Inpatients formally detained in hospitals under the Mental Health Act 1983, and patients subject to supervised community treatment

Uses of the Mental Health Act: Annual Statistics, 2015/16

Published 30 November 2016

This publication summarises information collected via the NHS Digital online Omnibus KP90 collection from organisations in England that are registered to provide Mental Health Services and make use of the Mental Health Act 1983 legislation, during 2015/16.

Key findings

During 2015/16

- The total number of detentions under The Act continued to rise, increasing by 9% to 63,622 compared to 58,399 detentions in 2014/15 This compares with an increase of 10% between 2013/14 and 2014/15 and is the highest number since 2005/06 (43,361 detentions) a rise of just under a half over the period.
- The use of section 136 of The Act (under which people were brought to hospital as a 'place of safety') increased by 18% to 22,965. This rise should be viewed in the context of the fall in the use of police cells as a place of safety over the same period, which was reported in data released earlier this year by the National Police Chiefs' Council (NPCC)

At the end of March 2016

- 25,577 people were subject to The Act of whom 20,151 were detained in hospitals. There has been a continuing increase in the number of people detained in independent sector providers (ISPs) and in the proportion of all detained patients that they represent since NHS Digital started publishing this series of official statistics in 2006. On 31 March 2016 5,954 people were being treated as detained patients in independent hospitals, representing 30% of all detained patients on that day and the highest proportion since 31 March 2006, when 17% of detained patients were in a private hospital.

Author: Community and Mental Health Team, NHS Digital
Responsible Statistician: Dan Collinson

www.digital.nhs.uk
enquiries@nhsdigital.nhs.uk

Contents

This is an Official Statistics publication

This document is published by NHS Digital, part of the Government Statistical Service

All official statistics should comply with the UK Statistics Authority's Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.

Find out more about the Code of Practice for Official Statistics at www.statisticsauthority.gov.uk/assessment/code-of-practice

This report may be of interest to clinicians, service managers and those with a responsibility for monitoring, administrating or application of The Mental Health Act. It will also be of interest to academics and third sector organisations, and especially to people who have experience of The Act either as a user of mental health services themselves or as a friend, carer or relative as well as policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

Executive Summary

At the end of the 2015/16 reporting period (31st March 2016):

- There were a total of 25,577 people subject to The Act. Of these, 20,151 were detained in hospital and 5,426 were being treated under Community Treatment Orders (CTOs). This is the highest number since NHS Digital started publishing this series of official statistics in 2005/06 when 14,625 people were detained in hospital at the end of the year. CTOs were not introduced until 2008.
- The number of patients detained in independent sector hospitals on that day was 5,954, and these represented 30% of all patients being treated as detained patients. The number in independent hospitals increased by 9% compared with the 5,445 in at the end of March 2015 and was the highest since March 2006.
- The number of patients in private hospitals on 31 March 2006 was 2,493 representing 17% of the 14,625 total people detained

During 2015/16:

- There were a total of 63,622 detentions under The Act, an increase of 5,223 (9%) compared to 2014/15 (58,399) and a rise of 10% between 2013/14 (53,176) and 2014/15. A decade previously the number of people detained during 2005/06 was 43,361.
- The total number of detentions increased in NHS hospitals by 4,625 (9%) compared to the year before to reach 56,594 and in independent sector hospitals by (9%) to 7,028
- Uses of Section 3 following the use of Section 2 have increased year on year between 2011/12, where there were 6,922 uses recorded, and 2015/16, where there were 12,462 uses; this represents an increase of 5,540 uses, or 80% over the last four years.
- The instances where section 136 of the act was used to bring a person to hospital as a 'place of safety' increased by 3,562 (18%) to 22,965, compared to the year before (19,403). This rise should be viewed in the context of a fall of 56%, from 3,996 to 1,764 over the same period, in the use of police cells as a place of safety[1].

[1] See data published by the National Police Chief's Council (NPCC) http://news.npcc.police.uk/releases/use-of-police-cells-for-those-in-mental-health-crisis-more-than-halves

Introduction

This publication summarises information collected about uses of The Mental Health Act (1983) ('The Act'), as amended by The Mental Health Act 2007 ('The 2007 Act') and by other legislation, during 2015/16. Under The Act, people with a mental disorder may formally be detained in hospital in the interests of their own health or safety, or can be treated in the community but subject to recall to hospital when necessary for assessment and/or treatment under a Community Treatment Order (CTO).

The figures presented in this publication are the official statistics on uses of The Act in health services and will be of interest to clinicians, service managers and those with a responsibility for monitoring, administrating or application of The Act. It will also be of interest to academics and third sector organisations and especially to people who have experience of The Act either as a user of mental health services themselves or as a friend, carer or relative.

Data were collected via the Health and Social Care Information Centre (HSCIC) online Omnibus KP90 collection from organisations in England that are registered to provide Mental Health Services and make use of the Mental Health Act 1983 legislation, as amended. These include high security psychiatric hospitals as well as other NHS service providers and independent hospitals.

All figures in this publication are produced from the KP90 provider level collection unless otherwise stated. The release is accompanied by reference data tables presenting the figures at England level, with one table presented by provider organisation. A machine readable file including key measures at provider level is part of the release.

The publication also makes reference to relevant figures from other data sources, including equalities information from the Mental Health and Learning Disabilities Dataset (MHLDDS), which is published in the annual Mental Health Bulletin, and data on the Use of section 136 Mental Health Act 1983 collected and published by the National Police Chiefs Council

The Mental Health Bulletin includes several measures found in this publication but this publication is the official source of figures for the year. The measures from the Mental Health Bulletin were produced to provide additional context to the measures in this report. The Mental Health Bulletin also includes contextual information about the numbers of people who access secondary mental health and learning disability services and those spending time in hospital in the year. Because the MHLDDS is a person level dataset it includes detail not available in the KP90 aggregate collection, such as age and ethnicity..

Where additional detail can be found in the Bulletin or other publications, this is signposted in the text.

Users of these statistics should bear in mind that the complementary numbers presented in the Bulletin are an undercount in terms of coverage (the services that submitted a return, compared with the KP90 collection) Also this year's Bulletin includes estimates based on 8 months data from April to November 2016 because there was a major change to the MHLDDS, which became the Mental Health Services Data Set in January 2016. The complementary information about age, gender and ethnicity should therefore be used with caution.

Changes to the way we collect and publish statistics about the Mental Health Act

An additional report - Mental Health Act Statistics: Improved reporting to support better care - accompanies this report and explains changes to the way these statistics are being sourced and created from 2016/17. It also describes some of the benefits of moving to a person and referral based administrative data source.

This is the last year that these annual statistics will be produced from the KP90 collection which has now been retired. From now onwards Mental Health Service Dataset (MHSDS) will be the source of information about uses of The Act. We are also planning to change the title of these statistics to 'Mental Health Act Statistics, Annual Figures' from next year.

This is in line with the recommendation in the Secretary of State's Fundamental Review of Returns 2013 that the KP90 collection would be retired once the same information could be produced from administrative sources. The scope of the administrative data source has gradually increased from covering only NHS mental health services for adults, to including Independent Sector Providers in 2011 together with changing the format to permit analysis of individual uses of The Act, adding learning disability services in 2014 and now, with introduction of CYP services and the MHSDS in January 2016, coverage of children and adolescents. This means it now covers the majority of services where The Act is used.

A small number of uses of The Act occur in NHS acute hospitals each year and remain out of scope of MHSDS so this information will be collected separately. Further information about these changes can be found in the accompanying Mental Health Act Statistics publication.

We are engaging with data suppliers to ensure they know how we are using MHSDS and understand the importance of supplying comprehensive, accurate data on detentions and CTOs.

National Statistics Status

We are working with the UK Statistics Authority to ensure that these statistics continue to meet users' needs and with a view to future Mental Health Act Statistics being designated as National Statistics.

