

Admission of patients to mental health facilities in Wales, 1 April 2018 to 31 March 2019

16 September 2020
SFR 136/2020

Admissions

- In 2018-19, there were 8,315 admissions (excluding place of safety detentions) to mental health facilities in Wales ([Table 1](#)).
- 97% of admissions (excluding place of safety detentions) in 2018-19 were to NHS facilities in Wales, with the remainder admitted to independent hospitals ([Chart 2](#)).

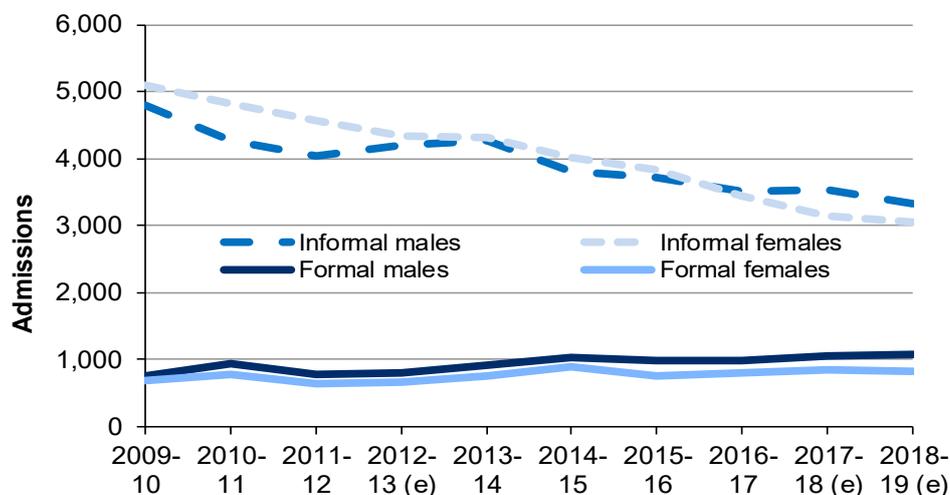
Formal admissions under the Mental Health Act 1983 and other legislation

- In 2018-19, 1,916 of the total admissions were under the Mental Health Act 1983 (excluding place of safety detentions) and other legislation, an increase of 25 (1%) from 2017-18 ([Table 1](#)).
- 94% (1,795 of 1,916) of formal admissions (excluding place of safety detentions) were detained without the involvement of criminal courts (Part II) with 79% (1,417 out of 1,795) of these being admitted for assessment, with or without treatment (Section 2 of the Mental Health Act 1983) ([Table 1](#)).

Supervised community treatment

- In 2018-19, there were 152 patients subject to supervised community treatment (SCT), including 8 for whom an independent hospital was responsible ([Table 3a](#)). Of this total, 103 were male and 49 were female.

Chart 1: Admissions by gender of patient, 2009-10 to 2018-19 (a)



Source: KP90 data collection form

(a) Excluding place of safety detentions.

(e) Estimate for independent hospitals – see [Key quality information](#) for more details.

About this release

This release contains summary information on the number of patients admitted to mental health facilities in Wales both formally and informally, and patients subject to supervised community treatment.

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

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Introduction

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 called 'formal' patients and people who are admitted to hospital when they are unwell without the use of compulsory powers are called 'informal' patients. The Mental Health Act also allows people to be put on supervised community treatment, after a period of compulsory treatment in hospital. The vast majority of these admissions are to NHS facilities but a small number of admissions are to independent hospitals.

In 2018-19 two independent hospitals failed to provide a return, as a result we have estimated their figures based on previous returns. The impact of this is very small. The estimated total for these hospitals accounts for only 0.2% of all admissions. More information on this is given in the Key quality information section.

Following changes to section 135/136 in December 2017 the data are no longer collected annually as part of this collection. A [new quarterly publication](#) for section 135/136 started on December 5th 2019. More information is given in the Glossary.

