



Health & Social Care
Information Centre

Mental Health Bulletin

Annual Statistics, 2014-15

Published 23 October 2015



**We are the trusted
national provider of
high-quality information,
data and IT systems for
health and social care.**

www.hscic.gov.uk

enquiries@hscic.gov.uk

 **[@hscic](https://twitter.com/hscic)**

This report will be of interest to mental health and learning disability professionals, providers and commissioners of mental health and learning disability services, representative organisations and other interested parties

Author: Community and Mental Health Team,
Health and Social Care Information Centre

Responsible statistician: Carl Money, Principal Information Analyst

Version: V1.0

Date of publication: 23 October 2015

Contents

Executive Summary	5
Introduction	6
Content of this publication	6
Further information on the MHMDS/MHLDDS	7
Data quality	7
Feedback	7
Background	8
National Analysis	9
People in contact with mental health and learning disability services	9
Age and Gender	10
Ethnicity	12
Uses of The Mental Health Act (1983)	13
An update on the transition away from the KP90 collection as the data source for official statistics	13
Detentions under The Mental Health Act, 1983	14
Age and Gender	14
Ethnicity	16
Short Term Detention Orders	17
Age and Gender	18
People who were cared for under the Care Programme Approach	19
Age and Gender	20
Ethnicity	20
Mental Health Care Clusters	22
Age and Gender	22
Ethnicity	25
In Year Bed Days	26
Age and Gender	26
Provider type	27
Admissions, Discharges and Average Daily Occupied Beds	28
Age and Gender	28
Outpatient and Community Activity	30

CCG Analysis	33
Rates of access to mental health and learning disability services	33
Rates of detention under the Mental Health Act, 1983	34
Appendix 1 – List of providers and number of successful submissions during 2014/15	35

Executive Summary

During 2014/15:

- 1,835,996 people were in contact with mental health and learning disability services at some point in the year. This means that 3,617 people¹ per 100,000 of the population in England accessed mental health and learning disability services (approximately one person in 28).
- 5.7 per cent (103,840) of people in contact with mental health and learning disability services spent time in hospital during 2014/15. This is a decrease compared to 2013/14, when 6.0 per cent (105,270) of people in contact with mental health services spent time in hospital and is a continuation of the trend seen in earlier years.
- The Black or Black British group had the highest proportion of people who had spent time in hospital in the year, which meant that 12.7 people per 100 who were in contact with mental health and learning disability services from this ethnic group spent at least one night in hospital in the year. This is higher than the figure for any of the other ethnic groups and more than double the figure for the White ethnic group
- Approximately one in five people aged 90 and over were in contact with mental health and learning disability services.
- NHS Bury CCG had the highest standardised access rate to mental health and learning disability services at 9,350 people per 100,000 of the population and NHS South Gloucestershire CCG had the lowest at 2,080.
- Women who spend time in mental health hospitals were more likely to be detained than men. For every 100 female inpatients, there were 41.9 detentions, compared to 38.5 among male inpatients.
- People from the Black or Black British ethnic group were more likely than other ethnic groups to be detained, with 56.9 detentions per 100 inpatients

¹ where we knew the person's ethnicity, gender and they were aged 18 or over

Introduction

Content of this publication

This annual Mental Health Bulletin uses data collected via monthly submissions, during the financial year 2014/15 and provides a comprehensive picture of people who used adult secondary mental health and learning disability services. This report is based on submissions made using version 4.1² of the Mental Health Minimum Dataset (MHMDS) between April and August 2014 and version 1.1³ of the Mental Health and Learning Disabilities Dataset (MHLDDS) between September 2014 and March 2015 (referred to as *the dataset* in this report). The changes between the MHMDS and the MHLDDS reflect the expansion in scope of the dataset to include people in contact with NHS funded or part funded learning disabilities services for the first time. This report also uses the most recent age/gender and ethnicity population data from the Office for National Statistics⁴.

From these monthly submissions we produced a single file (the annual file) which removes duplication of episodic and record data that occurs between and within these monthly submissions. This follows the same approach we used in 2011/12 and 2012/13 when submissions were made every quarter.

Analysis of monthly submissions and associated data quality measures has already been released as monthly publications (around 10 weeks after the end of the month reported on). Our publication of March 2015 data (published in June 2015) included initial analysis of annual data, allowing users of our annual data access much earlier than usual. These monthly publications can be accessed through following the link:

<http://www.hscic.gov.uk/mhldsreports>

For consistency, much of the information produced in this report and reference tables are updates to those produced in last year's publication, allowing the reader to compare this year's data to previous years. This is the second year we have been able to provide analysis at Clinical Commissioning Group (CCG) level, which has allowed us to produce time series information at this level for the first time.

Other time series have been maintained at a high level within our reference tables, but in many places analysis has been limited to 2011/12 as the earliest time period. This is because significant changes were made to the MHMDS in this year (moving from version 3.5 to version 4.0) which means that information before this is not directly comparable.

Additionally, the expansion in scope of the dataset to include people in contact with learning disability services means that local knowledge may be required to interpret changes in the information presented between 2013/14 and 2014/15

Demographic analysis (age, gender and ethnicity) is presented for 2014/15 at national level and at subnational level where numbers allow. The reader is advised to consult previous publications (as appropriate) for historical data.

To prevent the release of disclosive information, in our Organisational Reference Tables and machine readable data file numbers less than five (including zero) are replaced with a “*” symbol. All other subnational numbers are rounded to the nearest five. Calculated values are based on unrounded numbers but rounded to 1 decimal place to prevent backward

² <http://www.hscic.gov.uk/mhldds/spec>

³ <http://www.hscic.gov.uk/mhldds/spec>

⁴ <http://ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates>

calculation. The National Reference Tables are unrounded and are not suppressed where there are small numbers. This approach prevents identification of a person through cross referencing different publications.

Further information on the MHMDS/MHLDDS

The MHMDS/MHLDDS is a monthly mandatory return of data generated in the course of delivering services to people in contact with independent and NHS providers of NHS funded adult secondary mental health and learning disability services in England (referred to as *mental health and learning disability services* in this report).

Data from between April and August 2014 was processed using MHMDS version 4.1. Data from between September 2014 and March 2015 was processed using MHLDDS version 1.1. For full details of the methods used in processing see the MHMDS Version 4.1 and MHLDDS v1.1 User Guidance and Appendices here: <http://www.hscic.gov.uk/mhldds/spec>

The Information Standards Notice for MHMDS version 4.1 and MHLDDS version 1.1 can be found here:

<http://www.isb.nhs.uk/library/standard/76>

Information on obtaining MHMDS/MHLDDS data extracts can be found here:

www.hscic.gov.uk/dars

Data quality

In-depth and timely reports on data quality are produced as part of each monthly publication, covering any issues identified with that month's submission. These data quality issues have not been included in this report to save duplication, but a list of providers and the number of times they successfully submitted monthly data to the dataset is included in Appendix 1.

Our background data quality report contains specific information on known issues that may impact on analysis from the dataset and can be found here:

<http://www.hscic.gov.uk/mhldsmonthly>

In a small number of cases, a person did not have their gender or ethnicity recorded in the dataset. This means that the gender and ethnicity totals in the reference tables don't add up to the national totals in these tables. Each of the affected tables has a note explaining the impact of this missing data has on that particular table.

Additional information about issues of coverage and accuracy, that are relevant to the very specific analysis of uses of the Mental Health Act published in this release, are included within the relevant section of this report.

Feedback

We welcome feedback on any aspect of these statistics, as well as any other comments you would like to make. We are particularly interested in receiving comments from service users and/or their relatives or representatives. If you would like to provide us with some feedback please contact us through: enquiries@hscic.gov.uk

Background

This report will focus on the analysis of data submitted to the dataset in 2014/15 at a national level, although some CCG rates are shown in maps. Much of this information is available at provider and CCG levels in the organisational reference data tables and the machine readable dataset (.csv) that accompany this report.

Many people who are in contact with mental health and learning disability services are only in contact with one provider (this is a person's *spell of care*). However, some people may have a spell of care with more than one provider in the year – if they move house or become unwell on holiday for example.

To avoid counting people more than once, we count people at their *highest level of care* (spells of care with a hospital stay are prioritised over spells of care that don't have a hospital spell) in the year, regardless of how many providers they have been in contact with.

The spell of care with the highest level of care (and the accompanying demographic information) is the one we have used in this report. This approach is slightly different for the provider level analysis contained in the accompanying reference tables, but the methodology is fully described at the top of these tables.

When we count activity, we count all activity, regardless of which spell of care this activity took place in. Using the example above, if a person has a spell of care with two providers and has a hospital spell in both, we would count all of the admissions, discharges and bed days from both spells of care.

Many people who have a learning disability use mental health services and people in learning disability services may also have a mental health problem. This means that activity included in the dataset cannot be distinctly divided into mental health or learning disability spells of care – a single spell of care may include inputs from either of both types of service.

Four new measures were added to our monthly publication from September 2014 to help with interpretation of the data. At local level these contextual figures provide an indication of the increased caseload that could be attributed to the extension of the dataset to cover learning disability services.

More detailed information about people with Learning Disabilities and/or Autism who are in receipt of inpatient care is available through two additional collections; the Learning Disability Census (LDC) and Assuring Transformation (AT). LDC is a provider based census collection which has taken place twice; 30th September 2013 and 2014.

There will be a further census on 30 September 2015

(<http://www.hscic.gov.uk/article/6468/Reports-from-the-Learning-Disability-Census-collections>). AT is a commissioner based collection, data is collected on an ongoing basis and is published monthly and quarterly (<http://www.hscic.gov.uk/article/6328/Reports-from-Assuring-Transformation-Collection>).

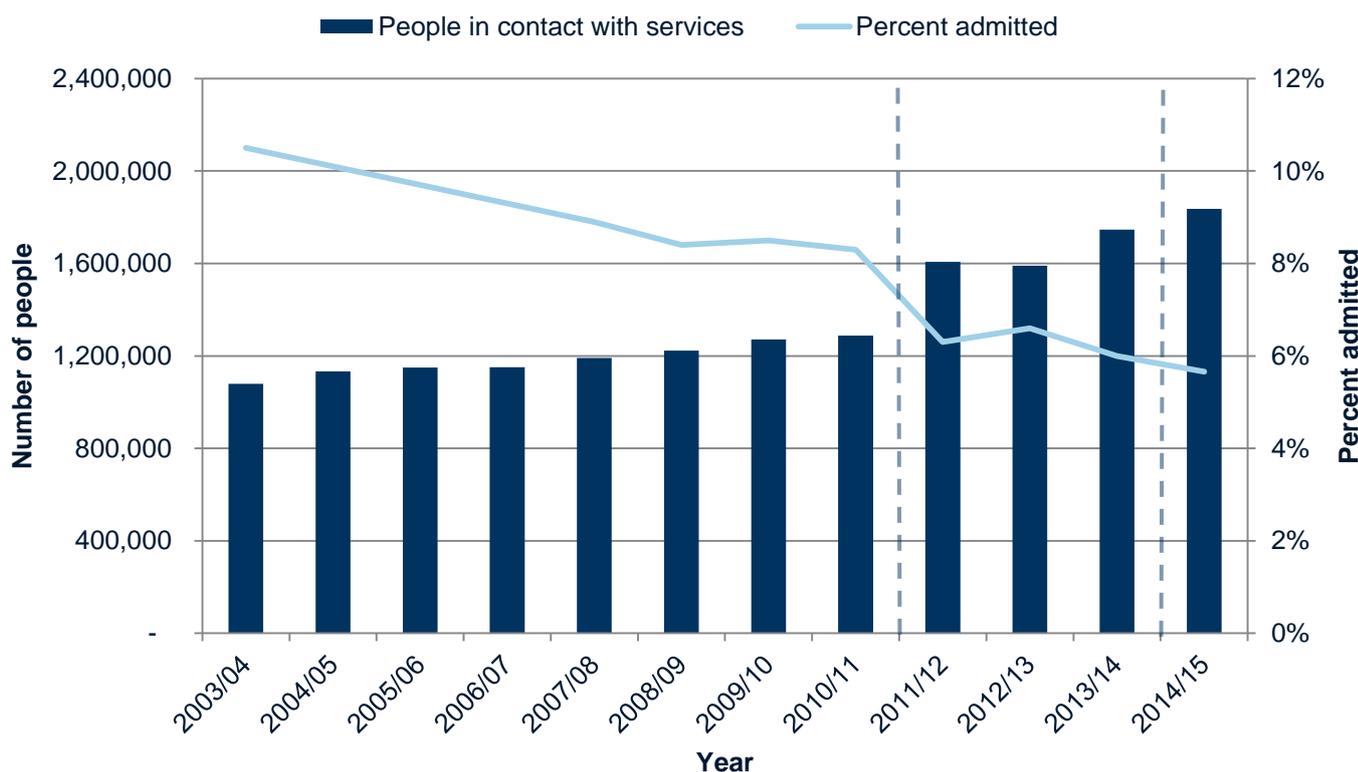
National Analysis

People in contact with mental health and learning disability services

Analysis of the 2014/15 data shows that 1,835,996 people were in contact with mental health and learning disability services at some point in the year, an increase of 89,298 (or 5.1%) on the year before. This increase is largely attributable to the expansion in scope of the dataset to include people in contact with learning disability services for the first time. For example at the end of March 2015⁵, there were 56,292 people were in contact with learning disabilities services. This means that 3,617 people⁶ per 100,000 of the population in England accessed mental health and learning disability services (approximately one person in 28).

