Inpatients formally detained in hospitals under the Mental Health Act 1983, and patients subject to supervised community treatment, Annual figures, England, 2011/12

October 2012

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The Health and Social Care Information Centre[1] is England's central, authoritative source of health and social care information.

www.ic.nhs.uk

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[1] Formerly known as the NHS Information Centre

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Executive Summary

This bulletin presents the latest information on uses of the Mental Health Act 1983 ('The Act') in England (excluding guardianship under Sections 7 and 37[2]) between 1st April 2011 and 31st March 2012 ('2011/12'). Data were collected via the Health and Social Care Information Centre (HSCIC) online Omnibus KP90 collection from all organisations in England which provide Mental Health Services and make use of the Mental Health Act 1983 legislation, as amended by the Mental Health Act 2007, and other legislation. This includes high security psychiatric hospitals as well as other NHS service providers and independent hospitals.

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

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[3]. Changes include refinements to measures and terminology, redesigned reference tables and new analysis derived from the Mental Health Minimum Dataset (MHMDS) and police custody databases.

The latest data for 2011/12 suggest that the number of people subject to detention under the Mental Health Act continues to rise. There is increasing use of Community Treatment Orders (CTOs) with nearly half ending with the reinstatement of the underlying detention Section.

Key facts

For the 2011/12 reporting period:

- The total number of people subject to detention or CTO restrictions under The Act has continued to rise. On the 31st March 2012, this figure stood at 22,267 people, representing a 6per cent increase since the previous year. Of this number:
  - 17,503 people were detained in hospital (an increase of 856 or 5 per cent);
  - 4,764 people were subject to a CTO (an increase of 473 or 11 per cent).

  These figures include detentions and CTOs for both NHS and independent sector providers.

- There were a total of 48,631 detentions in NHS and independent hospitals during 2011/12. This number was 5 per cent (2,283) greater than during the 2010/11 reporting period. Within this total number of detentions, detentions on admission to hospital have increased by 5 per cent (1,343). Total detentions in independent sector hospitals increased by 21 per cent; a large proportion of this increase was attributable to a 45 per cent increase in uses of Section 2.

[2] Guardianship data is collected and published separately by the Health and Social Care Information Centre: http://www.ic.nhs.uk/pubs/guardianmh12

[3] 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

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- There were 4,220 CTOs made during 2011/12, an increase of 386 (10 per cent) since last year:
    - 481 more CTO recalls were made during 2011/12 than during 2010/11 (a 30 per cent rise) and the proportion of these ending in a revocation has increased by around ten percentage points, from approximately 60 per cent to 70 per cent.
    - The number of CTO revocations has increased by 451 (44 per cent) since the previous year.
    - The number of CTO discharges has increased by 545 (an increase of 47 per cent).
    - The rise in CTO recalls and revocations may be linked to the 6 per cent reduction (473) in uses of Part II Section 3 of The Act. These figures lend weight to the suggestion in the previous publication that some patients who were recorded as having 'repeat formal admissions' before the introduction of CTOs may now be showing as being subject to CTO recalls, or perhaps a change in status from CTO to Section 3 (a CTO revocation).

- There were 15,240 uses of place of safety orders (Sections 135 and 136) in hospitals; this figure is 6 per cent (841) greater than during 2010/11.
    - More males than females were subject to place of safety orders in hospitals (8,732 compared with 6,508). The proportional rise was also greater for males than females (9 per cent compared with 2 per cent).
    - This report presents additional new information on uses of Section 136 where a police custody suite is used as the place of safety instead of a hospital. Experimental figures show that during 2011/12, an estimated 8,667 orders were made where the place of safety was a police custody suite; this accounts for at least 37 per cent of the overall total of orders (23,569) made under Section 136 (figures excludes British Transport Police Forces).

  Place of safety figures do not include uses of alternative places of safety.

- This report also includes some new experimental analysis on The Act using data from the MHMDS quarterly data submission files as the data source. This shows the potential for adding value to these statistics by including dimensions such as age and ethnic group.

Change in format

In response to user feedback received via a public consultation[4] on these statistics which was held in early 2012, we have refined the measures and terminology used in this release:

- The term 'formal admissions' has been superceded by the term 'detentions on admission to hospital' and this measure no longer includes uses of Part II Section 4 of The 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 Tables 1-3.
- 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[5]:

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[4] 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

[5] Methodological changes to HSCIC publications (see 'Mental Health' section):

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A time series of figures for formal admissions and all detentions, using the old definitions, are included in Appendix 3 of this report, although this will not be repeated in subsequent publications[6].

Revisions in Data

Important: Please note that we were advised of some incorrectly submitted figures immediately prior to publication of the 2010/11 figures. 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 CTO (SCT) changes and 1 Section 37 to CTO (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.

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http://www.ic.nhs.uk/statistics-and-data-collections/publications-calendar/methodological-changes

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

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Introduction

This bulletin summarises information about uses of The Mental Health Act 1983 legislation (except for guardianship under Sections 7 and 37[7]), as amended by the Mental Health Act 2007, and other legislation. It covers the period 1st April 2011 to 31st March 2012.

People may be formally detained in hospital under various Sections of this Act in the interests of their own health or safety, or for the protection of other people. In addition, this report describes the use of Community Treatment Orders (CTOs), which have been in use since the 3rd November 2008. These enable detained patients to be discharged from hospital subject to the possibility of recall to hospital if necessary. This is known as supervised community treatment (SCT).

The Parts and Sections of The Act to which this report relate are described in detail in Appendix 2. However, these may be summarised as:

- Longer term civil detentions made under Part II of The Act (Sections 2 and 3);
- Short-term civil detention orders made under Part II of The Act (Sections 4, 5(2) and 5(4)) – Section 4 is for emergency use and Section 5 are holding powers of doctors and approved clinicians (Section 5(2)), and nurses of the "prescribed class" (Section 5(4));
- Court disposals - prison transfers are made under Part III of The Act and relate to patients detained by direction of the court while on remand, or after conviction, or transferred from prison under warrant from the Secretary of State for Justice (Sections 35-38; 44; 45A; 46-48);
- Place of safety orders - made under Part X (10) of The Act (Sections 135 and 136) and allow temporary detention while assessment is made.

This report covers admissions to hospital under The Act and detentions after admission. Hospitals where patients may be detained include the three high security psychiatric hospitals which are the responsibility of NHS Trusts, as well as independent hospitals as defined by the Care Standards Act 2000. It also covers CTOs.

Data up to the end of 2011/12 are presented with a historic series from 2007/08.

Data tables are supplied in a supporting spreadsheet document; these are listed in Appendix 1 and referenced in the commentary as appropriate. Background data to these tables is published as a supporting spreadsheet file, which can be found here:

www.ic.nhs.uk/pubs/inpatientdetmha1112

[7] Guardianship data is collected and published separately by the Health and Social Care Information Centre: http://www.ic.nhs.uk/pubs/guardianmh12

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Legislative Reform

Changes to mental category

Since 2007, the KP90 collection has only recorded two types of mental category to reflect the changes made to The Act in 2007. They are:

- Learning Disability not present or not primary reason for using the Act
- Learning Disability primary reason for using the Act.

Community Treatment Orders (CTOs)

The purpose of supervised community treatment on a CTO is to allow patients to continue their treatment in the community following a period of unrestricted detention for treatment in hospital. It has only been available since 3 November 2008 so the initial reporting year (2008/9) only includes data for five months.

Revisions in format

In response to user feedback received during a public consultation (see below) on the future of these statistics held in early 2012[8], we have refined the measures and terminology used in this publication report and the accompanying data tables:

- The term 'formal admissions' has been superceded by the term 'detentions on admission to hospital' and this measure no longer includes uses of Part II Section 4 of The 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 Tables 1-3.
- 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[9].

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[10].

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

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

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Revision of figures

Important: Please note that we were advised of some incorrectly submitted figures immediately prior to publication. 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 CTO (SCT) changes and 1 Section 37 to CTO (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.

Consultation on changes to these statistics

Our public consultation on the future of The Act statistics was held following the announcement of and consultation on the Secretary of State's fundamental review of NHS data collections, announced in July 2010 as part of the White Paper 'Liberating the NHS'. We wanted to assess the feasibility and impact on users of a potential change of data source for this publication from the KP90 to the MHMDS in advance of the Fundamental Review recommendations being published.

We also used the consultation to engage users of our data in order to improve and refine these statistics (ensuring their continued relevance and usefulness) in advance of our mental health statistics being assessed by the United Kingdom Statistics Authority.

In addition we asked which dimensions and areas would be most useful to add to these statistics using MHMDS as a data source, regardless of whether or not the KP90 is eventually retired. In response to their answers and free-text comments, we have introduced some new analyses to this publication as experimental statistics. These are published in a separate MS Excel workbook alongside the reference data tables. We aim to develop further MHMDS-based dimensions and analyses to add to these statistics over time, as feasibility and resource allow.