Admissions

The number of admissions in Wales (excluding place of safety detentions) has steadily fallen between 2009-10 (the first year of comparable data after changes were made to the Mental Health Act) and 2018-19 to stand at 8,315, a decrease of 3,041 (27%). This decrease was driven by informal admissions which fell from 9,904 in 2009-10 to 6,339 in 2018-19, a decrease of 35%. In contrast, formal admissions rose from 1,452 in 2009-10 to 1,916 in 2018-19, an increase of 32%. More males than females were formally admitted each year in the same period.

Table 1: Number of admissions by legal status, 2014-15 to 2018-19 (a)

Legal status (b)	2014-15	2015-16	2016-17	2017-18 (e)	Number 2018-19 (e)
Formal admissions:					
Part II:					
2 (assessment with or without treatment)	1,210	1,211	1,246	1,378	1,417
3 (to hospital for treatment)	503	347	345	338	308
4 (for assessment in emergency)	75	65	72	59	70
Total	1,788	1,623	1,663	1,775	1,795
Court and prison disposals:					
35 (remanded to hospital for report)	3	0	3	1	2
36 (remanded to hospital for treatment)	0	0	0	5	1
37 (convicted person sent to hospital for treatment with section 41 restriction)	39	31	30	17	23
37 (convicted person sent to hospital for treatment without section 41 restriction)	48	46	38	36	43
45A (combined hospital order and prison sentence disposal)	1	0	2	1	0
47 & 48 (prisoner transferred to hospital with section 49 restriction)	25	24	28	42	36
47 & 48 (prisoner transferred to hospital without section 49 restriction)	10	4	7	9	10
Total	126	105	108	111	115
Other powers (c)	7	4	5	5	6
Formal admissions Total	1,921	1,732	1,776	1,891	1,916
Informal admissions	7,841	7,565	6,947	6,697	6,399
All admissions	9,762	9,297	8,723	8,588	8,315
Hospital-based Place of Safety (PoS) detentions - first PoS only (d)					
135 (warrant to remove to a place of safety)	45	44	50	.	.
136 (removal by police from a public place to a place of safety)	1,073	1,347	1,722	.	.
Total	1,118	1,391	1,772	.	.

Source: KP90 data collection form

(a) NHS and independent hospitals.

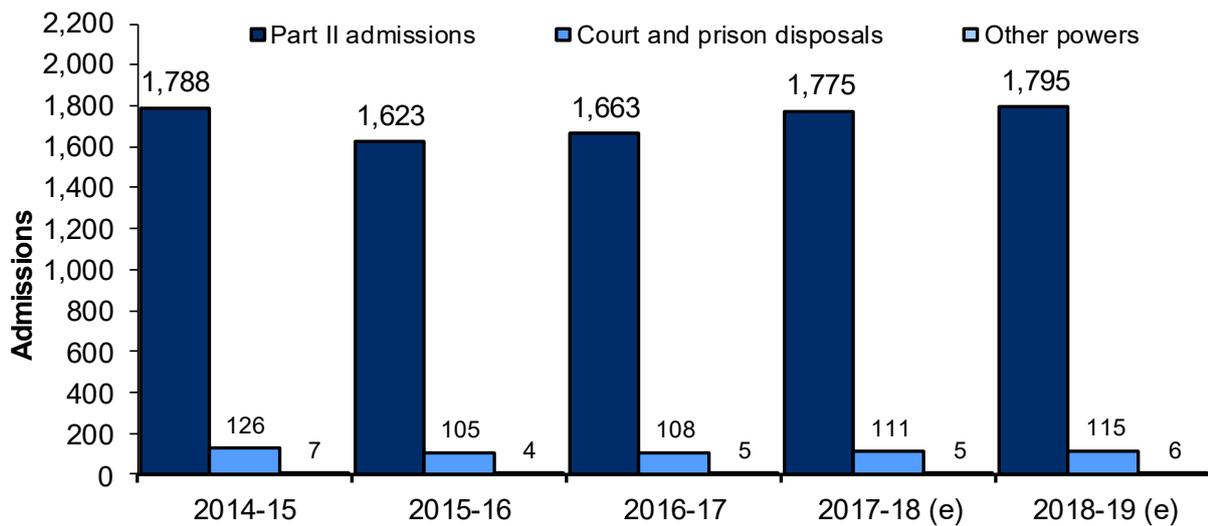
(b) See notes at end of release for details.

