

## Detentions under Section 135 and 136 of the Mental Health Act

The Mental Health Act 1983 (which was amended in 2007) is the law in Wales and England that 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.

### What is Section 135 of the Mental Health Act 1983?

Section 135 allows the police to enter a person's home and take a person to (or keep them at) a place of safety so that a mental health assessment can be done. The police must have a warrant from the magistrate's court allowing them to access a person's home. An application for a warrant must be made by an approved mental health practitioner (AMHP) and can be given where there is reasonable cause to believe a person:

- has a mental disorder, and
- are being ill-treated or neglected, or
- are unable to look after themselves.

### What is Section 136 of the Mental Health Act 1983?

Section 136 allows the police to take a person to (or keep them at) a place of safety. They can do this without a warrant if a person:

- appears to have a mental disorder, and
- are in any place other than a house, flat or room where the person is living, or a garden of garage that only one household has access to, and
- are in need of immediate care or control (i.e. the police think it is necessary to keep the person and others safe).

## **What are these statistics?**

The Section 135 and 136 quarterly statistics show the number of detentions under Section 135 and 136 of the Mental Health Act 1983, by Welsh Local Health Board provider, from April 2019. The statistics can be disaggregated by:

- age;
- gender;
- ethnicity;
- first place of safety;
- conveyance method to first place of safety; and
- assessment outcome.

## **Definitions**

### **Local Health Board (LHB) Provider**

The LHB who is responsible for managing the treatment of a patient. In the case of section 135 and 136, a police officer is required to consult with a specified medical professional from the LHB provider when considering whether section 136 powers need to be used. The LHB provider will be responsible for undertaking the mental health assessment of a person who has been detained under Section 135 or 136 and treatment of that person following an assessment if required.

### **Age**

This is the person's age on the day when:

- the warrant allowing the police to enter a person's home is executed (section 135); or
- the police encountered the person (section 136).

### **Gender**

This is classified according to the gender a person considers themselves to be. If a person is not able or willing to state their gender then they are classified according to the last available classification, for example, during a previous hospital admission or details available from their GP.

### **Ethnicity**

This is classified according to the ethnicity a person considers themselves to be. If a person is not able or willing to state their ethnicity then they are classified according to the last available classification, for example, during a previous hospital admission or details available from their GP.

### **First place of safety**

The first place of detention which the person is kept at or is first taken to. A person may be moved to a subsequent place of safety if, for example, they were initially taken to a police station due to a risk of harm to themselves or others and then moved to a health based place of safety once the risks have been managed / resolved.

## **Conveyance method to first place of safety**

The method of transport by which the person was taken to the first place of safety.

## **Assessment outcome**

This is what happened to the person once the mental health assessment was completed.

## **Users and uses**

We believe the key uses of these statistics are:

- ministers and their advisors;
- Assembly Members and Members Research Service in the National Assembly for Wales;
- officials within the Health and Social Services Group at Welsh Government;
- NHS Wales; Local authorities and policing;
- students, academics and universities;
- other areas of Welsh Government;
- other government departments;
- media; and
- individual citizens.

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

- to provide advice to Ministers;
- to inform debate in the National Assembly for Wales and beyond;
- to monitor the number and type of detentions, as well as identifying variations in detention rate across reporting periods and within different areas in Wales;
- for trend analysis; and
- 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.

If you are a user and do not feel that the above list adequately covers you please let us know by contacting us via [hss.performance@gov.wales](mailto:hss.performance@gov.wales).

## Strengths and limitations of data

### Strengths

- The information is processed and published on a quarterly basis (on StatsWales and in a headline on the Welsh Government website) in an ordered manner for ease of access and use.
- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales. Information is provided by LHB.
- Because the Mental Health Act 1983 is a piece of legislation applicable to England and Wales direct comparisons on the use of Section 135 and 136 can be made.
- The data enables users to assess how often sections 135 and s136 are being used and the outcomes on a national basis.

### Limitations

- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately. We encourage users to link with this Quality Report / headline to gain more background.
- There is no mapped data.
- The quarterly headline data has limited commentary.
- The data collected is multi-agency (police and LHBs) and therefore requires all data items to be collected across all four police forces across Wales and all seven LHBs.

## Data processing cycle

### Data collection

The Delivery & Performance Division within the Welsh Government receive Removal of a Suspected Mentally Disordered Person to a Place of Safety (s.135 and s.136 Mental Health Act 1983) monitoring forms from each of the LHBs. Each LHB submit completed data for all hospital and police detentions within their health board area. Standards relating to these monitoring forms have been reviewed and passed by the Welsh Information Standards Board (WISB) and the Data Standards Change Notice (DSCN) Group.

### Validation and verification

The Delivery & Performance Division upload the data received on a quarterly basis. The data processing system used ensures that data submitted conforms to the data requirements as set out in [DSCN 2019/05](#). Validation and verification checks are done on a quarterly basis including, for example, checking that the detentions submitted relate only to the quarter being submitted and that the date of birth submitted for each detention is in the correct format. Any abnormalities in the data are noted and these are then raised with the LHBs, thus enabling LHBs to check, correct or comment on their data and to provide contextual information where relevant.

## Publication and revisions

The statistics published by the Delivery & Performance Division are produced by summarising the information provided by the LHBs.

On a quarterly basis we publish a brief html headline on our website which provides a link to the StatsWales tables and this quality report. The information presented in StatsWales is produced via an automated process.

The data for the latest financial year (12 months - April to March) is published as provisional and may be revised in future updates. This is to enable LHBs to submit revised data if they carry out further validation.

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

## Disclosure and confidentiality

Following our disclosure risk assessment we believe that the likelihood of identification of an individual patient from the data we publish is very low, without other information about the patient already being known. Therefore small values have not been suppressed.

