



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 24 SEPTEMBER 2025
REPORT ON: MENTAL HEALTH SERVICES INDICATORS – 2024/25 QUARTER 4
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC29-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this paper is to report a suite of measurement relating to the activity of mental health services for scrutiny and assurance.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Note the content of this report, including current performance against the suite of mental health service indicators (section 6 and appendix 1).
- 2.2 Note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

- 4.1 The suite of mental health measures (Appendix 1) for Dundee is intended to provide assurance and allow for scrutiny of mental health functions delegated to Dundee Integration Joint Board. The suite of indicators is dynamic and can be revised and enhanced based on feedback from PAC members and other stakeholders.
- 4.2 In all data reports with public accessibility, content and disaggregation has been reviewed in order to comply with General Data Protection Regulation and ultimately to ensure that individuals cannot be identified.

5.0 LOCAL CONTEXT

5.1 Dundee has the 2nd highest rate in Scotland of adults (aged 16+) who reported that they lived with a mental health condition in the 2022 Census. Dundee has a rate of 162 per 1,000 population (16+) compared to 131 per 1,000 population (16+) for Scotland. Dundee has 20,242 people in the 16+ age group who identified themselves as having a mental health condition; this equates to 16% of the 16+ population. The highest rate per 1,000 population was for the 16-34 age group. 17% of all females (16+) reported they had a mental health condition and 11% males. In the 2022 Census, Maryfield and Coldsides had the highest rate per 1,000 population (16+ age group) and The Ferry had the lowest rate per 1,000 population. Maryfield had more than double the rate of people with a mental health condition, compared to The Ferry.

- 5.2 In the 2022 Census 24% of people with mental health conditions in Dundee rated their health as bad or very bad. This compares with 7% for the general Dundee population who rated their health as bad or very bad. There is variation between LCPP areas in terms of self-reported mental health conditions, ranging from 30% in the East End to 14% in the West End, of people who rated their health as bad or very bad.
- 5.3 In Dundee life expectancy is ten years lower for people with a mental health condition (66.8 years) compared with the general Dundee population (76.9 years). (Source: NRS)
- 5.4 The Kings Fund review of long-term conditions and mental health reported that those with long-term conditions and co-morbid mental health problems disproportionately lived in deprived areas with access to fewer resources. It is estimated from Scottish Health Survey data that around a third (33%) of all adults age 16+ in Dundee have a limiting long-term physical or mental health condition. Results from the Scottish Burden of Disease study suggest that the population of Dundee experiences a higher rate of burden of disease (a combined effect of early deaths, and years impacted by living with a health condition) compared with Scotland, for a number of health conditions, including cardiovascular disease, COPD, mental health and substance use disorders, and diabetes.
- 5.5 The effects of COVID-19 on the population has further widened the social and health inequalities gap and many people are finding it more difficult than ever to cope across many aspects of their life. Engage Dundee found that the most common difficulties reported by respondents during the pandemic were regarding mental health (37%).
- 5.6 At 30 June 2025 there were 69 children on the child protection register. Approximately half of these children were placed on the register due to the impact of parental mental health on their safety and wellbeing.
- 5.7 In August 2024, the National Records of Scotland published its statistics for probable deaths by suicide during 2023. Across Scotland there was an increase in probable suicides (30 deaths) from the 2022 figures, with a total of 792 deaths in 2023. In Dundee specifically, in 2023, 30 people died by probable suicide, 22 males and 8 females, this is an increase of one person from 2022 (for comparison 2022=29, 2021=25, 2020=34). At council level, the rate was higher (statistically significant) than the Scottish average in Dundee City, Highland, and East Ayrshire. In Scotland, male suicides increased by 34 to 590 deaths in 2023, while female suicide deaths decreased by 4 to 202 deaths in the latest year. The rate of suicide mortality in the most deprived areas in Scotland was 2.5 times higher than the least deprived areas in Scotland.

6.0 WHAT THE DATA IS TELLING US

- 6.1 For the 18-64 age groups, trends for mental health (MH) admissions show a slight decrease, following a peak in Q4 2023/24. For the 65+ age group there has been a gradual increase since Q3 2022/23 and peaking in Q3 2024/25. The trend applies for all MH admissions and MH emergency admissions.
- 6.2 The rate for 18-64 MH admissions has gradually declined from a peak in Q4 2023/24. Lochee has the highest rate per 1,000 population while The Ferry has the lowest. The trend for the 65+ population is less positive, with fluctuations in the rate per 1,000 for both all admissions and emergency admissions. East End has the highest rate per 1,000 population and Strathmartine has the lowest.
- 6.3 When benchmarked across the 8 Family Group Partnerships and the national average for Scotland, Dundee had the 2nd highest rate of mental health emergency bed days for ages 18-64 and the 4th highest rate for those aged 65 and over.
- 6.4 Delayed discharge for Mental Health specialties, show a downward trend across all categories, including standard delays, code 9 delays and other reasons. However, the percentage of delayed discharge bed days that attributed to Mental Health specialities, show an upward trend for standard delays and downward trend for code 9 delays and other reasons.

- 6.5 There has been a steady increase in referrals for Psychological Therapies peaking in Q4 2023/24. Since then, there has been a slight decrease. Strathmartine and Maryfield have the greatest number of new referrals. The percentage of patients who commenced their treatment within 18 weeks of referral has shown a gradual decline. These fell from 75% in Q1 22/23 to 67% in Q4 2024/25.
- 6.6 There has been a steady increase in referrals to CMHT teams, despite this the acceptance rate has remained stable over time, with 62% accepted in Q4 2024/25. The number of community-based mental health appointments from Dundee Crisis Team has shown a decrease and the CMHT West team has shown a significant increase with the CMHT East having a stable number of appointments offered. The number of people discharged without being seen has been declining steadily, a drop is observed in the number of people not seen for the crisis team. In Q4 2024/25 the number of community-based mental health return appointments for every new patient seen was an average of 11.
- 6.7 There has been a steady increase in new referrals to Psychiatry of Old Age with numbers beginning to stabilise since Q1 2023/24. In Q4 24/25, The Ferry had the highest number of new referrals and Maryfield had the lowest. The proportion of referrals accepted has stabilised at 61%. In Q4 2024/25, the average number of return appointments for every patient seen was 12. There has been an increasing trend in the number of people discharged without being seen, peaking at Q1 24/25, followed by a slight decline. The Ferry had the highest number of people who were discharged without being seen and North East had the lowest.
- 6.8 The number of new referrals to Learning Disabilities services shows an upward trend, peaking at 464 in Q2 2024/25. West End and Lochee had the highest number of new referrals, and The Ferry had the lowest. The proportion of referrals accepted has increased from 51% in Q1 2023/24 to 78% in Q4 2024/25. The average number of return appointments for every new patient seen at Q4 24/25 was 14. There is an increasing trend in the number of people who are discharged without being seen. Coldside has the highest number of such discharges.
- 6.9 Overall, there is a downward trend in referrals to the Mental Health Officers (MHO) team, with a small increase observed in recent quarters. Referrals to Social Work Community Mental Health Teams (CMHT) are also showing a decline in numbers. Caseloads for the Mental Health Officers team have slightly decreased while caseloads for Community Mental Health teams have remained relatively stable.
- 6.10 There has been an increase in both local authority and private guardianship applications. Short Term Detentions have shown an upward trend from Q1 2022/23 to Q4 2024/25, peaking in Q3 2023/24. Emergency detentions in hospital have remained relatively stable, while the number of Compulsory Treatment Orders has shown a downward trend.

7.0 OPERATIONAL CONTEXT / ACHIEVEMENTS / AREAS FOR FURTHER DEVELOPMENT

- 7.1 Tayside Psychological Therapies Service, along with six other Mainland Health Board areas, has been placed in Enhanced Support by Scottish Government. This is the result of not meeting the 18-week referral to treatment waiting times standard (where 90% of people given first appointments should have waited less than 18 weeks). This does not attract any additional resource for the service and, in the first instance, has meant additional analyst time to further examine locally held and used data.
- 7.2 An Improvement Plan has been provided to the Chief Officer and shared with Scottish Government colleagues. Tayside currently has an above average accepted referral rate but the third lowest level of Clinical and other Doctorate level staff in Scotland. This has been offset somewhat by

enhanced skill mix but, overall, remains below average. An 'immediately realistic recruitment plan' and a 'further required investment plan' has been shared with the total required extra investment (to meet the 90% target) approximating £1.5M. This is not currently affordable and a small increase in resource (in the Region of 7 additional posts) has been agreed in the first instance. The first wave of this recruitment – 3 WTE Masters level staff have started work within adult services over July and August 2025.

7.3 There is a specific Scottish Government focus on reducing waiting over 52 weeks. These are concentrated within Clinical Neuropsychology and there will be a specific focus on recruitment to this speciality within the next two months.

