

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

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Declared competing interests of authors: none

Published December 2014

DOI: 10.3310/hsdr02490

Plain English summary

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Health Services and Delivery Research 2014; Vol. 2: No. 49

DOI: 10.3310/hsdr02490

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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.

Health Services and Delivery Research

ISSN 2050-4349 (Print)

ISSN 2050-4357 (Online)

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The research reported in this issue of the journal was funded by the HS&DR programme or one of its proceeding programmes as project number 10/1011/70. The contractual start date was in March 2012. The final report began editorial review in September 2013 and was accepted for publication in July 2014. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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