

# Mental Health Act Statistics

## Improved reporting to support better care

Author: Community and Mental Health Team, NHS Digital

Responsible Statistician: Dan Collinson

Publication date: 30 November 2016

Link to publication: <http://digital.nhs.uk/pubs/inpatientdetmha1516>

# Contents

This information is important in monitoring uses of the Mental Health Act. It will be of interest to people wanting to understand how changes to the source of this information will affect its quality and usefulness in future.

[www.digital.nhs.uk](http://www.digital.nhs.uk)

[enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)

[@NHSDigital](https://twitter.com/NHSDigital)

Experimental Statistics	03
Introduction	04
Changing source of MHA statistics	06
Why change?	07
Ensuring quality statistics	08
Improved reporting	12
Future developments	19
Feedback	22
Further information	23

# This report contains Experimental Statistics

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.

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](http://www.statisticsauthority.gov.uk/assessment/code-of-practice)

Find out more about Experimental Statistics at [https://gss.civilservice.gov.uk/wp-content/uploads/2016/02/Guidance-on-Experimental-Statistics\\_1.0.pdf](https://gss.civilservice.gov.uk/wp-content/uploads/2016/02/Guidance-on-Experimental-Statistics_1.0.pdf)

# Introduction

## Mental Health Act Statistics

### Improved reporting to support better care

# Introduction

This report contains information about uses of the Mental Health Act (1983) ('The Act'; 'MHA'), as amended by The Mental Health Act 2007 ('The 2007 Act') and other legislation, as at 31 March 2016.

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; sometimes referred to as 'Supervised Community Treatment' or 'SCT').

This report includes:

- changes to how these statistics are sourced and created from 2016-17 onwards
- comparable statistics from the old and new sources of this information to provide users of these statistics with an understanding of the comparability and completeness of the two data sources
- new statistics now available due to the change in how this information is sourced

# Changing the source of MHA statistics

To reduce the burden on data providers from completing multiple collections, and to increase the usefulness of these statistics, we are changing the source of these statistics.

## Current source

Aggregate information collected via the NHS Digital online Omnibus KP90 collection from organisations in England registered to provide Mental Health Services and make use of The Act.

These include high security psychiatric hospitals as well as other NHS service providers and independent hospitals.

## New source

The Mental Health Services Dataset (MHSDS), a referral-level return of administrative data from providers of mental health, learning disability and autism services in England. The scope of the MHSDS expanded in January 2016 giving it the coverage needed to replace the KP90.

It is acknowledged as the national source of administrative data about NHS funded secondary mental health services.

# Why change?

Information about health and social care services must be obtained efficiently so that service providers can spend as little of their resources as possible providing it, and much as possible on direct care. This change allows us to retire the manual KP90 collection and to reduce the information burden on service providers by replacing it with an existing administrative source.

Different people have different needs. Service providers and policy makers need to know what characteristics people subject to The Act have in order to better understand their needs and to improve their outcomes. As an aggregate return the KP90 collection could not provide this level of granularity; as a record-level referral-based dataset the MHSDS can.

Being subject to The Act is only part of a person's interaction with services. Using the MHSDS allows us to look at what care activity has taken place before, during or after a person has been subject to The Act. This allows service providers and policy makers to see how they may intervene to stop people being subject to The Act, or improve outcomes for people who are.

# Ensuring quality statistics

**Mental Health Act Statistics**

**Improved reporting to support better care**



# Ensuring quality statistics

In order for the MHSDS to be the source of these statistics it is important that it can provide statistics that are of sufficient quality and comparable with those previously available from the Omnibus KP90 collection.

This section will show:

1. How the referral-level information within the MHSDS can be used to recreate the aggregate level information within the KP90 collection
2. How the coverage of the MHSDS compares to the KP90 collection
3. What is happening to ensure coverage and completeness of MHA information in the MHSDS

## Ensuring quality statistics

We have identified the items within the MHSDS needed to replicate statistics previously sourced from the KP90. In working with Birmingham and Solihull Mental Health NHS Foundation Trust we have compared the statistics derived from the two sources.

