



**mental welfare**  
commission for scotland

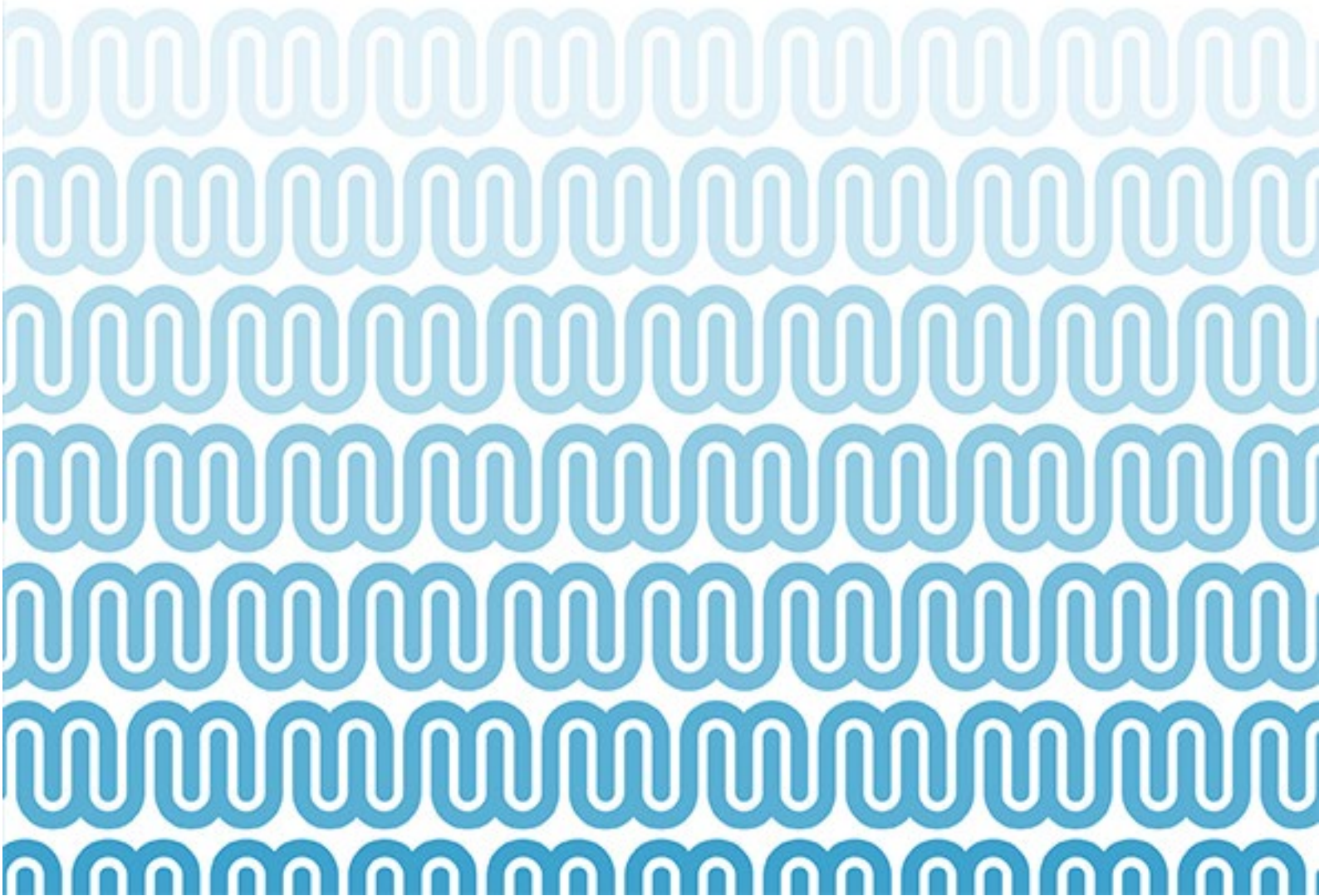
# **Mental Health Act Monitoring Report**

## **2023-24**

Statistical monitoring

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**2023-24**



# 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

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## 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 total of 7,109 detention episodes began in 2023-24, which was 5.6% more episodes than the updated figure in 2022-23 of 6,733 and slightly higher than the average year-on-year increase in the previous years of 4.2%.

We are concerned that information about the ethnicities of those detained during 2023-24 has fallen to a low-level that makes analysis difficult. We are exploring why this might be the case.

Over the last few years, we have demonstrated the link between areas of greater deprivation and higher rates of detention. We show this link again this year. 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.

We hope that the details provided in this report are helpful to organisations that are involved in the planning and delivery of services. We are also aware that this report is complex and covers many different sections of the Mental Health Act and we need to produce a statistical report in future that caters to the interest and needs of a wider audience. We are working on this for next year.

October 2024

## 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)[1] which includes legal safeguards that ensure the person is cared for appropriately and for the shortest time possible.
2. The Mental Welfare Commission (the 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 2023-24. We also make reference to the Criminal Procedure (Scotland) Act 1995[2] (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**

1. A total of 7,109 detention episodes began in 2023-24, which was 5.6% more episodes than the updated figure in 2022-23 of 6,733 and slightly higher than the average year-on-year increase in the previous years of 4.2%. 49.7% of all episodes began with an emergency detention certificate (EDC), 48.6% with a short-term detention certificate (STDC), and 1.7% with a compulsory treatment order (CTO) or an interim compulsory treatment order (iCTO). The rate of detention episodes for emergency detention certificates (EDCs) increased compared to last year from 59.3 per 100,000 in 2022-23 to 65.0 per 100,000 in 2023-24, overtaking the rate of short-term detention certificates (STDCs) for the first time.
2. The rate of new detention orders increased for all types of order compared to 2022-23. The rate of detention for emergency detention certificates (EDCs) increased from 60.6 per 100,000 to 66.9 per 100,000 in 2023-24. The rate of short-term detention certificates (STDCs) increased from 97.9 per 100,000 to 103.7 per 100,000 in 2023-24. The rate for compulsory treatment orders (CTOs) increased only very slightly from 32.5 per 100,000 in 2022-23 to 33.6 per 100,000 in 2023-24.
3. 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 35.7% for EDCs, 29.2% for STDCs, and 25.2% for CTOs.

4. 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 2023-24 was the lowest we have seen over the last 10 years at 35.8%. In mainland health boards this ranged from 24.5% in Greater Glasgow and Clyde to 79.1% in Dumfries and Galloway. We also note that for under 25-year-olds the percentage of EDCs with MHO consent is 32.0%, lower than the 25-64 year old group (34.5%) and the over 65 year old group (40.8%).
5. With regards diagnostic categories, learning disability alone, without another diagnostic category, accounted for 0.6% of STDCs and 0.5% of CTOs.
6. Social circumstances reports (SCRs) are a critical safeguard which address the interaction of a person's mental health *and* their social circumstances. For 47.4% of STDCs in 2023-24 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 52.6% of cases we received no notification compared to 53.1% last year.
7. There were 208 detentions under section 299 (nurse's power to detain pending a medical examination) in 2023-24, which is a 45.5% increase compared to 2022-23 revised figures. The overall rate of nurse's power to detain in 2023-24 was 3.9 per 100,000, which was an increase on the previous year's rate of 2.6. The rate of nurse's power to detain orders was higher among females (4.4 per 100,000) than males (3.3 per 100,000).
8. There were 1,276 section 297 (place of safety) orders in 2023-24, which was a 5.7% decrease compared to the year before. There is an increase in missing outcome in the submissions we receive, ranging from 1.1% in 2015-16 to 25.4% in 2023-24.
9. 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 2024, there were 4,022 extant orders which was a slight decrease compared to the same day in 2023. Of the total number of orders in place on 3 January 2024, 64.7% 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 (72.5%). Of extant CTOs, 45.6% were community-based.
10. The Commission was notified of 138 deaths that occurred when someone was subject to an order under the Mental Health Act, equating to 1.1% of all orders in 2023-24. The percentage of deaths as a proportion of total orders remains consistent over time, ranging from 1.1% to 1.3%.

## **Detentions under the Criminal Procedure (Scotland) Act 1995**

11. There were 316 orders under the Criminal Procedure (Scotland) Act 1995 (Criminal Procedure Act) in 2023-24, this is the lowest figure we have recorded in the last 10 years. The average number of orders was 388 in the previous 10 years. The 316 orders in 2023-24 related to 199 individuals detained under the Criminal Procedure Act. The individuals were primarily male (83.5%) and most were aged 25-44 years (63.9%) with the average age of 39 years.

## **Treatment and Part 16 of the Mental Health Act**

12. There was a total of 922 T2<sup>1</sup> certificates issued during 2023-24, compared to an average of 843 during the years 2014-15 to 2022-23. Most T2 certificates (93.8%) were issued for medication over two months while 3.5% were issued for electro convulsive treatment (ECT). There was a total of 20 T2s for artificial nutrition in 2023-24, higher than in 2022-23 (n=6). Of the T2s, 4.4% were for young people (<18 years).
13. There were 2,626 T3 certificates issued in 2023-24, which was a 2.1% increase on the 2022-23 figure. Most T3s were for medication over two months (84.7%), while 8.7% were for ECT, 6.1% for artificial nutrition, and 0.2% for medication to reduce sex drive. This is broadly similar to previous years. Of the T3s, 4.5% were for people <18 years.
14. We were notified of 553 T4 certificates issued in 2023-24; an 11.0% increase on the number of T4s in 2022-23. Of the T4s, 12.8% were for individuals <18 years. This is an 8.7% decrease compared to 2022-23.
15. 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[3]. In 2023-24, this had increased by 150 compared to last year's register. The individuals on the register as a whole have an average age of 49 years 5 months and 54.9% are male. The SIMD distribution of advanced statements is starting to reflect the distributions of detentions. However, to truly reflect the detention distribution more work is required to engage those in the most deprived areas of Scotland.

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<sup>1</sup> Please see Box 3 on page 57 that provides details of the different treatment authorisation certificates.

## Introduction

The Mental Welfare Commission for Scotland has a statutory duty to monitor the use of 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.

This report outlines data during the whole of 2023-24. The data we present shows the increasing number of detentions in Scotland over the years with a slight rise this year of reporting.

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.



## Methods

In this report we present a number of different measures of compulsory care under the Mental Health Act [1] and also some in relation to the Criminal Procedure Act [2]; 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 2023 to 31 March 2024). 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**

We would usually report on ethnicity in each section of the report, however, this year the proportion of people with ethnicity data has dropped to a level that we feel is too low to accurately report upon. We will investigate why this has been the case this year.

### **Scottish index of multiple deprivation (SIMD)**

We report level of deprivation according to SIMD categories in this monitoring report using the 2020v2 postcode look up file[4]. 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 92.9% of detentions in 2023-24.

### **Mid-year Population Estimates & Age Standardisation**

The most recent Scottish mid-year Population estimates available are for 2022, therefore these have been used to revise the 2022-23 data and are applied to the 2023-24 data[5]. The 2023-24 information using population data will be revised in future reports once the mid-year 2023 data become available. In addition, National Records for Scotland have revised the mid-year estimates from 2011 to 2021[6], this data has been applied in this report, so there may be variation when compared with previous published reports.

Given that all rates were being recalculated this year due to the revised mid-year estimates, we have taken the opportunity to create direct standardised rates where possible using the European Standard Population 2013[7]. Age standardised rates take both population size and age structure into consideration to allow a like-for-like comparison between areas. There will be variation in rates when compared with previous published reports however trends over time remain the same.

## 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 consent of a mental health officer (MHO) unless impracticable, 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, for example a person with a mental health condition and with experience of using services, a carer, nurse, social worker, 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.

In 2023-24, 7,109 episodes began, which was 5.6% more episodes than the updated figure in 2022-23 of 6,733. The average year-on-year change of new episodes in 2014-15 to 2022-23 was 4.2% (ranging 0%–11.0%) (Appendix Table A1<sup>2</sup>).

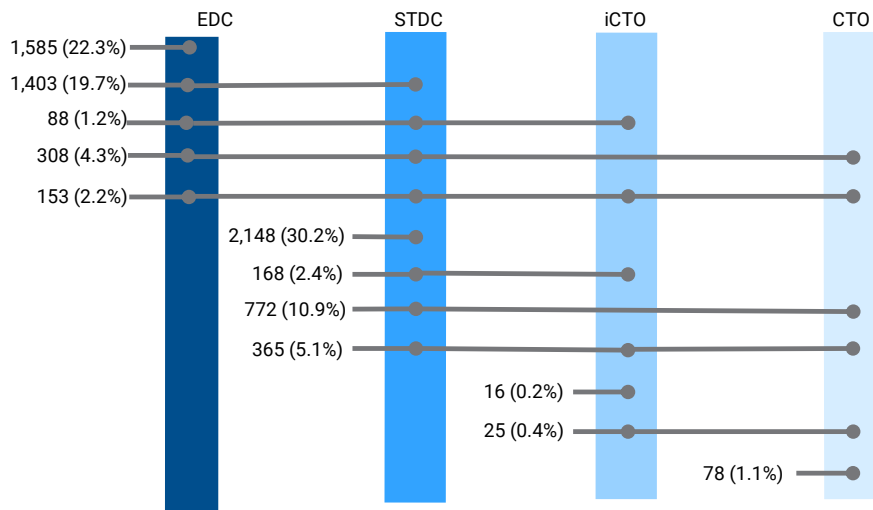
Figure 1 shows the structures of all episodes in 2023-24. We can see that an episode can consist only of an emergency detention, of emergency and short-term detention, only short-term detention and so on.

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<sup>2</sup> All tables marked with an A are to be found in the appendix.

49.7% of all episodes began with an EDC, 48.6% with a STDC, and 1.7% with a CTO or an iCTO. Of the 78 episodes which started as CTOs (Figure 1) 29.5% were community-based CTOs.

**Figure 1. Order progression among all episodes in 2023-24**



In 2023-24 half of all episodes progressed as far as an STDC, 23.9% progressed to a CTO, 3.8% as an iCTO (Figure 2) and 22.3% ended as an EDC. This was similar to the average in the previous years. Figure 2 provides the details of the proportion of episodes that progressed to the longest duration order by year. There has not been significant change in the proportion of orders progressed to over time.

**Figure 2. Longest period of permitted detention an episode of detention progressed to by year**

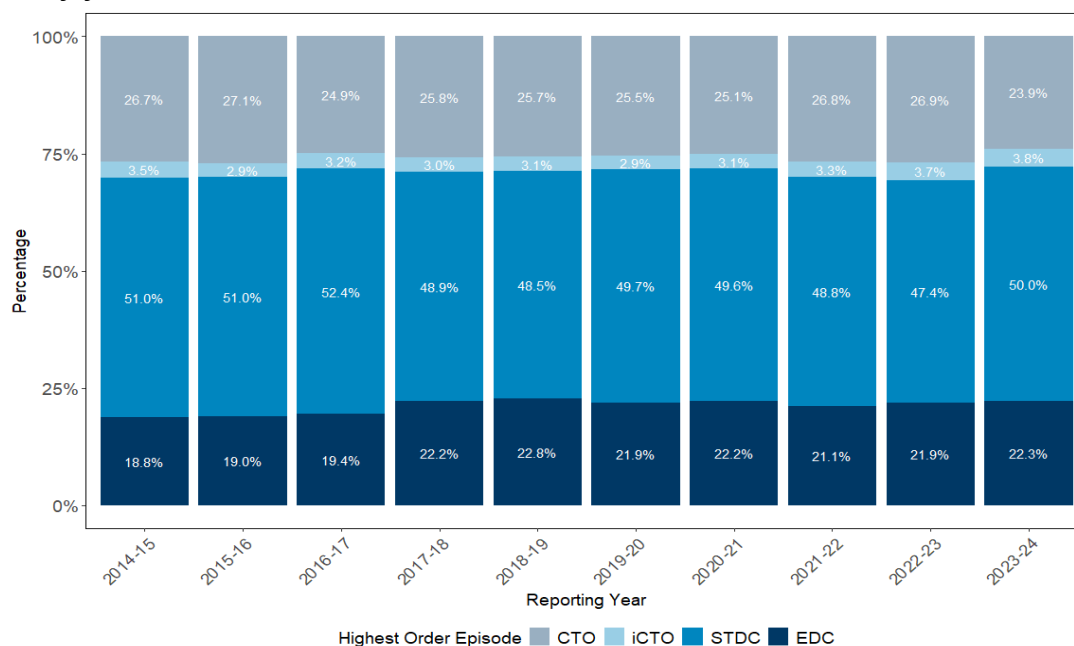
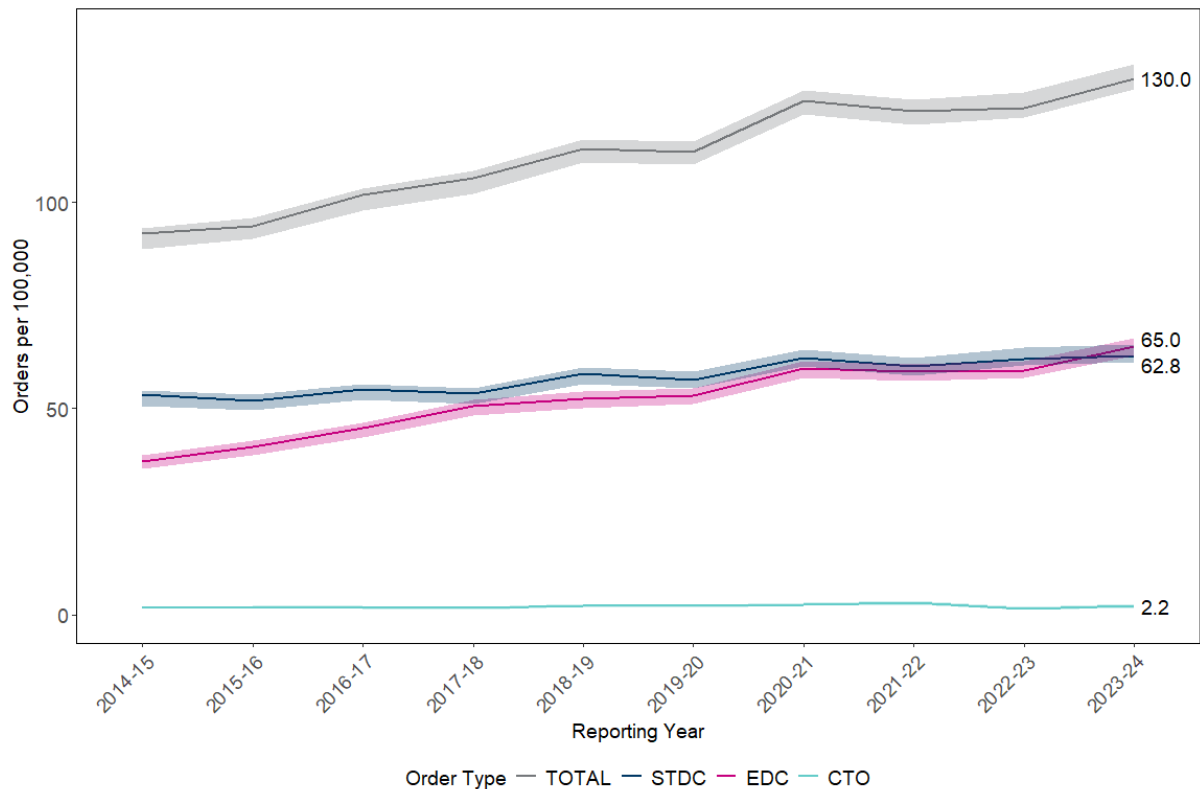


Figure 3 shows the change in rate<sup>3</sup> of detention episodes over time with 95% confidence interval (CI)<sup>4</sup>. The rate of new episodes per 100,000 population was 130.0 (95% CI: 127.0-133.1). The rate of episodes by type of order (based on the starting order) was 65.0 (95% CI: 62.9-67.2) for EDC, 62.8 (95% CI: 60.7-65.0) for STDC and 2.2 (95% CI: 1.8-2.6) for CTO.

**Figure 3. Age standardised rate of detention by year with 95% CI (shaded area)<sup>5</sup>**



<sup>3</sup> Age standardised rates are used throughout the report and figures using this method are named accordingly.

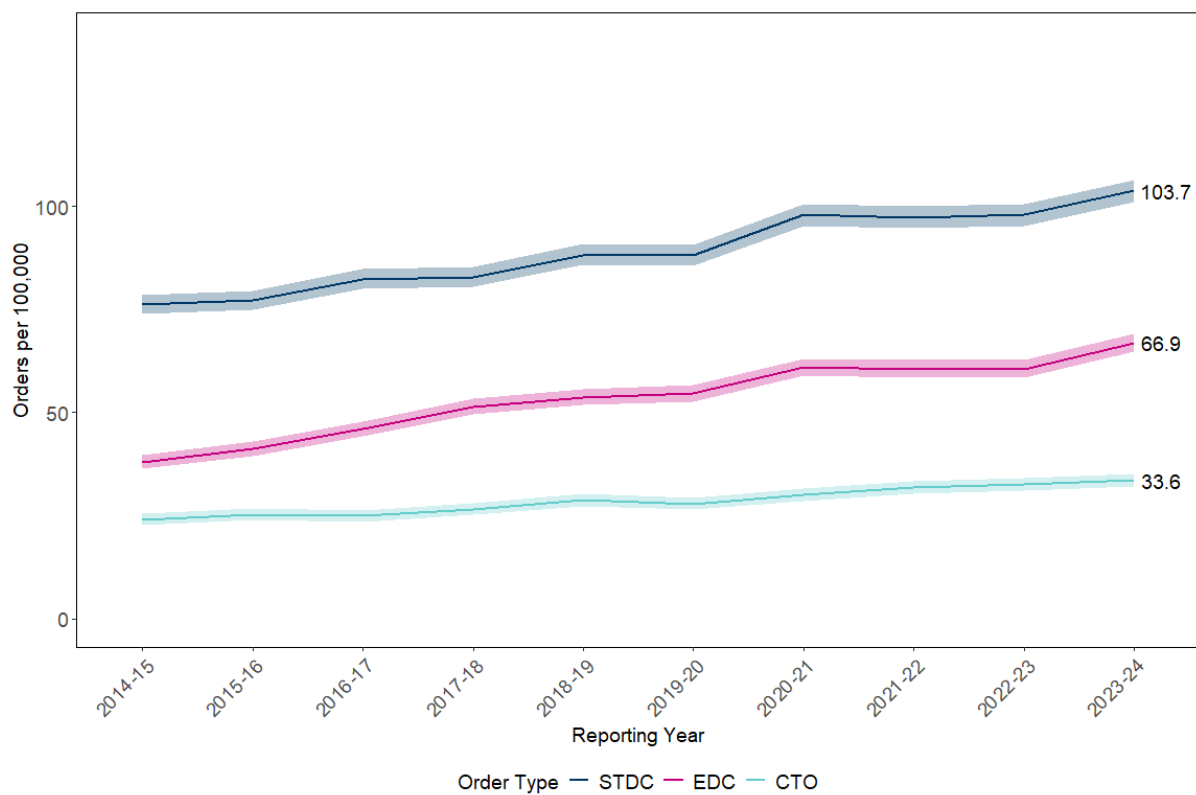
<sup>4</sup> A confidence interval gives a measure of the precision of a value. It shows the range of values that encompass the population or 'true' value, estimated by a certain statistic, with a given probability. For example, if 95% confidence intervals are used, this means we can be sure that the true value lies within these intervals 95% of the time.

<sup>5</sup> 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, for example, in the situation where a person may be subject to a suspended hospital-based CTO but is admitted under an EDC initially. Figure 4 shows the rates per 100,000 for each type of order, again in 2023-24 we have seen an increase in the rate of all orders. The numbers of orders are presented in Appendix tables A2-A4. In the following sections we analyse rates for each order type for 2023-24.

**Figure 4. Age standardised rate of new orders by year with 95% CI (shaded area)**



### Emergency detention certificates (EDCs)

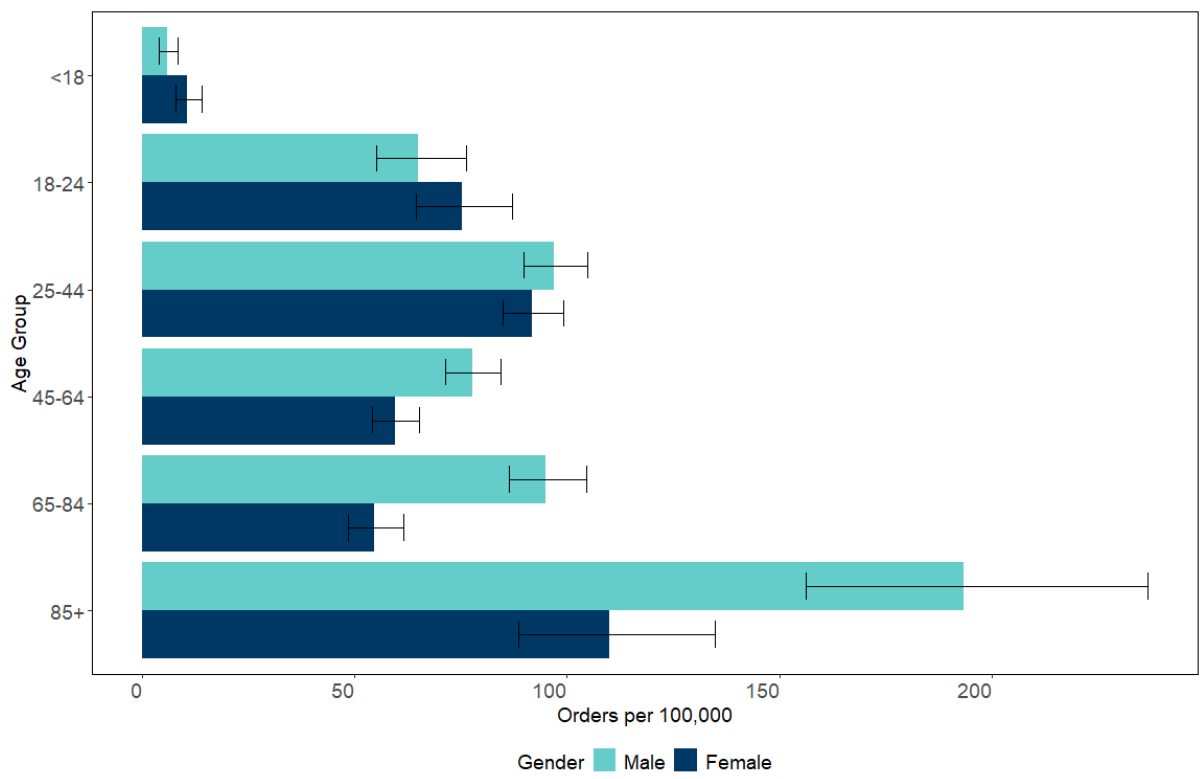
Unlike in the Mental Health (Scotland) Act 1984, there is an expectation that emergency orders will be used ‘sparingly’ in the current Mental Health Act[1]. Clear reasons need to be recorded as to the necessity for granting an EDC rather than the preferred route of a STDC which provides the person with more safeguards and we would expect local areas to explore why EDCs are being used rather than STDCs.

The overall rate of EDCs in 2023-24 was 66.9 (95% CI: 64.7-69.1), slightly higher than the previous year’s revised rate of 60.6 (95% CI: 58.5-62.7) (Figure 4). The number of orders is shown in Appendix Table A2.

The rate of EDCs varies by gender. In 2023-24 the rate of EDCs for females was 61.0 (95%CI: 58.2-64.0) and 72.5 (95% CI: 69.3–75.9) for males.

