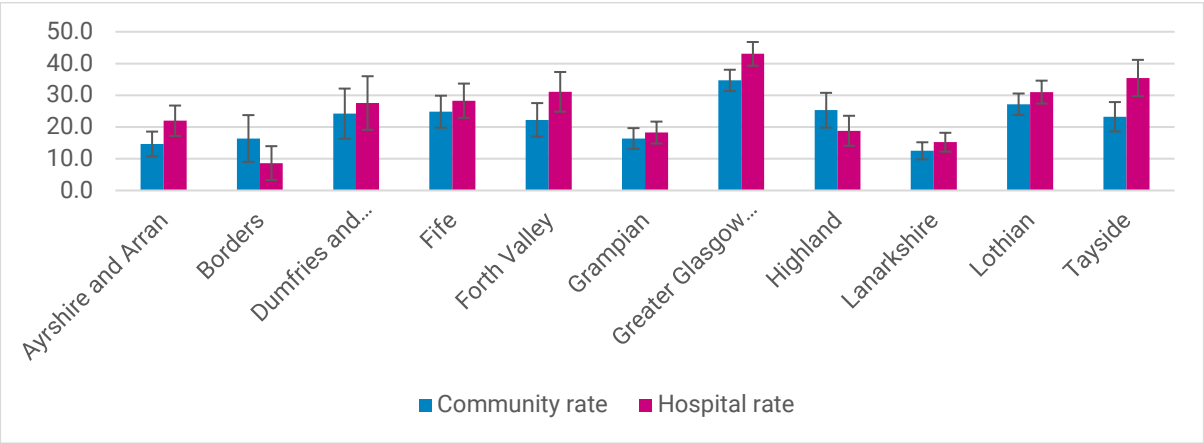


Figure 34 (Appendix Table A14) shows that the rate of hospital- and community-based CTOs varied by health board, with higher rates of hospital-based orders in Fife, Forth Valley, Greater Glasgow and Clyde, Lothian, and Tayside.

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.

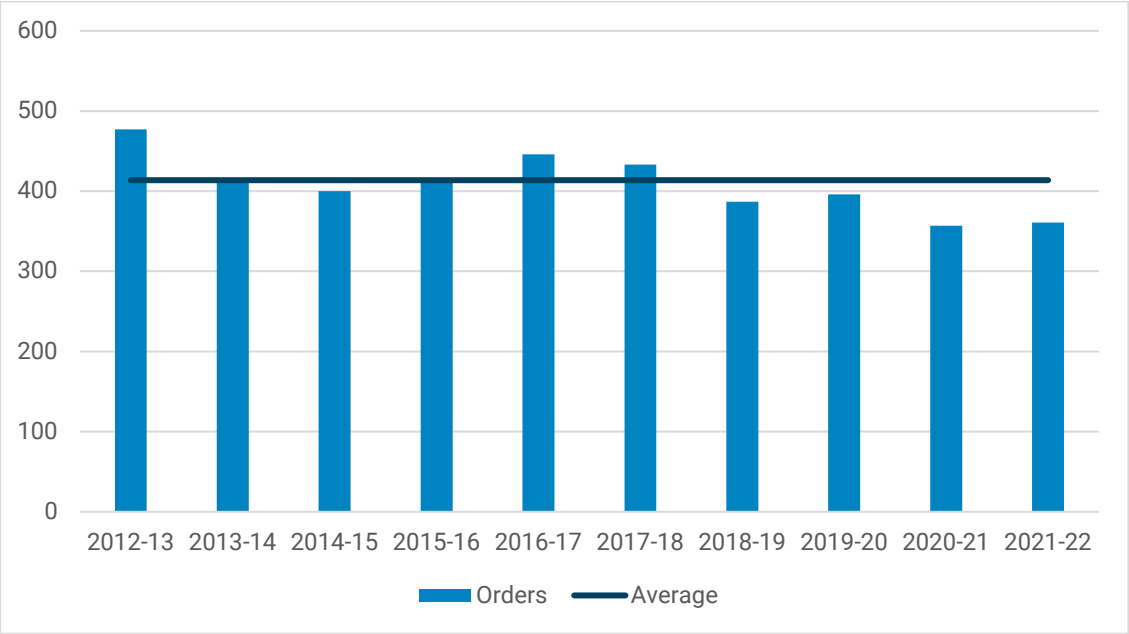
Transfer for treatment

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 361 orders under the Criminal Procedure Act in 2021-22. The average number of orders was 414 in the previous 10 years (Figure 35). The 361 orders related to 218 individuals (Appendix Table A15).

Figure 35. Number of Criminal Procedure Act orders by year



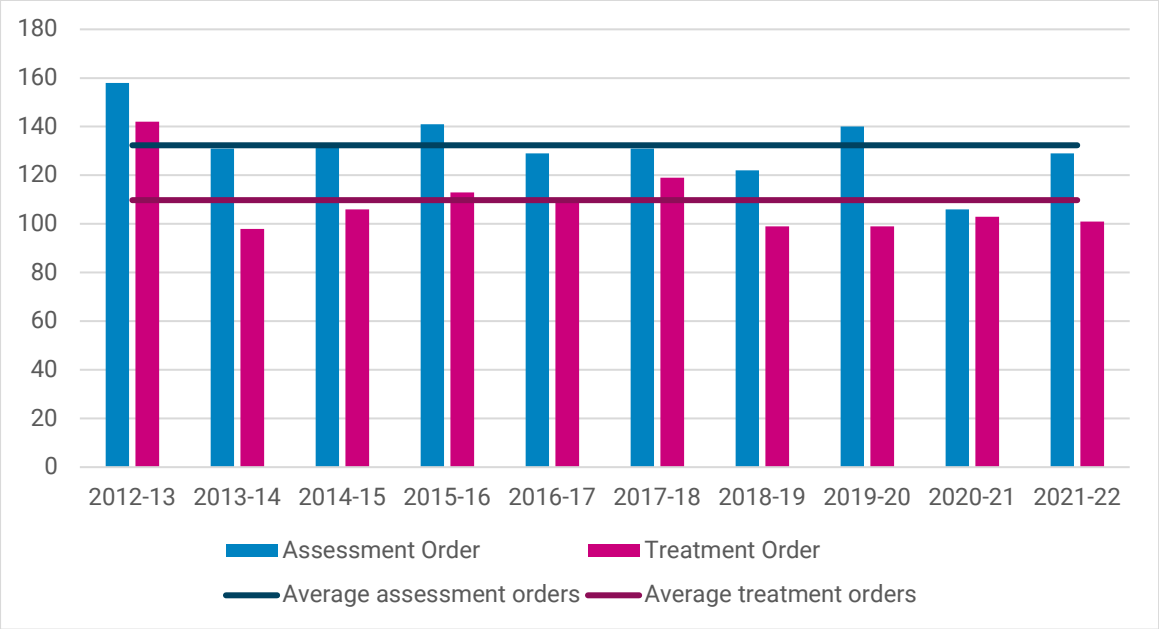
Compared to detentions reported under the Mental Health Act, individuals detained under the Criminal Procedure Act in 2021-22 were primarily male (89.9%). Most were aged 25-44 years (63.3%) with the average age of 38 years.

