Background Quality Report: Inpatients formally detained under the Mental Health Act 1983, and patients subject to supervised community treatment, Annual figures, England, 2011/12

October 2012

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www.ic.nhs.uk

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Introduction

This document constitutes a background quality report for the publication of the 'Inpatients formally detained under the Mental Health Act 1983 and patients subject to supervised community treatment' report. The statistics included in this release are the latest available annual figures, covering the reporting period 1st April 2011 – 31st March 2012.

Context

Background to this publication

This publication presents the latest information on uses of the Mental Health Act 1983, as amended by the Mental Health Act 2007, in England between 1st April 2011 and 31st March 2012 ('2011/12'). Information is collected on a mandatory basis from all providers of Mental Health services in England which make use of this legislation and therefore includes high security psychiatric hospitals as well as other NHS service providers and independent hospitals.

The Health and Social Care Information Centre (HSCIC) became responsible for this publication in 2005, taking it over from the Department of Health. Historical figures can be found here:

http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/mental-health-act

These statistics are important in monitoring uses of the Mental Health Act 1983 and will be of interest to mental health professionals as well as service users, their families and representative organisations.

Data are collected via the HSCIC online Omnibus KP90 collection tool[2]. This report additionally includes for the first time some experimental analysis sourced from the Mental Health Minimum Dataset (MHMDS), a national mandated administrative dataset, and from police custody databases.

Collection results are analysed within SQL server management studio and tables for display in the report and for the reference table document are generated using SQL Reporting Services. This publication currently comprises a report with tables, figures and commentary, this data quality statement, a set of reference data tables in an Excel file, as well as some experimental analyses in a separate MS Excel workbook and a machine readable file containing underlying data to the reference data tables.

[2] KP90 Omnibus collection:
http://www.ic.nhs.uk/services/omnibus-survey/using-the-service/data-collections/kp90

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Purpose of this document

This paper aims to provide users with an evidence based assessment of the quality of the statistical output from the KP90 2012 collection. It reports against those of the nine European Statistical System (ESS) quality dimensions and principles[3] 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[4], 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".

[3] 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.

[4] UKSA Code of Practice for Statistics

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Assessment of statistics against quality dimensions and principles

Relevance

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

The 'Inpatients formally detained in hospitals under the Mental Health Act 1983 and patients subject to supervised community treatment, Annual figures, England 2010/11' report presents information on uses of the Mental Health Act, as amended 2007, during the period 1st April 2011-31st March 2012. High level summary statistics are presented as tables and figures with commentary and detailed tables are supplied in a separate spreadsheet document. The following areas are addressed:

- Trends in detentions under the Mental Health Act;
- Detentions on admission (formal admissions);
- Use of short-term detention orders (Sections 4, 5(2), 5(4), 135 and 136);
- Uses of Community Treatment Orders;
- People subject to the Mental Health Act at 31/03/12;
- Detentions in NHS hospitals by region;
- Experimental Mental Health Act statistics from the Mental Health Minimum Dataset (MHMDS).

Information is presented as counts of incidents (uses of the various Sections and Parts of the Mental Health Act), and counts of people (those subject to the Mental Health Act as at 31st March 2012). Various percentage calculations are applied to support the commentary, such as percentage change since the previous reporting period and certain proportions (e.g. people subject to the Mental Health Act, for whom a learning disability was the primary reason for using the Mental Health Act).
Since completion of the KP90 is mandatory, this dataset should be a complete census of organisations providing for patients detained under the Mental Health Act (both NHS and Independent facilities).

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Accuracy and reliability

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

Processing

Full guidance for completing the KP90 collection is available online[5]. This includes details of validation procedures built into the collection system.
As standard procedure, the data in the collection system were also checked by eye to ensure that the validations are picking up unusual values, if present, and that the reasons provided by organisations submitting any such values are legitimate.

Coverage

Data was collected from 126 NHS hospitals and 99 independent hospitals.

Six independent hospitals were unable to submit a return for 2011/12:

8FK09	Ashwood Centre (The Outram Lodge)
8G488	Churchill London Clinic
KP9044	The Edith Shaw Care Centre
NRT	Bolton Community Practice
NRY01	Hunters Moor Neurorehabilitation Centre For The West Midlands, The Olive Carter Unit
NTY49	John Munroe

Since independent hospitals are responsible for a small proportion of patients detained under the Mental Health Act 1983, it is highly unlikely that data at national level will have been affected in any significant way.

All analyses and outputs were dual run and checked according to internal quality assurance standards. No adjustment or imputation of figures was made to these figures prior to publishing.

Whilst patterns of service provision may have changed locally, the national figures monitor total uses and people subject to detention or CTOs under the Mental Health Act 1983 and are not sensitive to variations. Data users working with the machine readable dataset for this report at local level are welcome to contact for further information received as part of the collection process on changes to local services.

