

Publication Report



Mental Health (Psychiatric) Hospital Activity Statistics year ending 31 March 2010

Publication date – 14 December 2010

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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Introduction

The collection of information relating to mental health care reflects the variety of clinical settings in which this service is delivered. People receiving their care as inpatients in psychiatric hospitals will generate records held nationally on Scottish Morbidity Record 04 (SMR04) which is dedicated to this area of health service provision. Conversely, patient contact with, for example, specialist community mental health teams, general practice or outpatient facilities is recorded as part of more general or locally specific data schemes. This publication mainly covers psychiatric inpatient (SMR04) data, with reference to data on other mental health care services and their associated data sources.

The information contained in this section has been updated to include data for year ending 31 March 2010.

It should be noted that ongoing efforts to improve the quality of SMR04 data may result in differences to previously published information. National data completeness for psychiatric hospital activity is currently estimated to be 97%. This is predominantly due to a shortfall in SMR04 data submissions from Fife and Greater Glasgow and Clyde NHS boards (currently estimated to be 87% and 92% complete for year 2009/10). For further information on national data completeness and data quality, please see the link to [Managing Data Quality](#)

Key points

- There were around 21,570 inpatient admissions to mental health hospitals during the year ending 31 March 2010. This continues the downward trend seen in recent years and represents a 16% fall in the number of admissions since year 2005/06.
- In 2009/10 around 55% of all inpatient mental health admissions were re-admissions. This percentage is similar to those of the previous five years.
- The number of patients who had a psychiatric readmission (within one year of a previous psychiatric admission) has decreased steadily between the years ending 31 December 2004 and 31 March 2008, from over 4,500 to around 3,700. The year on year reduction from the baseline figure at 31 December 2004 was 8.2% at March 2006, 16.2% at March 2007 and 18.5% at March 2008. It should be noted that data for the year ending 31 March 2008 may be incomplete and are subject to change in future releases.
- Alcohol/drug related problems were responsible for 26% of all discharge diagnoses in men and schizophrenia accounted for a further 19%. For women, mood (affective) disorders accounted for 31% of the diagnoses recorded, while dementia diagnoses were identified in 15% of discharges.
- In 2009/10, around 64% of all mental health discharges had a hospital length of stay of 4 weeks or less.

Results and Commentary

Hospital inpatients

This section provides a summary of psychiatric hospital activity, including admissions, discharges, age & sex characteristics and geographic information

The majority of current available information on Mental Health in the NHS Scotland comes from acute and psychiatric hospitals. As part of the Scottish Morbidity Record system which covers all inpatient and day case activity in Scottish hospitals, information on people admitted to mental illness specialties has been collected (from SMR04) since the 1960s. Data are collected on all patients at the time of admission to hospital and at the time of discharge from hospital.

The most recent revision of the SMR04 mental health record came into effect on 1st April 1996 and one of the notable changes that was made was the facility to classify the psychiatric specialty: five mental illness specialties are currently available: general psychiatry, psychiatry of old age, adolescent psychiatry, child psychiatry and forensic psychiatry.

Admissions to mental illness specialties in hospital in Scotland are classified into 3 main types:

First admissions: Patients who have not previously received psychiatry inpatient care

