



Mental Health Act Statistics, Annual Figures

England, 2020-2021

Key findings

In 2020-21:

- 53,239 new detentions under the Mental Health Act were recorded, but the overall national totals will be higher. Not all providers submitted data, and some submitted incomplete data. Trend comparisons are also affected by changes in data quality. For the subset of providers that submitted good quality¹ detentions data in each of the last three years, we estimate there was an increase in detentions of 4.5 per cent from last year. Further information is provided in the Background Data Quality Report.
- Comparisons can still be made between groups of people using population-based rates, even though the rates shown are based on incomplete data². Known detention rates were higher for males (94.8 per 100,000 population) than females (87.9 per 100,000 population).
- Amongst adults, detention rates tend to decline with age. Known detention rates for the 18 to 34 age group (142.5 detentions per 100,000 population) were around 56% higher than for those aged 65+ (91.6 per 100,000 population).
- Amongst the five broad ethnic groups, known rates of detention for the 'Black or Black British' group (343.5 detentions per 100,000 population) were over four times those of the White group (74.7 per 100,000 population).
- Known rates of Community Treatment Order (CTO) use for males (13.2 per 100,000 population) were higher than the rate for females (8.3 per 100,000 population). Across age groups, those aged 35 to 49 had the highest rate of CTO use (18.4 known uses per 100,000 population compared to 10.7 uses per 100,000 population for all age groups).
- Amongst broad ethnic groups, known rates of CTO use for the 'Black or Black British' group (78.9 uses per 100,000 population) were over ten times the rate for the White group (7.8 uses per 100,000 population).

¹ See [Estimating the change in detentions](#) and also the Background Data Quality Report

² See the 'Accuracy and Reliability' section of the Background Data Quality Report

This is a National Statistics publication

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It is NHS Digital's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly.

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

This publication may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

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Introduction

- This publication contains the official statistics about uses of the Mental Health Act³ ('the Act') in England during 2020-21.
- Under the Act, people with a mental disorder may be formally detained in hospital (or 'sectioned') in the interests of their own health or safety, or for the protection of other people.
- They can also be treated in the community but subject to recall to hospital for assessment and/or treatment under a Community Treatment Order (CTO).
- People may be detained in secure psychiatric hospitals, other NHS Trusts or at Independent Service Providers (ISPs). All organisations that detain people under the Act must be registered with the Care Quality Commission (CQC).
- In recent years, the number of detentions under the Act have been rising. An independent review has examined how the Act is used and has made [recommendations](#) for improving the Mental Health Act legislation.
- In [responding](#) to the review, the government said it would introduce a new Mental Health Bill to reform practice.
- This publication does not cover⁴:
 - People in hospital voluntarily for mental health treatment, as they have not been detained under the Act (see the Mental Health Bulletin)
 - Uses of section 136 where the place of safety was a police station; these are published by the Home Office

³ The Mental Health Act 1983 as amended by the Mental Health Act 2007 and other legislation.

⁴ See the [Links to related statistics](#) in this report.

How these statistics are produced

- Since 2016-17, these statistics are primarily produced from the Mental Health Services Data Set (MHSDS). Previously these statistics were produced from the KP90 aggregate data collection.
- The MHSDS re-uses operational data from service providers to produce statistics about NHS-funded mental health services in England.
- NHS Digital publishes statistics from the MHSDS each month⁵, including some information about people subject to the Act.
- This annual publication includes all of the measures previously produced from the KP90. This supports the continued monitoring of uses of the Act in health services.
- The MHSDS provides a much richer data source for these statistics, allowing for new insights into uses of the Act. Some of these new insights are shown in this report.
- However, some providers are not yet submitting MHSDS data, or submitting incomplete data and so figures must be interpreted with caution. Guidance is provided in this publication.
- Improvements in MHSDS data quality have continued over the past year. NHS Digital is working with partners to ensure that all providers are submitting complete data.
- However these improvements are offset by poor data quality from some Acute providers; these are explained further on the next page.

⁵ See the [Mental Health Services Monthly Statistics publications](#)

Data sources and quality

The majority of uses of the Mental Health Act occur in specialist mental health facilities. These organisations must submit information about these uses to the MHSDS, whether they are NHS facilities or independent service providers.

A small proportion of uses occur in Acute hospitals. This includes detentions or uses of short term orders that occur in emergency departments. Acute providers can submit this information to the new Emergency Care Data Set (ECDS). Previously this information about the Act was collected in a separate Acute return.

This publication includes data from both of these data sources.

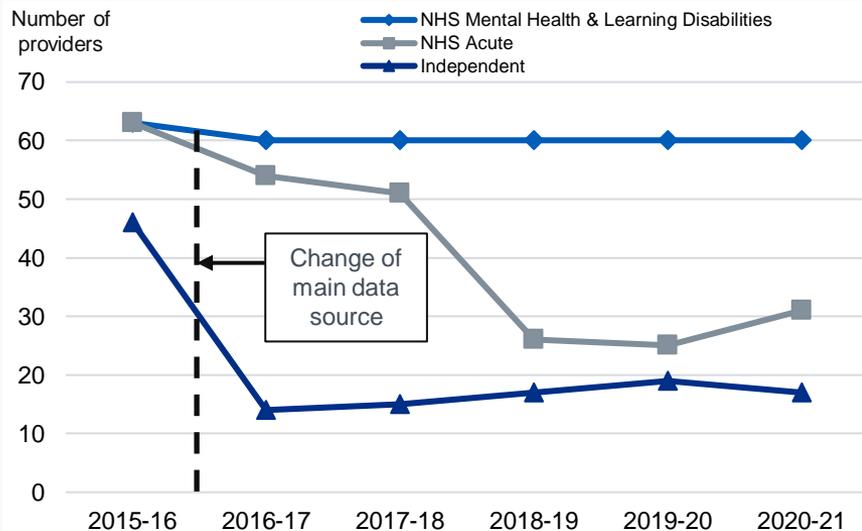
The following analysis shows that MHSDS data quality continues to improve. More independent service providers have provided 12 months' data to the MHSDS, enabling us to provide detention figures for the whole year (see page 9).

Compared to last year, ECDS data quality has improved but not markedly so. As such the ECDS data still does not represent a full picture of detentions occurring within Acute settings. There continues to be a negative impact on the national totals for detentions and short term orders because of this. It should also be noted that data from one independent provider who recorded a small number of detentions has been excluded from the ECDS analysis in order to allow the publication of the NHS providers split. This decision has been made in order to preserve the utility of the data.