### Birmingham and Solihull Mental Health NHS FT as at 31 March 2016<sup>1</sup>

	KP90	MHSDS	Variance
People subject to The Act:	705	755	+ 7%
People detained in hospital:	505	480	- 5%
People subject to a CTO:	205	265	+ 30%

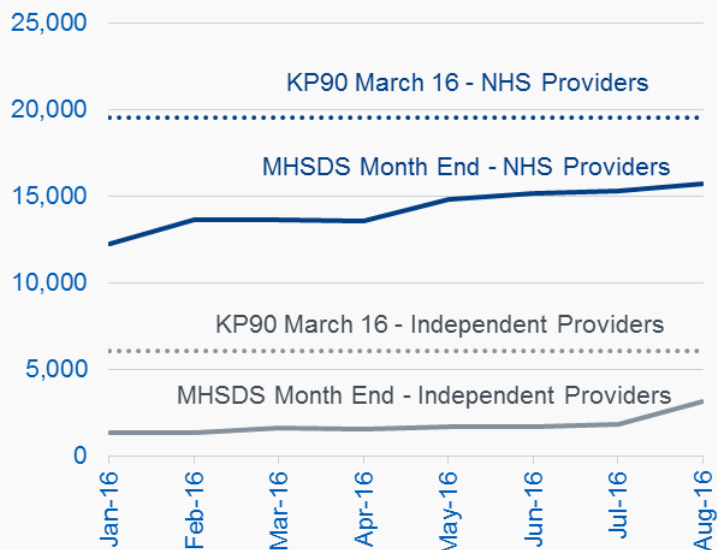
While the figures are not all comparable, some are higher within the MHSDS, indicating it may have some strengths in recording uses of The Act in comparison to the KP90. We will work to address any remaining gaps in coverage and completeness.

<sup>1</sup> Figures are suppressed to prevent accidental disclosure. Suppression includes removing figures less than 5, and rounding all other figures to the nearest 5. Percentages are shown to the nearest whole number.

# Ensuring quality statistics

## People subject to the Mental Health Act

MHSDS month end compared to  
KP90 as at 31 March 2016



In order for the MHSDS to accurately replicate these statistics:

1. Those service providers submitting KP90 information must submit MHSDS information.
2. For those who do submit information this needs to include all instances of the use of the Act which were included in their KP90 submission.
3. Items within MHSDS required to construct these statistics need to be completed to a sufficient level of quality so that they can be accurately identified.

We are currently working with service providers to increase compliance with these elements in order to ensure that the MHSDS is able to replace the KP90. More information can be found in the data quality reports in our monthly publications <http://content.digital.nhs.uk/mhldsreports>

# Improved reporting

**Mental Health Act Statistics**

**Improved reporting to support better care**

# Improved reporting

The change in the source of these statistics means that improvements to their usefulness can be made. These improvements will allow you to understand characteristics of people subject to The Act, and to see uses of The Act within the context of people's wider interaction with services.

This section includes initial analysis of people recorded as being subject to The Act as at 31 March 2016. As we have shown this is only currently a partial picture of people subject to The Act as work is ongoing to improve the coverage and completeness of MHA information in the MHSDS. This analysis is included here to give you an understanding of the kinds of analysis that may be possible. As we discuss later in this report we would welcome any feedback you have on what analysis you would be interested in seeing in future publications.

This analysis shows potential improvements to the usefulness of these statistics both in terms of exploring characteristics of people subject to The Act and how uses of The Act sits in the context of the wider use of mental health and learning disabilities services. The focus of the analysis is understanding any differences in uses of The Act experienced by different ethnic groups in contact with services.

# Uses of the Mental Health Act and Ethnicity

Differences in the rates of access to mental health treatment between some ethnicities are well established<sup>1</sup>. In the most recent survey of mental health and wellbeing carried out on behalf of NHS Digital, White British adults were the ethnic group most likely to report receiving treatment. Despite the reported severity of symptoms not varying significantly between the groups, around 13% of White British adults reported receiving treatment compared with 7% of adults in minority ethnic groups (including White non-British). Black adults had the lowest treatment rate (6%)<sup>2</sup>.

By using the MHSDS as the source of MHA statistics we can look at uses of The Act in this context, adding to the information that is available on how different ethnic groups interact with treatment services.

What follows shows the proportion of people in contact with secondary mental health and learning disabilities services on the 31 March 2016 who were subject to The Act at that time. We also show the proportion of inpatients on that date who were detained under The Act. 6.7% of people subject to The Act at that time did not have a valid ethnicity recorded. These people are not included here.