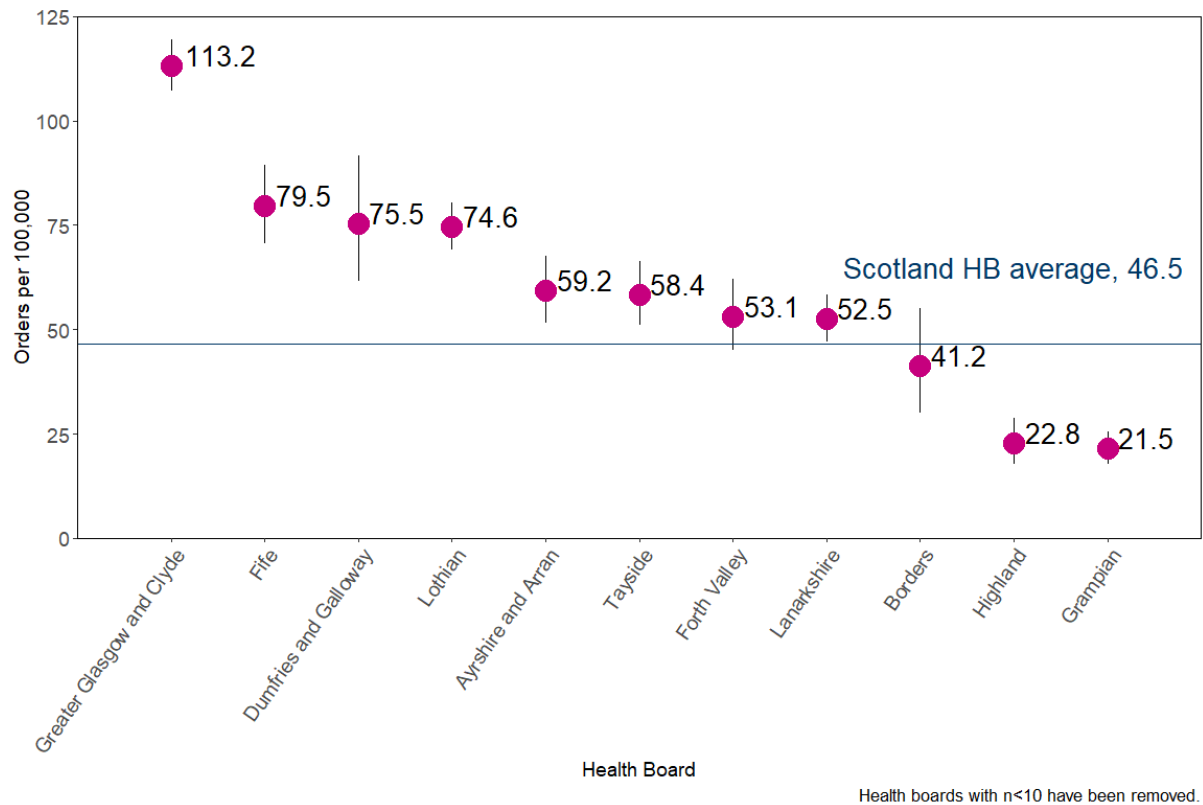
Figure 5 shows the rate for each age group, indicating a higher rate for females than males in younger age groups but for those aged 25 years and older the opposite was true. This is the same pattern seen in the previous year. The rate of EDCs was particularly high for males aged 85 years or older, which was 193.5 per 100,000 (95% CI: 156.3-236.7). However, it should be noted that the confidence interval is wide and the true estimate is therefore uncertain.

**Figure 5. Rate of EDCs in 2023-24 by age & gender with 95% CI**



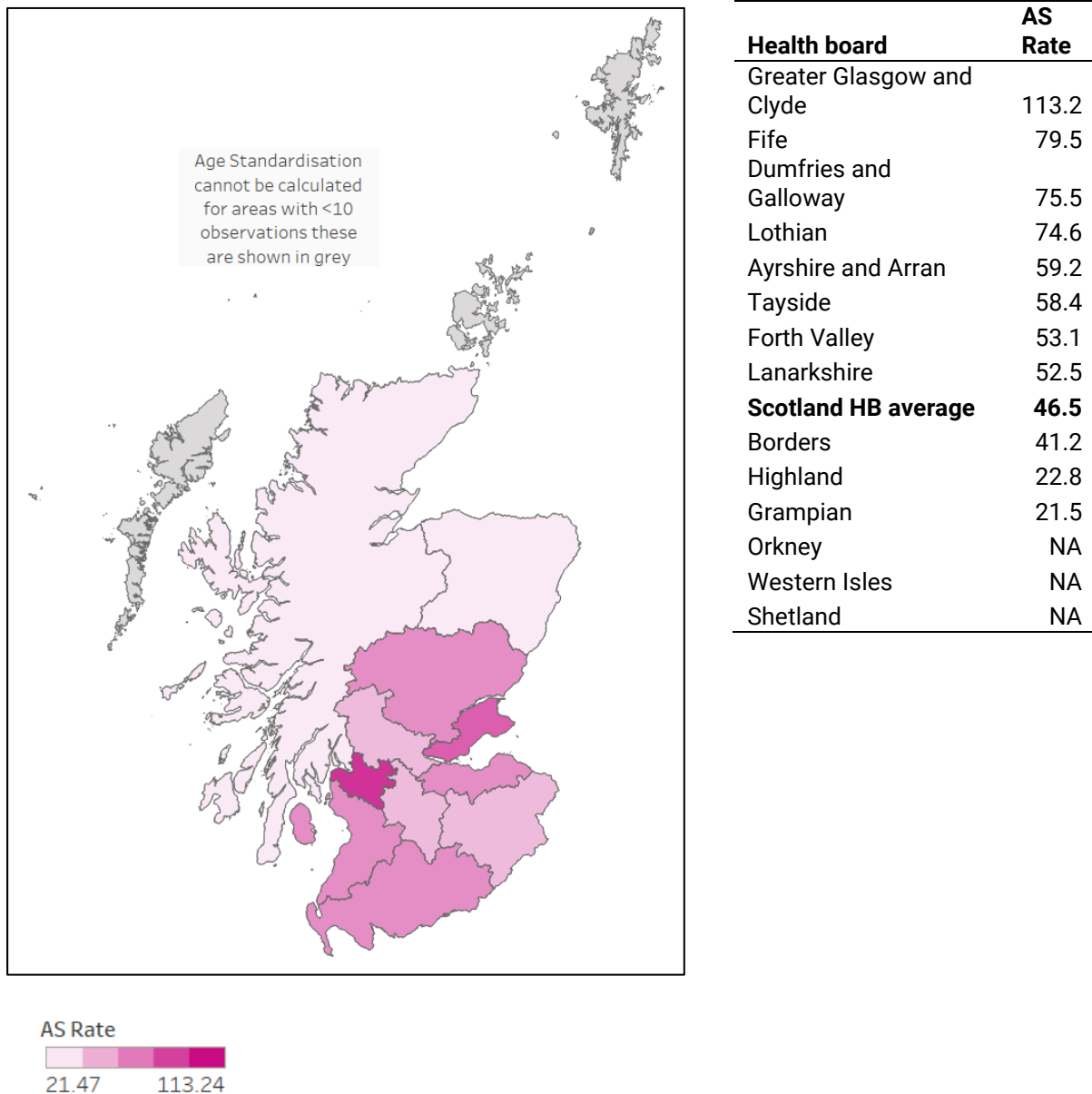
The rate of EDCs in Scottish mainland health boards varied from 21.5 per 100,000 in Grampian to 113.2 in Greater Glasgow and Clyde. The rates across all mainland health boards are shown in Figures 6a and 6b.

**Figure 6a. Age standardised rate of EDCs per 100,000 in 2023-24 with 95% CI, by health board**



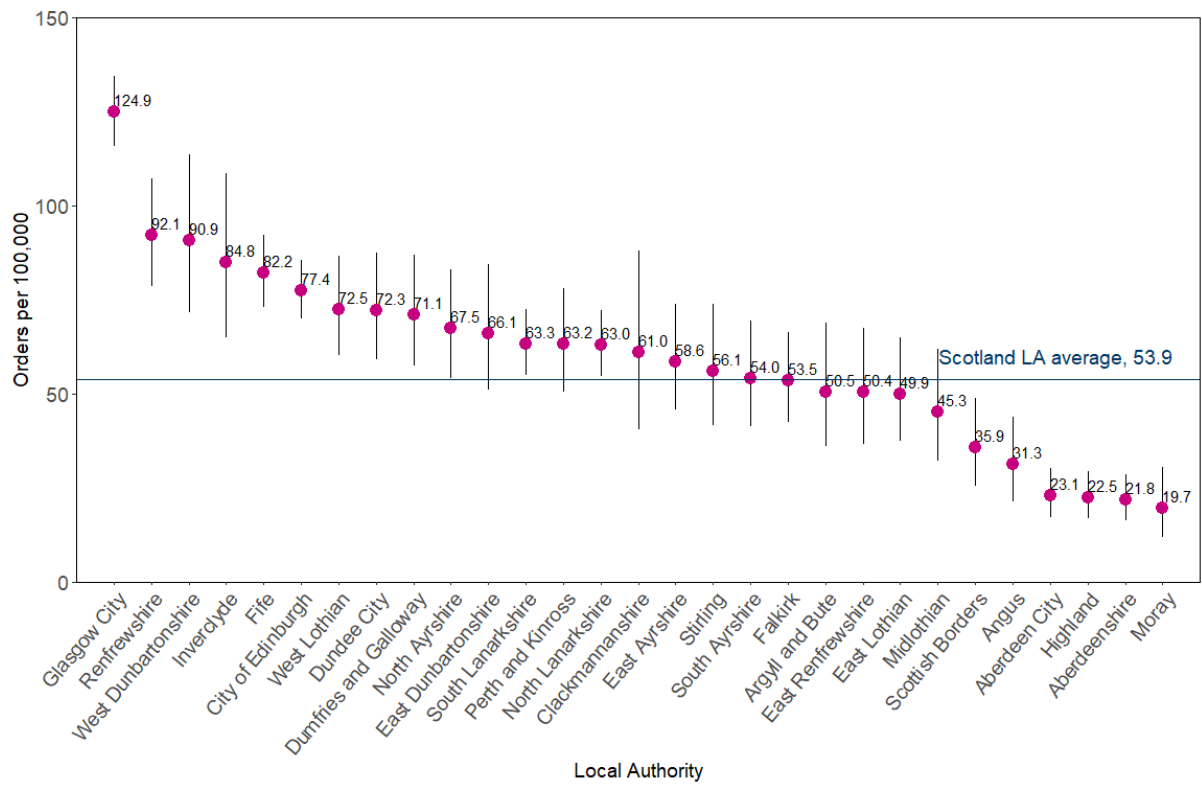


**Figure 6b. Age standardised rate of EDCs per 100,000 in 2023-24, by health board**

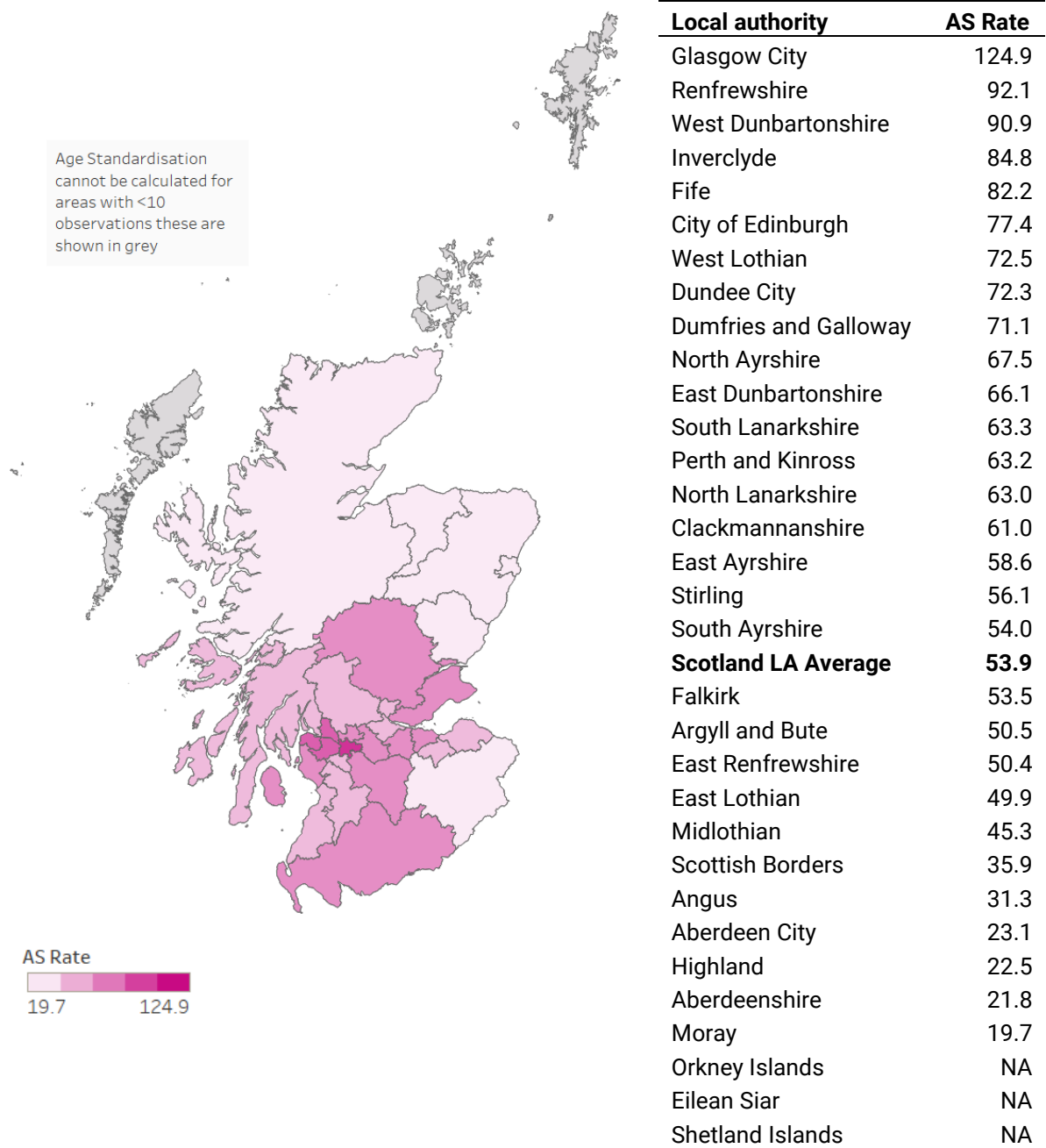


This year, we have used postcodes to complete local authority information for EDCs. We were able to find local authority areas for 97% of EDCs. The remaining 3% was made up of people with no fixed abode, did not have a Scottish postcode, or where the postcode could not be found. The rate of EDCs in Scottish local authorities varied from 19.7 per 100,000 in Moray to 124.9 in Glasgow City. The rates across local authorities are shown in Figures 7a and 7b.

**Figure 7a. Age standardised rate of EDCs per 100,000 in 2023-24 with 95% CI, by local authority**



**Figure 7b. Age standardised rate of EDCs per 100,000 in 2023-24, by local authority**

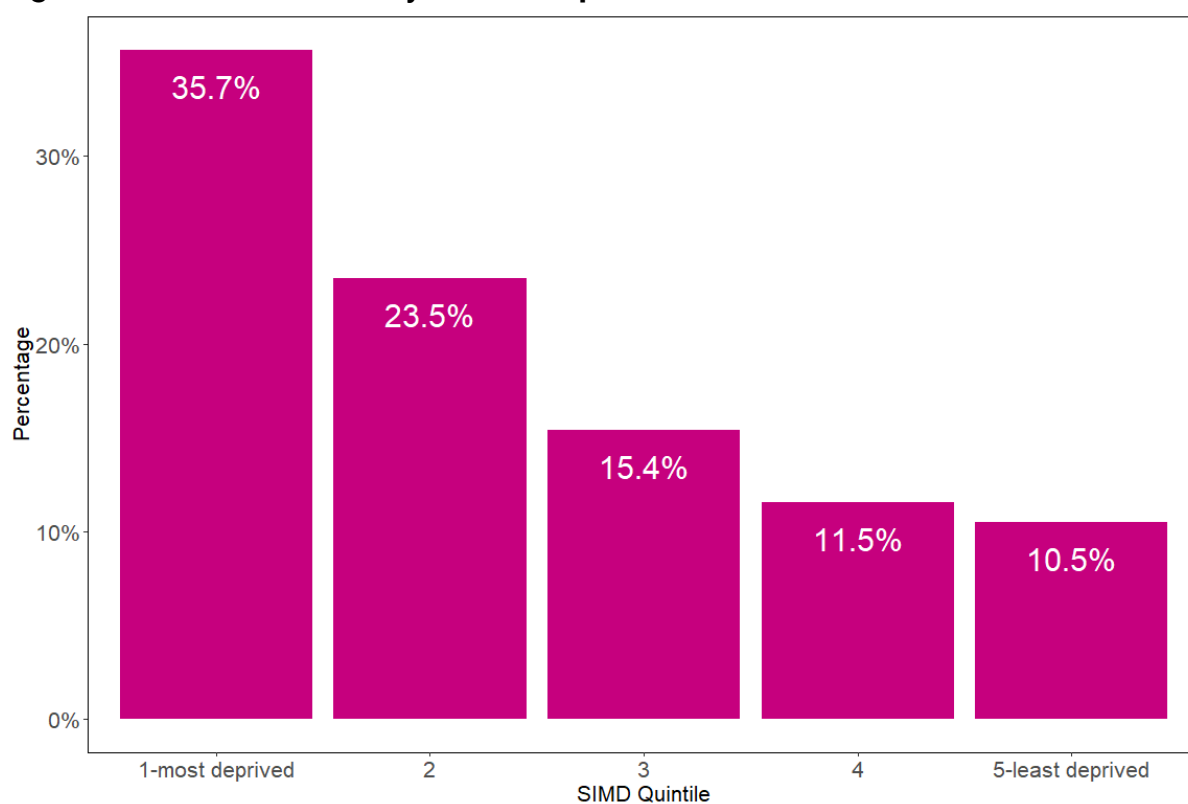


## Deprivation

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 disproportionately affecting people from different areas of deprivation.

We were able to match 96.6% of EDCs with SIMD by using a valid home postcode. Figure 8 shows a clear gradient in the level of deprivation for EDCs, with 35.7% of detentions of people from the 20% most deprived areas of Scotland.

**Figure 8. EDCs in 2023-24 by level of deprivation**



## Ethnicity

We had ethnicity information for 36.3% of EDCs in 2023-24 compared to 85.1% in 2022-23. Given the amount on missing data, we have not reported on ethnicity for EDCs this year.

## MHO consent

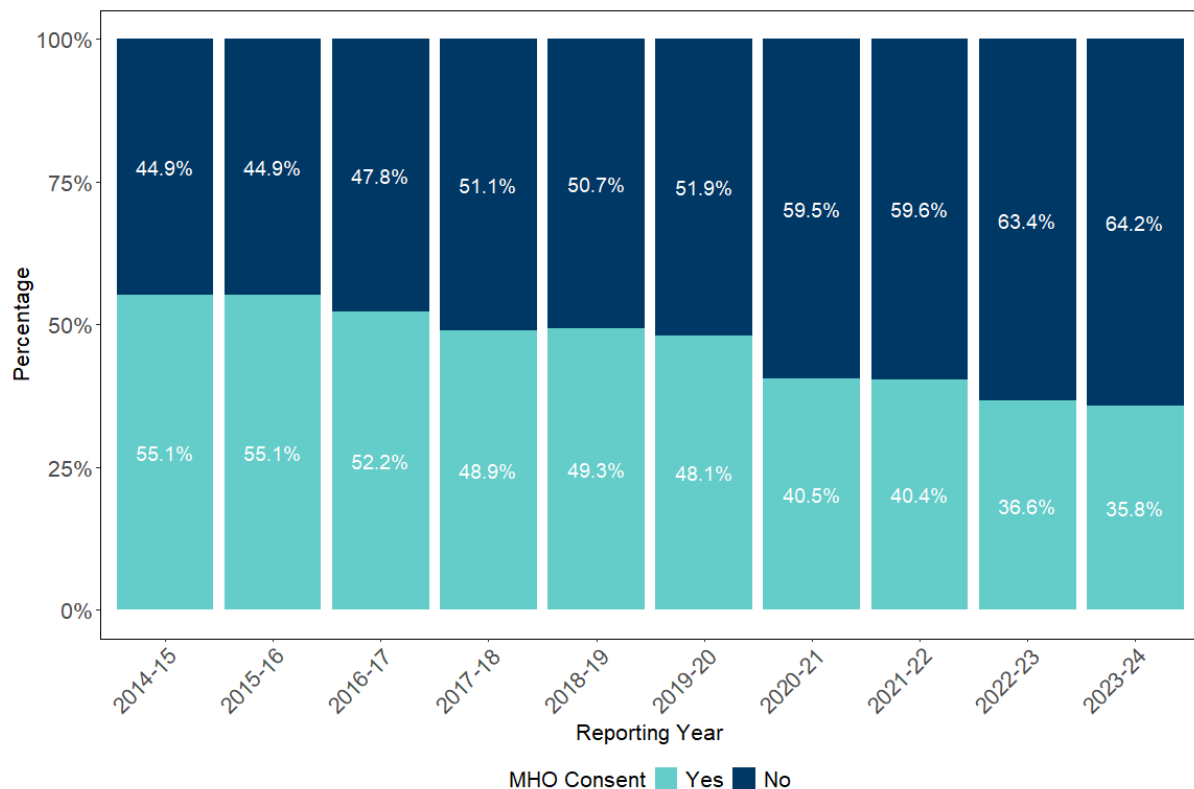
Mental health officers (MHOs) have a unique role in supporting and protecting people who are vulnerable because of a mental illness, learning disability or related condition. MHO duties include protecting individuals' health, safety, welfare, finances and property, and the safeguarding of rights and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

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

In line with previous years, MHO consent continues to be lower than we would expect to see. We continue to draw attention to the continued decline in the percentage of this important safeguard. This year the proportion of EDCs with MHO consent has fallen further to its lowest level over the past 10 years. Overall, 35.8% of EDCs had MHO consent in 2023-24 (Figure 9).

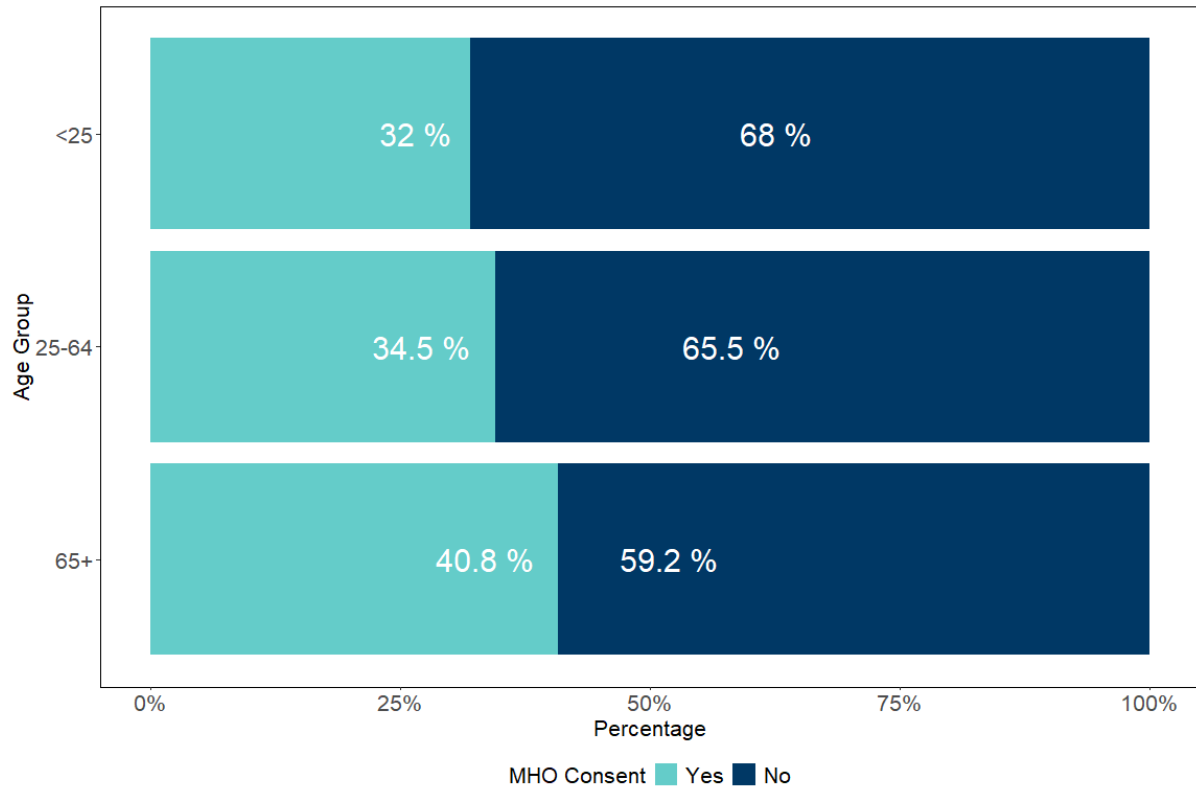
If an MHO is not consulted as part of the assessment for an EDC, the medical practitioner must explain the reasons for this. The medical practitioner must also explain the reasons for granting the certificate and why alternatives to detention were considered inappropriate. We expect there to be audits undertaken of the reasons for the failure to include MHO consent in EDCs and will be once again 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. Whilst we recognise the reasons are multifactorial, we remain concerned at the continuing fall. The MHO consent acts as a safeguard against arbitrary detention. An MHO does not require to be consulted and consent obtained where it is impractical to do so. Local services should assess why it is now clearly the norm that it is impractical to consult an MHO (in those areas where this is the case, please see figure 11).

**Figure 9. MHO consent for EDCs by year**



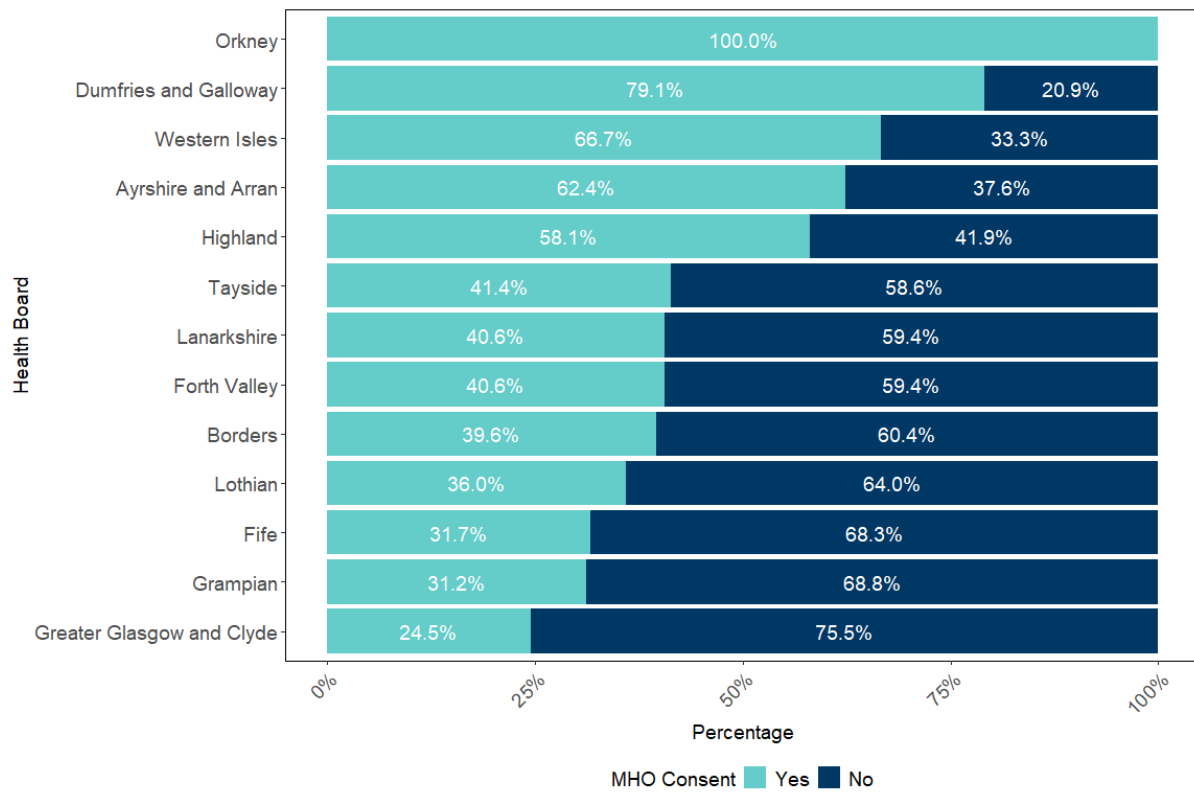
We found that across all age groups most people with EDCs did not receive MHO consent. It is particularly concerning that for the under 25 age group (n=413), in 68% of cases (n=281), MHO consent was not provided as part of the EDC assessment and subsequent detention (figure 10).

