



Llywodraeth Cymru
Welsh Government

STATISTICS

Admission of patients to mental health facilities: April 2020 to March 2021

Data on the number of patients admitted to mental health facilities both formally and informally, and patients subject to supervised community treatment for April 2020 to March 2021.

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Introduction

This statistical release summarises the number of admissions (not patients) to mental health facilities in Wales both formally and informally, and patients subject to supervised community treatment.

The Mental Health Act 1983, amended in 2007, allows people with a mental disorder to be admitted to hospital, detained and treated without their consent, whether for their own health, safety, or for the protection of other people.

People can be admitted, detained and treated under different sections of the Mental Health Act, depending on the circumstances. People who are compulsorily admitted to hospital are referred to as 'formal' patients and people who are admitted to hospital when they are unwell without the use of compulsory powers are referred to as 'informal' patients.

The large majority of these admissions are to NHS facilities but a small number of admissions are to independent hospitals. A patient can be admitted more than once each year and therefore would be counted as a separate admission on each occasion.

The Mental Health Act also allows people to be placed on supervised community treatment, after a period of compulsory treatment in hospital.

New data in this release is from a time period affected by the COVID-19 pandemic. As a result, caution is advised when comparing data for 2020-21 with previous years as some hospitals reported a change in practice to reduce the number of patients detained in mental health facilities at this time, with greater provision of services within the community.

Summary data included in this release is published on [StatsWales](#).

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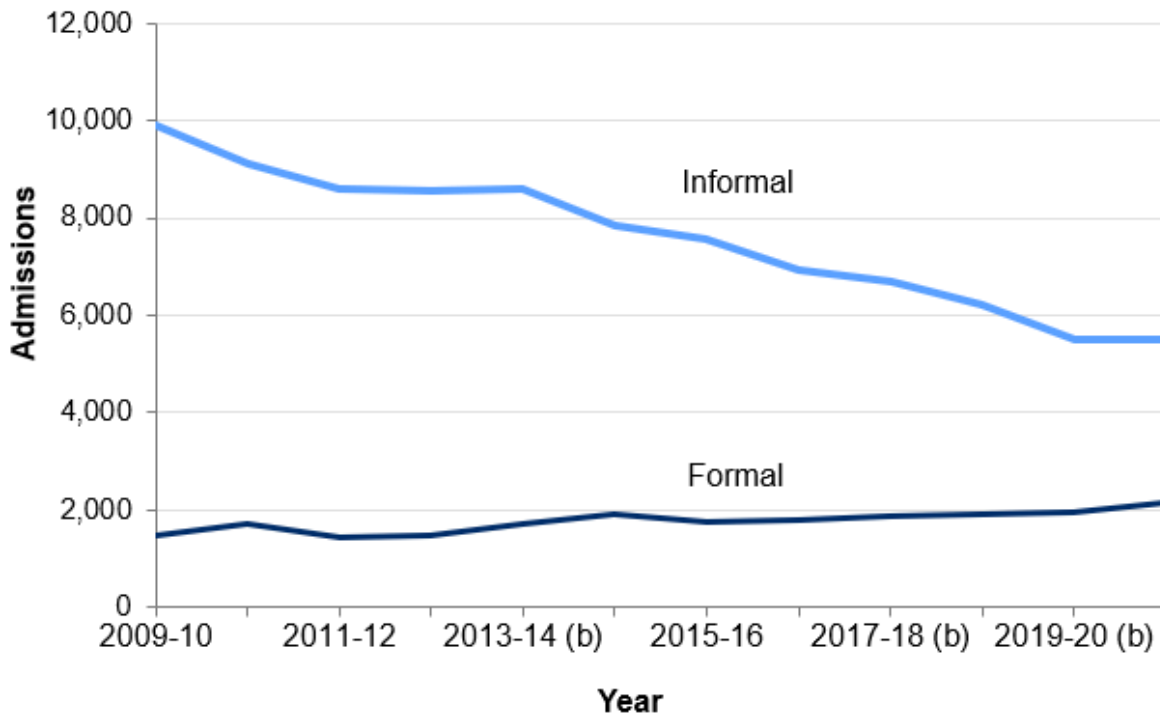
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Main points

- In 2020-21, there were 7,639 admissions to mental health facilities in Wales, an increase of 173 (2%) from 2019-20.
- In 2020-21, 52% of all admissions were for male patients and 48% were for female patients.
- In 2020-21, 2,157 (28%) of the total admissions were formal admissions under the Mental Health Act 1983 and other legislation, an increase of 192 (10%) from 2019-20.
- 94% (2,027 of 2,157) of formal admissions were detained without the involvement of criminal courts (Part II) with 80% of these (1,618 out of 2,027) being admitted for assessment, with or without treatment (Section 2 of the Mental Health Act 1983).
- In 2020-21, there were 153 patients subject to supervised community treatment (SCT), including 15 for whom an independent hospital was responsible; of this total, 87 were male and 66 females.