7.4 There continues to be significant challenges with Community Mental Health Teams, with rising referral rates. Staff absence has decreased. The Transformation finance approved for use to improve processes around ADHD assessment and treatment is not yet being utilised, but discussions have begun about achieving better alignment with autism services

8.0 POLICY IMPLICATIONS

8.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

9.0 RISK ASSESSMENT

Risk 1 Description	Poor performance could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Continue to develop a reporting framework which identifies performance and activity. - Continue to report data to the PAC to highlight performance and activity. - Support operational managers by providing in depth analysis regarding areas of poor performance. - Ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

9.0 CONSULTATIONS

9.1 The Chief Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 27 August 2025

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

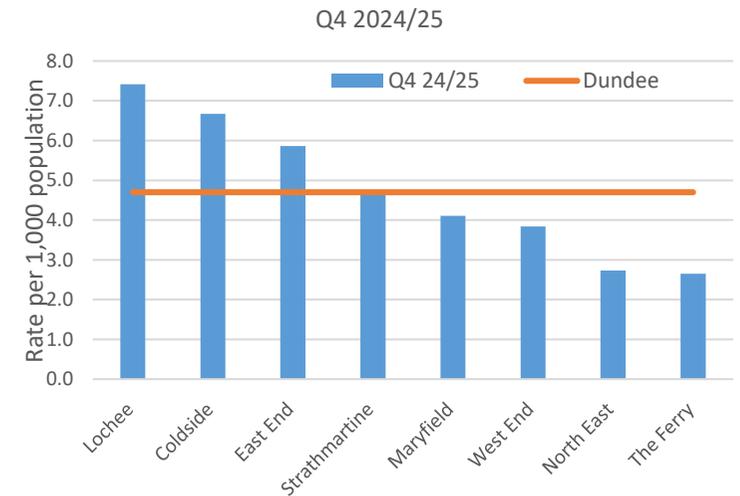
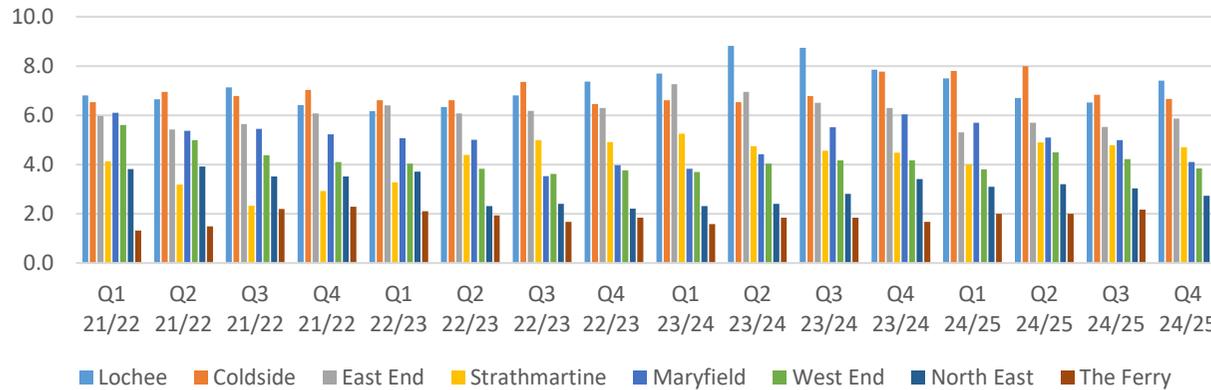
Linda Graham
Clinical Lead for Mental Health and Learning Disabilities

Lynsey Webster
Lead Officer: Quality, Data and Intelligence

APPENDIX 1 – MENTAL HEALTH SERVICES INDICATORS

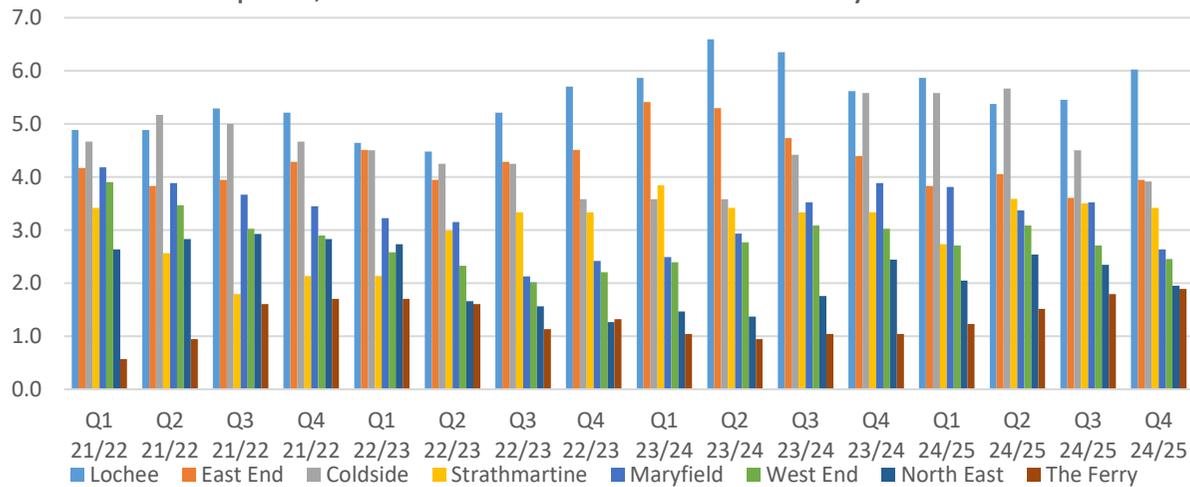
Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Admission Summary for People Age 18-64													
Number of Mental Health <u>ALL</u> Admissions for people aged 18-64	443	435	433	437	451	472	489	498	471	481	456	451	Admissions peaked in Q4 2023/24 followed by a slight decline
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 18-64	4.7	4.6	4.6	4.6	4.8	5.0	5.2	5.2	4.9	5.1	4.8	4.7	Rates per 1,000 population have declined gradually to 4.7 in Q4 24/25 following a peak of 5.2 in Q4 2023/24. Lochee and Coldside have the highest rate per 1,000 population.

Rate per 1,000 MH ALL Admissions by LCPP 18-64

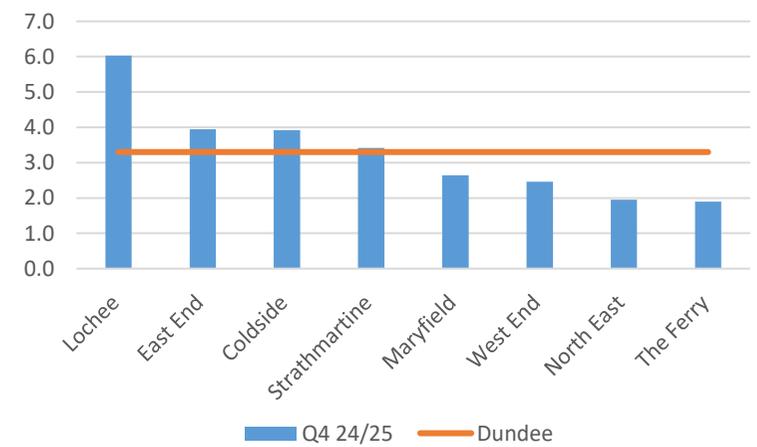


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Admission Summary for People Age 18-64													
Number of Mental Health EMERGENCY Admissions for people aged 18-64	307	290	281	287	306	319	338	351	334	349	328	311	Emergency Admissions peaked at 351 in Q4 23/24 followed by a slight decline to 311 in Q4 2024/25
Rate per 1,000 Mental Health EMERGENCY Admissions for people aged 18-64	3.2	3.1	3.0	3.0	3.2	3.4	3.6	3.7	3.5	3.7	3.4	3.3	The rate per 1,000 dipped to 3.0 in Q3 and Q4 22/23, followed by a steady rise to a peak of 3.7 in Q4 23/24 before dipping to 3.3 for Q4 23/24. Lochee has the highest rate per 1,000 population and The Ferry the lowest.

Rate per 1,000 MH EMERGENCY Admissions by LCPP 18-64

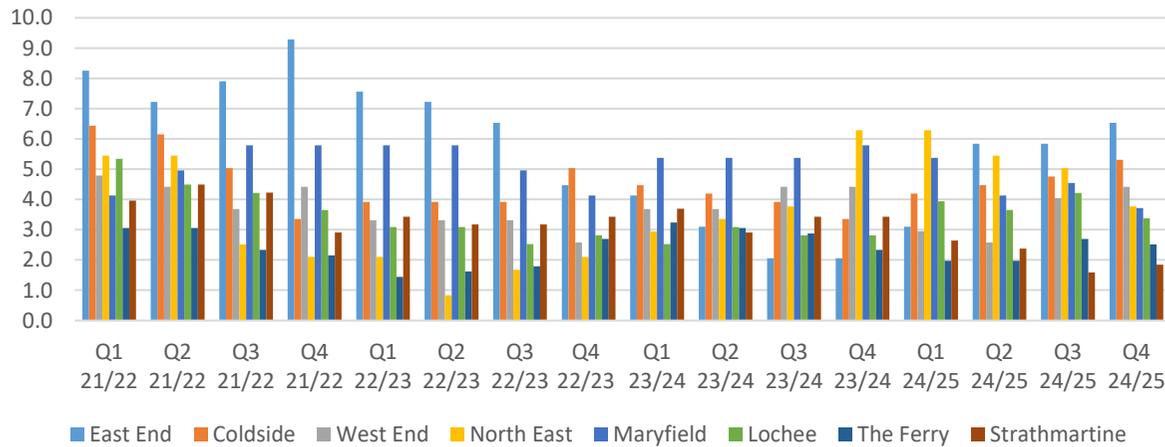


Q4 2024/25

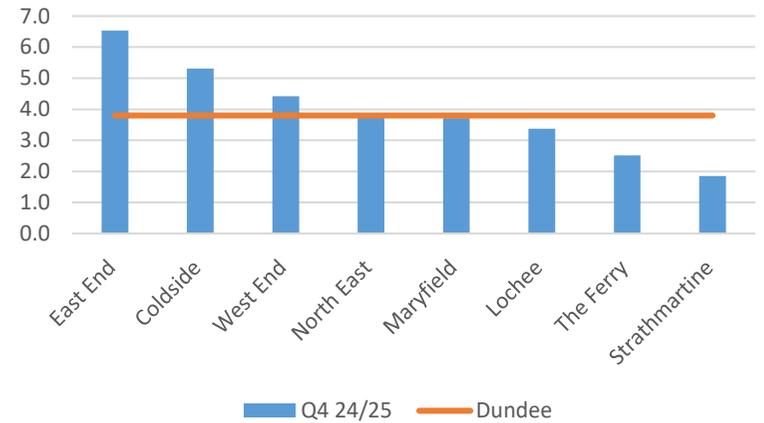


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Admission Summary for People Age 65+													
Number of Mental Health <u>ALL</u> Admissions for people aged 65+	96	92	89	91	99	94	93	95	95	96	104	101	There has been a gradual increase since Q3 22/23, reaching a peak at 104 in Q3 24/25.
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 65+	3.7	3.5	3.4	3.5	3.8	3.6	3.5	3.6	3.5	3.6	3.9	3.8	The rate of admissions has generally fluctuated between 3.5 and 3.6 but rose to 3.9 in Q3 24/25. East End has the highest rate while Strathmartine has the lowest.