**Figure 10. MHO Consent for EDC in 2023-24 by Age group**



When we look at the breakdown by health board in 2023-24, we continue to see great variation in MHO consent to EDCs. Orkney again has 100% MHO consent. On the mainland, there is much variation in MHO consent to EDCs ranging from 24.5% (Greater Glasgow and Clyde) to 79.1% (Dumfries & Galloway) (Figure 11).

**Figure 11. MHO consent for EDCs in 2023-24, by health board**

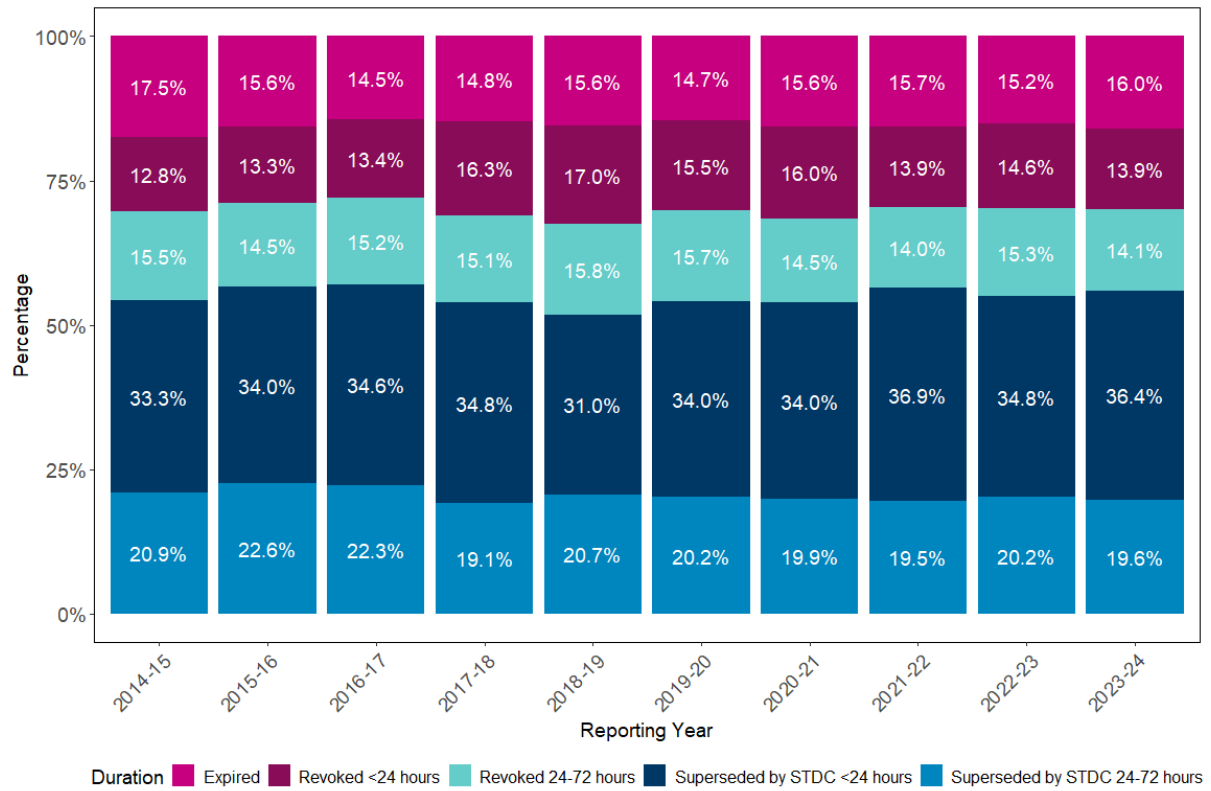


Of those detained under an EDC, 29.7% were not in a hospital at the time of the detention whereas 70.3% were in a named hospital, informally.

## Duration of emergency detentions

Similar to previous years just over half (56.0%) of EDCs were superseded by a STDC, most commonly within 24 hours (Figure 12).

**Figure 12. EDC conclusion by year**





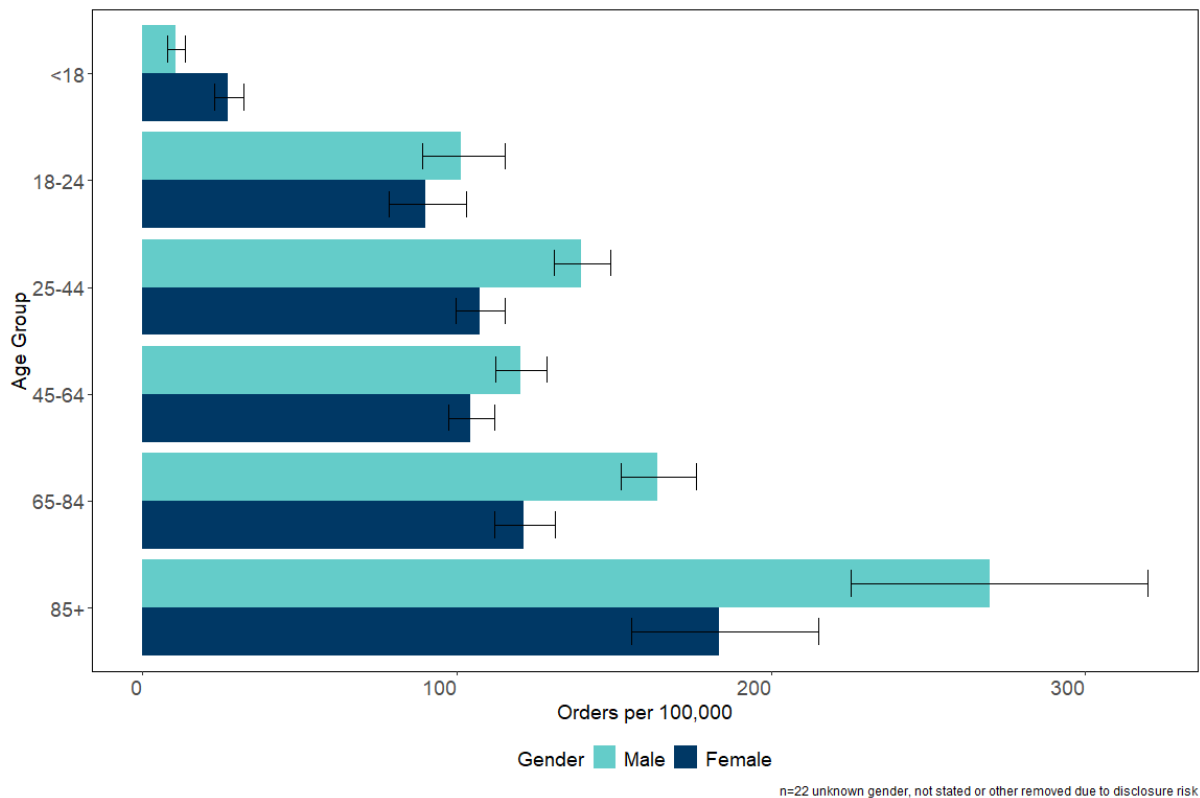
### Short-term detention certificates

The overall rate of STDCs in 2023-24 was 103.7 (95% CI: 101.1-106.5), which is an increase on the revised 2022-23 figure of 97.9 (95% CI: 95.3–100.6) (Figure 4). The number of STDCs are shown in appendix Table A3.

The rate of STDCs varies by gender. In 2023-24 the overall rate of STDCs for females was 95.9 (95% CI: 92.3–99.6) and 112.3 (95% CI: 108.3-116.4) for males.

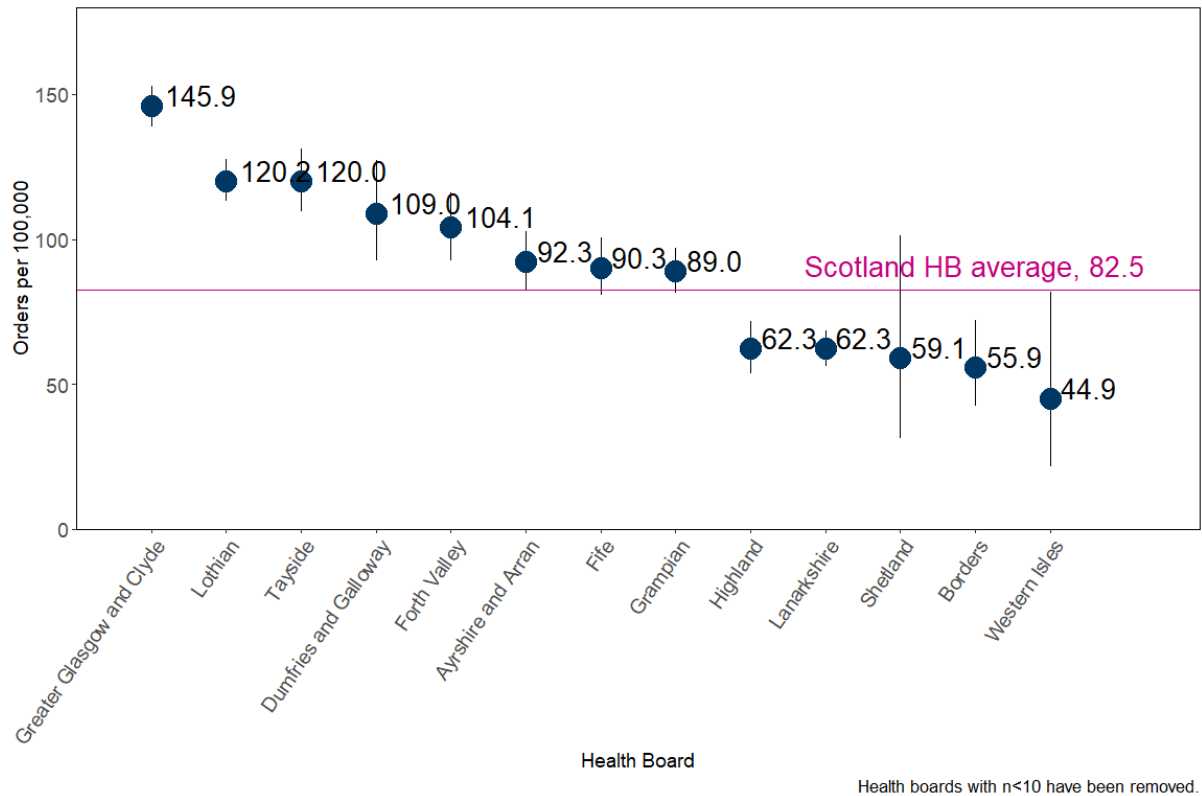
Figure 13 shows the rate for each age group, showing that the rate of STDCs was higher among females than males under the age of 18 but higher among males for every other age group. The rate for males over the age of 85 years was higher than other groups. However, just like with EDCs, the confidence intervals were very wide and the rate should therefore be interpreted with caution.

**Figure 13. Rate of STDCs in 2023-24 by age & gender with 95% CI**

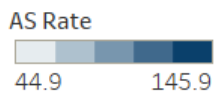
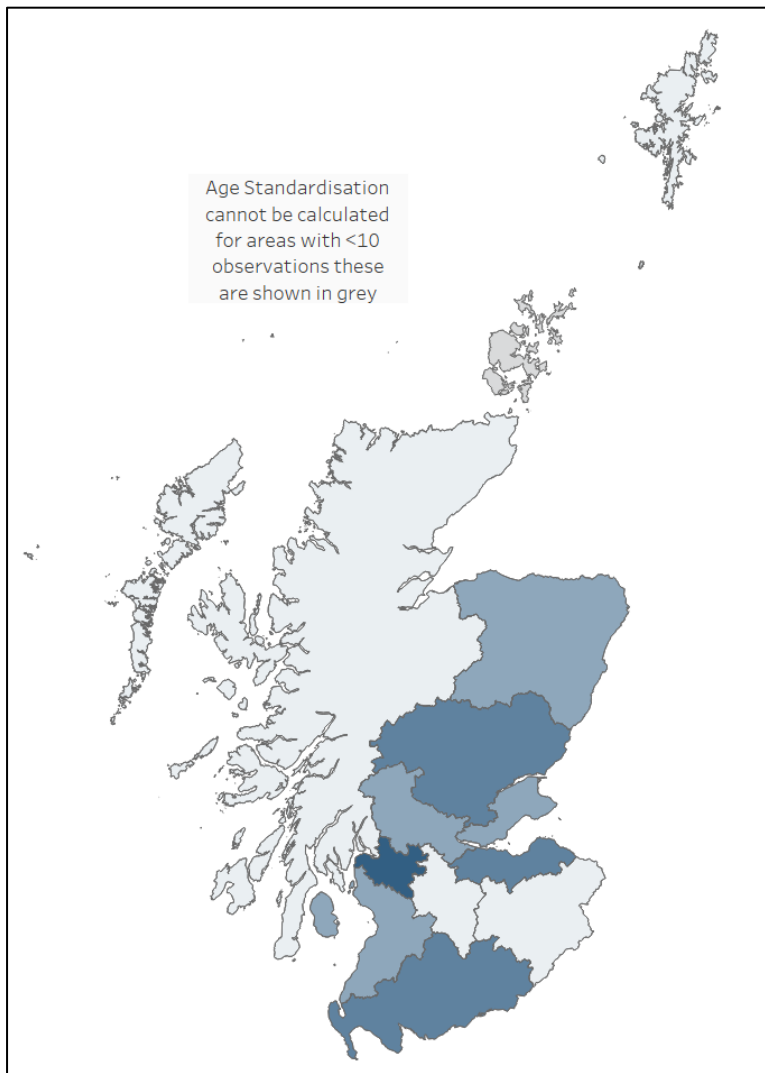


In the mainland health boards the rate of STDCs varied from 55.9 (95% CI: 42.4-72.2) per 100,000 in Borders to 145.9 (95% CI: 139.0-153.0) in Greater Glasgow and Clyde. The rates for health boards are shown in Figure 14a & 14b.

**Figure 14a. Age standardised rate of STDCs per 100,000 in 2023-24, by health board with 95% CI**



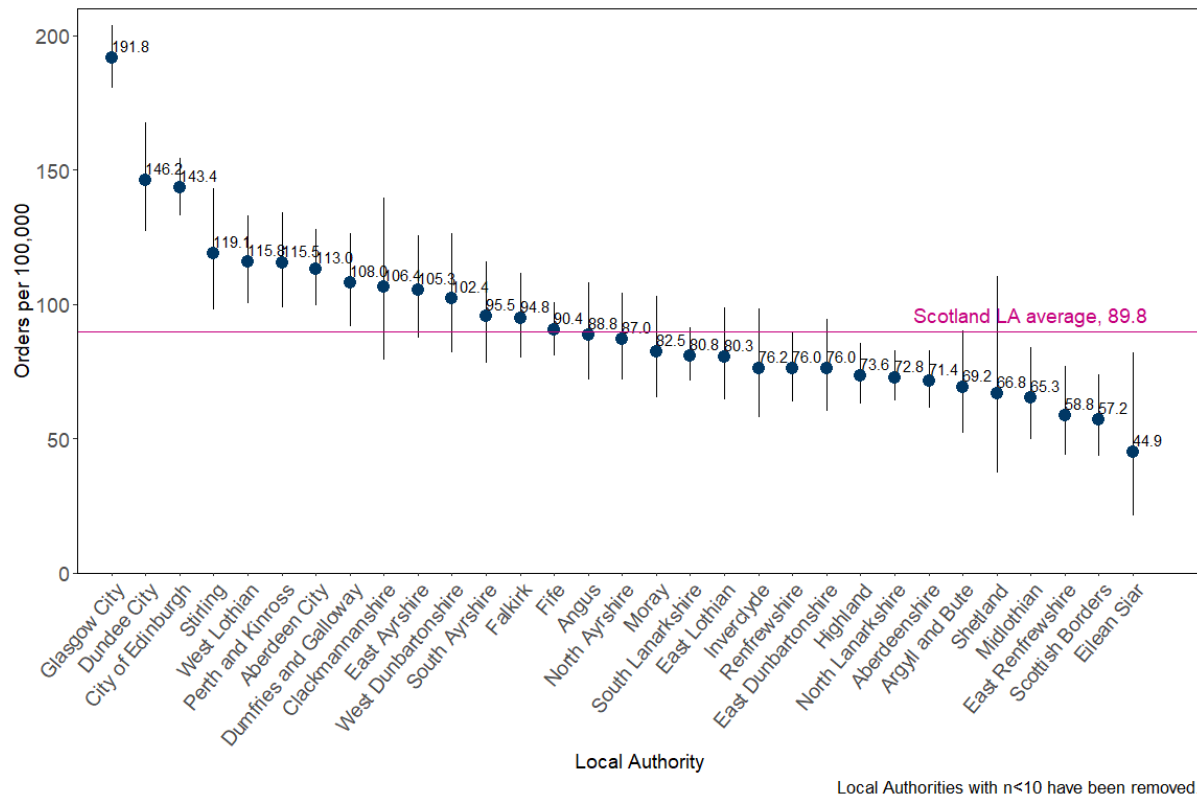
**Figure 14b. Age standardised rate of STDCs per 100,000 in 2023-24, by health board**



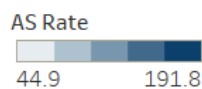
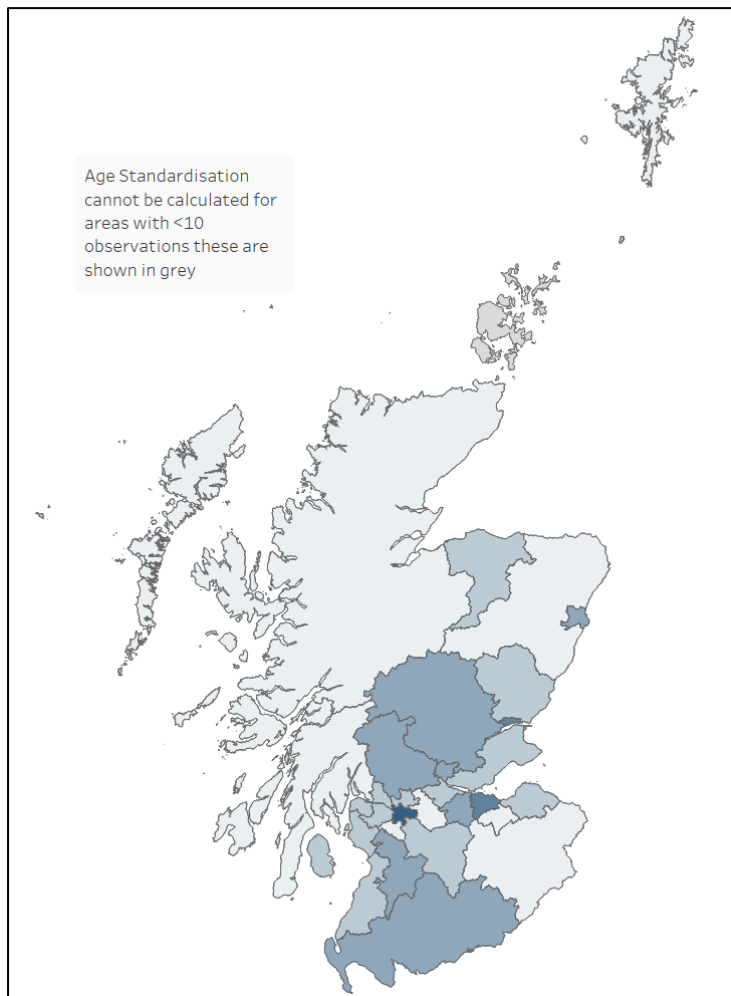
Health board	AS Rate
Greater Glasgow and Clyde	145.9
Lothian	120.2
Tayside	120.0
Dumfries and Galloway	109.0
Forth Valley	104.1
Ayrshire and Arran	92.3
Fife	90.3
Grampian	89.0
<b>Scotland HB average</b>	<b>82.5</b>
Lanarkshire	62.3
Highland	62.3
Shetland	59.1
Borders	55.9
Western Isles	44.9
Orkney	NA

The rate of STDCs in mainland local authorities ranged from 57.2 per 100,000 (95% CI: 43.5-73.7) in Scottish Borders to 191.8 (95% CI: 180.4-203.6) in Glasgow City (figure 15a & 15b). The number and rate of STDCs by local authority is shown in Appendix Table A4 and A5.

**Figure 15a. Age standardised rate of STDCs per 100,000 in 2023-24, by local authority**



**Figure 15b. Age standardised rate of STDCs per 100,000 in 2023-24, by local authority**

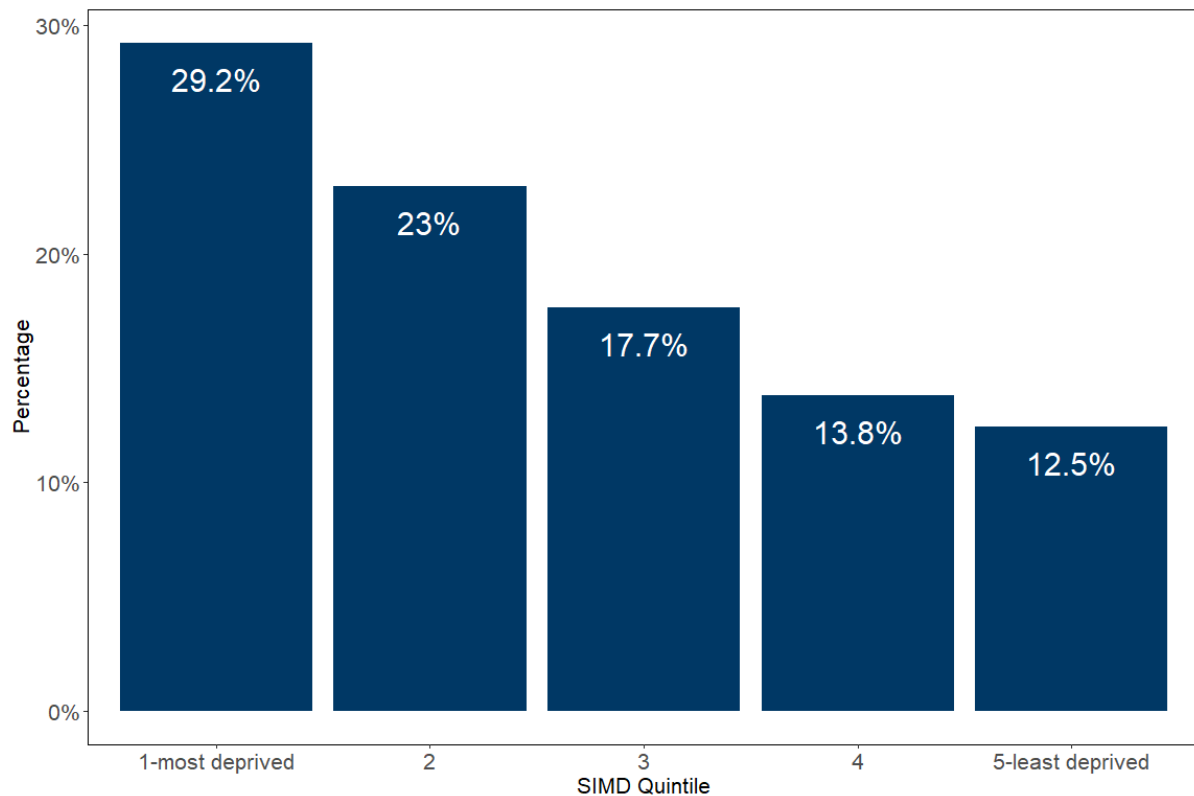


Local authority	AS Rate
Glasgow City	191.8
Dundee City	146.2
City of Edinburgh	143.4
Stirling	119.1
West Lothian	115.8
Perth and Kinross	115.5
Aberdeen City	113.0
Dumfries and Galloway	108.0
Clackmannanshire	106.4
East Ayrshire	105.3
West Dunbartonshire	102.4
South Ayrshire	95.5
Falkirk	94.8
Fife	90.4
<b>Scotland LA average</b>	<b>89.8</b>
Angus	88.8
North Ayrshire	87.0
Moray	82.5
South Lanarkshire	80.8
East Lothian	80.3
Inverclyde	76.2
Renfrewshire	76.0
East Dunbartonshire	76.0
Highland	73.6
North Lanarkshire	72.8
Aberdeenshire	71.4
Argyll and Bute	69.2
Shetland	66.8
Midlothian	65.3
East Renfrewshire	58.8
Scottish Borders	57.2
Eilean Siar	44.9
Orkney	NA

## Deprivation

We were able to match 96.1% of STDCs with SIMD by using a valid home postcode. Figure 16 shows a clear gradient in level of deprivation for STDCs, with 29.2% of detentions of people from the 20% most deprived areas of Scotland.

**Figure 16. STDCs in 2023-24 by level of deprivation**



## Ethnicity

We only had ethnicity information for 37.1% of STDCs in 2023-24 compared to 82.5% of STDCs in 2022-23. We have not therefore, included ethnicity information for STDCs this year.

## Diagnostic Categories

All but 46 STDCs had broader level categories of mental disorder recorded. Figure 17 shows that the vast majority of STDCs were for the category mental illness (90.9%). For 4.0% the categories were mental illness and personality disorder, 2.2% had personality disorder, and 1.8% had mental illness and learning disability. Learning disability alone was recorded in 0.6% of short-term detention certificates. Only 0.4% had a diagnosis of mental illness, learning disability and personality disorder and only 0.2% had a diagnosis of learning disability and personality disorder. The non-statutory forms that are used to record the diagnostic categories have been updated on the Scottish Government website to replace the World Health Organisation's International Classification of Disease-10 (ICD-10) coded primary diagnoses associated with the categories specified in the 2003 Act with ICD-11 codes.

Although it is not a statutory requirement to complete this information, over time, if this data is properly and systematically recorded, it will allow a more specific recording of diagnosis associated with detention and safeguards.