Further guidance is provided in the Background Data Quality Report.

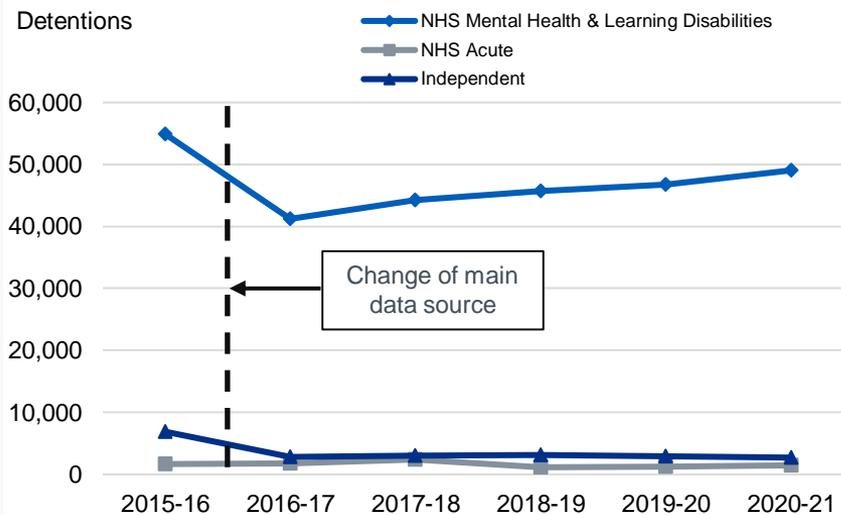
Are all organisations submitting data about the Act?

Not all organisations are yet submitting data about the Act in the MHSDS, or the new Emergency Care Data Set (ECDS)⁶. Compared to 2015-16 coverage is highest amongst NHS mental health providers. It is lowest amongst Independent Service Providers (ISPs)⁷ and also NHS Acute providers following the introduction of the ECDS.



But even amongst organisations submitting data, some of the data are not complete. Some are not submitting data of sufficient quality to allow accurate detention statistics to be derived from the record-level MHSDS data, resulting in a shortfall.

Therefore comparisons to detentions data from the KP90 return up to 2015-16 are not valid at national level.

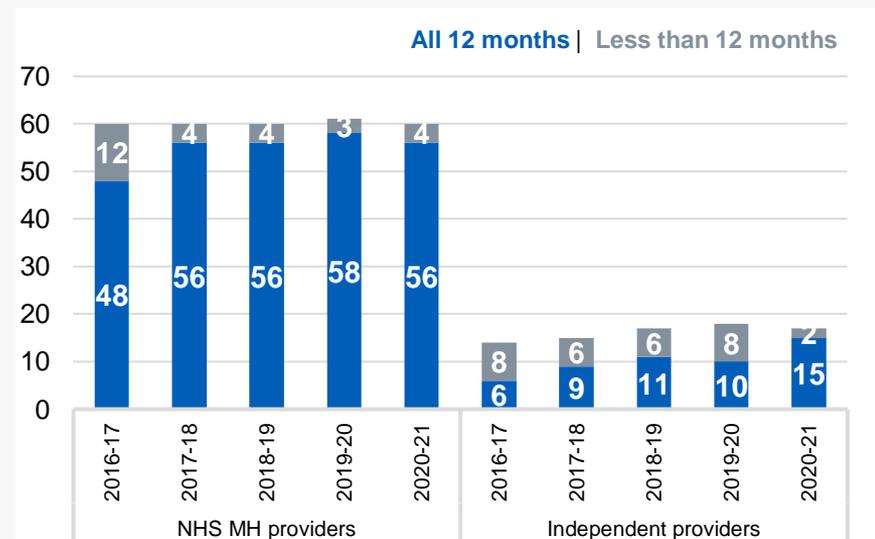


⁶ See the [Emergency Care Data Set \(ECDS\) web page](#)

⁷ Excludes small ISP hospitals grouped into an 'Other' category in 2015-16. For more information see the [Background Data Quality Report](#).

Are the MHSDS data complete?

Where organisations do submit data about the Act to the MHSDS, it may not be complete. Providers should make monthly submissions in all 12 months of the year. About 12 percent of ISPs missed at least one submission in 2020-21 compared to around seven percent of NHS mental health providers.



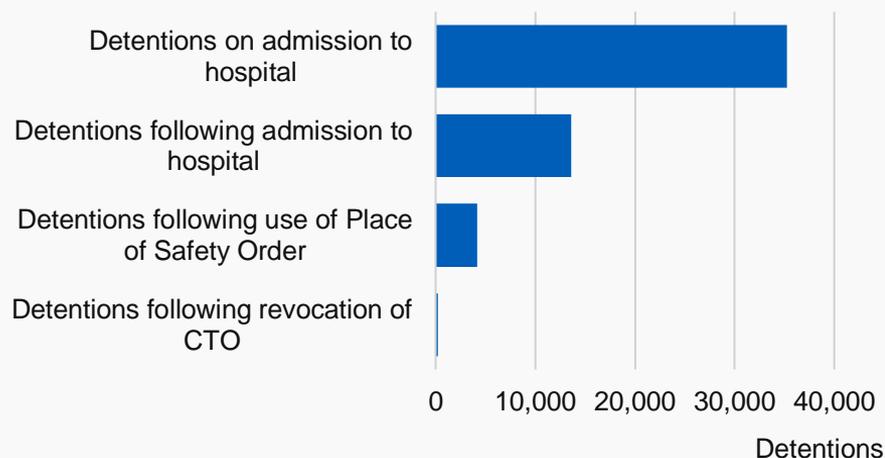
The number of people reported in the MHSDS as subject to the Act at each month-end⁸ has increased from 13,628 on 31st January 2016 to 20,494 on 31st March 2021. This compares to 25,577 people recorded in the last annual publication sourced from the KP90 (on 31st March 2016).