Rate per 1,000 MH ALL Admissions by LCPP 65+

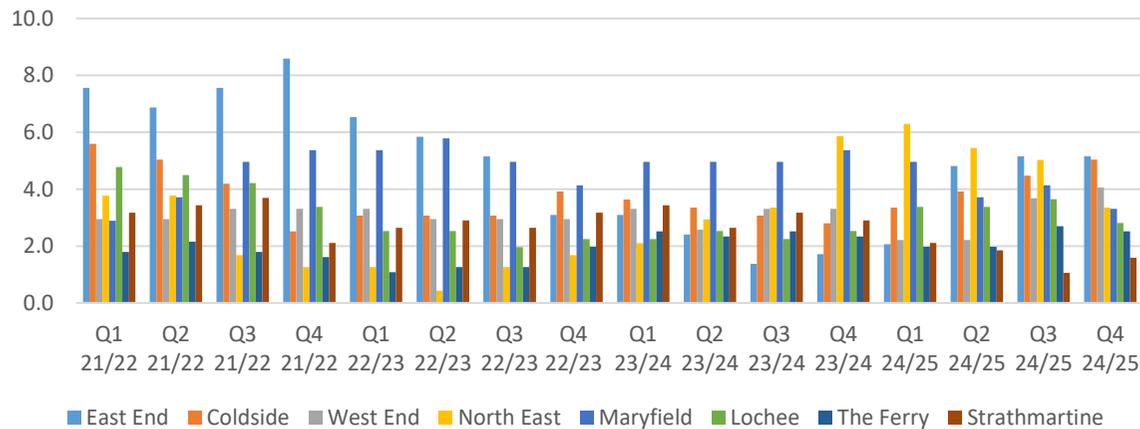


Q4 2024/25

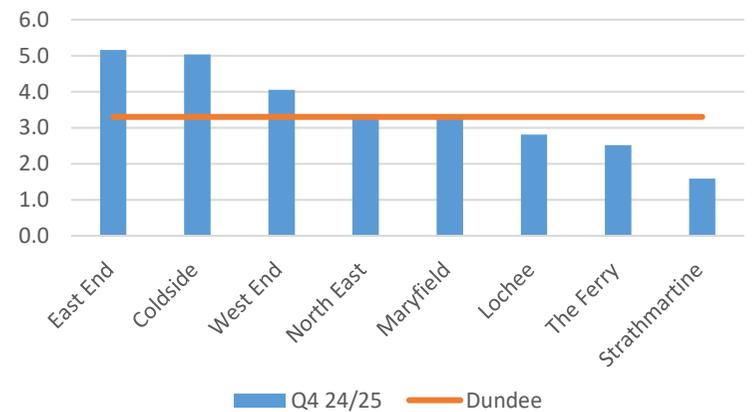


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Admission Summary for People Age 65+													
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	80	79	74	75	83	76	78	83	82	86	95	90	Following a dip in Q3 22/23 the number of emergency admissions gradually increased and peaked at 95 in Q3 24/25.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	3.0	3.0	2.8	2.9	3.2	2.9	3.0	3.2	3.0	3.2	3.5	3.3	The rate has fluctuated between 2.8 and 3.2, rising to 3.5 in Q3 24/25. East End has the highest rate and Strathmartine has the lowest.

Rate per 1,000 MH EMERGENCY Admissions by LCPP 65+

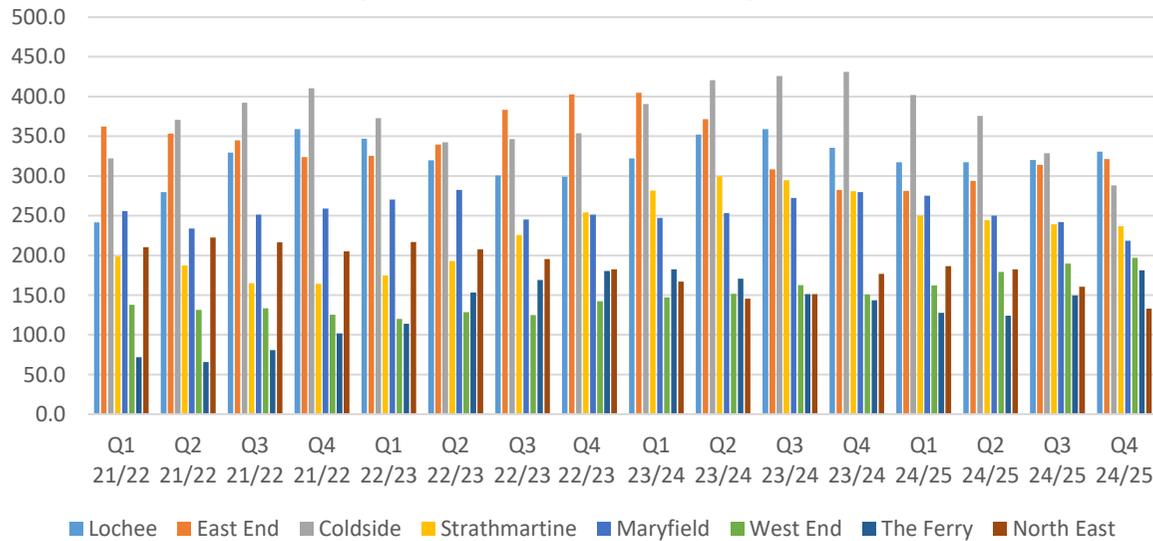


Q4 2024/25

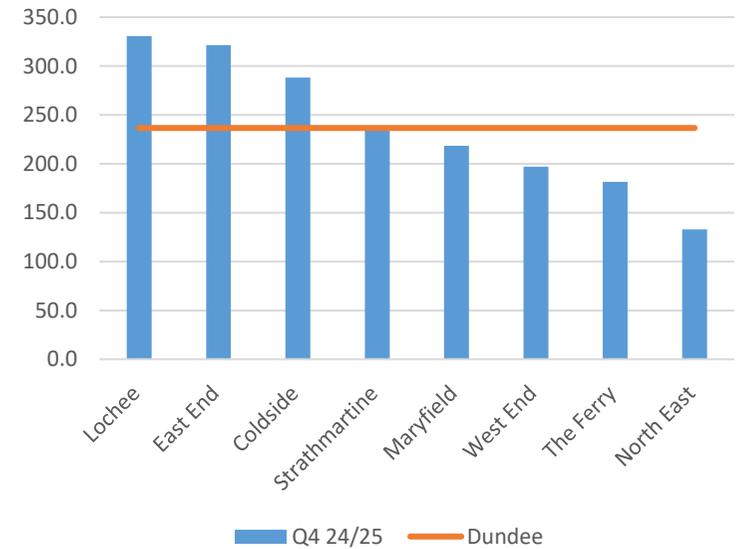


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Bed Days for People Aged 18-64													
Number of Mental Health <u>ALL</u> Bed Days for people aged 18-64	22683	22935	23009	23926	24800	25326	25146	24614	23722	23303	22996	22516	Following a peak in Q2 23/24 there has been a gradual decrease, with Q4 24/25 showing the lowest number of bed days
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 18-64	238.9	241.6	242.3	252	262	266.7	264.8	259.2	249.3	244.9	241.6	236.6	Q2 23/24 had the highest rate at 266.7. Since then there has been a steady decline. Lochee has the highest rate while North East had the lowest.

Rate per 1,000 ALL MH Bed Days 18-64

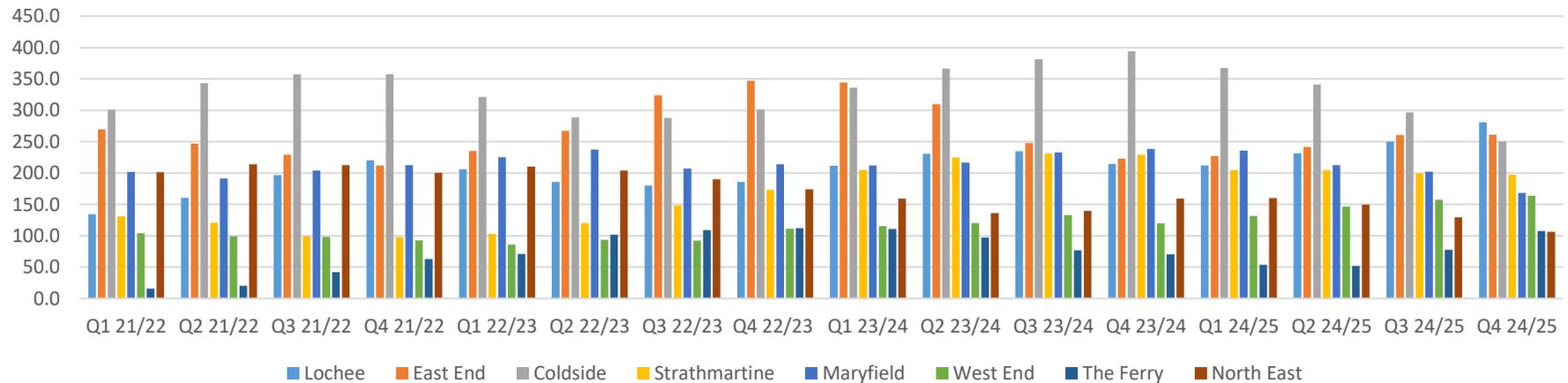


Q4 2024/25

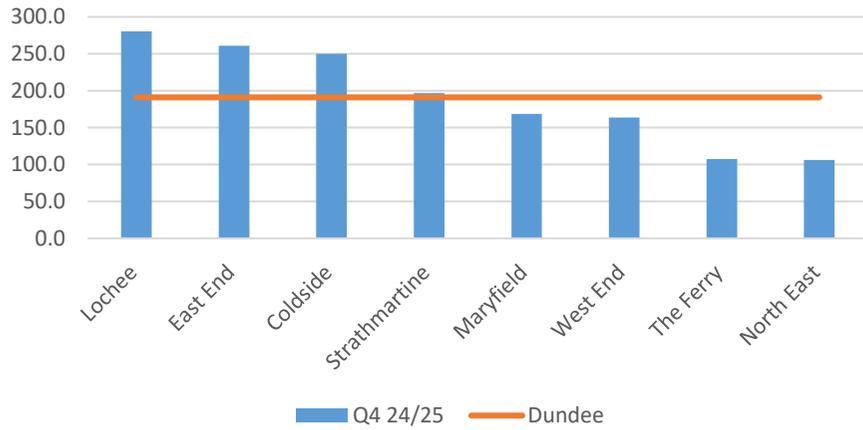


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Bed Days for People Aged 18-64													
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	17020	17401	17652	18650	19601	19874	19888	19547	18922	18768	18675	18180	Following a peak in Q3 23/24, there has been a steady decline with Q4 24/25 having the lowest number of emergency bed days
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	179.3	183.3	185.9	196.4	206.4	209.3	209.5	205.9	198.8	197.2	196.2	191.0	Rates per 1,000 have been declining since Q3 23/24. Lochee has the highest rate and North East had the lowest.

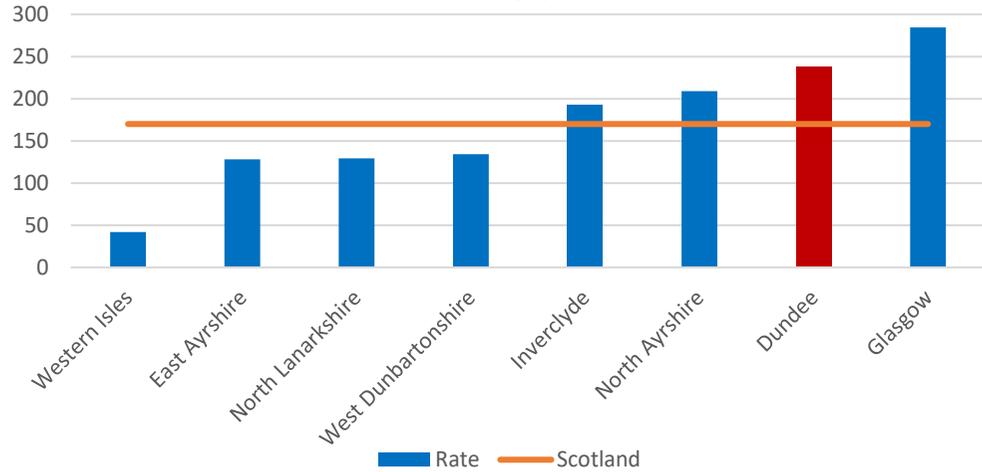
Rate per 1,000 MH Emergency Bed Days 18-64



Q4 2024/25

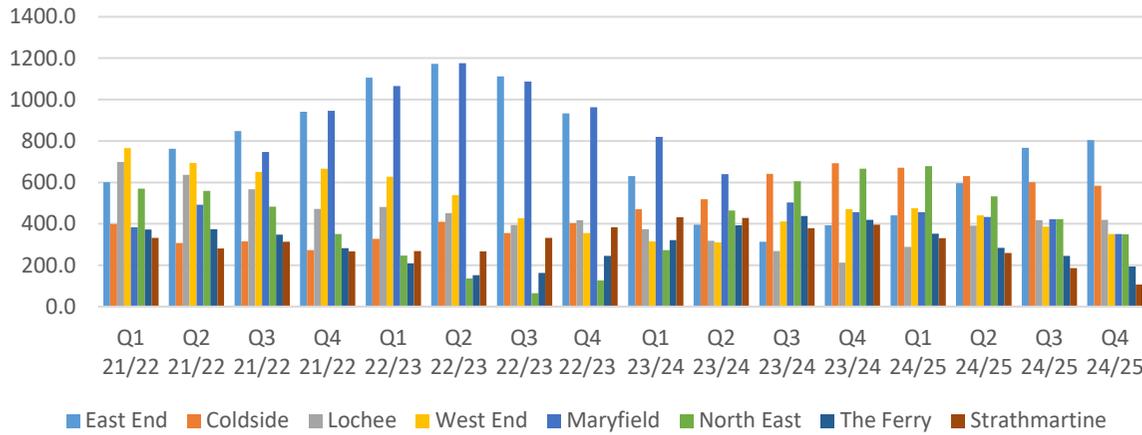


Rate per 1,000 MH EMERGENCY Bed Days by Family Group
18-64

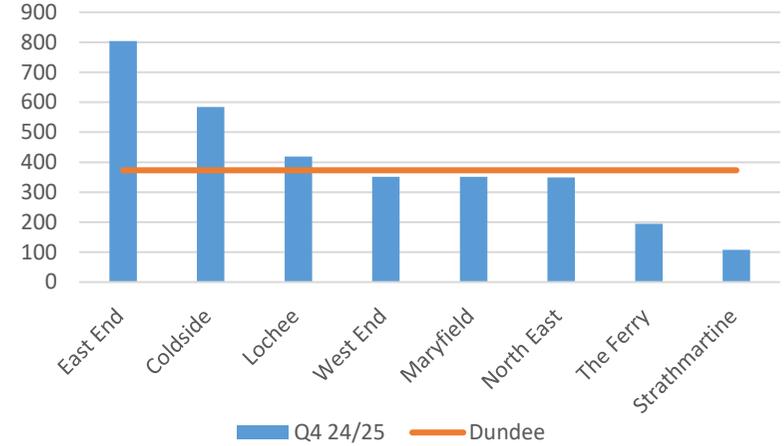


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling2 3/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/Analysis
Bed Days for People Aged 65+													
Number of Mental Health <u>ALL</u> Bed Days for people aged 65+	13148	12971	12019	12052	11754	11438	11806	12173	11930	11451	11014	10041	There has been a gradual decline in bed days with the lowest number of bed days in Q4 24/25
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 65+	501	494.3	458	459.2	447.9	435.8	449.9	463.9	443.2	425.4	409.2	373.0	There has been a consistent reduction in the rate. East End has the highest rate while Strathmartine had the lowest.

Rate per 1,000 ALL MH Bed Days 65+

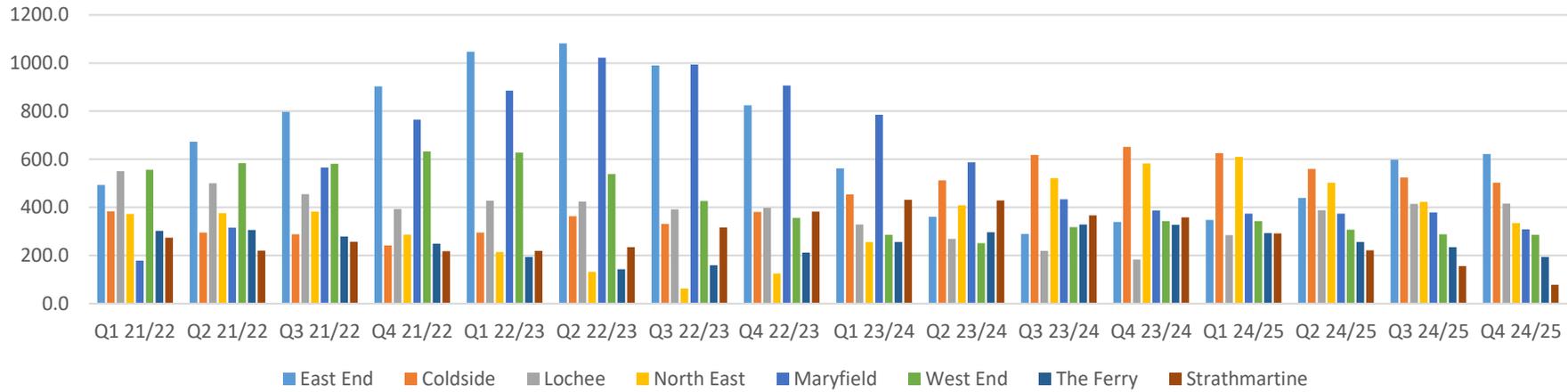


Q4 2024/25

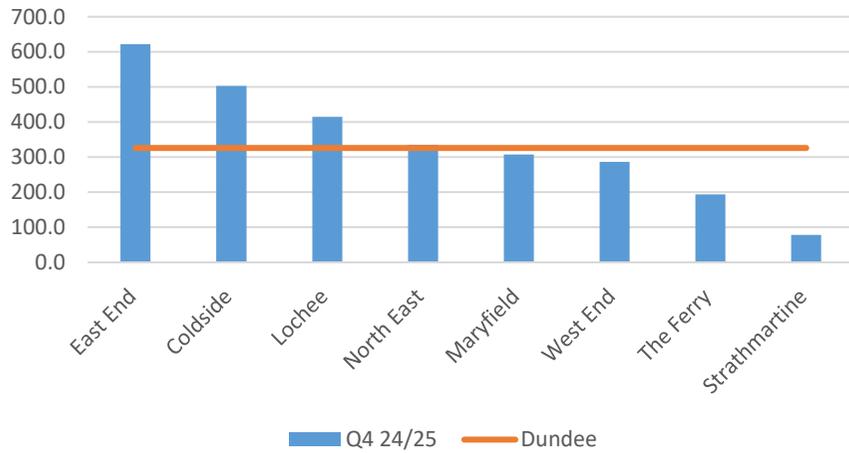


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/Analysis
Bed Days for People Aged 65+													
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	11882	11881	11257	11268	10769	10188	10202	10407	10284	9863	9685	8779	There has been a gradual and consistent decline, indicating a clear downward trend.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	452.8	452.7	429	429.4	410.4	388.2	388.8	396.6	382.0	366.4	359.8	326.1	The rate has been decreasing consistently, with Q4 24/25 showing the lowest rate, East End has the highest rate and Strathmartine had the lowest.

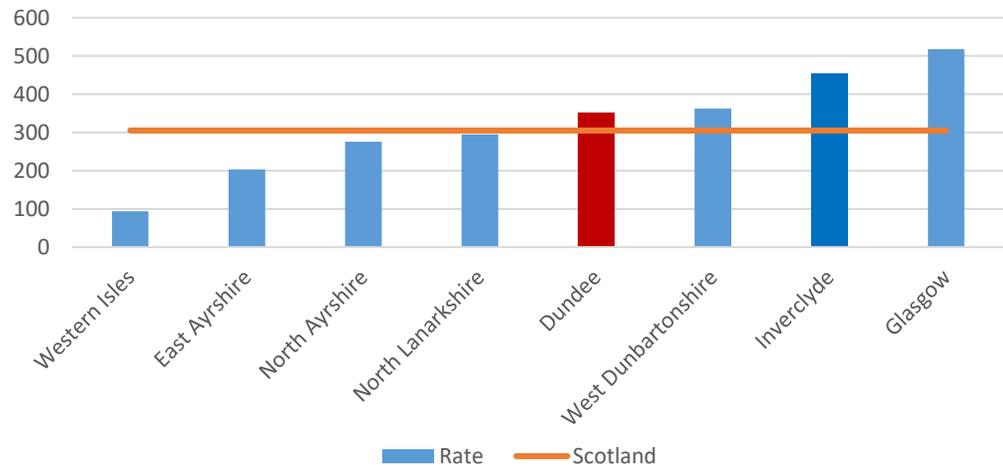
Rate per 1,000 MH Emergency Bed Days 65+



Q4 2024/25

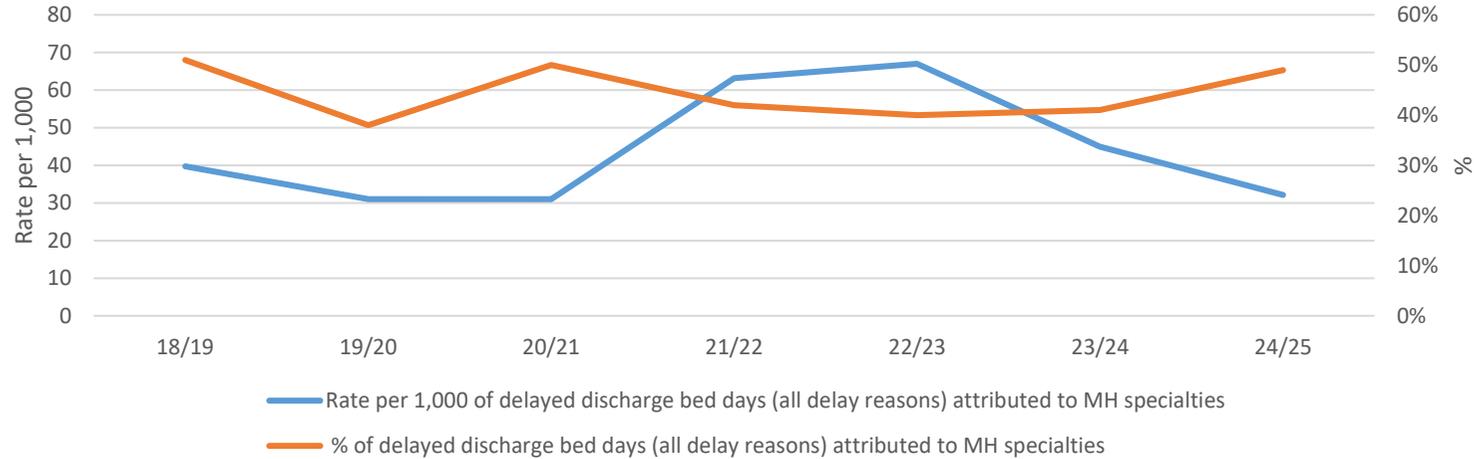


Rate per 1,000 MH EMERGENCY Bed Days by Family Group 65+



Delayed Discharge for Mental Health Specialities

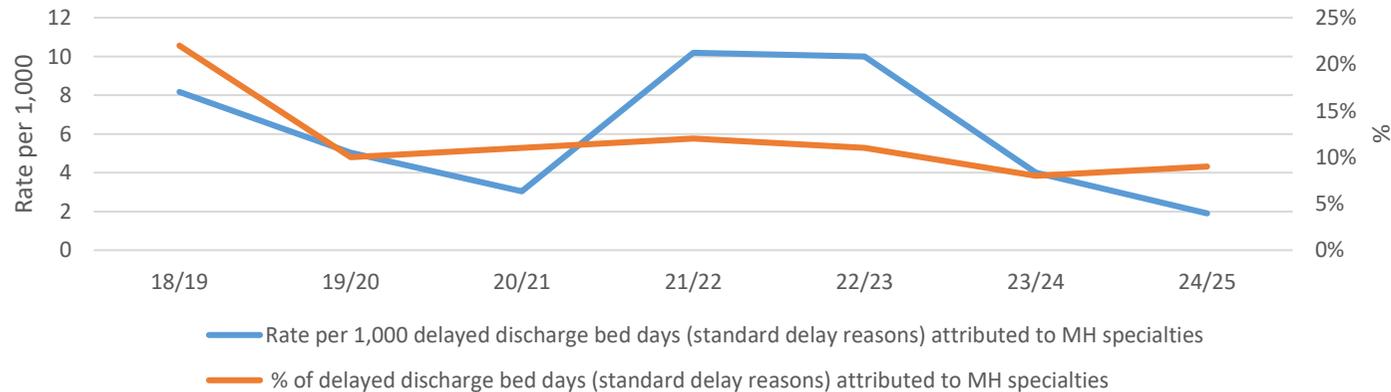
All Delay Reasons Bed Days



The rate per 1,000 delayed discharge bed days (all reasons) attributed to MH specialties increased after the pandemic and peaked in 2022/23 followed by declining trend. This indicates improvement in discharge efficiency. % of delayed discharge bed day (all delay reasons) attributed to MH specialties has increased from 40% in 2022/23 to 49% in 2024/25, this indicates that mental health accounts for a higher proportion of the delays.

Source: PHS Publication June 2025, Delayed discharges in NHS Scotland annual
This data is available annually and not available by LCP level

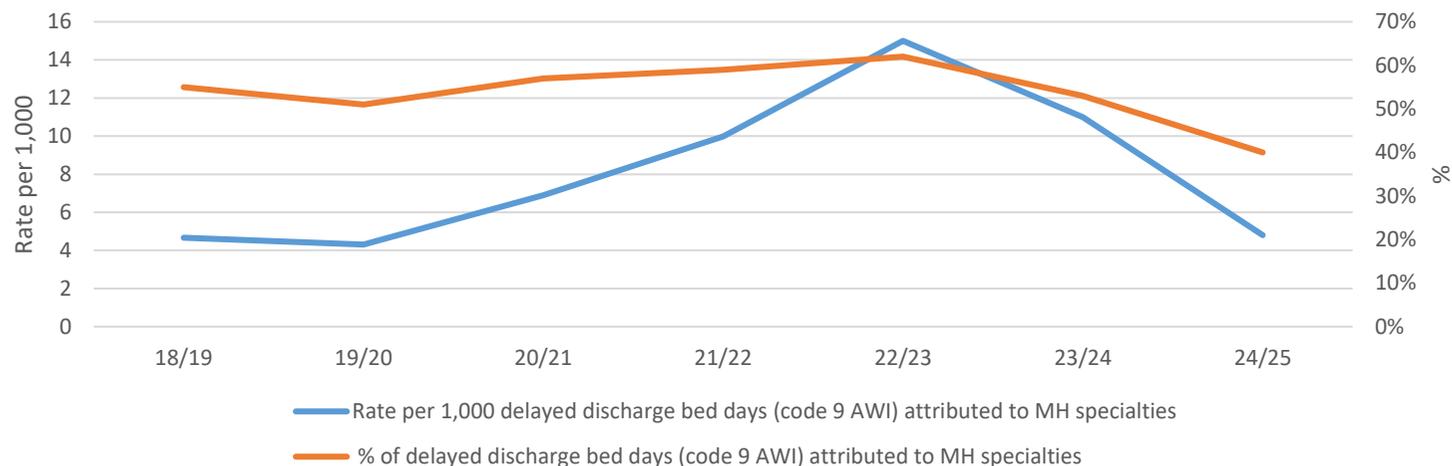
Standard Delay Reasons Bed Days



The rate per 1,000 delayed discharge bed days (standard delay reasons) attributed to MH specialties has declined since 2022/23. The percentage of delayed discharge bed days (standard delay reasons) attributed to MH specialties shows a downward trend therefore mental health contributes to a small share of the standard delays.

Source: PHS Publication June 2025, Delayed discharges in NHSScotland annual
This data is available annually and not available by LCP level

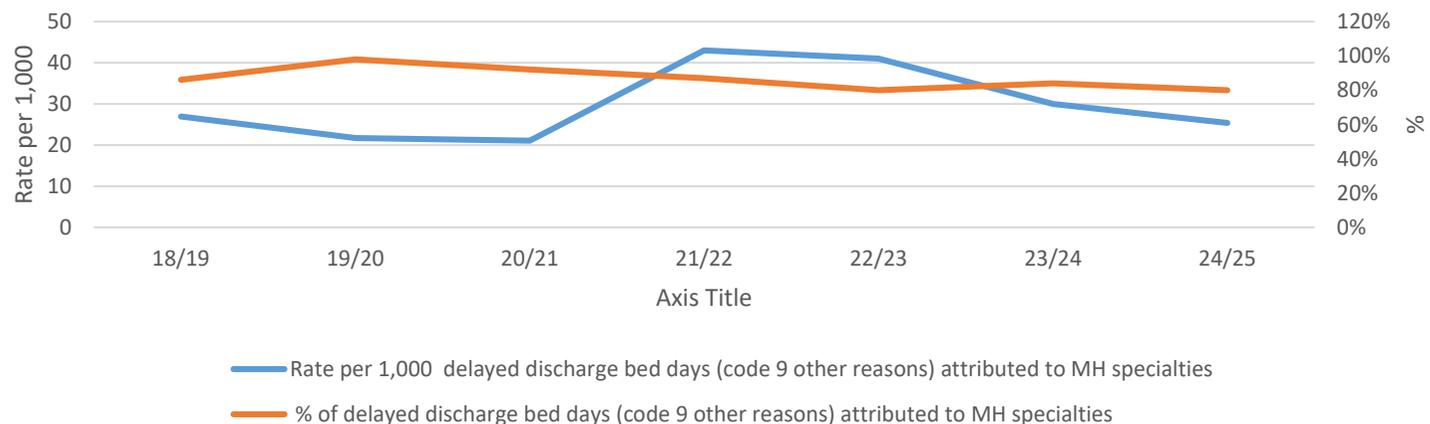
Code 9 AWI Bed Days



The rate per 1,000 delayed discharge bed days (code 9 AWI) attributed to MH specialties shows a decreasing trend following a peak in 2022/23. The percentage of delayed discharge bed days (code 9 AWI) attributed to MH specialties has also declined since 2022/23

Source: PHS Publication June 2025, Delayed discharges in NHS Scotland annual
This data is available annually and not available by LCP level

Code 9 Other Reasons (Bed Days)

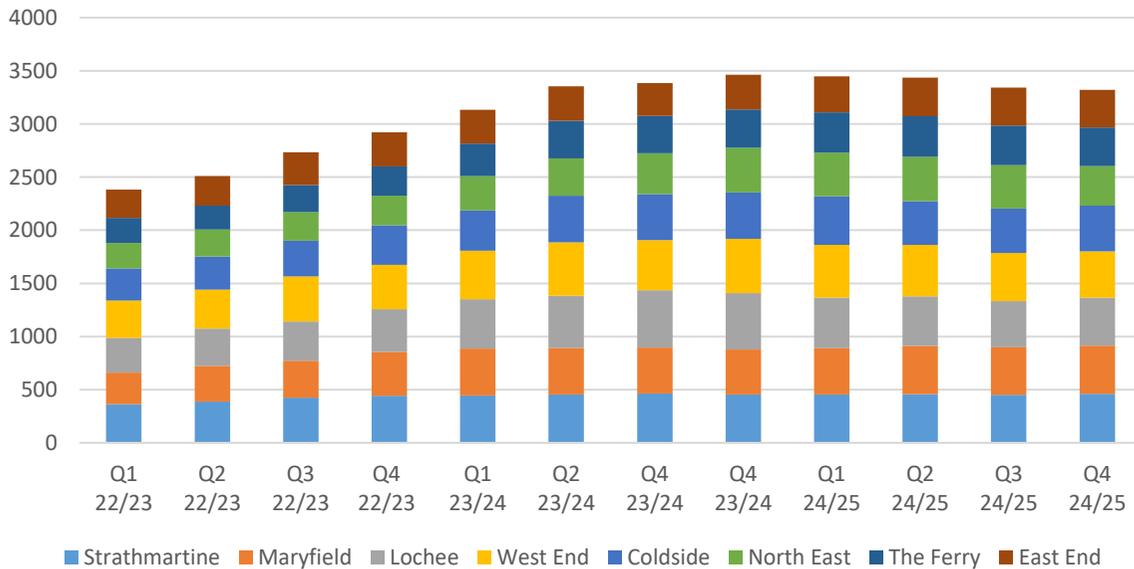


The rate per 1,000 delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 41 in 2022/23 to 25 in 2024/25. This indicates a downward trend. The percentage of delayed discharge bed days (code 9 other reasons) attributed to MH specialties fluctuated, but in recent years appears to have stabilised.

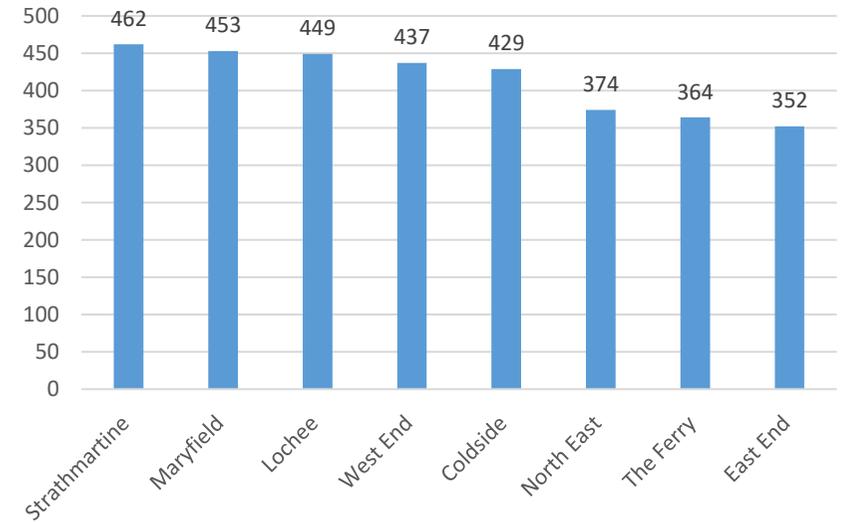
Source: PHS Publication June 2025, Delayed discharges in NHS Scotland annual
This data is available annually and not available by LCP level

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Psychological Therapies													
Number of NEW referrals to psychological therapies (ALL)	2383	2514	2735	2926	3152	3423	3520	3631	3448	3436	3342	3320	There was a steady increase in referrals peaking in Q4 23/24. Since then, there has slight decline

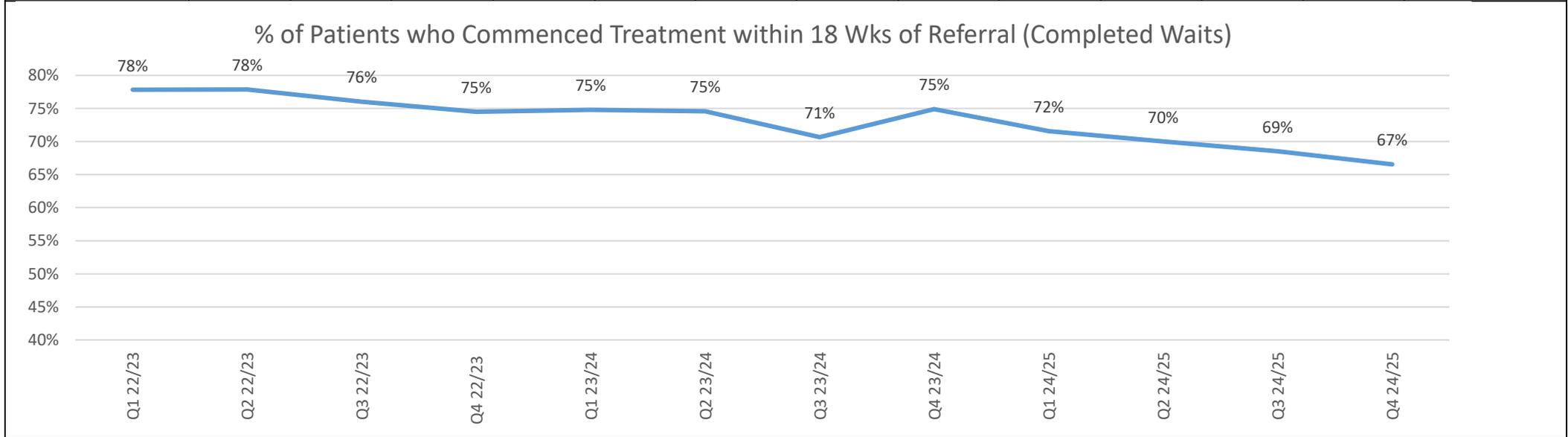
No. New Referrals to Psychological Therapies



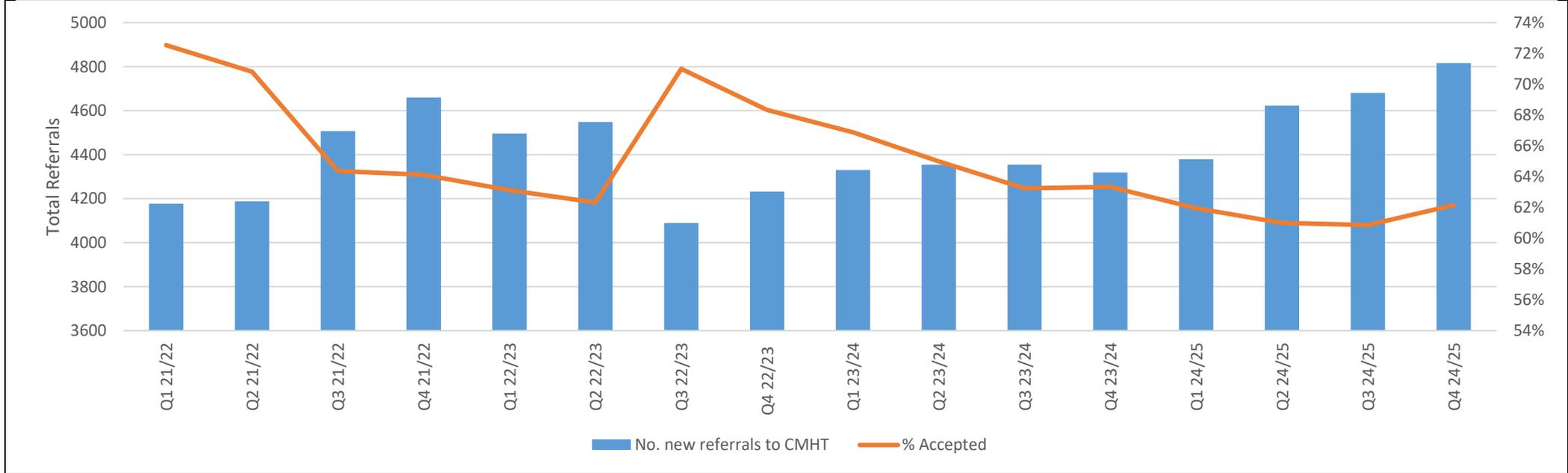
Q4 24/25



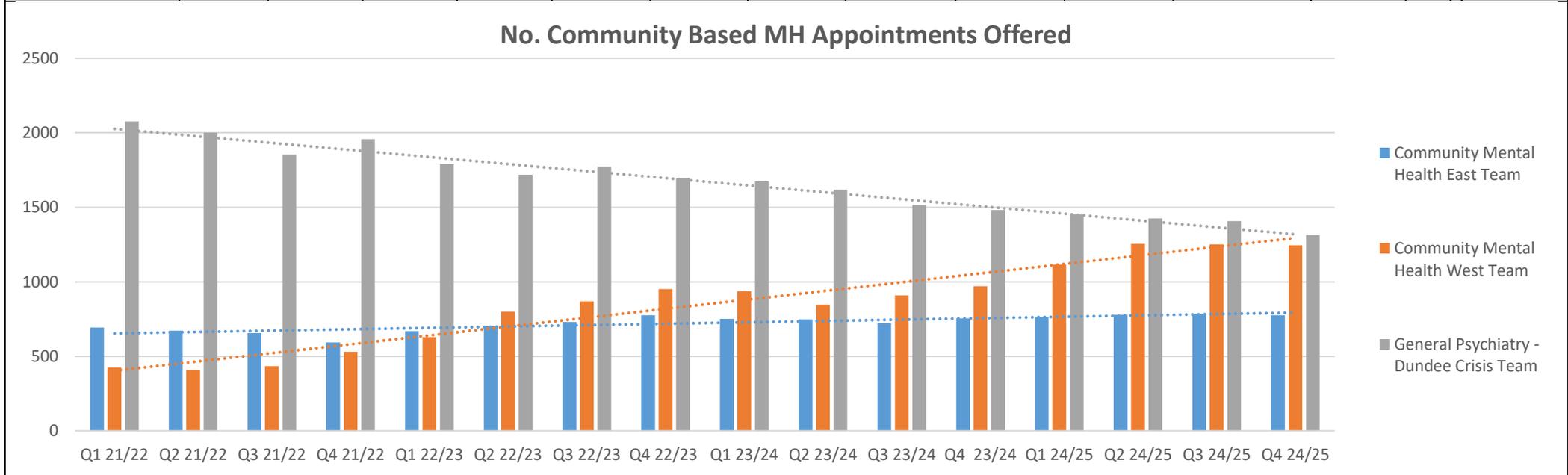
Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Psychological Therapies													
% of patients referred who commenced their treatment within 18 weeks of referral (completed waits)	75%	75%	73%	71%	71%	71%	71%	71%	72%	70%	69%	67%	The percentage of patients seen within 18 weeks of referral has shown a gradual and consistent decline over the period.



