

Count me in

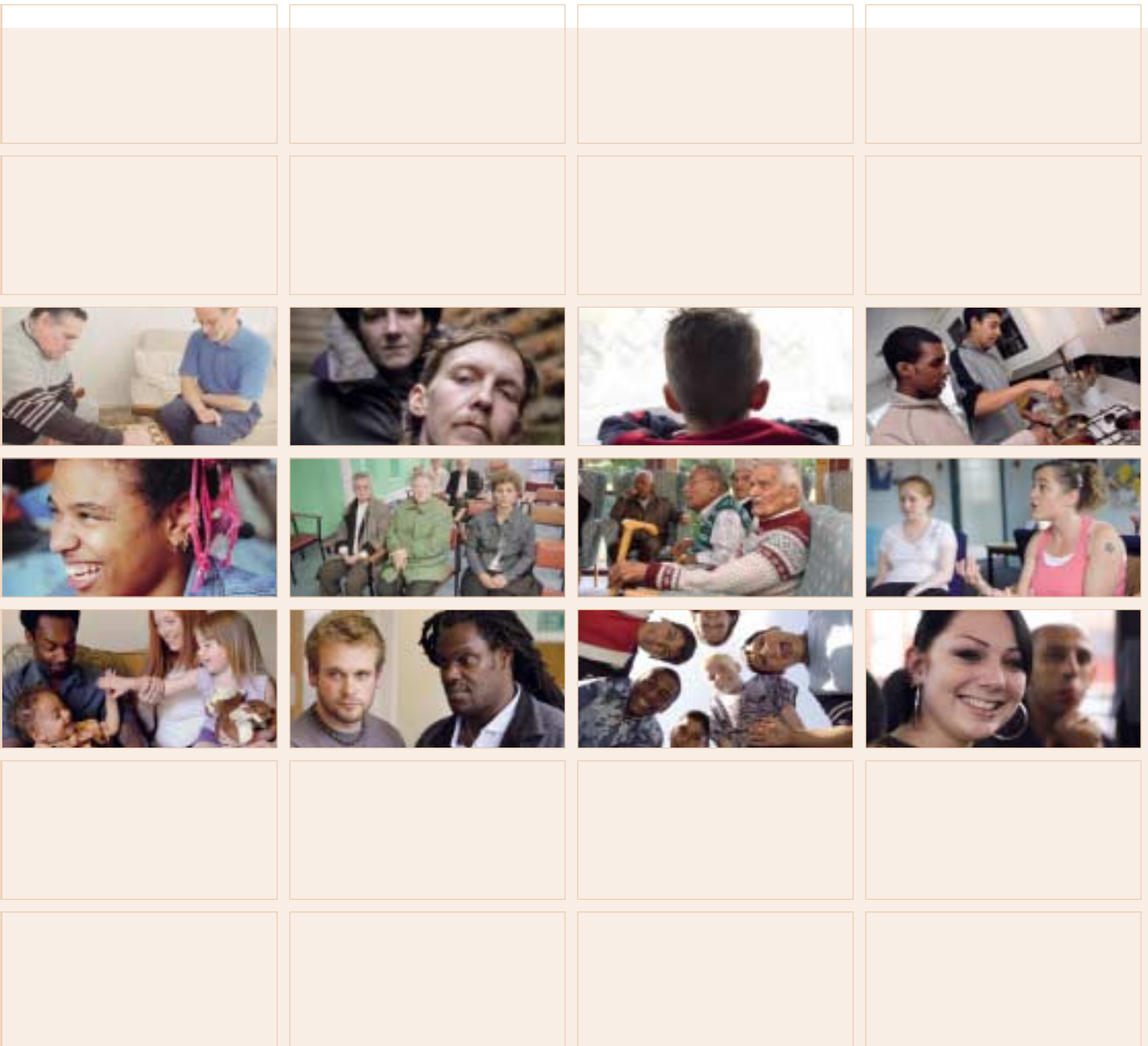
Results of a national census of inpatients in mental health hospitals and facilities in England and Wales

November 2005



Care Services Improvement Partnership **CSIP**

National Institute for
Mental Health in England



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Foreword

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Ethnic monitoring has been mandatory in publicly funded mental health services since 1995. That it has not been done well shows both a lack of understanding of the value of having such data for planning services, and removes from services information that is needed to ensure that individual patients receive culturally sensitive and relevant care.

This census was intended primarily to achieve two things: to encourage sustainable, high quality ethnic assessment and monitoring; and to provide a baseline against which we can measure changes in mental health care in the future. On both counts the census was successful. But it is just a first step. The census identified important issues for further research, so there is much more to do.

It is crucially important to bear in mind what this census is and is not. It is a census. It is not an epidemiological study. It describes what we found on March 31st 2005. It demands an explanation. It does not provide one. The job of discovering the reasons behind the data must be undertaken with urgency. Until these reasons become clearer, however, it is unwise to draw premature conclusions.