(c) Other sections of the Mental Health Act 1983 and other Acts.

(d) See Key Quality Information for more details.

(e) Estimate for independent hospitals – see Key Quality Information for more details.

Chart 2: Use of the Mental Health Act, 2014-15 to 2018-19

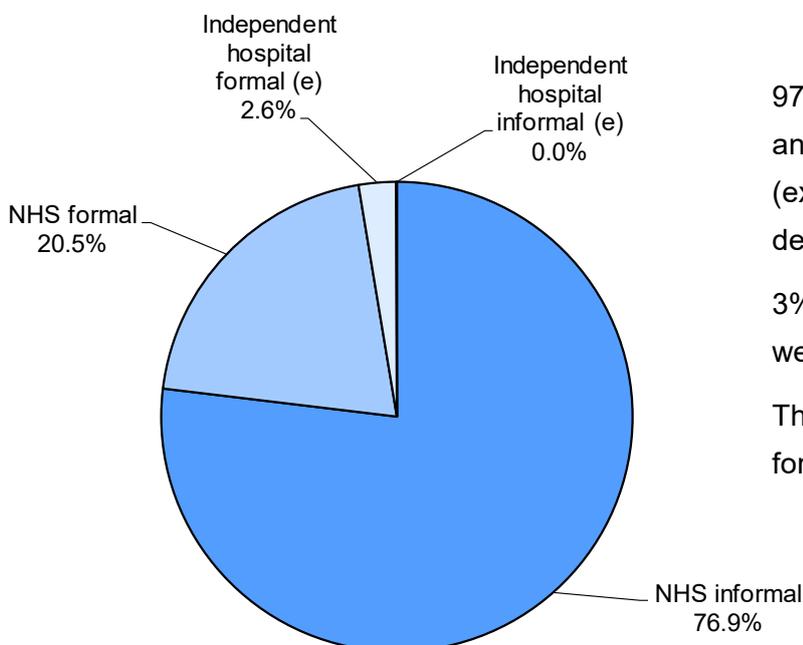


Source: KP90 data collection form

(e) Estimate for independent hospitals – see [Key quality information](#) for more details.

The number of patients admitted formally under sections of the Mental Health Act has been increasing since 2015-16 following a fall from 2014-15. 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 he/she is suffering from mental disorder as defined in the Act). Of those admitted formally, the majority in each year were admitted under Part II (94% in 2018-19, excluding place of safety detentions).

Chart 3: Admissions by legal status and type of facility, 2018-19 (a)



97% of all admissions in 2018-19 and 89% of formal admissions (excluding place of safety detentions) were to NHS facilities.

3% of all admissions during 2018-19 were to independent hospitals.