We had ethnicity information for only 41.8% of individuals in 2021-22 (with an average in the last 10 years of 58.2%) (for more information see **Methods**). For individuals where we had sufficient information to report ethnicity, 74.2% were White Scottish, 13.9% were White Other, 5.3% were Asian and 4.0% were African, Caribbean or Black. For other groups the numbers were too small to report (Appendix Table A16). The proportion of individuals of White Other and Asian 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 2021-22 there were 129 assessment orders and 101 treatment orders, relating to 129 and 84 individuals, respectively. Figure 36 shows the number of assessment and treatment orders by year with average for the last 10 years. There were fewer assessment orders compared to the average for the previous 10 years (average=132) 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 17 individuals who in 2021-22 were deemed unfit for trial, which was higher than in the previous two years (Appendix Table A17). Acquittal due to mental health condition occurred due to reasons reported under five disposals (see Box 1), was applied as reported in table A17 in the appendix .

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 14 interim compulsion orders were recorded in 2021-22, slightly higher than in 2020-21 but the second lowest number of orders in the last 10 years. There were no individuals subject to section 200 in 2021-22. 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 45 mental health disposals in 2021-22, 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 32 transfer for treatment directions in 2021-22. This was slightly fewer than in the previous 10 years, for which the average was 43 (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 appoints DMPs and for the reporting period 2021-22 there were 62 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.

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.

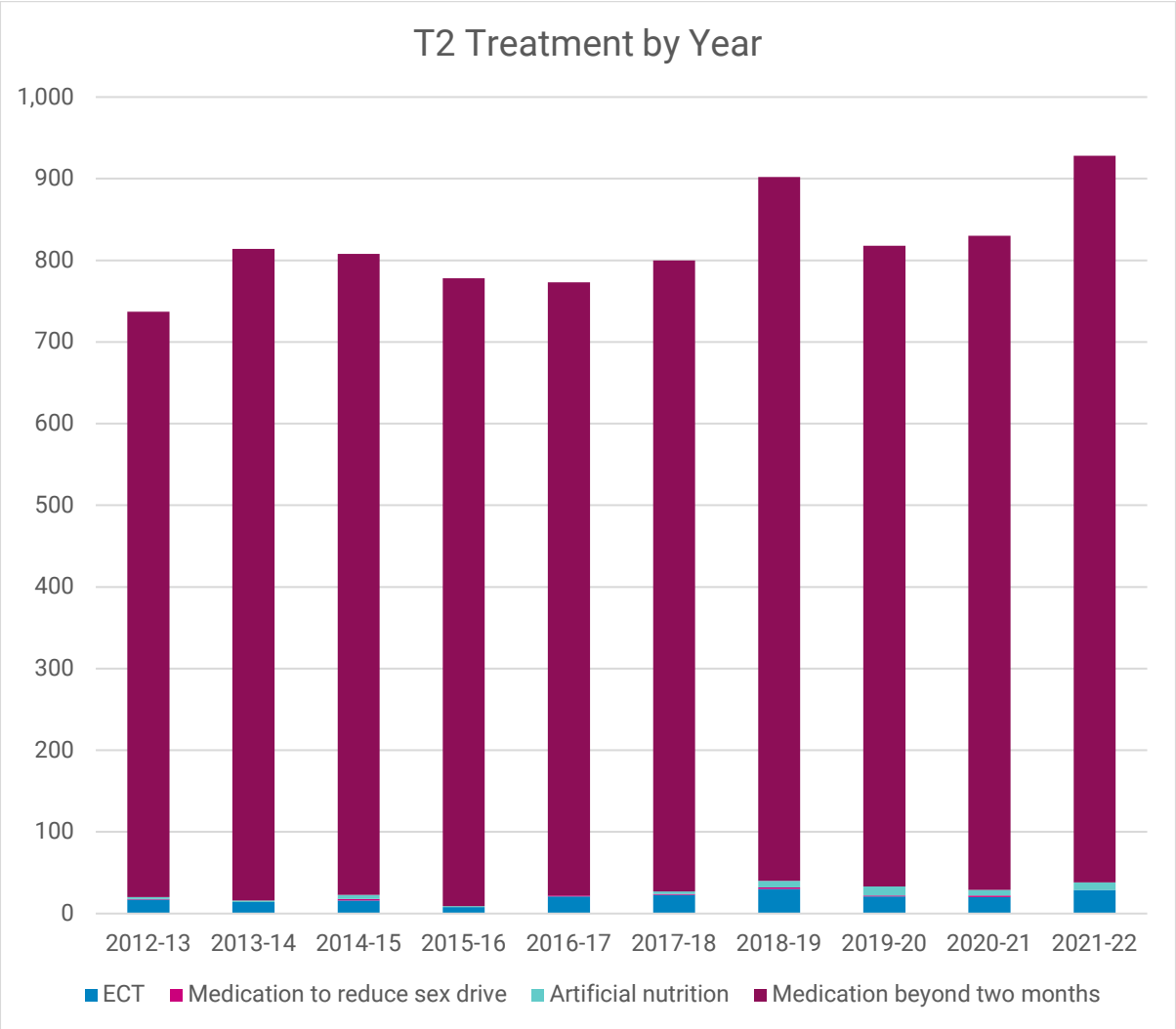
T1 certificate treatments

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 928 T2 certificates issued during 2021-22, which is the highest number recorded in the last 10 years (Figure 37). The average for the years 2012-13 to 2020-21 was 806 T2 certificates per year.

Figure 37. Number of T2 certificates by year



Most T2 certificates (95.9%) were issued for medication over two months while 3.1% (n=29) were issued for ECT. This was similar to previous years (see Figure 31). There were a total of nine T2s for artificial nutrition in 2021-22, slightly higher than in 2020-21 (n=7). The breakdown of certificates by type of treatment is provided in table A18.

