Variation in compulsory psychiatric inpatient admission in England: a cross-sectional, multilevel analysis

Scott Weich,1* Orla McBride,2 Liz Twigg,3 Patrick Keown,4 Eva Cyhlarova,5 David Crepaz-Keay,5 Helen Parsons,1 Jan Scott4 and Kamaldeep Bhui6

1Warwick Medical School, University of Warwick, Coventry, UK
2School of Psychology, University of Ulster, Londonderry, UK
3Department of Geography, University of Portsmouth, Portsmouth, UK
4Academic Psychiatry, Newcastle University, Newcastle upon Tyne, UK
5Mental Health Foundation, London, UK
6Centre for Psychiatry, Barts and The London School of Medicine and Dentistry, Queen Mary University of London, London, UK

*Corresponding author

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Plain English summary

Rates of compulsory mental health admission in England have been rising for decades, and have accelerated recently despite investment in community services. Studying differences in rates of compulsory admission between people and places can identify targets for interventions to bring rates down.

We analysed the Mental Health Minimum Data Set, the mandatory return from providers of NHS-funded mental health care in England. We studied anonymised records of over 1.2 million people for 2010/11 and linked this to information about local areas (Census data), primary care trusts (investment data) and provider trusts. Compulsory admission was defined as time spent in a mental illness bed under the Mental Health Act (2007).

This was the largest analysis of compulsory admissions in England. While 85% of the variance in this outcome occurred between individuals, statistically significant variance (around 7% each) occurred between places (Census areas) and provider trusts. This higher-level variance in compulsory admission remained largely unchanged (and therefore unexplained) even after adjusting for a large number of explanatory variables.

The characteristics of people and places explained only about 10% of the difference in the risk of being admitted to hospital compulsorily. Black patients were almost three times more likely to be admitted compulsorily than white patients. Compulsory admission was also greater in more socioeconomically deprived areas and in areas with more non-white residents. The amount of money spent on mental health services was not associated with compulsory admission.

We consulted service users, carers and professionals, who helped interpret the results and suggested avenues for further research.
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This report

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