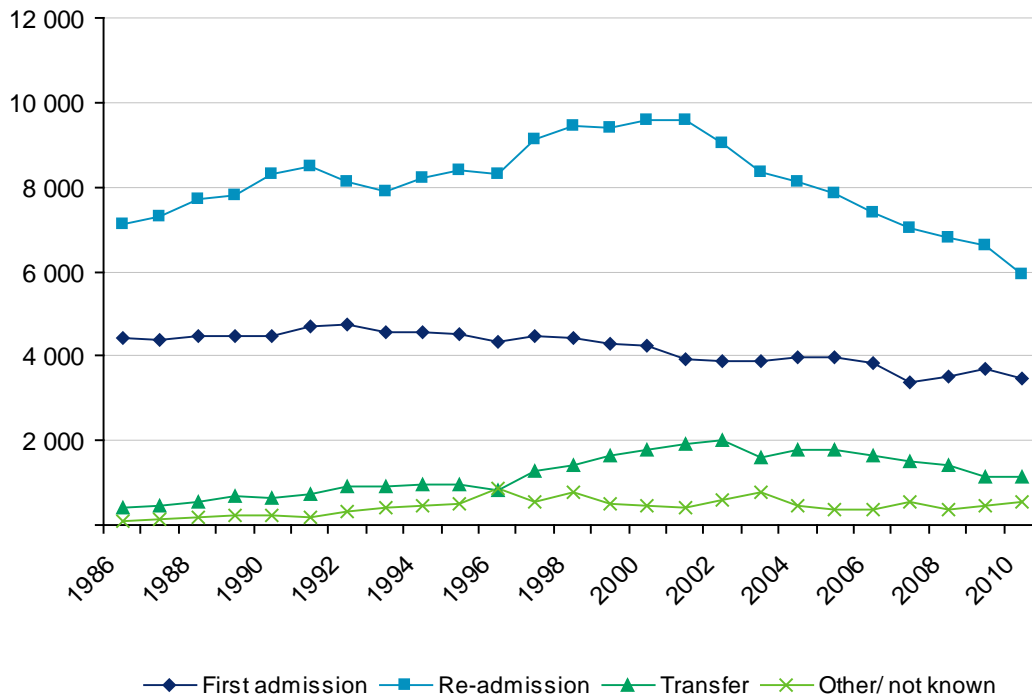
Re-admissions: Patients who are re-admitted following a break from psychiatric inpatient care

Transfers: Direct transfer from another psychiatric hospital or from one consultant to another within the same hospital

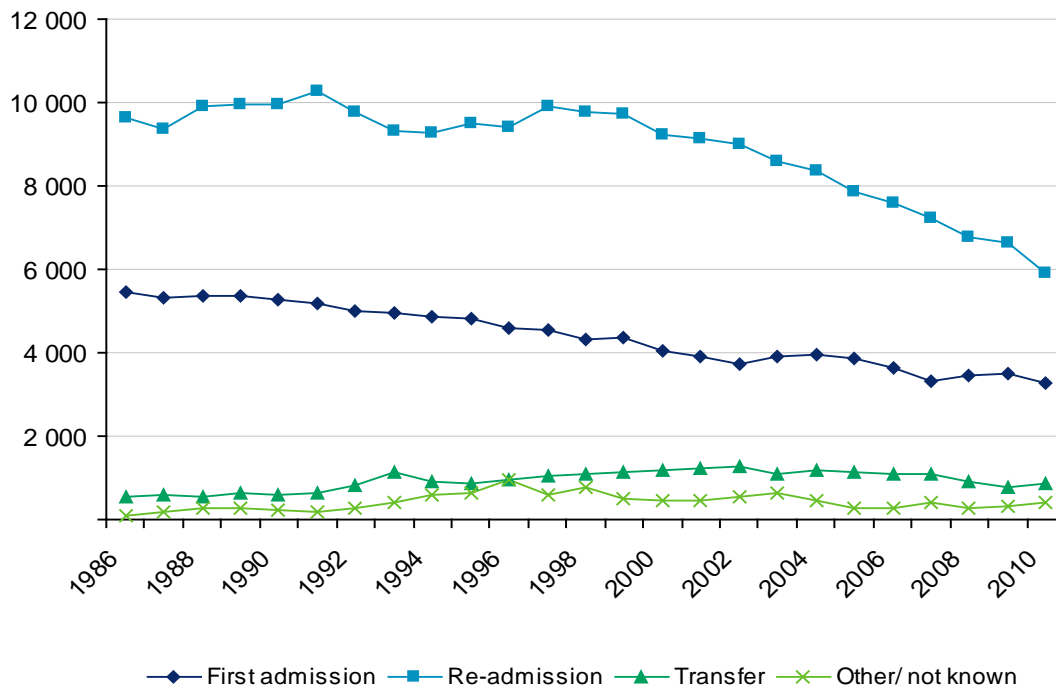
- In 2009/10 there were 21,570 inpatient admissions to mental illness specialties. This compares with a figure of 27,787 in 1985/86.
- Total inpatient admissions peaked in 1997/98 at 32,009. The increase from earlier years is mostly accounted for by a rise in the number of re-admissions over time (which continued into the early 2000s), rather than increases in the number of first (i.e. new) psychiatric admissions.
- There has been a continuous reduction of female first admissions since the 1980s. Male first admissions by contrast have remained relatively stable.