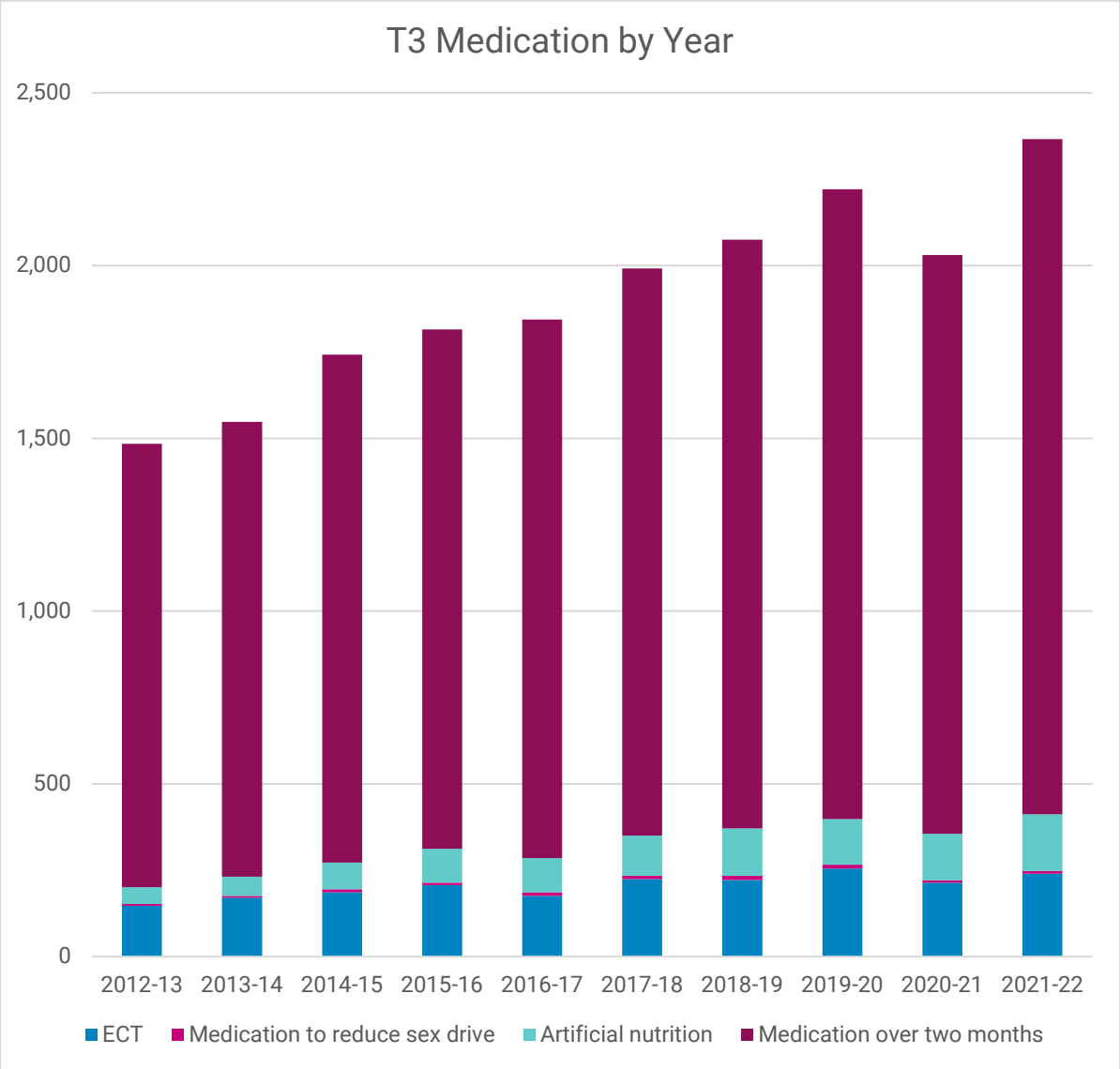
Of the T2s we received in 2021-22, 3.6% were for young people under the age of 18 years. The proportion of T2s issued for individuals under the age of 18 years has ranged from 2.2% (2012-13) to 5.1% in 2015-16 and 2020-21. For the years 2012-13 to 2020-21 the average proportion of young people issued a T2 certificate was 4.2%.

There were differences in gender for the various treatments under T2 certificates in 2021-22; for ECT most were female (82.8%) and medication over two months had a somewhat higher proportion of males (58.4%). Artificial nutrition and medication for sex drive are uncommon treatments, generally with low numbers. All T2s for artificial nutrition were female and there were no T2 certificates issued for medication to reduce sex drive in 2021-22.

T3 certificate treatments

There were a total of 2,366 T3 certificates issued in 2021-22, which was a 16.5% increase on the 2021-22 figure (Figure 38). The rise this year may be related to more T3s needing to be reviewed as during the pandemic period many DMPs did not authorise treatment for as long as they might normally do so- this might reflect that some assessments were done remotely during the pandemic and DMPs were keen that patients were reviewed face to face as soon as this was practicable. DMP visits are again predominantly face to-face. Most T3s were for medication over two months (82.3%), while 10.1% were for ECT, 6.9% 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 2021-22, 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 4.0% (2012-13) to 6.3% in 2018-19. For the years 2012-13 to 2020-21 the average proportion of young people issued a T3 certificate was 4.9%.

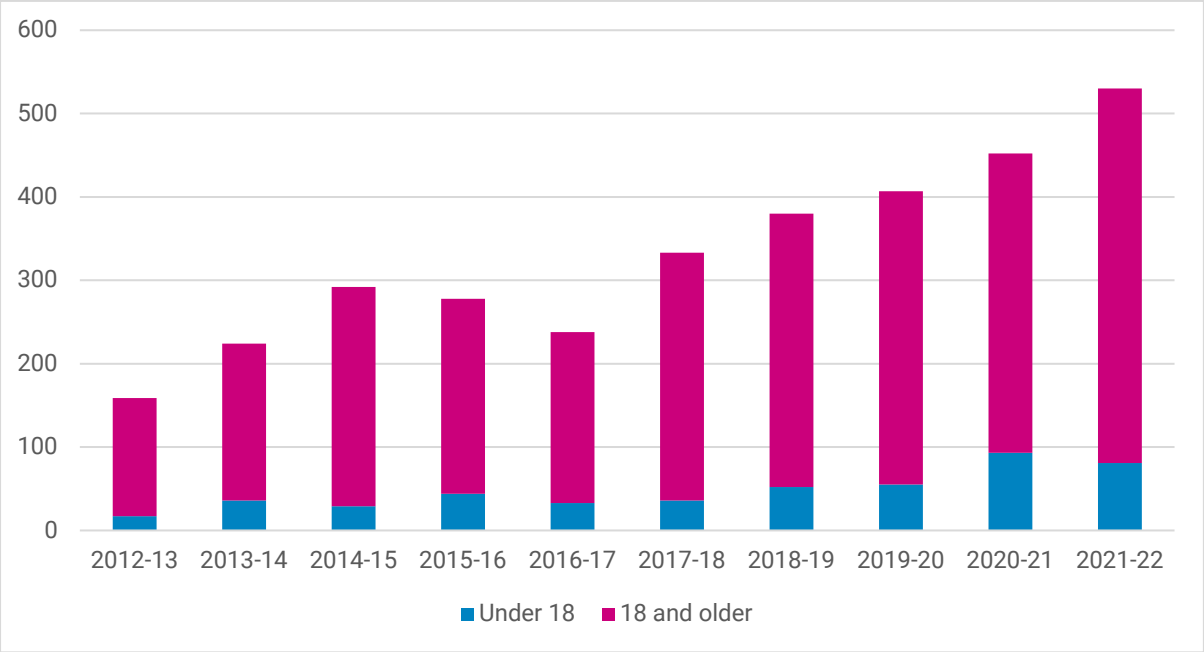
There were differences in gender for the various treatments under T3 certificates; for ECT a higher proportion were female (70.8%) while medication over two months had a higher proportion males (61.4%). Artificial nutrition were predominantly issued for females (92.7%) while the small number of T3s for medication for sex drive were all male.