We have also included some new experimental analysis of data collected from police custody suites on uses of Section 136 to address a large gap in the KP90 collection.

The consultation responses and recommendations are published here:
http://www.ic.nhs.uk/services/mental-health/getting-involved/mental-health-act-statistics-consultation

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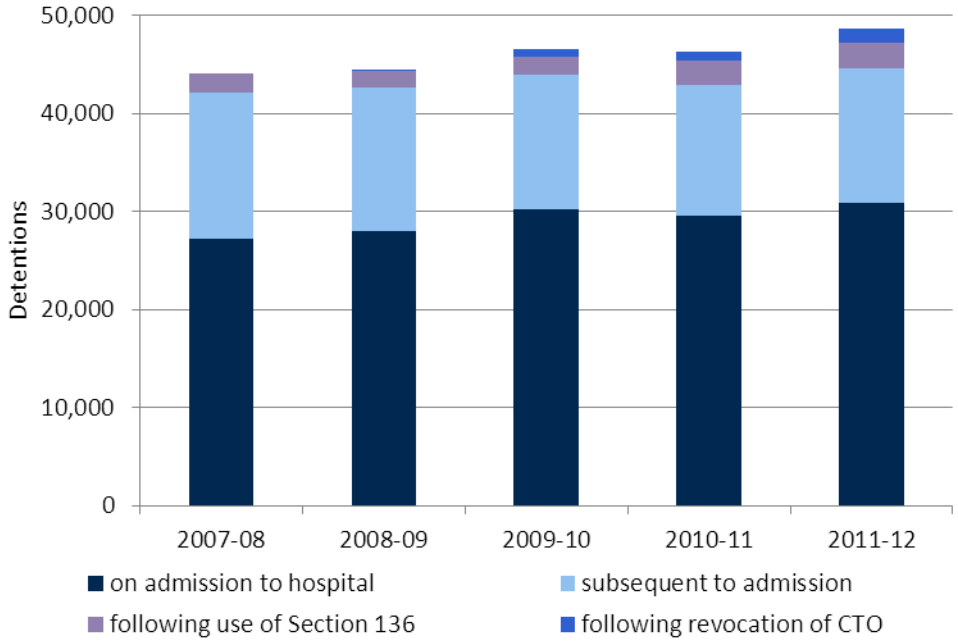
Overview of uses of the Mental Health Act 1983

1. Trends in detentions under the Act

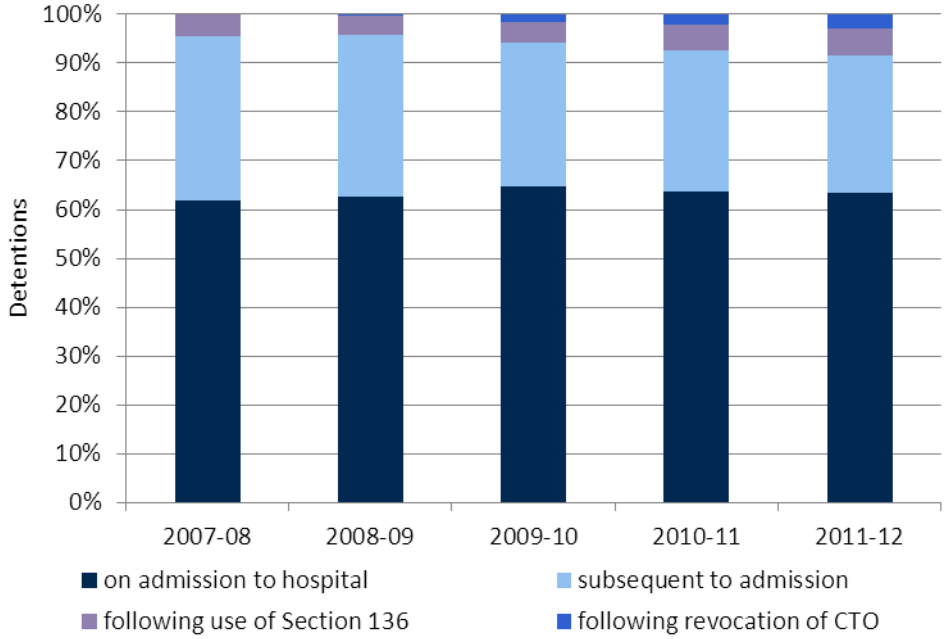
In the reporting year 2011/12, there were 48,631 detentions in total under the Mental Health Act (1983) 'The Act'.

Figure 1a: Detentions under The Act in NHS and independent hospitals, by year - numbers



Data source: Table 1 from the reference data tables

Figure 1b: Detentions under The Act in NHS and independent hospitals, by type of detention and year - percentages



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Data source: Table 1 of the reference data tables

Figure 1b shows that 64 per cent of detentions during 2011/12 were made on admission to hospital; this proportion has remained fairly constant during the past five years. The same is true of the proportion of detentions following a use of Section 136, which has accounted for 4-5p er cent of detentions. The proportion of detentions made subsequent to admission has decreased from 34 per cent to 28 per cent since 2007/08; whereas the proportion of detentions following a CTO revocation has increased from 0 to 3 per cent (CTOs were introduced during 2008/09).

The total number of detentions ('all detentions') represents a 4.9 per cent increase since the 2010/11 and includes:

- Detentions (under Part II Section 2 or 3 of The Act) on admission to hospital;
- Detentions subsequent to admission (changes from informal, Section 5(2), 5(4), or 4 status);
- Detentions following the use of Place of Safety orders (Section 136 only, where the place of safety is a hospital);
- Detentions following revocation of a CTO.

Detentions following the use of Section 4 and detentions following revocation of a CTO have been included in the total number of detentions for the first time in this publication. The term 'detentions on admission to hospital' has superceded the term 'formal admissions' in this publication as a result of our public consultation on these statistics held earlier in 2012. 'Detentions on admission to hospital' now excludes uses of short-term detention orders including Part II Section 4 (these were included in our previous definition of 'formal admissions'). The term 'all detentions' now includes detentions made following the use of Section 136 and following CTO revocation and no longer includes changes from an informal status to Section 5(2) or Section 5(4). A time series of figures for formal admissions and all detentions, using the old definitions, are included the Appendix 3 of this report, although this will not be repeated in subsequent publications.

Table 1: All detentions under The Act in NHS and independent facilities, by year

	2007-08	2008-09	2009-10	2010-11	2011-12
All detentions:	**44,093**	**44,543**	**46,600**	**46,348**	**48,631**
Detentions on admission to hospital:	27,234	27,946	30,187	29,557	30,900
Detentions subsequent to admission:	14,839	14,701	13,712	13,397	13,680
Detentions following use of Section 136:	2,020	1,753	1,922	2,376	2,582
Detentions following revocation of CTO:	0	143	779	1,018	1,469

Source: KP90, Health and Social Care Information Centre

Data source: Table 1 from the reference data tables

Table 1 above shows that the total number of detentions has increased by 10 per cent over the past five years; these figures have shown an increase each year except for 2010/11, where a slight decrease of 1 per cent was seen. Tables 2a and 2b of the reference data tables show that the number of detentions rose by 4 per cent (from 43,326 to 44,985) in NHS hospitals between the 2010/11 and 2011/12 reporting periods; in independent sector hospitals this increase was proportionally larger at 21 per cent (from 3,022 to 3,646).

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Almost 31,000 detentions during 2011/12 were made on admission to hospital; this was 1,343 (5 per cent) greater than during 2010/11. Detentions subsequent to admission during this period increased by 1 per cent (from 13,007 to 13,140) in NHS hospitals; for independent hospitals the rise was much greater at 38 per cent (from 390 to 540) – see Tables 2a and 2b of the reference data tables.

The number of detentions following a use of Section 136 has increased from 2,376 to 2,582 (a 9 per cent increase) since 2010/11, following a pattern of increase since 2008/9. Detentions following a CTO revocation have also increased each year following their introduction in November 2008; most recently, there were 1,469 CTO revocations during the 2011/12 reporting year, which represents an increase of 451 or 44 per cent since 2010/11.