Trends in the number of admissions to mental illness specialties for each of the 3 listed categories of admission are shown in the charts below. The data cover the years ending March 1986 to March 2010.

Admissions to mental illness specialties in Scottish hospitals - MALE admissions; 1985/86 to 2009/10.



Admissions to mental illness specialties in Scottish hospitals - FEMALE admissions; 1985/86 to 2009/10.



For further information on admissions to mental illness specialties please see:

[Admissions to mental illness specialties by admission type - years ending 31 March 1986 - 2010](#)

[Psychiatric admissions, admission type by age and gender - years ending 31 March 2006 – 2010](#)

[Psychiatric admissions, residents and discharges by Health Board of residence and Community Healthcare Partnership - years ending 31 March 2006 - 2010](#)

Mental illness Inpatient specialties

Admissions to mental illness hospitals are divided into five separate clinical specialties. The number of admissions to each specialty for the year ending 31 March 2010 are shown in the table below.

Mental illness specialties in Scottish hospitals: admissions by specialty – year ending 31 March 2010.

	All admissions	First Admissions	Re - admissions	Transfers	Other/not known
Male					
All specialties	10990	3438	5890	1092	570
General Psychiatry	8607	2418	5059	691	439
Child psychiatry	7	4	-	-	3
Adolescent Psychiatry	59	36	18	4	1
Forensic Psychiatry	225	19	70	134	2
Psychiatry of Old Age	2092	961	743	263	125
Female					
All specialties	10524	3266	5981	859	418
General Psychiatry	7664	2000	4899	524	241
Child psychiatry	2	1	1	-	-
Adolescent Psychiatry	86	48	33	4	1
Forensic Psychiatry	39	1	13	25	-
Psychiatry of Old Age	2733	1216	1035	306	176

Source: ISD Scotland SMR04

- 1 First ever recorded admission to psychiatric inpatient care
- 2 Re-admission following a break in inpatient care
- 3 Direct transfer from another psychiatric hospital or from one consultant to Another within the same hospital

Source: ISD Scotland SMR04

Formal and Informal Admissions

A patient may be admitted as either an informal or a formal admission. A formal admission refers to a patient admitted under the Mental Health (Scotland) Acts 1960 & 1984 and the Mental Health (Care and Treatment) (Scotland) Act 2003. Only a small proportion of all admissions to mental illness specialties are formal.

It should be noted that a patient's status may change during an inpatient episode. Patient's who are admitted on a formal basis and have their status revoked whilst in hospital will still be counted as a formal admission in the analysis below.

- The proportion of formal admissions has remained around 14-15% of total admissions over the last five years.
- The absolute number of formal admissions has followed the downward trend of total admissions.
- 10.2% of first admissions for males were formal compared with 10.3% for females in year ending 31 March 2010.
- 14.2% of re-admissions for males were formal compared with 12.0% for females in year ending 31 March 2010.

For further information on Formal/Informal admissions please see:

[Psychiatric formal/ informal admissions for years ending 31 March 2006 - 2010](#)

Further more detailed information on patients admitted under the Mental Health (Scotland) Acts 1960 & 1984 and the Mental Health (Care and Treatment) (Scotland) Act 2003 can be obtained from the Mental Welfare Commission at:

<http://www.mwscot.org.uk/>

Destination on Discharge

Information on where patients go when they are discharged from mental illness specialties is routinely collected on form SMR04. More than 60 different detailed destination types can be coded and, for ease of presentation, these are aggregated into 7 broad categories.