T4 certificate treatments

There were 530 T4 certificates issued in 2021-22, which was a 17.3% increase on the number of T4s in 2020-21 and follows an increasing trend since 2017-18 (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 2021-22, 15.3% were for individuals aged under 18 years. This is a 25.7% decrease compared to 2020-21 but is still higher than the previous two years, where 13.7% (2018-19) and 13.5% (2019-20) 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, 59.1% of all T4s were for females but the gender split for under 18 years was 83.9% female and 16.1% male, compared to 54.6% female and 45.4% male in the over 18 category. 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].

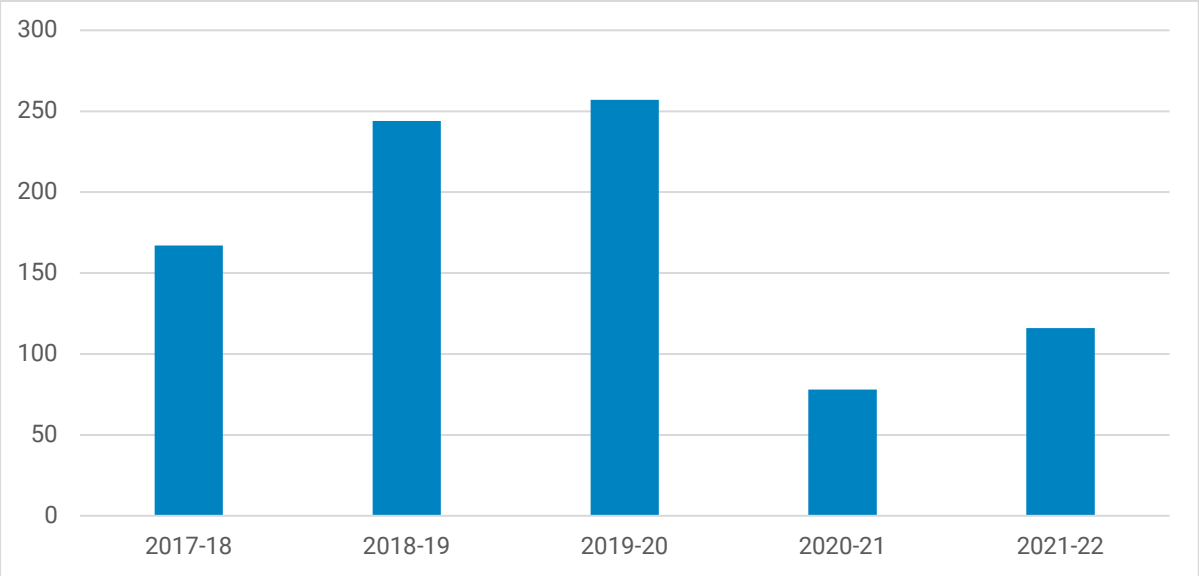
During 2021, we looked at how many people treated under a T3 certificate had an advance statement and found that this applied to only 6% of people. In that report we make several recommendations on how advance statements and the advance statement process might be made stronger both now and through any changes in the context of new mental health legislation [11].

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. In 2021-22, the figure increased to 116.

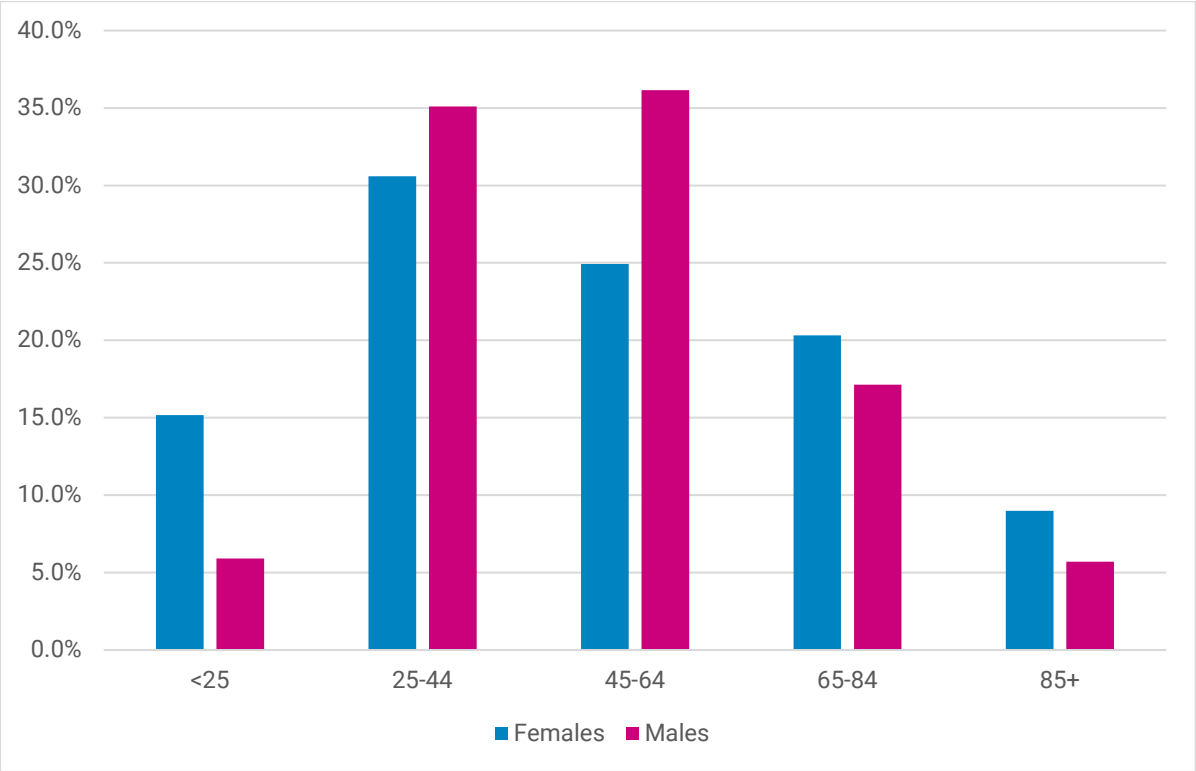
Figure 40. Number of individual with a first engagement with the advance statement register by year