As figure 1.1 shows, whilst the number of people in contact with mental health and learning disability services has increased, 5.7% of these people (103,844) spent time in hospital in the year, a smaller percentage than 2013/14 when 6.0% (105,270) of people spent time in hospital. This is a continuation of the trend seen in earlier years.

Figure 1.1: People in contact with mental health and learning disability services by highest level of care and year 2003/4 – 2014/15



Data source: Table 1.1 of the national reference data. Vertical dashed lines indicate a significant change to the dataset. Data between these versions may not be comparable

⁵ Our March 2015 monthly publication is available here <http://www.hscic.gov.uk/catalogue/PUB17743>

⁶ where we knew the person's ethnicity, gender and they were aged 18 or over

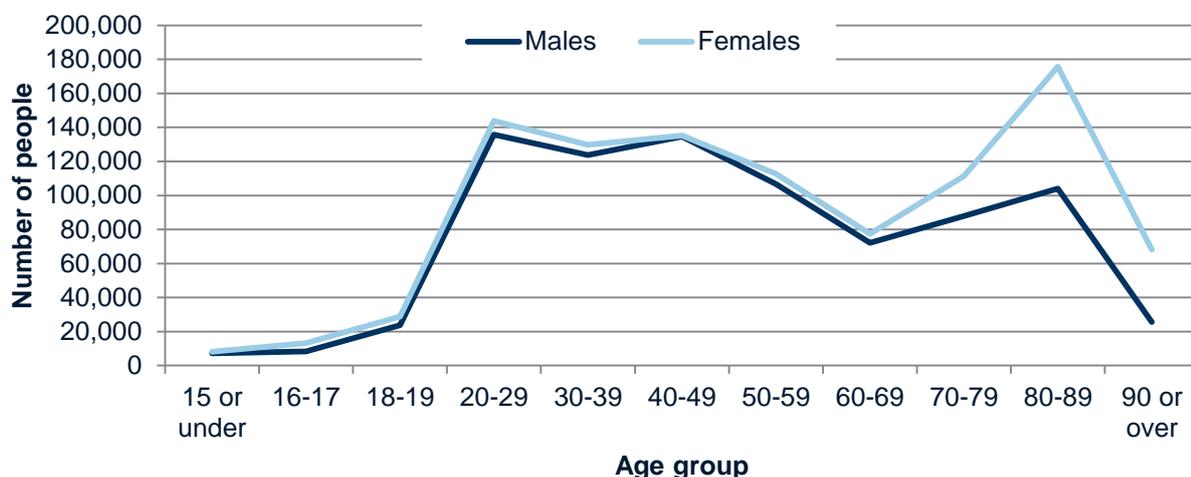
Age and Gender

Over a million women (1,004,227) were in contact with mental health and learning disability services in 2014/15. This is higher than the number of men (829,677) and equates to 54.7% of the total number of people in the year. Figure 1.2 shows that this trend is apparent across age groups, but this difference is greatest once a person is over the age of 70.

Figure 1.2 also shows that more people were in contact with mental health and learning disability services between ages 20 and 49 and between 80 and 89, with women aged 80-89 having the highest number from any single age and gender group.

Numbers are lower for the under 18 age groups, which is most likely because the dataset does not collect information relating to Child and Adolescent Mental Health Services (CAHMS). Our previously published special topic on people under the age of 18 on adult wards⁷ expands on this issue.

Figure 1.2: People in contact with mental health and learning disability services by age and gender, 2014/15

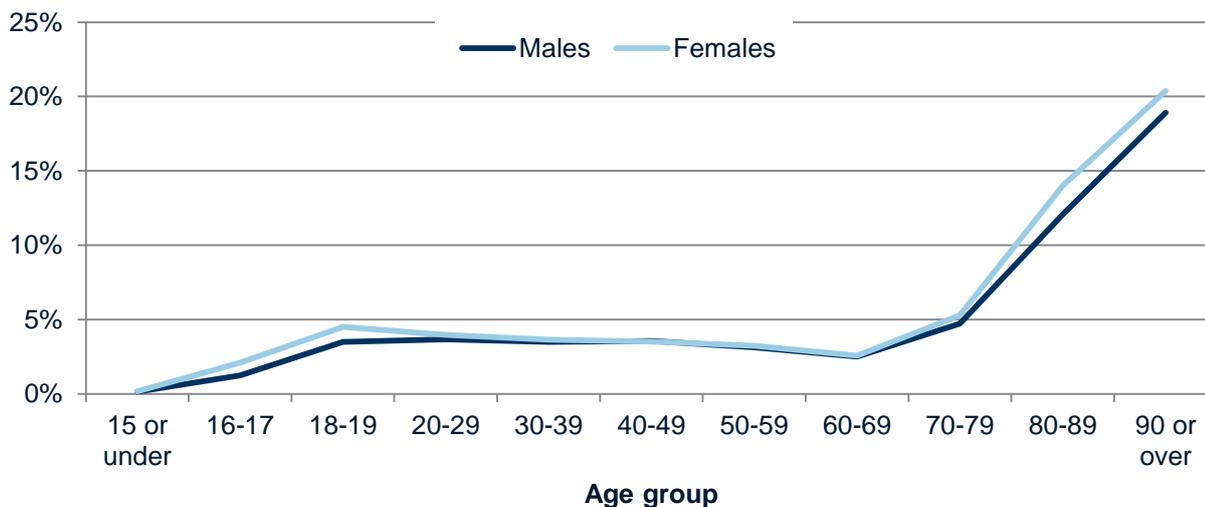


Data source: Table 1.2 of the national reference data

Whilst figure 1.2 shows that the greatest difference in the number of people in contact with mental health and learning disability services between the genders was in the 70 and over age groups, when analysed as a percentage of the population figures by age group (in figure 1.3) this difference is no longer evident. Regardless of gender, approximately one in five people aged 90 and over were in contact with mental health and learning disability services.

⁷ <http://www.hscic.gov.uk/pubs/mhmdsnov13>

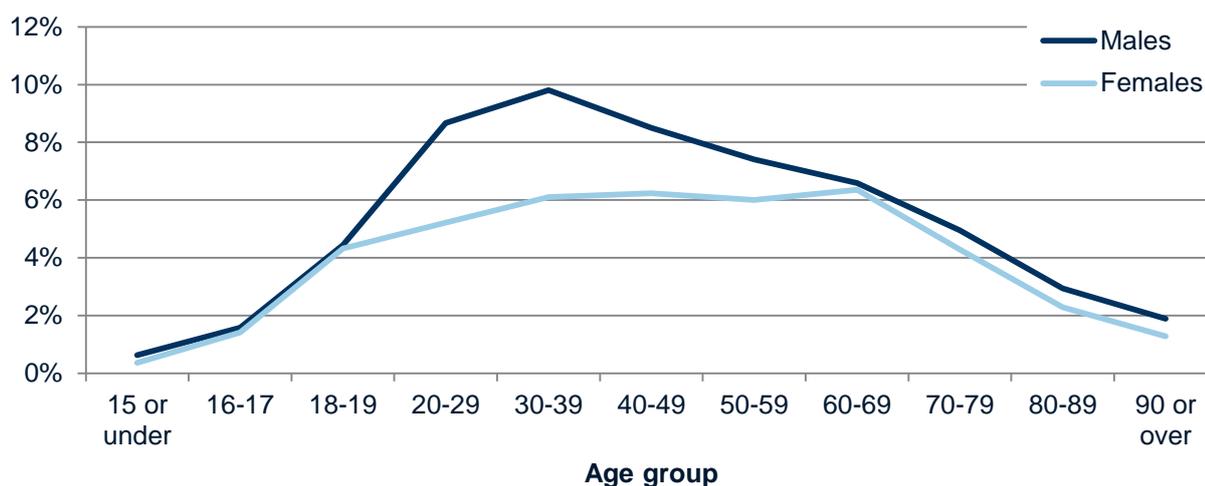
Figure 1.3: People in contact with mental health and learning disability services as a percentage of the total population, by age and gender, 2014/15



Data source: Table 1.2 of the national reference data

Whilst more women were in contact with mental health and learning disability services, more men (57,114 or 55.0% of the total) spent time in hospital than women (46,678 or 45.0%). As figure 1.4 shows, men are more likely to be admitted than women between the ages of 20 and 59. The percentage of people admitted is broadly similar across genders in the other age groups.

Figure 1.4: People who spent time in hospital in the year, as a percentage of the total number of people who were in contact with mental health and learning disability services, by age and gender, 2014/15



Data source: Table 1.2 of the national reference data

Ethnicity

The data from 2014/15 shows that the majority of people who were in contact with mental health and learning disability services identified themselves as being from the White ethnic group, with 1,359,668 people (or 74.1%) in this group. The ethnic group with the lowest number of people in contact with mental health and learning disability services was the Mixed ethnic group, with 19,895 people (or 1.1%).

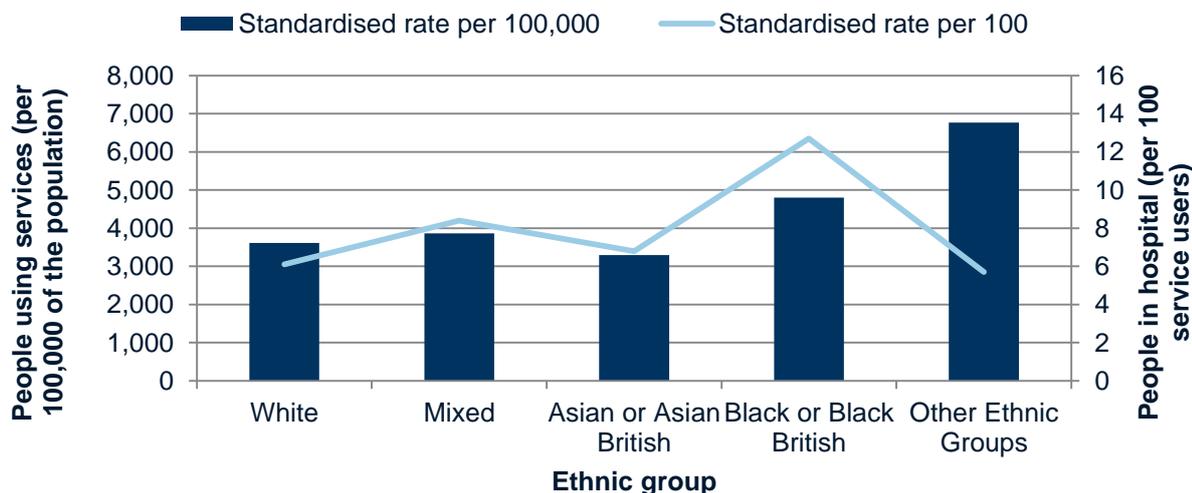
Excluding the Other ethnic group, the Black or Black British ethnic group had the highest standardised rate of access at 4,799 people per 100,000 of the population, much higher than the national standardised rate of access (3,617)

Nationally, 5.7% of people in contact with mental health and learning disability services spent time in hospital in the year. Figure 1.5 shows that there were clear differences in the percentage of people who spent time in hospital in each ethnic group.