- Approximately 76% of psychiatric inpatient episodes end with a discharge to the patient's home
- Around 9% of total discharges are transfers to other psychiatric care providers for ongoing mental illness treatment

Discharges from mental illness specialties in Scottish hospitals by destination on discharge: year ending 31 March 2010

	Male Number	%	Female Number	%
All discharges	10990	100.0	10524	100.0
Discharged home	8237	74.9	8058	76.6
Transfer to other psychiatric care	1165	10.6	903	8.6
Transfer to other inpatient care	241	2.2	260	2.5
Discharged to other NHS/private institution	760	6.9	922	8.8
Discharged to local authority/voluntary care	-	-	-	-
Died	296	2.7	262	2.5
Other / not known	291	2.6	119	1.1

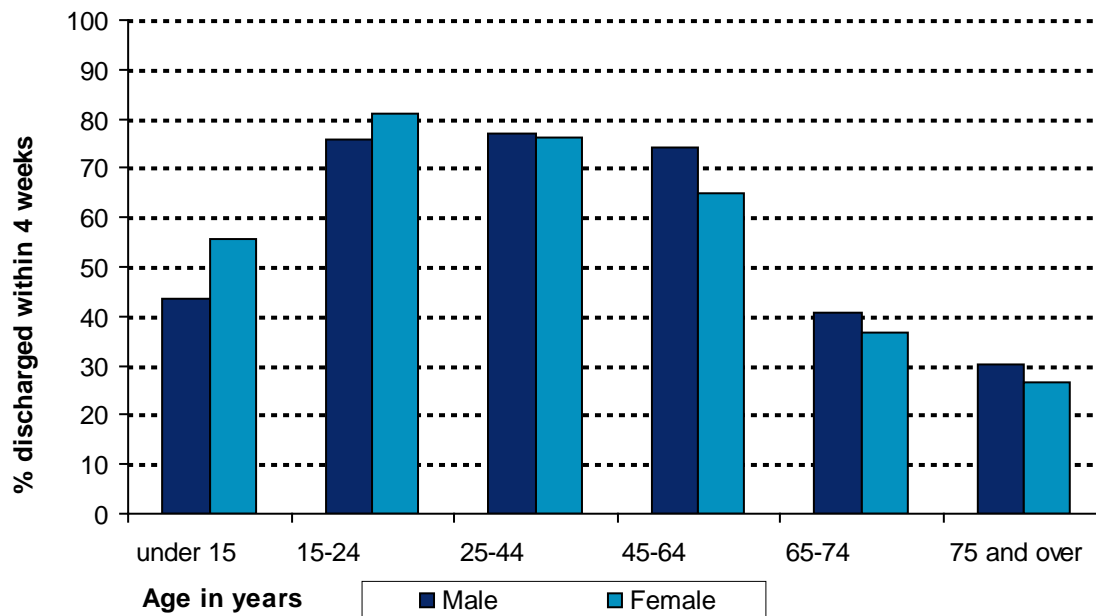
Source: ISD Scotland SMR04

Length of stay

A significant proportion of patients who are admitted to mental health inpatient hospitals stay for extended periods of time due to the nature of their illness. This is particularly the case for older people who may be suffering chronic, degenerative illnesses such as dementia and require long-term care.

This is illustrated in the chart below where more than 75% of discharges occur within 4 weeks of admission in the 15 - 44 year old age groups, progressively declining to around 28% of discharges in people aged 75 and over.

**Discharges from mental illness specialties in Scottish hospitals
Percentage of patients discharged within 4 weeks of admission, by sex and age
Year ending 31st March 2010**



For more detailed information on length of stay for discharges and resident inpatients see:

[Discharges from mental illness specialties in Scottish hospitals, percentage of patients discharged within 4 weeks of admission, by gender and age – year ending 31 March 2010](#)

Discharges by diagnosis group

Information Sources and Codes

Psychiatric inpatient episode records (SMR04) provides a source of diagnostic information, with details recorded both on admission to hospital and on discharge (from mental illness specialties).