Characteristics

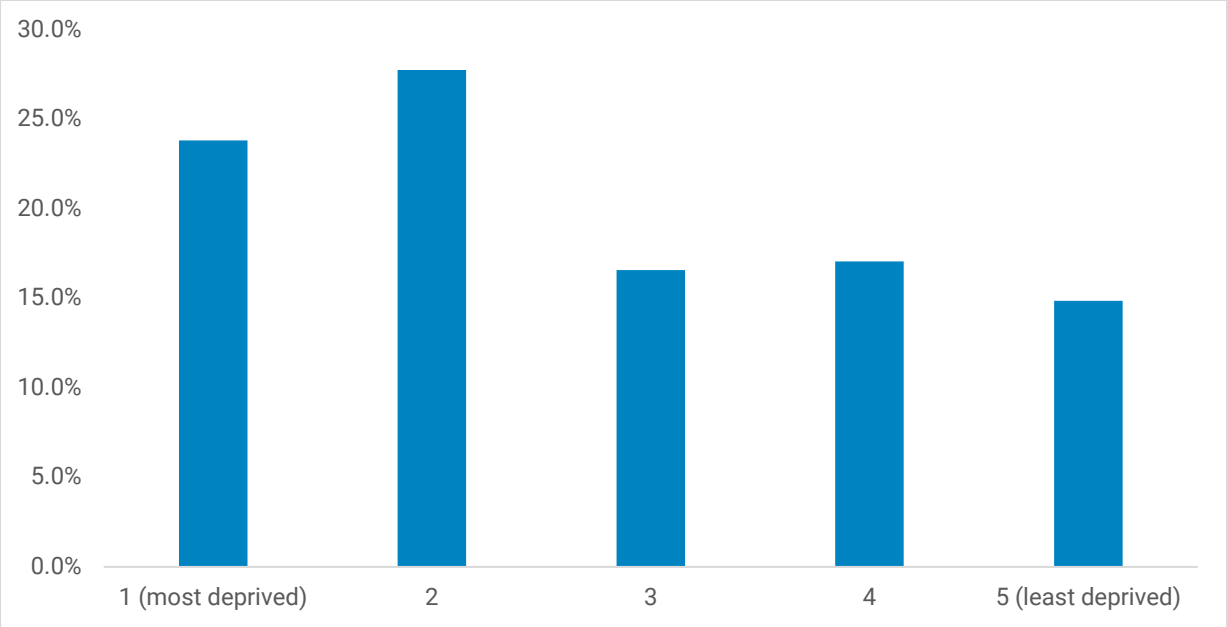
The individuals on the register as a whole have an average age of 50 years and 54.9% are male. The age distribution for males and females is shown in Figure 41 and indicates that more young females (<25 years) and older females (over 65 years) have engaged with the advance statement process.

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



We had valid postcodes to match SIMD for 84.7% of all individuals (based on their first engagement) on the register. The 147 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. Unlike detentions which are skewed towards areas of deprivation, when it comes to the safeguard available, 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

This report outlines data during 2021-22 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.

This year our data shows a slight reduction in the total number of mental health act orders. However, this 2% reduction is occurring against a backdrop of a 10% rise in the numbers last year, compared to previous years- a much higher rate of increase than we have previously reported. Therefore any reduction in acuity needs to be interpreted with this in mind. At the same time, the numbers of compulsory treatment orders continue to rise, as we have seen over a number of years. Our recent report (June 2022) demonstrates that this rise is driven by an increase in community based compulsion. Some of the acuity seen during the pandemic, may be represented by the rise in shorter detentions that is showing a reduction, however the continuation of trends around CTOs reflects that services are continuing to work with rising levels of mental illness that requires longer term compulsory measures. The Commission is undertaking a themed visit on the use of community based compulsion in 2022/23.

We are concerned with the continuing low levels of MHO engagement in agreeing EDCs, and the lack of Social Circumstances reports. Both may relate to difficulties in recruiting to and retaining MHOs. 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.

Our deprivation data shows clearly that detentions are much more common in areas with higher social deprivation. Considering the causes of why compulsion is more common in these areas might help to reduce the rising levels of compulsion and is in keeping with an emphasis on prevention.

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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(2019, accessed July 28, 2021).

Appendix – Data tables

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

Starting Order[a]	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
EDC	1,882 (42%)	1,888 (42%)	1,969 (41%)	2,165 (43%)	2,412 (45%)	2,704 (48%)	2,810 (46%)	2,866 (47%)	3,218 (48%)	3,171 (48%)
STDC	2,452 (55%)	2,530 (56%)	2,801 (58%)	2,752 (55%)	2,905 (54%)	2,859 (51%)	3,131 (52%)	3,083 (51%)	3,368 (50%)	3,243 (49%)
CTO	102 (2%)	112 (2%)	90 (2%)	93 (2%)	100 (2%)	88 (2%)	120 (2%)	114 (2%)	138 (2%)	155 (2%)
Total	**4,436**	**4,530**	**4,860**	**5,010**	**5,417**	**5,651**	**6,061**	**6,063**	**6,724**	**6,569**

[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	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Ayrshire and Arran	131	113	142	107	138	113	131	161	160	183
Borders	19	18	29	18	32	30	24	34	49	44
Dumfries and Galloway	77	71	74	84	114	105	103	148	117	112
Fife	134	122	150	167	162	181	209	204	224	194
Forth Valley	98	92	95	130	146	179	185	159	166	184
Grampian	118	115	134	101	99	141	118	135	171	172
Greater Glasgow and Clyde	569	638	605	726	833	988	995	1,029	1,„148	1,244
Highland	170	164	158	125	109	123	105	96	96	110
Lanarkshire	169	168	178	199	230	198	281	255	324	313
Lothian	216	238	249	334	390	402	440	451	536	428
Orkney	7	*	7	14	5	15	8	*	6	11
Shetland	8	7	9	*	7	8	*	*	*	5
Tayside	193	165	171	184	187	257	278	256	277	247
Western Isles	13	*	8	10	*	10	8	6	8	*
Total	**1,922**	**1,919**	**2,009**	**2,202**	**2,456**	**2,750**	**2,886**	**2,939**	**3,283**	**3,248**

*n<5

Table A3. Number of STDCs by health board and year

Health board	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Ayrshire and Arran	183	188	207	194	210	170	184	169	250	277
Borders	67	63	71	59	62	62	75	74	87	77
Dumfries and Galloway	90	82	105	105	134	97	142	138	140	123
Fife	235	255	276	272	282	266	289	271	343	338
Forth Valley	163	175	195	244	257	270	245	242	320	363
Grampian	388	367	385	399	451	410	399	488	501	445
Greater Glasgow and Clyde	985	1,024	1,095	1,173	1,249	1,422	1,421	1,507	1,638	1,632
Highland	222	245	213	200	180	200	201	189	181	181
Lanarkshire	301	284	335	349	369	358	412	410	398	392
Lothian	621	677	751	732	806	753	846	837	934	882
Orkney	*	*	*	*	*	5	5	*	*	*
Shetland	8	7	12	8	7	9	5	11	16	21
State Hospital	*	*	*	*	*	*	*	*	*	*
Tayside	313	291	345	355	362	393	498	413	458	489
Western Isles	7	5	11	7	9	10	9	13	15	13
Total	**3,589**	**3,666**	**4,004**	**4,099**	**4,380**	**4,426**	**4,733**	**4,768**	**5,283**	**5,236**