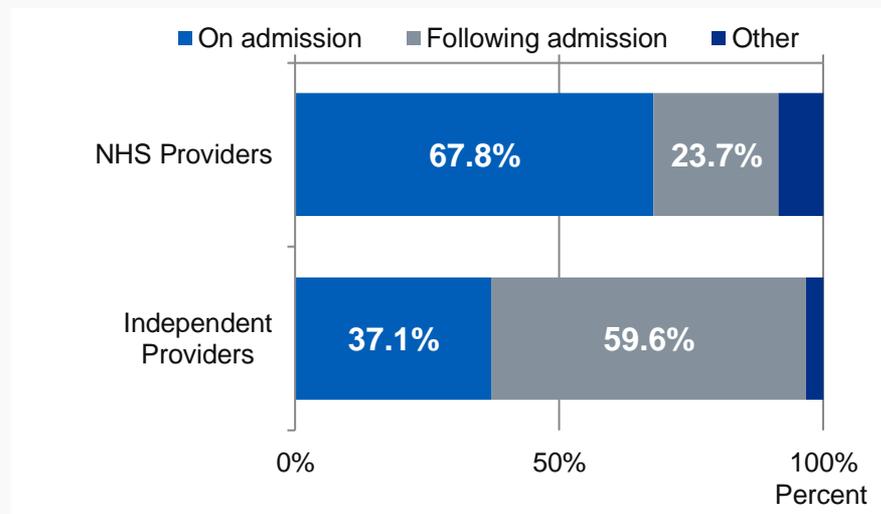
⁸ Measure MHS08 in the [Mental Health Services Monthly Statistics](#) publications. Excludes data from the Acute collection. Interactive visualisations including this measure are available at the monthly statistics page of the [Mental Health Data Hub](#).

Detentions

In 2020-21 we report 53,239 new detentions, of which 35,272 took place at the point of admission to hospital. A further 13,619 occurred following admission. We also report 4,151 detentions following a place of safety order and 223 after the revocation of a CTO. These figures are incomplete due to the coverage issues noted previously.



A higher proportion of detentions occurred on admission in NHS providers than independent providers (67.8 per cent compared to 37.1 per cent). For independent providers, 59.6 per cent of detentions occurred following admission compared to 23.7 per cent in NHS facilities.



Estimating the change in detentions

The headline detention figures for 2020-21 are up 4.6 per cent from last year. This does not represent the true change in detentions due to changes in data quality. MHSDS data quality (as the main data source) has improved whilst that from Acute providers making separate ECDS returns has declined.

In order to provide a like-for-like comparison to last year's figures, we have limited our analysis to a smaller group of 24 providers (23 NHS and one independent). These providers all submitted data to KP90 in 2015-16. They all remained open to 2020-21, and submitted 12 months' data about the Act to the MHSDS during each annual period. In addition our ongoing investigations did not reveal any significant data quality issues in their MHSDS data about the Act.

Using this methodology, our estimate for the true change in detentions from 2019-20 to 2020-21 is an increase of 4.5 per cent.

The following measures are included in the comparison:

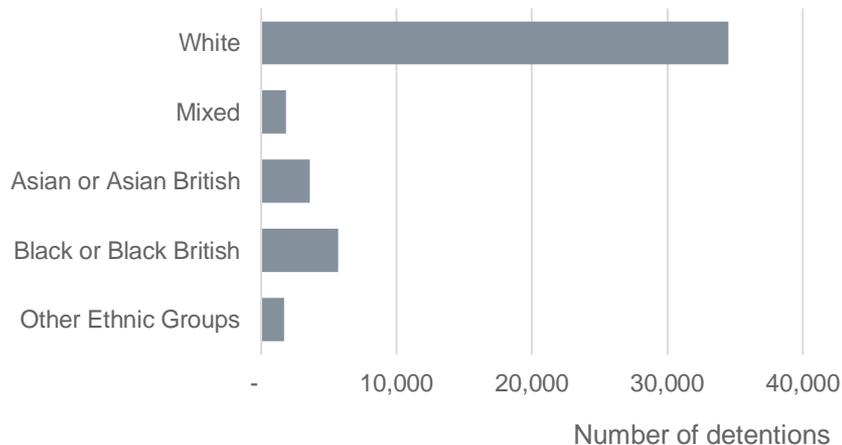
- Detentions on admission
- Detentions following admission

We have not included detentions following use of section 136 and revocation of community treatment orders as completeness for these measures are affected by different factors.

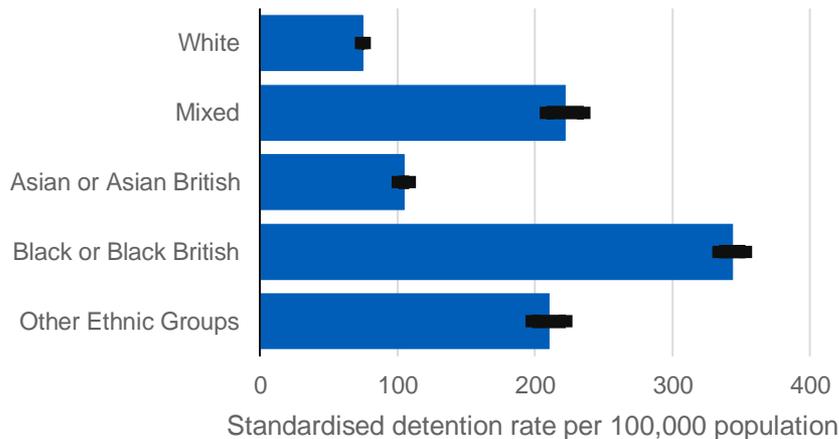
Detentions: differences between groups of people

The White ethnic group is the largest in England, so we would expect this group to have the greatest number of detentions, even if there are missing data.

But we can compare detentions for different groups of people (e.g. by age, gender and ethnicity) by expressing them as rates per 100,000 population. This is valid as long as there is no bias caused by the missing data.

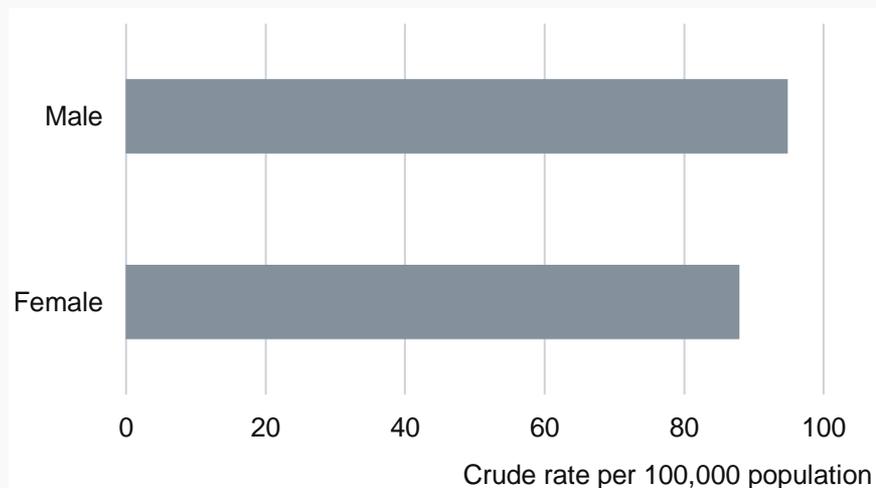


Amongst the five broad ethnic groups, detention rates for the 'Black or Black British' group (343.5 detentions per 100,000 population) were highest, over four times those of the White group (74.7 per 100,000 population), which was lowest in 2020-21.