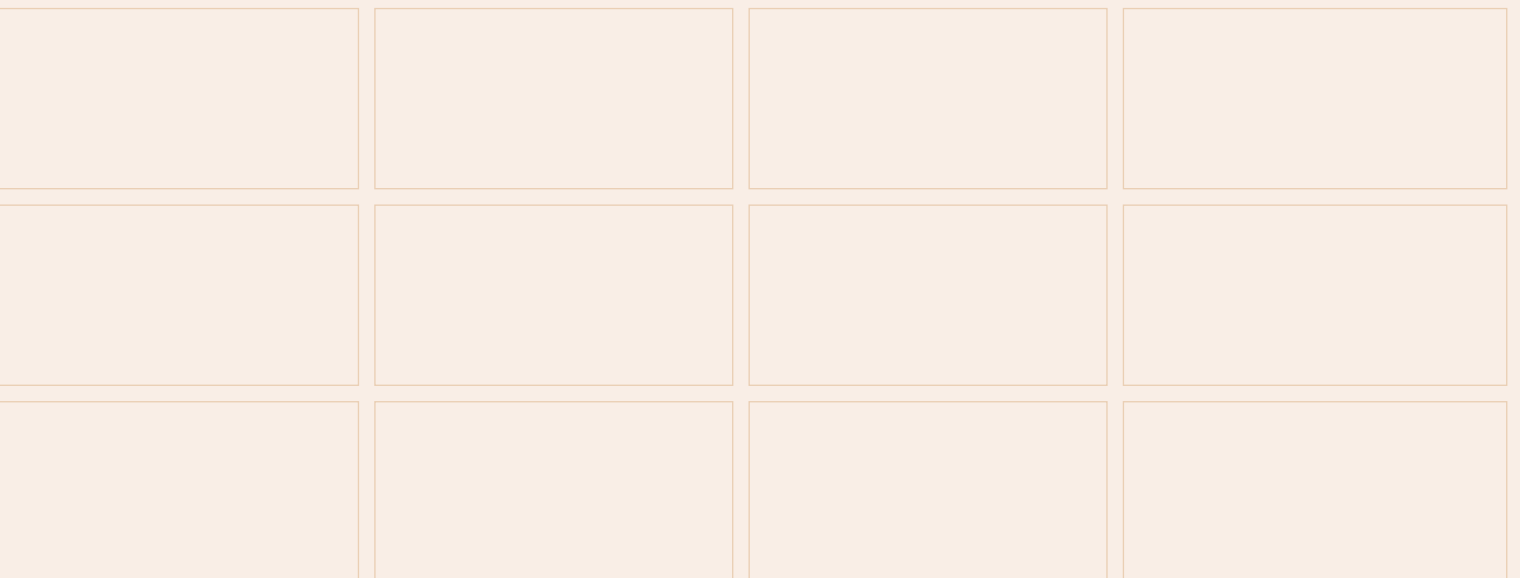
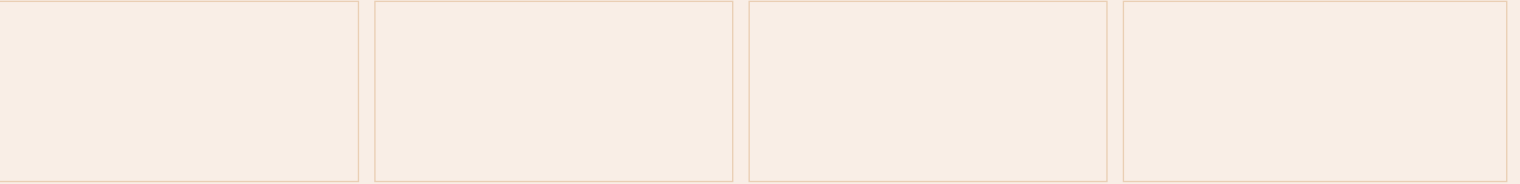
It is wrong and intolerable if someone is categorised as mentally ill and hospitalised solely on the basis of colour or ethnic origin. It is equally wrong and intolerable if someone who is mentally ill and would benefit from care in hospital did not have that benefit because those charged with such decisions are anxious that they may be accused of racial prejudice. Patients should receive care appropriate to their needs, reducing the need for hospitalisation and detention where appropriate.

This census is a critical component of achieving the vision set out in the Government's *Delivering race equality in mental health care*. It is the first step, no more, but a crucial first step nonetheless.

Professor Sir Ian Kennedy

Professor Kamlesh Patel OBE

About the census



Everyone has a right to receive mental health care of good quality that meets their individual needs, regardless of background. Achieving this, particularly for people from black and minority ethnic groups, is one of the greatest challenges facing mental health services in England and Wales.

There has been concern for many years about large differences in patterns of mental health and in the use of mental health services, particularly among people from black and minority ethnic groups. These differences still exist.¹ Understanding and addressing them will require involvement from many groups and individuals, including politicians, policy makers, providers of services from all sectors, people who use inpatient mental health services (inpatients) and carers. Most importantly, it will require the involvement of people from black and minority ethnic groups.