Feedback

We welcome feedback on any aspect of these statistics, as well as any other comments you would like to make. In addition we look forward to comments on the supplementary special publication 'Mental health Statistics: Improved reporting to support better care' which accompanies this report. We are particularly interested in receiving comments from people with lived experience of mental health services and their carers, relatives or representatives. If you would like to provide us with some feedback please contact us through: enquiries@nhsdigital.nhs.uk

National Analysis

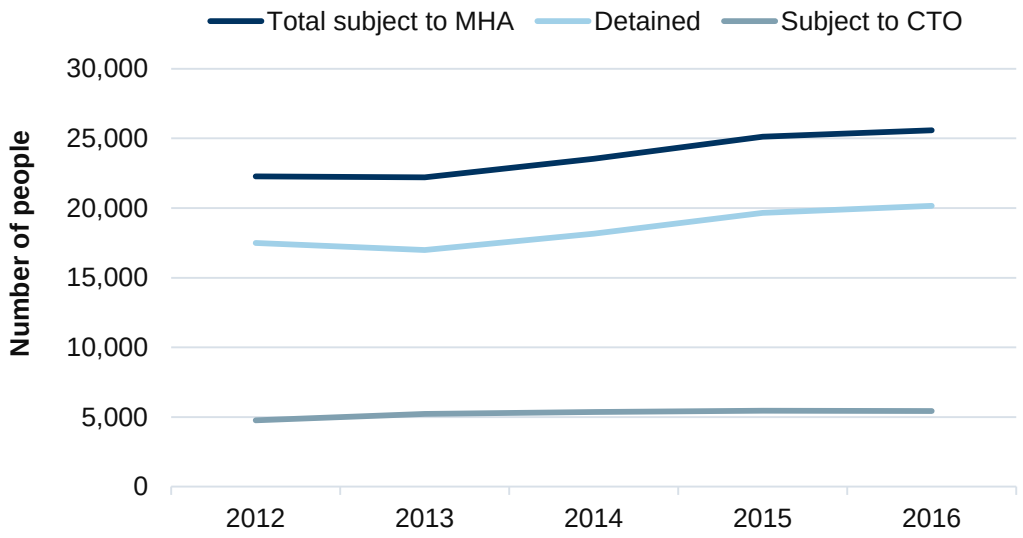
People subject to The Mental Health Act, 1983, on the 31st March

On the 31st March 2016, there were a total of 25,577 people subject to The Act. Of these, 20,151 were detained in hospital and 5,426 were being treated in the community on Community Treatment Orders (CTOs). This count may include people who were detained as a result of a use of The Act during a previous year, as well as those detained as a result of a use of The Act in the current year. Although most detentions are time limited, many detentions are renewable so a person could be detained for many years.

Figure 1.1 shows the increase in the total number of people subject to The Act at the end of the year. The 2016 count shows an increase of 460 (2%) compared to 2015, and an increase of 3,310 (15%) compared to the 2012.

The number of people on CTOs at the end of the year fell by 35 between 2015 and 2016 and this was the first decrease in four years.

Figure 1.1: Number of people detained in hospital and subject to CTO on the 31st March, 2012 – 2016



Source: KP90, NHS Digital

Of the 20,151 people detained in hospital on the 31st March 2016, 14,197 (70%) were detained by NHS providers and the remainder by Independent Sector Providers (ISPs) Figure 1.2 shows the number of people detained under The Act on the 31st March over the last ten years, by provider type.

There has been some variation over the period in the numbers of people detained under The Act on the 31st March reported by NHS providers

The largest difference in people detained under The Act on the 31st March over the ten year period for NHS providers was in 2015, which reported an increase of 1,125 (9%) compared to 2014.

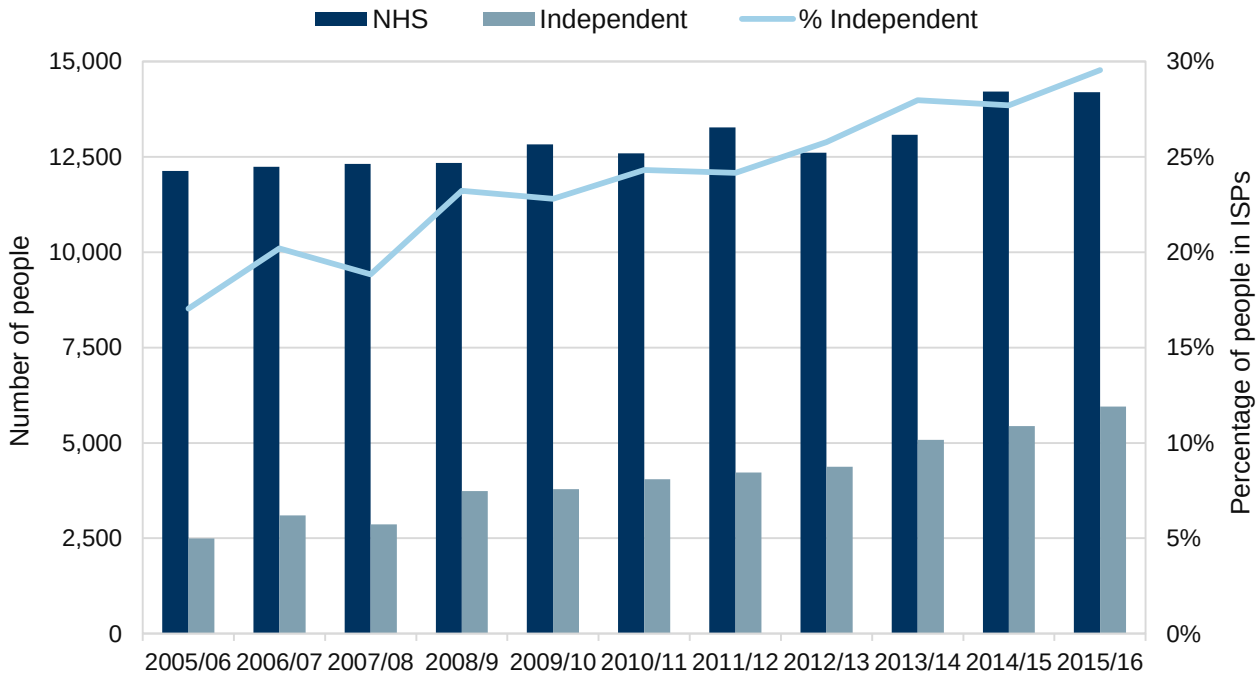
Figure 1.2 shows a continuing upward trend over the last ten years in the number of people detained at the end of the year in ISPs. The largest annual increase was reported in 2009, with an increase of 873 people compared to 2008. At the end of 2016, 30% of people detained in hospital (5,954) at the end of the year were in independent hospitals.

Table 5 of the reference data tables presents these figures by provider type and by organisation.

30%

of all those detained at the end of the year were in independent hospitals

Figure 1.2: Number of people detained by provider type and percent in independent sector hospitals on the 31st March, 2006-2016



Source: KP90, NHS Digital

Complementary figures in the report 'Mental Health Act Statistics: Improved reporting to support better care' that accompanies this publication present these figures in the context. These show the proportion of service users were subject to The Act and the proportion of inpatients were detained in hospital at the end of the year and presents these rates for different age and ethnic groups, and by gender. Similar breakdowns can be provided in future when the data source for this publication changes.

Statistics showing the number of people subject to the Act (broken down into those detained and those on CTOs) are presented by provider and by the Clinical Commissioning Group associated with the patient's GP in the Mental Health Services Monthly Statistics for March 2016 and all subsequent months.