Admissions by status

Figure 1: Admissions to mental health facilities by status 2009-10 to 2020-21 (a)



Source: KP90 data collection form, Welsh Government

(a) Excluding place of safety detentions.

(b) Estimate for independent hospitals see [quality and methodology information](#) for more details.

Comparable data is available from 2009-10. The total number of admissions in Wales (excluding place of safety detentions) had steadily fallen between 2009-10 and 2019-20; however, there was a slight increase in 2020-21 where there were 7,639 admissions.

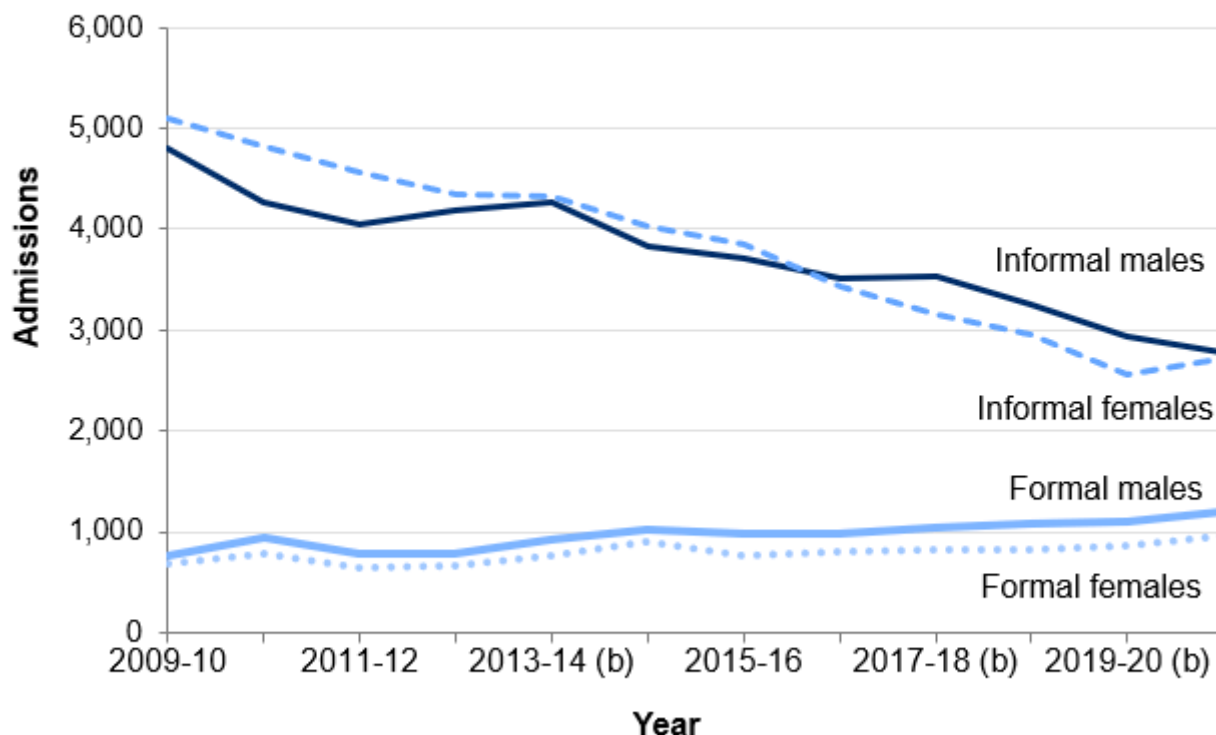
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Between 2009-10 and 2020-21 total admissions decreased by 33%. This was driven by informal admissions which decreased by 45% in the same period. In contrast, formal admissions increased by 49% since 2009-10.