In 1999, the Mental Health Act Commission's National Visit 2², undertaken with the Centre for Ethnicity and Health at the University of Central Lancashire and the Sainsbury Centre for Mental Health, examined aspects of the care and treatment of detained patients from black and minority ethnic groups. As a result, the Department of Health commissioned a report from the Centre for Ethnicity and Health. This report, *Engaging and changing*³, made a number of important recommendations for action, especially in relation to the monitoring of ethnicity.

In January 2005, the Department of Health published a five-year action plan, *Delivering race equality in mental health care*, which aims to achieve equality and tackle discrimination where it exists in mental health services in England.⁴ In Wales, the Welsh Assembly Government is developing a separate race equality action plan for mental health services in line with its *Race equality scheme for health and social care*.

Delivering race equality in mental health care sets out the Government's response to the recommendations made by the independent inquiry into the death of David Bennett, a 38 year old African-Caribbean inpatient, in a medium secure psychiatric unit in Norwich.⁵ It highlights the need for more appropriate and responsive services, a programme for engaging the community, and better information from improved monitoring of ethnicity. It helps providers of mental health services to ensure that they are meeting the standards set out in *National standards, local action*.⁶ Two core standards are particularly relevant:

- that healthcare organisations must challenge discrimination, promote equality and respect human rights
- that organisations must enable all members of the population to access services equally

The action plan also helps to ensure that providers are meeting the requirements of the Chief Executive of the NHS' 10-point *Leadership and race equality action plan*⁷, the Race Relations (Amendment) Act 2000⁸ and other relevant legislation. Robust ethnic monitoring is also essential to achieving these standards.

But these are not new imperatives. *Delivering race equality in mental health care* draws on existing legislation and guidance, and from initiatives being undertaken by the Government and national bodies. It pulls together actions that are relevant to mental health and adds new activities to ensure that rapid progress is made in the improvement of mental health services for black and minority ethnic groups. It is based on three building blocks:

About the census continued

- **more appropriate and responsive services** – achieved by improving the workforce, clinical services and services for specific groups, such as older people, asylum seekers and refugees, and children
- **engaging communities** – delivered by involving communities in planning services (500 new community development workers will help to do this)
- **better information** – achieved through improved monitoring of ethnicity, better sharing of information and good practice, and by improving knowledge about effective services

Together, these are designed to bring about equality of access, equality of experience, and equality of outcomes for those seeking and receiving care.

The 2005 national census of inpatients in mental health hospitals and facilities in England and Wales is one element of the Department of Health's action plan. It also supports the delivery of the Welsh Assembly Government's revised national service framework and action plan for adult mental health in Wales, *Raising the standard*.⁹

Commonly used terms

Throughout this report, we use the terms men and women to refer to adults, children, adolescents and older people. The term black and minority ethnic groups is used to define all groups other than White British or Welsh. The terms higher and lower in relation to ethnic comparisons relate to differences that are statistically significant.

What was the aim of the census?

The census provides, for the first time, valuable information about the ethnicity of inpatients in mental health hospitals and facilities in England and Wales. It offers a starting point for measuring the number of inpatients from black and minority ethnic groups in mental health services, from which progress towards achieving *Delivering race equality in mental health care* can be assessed. It does not assess the experiences of inpatients, or the quality of services provided to inpatients from black and minority ethnic groups.

The aim of the census was to:

- obtain reliable information about the number of inpatients using mental health services on March 31st 2005
- encourage all providers of mental health services to have accurate, comprehensive and sustainable procedures for collecting, recording and monitoring ethnicity that will enable them to collect data of a high quality on the ethnicity of inpatients

This report sets out the findings in relation to these aims. However, there is a third aim which is not covered here – to investigate the extent to which providers of mental health care have implemented culturally sensitive, appropriate and responsive services with effective care planning and local evaluation, influenced by information on the ethnicity of inpatients. The Mental Health Act Commission and the National Institute for Mental Health (England) will capture this information in a further survey of inpatients. The results will be published in 2006.

Interpreting the census

It is crucially important to bear in mind what this census is and is not. It is a census. It is not an epidemiological study. It describes what we found on March 31st 2005. It demands an explanation. It does not provide one.

The job of discovering the reasons behind the data must be undertaken with urgency. Until these reasons become clearer, however, it is unwise to draw premature conclusions. It is wrong and intolerable if someone is categorised as mentally ill and hospitalised solely on the basis of colour or ethnic origin. It is equally wrong and intolerable if someone who is mentally ill and would benefit from care in hospital did not have that benefit because those charged with such decisions are anxious that they may be accused of racial prejudice.

The census was designed to establish a baseline in terms of the numbers of inpatients in mental health hospitals and facilities in England and Wales by reference to their ethnic group, and to encourage the recording of ethnicity. It achieved these aims. However, the census was not designed to provide an explanation for differences in patterns of care, assess the experiences of patients, or review the quality of care. Premature conclusions about the quality of mental health services should not, therefore, be drawn on the basis of the census.