Use of the Mental Health Act (1983)

This section of the report describes the number of times The Act was used grouped as follows:

- Detentions
- Short Term Orders
- Community Treatment Orders (CTOs)

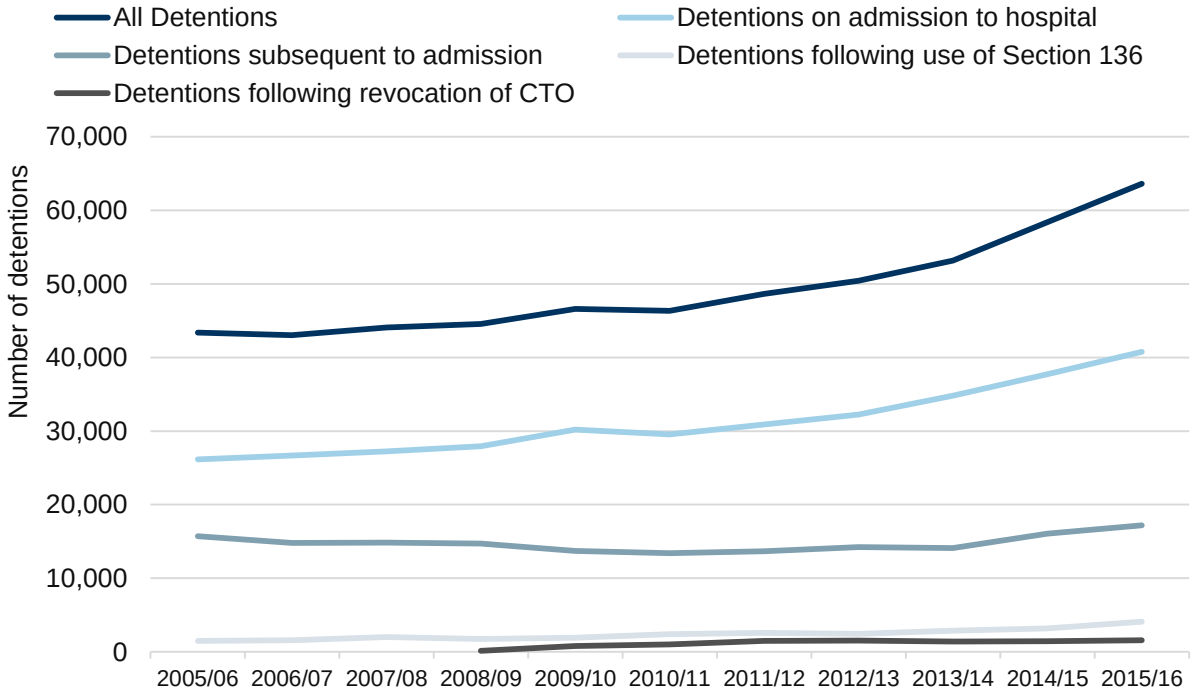
Uses of detention under The Act

Detentions under Part 11 of The Act – 'Civil detentions'

There were a total of 63,622 detentions under The Act during 2015/16, an increase of 5,223 (9%) compared to 2014/15 and an increase of 20,261 (47%) compared to 2005/06. The majority of these detentions occurred on admission to hospital. Figure 2.1 shows that detentions on admission to hospital increased by 3,076 (8%) in 2015/16 compared to the previous year, but there was a smaller percentage increase in detentions following an informal admission, which rose by 7% (1,103) over the same period.

47%
rise in detentions
over the last ten years

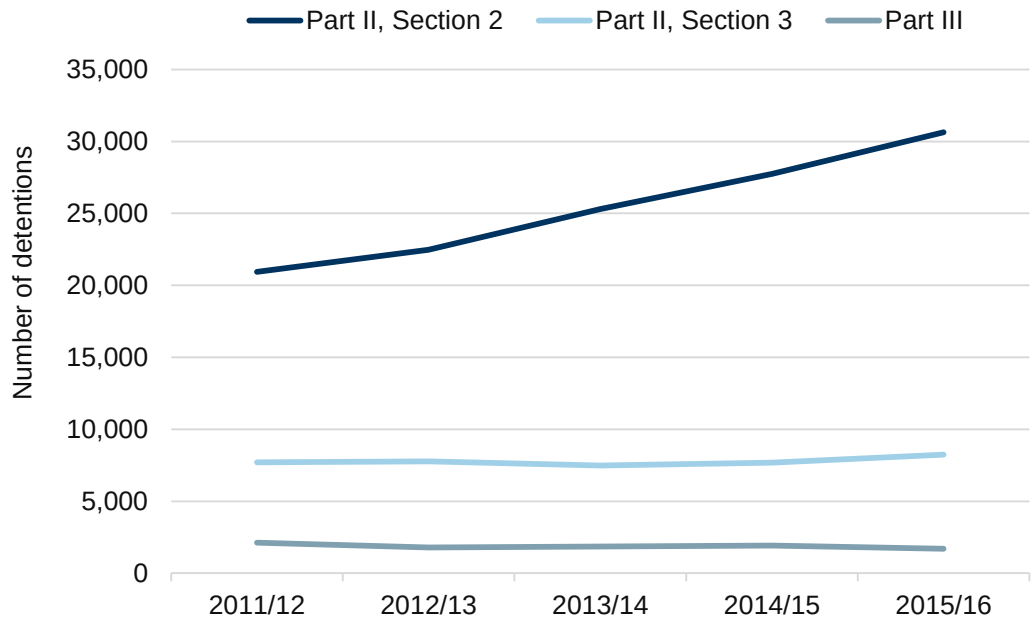
Figure 2.1: Number of detentions by type, 2005/06-2015/16



Source: KP90, NHS Digital

The increase in the number of detentions on admission between 2011/12 and 2015/16 was mainly due to the rise in the number of detentions under Part II Section 2 of The Act over this period, as shown in figure 2.2. There was a marked increase in use between 2012/13 and 2013/14 of 2,823 (13%) and this increase continued in 2015/16, albeit at a slower rate (2,873; 10%).

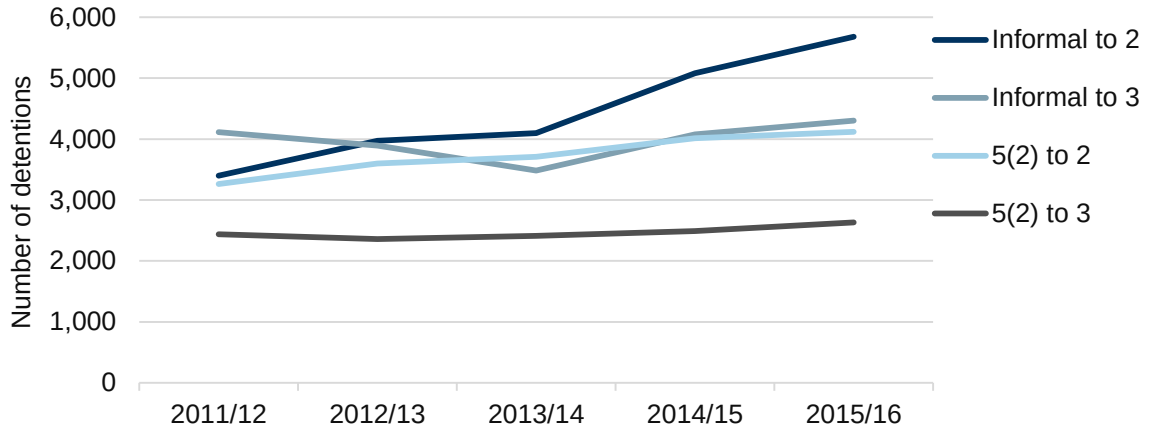
Figure 2.2 Number of detentions on admission, 2011/12-2015/16



Source: KP90, NHS Digital

Alongside the increase in the use of detentions on admission, there was also an increase in the use of detentions subsequent to admission, as shown in figure 2.3. Uses of Section 2 following an informal admission showed marked increases between 2011/12 and 2012/13 by 576 (17%) and 2013/14 and 2014/15 by 982 (24%) but grew by only 599 (12%) from 2014/15 to 2015/16. Uses of Section 3 following an informal admission fell between 2011/12 and 2013/14 by 631 (15%), but since then grew by 820 (24%) between 2013/14 and 2015/16.

