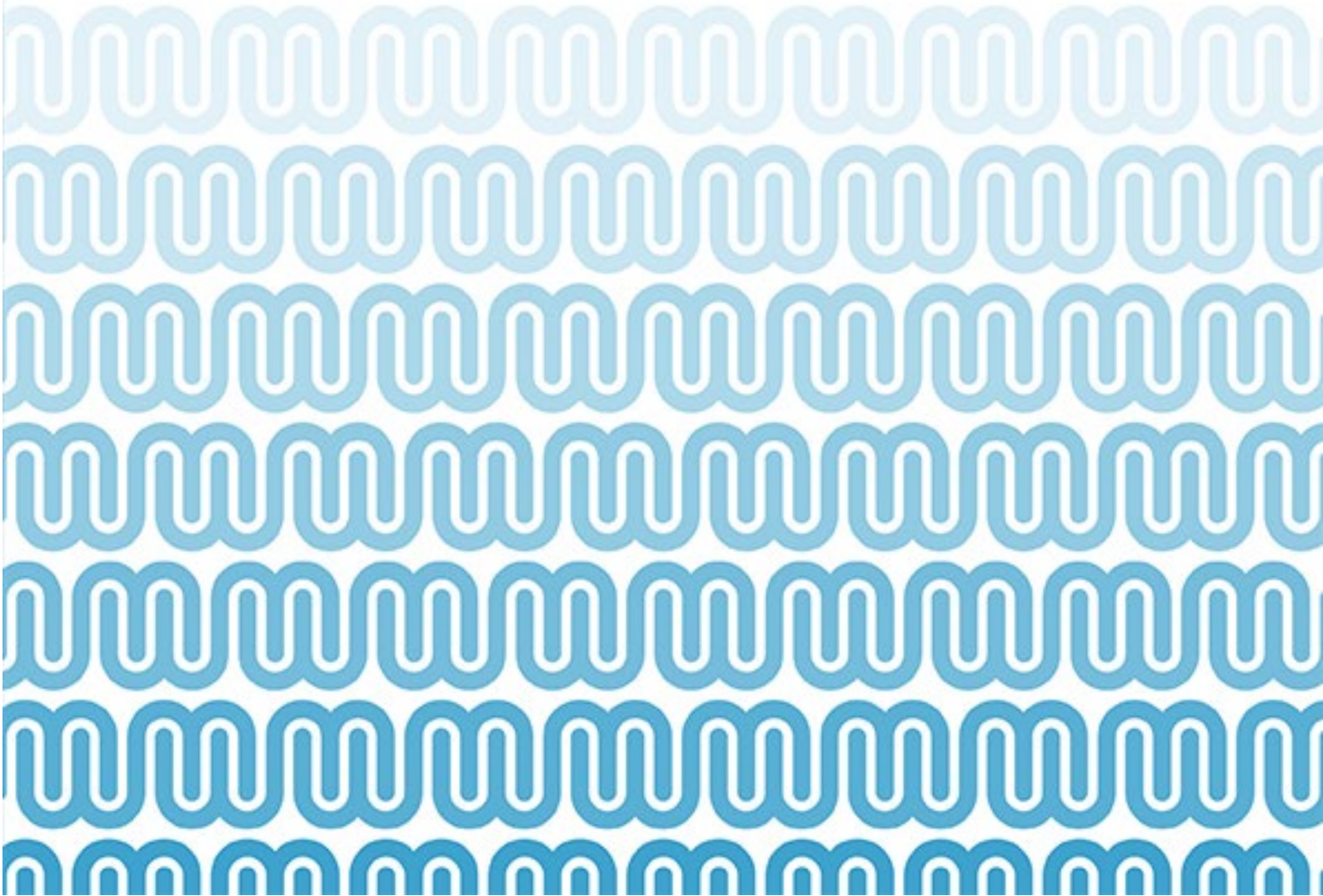
mental welfare commission for scotland

Mental Health Act Monitoring Report 2024-25

Statistical monitoring

November 2025



Our mission and purpose

Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

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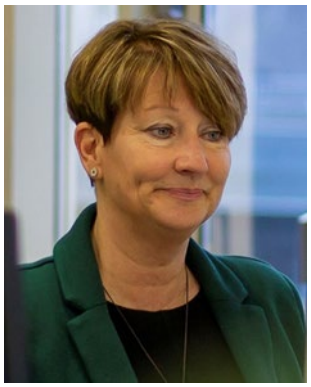
Foreword – Julie Paterson, chief executive



When people become very unwell with mental ill health, some aspects of their care and treatment may need to be delivered against their will, to ensure their safety and wellbeing. All such, use of compulsion must be done using the Mental Health Act, should last for the shortest possible length of time, and must be reported to the Mental Welfare Commission.

The Commission has a statutory duty to monitor how Scotland's principle-based mental health law is used. We do this by publishing a transparent annual statistical report.

This year's report shows that a total of 7,449 detention episodes began in 2024-25, which was 3.3% more than in 2023-24 and slightly lower than the average year-on-year increase in the previous years of 4.7%.

We hope that the details provided in this report are helpful to organisations that are involved in the planning and delivery of services across Scotland and allow for more local scrutiny of trends and more local understanding.

The Commission also recognises that while this report summarises statistical information at a population level, every incident relates to an individual person and represents a time of difficulty for them, their carers, and those that matter to them.

November 2025

Summary and key findings

1. For some people with mental health difficulties, some aspects of their care and treatment might need to be delivered against their expressed wishes at that time. This is done as set out in the Mental Health (Care and Treatment)(Scotland) Act 2003 (the Mental Health Act)[1] which includes legal safeguards that ensure the person is cared for appropriately and for the shortest time possible.
2. The Mental Welfare Commission (the Commission) has a duty under section 5 of the Mental Health Act to monitor and promote best practice in the use of the Act. This report is published as part of this duty and outlines data primarily on the use of the Mental Health Act during 2024-25. We also make reference to the Criminal Procedure (Scotland) Act 1995[2] (the Criminal Procedure Act).

Detentions under the Mental Health Act

1. A total of 7,449 detention episodes began in 2024-25, which was 3.3% more episodes than the updated figure in 2023-24 of 7,211 and slightly lower than the average year-on-year increase in the previous years of 4.7%. Out of all episodes, 51.3% began with an emergency detention certificate (EDC), 47.4% with a short-term detention certificate (STDC), and 1.4% with a compulsory treatment order (CTO) or an interim compulsory treatment order (iCTO).
2. The rate of new detention orders increased very slightly for all types of order compared with 2024-25. The rate of detention for EDCs increased from 66.8 per 100,000 to 69.8 per 100,000 in 2024-25. The rate of STDCs increased only very slightly from 103.1 per 100,000 to 104.6 per 100,000 in 2024-25. The rate for CTOs increased from 33.4 per 100,000 in 2023-24 to 35.7 per 100,000 in 2024-25.
3. We continue to monitor detentions by the level of deprivation according to the Scottish Index of Multiple Deprivation (SIMD) based on the home address of the person being detained. There was a clear gradient of new detention orders in 2024-25 with a higher proportion of detentions of individuals from the most deprived parts of Scotland. The proportion of detentions from SIMD category 1 (most deprived) was 30.3%.
4. Consent of a mental health officer (MHO) is an important safeguard. For detention under an EDC, MHO consent has been falling over the years. We are still concerned at the low rate of 38.6%, however we note that there has been a slight increase in the number of MHO consents compared with the 2023-24 low of 35.7%. In mainland health boards this ranged from 27.0% in Greater Glasgow and Clyde to 81.4% in Dumfries and Galloway.
5. Social circumstances reports (SCRs) are a critical safeguard which address the interaction of a person's mental health *and* their social circumstances. For

53.0% of STDCs in 2024-25 the Commission received notification that an SCR had been prepared or that an SCR would serve no purpose (and therefore had not been prepared). In 47.0% of cases, we received no notification compared with 50.9% in 2023-24.

6. There were 187 detentions under section 299 (nurse's power to detain pending a medical examination) in 2024-25, which is a 10.1% decrease compared with 2023-24 revised figures.
7. There were 1,231 section 297 (place of safety) orders in 2024-25, which was a 3.8% decrease compared with the year before.
8. As well as the incidence of new episodes and orders, we count the number of individuals who were subject to an order on the first Wednesday in January each year (known as extant orders). In 2025, there were 4,216 extant orders which was similar compared with the same day in 2024. Of extant CTOs, 33.3% were community-based.
9. The Commission was notified of 138 deaths that occurred when someone was subject to an order under the Mental Health Act and nine deaths when someone was subject to the Criminal Procedure Act, equating to 1.1% of all orders in 2024-25. The percentage of deaths as a proportion of total orders remains consistent over time, ranging from 1.1% to 1.3%.

Detentions under the Criminal Procedure Act

10. There were 315 orders under the Criminal Procedure Act in 2024-25, this is the lowest figure we have recorded in the last 10 years. The average number of orders over the last 10 years was 384.
11. There was a total of 1,015 T2[1] certificates issued during 2024-25, compared with an average of 856 during the years 2015-16 to 2023-24. Most T2 certificates (96.5%) were issued for medication over two months while 2.5% were issued for electroconvulsive treatment (ECT). There were less than five T2s for artificial nutrition in 2024-25. Of the T2s, 5.0% were for young people (<18 years).
12. There were 2,845 T3 certificates issued in 2024-25, which was an 8.3% increase on the 2023-24 figure. Most T3s were for medication over two months (85.8%), while 7.9% were for ECT, 5.9% for artificial nutrition, and 0.4% for medication to reduce sex drive. This is broadly similar to previous years. Of the T3s, 4.7% were for people <18 years.
13. We were notified of 620 T4 certificates issued in 2024-25; a 12.1% increase on the number of T4s in 2023-24. Of the T4s, 19.5% were for people <18 years, which is an increase in the proportion from 12.8% in 2023-24.
14. Health boards are required to notify us each time someone registers, or withdraws, an advance statement containing a written statement of a

[1] Please see Box 3 on page 57 that provides details of the different treatment authorisation certificates.

person’s wishes regarding treatment if they become unwell in the future. In 2024-25, registrations had increased by 175 compared with last year’s register.

Introduction

The Mental Welfare Commission for Scotland has a statutory duty to monitor the use of the Mental Health Act. We do this by:

- collating and analysing data compiled from the relevant paperwork sent to us and,
- by publishing monitoring reports with comment and analysis of trends in the use of the Act.

This monitoring report is a statistical report based on detentions and the wider use of compulsion. We know that a detention occurs when someone is compelled to receive assessment and/or treatment in relation to their mental health. However, we fully recognise that each of the instances that make up this report, relates to a time of difficulty for the person and for those important to them.

Methods

In this report we present a number of different measures of compulsory care under the Mental Health Act[1] and also some in relation to the Criminal Procedure Act[2]; we report counts and rates of episodes, orders, or other indicators related to detentions or treatment. We also calculate percentages where relevant. Unless specified, the figures reported relate to the most recent reporting year (1 April 2024 to 31 March 2025). In the following sections we give an overview of how we report on this information and areas we have changed to improve the quality of the data we report on.

The Commission's data

The datasets we report here are based on notifications we receive from health boards when someone is made subject to the Mental Health Act or the Criminal Procedure Act. We also report on authorisations which are sent to us for safeguarded treatments under section 16 of the Mental Health Act. Our data is dynamic; that is, the number of detentions, or other indicators, might change retrospectively. This could be because some paperwork may not have reached us at the time we produce the monitoring reports. Updates sometimes happen and this means that figures in this report and previous reports may differ. In addition, this year we have been cleansing our database in anticipation of a data migration to a new system so there are very slight changes in historical data. The latest publication should always be referred to for the most accurate figures.

Scottish Index of Multiple Deprivation (SIMD)

We report level of deprivation according to SIMD categories in this monitoring report using the 2020v2 postcode look up file[4]. We report the level of completeness for this information as sometimes an individual may be of no fixed abode or is receiving long-term care in hospital and does not have a home address. Overall valid postcode data was available for 93.2% of detentions in 2024-25.

Mid-year population estimates and age standardisation

The most recent Scottish mid-year population estimates available are for 2024 and include revised estimates for 2023. The revised 2023 estimates have been used to revise the 2023-24 data and the 2024 estimates are applied to the 2024-25 data[5].

We continue to use Age Standardised Rates where possible using the European Standard Population 2013[6]. Age Standardised Rates take both population size and age structure into consideration to allow a like-for-like comparison between areas.

Compulsory treatment under the Mental Health Act

Box 1. Explanation of terminology

Emergency detention certificates (EDCs): EDCs are designed to be used only in crisis situations to detain a person who requires urgent care or treatment for mental ill health. An EDC can be issued by any doctor, with the consent of an MHO unless impracticable, which allows someone to be kept in hospital for up to 72 hours.

Short-term detention certificates (STDCs): The preferred route to compulsory treatment is through short-term detention orders. They should only take place if recommended by a psychiatrist and an MHO. An STDC can detain an individual in hospital for up to 28 days.

Compulsory treatment orders (CTOs): An MHO can make an application for a CTO to the Mental Health Tribunal. The application must include two medical reports, an MHO report and a proposed care plan. The tribunal panel decides the outcome of the application. The tribunal panel is made up of three people: a lawyer, a psychiatrist, and a general member. A general member may be a person with relevant skills and experience, for example a person with a mental health condition and with experience of using services, a carer, nurse, social worker, psychologist, or occupational therapist. The CTO can last for up to six months. It can be extended for a further six months and subsequently for periods of 12 months at a time.

New episodes of compulsory treatment

An 'episode' is a period where an individual is subject to the Mental Health Act. For example, an individual may be detained under an EDC then they might be detained under an STDC. Once the individual is well enough the doctor may end the STDC and the individual is therefore no longer detained. This would constitute an episode.

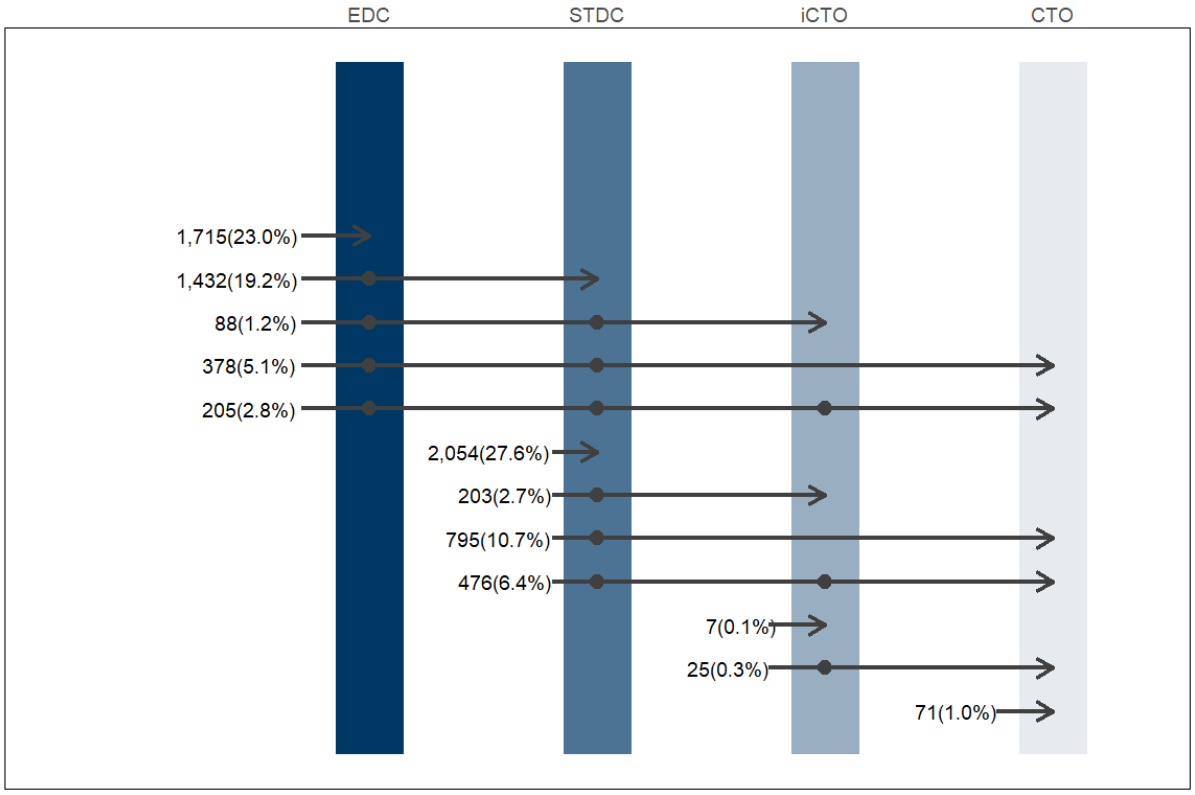
A total of 7,449 detention episodes began in 2024-25. The average year-on-year change of new episodes in 2015-16 to 2023-24 was 4.7% (ranging from -2.0% to 10.9%) (Appendix table A1.1[2]). The year-on-year increase between this year and 2023-24 was 3.3%, slightly lower than the previous average.

Figure 1 shows the structures of all episodes in 2024-25. We can see that an episode can consist only of an emergency detention, of emergency and short-term detention, only short-term detention and so on.

[2] All tables or figures marked with an A refer to a table or figure in the Appendices

51.3% of all episodes began with an EDC, 47.4% with a STDC, and 1.4% with a CTO or an interim compulsory treatment order (iCTO).

Figure 1. Order progression among all episodes in 2024-25



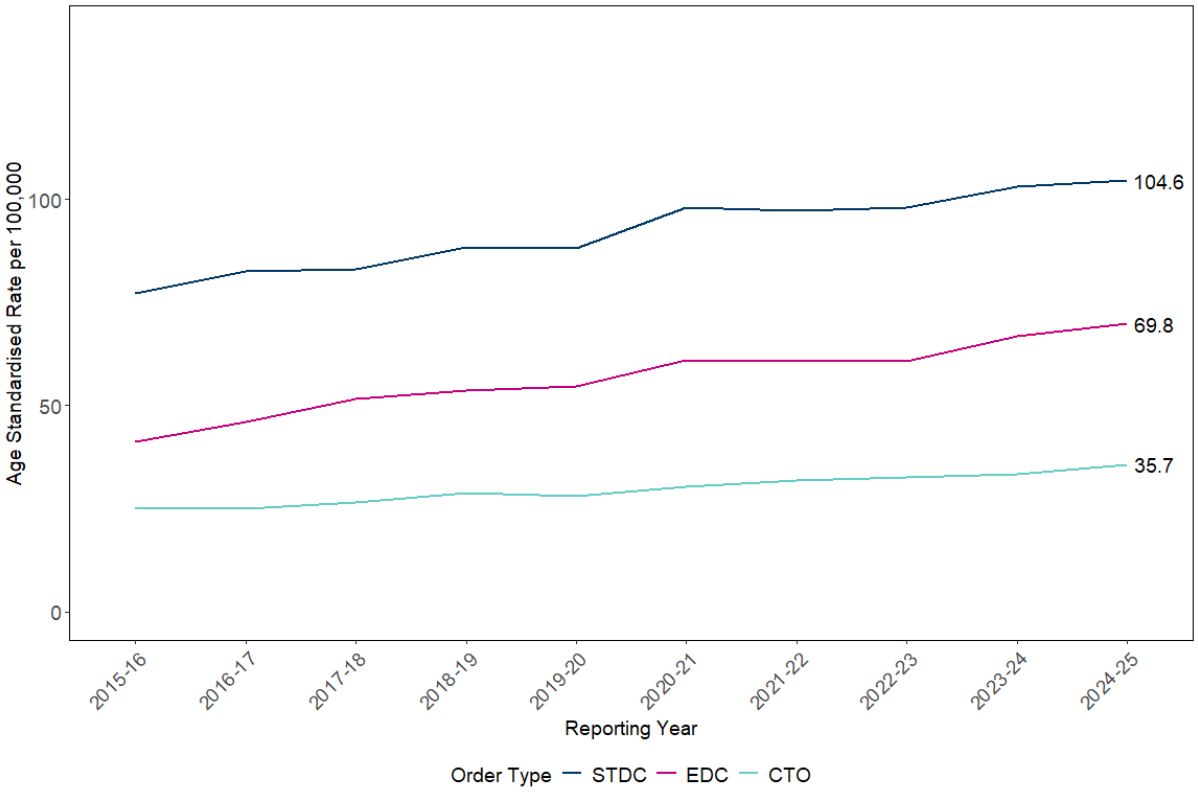
In 2024-25, 46.8% of all episodes progressed as far as an STDC, 26.2% progressed to a CTO, 4.0% as an iCTO and 23.0% ended as an EDC (Appendix figure A2.1). This was similar to the average in the previous years.