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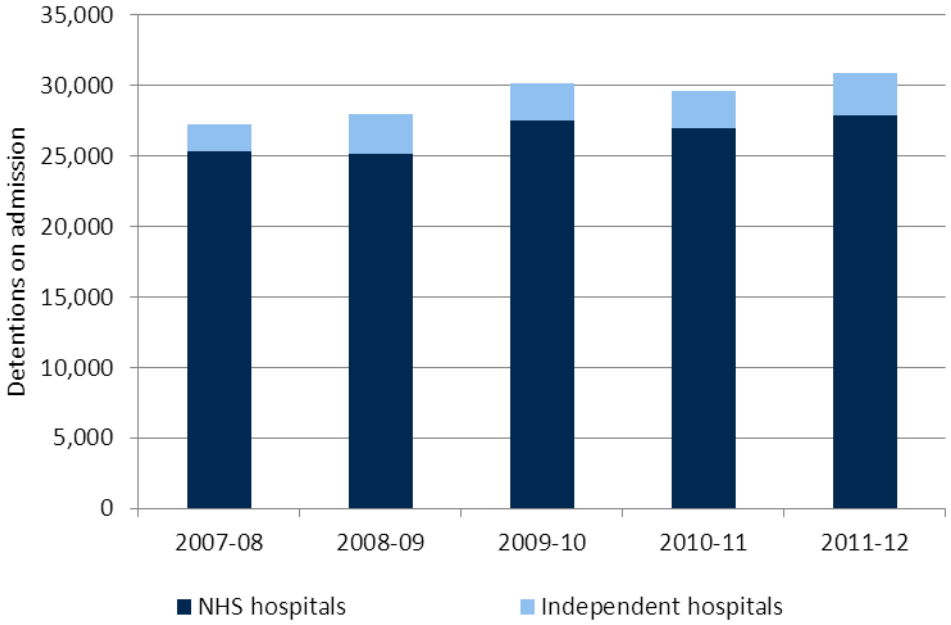
2. Detentions on admission to hospital (formal admissions)

In 2011/12 the total number of detentions on admission to hospital increased by 4.5 per cent since the 2010/11 reporting year. This represents a 14 per cent increase in the last five years (in the 2007/8 reporting period, 27,234 detentions on admission to hospital under Sections 2 and 3 of The Act took place).

Figure 2: Detentions on admission to NHS and independent hospitals, by year



Data source: Tables 2a and 2b of the reference data tables

Figure 2 shows that admissions to independent sector hospitals remained only a small proportion of all detentions on admission to hospital (10 per cent). This is a similar proportion to the proportion reported during the 2010/11 reporting period (9 per cent).

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Table 2: Detentions on admission to hospital by type of facility, by year

		2007-08	2008-09	2009-10	2010-11	2011-12
NHS hospitals		**25,293**	**25,185**	**27,475**	**26,937**	**27,855**
	Part II Section 2	15,040	15,417	17,719	18,467	19,920
	Part II Section 3	8,812	8,351	8,277	6,981	6,384
	Part III	1,408	1,370	1,431	1,421	1,444
	Other Acts	33	47	48	68	107
Independent hospitals		**1,941**	**2,761**	**2,712**	**2,620**	**3,045**
	Part II Section 2	468	736	666	696	1,011
	Part II Section 3	951	1,250	1,268	1,193	1,317
	Part III	509	768	760	717	686
	Other Acts	13	7	18	14	31
All hospitals		**27,234**	**27,946**	**30,187**	**29,557**	**30,900**
	Part II Section 2	15,508	16,153	18,385	19,163	20,931
	Part II Section 3	9,763	9,601	9,545	8,174	7,701
	Part III	1,917	2,138	2,191	2,138	2,130
	Other Acts	46	54	66	82	138

Source: KP90, Health and Social Care Information Centre

Data source: Tables 1, 2a and 2b of the reference data tables

Detentions on admission to hospital increased in both independent and NHS facilities during 2011/12. For NHS hospitals there was an increase of 3per cent since 2010/11 but for independent hospitals the increase was much larger at 16per cent, although the numbers involved were smaller. A large proportion of this increase was attributable to a 45 per cent (315) increase in uses of Section 2 in independent hospitals.

Whilst overall detentions on admission to hospital increased between the 2010/11 and 2011/12 reporting periods, a 6 per cent decrease in the total number of uses of Part II Section 3 was seen. However the decrease was only attributable to the decrease in NHS facilities; there was a 10 per cent rise in uses of Section 3 within independent facilities.

In the 2011 publication of these statistics, we suggested that the decrease in the number of admissions via Part II Section 3 may be linked to the rise in the number of people on CTOs (see Section 5 below). Before the advent of CTOs, patients with a particular type of case would have been repeatedly admitted to hospital for treatment under this Section. What we may now be seeing is these patients are instead placed on CTOs and are seen in hospitals under recall instead. The underlying Section will only be reinstated if the CTO is revoked. A pattern of increasing numbers of CTO recalls since their introduction supports this theory, although it is important to bear in mind that there are other possible explanations such as more people being admitted informally, more people seeking help earlier, and/or that more effective treatments are reducing the need for formal admission for treatment. It is important to also bear in mind that the drop in admissions via Section 3 may also be due to Section 2 being used more frequently on admission; Tables 6a and 6b of the reference data tables show that there was a 5 per cent increase in changes from Section 2 to 3 between 2010/11 and 2011/12.

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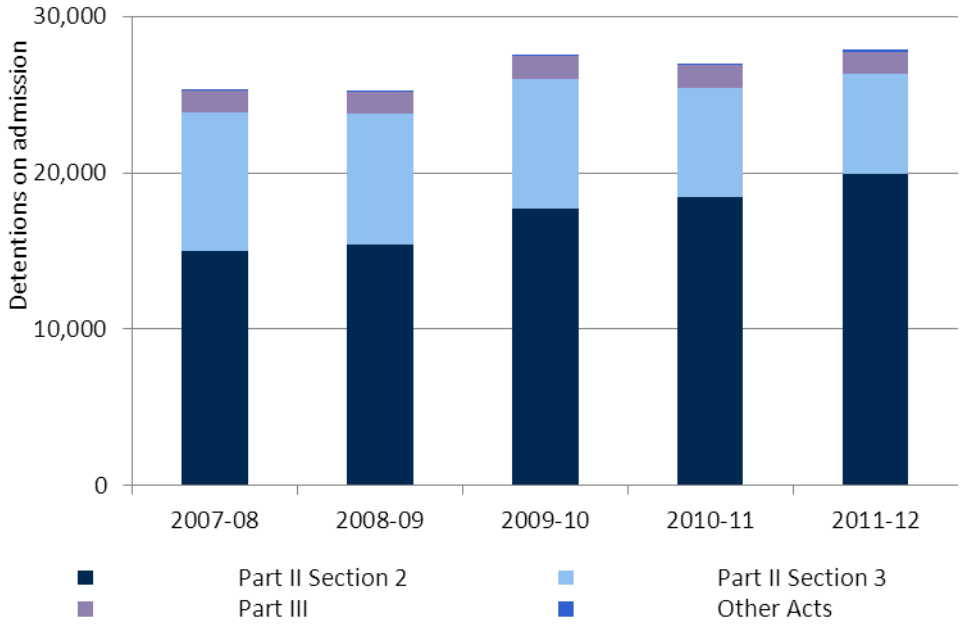
The total number of uses of Part III was similar to that seen in 2011/12 (a rise of 23 in NHS facilities and a fall of 31 in independent facilities). Over the same period, the number of uses of Other Acts appears to have increased by 56); this is the largest increase in their use recording than during the past five years.

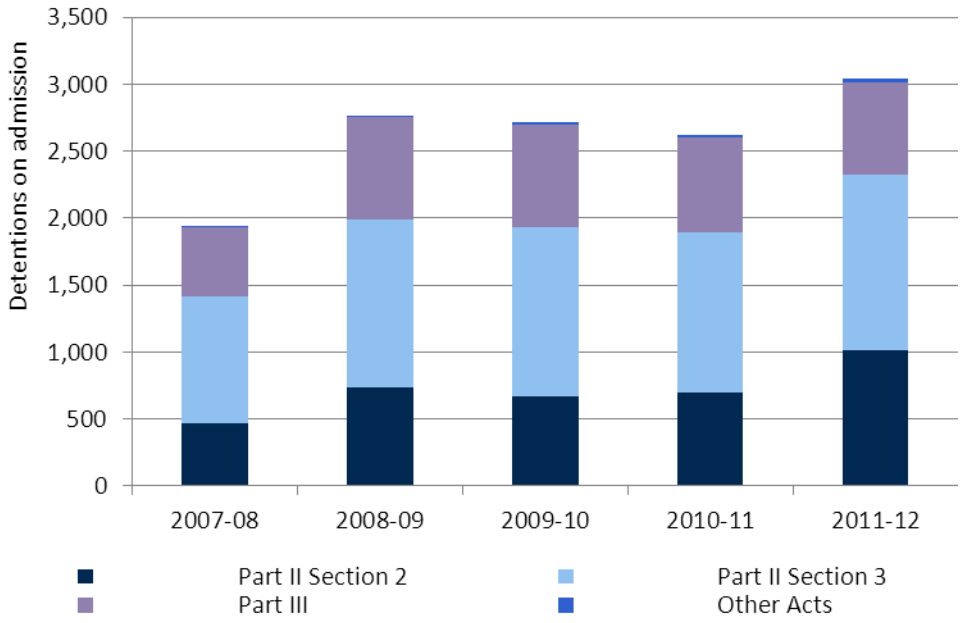
Table 2 also shows which Sections of The Act were used to detain people on admission to hospital. During 2011/12, uses of Part II of The Act accounted for 93 per cent of detentions on admission to hospital. Seven per cent were made under Part III (court and prison disposals) and less than 1 per cent was made under other Actions; this pattern is consistent with that seen in previous reporting years.