It is also important to note that a variety of factors can contribute to (or explain) some of the patterns uncovered by the census, such as ethnic differences in patterns of mental illness. There is an association between social and economic factors (such as poverty, poor educational achievement, unemployment and living in the inner city) and the likelihood of mental illness. Deprivation, discrimination, and family and social support networks can also affect the course of mental illness, the ways in which inpatients and services engage with each other, and the outcomes of care.

Mental health services of good quality that address these factors can help to reduce the need for hospital care. Patients should receive care appropriate to their needs, reducing the need for hospitalisation and detention where appropriate. It is, therefore, important that providers of mental health services in the NHS and the independent sector should ensure that the recording of ethnicity and other information continues to facilitate such monitoring.

The census highlights the differences between various black and minority ethnic groups and the need to avoid generalisations about these groups. It does not show a failure in services. It provides, for the first time, a very valuable baseline against which to measure improvements in mental health care for patients, particularly those from black and minority ethnic groups, in the future.

How was the census carried out?

The 2005 census was conducted jointly by the Healthcare Commission, the Mental Health Act Commission and the National Institute for Mental Health (England). It collected details of ethnicity, language and religion, as well as a range of information about how each inpatient came to be in hospital and details of their care. Sixteen categories were used to record the ethnicity of inpatients that took part in the census. These categories were also used in the census of the total population, carried out by the Office for National Statistics in 2001.

Categories of ethnicity

The 16 categories used to record the ethnicity of inpatients who took part in the census were:

White British (including Welsh)
White Irish
Other White
White/Black Caribbean Mixed
White/Black African Mixed
White/Asian Mixed
Other Mixed
Indian
Pakistani
Bangladeshi
Other Asian
Black Caribbean
Black African
Other Black
Chinese
Other

Note: Although Welsh was included as an ethnic category at the request of the Welsh Assembly Government, analysis in relation to Welsh as a separate ethnic group was not possible because there was no ethnic category Welsh in the 2001 UK population census carried out by the Office for National Statistics. Therefore, those classifying themselves as Welsh were coded as White British.

The census covered all (informal and detained) inpatients in mental health hospitals and facilities in the NHS and the independent (private and voluntary) sector in England and Wales on March 31st 2005. This included mental health services for children and adults, services for older people, forensic services and specialised services such as mother and baby units and units for the deaf. It did not cover services for people with learning disabilities.

Independent providers were identified according to the following agreed criteria:

- in England, hospitals registered as mental health establishments with the Healthcare Commission (not including those registered with the Commission for Social Care Inspection)
- in Wales, hospitals registered as mental health establishments with the Care Services Inspectorate for Wales

Based on this approach, 102 NHS trusts and 148 providers of independent healthcare services were eligible to take part in the census.

The Mental Health Act Commission produced a promotional video and distributed posters and leaflets to ensure that people taking part in the census understood why it was being carried out, and to ensure their cooperation on March 31st. A series of 'road shows' and training materials were also produced to assist staff who were involved in carrying out the census. The process for undertaking the census was formally approved by the Department of Health's committee on the review of central returns, the Wales Multi-centre Research Ethics Committee, and the patient information advisory group.

More information about the census and how it was carried out is available on our website at www.healthcarecommission.org.uk, together with a detailed analysis of the findings.



Results of the census

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Understanding the results

The results of the census provide valuable information that, once analysed and understood, can help to drive improvements in the quality of services for all inpatients in mental health hospitals and facilities. The census does not provide reasons for the ethnic differences observed and, as with any study of this kind, some cautionary notes apply.

The results are a picture on one day and do not reflect what happens in mental health hospitals and facilities over time.

A recent report by the Department of Health has highlighted the wider reasons for inequalities in health status.¹⁰ There are links between the risk of mental illness, access to appropriate care and outcomes, and the social and economic disadvantages experienced by many of those from black and minority ethnic groups. For example, many black and minority ethnic groups suffer disadvantages relating to housing, education, employment and social status, living in the inner city and social isolation. All of these factors could increase the risk of mental illness. These factors can also affect the nature of patients' contact with appropriate services.

With the exception of age and gender, these factors have not been taken into account, and may affect the results. The results also do not take account of types of illness and other clinical information. For example, ethnic differences in the nature and severity of illness could affect the results.

Some organisations in the NHS and the independent sector highlighted difficulties in providing accurate information on routes of referral using the routinely defined codes in the mental health minimum data set. The source (the place or person) from where the referral came can differ from the routes of admission, and the latter might be more relevant information.

Most importantly, for many inpatients the source of referral is a community-based mental health service (such as early intervention, crisis resolution or community teams) or prison. Neither is covered by the routine method of collecting data. This suggests that the information collected cannot accurately show the source of referral for all inpatients. Amendments may be required to the mental health minimum data set in light of the findings of this census.