Known data quality issue – revision of figures

We were advised of some incorrectly submitted figures immediately prior to publication of 2010/11 data. The total number of CTOs administered by Lincolnshire Partnership NHS Foundation Trust (RP7) should have been 31 rather than 16 (an increase of 14 Section 3 to SCT changes and 1 Section 37 to SCT change). Whilst national totals are not significantly changed, this does affect Figures 5 and 7, and Table 4, of the report; Tables 6a and 9 of the reference data tables; and relevant cells in the machine readable dataset. This issue does not affect any other reporting years.

[5] See 'Guidance on completing the collection' at:
http://www.ic.nhs.uk/services/omnibus-survey/using-the-service/data-collections/kp90

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Improvement of accuracy for RV3
We were advised that there may have been some inaccuracy in figures for Central and North West London NHS Foundation Trust (RV3) prior to the current reporting year, as they were recorded on separate electronic systems. Recording is now completed on a single system; accuracy has now improved.

Experimental analysis using data from the MHMHS

MHMDS statistics for the year 2011/12 were produced from analysis of individual quarterly submissions for this period. Some comparison measures were produced to show comparability with the information from the KP90 and for a few large mental health providers, there was a good match. However much work needs to be done to ensure comprehensive recording of Mental Health Act related information across all providers in the MHMDS and to provide comparisons across a wider range of measures, prior to any change of data source.

Inconsistencies in submissions across successive quarters also limit the possibility of compiling a comprehensive picture of the year's activity and this will have an impact on the reliability of any analysis of changes in legal status, duration on section or status snapshot counts (eg number of people detained at a point in time) using 2011/12 data.

We have identified a number of specific issues about the way in which this data is being submitted and will be working with providers and other stakeholders to address these.

Experimental analysis using data from police custody suite databases

The figure for the national count of uses of Section 136 where the place of safety was a police custody suite is an estimate. It is based on figures provided by local police forces and criteria for searching custody databases to produce these counts was not standardised.

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 is based on an annual collection, for which the submission window was open between 2nd April 2012 and 17th May 2012. Results were published approximately 23 weeks after the collection deadline, following validation and analysis.

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.

Accessibility

The publication is accessible via the HSCIC internet as a series of Excel spreadsheet tables and a report in PDF format. A machine readable file containing the data used to create the analysis within the report is published alongside the main publication document. Its reuse is subject to conditions outlined here:

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http://www.ic.nhs.uk/data-protection/terms-and-conditions

Clarity

This report is divided into sections, each covering a theme, as listed in the 'Relevance' section above. Figures are labelled with the identifier for the reference data table which contains the associated detailed information. A full explanation of the data is given in the commentary, drawing on information displayed in the tables and figures from the report as well as the background reference tables.

Summary information describing the Sections and Parts of the Mental Health Act relevant to these data are provided in the Introduction section of the report. More detailed information is found in the Appendix.

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.

Coherence

The counts of detentions on admissions to hospital derived from MHMDS are the first comparable analysis of a measure in the KP90 to be produced at national level from MHMDS.

The annual Mental Health Bulletin (last published November 2011) provides a count of people subject to the Mental Health Act 1983, but this is an annual figure rather than a snapshot count and so is not directly comparable with the measures in the KP90. Until now analysis of MHMDS has been designed to provide some additional, contextual and complementary information rather than comparison figures.

In order to promote the use of MHMDS as a data source for information about patients subject to detention or compulsory treatment under the Mental Health Act some analysis of Mental Health Act information was included in MHMDS Routine Quarterly reports throughout 2010/11 and in the 2011 Mental Health Bulletin. Experimental analysis on detentions on admission to hospital by organisation was first featured in the September 2012 quarterly MHMDS release. Similar analysis assessing the comparability of this measure for figures derived from the KP90 and MHMDS is presented as part of this publication in the experimental statistics workbook.

We will continue this development work using the quarterly reports as a mechanism to work with providers to improve the quality of Mental Health Act statistics within MHMDS.

Comparability

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The data collection has remained the same until 2011, although some additional items were added to the collection in 2008-09 to reflect amendments to the Mental Health Act 1983 and the introduction of Community Treatment Orders. This means that historical data for uses of supervised community treatment are not available (2008/09 data on uses of CTOs only covered 5 months of 2008/09). The report is marked clearly to reflect this.
Some changes have been made to the reporting measures and tables since the last publication:

- The term 'formal admissions' has been superseded by the term 'detentions subsequent to admission' and this measure no longer includes uses of Part II Section 4 of The Mental Health Act;
- The 'all detentions' figure discussed in Section 1 of this report now includes detentions made following CTO revocation and no longer includes changes from an informal status to Section 5(2) or Section 5(4). This figure is now also included in reference data Table 1;
- Uses of Part II Section 4 have been moved from reference data Table1 to Table 5, and Table 5 additionally includes uses of Section 5(2) and Section 5(4);
- Uses of CTOs have been moved from reference data Tables 6a and 6b to new reference data Tables 7a and 7b.