Figure 3a: Detentions on admission to NHS hospitals by Section, and by year



Data source: Table 2a of the reference data tables

Figure 3b: Detentions on admission to independent hospitals by Section, and by year



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Data source: Table 2b of the reference data tables

Figures 3a and 3b above compare uses of Parts II and III of The Act to detain patients on admission to NHS and independent hospitals. Approximately 90 cent of detentions on admission to hospital during 2011/12 occurred in NHS hospitals (compared to 10 per cent in independent hospitals).The proportion of detentions on admission to independent hospitals is larger than five years ago; during the 2007/8 reporting period, only 7 per cent of detentions on admission to hospital occurred in independent sector facilities.

The proportion of admissions to hospital under Sections 2 and 3 (Part II) of The Act differed in NHS and independent facilities. In NHS facilities, the proportion of admissions under Section 2 was higher than under Section 3 during 2011/12 (72 per cent compared to 23 per cent for treatment); in independent facilities, the reverse was true (33 per cent under Section 2 compared with 43 per cent under Section 3). Section 2 is used to admit a person to hospital for assessment (which may be followed by treatment) whereas Section 3 is used to admit a person specifically for treatment in hospital.

Admissions via the criminal justice system (Part III admissions) accounted for a much higher proportion of detentions on admission to hospital for independent facilities (23 per cent) than in NHS facilities (5 per cent) during 2011/12.

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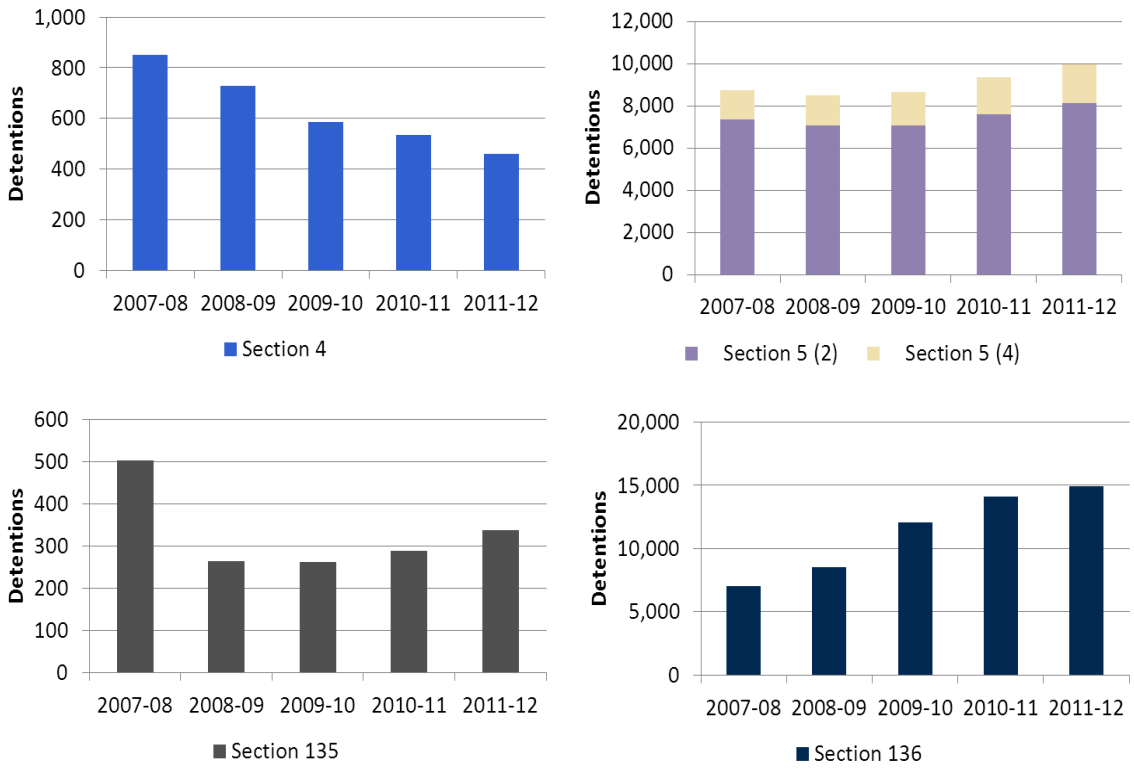
3. Use of short term detention orders (Sections 4, 5(2), 5(4), 135 and 136)

This part of the report has been expanded to include all short-term detention orders (that is, detentions under The Act which are of no more than 72 hours in duration). Figure 4 illustrates patterns in uses of short term detention orders over the past five reporting years.

Figure 4: Uses of short term detention orders by Section and by year



Data source: Table 5 of the reference data tables

Section 4 is used to detain a person when emergency assessment is required and compliance with the usual Section 2 requirements would involve an 'undesirable delay'. Uses of this power have decreased by 14per cent since 2010/11 (from 535 to 458), continuing a downward trend in its use over the last five years (in the 2007/08 reporting year, there were 851 uses of Section 4).

Section 5 is used by a doctor (2) or nurse (4) to prevent an informal patient leaving hospital where it is not possible to use Sections 2, 3 or 4. Section 5(4) can only be used on a patient being treated within a mental health specialty (Section 5(2) can be used on any inpatient) and has a maximum duration of 6 hours. It is most often followed by a Section 5(2) as soon as a clinician with the authority to use Section 5(2) can attend. In 2011/12 this occurred in 1,207 out of 1,846 (65per cent) of all recorded changes of legal status from Section 5(4) (see Tables 6a and 6b of the reference tables).

Section 136 is used by the Police to remove a person from a place to which the public have access to a place of safety, which can be either a hospital or a police station, for assessment. Section 135 is the part of The Act whereby a warrant is granted by a magistrate for the Police to search for and remove a person to a place of safety.

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It is recommended in the Code of Practice for The Act that a police station should only be used as a place of safety on an exceptional basis, and notes that if a hospital place of safety is not available, options in addition to police custody suites should also be considered[11]. Local policies for putting Section 136 into practice should be agreed by the Police, Health Authority and Social Services Authority. Assessment may not necessarily occur at the initial place of safety as a person may be transferred to a more appropriate place of safety.

The total number of place of safety orders (Section 135 and 136) made in 2011/12 was 15,240, a 6 per cent increase since the previous reporting period and more than twice the number which were made five years previously (7,538) (see Figure 4). As with previous years, more males than females were made subject to place of safety orders (8, 732 compared with 6,508). The number of uses increased by a greater proportion for males than females (9 per cent compared with 2 per cent for females). Further details can be seen in Table 5 of the reference tables.

Table 3: Uses of Sections 135 and 136 – place of safety, 2007/08 – 2011/12

	2007-08	2008-09	2009-10	2010-11	2011-12
Total Place of Safety Orders [(a)]	**-**	**-**	**-**	**-**	**23,907**
Section 136 detentions where place of safety was a hospital	7,035	8,495	12,038	14,111	14,902
Section 136 detentions in police custody suites [(a)]	-	-	-	-	8,667
Section 135 detentions where place of safety was a hospital	503	264	262	288	338
Section 135 detentions in police custody suites [(b)]	-	-	-	-	-

Source: KP90, Health and Social Care Information Centre; Individual Police Force IT Systems

[(a)] Estimated figures; excludes British Transport Police figures and all Section 135 uses where the place of saefty was a police custody suite.

[(b)] Information not currently available.

Data source: Table 5 of the reference data tables and Table 4 of the experimental analyses

To date, this publication has only included Section 136 uses where the place of safety has been a hospital. Table 3 above includes for the first time an estimate of the number of Section 136 uses in police custody suites in England, which are out of scope of NHS collections. Information was extracted from local custody suite databases at the 43 forces (excluding British Transport Police) and represents people who went directly to a station, rather than those arrested for substantive offences and subsequently assessed. Uses of Section 136 within police custody suites accounted for an estimated proportion of at least 37 per cent of all uses of Section 136 during 2011/12. It is not presently possible to collect data on persons taken to alternative places of safety (e.g. residential care homes or the homes of relatives or friends willing to accept them) at present, and therefore the scale of this practice is unknown.

