Key findings

In 2017-18:

• 49,551 new detentions under the Mental Health Act were recorded, but the overall national totals will be higher as not all providers submitted data. Trend comparisons are also affected by improving data quality. For the subset of providers that submitted good quality detentions data in each of the last three years, we estimate there was an increase in detentions of 2.4 per cent from last year. Further information is provided in the Background Data Quality Report.

• Comparisons can still be made between groups of people using population-based rates, even though the rates shown are based on incomplete data. Known detention rates were higher for males (88.9 per 100,000 population) than females (80.9 per 100,000 population).

• Amongst adults, detention rates tend to decline with age. Known detention rates for the 18 to 34 age group (121.8 detentions per 100,000 population) were around a third higher than for those aged 50 to 64 (88.2 per 100,000 population). But rates rose again for the 65+ age group (99.8 per 100,000 population).

• Amongst the five broad ethnic groups, known rates of detention for the ‘Black or Black British’ group (288.7 detentions per 100,000 population) were over four times those of the White group (71.8 per 100,000 population).

• Known rates of CTO use for males (10.8 per 100,000 population) were higher than the rate for females (6.4 per 100,000 population). Across age groups, those aged 35 to 49 had the highest rate of CTO use (14.8 known uses per 100,000 population compared to 8.6 uses per 100,000 population for all age groups).

• Amongst broad ethnic groups, known rates of CTO use for the ‘Black or Black British’ group (56.0 uses per 100,000 population) were over eight times the rate for the White group (6.5 uses per 100,000 population).

1 See Estimating the change in detentions and also the Background Data Quality Report
2 See the ‘Accuracy and Reliability’ section of the Background Data Quality Report
National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is NHS Digital’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly.

Find out more about the Code of Practice for Official Statistics at

www.statisticsauthority.gov.uk/assessment/code-of-practice

This publication may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.
Introduction

- This publication contains the official statistics about uses of the Mental Health Act\(^3\) (‘the Act’) in England during 2017-18.
- Under the Act, people with a mental disorder may be formally detained in hospital (or ‘sectioned’) in the interests of their own health or safety, or for the protection of other people.
- They can also be treated in the community but subject to recall to hospital for assessment and/or treatment under a Community Treatment Order (CTO).
- People may be detained in secure psychiatric hospitals, other NHS Trusts or at Independent Service Providers (ISPs). All organisations that detain people under The Act must be registered with the Care Quality Commission (CQC).
- In recent years, the number of detentions under the Act have been rising. An independent review is examining how the Act is used and will make recommendations for improving the Mental Health Act legislation.
- This publication does not cover\(^4\):
  - People in hospital voluntarily for mental health treatment, as they have not been detained under the Act (see the Mental Health Bulletin)
  - Uses of section 136 where the place of safety was a police station; these are published by the Home Office
  - Guardianship under the Mental Health Act (covered in a separate NHS Digital publication).

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\(^3\) The Mental Health Act 1983 as amended by the Mental Health Act 2007 and other legislation.

\(^4\) See the Links to related statistics in this report.
How these statistics are produced

- Since 2016-17, these statistics are produced from the Mental Health Services Data Set (MHSDS). Previously these statistics were produced from the KP90 aggregate data collection.
- The MHSDS re-uses operational data from service providers to produce statistics about NHS-funded mental health services in England.
- NHS Digital publishes statistics from the MHSDS each month, including some information about people subject to the Act.
- This annual publication includes all of the measures previously produced from the KP90. This supports the continued monitoring of uses of the Act in health services.
- The MHSDS provides a much richer data source for these statistics, allowing for new insights into uses of the Act. Some of these new insights are shown in this report.
- However, some providers are not yet submitting data, or submitting incomplete data and so figures must be interpreted with caution. Guidance is provided in this publication.
- Improvements in data quality have been made over the past year. NHS Digital is working with partners to ensure that all providers are submitting complete data to the MHSDS.