Figure 2: Admissions to mental health facilities by gender of patient, 2009-10 to 2020-21 (a)



Source: KP90 data collection form, Welsh Government

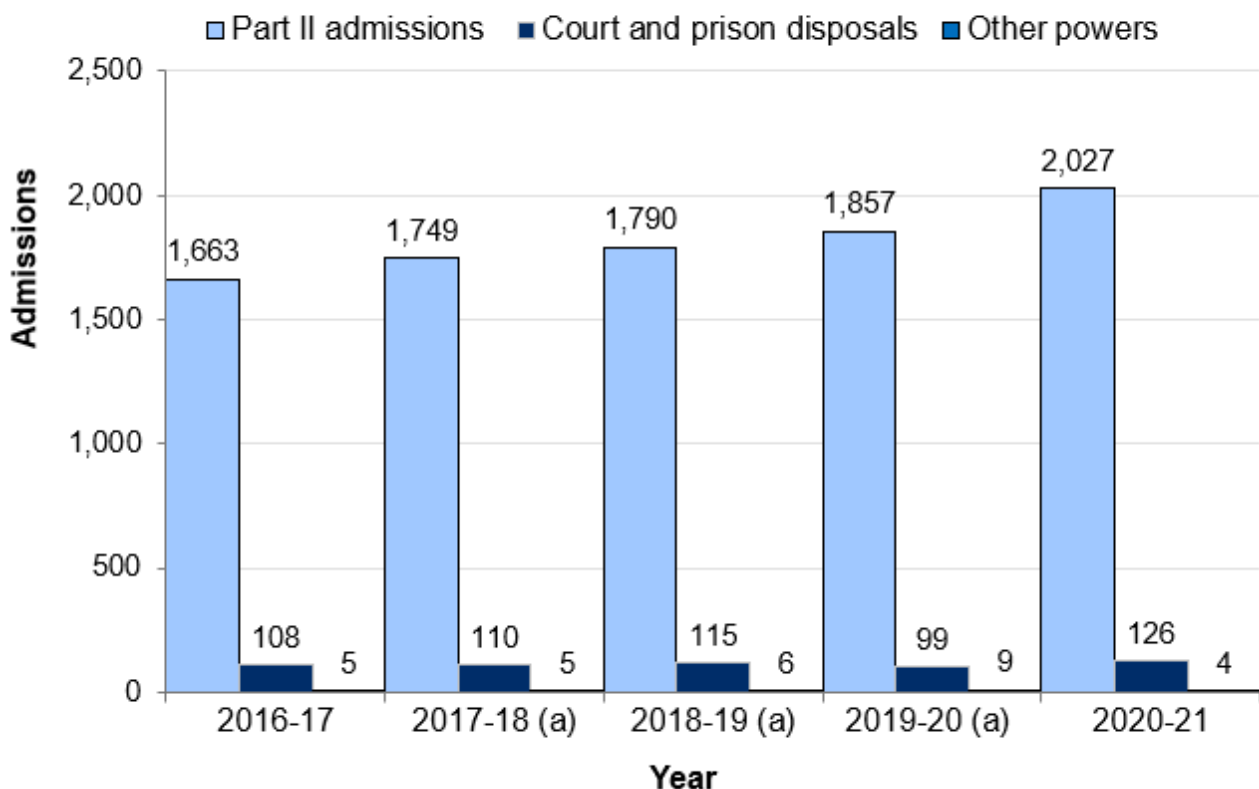
- (a) Excluding place of safety detentions.
- (b) Estimate for independent hospitals, see [quality and methodology information](#) for more details.

Since 2015-16, more males were admitted to mental health facilities than females each year. The longer-term trends for both formal and informal admissions are similar for both male and female admissions.

In 2020-21, 52% of all admissions were for male patients and 48% were for female patients.

Legal status

Figure 3: Formal admissions to mental health facilities, 2016-17 to 2020-21



Source: KP90 data collection form, Welsh Government

(a) Estimate for independent hospitals, see [quality and methodology information](#) for more details.

The number of formal admissions under sections of the Mental Health Act has

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increased each year since 2016-17. This increase has been driven by an increase in those admitted under Part II (Part II of the Act allows a patient to be compulsorily admitted under the Act if they are suffering from mental disorder as defined in the Act). Of those admitted formally, the large majority in each year were admitted under Part II (94% in 2020-21).