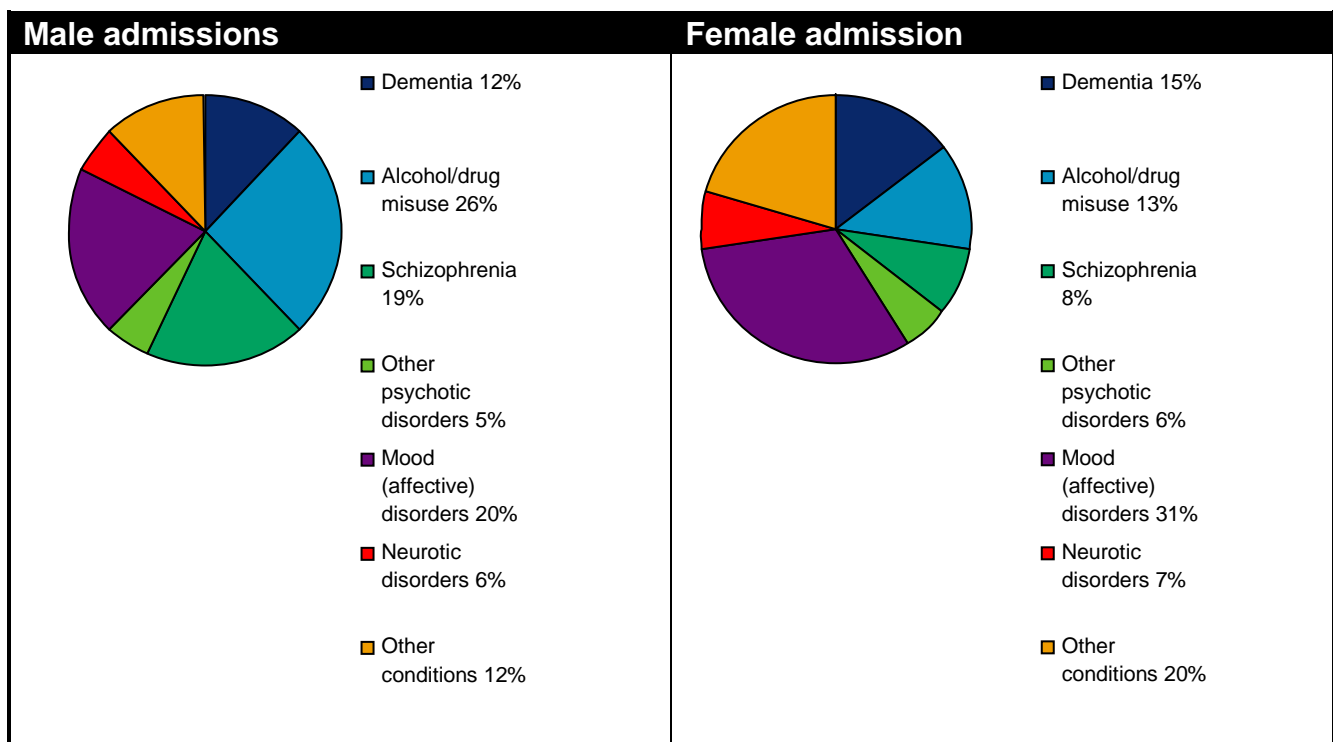
A main diagnosis is reported, together with provision for up to three further diagnoses on admission, and five further diagnoses on discharge.

- In some cases a specific diagnosis may not be reported on admission, and a diagnosis such as 'under observation' may be recorded.
- The diagnosis may also change between admission and discharge
- For these reasons information on diagnosis is based on diagnosis at the time of discharge from hospital
- The main diagnosis recorded should come from Chapter V (Mental and behavioral disorders) of the International Classification of Diseases 10th Revision (ICD-10)