See the Mental Health Services Monthly Statistics publications
Data quality

The increase in detentions recorded in 2017-18 is partly due to improving data quality. However, not all organisations are yet submitting information about the Act to the MHSDS. NHS Digital is working to improve compliance by:

- **Working on a comprehensive data quality improvement plan** with national partner organisations. In their regulatory role, the Care Quality Commission (CQC) is contacting former KP90 submitters to ensure they are taking action to submit data about the Act to the MHSDS. NHS Digital is supporting the CQC in this work.

- **Launching a Mental Health Data Hub** to improve access to our mental health statistics. The Data Hub is a single place to find interactive data visualisations based on our published mental health statistics. The Mental Health Act page includes visualisations showing which providers have or have not submitted data about the Act over the past three years and provides a comparison of their detentions data over this period to support data quality assessment.

- **Providing data quality feedback and reporting** to MHSDS submitters as part of the monthly submission process. This supports providers in understanding any potential data quality issues and to investigate what the causes are. We also publish summary data quality information both in monthly reports and as data visualisations at the Mental Health Data Hub.

Further guidance on using these statistics is provided in the Background Data Quality Report.
Not all organisations are yet submitting data about the Act in the MHSDS (NHS Acute Trusts were allowed to submit summary data to a separate Acute collection\(^6\) this year). Compared to 2015-16, coverage was again best amongst NHS providers and lowest amongst Independent Service Providers (ISPs)\(^7\).

But even amongst organisations submitting data, some of the data are not complete. Some are not submitting data of sufficient quality to allow detention statistics to be derived from the record-level MHSDS data, resulting in a shortfall. Therefore comparisons to detentions data from the KP90 return in previous years are not valid at national level.

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\(^6\) See the ‘Annual uses of the Mental Health Act 1983 in English acute trusts’ collection page

\(^7\) Excludes small ISP hospitals grouped into an ‘Other’ category in 2015-16. For more information see the Background Data Quality Report.
Where organisations do submit data about the Act to the MHSDS, it may not be complete. Providers should make monthly submissions in all 12 months of the year. Over a third of ISPs missed at least one submission in 2017-18 compared to just 1 in 15 NHS providers.

We’ve been working with suppliers and partners to improve data quality. The number of people reported in the MHSDS as subject to the Act at each month-end\(^8\) has increased from 13,628 on 31\(^{st}\) January 2016 to 20,961 on 31\(^{st}\) March 2018. This compares to 25,577 people recorded in the last annual publication sourced from the KP90 (on 31\(^{st}\) March 2016).

\(^8\) Measure MHS08 in the Mental Health Services Monthly Statistics publications. Excludes data from the Acute collection. Interactive visualisations including this measure are available at the monthly statistics page of the Mental Health Data Hub.
Date and time of detention

One example of our data quality investigations is our work looking into the accuracy of time recording in the MHSDS. Both the date and time of events are recorded in the MHSDS. So the MHSDS can identify detentions that occurred following admission to hospital but on the same day.

Last year we noted a greater proportion of detentions following admission than in previous years. We suggested that this may be the result of the detailed data submitted to the MHSDS, compared to the aggregate data submitted to the KP90 return in previous years.

Our data quality investigations have since shown that this change can be explained, in part at least, by the rounding of times submitted to the MHSDS. Local recording practices, which may vary by provider, will therefore influence the reported split of ‘detentions on admission’ and ‘detentions following admission’ to hospital. Further information is provided in the Background Data Quality report.

For more information: see the Background Data Quality Report and also the Data Tables: Table 1a

Detentions on admission
A person is detained on admission in hospital. As the date and time of admission to hospital and detention match in the MHSDS, we record this as a detention on admission.

Detentions following admission
A person is detained on the same day but later than the time of admission to hospital. As the date and time of admission to hospital is earlier than the time of detention, we record this as a detention following admission.
Detentions

In 2017-18 we report 49,551 new detentions, of which 27,971 took place at the point of admission to hospital. A further 18,349 occurred following admission. We also report 2,983 detentions following a place of safety order and 257 after the revocation of a CTO. These figures are incomplete due to the coverage issues noted previously.