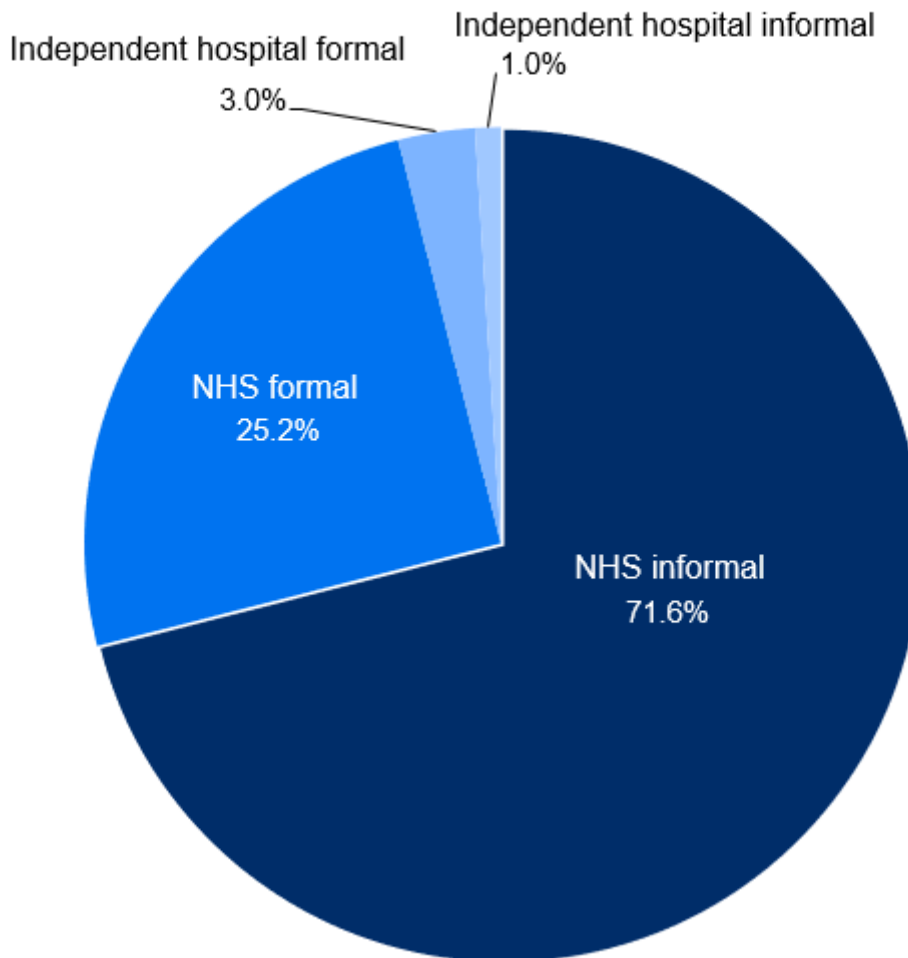
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Admissions by type of facility

Figure 4: Admissions to mental health facilities by type of facility, 2020-21 (a)



Source: KP90 data collection form, Welsh Government

(a) Excluding place of safety detentions.

97% of all admissions in 2020-21 were to NHS facilities and 3% of all

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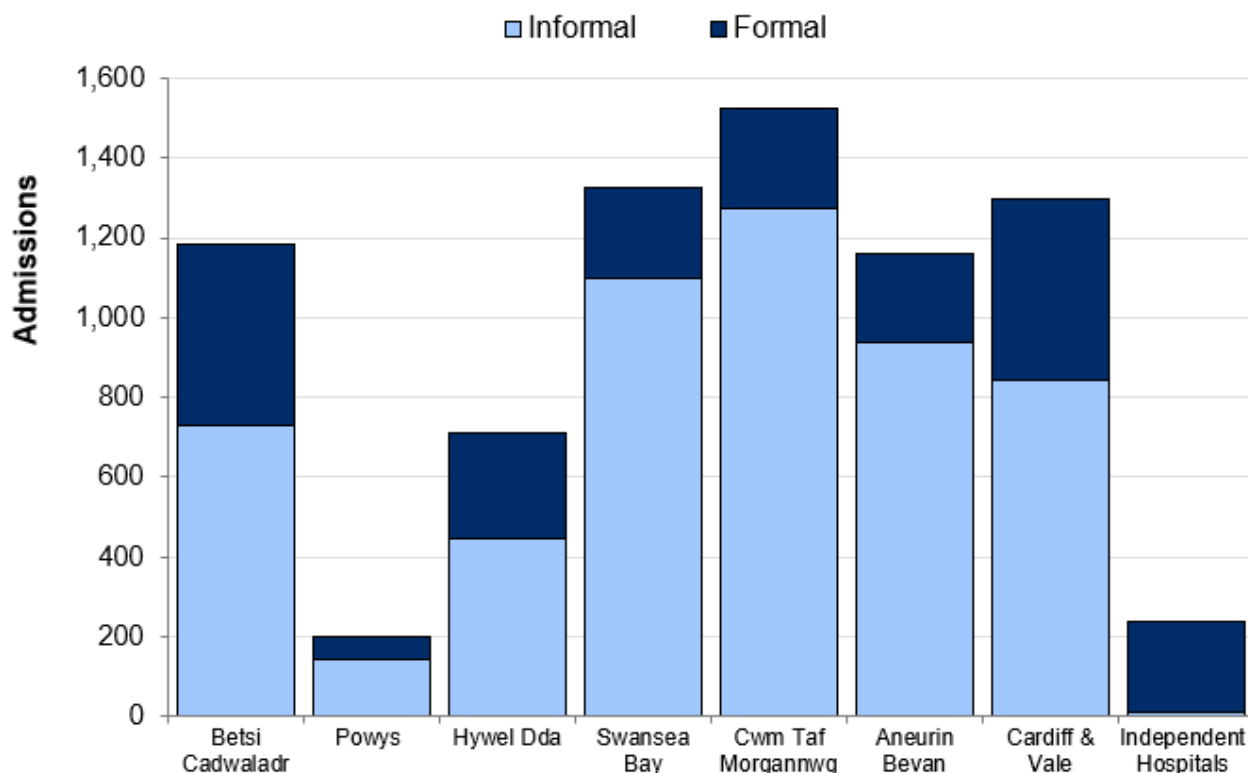
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admissions during 2020-21 were to independent hospitals.