**Figure 17. Diagnostic Categories recorded on detentions under a STDC in 2023-24**

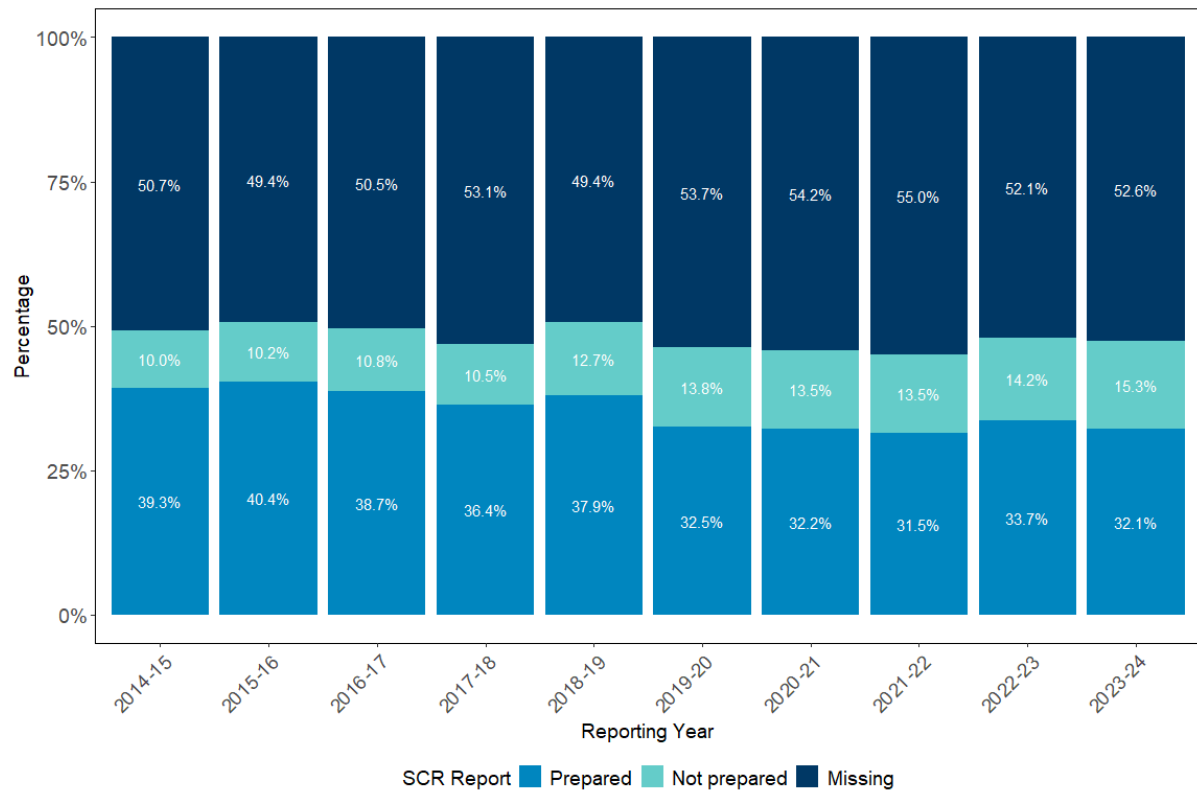


### Social circumstances reports

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[1]. 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 47.4% of STDCs in 2023-24 the Commission received notification that an SCR had been prepared or that an SCR would serve no purpose (15.3% did not have a social circumstances report prepared as it was deemed that it ‘serves no purpose’ while 32.1% of all STDCs had one prepared). In 52.6% of cases we received no notification (termed “missing” in the discussions below). This is a similar percentage to the revised figure for last year (Figure 18). This completion rate remains of significant concern. The Commission raised this concern at end of year meetings last year and will be discussing this once more with health and social care partnerships and their respective health boards and local authorities.

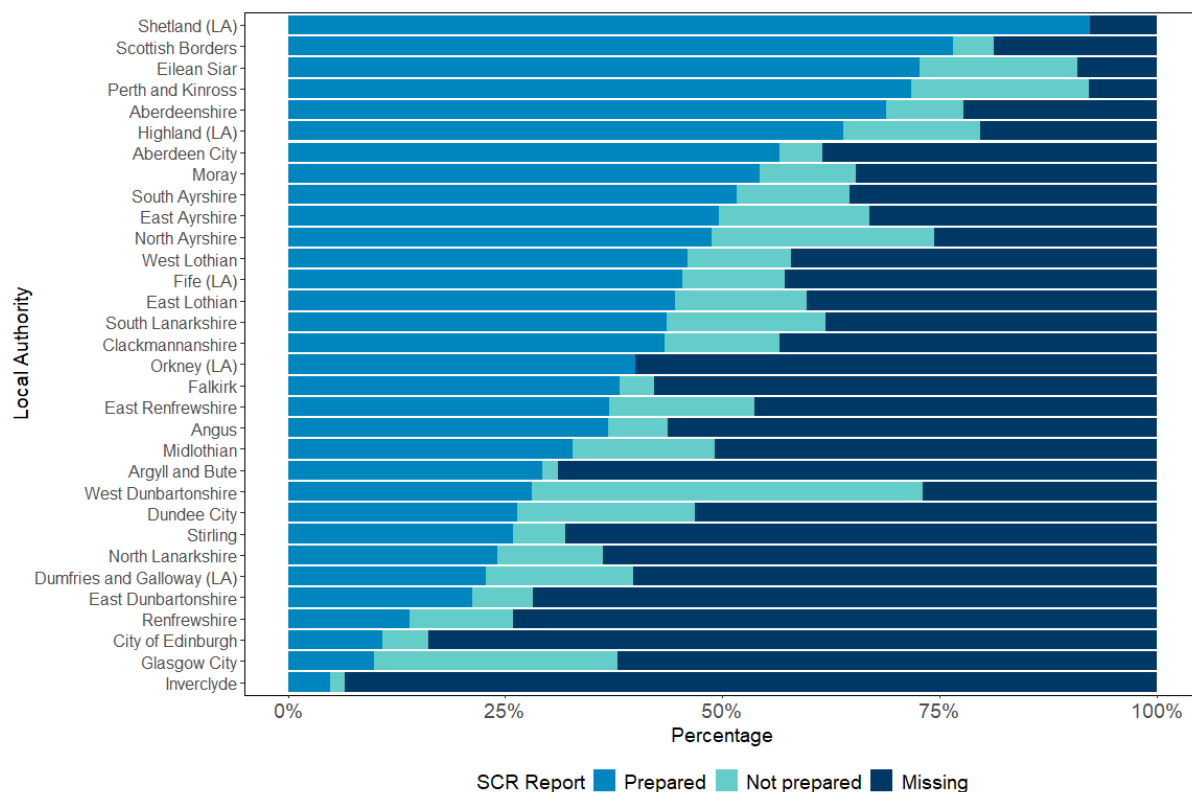
**Figure 18. Proportion of STDCs with a social circumstances report prepared, by year**





The proportion of completed social circumstances reports varied from 4.9% in Inverclyde to 92.3% in Shetland (Figure 19). Proportion of STDCs missing a social circumstances report all together ranged from 7.7% in Shetland and Perth and Kinross to 93.4% in Inverclyde. Social circumstances reports that were returned but indicated as not completed as they 'serve little or no practical purpose' ranged from none in Orkney and Shetland to 44.9% in West Dunbartonshire.

**Figure 19. Social circumstances reports completed in 2023-24, by local authority**



### How short-term detention certificates end

Work undertaken by Commission staff in association with the University of Edinburgh’s statistical department that aimed to demonstrate the average length of short term detention certificates using the Commission’s database between 2006 and 2018 was published in *Social Psychiatry and Psychiatric Epidemiology* in 2023 and is available as an open access publication[8]. This work showed that over that period, 40% of STDCs ended by being revoked, 20% end by lapsing of the detention (this proportion has fallen over that time frame) and 40% of detentions are extended, most commonly onto CTOs.

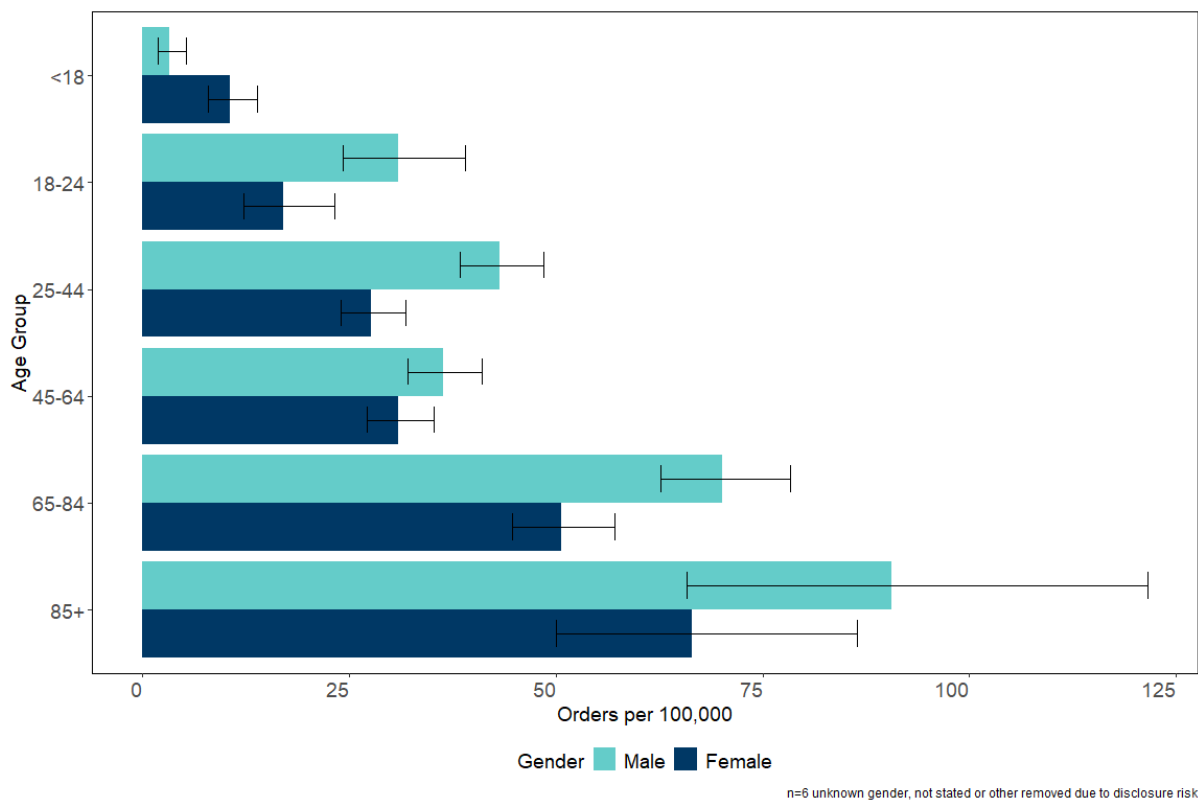
### Compulsory treatment orders

The overall rate of CTOs in 2023-24 was 33.6 (95%CI: 32.1-35.1), which is similar to the 2022-23 revised rate of 32.5 (95% CI: 31.0-34.1) (Figure 4). The numbers of CTOs are shown in Appendix Table A6.

The rate of CTOs varies by gender. In 2022-23 the overall rate of CTOs for females was 30.1 (95% CI: 28.1–32.2) and 37.9 (95% CI: 35.6–40.4) for males.

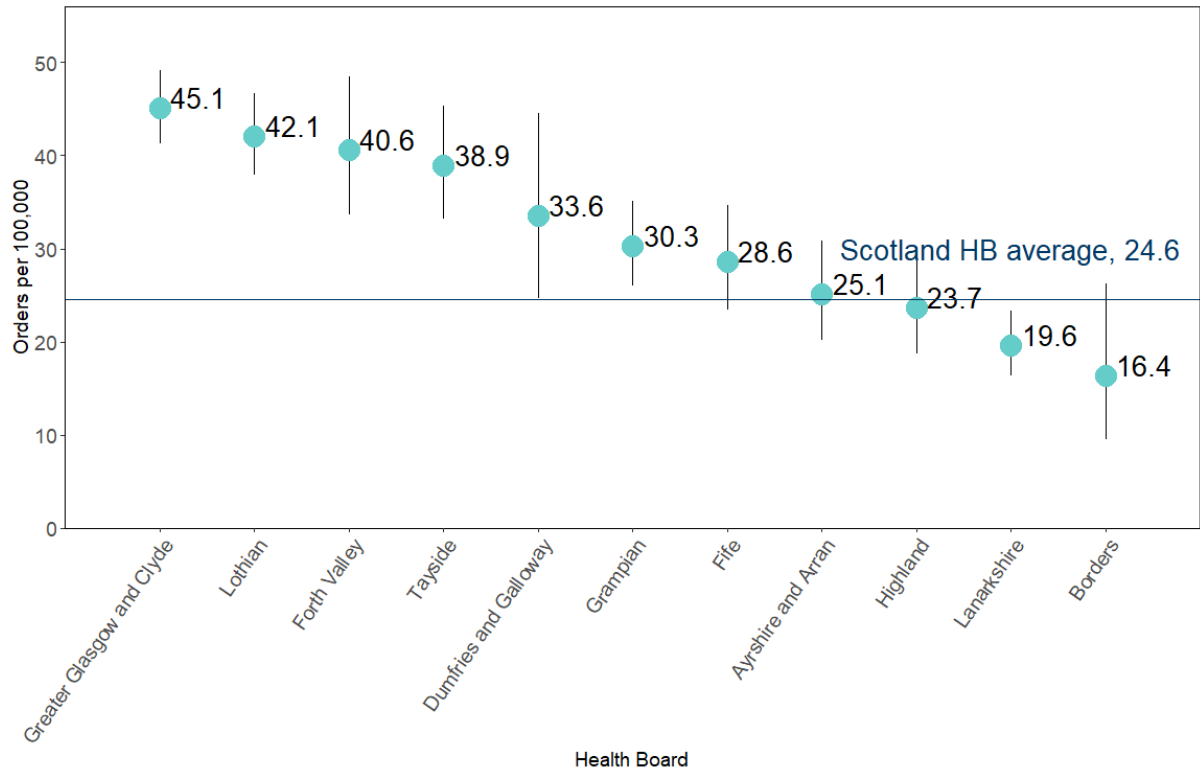
Figure 20 shows a similar trend for STDCs with higher rate among females under the age of 18 years. The wide CIs for several age groups should be noted and acknowledged when interpreting these differences. As with STDCs and EDCs, the confidence intervals for the oldest age groups were very wide and these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

**Figure 20. Rate of CTOs in 2023-24 by age & gender with 95% CI**

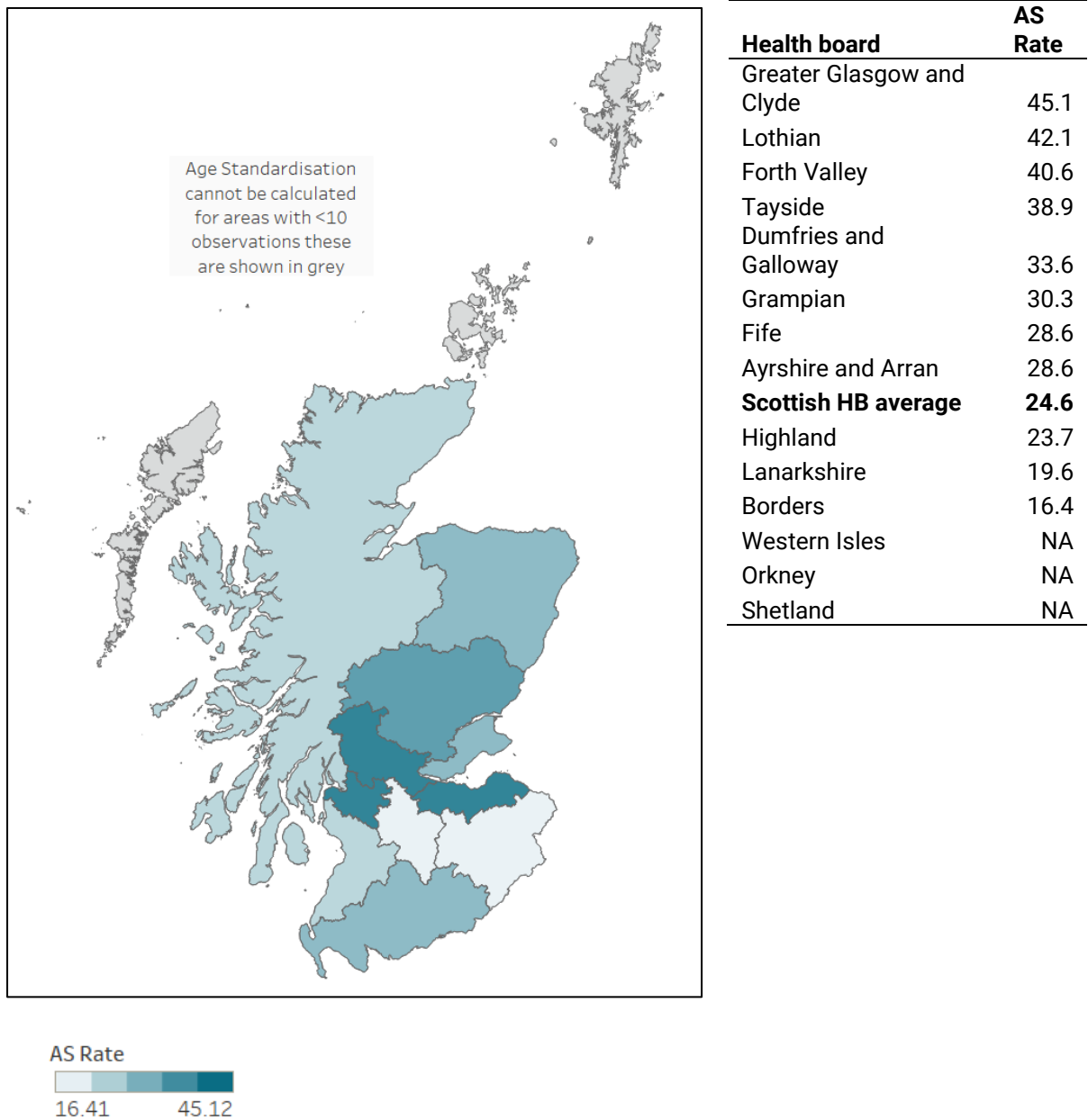


In the mainland health boards the rate of CTOs varied from 16.4 per 100,000 (95% CI: 9.5-26.2) in Borders to 45.1 (95% CI: 41.3–49.2) in Greater Glasgow and Clyde. The rates across all health boards are shown in Figure 21a and 21b.

**Figure 21a. Age standardised rate of CTOs per 100,000 in 2023-24 with 95% CI, by health board**

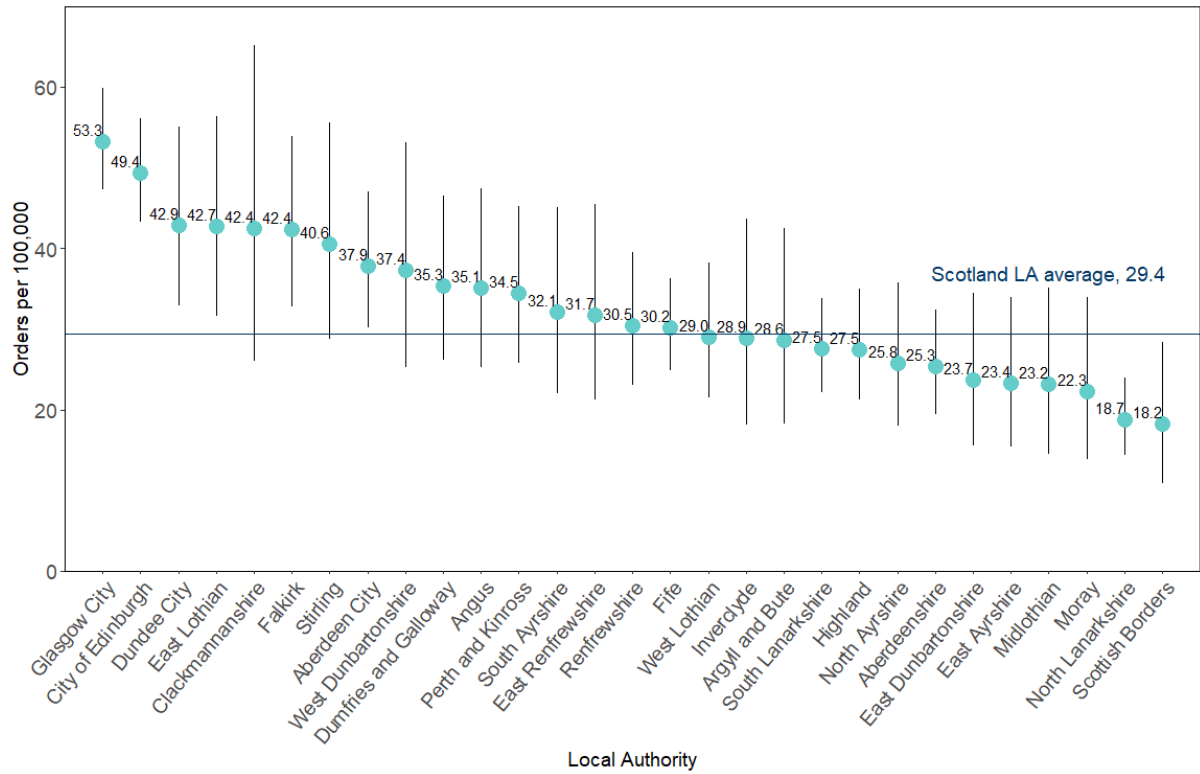


**Figure 21b. Age standardised rate of CTOs per 100,000 in 2023-24, by health board**



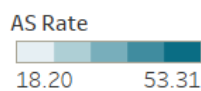
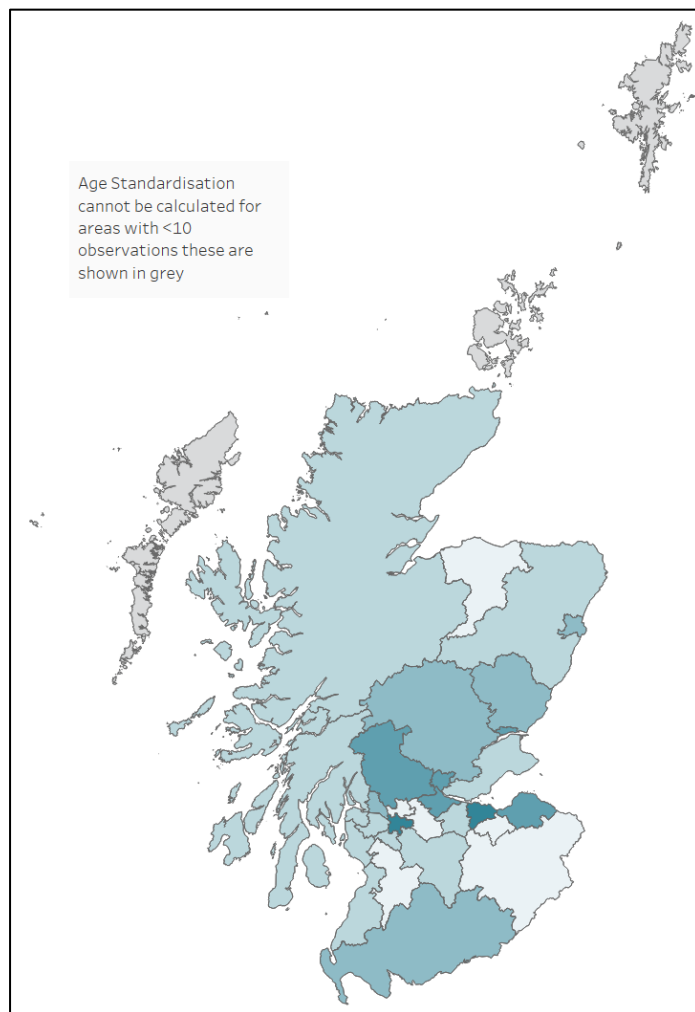
We also looked at the rate of CTOs by local authority. The mainland rates ranged from 18.2 per 100,000 (95% CI: 10.9-28.4) in Scottish Borders to 53.3 (95% CI: 47.3-59.8) in Glasgow City (Figure 22a & 22b). The number and rate of CTOs is shown in Appendix Table A7 and A8.

**Figure 22a. Age standardised rate of CTOs per 100,000 in 2023-24 with 95% CI, by local authority**



Local Authorities with n<10 have been removed.

**Figure 22b. Age standardised rate of CTOs per 100,000 in 2023-24, by local authority**

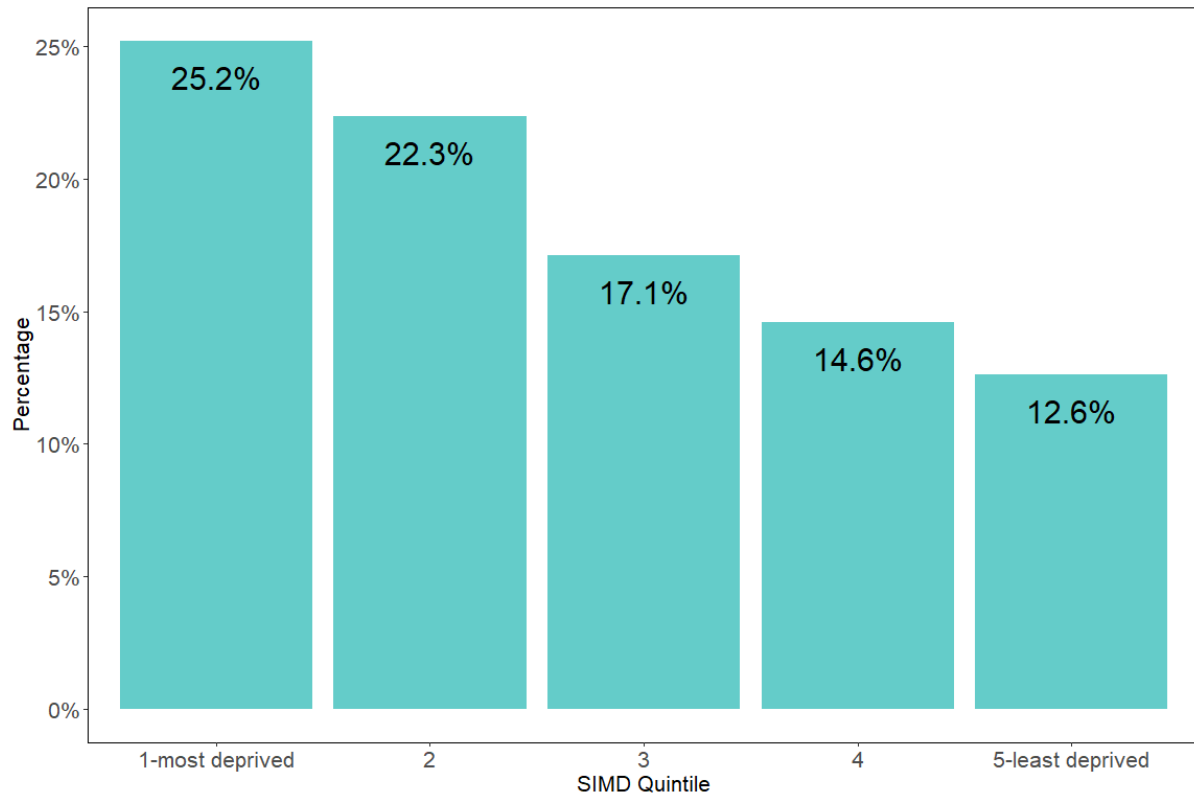


Local authority	AS Rates
Glasgow City	53.3
City of Edinburgh	49.4
Dundee City	42.9
East Lothian	42.7
Clackmannanshire	42.4
Falkirk	42.4
Stirling	40.6
Aberdeen City	37.9
West Dunbartonshire	37.4
Dumfries and Galloway	35.3
Angus	35.1
Perth and Kinross	34.5
South Ayrshire	32.1
East Renfrewshire	31.7
Renfrewshire	30.5
Fife	30.2
<b>Scotland LA average</b>	<b>29.4</b>
West Lothian	29.0
Inverclyde	28.9
Argyll and Bute	28.6
South Lanarkshire	27.5
Highland	27.5
North Ayrshire	25.8
Aberdeenshire	25.3
East Dunbartonshire	23.7
East Ayrshire	23.4
Midlothian	23.2
Moray	22.3
North Lanarkshire	18.7
Scottish Borders	18.2
Eilean Siar	NA
Orkney	NA
Shetland	NA

## Deprivation

We were able to match 92.1% of CTOs with SIMD by using a valid home postcode. Figure 23 shows a clear gradient in level of deprivation for EDCs, with 25.2% of CTOs of people from the 20% most deprived areas of Scotland.