A higher proportion of detentions occurred on admission in NHS providers than independent providers (57.6 per cent compared to 38.2 per cent). For independent providers, 60.3 per cent of detentions occurred following admission compared to 35.5 per cent in NHS facilities.

For more information: see the Data Tables: Table 1a
Estimating the change in detentions

The headline detention figures for 2017-18 are up 8.0 per cent from last year. This does not represent the true change in detentions due to improvements in data quality. These improvements include more consistent and complete data submissions to the MHSDS, particularly from NHS providers.

In order to provide a like-for-like comparison to last year’s figures, we have limited our analysis to a smaller group of 33 providers (28 NHS and five independent). These providers all submitted data to KP90 in 2015-16. They all remained open during 2016-17 and 2017-18, and submitted 12 months’ data about the Act to the MHSDS during this period. In addition our ongoing investigations did not reveal any significant data quality issues in their MHSDS data about the Act.

The following measures are included in the comparison:

- Detentions on admission
- Detentions following admission

We have not included detentions following use of section 136 and revocation of community treatment orders as completeness for these measures are affected by different factors.

Using this methodology, our estimate for the true change in detentions from 2016-17 to 2017-18 is an increase of 2.4 per cent.

For more information: see the Background Data Quality Report
The White ethnic group is the largest in England, so we would expect this group to have the greatest number of detentions, even if there are missing data. But we can compare detentions for different groups of people (e.g. by age, gender and ethnicity) by expressing them as rates per 100,000 population. This is valid as long as there is no bias caused by the missing data.

Amongst the five broad ethnic groups, detention rates for the ‘Black or Black British’ group (288.7 detentions per 100,000 population) were highest, over four times those of the White group (71.8 per 100,000 population), which was lowest in 2017-18.

For more information: See the Data Tables: Table 1c
Analysis of detention rates by gender shows that rates were higher for males (88.9 per 100,000 population) than females (80.9 per 100,000 population) during 2017-18.

Amongst adults, detention rates tend to decline with age. Detention rates for the 18 to 34 age group (121.8 per 100,000 population) were around a third higher than for those aged 50 to 64 (88.2 per 100,000 population). But rates rose again for the 65+ age group (99.8 per 100,000 population). Rates for young people aged 16 to 17 (65.0 per 100,000 population) were lower than for all adult age groups.

For more information: See the Data Tables: Table 1b
Detention rates by ethnicity

A more detailed breakdown of the five broad ethnicity groupings shows that the detention rate is highest for those with ‘Any Other Black Background’, which forms part of the ‘Black and Black British’ group.

At 745.9 detentions per 100,000 people, this is over ten times the rate for the White British group (69.0 detentions per 100,000 people).

The ‘Any Other Ethnic Group’ had the second highest rate of detention (432.9 detentions per 100,000 population). For more information on interpreting the rates for this group, please see the notes on Table 1c in the Data Tables.

For more information: See the Data Tables: Table 1c
In January 2018, the Care Quality Commission (CQC) published the results of their investigation into rising detentions under the Mental Health Act\(^9\).

The CQC said that one of the possible reasons for rising detention rates could be that more people were being detained on more than one occasion during each year (repeated detention for the same people), rather than a greater number of people being detained overall.

We have analysed the MHSDS data to find out how many people were detained more than once in 2017-18. Our analysis shows that only 15.4 per cent of people detained under the Act in 2017-18 were detained more than once during this period. Only 2.4 per cent of people were detained more than twice during 2017-18.

Although we cannot produce historical analysis over a long period of time, this analysis suggests that repeated detention for the same people are not a major factor in rising levels of detention in England.

\(^9\) See the [CQC report on rising detentions](#).

**For more information:** See the Data Tables: Table 6
People subject to repeated detention by group

Although the overall detention rate was lower for females than for males, a greater proportion of detained females than males were detained more than once in 2017-18 (16.2 per cent compared to 14.8 per cent).