Figure 2.3: Number of detentions subsequent to admission, by use of The Act 2011/12 - 2015/16



Source: KP90, NHS Digital

Taken together, these figures show that there has been an increase in the use of Section 2, both on admission (10% between 2014/15 and 2015/16) and at a lesser rate following admission (8% over the same period).

The 2015 revision of the Code of Practice amended the guidance for the use of Section 2 and Section 3, with the new guidance stating that in certain circumstances Section 3 may now be the appropriate initial detention when the previous code stated this was Section 2.

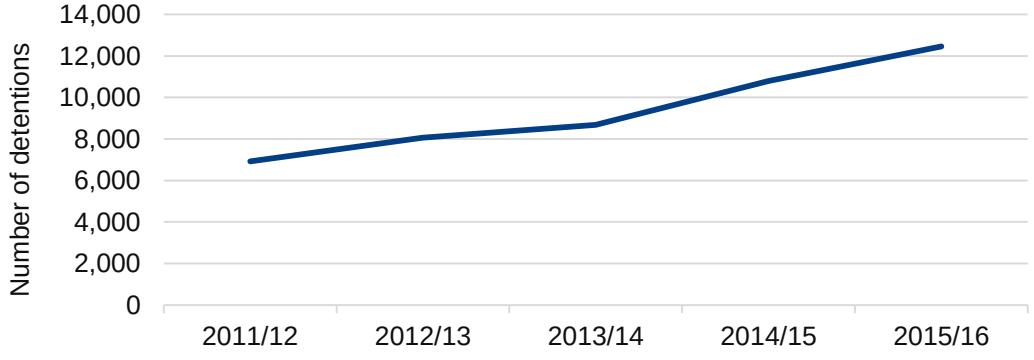
Whilst uses of Section 3 of The Act on admission have remained fairly stable over the last five years (as already shown in figure 2.2), Figure 2.4 shows that uses of Section 3 following the use of Section 2 have increased year on year between 2011/12, when there were 6,922 uses recorded, and 2015/16, when there were 12,462 uses; this represents an increase of 5,540 or 80% over the last four years.

80%

increase in uses of Section 3 following Section 2 over last four years

The largest year on year difference in the use of Section 3 following the use of Section 2 was reported between 2013/14 and 2014/15, an increase of 2,114 or 24%.

Figure 2.4: Uses of Section 3 following Section 2, 2011/12- 2015/16



Source: KP90, NHS Digital

Detentions under Part III of The Act – 'Court and prison disposals'

Detentions via the criminal justice system have been declining since 2011/12, from 2,130 detentions in that year to 1,696 in 2015/16, as shown in table 1 below.

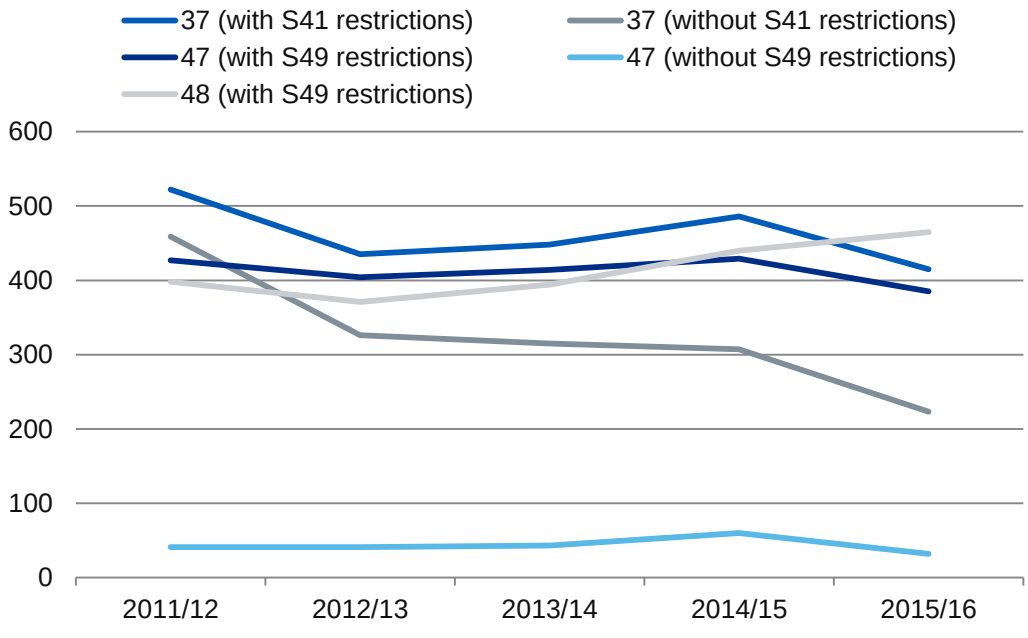
Table 1: Detentions under Part III of The Act – 2011/12 to 2015/16

	2011/12	2012/13	2013/14	2014/15	2015/16
Detentions under Part III of the Mental Health Act	**2,130**	**1,788**	**1,847**	**1,930**	**1,696**
37 (with S41 restrictions)	522	435	448	486	415
37 (without S41 restrictions)	459	326	315	307	223
47 (with S49 restrictions)	427	404	414	429	385
47 (without S49 restrictions)	41	41	43	60	32
48 (with S49 restrictions)	398	371	394	440	465

Source: KP90, NHS Digital

Over this period there has been a steady decrease in the use of hospital orders (court orders that allow people to be sent for medical care instead of possibly receiving a prison sentence) under Section 37 of The Act as shown in Fig 2.5 below. This trend might indicate that mental health problems are not being picked up quickly in the criminal justice process.

Figure 2.5: Use of Part 111 sections, 2011/12- 2015/16



Source: KP90, NHS Digital

Perhaps accordingly, detentions under Section 48/49 (people remanded in prison awaiting trial but needing hospital assessment and treatment for mental disorder) have risen over the same period, most clearly in the last three years where the increase is 25%. The fact that more prisoners are being treated in hospital could be because prisoners may not have a significant mental disorder when they enter the prison system and become ill whilst in prison, or there may simply be more prisoners.

The overall rise in detentions presented in this report should be seen in the context of a continuing reduction in the number of people spending time in hospital shown in the Mental Health Bulletin. This suggests that people who spend time in hospital are becoming more likely to experience detention or possibly repeat detentions as part of their hospital care.

Person and referral level data from MHSDS will provide better information about individual patient journeys, including where they involve a use of the Act. We will be working with CQC to provide information to support their investigation into the rise in detentions.

Complementary figures for detentions by age and gender and ethnic group are presented in the Mental Health Bulletin. These kinds of breakdowns will be part of this publication in future when the data source has changed to MHSDS.

Short term orders

Short term orders under part II of The Act that are not renewable and have a maximum of 72 hours duration, were used 35,955 times during 2015/16, an increase of 4,682 (15%) compared to 2014/15. The majority (33,146 - 92%) of these were either uses of **Section 136** by police or else of **Section 5(2)** used on any inpatient in hospital by a doctor.

National information about uses of **Section 136** where a person is removed from a public place by the police and brought to a place of safety has been recorded by both the police and health care providers for the last five years. This report presents figures recently published by the National Police Chiefs' Council for the number of people taken to a police cell as a place of safety alongside the figures from the KP90 collection for those taken to a hospital as a place of safety.