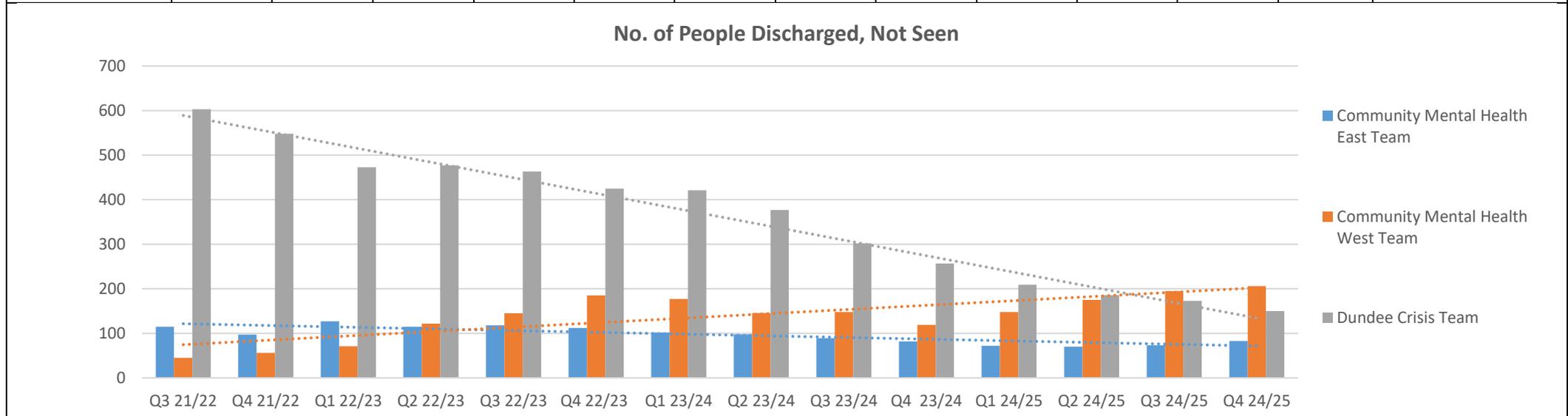
Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)													
Number of new referrals to CMHT (and % accepted)	4496 (63%)	4549 (62%)	4090 (71%)	4232 (68%)	4330 (67%)	4354 (65%)	4354 (63%)	4319 (63%)	4379 (62%)	4623 (61%)	4681 (61%)	4817 (62%)	Despite a steady increase in referrals, the percentage of accepted referrals has remained relatively stable over time.



Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)													
Number of community based mental health appointments offered (included attended and DNA)	3083	3216	3365	3414	3362	3214	3147	3207	3334	3459	3444	3334	Gradual upward trend in appts. CMHT East have a stable level of activity, CMHT West has shown significant increase and the Crisis team showing a drop in appts.

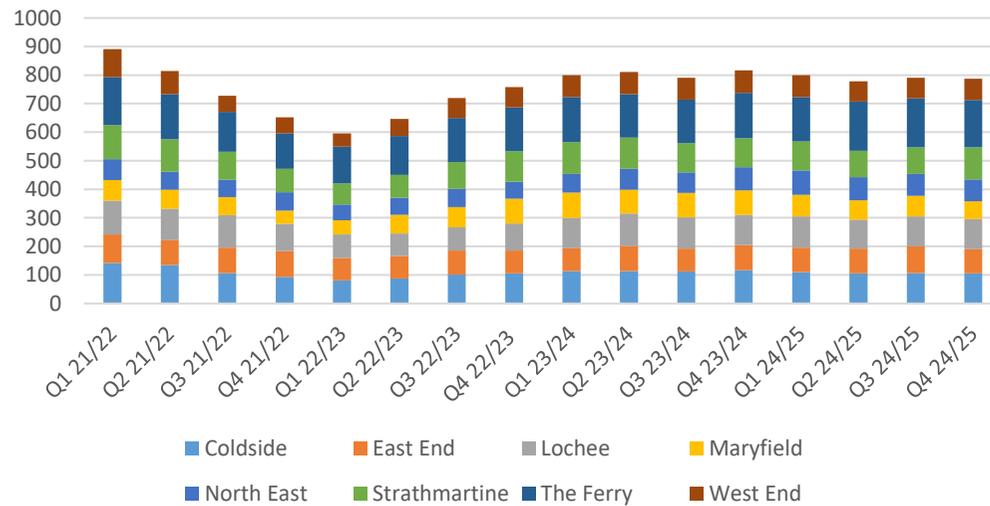


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)													
No. of return appointments for every new patient seen. (average per month over the previous 12 months)	13	13	12	11	11	11	12	11	11	10	10	11	A gradual decrease since Q2 22/23.
Number of people discharged without being seen	665	706	720	712	700	621	539	458	429	431	441	439	Steady decline since the peak in Q3 22/23. Notable drop for the Crisis Team

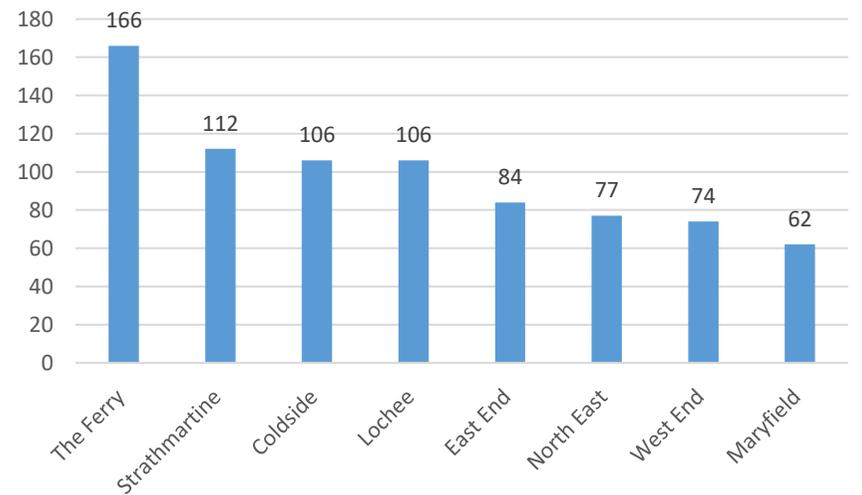


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Psychiatry of Old Age													
Number of accepted referrals to Psychiatry of Old Age (and % accepted)	596 (70%)	646 (72%)	720 (72%)	758 (64%)	800 (63%)	811 (60%)	791 (58%)	816 (61%)	800 (61%)	778 (61%)	791 (61%)	787 (61%)	Steady increase reaching a peak in Q4 23/24. Slight fluctuations follow. % of accepted referrals declined from Q3 22/23 to a low of 58% in Q3 23/24 before stabilising. The Ferry has the highest number of referrals and Maryfield the lowest.

No. of accepted POA referrals



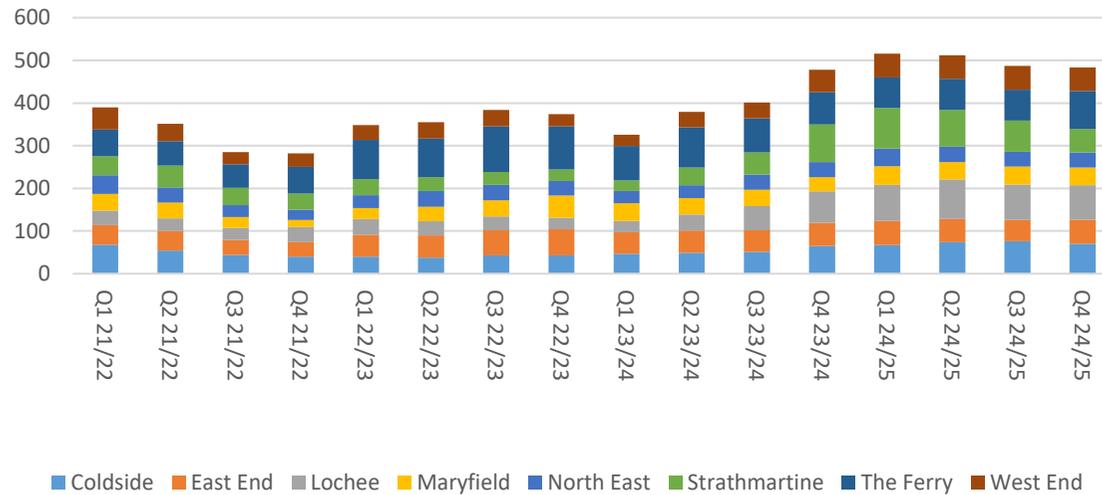
Q4 24/25



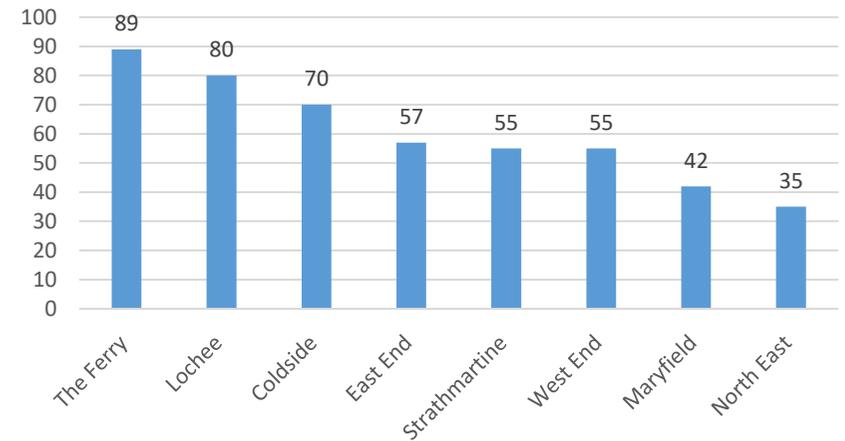
Please note: There has been a change in the way referrals are counted in 2023/24 reporting period

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Number of return appointments for every new patient seen.	9	9	9	9	11	11	12	12	12	12	12	12	Gradual increase since 22/23, holding steady at 12 return appts
Number of people discharged without being seen	348	355	384	370	322	375	401	478	516	512	487	483	Increase since Q1 23/24 with a peak in Q1 24/25 followed by a slight decline. The Ferry has the highest number discharged without being seen and North East the lowest.