New Mental Health Act orders

An order is an instance where an individual becomes subject to the Mental Health Act, for example, an EDC, an STDC, or a CTO. When we count orders, we count each of these instances regardless of where the order lies within an episode of compulsion, for example, in the situation where a person may be subject to a suspended hospital-based CTO but is initially admitted under an EDC.

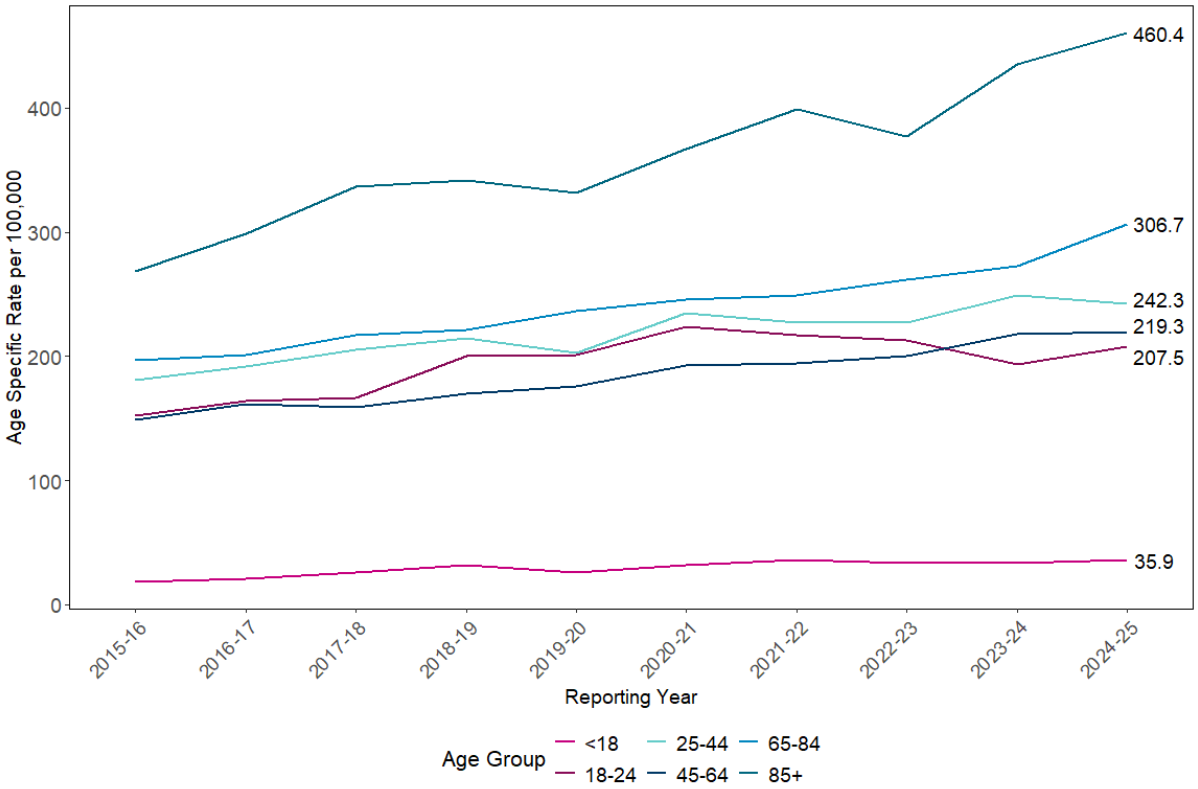
Figure 2 shows the rates per 100,000 for each type of order. The rate of new orders increased very slightly for all types of order compared with 2023-24. The rate of detention for EDCs increased from 66.8 per 100,000 to 69.8 per 100,000 in 2024-25. The rate of STDCs increased only very slightly from 103.1 per 100,000 to 104.6 per 100,000 in 2024-25. The rate for CTOs increased from 33.4 per 100,000 in 2023-24 to 35.7 per 100,000 in 2024-25. The numbers of orders are presented in Appendix tables A1.2-A1.4.

Figure 2. Age Standardised Rate[3] of new orders by year



[3] Age standardising data: What does this mean and why does it matter? | National Statistical

Figure 3. Age specific rate of new orders by year



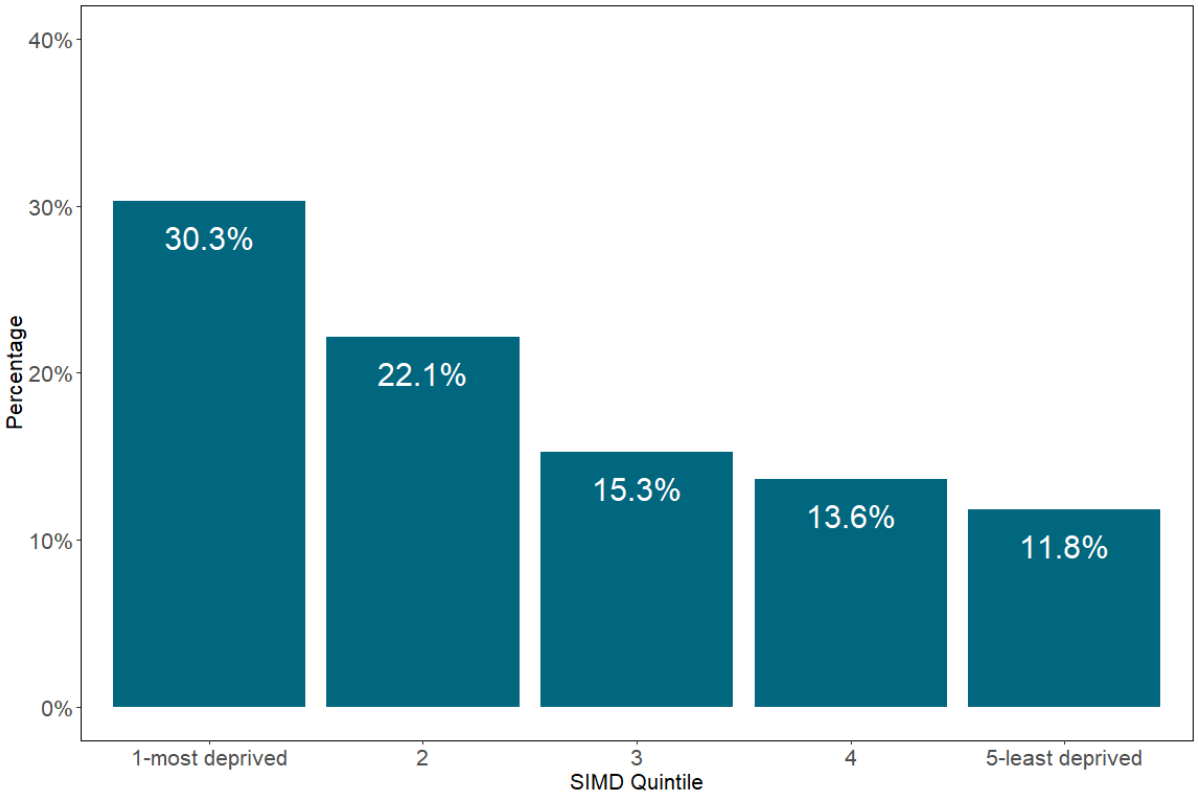
Looking at age specific rates, we can see the highest rates are in the over 85 age group, with the lowest rates in people under the age of 18 years. Over the last 10 years there has been more variability in the 18-24, 25-44 and 45-64 age groups. Overall, the trend appears to be increasing rates across all age groups.

Deprivation

We report on the breakdown by SIMD category. This is an important indicator within a wider approach to public mental health. It looks at how detentions may be disproportionally affecting people from different areas of deprivation.

We were able to match 93.2% of orders with SIMD by using a valid home postcode. Figure 4 shows a clear gradient in the level of deprivation for new orders under the Mental Health Act, with 30.3% of detentions of people from the 20% most deprived areas of Scotland. A breakdown of SIMD by each order type can be found in Appendix figures A2.2-A2.4.

Figure 4. New orders in 2024-25 by level of deprivation



Ethnicity

We had ethnicity information for 82.5% of new orders in 2024-25. Figures showing the ethnicity breakdown over the last 10 years can be found in Appendix figure A2.5.

In the following sections we give information on each order type for 2024-25.

Emergency detention certificates (EDCs)

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

The overall rate of EDCs in 2024-25 was 69.8 per 100,000 (67.6 - 72.1[4]), slightly higher than the previous year's revised rate of 66.8 per 100,000 (64.6 - 69.0) (Figure 2). The number of orders is shown in Appendix table A1.2.

The rate of EDCs varies by gender. In 2024-25 the rate of EDCs for females was 63.8 per 100,000 (60.9 - 66.7) and 76.6 per 100,000 for males (73.3 - 80.1).

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

The rate of EDCs in Scottish mainland health boards varied from 16.2 per 100,000 in Grampian to 121.4 in Greater Glasgow and Clyde. As in 2023-24, Greater Glasgow and Clyde continues to have the highest rate of EDCs and appears to be an outlier compared with other health boards. The numbers of EDCs by health board are shown in Appendix table A1.2 and rates are shown in Appendix figure A2.6.

This year, we have again used postcodes to complete local authority information for EDCs. We were able to find local authority areas for 96.6% of EDCs. The remaining 3.4% was made up of people with no fixed abode, had a hospital or prison address, did not have a Scottish postcode, or where the postcode could not be found. The rate of EDCs in Scottish local authorities varied from 15.3 per 100,000 in Aberdeen City to 127.3 per 100,00 in Glasgow City (see Appendix figure A2.7).

MHO consent

In line with previous years, MHO consent continues to be lower than we would expect to see, although there is a slightly higher percentage of EDCs with MHO consent in 2024-25 than in the preceding two years. However, we continue to draw attention to the low percentage as this is an important safeguard. This year the proportion of EDCs with MHO consent is 38.6%.

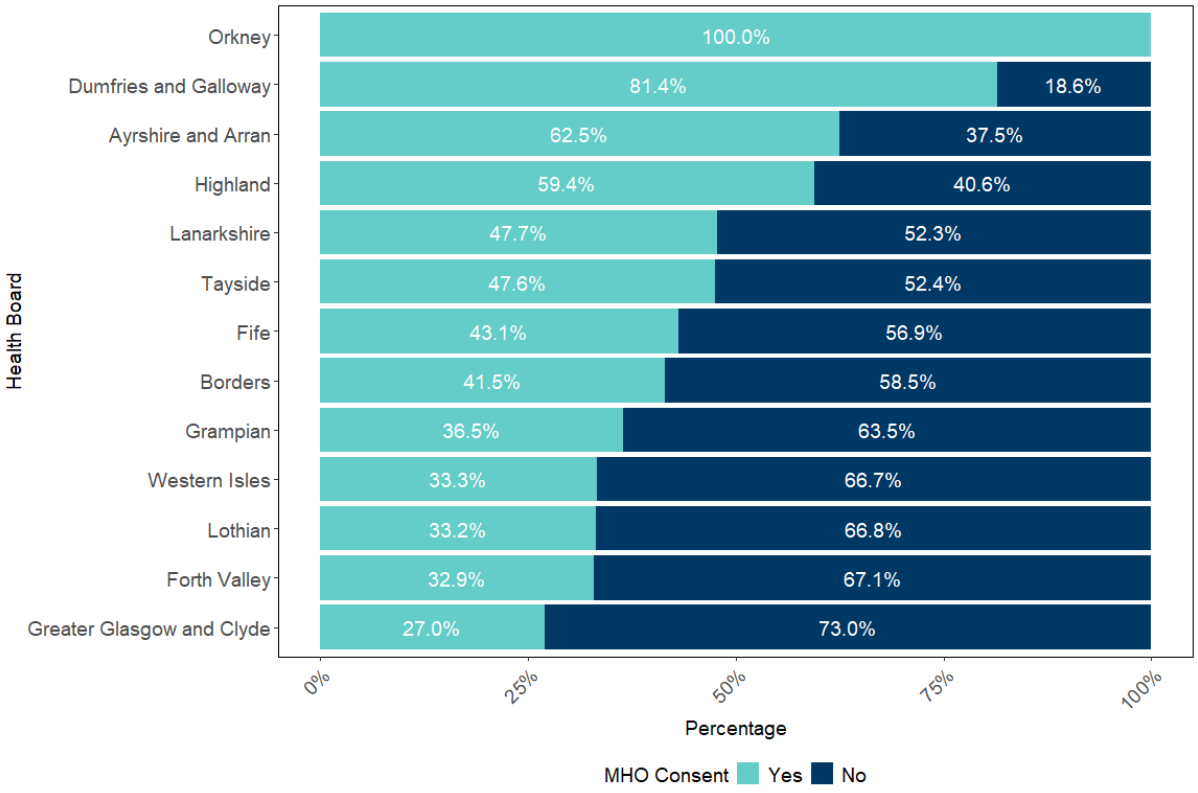
If an MHO is not consulted as part of the assessment for an EDC, the medical practitioner must explain the reasons for this. The medical practitioner must also explain the reasons for granting the certificate and why alternatives to detention were considered inappropriate. We expect there to be audits undertaken of the reasons for the failure to include MHO consent in EDCs and we seek feedback at end of year meetings from health and social care partnerships, supported by respective health boards and local authorities, to explain this pattern.

We remain concerned about the low levels of MHO consent and will be undertaking further analysis of the circumstances leading to decisions taken which state that it was impractical to consult an MHO. We will report on this detail in 2026.

We found that across all age groups, most people with EDCs did not receive MHO consent. It is particularly concerning that for the under 25 age group (n=416), in 68.0% of cases (n=283), MHO consent was not provided as part of the EDC assessment and subsequent detention.

When we look at the breakdown by health board in 2024-25, we continue to see great variation in MHO consent to EDCs. Orkney again has 100% MHO consent. On the mainland, there is much variation in MHO consent to EDCs ranging from 27.0% (Greater Glasgow and Clyde) to 81.4% (Dumfries and Galloway) (Figure 5). (We acknowledge the differentials in population sizes).

Figure 5. MHO consent for EDCs in 2024-25, by health board



Greater Glasgow and Clyde have the highest rate of EDCs (121.4 per 100,000) but the lowest proportion of MHO consent (27.0%). We also note that three of the local authorities in the Greater Glasgow and Clyde area have hours on MHO work per 10,000 below the Scottish average and three above[7]. We will be investigating whether this has any impact in the further analysis report due 2026.

Of those detained under an EDC, 29.5% were not in a hospital at the time of the detention whereas 70.5% were in a named hospital. This is something we will also look into in more depth in our further analysis.

Similar to previous years just over half (55.6%) of EDCs were superseded by a STDC, most commonly within 24 hours.

Short-term detention certificates (STDCs)

The overall rate of STDCs in 2024-25 was 104.6 per 100,000 (101.9 - 107.3), similar to the revised rate of 103.1 per 100,000 in 2023-24 (Figure 2). The number of STDCs are shown in Appendix table A1.3.

The rate of STDCs varies by gender. In 2024-25 the overall rate of STDCs for females was 94.2 per 100,000 (90.7 - 97.8) and 115.6 per 100,000 for males (111.6 - 119.8).

In the mainland health boards, the rate of STDCs varied from 50.5 per 100,000 in Borders (38.0 - 65.6) to 146.4 per 100,000 in Greater Glasgow and Clyde (139.6 - 153.5). The rates for health boards are shown in Appendix figure A2.8.

The rate of STDCs in mainland local authorities ranged from 49.5 per 100,000 in Aberdeenshire (41.1 - 59.0) to 176.1 in Glasgow City (165.3 - 187.4). The number and rate of STDCs by local authority is shown in Appendix tables A1.4 and A1.5 and Appendix figure A2.9.

The data shows that Glasgow City continues to have the highest rates for both EDCs and STDCs.

Diagnostic categories
All but 56 STDCs had broader level categories of mental disorder recorded. The vast majority of STDCs were for the category mental illness (91.4%). For 4.2% the categories were mental illness and personality disorder, 1.7% had personality disorder, and 1.7% had mental illness and learning disability. Learning disability alone was recorded in 0.5% of STDCs. Only 0.2% had a diagnosis of mental illness, learning disability and personality disorder and only 0.2% had a diagnosis of learning disability and personality disorder (see Appendix figure A2.10).

The non-statutory forms used to record diagnostic categories have been updated on the Scottish Government website to replace the World Health Organisation's International Classification of Disease-10 (ICD-10) with ICD-11 codes.

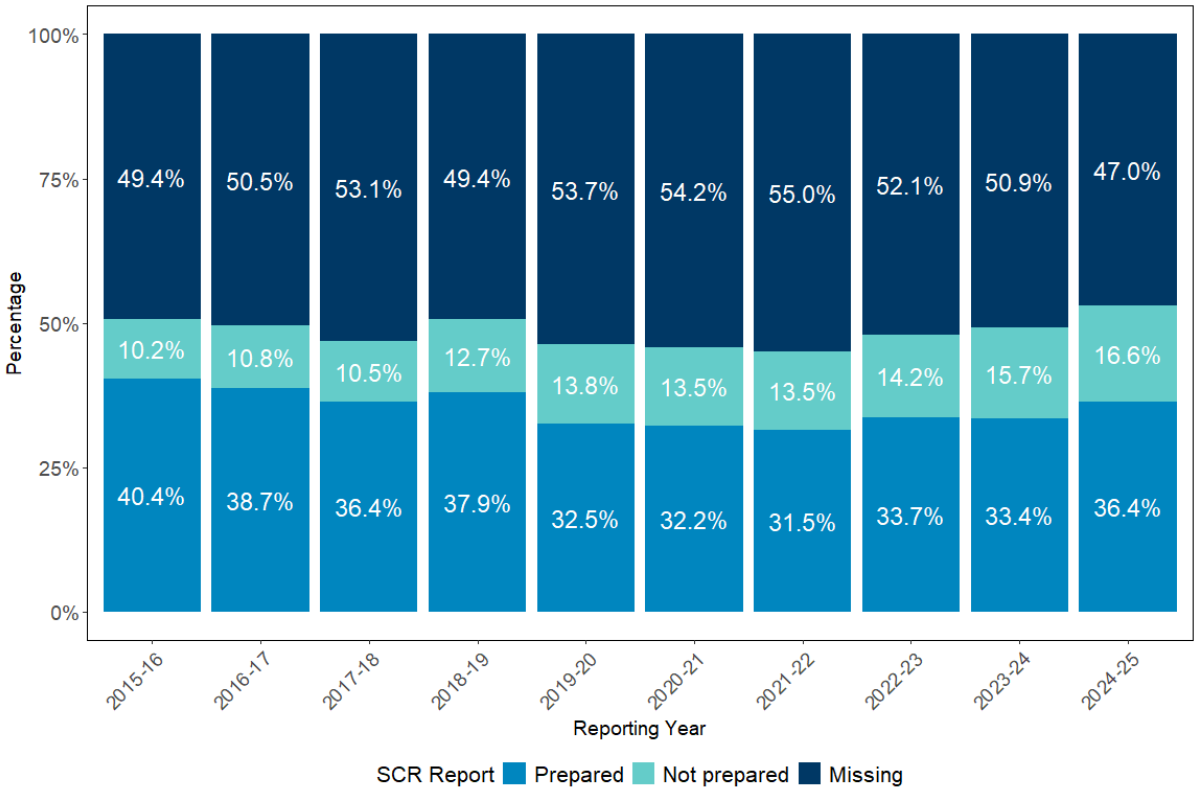
Social circumstances reports (SCRs)
Looking at a person's social circumstances is very important for mental health services to fulfil their duty to respect people's social, economic and cultural rights.

An MHO must prepare an SCR within 21 days of a person being made subject to a STDC. In cases where the MHO considers such a report would serve little or no, practical purpose, the MHO must send a statement of those reasons to the Commission. For 53.0% of STDCs in 2024-25 the Commission received notification that an SCR had been prepared or that an SCR would serve no purpose (16.6% did not have a social circumstances report prepared as it was deemed that it 'serves no purpose' while 36.4% of all STDCs had one prepared). In 47.0% of cases we received no notification (termed "missing" in the discussions below). This is a similar percentage to the revised figure from last year (Figure 6).