Of the 2,157 formal admissions (excluding place of safety detentions), 89% were to NHS facilities.

Figure 5: Admissions to mental health facilities by local health board and independent hospitals, 2020-21 (a) (b)



Source: KP90 data collection form, Welsh Government

(a) Excluding place of safety detentions.

(b) See [quality and methodology information](#) for more details of data presented for Powys.

Cwm Taf Morgannwg had the highest number of informal admissions (1,275 or 23% of the total NHS informal admissions in Wales), whereas Betsi Cadwaladr

had the highest number of formal admissions (455 or 24% of the total formal NHS admissions in Wales).

Powys had the lowest number of informal admissions (143 or 3%) and formal admissions (57 or 3%).

In 2020-21, the proportion of admissions that were informal ranged from 62% in Betsi Cadwaladr to 84% in Cwm Taf Morgannwg. 96% of admissions to independent hospitals were formal admissions.

Table 1: Admissions and rates of admission per 10,000 resident population by local health board and independent hospitals, 2020-21 (a)

Local health board / independent hospital	Number		Rate (per 10,000 population) (b)	
	Informal	Formal	Informal	Formal
Betsi Cadwaladr University	728	455	10.4	6.5
Powys Teaching	143	57	10.7	4.3
Hywel Dda University	447	264	11.5	6.8
Swansea Bay University	1,097	229	28.1	5.9
Cwm Taf Morgannwg University	1,275	248	28.3	5.5
Aneurin Bevan University	938	224	15.7	3.7

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	Number		Rate (per 10,000 population) (b)	
Cardiff & Vale University	844	451	16.7	8.9
Independent hospitals	10	229	.	.
Wales	5,482	2,157	17.3	6.8

(a) Excluding place of safety detentions. See [quality and methodology information](#) for more details of data presented for Powys.

(b) Per 10,000 resident population based on the 2020 mid-year estimates.

Source: KP90 data collection form, Welsh Government

Analysing the admission rates per 10,000 resident population (shown in Table 1) takes accounts for the relative size of each health board.

Cwm Taf Morgannwg had the highest rate of informal admissions (28.3 per 10,000 population) and Betsi Cadwaladr had the lowest rate of informal admissions (10.4 per 10,000 population).

Cardiff & Vale had the highest rate of formal admissions (8.9 per 10,000 population) and Aneurin Bevan had the lowest rate of formal admissions (3.7 per 10,000 population).

The admission rates for Wales as a whole were 17.3 per 10,000 population for informal admissions, and 6.8 per 10,000 population for formal admissions.

Data on [StatsWales](#) shows the Wales rate for informal admissions for 2020-21 was lower than that for 2019-20, as were the informal rates for most of the health boards (excluding Cwm Taf Morgannwg and Swansea Bay).

The Wales rate for formal admissions for 2020-21 was higher than in 2019-20, with formal rates higher for most health boards (excluding Cwm Taf Morgannwg and Powys) when compared with 2019-20.

Supervised community treatment

Table 2: Patients discharged from hospital under supervised community treatment (SCT), 2020-21

Local health board	Legal status prior to SCT		Total
	Section 3	Other sections	
Betsi Cadwaladr University	19	0	19
Powys Teaching	5	0	5
Hywel Dda University	28	*	*
Swansea Bay University	18	0	18
Cwm Taf Morgannwg University	28	0	28
Aneurin Bevan University	20	0	20
Cardiff & Vale University	17	*	*
Wales (a)	147	6	153

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(a) Wales totals include patients discharged from independent hospitals under supervised community treatment.