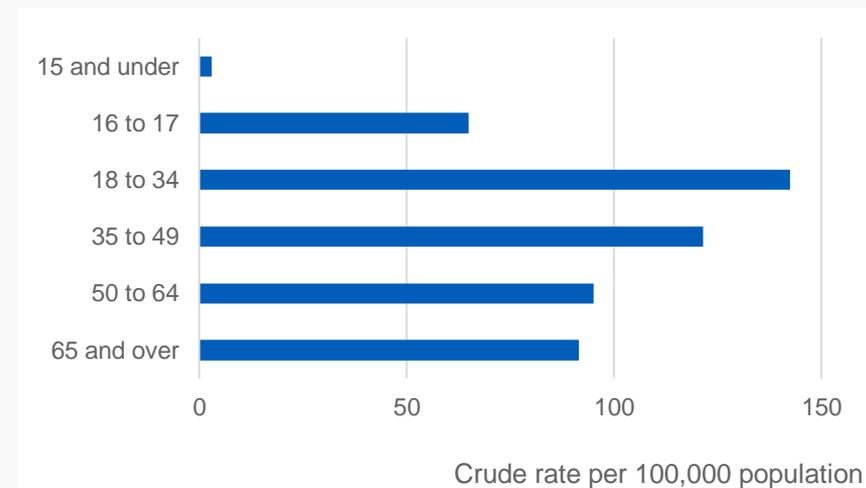


Detention rates by gender and age

Analysis of detention rates by gender shows that rates were higher for males (94.8 per 100,000 population) than females (87.9 per 100,000 population) during 2020-21.



Amongst adults, detention rates tend to decline with age. Detention rates for the 18 to 34 age group (142.5 per 100,000 population) were around fifty-six percent higher than for those aged 65 and over (91.6 per 100,000 population). Rates for young people aged 16 to 17 (64.9 per 100,000 population) were lower than for all adult age groups.

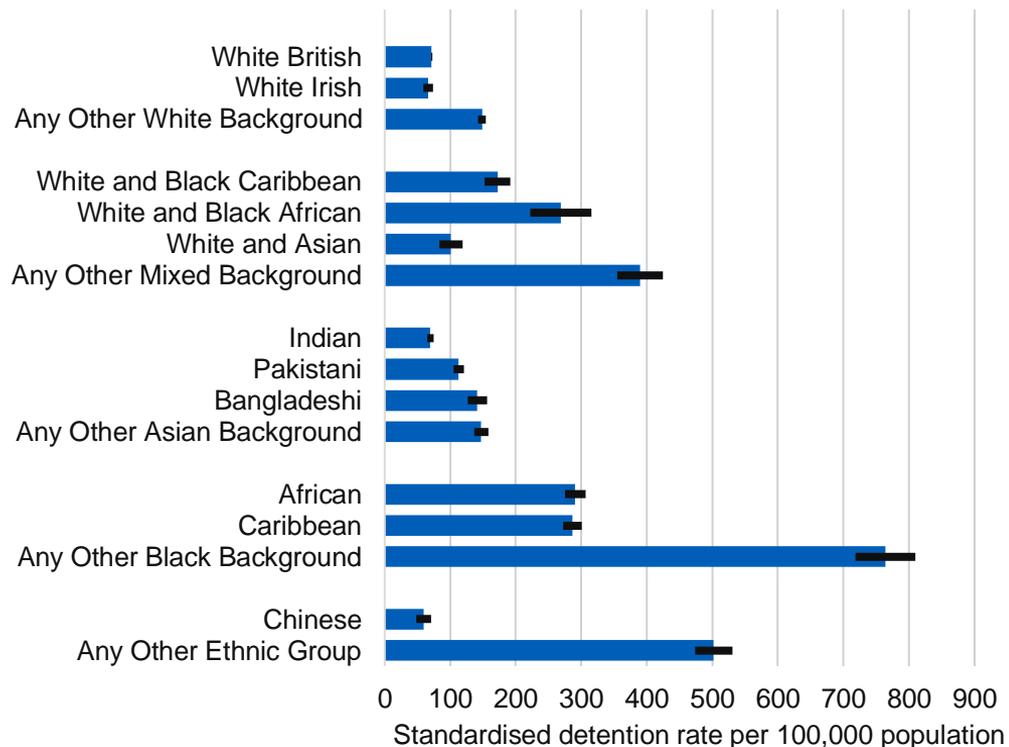


Detention rates by ethnicity

A more detailed breakdown of the five broad ethnicity groupings shows that the detention rate was highest for those with 'Any Other Black Background', which forms part of the 'Black and Black British' group.

At 764.4 detentions per 100,000 people, this was over ten times the rate for the White British group (71.6 detentions per 100,000 people) in 2020-21.

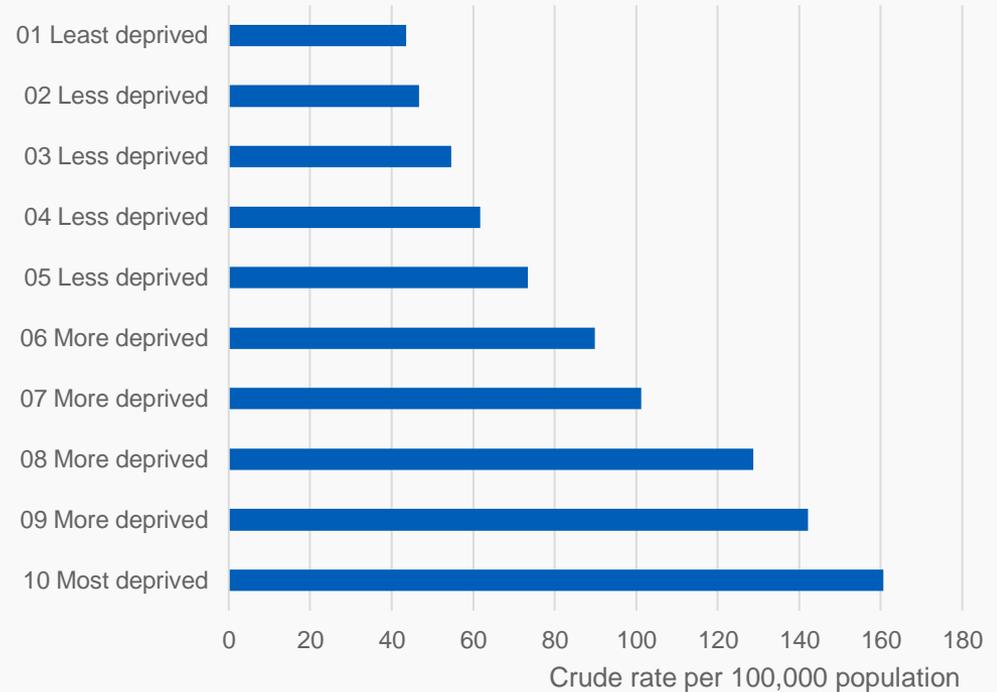
The 'Any Other Ethnic Group' had the second highest rate of detention (502.2 detentions per 100,000 population) followed by 'Any Other Mixed Background' group at 389.8 detentions per 100,000 population.



Detention rates by Indices of Multiple Deprivation

Rates of detention increased with deprivation.

Detentions in the most deprived areas had the highest rates of detention (160.7 detentions per 100,000 population). This was more than three and a half times higher than the rate of detention in the least deprived areas (43.5 detentions per 100,000 population).

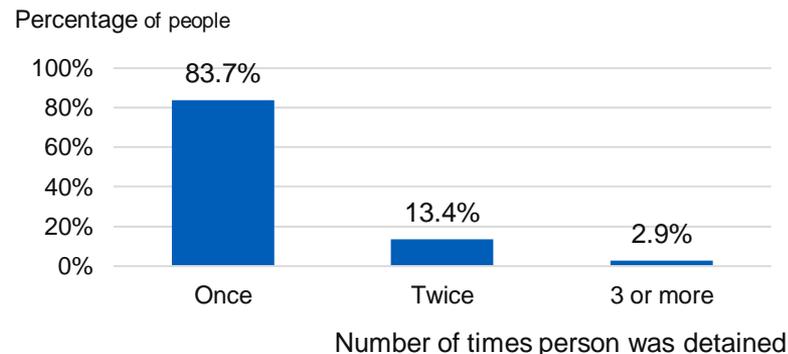
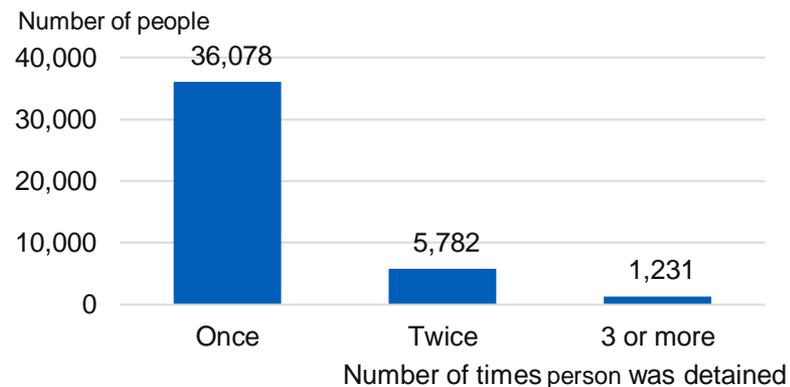


People subject to repeated detention

The MHSDS data can be analysed to show how many times a person was detained during a given period.

Our analysis shows that in 2020-21, 83.7 per cent of detained people were detained once. A further 16.3 per cent of people were detained more than once during this period. Only 2.9 per cent of people were detained more than twice during 2020-21.

These results are similar to last year. Although we cannot produce historical analysis over a long period of time, this analysis suggests that repeated detention for the same people are not a major factor in rising levels of detention in England.



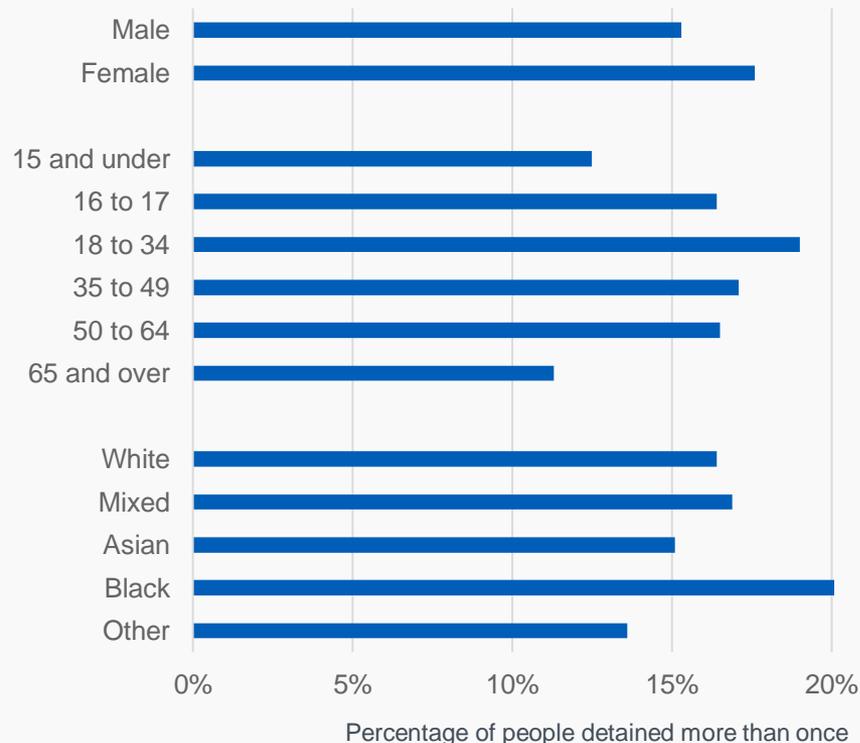
⁹ See the [CQC report on rising detentions](#)

People subject to repeated detention by group

Although the overall detention rate was lower for females than for males, a greater proportion of detained females than males were detained more than once in 2020-21 (17.6 per cent compared to 15.3 per cent).

Amongst age groups, the 18 to 34 group had both the highest rate of detention and the highest rate of detained people subject to repeated detention. In 2020-21, 19.0 per cent of detained people aged 18 to 34 were detained more than once. Rates decline with age, for these broad age groups.

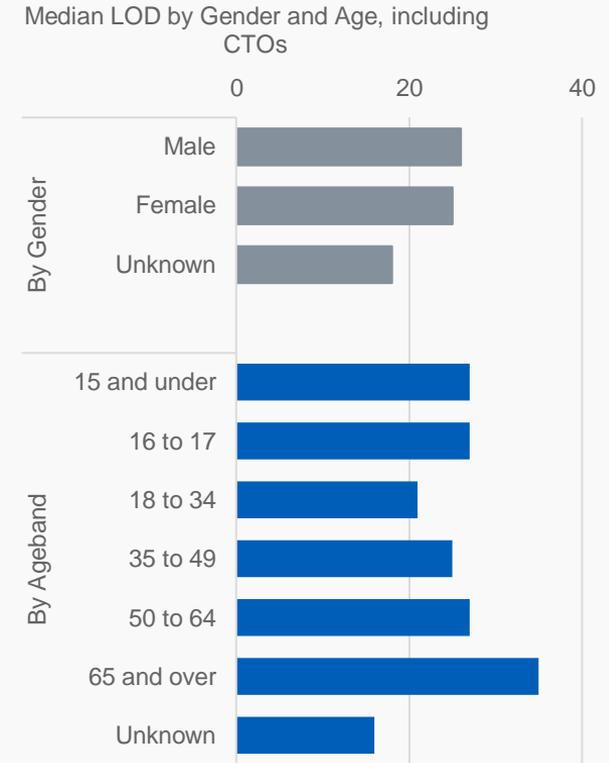
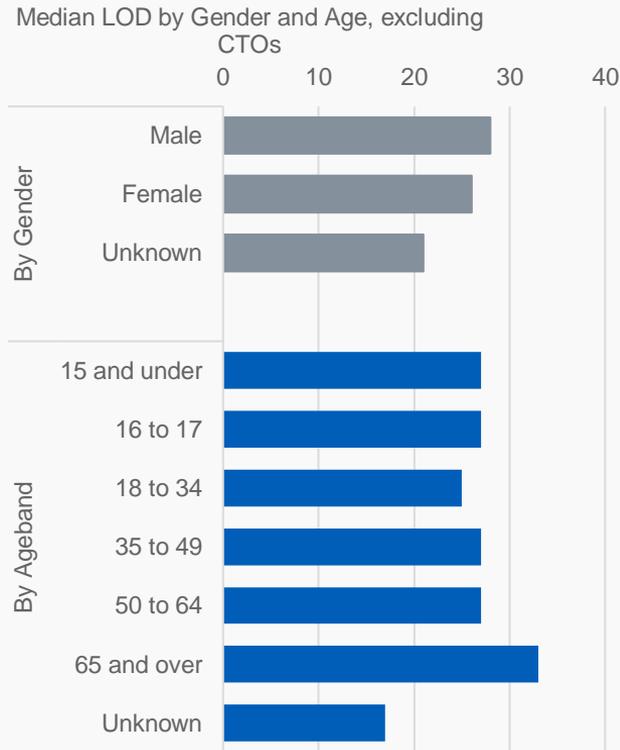
Amongst broad ethnic groups, 20.7 per cent of Black detainees were detained more than once. This group had the highest percentage of people detained more than once followed by the Mixed ethnicity group (16.9 per cent).



Length of detention by gender and age

Analysis of median length of detention by gender shows that males were likely to be detained a bit longer than females during 2020-21, whether CTOs were included or not.

Amongst adults, the length of detention tend to increase with age. The median length of detention for the 65 and over age group was highest both when CTOs were included or excluded. The length of detentions for the age group under 18 were similar.

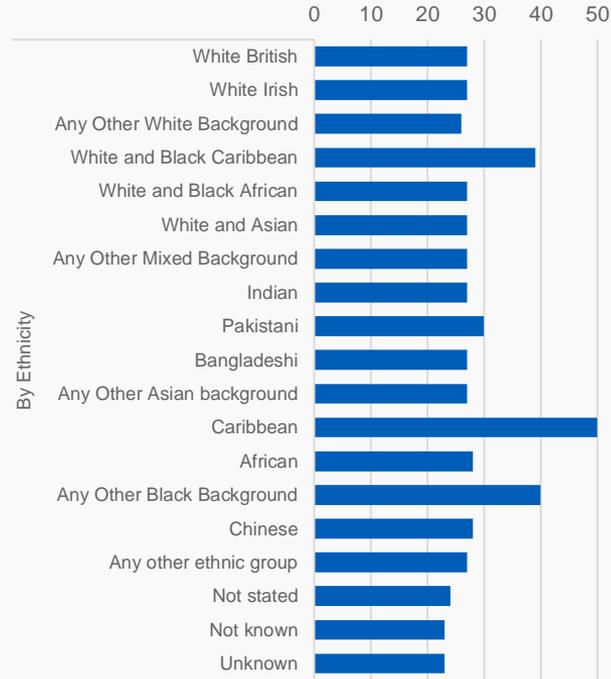


Length of detention by ethnicity

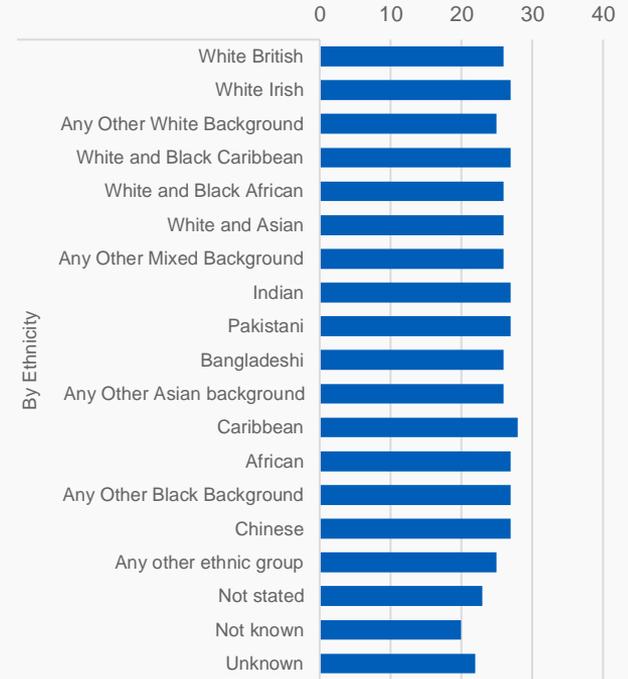
The median length of detention by ethnicity shows some variations among the different ethnic groups when community treatment orders (CTOs) were excluded. People within the Caribbean ethnic group were detained the longest (50 median days) during 2020-21. This was nearly twice as the median length of detention for the White British ethnic group.

When CTOs were included, the length of detention evens out among the ethnic groups. There all median lengths of detentions are similar.

Median LOD by Ethnicity, excluding CTOs



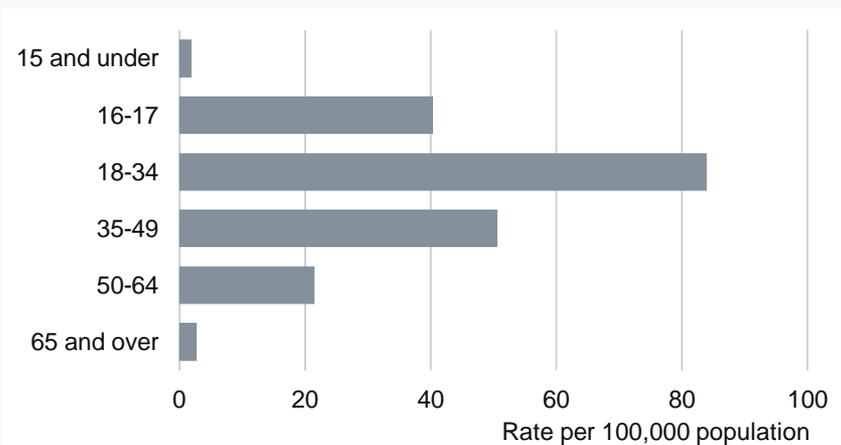
Median LOD by Ethnicity, including CTOs



Uses of section 136

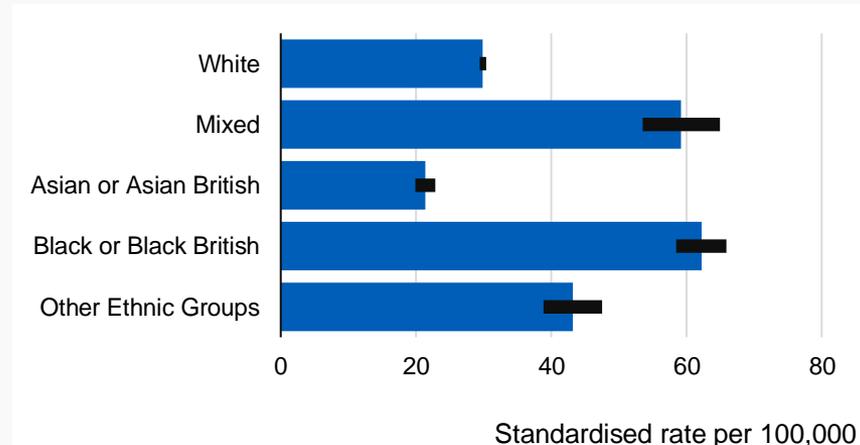
Section 136 orders are a type of Short Term Detention Order. They are used by the police to move a person to a 'place of safety'. We report such uses where the place of safety is a hospital. These figures are incomplete due to coverage issues noted previously.

Males were more likely to be placed under a section 136 order than females (36.6 uses per 100,000 population compared to 31.0 uses per 100,000 population) in 2020-21.



Amongst age groups, those aged 18 to 34 were most likely to be placed under a section 136 order (84.0 uses per 100,000 population).

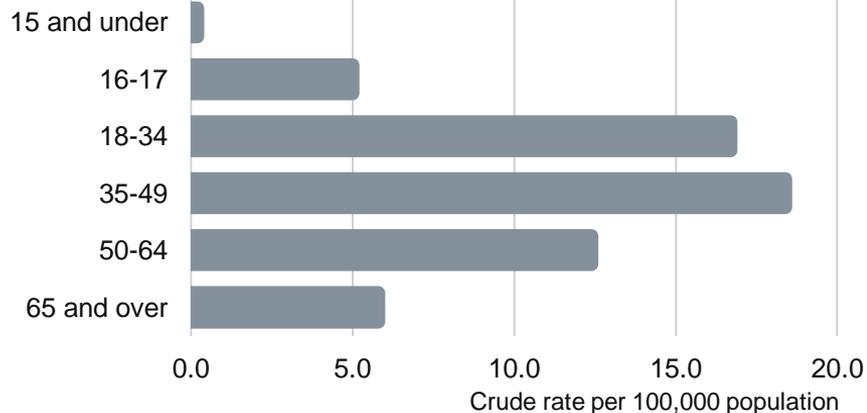
Amongst broad ethnic groups, people of 'Black or Black British' ethnicity were most likely to be placed under a section 136 order (62.2 uses per 100,000 population). The lowest rate was for 'Asian or Asian British' people (21.4 uses per 100,000 population).



Community Treatment Orders

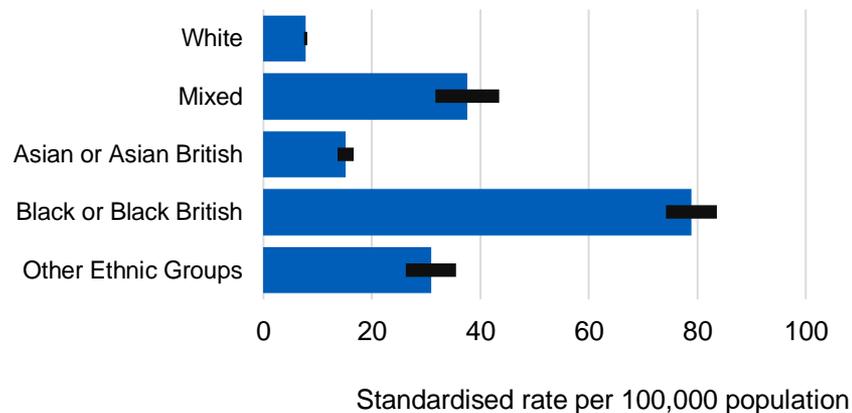
People can be treated in the community but subject to recall to hospital for assessment and/or treatment under a Community Treatment Order (CTO). In 2020-21 we report 6,070 new CTOs. These data are affected by data quality issues which are explained further in the Background Data Quality Report.