*n<5

Table A4. Number of STDCs by local authority and year

Local authority	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Aberdeen City	186	180	174	210	258	209	209	262	282	241
Aberdeenshire	124	121	124	119	129	139	130	143	155	157
Angus	44	47	56	55	52	47	73	52	81	91
Argyll and Bute	62	66	68	53	46	82	60	51	49	72
City of Edinburgh	422	470	527	457	562	522	529	556	582	545
Clackmannanshire	26	21	26	51	47	44	59	39	64	70
Dumfries and Galloway	87	82	106	106	139	98	144	139	141	124
Dundee City	144	125	155	146	164	181	211	199	185	202
East Ayrshire	72	60	79	72	82	64	58	57	85	74
East Dunbartonshire	60	60	47	38	56	56	55	64	64	58
East Lothian	47	48	61	75	63	51	79	60	80	63
East Renfrewshire	31	34	40	36	56	55	63	76	65	67
Eilean Siar	8	5	10	9	9	11	9	13	14	14
Falkirk	93	100	111	129	153	154	126	112	132	171
Fife	239	266	276	271	284	266	291	275	344	336
Glasgow City	609	658	701	744	770	903	908	968	1,079	1,085
Highland	175	177	162	159	151	147	162	155	163	143
Inverclyde	45	75	61	94	79	74	94	102	64	73
Midlothian	33	33	50	50	50	40	65	64	66	61
Moray	74	52	60	67	65	62	59	78	60	51
North Ayrshire	59	73	74	69	83	62	65	55	93	113
North Lanarkshire	175	163	209	206	221	206	238	239	247	240
Orkney	*	5	5	5	*	*	5	*	*	*
Perth and Kinross	130	121	138	158	146	174	215	167	194	196
Renfrewshire	105	97	120	115	119	145	132	148	183	149
Scottish Borders	69	63	74	58	65	62	74	79	88	79
Shetland	10	12	14	9	7	10	6	11	19	21
South Ayrshire	59	57	52	59	56	46	65	59	57	79
South Lanarkshire	172	155	180	200	209	227	250	234	224	238
Stirling	47	55	55	66	62	71	69	96	130	132
West Dunbartonshire	65	54	58	69	71	75	67	62	83	87
West Lothian	114	131	131	144	125	140	163	151	208	204
Total	**3,589**	**3,666**	**4,004**	**4,099**	**4,380**	**4,426**	**4,733**	**4,768**	**5,283**	**5,236**

*n<5

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

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Aberdeen City	82.7	79.3	76.0	91.2	112.3	91.3	91.8	114.6	123.1	106.0
Aberdeenshire	48.5	46.9	47.6	45.4	49.2	53.1	49.7	54.7	59.4	59.8
Angus	37.9	40.4	48.0	47.0	44.6	40.4	62.9	44.8	69.9	78.4
Argyll and Bute	71.3	75.0	77.6	61.0	52.8	94.5	69.6	59.4	57.4	83.5
City of Edinburgh	87.4	96.4	107.0	91.6	110.8	101.7	102.0	105.9	110.3	103.5
Clackmannanshire	50.7	41.0	50.8	99.3	91.5	85.5	114.8	75.7	124.8	135.8
Dumfries and Galloway	57.7	54.6	70.7	70.8	93.0	65.7	96.8	93.4	95.1	83.3
Dundee City	97.4	84.4	104.6	98.5	110.6	121.7	141.8	133.3	124.3	136.7
East Ayrshire	58.7	49.0	64.7	59.0	67.1	52.5	47.6	46.7	69.9	60.6
East Dunbartonshire	56.7	56.7	44.0	35.5	52.1	51.8	50.8	58.9	58.9	53.3
East Lothian	46.6	47.3	59.8	72.8	60.5	48.6	74.7	56.0	74.1	57.5
East Renfrewshire	34.1	37.1	43.3	38.7	59.7	58.0	66.2	79.6	67.7	69.4
Eilean Siar	29.0	18.2	36.7	33.2	33.5	40.8	33.5	48.7	52.8	52.6
Falkirk	59.3	63.6	70.4	81.4	96.0	96.2	78.6	69.6	82.2	106.4
Fife	65.3	72.5	75.2	73.6	76.7	71.6	78.2	73.6	91.9	89.7
Glasgow City	102.3	110.3	116.9	122.7	125.2	145.4	145.0	152.9	169.8	170.8
Highland	75.1	76.0	69.5	67.9	64.3	62.5	68.8	65.7	69.2	60.1
Inverclyde	55.8	93.4	76.4	118.2	99.8	94.0	120.3	131.1	83.1	95.2
Midlothian	39.2	39.0	58.0	57.2	56.4	44.4	71.2	69.2	70.9	64.4
Moray	79.6	55.1	63.3	70.1	67.7	64.7	61.8	81.4	62.7	52.9
North Ayrshire	42.9	53.3	54.2	50.7	61.1	45.7	48.0	40.8	69.3	84.2
North Lanarkshire	51.8	48.3	61.8	60.9	65.1	60.6	70.0	70.0	72.4	70.3
Orkney[a]	13.9	23.2	23.2	23.1	4.6	13.6	22.5	9.0	8.9	*
Perth and Kinross	88.0	81.9	92.7	105.4	96.9	115.2	142.1	109.9	127.7	127.4
Renfrewshire	60.2	55.8	68.9	65.9	67.6	82.0	74.2	82.6	102.0	82.8
Scottish Borders	60.7	55.3	64.9	50.9	56.8	53.9	64.2	68.4	76.4	68.1
Shetland[a]	43.1	51.7	60.3	38.8	30.2	43.3	26.1	48.0	83.1	91.5
South Ayrshire	52.2	50.5	46.2	52.5	49.8	40.8	57.8	52.4	50.8	70.3
South Lanarkshire	54.7	49.2	57.1	63.2	65.9	71.3	78.4	73.0	69.8	73.8
Stirling	51.6	60.3	60.1	71.1	66.1	75.5	73.1	101.9	138.2	141.2
West Dunbartonshire	72.0	60.1	64.7	77.0	79.0	83.7	75.2	69.7	94.0	99.1
West Lothian	64.8	74.4	73.9	80.6	69.4	77.2	89.5	82.5	113.2	109.9

[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 local authority and year

Local authority	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Aberdeen City	64	52	57	77	97	72	70	80	70	76
Aberdeenshire	27	37	40	39	43	32	48	41	27	38
Angus	21	22	22	37	26	30	34	35	40	39
Argyll and Bute	24	15	17	15	14	24	24	22	20	20
City of Edinburgh	103	126	143	132	130	156	148	150	216	188
Clackmannanshire	7	5	6	11	15	17	18	12	21	13
Dumfries and Galloway	25	30	34	28	41	30	40	40	59	59
Dundee City	35	41	46	50	39	47	39	43	50	48
East Ayrshire	19	15	18	24	11	21	20	17	25	29
East Dunbartonshire	17	18	22	15	24	21	23	24	19	30
East Lothian	20	20	23	33	26	18	31	24	32	43
East Renfrewshire	11	15	17	15	16	18	26	30	33	28
Eilean Siar	*	*	5	*	*	6	*	*	6	*
Falkirk	32	29	24	34	41	48	44	44	42	56
Fife	79	88	108	102	91	89	89	111	131	121
Glasgow City	166	184	183	222	176	213	254	292	270	310
Highland	74	71	69	57	65	61	89	68	57	75
Inverclyde	16	28	33	28	27	30	30	44	29	25
Midlothian	17	20	19	22	18	20	20	25	21	37
Moray	15	23	15	18	15	18	20	16	13	13
North Ayrshire	24	15	15	22	21	18	25	20	35	38
North Lanarkshire	55	63	64	52	57	67	75	65	80	79
Orkney	*	*	*	5	8	6			*	*
Perth and Kinross	33	38	50	56	62	62	87	59	64	52
Renfrewshire	45	36	39	40	52	60	54	59	56	57
Scottish Borders	31	19	28	24	26	28	30	22	27	24
Shetland	5	*	*	*	*	*	7	*	*	5
South Ayrshire	11	14	14	18	26	17	19	11	14	15
South Lanarkshire	60	63	51	80	62	86	80	63	64	73
Stirling	18	15	18	9	13	25	17	21	23	26
West Dunbartonshire	30	24	34	31	39	38	37	31	41	41
West Lothian	36	42	43	35	37	40	42	43	42	63
Total	**1126**	**1175**	**1260**	**1337**	**1323**	**1422**	**1542**	**1520**	**1632**	**1726**