* LHB figures under 5 have been suppressed to avoid the risk of disclosing information about individuals. Further figures have also been suppressed to avoid secondary disclosure.

Source: KP90 data collection form, Welsh Government

153 patients were discharged from hospital under supervised community treatment (SCT) during 2020-21, a similar number to 2019-20.

Of these, 96% of patients had been admitted under Section 3, this compares to 98% in 2019-20. A further 4% had been admitted under other sections in 2020-21, this compares to 2% in 2019-20.

Definitions of Sections under the Mental Health Act are provided in the [Glossary](#).

Table 3: Supervised community treatment (SCT) related activity, 2020-21

SCT related activity						
Local health board	Recall	Revocation	Discharge	Assignment to the hospital of a SCT patient	Assignment from the hospital of a SCT patient	
Betsi Cadwaladr University	10	9	19	*		0
Powys Teaching	*	8	*	*		0

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	SCT related activity				
Hywel Dda University	17	11	18	*	0
Swansea Bay University	19	8	12	0	0
Cwm Taf Morgannwg University	15	12	18	7	*
Aneurin Bevan University	*	12	15	*	0
Cardiff & Vale University	11	11	*	*	0
Wales (a)	82	71	93	18	*

(a) Wales totals include patients discharged from independent hospitals under supervised community treatment.

* Figures under 5 have been suppressed to avoid the risk of disclosing information about individuals. However, further figures have also been suppressed to avoid secondary disclosure.

Source: KP90 data collection form, Welsh Government

For those patients subject to supervised community treatment (SCT), there were 82 recalls to hospital, 71 revocations and 93 discharges.

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Glossary

The Mental Health Acts 1983 and 2007

An outline of the main section of the [Mental Health Act 1983 \(UK legislation\)](#), under which people can be formally detained in hospital, is given below. Changes were made to the Mental Health Act 1983 by the [Mental Health Act 2007 \(UK legislation\)](#).

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.

Relevant sections

Section 2

Admission to hospital for assessment or assessment and treatment; this section has a detention limit of 28 days after which a person become an informal patient (unless detained under section 3).

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Section 3

Admission to hospital for treatment; this section allows for detention for up to six months, after which the order can be renewed for a further six months and then for one year at a time.

Section 4

Admission for assessment in emergency; this section has a detention limit of 72 hours and cannot be renewed but a person may be assessed for further detention under section 2 or 3.

Section 5(2)

A registered medical practitioner or approved clinician's power to hold informal patients already in hospital; this section has a detention limit of 72 hours and cannot be renewed.

Section 5(4)

Nurses' holding power of an informal patient already in hospital and receiving treatment for a mental disorder; the detention limit of six hours of this section cannot be renewed.

Admissions following court disposal

Part III of the Act relates to people involved in criminal proceedings.

Relevant sections

Sections 35

Accused person remanded to hospital for report relating to that person's mental health; this section has a detention period of 28 days and can be renewed for two further periods of 28 days (12 weeks in total).

Section 36

Accused person remanded to hospital for treatment; this section has a detention period of 28 days which can be renewed for two further periods of 28 days (12 weeks in total).

Section 37

Convicted person sent to hospital for treatment (known as a 'hospital order'); this section allows for detention for up to 6 months, after which the order can be renewed for a further six months and then for one year at a time.

Section 37 can be accompanied by a restriction order under section 41 (known as section 37/41)

Patients detained under section 37/41 can only be discharged by a Mental Health Review Tribunal or the Secretary of State.

Section 38

Convicted person sent to hospital for assessment prior to sentencing (an interim hospital order) cannot be renewed beyond a period of 12 months. Section 37(4) lasts for a maximum of 28 days.

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 (or other form of detention) to hospital, either with or without a restriction direction under section 49 (a restriction direction is similar to a restriction order under section 41).

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.

Patients subject to detention under sections 45A, 47/49 or 48/49 are subject to

continuous detention until such time as they are either discharged, the restrictions end, or they are returned to prison.

Place of safety detentions data

Following the changes to the Mental Health Act relating to Section 135 and 136 in December 2017, the Welsh Government decided to cease collecting data on the 'Use of Sections 135 and 136 of the Mental Health Act 1983' on an annual basis via the KP90 form. The information was previously published annually at an all Wales level only in the [Admission of patients to mental health facilities](#) Statistical First release in Tables 4a and 4b. The last of the releases showing this data was published on the 31 January 2018, showing the 2016-17 data.