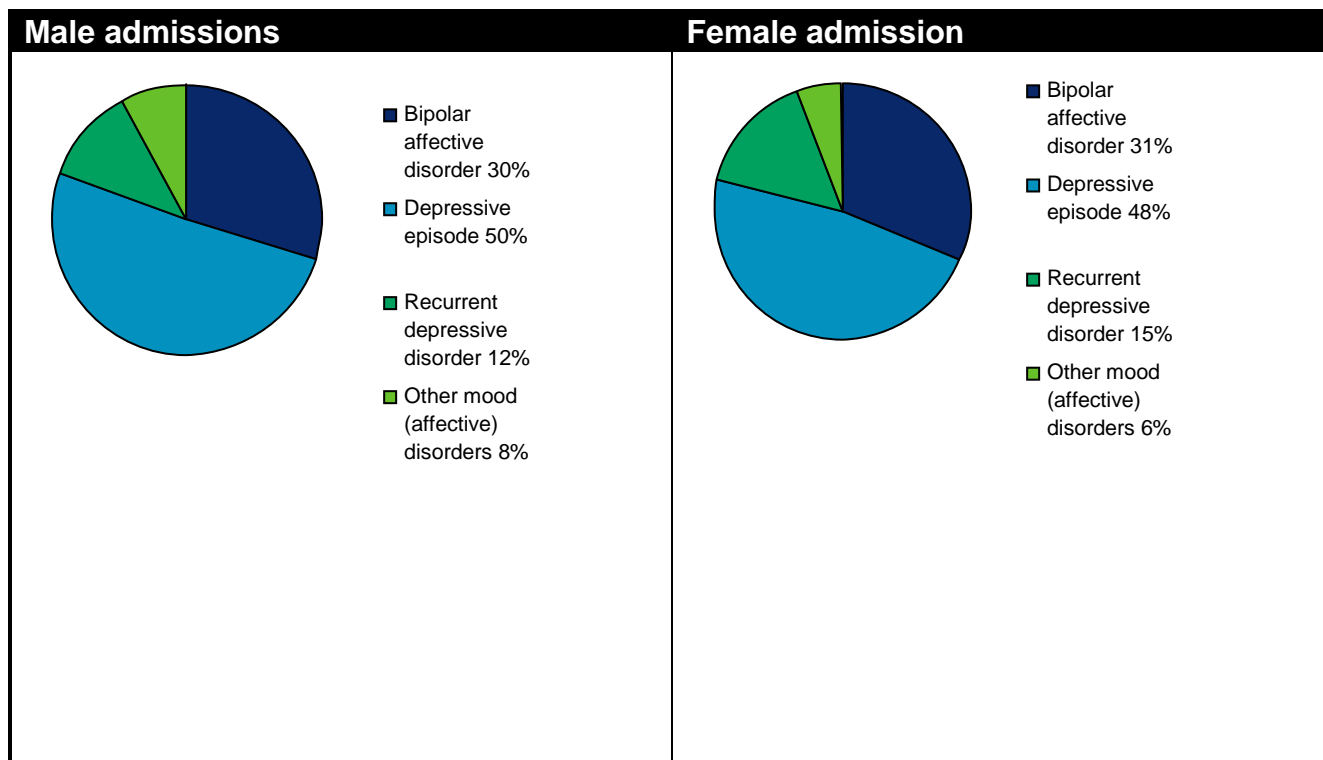
In order to aid interpretation and analysis ISD usually combines the diagnostic codes into major groups. However, information on individual diagnoses is available, if required.

Discharges from mental illness specialties in Scottish hospitals by main diagnosis: Year ending 31 March 2010

1. All diagnosis groups



2. Breakdown of mood (affective) disorders



- More males than females discharged from hospital have a diagnosis of alcohol / drug-related problems or schizophrenia.
- Conversely a higher proportion of females than males discharged from hospital have a diagnosis of mood (affective) disorder or dementia.
- The category mood (affective) disorders covers a range of conditions including bipolar affective disorder, depressive episodes and recurrent depressive disorders
- Depressive disorder accounts for approximately half of all mood (affective) disorders cases
- For some conditions, most notably schizophrenia, a small number of people may require a relatively large number of spells in hospital.
- During the year ending March 2010, males with a diagnosis of schizophrenia accounted for 19.0% of all admissions but only 5.5% of first admissions.

The diagnosis groups and their associated ICD10 codes are shown below.

Diagnosis	ICD code (10 th revision)
Dementia	F00 - F03 (main diagnosis) or F00*, F02* (second diagnosis)
Alcohol misuse	F10.0 - F10.9
Drug misuse	F11.0 - F19.9
Schizophrenia	F20
Mood (affective) disorders	F30 – F39
<i>Bipolar affective disorders</i>	F31
<i>Depressive episode</i>	F32
<i>Recurrent depressive disorder</i>	F33
Other psychotic disorders	F04, F05, F09, F22, F23, F24, F28, F29
Disorders of childhood	F80, F81, F82, F83, F84, F88, F89, F90, F93, F94, F98

Neurotic, stress – related and somatoform disorders	F40 – F48
Personality disorders	F60
Learning disability	F70 – F79
Other conditions	All other codes from Chapter V

Further information on discharges from mental illness specialties, aggregated into seven broad diagnostic groupings (main diagnosis on discharge) by gender is available in the following tables

[Psychiatric hospital discharges by diagnosis, type of admission and gender – years ending 31 March 2006 - 2010](#)

[Psychiatric hospital discharges by diagnosis, gender and age with rates – years ending 31 March 2006 - 2010](#)

Mental health diagnoses in acute (general hospitals)

When looking at hospital discharge information for patients with a mental illness it is important to look at discharges from non-psychiatric hospitals, as well as discharges from mental illness hospital and psychiatric units, as patients may present via the general sector.