Further details are provided in the methodology change paper for this publication[6]:

Time series of figures for formal admissions and all detentions, using the old definitions, are included in the Appendix to this report, although this will not be repeated in subsequent publications[7]. Care should be taken to ensure any comparisons are being made on a like-for-like basis if comparing these figures with external sources that cite previous editions of our publication.

Trade-offs between output quality components

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

Certain tables in the reference data and report are based on NHS facilities only, rather than including all organisations. Independent facilities have been excluded because organisation codes relating to these are not reliable (and vary from year to year). It is not possible therefore to produce a time series and therefore these data have not been provided at organisational level.
Experimental MHMDS analysis on uses of The Mental Health Act was based on data from all four quarterly submission files, rather than an annual data file, because the annual file had yet been sufficiently quality assured at the time of preparing for this publication.

[6] Methodological changes to HSCIC publications (see 'Mental Health' section):
http://www.ic.nhs.uk/statistics-and-data-collections/publications-calendar/methodological-changes

[7] These data can also be calculated from the underlying data supplied in the machine readable file.

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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.

Significant improvements to these statistics have been made in response to user feedback received during a public consultation on this publication held in early 2012[8].

Changes include refinements to measures and terminology, redesigned reference tables and new analyses derived from the MHMDS and police custody databases. Footnotes to tables and commentary in the report have been improved, highlighting areas in Mental Health Act statistics which are out of scope of the current KP90 collection and areas where there have been changes to these statistics. Further details are provided in the 'Comparability' section of this paper below.

Where definitions of measures have changed since the previous edition of this publication, time series of figures using the old definitions, are included in the Appendix to the report, together with information on how users can derive this information themselves using the accompanying machine readable dataset.

The new analyses are experimental in nature and add value to these statistics (adding the dimensions of age and gender, which emerged as two of the most useful breakdowns wanted by users) as well as addressing a known gap in the statistics (Section 136 uses where the place of safety is a police custody suite).

Part of the consultation was around assessing the impact on users of a potential change of data source for this publication from the KP90 to the MHMDS in advance of the Secretary of State's fundamental review of NHS data collections[9] recommendations being published. As a first step part of the experimental analysis provides a comparison of some statistics derived from both data sources as part of a programme of quality assessment of Mental Health Act data within MHMDS and will allow us to engage data providers to work with us in this area. We will continue this work via other publications such as our Routine Quarterly MHMDS Reports, regardless of whether a decision to change the data source is made. Such a change would not in any case be made without a thorough assurance process, ensuring that gaps in coverage were addressed and that all measures can be reliably replicated.

We welcome continued feedback on this publication; should you wish to contact us, please use the following email address, citing 'Mental Health Act statistics' in the subject line: enquiries@ic.nhs.uk

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[8] Mental Health Act statistics consultation, Health and Social Care Information Centre: http://www.ic.nhs.uk/services/mental-health/getting-involved/mental-health-act-statistics-consultation

[9] Fundamental Review of Data Returns – A consultation on the recommendations of the review: http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_129725

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Performance, Cost and Respondent Burden

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

We are required to report on uses of the Mental Health Act at organisation level so the collection is necessarily a census of organisations which provide Mental Health Services and make use of the Mental Health Act 1983 and related legislation. The KP90 collection is currently the only comprehensive source of data suitable for Departmental use in monitoring the uses of The Mental Health Act in England and has Ministerial backing. Decisions taken regarding subjecting patients to any form of compulsion under The Mental Health Act are controversial and in order to judge whether the provisions are being used appropriately it is vital to monitor how many of these clinical decisions are made across the country every year.

The annual burden of collection for this survey on the NHS is currently estimated by the Review of Central Returns (ROCR) to be £146K per year. The proposed move to source the data from the MHMDS would, once fully implemented, reduce the burden of this collection on its own merits to solely the time and resource necessary to transfer any extra information from each organisation's administrative system to the central return submission.

Confidentiality, transparency and security

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

All publications are subject to a standard NHS IC risk assessment prior to issue. Disclosure control is implemented where deemed necessary.

Please see links below to relevant HSCIC policies:

Statistical Governance Policy:
http://www.ic.nhs.uk/webfiles/publications/Statistical%20Governance%20Policy.pdf

Freedom of Information Process:
http://www.ic.nhs.uk/data-protection/freedom-of-information-foi

Data Access and Information Sharing Policy:
http://www.ic.nhs.uk/webfiles/DataProtection/publication%20scheme/NHSIC_Data_Access_Information_Sharing_Policy.pdf

Data Protection Charter: http://www.ic.nhs.uk/data-protection/data-protection-charter

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