Amongst age groups, the 18 to 34 group had both the highest rate of detention and the highest rate of detained people subject to repeated detention. In 2017-18, 18.1 per cent of detained people aged 18 to 34 were detained more than once. Rates decline with age, for these broad age groups.

Amongst broad ethnic groups, 18.4 per cent of detained Black people were detained more than once. This group had both the highest rate of detention, and detained people subject to repeated detention, amongst all broad ethnic groups. The next highest rate was for the Mixed ethnicity (18.1 per cent).

For more information: see the Data Tables: Table 6
Uses of section 136

Section 136 orders are a type of Short Term Detention Order. They are used by the police to move a person to a ‘place of safety’. We report such uses where the place of safety is a hospital. These figures are incomplete due to coverage issues noted previously.

Males were more likely to be placed under a section 136 order than females (31.5 uses per 100,000 population compared to 25.8 uses per 100,000 population).

Amongst age groups, those aged 18 to 34 were most likely to be placed under a section 136 order (68.0 uses per 100,000 population).

Amongst broad ethnic groups, ‘Black or Black British’ people were most likely to be placed under a section 136 order (50.8 uses per 100,000 population). The lowest rate was for ‘Asian or Asian British’ people (16.0 uses per 100,000 population).

For more information: See the Data Tables: Tables 2a, 2b and 2c
People can be treated in the community but subject to recall to hospital for assessment and/or treatment under a Community Treatment Order (CTO). In 2017-18 we report 4,784 new Community Treatment Orders (CTOs). These data are also incomplete due to coverage issues previously mentioned. Rates of CTO use for males (10.8 per 100,000 population) were higher than for females (6.4 per 100,000 population).

Amongst age groups, people aged 35 to 49 were most likely to be placed on a CTO (14.8 uses per 100,000 population), compared to the overall rate of 8.6 uses per 100,000 population.

Amongst broad ethnic groups, CTO use was highest for ‘Black or Black British’ people (56.0 uses per 100,000 population). This was over eight times the rate for the White group (6.5 uses per 100,000 population).

For more information: See the Data Tables: Tables 3a, 3b and 3c
There were 21,439 people reported as being subject to the Act on 31st March 2018. Over three quarters of these people were being detained in hospital; the others were subject to Community Treatment Orders. These numbers are incomplete due to coverage issues, particularly amongst independent service providers. These providers reported 21.0 per cent of all people detained on 31st March 2018.

People may be detained under Part II of the Act (civil sections) or Part III (via the criminal justice system). Nearly a third (30.4 per cent) of all people detained in hospital on 31st March 2018 were detained under Part III of the Act. This proportion was higher in independent providers (36.3 per cent) than NHS facilities (29.7 per cent).

For more information: see the Data Tables: Table 5
Links to related statistics

For links to monthly NHS Digital publications from the MHSDS and preceding datasets and the annual Mental Health Bulletin publications, please visit the Mental Health Data Hub. You can also access interactive data visualisations and links to mental health information produced by other organisations:

Police Powers and Procedures: uses of sections 135 and 136 in England and Wales:

Use of Guardianship under Sections 7 and 37 of the Mental Health Act, 2015-16:
Mental Capacity Act 2005, Deprivation of Liberty Safeguards, 2016-17:

Uses of the Mental Health Act in Wales:

Mental Health statistics for Scotland:
http://www.mwcscot.org.uk/publications/statistical-monitoring-reports/

Mental Health statistics for Northern Ireland:
Further information

Links to mental health help and support services:

Easy read guides to the Mental Health Act for service users, family and friends:

CQC report – investigation into rising detentions in England:

CQC report – The state of care in mental health services 2014 to 2017:

CQC report – Mental Health Crisis Care Review:

CQC map showing health-based Places of Safety:

‘Count me in’ Census 2010 – showing the ethnicity of mental health inpatients:

Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis:
http://www.crisiscareconcordat.org.uk/