Although this is the highest proportion of prepared reports since 2019-20 and the lowest proportion of missing reports since 2015-16, completion rates of SCRs remain a significant concern.

The Commission continues to retain a focus on SCRs and started auditing SCRs again in 2024. We continue to raise concerns at end of year meetings where provision remains low and seek assurance where significant numbers relate to reports deemed to serve little or no practical purpose.

Figure 6. Proportion of STDCs with an SCR prepared, by year



The proportion of completed SCRs varied from 11.2% in Glasgow City (where there is the highest rate of STDCs) to 71.4% in Shetland (Appendix figure A2.11). Proportion of STDCs missing an SCR all together ranged from 0.0% in Shetland to 76.0% in City of Edinburgh. SCRs that were returned but indicated as not completed as they 'serve little or no practical purpose' ranged from none in Orkney to 31.9% in Midlothian.

Compulsory treatment orders (CTOs)

The overall rate of CTOs in 2024-25 was 35.7 per 100,000 (34.2 - 37.3), just slightly higher than the 2023-24 revised rate of 33.4 per 100,000 (31.9 - 35.0) (Figure 2). The numbers of CTOs are shown in Appendix table A1.6.

The rate of CTOs varies by gender. In 2024-25 the overall rate of CTOs for females was 30.7 per 100,000 (28.7 - 32.7) and 41.3 per 100,000 for males (38.9 - 43.8).

In the mainland health boards, the rate of CTOs varied from 17.3 per 100,000 in Borders (95% CI: 10.3-27.2) to 47.0 in Greater Glasgow and Clyde (95%CI: 43.2-51.1). The rates across all health boards are shown in Appendix figure A2.12.

We also looked at the rate of CTOs by local authority. The mainland rates ranged from 17.9 per 100,000 in Aberdeenshire (13.0 - 23.9) to 55.5 per 100,000 in City of Edinburgh (49.1 - 62.5). The number and rate of CTOs is shown in Appendix table A1.7 and A1.8 and Appendix figure A2.13.

Diagnostic categories
We had categories recorded for all but three CTOs in 2024-25. The vast majority of CTOs were for mental illness (96.4%). For 1.5% the diagnostic categories were mental illness and personality disorder, and 0.9% had mental illness and learning disability. Learning disability alone made up 0.6% of the CTO recorded categories. Personality disorder alone made up 0.5% of recorded categories.

Nurses' power to detain pending medical examination
The Mental Health (Care and Treatment)(Scotland) Act 2015[9] amended section 299 of the Mental Health Act and grants nurses, of the prescribed class, the power to detain someone in hospital for up to three hours; the purpose of which is to enable arrangements to allow for a medical examination of the person to be carried out[10].

In 2024-25, there were a total of 187 detentions under section 299, relating to 176 people, slightly lower than the revised figure of 208 in 2023-24 relating to 185 individuals. (Appendix table A1.9). The overall rate of nurses' power to detain in 2024-25 was 3.3 per 100,000 (2.9 - 3.9), which was a slight decrease on the previous year's revised rate of 3.8 (3.3 - 4.4) (Appendix table A1.10).

The rate of nurses' power to detain varies by gender. In 2024-25 the overall rate for females was 3.9 per 100,000 (3.2 - 4.7) and 2.6 for males (2.1 - 3.3), Appendix figure A2.14 shows these rates over the last 10 years.

There are also differences by age as well as gender, rates are higher for females under 18 years to 44 years and in the 65-84 category. There is very little difference in gender for the 45-64 age category. Males have higher rates in the 85+ category however, these rates should be interpreted with caution given the small numbers involved.

Place of safety orders
According to section 297 of the Mental Health Act, a police constable can remove an individual from a public place and take them to a place of safety if they think the person has a mental health condition and is in need of immediate care and treatment. A place of safety can be, for example, a hospital but if no place of safety is immediately available then the law allows the police constable to take the individual to a police station.

The Commission expects the place of safety to be a health care facility. While the percentage of people taken to a police station has slightly increased (2.4% compared with 1.8% in 2023-24), it is still a small percentage (see Appendix figure A2.15).

In last year's report, we noted the rising amount of missing data and committed to working collaboratively with Police Scotland to resolve this. Since then, we have undertaken a more in-depth review of the data provided by Police Scotland and have been able to reduce the missingness by reviewing the addresses of the facility where

people have been taken to as a place of safety. Currently, the Commission and Police Scotland are working together to strengthen technology solutions, which will seek to address the missingness of outcome in the dataset.

There were 1,231 section 297 (place of safety) orders in 2024-25, which was a 3.8% decrease compared with 2023-24 (Appendix table A1.11). These forms related to 955 individuals. There were some individuals with multiple detentions under section 297. In particular, we note that seven individuals had been detained under section 297 five times or more.

The proportion of orders where the individual was taken to a police station as a place of safety has differed over the years with a high of 5.3% in 2016-17 and 2017-18 and a low of 1.6% in 2015-16. This year, the figure was 2.4%, 97.3% of people were taken to a health care facility (see Appendix figure A2.15).

The gender split of individuals detained under section 297 was 50.9% male. The highest proportion of place of safety orders were for individuals aged 25-44 years. The gender split was higher for females than males in the <25s age group, and higher among males aged over 45 years.

The number of place of safety orders varies by local authority. Table 1 shows both the number of orders in 2024-25 as well as the number of people detained under section 297.

The Commission participates in the Scottish Government's multi-agency work on psychiatric emergency plans (PEPs), which is reviewing how local health boards, Police Scotland, and other partners respond to people in acute mental-health crisis. The aim is to strengthen consistency of practice, ensure that police custody is used only as a last resort, and promote clear local escalation and care-planning arrangements. Insights from this national work will inform the Commission's future monitoring of section 297 use and our engagement with health boards and partnerships on crisis-response pathways.

Table 1. Number of place of safety orders by local authority in 2024-25

Local authority	Number of orders	Number of people
Aberdeen City*[5]	419	292
Angus	*	*
Argyll and Bute	26	22
City of Edinburgh	96	82
Clackmannanshire	0	0
Dumfries and Galloway	22	18
Dundee City	13	11
East Ayrshire	6	*
East Dunbartonshire	*	*
East Lothian	11	10
East Renfrewshire	*	*
Eilean Siar	*	*
Falkirk	46	35
Fife	89	70
Glasgow City	74	65
Highland	119	86
Inverclyde	8	6
Midlothian	6	*
Moray	71	52
North Ayrshire	18	15
North Lanarkshire	6	6
Orkney	7	7
Perth and Kinross	18	15
Renfrewshire	11	9
Scottish Borders	18	17
Shetland	6	6
South Ayrshire	*	*
South Lanarkshire	9	9
Stirling	0	0
West Dunbartonshire	34	28
West Lothian	39	31
Total	**1,231**	**955**

**n≤5*

Extant orders

We count the number of people who are subject to an active Mental Health Act or Criminal Procedure Act order on a particular day - the first Wednesday of January based on available data. We call this ‘extant orders’.

On Wednesday 1 January 2025 there were 4,216 extant orders. This was a similar figure to the same day in 2024 (Appendix table A1.12). The rate on 1 January 2025 was 76.1 per 100,000 (73.8 - 78.4).

Of the orders in place on 1 January 2025, 65.0% related to males and most people on orders were aged 25-44 years or 45-64 years.

[5] It should be noted that since 2019 Aberdeenshire and Aberdeen City POS data are reported together.

The rate of orders in existence in mainland health boards varied from 39.5 per 100,000 (34.9 - 44.5) in Lanarkshire to 103.9 (98.2-109.9) in Greater Glasgow and Clyde (Appendix tables A1.12 and A1.13 and Appendix figure A2.16).

When we look at the orders in existence on a given day, this time on 1 January 2025, the majority of orders were CTOs (73.6%). A breakdown of the orders individuals were subject to are shown in Appendix figure A2.17.

Compulsory treatment under criminal proceedings

People with a mental illness, learning disability or related condition who are accused or convicted of a criminal offence may be placed on an order under the Criminal Procedure Act[2]. The Criminal Procedure Act requires an individual to be treated in hospital or, occasionally, in the community. Sometimes the order includes additional restrictions for the individual. Any easing of security status or suspension of the order has to be approved by Scottish ministers. An overview of Criminal Procedure Act orders is provided in Box 2. An individual may be subject to a number of orders before a final disposal of the case.

Box 2. Overview of Criminal Procedure Act orders

Assessment and treatment orders

An assessment order allows for an individual to be assessed for a mental illness or related condition. This means that the court can remand the individual in hospital instead of in custody if it appears that they have a mental illness. An assessment order can last up to 28 days but can be extended for up to seven days.

A treatment order allows for individuals to be remanded to hospital for treatment while waiting for trial, in cases where the court believes the individual may have a mental illness. Two doctors, one of which needs to be a psychiatrist, has to examine the individual and be in agreement about the need for treatment in hospital for the order to be granted. The treatment order lasts until the court has made a decision for either acquittal or conviction.

Unfitness for trial and acquittal due to mental disorder

Temporary compulsion order: If an individual's mental illness means that they cannot participate in the court process, the court might find them unfit for trial. A temporary compulsion order allows for an individual who is found unfit for trial to be detained in hospital prior to an examination of facts.

Post-conviction predisposal

This includes interim compulsion order or a section 200 committal. An interim compulsion order allows for a period of inpatient assessment before a final disposal is made for a mentally ill offender convicted of a serious offence. This order is recommended in cases where a restriction order is considered and can last up to 12 months to allow for comprehensive inpatient assessment.

Mental health disposals

A disposal refers to a sentence that the courts may use when sentencing an offender with a mental illness, learning disability, neurodevelopmental disorder and related conditions. There are three types of disposals that can be given as a final disposal from the court. These are compulsion order, compulsion order with restriction order (CORO), and hospital direction. In addition to these three orders, an individual can be given a community compulsion order, guardianship order, or a community payback order with a mental health treatment requirement.

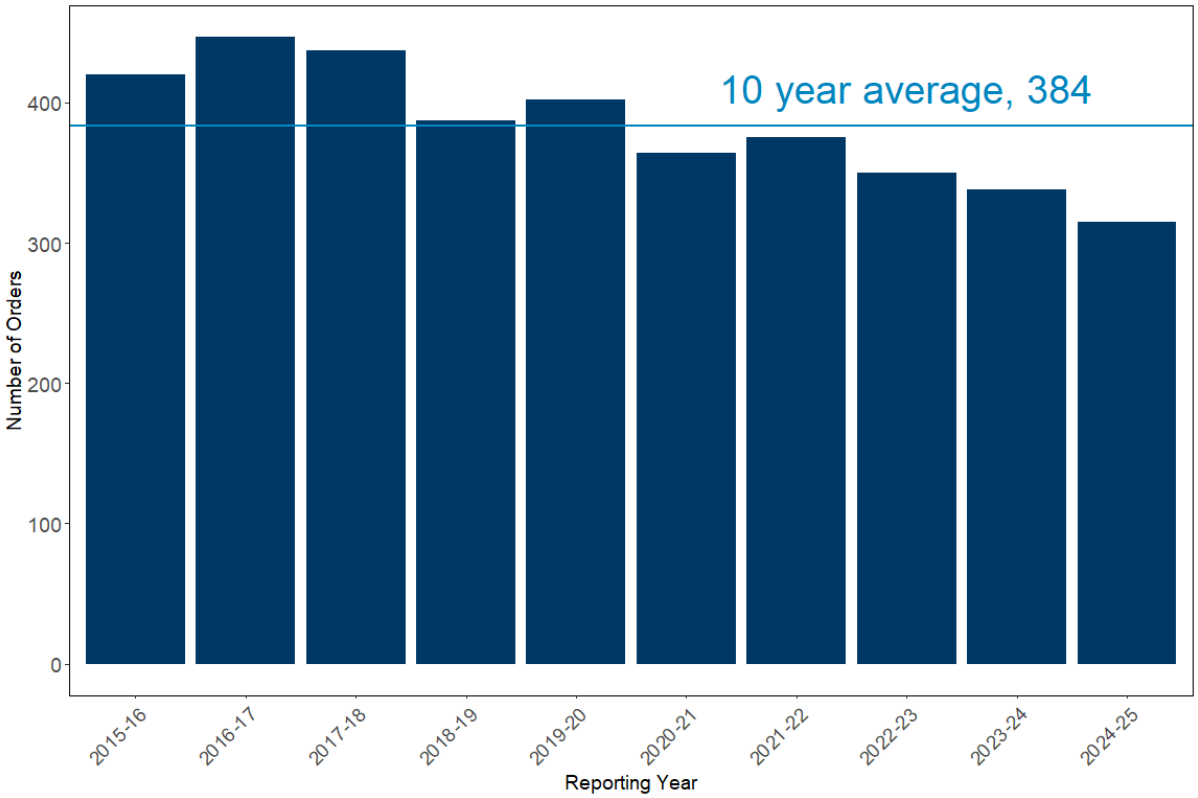
Transfer for treatment

A transfer for treatment direction allows for transferring a prisoner from prison to hospital to provide treatment for a mental illness or related condition.

Total number of Criminal Procedure Act orders

There was a total of 315 orders under the Criminal Procedure Act in 2024-25, a decrease of 7.3% on last year's revised figure and the lowest figure in the last 10 years. The average number of orders was 384 in the previous 10 years (Figure 7). The 315 orders related to 196 individuals (Appendix table A1.15).

Figure 7. Number of Criminal Procedure Act orders by year



Individuals detained under the Criminal Procedure Act in 2024-25 were primarily male (80.6%). Most were aged 25-44 years (63.8%) with the average age of 37 years 5 months.

Assessment and treatment orders

In 2024-25 there were 87 assessment orders and 87 treatment orders, relating to 86 and 74 individuals, respectively. The number of assessment and treatment orders by year with the average for the last 10 years. There were fewer assessment orders compared with the 10-year average (average=122) and fewer treatment orders (average=105).

Unfitness for trial and acquittal by reason of mental disorder

If a person's mental health condition is such that they cannot participate in the court process, the court may find the person unfit for trial. A temporary compulsion order (section 54(1)(c)) allows for a person, found unfit for trial, to be detained in hospital prior to an examination of facts.

There was a total of six individuals, who in 2024-25 were deemed unfit for trial, see Appendix table A1.16.

Post-conviction predisposal
An interim compulsion order allows for a period of inpatient assessment before a final disposal is made with respect to mentally disordered offenders who have been convicted of serious offences. The interim compulsion order is recommended in cases where a restriction order is being considered and can last up to 12 months to allow for a comprehensive inpatient assessment.

A total of 22 interim compulsion orders were recorded in 2024-25, higher than the 11 interim compulsion orders in 2023-24. There were less than five individuals subject to section 200[6] in 2024-25.

Final mental health disposals by the court
There are three hospital disposals available, namely a compulsion order, compulsion order with restriction order (CORO) and hospital direction. There are also community options; compulsion order, guardianship order and a community payback order with a mental health treatment requirement.

There was a total of 61 mental health disposals in 2024-25, given as a final disposal by the court (Appendix table A1.16). This compares to 54 mental health disposals in 2023-24.

Transfer for treatment
This provision allows for the transfer of a sentenced prisoner from prison to hospital for the treatment of a mental illness or related condition.

There was a total of 32 transfer for treatment directions in 2024-25, slightly higher than the revised figure of 28 in 2023-24 but lower than the average of previous years. (Appendix table A1.16).

Consent to treatment

There are specific safeguards for specific forms of medical treatment including ECT and procedures classified as neurosurgery for mental disorder. Under the Mental Health Act, certain treatment can only be authorised by an independent doctor; a designated medical practitioner (DMP).

The Commission appoints DMPs and for the reporting period 2024-25 we had 112 DMPs. DMPs are experienced, senior psychiatrists in Scotland. The register of DMPs is maintained by the Mental Welfare Commission. The Commission organises DMP induction and provides training for DMPs, such as the annual DMP seminar.

[6] Section 200 is a procedure for Scottish Government to vary conditions on a conditional discharge Mental Health (Care and Treatment) Scotland Act 2003 (legislation.gov.uk)

However, DMPs are independent practitioners who use their knowledge and experience to reach their own conclusions.

Consent to treatment under part 16 of the Mental Health Act

Part 16 of the Mental Health Act provides safeguards for individuals subject to the Mental Health Act where treatment may be given with or without the individual's consent.

Sections 237 and 240 include ECT, any medication for the purpose of reducing sex drive, medication given beyond two months, and artificial nutrition. Transcranial magnetic stimulation (TMS) and vagus nerve stimulation (VNS) are also treatment options available for severe depression and are subject to safeguards under section 273(1)(b). TMS and VNS are not commonly used treatments. The various certificate authorising treatments under part 16 are listed in Box 3.

Box 3. Types of treatment certificates

T1 certificate

A T1 certificate is a statutory form ensuring necessary treatment safeguards for neurosurgical treatments for mental disorder. Such treatments are not available in Scotland.

T2 certificate

A T2A certificates covers treatment under section 237(3) of the Act, including: ECT, VNS and TMS, for where the patient's RMO, or a DMP, certifies that the patient is capable to consenting to treatment and is not refusing consent.

A T2B certificate covers treatment under section 240(3) of the Mental Health Act: (a) any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive; and (b) any other medicine given beyond a period of 2 months since the start of compulsory treatment where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent.

A T2C certificate covers provision of nutrition by artificial means where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent.

Box 3. Types of treatment certificates continued

T3 certificates

A T3A certificate covers treatment under section 237(3) of the Mental Health Act: ECT, VNS and TMS, where a DMP is required to provide a certificate for medical treatment where a patient is incapable of consenting.

A T3B certificate covers treatment under section 240(3) of the Mental Health Act in relation to the following treatment(s): (a) any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive; (b) any other medicine given beyond a period of 2 months since the start of compulsory treatment; and (c) provision, without consent of the patient and by artificial means, of nutrition to the patient where a DMP is required to provide a certificate for medical treatment(s) where a patient is refusing consent or incapable of consenting.

T4 certificate

A T4 certificate is issued to record treatment under section 243 of the Mental Health Act in relation to emergency treatment necessary to save a patient's life, prevent serious deterioration of the patient's condition, alleviate serious suffering, prevent the patient from behaving violently, or prevent the patient from being a risk to other people.

T1 certificate treatments

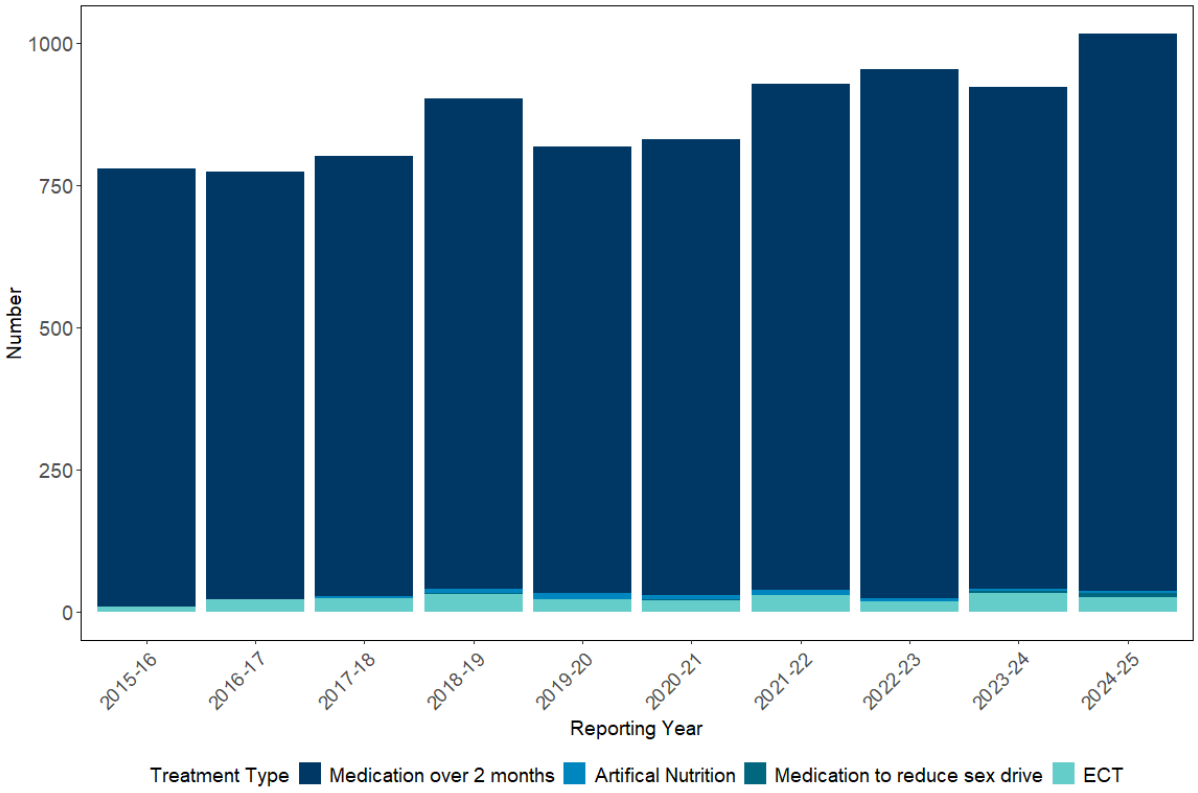
The Commission has received no T1 certificates. Neurosurgery is not undertaken in Scotland. Section 57 of the Mental Health Act for England and Wales (1983) allows for this treatment which is reviewed by the Care Quality Commission in England.

