Monitoring the Mental Health Act
Key findings in 2013/14

Using the Act

There were a total of 23,531 people subject to the Act at the end of March 2014, an increase of 6% since 2012/13.

We are concerned that data also shows that black and minority ethnic people continue to be overrepresented in the detained population. We reiterate our call for providers to undertake ethnic minority monitoring of their activities.

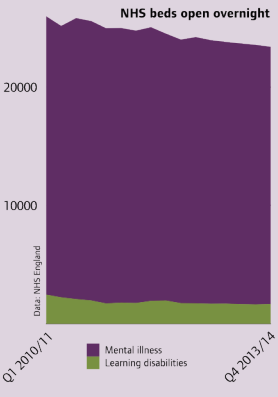
Protecting patients' rights and autonomy

84% of records examined showed that patients had received information about their legal rights, with evidence of staff discussing rights with patients in 82% of records – an increase from 71% from last year.

However, awareness of and access to Independent Mental Health Advocates (IMHAs) is still not good enough.

In 2014, the IMHA implementation project has produced training materials for providers to address this. We will continue to work with the project to look at ways we can improve IMHA provision.

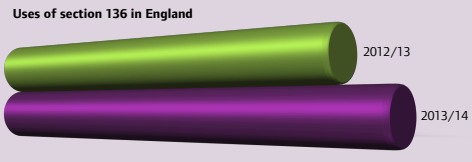
Assessment, transport and admission to hospital



The mental health inpatient system was again running over capacity.

The number of available mental health NHS beds in Q4 2013/14 had decreased by almost 8% since Q1 2010/11.

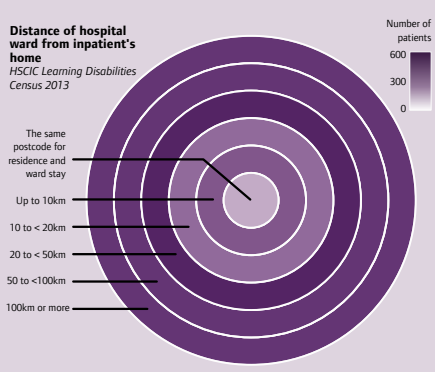
This is putting Approved Mental Health Practitioners under extreme pressure to admit people under the Act just to obtain a bed.



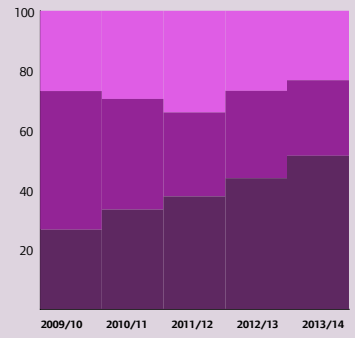
Additional considerations for specific patients

While there have been small improvements, provision of and access to child and adolescent services was not good enough. The needs and best interests of patients under 18 must be taken into account when accessing mental health services.

Services for people with a learning disability continue to vary. We are particularly concerned that hospital placements for people with learning disabilities are still not appropriate. In 2013, the HSCIC learning disabilities census showed that 1,000 inpatients (40%) were in hospitals 50 kilometres from their home.



Care, support and treatment in hospital



We continued to find issues with processes around consent to treatment. Practice has improved over the last five years. However, it is unacceptable that, in over a quarter of the records checked in 2013/14, there was no evidence of a patient's consent to treatment on admission.

We are also concerned that patients are still telling us that they had little or no discussion about their treatment. This is unacceptable and may lead to unlawful treatment.

Treatments subject to special rules and procedures

We continue to monitor the use of treatments subject to special rules and procedures. In 2013/14 there was a decline in the number of requests for electroconvulsive therapy certification, with 127 Second Opinion Appointed Doctor visits per month in 2013/14.

We were, however, concerned to hear that operating centres offering neurosurgery for a mental disorder may be taking on patients without there being a close and continuing link to a mental health service in the patient's home area.

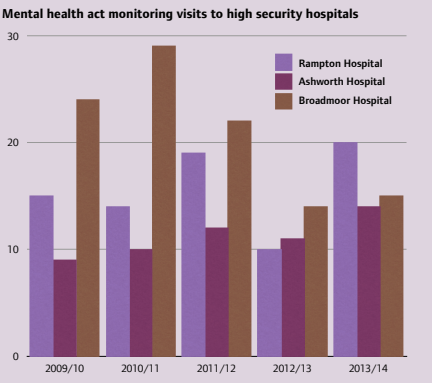
We were also alarmed that urgent or emergency treatment powers are being used beyond their intended purpose and that, in our review of section 61 forms in 2013, we could not be sure if patients were receiving treatments using a legally valid certificate. We will be reviewing these as a matter of urgency.

Safe & therapeutic responses to disturbed behaviour

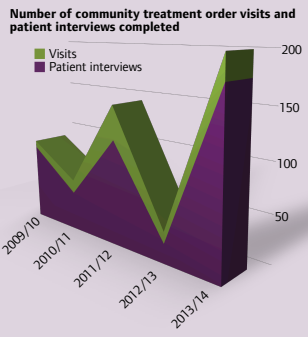
In 2014, we worked with the NHS Confederation to develop guidance on restrictive practices for providers and what we expect them to do.

We continue to undertake visits to look specifically at seclusion and restrictive practices. We made 47 seclusion monitoring visits and 49 visits to high security hospitals in 2013/14.

However, data on physical restraint practices is still incomplete, with only 27 organisations submitting data to the Mental Health Minimum Dataset. This is unacceptable. All providers must make sure that they are consistently recording all incidents of restraint.



Leaving hospital



We made 24 visits to look at the use of community treatment orders (CTOs) and spoke to 175 people under CTOs in 2013/14. We are concerned that CTO patients still report feeling that they have little or no choice about the conditions of the CTO and that they are bound by law to take their medication.

Providers must make sure that good care planning is in place for all patients and recognise that the success of a CTO depends on the individual care plan.

More information can be found in
Monitoring the Mental Health Act in 2013/14

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