Standardised rates (based on those 18 and over, with a known ethnicity and gender) show that the White ethnic group saw 6.1 people per 100 people in contact with mental health and learning disability services spent time in hospital, but this rose markedly in many of the other ethnic groups. The Black or Black British group had the highest proportion of people who had spent time in hospital in the year, which meant that 12.7 people per 100 who were in contact with mental health and learning disability services from this ethnic group spent at least one night in hospital in the year. This is higher than the figure for any of the other ethnic groups and more than double the figure for the White ethnic group.

These figures could be indicative of a greater need for mental health and learning disability services within these ethnic groups, or that these ethnic groups have more complicated needs, once they are in contact with mental health and learning disability services.

Figure 1.5: Standardised rates of people using mental health and learning disability services and people who spent time in hospital in the year by ethnic group, 2014/15



Data source: Tables 1.4 and 1.5 of the national reference data

Uses of The Mental Health Act (1983)

An update on the transition away from the KP90 collection as the data source for official statistics

In 2014/15 the extension of the dataset to include people in contact with adult learning disability services was a further step towards making MHLDDS the data source for official statistics on uses of the Mental Health Act (The Act). This will support the transition away from the KP90 collection which is the current data source. The official statistics on uses of The Act are currently published as *Inpatients formally detained in hospitals under the Mental Health Act 1983 and patients subject to supervised community treatment* (the KP90 report.) Replacing the KP90 with an administrative data source will reduce the burden of data collection on the NHS and provide a much richer source of data for monitoring The Act, including demographic information about the people subject to The Act and provide much more detailed contextual information about the person's pathway. Some of this additional detail is presented here in this report.

With these considerations in mind we have released both publications on the same day this year and to include many of the same measures (for example, number of detentions) in both publications. Whilst the KP90 report remains the official source of figures for the year, this publication presents several complementary measures, broken by age, gender, ethnic group and CCG – detail that is not available from the KP90.

Users of these statistics should bear in mind that issues of accuracy as well as coverage make the figures reported in this publication incomplete. For example, the total number of detentions reported in the KP90 publication is 58,399 compared with equivalent figures in this publication of 41,592; the total number of uses of section 136 is 19,403 in the KP90 report compared with 11,247 in this publication.

This is partly because not all the providers that submitted the KP90 made an MHLDDS return (for example, independent sector providers who should be submitting MHLDDS but do not do so yet and CAMHS services who are not yet eligible), but also because of issues with the submitted data. A high level of accuracy is required in analysing person level data set such as MHLDDS in order to identify the individual uses of The Act that represent the established measures in the KP90 report that have been official statistics for many years. Our consultations with expert users have confirmed that these precise measures are necessary for monitoring use of The Act. In order to produce the same measures from MHLDDS not all Mental Health Act data submitted could be included in the analysis, because the sequence of events required to pinpoint different uses (such as detention after admission) was not recorded completely. Although there is some variation across providers, which can be investigated more fully by examining the provider level counts of detentions in each release, this is a common issue.

However, the uses of The Act described in the Bulletin are based on the MHLDDS data that could be fully validated and are considered representative of national patterns. For this reason the commentary that follows emphasizes proportions, ratios and patterns, rather than absolute numbers (although these can be found in the supporting reference tables). Some of this information has also been referenced in this year's KP90 report.

The HSCIC works collaboratively with data suppliers to improve the quality of each month's submitted data and we look forward to joining with other interested parties, including the Care Quality Commission, to make data quality a high priority in the coming months. We

hope to produce a more detailed account of provider level data quality issues as part of this work.

The HSCIC is also working on a timetable for the transition between the KP90 and the MHLDDS and to clarify the future relationship of this publication to the official statistics on Uses of the Mental Health Act and on further work with the UK Statistics Authority. We will keep users informed of these developments.

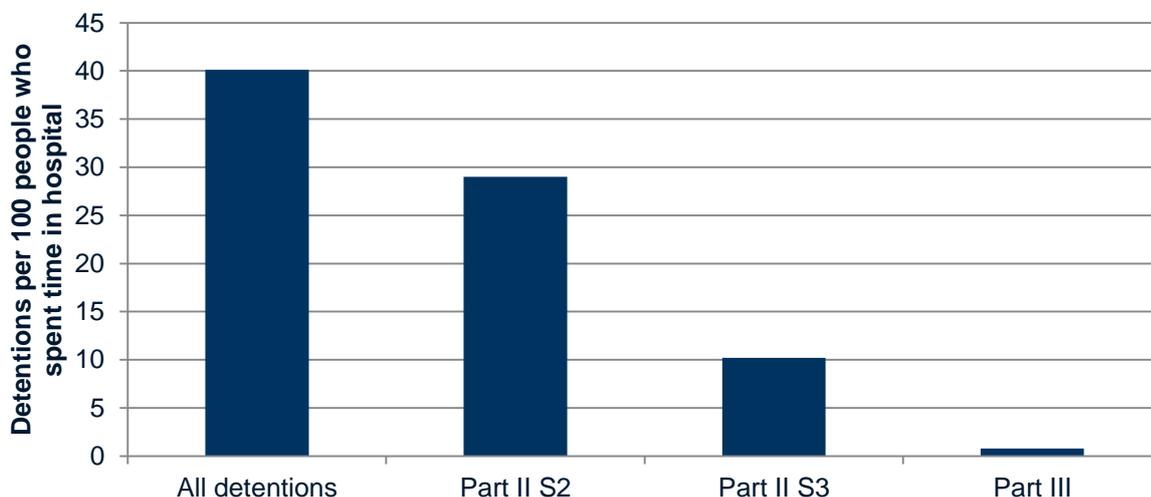
Detentions under The Mental Health Act, 1983

The number of detentions presented in this analysis is the same measure used in the KP90 report, including detentions on admission, subsequent to admission and following uses of short term orders (including place of safety orders) and revocations of CTOs. These figures are set in the context of the number of people using services and spending time in hospital presented earlier in the report.

With the caveat that these figures are likely to undercount the actual uses of the Act, the figures show that there were 2.3 detentions for every 100 people in contact with mental health and learning disability services. Figure 2.2 shows that there were 40.1 detentions per 100 people for the smaller population of people who spent time in hospital during the year (which is where they would be detained).

Looking at the rate of detention by section of The Act, the largest number of detentions were made under Part II Section 2 of The Act, accounting for 29.0 detentions per 100 people who spent time in hospital. Detentions under Part III of The Act (detentions via the criminal justice system) were made 0.8 times per 100 people who spent time in hospital.

Figure 2.2: Rates of detention under the Mental Health Act 1983, per 100 people who spent time in hospital by Section used, 2014/15



Data source: Table 2.1 of the national reference data

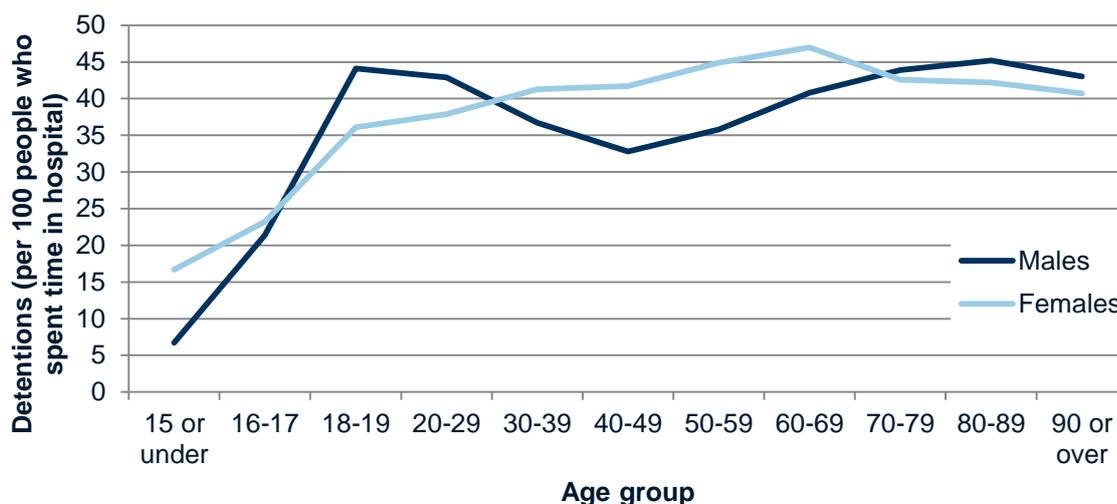
Age and Gender

The figures for detentions are broken down by age and gender in the national reference tables and presented as rates of detention for people who spent time in hospital. These rates should be interpreted in the context of the higher rates of inpatient care already highlighted for men and for people in the 20-29 year age group

Rates of detention were higher for women (41.9) than men (38.5), even though more men spent time in hospital and were detained under The Act more often (22,016) than females (19,566).

People aged between 60 and 89 were most likely to be detained under The Act, with the number of detentions in each of these age groups all being over 43.0 per 100 people who spent time in hospital. Figure 2.3 shows the variation across age groups and genders, with women aged 60 - 69 having the highest number of detentions under The Act per 100 people (47.0).

Figure 2.3: Rates of detention under the Mental Health Act 1983, per 100 people who spent time in hospital by age and gender, 2014/15



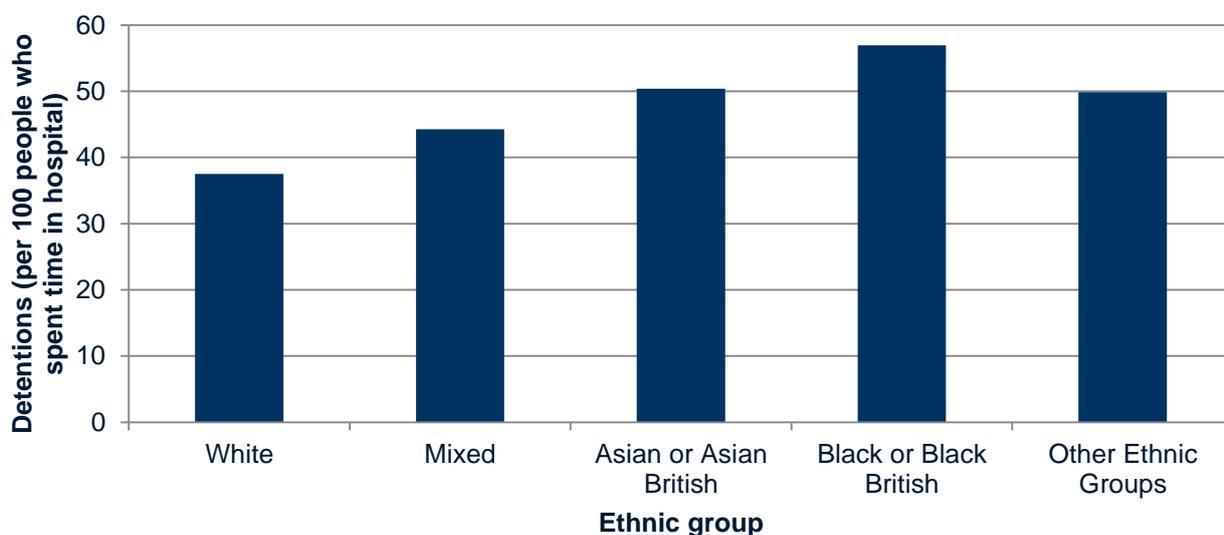
Data source: Table 2.2 of the national reference data

Ethnicity

As previously described, there were 40.1 detentions per 100 people who spent time in hospital during 2014/15. Figure 2.4 shows this information by ethnicity. There were 37.5 detentions per 100 people who identified as being in the White ethnic group, which was the lowest number of all the ethnic groups.

The Black or Black British ethnic group had highest rate of detentions, at 56.9 per 100 people who spent time in hospital. These rates should be interpreted in the context of the higher rates of access to mental health services and inpatient care already highlighted for people in this ethnic group.