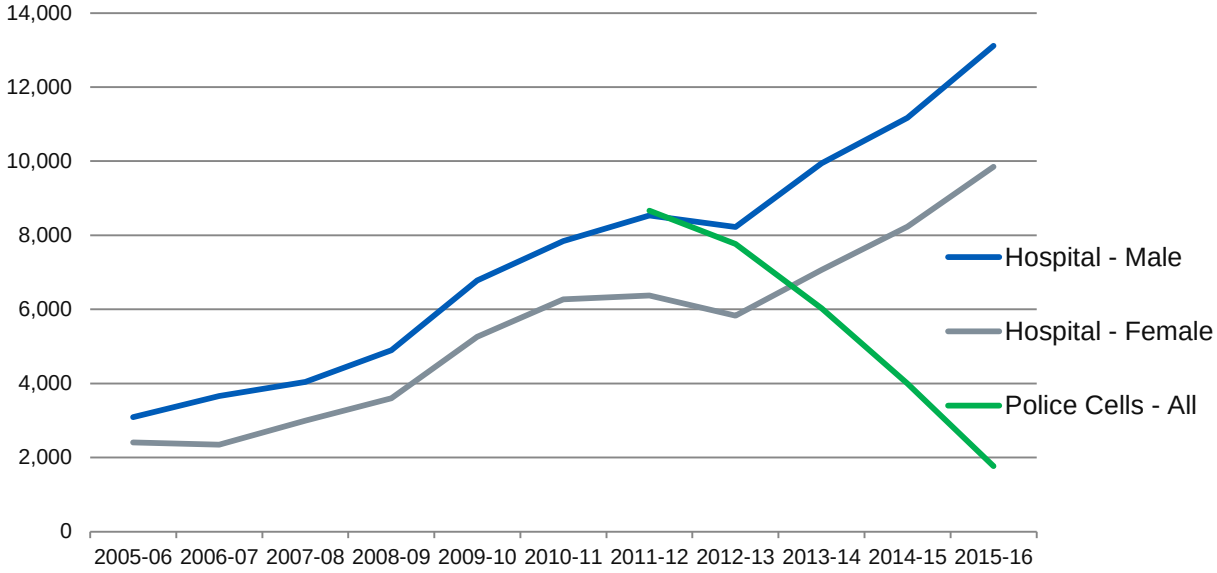
Fig 3.1 shows that the numbers brought to hospital (KP90 data) have risen over the last ten years, from 5,495 in 2005/06 to 22,965 in 2015/16, an increase of 17,470 (318%) over the period and between 2014/15 and 2015/16 of 3,562 (18%).

18%

rise in uses of Section 136 in last year

and more than four fold over a decade

Figure 3.1: Number of uses of Section 136, 2005/06 - 2015/16



Source: KP90, NHS Digital

This is may be due to reduction in NHS psychiatric provision and the police stepping in where other agencies could have provided support although it could also be due to better reporting. Several forces have however reduced their use of this power in favour of better street triage schemes (in which mental health experts go to patients and assess them before police have to be involved). The increase may also be because the police are now more prepared to use the power knowing that the person is going to hospital, increasingly within a hospital based PoS suite rather than a police cell

Table 2: Use of section 136 in England, 2011/12-2015/16, police and health based places of safety

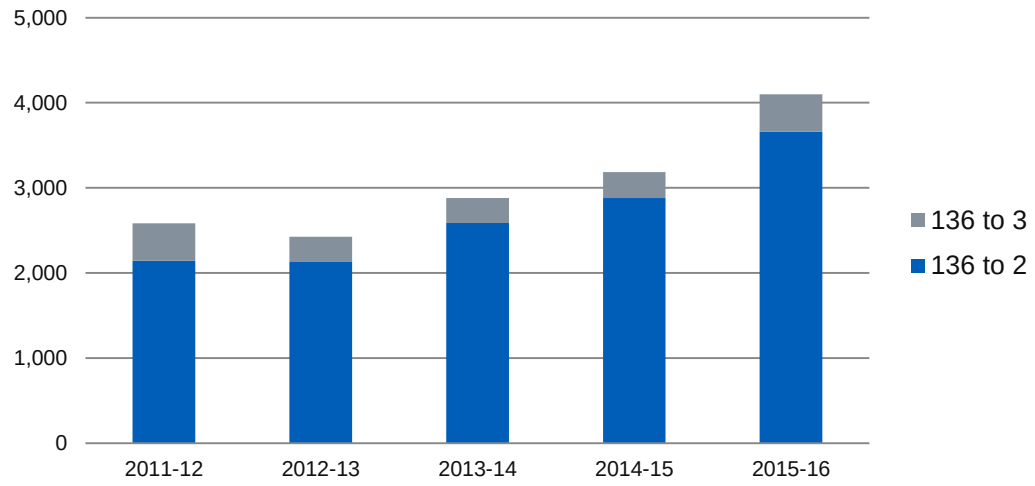
Section 136 detentions	2011/12	2012/13	2013/14	2014/15	2015/16
where PoS was health-based i.e. a hospital	14,902	14,053	17,008	19,403	22,965
where PoS was police cell or custody suite	8,667	7,761	6,028	3,996	1,764

Source: KP90, NHS Digital; NPCC Lead for Mental Health

The increase in uses of Section 136 to take people to a hospital as a place of safety should also be viewed in the context of a fall by a similar number in the use of section 136 where the place of safety is a police cell. Data released by the police[2] in 2016, and previous years, shows the number of uses of section 136 where the place of safety was a police cell in England reducing from just under 9,000 in 2011/12 to 1,764 in 2015/16, a fall in number of 6,903 (80%) across that four year period.

Figure 3.3 shows the numbers of Section 136 uses that resulted in a formal detention under Sections 2 or 3. These suggest that the majority of patients are either discharged or remain in hospital as voluntary patients. More information about pathways following discharge from a section 136 can be included in future when the MHSDS is the data source for this report.

Figure 3.3: Outcomes of Section 136 orders by year



Source: KP90, NHS Digital

Complementary figures for short term orders by age and gender and ethnic group are presented in the Mental Health Bulletin. These kinds of breakdowns will be part of this publication in future when the data source has changed to MHSDS.

Uses of **Section 5(2)**, an application to prevent an 'informal' patient already in hospital from leaving (where it is not possible to use Sections 2,3 or 4), have increased steadily over the last five years, from 8,143 in 2011/12 to 10,181 in 2015/16, an increase of 2,038 (25%) over the period; the greatest percentage increase in uses of Section 5(2) was between 2014/15 and 2015/16 (817; 9%).

[2] http://news.npcc.police.uk/releases/use-of-police-cells-for-those-in-mental-health-crisis-more-than-halves

Use of Community Treatment Orders

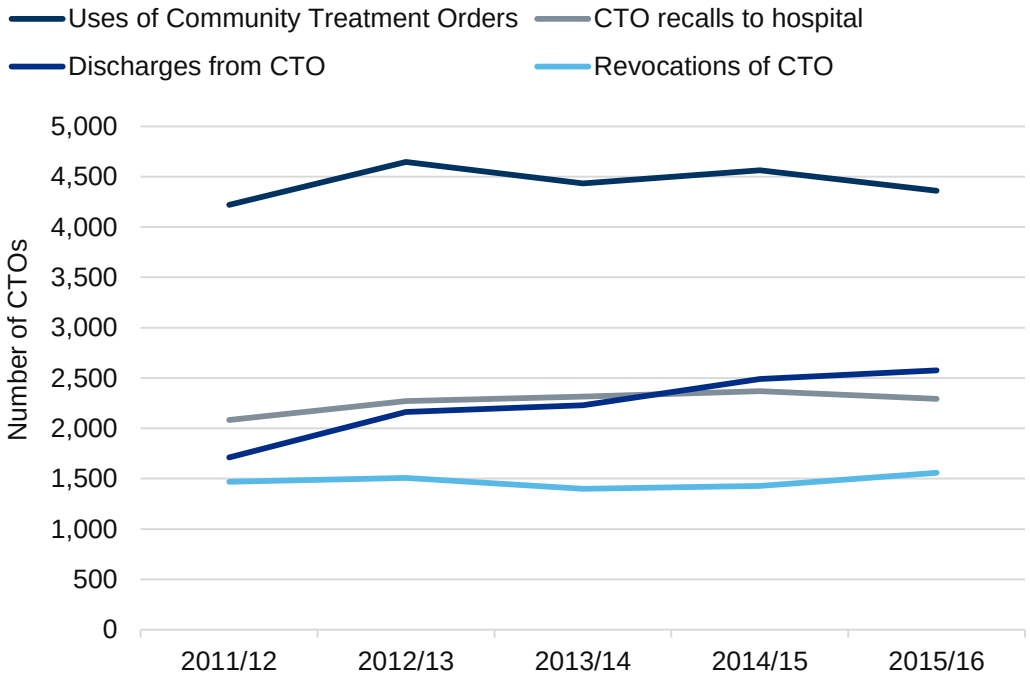
During 2015/16, 4,361 CTOs were issued and this represented a decrease of 4% compared with the number issued in the previous year (4,564).