**Figure 23. CTOs in 2023-24 by level of deprivation**



## Ethnicity

We had ethnicity information for 46.3% of CTOs compared in 2023-24 to 86.6% of CTOs in 2022-23. As with other orders, we have omitted this information from the report this year.

## Diagnostic categories

We had categories recorded for all but three CTOs. Figure 24 shows that the vast majority of CTOs were for mental illness (95.3%). For 2.1% the diagnostic categories were mental illness and personality disorder, and 1.4% had mental illness and learning disability. Learning disability alone made up 0.5% of the CTO recorded categories. Only 0.1% of CTOs had categories of mental illness, learning disability and personality disorder, whereas personality disorder alone made up 0.7% of recorded categories.

**Figure 24. Diagnoses recorded on detentions under a CTO in 2023-24**



**Nurses’ power to detain pending medical examination**

The Mental Health (Care and Treatment)(Scotland) Act 2015[9] 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].

In 2023-24, there were a total of 208 detentions under section 299, relating to 186 people, which was a 45.5% increase compared to 2022–23 revised figures (Appendix Table A9). The overall rate of nurses’ power to detain in 2023-24 was 3.9 per 100,000 (95% CI: 3.3-4.4), which was an increase on the previous year’s rate of 2.6 (95% CI: 2.2–3.1) (Appendix Table A10).

The rate of nurses’ power to detain varies by gender. In 2022-23 the overall rate for females was 4.4 per 100,000 (95% CI: 3.7-5.3) and 3.3 (95% CI: 2.6–4.1) for males, Figure 25 shows these rates over the last 10 years.



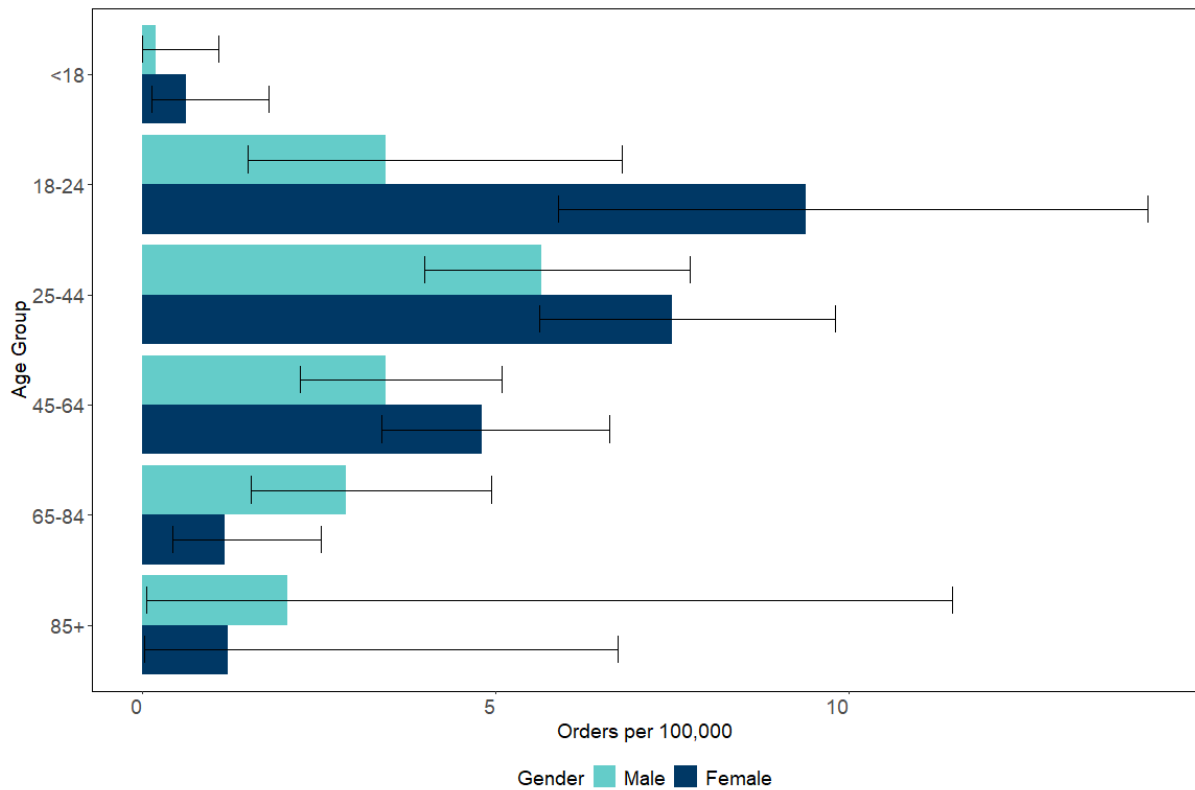
**Figure 25. Age standardised rate of use of nurse’s power to detain by gender with 95% CI by year**



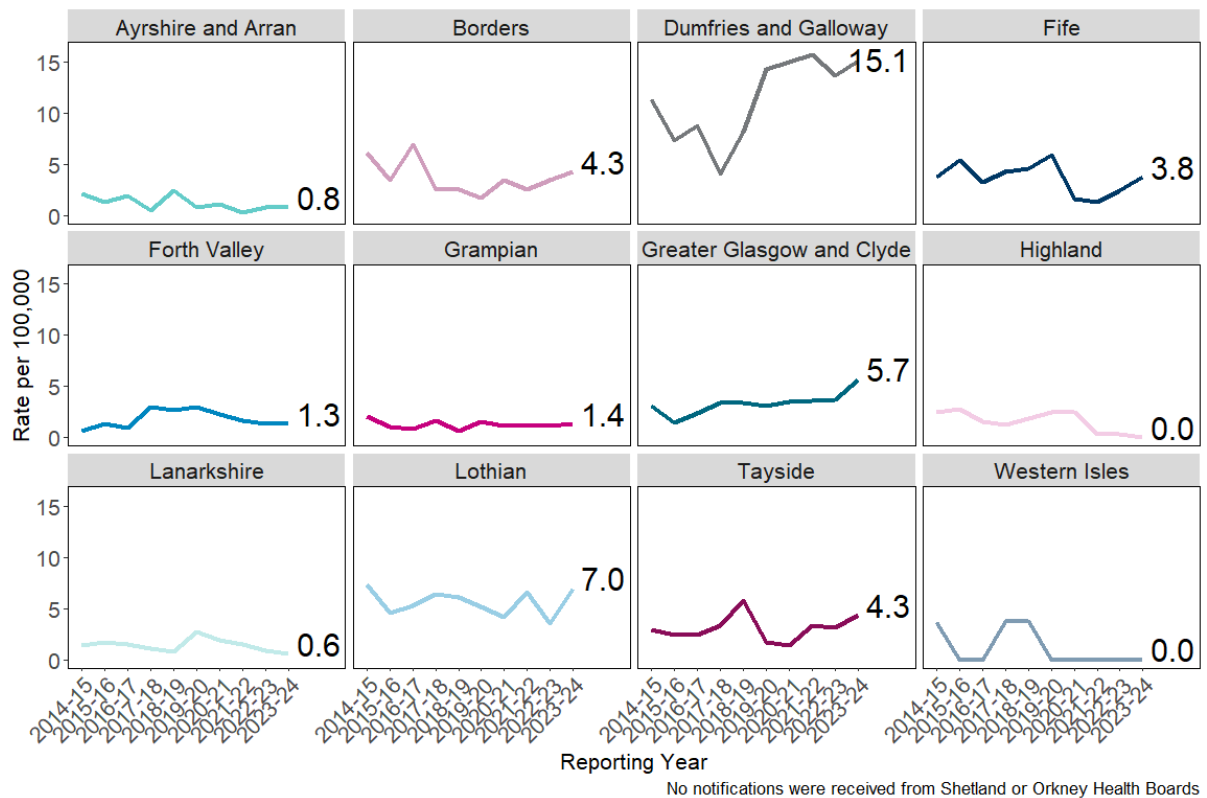
There are also differences by age as well as gender (Figure 26), rates are higher for females under 18 years to 64 years. Rates are higher for males over 65 years. However, rates should be interpreted with caution given the small numbers involved.

We undertook to explore the rates of detention under this provision over time and by health board. Figure 27, shows the rate of nurses’ power to detain by health board over the last 10 years, again the small numbers mean that rates should be interpreted with caution, although the rates in Dumfries and Galloway appear to have been higher than all other health boards since 2019-20.

**Figure 26. Rate use of nurses' power to detain in 2023-24 by age & gender with 95% CI**



**Figure 27. Rate of use of nurses' power to detain over 10 years by health board**



## 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 (1.8%). However, we note that in recent years, we are encountering more and more missing data and this is of concern. In 2023-24, the outcome was missing in 25.4% of submissions, the highest we have seen (Figure 30). The Commission will continue to work collaboratively with Police Scotland to resolve this issue.

There were 1,276 section 297 (place of safety) orders in 2023-24, which was a 5.7% decrease compared to the year before (Appendix Table A11). These forms related to 998 individuals. Of note is that within the reporting period, there were individuals with multiple detentions under section 297. In particular, we note that 15 individuals had been detained under section 297 five times or more. The Commission has met with Police Scotland to discuss the findings from this work and is continuing to work with Police Scotland and other stakeholders to ensure that there are policies that require care plans for those who are brought to the attention of health services via police in an emergency.

**Figure 28. Place of safety orders by place individual was taken to by year**

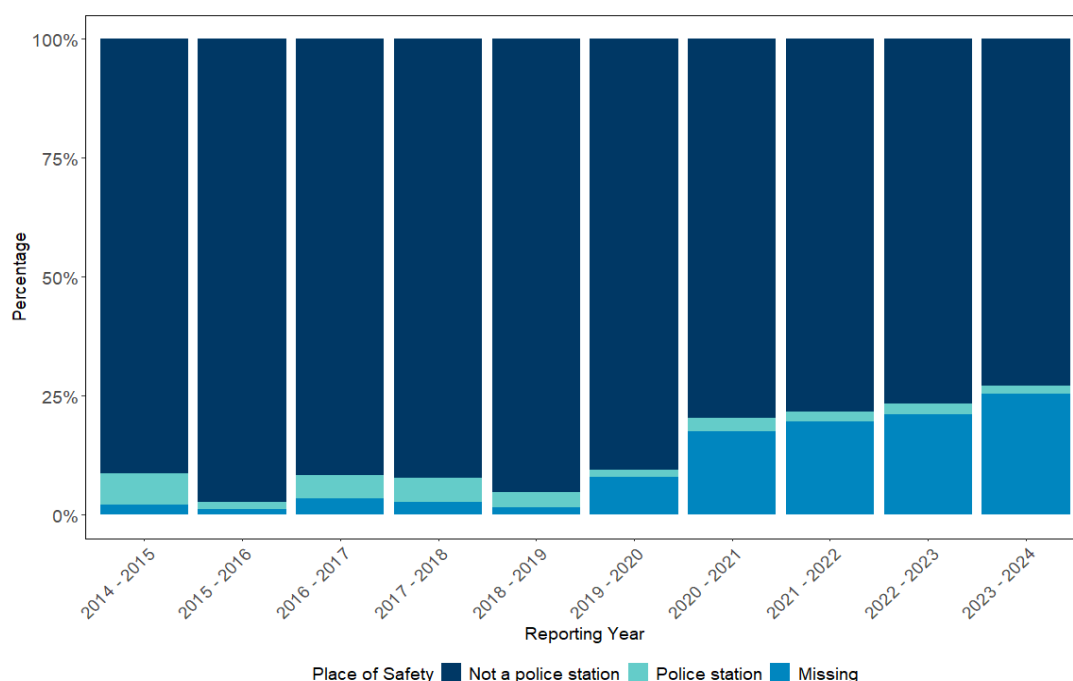
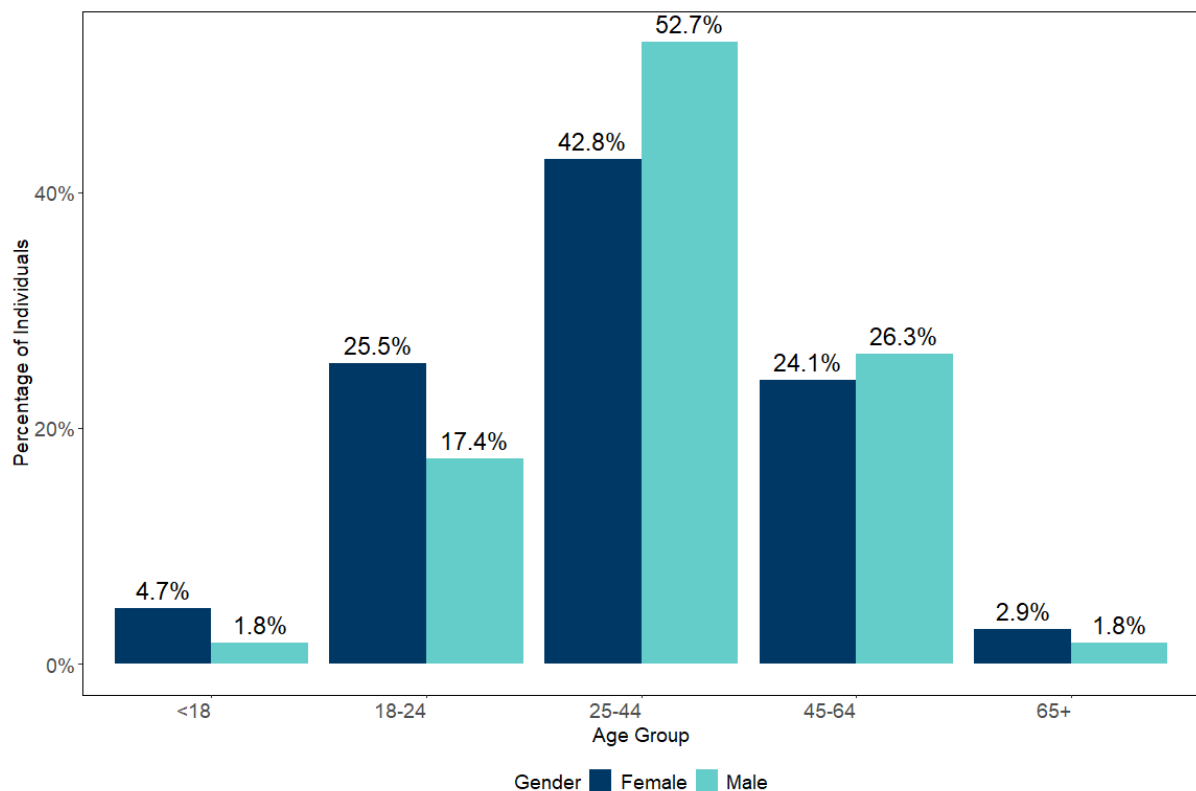


Figure 28 shows that the proportion of orders where the individual was taken to a police station as a place of safety has differed over the years but has decreased from 6.6% in 2014-15 to 1.8% in 2023-24 with a low of 1.6% in 2015-16. However, we note that there has been an increase in missing outcome in the submissions we receive, ranging from 1.1% in 2015-16 to 25.4% in 2023-24. We are working with Police Scotland to understand why such a high proportion of data is missing.

The gender split of individuals detained under section 297 was 50.4% 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 and over 65 year groups, and higher among males in the 25-44 and 45-64 age groups (Figure 29).

**Figure 29. Individuals detained under Section 297 in 2023-24, by age and gender**



The number of place of safety orders varies by local authority. Table 1 shows both the number of orders in 2023-24 as well as the number of people detained under Section 297. We are discussing with Police Scotland why Aberdeen City has such a high level of use of place of safety orders.

**Table 1. Number of place of safety orders by local authority in 2023-24**

<b>Local authority</b>	<b>Number of orders</b>	<b>Number of people</b>
Aberdeen City	523	341
Angus	13	11
Argyll and Bute	19	19
City of Edinburgh	72	64
Clackmannanshire	*	*
Dumfries and Galloway	32	24
Dundee City	12	12
East Ayrshire	8	8
East Dunbartonshire	6	6
East Lothian	13	13
East Renfrewshire	*	*
Eilean Siar	*	*
Falkirk	36	31
Fife	98	83
Glasgow City	71	70
Highland	142	114
Inverclyde	8	6
Midlothian	*	*
Moray	73	61
North Ayrshire	8	8
North Lanarkshire	8	8
Orkney	*	*
Perth and Kinross	17	14
Renfrewshire	20	20
Scottish Borders	26	22
Shetland	*	*
South Ayrshire	10	9
South Lanarkshire	11	9
Stirling	*	*
West Dunbartonshire	23	19
West Lothian	18	17
<b>Total</b>	<b>1,276</b>	<b>998</b>

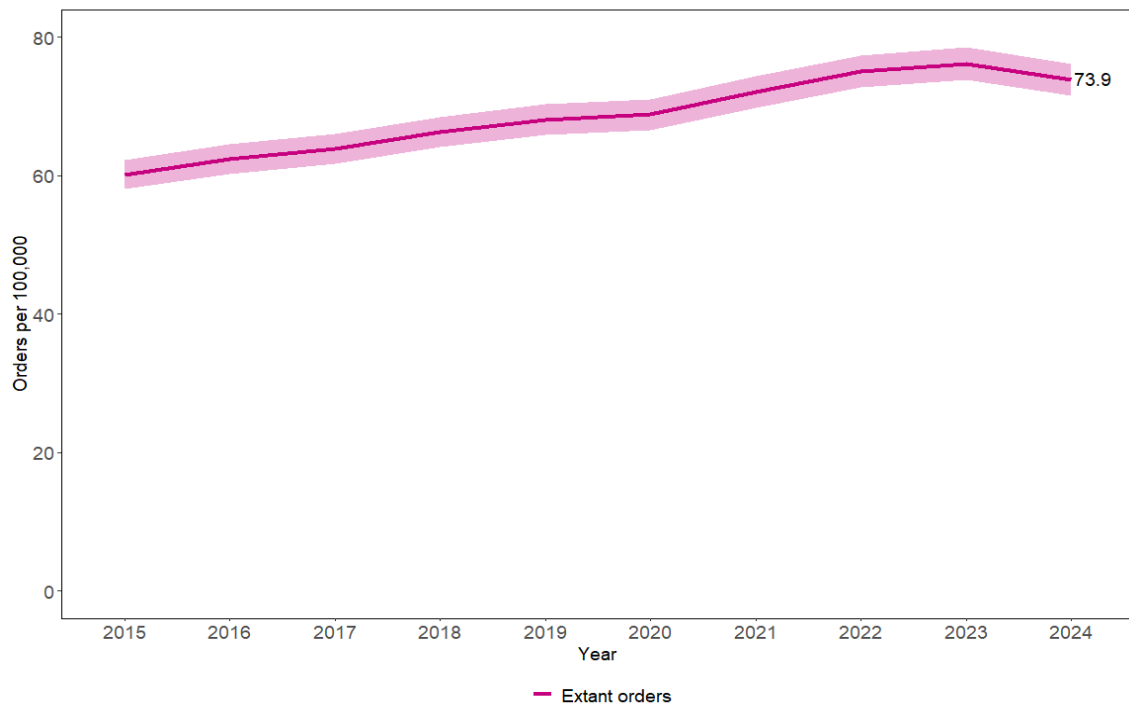
\*n≤5

### **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'.

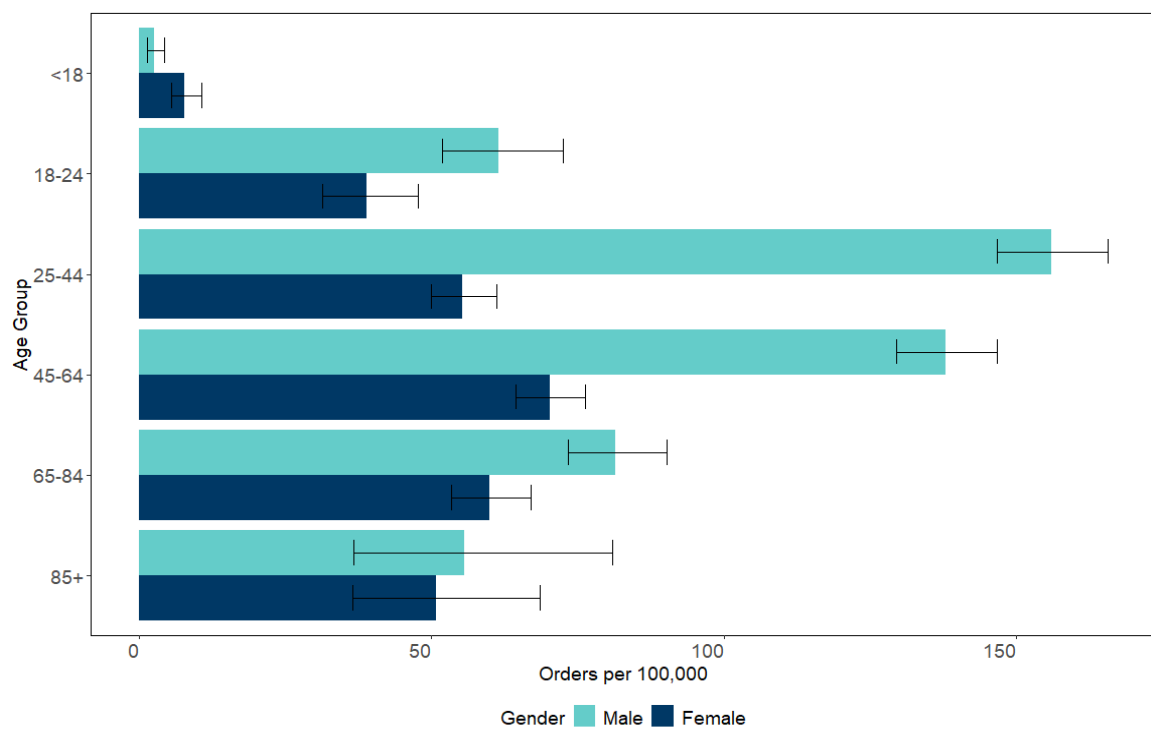
On Wednesday 3 January 2024 there were 4,022 extant orders. This was a slight decrease on the same day in 2023 (Figure 30, Appendix Table A12). The rate on 3 January 2024 was 73.9 per 100,000 (95%CI: 71.6-76.2) (Appendix Table A12).

**Figure 30. Age standardised rate of extant orders on the first Wednesday of January by year**



Of the orders in place on 3 January 2024, 64.7% related to males and most people on orders were aged 25–44 years or 45–64 years. The rates of orders in existence by age and gender are shown in Figure 31.

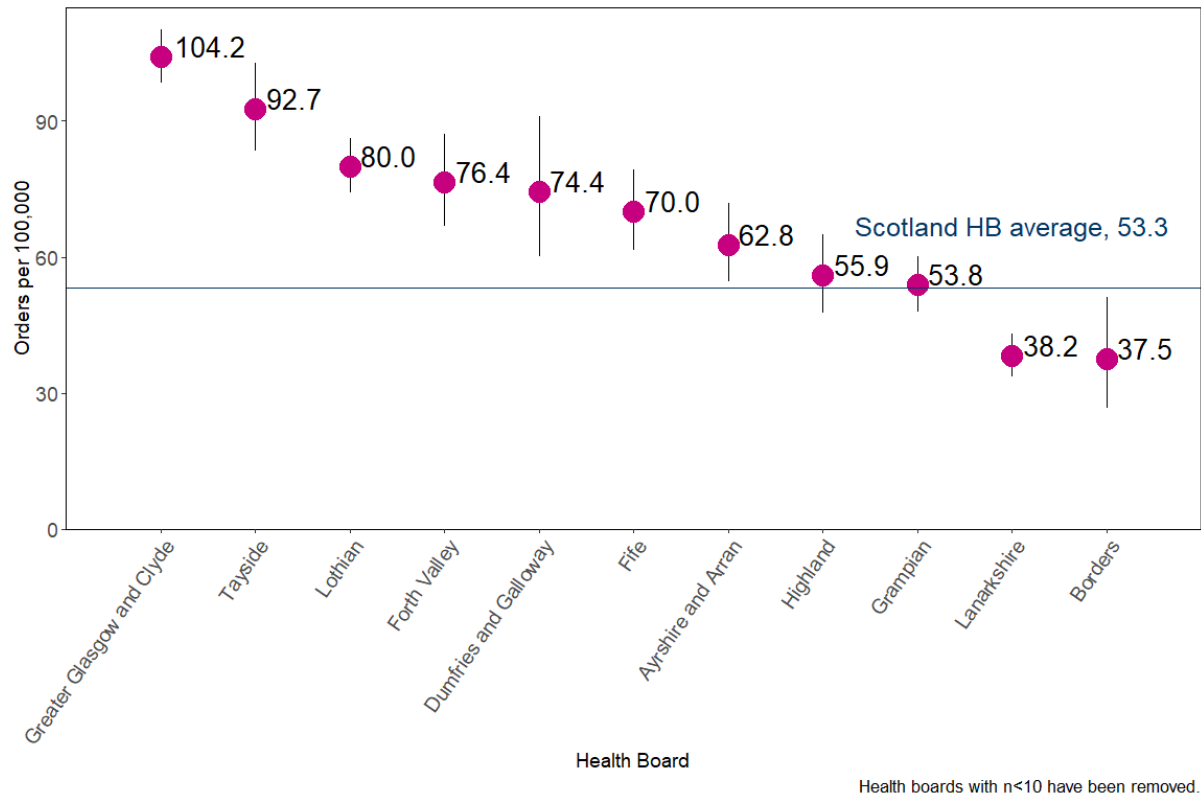
**Figure 31. Extant orders on 3 January 2024 by age & gender with 95% CI**



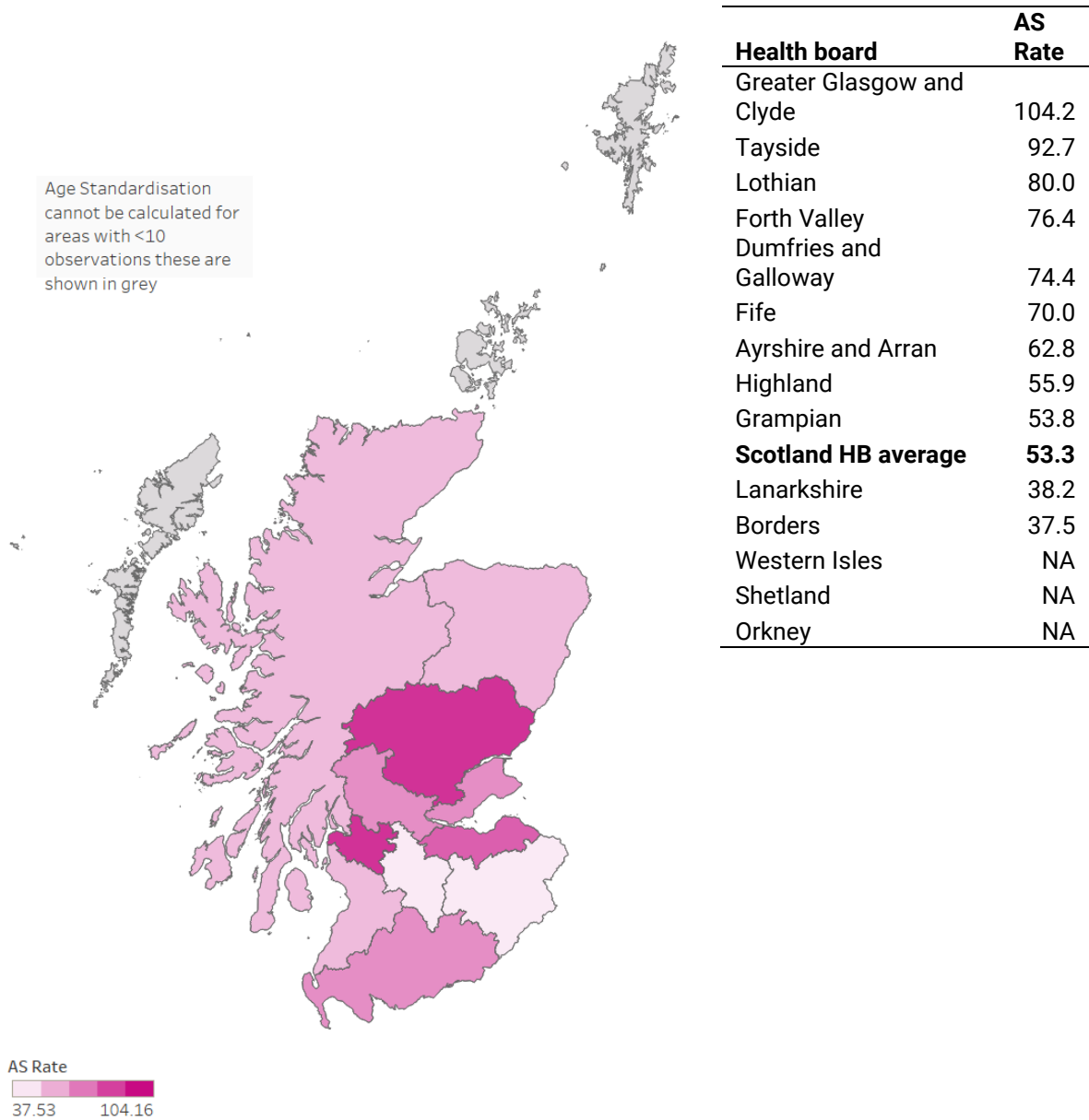
n=9 unknown gender, not stated or other removed due to disclosure risk

The rate of orders in existence in mainland health boards varied from 37.5 per 100,000 (95% CI: 26.7-51.2) in Borders to 104.2 (95% CI: 98.4-110.2) in Greater Glasgow and Clyde (Figure 32a & 32b, Appendix Table A13).