Figure 2.4: Rates of detention under the Mental Health Act 1983, per 100 people who spent time in hospital by ethnicity, 2014/15



Data source: Table 2.3 of the national reference data

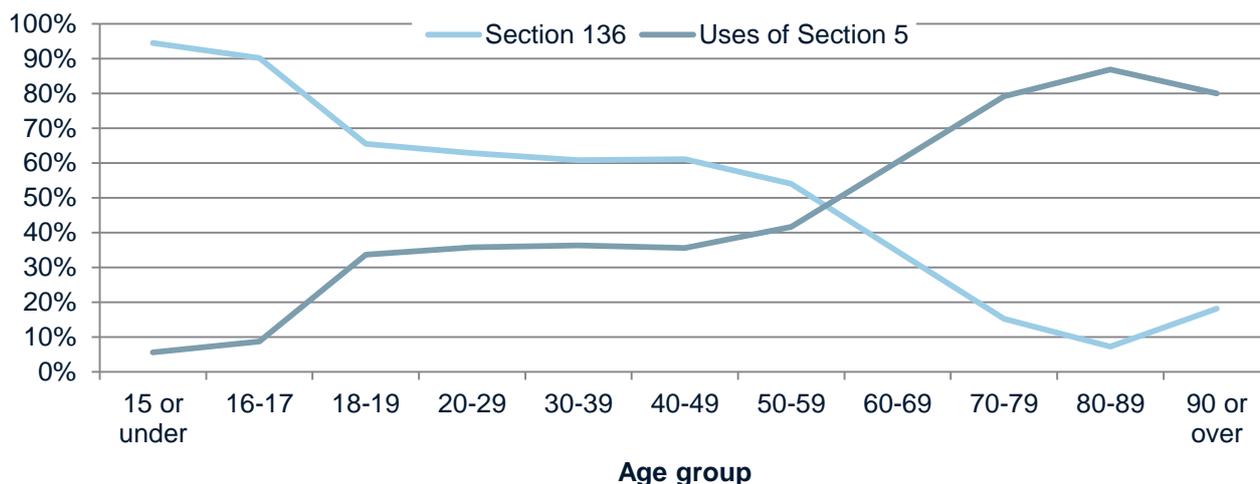
Short Term Detention Orders

Short term detention orders under The Act are defined as those of no greater than 72 hours duration and can be grouped in ‘Holding Powers’ (Sections 4 and 5 of The Act) and Place of Safety Orders (Sections 135 and 136 of The Act). Short term order may involve time spent in hospital, but it could also occur outside a hospital spell as time spent in a hospital based place of safety. The analysis in this section focuses on the uses of Section 5 and Section 136 as, together, they make up 97.1% of all short term detention orders.

Figure 2.5 shows the proportion of each of the selected short term detention orders as a percentage of the total number of short term detention orders for each age group. Short term detention orders under Section 136 of the Act (where the Police can remove an individual to a Place of Safety from a place to which the public have access) make up the majority of all short term detention orders for people aged under 60.

For people aged 60 and above, there is a marked increase in the use of Section 5 (where a person is already in hospital as an informal patient, and is used to prevent them from leaving hospital if the medical team has concerns that the patient ought to be detained under The Act).

Figure 2.5: Proportion of uses of Section 5 and Section 136 by age, as a percentage of the total number of short term holding orders, 2014/15



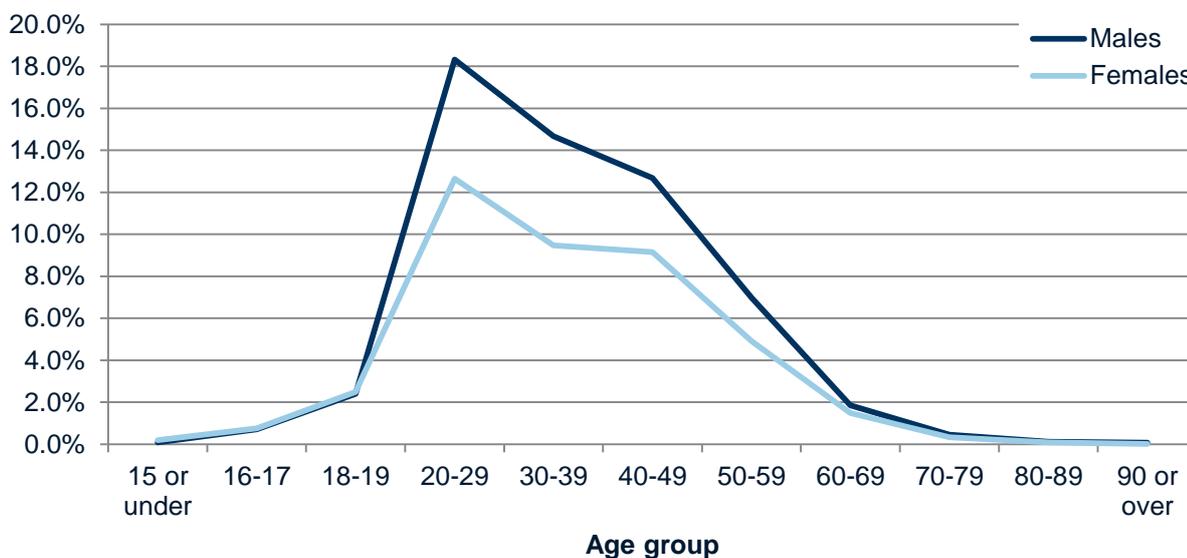
Data source: Table 2.4 of the national reference data

Age and Gender

Short term holding orders under Section 136 of The Act were more frequently used on men (6,567) than women (4,675) in 2014/15. Figure 2.6 shows the proportion of uses of Section 136 by age and gender, as a percentage of the total uses of Section 136.

People aged 20-29 accounted for almost a third (3,485 or 31.0%) of all uses of Section 136. Uses of Section 136 were similar for males and females between the ages of 15 and under to 19 and 60 to 90 and over. The greatest difference between the genders was in the 20 – 29 age group, where men had 18.3% of the total uses of Section 136 compared to 12.7% for women in the same age group.

Figure 2.6: Proportion of uses of Section 136 by age and gender, as a percentage of the total number of uses of Section 136, 2014/15



Data source: Table 2.4 of the national reference data

People who were cared for under the Care Programme Approach

The Care Programme Approach (CPA) is a national system which sets out how mental health and learning disability services should help people with mental illnesses and complex needs⁸. Each provider of mental health and learning disability services will have their own CPA policy, which makes comparisons at provider or CCG level difficult.

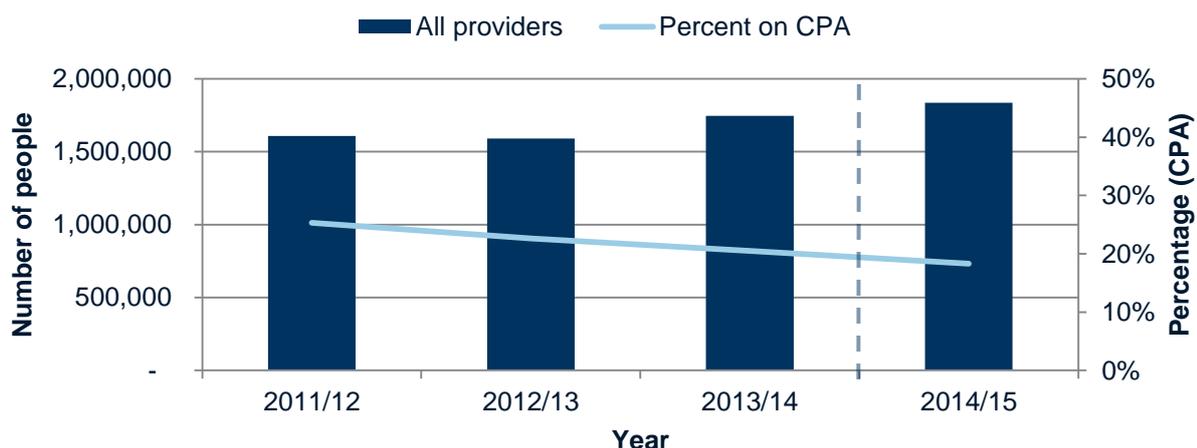
According to NHS Choices⁹, it's recommended that the person who needs CPA support is involved in the assessment of their own needs and in the development of the plan to meet those needs. The person should be informed about their different choices for care and support available to them, and they should be treated with dignity and respect.

A CPA care co-ordinator should be appointed to co-ordinate the assessment and planning process. The co-ordinator is usually a nurse, social worker or occupational therapist. The care co-ordinator should also make sure that the care plan is reviewed regularly. A formal review is made at least once a year. The review will consider whether CPA support is still needed.

People being treated in Independent Sector Providers were much more likely to be cared for under CPA (30.9%) compared to NHS Providers (18.1%). This may be a result of more people in Independent Sector Providers spending time in hospital (as shown in Table 1.1 of the national reference tables) and a greater level of need.

Our analysis in figure 3.1 shows that the number of people in 2011/12 cared for under CPA during the year was 407,370 (or 25.3% of the total) and this has fallen every year, despite the number of people in contact with mental health and learning disability services rising over the same period. In 2014/15 335,727 people were cared for under CPA, which is 18.3% of the total.

Figure 3.1: People in contact with mental health and learning disability services and the per cent of people who were cared for under CPA by year, 2011/12 – 2014/15



Data source: Table 3.1 of the national reference data. The vertical dashed line indicates a significant change to the dataset. Data between these versions may not be comparable

⁸ www.rethink.org/resources/c/care-programme-approach-cpafactsheet

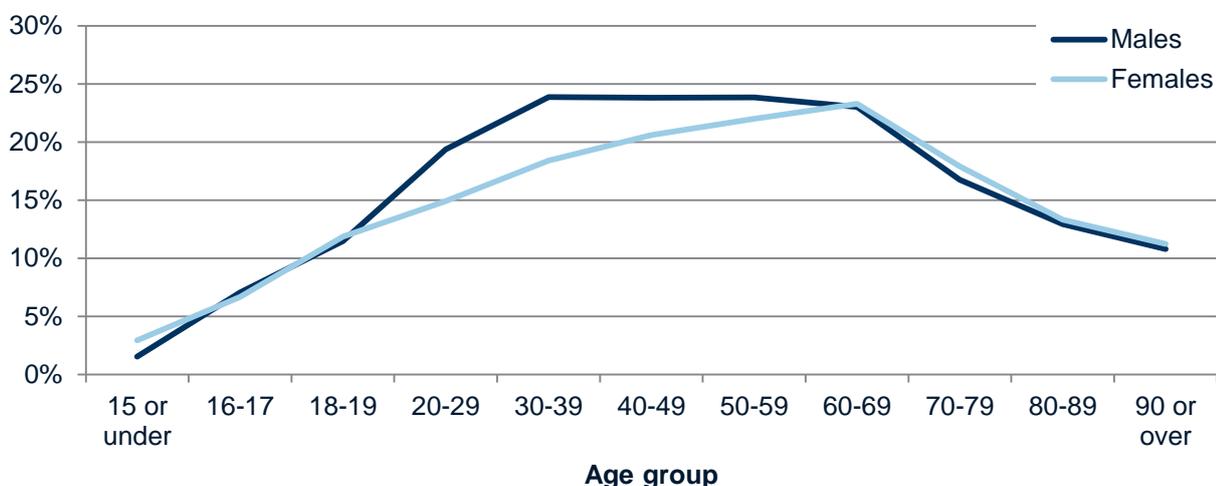
⁹ <http://www.nhs.uk/CarersDirect/guide/mental-health/Pages/care-programme-approach.aspx>

Age and Gender

171,495 women were cared for under CPA in 2014/15. This is higher than the number of men (164,177), although there were more women in contact with mental health and learning disability services. Expressed as a percentage of the total number of males and females in contact with mental health and learning disability services, the two percentages are similar (19.8% of males and 17.1% of females).

Whilst the percentages are broadly similar, figure 3.2 shows that men were more likely than women to be cared for under CPA between the ages of 20 and 59. This would suggest that men who are in contact with mental health and learning disability services between these ages often have more complex mental health needs.