We adhere to the statement on [statement on confidentiality and data access](#), issued in conformance with the requirements set out in Principle of the [Code of Practice for Statistics](#).

## Quality

Delivery & Performance Division adhere to a [quality strategy](#) and this is in line with Principle 4 of the [Code of Practice for Statistics](#).

Specifically, the list below details the six dimensions of the European Statistical System and how we adhere to them:

### Relevance

This is the degree to which the statistical product meets user needs for both coverage and content.

The statistics are used centrally to inform the ongoing work and delivery plan of the multi-agency and national Mental Health Crisis Care Assurance Group, hosted by the Welsh Government. It contributes to an understanding and review of the use of sections 135 and sections 136 within the continuum of multi-agency responses to mental health crisis care.

We encourage users of the statistics to contact us to let us know how they use the data. It would not be possible to provide tables to meet all user needs, but the tables published on StatsWales aim to answer common questions.

We consult with key users prior to making major 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 that statistics remain relevant.

## Accuracy

This is the closeness between an estimated result and an (unknown) true value.

Accuracy can be broken down into sampling and non-sampling error. Non-sampling error includes areas such as coverage error, non-response error, measurement error and processing error.

This is an established data collection based on 100% data i.e. not a sample.

For most quarters, all LHBs are able to supply data and as such no estimation of the figures is needed. Where estimates are used, because an LHB is unable to supply data for a particular quarter, this is clearly outlined in the data.

We haven't yet investigated non-sampling errors. However, processing errors could occur where clerks in hospitals incorrectly input data into their administrative system and measurement errors could occur from staff in hospitals having different interpretations of definitions. To reduce non-sampling errors, standards and guidance are provided for each data return to try and ensure that LHBs submit information according to the agreed definitions and specification. Standards relating to this data collection have been reviewed and passed by the [Welsh Information Standards Board](#). Where non-sampling error affects the data, we provide full information for users to allow them to make informed judgements on the quality of the statistics, particularly if there are limitations.

All of our outputs include information on coverage, timing and geography.

There are 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.

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

## Timeliness and punctuality

Timeliness refers to the lapse of time between publication and the period to which the data refer.

Punctuality refers to the time lag between the actual and planned dates of publication.

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 data as soon as practical after the end of every quarter and in-line with user needs.

## Accessibility and clarity

Accessibility is the ease with which the users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The statistics are published on a quarterly basis as a headline on our website and on StatsWales in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on

the day of publication. We also publicise the outputs on [Twitter](#). All outputs are available to download for free.

Detailed data is available at the same time as the headline on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and they 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 the relevant staff detailed on the headline or via [hss.performance@gov.wales](mailto:hss.performance@gov.wales).

## **Comparability**

This is the degree to which data can be agreed over both time and domain.

Where advanced warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

Agreed standards and definitions within Wales provide assurance that the data is consistent across all LHBs.

The Mental Health Act 1983 is a piece of legislation which is applicable to both England and Wales with Section 135 and 136 data being collated by both the police and health. There is similar information available from England but the data is not exactly the comparable due to local definitions and standards in each area. As the legislation in both Scotland and Northern Ireland is different from that in England and Wales then any statistics produced by these two countries will not be comparable.

## **England**

The Mental Health Services Dataset (MHSDS) collects data from providers of NHS-funded secondary mental health, learning disability and autism services in England. It is a mandatory return of data which is generated in the course of providing services to patients. Statistics on the uses of the Mental Health Act in England are published on an annual basis by [NHS Digital](#). Detailed ethnicity data on [Detentions under the Mental Health Act](#) is also published.

## **Home Office**

Statistics on police powers and procedures in England and Wales are published by the [Home Office](#) on an annual basis. Data is provided by the 43 police forces in England and Wales and the British Transport Police and includes data on the:

- number of detentions under Section 136 of the Mental Health Act 1983;
- age-group, gender and ethnicity of persons detained;
- type of place of safety used to detain individuals and the reason for using a police station (where applicable); and
- method of transportation used to transport an individual to a place of safety, and the reason for using a police vehicle (where applicable).

## Coherence

This is the degree to which data that are derived from different sources or methods, but which refer to the same phenomenon are similar.

Previously there were two sources of statistical information collected by Welsh Government on assessments under Section 135 and 136 of the Mental Health Act 1983:

1. Part D of the annual 'KP90 - Admissions, Changes in Status and Detentions under the Mental Health Act 1983' data collection undertaken by Knowledge and Analytical Services (KAS). Data from this return was published annually as official statistics in the 'Admission of patients to mental health facilities in Wales' Statistical First Release.
2. Removal of a Suspected Mentally Disordered Person to a Place of Safety (s.135 and s.136 Mental Health Act) quarterly data collection undertaken by the Delivery & Performance Division. The data from this return was previously used to inform the work of the Concordat Assurance Group.

Following changes to the Mental Health Act relating to Section 135 and 136 in December 2017, Welsh Government officials agreed it was appropriate to cease collecting the Part D data on an annual basis as it was less timely and detailed and duplicated the quarterly data collection.

The quarterly returns, now used as the official source of Section 135 and 136 data, is collected from the same sources each quarter and adhere to national standards. Where there are changes in definitions or scope, we clearly note this on the headline page and add appropriate caveats to the data.

## Dissemination

All the data is of sufficient quality following the checking outlined above to justify publication. All actual data provided is published on our interactive website [StatsWales](#).

## Evaluation

Please send your feedback on the statistics and this quality report to [hss.performance@gov.wales](mailto:hss.performance@gov.wales).

Produced by: Delivery & Performance Division, Welsh Government

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