**Figure 32a. Age standardised rate of extant orders per 100,000 on 3 January 2024, by health board**



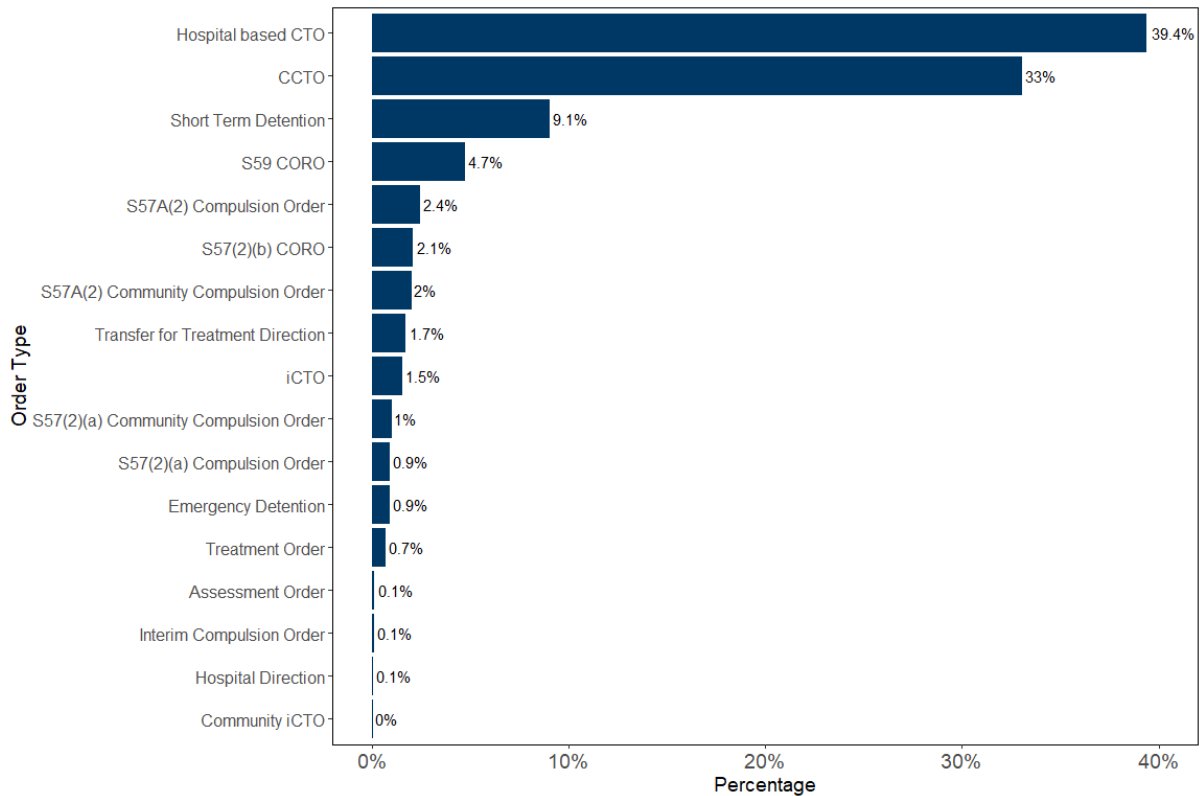
**Figure 32b. Age standardised rate of extant orders per 100,000 on 3 January 2024, by health board**





When we look at the orders in existence on a given day, this time on 3 January 2024, the majority of orders were CTOs (72.4%). A breakdown of the orders individuals were subject to are shown in Figure 33.

**Figure 33. Type of order individuals were subject to on 3 January 2024**

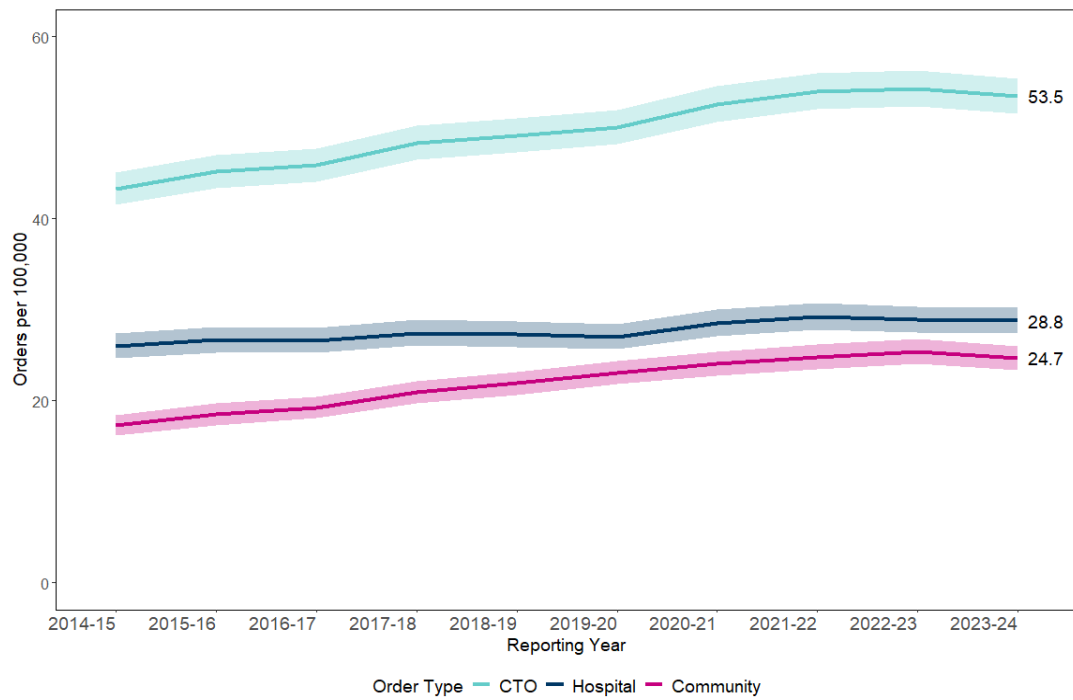


### Compulsory treatment orders

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 3 January 2024 were CTOs, we looked into these in more detail. The rate of all CTOs in existence was 53.5 per 100,000 (95%CI: 51.5-55.4), which was slightly lower than the revised figure for last year (54.3, 95% CI: 52.3–56.3) (Figure 34). There was a similar rate of hospital-based CTOs (28.9 per 100,000 in 2023 and 28.8 in 2024) and a slight decrease in rate of community-based CTOs (from 25.4 per 100,000 in 2023 to 24.7 in 2024). Over time, the convergence of these lines shows the proportion of community-based CTOs is increasing. Therefore, we have included Figure 35, showing the percentage of all extant CTOs that are hospital and community based.

**Figure 34. Age standardised rate of extant CTOs by year with 95% CI (shaded area)**



**Figure 35. Proportion of all extant CTOs that are hospital and community-based, by year**

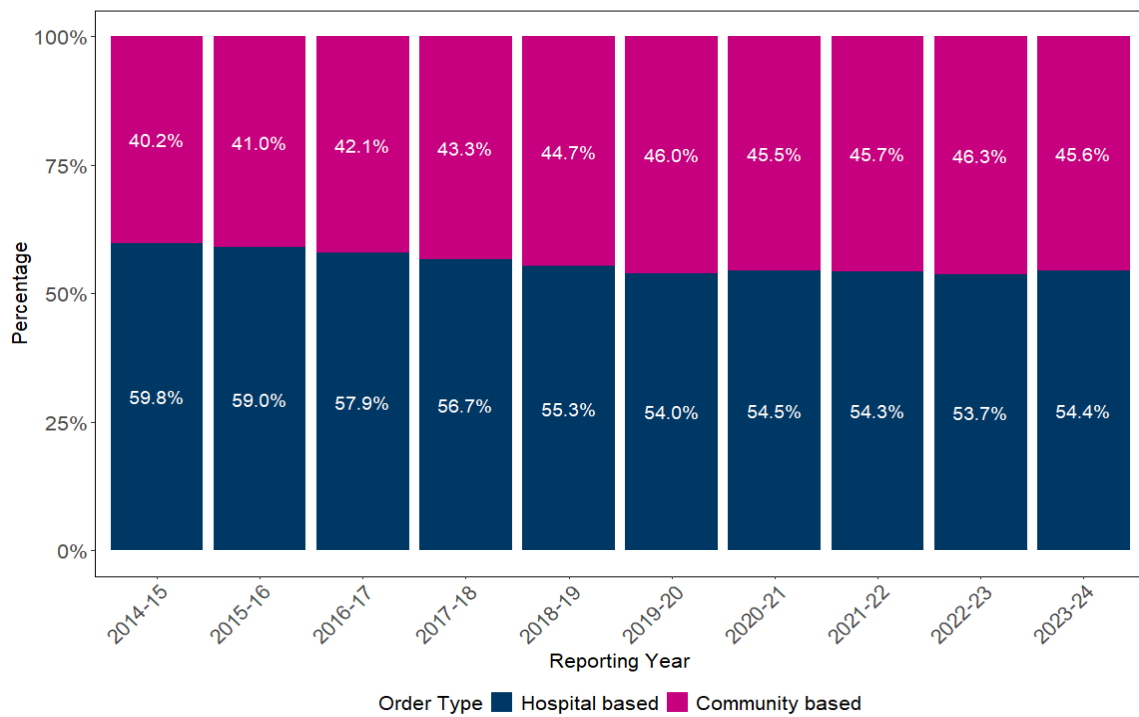
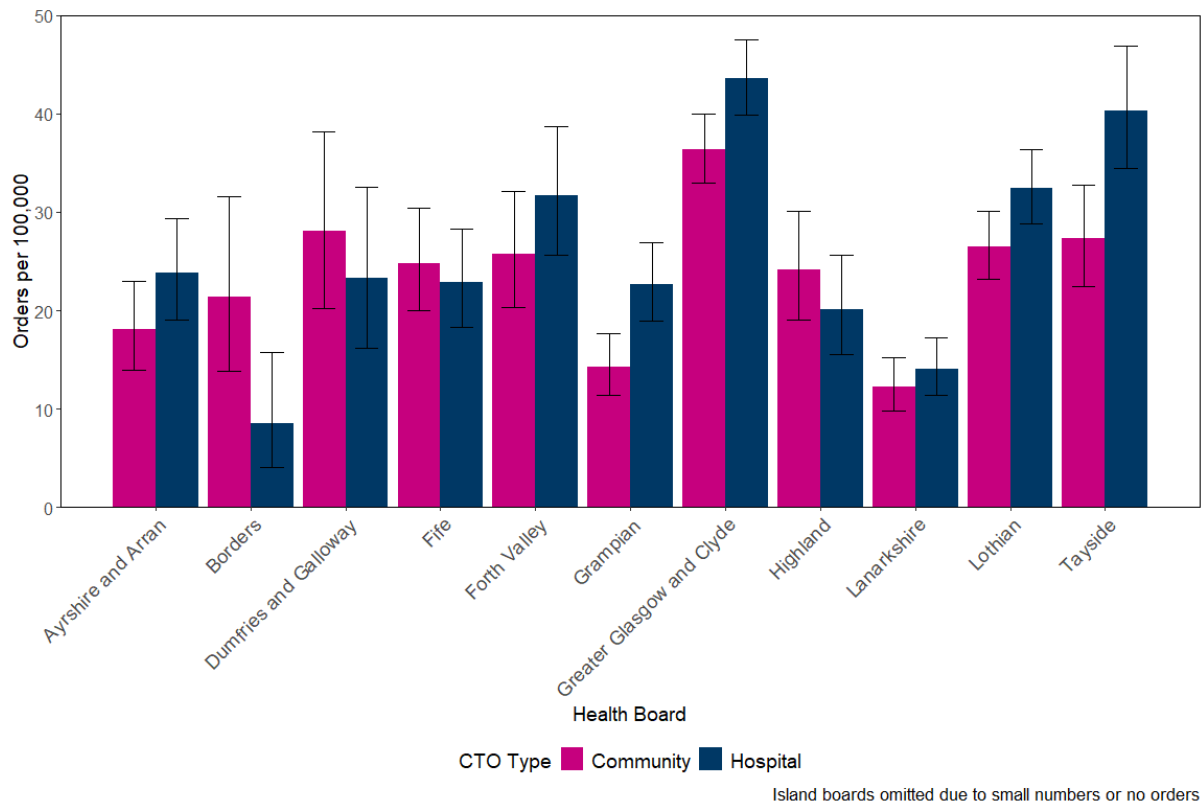


Figure 36 (Appendix Table A14) shows that the rate of hospital and community-based CTOs varied by health board, with higher rates of hospital-based orders in Ayrshire & Arran, Forth Valley, Grampian, Greater Glasgow & Clyde, Lanarkshire, Lothian, and Tayside.

**Figure 36. Age standardised rate of hospital and community-based CTOs per 100,000 in 2024 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 Act[2]. 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**

A disposal refers to a sentence that the courts may use when sentencing an offender with a mental illness, learning disability, neurodevelopmental disorder and related conditions. 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.

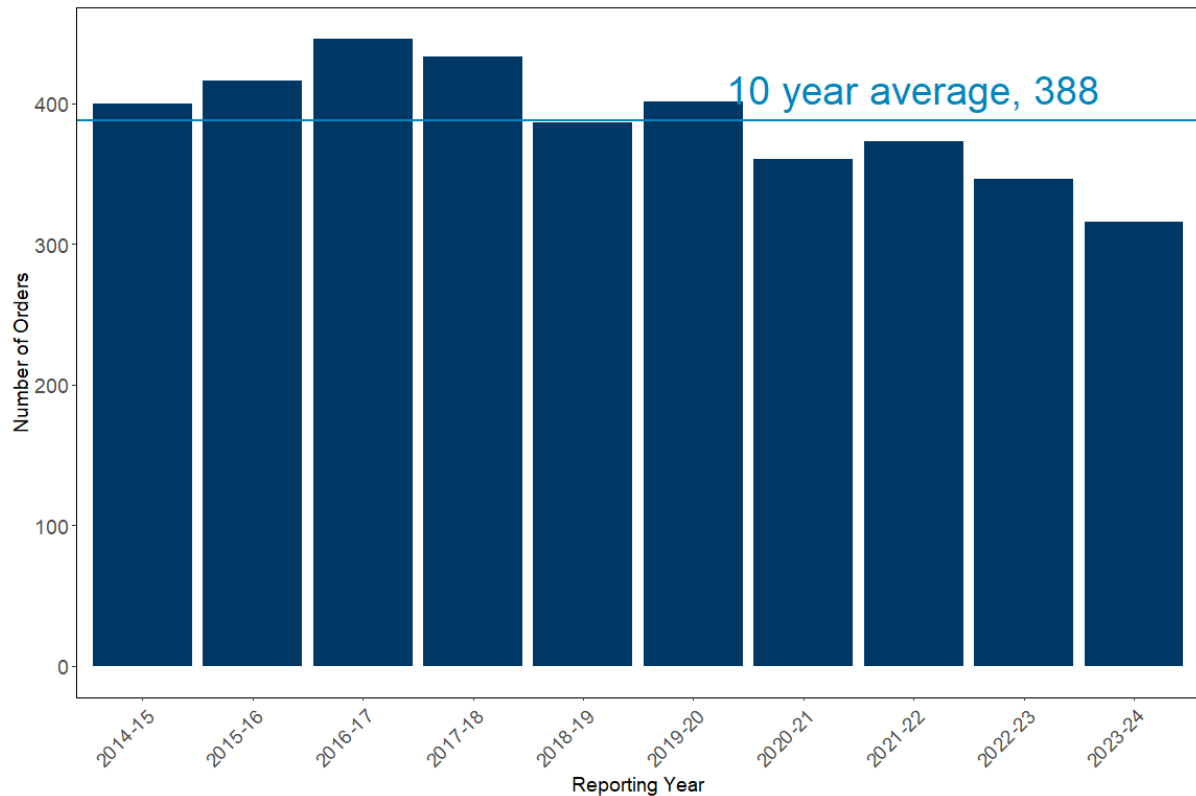
### **Transfer for treatment**

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 was a total of 316 orders under the Criminal Procedure Act in 2023-24 a decrease of 8.7% on last year's revised figure and the lowest figure in the last 10 years. The average number of orders was 388 in the previous 10 years (Figure 37). The 316 orders related to 199 individuals (Appendix Table A15).

**Figure 37. Number of Criminal Procedure Act orders by year**

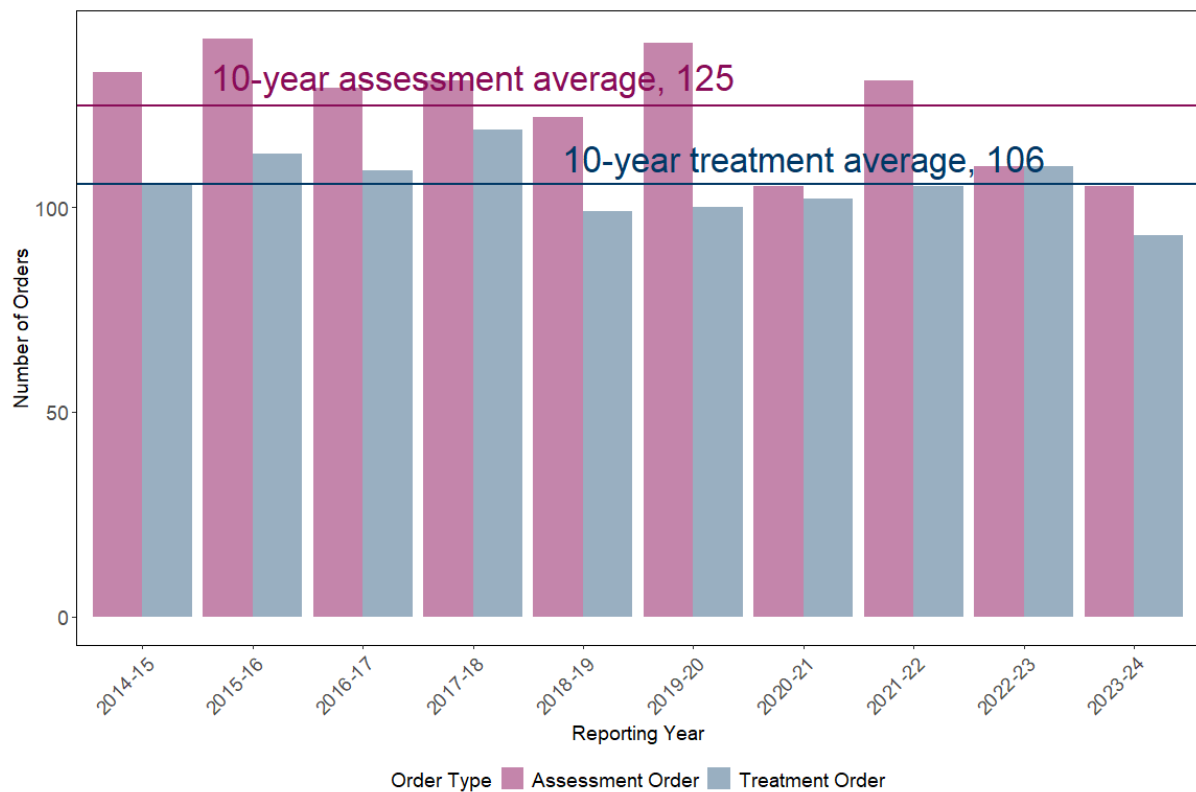


Individuals detained under the Criminal Procedure Act in 2023-24 were primarily male (83.5%). Most were aged 25-44 years (63.9%) with the average age of 39 years.

### Assessment and treatment orders

In 2023-24 there were 105 assessment orders and 93 treatment orders, relating to 104 and 78 individuals, respectively. Figure 38 shows the number of assessment and treatment orders by year with the average for the last 10 years. There were fewer assessment orders compared to the 10-year average (average=125) and fewer treatment orders (average=106).

**Figure 38. 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 was a total of 6 individuals, who in 2023-24 were deemed unfit for trial, which was lower than in 2022-23 (n=11), see Appendix Table A16. Acquittal due to mental health condition occurred due to reasons reported under disposals (see Box 2), as described in Table A16 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 11 interim compulsion orders were recorded in 2023-24, slightly lower than the 19 interim compulsion orders in 2022-23. There were no individuals subject to section 200<sup>6</sup> in 2023-24.

### **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 was a total of 49 mental health disposals in 2023-24, given as a final disposal by the court (Appendix Table A16).

### **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 was a total of 25 transfer for treatment directions in 2023-24, slightly higher than the revised figure of 23 in 2022-23 but lower than the average of previous years. (Appendix Table A16).

### **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 2023-24 we have 81 DMPs. DMPs are experienced, senior psychiatrists in Scotland. The register of DMPs is maintained by the Mental Welfare Commission. The Commission organises DMP induction and provides training for DMPs, such as the annual DMP seminar. However, DMPs are independent practitioners who use their knowledge and experience to reach their own conclusions.

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<sup>6</sup> Section 200 is a procedure for Scottish Government to vary conditions on a conditional discharge [Mental Health \(Care and Treatment\) Scotland Act 2003 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

## **Consent to treatment under part 16 of the Mental Health 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 certificate 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 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 provision of nutrition by artificial means where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent.



### **Box 3. Types of treatment certificates continued**

#### **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.

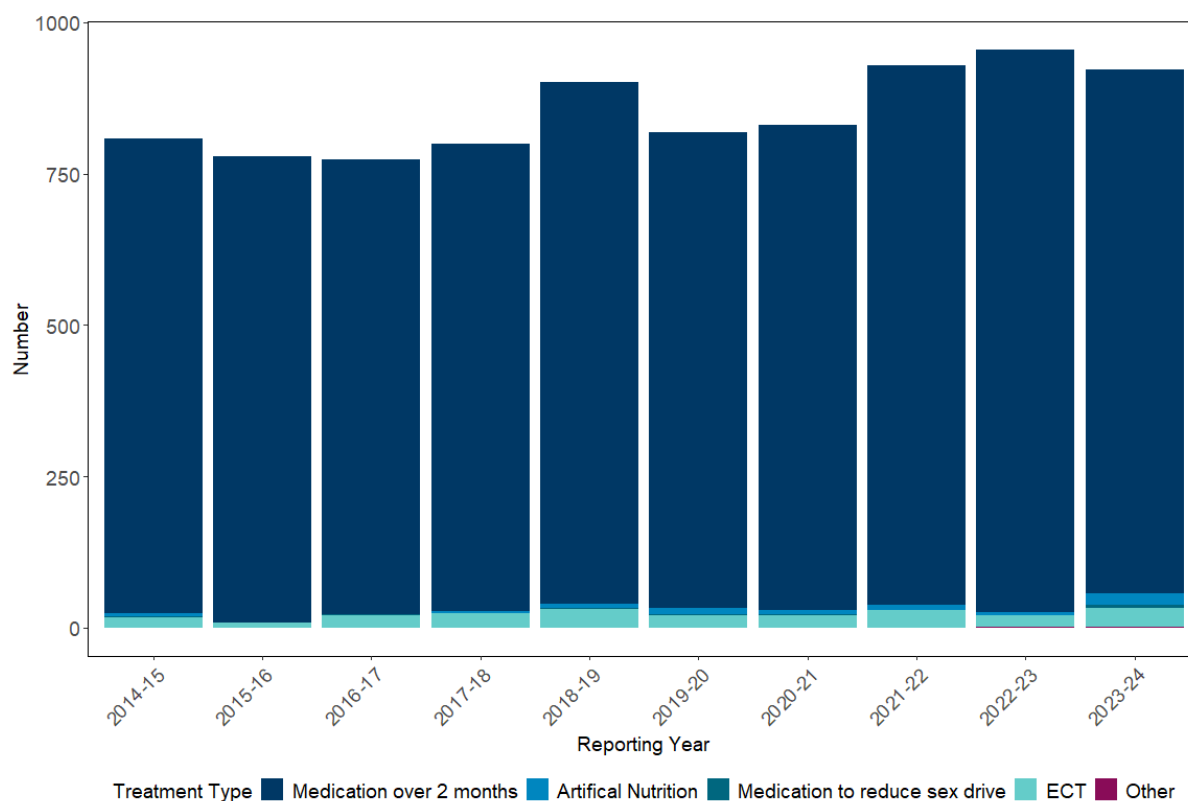
#### **T1 certificate treatments**

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 was a total of 922 T2 certificates issued during 2023-24, 3.4% lower than in 2022-23 (Figure 39). The average for the years 2014-15 to 2022-23 was 843 T2 certificates per year.