Figure 3.2: People who were cared for under CPA as a percentage of the total number of people in contact with mental health and learning disability services by age and gender, 2014/15



Data source: Table 3.2 of the national reference data

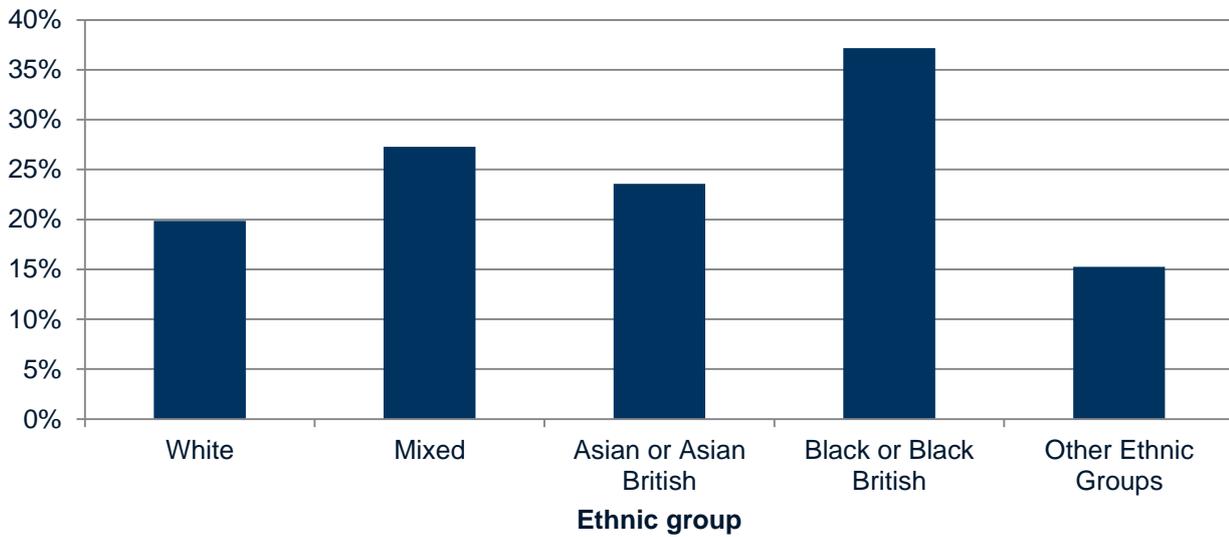
Ethnicity

The majority of people cared for under CPA in 2014/15 identified themselves as being from the White ethnic group, with 270,335 people (or 80.5%) in this ethnic group. The ethnic group with the lowest number of people cared for under CPA was the Mixed ethnic group, with 5,437 people (or 1.6%).

Figure 3.3 shows the variation in the percentage of people who were cared for under CPA (out of the total number of people in contact with mental health and learning disability services) between ethnic groups. The percentage for all the ethnic groups was 18.3% but dropped slightly for the Other ethnic group to 15.3% and rose markedly in many of the other ethnic groups. The Black or Black British ethnic group had the highest percentage of people who were cared for under CPA in the year at 37.2%, which is much higher than the number for all ethnic groups.

Taken with the large number of people from this ethnic group who spent time in hospital in the year, it would suggest that people from this ethnic group have much more complex needs.

Figure 3.3: People who were cared for under CPA in the year, as a percentage of the total number of people in contact with mental health and learning disability services by ethnic group, 2014/15



Data source: Table 3.3 of the national reference data

Mental Health Care Clusters

Mental health care clusters (or *care clusters*) are the nationally mandated currency model for mental health. The model covers most mental health services for working age adults and older people but does not cover learning disability services. The care clusters were mandated for use from April 2012 by the Department of Health (DH).

The care clusters allow mental health services to group people together, based on their needs. There are currently 21 care clusters, further grouped into three 'super classes', based on much broader similarities in need – Non-Psychotic, Psychosis and Organic. Further information about care clusters and the currency and payment model for mental health can be found in the Monitor and NHS England guidance, here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300864/Guidance_to_mental_health_currencies_and_payment.pdf

From July 2014 (based on April 2014 data) we have published a suite of new reports to support the implementation of mental health currencies and payment alongside our existing monthly publication. These currency and payment reports present a range of measures (including calculated measures) to support the implementation of currencies and payment in mental health. These measures include the 10 national recommended quality and outcome indicators, along with other measures to add context.

To avoid confusion, and to ensure we are not duplicating our analysis across publications, the care cluster analysis in this report is limited to basic, end of year measures, broken down by age, gender and ethnicity, which we are not able to do in our monthly reports due to small numbers. The analysis in this report is not limited to those people who are in scope of the currency model and our currency and payment reports should be viewed as the definitive source of this information.

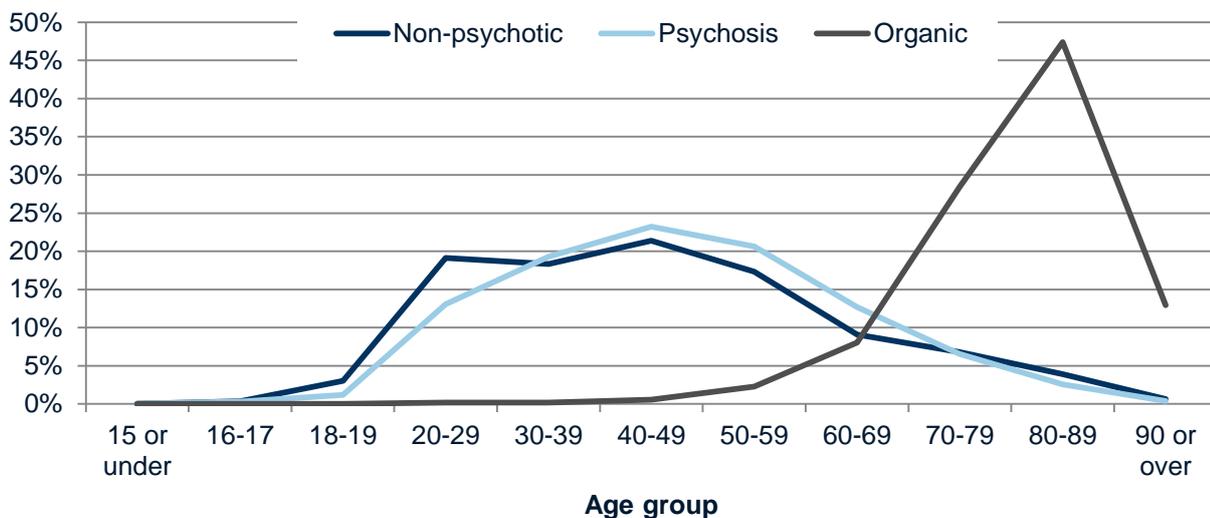
Age and Gender

At the end of 2014/15, 673,524 care clusters were assigned to people in contact with mental health services. The super class with the highest number of care clusters assigned was the Non-Psychotic super class, with 257,837 care clusters (or 38.3% of the total).

Figure 4.1 shows that the 40-49 age group saw the greatest proportion of care clusters assigned in the Non-Psychotic and Psychosis super class, with 21.4% and 23.2% respectively of the total in this super class. This analysis also shows that most people are assigned a Non-Psychotic super class care cluster between the ages of 20 and 59. For the Psychotic super class, this is a slightly older and slightly shorter age range (30 – 59).

222,542 care clusters assigned (33.0%) were in the Organic super class, with most of these care clusters (96.8%) being assigned to people aged 60 and over. This means that almost a third of care clusters were assigned to people aged 60 and over with Organic mental health needs (such as dementia).

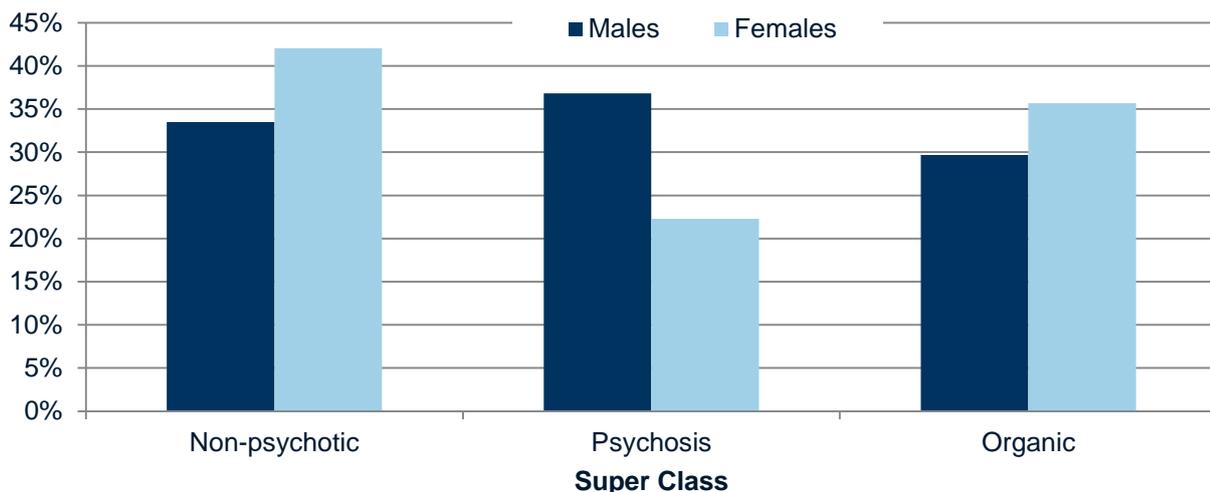
Figure 4.1: Care clusters assigned at the end of 2014/15 by age as a percentage of the total assigned to the super class



Data source: Table 4.1 of the national reference data

Figure 4.2 shows that there are gender differences in the super class of care clusters assigned. Men have broadly similar percentages of care clusters assigned between super classes (expressed out of the total care clusters assigned), whereas women show much greater variation. 42.0% of care clusters assigned to women (158,588) were in the Non-Psychotic super class but only 22.3% of the care clusters assigned to women (84,046) were from the Psychosis care cluster. This may indicate a difference in need between the genders for people who were in contact with mental health services.

Figure 4.2: The proportion of care clusters assigned at the end of 2014/15 by gender and super class as a percentage of the total assigned to each gender

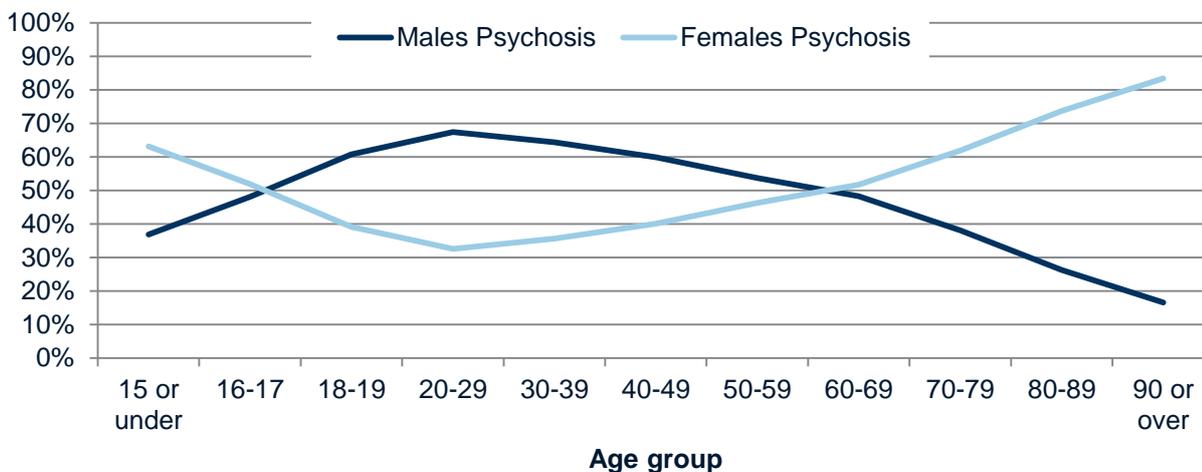


Data source: Table 4.1 of the national reference data

Looking more closely at the Psychosis super class, figure 4.3 shows the variation in the number of care clusters assigned by age and gender. Ignoring figures for people aged 15 and under (due to the small number of care clusters assigned to this age group) a similar percentage of care clusters were assigned to the 16-17 age group (48.1% for males and 51.9% for females). The difference between the two genders then increases, with the a difference in the 20-29 age group (67.4% for males and 32.6% for females).

