Mental Health Act Statistics, Annual Figures 2016/17

Experimental Statistics

Published 10 October 2017
Key findings

In 2016/17:

- The way these statistics are sourced and produced has changed. Coverage is also incomplete this year. As a result 2016/17 figures are not directly comparable to previous years. 45,864 new detentions were recorded in 2016/17 and 4,966 new Community Treatment Orders (CTOs), but the overall national totals will be higher as not all providers submitted data. For the subset of providers that submitted good quality detentions data in both 2015/16 and 2016/17, we estimate there was an increase in detentions of around 2 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 (83.2 per 100,000 population) than females (76.1 per 100,000 population).

- Amongst adults, detention rates tend to decline with age. Known detention rates for the 18-34 age group (111.3 detentions per 100,000 population) were around a third higher than for those aged 50-64 (81.7 per 100,000 population). But rates rose again for the 65+ age group (96.5 per 100,000 population).

- Amongst the five broad ethnic groups, known rates of detention for the ‘Black or Black British’ group (272.1 detentions per 100,000 population) were over four times those of the White group (67.0 per 100,000 population).

- Known rates of CTO use for males (11.4 per 100,000 population) were almost twice the rate for females (6.6 per 100,000 population). Across age groups, those aged 35-49 had the highest rate of CTO use (15.6 known uses per 100,000 population compared to 9.0 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 (60.1 uses per 100,000 population) were almost nine times the rate for the White group (6.8 uses per 100,000 population).

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1 See Exploring the change in detentions and also the Background Data Quality Report
2 See the ‘Accuracy and Reliability’ section of the Background Data Quality Report
This is an Experimental Statistics publication

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Experimental statistics are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. It is important that users understand that limitations may apply to the interpretation of this data. More details are given in the report.

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Find out more about Experimental Statistics at

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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.
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Introduction

• This publication contains the official statistics about uses of the Mental Health Act\(^3\) (‘The Act’) in England during 2016/17.

• 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 and the CQC has undertaken an investigation into this trend.

• The Government is also considering reform of the law in this area.

• This publication does not cover\(^4\):
  
  o People in hospital voluntarily for mental health treatment, as they have not been detained under The Act (see the Mental Health Bulletin)
  
  o Uses of section 136 where the place of safety was a police cell; these are published by the Home Office
  
  o 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.
Changes to this publication

• Last year, we announced changes to the way we source and produce these statistics\(^5\).
  
• Previously these statistics were produced from the KP90 aggregate data collection. They are now produced from the Mental Health Services Data Set (MHSDS). This change is estimated to save the NHS over £350,000 per year.

• 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\(^6\), including some information about people subject to The Act.

• However, 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. Data completeness is still improving and further guidance is provided in this report.

• As announced in last year's report, the name of this publication has also changed. Previously it was named 'Inpatients formally detained in hospitals under the Mental Health Act 1983 and patients subject to Supervised Community Treatment'.

\(^5\) Announced in the special feature produced as part of the 2015/16 publication

\(^6\) See the Mental Health Services Monthly Statistics publications
Using these statistics

Although we are presenting the same measures as in previous years, the 2016/17 figures are not directly comparable to those published in previous years. This is because:

- Not all providers submitted data for 2016/17 and some submitted incomplete data
- These statistics are sourced from a different type of data (record-level administrative data rather than an aggregate data collection)
- Therefore the methods used to analyse the data have also changed.

Due to gaps in coverage, the numbers presented in this publication (e.g. number of detentions, or people detained), are incomplete at national level. They should not be directly compared to figures from previous years.

However the new record-level data source allows us to produce new demographic analyses, including rates for different groups of people. Although these rates are understated due to shortfalls in coverage, we can make comparisons between rates for different groups of people. For example, we can say that rates of detention for ‘Black or Black British’ people are over four times those for White people.

Further guidance on using these statistics is provided in the Background Data Quality Report.

See the Methodological Change Notice
Are all organisations submitting data about The Act?

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\(^8\) this year). Compared to last year, coverage was best amongst NHS Mental Health & Learning Disabilities providers and lowest amongst Independent Service Providers (ISPs)\(^9\).

But even amongst organisations submitting data, some of the data are not complete. Almost all NHS Mental Health & Learning Disabilities providers that submitted KP90 are submitting data about The Act to MHSDS. But 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.

\(^8\) See the ‘Annual uses of the Mental Health Act 1983 in English acute trusts’ collection page

\(^9\) 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. Over a third of organisations didn’t submit data in all 12 months of 2016/17 (a fifth of NHS providers and over half of ISPs). This means the number of detentions derived from the data also incomplete in 2016/17.

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 has increased from 13,628 on 31st January 2016 to 20,401 on 31st March 2017. This compares to 25,577 people recorded in last year’s annual publication sourced from the KP90 (on 31st March 2016).