A patient may present at a non-psychiatric hospital as a result of an acute episode due to lack of medication, or may present with an acute medical condition which may or may not be related to their mental illness; for example, a patient with an alcoholic psychosis might present with liver disease.

The mental illness may be recorded as the main reason for admission to hospital, or as a secondary reason for admission.

- Discharges from non-psychiatric hospitals with a main diagnosis of a mental or behavioral disorder accounted for less than one per cent of all hospital discharges during the year ending March 2009. Estimated population prevalence of clinically recognizable psychological disorders is in the order of 15 - 20% (source - Office of National Statistics). As we do not believe patients in hospital to be less anxious, depressed or psychotic than the general population, we suggest that psychological problems in general hospitals are under-diagnosed and under-recorded.
- For certain conditions the relative importance of non-psychiatric discharges may be greater; e.g. for alcohol-related problems, there are more discharges from non-psychiatric hospitals than from mental illness hospitals and psychiatric units for patients with a main diagnosis of alcohol psychoses or non-dependent abuse of alcohol.

Links to information sources relating to mental health diagnoses in non-psychiatric hospitals

<http://www.isdscotland.org/isd/4334.html>

http://www.alcoholinformation.isdscotland.org/alcohol_misuse/AI_MainPage.jsp?pContentID=1557&p_applic=CCC&p_service=Content.show&

<http://www.drugmisuse.isdscotland.org/publications/08dmss/08dmssb.htm>

Psychiatric bed provision

Information about the number of beds available for psychiatric patients is available on the ISD Acute Hospital Care web pages.

<http://www.isdscotland.org/isd/3425.html>

Day patients

Many patients requiring hospital care for mental illness will receive treatment or therapy on a 'day patient' basis. Day patients commonly attend on a regular basis and an attendance often lasts for at least half a day.

- Psychiatric specialties account for a significant proportion of overall day patient numbers; in 2009/10, approximately 53% (231,824) of total day patient attendances were in psychiatric specialties.

[Trends in total day patient attendances in psychiatric specialties in Scotland – years ending 31 March 2001 - 2010](#)

Sparra MD report final

The Scottish Patients At Risk of Readmission and Admission Mental Disorder report describes the risk prediction tool used to identify those patients aged 15 years and over at greatest risk of Psychiatric Admission in a particular year.

The full report can be viewed here:

<http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=SPARRA-MD-report-final.pdf&pContentDispositionType=inline>

Psychiatric readmission

Information on the number of readmissions to psychiatric hospitals (HEAT target)

The HEAT performance management system sets out the targets and measures against which NHS Boards are publicly monitored and evaluated. The psychiatric readmissions

HEAT target is one of the key objectives to provide treatment appropriate to individuals - to ensure patients receive high quality services that meet their needs.

Further information on the HEAT target can be seen here:

<http://www.isdscotland.org/isd/5977.html>

Child Health

Health Information relating to children and young people can be seen here:

<http://www.isdscotland.org/isd/1241.html>

Community Prescriptions

Information on medicines prescribed for mental ill health and other relevant links can be found here:

<http://www.isdscotland.org/isd/3754.html>

General Practice

Link to General practice information including data on Anxiety and Depression:

<http://www.isdscotland.org/isd/1044.html>

Suicide

Link to statistics on suicide published by the Scottish Public Health Observatory (ScotPHO)

http://www.scotpho.org.uk/home/Healthwellbeinganddisease/suicide/suicides_keypoints.aspx

Health and Social Care

Mental health services require joined up community care. For more detail see the Health and Social Care Programme pages:

<http://www.isdscotland.org/isd/1323.html>

Substance Misuse

Information on substance misuse including mental and behavioural disorders due to use of drugs and alcohol are available at:

<http://www.isdscotland.org/isd/3319.html>

Workforce

Psychiatric workforce statistics can be seen at:

<http://www.isdscotland.org/isd/5381.html>

Child and adolescent mental health services workforce data can be seen at:

<http://www.isdscotland.org/isd/5379.html>

Information on psychiatrists, nurses and allied health professionals (data for all specialties including mental health) can be seen at:

<http://www.isdscotland.org/isd/796.html>

Glossary

SMR04	Scottish Morbidity record 04 – records information on all inpatient admissions and discharges from NHAS mental health (psychiatric) hospitals in Scotland.
Formal Admission	Formal detention – Admission to psychiatric inpatient facilities under the jurisdiction of the Mental Health (Scotland) acts 1960 and 1984 and the Mental Health (Care and Treatment) (Scotland) Act 2003.
Forensic Psychiatry	A specialised branch of clinical psychiatry which relates to mentally disordered offenders and others with similar problems.

List of Tables

Table No.	Name	Time period	File & size
1	Psychiatric admissions, admission type by age and gender - years ending 31 March 2006 - 2010	Years ending 31 March 2006 to 2010	Excel [32kb]
2	Admissions to mental illness specialties by admission type - years ending 31 March 1986 - 2010	Years ending 31 March 1986 to 2010	Excel [20kb]
3	Psychiatric admissions, residents and discharges by Health Board of residence and Community Healthcare Partnership - years ending 31 March 2006 - 2010	Years ending 31 March 2006 to 2010	Excel [120kb]
4	Psychiatric formal/ informal admissions for years ending 31 March 2006 - 2010	Years ending 31 March 2006 to 2010	Excel [27kb]
5	Psychiatric hospital discharges by diagnosis, type of admission and gender - years ending 31 March 2006 - 2010.	Years ending 31 March 2006 to 2010	Excel [61kb]
6	Psychiatric hospital discharges by diagnosis, gender and age with rates - years ending 31 March 2006 - 2010	Years ending 31 March 2006 to 2010	Excel [147kb]
7	Discharges from mental illness specialties in Scottish hospitals, percentage of patients discharged within 4 weeks of admission, by gender and age - year ending 31 March 2010	Year ending 31 March 2010	Excel [40kb]
8	Trends in total day patient attendances in psychiatric specialties in Scotland – years ending 31 March 2001 - 2010	Years ending 31 March 2001 to 2010	Excel [15kb]

Contact

Emma McNair

Principal information analyst

emma.mcnair@nhs.net

0131 275 6668

Gordon Thomson

Senior information analyst

gordond.thomson@nhs.net

0131 275 6844

Further Information

Further information can be found on the [ISD website](#)

Appendix

A1 – Background Information

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication Title	Mental Health (Psychiatric) Hospital Activity Statistics
Description	Mental health activity data collected across NHSScotland based on nationally available information routinely drawn from hospital administrative systems. The principal data source is the SMR04 (mental health) return which collects information on admissions to and discharges from NHS psychiatric hospitals in Scotland
Theme	Health and Social Care
Topic	Mental Health
Format	Excel workbooks PDF
Data sources	Scottish Morbidity Record 04 (SMR04)
Release date	14 December 2010
Frequency	Annual
Timeframe of data and timeliness	Data up to 31 March 2010
Continuity of data	Includes tables and reports showing year on year comparisons
Revisions statement	As with other SMR data collections, SMR04 – the main source of data included in this publication – is dynamic and each new publication includes revised data for previous years
Relevance and key uses of the statistics	Making information publicly available for planning, epidemiology, provision of service and providing comparative information
Accuracy	Quality checks are conducted by NHS boards and ISD. Figures are compared to previously published data and expected trends
Completeness	Estimated to be 97% complete for year to 31 March 2010
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines
Value type and unit of measure	Numbers and percentages
Disclosure	Low risk of disclosure; no disclosure methods were applied
Official Statistics designation	Official Statistics
UK Statistics Authority assessment	Not yet submitted for assessment
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Next published	

Help email Date form completed	December 2010 nss.isdmentalhealth@nhs.net May 2011
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A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

These statistics will also have been made available to those who needed access to help quality assure the publication: