Table 1: Glossary of common terminology in mental health care

Item	Description
Admission	An admission marks the start of an inpatient or day case episode.
Age	Refers to the patient's age on admission.
Continuous Inpatient Stay (CIS)	A CIS is an unbroken period of time that a patient spends as an inpatient. During a CIS, a patient may change consultant, significant facility, specialty, and/or hospital. This means that a CIS may comprise multiple episodes of care.
Council area of residence	Describes the council area that the patient lives in. A council area is an area made for local government. There are 32 council areas in Scotland. They are all governed by unitary authorities called 'councils'. The council areas were created on 1 April 1996, under the provisions of the Local Government (Scotland) Act 1994. This report uses the 2019 council area boundaries throughout, for all years of data.
Cross-boundary flow	Refers to the relationship between where patients live and where they are treated. Our diagram shows you how many patients from each NHS Board of residence were treated outside their Board. If your preferred measure is number of discharges rather than number of patients, you will find this information in the 'Table' tab of the Data Explorer.
Diagnosis grouping*	Up to six diagnoses (one principal and five secondary) may be recorded per hospital episode. Only principal diagnosis was used to create diagnosis groupings in the Explorer (see **Table 2** below for a breakdown of the groupings). The only exception is the grouping 'Organic, including symptomatic, mental disorders' (F00-F09), as it includes cases where a principal diagnosis G was followed by a secondary diagnosis of F00.
Discharge	A hospital discharge marks the end of an episode of care. This may include deaths, transfers to other specialties/significant facilities/hospitals, and discharges to place of residence.
Discharge type	Discharge type indicates whether a discharge from an inpatient or day case episode is regular, irregular (e.g. self-discharge) or as a result of the patients death. The discharge types aggregate into discharge groups as follows: Regular Discharge comprises Regular discharge (No additional detail added); Discharge from NHS inpatient/day case care; Transfer within the same Health Board/Health Care Provider; Transfer to another Health Board/Health Care Provider; Other type of regular discharge; and Regular discharge (Type not known). Irregular Discharge comprises Irregular Discharge (No additional detail added); Patient discharged himself/herself against medical advice; Patient discharged by relative; Patient absconded from detention (SMR04 only); Other type of irregular discharge; and Irregular discharge (Type not known). Death comprises Death (No additional detail added); Death – Post Mortem; Death - No Post Mortem; and Death - Whilst on pass. For more information, visit: https://publichealthscotland.scot/services/national-data-catalogue/data-dictionary/a-to-z-of-data-dictionary-terms/discharge-type/

Episode	An episode starts with a referral (including re-referral) or admission. It ends with a discharge.
Financial year	Financial years start on 1 April and end on 31 March. For example, financial year 2017/2018 covers the period 1 April 2017 – 31 March 2018.
Hospital resident	A hospital resident is an individual who is an inpatient at midnight on 31 March, before the beginning of the next financial year (1 April). The term 'hospital resident' is used for simplicity. This is because some people will be looked after in care homes under contract to the local NHS Board. The Explorer only includes hospital residents in psychiatric specialties. This measure, i.e., hospital residents, is not used in non-psychiatric specialties due to fewer patients experiencing long stays.
ICD10	The International Classification of Diseases and Related Health Problems, Tenth Revision (World Health Organization). For more information, visit: ICD-10 Version:2019 (who.int)
NHS Board of residence	Describes which of the 14 Scottish territorial NHS Boards the patient lives in. This is based on the postcode of their home address. This report uses the 2019 NHS Board boundaries throughout, for all years of data. Note: People who are resident outwith Scotland or with no fixed abode are included in a separate category labelled 'Other'.
NHS Board of treatment	Describes which of the 14 Scottish territorial NHS Boards the patient was treated in. NHS Orkney and NHS Shetland have no psychiatric hospitals within their area. As such, these boards are not valid selections when looking at psychiatric specialties. 'NHS Board of treatment' also includes the State Hospital, which is an exclusively psychiatric facility, and the National Waiting Times Centre, a non-psychiatric facility. These two are Special Health Boards. Special Health Boards support the regional NHS Boards by providing a range of important specialist and national services.
Patient	A patient is an individual discharged from hospital at least once during the financial year. Patients are counted only once in each financial year, even if they have been discharged more than once. This is only if these discharges are from the same specialty. If they have been discharged from both psychiatric and non-psychiatric specialties in the same financial year, they will be counted in each. Therefore, the two specialty totals may not sum to the overall specialty total. To calculate the total, patients are counted only once per year regardless of how many times they have been discharged in a year or whether they have been discharged from both specialties.
Rate (per 100,000 population)	The annual number of events relative to the size of the population, expressed per 100,000 population. It takes no account of differences between populations with regard to age and gender composition.
Readmission	Refers to a case where a patient who had been discharged from hospital is admitted again within a defined period of time. The 'Readmissions' tab in the Data Explorer shows percentage readmissions. This was calculated by dividing the total number of readmissions by the total number of CISs. Only readmissions in the following psychiatric specialties have been included in this publication: G1 - General Psychiatry and G4 – Psychiatry of Old Age.

Relative Index of Inequality (RII)	The RII describes inequality across the full population relative to the mean and takes into consideration the population size of each deprivation quintile. A higher RII indicates greater inequality in the most deprived quintile compared to the least deprived quintile relative to the mean, i.e. it shows how much more likely people from the most deprived quintile are to experience inpatient mental health care compared to people from the least deprived quintile in that year.
Scottish Index of Multiple Deprivation (SIMD)	The SIMD uses a wide range of information for small areas (data zones) to identify concentrations of multiple deprivation across Scotland. The data zones are then arranged in five groups (quintiles), ranging from the most deprived (1 - contains the 20% most deprived data zones) to the least deprived (5 - contains the 20% least deprived data zones). The SIMD version used depends on the years in question. More information can be found on the Public Health Scotland website: https://publichealthscotland.scot/services/geography-population-and-deprivation-support/deprivation/scottish-index-of-multiple-deprivation-simd/
Total length of stay	Total length of a continuous inpatient stay in hospital.
Treatment specialty	A specialty is a division of medicine covering a specific area of clinical activity. In the information presented in this publication, it is possible to differentiate between patients treated in psychiatric specialties and patients treated in non-psychiatric specialties. You can download a complete list of specialties included under each category from the following website: https://publichealthscotland.scot/services/national-data-catalogue/data-dictionary/a-to-z-of-data-dictionary-terms/specialtydiscipline/ Please note that this data release excludes activity in the Learning Disability specialty.

Table 2: ICD10 diagnosis groupings and examples of conditions in each grouping

*Diagnosis grouping (ICD10 codes)	Includes the following conditions:
Organic, including symptomatic, mental disorders (F00-F09, or principal diagnosis G with secondary diagnosis F00)	Dementia, delirium, mental disorders due to brain damage
Mental & behavioural disorders due to psychoactive substance use (F10-F19)	Disorders due to use of: alcohol, licit and illicit drugs, and psychoactive substances
Schizophrenia, schizotypal, & delusional disorders (F20-F29)	Schizophrenia, psychotic disorders, schizoaffective disorders
Mood (affective) disorders (F30-F39)	Depression, mania, bipolar disorder

Neurotic, stress-related, & somatoform disorders (F40-F49)	Anxiety disorders, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), hypochondria, dissociative disorders
Disorders of adult personality & behaviour (F60-F69)	Personality disorders, impulse disorders (pathological fire-setting, stealing, etc.)
Other selected diagnoses principally affecting children & young people (F50-F59, F70-F99)	Eating disorders, sleep disorders, sexual dysfunction / Mild, moderate, severe, and profound intellectual disability / Autism, speech disorders, dyspraxia, developmental dyslexia / Attention deficit and hyperkinetic disorders, conduct disorders, tic disorders