After the 20-29 age group, the difference in the percentage of care clusters assigned then decreases, up to the 60-69 age group, where the genders are similar. There is then a large increase in the percentage of care clusters assigned to females, with the 90 and over age group having 83.4% of the care clusters assigned to females.

Figure 4.3: Care clusters assigned in the psychosis super class at the end of 2014/15 by age and gender, as a percentage of the total assigned to the super class



Data source: Table 4.1 of the national reference data

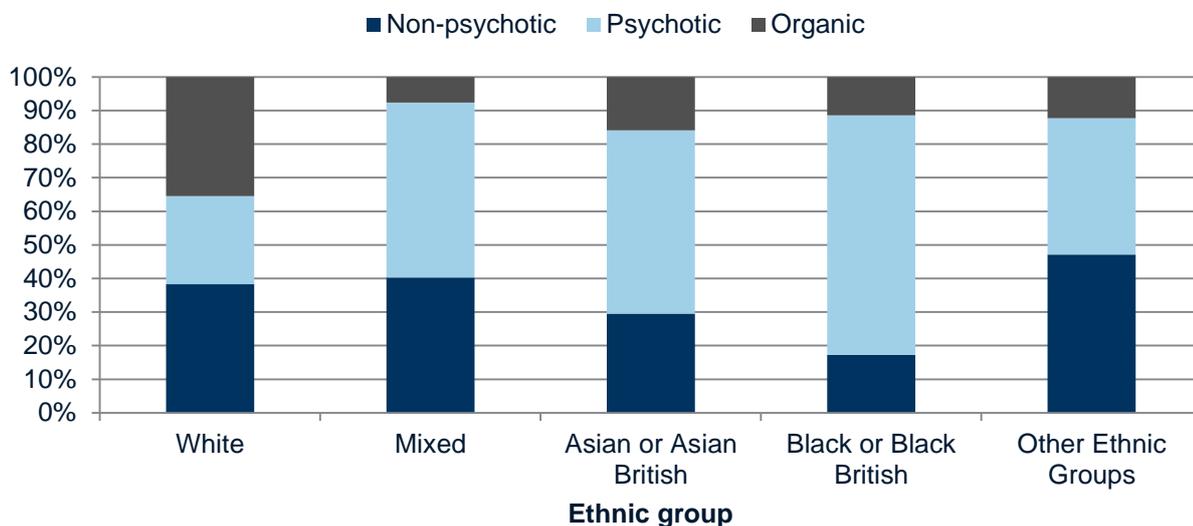
Ethnicity

Figure 4.4 shows that there is also great variation in the super class of care clusters assigned based on a person's ethnic groups. Care clusters in the Non-Psychotic and Organic super classes were more frequently assigned to people in the White ethnic group (38.3% and 35.4% respectively, of the total for this ethnic group).

Many of the other ethnic groups see a reverse of this trend, with the Psychosis care cluster more frequently assigned. This is particularly the case for the Black or Black British ethnic group where almost three in four people (71.3%) are assigned to a Psychosis care cluster.

These findings need to be used with caution, as there may be features of a particular ethnic group that may influence this analysis – such as population demographics and the rates of access amongst different ethnic groups.

Figure 4.4: Proportion of care clusters assigned at the end of 2014/15, by super class and ethnicity



Data source: Table 4.2 of the national reference data

In Year Bed Days

Our in year bed day measures are a count of occupied bed days during the year. These figures are also presented as a median number of occupied bed days, per adult mental health or learning disabilities care spell, for comparison purposes. This is different in many cases to a person’s *length of stay*, which may include days spent in hospital from a previous year.

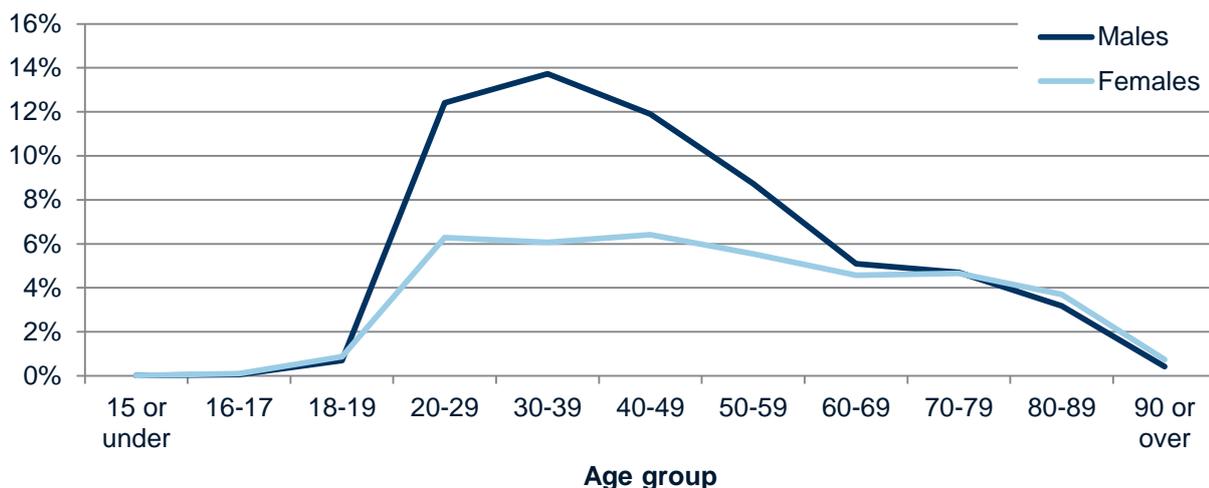
In 2014/15, people in contact with mental health and learning disability services spent a total of 8,523,323 days in hospital, in the year. This is an increase of 395,180 bed days or 4.9%, when compared to the figure from 2013/14 (8,128,143). This increase is largely a result in the expansion of the scope of the dataset to include people in contact with learning disability services for the first time.

Age and Gender

The data for 2014/15 shows that men had many more in year bed days – 5,196,107 (61.0% of the total) compared to 3,321,824 (39.0%) for women.

Figure 5.1 shows that over a third of bed days (3,242,523 or 38.0% of the total) were recorded by men aged between 20 and 49. Men aged 30-39 were the age band with the most in year bed days (1,170,561, or 13.7% of the total).

Figure 5.1: In year bed days by age and gender, as a percentage of total, 2014/15



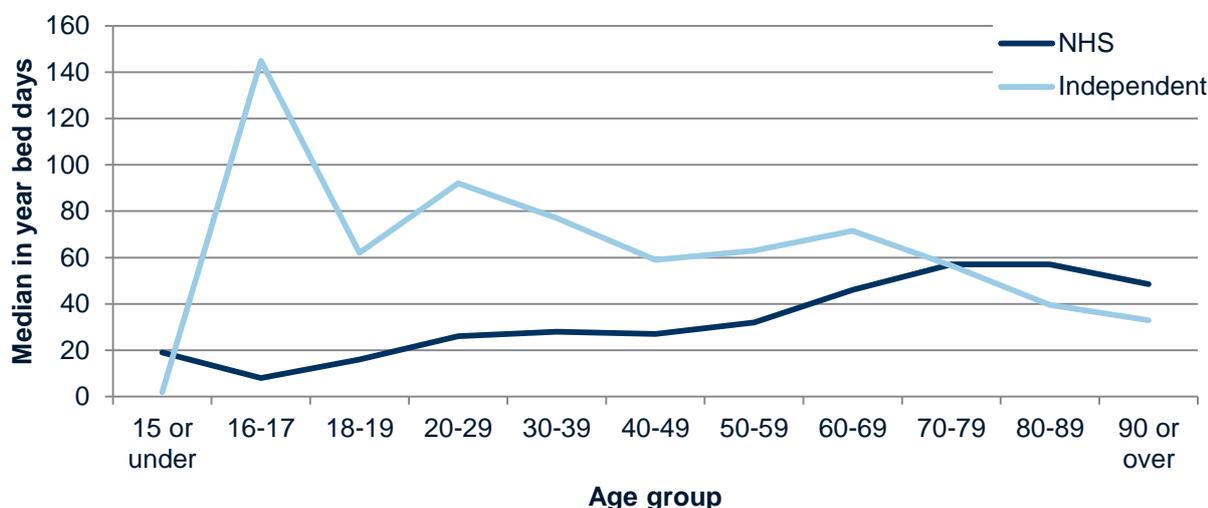
Data source: Table 5.1 of the national reference data

Provider type

During 2014/15, the median in year bed days for each adult mental health or learning disabilities care spell that spent some time in hospital was 34.0 days. This figure differs depending on the type of provider. The median for NHS providers was 33.0 days, and for independent sector providers the median was 69.0 days, much higher than the figure for NHS providers. Figure 5.2 shows that this trend is evident across most age groups, until the 70-79 age group, where the medians are similar. After the 70-79 age group, NHS providers have a higher median in year bed days than independent sector providers.

There are two caveats to this analysis. Firstly, not all independent sector providers submitted data in 2014/15, so these figures may not be representative of the sector as a whole. Secondly, long inpatient stays are expected for some types of services typically provided by independent sector providers (traditionally long term complex care or forensic services).

Figure 5.2: Median in year bed days by age and provider type, 2014/15



Data source: Table 5.2 of the national reference data

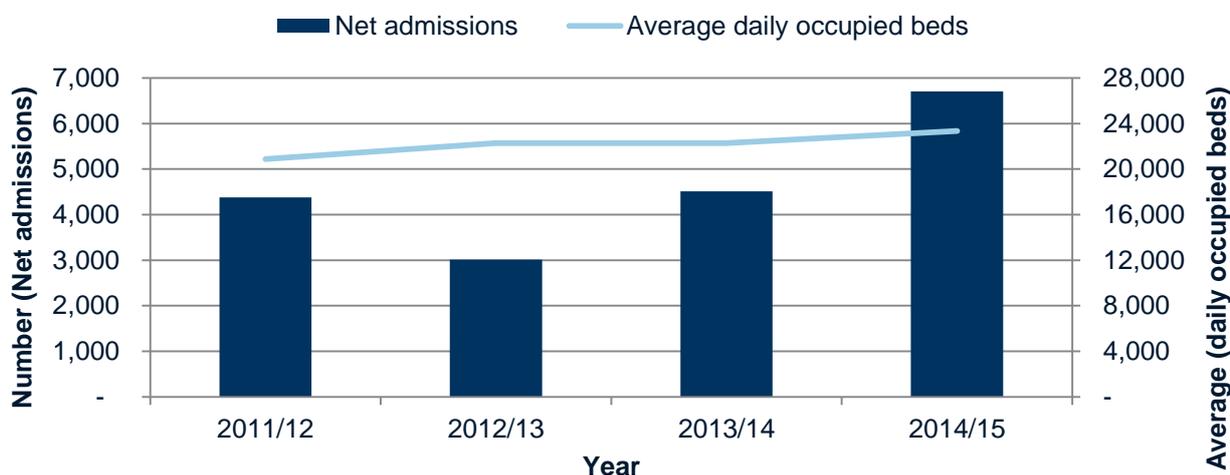
Admissions, Discharges and Average Daily Occupied Beds

In 2014/15, there were 125,710 admissions to a mental health or learning disability hospital, an increase of 4,211 (or 3.5%) admissions from the year before. Again, this increase is largely a result in the expansion of the scope of the dataset to include people in contact with learning disability services for the first time. The number of discharges had increased by 2,016 (or 1.7%), from 116,988 in 2013/14 to 119,004 in 2014/15.

As figure 6.1 shows, net admissions (the number of admissions minus the number of discharges) increased in 2014/15 by 2,195 compared to 2013/14, which is much higher than in previous years.

The average daily occupied beds increased by 1,083 (from 22,269 in 2013/14 to 23,352 in 2014/15). Much like other increases seen this year, it is largely as a result in the expansion of the scope of the dataset to include people in contact with learning disability services for the first time. Throughput in inpatient services is low with 14.0 discharges per 1,000 occupied bed days.