Due to the small number of people in some of the individual ethnic groups this analysis shows people at a higher level of ethnicity. The term 'ethnic minority' covers a wide range of people who may have different needs. Analysis of ethnicity at this higher level may mask some differences between individual ethnic groups. This analysis has been designed to show the kind of analysis that will be made possible due to the change in the source of these statistics. In future publications we will explore how we may be able to provide analysis for individual ethnic groups.

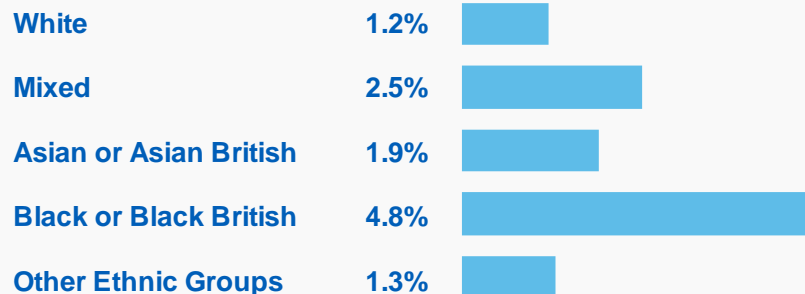
<sup>1</sup> *Mental Health Bulletin: 2015-16, Annual report* <http://digital.nhs.uk/pubs/mhb1516>

<sup>2</sup> *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014* <http://digital.nhs.uk/pubs/apmsurvey14>

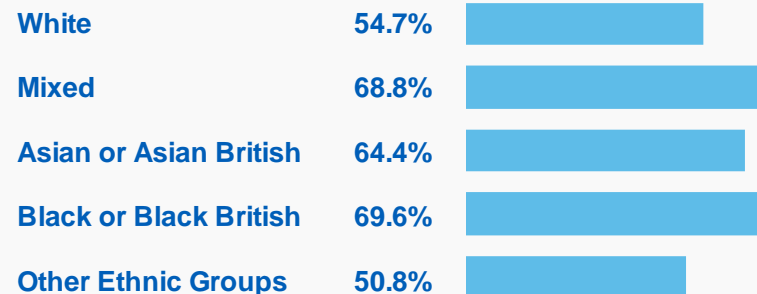
# Uses of the Mental Health Act and Ethnicity

The proportion of people in contact with secondary mental health and learning disabilities services who were subject to The Act as at 31 March 2016 was highest for Black or Black British people (4.8%) and lowest for White people (1.2%). This could be due to differences in availability, suitability or need for these people, or other characteristics they have such as their age or gender.

**Proportion of people in contact with secondary mental health and learning disability services on 31 March 2016 who were subject to the Mental Health Act**



**Proportion of inpatients in secondary mental health and learning disability services on 31 March 2016 who were detained under the Mental Health Act**