We hope to work with the police to ensure that these figures are consistently reported and also to facilitate data collection on persons taken to hospital from custody suites (and whether the transfer occurred by ambulance) so that we may examine how closely figures collected in hospitals reflect

[11] Department of Health Mental Health Act Code of Practice; Section 10:21-22, page 77: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084597

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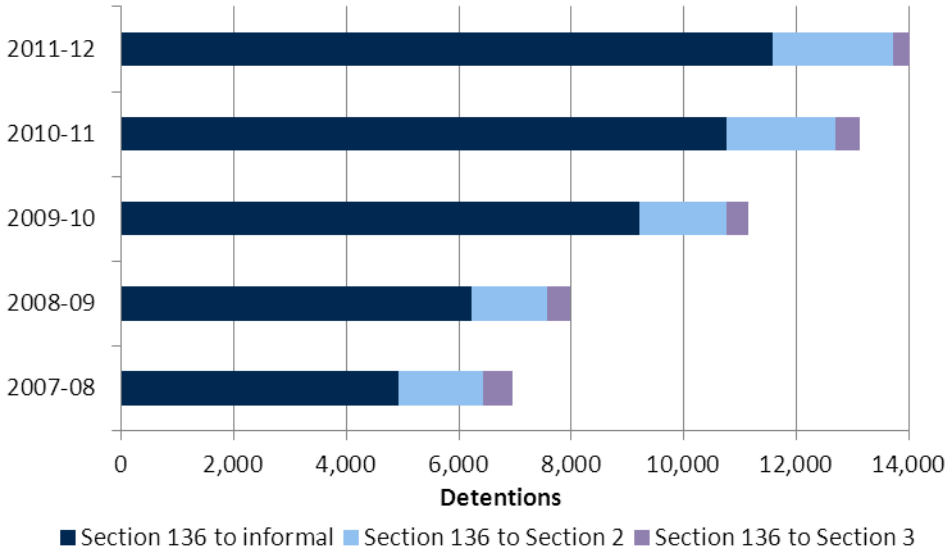
police records. We also need to gain knowledge of geographical variations in place of safety setup in order to better understand the national picture; hospital places of safety are not always available, particularly in rural areas, and this means that the undercount in Section 136 uses is exacerbated in some areas. It is also important to treat annual differences in uses of Section 136 in a hospital setting with caution until we have time series data on the number of uses in a police custody setting; year-on-year variations may just be a reflection of the local setup at the time.

Only 338 uses of Section 135 where the place of safety was a hospital were recorded during 2011/12, representing only 2per cent of place of safety orders captured by NHS data collection systems during this period. Section 135 requires that a warrant is granted by a magistrate for the Police to enter private premises to remove a person to a place of safety. The attending 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, an assessment is made on the premises. Our figures do not include assessments made which result in a person then being taken to hospital for detention under Section 2 or 3 (rather than to a place of safety) and is therefore an undercount. It also does not include removals of persons to a police custody suite; although this should not normally be necessary[12]. We would like to work with local authorities and mental health professionals in the future to improve our reporting of Section 135 uses and welcome further feedback and comment in this area.

Figure 5: Outcomes of Section 136 orders by year (where the place of safety was a hospital)



Data source: Tables 6a and 6b of the reference data tables

Figure 5 shows that during 2011/12 the majority (11,567 out of 14,149) of Section 136 uses in a hospital setting did not result in formal detention (under Section 2 or 3). Following use of Section 136, a patient who is not detained is either discharged or remains in hospital voluntarily, but data on these outcomes is not collected separately. The proportion of Section 136 uses not resulting in detention has increased from 71per cent in 2007/08 to 82per cent in the most recent reporting year. Section 2 was used in 2,142 cases (15 per cent) and Section 3 in 440 cases (3 per cent) during 2011/12; during 2007/08 these proportions were much higher at 22 per cent and 8 per cent respectively.

[12] Department of Health Mental Health Act Code of Practice; Section 10:11, page 74: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084597

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4. Uses of Community Treatment Orders

CTOs were introduced in 2008 under the 2007 Mental Health Act amendments. They replace supervised discharge and allow for suitable patients to be treated within the community rather than under detention in hospital. The responsible clinician has the power to recall the patient to hospital for assessment and/or treatment and, if necessary, the CTO can be revoked. A revocation of CTO will return a patient to his or her substantive legal status (i.e. the Part and Section of The Act under which they were previously detained). Only patients detained under Part II Section 3, or those who are unrestricted Part III patients, may be considered for treatment under these provisions.

Table 4: CTOs: number issued, recalled, revoked and discharged, by year

	2007-08	2008-09	2009-10	2010-11	2011-12	**Total**
Uses of Community Treatment Orders	0	2,134	4,107	3,834	4,220	**14,295**
CTO recalls to hospital	0	207	1,217	1,601	2,082	**5,107**
Revocations of CTO	0	143	779	1,018	1,469	**3,409**
Discharges from CTO	0	33	1,010	1,167	1,712	**3,922**

Source: KP90, Health and Social Care Information Centre

Data source: Tables 7a and 7b of the reference data tables

In 2011/12, there were a total of 4,220 uses of community treatment orders (CTOs) across the NHS and independent sector. This represents a 10 per cent increase from 3,834 in 2010/11. In general, the use of CTOs has increased each year; the seemingly larger than expected rise during 2009/10 is likely to be because the collection for 2008/09 covered only five months rather than a full twelve. Table 4 shows the number of CTOs that ended each year, either by a revocation or by a discharge, together with the number of recalls to hospital for assessment and/or treatment. Since CTOs may be renewed, figures for one reporting year may relate to CTOs which began at any point previously.

The number of CTO recalls has increased each reporting year, most recently by 481, representing a 30 per cent rise since 2010/11. The number of CTOs that ended during 2011/12 is 46per cent (996) greater than during 2010/11, and continues a pattern of increase each year. Since their introduction, a total of 14,295 CTOs have been issued and 51 per cent of these (7,731) have ended. Forty seven per cent of ended CTOs were revoked, rather than discharged and, whilst discharges from CTO have increased, we can also see that the proportion of recalls ending in a revocation continues to rise (from approximately 60 per cent during 2010/11 to approximately 70 per cent during 2011/12). In 2011/12, 1,469 CTOs were revoked (an increase of 451 or 44 per cent since 2010/11).

In spite of increased numbers of CTOs being ended each year, the number issued continually outweigh this, resulting in an increasing number in place at the end of each reporting period. Table 4 above suggests that there were 6,964 CTOs in place at the end of the 2011/12 (from the cumulative number of CTOs to date since their introduction in 2008 minus the cumulative number of discharges from, and revocations of, these orders). Whilst the increased count of people subject to CTOs discussed in Section 5 below confirms the rise, the number of people reported as being subject to a CTO at the 2011/12 (4,764) was much smaller than the number of CTOs apparently in place. This is a data quality issue, but it is unclear whether it is due to under reporting of the number of people, the number of revocations, the number of discharges, or a combination of these factors.

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The increase in CTO recalls and revocations may be linked to the reduction in the number of uses of Part II Section 3 of The Act, as noted in Section 1 of this report. Between 2010/11 and 2011/12, detentions on admission to hospital under Section 3 fell by 6 per cent. This lends further weight to the theory suggested in the previous publication of these figures that, following the introduction of CTOs, some people who would previously have had repeat formal admissions were instead recalled to hospital for treatment on one or more occasions but otherwise remained sufficiently well for their treatment to be managed within a community setting. Other such patients will have had their CTO revoked following a recall if not sufficiently well and this is also supported by the figures.

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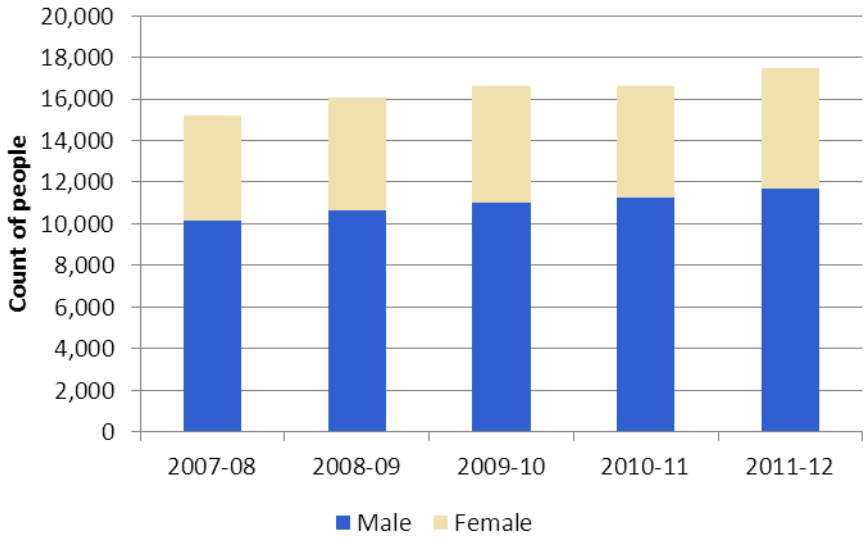
5. People subject to the Mental Health Act at 31 March 2012

Patients detained in hospital

There were 17,503 people detained in hospital under The Act at the end of the 2011/12 reporting period. This is a 5 per cent increase since 2010/11, and is greater than the increase reported between 2009/10 and 2010/11 (0.2 per cent).