Since December 2019 the data has been published via the quarterly Section 135 and 136 data returns that health boards provide on the following link [Detentions under Section 135 and 136 of the Mental Health Act](#).

After care under supervision (ACUS)

After-care under supervision (or ACUS) was abolished on 3 November 2008. Transitional provisions were in place until 3 May 2009. ACUS (which was introduced by The Mental Health (Patients in the Community) Act 1995 on 1 April 1996) 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.

Supervised community treatment

Supervised community treatment (SCT) was introduced into the Mental Health Act 1983 by the Mental Health Act 2007 and its purpose is to allow patients to

continue their treatment in the community following a period of detention in hospital. SCT has only been available since 3 November 2008.

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, normally for further treatment. 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 SCT”). A discharge from SCT occurs when a patient’s CTO ends without being revoked.

Assignment of SCT

Assignment of SCT refers to the process of transferring the responsibility for the patient from one hospital to another (including where these are managed by the same hospital managers).

Independent hospitals

These are establishments, other than an NHS hospital, which provide treatment or nursing (or both) for persons liable to be detained under the Mental Health Act 1983. The Care Standards Act 2000 also provides 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. Although Healthcare Inspectorate Wales (HIW) retains responsibility for the registration and inspection of the independent hospitals, individual establishments were responsible for supplying data on detained patients. Independent hospitals classed as substance misuse treatment centres are not included for 2007-08 onwards. Care should be taken when interpreting figures relating to independent hospitals.

Mental Health (Wales) Measure 2010

Data on the [Mental Health \(Wales\) Measure 2010](#), places duties on local health boards and local authorities about the assessment and treatment of mental health problems.

Quality and methodology information

Relevance

This release provides data on the number of admissions to mental health facilities throughout the financial year by type of admission (e.g. formal or informal). It counts all psychiatric admissions to hospitals during the reporting period by their legal status when admitted. It includes patients who have been admitted and subsequently discharged as well as patients who are still in hospital. It excludes persons 'admitted' under either section 135(1) or 136 of the Mental Health Act (MHA) 1983. Patients admitted during previous years are also excluded. Changes in legal status whilst in hospital are not counted as admissions.

Patients who are transferred under the same or different hospital managers in Wales under Section 19 of the Mental Health Act (MHA) 1983 and patients who are transferred under the same or different hospital managers in Wales whilst in hospital informally are not included.

Patient transfers from a hospital in England during the reporting period (and they were initially admitted in England), are counted as an admission.

We also publish another release on mental health '[Patients in mental health hospitals and units in Wales](#)'. This provides data on the number of patients

who were resident in hospitals and units for people with a mental illness and for people with a learning disability at 31 March, a snapshot on that date.

Definitions of terms used can be found in the [NHS Wales Data Dictionary \(NHS Wales\)](#).

Data are collected by financial year from individual local health boards via the KP90 data collection form and are subject to validation checks centrally prior to publication. However, it is the responsibility of these organisations to ensure that the figures have been compiled correctly in accordance with central definitions and guidelines. A list of independent hospitals that are registered to detain patients is provided to the Welsh Government each year from Healthcare Inspectorate Wales and the Welsh Government collects the relevant data. This list can vary between years. For the period 1 April 2020 to 31 March 2021, 54 NHS mental health facilities and 20 Independent hospitals provided returns.

Changes to the KP90 data collection form and guidance were made in 2008-09 to take into account changes to the Mental Health Act 1983 made by the Mental Health Act 2007. These changes may affect comparisons with data for earlier years.

Further changes were made to the data collection form in 2013 to make the form electronic, add more detail to the guidance notes and definitions. Further to this, for 2014-15 data onwards we introduced further validation checks including returning the health boards own submitted figures to them for approval.

Agreed standards and definitions within Wales provide assurance that the data is consistent across local health boards. Every year the data are collected from the same sources and adhere to the national standard, meaning that they should be coherent within and across organisations.

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Users and uses of these statistics

We believe the key users of these statistics are:

- ministers and their advisors
- members of the Senedd and Members Research Service in the Welsh Parliament
- policy makers of the Welsh Government
- other government departments
- NHS Wales
- students, academics and universities
- media
- individual citizens.

The statistics are used in a variety of ways. Some examples of these uses include:

- to provide advice to ministers
- to inform debate in the Welsh Parliament and beyond
- to monitor the number and type of detentions, as well as identify variations in detention rates across reporting periods and within different areas in Wales
- for trend analysis as well as informing funding arrangements
- to help determine the service the public may receive from the relevant organisations.