Figure 6.1: Net admissions and average daily occupied beds, 2011/12 - 2013/14



Data source: Table 6.1 of the national reference data

Age and Gender

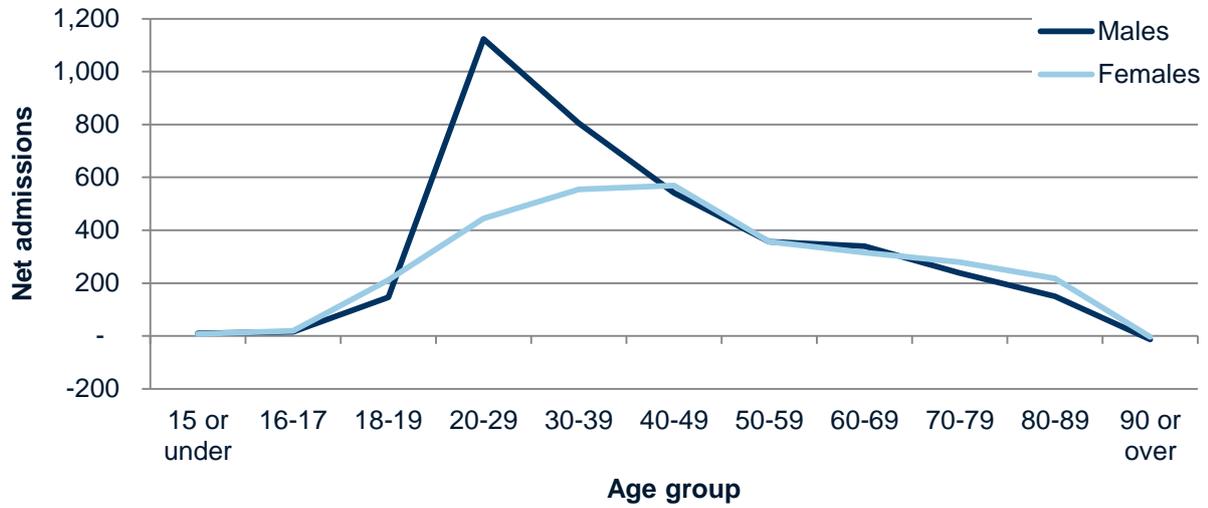
The age group with the highest number of both admissions and discharges is the 20-29 age group, accounting for 20.7% (25,963) of admissions and 20.5% (24,390) of discharges, although this is only marginally higher than the 30-39 age group. This is particularly interesting, as the 20-29 age group does not have the highest number of people admitted (see Table 1.2 in the national reference data). This would suggest that this age group particularly has seen many people admitted multiple times in the year.

The data for 2014/15 shows that men had more admissions (66,472) and discharges (62,761) than women (59,187 and 56,212 respectively). This is to be expected as more men spent time in hospital during the year.

Figure 6.2 shows that the number of net admissions was broadly similar between gender and age groups, with the exception of the 20-29 and 30-39 age groups where the figures are much higher for men. Men had 1,123 more admissions than discharges in the 20-29 age

group and 805 more admissions than discharges in the 30-39 age group. The figures for females were 445 and 554 respectively.

Figure 6.2: Net admissions by gender and age group, 2014/15



Data source: Table 6.2 of the national reference data

Outpatient and Community Activity

As figure 1.1 shows, most people in contact with mental health and learning disability services (94.3%) during 2014/15 did not spend any time in hospital. This means that most of the care delivered to people who were in contact with mental health and learning disability services took place in the community.

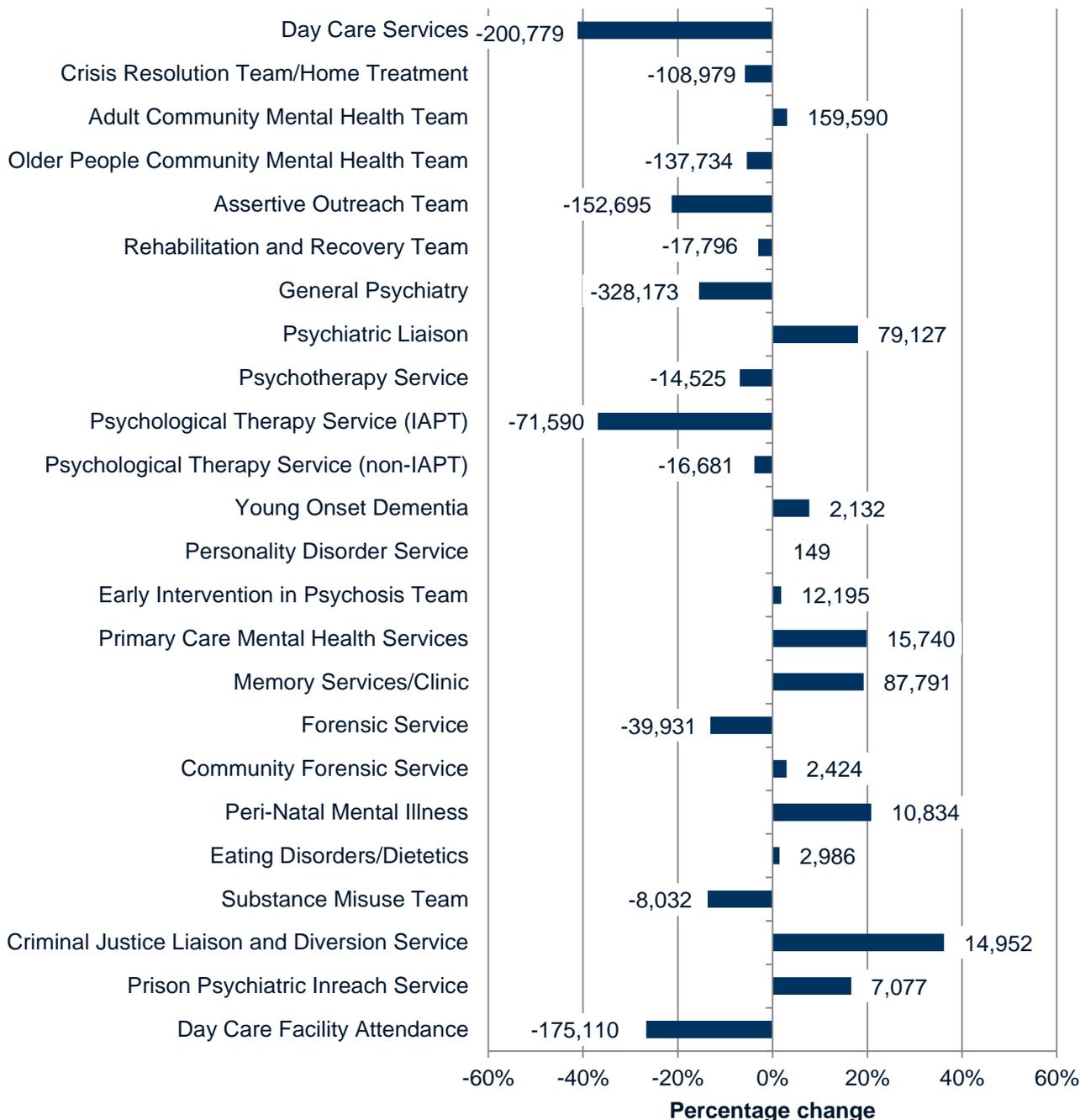
In 2014/15, there were 21,034,199 recorded contacts with a member of staff, a decrease of 671,408 contacts from the year before. This is despite an increase in the number of people in contact with services of 5.1% (see figure 1.1).

Figure 7.1 shows that 12 of the community team types saw a reduction in the number of recorded contacts. Day Care services saw the greatest decrease in the number of recorded contacts between the two years (41.1%). Criminal Justice Liaison and Diversion Services saw the greatest increase in the number of contacts, of 36.2% over the same period.

Three teams reported over double the number of contacts in 2014/15 compared to 2013/14 and were excluded from the analysis for clarity. These teams were Learning Disability Service, Autistic Spectrum Disorder Service and Asylum Service. These teams are still listed in table 7.1 of the national reference data.

Much like last year, we were not able to allocate over three million (3,305,466) recorded contacts to a team due to poor data quality. This equates to 15.7% of the total number of recorded contacts.

Figure 7.1: Change in the number of recorded contacts by team and year, 2013/14 – 2014/15

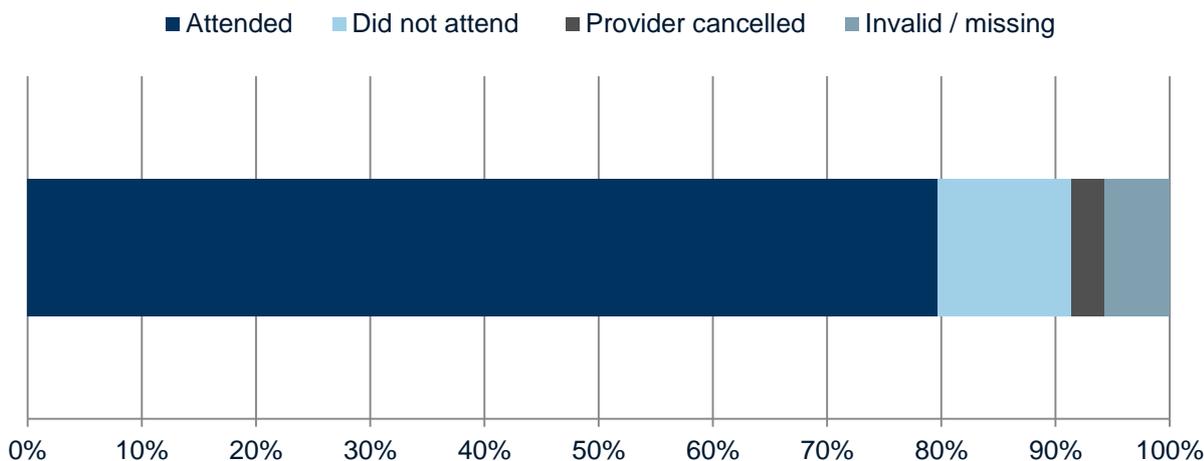


Data source: Table 7.1 of the national reference data, 2014/15 and table 7.1 of the national reference data, 2013/14

Figure 7.2 shows that across all team types, 79.7% (or 16,774,743) of recorded contacts were classed as ‘attended’, which is lower than last year where 81.0% of contacts were classed as ‘attended’. This ranges between 95.8% (28,282) of contacts for Young Onset Dementia Services, to 29.1% (1,032) of contacts for Asylum Services.

Nationally, 11.7% (or 2,456,598) of recorded contacts were not attended (DNA) by the person in contact with mental health and learning disability services and 2.9% (or 601,596) were cancelled by the provider. Due to poor data quality, we are not sure if 1,201,262 (or 5.7% of the total) recorded contacts were attended or not.