Epidemiological factors

Where appropriate, the results are standardised between ethnic groups. Standardisation allows comparisons to be made between populations. It also takes account of variations in age and gender between different populations.

Twenty-three per cent of inpatients did not report their ethnicity themselves. Staff or relatives carried out this task for them. Therefore, it is possible that ethnicity was misreported in some cases, and this could vary by ethnic group.

There are ethnic differences in the rates of admission, particularly for inpatients from the black groups and especially for those from the Other Black group. The rates of admission highlighted in this report have been determined using information from the 2005 census and the 2001 census of the total population which was carried out by the Office for National Statistics.¹¹ The 2001 census is the only source of information about the estimated number of people from black and minority ethnic groups in the population. However, the estimated numbers of people from black and minority ethnic groups recorded in the 2001 census remain an approximation. The margin for error is greater for some groups

within the total population, particularly for black and minority ethnic groups.¹² Therefore, the rates of admission recorded by the 2005 census could be liable to error.

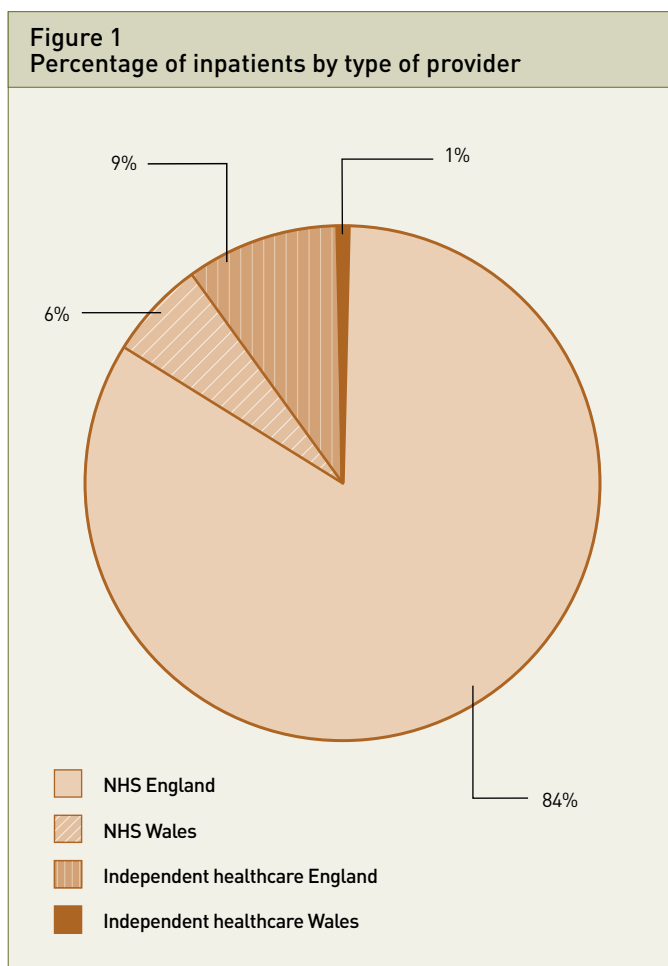
Additionally, the Office for National Statistics states that the reporting of ethnicity by inpatients (self-reporting) is particularly unstable for the Other Black group compared with other ethnic groups, over time and across sources of data. This could lead potentially to significant inconsistency and mismatch between self-reported Other Black numerators of admissions from this census and self-reported Other Black denominators of the population from the 2001 census.

The four-year interval between the census of the total population in 2001 and this census creates a further complication with the rates of admission. Migration and other changes in the population during this time are not reflected in the figures used to calculate the rates of admission. Again, it is not possible to estimate the potential effects on these rates, and they could vary by ethnic group.

Overall response

The census was highly successful in terms of coverage. Information was collected concerning 33,828 inpatients in 212 NHS and independent sector organisations in England and Wales, which equates to approximately 99% of all inpatients eligible for inclusion in the census.

Of the 102 NHS trusts that were eligible to take part, all returned information on their inpatients. Of the estimated 148 providers of independent healthcare that were eligible, 110 returned information, including all of the larger organisations. Ninety per cent of inpatients were in NHS organisations (figure 1).



Ethnic origin was recorded for 98.7% of inpatients covered by the census. Overall, 79% of inpatients were White British and 19% were from black and minority ethnic groups (figure 2).

Nine per cent of those from black and minority ethnic groups were Black Caribbean, Black African, Other Black or White/Black Mixed, 3% were Other White, 3% were Asian, 2% were Irish, and 3% were from other ethnic groups (including Chinese).

Almost 70% of inpatients from black and minority ethnic groups were in just 23 of the 212 organisations that took part in the census. The remaining 30% were spread across a number of organisations: 184 of the 212 organisations each had fewer than 50 inpatients from black and minority ethnic groups.

After the White British group, the largest group of inpatients were Black Caribbean followed by Other White, White Irish, Black African and Other Black groups.

