



**REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 04 FEBRUARY 2026**  
**REPORT ON: MENTAL HEALTH SERVICES INDICATORS – 2025/26 QUARTER 2**  
**REPORT BY: CHIEF OFFICER**  
**REPORT NO: PAC3-2026**

**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 Coldside 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 have 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 September 2025 there were 61 children on the child protection register for Dundee. Approximately a third of these children were placed on the register due to the mental health of their parent/carers.
- 5.7 In September 2025, the National Records of Scotland published its statistics for probable deaths by suicide during 2024. Across Scotland there was a decrease in probable suicides (86 deaths, 11%) from the 2023 figures, with a total of 704 probable suicide deaths in 2024. In Dundee specifically, in 2024, 25 people died by probable suicide, 19 males and 6 females, this is a decrease of five people from 2023 (for comparison 2023=30, 2022=29, 2021=25, 2020=34). At council level, the rate was higher (statistically significant) than the Scottish average in Dundee City, Highland, and North Lanarkshire. In Scotland, male suicides decreased by 71(12%) to 518 deaths in 2024, while female suicide deaths decreased by 15(7%) to 186 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 over 65 age group numbers have remained broadly stable. This 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 while for the over 65 age group the rate has remained steady. Lochee and Coldside have the highest rate per 1,000 population while West End has the lowest. For the over 65 age group, numbers are small so there is greater variation between LCPPs. North East has the highest rate per 1,000 population for both all admissions and emergency admissions.
- 6.3 Mental health occupied bed days (all and emergency bed days) have shown a consistent downward trend across both the 18–64 and over 65 age groups. Among localities, Lochee records the highest rate per 1,000 population for the 18–64 age group, while East End has the highest rate for the 65+over 65 age group.
- 6.4 When benchmarked across the 8 Family Group Partnerships and the national average for Scotland, Dundee had the 2<sup>nd</sup> highest rate of mental health emergency bed days for ages 18-64 and the 4<sup>th</sup> highest rate for those aged 65 and over.

- 6.5 There has been a steady decline in referrals to psychological therapies since Q4 2023/24. Lochee and Coldside have the highest number of new referrals. The percentage of patients who commenced their treatment within 18 weeks of referral has also declined, falling from 72% in Q1 2024/25 to 66% in Q2 2025/26.
- 6.6 Referrals to CMHT teams have steadily increased, despite this the acceptance rate has remained stable over time, with 62% accepted in Q2 2025/26. 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 Team having a stable number of appointments offered. The number of people discharged without being seen has been declining steadily, a drop has also been observed in the number of people not seen within the Crisis Team. In Q2 2025/26 the number of community-based mental health return appointments for every new patient seen was an average of 11.
- 6.7 Number of referrals to Psychiatry for Old Age are broadly stable with an acceptance rate around 61%. In Q2 2025/26, The Ferry had the highest number of new referrals while Maryfield had the lowest. In Q2 2025/26, the average number of return appointments for every patient seen was 11. There has been an overall increasing trend in the number of people discharged without being seen, peaking in Q1 24/25. The Ferry had the highest number of people who were discharged without being seen and North-East had the lowest.
- 6.8 Referrals to Learning Disabilities have gradually declined since peaking in Q2 2024/25. Strathmartine recorded the highest number of new referrals, while The Ferry had the lowest. The proportion of referrals accepted has risen from 51% in Q1 2023/24 to 71% in Q2 2025/26. In Q2 2025/26, the average number of return appointments per new patient was 15. There has been an upward trend in discharges without being seen, peaking in Q3 2024/25 before gradually declining. Lochee had the highest number of such discharges.
- 6.9 Overall, number of referrals to Mental Health Officers Team have begun to stabilise. Referrals to Social Work Community Mental Health Teams (CMHT) are showing a declining trend. Caseloads for the Mental Health Officers team are showing a downward trend while caseloads for Community Mental Health team showing an increasing trend and a downward trend for CMHT (Older People) Team.
- 6.10 There has been an increase in both local authority and private guardianship applications. Short Term Detentions have shown an upward trend with numbers beginning to dip. 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 Performance against the 18-week referral to treatment waiting time standard for psychological therapies has shown improvement, increasing from 72% to 78.4% (November 2025). As previously reported, an analysis of the resources required to achieve the 90% national target was completed over 12 months ago and identified a requirement for additional investment of approximately £1.5m. As this level of investment was not affordable, a smaller increase in resource was agreed. Targeted recruitment for specialties furthest from meeting the performance standard linked to this has partially commenced, with further appointments scheduled to take place between January and February 2026.
- 7.2 Failure to achieve the 90% target has been driven in part by prolonged recruitment challenges affecting specific teams, most notably Clinical Neuropsychology, where staffing levels had reduced to very low levels. These challenges have begun to be addressed through targeted additional support and internal reorganisation of existing resources.

- 7.3 Two additional psychologists have now been recruited to Clinical Neuropsychology, with both commencing shortly before Christmas 2025. One full-time vacancy remains; however, the increased staffing is expected to have a positive impact on reducing waits exceeding 52 weeks. Given the recent start dates, the impact of these changes will only become measurable over the coming weeks. New pathways within Clinical Neuropsychology have also been achieved to establish greater parity of care for people across services and reduce 10 of the 13 longest waits in this service. In addition, through service reconfiguration, an additional post within Learning Disabilities has been recruited, although the successful candidate is not yet in post.
- 7.4 The emergent model for management of ADHD and other Neurodevelopmental Conditions, is to remove from direct delivery within CMHTs and create new unified Neurodevelopment Condition Pathway which shifts the emphasis from diagnosis and, instead, provide support based on need. This pathway redesign project is well underway and the ADHD Test of Change will be part of this developmental process.
- 7.5 As previously highlighted, Dundee and Tayside continue to experience a significant imbalance between the number of qualified Clinical Psychologists (Doctorate level) and Clinical Associate Applied Psychologists (Masters level). While the latter provide important capacity, their scope of practice is limited to less complex presentations. This workforce profile presents ongoing challenges, as a significant proportion of referrals relate to complex cases requiring assessment and treatment by qualified Clinical Psychologists.
- 7.6 Further uncertainty remains regarding the impact of the reduced NHS Tayside working week due to be implemented from April 2026, as additional investment will be required to mitigate the resulting reduction in clinical capacity.

## 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

<b>Risk 1 Description</b>	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.
<b>Risk Category</b>	Financial, Governance, Political
<b>Inherent Risk Level</b>	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
<b>Mitigating Actions</b> (including timescales and resources)	<ul style="list-style-type: none"> <li>- Continue to develop a reporting framework which identifies performance and activity.</li> <li>- Continue to report data to the PAC to highlight performance and activity.</li> <li>- Support operational managers by providing in depth analysis regarding areas of poor performance.</li> <li>- Ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data.</li> </ul>
<b>Residual Risk Level</b>	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)

<b>Approval recommendation</b>	Given the moderate level of planned risk, this risk is deemed to be manageable.
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**9.0 CONSULTATIONS**

**9.1** The Chief Finance 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.

DAVE BERRY  
CHIEF OFFICER

**DATE:** 05 JANUARY 2026

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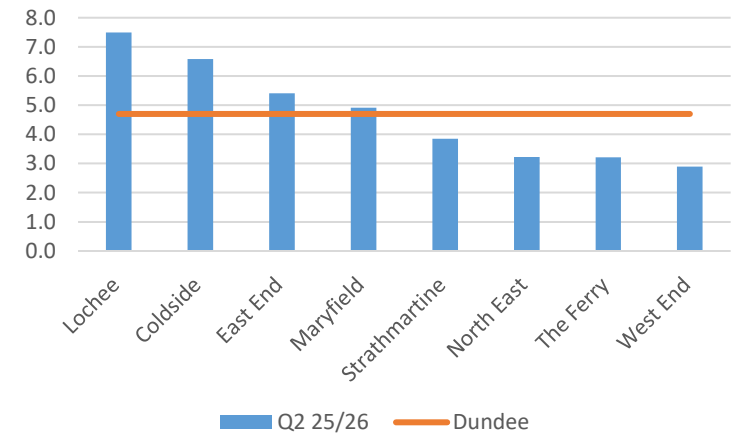
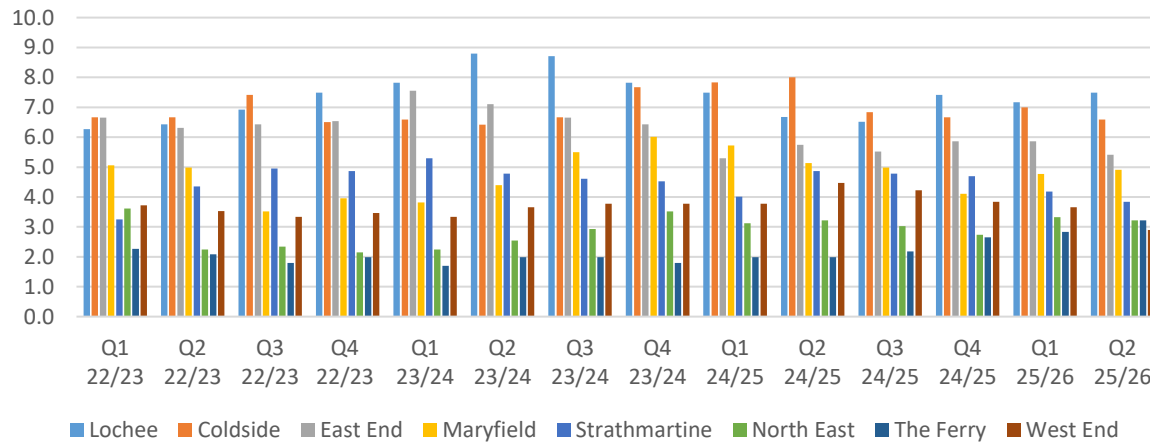
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## APPENDIX 1 – MENTAL HEALTH SERVICES INDICATORS

### Table 1 : Mental Health Admissions Summary (All MH Admissions and Emergency MH Admissions)

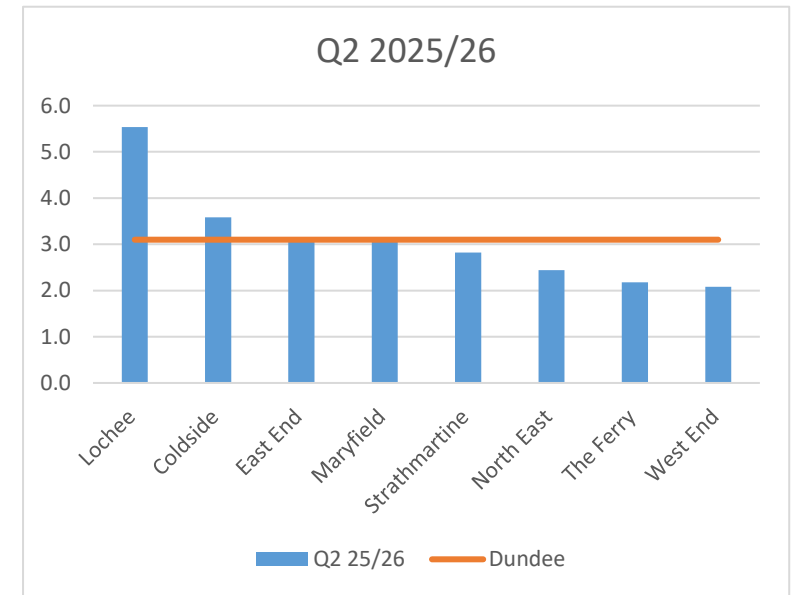
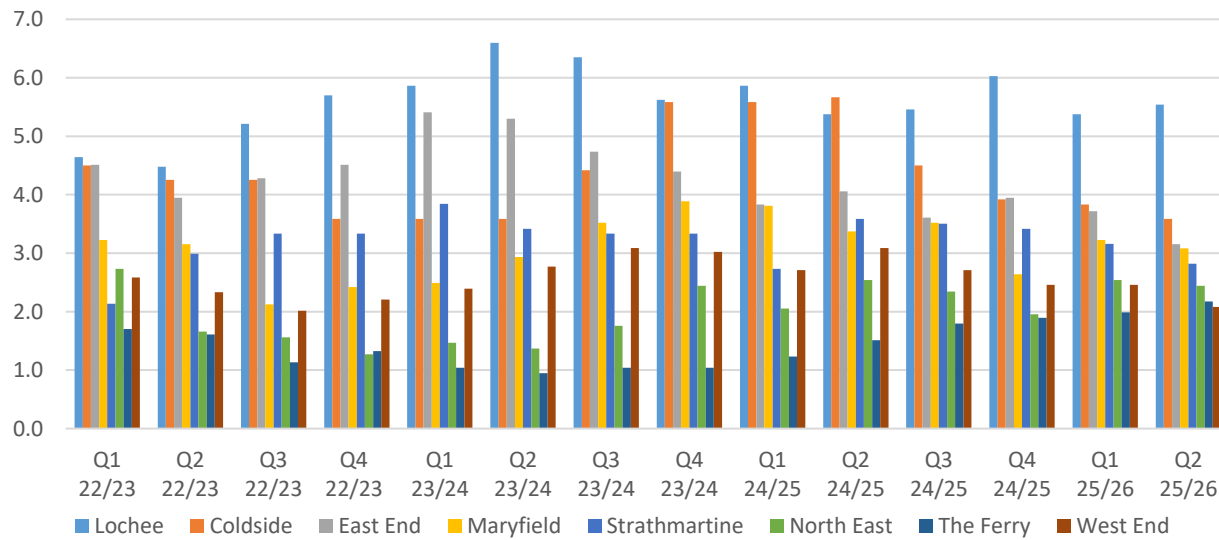
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>Admission Summary for People Age 18-64</b>													
Number of Mental Health <u>ALL</u> Admissions for people aged 18-64	451	472	489	498	471	481	456	451	460	444			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	4.8	5.0	5.2	5.2	4.9	5.1	4.8	4.7	4.8	4.7			Rates per 1,000 population have declined gradually to 4.7 in Q2 2205/26 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



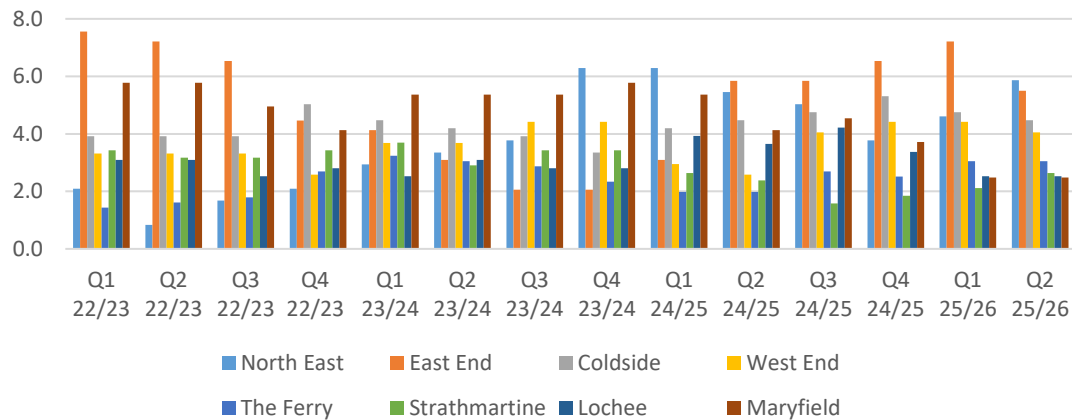
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>Admission Summary for People Age 18-64</b>													
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 18-64	306	319	338	351	334	349	328	311	312	295			Emergency Admissions peaked at 351 in Q4 2023/24 followed by a decline to 295 in Q2 2025/26.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 18-64	3.2	3.4	3.6	3.7	3.5	3.7	3.4	3.3	3.3	3.1			The rate per 1,000 reached 3.7 in Q4 2023/24 and Q2 2024/25 before dipping to 3.1 in Q2 2025/26. Lochee has the highest population and West End the lowest.

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

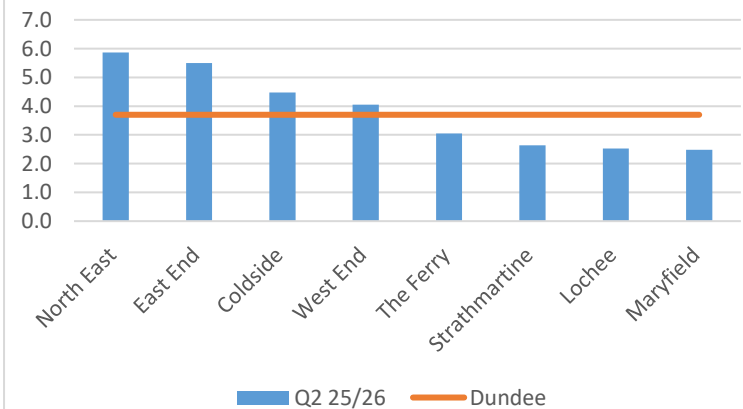


Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>Admission Summary for People Age 65+</b>													
Number of Mental Health <u>ALL</u> Admissions for people aged 65+	99	94	93	95	95	96	104	101	101	99			Numbers of admissions are broadly stable
Rate per 1,000 Mental Health <u>ALL</u> Admissions for people aged 65+	3.8	3.6	3.5	3.6	3.5	3.6	3.9	3.8	3.8	3.7			The rates are fairly stable overall with a slight peak in Q3 2024/25. North East shows the highest rate, while Maryfield has the lowest. Due to small numbers, there is a greater variation between LCPP areas.

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

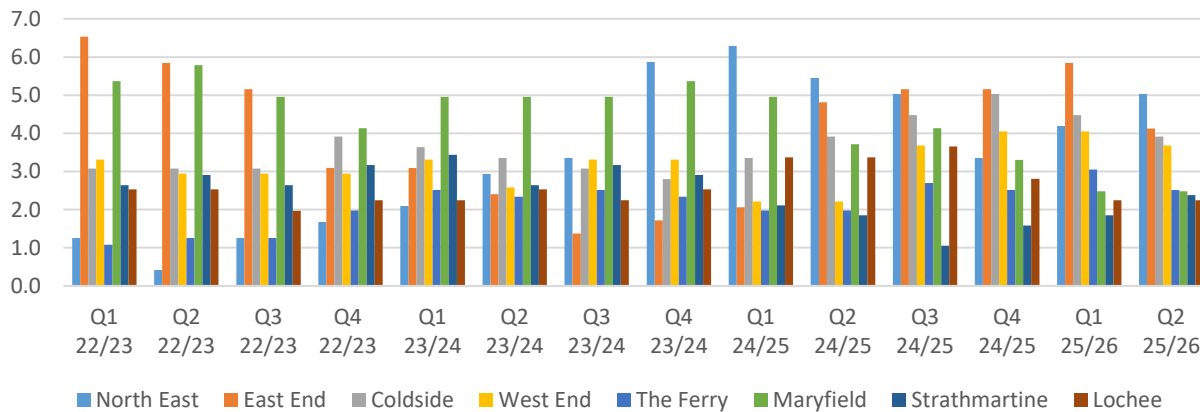


Q2 25/26

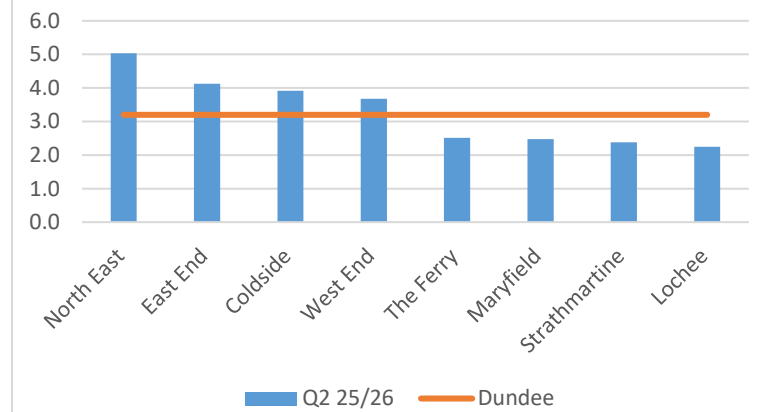


Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>Admission Summary for People Age 65+</b>													
Number of Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	83	76	78	83	82	86	95	90	92	85			Following a peak at 95 in Q3 24/25. Numbers have fallen.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Admissions for people aged 65+	3.2	2.9	3.0	3.2	3.0	3.2	3.5	3.3	3.4	3.2			The rate has fluctuated between 2.9 and 3.2, rising to 3.5 in Q3 2024/25. North has the highest rate and Lochee has the lowest. Due to small numbers, there is a greater variation between LCPP areas.

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



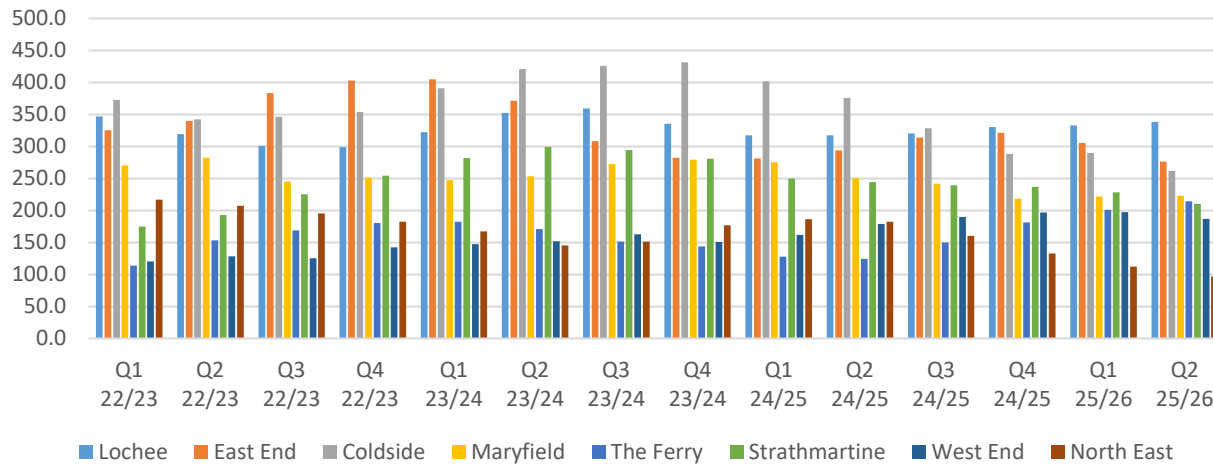
Q2 2025/26



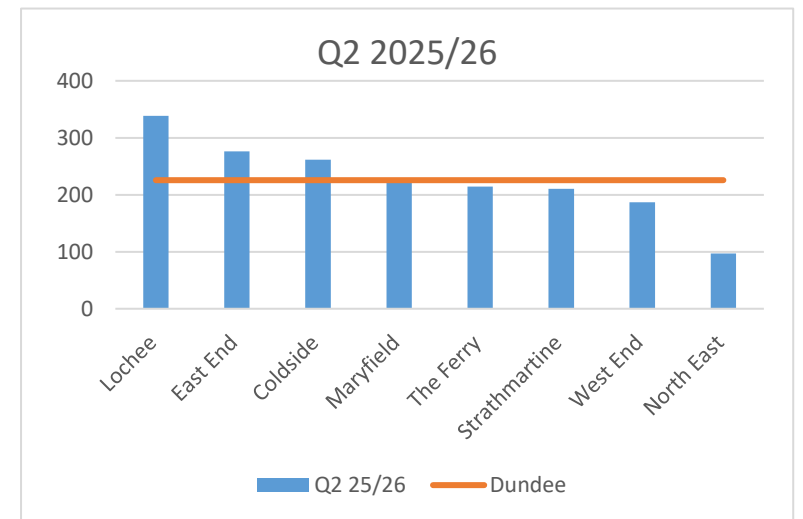
**Table 2 : Bed Days for Mental Health (All Mental Health Bed Days and Emergency Bed Days)**

Indicator	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	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>Bed Days for People Aged 18-64</b>													
Number of Mental Health <u>ALL</u> Bed Days for people aged 18-64	24800	25326	25146	24614	23722	23303	22996	22516	22365	21467			Following a peak in Q2 2023/24 there has been a gradual decrease, with Q2 2025/26 showing the lowest number of bed days.
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 18-64	262	266.7	264.8	259.2	249.3	244.9	241.6	236.6	235.0	225.6			Q2 2023/24 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**

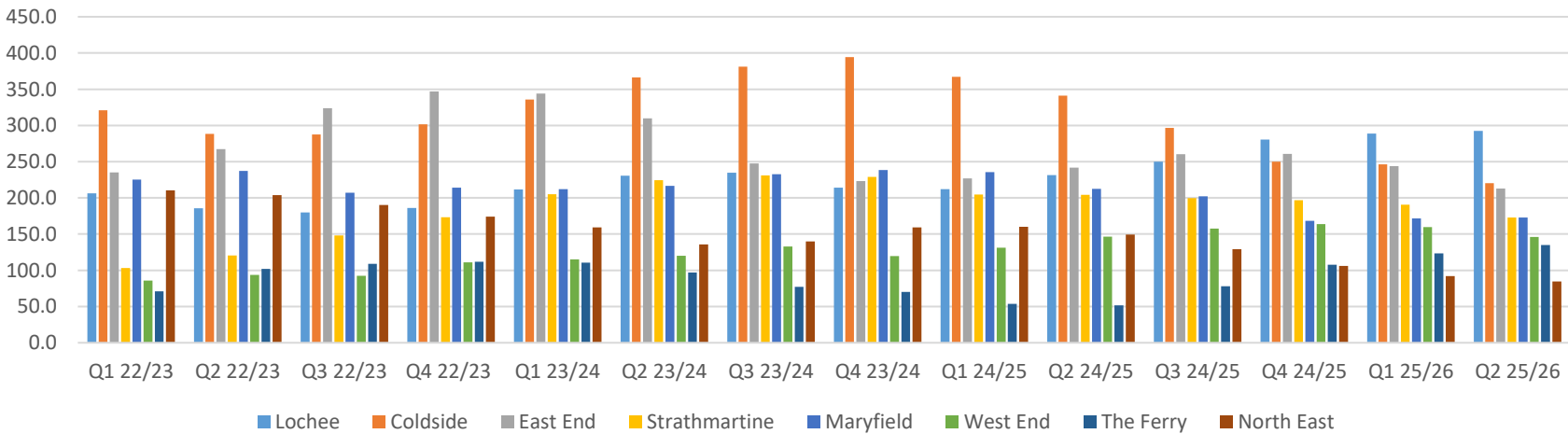


**Q2 2025/26**

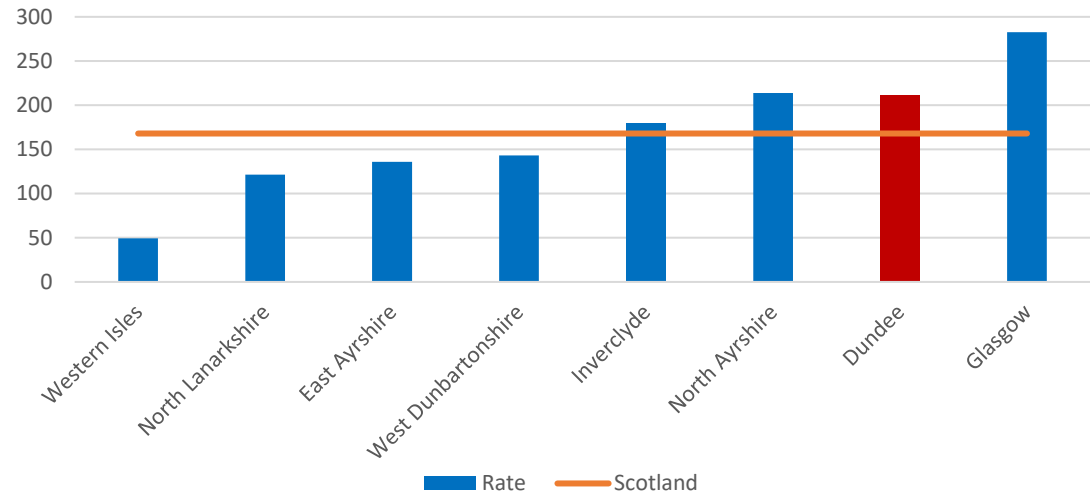
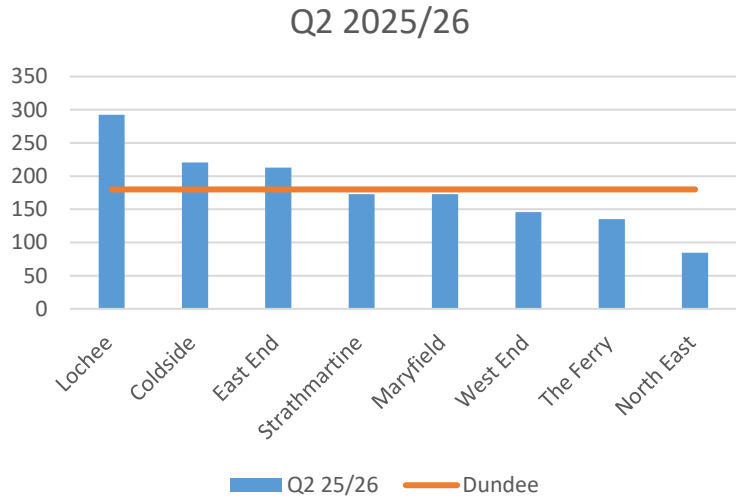


Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>Bed Days for People Aged 18-64</b>													
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	19601	19874	19888	19547	18922	18768	18675	18180	18008	17117			Following a peak in Q3 2023/24, there has been a steady decline with Q2 2025/26 having the lowest number of emergency bed days.
Rate per 1,000 Mental Health <u>EMERGENCY</u> Bed Days for people aged 18-64	206.4	209.3	209.5	205.9	198.8	197.2	196.2	191.0	189.2	179.9			Rates per 1,000 have been declining since Q3 2023/24. Lochee has the highest rate and North-East had the lowest.

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

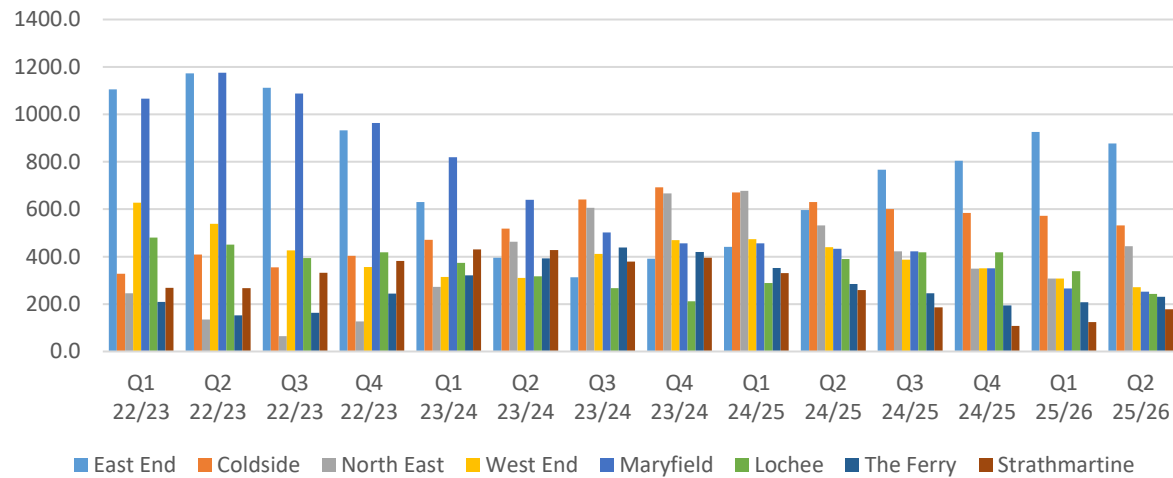


Rate per 1,000 MH EMERGENCY Bed Days by Family Group 18-64

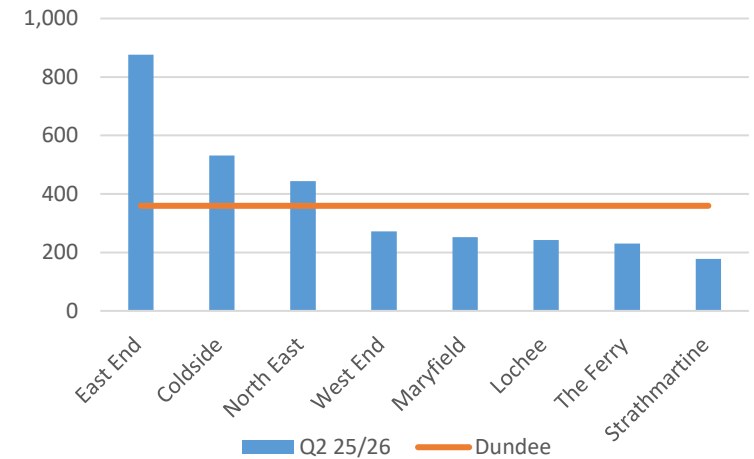


Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
<b>Bed Days for People Aged 65+</b>													
Number of Mental Health <u>ALL</u> Bed Days for people aged 65+	11754	11438	11806	12173	11930	11451	11014	10041	9785	9675			There has been a gradual decline in bed days with the lowest number of bed days in Q2 2025/26.
Rate per 1,000 Mental Health <u>ALL</u> Bed Days for people aged 65+	447.9	435.8	449.9	463.9	443.2	425.4	409.2	373.0	363.5	359.4			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+

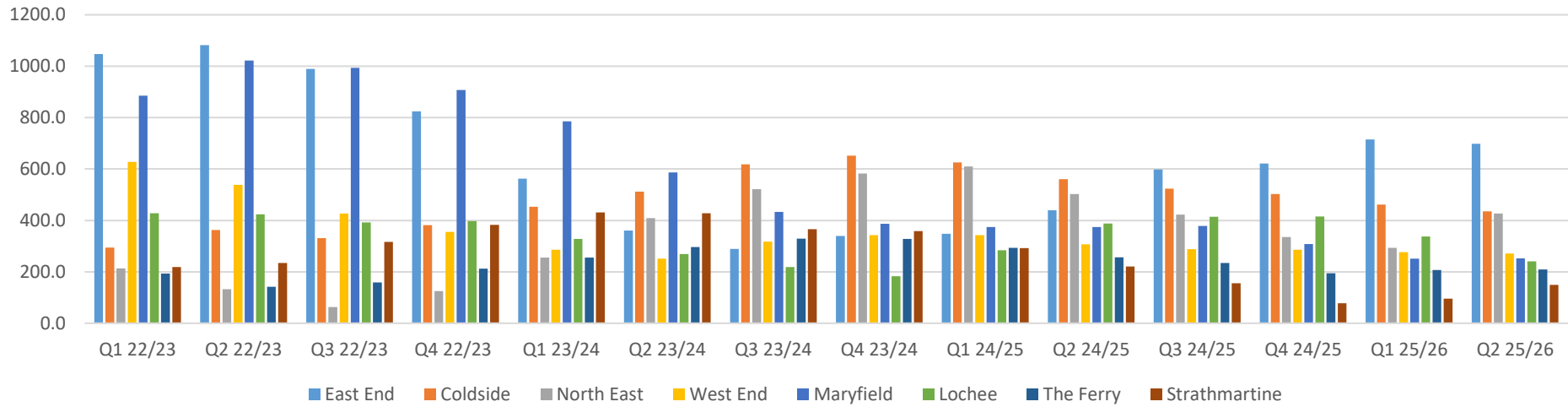


Q2 25/26

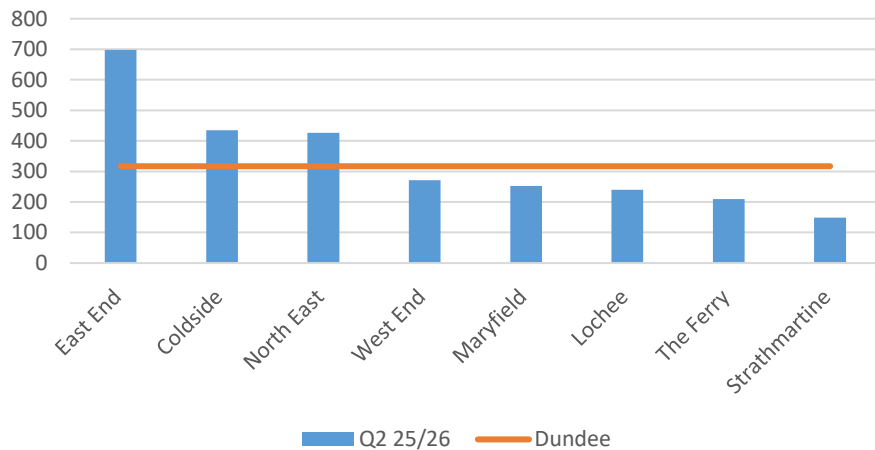


Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
<b>Bed Days for People Aged 65+</b>													
Number of Mental Health <u>EMERGENCY</u> Bed Days for people aged 65+	10769	10188	10202	10407	10284	9863	9685	8779	8504	8534			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+	410.4	388.2	388.8	396.6	382.0	366.4	359.8	326.1	315.9	317.0			The rate has been decreasing consistently, with Q2 2025/26 showing the lowest rate, East End has the highest rate and Strathmartine had the lowest.

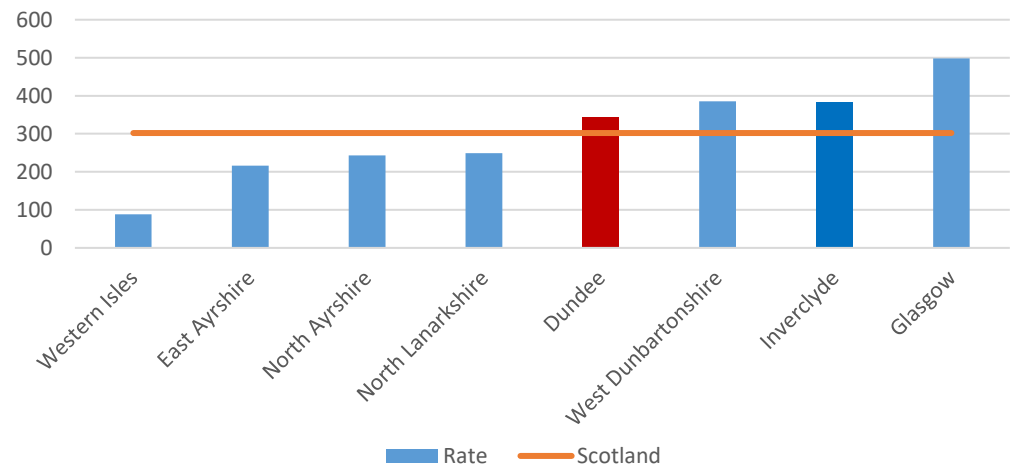
Rate per 1,000 MH Emergency Bed Days 65+



Q2 2025/26

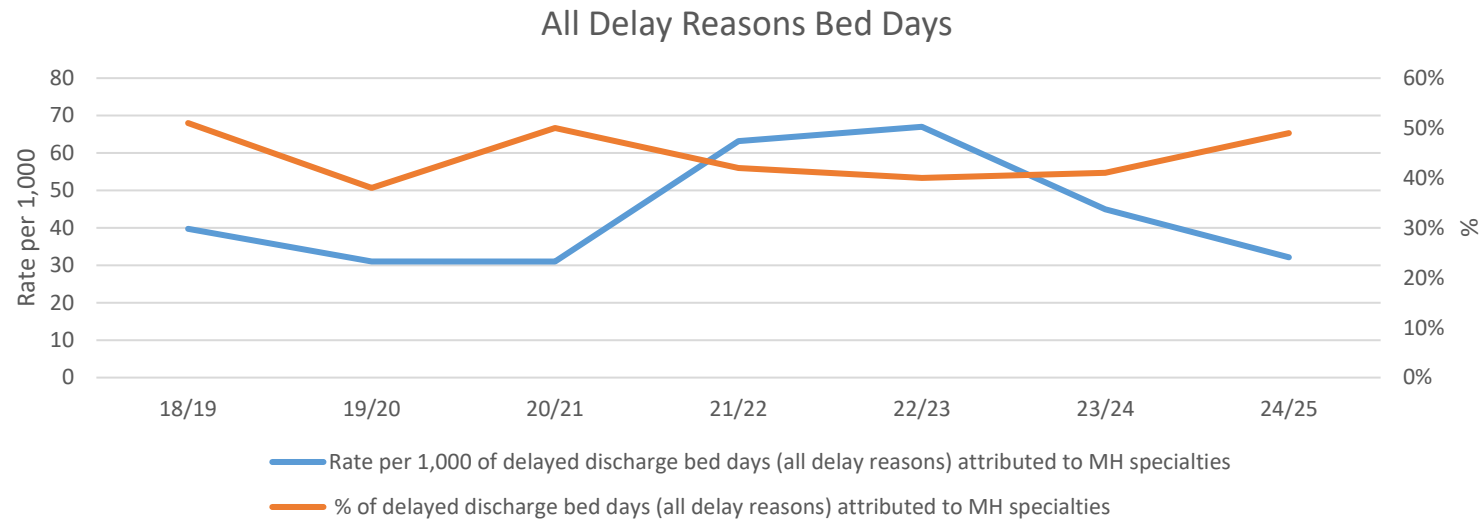


Rate per 1,000 MH EMERGENCY Bed Days by Family Group 65+



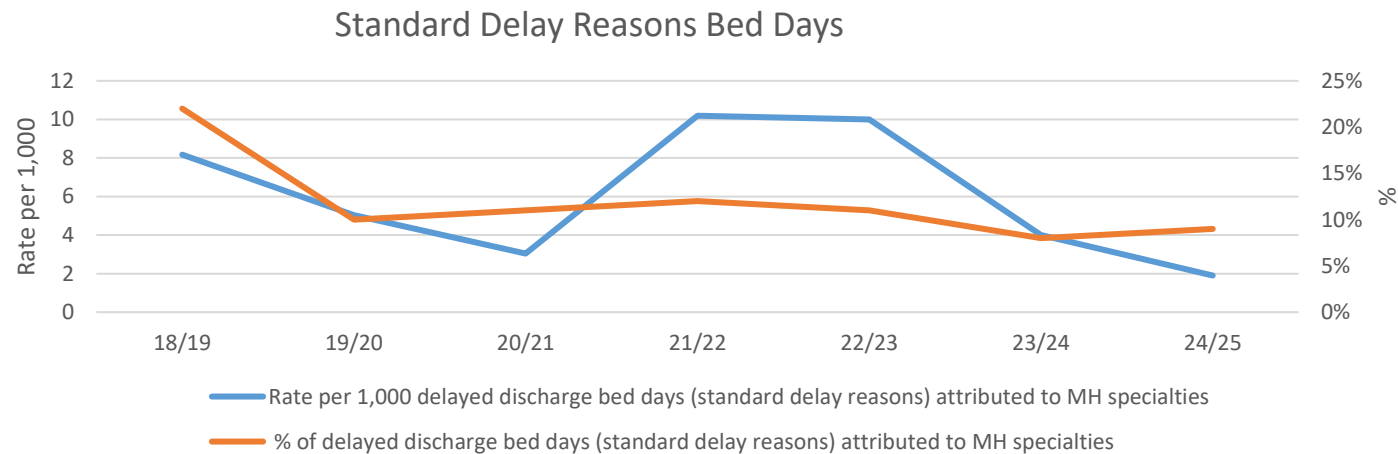
**Table 3 : Delayed Discharge for Mental Health**

**Delayed Discharge for Mental Health Specialities**



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.

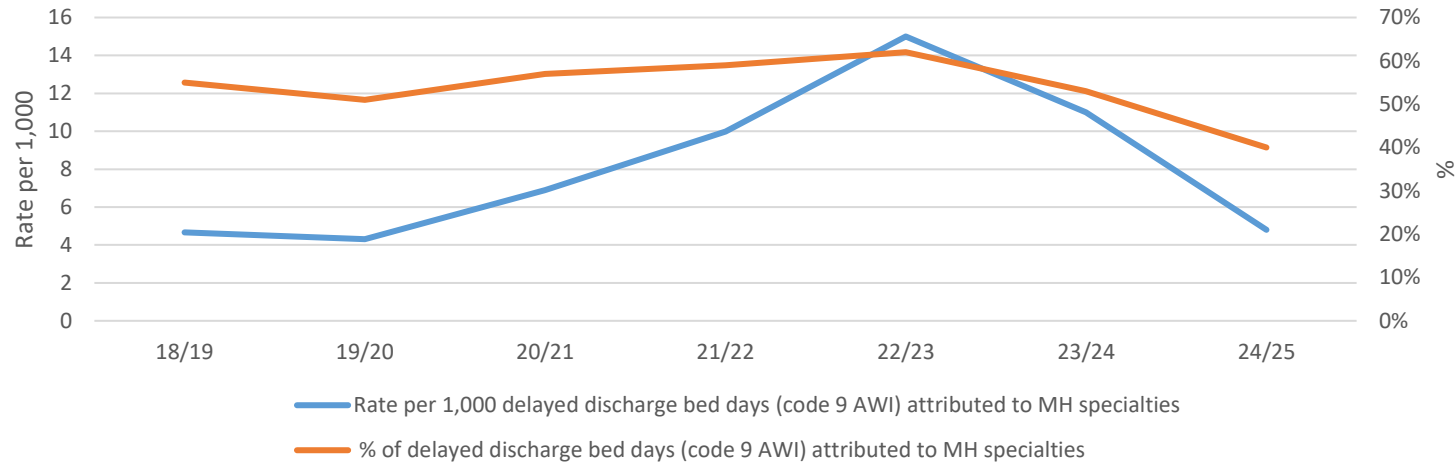
Source: PHS Publication June 2025, Delayed discharges in NHS Scotland annual  
This data in available annually and not available by LCPP level



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 in available annually and not available by LCPP level

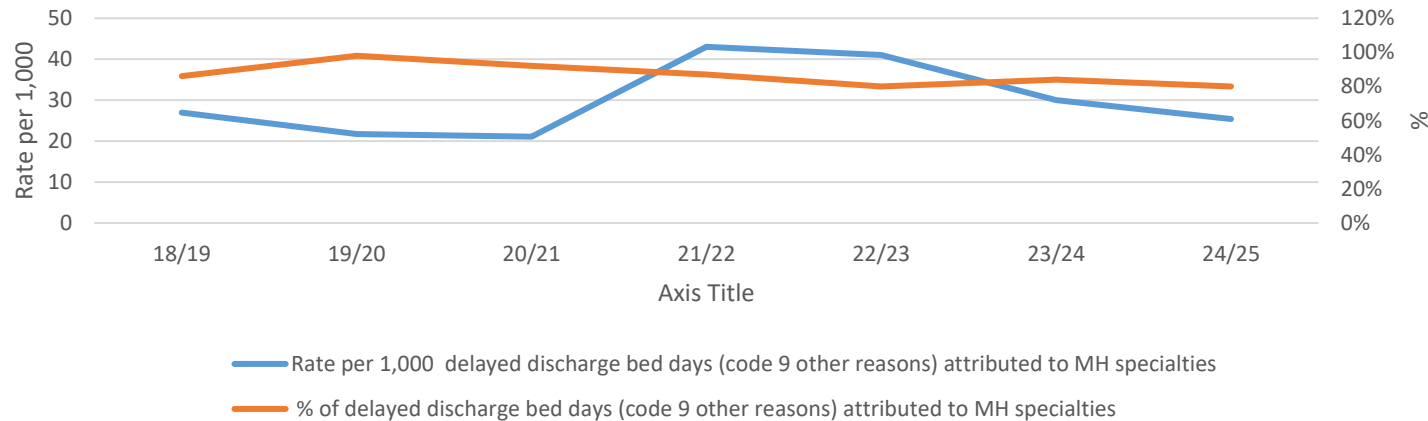
### Code 9 AWI Bed Days



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)



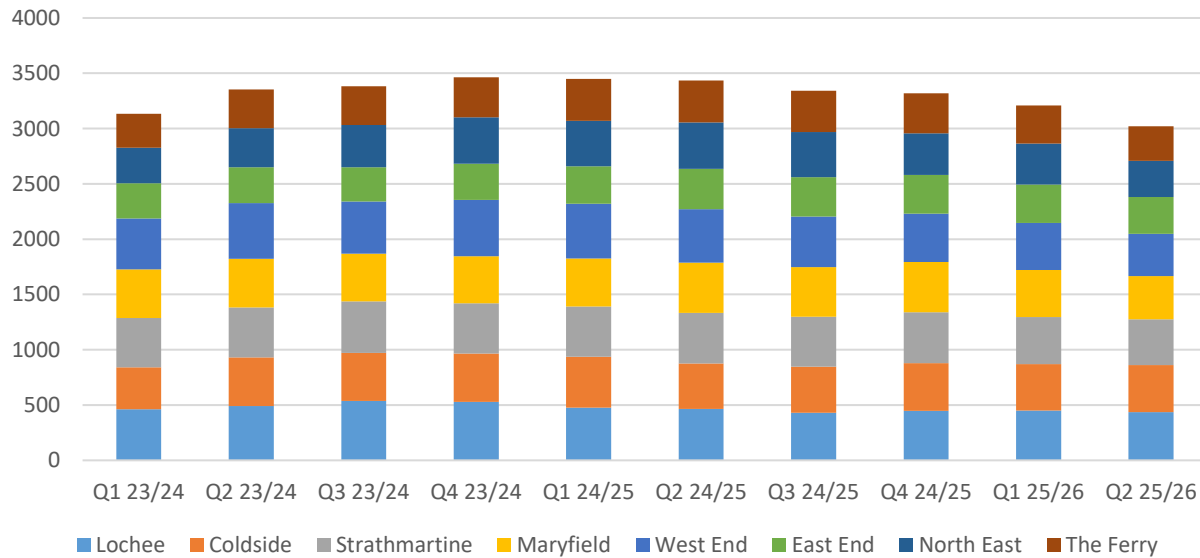
The rate per 1,000 delayed discharge bed days (code 9 other reasons) attributed to MH specialties decreased from 41 in 2022/23 to 25 in 2024/25. This indicates a downward trend. The percentage of delayed discharge bed days (code 9 other reasons) attributed to MH specialties fluctuated, but in recent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

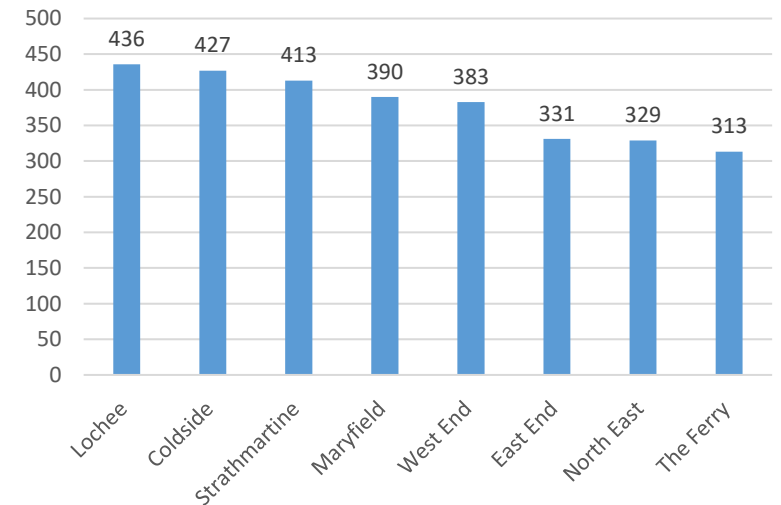
**Table 4 Psychological Therapies**

Indicator	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	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>Psychological Therapies</b>													
Number of NEW referrals to psychological therapies (ALL)	3152	3423	3520	3631	3448	3436	3342	3320	3209	3022			There was a steady increase in referrals peaking in Q4 2023/24. Since then, there has been steady decline

**No. New Referrals to Psychological Therapies**

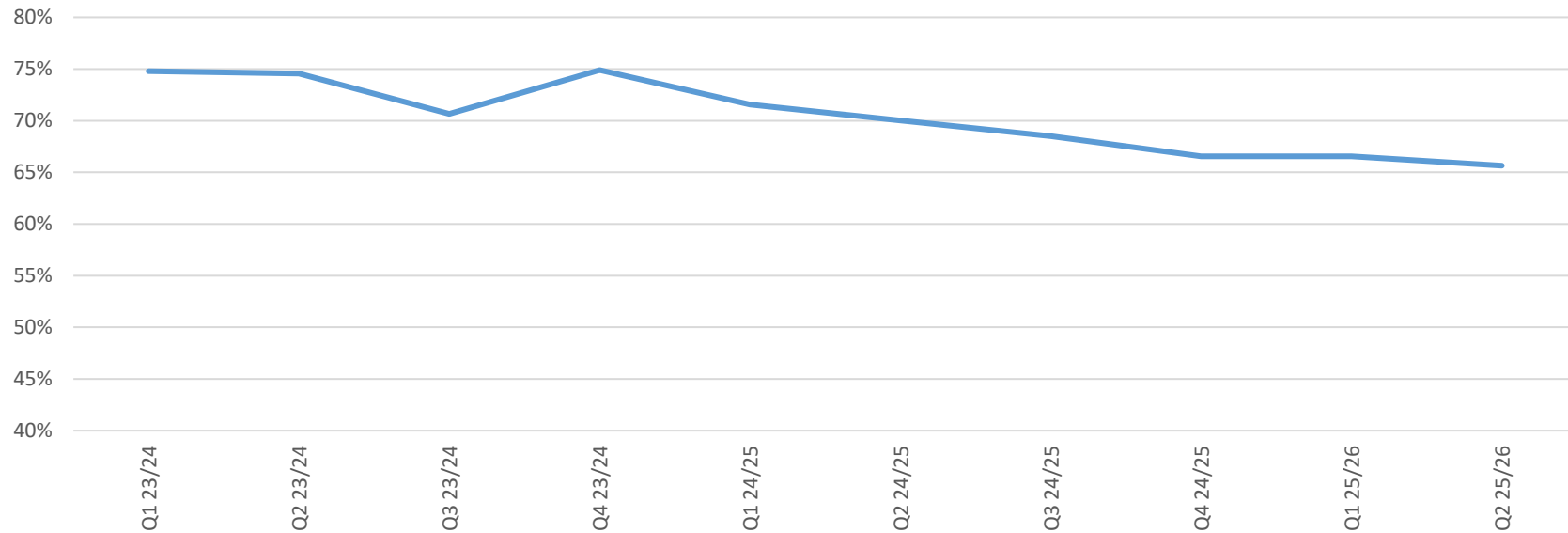


**Q2 25/26**



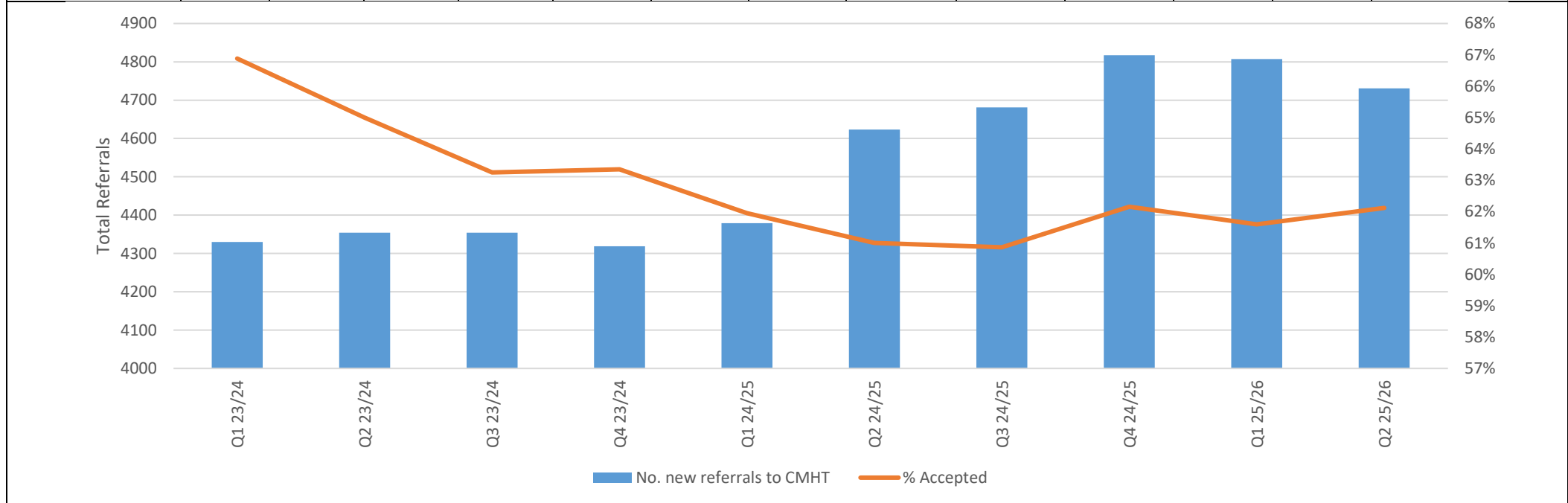
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>Psychological Therapies</b>													
% of patients referred who commenced their treatment within 18 weeks of referral (completed waits)	71%	71%	71%	71%	72%	70%	69%	67%	67%	66%			The percentage of patients seen within 18 weeks of referral has shown a gradual and consistent decline over the period.

% of Patients who Commenced Treatment within 18 Wks of Referral (Completed Waits)



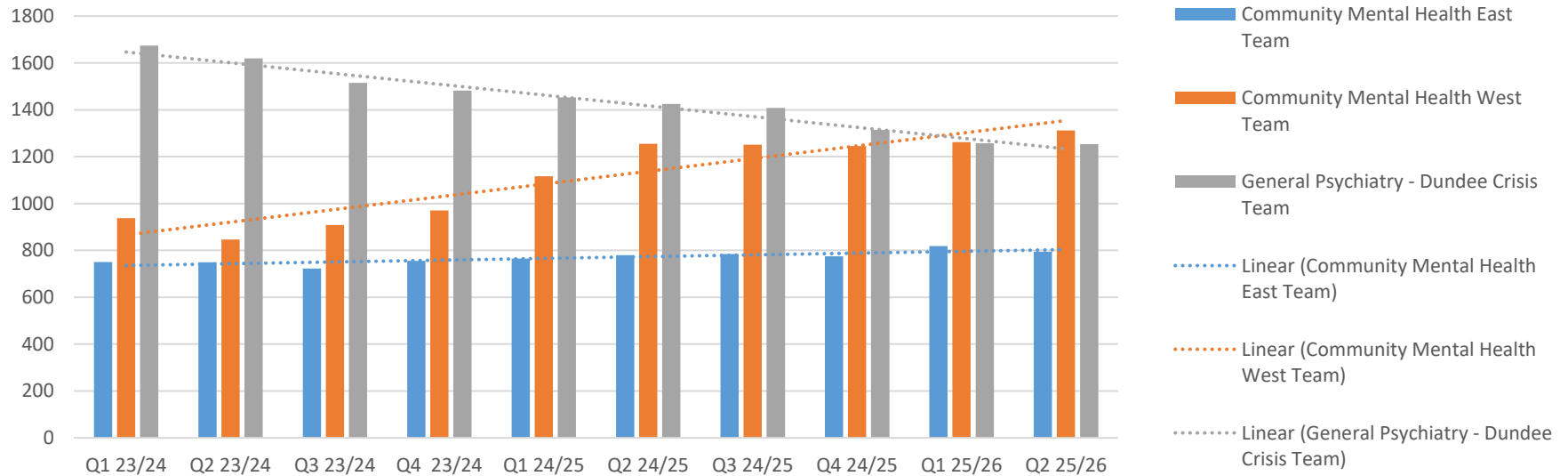
**Table 5 Community Mental Health Teams**

Indicator	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	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)</b>													
Number of new referrals to CMHT (and % accepted)	4330 (67%)	4354 (65%)	4354 (63%)	4319 (63%)	4379 (62%)	4623 (61%)	4681 (61%)	4817 (62%)	4807 (62%)	4731 (62%)			Number of referrals had been steadily increasing and peaked in Q4 2024/25. The past two quarter have shown a slight decline.



Indicator	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	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)</b>													
Number of community based mental health appointments offered (included attended and DNA)	3362	3214	3147	3207	3334	3459	3444	3334	3338	3359			Stable level of activity in the past few quarters. CMHT West has shown significant increase and the Crisis Team showing a drop in appointments.

No. Community Based MH Appointments Offered



Indicator	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	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>CMHT teams (Includes a combination of General Psychiatry – Dundee Crisis Team, Dundee Community Mental Health East Team and Dundee Community Mental Health West Team)</b>													
No. of return appointments for every new patient seen. (average per month over the previous 12 months)	11	11	12	11	11	10	10	11	11	11			Stable numbers in the past three quarters.
Number of people discharged without being seen	700	621	539	458	429	431	441	439	402	349			Steady decline with the lowest number in Q2 2025/26. Notable drop for the Crisis Team.

No. of People Discharged, Not Seen

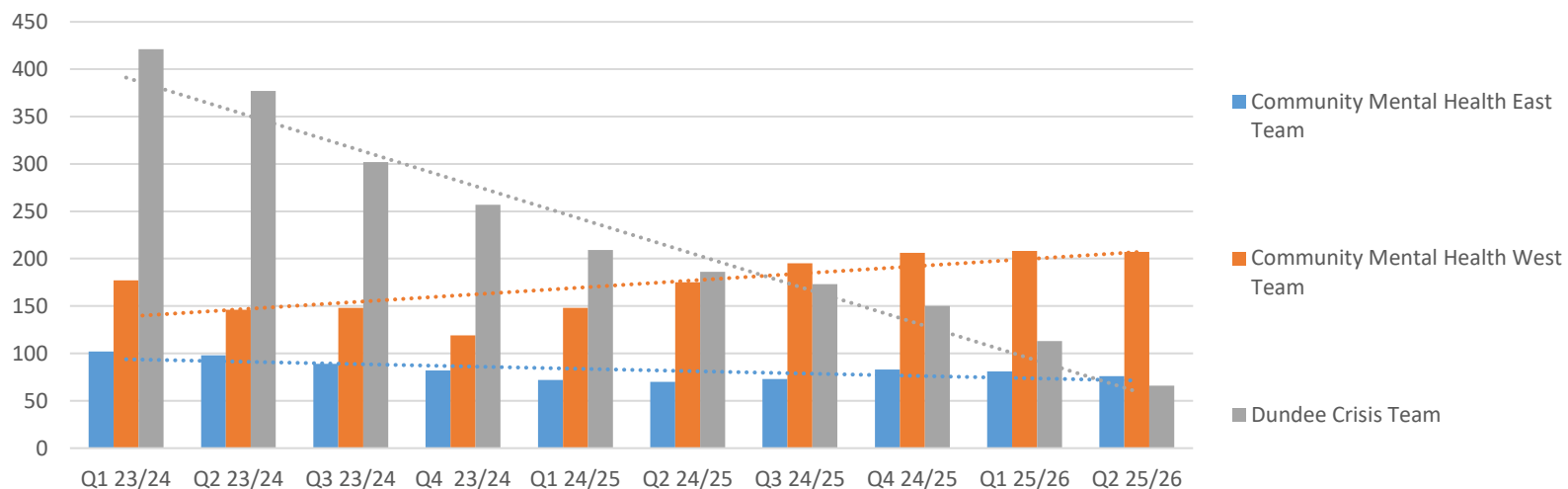
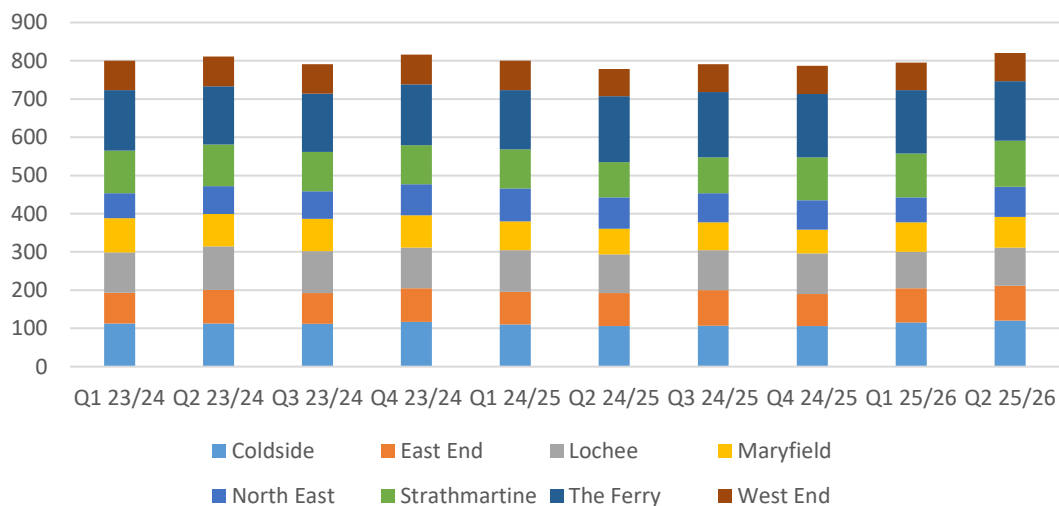


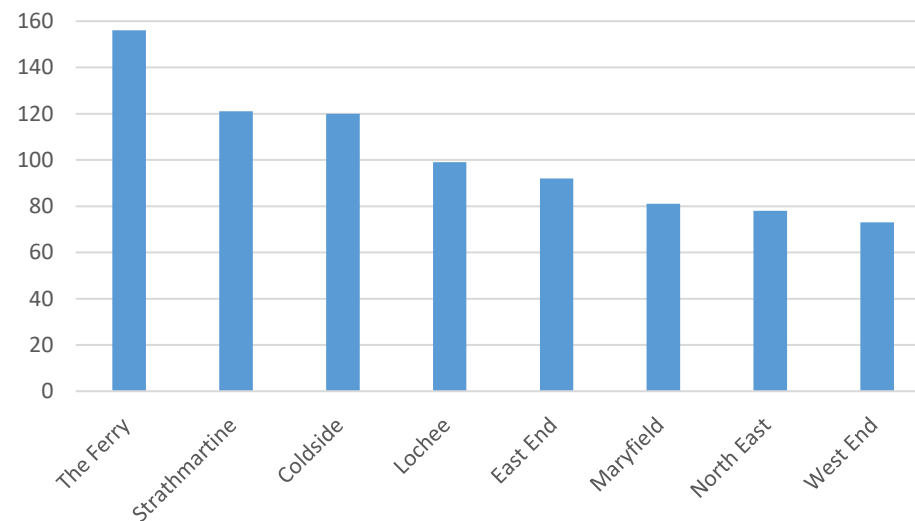
Table 6 : Psychiatry of Old Age

Indicator	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	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>Psychiatry of Old Age</b>													
Number of accepted referrals to Psychiatry of Old Age (and % accepted)	800 (63%)	811 (60%)	791 (58%)	816 (61%)	800 (61%)	778 (61%)	791 (61%)	787 (61%)	795 (60%)	820 (61%)			Broadly stable number of referrals with a dip in Q2 2024/25 and a new peak in Q2 2025/26. Acceptance rate is consistently around 61%. The Ferry has the highest number of referrals and West End the lowest.

No. of accepted POA referrals



Q2 25/26

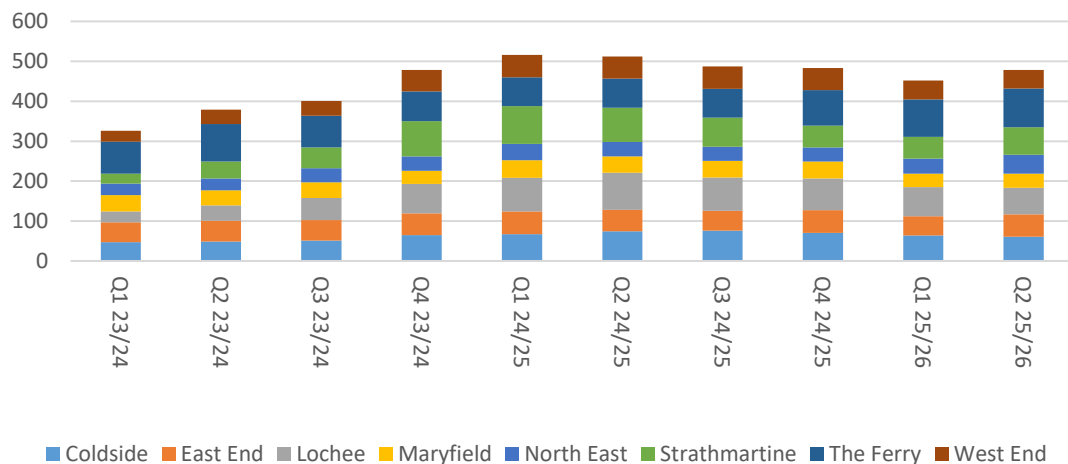


Please note: There has been a change in the way referrals are counted in 2023/24 reporting period

Indicator	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	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
Number of return appointments for every new patient seen.	11	11	12	12	12	12	12	12	12	11			Numbers holding steady at around 12 return appointments
Number of people discharged without being seen	322	375	401	478	516	512	487	483	452	478			There is an overall increasing trend in the number of people discharged without being seen, with figures stabilising in the past few quarters. The Ferry has the highest number and

North-East the lowest.

No. POA Referrals Discharged but not Seen



Q2 25/26

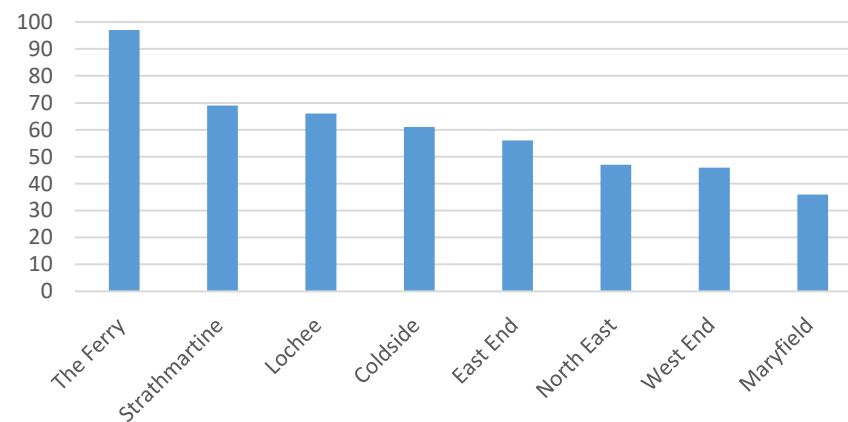
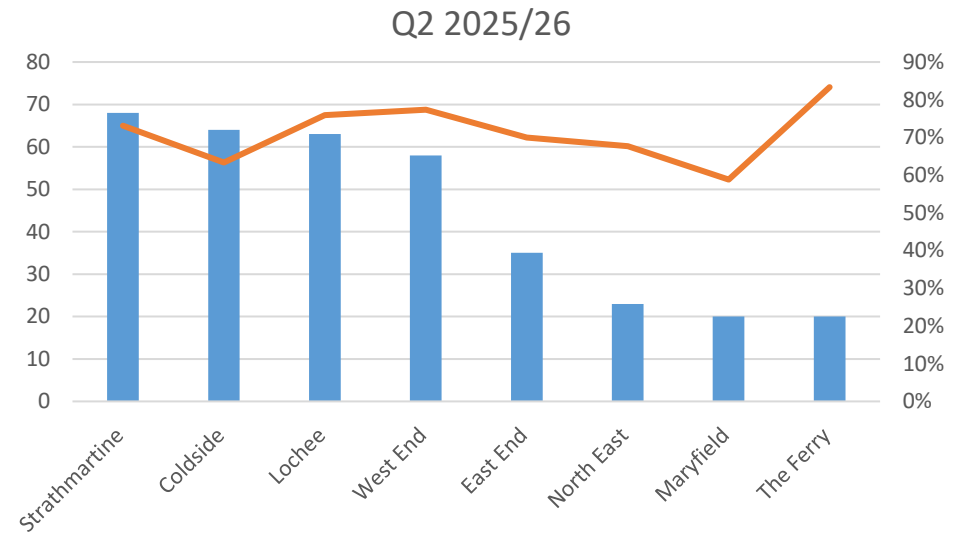
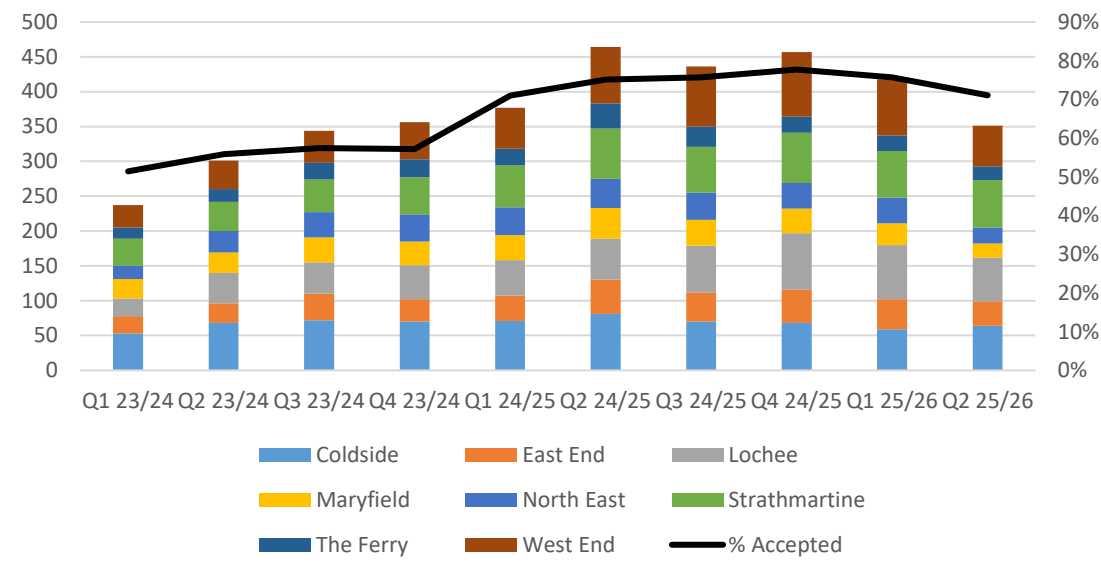


Table 7 : Learning Disabilities

Indicator	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	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>Learning Disability</b>													
Number of new referrals to LD (and % accepted)	237 (51%)	301 (56%)	344 (57%)	356 (57%)	377 (71%)	464 (75%)	436 (76%)	457 (78%)	418 (76%)	351 (71%)			An overall upward trend, peaking in Q2 2024/25, followed by a gradual decline. Highest number of referrals are from Strathmartine and the lowest from The Ferry. The % accepted show an overall improvement. <i>Please note: There has been a change in the way referrals are</i>

counted so these numbers are different previous reporting

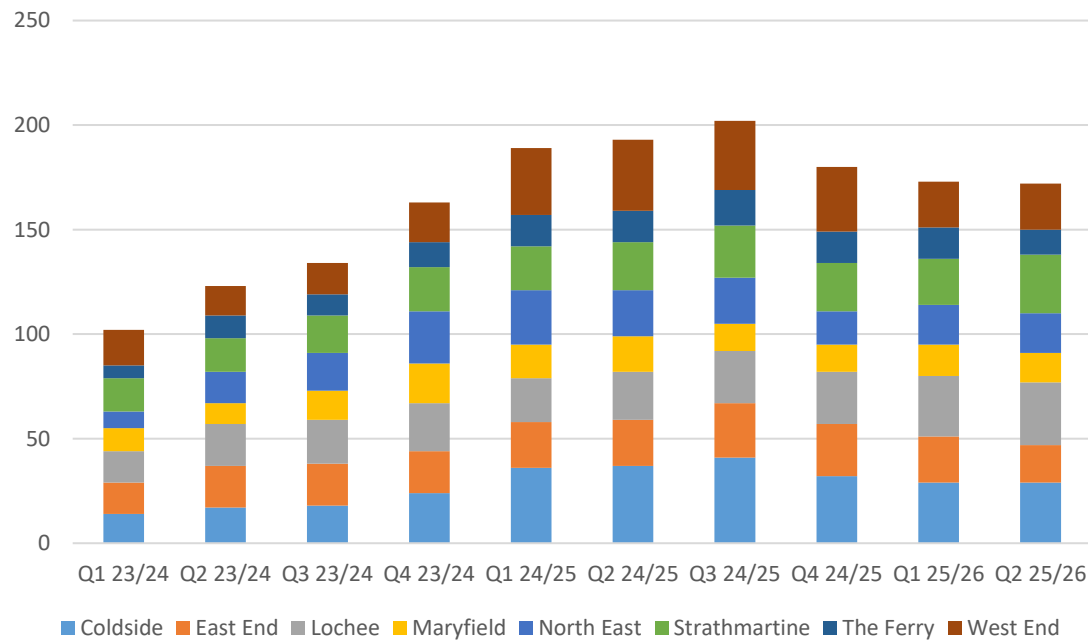
### No. New LD Referrals and % Accepted



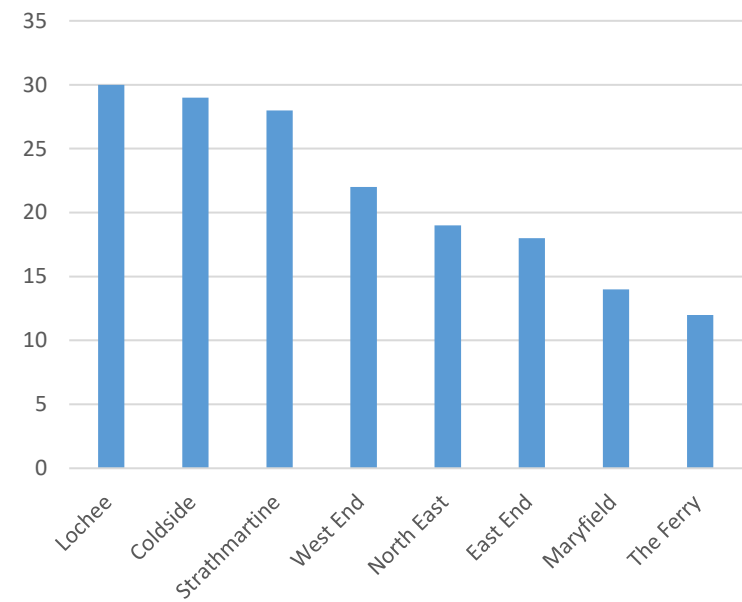
Indicator	Rolling 23/24 Q1	Rolling 23/24 Q2	Rolling 23/24 Q3	Rolling 23/24 Q4	Rolling 24/25 Q1	Rolling 24/25 Q2	Rolling 24/25 Q3	Rolling 24/25 Q4	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/Analysis
<b>Learning Disability</b>													
Number of return appointments for every new patient seen.	12	12	11	11	11	12	13	14	16	15			Numbers gradually increasing
Number of people discharged without being seen	102	123	134	163	189	193	202	180	173	172			A steady increasing trend people discharged without being

seen. Lochee had the highest number of referrals discharged without being seen.

No. LD Referrals Discharged but Not Seen



Q2 25/26



**Table 8 : Social Work Mental Health Data**

Indicator	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	Rolling 25/26 Q1	Rolling 25/26 Q2	Rolling 25/26 Q3	Rolling 25/26 Q4	Comments/ Analysis
<b>Social Work Demand Information</b>													
MHO new referrals and Assessment	292	283	264	265	260	272	284	288	293	292			Following a downward trend, numbers have begun to stabilise.
CMHT (SW team) new referrals	134	121	78	66	57	66	68	82	102	97			Overall downward trend with a recent slight increase.
CMHT older people new referrals(SW team)	174	190	186	189	158	136	123	124	163	161			A decreasing trend since the peak in Q2 2023/24.
LA Guardianship applications	52	54	55	60	60	70	72	74	63	61			An upward trend in both local authority and private guardianship applications.
Private Guardianship application	64	70	69	73	80	88	90	99	101	99			
Emergency detention in hospital (up to 72 hours) (s36)	101	97	103	117	105	104	113	101	106	117			Numbers have fluctuated, reaching a peak in Q4 2023/24, followed by downward trend.

Short term detention in hospital (up to 28 days) (s44)	181	179	209	205	197	205	200	201	195	180			Stable overall with a peak in 2023/24 Q3 and a recent dip to 180 in 2025/26 Q2.
<b>Indicator</b>	<b>Rolling 23/24 Q1</b>	<b>Rolling 23/24 Q2</b>	<b>Rolling 23/24 Q3</b>	<b>Rolling 23/24 Q4</b>	<b>Rolling 24/25 Q1</b>	<b>Rolling 24/25 Q2</b>	<b>Rolling 24/25 Q3</b>	<b>Rolling 24/25 Q4</b>	<b>Rolling 25/26 Q1</b>	<b>Rolling 25/26 Q2</b>	<b>Rolling 25/26 Q3</b>	<b>Rolling 25/26 Q4</b>	<b>Comments/ Analysis</b>
Compulsory Treatment Orders (s64)	58	59	63	60	54	45	44	41	42	40			Downward trajectory since 2023/24 Q3, reaching 40 in 2025/26 Q2.
No. of S44 with Social Circumstance report was considered	61	69	73	73	63	57	67	64	78	79			
No. of SCR that were prepared	35	38	42	46	41	44	52	51	65	67			Increase in the number of SCR that were prepared in Q2 2025/26.
MHO team caseload at period end	264	263	255	251	250	251	214	196	206	198			Downward trend in caseload, after a peak in Q1 2023/24.
MHO unallocated at end of quarter	37	36	51	42	52	40	17	15	20	16			Drop in number of unallocated cases.
% MHO unallocated out of all cases	14%	14%	20%	17%	21%	16%	8%	8%	10%	8%			A reduction in % unallocated.
CMHT (SW team) caseloads at period end	474	491	471	467	492	506	525	525	542	544			Increasing trend since Q3 2023/24.

CMHT (SW teams) unallocated at end of quarter	57	38	42	45	28	19	14	18	11	0			A reduction in numbers.
% CMHT (SW teams) unallocated out of all cases	12%	8%	9%	10%	6%	4%	3%	3%	2%	0%			A reduction in % unallocated cases in the past few quarters.
CMHT older people (SW team) caseloads at period end	280	267	258	269	275	268	266	249	242	237			Overall decrease in caseloads.
CMHT older people (SW team) unallocated at end of quarter	0	0	0	0	0	0	0	0	0	0			
% CMHT older people (SW team) unallocated out of all cases	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%			