Figure 6: Patients detained under the Mental Health Act at 31 March, by gender and by year



Data source: Table 8 of the reference data tables

Figure 6 illustrates that approximately two thirds of patients detained in hospital were male, and this has not changed in the last five years. Of all detained patients, around three quarters were detained within NHS facilities and about a quarter within independents facilities and this has been similar each year since 2008/09. See Table 8 in the accompanying reference data tables. This table also shows whether or not a learning disability was cited as the primary reason for using The Act. More information can be found in the appendix to this document (see A2.1.6). A learning disability was only cited as being the primary reason for using The Act in 1,486 (8 per cent) of cases during 2011/12. The majority of detained people either did not have a learning disability, or it was not the primary reason for detention under the Act. This is consistent with figures from the previous reporting period.

Patients subject to community treatment orders (CTOs)

On the 31st March 2012, there were 4,764 people subject to CTOs; this is an increase of 11 per cent (473) since the same day of the previous year. In combination with the increasing number of people detained in hospitals it is apparent that increasing numbers of people are being subject to restrictions under The Act.

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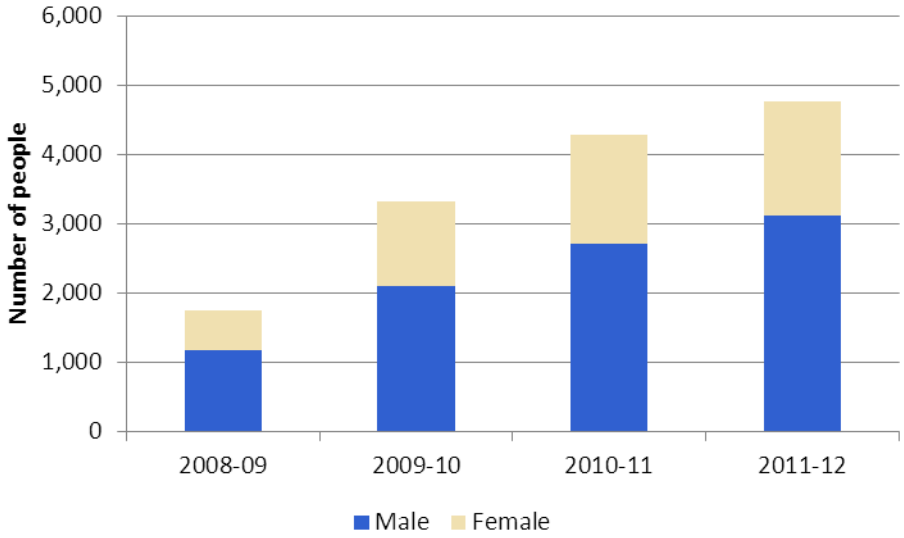
Figure 7: Patients subject to CTOs at 31 March, by gender and by year



Data source: Table 8 of the reference data tables

Figure 7 shows similar proportions (around two thirds) of detained patients were male, and that this has remained consistent since CTOs were introduced. NHS facilities were responsible for 99 per cent of these patients during 2011/12 and only 2 per cent of patients had a learning disability cited as the primary reason for using The Act.

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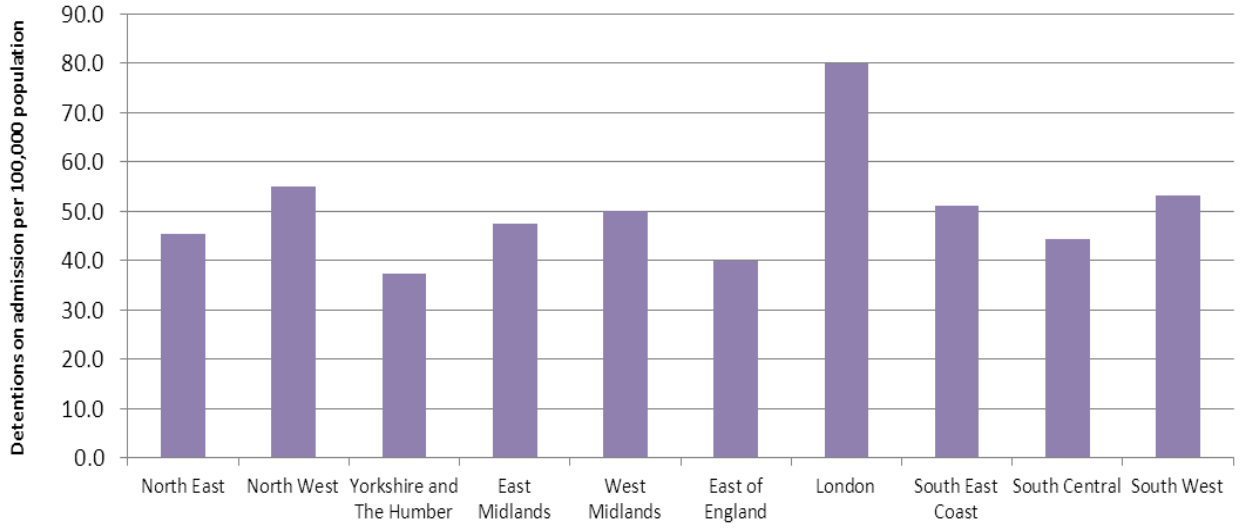
6. Detentions in NHS hospitals by region

Figure 8 below shows the rate of formal detentions in NHS facilities per 100,000 population during 2011/12 for each Strategic Health Authority (SHA) region.

Figure 8: Rates per 100,000 population[(a)] of detentions on admission to NHS hospitals, by Strategic Health Authority areas 2011/12, England



[(a)] Based on ONS Final Mid-Year Population Estimates (2011 census based)

Data source: Table 11 in the supporting spreadsheet file

The rate at which detentions were made on admission to NHS facilities during 2011/12 was 52.5 per 100,000 overall (England). Yorkshire and The Humber Strategic Health Authority (SHA) had the lowest rate (37.4 per 100,000 population) and London had the highest rate (79.9 per 100,000 population). Some caution should be used when interpreting these rates because people are not necessarily detained in the area in which they live and they do not take account of the configuration of services (e.g. high secure services not being available in every area) and there are differing age and gender distributions within regional populations.

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7. Experimental Mental Health Act statistics from the Mental Health Minimum Dataset

Part of the consultation on the future of these statistics was around a potential change of data source for these statistics from the KP90 to the MHMDS, in line with a possible recommendation which may emerge from the Secretary of State's fundamental review of NHS data collections[13]. The MHMDS contains the majority of information collected via the KP90, albeit at person rather than aggregate level. However, there are gaps in scope which would need to be addressed including learning disability services, child and adolescent mental health services and acute hospitals. Coverage of independent hospitals within the MHMDS is currently poor, but is improving[14].

We asked users what impact such a change would have and what value could be added to these statistics from this dataset. Results were positive, given the potential to add several new dimensions to our statistics on uses of The Act. Concerns were raised around ensuring comparability and consistency of reporting. However, if a change in data source is recommended by the Review then we envisage a staged approach to implementation. We would not make such a change without thorough data quality assessment and assurance process, and ensuring that gaps in coverage were addressed (whether via changes to the dataset, using similar administrative datasets such as the Child and Adolescent Mental Health Services (CAMHS) dataset, or continuing the KP90 collection on a limited basis) and that all measures could be reliably replicated.

Whether or not a decision is made to change the data source, we still plan to meet user requirements which emerged from the consultation by developing the most useful MHMDS-based Mental Health Act statistics possible. Further scoping, data quality and feasibility work will be required but as a first step we have included some experimental analysis with this publication:

1. Comparison of detentions on admission to hospital by NHS organisation figures from the KP90 return and the MHMDS;
2. Count of detentions on admission to hospital in England by age group and gender;
3. Count of detentions on admission to hospital by ethnic category, 2011/12

These tables can be found in the separate workbook entitled 'Experimental Mental Health Act statistics 2012.xls' published alongside the main reference table workbook. Statistics are published for the 2011/12 reporting year only and all figures derived from the MHMDS should be treated with caution, given their experimental nature and known issues of scope and data quality. It should be noted that these measures have been produced from quarterly MHMDS data files. It is our intention that future analysis of MHMDS should be produced from a single file annually compiled from quarterly submissions, rather than from analysis of individual quarterly submissions but at the time this publication was produced and for this particular measure, the quarterly returns were the most suitable data source.

Table 1 of the experimental analysis shows a total value of 21,696 detentions on admission to NHS hospitals in England was derived from the MHMDS; considering the known gaps then this is broadly in line with the count of 27,855 derived from the KP90 collection. On a provider level however it is noticeable that, whilst some organisations have a degree of similarity between the two data sources,

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

[14] Routine quarterly MHMDS reports are published here: http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/nhs-specialist-mental-health-services

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others are quite different. We will continue data quality work on Mental Health Act information within the MHMDS (e.g. by using quarterly MHMDS releases to increase visibility of this, focusing on data quality and working with data suppliers to improve this). Work will also be undertaken to develop other measures.