T2 certificate treatments

In 2024-25, we conducted a review of the T2 and T3 certificates for the past three years and have amended the data to reflect our findings. We will be working with DMPs to ensure the correct completion of paperwork in the future.

There was a total of 1,015 T2 certificates issued during 2024-25, 10.1% higher than in 2023-24 (Figure 8). The average for the years 2015-16 to 2023-24 was 856 T2 certificates per year.

Figure 8. Number of T2 certificates by year



Most T2 certificates (96.5% n=979) were issued for medication over two months while 2.5% (n=25) were issued for ECT. There were less than five T2s for artificial nutrition. The breakdown of certificates by type of treatment is provided in Appendix table A1.17.

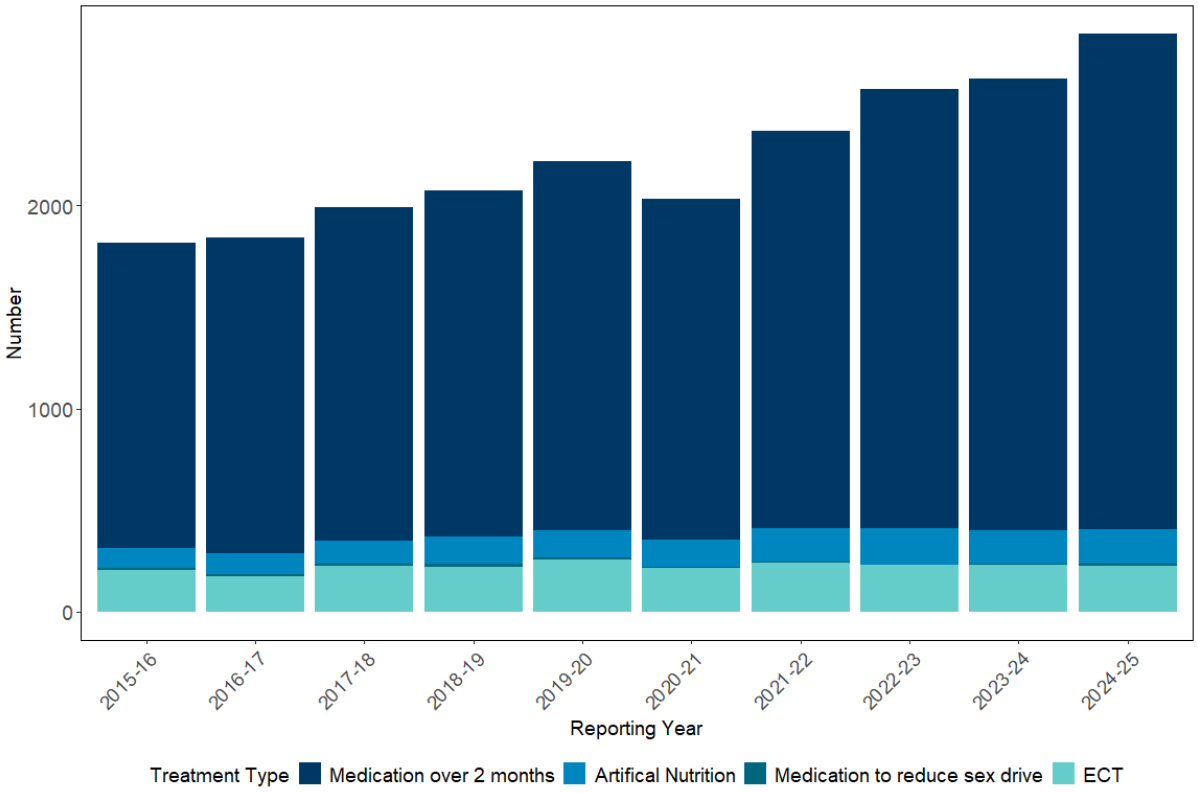
Of the T2s we received in 2024-25, 5.0% were for young people under the age of 18 years and 9.1% were for people aged 18-24. 46.2% of T2s were for people aged 25-44, 32.4% were for those aged 45-64 and 7.2% were for people aged over 65 years.

There were differences in gender for the various treatments under T2 certificates in 2024-25; for ECT most were female (68.0%) and medication over two months had a higher proportion of males (56.1%). All T2s for artificial nutrition were for females in 2024-25.

T3 certificate treatments

There was a total of 2,845 T3 certificates issued in 2024-25, which was an 8.3% increase on the 2023-24 figure (Figure 9). Most T3s were for medication over two months (85.8%), while 7.9% were for ECT, 5.9% for artificial nutrition, and 0.4% for medication to reduce sex drive. This is similar to previous years (Appendix table A1.18).

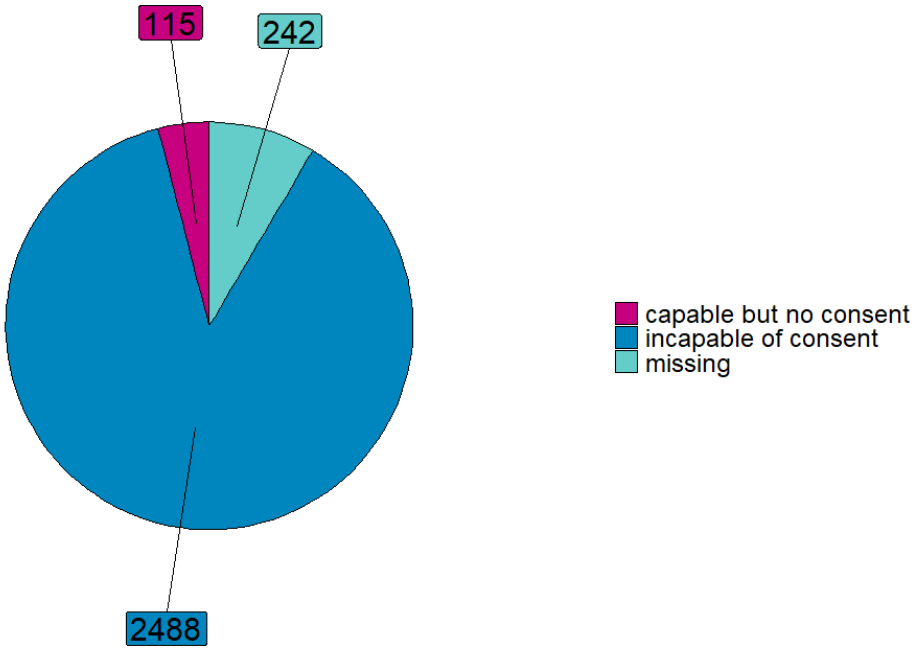
Figure 9. Number of T3 certificates by year



Of the T3s we received in 2024-25, 4.7% were for young people under the age of 18 years, similar to the 4.5% seen in 2023-24. There were differences in gender for the various treatments under T3 certificates in 2024-25; for ECT a higher proportion were female (64.3%) while medication over two months had a higher proportion of males (61.7%). T3s for artificial nutrition were predominantly issued for females (81.0%).

We noted recommendation (9.8) made in the Scottish Mental Health Law Review. It states that where a person is able to make an autonomous decision about a specific treatment and refuses, that treatment should not be given. To explore this further, we looked at the use of T3s when a person was deemed to be capable of consent (Figure 10). We wanted to see how often treatment was given under the Mental Health Act when a person capable of consent, refused medication two months after treatment began. We found that medication was authorised in 115 instances where the person was deemed capable of consent but did not consent (4.0%); this compares to 84 instances (3.2%) in 2023-24.

Figure 10. T3 certificate consent to treatment in 2024-25

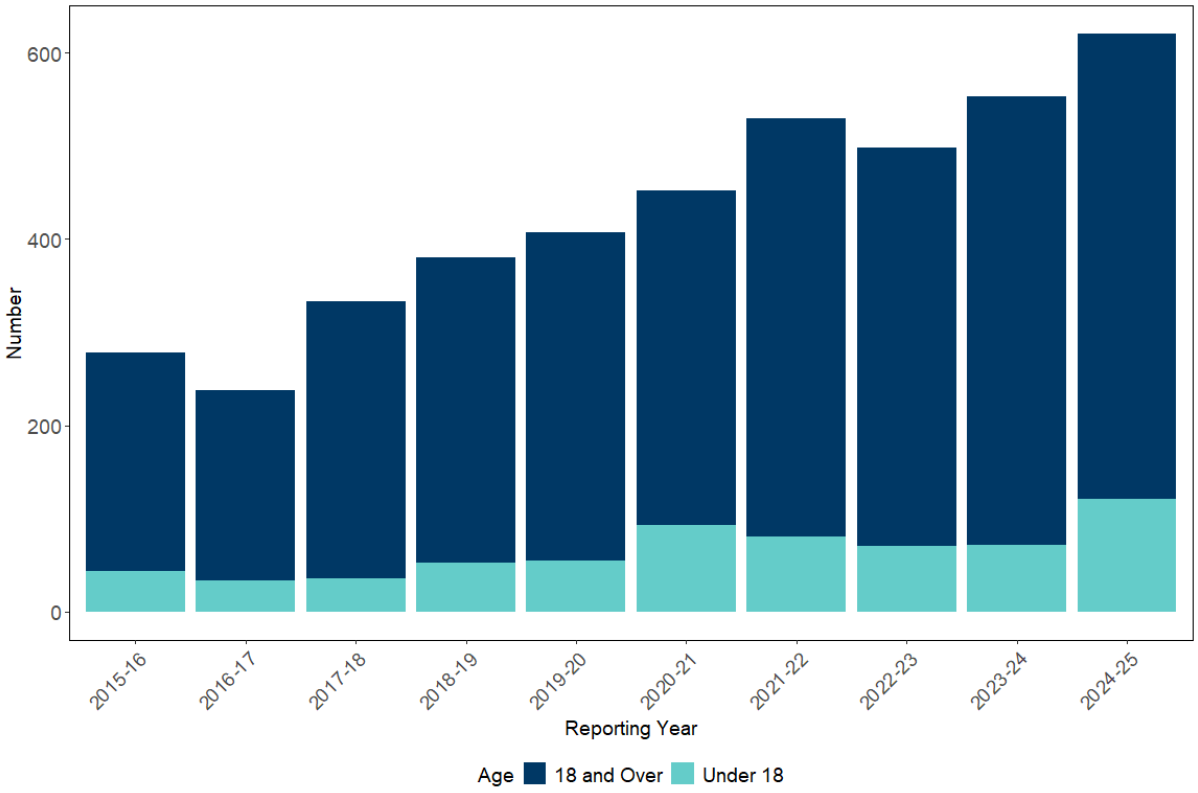


T4 certificate treatments

There were 620 T4 certificates notified to the Commission in 2024-25, which was a 12.1% increase on the number of T4s in 2023-24 (Figure 11). Of the T4s issued in 2024-25, 19.5% were for individuals aged under 18 years which is an increase in the proportion from 12.8% in 2023-24 (Appendix table A1.19). During 2024-25 we have raised the issue of having the correct authority to treat in place and this could be one factor in the increase. We are conducting a more in-depth analysis of the data to better understand the cause of the increase and will be working with services to better understand the circumstances in which the T4s were used.

Overall, 57.7% of all T4s were for females but the gender split for under 18 years was 88.4% female, compared with 50.3% female in the over 18 category. An overview of number of T4 certificates by health board is provided in Appendix table A1.20.

Figure 11. Number of T4s by year



Advance statements

Advance statements are written statements made by a person when they are well, setting out the care and treatment they would prefer or would dislike should they become mentally unwell in the future. The Tribunal and any medical practitioner treating a person must take their advance statement into account. If the wishes set out in an advance statement have not been followed, a written record (an advance statement override) stating the reasons must be sent to the Commission. Our last report on advance statement overrides was published in February 2021[11].

The advance statement register has been in operation since 2017. Since 2017, each time someone either writes a statement or withdraws a statement, health boards should notify the Commission about this via an ADV1 form. The register does not include advance statements made before it became operational in 2017.

Over time, our work with the register has developed. We look at the first ever ADV1 form we receive relating to an advance statement for a person (creation or withdrawal) and consider this their first engagement with the register.

For the first two years we had complete data (2018-19 and 2019-20), there were 244 and 258 individuals where we noted a first engagement with the register (Appendix figure A2.18). In 2020-21, this dropped to 79; this may indicate a significant impact of the Covid pandemic on services' abilities to engage with individuals on matters to do with advance care planning. In 2021-22, the figure increased to 117 and to 162 in

2022-23, there was a slight drop in 2023-24 to 153. However, in 2024-25, there was an increase in the number of people engaging with the advance statement register (175). We recognise that some people will choose not to have an advance statement. In such circumstances, we ask that services record that the right to an advance statement was discussed and offered.

We have learned that there has been misinterpretation that advance statements cannot be completed whilst a person is in hospital or cannot be completed by children and young people. We therefore direct services to our good practice guide on this subject[7].

Characteristics
The individuals on the register have an average age of 48 years 8 months and 55.8% are male. The age distribution for males and females indicates that more young females (<25 years) and older females (over 65 years) have engaged with the advance statement process.

We had valid postcodes to match SIMD for 93.1% of all individuals (based on their first engagement) on the register. The 94 invalid postcodes were because the person's home address was listed as elsewhere in the UK or non-UK, was a hospital, they were of no fixed abode, or no address were entered on the form. The distribution of postcodes is starting to reflect the distributions of detentions. However, to truly reflect the detention distribution, more work is required to engage those in the most deprived areas of Scotland.

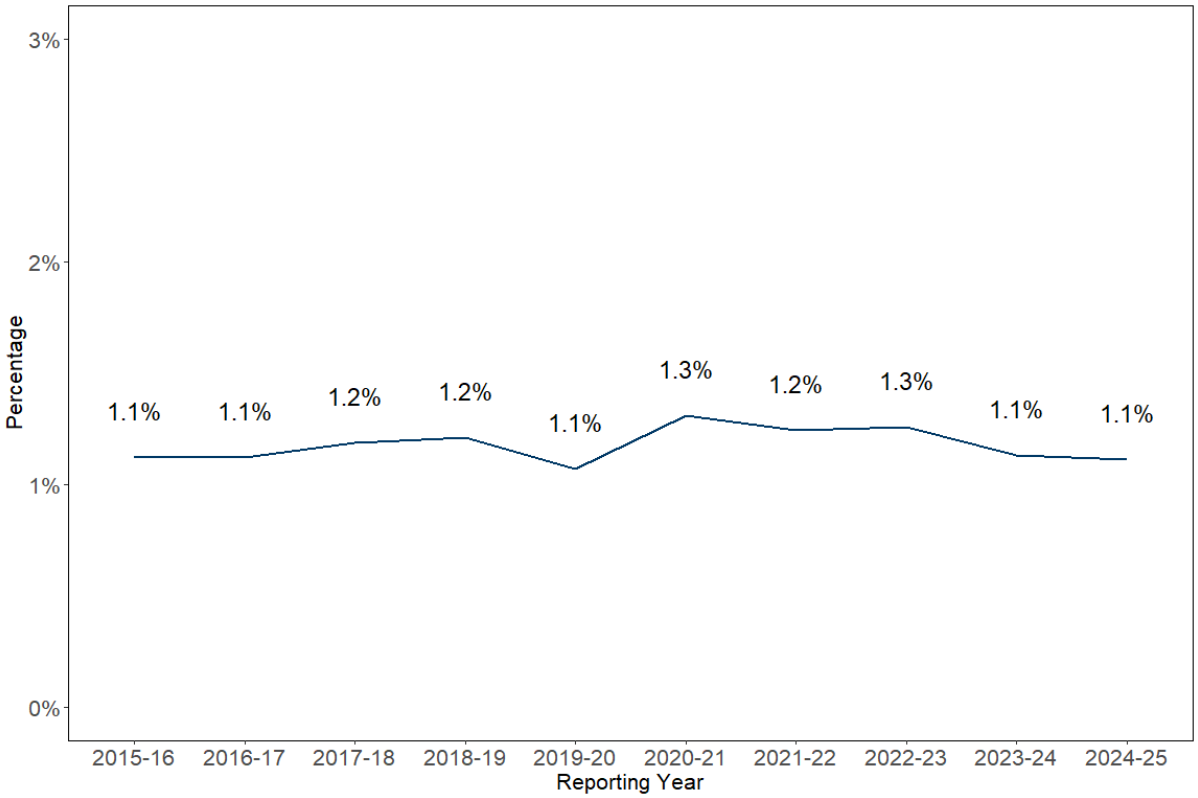
Deaths in detention

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

The percentage of deaths as a proportion of total orders remains consistent over time, ranging from 1.1% to 1.3%. In 2024-25, there were 138 deaths reported to the Commission of people whose death occurred while detained under the Mental Health Act and another nine while subject to the Criminal Procedure Act, totalling 147 deaths and accounting for 1.1% of the total orders (Figure 12), similar to the 2023-24 revised figure of 144 (1.1%).

[7] https://www.mwcscot.org.uk/sites/default/files/2024-09/AdvanceStatements-2024.pdf

Figure 12. Deaths in detention as a percentage of total orders by year



The average age of male deaths was 67.6 years and 69.1 years for females. This is lower than the average life expectancy in Scotland that was 76.8 years for males and 80.8 years for females in 2021-2023[12]. Fewer female deaths occurred in the 25-44 and 45-65 age groups, there were more female than male deaths in the 65+ year age group.

Concluding remarks

This report outlines data during 2024-25 relating to critically important times in people's lives, where they have been assessed as needing to be treated against their will, using compulsory measures under Scotland's Mental Health and Criminal Procedure Acts.

The Commission continues to await the agreement and implementation of the recommendations made by the Scottish Mental Health Law Review in 2022. We stand ready to extend our monitoring role as recommended, particularly in relation to coercive practices and investigation of deaths in detention and homicides.

We will continue to play our part, with vigilance, in areas that require improvement, to protect and promote the rights of those with mental illness, personality disorder, learning disability, dementia and related conditions. Notably from our 2024-25 statistical report, this includes, the rate of EDCs compared with STDCs, MHO consent and EDCs, the take up of advance statements and the provision of SCRs.

We remain committed to working in partnership with those who use services, their families and carers, and all other stakeholders to ensure transparent reporting on the use of mental health legislation across Scotland. We will ensure our current laws and practice keep pace with human rights expectations and identify where our monitoring highlights that this is not the case.

Glossary

Designated medical practitioner (DMP)

DMPs are experienced psychiatrists who have received special training from the Mental Welfare Commission. DMP duties are set out in law and are an important safeguard. Their role is to independently decide whether the treatment the doctor has planned is in line with the law and the best interests of the person. A DMP can only give an opinion on the specific medical treatment. A DMP cannot give a second opinion on diagnosis or general treatment.

Mental health officer (MHO)

A mental health officer (MHO) is a registered social worker who has completed specialist training and has an additional qualification in mental health.

MHO consent

To grant an EDC or STDC following a medical examination of a patient, the practitioner should seek the consent of an MHO. An EDC can be issued without MHO consent, in circumstances where waiting for the assessment would be considered impracticable and result in undesirable delay. An STDC cannot be issued without MHO consent.

Mental Health Tribunal for Scotland (MHTS)

The MHTS considers and determines applications for CTOs under the Mental Health Act and operates in an appellate role to consider appeals against compulsory measures made under the Mental Health Act.

Responsible medical officer (RMO)

An RMO is a psychiatrist who must have required qualifications and experience and be approved by a health board as having special experience in the diagnosis and treatment of mental disorder.