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10 Measure MHS08 in the Mental Health Services Monthly Statistics publications.
Detentions

In 2016/17 we report 45,864 new detentions, of which 25,474 took place at the point of admission to hospital. A further 17,565 occurred following admission. We also report 2,619 detentions following a place of safety order and 214 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 per cent compared to 38 per cent). For independent providers, 61 per cent of detentions occurred following admission compared to 37 per cent in NHS facilities.

For more information: see the Data Tables: Table 1a
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 (272.1 detentions per 100,000 population) were highest, over four times those of the White group (67.0 per 100,000 population), which was lowest.

For more information: See the Data Tables: Table 1c
Analysis of detention rates by gender shows that rates were higher for males (83.2 per 100,000 population) than females (76.1 per 100,000 population) during 2016/17.

Amongst adults, detention rates tend to decline with age. Detention rates for the 18-34 age group (111.3 per 100,000 population) were around a third higher than for those aged 50-64 (81.7 per 100,000 population). But rates rose again for the 65+ age group (96.5 per 100,000 population). Rates for young people aged 16-17 (57.5 per 100,000 population) were also lower than for all of the 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 690.6 detentions per 100,000 people, this is over ten times the rate for the White British group (64.3 detentions per 100,000 people).

The ‘Any Other Ethnic Group’ had the second highest rate of detention (436.2 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
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 (29.3 uses per 100,000 population compared to 22.3 uses per 100,000 population).

Amongst age groups, those aged 18-34 were most likely to be placed under a section 136 order (58.9 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 (48.1 uses per 100,000 population). The lowest rate was for ‘Asian or Asian British’ people (14.6 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 2016/17 we report 4,966 new Community Treatment Orders (CTOs). These data are also incomplete due to coverage issues previously mentioned. Rates of CTO use for males (11.4 per 100,000 population) were almost twice the rate for females (6.6 per 100,000 population).

Amongst age groups, people aged 35-49 were most likely to be placed on a CTO (15.6 uses per 100,000 population), compared to the overall rate of 9.0 uses per 100,000 population.

Amongst broad ethnic groups, CTO use was highest for ‘Black or Black British’ people (60.1 uses per 100,000 population). This was almost nine times the rate for the White group (6.8 uses per 100,000 population).

For more information: See the Data Tables: Tables 3a, 3b and 3c
People subject to The Act at year-end

There were 20,401 people reported as being subject to The Act on 31\textsuperscript{st} March 2017. Of these people, 25 per cent were subject to a Community Treatment Order; the others were being detained in hospital.

These numbers are incomplete due to coverage issues, particularly amongst independent service providers. These providers reported 23 per cent of all people detained on 31\textsuperscript{st} March 2017.

For the first time, we can show the proportions of people detained under Part II (civil sections) and Part III (via the criminal justice system) of The Act.

Around a third (33 per cent) of all people detained in hospital on 31\textsuperscript{st} March 2017 were detained under Part III of The Act. This proportion was higher in independent providers (38 per cent) than NHS facilities (31 per cent).

For more information: see the Data Tables: Table 5
New insights

In order to produce all the measures that are part of the established series of statistics about uses of The Act, we examined the precise timing, sequence and alignment of individual uses of The Act and hospital stays in the MHSDS.

This investigation provided us with new insights which may be relevant to people with a specialist interest in how The Act is used. We believe these insights aid interpretation of these statistics.

We invite users of these statistics to comment on whether this exploratory analysis helps with the future development of reporting about uses of The Act and/or whether it can be used to suggest future lines of enquiry.

The analysis explores the date and time of detention, duplicate recording of detentions, transfers ‘on section’ and approaches to comparing this year’s figures with those published in earlier years. Due to time and resource constraints it does not include further detailed breakdowns (e.g. sub-national analysis).

We welcome feedback on any of these areas.

For more information: see the Background Data Quality Report
Date and time of detention

- One of the benefits of the detailed MHSDS data is that both the date and time of events are recorded. This supports the analysis of pathways.
- These statistics have always shown detentions that occurred on admission to hospital separately to those that followed admission.
- The MHSDS can identify detentions that occurred following admission to hospital but on the same day.
- If both the admission and detention occurred on the same day, some providers may have recorded these as ‘detentions on admission’ in the KP90.
- This helps to explain the greater proportion of detentions following admission found this year (38.3 per cent of all detentions in 2016/17 compared to 27.0 per cent in 2015/16).
- It suggests that some of the ‘detentions on admission’ recorded in previous years actually occurred following admission to hospital.

**Example 1**
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.

**Example 2**
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.

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

- In last year’s publication\(^{11}\) we indicated that we would explore the possibility of double counting when we started using the new MHSDS data source.
- Using the record-level MHSDS data, we have found instances where the same detentions were recorded by more than one provider.
- This occurs where a person is transferred between hospitals whilst remaining detained. Both hospitals must keep accurate records of the detention.
- This is not a data quality issue in the submission, but the resulting duplication needs to be handled in our analysis and we developed methods to do so.
- Using our new methods, we have been careful to avoid any such double-counting. The duplicate records produced by the second hospital are identified as ‘transfers on section’ rather than new ‘detentions on admission’. These ‘transfers on section’ have not been reported previously.