Figure 3.4 shows that there was a 10% increase in use of CTOs between 2011/12 and 2012/13 and a smaller one between 2013/14 and 2014/15 (130 or 3%) but a decrease between 2012/13 and 2013/14 of 213 (5%).

In 2015/16 there were 2,294 recalls to hospital, a fall of 75 or 3% since the previous year. This follows a continuing small increase between 2011/12 and 2014/15.

In 2015/16 3,120 CTOs ended either in a revocation or with a discharge. The number of revocations, where after a recall to hospital the CTO ended with the person being detained again, was 1,557 compared with 1,427 in the previous year, an increase of 9%. The number of revocations has fluctuated since 2011/12. The number of CTO discharges where the person is also discharged from any restrictions under The Act rose between 2011/12 (1,712) and 2015/16 (2,575) by 863 (50%).

Figure 3.4: Use of CTOs, 2011/12 – 2015/16



Source: KP90, NHS Digital

Data quality

KP90 submission is an annual return of data by NHS Trusts and Independent Sector organisations registered to detain patients under the Mental Health Act 1983. The latest version of the dataset was first mandated in April 2009 and is acknowledged as the official national source of data about NHS funded uses of the Mental Health Act. This is the last year that the KP90 will be the data source for this publication.

Further information can be found at http://content.digital.nhs.uk/datacollections/kp90

This section aims to provide users with an evidence based assessment of the quality of the statistical output of the annual report publication by reporting against those of the nine European Statistical System (ESS) quality dimensions and principles[i] appropriate to this output.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) Code of Practice for Official Statistics[ii], particularly Principle 4, Practice 2 which states:

> *"Ensure that official statistics are produced to a level of quality that meets users' needs, and that users are informed about the quality of statistical outputs, including estimates of the main sources of bias and other errors and other aspects of the European Statistical System definition of quality".*

For each dimension this section briefly describes how this applies to the publication; we will continue to provide clear and comprehensive information about the methods used in our analysis and the quality of the data to assist users in interpreting our reports.

Relevance

This dimension covers the degree to which the statistical product meets user need in both coverage and content.

This publication comprises a report which has been produced from mental health service providers' KP90 returns for the period from 1 April 2015 to 31 March 2016; the information provided in this publication series is the timeliest available for the year and is the source of information for official statistics about uses of the Act.

This report includes analysis of detentions, short term orders and community treatment orders in England; it also includes changes in legal status while in hospital or at point of discharge. Additionally this report includes measures on people subject to the Mental Health Act and subject to detention or CTO at the end of the year.

The UK Statistics Code of Practice can be accessed via the following web-link: http://www.statisticsauthority.gov.uk/assessment/code-of-practice/code-of-practice-for-official-statistics.pdf

Feedback is very welcome via enquiries@nhsdigital.nhs.uk (please quote 'Inpatients detained under MHA' in the subject line).

Accuracy and reliability

This dimension covers, with respect to the statistics, their proximity between an estimate and the unknown true value.

The KP90 collection requires aggregate figures to be submitted by data suppliers. On submission of the KP90 data, providers submit a pro forma to the Omnibus collection system which has set validations for data values. The tolerance and variations of the data were measured by comparing previous year's submissions. The submitters are invited to provide contextual reasons behind significant rises and falls in numbers.

Additional data quality checks (organisation codes for example) take place during collation and processing of the data at Leeds. NHS Digital do not audit the quality of data recorded locally by data suppliers. The Care Quality Commission monitors the use of the Act, including the keeping of records about its use by service providers.

Timeliness and punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

This report has been produced within eight months of the end of the reporting period and six months of the May submission deadline. The change in data source to the Mental Health Services Dataset in 2016/17 means that in future some information will be available more frequently and punctually.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

Data resulting from this collection and our analysis is provided in both human readable (MS Excel) and machine readable (CSV) form. Re-use of our data is subject to conditions outlined here:

digital.nhs.uk/data-protection/terms-and-conditions

Definitions for measures included in this publication are available in the accompanying metadata file. Terminology is defined where appropriate. These definitions will be developed and further guidance provided in future editions of this publication series.

Full details of the way that KP90 returns are processed, which will be of use to analysts and other users of these data, are provided on the NHS Digital website:

http://content.digital.nhs.uk/media/20099/KP90-Guidance/pdf/KP90-Guidance.pdf

Coherence and comparability

Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic are similar. Comparability is the degree to which data can be compared over time and domain.

Comparability

Data were collected from 126 NHS providers and from 225 Independent Sector hospitals. The coverage (number of providers of adult mental health services submitting) is consistent with the volume previously making a submission of KP90 annual data. In the process of creating the KP90 collection we were required to identify those organisations which were in scope of submitting using data sourced from the Care Quality Commission.

The organisations in this list have been reviewed and revised as some organisations who we had previously identified have been removed as they deliver services that now fall outside the scope of KP90. These changes, in conjunction with more organisations submitting data, may have had had an impact when determining the coverage.

Although the collection has not changed since 2009, contextual information provided in the submission about the number of transfers in and out of each organisation shows a rise in both.

Table 3: Transfers into and out of organisations, 2011/12 and 2015/16

Transfers	In	Out
2015/16	**15,078**	**10,305**
2011/12	**6,244**	**6,119**

Source: KP90, NHS Digital

Because no detail about these transfers is collected and transfers are explicitly excluded from the information collected about formal admissions, there is no evidence that any transfers ‘on section’ are being incorrectly counted as formal admissions. If this did happen it could lead to an element of duplication at national level of the number of detentions, because the detention could be counted by two organisations.

We will investigate this possibility when we develop a method for counting detentions in the new Mental Health Services Dataset. We will also be working with CQC to make sure that information is available to support their planned investigation into rising detentions.

Coherence

Some of the measures presented in this report are also produced from administrative data, and comparisons can be made with some of the measures published in the Mental Health Bulletin and in the Mental Health Services Monthly Statistics, as referenced in the report. Further information to support interpretation of figures from the two sources is included in the report Mental Health Act statistics: Improved reporting to support better care which accompanies this release.

Users of these statistics can continue to make monthly comparisons with the 'end of the year' counts in this report using Mental Health Services Monthly Statistics. Comparisons of provider level figures will be useful for identifying providers who are not yet submitting all relevant uses of the Act in MHSDS. The following measures in the Monthly Data File.xls are equivalent to measures published in Table 5 of this report and can be used to monitor increasing coverage and accuracy:

> MHS08: People subject to the Mental Health Act at the end of the reporting period (RP)

broken down into these subsets:

> MHS09: People subject to detention at the end of RP
>
> MHS10: People subject to CTO or conditional discharge at the end of RP
>
> MHS11: People subject to a short term order at the end of RP

These measures are broken down by age and service type, by provider and CCG of the patient's GP practice.

The data can also be used to make comparisons with other information from other data sources, such as the Assuring Transformation and Learning Disability Census collections. Both of these also include information about people subject to the Mental Health Act.

Reference in this publication is also made to data from the National Police Chief's Council and it should be noted that we count only 22,965 section 136 detentions to a Place of Safety in a hospital compared with their figure of 23,521 for England in 2015-16. Aside from the complication introduced by their inclusion of counts from British Transport Police (from which we cannot extract only English detentions) and possibly some cross-border movements between England and Wales, it is possible that they include all transfers to health-based places of safety whereas we receive only those instances of actual admission to hospital. Again a patient-level collection will help us in future better understand such gaps.