Appendix 1 – Data tables

Table A1.1. New episodes of civil compulsory treatment by starting order, n (%)

Starting order[a]	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
EDC	2168 (43.2%)	2412 (44.5%)	2706 (47.9%)	2812 (46.4%)	2868 (47.3%)	3219 (47.9%)	3188 (48.3%)	3240 (48.1%)	3602 (50.0%)	3818 (51.3%)
STDC	2753 (54.9%)	2905 (53.6%)	2859 (50.6%)	3131 (51.6%)	3082 (50.8%)	3371 (50.1%)	3256 (49.3%)	3413 (50.7%)	3493 (48.4%)	3528 (47.4%)
CTO	93 (1.9%)	99 (1.8%)	87 (1.5%)	120 (2.0%)	113 (1.9%)	136 (2.0%)	157 (2.4%)	83 (1.2%)	116 (1.6%)	103 (1.4%)
Total	**5,014**	**5,416**	**5,652**	**6,063**	**6,063**	**6,726**	**6,601**	**6,736**	**7,211**	**7,449**

[a]The starting order relates to the first order in a sequence of one or more orders

Table A1.2. Number of EDCs by health board and year

Health board	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Ayrshire and Arran	108	138	113	131	161	161	184	224	228	293
Borders	18	32	30	24	34	49	48	40	51	82
Dumfries and Galloway	84	114	105	103	148	117	112	101	113	113
Fife	168	163	181	207	203	223	193	241	290	260
Forth Valley	130	146	179	185	159	165	187	151	160	164
Grampian	101	99	141	117	135	171	171	170	126	96
Greater Glasgow and Clyde	726	833	989	994	1030	1141	1248	1246	1356	1480
Highland	125	109	123	104	96	96	110	83	75	106
Lanarkshire	199	230	198	280	254	323	313	336	353	396
Lothian	334	390	402	440	450	536	432	467	678	626
Orkney	14	*	16	8	*	*	11	7	*	*
Shetland	*	7	8	*	*	*	*	0	0	0
Tayside	184	187	256	278	256	277	247	227	238	267
Western Isles	*	*	10	*	6	7	*	6	*	*
Total	**2,204**	**2,457**	**2,752**	**2,887**	**2,941**	**3,284**	**3,268**	**3,312**	**3,683**	**3,905**

*n≤5 and secondary suppression to maintain confidentiality

Table A1.3. Number of STDCs by health board and year

Health board	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Ayrshire and Arran	194	212	170	184	169	249	281	287	349	377
Borders	59	62	62	75	74	85	78	63	63	60
Dumfries and Galloway	105	134	98	142	138	140	123	133	172	144
Fife	272	282	266	287	264	340	337	366	336	366
Forth Valley	244	259	271	244	242	320	358	325	317	329
Grampian	399	452	411	397	483	502	447	512	529	453
Greater Glasgow and Clyde	1173	1252	1422	1415	1502	1635	1637	1631	1708	1756
Highland	200	180	199	200	189	180	184	200	203	203
Lanarkshire	349	369	358	411	410	392	390	431	410	526
Lothian	733	806	756	847	839	938	889	962	1085	1108
Orkney	*	*	*	*	*	*	0	6	*	*
Shetland	8	7	9	*	11	14	21	10	13	6
State Hospital	*	*	*	*	*	*	*	*	*	*
Tayside	*	*	*	*	*	*	*	*	*	*
Western Isles	357	362	393	496	413	456	489	425	501	500
Total	**4,102**	**4,388**	**4,432**	**4,738**	**4,770**	**5,296**	**5,266**	**5,371**	**5,719**	**5,855**

*n≤5 and secondary suppression to maintain confidentiality

Table A1.4. Number of STDCs by local authority and year

Local authority	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Aberdeen City	210	259	210	209	262	282	243	274	256	250
Aberdeenshire	119	129	139	130	143	157	157	167	186	128
Angus	55	52	47	74	52	81	91	64	103	103
Argyll and Bute	53	46	82	60	51	50	72	57	58	66
City of Edinburgh	458	562	525	531	558	587	550	620	727	710
Clackmannanshire	51	47	44	59	39	64	70	53	53	62
Dumfries and Galloway (LA)	106	139	99	144	139	141	124	132	171	142
Dundee City	146	165	181	213	199	185	202	200	218	212
East Ayrshire	72	84	64	57	57	85	76	119	130	135
East Dunbartonshire	38	56	56	55	64	64	58	93	86	96
East Lothian	75	63	51	79	60	80	64	77	91	94
East Renfrewshire	36	57	55	63	76	65	67	64	54	86
Eilean Siar	*	9	11	9	13	*	14	6	11	7
Falkirk	129	155	155	126	112	132	171	151	152	167
Fife (LA)	271	284	266	291	275	344	337	369	340	372
Glasgow City	744	768	903	908	967	1080	1090	1052	1148	1075
Highland (LA)	159	152	148	162	155	164	146	172	176	165
Inverclyde	94	79	74	94	102	64	73	67	61	105
Midlothian	50	50	40	65	64	66	63	61	64	70
Moray	67	65	62	59	78	60	51	72	81	68
North Ayrshire	69	83	62	65	55	93	113	89	122	141
North Lanarkshire	206	221	206	238	239	247	242	243	245	336
Orkney (LA)	*	*	*	*	*	*	0	7	6	8
Perth and Kinross	159	146	174	215	167	194	196	160	178	169
Renfrewshire	115	119	145	133	148	183	149	160	139	167
Scottish Borders	58	65	62	74	79	88	80	65	64	61
Shetland (LA)	*	*	*	*	*	19	21	12	14	6
South Ayrshire	59	56	45	65	59	57	82	91	110	101
South Lanarkshire	200	209	227	250	234	224	241	270	267	297
Stirling	66	62	71	69	96	130	131	127	115	111
West Dunbartonshire	69	70	75	67	62	83	87	76	89	74
West Lothian	144	125	140	163	151	208	204	192	203	225
Total	**4,102**	**4,388**	**4,432**	**4,738**	**4,770**	**5,296**	**5,266**	**5,371**	**5,719**	**5,855**

*n≤5 and secondary suppression to maintain confidentiality

Table A1.5. Age Standardised Rate of STDCs by 100,000 population by local authority and year

Local authority	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Aberdeen City	89.4	113.7	92.5	94.4	117.9	124.1	110.5	123.1	113.2	106.6
Aberdeenshire	47.5	51.4	53.8	51.5	55.9	62.4	61.5	63.8	72.0	49.5
Angus	46.9	43.6	40.4	64.5	44.3	71.7	79.2	54.0	88.6	88.6
Argyll and Bute	59.0	52.3	91.0	71.5	62.9	55.9	83.9	63.6	68.9	80.0
City of Edinburgh	95.9	119.1	107.5	108.9	112.0	118.1	111.1	122.0	142.6	138.1
Clackmannanshire	104.0	93.6	87.1	116.1	79.7	128.7	143.9	103.4	106.3	121.5
Dumfries and Galloway	67.8	93.2	66.2	95.3	93.9	94.2	90.8	85.9	108.3	96.7
Dundee City	100.3	113.6	126.5	146.0	136.2	129.7	138.8	136.1	145.0	145.9
East Ayrshire	59.6	70.3	54.1	48.7	47.1	71.1	63.3	101.3	107.1	109.7
East Dunbartonshire	38.0	52.9	54.0	51.6	56.7	57.7	50.3	83.1	75.7	89.8
East Lothian	72.4	60.5	48.1	74.0	55.6	73.5	57.6	68.3	79.0	80.8
East Renfrewshire	40.5	61.4	60.4	70.9	84.6	68.6	68.9	68.6	57.0	86.6
Eilean Siar[a]	NA	NA	39.6	NA	51.6	54.0	50.9	NA	45.8	NA
Falkirk	83.5	100.0	100.5	80.4	70.9	83.4	109.5	95.0	95.5	103.7
Fife	74.3	77.9	72.9	80.0	74.2	93.3	92.1	98.8	89.7	98.6
Glasgow City	130.0	132.8	154.7	156.2	168.6	185.4	186.6	177.3	189.9	176.1
Highland	70.1	66.3	62.9	69.3	65.9	69.6	60.4	72.9	75.3	68.5
Inverclyde	116.4	95.5	90.7	115.7	126.1	79.4	96.8	88.0	76.2	133.0
Midlothian	57.5	59.2	46.8	73.2	72.6	73.6	67.6	67.3	66.9	72.3
Moray	70.1	69.1	66.7	62.5	83.2	62.8	54.3	73.9	82.6	67.4
North Ayrshire	53.0	62.2	46.7	49.8	41.1	69.2	88.9	65.5	86.4	103.2
North Lanarkshire	64.5	68.1	63.5	72.8	73.8	73.8	71.9	73.3	72.4	98.5
Orkney[a]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Perth and Kinross	104.3	95.6	112.5	141.6	111.5	127.4	127.7	104.6	113.5	109.4
Renfrewshire	66.1	68.0	80.6	73.7	82.1	101.4	81.8	86.5	75.4	89.1
Scottish Borders	51.8	57.1	52.2	63.0	65.9	78.3	69.4	57.4	58.2	51.7
Shetland[a]	NA	NA	44.9	0.0	50.8	87.0	93.2	57.0	62.6	NA
South Ayrshire	53.6	52.6	40.3	60.5	57.0	51.6	73.2	77.2	93.4	86.8
South Lanarkshire	63.8	66.3	71.9	78.2	71.4	68.9	74.5	82.9	80.1	87.8
Stirling	71.8	69.9	78.7	76.8	104.0	142.0	140.5	139.7	117.1	114.9
West Dunbartonshire	76.8	80.7	85.7	76.5	70.1	96.6	100.0	83.2	101.8	83.0
West Lothian	83.9	72.8	81.8	94.7	86.3	121.7	116.1	107.8	114.6	125.9

[a] It is not possible to calculate Age Standardised Rates where n<10 (NA).

Table A1.6. Number of CTOs by local authority and year

Local authority	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Aberdeen City	77	97	72	71	80	71	76	76	84	96
Aberdeenshire	39	44	32	48	41	27	38	38	65	46
Angus	38	26	30	34	35	40	39	34	44	46
Argyll and Bute	15	14	24	24	22	21	20	19	26	27
City of Edinburgh	132	130	156	150	151	217	188	207	241	283
Clackmannanshire	11	15	17	18	12	21	13	19	21	26
Dumfries and Galloway (LA)	28	41	30	40	40	60	59	65	55	49
Dundee City	50	40	48	40	43	50	48	59	63	55
East Ayrshire	24	11	21	20	17	25	30	28	28	33
East Dunbartonshire	15	24	21	23	24	20	30	38	28	38
East Lothian	33	26	18	31	24	31	42	28	50	39
East Renfrewshire	15	16	18	26	30	33	28	21	31	33
Eilean Siar	*	*	*	*	*	6	*	*	*	*
Falkirk	34	41	48	44	44	43	57	66	67	69
Fife (LA)	102	92	89	89	110	131	121	129	114	127
Glasgow City	222	175	213	256	292	275	310	320	314	309
Highland (LA)	57	66	61	89	68	57	77	76	76	72
Inverclyde	28	27	30	30	44	30	25	28	23	32
Midlothian	22	18	20	20	25	21	38	28	22	23
Moray	18	15	18	20	16	13	13	17	22	31
North Ayrshire	22	21	18	25	20	36	39	38	38	53
North Lanarkshire	52	57	67	75	65	80	80	74	64	98
Orkney (LA)	*	8	*	0	0	*	*	*	*	*
Perth and Kinross	56	62	62	87	59	64	53	44	55	60
Renfrewshire	40	52	60	54	59	57	58	54	57	68
Scottish Borders	24	26	28	30	22	29	24	16	20	21
Shetland (LA)	*	*	*	*	*	*	*	7	6	*
South Ayrshire	18	26	17	19	11	14	15	40	35	42
South Lanarkshire	80	62	87	80	63	64	74	92	92	100
Stirling	9	13	25	17	21	23	27	47	39	33
West Dunbartonshire	31	38	38	37	32	42	41	38	31	22
West Lothian	35	37	41	43	44	43	63	46	51	63
Total	**1,338**	**1,327**	**1,425**	**1,549**	**1,522**	**1,650**	**1,738**	**1,800**	**1,871**	**2,013**

*n≤5 and secondary suppression to maintain confidentiality

Table A1.7. Number of CTOs by health board and year

Health board	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Ayrshire and Arran	65	57	51	58	46	74	81	102	95	121
Borders	19	21	25	27	20	23	21	12	18	20
Dumfries and Galloway	28	39	30	38	40	62	59	64	53	48
Fife	98	95	84	85	102	128	120	121	108	123
Forth Valley	54	67	87	74	76	87	98	129	123	127
Grampian	137	164	128	138	139	112	129	137	179	182
Greater Glasgow and Clyde	392	374	427	468	508	496	536	545	534	564
Highland	65	69	73	97	79	62	81	78	86	84
Lanarkshire	101	95	116	127	108	114	124	134	130	162
Lothian	229	214	246	255	252	317	333	324	370	411
Orkney	0	*	*	0	0	0	0	0	0	0
Shetland	0	0	0	0	0	*	*	0	0	0
State	*	*	*	*	*	7	*	*	*	*
Tayside	146	124	149	177	142	161	148	150	168	164
Western Isles	*	*	*	*	*	*	*	*	*	*
Total	**1,338**	**1,327**	**1,425**	**1,549**	**1,522**	**1,650**	**1,738**	**1,800**	**1,871**	**2,013**

*n≤5 and secondary suppression to maintain confidentiality

Table A1.8. Age Standardised Rate of CTOs by 100,000 population by local authority and year

Local authority	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Aberdeen City	33.4	43.0	31.9	32.5	36.8	31.3	35.3	33.0	37.3	40.4
Aberdeenshire	15.7	17.8	12.1	19.0	16.0	10.8	14.8	14.7	25.3	17.9
Angus	31.4	22.8	25.9	29.5	30.2	35.0	33.0	26.7	34.9	39.2
Argyll and Bute	16.2	14.4	25.8	26.6	25.5	22.0	22.8	20.4	28.7	31.8
City of Edinburgh	27.7	27.3	31.8	30.6	30.9	44.3	39.5	41.9	48.9	55.5
Clackmannanshire	22.4	29.4	34.2	35.3	22.6	41.2	26.0	36.0	42.1	50.6
Dumfries and Galloway	18.0	27.4	18.8	24.4	25.9	38.4	41.3	42.9	35.7	32.2
Dundee City	34.2	26.7	33.4	28.0	29.5	35.4	32.3	41.2	42.6	37.4
East Ayrshire	20.2	9.2	17.5	17.7	13.7	21.5	24.0	24.0	23.1	27.2
East Dunbartonshire	13.5	22.0	20.7	21.5	22.3	18.5	25.9	34.9	23.5	36.5
East Lothian	31.9	25.2	16.6	29.2	22.4	27.7	36.8	24.3	41.8	32.9
East Renfrewshire	16.8	16.9	19.6	29.6	33.0	34.9	27.9	22.5	32.0	34.7
Eilean Siar[a]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Falkirk	22.6	26.8	30.7	28.0	27.9	27.8	35.9	41.1	41.8	42.6
Fife	27.7	25.2	24.3	24.3	29.6	35.2	31.8	33.8	29.8	33.0
Glasgow City	40.9	31.2	38.3	44.9	51.0	48.1	56.1	55.1	53.0	51.4
Highland	24.4	28.8	26.7	37.9	27.9	24.5	32.0	31.6	30.5	28.9
Inverclyde	33.7	33.2	37.7	37.8	51.5	36.5	30.2	36.4	29.0	39.1
Midlothian	25.3	20.2	23.2	22.1	28.7	23.6	40.3	29.9	22.7	23.6
Moray	18.8	16.0	19.0	21.8	16.4	12.7	14.4	17.2	22.2	31.4
North Ayrshire	17.8	16.1	13.2	19.4	14.3	27.4	28.6	28.2	26.2	37.2
North Lanarkshire	16.1	17.2	20.6	22.6	19.6	24.2	23.4	22.5	18.5	28.6
Orkney[a]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Perth and Kinross	37.0	41.0	40.6	56.4	38.7	40.9	31.7	29.3	34.7	35.4
Renfrewshire	23.0	29.6	33.6	30.2	32.6	31.6	32.1	29.0	30.2	35.9
Scottish Borders	21.2	23.3	24.5	24.9	18.0	25.8	18.0	14.2	18.3	18.5
Shetland[a]	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
South Ayrshire	16.2	24.4	16.3	17.9	11.1	15.0	11.8	35.3	32.0	34.0
South Lanarkshire	26.0	19.8	27.2	25.2	19.0	19.3	23.1	27.8	27.4	29.3
Stirling	NA	14.3	27.8	18.4	21.3	26.6	28.1	48.7	39.9	33.2
West Dunbartonshire	35.9	43.3	43.1	42.2	35.5	48.0	46.3	42.9	36.7	25.1
West Lothian	21.5	21.7	24.2	26.6	25.7	25.2	36.2	26.0	29.0	34.8

[a] It is not possible to calculate Age Standardised Rates where n<10 (NA).

Table A1.9. Number of detentions under nurses' power to detain by year and gender

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Female	81	96	116	119	119	103	109	84	123	113
Male	55	50	51	63	63	52	61	59	85	71

Note: There are n≤5 people in certain years where gender is unknown or not specified

Table A1.10. Rate of detentions under nurses' power to detain by year and gender

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Scotland rate	2.5 (2.1-3.0)	2.7 (2.3-3.2)	3.1 (2.6-3.6)	3.4 (2.9-3.9)	3.4 (2.9-3.9)	2.9 (2.4-3.3)	3.2 (2.7-3.7)	2.6 (2.2-3.1)	3.8 (3.3-4.4)	3.3 (2.9-3.9)
Female rate	2.9 (2.3-3.6)	3.4 (2.8-4.2)	4.1 (3.4-5.0)	4.3 (3.6-5.2)	4.3 (3.6-5.2)	3.7 (3.0-4.5)	4.0 (3.3-4.8)	3.0 (2.4-3.7)	4.4 (3.7-5.3)	3.9 (3.2-4.7)
Male rate	2.1 (1.6-2.8)	2.0 (1.4-2.6)	1.9 (1.4-2.5)	2.4 (1.8-3.1)	2.5 (1.9-3.2)	2.0 (1.5-2.6)	2.4 (1.8-3.0)	2.2 (1.7-2.9)	3.2 (2.6-4.0)	2.6 (2.0-3.3)

Note: There are n≤5 people in certain years where gender is unknown or not specified

Table A1.11. Number of place of safety orders by year

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Number of orders	831	1,140	1,181	1,115	1,134	1,141	1,254	1,331	1,279	1,231

Table A1.12. Point prevalence orders by year and health board

Health board	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Ayrshire and Arran	159	165	163	187	179	181	202	219	222	234
Borders	41	39	49	46	46	55	33	35	43	46
Dumfries and Galloway	57	61	60	75	73	92	94	99	105	106
Fife	232	256	262	242	249	268	277	275	265	267
Forth Valley	162	163	197	204	210	223	227	247	236	262
Grampian	249	283	279	285	289	279	307	309	333	347
Greater Glasgow and Clyde	986	1011	1047	1073	1135	1196	1248	1304	1276	1256
Highland	185	182	179	206	209	180	195	184	197	185
Lanarkshire	219	233	211	244	229	238	272	289	276	270
Lothian	566	562	631	624	638	688	728	731	743	760
Tayside	319	320	321	337	319	357	348	357	381	366

Table A1.13. Age Standardised Rate of point prevalence orders by year and health board

Health board	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Ayrshire and Arran	44.2	45.8	45.7	53.5	50.8	52.0	57.6	63.7	63.7	66.4
Borders	37.4	35.4	44.3	39.5	40.4	48.3	27.2	30.1	38.9	41.7
Dumfries and Galloway	38.3	41.4	42.2	51.6	53.8	66.1	70.7	74.8	76.6	78.1
Fife	64.2	71.1	72.9	67.8	68.8	74.0	76.2	75.6	72.8	73.0
Forth Valley	54.3	54.7	65.8	68.1	70.0	74.6	75.9	81.5	77.9	86.1
Grampian	42.1	48.1	47.7	49.0	50.0	48.4	53.4	53.2	56.6	58.8
Greater Glasgow and Clyde	86.7	88.6	91.0	92.5	96.8	102.5	107.8	110.7	106.9	103.9
Highland	58.6	57.7	56.4	65.8	66.8	57.1	61.3	58.5	62.0	58.3
Lanarkshire	33.5	35.4	32.4	36.7	34.3	35.9	40.7	43.1	41.0	39.5
Lothian	66.3	64.9	72.0	71.1	72.1	77.7	82.0	81.9	82.4	82.6
Tayside	79.5	80.2	80.1	83.0	79.0	87.7	85.8	87.9	93.3	90.3

Island rates cannot be calculated due to n<10.