Example

A person is detained in Hospital A. Due to a change in clinical need or for other reasons, this person is transferred to Hospital B whilst remaining detained. The detention moves with this person to Hospital B.

Both hospitals record the detention, including the actual start date. For Hospital B this date is prior to the admission and duplicates that recorded by Hospital A.

Our analysis of MHSDS data finds this type of duplication, counting a new detention for Hospital A and a ‘transfer on section’ for Hospital B.

\(^{11}\) See page 20 of the 2015/16 report

For more information: see the Background Data Quality Report
In 2016/17, we counted 25,474 ‘detentions on admission’ to hospital and 7,091 ‘transfers on section’.

Both figures represent hospital admissions where a person is detained, but the ‘transfers on section’ should not be confused with ‘detentions on admission’ which are new uses of The Act.

Of these ‘transfers on section’, 1,670 were for detentions that started in a previous year. Those would have been reported in a previous year as new detentions.

Transfers in context

Analysis of admission source data in the MHSDS\textsuperscript{12} shows that over a quarter of hospital admissions for mental health patients during 2016/17 involved a transfer between hospitals or places of care. So transfers between hospitals occur relatively frequently and some of these will involve people who are detained.

Transfers may be necessary when a patient's needs change and they need a different type of service, but they can also result from bed management practices.

\textsuperscript{12} The source of admission for 32,189 out of 119,504 admissions was recorded as being another hospital.

\textbf{For more information:} see the Background Data Quality Report
Exploring the change in detentions

The headline detention figures for 2016/17 are down 27.9 per cent from last year. This does not represent the true change in detentions due to missing data this year.

We can use our new insights into duplication to estimate the actual trend in detentions between 2015/16 and 2016/17.

In order to provide a like-for-like comparison, we have limited our analysis to a smaller group of 35 providers (30 NHS and five independent). These providers all submitted data to KP90 in 2015/16 and also submitted 12 months’ data about The Act to the MHSDS during 2016/17. In addition our ongoing investigations did not reveal any significant data quality issues during that period.

The following measures are included in the comparison:

• Detentions on admission
• Detentions following admission
• Transfers on section

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.

For more information: see the Background Data Quality Report
Estimating the change in detentions

Comparing figures from MHSDS in 2016/17 to those from the KP90 in 2015/16, for these 35 providers shows:

- A decline of 12.8 per cent when ‘transfers on section’ are not taken into account
- An increase of 2.0 per cent in detentions when ‘transfers on section’ are included.

The new insights presented in this report suggest that:

- The level of detentions in previous years may have been overstated due to double counting
- The change in detentions from 2015/16 to 2016/17 is estimated as a 2 per cent increase, when based on a group of providers with good data quality.

For more information: see the Background Data Quality Report
Future developments

- We are working with partners including the Care Quality Commission, NHS England and NHS Improvement to ensure that all organisations that make use of The Act are included in these statistics.
- We will continue to work with providers to improve the data quality of MHSDS submissions by providing reports and feedback.
- We will increase the range of information about uses of The Act in the Mental Health Services Monthly Statistics publications.
- We will work with partners to design statistics that support changes outlined in ‘Implementing the Five Year Forward View for Mental Health’.\textsuperscript{13}
- We will continue our work with the UK Statistics Authority towards reinstating National Statistics status for this publication.
- To help us develop this publication, we welcome feedback from all users of these statistics. Please contact us via any of the methods listed on the last page of this report.

\textsuperscript{13} See the report \textit{Implementing the Five Year Forward View for Mental Health}
Links to related statistics

Monthly NHS Digital publications from MHSDS and preceding datasets:
http://content.digital.nhs.uk/mhldsreports

Annual Mental Health Bulletin 2015/16:
http://www.content.digital.nhs.uk/pubs/mhb1516

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

National Police Chiefs’ Council: uses of section 136 of the Mental Health Act in England and Wales, 2015/16:
https://news.npcc.police.uk/releases/use-of-police-cells-for-those-in-mental-health-crisis-more-than-halves

Use of Guardianship under Sections 7 and 37 of the Mental Health Act, 2015/16:
http://content.digital.nhs.uk/pubs/guardianmh16

Mental Capacity Act 2005, Deprivation of Liberty Safeguards, 2015/16:
http://content.digital.nhs.uk/pubs/mentcap1516annual

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:
http://www.nhs.uk/NHSEngland/AboutNHSservices/mental-health-services-explained/Pages/easy-read-mental-health-act.aspx

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

CQC report – Mental Health Crisis Care Review:

CQC map showing 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/
This publication may be requested in large print or other formats.

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