Trade-offs between output quality components

This dimension describes the extent to which different aspects of quality are balanced against each other.

Annual publication of the data follows sometime after its collection is completed and aims to provide a comprehensive and carefully validated analysis of Mental Health Act use on that yearly basis.

The format of this publication has been determined to summarise key annual measures and adjusting the scope of analysis to be achievable within NHS Digital resources and production time. The depth and scope of next year's revised publication is widened to increase the usefulness and usability of these statistics for different users. By publishing monthly an increasing range of clearly defined measures in a more timely fashion we hope to support discussions between providers and commissioners about caseload and activity and promote a virtuous cycle of improving data and service quality through more frequent monitoring, data completeness/quality feedback and use.

Assessment of user needs and perceptions

This dimension covers the processes for finding out about users and uses and their views on the statistical products.

The purpose of the annual KP90 report is specifically to provide the Department of Health with information about the number of uses made of Mental Health Act 1983 legislation (except for guardianship cases under Sections 7 and 37) as amended by the Mental Health Act 2007 and other legislation. It is intended to inform policy development in relation to The Act.

We undertook a consultation on our adult mental health statistics during 2015 and published the results in November 2015[iii].

Regular consultation with customers and stakeholders is undertaken to ensure that developments introduced to the publication meet their requirements and the Mental Health Act statistics report that accompanies this publication seeks feedback on what kinds of information might usefully be produced from the new person and referral level data source next year.

Performance, cost and respondent burden

This dimension describes the effectiveness, efficiency and economy of the statistical output.

The burden of collating and submitting KP90 returns will be removed next year when the data source for this publication changes from the present aggregate count submissions to use of monthly administrative data from MHSDS returns.

MHSDS, as a secondary uses data set, intends to re-use clinical and operational data from administrative sources, reducing the burden on data providers of having to submit information through other primary collections like KP90. As part of the agenda to reduce burden of data collections, it is anticipated that the Assuring Transformation collection for LDA inpatients will also be retired when the data in MHSDS is of sufficient quality and completeness to provide equivalent data measures.

Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

As only an aggregate collection individually identifiable person/patient data is not submitted by provider organisations. In line with the accompanying risk assessment, as for all NHS Digital publications, the risk of disclosing an individual's identity in this publication series has been assessed and the data are published in line with a Disclosure Control Method for the dataset approved by the NHS Digital's Disclosure Control Panel.

Please see links below to relevant NHS Digital policies:

Statistical Governance Policy (see link in 'user documents' on right hand side of page)

digital.nhs.uk/pubs/calendar

Freedom of Information Process

digital.nhs.uk/foi

A Guide to Confidentiality in Health and Social Care

digital.nhs.uk/confguideorg

Privacy and Data Protection

digital.nhs.uk/privacy

[1] The original quality dimensions are: relevance, accuracy and reliability, timeliness and punctuality, accessibility and clarity, and coherence and comparability; these are set out in Eurostat Statistical Law. However more recent quality guidance from Eurostat includes some additional quality principles on: output quality trade-offs, user needs and perceptions, performance cost and respondent burden, and confidentiality, transparency and security.

[2] UKSA Code of Practice for Statistics: http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html

[3] digital.nhs.uk/article/6545/Consultation-on-Adult-Mental-Health-Statistics

Background information about The Mental Health Act

The majority of people who are admitted to hospital for the treatment of mental health problems in England in recent years are in hospital on an informal basis[3]. The others are in hospital as 'formal' patients; this means that they have been admitted to hospital on a compulsory basis under The Mental Health Act 1983 (known as being 'detained' or 'sectioned'),

The Mental Health Act 1983 ('The Act') is the main Act of Parliament covering the care and treatment of people with mental health problems. It sets out how and when a person can be admitted, detained and treated in hospital without consent. In order to apply it, certain professionals must agree that this must be done because the health or safety of the individual, or that of other people, is at risk. The individual must be considered to have a 'mental disorder'; the definition of this term was broadened as a result of The 2007 Act.

Mental health law is about balancing the need to detain people in order to protect them or other people from harm and the need to respect peoples' human rights and autonomy[4]. Whilst the application of The Act means that a person loses certain rights (such as their liberty and refusal of treatment), it also sets out other rights, such as a right of appeal and help from an advocate, and free aftercare once released from certain Sections of The Act. These are outside the scope of data collections made as part of this release but more information can be found in the Code of Practice for the Mental Health Act[5].

The various Parts and Sections of The Act have different purposes, durations and other features which will be discussed in more detail in the relevant parts of this report. The majority of Sections used to detain patients fall under Parts II and III of The Act, which cover 'civil Sections' and 'forensic Sections' (those applied under Criminal Law). Again, more information is provided in the relevant parts of this report, with further details in the Appendix.

Changes to Mental Health law

The Mental Health Act 2007 made some major amendments to the existing 1983 Act. These included the introduction of Community Treatment Orders (CTO), which came into effect in November 2008 and replaced Supervised Discharge. They allow people who meet the criteria to be treated in the community rather than under detention in hospital and were intended to address the problem of 'revolving door' patients (those

[3] This year's Mental Health Bulletin shows that 67,724 out of 103,027 people (66%) who spent time in hospital were not subject to The Mental Health Act.
[4] Changes to the Mental Health and Mental Capacity Acts: implications for patients and professionals: Ian Hall and Afia Ali: http://pb.rcpsych.org/content/33/6/226.full
[5] Code of Practice: Mental Health Act 1983: https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983

that end up being repeatedly detained in hospital), although a person does not need to have been readmitted in order to be placed on a CTO.

The Code of Practice to The Mental Health Act, most recently updated in 2015, defines five key principles including the using the least restrictive options, and involving the person in their care decisions, wherever possible.

Another key change was to wider the definition of 'mental disorder', which became 'any disorder or disability of the mind' and removed older exclusions and categories. Learning disabilities continued to not be a reason to use some parts of The Act[6] (unless associated with abnormally aggressive or seriously irresponsible conduct).

The change also gave the Police a new power to transfer people between places of safety. Whilst the KP90 collection cannot record these transfers, this information is collected by the NPCC and the 2015/16 publication is available at: http://news.npcc.police.uk/releases/use-of-police-cells-for-those-in-mental-health-crisis-more-than-halves

The Mental Health Act and the Mental Capacity Act

The Mental Capacity Act allows, among other provisions, the restriction of freedom of individuals who do not have capacity to agree to decisions regarding their freedom, finances, and choices about health assessments, treatment and visitors. The 2007 Mental Health Act made changes to The Mental Capacity Act, 2005 including the introduction of Deprivation of Liberty Safeguards (DoLS) from 2009 which are used to deprive a person of their liberty. There is no legal framework required for restriction of liberty of individuals who are not detained in hospital under the Mental Health Act (those people either not subject to the Mental Health Act or on a CTO or Guardianship order)

CTOs cannot authorise deprivation of liberty but can dictate where a person must live, so if a DoLS order is used the stated place of residence must not be contradictory under the two orders.

Where a person lacks capacity, the Mental Capacity Act should usually be used in preference to the Mental Health Act to admit and detain in hospital for treatment, provided they don't object to or resist the admission or treatment. The Mental Health Act is required if the deprivation of liberty in hospital is to give treatment for mental disorder and the treatment could not otherwise be given because of a valid and applicable advance refusal or refusal from a welfare attorney.

Deprivation of liberty orders are applied for by the responsible care home or hospital and are authorised (or not) by the responsible supervisory

[6] Learning disabilities are only covered under The Act for unrestricted treatment sections and CTOs in exceptional cases (where an individual exhibits abnormally aggressive or seriously irresponsible conduct).

body[7]. The safeguards are intended to ensure that this is only done when it is in the best interests of the individual and also to provide a framework to determine whether a deprivation of liberty is already occurring for existing cases, and whether or not this is appropriate, as well as reviewing or monitoring existing arrangements).