Table A1.14. Age Standardised Rate of point prevalence CTOs by health board and CTO type

Health board	Community rate (95%CI)	Hospital rate (95% CI)
Ayrshire and Arran	18.6 (14.2 - 23.9)	26.9 (21.7 - 32.9)
Borders	23.3 (14.8 - 34.7)	12.2 (6.3 - 21.1)
Dumfries and Galloway	36.5 (26.4 - 49.0)	28.2 (19.8 - 38.9)
Fife	26.5 (21.4 - 32.4)	26.9 (21.9 - 32.8)
Forth Valley	36.8 (30.2 - 44.4)	33.6 (27.4 - 40.8)
Grampian	15.0 (12.0 - 18.5)	26.2 (22.3 - 30.7)
Greater Glasgow and Clyde	36.6 (33.2 - 40.2)	43.9 (40.2 - 47.8)
Highland	28.2 (22.5 - 34.9)	18.4 (14.0 - 23.8)
Lanarkshire	12.3 (9.8 - 15.3)	15.8 (12.9 - 19.0)
Lothian	27.9 (24.5 - 31.5)	35.8 (32.0 - 39.9)
Tayside	26.2 (21.3 - 31.8)	37.6 (31.9 - 44.0)

Island rates cannot be calculated due to n<10.

Table A1.15. Number of orders under Criminal Procedure Act and number of individuals with an order by year

	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Orders	420	447	437	387	402	364	375	350	338	315
Individuals	234	252	227	220	221	215	221	202	216	196

Table A1.16. Number of Criminal Procedure Act orders by order type and year

Category	Order	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Treatment and assessment	Treatment Order	113	109	121	100	100	105	106	110	97	87
	Assessment Order	145	130	133	122	141	106	132	112	109	87
Unfitness for trial	Temporary Compulsion Order	18	20	20	16	11	12	18	11	*	6
Acquittal due to mental disorder	S57(2)(a) Compulsion Order	26	28	50	33	22	27	22	22	26	15
	S57(2)(a) Compulsion Order - Community	0	0	0	0	0	0	*	0	0	*
	S57(2)(b) CORO	*	*	*	*	*	*	*	*	*	*
Post-conviction pre-disposals	Interim Compulsion Order	23	26	23	15	24	13	14	19	11	22
	S200 Commital	0	0	0	0	*	0	0	0	0	*
Mental health disposals	Hospital Direction	*	0	*	*	0	0	*	0	*	*
	S57A(2) Compulsion Order	45	60	43	46	52	45	39	41	44	52
	S57A(2) Compulsion Order - Community	0	*	*	0	0	*	*	0	0	*
	S59 CORO	9	10	*	8	8	6	*	*	10	6
Transfer for treatment	Transfer for Treatment Direction	36	58	36	40	38	44	33	23	28	32
Total		**420**	**447**	**437**	**387**	**402**	**364**	**375**	**350**	**338**	**315**

*n≤5 and secondary suppression to maintain confidentiality

Table A1.17. Number of T2s by treatment type and year

Treatment	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
ECT	8	21	23	30	21	20	29	18	32	25
Medication to reduce sex drive	*	*	*	*	*	*	0	0	*	*
Artificial nutrition	*	*	*	*	*	*	9	6	*	*
Medication beyond two months	769	751	773	862	785	801	890	930	882	979

*n≤5

Table A1.18. Number of T3s by treatment type and year

Treatment	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
ECT	207	176	224	222	255	214	240	230	229	224
Medication to reduce sex drive	7	10	10	12	11	7	8	*	9	12
Artificial nutrition	98	99	116	137	132	135	164	177	161	168
Medication beyond two months	1503	1559	1642	1704	1823	1675	1954	2164	2227	2441

*n≤5

Table A1.19. Number of T4s by age and year

Age	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2014-25
Under 18	44	33	36	52	55	93	81	70	71	121
18 and older	234	205	297	328	352	359	449	428	482	499
Total	**278**	**238**	**333**	**380**	**407**	**452**	**530**	**498**	**553**	**620**

Table A1.20. Number of T4s by health board and year

Health board	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Ayrshire and Arran	34	22	34	38	17	12	25	12	26	41
Borders	0	*	*	*	*	10	7	12	*	6
Dumfries and Galloway	9	6	9	22	13	20	19	*	21	38
Fife	19	15	11	32	32	34	40	37	31	47
Forth Valley	9	*	*	*	15	9	*	27	20	27
Grampian	16	21	27	28	36	39	39	47	67	55
Greater Glasgow and Clyde	56	37	68	97	120	106	137	154	135	151
Highland	*	*	10	10	*	*	18	27	12	15
Lanarkshire	7	15	14	13	19	13	30	17	16	11
Lothian	58	58	71	54	70	81	96	87	90	125
State	*	6	*	*	9	*	*	*	*	*
Tayside	60	47	78	69	66	117	106	72	127	98
Western Isles	*	0	0	0	0	0	0	0	0	0
Shetland	*	*	0	0	0	0	0	0	0	0
Orkney	0	0	0	0	0	0	0	0	0	*
Total	**278**	**238**	**333**	**380**	**407**	**452**	**530**	**498**	**553**	**620**

*n≤5 and secondary suppression to maintain confidentiality

Appendix 2 – Figures

Figure A2.1. Longest period of permitted detention an episode of detention progressed to by year

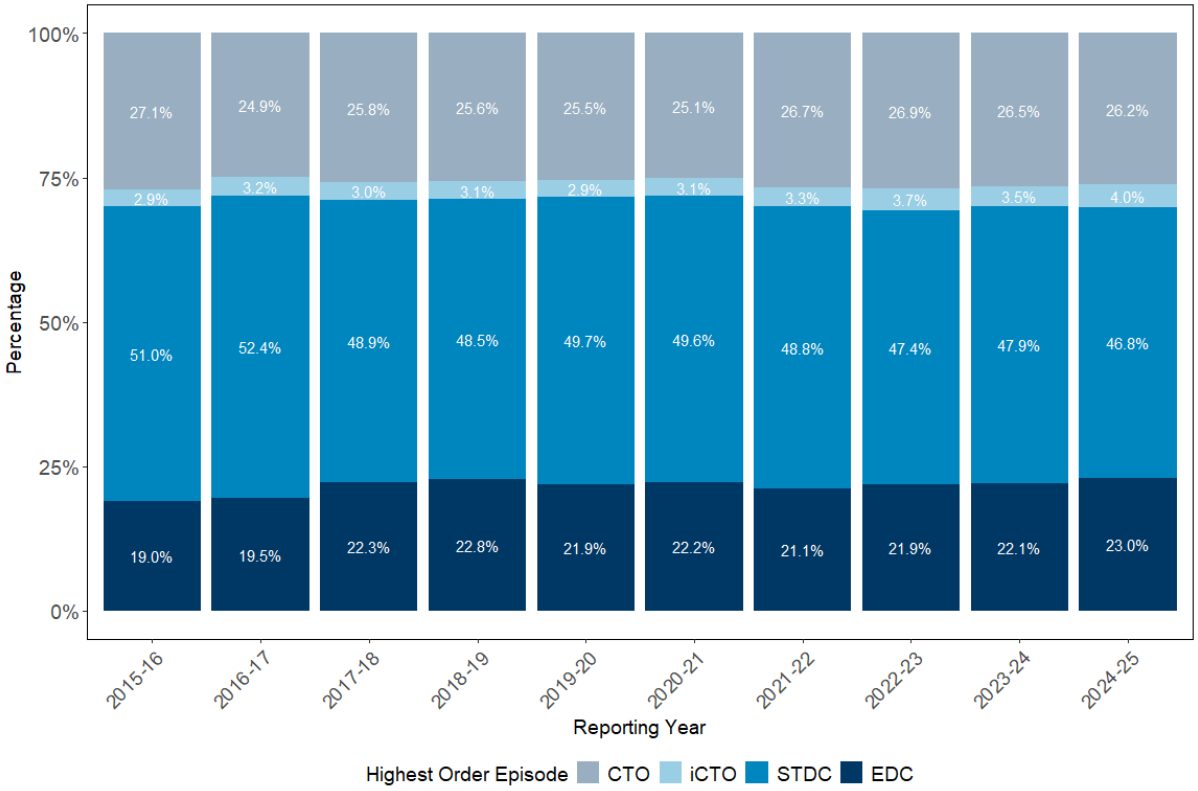


Figure A2.2. EDCs in 2024-25 by level of deprivation (based on 97.1% of EDCs with eligible postcodes)

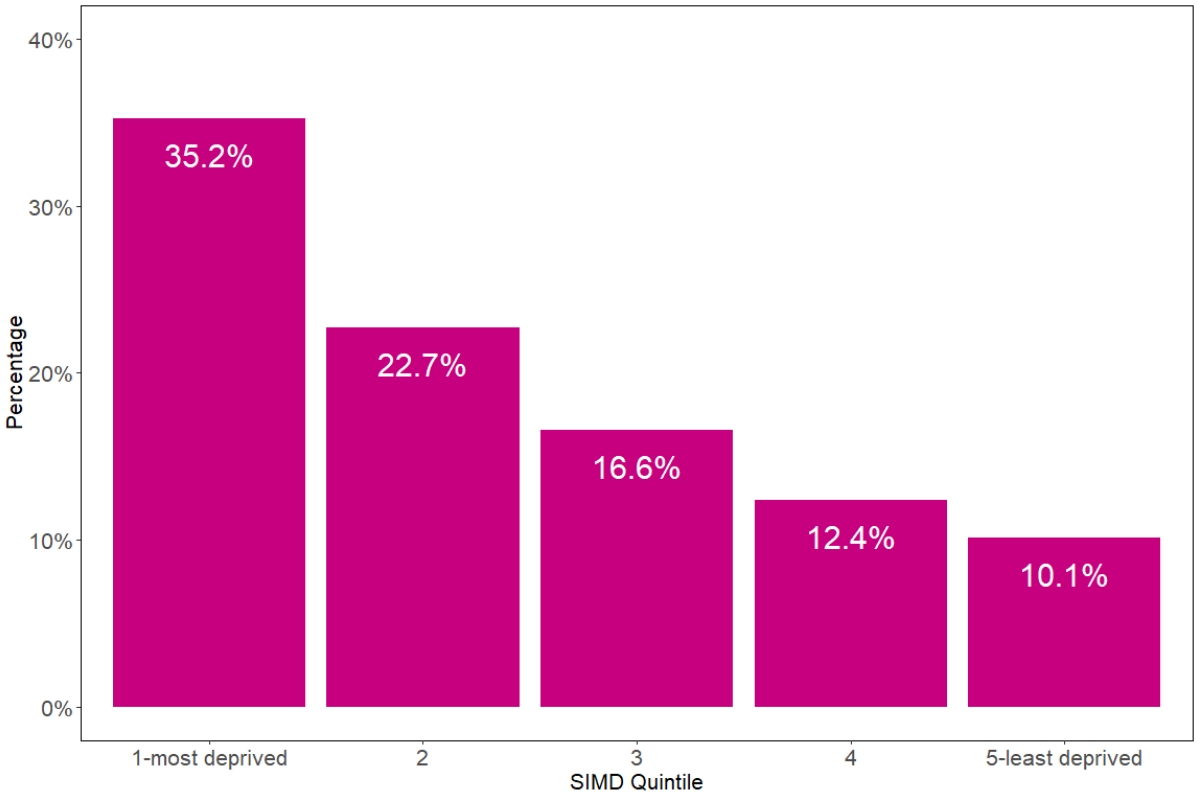


Figure A2.3. STDCs in 2024-25 by level of deprivation (based on 96.4% of STDCs with eligible postcodes)

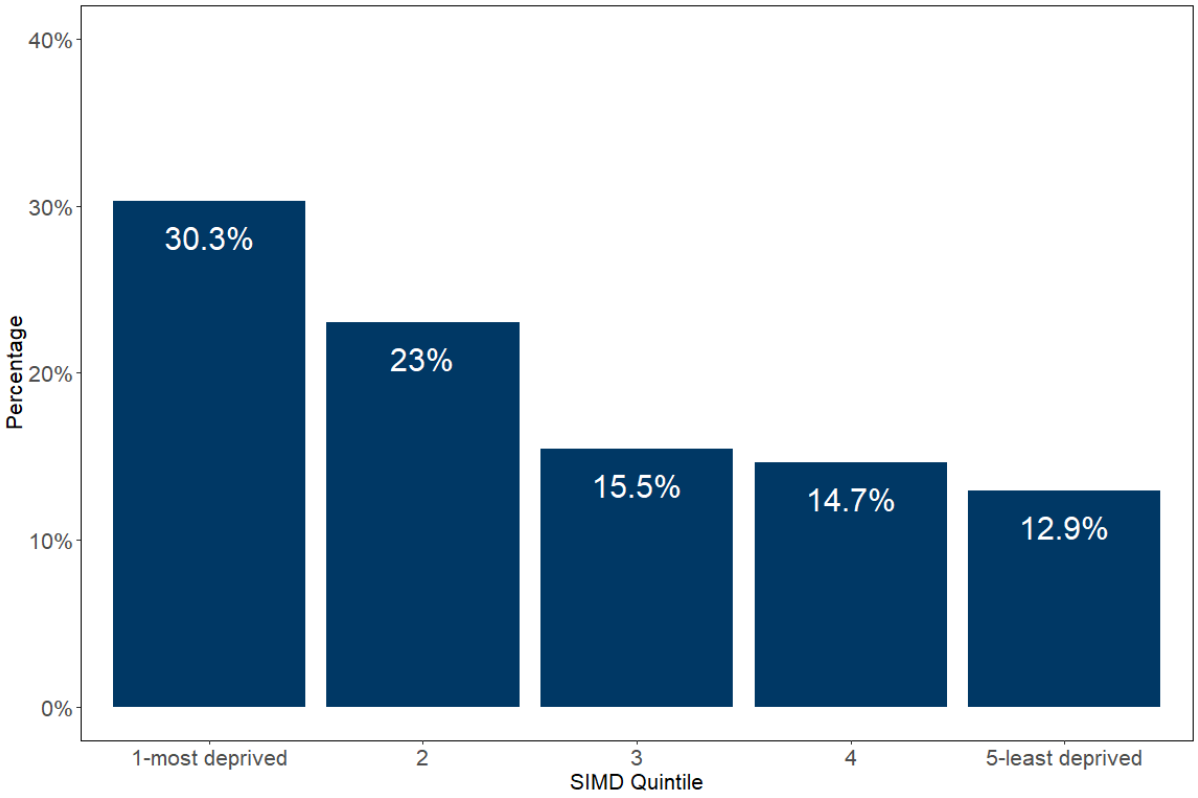


Figure A2.4. CTOs in 2024-25 by level of deprivation (based on 90.3% of CTOs with eligible postcodes)

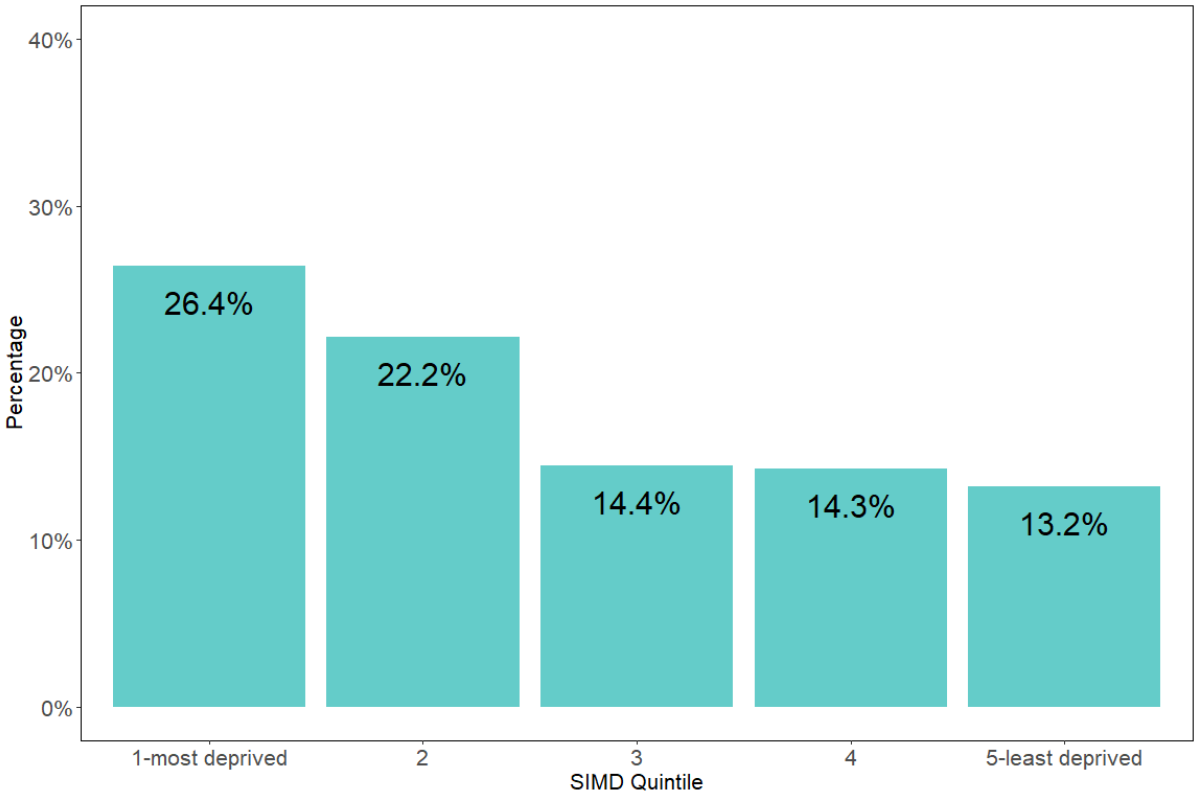


Figure A2.5. New orders by ethnicity by year (percentages)

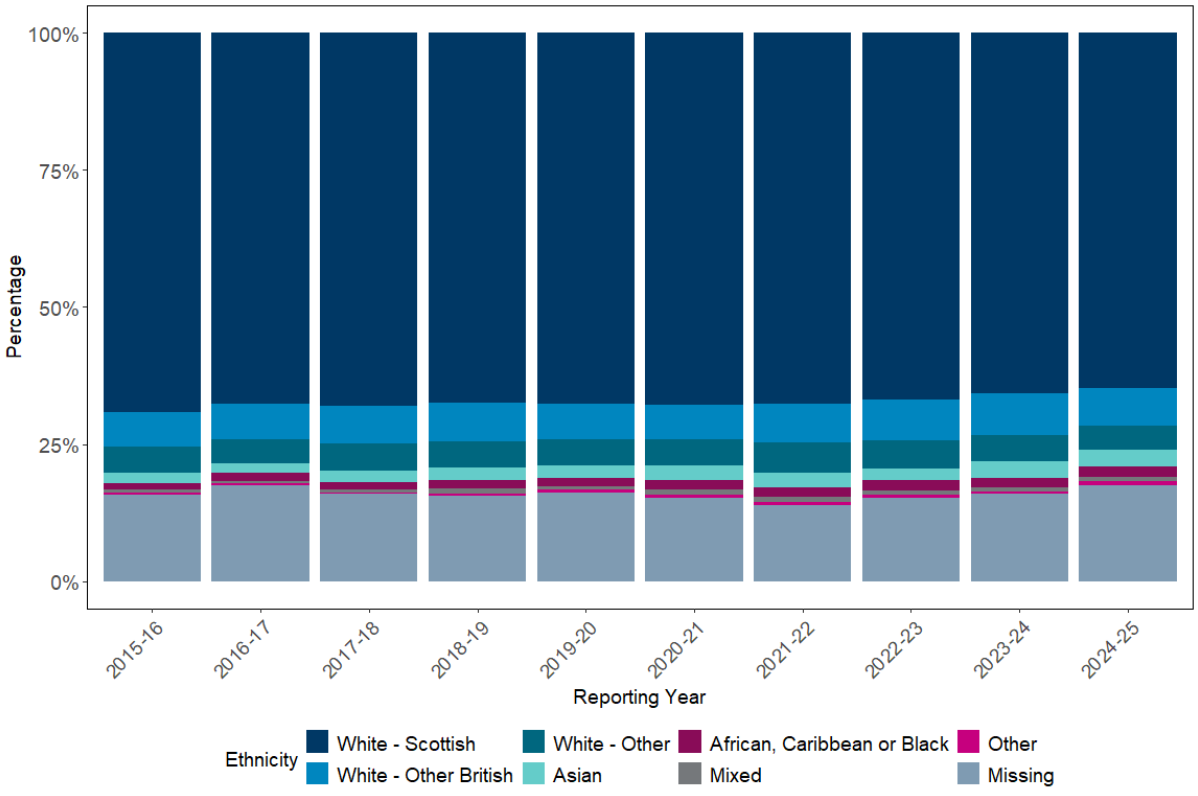


Figure A2.6. Age Standardised Rate of EDCs per 100,000 in 2024-25, by health board