The percentage of inpatients from White British, Indian, Bangladeshi, Pakistani, White/Asian Mixed and Chinese groups was lower, when compared with the total population. For some groups, particularly Black Caribbean, Black African and Other Black, the percentage of inpatients was higher. However, differences in age and gender between ethnic groups could affect these comparisons.

Results of the census continued

Figure 2
Percentage of inpatients by ethnic group

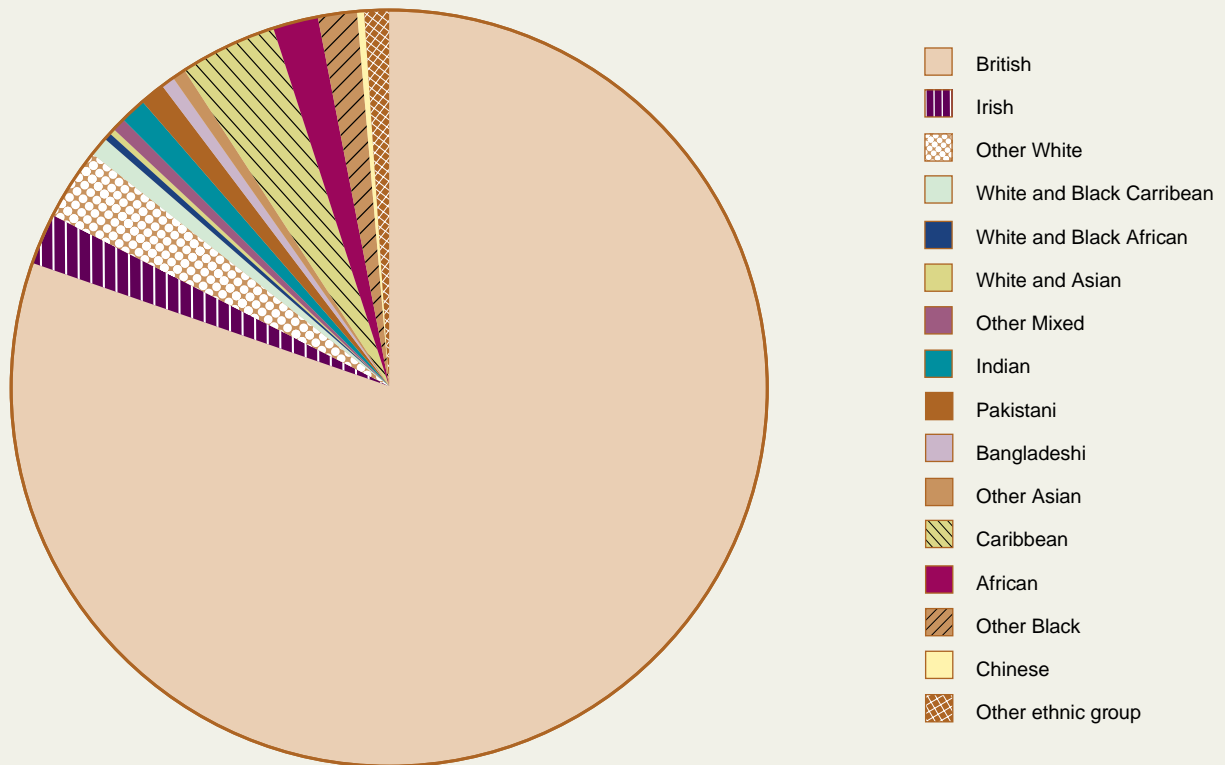


Figure 3
Numbers of inpatients from black and minority ethnic groups by provider



Age

The proportion of young people was higher among inpatients from black and minority ethnic groups when compared with the White British, White Irish and Other White groups. This finding is also representative of the general population, where members of black and minority ethnic groups are younger overall.

One per cent of all inpatients were younger than 17 years and 31% were aged 65 and older. Information on age was missing or invalid for 1.6% of inpatients.

Gender

On the day of the census, 55% of inpatients were men. Among the White British, Irish and Other White groups, there were similar proportions of men and women, but the proportion of men was higher among inpatients from other ethnic groups.

Ethnic category code	Age categories				Males (%)	Females (%)
	Census categories	0-17	18-24	25-49		
British	2.2	7.0	37.7	53.1	52.4	47.6
Irish	0.8	3.9	33.4	61.8	53.0	47.0
Other White	1.4	6.8	40.6	51.2	51.8	48.2
White and Black Caribbean	5.1	17.3	70.2	7.5	69.3	30.7
White and Black African	2.8	29.6	57.7	9.9	65.7	34.3
White and Asian	4.8	17.3	68.3	9.6	64.4	35.6
Other Mixed	7.8	18.1	65.7	8.4	66.3	33.7
Indian	2.1	9.3	58.5	30.2	60.4	39.6
Pakistani	4.0	14.2	63.4	18.5	72.2	27.8
Bangladeshi	4.6	21.7	61.8	11.8	71.2	28.8
Other Asian	3.8	9.5	63.1	23.6	64.5	35.5
Caribbean	1.2	10.4	63.1	25.4	69.3	30.7
African	3.1	19.8	68.3	8.9	68.4	31.6
Other Black	1.9	13.6	76.8	7.6	74.6	25.4
Chinese	1.2	6.2	66.7	25.9	48.8	51.2
Other ethnic group	2.8	12.1	60.7	24.3	68.5	31.5