Rates of CTO use for males (13.2 per 100,000 population) were higher than for females (8.3 per 100,000 population).



Amongst age groups, people aged 35 to 49 were most likely to be placed on a CTO (18.4 uses per 100,000 population), compared to the overall rate of 10.7 uses per 100,000 population.

Amongst broad ethnic groups, CTO use was highest for 'Black or Black British' people (78.9 uses per 100,000 population). This was about ten times the rate for the White group (7.8 uses per 100,000 population).

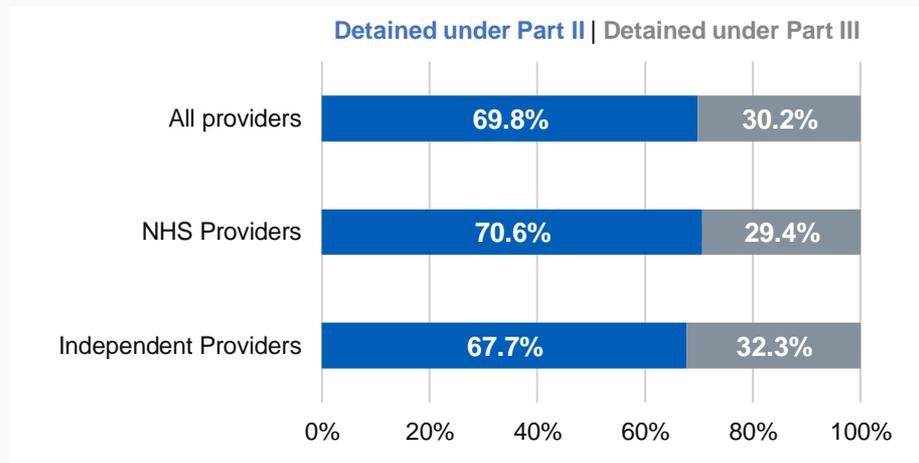
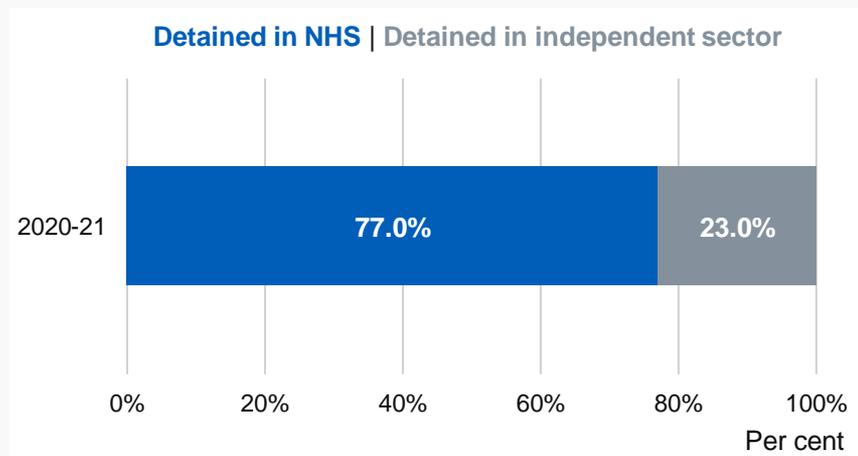


People subject to the Act at year-end

Based on MHSDS returns only, there were 20,494 people reported as being subject to the Act on 31st March 2021, compared to 20,312 a year earlier. Around 1 in 4 of these people were detained in the independent sector, but the true proportion may be higher as not all independent providers submitted data. This comparison also excludes people detained in acute settings, as it was not possible to count these people via the ECDS this year.

People may be detained under Part II of the Act (civil sections) or Part III (via the criminal justice system).

Nearly a third (30.2 per cent) of all people detained in hospital on 31st March 2021 were detained under Part III of the Act. This proportion was higher in independent providers (32.3 per cent) than NHS facilities (29.4 per cent).



Links to related statistics

For links to monthly NHS Digital publications from the MHSDS and preceding datasets and the annual Mental Health Bulletin publications, please visit the Mental Health Data Hub. You can also access interactive data visualisations and links to mental health information produced by other organisations:

<https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/mental-health-data-hub>

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

<https://www.gov.uk/government/collections/police-powers-and-procedures-england-and-wales>

Use of Guardianship under Sections 7 and 37 of the Mental Health Act:

<https://digital.nhs.uk/data-and-information/publications/statistical/guardianship-under-the-mental-health-act-1983>

Mental Capacity Act 2005, Deprivation of Liberty Safeguards:

<https://digital.nhs.uk/data-and-information/publications/statistical/mental-capacity-act-2005-deprivation-of-liberty-safeguards-assessments>

Uses of the Mental Health Act in Wales:

<https://gov.wales/admission-patients-mental-health-facilities>

Uses of the Mental Health Act in Scotland:

<https://www.mwscot.org.uk/publications?type=44>

Mental Health statistics for Northern Ireland:

<https://www.health-ni.gov.uk/topics/doh-statistics-and-research-mental-health-and-learning-disabilities/mental-health-and-learning-disability-statistics>

Further information

Links to mental health help and support services:

<https://www.time-to-change.org.uk/mental-health-and-stigma/help-and-support>

Easy read guides to the Mental Health Act for service users, family and friends:

<https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/mental-health-act-your-rights-easy-read/>

Independent Review of the Mental Health Act 1983:

<https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

CQC report – investigation into rising detentions in England:

<https://www.cqc.org.uk/publications/themed-work/mental-health-act-rise-mha-detain-england>

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

<https://www.cqc.org.uk/publications/major-report/state-care-mental-health-services-2014-2017>

CQC report – Mental Health Crisis Care Review:

<https://www.cqc.org.uk/publications/major-report/right-here-right-now-mental-health-crisis-care-review>

CQC map showing health-based Places of Safety:

<https://www.cqc.org.uk/help-advice/mental-health-capacity/map-health-based-places-safety>

Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis:

<http://www.crisiscareconcordat.org.uk/>

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