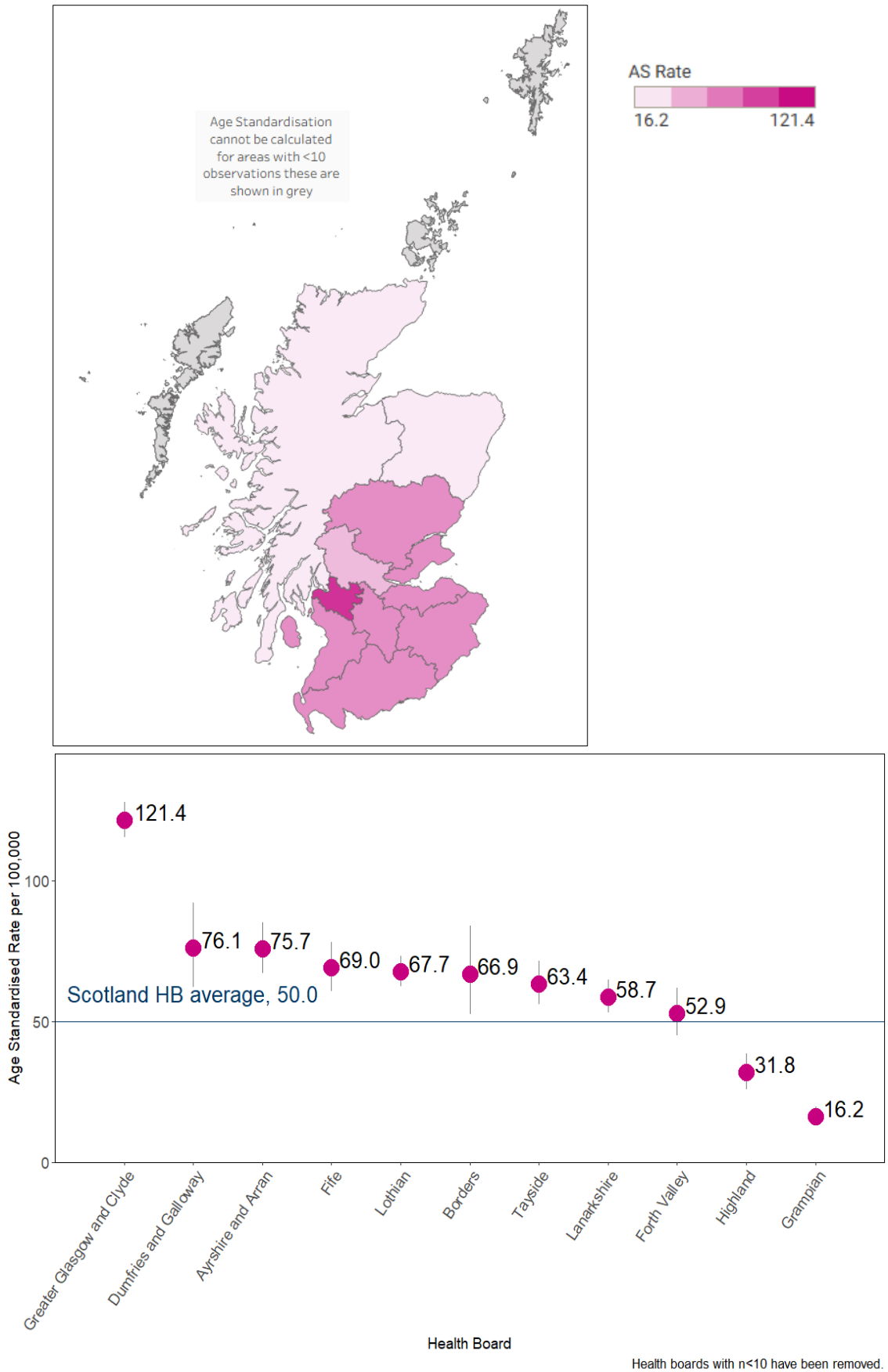


Figure A2.7. Age Standardised Rate of EDCs per 100,000 in 2024-25, by local authority

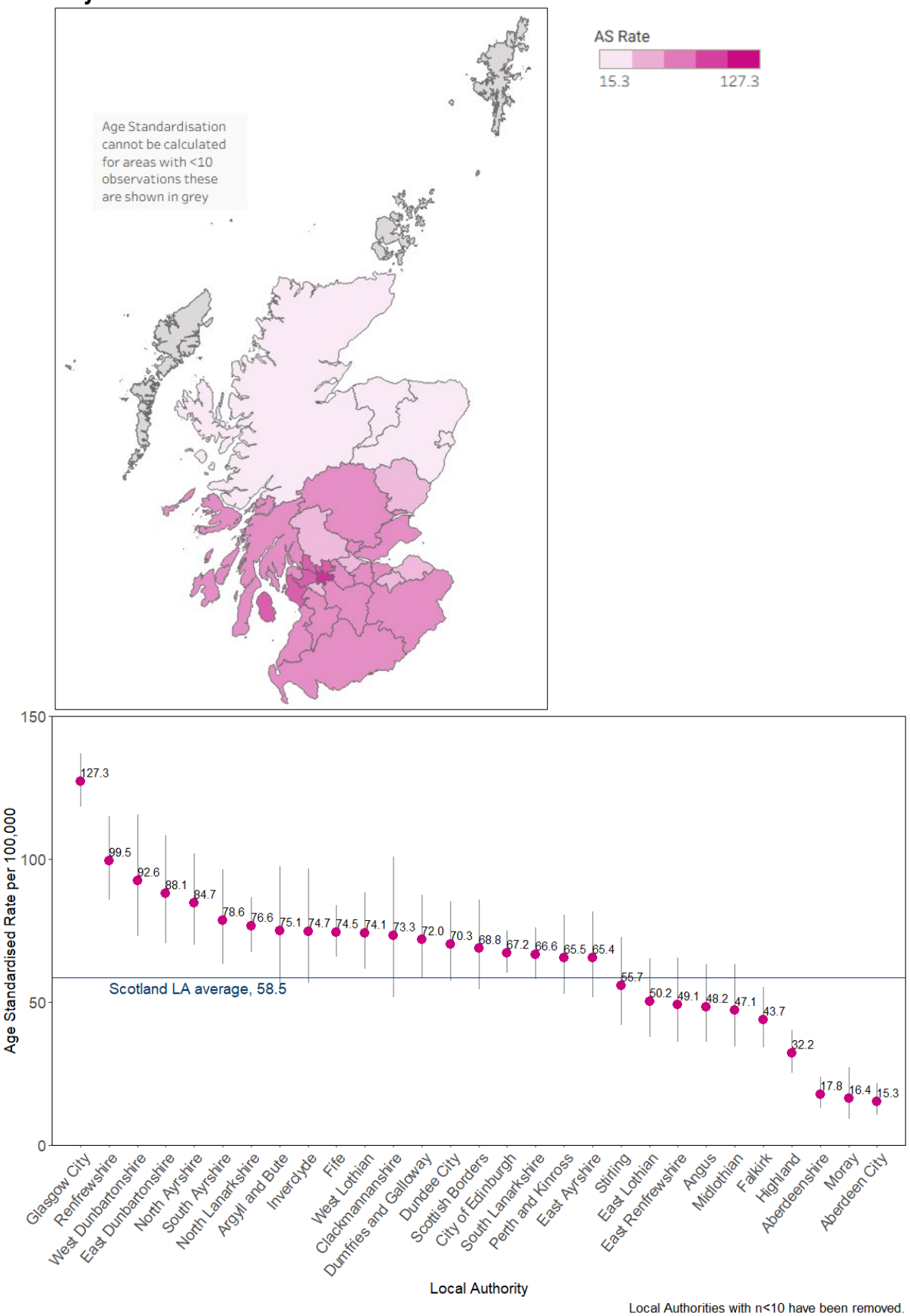


Figure A2.8. Age Standardised Rate of STDCs per 100,000 in 2024-25, by health board

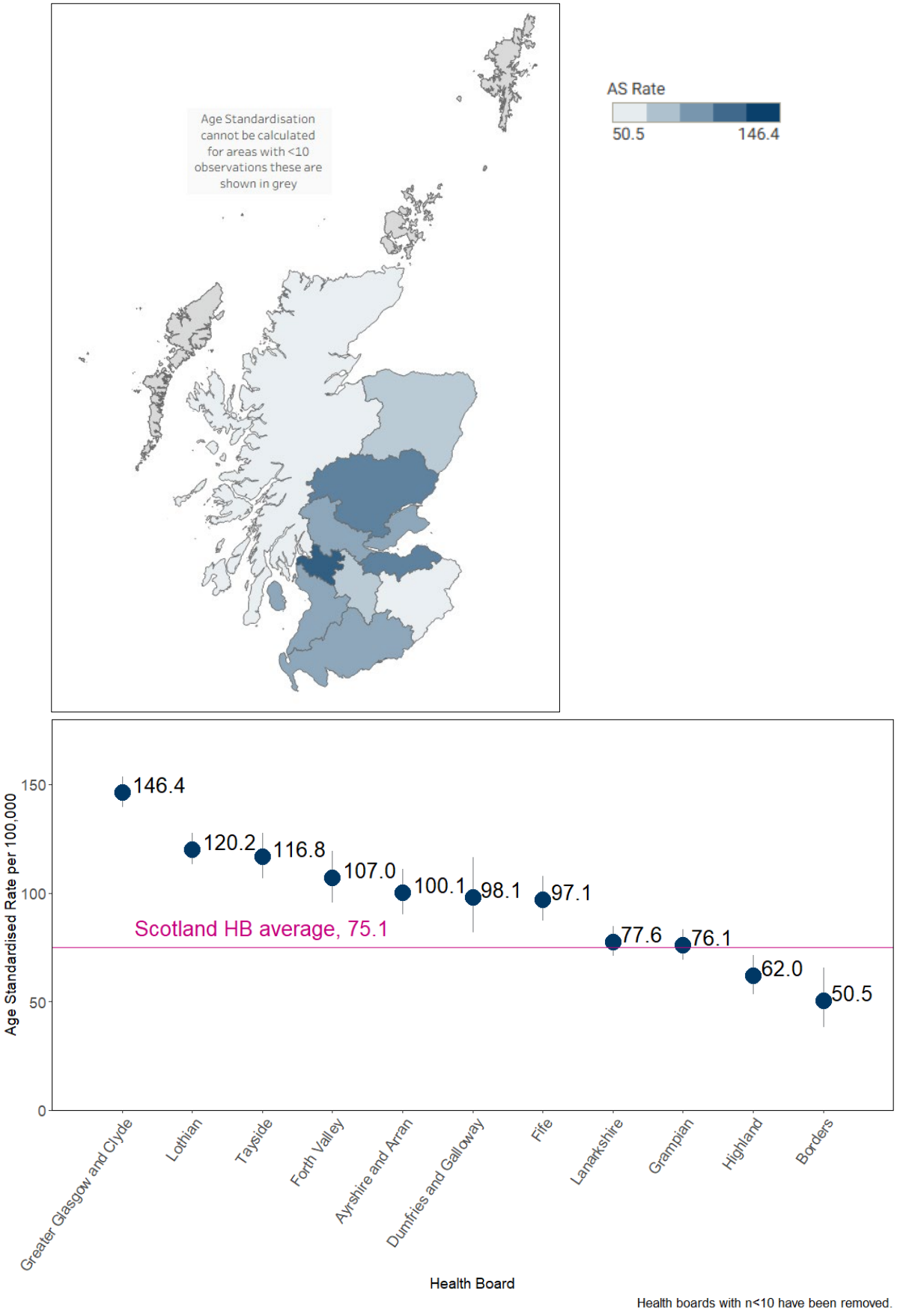
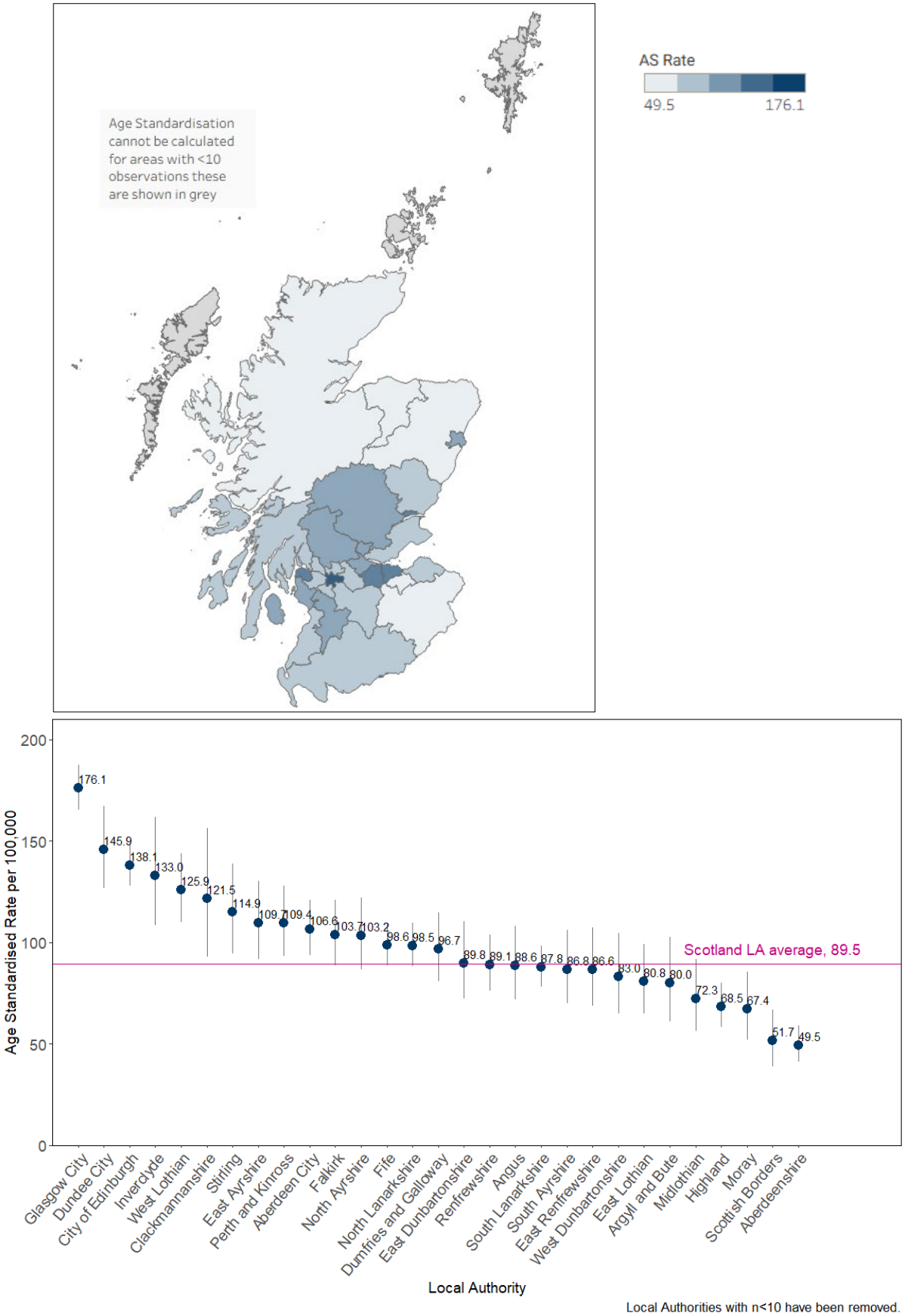


Figure A2.9. Age Standardised Rate of STDCs per 100,000 in 2024-25, by local authority



Local Authorities with n<10 have been removed.

Figure A2.10. Diagnostic categories recorded on detentions under a STDC in 2024-25

Figure A2.11. Social circumstances reports completed in 2024-25, by local authority