Tables 2 and 3 provide experimental analysis from MHMDS in two of the most sought-after areas; age and gender, and ethnicity, breakdowns of detentions on admission to hospital in NHS facilities. The 'Count Me In' ethnicity census[15] highlighted the importance of having information about the ethnicity of people detained under The Act. The last census took place in 2010 but these figures show that the MHMDS is an equally valuable source of this information.

[15] Count Me In 2010
http://www.cqc.org.uk/sites/default/files/media/documents/count_me_in_2010_final_tagged.pdf

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Appendix 1: England tables

The reference data tables are available in the supporting spreadsheet file which can be downloaded here:

www.ic.nhs.uk/pubs/inpatientdetmha1112

Table 1: Detentions under the Mental Health Act 1983 in NHS facilities and independent hospitals by legal status, 2007-08 - 2011-12

Table 2a: Detentions under the Mental Health Act 1983 in NHS facilities by legal status, 2007-08 - 2011-12

Table 2b: Detentions under the Mental Health Act 1983 in independent hospitals by legal status, 2007-08 - 2011-12

Table 3: Detentions under the Mental Health Act 1983 in NHS facilities by legal status and gender, 2007-08 - 2011-12

Table 4: Detentions on admission to NHS facilities by legal status and whether a learning disability was the primary reason for using the Mental Health Act 1983, 2007-08 - 2011-12

Table 5: Uses of short-term detention orders under the Mental Health Act 1983 in NHS facilities and independent hospitals, by gender, 2007-08 - 2011-12

Table 6a: Changes in legal status in NHS facilities, 2007-08 - 2011-12

Table 6b: Changes in legal status in independent hospitals, 2007-08 - 2011-12

Table 7a: Uses of Community Treatment Orders (CTOs) in NHS facilities, 2007-08 - 2011-12

Table 7b: Uses of Community Treatment Orders (CTOs) in independent hospitals, 2007-08 - 2011-12

Table 8: Patients detained under the Mental Health Act 1983 and patients on subject to Community Treatment Orders (CTOs) by whether a learning disability was the primary reason for using the Mental Health Act (1983), as at 31st March 2012

Table 9: Use of Sections 2 and 3 of the Mental Health Act 1983 in NHS facilities, 2007-08 - 2011-12

Table 10: Detentions on admission to hospital and uses of Community Treatment Orders to NHS facilities, by organisation, 2011-12

Table 11: Detentions on admission to hospital in NHS facilities per 100,000 population, by Strategic Health Authority, 2011-12

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Appendix 2: Background information

A2.1 Mental Health Act 1983

A brief outline of the main Sections of the Mental Health Act 1983 under which people can be formally detained in hospitals is given below. These Sections are shown separately in the tables. Previous legislation (Fifth Schedule of the Act) refers to people admitted to hospital under the Mental Health Act 1959 under transitional arrangements in place when the 1983 Act came into force. "Other Acts" includes Criminal Procedure (Insanity and Unfitness to Plead) Act 1991, Section 47 of the National Assistance Act 1948, Sections 1, 2 or 12 of the Children and Young Persons Act 1969, Children Act 1989, and Section 3 of the Powers of Criminal Courts Act 1973.

A2.1.1 Part II admissions

Part II of the Act allows a patient to be compulsorily admitted under the Act if he/she is suffering from mental disorder as defined in the Act and where this is necessary:

- In the interests of his/her own health;
- In the interests of his/her own safety;
- For the protection of other people.

The relevant Sections are:

- Section 2: admission to hospital for assessment;
- Section 3: admission to hospital for treatment;
- Section 4: admission for assessment in emergency;
- Section 5(2): power to hold informal patients already in hospital;
- Section 5(4): nurses' six hour holding power on an informal patient already in hospital and receiving treatment for a mental disorder;
- Sections 4 and 5(2) have a detention limit of 72 hours, and cannot be renewed. Section 5(4) has a detention limit of 6 hours and cannot be renewed. Section 2 has a detention limit of 28 days after which a person becomes an informal patient unless detained under Section 3. Section 3 allows for detention up to 6 months, after which the order can be renewed for a further six months and then for one year at a time.

A2.1.2 Admissions following court disposal

Part III of the Act relates to people involved in criminal proceedings. The relevant Sections are:

- Section 35: accused person remanded to hospital for report;
- Section 36: accused person remanded to hospital for treatment;
- Section 37: convicted person sent to hospital for treatment (called a hospital order) - either with or without a restriction order under Section 41;
- Section 38: convicted person sent to hospital for assessment prior to sentencing (an interim hospital order);
- Section 44: potential Section 37 patient committed to hospital by a magistrates court pending a crown court hearing for restriction order;
- Section 45A: sentenced person given a hospital direction and limitation direction alongside a prison sentence. The hospital direction is equivalent to a Section 37 hospital order and the limitation direction is similar to a restriction order under Section 41;
- Section 47: prisoner, serving a sentence, transferred from prison to hospital - either with or without a restriction direction under Section 49;

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- Section 48: prisoner, not sentenced, transferred from prison (or other form of detention) to hospital - either with or without a restriction direction under Section 49;
- Sections 35 and 36 have a detention period of 28 days and can be renewed for two further periods of 28 days - 12 weeks in total. Section 37 is renewable after 6 months, while Section 38 cannot be renewed beyond a period of 12 months.

Section 37 patients with Section 41 restrictions, patients subject to hospital and limitation directions under Section 45A and Section 47 and 48 patients with Section 49 restrictions do not have their detention renewed. They are subject to continuous detention until such time as they are either discharged, their restrictions end, or, in the case of Section 45A, 47 and 48 patients, they are returned to prison.

A2.1.3 Place of safety detentions

Part X (10) of the Act gives the police powers to remove a person who appears to be mentally disordered to a place of safety for assessment by a doctor and an approved mental health professional. The relevant Sections are:

- Section 135: warrant to search for and remove a patient to a place of safety;
- Section 136: removal by police from a public place to a place of safety;
- Sections 135 and 136 have a detention limit of 72 hours, and cannot be renewed.

A2.1.4 Community Treatment Orders (CTOs)

The Mental Health Act 2007 introduced Community Treatment Orders (also referred to as supervised community treatment). Patients detained in hospital for treatment under Section 3 (and certain Part III Sections) can be discharged from detention onto a Community Treatment Order (CTO) to continue their treatment in the community. While on a CTO, they can, if necessary, be recalled to hospital for up to 72 hours for assessment and/or treatment. In this bulletin, this is called “CTO recall to hospital”. If they need to remain detained in hospital for more than 72 hours, their CTO can be revoked. If that happens, they go back to being detained under the Section they were on before going onto the CTO (“revocation of CTO”). A discharge from CTO occurs when a patient’s CTO ends without being revoked. Community Treatment Orders were introduced on 3 November 2008.

A2.1.5 After care under supervision

The Mental Health (Patients in the Community) Act 1995 introduced a new power of aftercare under supervision (Section 25A) which came into force on 1 April 1996. It was also called “supervised discharge”. After care under supervision applied to patients discharged from detention under Section 3, 37, 47 or 48 who presented a substantial risk of serious harm to themselves or other people unless their care is supervised.

Aftercare under supervision was abolished from 3 November 2008 by the Mental Health Act 2007. Transitional arrangements meant that all patients on after-care under supervision had either to be discharged, transferred to a CTO, or dealt with in some other way under the Mental Health Act 1983 by 3 May 2009 at the latest.

A2.1.6 Category of mental disorder

Until 2 November 2008 a person detained under the Act was assigned a category of mental disorder - mental illness, psychopathic disorder, mental impairment or severe mental impairment - (except people subject to Sections 2, 5(2), 5(4), 135 and 136) and previous issues of this publication included analyses by category of mental disorder.

The Mental Health Act 2007 abolished these four separate categories of mental disorder from 3 November 2008 and replaced them with a single definition of ‘mental disorder’. A decision was taken

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in conjunction with the Department of Health to remove the Mental Categories from the data collection form for 2008-09.

Hospitals were therefore asked to collect information on whether a learning disability was the primary reason for the patient being detained and this was included in the data collection form and organisations were provided with advice on how to map the old mental categories to the new options on the form. In broad terms, the new category of "learning disability as primary reason for use of the Act" is equivalent to the old categories of "mental impairment" and "severe mental impairment". However, the new categories are also used for patients detained under short-term Sections (including Sections 2 and 4), whereas previously no category was assigned to those patients.

A2.2 Returns used and institutional information

A2.2.1 From 1996-97

Following a review by the Department of Health, requirements for information on detained patients, a new return, KP90, was introduced for 1996-97. This return replaced returns KH15 and KH16, previously completed by NHS trusts, and KO37, completed by health authorities on behalf of private hospitals in their area. It was also completed by the three SHAs managing the high security hospitals. The information collected on the return is essentially the same as that previously collected on KH15 and KH16 with additional information on informal admissions and formal and informal residents at the end of the year. The recording of changes in legal status has been simplified compared with KH16.