Language and religion

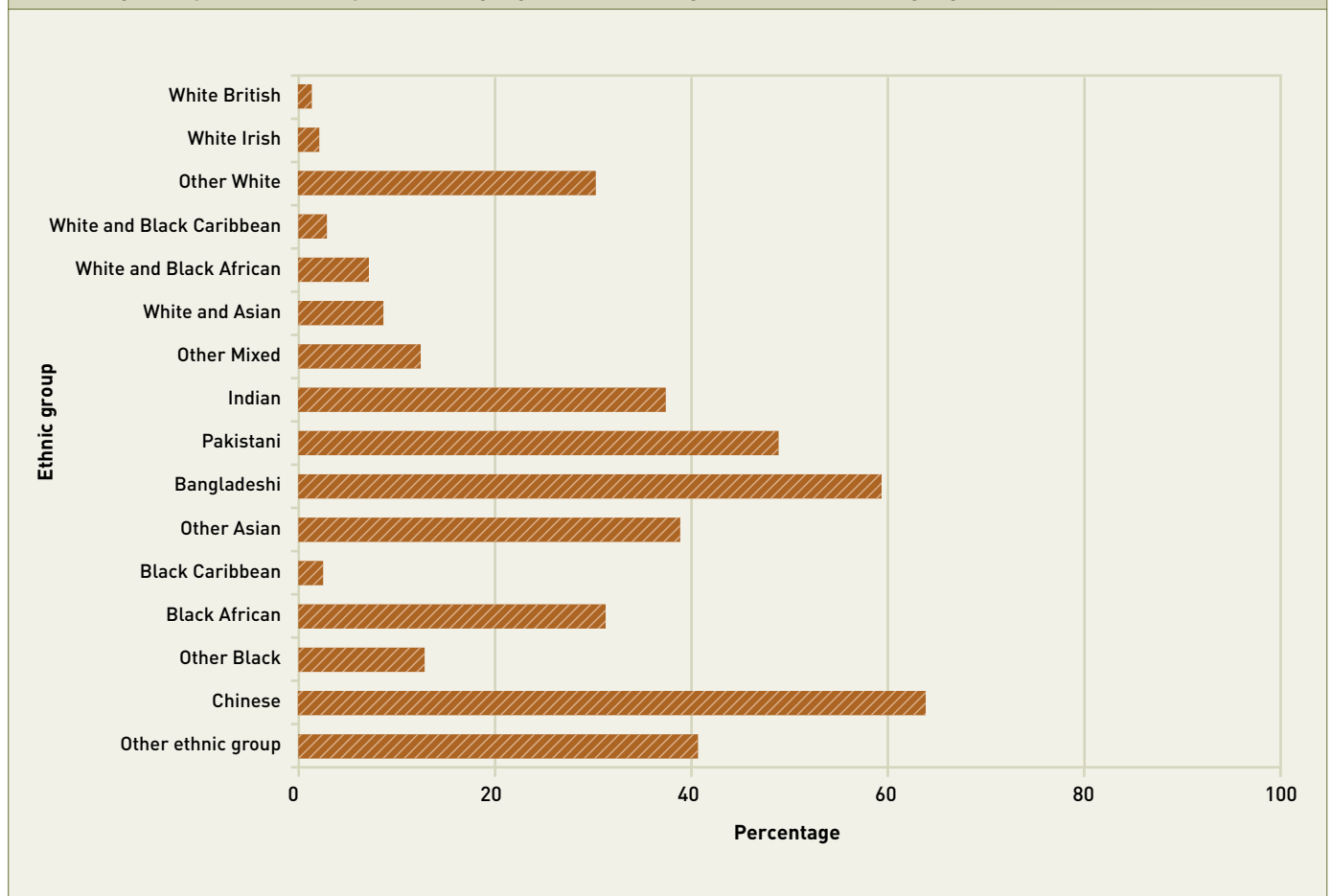
Six per cent of all inpatients reported that they spoke a language other than English as their first language. Approximately one-third of inpatients from the Other White group reported speaking a language other than English. This proportion was higher among inpatients from the Asian and Chinese groups (figure 4).

The Mental Health Act Commission’s Ninth Biennial Report¹³ highlighted the need for mental health services to have a greater understanding of the diverse religious and cultural needs of inpatients

from black and minority ethnic groups. The census also highlights the diversity of religion and faith among inpatients from black and minority ethnic groups (see table 3).

Reporting of no religion was lowest among inpatients from the White Irish (4%) and Asian groups (8% or lower). Between 14% to 36% of inpatients from the other black and minority ethnic groups reported having no religion.