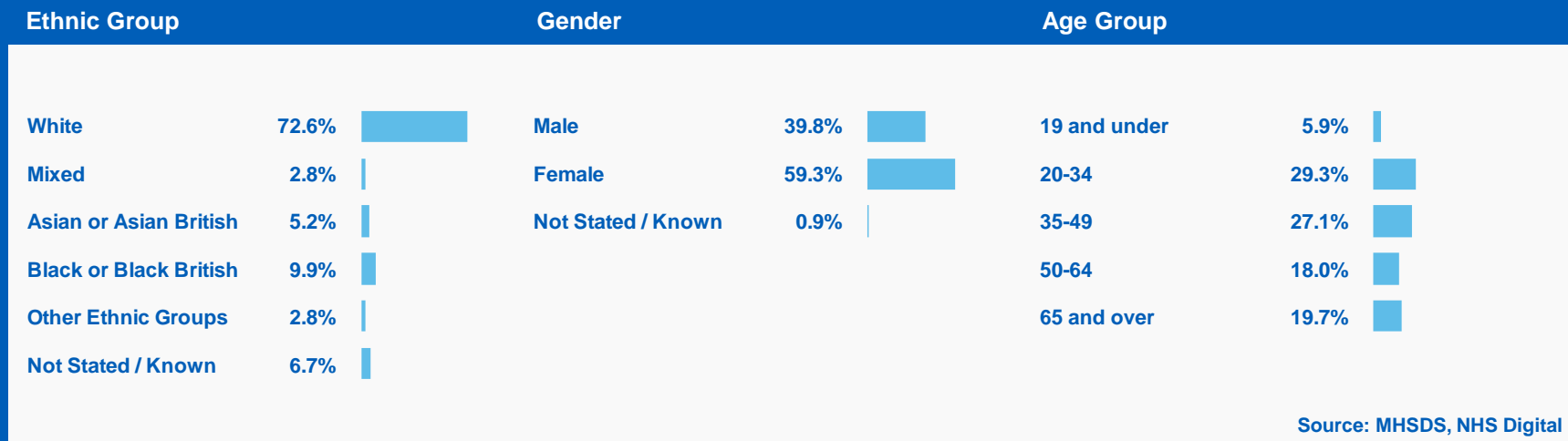


Source: MHSDS, NHS Digital

# Uses of the Mental Health Act and Ethnicity

We know that the use of secondary mental health and learning disabilities services does vary by both age and gender. To account for any differences caused by the age and gender of those within each ethnic group, we can standardise the proportions by these two characteristics.

## Proportion of people subject to the Mental Health Act on 31 March 2016 by ethnicity, gender and age





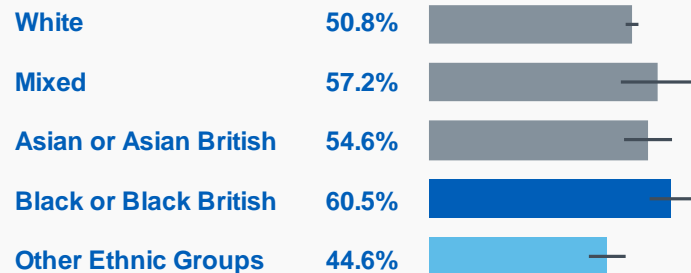
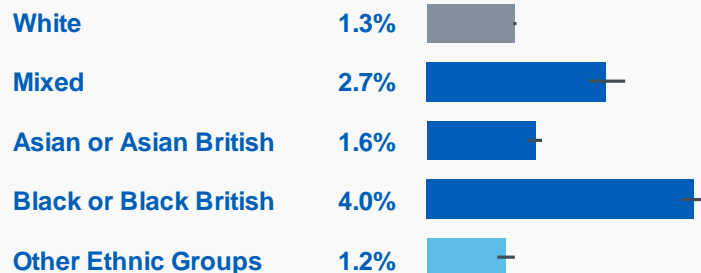
# Uses of the Mental Health Act and Ethnicity

Direct standardisation creates new proportions which show what they would have been if the people in these underlying groups followed a standard age and gender profile, making them more comparable with each other. The graphic below shows the standardised proportions. The dark blue bars below show ethnic groups which we are 95% sure have higher proportions subject to/detained under The Act than the White ethnic group, and the light blue bars shows those where we are 95% sure that they have lower.

**Proportion<sup>1</sup> of people in contact with secondary mental health and learning disability services on 31 March 2016 who were subject to the Mental Health Act**

**Proportion<sup>1</sup> of inpatients in secondary mental health and learning disability services on 31 March 2016 who were detained under the Mental Health Act**

Legend: **Significantly higher than 'White'** **Significantly lower than 'White'** No significant difference to 'White'



<sup>1</sup> All proportions are directly standardised by age and gender using the European Standard Population 2013 (ESP-13). Statistically significant differences are those where we are 95% sure that the difference is not due to chance alone. Error bars show 95% confidence intervals (CIs). CIs here show the range in which we are 95% sure that the value lies.

Source: MHSDS, NHS Digital

# Uses of the Mental Health Act and Ethnicity

This analysis has shown that, after accounting for differences in age and gender between different ethnic groups in contact with secondary mental health and learning disabilities services, that:

- People in the Mixed, Black and Black British, and Asian and Asian British ethnic groups in contact with services and recorded in the MHSDS on 31 March 2016 were more likely to be subject to the Mental Health Act than people in the White ethnic group. People in Other Ethnic Groups were less likely.
- People in the Black and Black British ethnic group in inpatient services recorded in the MHSDS on 31 March 2016 were more likely to be detained under the Mental Health Act than people in the White ethnic group, and people in Other Ethnic Groups were less likely.

This analysis cannot show the cause of these differences, other than saying that it is 95% likely that they are not due to random chance alone. For example, the prevalence of different mental health issues may vary between different ethnic groups, or how people experience mental health and learning disabilities services may vary between different groups. This analysis is also limited by the current coverage and completeness of information on uses of The Act in the MHSDS.