A2.2.2 From 2001-02

High security psychiatric hospitals

The three high security hospitals are now integrated into NHS Trusts: With effect from 1 April 2001, Broadmoor Hospital became part of the West London Mental Health NHS Trust and Rampton Hospital became part of the Nottinghamshire Healthcare NHS Trust. Ashworth Hospital became part of the Mersey Care NHS Trust with effect from 1 April 2002. Data on detained patients are now supplied directly to the Information Centre by each of the three Trusts on return KP90.

Private mental nursing homes

From 1 April 2002, the National Care Standards Commission (NCSC) took over responsibility from the Health Authorities to provide data for Private mental nursing homes authorised under Section 23 of the Registered Homes Act 1984 to detain patients under the provisions of the 1983 Mental Health Act. Data for the year 2001-02 was therefore supplied to the Department via the NCSC.

Independent hospitals

Sections 3 of the Care Standards Act 2000, which came fully into force from 1 April 2002, defined an independent hospital as being any establishment, other than an NHS hospital, which provides treatment or nursing (or both) for persons liable to be detained under The Act. The Act also provided that such independent hospitals should be registered under Part II of that Act, and should comply with such National Minimum Standards as may be published. The Care Standards Act 2000 superseded the Registered Homes Act (paragraph A2.3) and institutions registered under the earlier act as mental nursing homes were required to be registered as independent hospitals if they were taking patients liable to be detained.

Although NCSC retained responsibility for the registration and inspection of the independent hospitals, individual establishments were responsible for supplying data on detained patients to the

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Department, on form KP90. In April 2004 the NCSC functions covering private hospitals and clinics were transferred to the Healthcare Commission (which has in turn been superseded by the Care Quality Commission from April 2009). However, responsibility for supplying data on detained patients for the year 2003-04 remained with the individual establishments.

A2.2.3 From 2008-09

Changes to the KP90 data collection form were required to take into account changes implemented by the Mental Health Act 2007. These were mandated by DSCN 26-2008 issued in November 2008 and approved by ROCR notification ROCR/OR/0015/FT6/002. This was also the third time that the web based Omnibus data collection tool was used for the return. Both NHS and independent hospitals use the system. The DSCN which includes full details of the form can be downloaded here:

http://www.isb.nhs.uk/documents/dscn/dscn2008/dataset/index_html/?searchterm=KP90

A2.2.4 Future data collection

The MHMDS has been changed so that it can potentially replace the KP90 as the data source for these statistics and this release includes limited parallel analysis. Further work is needed and no change will be made without a full assurance process, ensure that outputs of comparable quality and scope can be produced.

A2.3 Notes to tables

In the tables:

'-' denotes nil

Percentages and rates may not sum to the totals shown because of rounding.

A2.4 Number of organisations returning KP90

Table A2.4: Number of organisations returning the KP90 for the 2011/12 reporting period

Type of provider	2008/09	2009/10	2010/11	2011/12
NHS providers:	126	126	120	126
Independent sector facilities:	181	197	207	220

Changes in the independent sector mean that different organisations are eligible to complete the return each year. The return is believed to be complete (and includes some nil returns) but no adjustment has been made for possible non returns.

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Appendix 3: Statistics using 2010/11 publication format

Table A3: All detentions and formal admissions, 2007/8 – 2011/12

England — Number of detentions

	2007-08	2008-09	2009-10	2010-11	2011-12
All detentions	**47,610**	**47,725**	**49,417**	**49,365**	**51,429**
of which:					
Total formal admissions (excluding Place of Safety detentions)	28,085	28,673	30,774	30,092	31,358
Detentions subsequent to admission	17,505	17,299	16,721	16,897	17,489

Source: KP90, The NHS Information Centre

Table A3 shows a continuation of the time series of figures produced for measures used in previous editions of this publication, which have now been superceded.

The 'All detentions' figure includes:

- Detentions under Part II Sections 2, 3 and 4;
- Detentions under Part III Section 35, 36, 37 (with and without Section 41 restrictions), Section 45A, Section 47 (with and without Section 49 restrictions, Section 48 (with and without Section 49 restrictions), other Sections (Section 38, Section 44 and Section 46);
- Detentions under previous legislation (fifth schedule) and other Acts;
- Changes from informal status to Section 5(2) or Section 5(4);
- Changes from informal status to Section 2;
- Changes from informal status to Section 3;
- Detentions following the use of Section 136.

The 'Total formal admissions' figure includes:

- Detentions under Part II Sections 2, 3 and 4;
- Detentions under Part III Section 35, 36, 37 (with and without Section 41 restrictions), Section 45A, Section 47 (with and without Section 49 restrictions, Section 48 (with and without Section 49 restrictions), other Sections (Section 38, Section 44 and Section 46);
- Detentions under previous legislation (fifth schedule) and other Acts.

The 'Detentions subsequent to admission' figure includes:

- Changes from informal status to Section 5(2) or Section 5(4);
- Changes from informal status to Section 2;
- Changes from informal status to Section 3.

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Appendix 4: Related reading

A4.1 NHS IC information

Historical versions of this publication:

NHS IC Statistics on uses of the Mental Health Act 1983 ('The Act') (since 2005):
http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/mental-health-act

Department of Health Statistics on uses of The Act (prior to 2005):
http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalhealthcare/DH_4086494

Other documentation concerning this publication:

Omnibus guidance for completing the KP90 form:
http://www.ic.nhs.uk/services/omnibus-survey/using-the-service/data-collections/kp90

Consultation on the future of Mental Health Act 1983 statistics:
http://www.ic.nhs.uk/services/mental-health/getting-involved/mental-health-act-statistics-consultation

Paper on changes to these statistics (click link on left to 'Mental Health' area):
http://www.ic.nhs.uk/statistics-and-data-collections/publications-calendar/methodological-changes

Other recent statistics on uses of mental health legislation:

Guardianship under the Mental Health Act:
http://www.ic.nhs.uk/pubs/guardianmh12

This report covers usage of Guardianship under the Mental Health Act, which allow limited powers to be granted to an appointed individual or authority to take decisions on a person's behalf, where those decisions would be in the person's best interest

Deprivation of Liberty Safeguards (under the Mental Capacity Act 2005):
http://www.ic.nhs.uk/pubs/mentalcapacity1112annual

Mental Health Bulletin – fifth report (includes counts of detained patients and people on CTOs during the reporting year):
http://www.ic.nhs.uk/pubs/mentalcapacity1112annual

Information on the Mental Health Minimum Dataset (MHMDS):

Dataset specification:
http://www.ic.nhs.uk/services/mhmds/spec

Routine quarterly reports (including data quality statements):
http://www.ic.nhs.uk/pubs/mhmds

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A4.2 Other statistics in this area

Statistics of Mentally Disordered Offenders:

Statistics for England and Wales:
http://www.statistics.gov.uk/hub/crime-justice/offenders/mentally-disordered-offenders

These statistics are published annually by the Ministry of Justice and present information about mentally disordered offenders who were admitted to detention in, or discharged from, hospital and were subject to restrictions on discharge under Part III of the Mental Health Act 1983 or the Criminal Procedure (Insanity and Unfitness to Plead) Act 1991.
These figures are not strictly comparable with figures in this publication as they are based on calendar years and there are also a number of definitional differences between the source datasets.

Count me in Census, 2010:
http://www.cqc.org.uk/sites/default/files/media/documents/count_me_in_2010_final_tagged.pdf

A4.3 The Mental Health Act 1983

The Mental Health Act 1983:
http://www.cqc.org.uk/guidanceforprofessionals/mentalhealth/workingwithpeoplewhoserightsarerestricted/mentalhealthact1983.cfm

Code of Practice: Mental Health Act 1983:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084597

Monitoring the use of the Mental Health Act:
http://www.cqc.org.uk/sites/default/files/media/documents/cqc_mha_report_2011_main_final.pdf
Since April 2009, the Care Quality Commission (CQC) has been responsible for monitoring the use of the Mental Health Act in relation to those patients detained in hospital, placed on a community treatment order, or subject to guardianship. The report describes findings about the use of the Act, the areas where it is believed that improvement is needed and recommendations for achieving these improvements. It also looks at the appropriateness of prescribed treatment.

Monitoring the use of the Mental Health Act in Scotland:
http://www.mwcscot.org.uk/media/94661/mha_2011-12__2_.pdf
This is authored by the Mental Welfare Commission for Scotland.

Your rights and Mental Health Act legislation:
http://www.mind.org.uk/help/rights_and_legislation/
These pages contain useful information on mental health legislation and how it can affect individuals and are part of the website of 'Mind', a mental health charity for England and Wales.

Metropolitan Police - operational guidance for police officers and staff responding to incidents involving someone with a mental illness
http://www.met.police.uk/foi/pdfs/policies/mental_health_policy.pdf

This is included as an example; similar documents for other forces can be found on the internet and local protocols may vary although all are governed by the Mental Health Act.

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
A booklet which sets out the main sections of The Act and outlines your rights if you are under these Sections.

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