**Figure 39. Number of T2 certificates by year**



Most T2 certificates (93.8% n=865) were issued for medication over two months while 3.5% (n=32) were issued for ECT. There was a total of 20 T2s for artificial nutrition in 2023-24, higher than in 2022-23 (n=6). The breakdown of certificates by type of treatment is provided in Appendix Table A17.

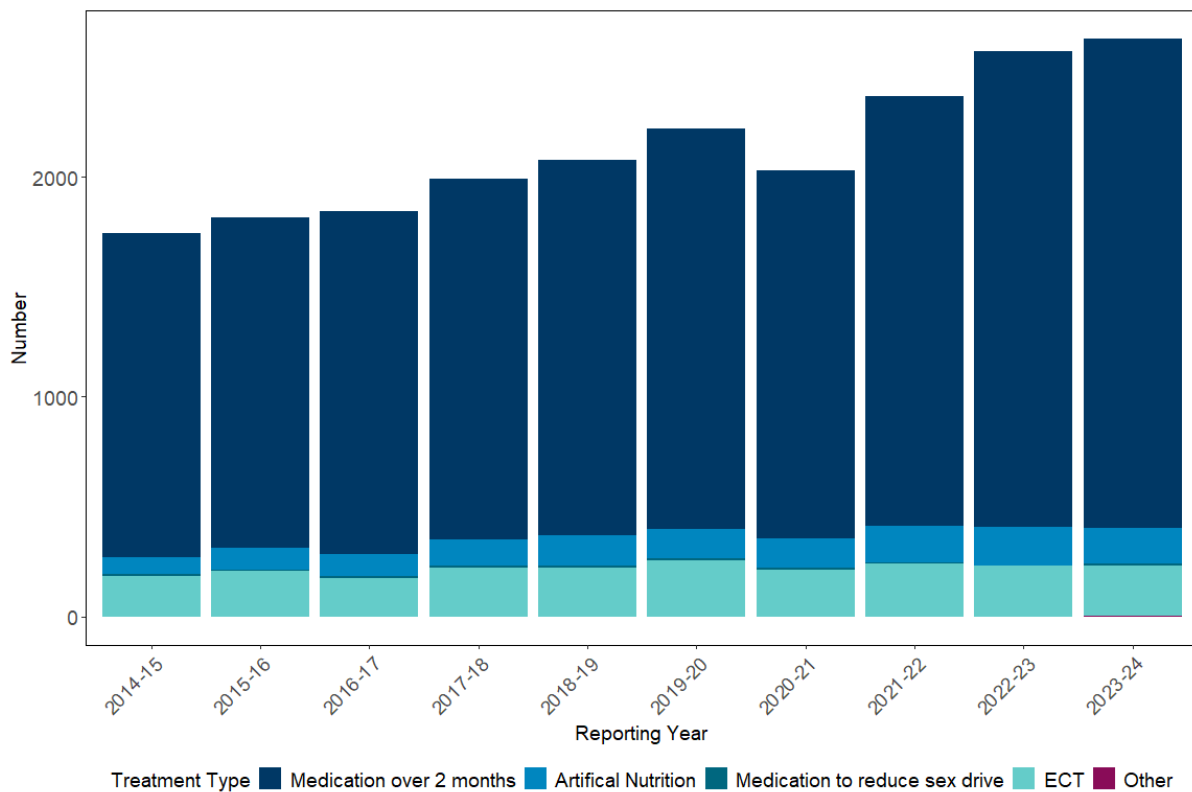
Of the T2s we received in 2023-24, 4.4% were for young people under the age of 18 years. The proportion of T2s issued for individuals under the age of 18 years has ranged from 3.6% (2021-22) to 5.1% in 2015-16. For the years 2014-15 to 2022-23 the average proportion of young people issued a T2 certificate was 4.5%.

There were differences in gender for the various treatments under T2 certificates in 2022-23; for ECT most were female (71.9%) and medication over two months had a higher proportion of males (62.0%). More males than females had T2s artificial nutrition (55.0%).

### T3 certificate treatments

There was a total of 2,626 T3 certificates issued in 2023-24, which was a 2.1% increase on the 2022-23 figure (Figure 40). Most T3s were for medication over two months (84.7%), while 8.7% were for ECT, 6.1% for artificial nutrition, and 0.2% for medication to reduce sex drive. This is broadly similar to previous years (Appendix Table A18).

**Figure 40. Number of T3 certificates by year**

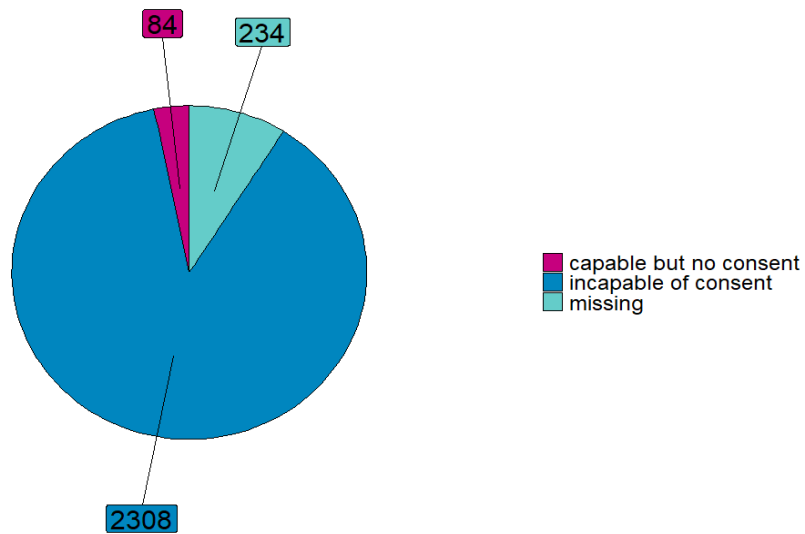


Of the T3s we received in 2023-24, 4.5% were for young people under the age of 18 years. The proportion of T3s issued for individuals under the age of 18 years has ranged from 4.1% (2019-20) to 6.3% in 2018-19. For the years 2014-15 to 2022-23 the average proportion of young people issued a T3 certificate was 4.9%.

There were differences in gender for the various treatments under T3 certificates; for ECT a higher proportion were female (59.0%) while medication over two months had a higher proportion of males (61.3%). T3s for artificial nutrition were predominantly issued for females (89.6%).

We noted the recommendation (9.8) made in the Scottish Mental Health Law Review that where a person is able to make an autonomous decision about a specific treatment and refuses this, it should not be possible to give this treatment and therefore we explored in more detail the use of T3s when the person was deemed to be capable of consent (Figure 41) to consider how often treatment is given under the Mental Health Act when a person is capable but refusing medication two months after treatment had initially commenced (this data is available through the recording of the Designated Medical Practitioner safeguard). We found that medication was authorised in 84 instances where the person was deemed capable of consent but did not provide this (3.2%); this compares to 56 instances (2.2%) in 2022-23.

**Figure 41. T3 Certificate Consent to Treatment in 2023-24**

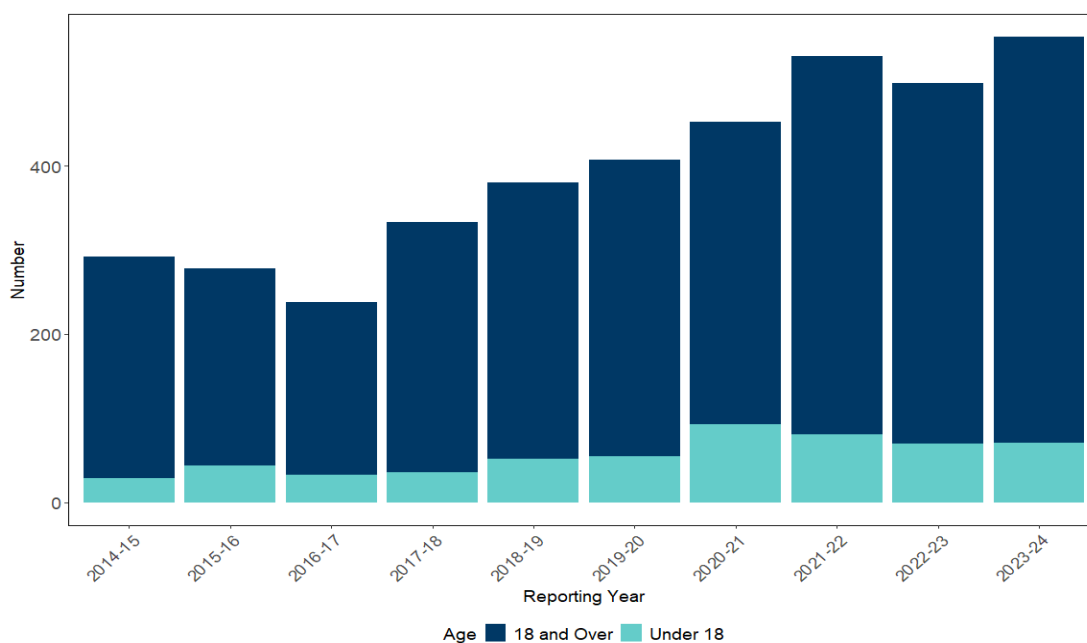


**T4 certificate treatments**

There were 553 T4 certificates notified to the Commission in 2023-24, which was an 11.0% increase on the number of T4s in 2022-23 (Figure 42). Of the T4s issued in 2023-24, 12.8% were for individuals aged under 18 years. This is an 8.7% decrease compared to 2022-23 (Appendix Table A19).

Overall, 50.3% of all T4s were for females but the gender split for under 18 years was 87.3% female and 12.7% male, compared to 44.8% female and 55.0% male in the over 18 category. An overview of number of T4 certificates by health board is provided in Appendix Table A20.

**Figure 42. Number of T4s by year**



## Advance statements

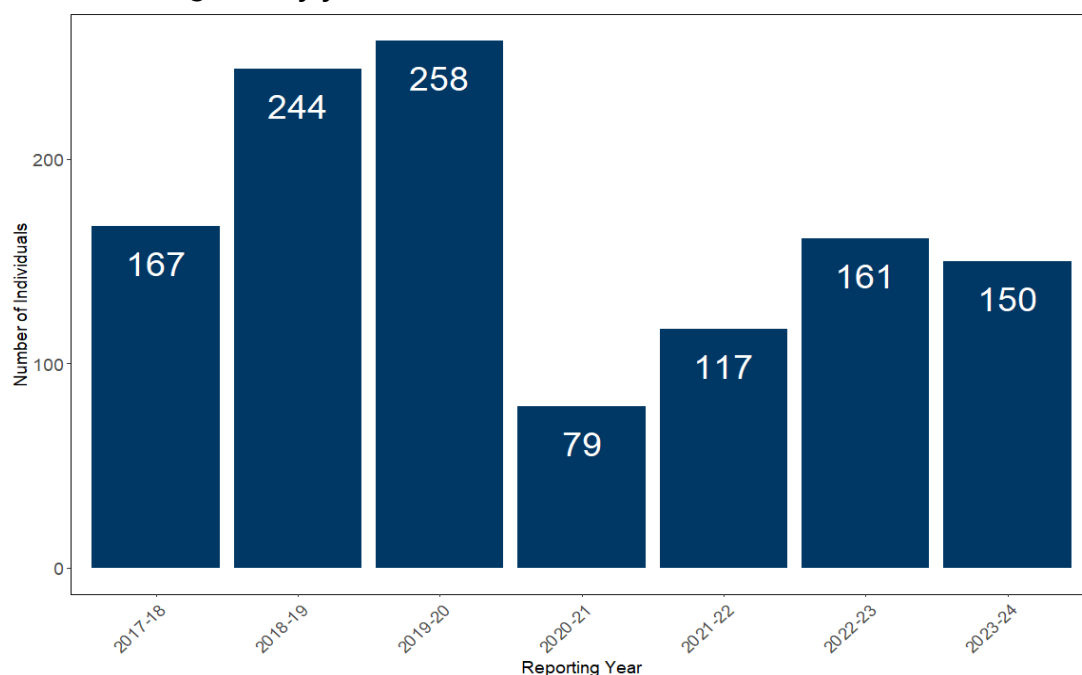
Advance statements are written statements made by a person when they are well, setting out the care and treatment they would prefer or would dislike should they become mentally unwell in the future. The Tribunal and any medical practitioner treating a person must have regard to their advance statement. 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. Our last report on advance statement overrides was published in February 2021[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 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 258 individuals where we noted a first engagement with the register (Figure 43). In 2020-21, this dropped to 79; it is assumed that this indicates a significant impact of the pandemic on services' abilities to engage with individuals on matters to do with advance care planning. In 2021-22, the figure increased to 117 and to 161 in 2022-23 however there is slight drop in 2023-24 to 150.

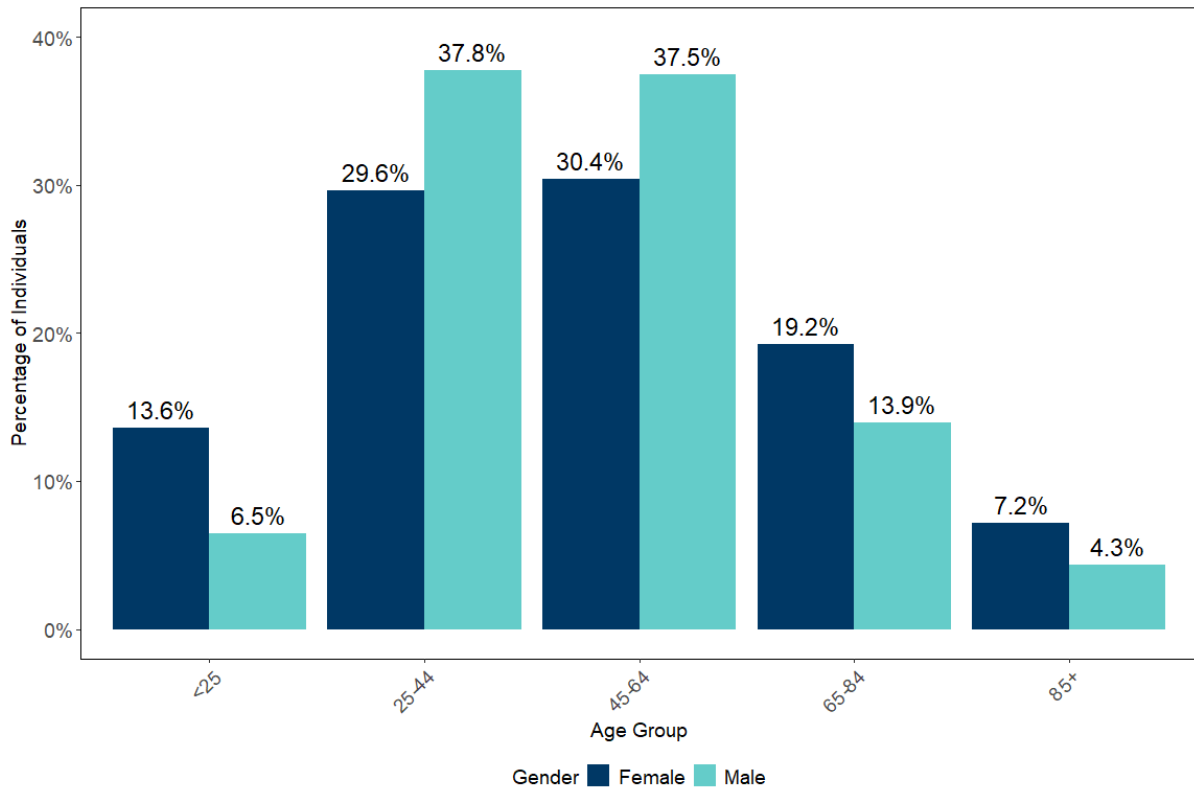
**Figure 43. Number of individuals with a first engagement with the advance statement register by year**



### Characteristics

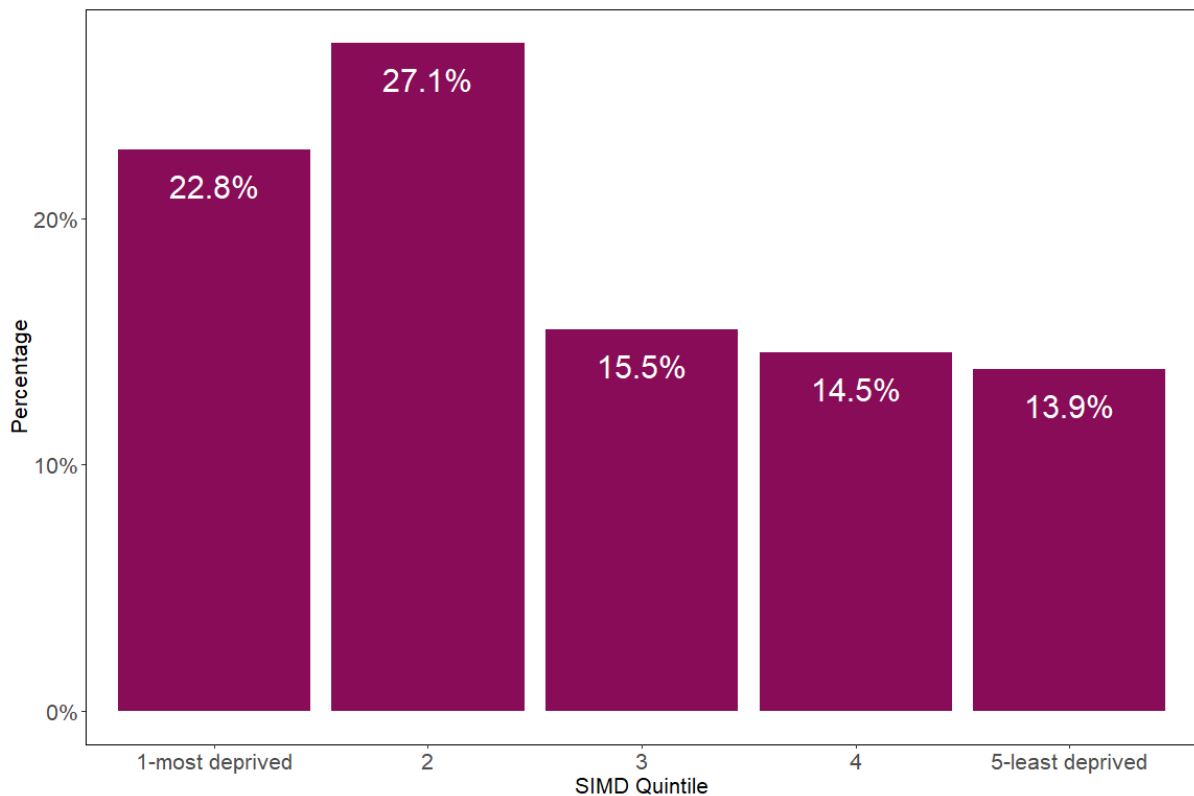
The individuals on the register as a whole have an average age of 49 years 5 months and 54.9% are male. The age distribution for males and females is shown in Figure 44 and indicates that more young females (<25 years) and older females (over 65 years) have engaged with the advance statement process.

**Figure 44. Age and gender of individuals on the advance statement register**



We had valid postcodes to match SIMD for 93.8% of all individuals (based on their first engagement) on the register. The 73 invalid postcodes were because the person's home address was listed as elsewhere in the UK or non-UK, was a hospital, they were of no fixed abode, or no address had been entered on the form. The distribution of postcodes is starting to reflect the distributions of detentions however to truly reflect the detention distribution more work is required to engage those in the most deprived areas of Scotland (Figure 45).

**Figure 45. SIMD categories of individuals on the advance statement register**

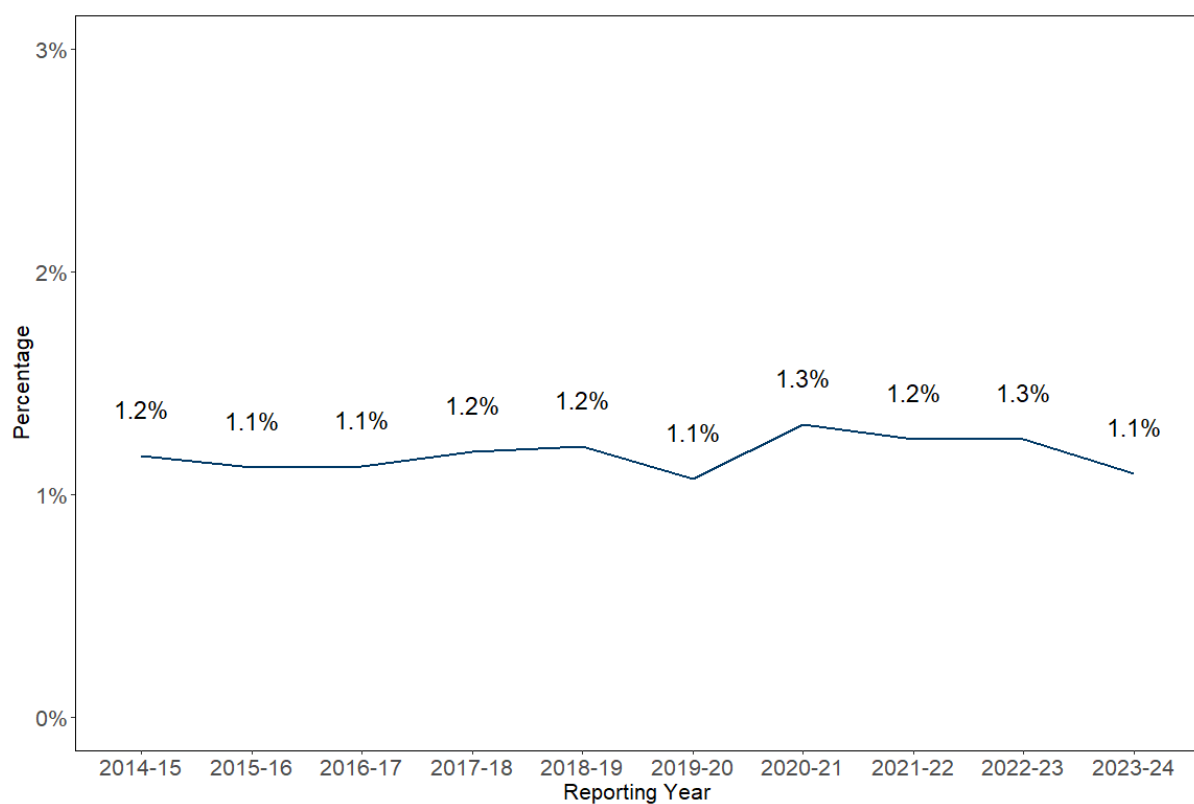


## Deaths in Detention

This year, we have again included deaths in detention as part of our monitoring report. The Commission is notified by local services of the death of a person who was subject to the Mental Health Act at the time of their death.

The percentage of deaths as a proportion of total orders remains consistent over time, ranging from 1.1% to 1.3%. In 2023-24, there were 138 deaths reported to the Commission of people who were detained under the Mental Health Act, 1.1% of the total orders (Figure 46) slightly lower than the revised 2022-23 figure of 149.

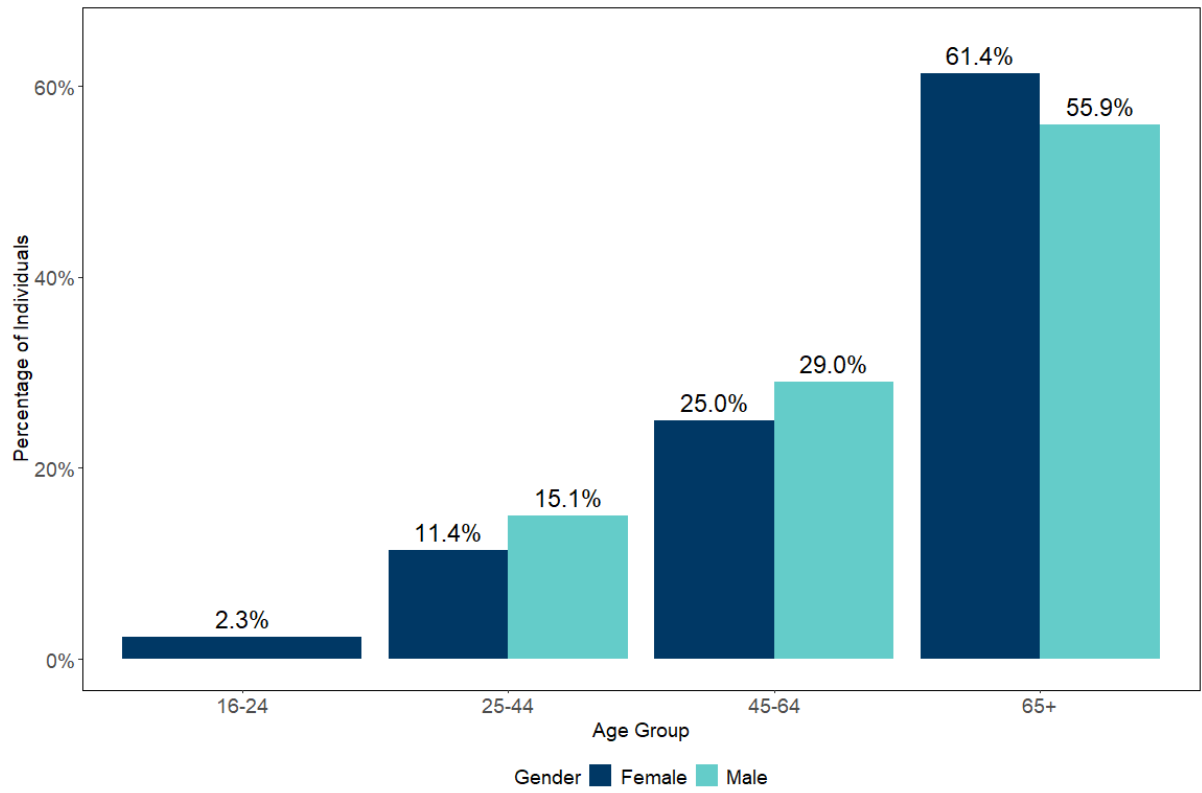
**Figure 46. Deaths in Detention as a percentage of total orders by year**



We looked more closely at age and gender of those who died while under the Mental Health Act, the average age of male deaths was 64.1 years and 67.3 years for females. This is lower than the average life expectancy in Scotland that was 76.5 years for males and 80.7 years for females in 2020-2022 (the latest available provisional data)[12]. Fewer female deaths occurred in the 25-44 and 45-65 age groups, there were more female than male deaths in the under 18 and 65+ year age group (Figure 47). Again, we were unable to report on ethnicity for deaths in detention due to high levels of missing data.



**Figure 47. Deaths in Detention in 2023-24 by age and gender**



## Concluding remarks

This report outlines data during 2023-24 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 Scotland's Mental Health and Criminal Procedure Acts.

This year our data shows an increase in total number of Mental Health Act orders. We are concerned with the continuing low levels of MHO engagement in agreeing EDCs, and the lack of social circumstances reports. We have had discussions with health and social work senior leaders about this during our end of year meetings. We understand that the reasons behind the lack of consent from MHOs for EDCs are multifactorial and include issues around knowledge of local protocols on how to obtain MHO consent and around the culture and understanding of the need for this safeguard. We note the recommendation in the Scottish Mental Health Law Review from 2022 that the law should be amended to ensure that EDCs without MHO consent only take place in exceptional circumstances and that the Commission is notified of such instances. We welcome this suggestion.