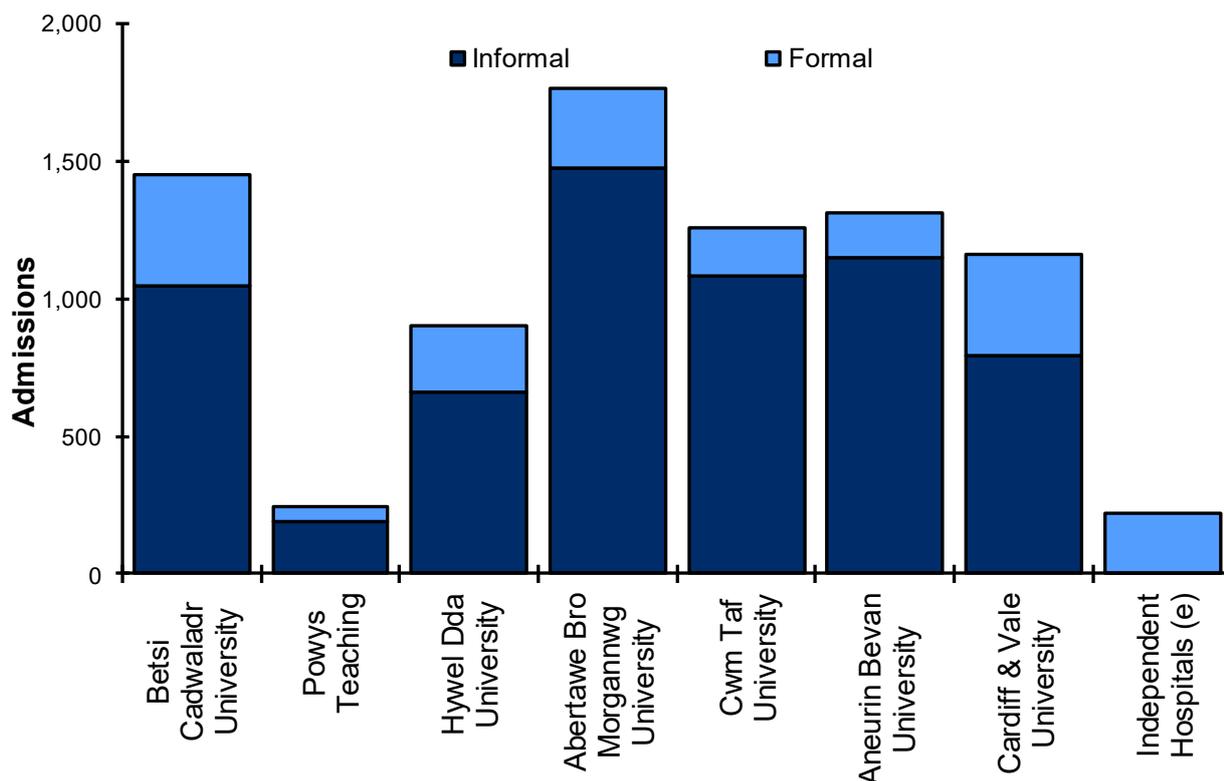
These have been similar proportions for the last 5 years.

Source: KP90 data collection form

(a) Excluding place of safety detentions

(e) Estimate for independent hospitals – see [Key quality information](#) for more details.

**Chart 4: Admissions by local health board and independent hospitals, 2018-19 (a)
(b)**



Source: KP90 data collection form

(a) Excluding place of safety detentions

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

(e) Estimate for independent hospitals – see Key Quality Information for more details.

Out of the NHS providers total in 2018-19, Abertawe Bro Morgannwg ULHB had the highest number of informal admissions (1,477 or 23% of the total informal admissions), whereas Betsi Cadwaladr ULHB had the highest number of formal admissions (409 or 24%). Powys Teaching LHB had the lowest number of informal admissions (191 or 3%) and formal admissions (52 or 3%). 98% of admissions to independent hospitals were formal admissions.

The admission rates per 10,000 resident population (shown in [Table 2](#)), which takes account of the relative size of each health board, show a slightly different pattern. As was the case last year, Cwm Taf ULHB had the highest rate of informal admissions (36.0 per 10,000 population) and Cardiff & Vale ULHB had the highest rate of formal admissions (7.4 per 10,000 population). Powys Teaching LHB had the lowest rate of informal admissions (14.4 per 10,000 population) and Aneurin Bevan ULHB had the lowest rate of formal admissions (2.8 per 10,000 population).

Table 2: Admissions and rates of admission by 10,000 resident population by local health board and independent hospitals, 2018-19 (a)

Local Health Board / Independent Hospital	Rate (b)		Number	
	Informal	Formal	Informal	Formal
Betsi Cadwaladr University	14.9	5.9	1,044	409
Powys Teaching	14.4	3.9	191	52
Hywel Dda University	17.1	6.3	658	244
Abertawe Bro Morgannwg University	27.6	5.4	1,477	287
Cwm Taf University	36.0	6.0	1,080	179
Aneurin Bevan University	19.4	2.8	1,149	164
Cardiff & Vale University	16.0	7.4	796	368
Independent Hospitals (e)	.	.	4	213
Wales	20.4	6.1	6,399	1,916

Source: KP90 data collection form

(a) Excluding place of safety detentions. See Key Quality Information for more details of data presented for Powys.

(b) Per 10,000 resident population based on the 2018 mid-year estimates.