*n<5

Table A7. Number of CTOs by Health Board and year

Health board	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Ayrshire and Arran	53	45	45	65	57	51	58	46	73	79
Borders	28	17	24	19	21	25	27	20	23	21
Dumfries and Galloway	24	29	31	28	39	30	38	40	60	59
Fife	74	86	102	98	94	84	85	104	127	120
Forth Valley	57	48	48	54	67	87	74	76	86	96
Grampian	116	108	117	137	163	128	138	139	111	129
Greater Glasgow and Clyde	313	326	362	392	374	427	465	507	489	535
Highland	86	82	75	65	68	73	97	79	62	79
Lanarkshire	95	102	87	101	95	116	127	108	114	122
Lothian	188	219	243	229	214	245	252	250	315	334
Orkney					*	*				
Shetland									*	*
State Hospital	*	*	*	*	*	*	*	5	5	*
Tayside	87	110	120	145	123	148	176	142	160	147
Western Isles	*	*	*	*	*	*	*	*	6	*
Total	**1,126**	**1,175**	**1,260**	**1,337**	**1,323**	**1,422**	**1,542**	**1,520**	**1,632**	**1,726**

*n<5

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

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Aberdeen City	28.5	22.9	24.9	33.4	42.2	31.5	30.8	35.0	30.6	33.4
Aberdeenshire	10.6	14.4	15.4	14.9	16.4	12.2	18.4	15.7	10.4	14.5
Angus	18.1	18.9	18.8	31.7	22.3	25.8	29.3	30.1	34.5	33.6
Argyll and Bute	27.6	17.0	19.4	17.3	16.1	27.6	27.8	25.6	23.4	23.2
City of Edinburgh	21.3	25.8	29.0	26.5	25.6	30.4	28.5	28.6	40.9	35.7
Clackmannanshire	13.7	9.8	11.7	21.4	29.2	33.0	35.0	23.3	40.9	25.2
Dumfries and Galloway	16.6	20.0	22.7	18.7	27.4	20.1	26.9	26.9	39.8	39.7
Dundee City	23.7	27.7	31.1	33.7	26.3	31.6	26.2	28.8	33.6	32.5
East Ayrshire	15.5	12.3	14.7	19.7	9.0	17.2	16.4	13.9	20.6	23.8
East Dunbartonshire	16.1	17.0	20.6	14.0	22.3	19.4	21.2	22.1	17.5	27.5
East Lothian	19.8	19.7	22.5	32.0	25.0	17.2	29.3	22.4	29.7	39.2
East Renfrewshire	12.1	16.4	18.4	16.1	17.1	19.0	27.3	31.4	34.4	29.0
Eilean Siar	7.3	14.6	18.3	14.8	11.2	22.3	7.5	15.0	22.6	15.0
Falkirk	20.4	18.5	15.2	21.5	25.7	30.0	27.4	27.3	26.2	34.8
Fife	21.6	24.0	29.4	27.7	24.6	24.0	23.9	29.7	35.0	32.3
Glasgow City	27.9	30.8	30.5	36.6	28.6	34.3	40.5	46.1	42.5	48.8
Highland	31.8	30.5	29.6	24.3	27.7	25.9	37.8	28.8	24.2	31.5
Inverclyde	19.8	34.9	41.3	35.2	34.1	38.1	38.4	56.6	37.6	32.6
Midlothian	20.2	23.6	22.0	25.2	20.3	22.2	21.9	27.0	22.5	39.1
Moray	16.1	24.4	15.8	18.8	15.6	18.8	20.9	16.7	13.6	13.5
North Ayrshire	17.4	11.0	11.0	16.2	15.5	13.3	18.5	14.8	26.1	28.3
North Lanarkshire	16.3	18.7	18.9	15.4	16.8	19.7	22.0	19.0	23.5	23.1
Orkney[a]	18.6	4.6	9.3	23.1	36.6	27.3	0.0	0.0	13.4	4.4
Perth and Kinross	22.3	25.7	33.6	37.4	41.1	41.0	57.5	38.8	42.1	33.8
Renfrewshire	25.8	20.7	22.4	22.9	29.6	33.9	30.4	32.9	31.2	31.7
Scottish Borders	27.3	16.7	24.6	21.0	22.7	24.3	26.0	19.0	23.4	20.7
Shetland[a]	21.5	8.6	4.3	8.6	8.6	17.3	30.4	17.5	8.7	21.8
South Ayrshire	9.7	12.4	12.4	16.0	23.1	15.1	16.9	9.8	12.5	13.3
South Lanarkshire	19.1	20.0	16.2	25.3	19.6	27.0	25.1	19.7	19.9	22.6
Stirling	19.8	16.4	19.7	9.7	13.9	26.6	18.0	22.3	24.4	27.8
West Dunbartonshire	33.2	26.7	37.9	34.6	43.4	42.4	41.5	34.9	46.4	46.7
West Lothian	20.5	23.8	24.3	19.6	20.5	22.1	23.1	23.5	22.8	33.9

[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

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Total	170	177	187	136	146	167	182	182	155	171
Female	99	112	120	81	96	116	119	119	103	110
Male	71	65	67	55	50	51	63	63	52	61

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

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Scotland rate	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 (2.8-3.8)	2.8 (2.4-3.3)	3.1 (2.7-3.6)
Female rate	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)	3.9 (3.2-4.7)
Male rate	2.8 (2.1-3.4)	2.5 (1.9-3.1)	2.6 (2.0-3.20)	2.1 (1.6-2.7)	1.9 (1.4-2.4)	1.9 (1.4-2.5)	2.4 (1.8-3.0)	2.4 (1.8-2.9)	2.0 (1.4-2.5)	2.3 (1.7-2.9)

Table A11. Number of place of safety order by year

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Number of orders	560	660	696	831	1140	1182	1114	1136	1143	1255