No. POA Referrals Discharged but not Seen

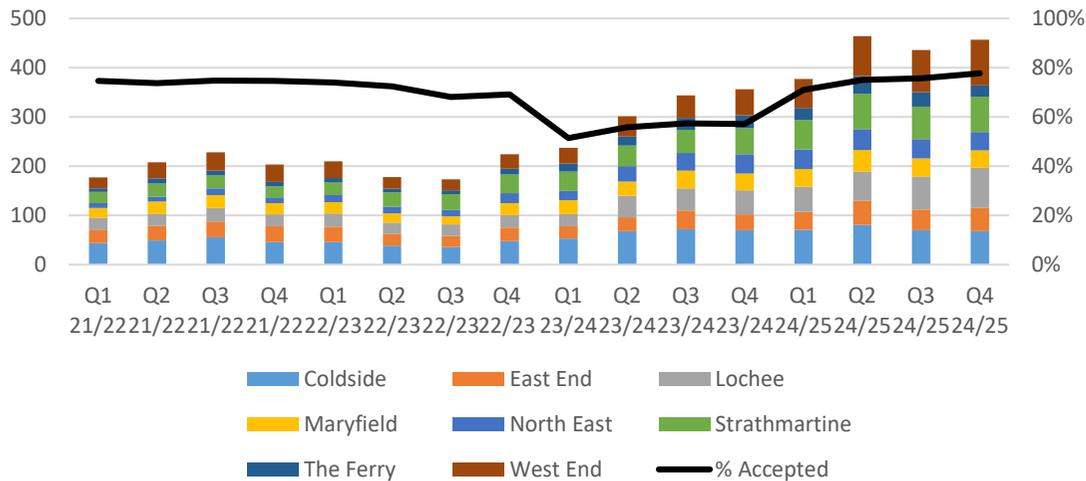


Q4 24/25

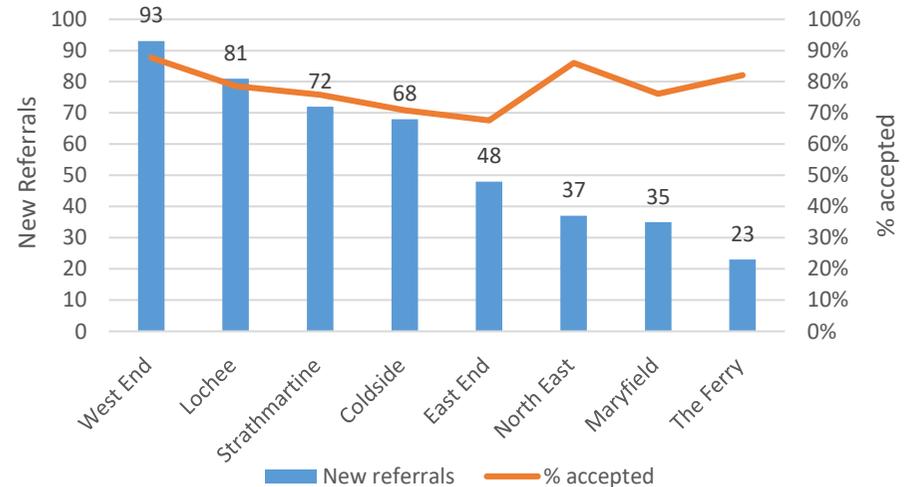


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Learning Disability													
Number of new referrals to LD (and % accepted)	210 (74%)	178 (72%)	173 (68%)	224 (69%)	237 (51%)	301 (56%)	344 (57%)	356 (57%)	377 (71%)	464 (75%)	436 (76%)	457 (78%)	<p>A steady increase peaking at Q2 24/25. Highest number of referrals are from West End and the lowest from The Ferry.</p> <p>The % accepted declined from Q1 22/23 to the lowest in Q1 23/24, followed by a gradual improvement.</p> <p><i>Please note: There has been a change in the way referrals are counted so these numbers are different previous reporting</i></p>

No. New LD Referrals and % Accepted

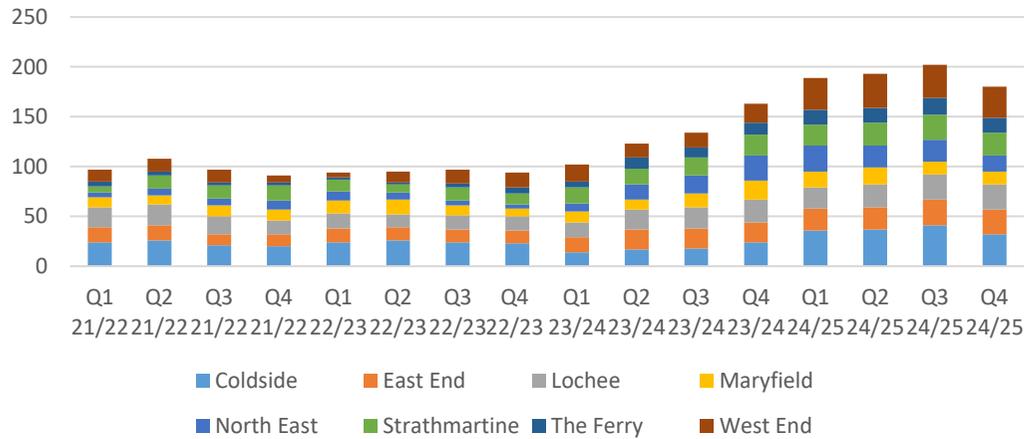


Q4 2024/25

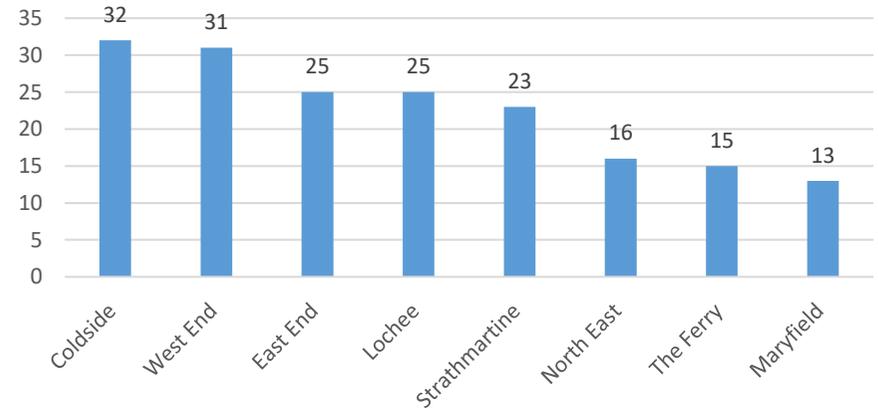


Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/Analysis
Learning Disability													
Number of return appointments for every new patient seen.	14	14	14	13	12	12	11	11	11	12	13	14	Numbers gradually declined and increased again, returning to average of 14, by Q4 24/25
Number of people discharged without being seen	94	95	97	94	102	123	134	163	189	193	202	180	A steady increasing trend people discharged without being seen. Coldside had the highest number of referrals discharged without being seen.

No. LD Referrals Discharged but Not Seen



Q4 2024/25



Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Social Work Demand Information													
MHO new referrals and Assessment	337	321	298	292	292	283	264	265	260	272	284	288	Following a downward trend, there has been increase in referrals over the last 18 months.
CMHT (SW team) new referrals	149	136	151	145	134	121	78	66	57	66	68	82	Overall downward trend with a recent slight increase
CMHT older people new referrals(SW team)	136	140	159	165	174	190	186	189	158	136	123	124	A decreasing trend since the peak in Q2 23/24.
LA Guardianship applications	41	48	49	40	52	54	55	60	60	70	72	74	An upward trend in both local authority and private guardianship applications
Private Guardianship application	58	59	64	63	64	70	69	73	80	88	90	99	
Emergency detention in hospital (up to 72 hours) (s36)	102	103	107	95	101	97	103	117	105	104	113	101	Numbers have fluctuated, reaching a peak in Q4 23/24, followed by downward trend.

Indicator	Rolling 22/23 Q1	Rolling 22/23 Q2	Rolling 22/23 Q3	Rolling 22/23 Q4	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Comments/ Analysis
Short term detention in hospital (up to 28 days) (s44)	164	166	169	169	181	179	209	205	197	205	200	201	An upward trend
Compulsory Treatment Orders (s64)	52	47	52	55	58	59	63	60	54	45	44	41	After peaking in Q3 23/24, the data has shown a downward trend
No. of S44 with Social Circumstance report was considered	56	51	52	56	61	69	73	73	63	57	67	64	
No. of SCR that were prepared	41	35	34	32	35	38	42	46	41	44	52	51	Increase in the number of SCR that were prepared in Q4 2024/258
MHO team caseload at period end	265	251	265	273	264	263	255	251	250	251	214	196	Downward trend in caseload, after a peak in Q4 22/23.
MHO unallocated at end of quarter	49	46	53	44	37	36	51	42	52	40	17	15	Drop in number of unallocated cases
% MHO unallocated out of all cases	18%	18%	20%	16%	14%	14%	20%	17%	21%	16%	8%	8%	A reduction in % unallocated.
CMHT (SW team) caseloads at period end	456	412	410	429	474	491	471	467	492	506	525	525	Increasing trend since Q1 2022/23.
CMHT (SW teams) unallocated at end of quarter	4	0	2	11	57	38	42	45	28	19	14	18	A reduction in numbers since Q1 23/24.