(e) Estimate for independent hospitals – see Key Quality Information for more details.

Use of supervised community treatment (under section 17A Mental Health Act 1983)

Table 3a: Patients discharged from hospital under supervised community treatment (SCT), 2018-19

Local Health Board	Legal status prior to SCT		Number
	Section 3	Other sections	Total
	Betsi Cadwaladr University	34	0
Powys Teaching	0	0	0
Hywel Dda University	29	5	34
Abertawe Bro Morgannwg University	23	0	23
Cwm Taf University	7	*	*
Aneurin Bevan University	23	*	*
Cardiff & Vale University	20	0	20
Wales (a)	141	11	152

Source: KP90 data collection form

(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.

152 patients were discharged from hospital under supervised community treatment (SCT) during 2018-19. Of these, 93% of patients had been admitted under Section 3 compared to 98% in 2017-18. A further 6% had been admitted under section 37 in 2018-19.

Table 3b: Supervised community treatment (SCT) related activity, 2018-19

Local Health Board	SCT related activity			Number	
	Recall	Revocation	Discharge	Assignment to the hospital of a SCT patient	Assignment from the hospital of a SCT patient
Betsi Cadwaladr University	15	11	19	*	*
Powys Teaching	*	*	*	0	0
Hywel Dda University	15	11	28	*	*
Abertawe Bro Morgannwg University	11	6	12	0	0
Cwm Taf University	*	*	*	0	0
Aneurin Bevan University	9	6	20	*	*
Cardiff & Vale University	10	6	16	*	0
Wales (a)	66	44	105	7	5

Source: KP90 data collection form

(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.

Of those patients subject to SCT, there were 66 recalls to hospital, 44 revocations and 105 discharges.

Glossary

The Mental Health Acts 1983 and 2007

An outline of the main section of the [Mental Health Act 1983](#), 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](#).

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 or
- in the interests of his/her own safety or
- for the protection of other people.

The relevant sections are:

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).

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.

The relevant sections are:

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 has decided it is appropriate 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.

The data is now 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.

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.

Key quality information

This section provides a summary of information on this output against five dimensions of quality: Relevance, Accuracy, Timeliness and punctuality, Accessibility and clarity, and Comparability and coherence.

Relevance

This release provides data on the number of admissions to mental health facilities throughout the financial year 2018-19 by type of admission (e.g. formally or informally).

We also publish another release on mental health '[Patients in mental health hospitals and units in Wales, at 31 March 2019](#)'. This provides data on the number of patients who have been resident in hospitals and units for people with a mental illness and for people with a learning disability at 31 March 2019, a snapshot on that date.

As the demand increases for statistics and data to measure the impact of the COVID19 pandemic, we have had to change our data gathering and release practices, focussing efforts on priority

analysis and statistics. Our [statement](#) explains this further and, in line with [guidance from the Office for Statistics Regulation](#), the decision has been made to postpone this publication – a publication date will be announced in due course.

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

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 1st April 2018 to 31st March 2019, 55 NHS mental health facilities and 18 Independent hospitals provided returns. 2 independent hospitals did not provided returns for 2018-19.

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.

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.

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 also 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 and 2018-19 did not provide a return. As a result, we have used their data submitted for 2011-12, 2016-17 as an estimate for 2012-13, 2017-18 and 2018-19 respectively. This affects the figures on admissions in those years. Data in tables and charts that are affected by this are shown by an (e). However, the impact of this is very small. The estimated total for these hospitals in 2018-19 accounts for only 0.2% of all admissions.

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.

Notes at the end of the release 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 year's 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. An 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.

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 admissions to mental health facilities in Wales (includes NHS and independent hospitals), both formally and informally. 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 1st 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 the 31 November 2015.

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

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](#)

Mental health and learning disability activity statistics for Northern Ireland: [Mental Health & Learning Disability Inpatients 2018/19](#)

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being 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 Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being 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 well-being assessments and local well-being plans.

Further details

The document is available at: <https://gov.wales/admission-patients-mental-health-facilities>

Next update

To be confirmed

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@gov.wales

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