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. Ethnicity data is also important and we will be exploring why ethnicity data associated with detention might have fallen to the level that we report this year.

This year we note the continuing rise in the use of community-based compulsion. We have recently completed a report into the care and treatment of those subject to community-based compulsion[13]. We concluded that community-based compulsion can be effective, but they must work better for people and go beyond simply medication to focus on what else might be important to enable a person's recovery. We also called for effective consideration of revocation strategies so that people do not stay on community-based compulsion for long periods of time. Since the last Mental Health Act monitoring report, we noted the publication of the World Health Organisation report into mental health legislation[14] and its call to ban community-based compulsion. We respectfully disagree that these instruments should be banned but agree with the Scottish Mental Health Law Review that further research is required. If used wisely these orders can aid a person's recovery in a setting that is better for them.

The Commission will continue to provide the Scottish Government and wider stakeholders with 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. An 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.

## Appendix – Data tables

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

Starting order <sup>a</sup>	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
EDC	1969(40.5%)	2166(43.2%)	2411(44.5%)	2705(47.9%)	2811(46.4%)	2867(47.3%)	3219(47.9%)	3185(48.3%)	3235(48.0%)	3537(49.8%)
STDC	2801(57.6%)	2752(54.9%)	2905(53.6%)	2859(50.6%)	3131(51.6%)	3082(50.8%)	3372(50.1%)	3259(49.4%)	3416(50.7%)	3453(48.6%)
CTO	90 (1.9%)	93 (1.9%)	99 (1.8%)	87 (1.5%)	120 (2.0%)	113 (1.9%)	136 (2.0%)	157 (2.4%)	82 (1.2%)	119 (1.7%)
<b>Total</b>	<b>4,860</b>	<b>5,011</b>	<b>5,415</b>	<b>5,651</b>	<b>6,062</b>	<b>6,062</b>	<b>6,727</b>	<b>6,601</b>	<b>6,733</b>	<b>7,109</b>

<sup>a</sup>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	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Ayrshire and Arran	142	107	138	113	131	161	160	184	225	226
Borders	29	18	32	30	24	34	49	46	37	48
Dumfries and Galloway	74	84	114	105	103	148	117	112	101	110
Fife	150	167	162	181	209	204	224	194	241	287
Forth Valley	95	130	146	179	185	159	166	187	151	160
Grampian	134	101	99	141	118	135	171	172	172	125
Greater Glasgow and Clyde	605	726	833	988	994	1029	1147	1250	1249	1347
Highland	158	125	109	123	105	96	96	112	84	74
Lanarkshire	178	199	230	198	282	255	324	313	339	345
Lothian	249	334	390	402	440	451	537	432	469	673
Orkney	7	14	*	15	*	*	*	11	7	*
Shetland	9	*	7	8	*	*	*	*	0	0
Tayside	171	184	187	257	278	256	277	248	227	239
Western Isles	8	*	*	10	*	6	7	*	6	*
<b>Total</b>	<b>2,009</b>	<b>2,202</b>	<b>2,456</b>	<b>2,750</b>	<b>2,886</b>	<b>2,939</b>	<b>3,283</b>	<b>3,267</b>	<b>3,308</b>	<b>3,641</b>

\*n≤5 and secondary suppression to maintain confidentiality

**Table A3. Number of STDCs by health board and year**

Health board	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Ayrshire and Arran	207	194	210	170	185	169	250	281	287	348
Borders	71	59	62	62	75	74	87	78	64	62
Dumfries and Galloway	105	105	134	97	142	138	140	123	133	171
Fife	276	272	282	266	290	271	342	339	366	338
Forth Valley	195	244	257	270	245	242	320	363	326	316
Grampian	385	399	451	410	398	488	500	447	516	521
Greater Glasgow and Clyde	1095	1173	1249	1422	1420	1506	1639	1637	1632	1709
Highland	213	200	180	200	202	189	183	184	199	198
Lanarkshire	335	349	369	358	412	410	399	398	433	412
Lothian	751	732	806	753	845	837	937	889	963	1076
Orkney	*	*	*	*	*	*	*	*	*	*
Shetland	12	8	7	9	*	11	16	21	10	13
State Hospital	*	*	*	*	*	*	*	*	*	*
Tayside	345	355	362	393	498	414	458	489	426	502
Western Isles	*	7	9	10	9	13	15	*	7	11
<b>Total</b>	<b>4,004</b>	<b>4,099</b>	<b>4,380</b>	<b>4,426</b>	<b>4,733</b>	<b>4,768</b>	<b>5,288</b>	<b>5,265</b>	<b>5,369</b>	<b>5,682</b>

\*n≤5 and secondary suppression to maintain confidentiality

**Table A4. Number of STDCs by local authority and year**

<b>Local authority</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Aberdeen City	174	210	258	209	209	262	281	243	274	251
Aberdeenshire	124	119	129	139	130	143	156	157	167	184
Angus	56	55	52	47	72	52	81	91	64	103
Argyll and Bute	68	53	46	82	59	51	49	72	57	58
City of Edinburgh	527	457	562	522	530	556	585	550	622	721
Clackmannanshire	26	51	47	43	59	39	64	70	53	53
Dumfries and Galloway (LA)	106	106	139	98	144	139	141	124	133	170
Dundee City	155	146	165	181	212	199	185	202	200	218
East Ayrshire	79	72	83	64	57	57	85	76	119	127
East Dunbartonshire	47	38	56	56	55	64	64	58	93	86
East Lothian	61	75	63	51	79	60	79	63	77	91
East Renfrewshire	40	36	57	55	63	76	65	67	64	55
Eilean Siar	*	*	9	11	9	13	*	14	6	11
Falkirk	112	129	153	155	126	112	132	171	151	150
Fife (LA)	276	271	284	266	291	275	344	337	368	339
Glasgow City	701	744	770	903	908	968	1080	1090	1057	1141
Highland (LA)	162	159	151	148	162	155	164	146	172	171
Inverclyde	61	94	79	74	94	102	64	73	67	61
Midlothian	50	50	50	40	65	64	66	63	61	61
Moray	60	67	65	62	59	78	60	51	72	80
North Ayrshire	74	69	81	62	65	55	93	113	89	122
North Lanarkshire	209	206	221	206	238	239	247	242	243	244
Orkney (LA)	*	*	*	*	*	*	*	0	7	6
Perth and Kinross	138	158	145	174	215	167	194	196	160	178
Renfrewshire	120	115	119	145	133	148	183	149	160	139
Scottish Borders	74	58	65	62	74	79	88	80	65	63
Shetland (LA)	14	*	*	*	*	*	19	21	12	15
South Ayrshire	52	59	56	45	65	59	57	82	91	112
South Lanarkshire	180	200	209	227	250	234	224	241	270	266
Stirling	54	66	62	71	69	96	130	132	127	115
West Dunbartonshire	58	69	71	75	67	62	83	87	76	89
West Lothian	131	144	125	140	163	151	208	204	192	202
<b>Total</b>	<b>4,004</b>	<b>4,099</b>	<b>4,380</b>	<b>4,426</b>	<b>4,733</b>	<b>4,768</b>	<b>5,287</b>	<b>5,265</b>	<b>5,369-4</b>	<b>5,682</b>

\*n≤5 and secondary suppression to maintain confidentiality

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

Local authority	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Aberdeen City	80.0	89.6	113.5	92.1	94.4	118.1	123.7	110.6	123.2	113.0
Aberdeenshire	49.7	47.5	51.4	53.8	51.5	55.9	62.0	61.5	63.8	71.4
Angus	47.9	46.9	43.6	40.4	62.7	44.3	71.7	79.2	54.1	88.8
Argyll and Bute	75.0	59.0	52.3	91.0	69.9	62.9	54.4	83.9	63.6	69.2
City of Edinburgh	110.0	95.7	118.9	106.7	108.5	111.5	117.6	111.0	122.4	143.4
Clackmannanshire	52.7	104.0	93.6	84.9	116.1	79.7	128.7	143.9	103.4	106.4
Dumfries and Galloway	68.8	67.8	93.2	65.7	95.3	93.9	94.2	90.8	86.6	108.0
Dundee City	105.9	100.3	113.7	126.3	145.6	136.0	129.6	138.7	136.2	146.2
East Ayrshire	66.2	59.6	69.4	54.1	48.8	47.1	71.1	63.3	101.3	105.3
East Dunbartonshire	44.0	38.0	52.9	54.0	51.6	56.7	57.7	50.3	83.1	76.0
East Lothian	59.3	72.4	60.5	48.1	74.0	55.7	72.7	56.8	68.3	80.3
East Renfrewshire	45.0	40.5	61.4	60.4	70.9	84.6	68.6	68.9	68.7	58.8
Eilean Siar <sup>a</sup>	34.2	NA	NA	39.7	NA	51.6	54.0	50.8	NA	44.9
Falkirk	75.4	83.5	98.6	100.5	80.4	70.9	83.4	109.5	95.0	94.8
Fife	76.9	74.3	78.0	73.0	80.0	74.2	93.3	92.2	98.5	90.4
Glasgow City	123.4	130.1	133.2	154.6	156.0	168.6	185.2	186.5	178.1	191.8
Highland	70.0	70.1	66.0	62.9	69.3	65.9	69.6	60.4	72.9	73.6
Inverclyde	76.6	116.4	95.5	90.7	115.7	126.1	79.4	96.8	88.0	76.2
Midlothian	60.5	57.5	59.2	46.8	73.2	72.6	73.6	67.6	67.3	65.3
Moray	64.9	70.1	69.2	66.7	62.5	83.2	62.8	54.3	73.9	82.5
North Ayrshire	56.8	53.0	60.8	46.7	49.8	41.1	69.2	88.9	65.5	87.0
North Lanarkshire	65.4	64.5	68.1	63.5	72.8	73.8	73.8	71.9	73.3	72.8
Orkney <sup>a</sup>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Perth and Kinross	89.7	103.7	95.0	112.4	141.6	111.5	127.4	127.7	104.6	115.5
Renfrewshire	70.9	66.1	68.0	80.6	73.7	82.1	101.4	81.8	86.5	76.0
Scottish Borders	65.4	51.8	57.1	52.2	63.0	65.9	78.3	69.4	57.4	57.2
Shetland <sup>a</sup>	61.8	NA	NA	44.9	NA	50.7	86.9	93.2	57.0	66.8
South Ayrshire	45.3	53.6	52.7	40.3	60.5	57.0	51.5	73.2	77.2	95.5
South Lanarkshire	58.1	63.8	66.3	71.9	78.2	71.4	68.9	74.5	82.9	80.8
Stirling	60.0	72.1	70.0	78.7	77.0	104.2	142.3	141.8	139.8	119.1
West Dunbartonshire	65.3	76.8	82.0	85.7	76.5	70.1	96.6	100.0	83.2	102.4
West Lothian	79.6	83.9	72.8	81.8	94.7	86.3	121.8	116.1	107.8	115.8

<sup>a</sup> It is not possible to calculate age standardised rates where n<10 (NA).

**Table A6. Number of CTOs by local authority and year**

Local authority	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2022-24
Aberdeen City	57	77	97	72	71	80	71	76	76	84
Aberdeenshire	40	39	43	32	48	41	26	38	38	65
Angus	22	37	26	30	34	35	40	38	34	44
Argyll and Bute	17	15	14	24	24	22	21	20	19	26
City of Edinburgh	143	132	130	155	147	150	216	188	206	241
Clackmannanshire	6	11	15	17	18	12	21	13	19	21
Dumfries and Galloway (LA)	34	28	41	30	40	40	59	59	65	54
Dundee City	46	50	39	47	40	43	50	48	58	63
East Ayrshire	18	24	11	21	20	17	24	30	28	28
East Dunbartonshire	22	15	24	21	23	24	20	30	38	28
East Lothian	23	33	26	18	31	24	32	42	28	50
East Renfrewshire	17	15	16	18	26	30	33	28	21	30
Eilean Siar	*	*	*	*	*	*	6	*	*	*
Falkirk	24	34	41	48	44	44	42	56	66	67
Fife (LA)	108	102	91	89	89	110	131	121	128	114
Glasgow City	183	222	176	213	253	292	272	309	323	310
Highland (LA)	69	57	65	61	88	68	57	76	76	68
Inverclyde	33	28	27	30	30	44	29	25	28	23
Midlothian	19	22	18	20	20	25	21	37	27	22
Moray	15	18	15	18	20	16	13	13	17	22
North Ayrshire	15	22	21	18	25	20	36	39	38	37
North Lanarkshire	64	52	57	67	75	65	80	80	74	64
Orkney (LA)	*	*	8	*	0	0	*	*	*	*
Perth and Kinross	50	56	62	62	87	59	64	53	44	54
Renfrewshire	39	40	52	60	54	59	56	56	54	57
Scottish Borders	28	24	26	28	30	22	27	24	16	20
Shetland (LA)	*	*	*	*	*	*	*	*	7	6
South Ayrshire	14	18	26	17	19	11	14	15	40	35
South Lanarkshire	51	80	62	86	80	63	64	74	90	91
Stirling	19	9	13	25	17	21	23	26	46	39
West Dunbartonshire	34	31	39	38	37	31	37	41	39	31
West Lothian	43	35	37	41	43	43	42	63	45	50
<b>Total</b>	<b>1,260</b>	<b>1,337</b>	<b>1,323</b>	<b>1,422</b>	<b>1,542</b>	<b>1,519</b>	<b>1,632</b>	<b>1,730</b>	<b>1,792</b>	<b>1,853</b>

\*n≤5 and secondary suppression to maintain confidentiality



**Table A7. Number of CTOs by Health Board and year**

<b>Health board</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Ayrshire and Arran	45	65	57	51	58	46	73	79	102	94
Borders	24	19	21	25	27	20	23	21	12	18
Dumfries and Galloway	31	28	39	30	38	40	60	59	64	52
Fife	102	98	94	84	85	103	127	120	120	108
Forth Valley	48	54	67	87	74	76	86	96	128	123
Grampian	117	137	163	128	138	139	111	129	137	178
Greater Glasgow and Clyde	362	392	374	427	465	507	489	535	545	530
Highland	75	65	68	73	97	79	62	80	78	80
Lanarkshire	87	101	95	116	127	108	114	124	133	130
Lothian	243	229	214	245	252	250	315	333	320	369
Orkney	0	0	*	*	0	0	0	0	0	0
Shetland	0	0	0	0	0	0	*	*	0	0
State	*	*	*	*	*	*	*	*	*	*
Tayside	120	145	123	148	176	142	160	147	149	167
Western Isles	*	*	*	*	*	*	6	*	*	*
<b>Total</b>	<b>1,260</b>	<b>1,337</b>	<b>1,323</b>	<b>1,422</b>	<b>1,542</b>	<b>1,519</b>	<b>1,632</b>	<b>1,730</b>	<b>1,792</b>	<b>1,853</b>

\*n≤5

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

Local authority	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Aberdeen City	26.7	33.4	43.1	32.0	32.5	36.9	31.4	35.3	33.0	37.9
Aberdeenshire	16.2	15.7	17.4	12.1	19.0	16.0	10.4	14.8	14.7	25.3
Angus	18.8	30.4	22.8	25.9	29.5	30.2	35.0	32.3	26.7	35.1
Argyll and Bute	18.2	16.2	14.4	25.8	26.6	25.6	22.0	22.8	20.4	28.6
City of Edinburgh	30.1	27.7	27.3	31.6	30.1	30.7	44.0	39.5	41.8	49.4
Clackmannanshire	0.0	22.4	29.4	34.2	35.3	22.6	41.2	26.0	36.0	42.4
Dumfries and Galloway	22.2	18.0	27.4	18.8	24.4	25.9	37.5	41.3	42.9	35.3
Dundee City	32.0	34.1	26.3	33.0	28.0	29.5	35.4	32.3	40.5	42.9
East Ayrshire	14.4	20.2	9.2	17.5	17.7	13.7	20.7	24.0	24.0	23.4
East Dunbartonshire	20.4	13.5	22.0	20.7	21.5	22.3	18.5	25.9	34.9	23.7
East Lothian	22.6	31.9	25.2	16.6	29.2	22.5	28.7	36.8	24.3	42.7
East Renfrewshire	18.4	16.8	16.9	19.6	29.6	33.0	34.9	27.9	22.5	31.7
Eilean Siar <sup>a</sup>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Falkirk	16.1	22.6	26.8	30.7	28.0	27.9	27.2	35.3	41.1	42.4
Fife	30.0	27.7	24.9	24.3	24.3	29.6	35.2	31.8	33.5	30.2
Glasgow City	32.8	40.9	31.4	38.3	44.4	51.0	47.6	55.9	55.6	53.3
Highland	30.0	24.4	28.4	26.7	37.4	27.9	24.5	31.6	31.6	27.5
Inverclyde	40.5	33.7	33.2	37.7	37.8	51.5	35.1	30.2	36.4	28.9
Midlothian	22.9	25.3	20.2	23.2	22.1	28.7	23.6	39.3	29.0	23.2
Moray	15.9	18.8	16.0	19.0	21.8	16.4	12.7	14.5	17.2	22.3
North Ayrshire	12.2	17.8	16.1	13.2	19.4	14.3	27.4	28.6	28.2	25.8
North Lanarkshire	20.0	16.1	17.2	20.6	22.6	19.6	24.2	23.4	22.5	18.7
Orkney <sup>a</sup>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Perth and Kinross	33.0	37.0	41.0	40.6	56.4	38.7	40.9	31.7	29.3	34.5
Renfrewshire	23.1	23.0	29.6	33.6	30.2	32.6	31.0	31.0	29.0	30.5
Scottish Borders	25.5	21.2	23.3	24.5	24.9	18.0	24.1	18.0	14.2	18.2
Shetland <sup>a</sup>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
South Ayrshire	12.4	16.2	24.4	16.3	17.9	11.1	15.0	11.8	35.3	32.1
South Lanarkshire	16.5	26.0	19.8	26.9	25.2	19.0	19.3	23.1	27.1	27.5
Stirling	21.6	0.0	14.3	27.9	18.4	21.3	26.6	27.2	47.9	40.6
West Dunbartonshire	39.1	35.9	44.6	43.0	42.2	34.4	42.7	46.3	44.1	37.4
West Lothian	28.2	21.5	21.7	24.2	26.6	25.2	24.6	36.2	25.4	29.0

<sup>a</sup> It is not possible to calculate age standardised rates where n<10 (NA).

**Table A9. Number of detentions under nurses' power to detain by year and gender**

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Female	120	81	96	116	119	119	103	109	84	122
Male	67	55	50	51	63	63	52	61	59	86
<b>Total</b>	<b>187</b>	<b>136</b>	<b>146</b>	<b>167</b>	<b>182</b>	<b>182</b>	<b>155</b>	<b>170</b>	<b>143</b>	<b>208</b>

**Table A10. Rate of detentions under nurses' power to detain by year and gender**

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Scotland rate	3.5 (3.0-4.0)	2.5 (2.1-3.0)	2.7 (2.3-3.2)	3.1 (2.6-3.6)	3.4 (2.9-3.9)	3.4 (2.9-3.9)	2.9 (2.4-3.3)	3.2 (2.7-3.7)	2.6 (2.2-3.1)	3.9 (3.3-4.4)
Female rate	4.3 (3.6-5.2)	2.9 (2.3-3.6)	3.4 (2.8-4.2)	4.1 (3.4-5.0)	4.3 (3.6-5.2)	4.3 (3.6-5.2)	3.7 (3.0-4.5)	4.0 (3.3-4.8)	3.0 (2.4-3.7)	4.4 (3.7-5.3)
Male rate	2.6 (2.0-3.3)	2.1 (1.6-2.8)	2.0 (1.4-2.6)	1.9 (1.4-2.5)	2.4 (1.8-3.1)	2.5 (1.9-3.2)	2.0 (1.5-2.6)	2.4 (1.8-3.0)	2.2 (1.7-2.9)	3.3 (2.6-4.1)

**Table A11. Number of place of safety orders by year**

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Number of orders	696	831	1,140	1,181	1,114	1,136	1,143	1,256	1,353	1,276

**Table A12. Point prevalence orders by year and health board**

Health board	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Ayrshire and Arran	140	159	165	164	188	180	182	202	217	218
Borders	39	41	39	49	46	46	55	33	35	42
Dumfries and Galloway	52	57	61	60	75	70	90	93	99	101
Fife	239	229	254	262	242	249	268	277	274	254
Forth Valley	159	162	163	197	205	210	223	227	244	230
Grampian	227	248	282	278	284	288	278	304	306	314
Greater Glasgow and Clyde	931	984	1008	1044	1069	1133	1192	1242	1289	1225
Highland	206	184	182	178	204	209	179	195	184	177
Lanarkshire	199	219	233	211	244	230	239	272	285	255
Lothian	535	564	560	627	618	633	683	722	724	711
Tayside	295	319	320	321	337	320	358	348	354	375

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

Health board	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Ayrshire and Arran	38.9	44.2	45.8	45.9	53.7	51.1	52.3	57.6	63.0	62.8
Borders	34.4	37.4	35.4	44.3	39.5	40.4	48.3	27.2	30.1	37.5
Dumfries and Galloway	34.8	38.3	41.4	42.2	51.6	51.3	64.4	69.8	75.1	74.4
Fife	66.7	63.4	70.6	72.9	67.8	68.8	74.0	76.2	75.4	70.0
Forth Valley	53.7	54.3	54.7	65.9	68.4	69.9	74.5	75.8	80.4	76.4
Grampian	38.8	42.0	48.0	47.6	48.8	49.8	48.2	52.9	52.7	53.8
Greater Glasgow and Clyde	82.2	86.6	88.3	90.8	92.2	96.7	102.2	107.3	109.4	104.2
Highland	65.8	58.3	57.7	56.0	65.2	66.9	57.0	61.4	58.5	55.9
Lanarkshire	30.5	33.5	35.4	32.4	36.7	34.5	36.0	40.7	42.6	38.2
Lothian	63.2	66.1	64.7	71.5	70.5	71.6	77.2	81.4	81.2	80.0
Tayside	73.9	79.5	80.2	80.1	83.1	79.2	87.9	85.8	87.2	92.7

Island rates cannot be calculated due to n<10.

**Table A14. Age Standardised Rate of point prevalence CTOs by health board and CTO type**

<b>Health board</b>	<b>Community rate (95%CI)</b>	<b>Hospital rate (95% CI)</b>
Ayrshire and Arran	19.4 (15.0 - 24.8)	24.1 (19.2 - 29.8)
Borders	21.9 (13.9 - 32.6)	9.6 (4.5 - 17.9)
Dumfries and Galloway	30.9 (21.9 - 42.3)	24.9 (17.0 - 35.1)
Fife	25.9 (20.8 - 31.8)	22.9 (18.2 - 28.3)
Forth Valley	26.3 (20.7 - 32.8)	31.8 (25.7 - 38.9)
Grampian	14.4 (11.5 - 17.9)	22.4 (18.7 - 26.6)
Greater Glasgow and Clyde	36.4 (33.0 - 40.0)	43.8 (40.1 - 47.8)
Highland	24.8 (19.5 - 31.1)	20.0 (15.3 - 25.6)
Lanarkshire	12.3 (9.8 - 15.3)	14.0 (11.3 - 17.1)
Lothian	26.9 (23.6 - 30.6)	33.4 (29.7 - 37.5)
Tayside	28.9 (23.8 - 34.8)	40.3 (34.3 - 46.9)

Island rates cannot be calculated due to n<10.

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

	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
<b>Orders</b>	400	416	446	433	386	401	360	373	346	316
<b>Individuals</b>	222	234	252	227	220	221	215	221	201	199

**Table A16. Number of Criminal Procedure Act orders by order type and year**

Category	Order	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24
Treatment and assessment	Treatment Order	106	113	109	119	99	100	102	105	110	93
	Assessment Order	133	141	129	131	122	140	105	131	110	105
Unfitness for trial	Temporary Compulsion Order	20	18	20	20	16	11	12	18	11	6
Acquittal due to mental disorder	S57(2)(a) Compulsion Order	21	26	28	50	33	22	27	22	22	21
	S57(2)(a) Compulsion Order - Community	0	0	0	0	0	0	0	*	0	0
	S57(2)(b) CORO	*	*	*	*	*	*	*	*	7	6
Post-conviction pre-disposals	Interim Compulsion Order	21	23	26	23	15	24	13	14	19	11
	S200 Committal	0	0	0	0	0	*	0	0	0	*
Mental health disposals	Hospital Direction	*	*	0	*	*	0	0	*	0	*
	S57A(2) Compulsion Order	44	45	60	43	46	52	45	39	41	36
	S57A(2) Compulsion Order - Community	*	0	*	*	0	0	*	*	0	*
	S59 CORO	8	9	10	*	8	8	6	*	*	*
Transfer for treatment	Transfer for Treatment Direction	38	36	58	36	40	38	44	33	23	25
<b>Total</b>		<b>400</b>	<b>416</b>	<b>446</b>	<b>433</b>	<b>386</b>	<b>401</b>	<b>360</b>	<b>373</b>	<b>346</b>	<b>316</b>

\*n≤5 and secondary suppression to maintain confidentiality

**Table A17. Number of T2s by treatment type and year**

<b>Treatment</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
ECT	16	8	21	23	30	21	20	29	18	32
Medication to reduce sex drive	*	0	*	*	*	*	*	0	0	*
Artificial nutrition	*	*	0	*	8	11	7	9	6	20
Other treatment	0	0	0	0	0	0	0	0	*	*
Medication beyond two months	785	769	751	773	862	785	801	890	928	865

\*n≤5

**Table A18. Number of T3s by treatment type and year**

<b>Treatment</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
ECT	186	207	176	224	222	255	214	240	230	229
Medication to reduce sex drive	9	7	10	10	12	11	7	8	*	9
Artificial nutrition	77	98	99	116	137	132	135	164	177	160
Medication beyond two months	1,470	1,503	1,559	1,642	1,704	1,823	1,675	1,954	2,164	2,224
Other	0	0	0	0	0	0	0	0	0	*

\*n≤5

**Table A19. Number of T4s by age and year**

<b>Age</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Under 18	29	44	33	36	52	55	93	81	70	71
18 and older	263	234	205	297	328	352	359	449	428	482
<b>Total</b>	<b>292</b>	<b>278</b>	<b>238</b>	<b>333</b>	<b>380</b>	<b>407</b>	<b>452</b>	<b>530</b>	<b>498</b>	<b>553</b>

**Table A20. Number of T4s by health board and year**

<b>Health board</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
Ayrshire and Arran	22	34	22	34	38	17	12	25	12	26
Borders	13	0	*	*	7	*	10	7	12	*
Dumfries and Galloway	24	9	6	9	22	13	20	19	*	21
Fife	21	19	15	11	32	32	34	40	37	31
Forth Valley	*	9	*	*	7	15	9	8	27	20
Grampian	27	16	21	27	28	36	39	39	47	67
Greater Glasgow and Clyde	67	56	37	68	97	120	106	137	154	135
Highland	13	*	*	10	10	7	6	18	27	12
Lanarkshire	8	7	15	14	13	19	13	30	17	16
Lothian	37	58	58	71	54	70	81	96	87	90
State	*	*	6	*	*	9	*	*	*	*
Tayside	52	60	47	78	69	66	117	106	72	127
Western Isles	*	*	0	0	0	0	0	0	0	0
Shetland	0	*	*	0	0	0	0	0	0	0
<b>Total</b>	<b>292</b>	<b>278</b>	<b>238</b>	<b>333</b>	<b>380</b>	<b>407</b>	<b>452</b>	<b>530</b>	<b>498</b>	<b>553</b>

\*n≤5 and secondary suppression to maintain confidentiality



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