What this analysis shows, and other analysis made possible by changing the source of these statistics may show, is the characteristics of people currently captured in the MHSDS and whether these characteristics are associated with differences in how they interact with mental health and learning disabilities services. It also begins to explore the uses of the Mental Health Act in those interactions.

**Future development**

**Feedback**

**Further information**

**Mental Health Act Statistics**

**Improved reporting to support better care**

## Future developments – data quality

Alongside being the new source of MHA statistics, the MHSDS is also provides information to support contract monitoring, commissioning, benchmarking and inspection. We will be working with agencies involved in these activities, such as the Care Quality Commission, NHS England and NHS Improvement, to ensure that all eligible providers are taking part.

We will continue to work closely with data suppliers to monitor the completeness and accuracy of the data they submit. Many different issues can affect the quality of data being submitted and we work closely with data suppliers to identify and resolve them. When we identify any issues we will actively share them and their resolutions with all eligible providers.

We will support other initiatives that can drive improvements in data quality. For example, our data will support CQC's investigation into rising detentions, as well as changes in the way that NHS England's contracts with specialist commissioned services are monitored. Assessing data quality will form an integral part of these activities.

## Future developments – improved reporting

We will be developing further measures from MHSDS so that a full range of statistics comparable to those previously available from the Omnibus KP90 collection can be produced next year. In the future we will apply to the UK Statistics Authority with a view to their being designated as National Statistics.

We will produce statistics about The Act more often. For example, NHS Digital publish the numbers of people detained in hospital at the end of the month in the Mental Health Services Monthly Statistics<sup>1</sup>. These statistics are published within three months of the end of the reporting period they refer to, and within five weeks of final data for that period being submitted to NHS Digital. We will increase the range of information about uses of The Act in monthly and quarterly reports in 2016/17.

We will also be working with partners to design statistics that support the changes outlined in the Five Year Forward for Mental Health Implementation Plan, particularly in relation to crisis and acute care pathways. We will also consult with users, including those who have experience of services, to find out what other reports would be helpful.

<sup>1</sup> All editions of the Mental Health Services Monthly Statistics publication series, alongside previous publications including statistics for mental health services, can be found at: <http://digital.nhs.uk/mhldsreports>

# Feedback

This report aims to inform you of changes to how these statistics are sourced and created from 2016/17 onwards. It includes comparable statistics from the old and new sources of this information to provide you with an understanding of the comparability and completeness of the two data sources. It finally looks to highlight the improvements made possible by this change and to engage with you on how these statistics may be made most useful to you in future.

If you have any feedback on this report or would like to tell us what you would be interested in seeing in statistics on uses of The Act in future we would welcome you contacting us. You can get in touch by emailing us at [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk) quoting “Mental Health Act Statistics Feedback”.

## Further information

Statistics on uses of The Act for 2015/16 and earlier can be found in the other parts of this publication: <http://digital.nhs.uk/pubs/inpatientdetmha1516>

Statistics on uses of secondary mental health and learning disabilities services can be found in the Mental Health Bulletin. The Bulletin also includes statistics on people identified in mental health services subject to The Act sourced from administrative data sources. These are designed to complement those sourced from the KP90 by showing the possible characteristics of people subject to The Act. The latest Bulletin can be found at: <http://digital.nhs.uk/pubs/mhb1516>

More recent information is available from our monthly publication series. These publications, alongside all previous NHS Digital publications regarding mental health and learning disabilities services can be found at: <http://digital.nhs.uk/mhldsreports>

The above publications cover all NHS funded secondary mental health and learning disabilities services except for Improving Access to Psychological Therapies (IAPT) services. Statistics relating to IAPT services are available here: <http://digital.nhs.uk/iaptreports>

[www.digital.nhs.uk](http://www.digital.nhs.uk)

 [@nhsdigital](https://twitter.com/nhsdigital)

[enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)

0300 303 5678

*This report was produced as part of *Inpatients formally detained in hospitals under the Mental Health Act 1983 and patients subject to Supervised Community Treatment: 2015/16, Annual figures**

ISBN 978-1-78386-857-5

Published by NHS Digital, part of the Government Statistical Service

**Information and technology**  
**for better health and care**

Copyright © 2016 Health and Social Care Information Centre.  
The Health and Social Care Information Centre is a non-departmental  
body created by statute, also known as NHS Digital.