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Announcement of methodological change to the ‘Mental Health Act Statistics, Annual Figures’ publication

Introduction

This notice announces and describes changes to the way we produce the measures in the annual Mental Health Act Statistics publication (previously known as *‘Inpatients formally detained in hospitals under the Mental Health Act 1983, and patients subject to supervised community treatment’*).

From April 2016 the data source for these official statistics is the Mental Health Services Dataset (MHSDS), rather than the KP90 collection.

The methodology used to calculate all the measures in the 2016/17 publication will change, due to a change in the way the figures are sourced and produced. This change and the reasons for the change were announced in the 2015/16 publication, via the special feature ‘Mental Health Act Statistics: Improved reporting to support better care’¹.

Background

The ‘Mental Health Act Statistics’ publication has been sourced from aggregate data returns made by organisations in England that are registered to provide Mental Health Services and make use of the Mental Health Act 1983 legislation. These include high security psychiatric hospitals as well as other NHS service providers and independent hospitals.

This data was previously submitted as aggregate data items for each provider via the KP90 collection, which collected this data for the last time in 2015/16. For 2016/17, this publication will be primarily sourced from the MHSDS. In addition, a reduced separate aggregate collection has been run this year to collect data from acute hospitals which are not in scope for MHSDS. Therefore data collected in the Acute Mental Health Act collection also contributes to the 2016/17 figures².

Reasons for change

The change in data source will allow us to:

¹ <http://content.digital.nhs.uk/catalogue/PUB22571/inp-det-m-h-a-1983-sup-com-eng-15-16-spec-feat.pdf>

² http://content.digital.nhs.uk/datacollections/MHA_Acute

- a) **Better meet user needs**, as it supports more detailed analysis of uses of the Act, incorporating patient demographics and details of their pathways through services. The aggregate collection did not support such detailed analysis.
- b) **Reduce burden**, as the MHSDS is sourced from routine flows of administrative data. The burden of collection is reduced as the NHS does not have to complete a bespoke annual return.

Description of change

The official statistics about uses of the Mental Health Act will now be produced from referral-level information rather than from aggregate numbers submitted by individual hospitals. The new method produces counts of the specific scenarios that are monitored in the official Mental Health Act statistics from analysis of individual changes in legal status and the sequence of hospital admissions recorded for each person in MHSDS. Essentially the information will be derived from administrative data collected in the course of delivering patient care, rather than from a bespoke aggregate collection.

Effect of change

The change in method will allow a much greater range of analysis to be produced, including new breakdowns, for example by age or ethnic group, and for different patient pathways (for example, those on an Early Intervention Pathway, or those who enter the services via a crisis pathway). It will support analysis of repeat detentions for individual patients within and across reporting periods.

Because the new analysis will be counting the same events as were previously produced in the former report, the new method supports comparisons across the old and new reports, in theory. However, these will need to be treated with caution bearing in mind issues of coverage and any local issues with supplying comprehensive, accurate data via MHSDS. Full information about data quality issues will be form part of the 2016/17 release together with guidance to users on assessing accuracy.

Timing of change

The 2016/17 annual report is the first release of these official statistics produced using these new methods. MHSDS is the official source of data about uses of the Mental Health Act from April 2017 and it is now possible to produce more timely and frequent reports from MHSDS which is submitted every month.

Further information

More detail about the changes, including the background and benefits, can be found in the special feature [Improved reporting to support better care](#) that accompanied the 2015/16 publication.