Further Information for people in contact with mental health services

CQC's guide to your rights under the Mental Health Act:
http://www.cqc.org.uk/content/your-rights-under-mental-health-act

CQC's 'Easy Read' guide to supporting people on CTOs :
http://www.cqc.org.uk/sites/default/files/documents/20120906_isl392_11_how_we_support_people_on_ctos_easy_to_read.pdf

The MIND guide to the Mental Health Act 1983:
http://www.mind.org.uk/help/rights_and_legislation/mental_health_act_1983_an_outline_guide
(booklet setting out the main sections of The Act and outlining your rights if you are under these Sections)

See also the Related Information links further on in this report.

[7] Following the dissolution of PCTs in 2013 as a result of the 2012 Health and Social Care Act, all deprivation of liberty orders are made by Local Authorities. Prior to this, orders for persons in social care settings were managed by Local Authorities and those for persons in health settings were managed by Primary Care Trusts (PCTs).

Further information about parts of The Act

Part II – 'Civil detentions'

Unless an individual is being detained in hospital via the Criminal Justice System, they will be detained under Part II of The Act, using either a Section 2 or Section 3 order. Two doctors must examine the patient and agree that the patient should be detained.

Section 2 is usually used to assess then treat a patient if required, so if the individual has not been sectioned before it is more likely that this will be used than Section 3. Section 3 is used specifically to treat a patient, and the appropriate treatment must be available when the order is made.

Section 2 lasts for a maximum of 28 days, and cannot normally be renewed. A patient may be transferred onto a Section 3 from a Section 2 for longer term detention. A Section 3 lasts for 6 months at first and can be renewed as appropriate.

Part III – 'Court and Prison disposals'

Part III of The Act sets out how people in contact with the Criminal Justice System who have a suspected or diagnosed mental health disorder receive appropriate treatment and care. It includes those who are charged pre-trial, those who are convicted but pre-sentence, those whose sentence is a hospital order by the Magistrate and Crown Courts, and those under sentence. Various hospital orders (sections) allow a person to be transferred at any stage in criminal proceedings to hospital for assessment and/or treatment (regardless of the offence).

Short term detention orders

Short term orders authorise detention for a maximum of 72 hours with the intention of ensuring an assessment is made of the person's mental health to determine whether they require further assessment and possibly treatment. A person may be transferred to another Section following a short-term order, or released.

Section 4

Section 4 is used in emergency cases to detain a person so that their mental health condition can be assessed in hospital (i.e. like a Section 2, but for only up to 72 hours). It only needs to be recommended by one doctor, and can only be used when awaiting confirmation from a second doctor would cause 'undesirable delay'. Treatment under Section 4 requires patient consent, although emergency care can be given if the patient lacks capacity to consent.

Section 5(2) and 5(4)

Section 5 may be used if a patient is already in hospital as an informal patient. It is commonly referred to as a 'holding power' and is used to prevent the patient leaving hospital if the medical team has concerns that the patient ought to be detained under the Mental Health Act. Doctors and other approved clinicians can detain any in-patient for up to 72 hours under Section 5(2). Nurses who are trained and qualified to work with people with mental health disorders or learning disabilities can detain a patient receiving inpatient treatment for a mental disorder under Section 5(4) for up to 6 hours, or until a doctor or is available to make an assessment.

Community Treatment Orders

CTOs (Part 17A of The Act) were introduced in 2008 under the 2007 Mental Health Act amendments. They replaced Supervised Discharge and allow for patients on unrestricted orders to be treated within the community rather than under detention in hospital, under certain conditions. CTOs can only be applied to patients on unrestricted treatment orders (Section 3, or an unrestricted Part 3 order such as Section 37). The patient must keep in regular contact with their mental health team and attend hospital when instructed for assessment and/or treatment. Failure to meet any conditions of the CTO will usually result in the patient being recalled to hospital by the responsible clinician for assessment and/or treatment. CTOs last for up to 6 months initially and can be extended, first by up to 6 months, and then subsequently for up to a year.

A CTO can end either following revocation (where the patient is put back on the Section they were on before they went on the CTO) or discharge (where the patient is no longer subject to The Act, and cannot be detained).

Place of Safety detentions

Part X (ten) of The Act gives the police powers to take people who appear to be suffering from a mental disorder to a 'Place of Safety' for assessment using Section 135 or Section 136. Consent of the individual is not required, and they can be detained for up to 72 hours (and cannot be renewed). Patients can be transferred between Places of Safety during this time. After assessment, the person will either be taken to hospital (if not already there) and detained under The Act, admitted informally to hospital, or released.

Section 135

Section 135 requires a warrant from a magistrate which allows the Police to enter any premises to search for the individual. This includes patients who have gone absent without leave from detention in hospital and those who are believed to be suffering from a previously untreated mental disorder. The Police Officer must be accompanied by an approved mental health professional (AMHP) (with a doctor as well in some circumstances) and if appropriate and feasible the assessment will be made on the premises. The Code of Practice for The Act recommends a planned decision on the individual's destination, whether it be a Place of Safety or another place that they 'ought to be', and therefore it should almost never be necessary to use a police station as a Place of Safety for people removed under Section 135.

Section 136

Under Section 136 the Police can remove an individual to a Place of Safety from a place to which the public have access. A warrant is not required. The Code of Practice for The Act recommends that the default Place of Safety should be a hospital based facility. Within these, emergency and specialist units should only be used where a medical problem requires urgent assessment and management.

Other statistics in this area

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

Uses of the Mental Health Act in Wales:
http://wales.gov.uk/statistics-and-research/admission-patients-mental-health-facilities/?lang=en

Mental Health statistics for Scotland
http://www.mwcscot.org.uk/media/342871/mha_monitoring_report_to_omg_on_2_aug_2016_-_final_ab_19_sept_16_jw_26.09.pdf

Mental Health statistics for Northern Ireland:
https://www.health-ni.gov.uk/publications/hospital-statistics-mental-health-and-learning-disability-200910-201415

Related information

Helpful and practical ‘starter’ guides to MHA detention for service users, carers and family/friends:
http://www.nhs.uk/NHSEngland/AboutNHSservices/mental-health-services-explained/Documents/easy-read/MH-CoP-Being-detained.pdf

http://www.nhs.uk/NHSEngland/AboutNHSservices/mentalhealthservices/Documents/Detention%20_Under%20_The%20_Mental%20_Health%20_Act%20_Factsheet.pdf

Map showing Places of Safety
http://www.cqc.org.uk/content/map-health-based-places-safety-0

BME experiences
http://raceequalityfoundation.org.uk/resources/downloads/mental-health-crisis-review-%E2%80%93-experiences-black-and-minority-ethnic-communities

National Confidential Inquiry into Suicide & Homicide by People with Mental Illness: Making Mental Health Care Safer: Annual Report and 20-year Review published in October 2016 by the University of Manchester:
http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/reports/2016-report.pdf

Community mental health profiles (by CCG) and other tools to benchmark/improve mental health:
http://fingertips.phe.org.uk/profile-group/mental-health

HM Government Mental Health Crisis Concordat – Improving Outcomes for People Experiencing Mental Health Crisis
http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/04/36353_Mental_Health_Crisis_accessible.pdf

European Court of Human Rights guide to Article 3 (prohibition of inhuman or degrading treatment):
http://www.echr.coe.int/Documents/FS_Detention_mental_health_ENG.pdf

This may help set NHS strategy in a wider world health context :
http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1

NHS England data on bed availability:
https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/

The Commission on Acute Adult Psychiatric Care
http://www.caapc.info/publications

Information and technology for better health and care

www.digital.nhs.uk

0300 303 5678

enquiries@digital.nhs.uk

ISBN: 978-1-78386-857-5

This publication may be requested in large print or other formats.

Published by NHS Digital, part of the Government Statistical Service