We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure our statistics remain relevant.

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Accuracy

To reduce processing errors the process for producing this release is as automated as possible. There are also quality assurance procedures in place to understand and explain movements in the data and to check that the computer system is calculating the published statistics correctly. This includes cross-checking data received with that for previous years and if any totals show large variances confirming these with the relevant information managers of each LHB. All LHB information managers are also asked to confirm the formal and informal LHB totals prior to publication.

For Cwm Taf prior to 2015-16 figures may be lower than those published. However, Cwm Taf are unable to provide revised figures.

One independent hospital in 2012-13 and two independent hospitals in 2017-18, 2018-19 and 2019-20 did not provide a return. As a result, we have used their data submitted for 2011-12 and 2016-17 as an estimate for 2012-13, 2017-18, 2018-19 and 2019-20 respectively. This affects the figures on admissions in those years. Data in tables and charts that are affected by this are explained in the relevant footnotes. However, the impact of this is very small. The estimated total for these hospitals in 2019-20 accounted for only 0.3% of all admissions.

From 1 April 2019 health service provision for residents of Bridgend local authority moved from Abertawe Bro Morgannwg to Cwm Taf. The health board names changed with Cwm Taf University health board becoming Cwm Taf Morgannwg University health board and Abertawe Bro Morgannwg University health board becoming Swansea Bay health board.

In the unlikely event of incorrect data being published revisions to data would be made and users informed in conjunction with our [revisions, errors and postponements](#) arrangements.

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Notes inform the users whether the outputs have been revised or not (denoted r). We will also give an indication of the size of the revision between the latest and previous release. There are not generally revisions to the data. However, if there are revisions they generally only take place when we receive a resubmission from the LHB for previous years' data and the revisions will be published at the same time as the most recent year's data.

The following symbols and abbreviations are used in the tables:

. Not applicable

* Suppressed to avoid the risk of disclosing information about individuals.

Statement on confidentiality and data access

Timeliness and punctuality

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Upcoming calendar](#). Furthermore, should the need arise to postpone an output this would follow our [revisions, errors and postponements](#) arrangements.

We publish releases as soon as practical after the relevant time period.

Accessibility and clarity

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9.30am on the day of publication. A RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on [Twitter](#). All releases are available to download for free.

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More detailed tables are available via [StatsWales](#) (an interactive data dissemination service).

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's [accessibility policy](#). Furthermore, all our headlines are published in Welsh and English.

Further information regarding the statistics can be obtained by contacting stats.healthinfo@gov.wales

Comparability and coherence

Information is presented on both formal and informal admissions to mental health facilities in Wales (including NHS and independent hospitals). Although informal admissions account for the majority of admissions to mental health facilities in Wales, in the interest of their own health or safety, or for the protection of other people, a person may be formally admitted or detained in hospital under various sections of the Mental Health Act 1983 and other legislation.

On 1 April 2010, Powys Teaching LHB transferred mental health services to Aneurin Bevan LHB, Betsi Cadwaladr University LHB and Abertawe Bro Morgannwg University LHB. After that, the data was shown under these LHBs in the release. However, following discussions between Welsh Government and Powys LHB, the data from 2012-13 onwards is shown under Powys. As a result, the data from 2012-13 onwards for those LHBs will not be comparable with data for previous years. These services were subsequently transferred back by Betsi Cadwaladr University LHB and Abertawe Bro Morgannwg University LHB on 31 November 2015.

Any transgender patients have been classified in the data according to the gender they consider themselves to be.

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Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

There is similar information available from other parts of the UK but the data is not exactly comparable due to local definitions and standards in each area.

Statistics on admissions to mental health facilities in England and use of supervised community treatment are published by [NHS Digital](#).

Psychiatric hospital activity statistics for Scotland: [Mental Health Hospital Inpatient Care \(Public Health Scotland\)](#)

Mental health and learning disability activity statistics for Northern Ireland: [Mental Health & Learning Disability Inpatients \(Department of Health Northern Ireland\)](#).

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. Under section 10(8) of the Well-being of Future Generations Act, where the Welsh Ministers revise the national indicators, they must as soon as reasonably practicable (a) publish the indicators as revised and (b) lay a copy of them before the Senedd. These national indicators were laid before the Senedd in 2021. The indicators laid on 14 December 2021 replace the set laid

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on 16 March 2016.

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the [Wellbeing of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local wellbeing assessments and local wellbeing plans.

Contact details

Statistician: Bethan Sherwood
Email: stats.healthinfo@gov.wales

Media: 0300 025 8099

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