Figure 7.2: Proportion of recorded contacts by attendance type, 2014/15



Data source: Table 7.1 of the national reference data

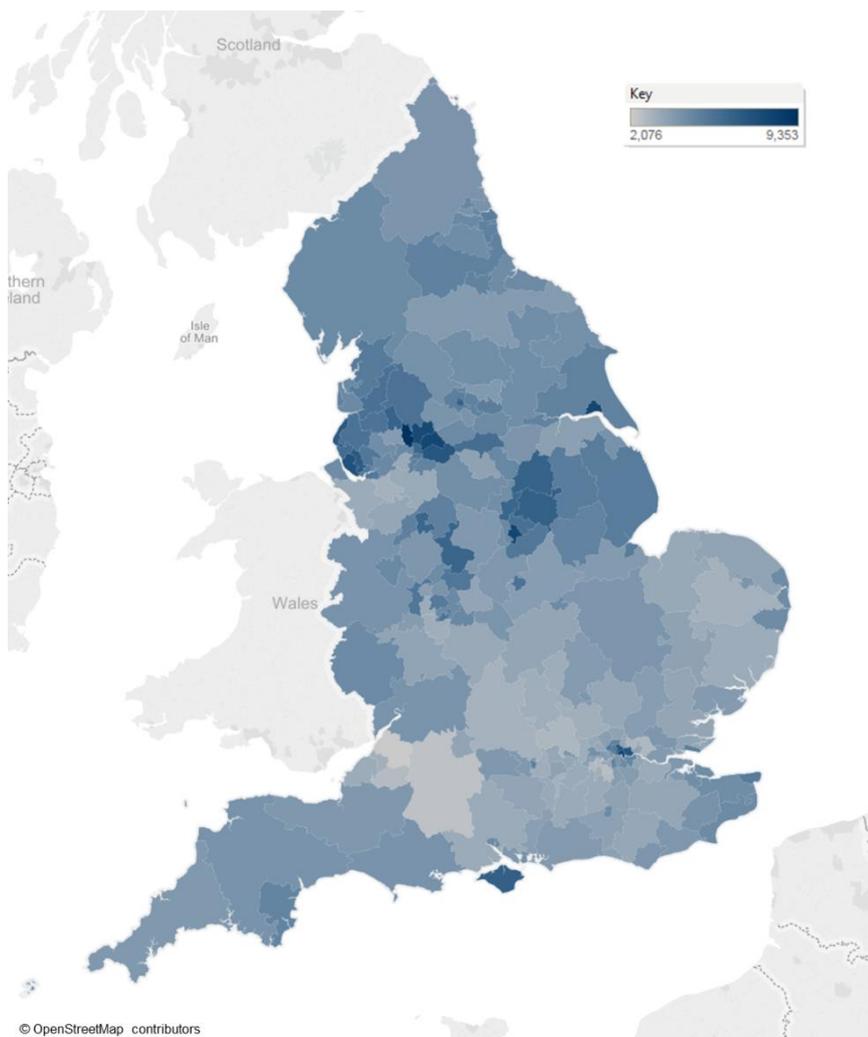
CCG Analysis

Rates of access to mental health and learning disability services

Analysis of the 14/15 data at CCG level shows that there was variation in the standardised rates of access based on the 2013 mid-year CCG population estimates based on the 2011 census from the ONS. Both the population and the number of people accessing mental health and learning disability have been limited to those aged 18 and over, to prevent the small number of people under 18 recorded in the dataset skewing the figures.

Figure 8.1 shows that the highest standardised rate of access to mental health and learning disability services was in NHS Bury CCG (9,353 people per 100,000 of the population) and the lowest was in NHS South Gloucestershire CCG (2,076 people per 100,000 of the population).

This map was produced in Tableau and is also available as an interactive Tableau visualisation (allowing users to zoom and select a specific CCG) here: https://public.tableau.com/profile/community_and_mental_health_team#!/vizhome/MentalHealthBulletinDetentionsRatesofAccessbyCCG201415/Home



Data source: Table 1b of the organisational reference data

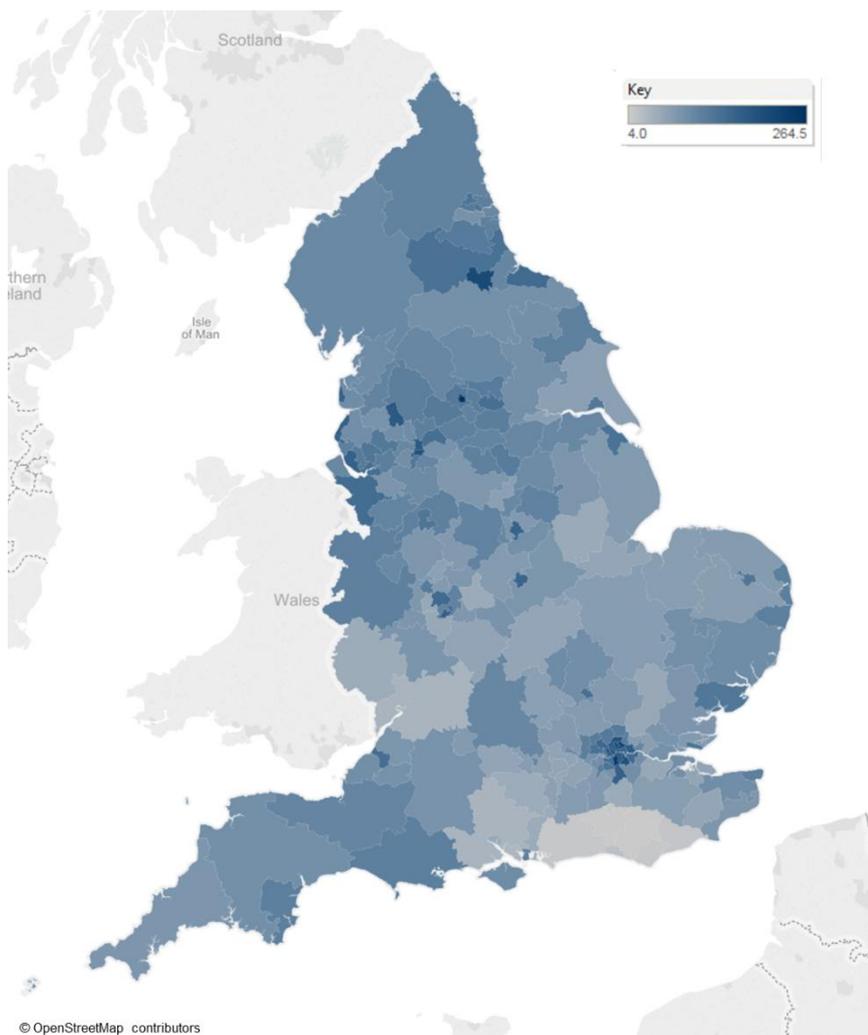
Rates of detention under the Mental Health Act, 1983

Analysis of the 14/15 data at CCG level shows that there was also variation in the rates of detention based on the 2013 mid-year CCG population estimates based on the 2011 census from the ONS. Both the population and the number detentions have been limited to those aged 18 and over, to prevent the small number of people under 18 recorded in the dataset skewing the figures.

Figure 8.2 shows that NHS Bradford City CCG had the highest rate of detention (264.5 detentions per 100,000 of the population), whilst the lowest rate was in NHS High Weald Lewes Havens CCG, although this figure is suppressed due to the low number of detentions recorded.

These figures should be treated with caution, as the basis for further interrogation of the data. Shortfalls in the data provided about uses of the Mental Health Act, and variability in the completeness of data submitted by individual providers, described earlier in the report, will affect the accuracy of CCG level rates. Further information to support such investigation can be found in table 2a of the supporting reference table.

This map was produced in Tableau and is also available as an interactive Tableau visualisation (allowing users to zoom and select a specific CCG) here: <https://public.tableau.com/profile/community.and.mental.health.team#!/vizhome/MentalHealthBulletinDetentionsRatesofAccessbyCCG201415/Home>



Data source: Table 2b of the organisational reference data

Appendix 1 – List of providers and number of successful submissions during 2014/15

Provider Code	Provider Name	Number of submissions	Missing submissions
8GG86	VISTA HEALTHCARE INDEPENDENT HOSPITAL	10	Sep, Mar
NMJ	CYGNET HEALTH CARE LIMITED	12	
NMV	PARTNERSHIPS IN CARE LTD	12	
NNF	CITY HEALTH CARE PARTNERSHIP CIC	6	Apr - Sep
NQ4	ST GEORGE HEALTHCARE GROUP	7	Apr - Jun, Aug, Sep
NQL	NAVIGO	12	
NR0	RAPHAEL HEALTHCARE LTD	12	
NR5	PLYMOUTH COMMUNITY HEALTHCARE (CIC)	12	
NTP	CARE UK	12	
NTT	CAMBIAN HEALTHCARE LIMITED	12	
NYA	ST ANDREW'S HEALTHCARE	12	
R1A	WORCESTERSHIRE HEALTH AND CARE NHS TRUST	12	
R1C	SOLENT NHS TRUST	12	
R1F	ISLE OF WIGHT NHS TRUST	12	
RAT	NORTH EAST LONDON NHS FOUNDATION TRUST	12	
RDY	DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST	12	
RGD	LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	12	
RH5	SOMERSET PARTNERSHIP NHS FOUNDATION TRUST	12	
RHA	NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST	12	
RJ8	CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	12	
RJX	CALDERSTONES PARTNERSHIP NHS FOUNDATION TRUST	6	Apr - Sep ¹
RKE	THE WHITTINGTON HOSPITAL NHS TRUST	4	Apr - Nov ²
RKL	WEST LONDON MENTAL HEALTH NHS TRUST	12	

Provider Code	Provider Name	Number of submissions	Missing submissions
RLY	NORTH STAFFORDSHIRE COMBINED HEALTHCARE NHS TRUST	12	
RMY	NORFOLK AND SUFFOLK NHS FOUNDATION TRUST	12	
RNK	TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST	12	
RNN	CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST	12	
RNU	OXFORD HEALTH NHS FOUNDATION TRUST	12	
RP1	NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST	12	
RP7	LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST	12	
RPG	OXLEAS NHS FOUNDATION TRUST	12	
RQY	SOUTH WEST LONDON AND ST GEORGE'S MENTAL HEALTH NHS TRUST	12	
RR7	GATESHEAD HEALTH NHS FOUNDATION TRUST	12	
RRD	NORTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	12	
RRE	SOUTH STAFFORDSHIRE AND SHROPSHIRE HEALTHCARE NHS FOUNDATION TRUST	12	
RRP	BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST	12	
RT1	CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST	12	
RT2	PENNINE CARE NHS FOUNDATION TRUST	12	
RT5	LEICESTERSHIRE PARTNERSHIP NHS TRUST	12	
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	12	
RTQ	2GETHER NHS FOUNDATION TRUST	12	
RTV	5 BOROUGHES PARTNERSHIP NHS FOUNDATION TRUST	12	
RV3	CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST	12	
RV5	SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST	12	
RV9	HUMBER NHS FOUNDATION TRUST	12	
RVN	AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST	12	
RW1	SOUTHERN HEALTH NHS FOUNDATION TRUST	12	
RW4	MERSEY CARE NHS TRUST	12	
RW5	LANCASHIRE CARE NHS FOUNDATION TRUST	12	
RWK	EAST LONDON NHS FOUNDATION TRUST	12	

Provider Code	Provider Name	Number of submissions	Missing submissions
RWN	SOUTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	12	
RWR	HERTFORDSHIRE PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST	12	
RWV	DEVON PARTNERSHIP NHS TRUST	12	
RWX	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	12	
RX2	SUSSEX PARTNERSHIP NHS FOUNDATION TRUST	12	
RX3	TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST	12	
RX4	NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST	12	
RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST	12	
RXE	ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST	12	
RXG	SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST	12	
RXM	DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST	12	
RXT	BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST	12	
RXV	GREATER MANCHESTER WEST MENTAL HEALTH NHS FOUNDATION TRUST	12	
RXX	SURREY AND BORDERS PARTNERSHIP NHS FOUNDATION TRUST	12	
RXY	KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST	12	
RY8	DERBYSHIRE COMMUNITY HEALTH SERVICES NHS FOUNDATION TRUST	5	Sep - Mar
RYG	COVENTRY AND WARWICKSHIRE PARTNERSHIP NHS TRUST	12	
RYK	DUDLEY AND WALSALL MENTAL HEALTH PARTNERSHIP NHS TRUST	12	
TAD	BRADFORD DISTRICT CARE NHS FOUNDATION TRUST	12	
TAE	MANCHESTER MENTAL HEALTH AND SOCIAL CARE TRUST	12	
TAF	CAMDEN AND ISLINGTON NHS FOUNDATION TRUST	12	
TAH	SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST	12	
TAJ	BLACK COUNTRY PARTNERSHIP NHS FOUNDATION TRUST	12	

¹Calderstones Partnership NHS Foundation Trust are a learning disabilities provider and were not expected to submit data before September 2014

²The Whittington Hospital NHS Trust submitted data for the first time in December 2014

**Published by the Health and Social Care Information Centre
Part of the Government Statistical Service**

Responsible Statistician

Carl Money, Principal Information Analyst

ISBN 978-1-78386-517-8

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

For further information

www.hscic.gov.uk

0300 303 5678

enquiries@hscic.gov.uk

Copyright © 2015 Health and Social Care Information Centre. All rights reserved.

This work remains the sole and exclusive property of the Health and Social Care Information Centre and may only be reproduced where there is explicit reference to the ownership of the Health and Social Care Information Centre.

This work may be re-used by NHS and government organisations without permission.