Table A12. Point prevalence orders by year and health board

Health board	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Ayrshire and Arran	152	143	139	158	165	165	188	180	181	198
Borders	40	40	39	41	39	49	46	46	55	32
Dumfries and Galloway	45	53	52	57	61	60	75	70	90	93
Fife	201	225	240	230	255	264	244	251	269	273
Forth Valley	139	151	159	162	163	197	205	211	224	226
Grampian	239	229	227	248	282	278	284	289	279	299
Greater Glasgow and Clyde	841	883	933	984	1,009	1,045	1,070	1,132	1,188	1,223
Highland	193	212	207	185	183	178	203	205	172	181
Lanarkshire	214	199	199	219	233	211	244	228	229	258
Lothian	492	519	534	563	559	625	617	631	679	705
Tayside	257	274	295	318	321	321	337	320	356	334

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

Health board	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Ayrshire and Arran	40.7	38.4	37.5	42.6	44.5	44.5	50.9	48.7	49.2	53.7
Borders	35.2	35.1	34.2	36.0	34.1	42.6	39.9	39.8	47.7	27.6
Dumfries and Galloway	29.8	35.3	34.7	38.1	40.8	40.2	50.4	47.0	60.7	62.5
Fife	54.9	61.3	65.4	62.5	68.9	71.1	65.6	67.2	71.9	72.9
Forth Valley	46.5	50.4	52.9	53.5	53.5	64.5	67.0	68.8	73.2	73.9
Grampian	41.7	39.5	38.9	42.2	48.0	47.4	48.6	49.3	47.6	51.0
Greater Glasgow and Clyde	73.9	77.6	81.7	85.6	86.9	89.4	91.1	95.7	100.2	103.2
Highland	60.4	66.0	64.5	57.6	56.8	55.3	63.1	63.7	53.6	55.8
Lanarkshire	32.8	30.5	30.5	33.5	35.5	32.1	37.0	34.4	34.6	38.9
Lothian	58.3	61.1	62.2	64.9	63.5	70.3	68.7	69.5	74.4	76.9
Tayside	62.4	66.5	71.3	76.6	77.3	77.1	81.0	76.7	85.5	80.0

Table 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	14.6	10.7–18.6	22.0	17.2–26.8
Borders	16.4	9.0–23.7	8.6	3.3-14.0
Dumfries and Galloway	24.2	16.3–32.1	27.6	19.1-36.0
Fife	24.8	19.8–29.9	28.3	22.9–33.7
Forth Valley	22.2	17.0–27.5	31.1	24.8–37.3
Grampian	16.4	13.1–19.6	18.2	14.8-21.7
Greater Glasgow and Clyde	34.7	31.3–38.0	43.0	39.3–46.8
Highland	25.3	19.8–30.8	18.8	14.1–23.5
Lanarkshire	12.5	9.8–15.2	15.2	12.2–18.2
Lothian	27.2	23.8–30.5	31.0	27.4–34.6
Tayside	23.2	18.6–27.8	35.4	29.7–41.1

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

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Orders	477	411	400	416	446	433	387	396	357	361
Individuals	238	234	222	234	252	227	221	219	214	218

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

Ethnic grouping	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
African, Caribbean or Black	*		*	6 (3%)	10 (5%)		5 (3%)	7 (4%)	9 (6%)	6 (4%)
Asian	24 (8%)	*	9 (4%)		8 (4%)	*	*	*	*	8 (5%)
Mixed		*				*	5 (3%)	*	6 (4%)	
Other	*				*	*	*	5 (3%)	*	
White - Other British	20 (7%)	12 (6%)	8 (4%)	9 (5%)	5 (2%)	15 (7%)	18 (10%)	21 (11%)	*	*
White - Other	9 (3%)	7 (4%)	27 (13%)	13 (7%)	9 (4%)	14 (7%)	20 (11%)	7 (4%)	13 (8%)	21 (14%)
White - Scottish	235 (80%)	173 (89%)	166 (78%)	166 (86%)	175 (83%)	169 (82%)	132 (72%)	149 (77%)	118 (77%)	112 (74%)

*n<5

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

Category	Order	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Treatment and assessment	Treatment order	142	98	106	113	109	119	99	99	103	101
	Assessment order	158	131	133	141	129	131	122	140	106	129
Unfitness for trial	Temporary Compulsion Order	17	*	20	18	20	20	16	11	12	17
Acquittal due to mental disorder	S57(2)(a) Compulsion Order	12	15	21	26	28	50	33	22	27	19
	S57(2)(a) Compulsion Order - Community		*								*
	S57(2)(b) CORO	*	9	*	*	*	*	*	*	*	*
Post-conviction pre-disposals	Interim Compulsion Order	26	32	21	23	26	23	15	24	11	14
	S200 Committal	*	*						*		
	Hospital direction	*	*	*	*		*	*			*
Mental health disposals	S57A(2) Compulsion Order	60	57	44	45	60	43	46	52	44	37
	S57A(2) Compulsion Order - Community	*	*	*		*	*			*	*
	S59 CORO	*	10	8	9	10	*	8	*	*	*
Transfer for treatment	Transfer for Treatment Direction	47	47	38	36	58	36	41	36	44	32
	Total	477	411	400	416	446	433	387	396	357	361

*n<8

Table A18. Number of T2s by treatment type and year

Treatment	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
ECT	17	14	16	8	21	23	30	21	20	29
Medication to reduce sex drive	*	*	*	*	*	*	*	*	*	*
Artificial nutrition	*	*	5	*	*	*	8	11	7	9
Medication beyond two months	717	798	785	769	751	773	862	785	801	890

*n<5

Table A19. Number of T3s by treatment type and year

Treatment	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
ECT	147	171	186	207	176	224	222	255	214	240
Medication to reduce sex drive	5	5	9	7	10	10	12	11	7	8
Artificial nutrition	49	55	77	98	99	116	137	132	135	164
Medication over two months	1,283	1,317	1,470	1,503	1,559	1,642	1,704	1,823	1,675	1954
Total	1,484	1,548	1,742	1,815	1,844	1,992	2,075	2,221	2,031	2,366

Table A20. Number of T4s by age and year

Age	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Under 18	17	36	29	44	33	36	52	55	93	81
18 and older	142	188	263	234	205	297	328	352	359	449
Total	159	224	292	278	238	333	380	407	452	530

Table A21. Number of T4s by health board and year

Health board	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Ayrshire and Arran	9	11	22	34	22	34	38	17	12	25
Borders	*	*	13		*	*	*	*	10	*
Dumfries and Galloway	*	8	24	9	*	9	22	13	20	19
Fife	19	26	21	19	15	11	32	32	34	40
Forth Valley	*	*	*	9	*	*	*	15	9	8
Grampian	15	15	27	16	21	27	28	36	39	39
Greater Glasgow and Clyde	44	47	67	56	37	68	97	120	106	137
Highland	*	25	13	*	*	10	10	*	*	18
Lanarkshire	*	*	8	*	15	14	13	19	13	30
Lothian	14	39	37	58	58	71	54	70	81	96
State	*	*	*	*	*	*	*	9	*	*
Tayside	31	42	52	60	47	78	69	66	117	106
Western Isles			*	*						
Shetland				*	*					
Total	159	224	292	278	238	333	380	407	452	530

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