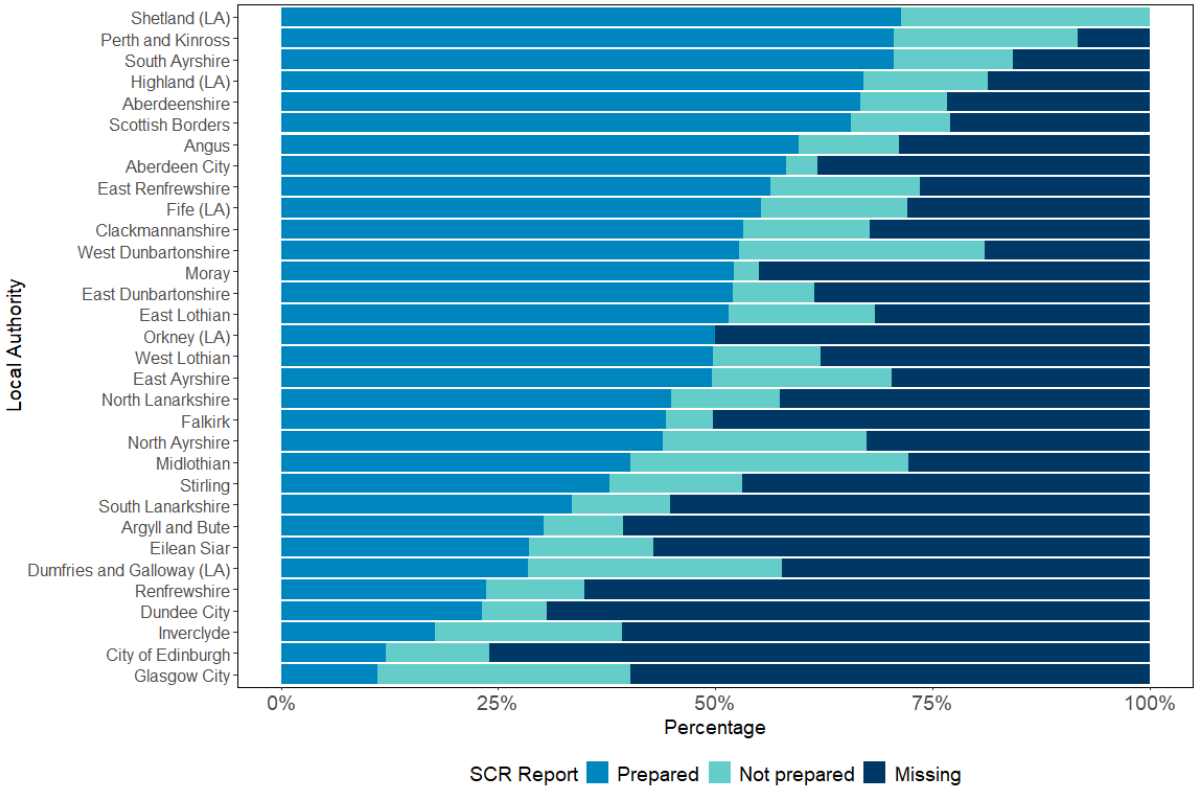
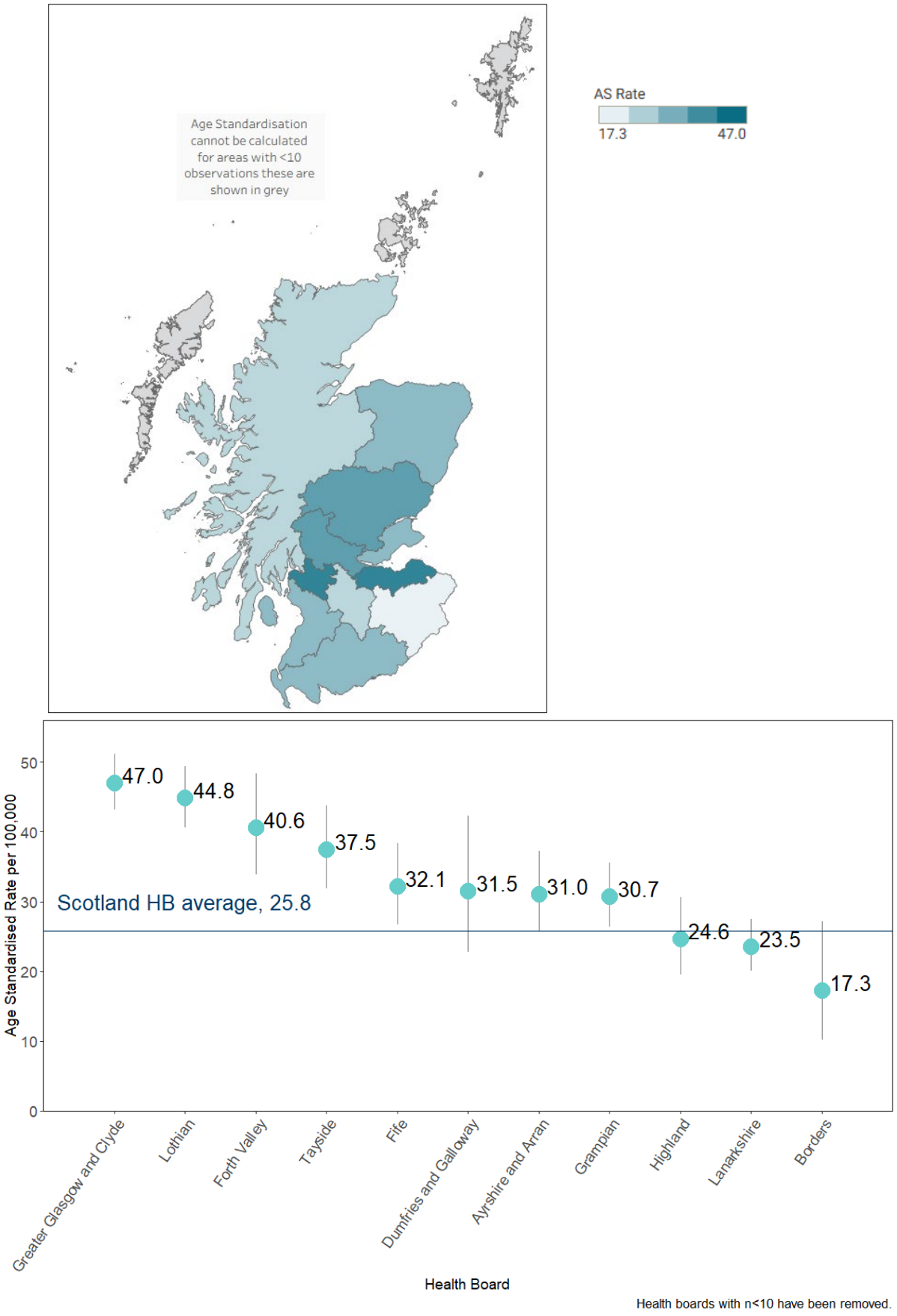
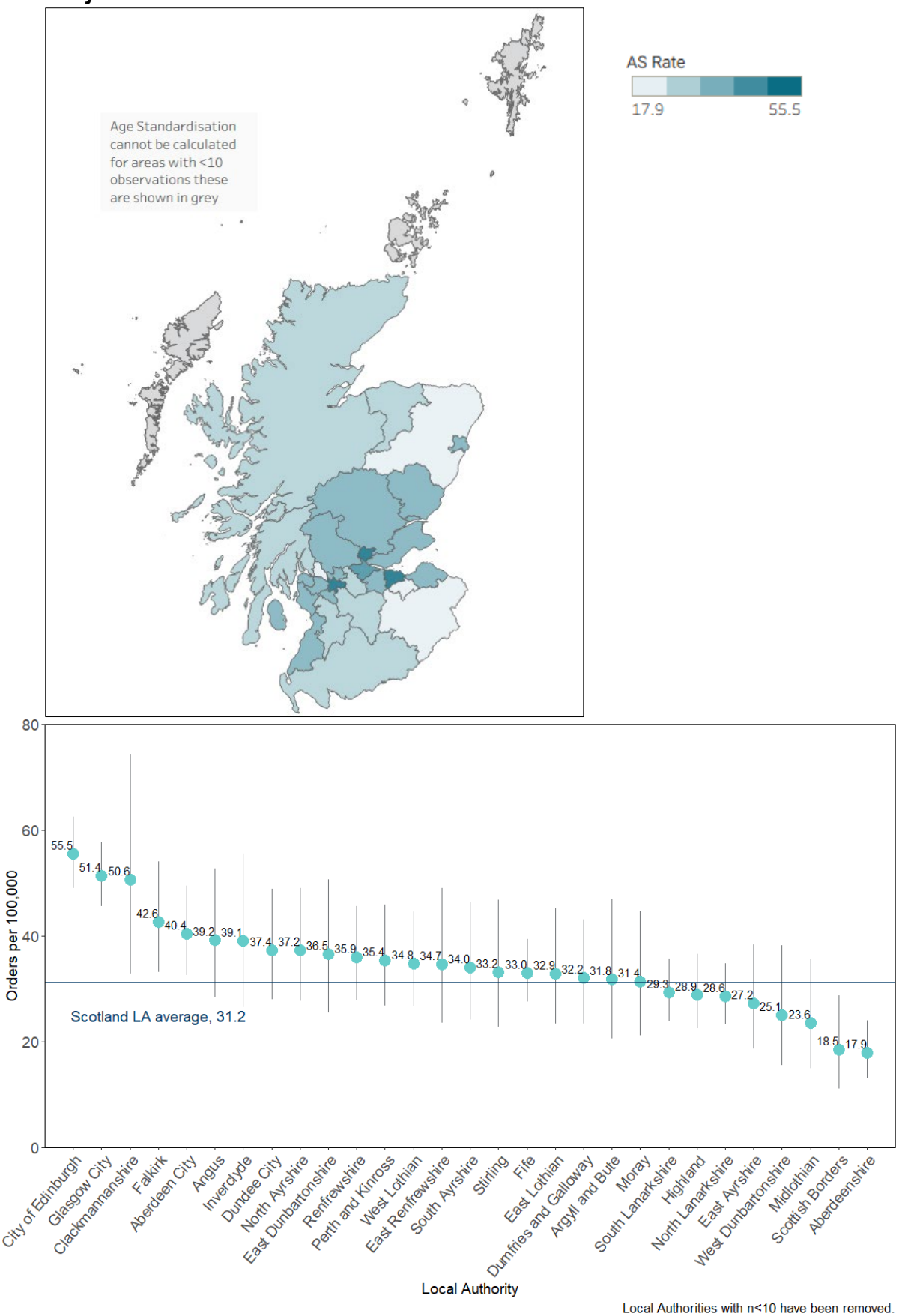


Figure A2.12. Age Standardised Rate of CTOs per 100,000 in 2024-25, by health board



Health boards with n<10 have been removed.

Figure A2.13. Age Standardised Rate of CTOs per 100,000 in 2024-25, by local authority



Local Authorities with n<10 have been removed.

Figure A2.14. Age Standardised Rate of use of nurse's power to detain by gender with 95% CI by year

Figure A2.15. Detentions under Section 297 orders by the place individual was taken to by year

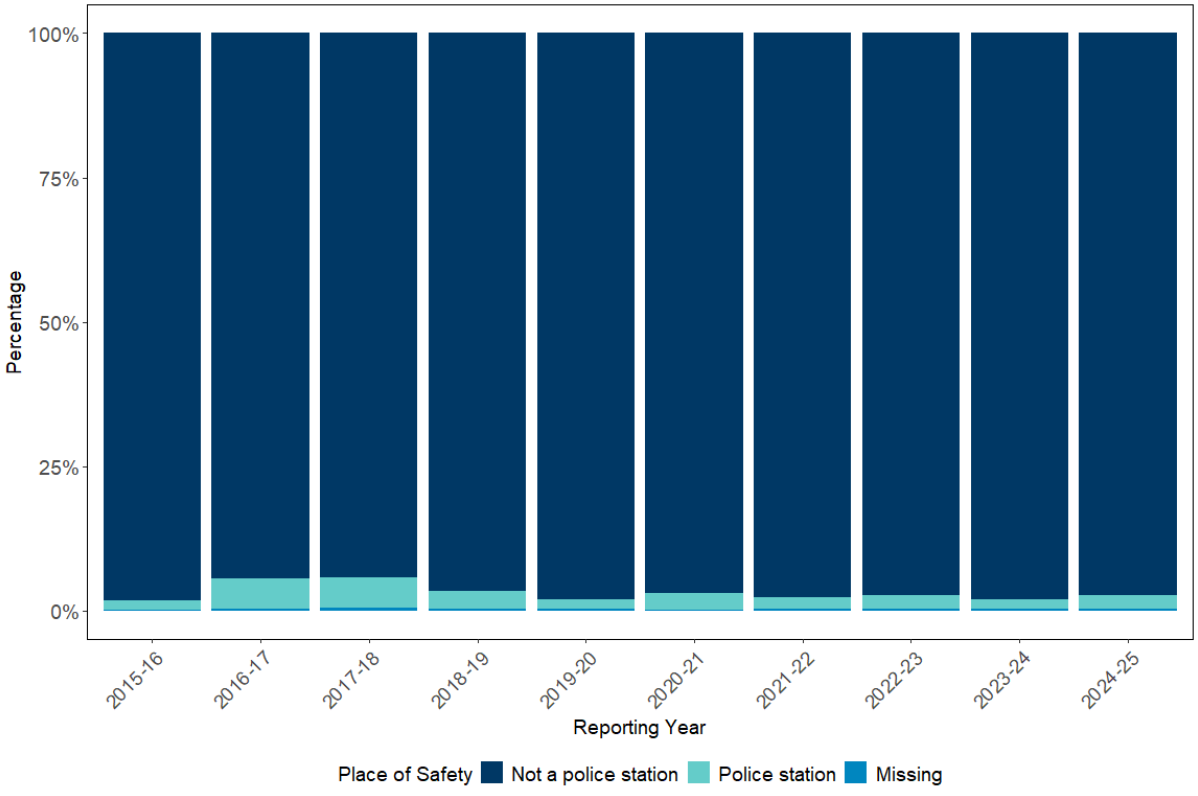
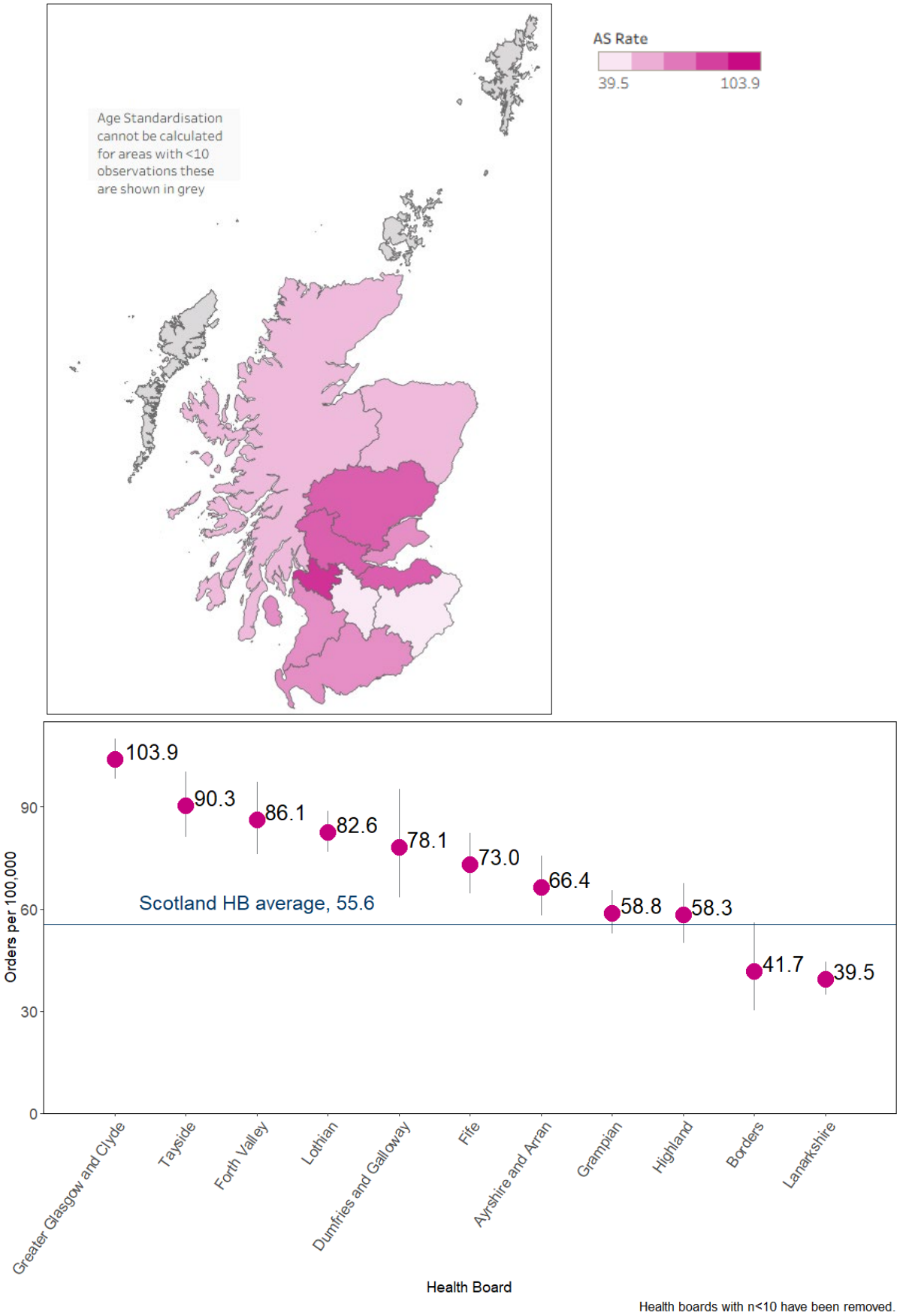


Figure A2.16. Age Standardised Rate of extant orders per 100,000 on 1 January 2025, by health board



Health boards with n<10 have been removed.

Figure A2.17. Type of order individuals were subject to on 1 January 2025

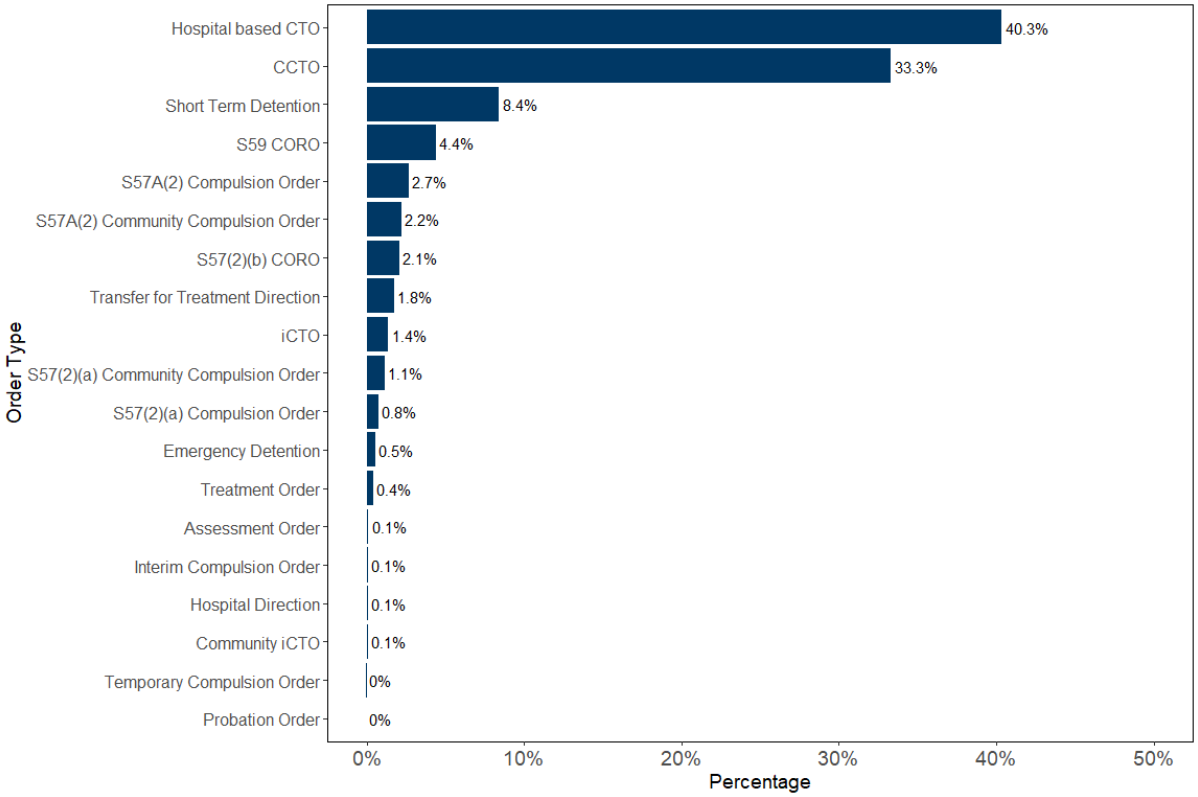
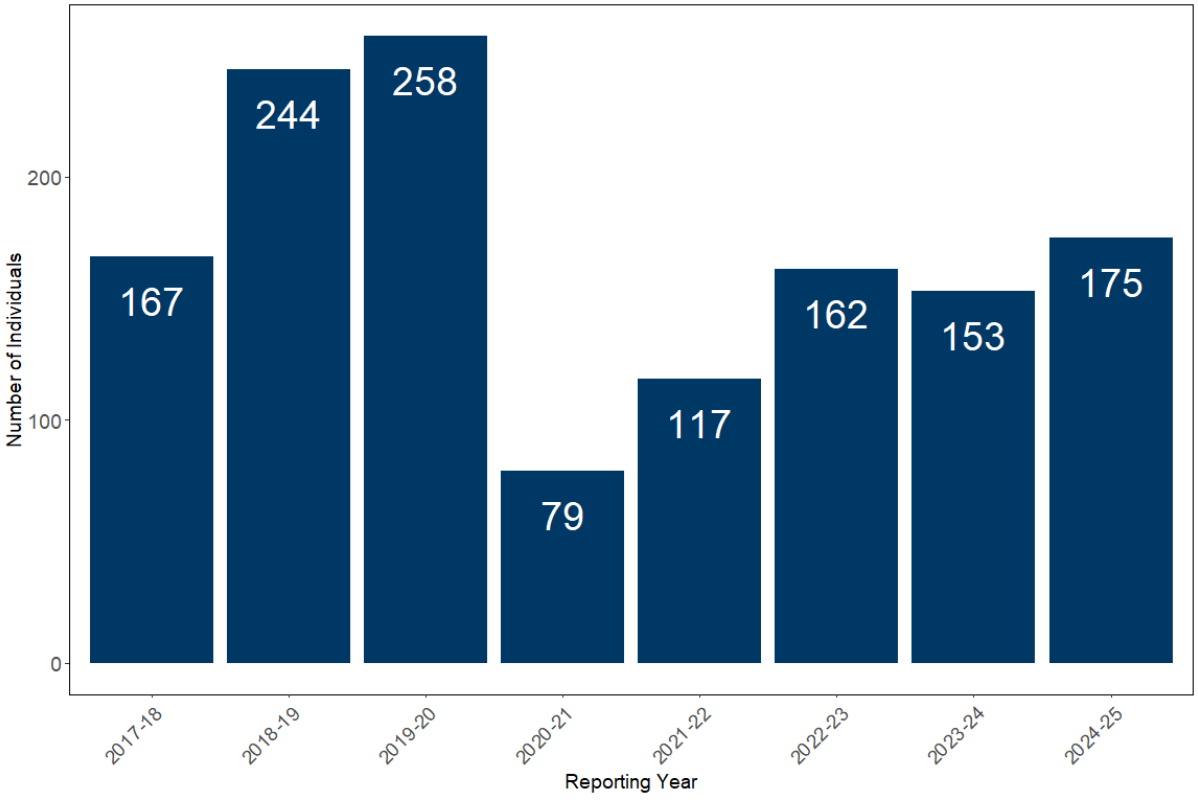


Figure A2.18. Number of individuals with a first engagement with the advance statement register by year



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