Figure 4
Percentage of inpatients that reported a language other than English as their first language



Reporting of ethnicity

Overall, 77% of inpatients reported their own ethnicity. The proportion of inpatients from the White British, Irish and Other White groups who reported their own ethnicity ranged from 76% to 80%. In all other ethnic groups, the proportion was higher (figure 5).

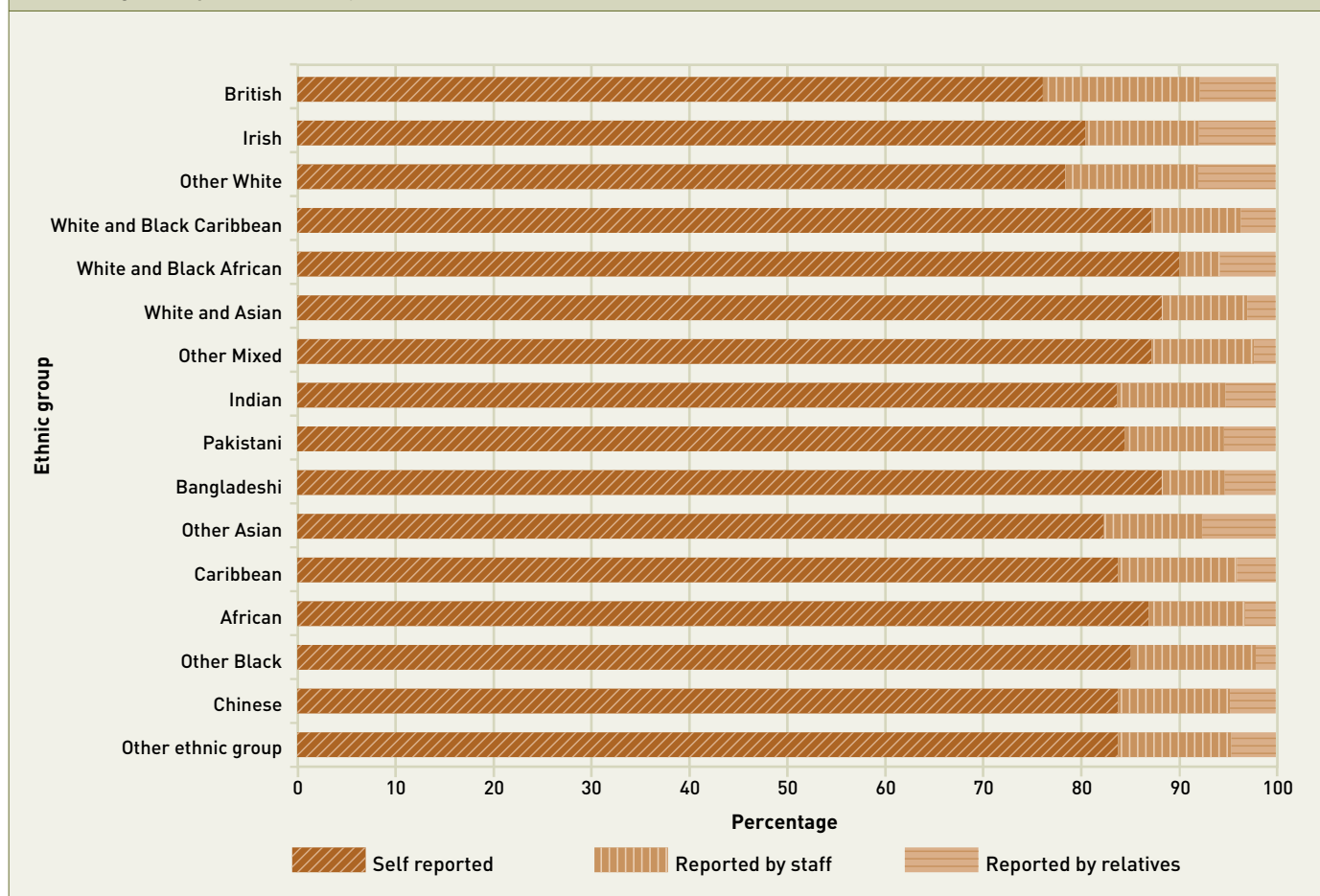
Of the remaining inpatients, staff or relatives reported ethnicity. Reporting of ethnicity by staff was higher among inpatients from the white groups (12% to 16%) when compared with other ethnic groups (4% to 12%). Reporting of ethnicity by

relatives was also higher among inpatients from the White British, Irish and Other White groups (7% to 18%) when compared with inpatients from the other ethnic groups (2% to 7%).

Asylum seekers

Less than 1% of inpatients were classified as asylum seekers by staff. The asylum status of a further 1% was not known. Asylum seekers were primarily from the White British, Other White, Other Asian, Black African and other ethnic groups.

Figure 5
Percentage of reported ethnicity



Rates of admission

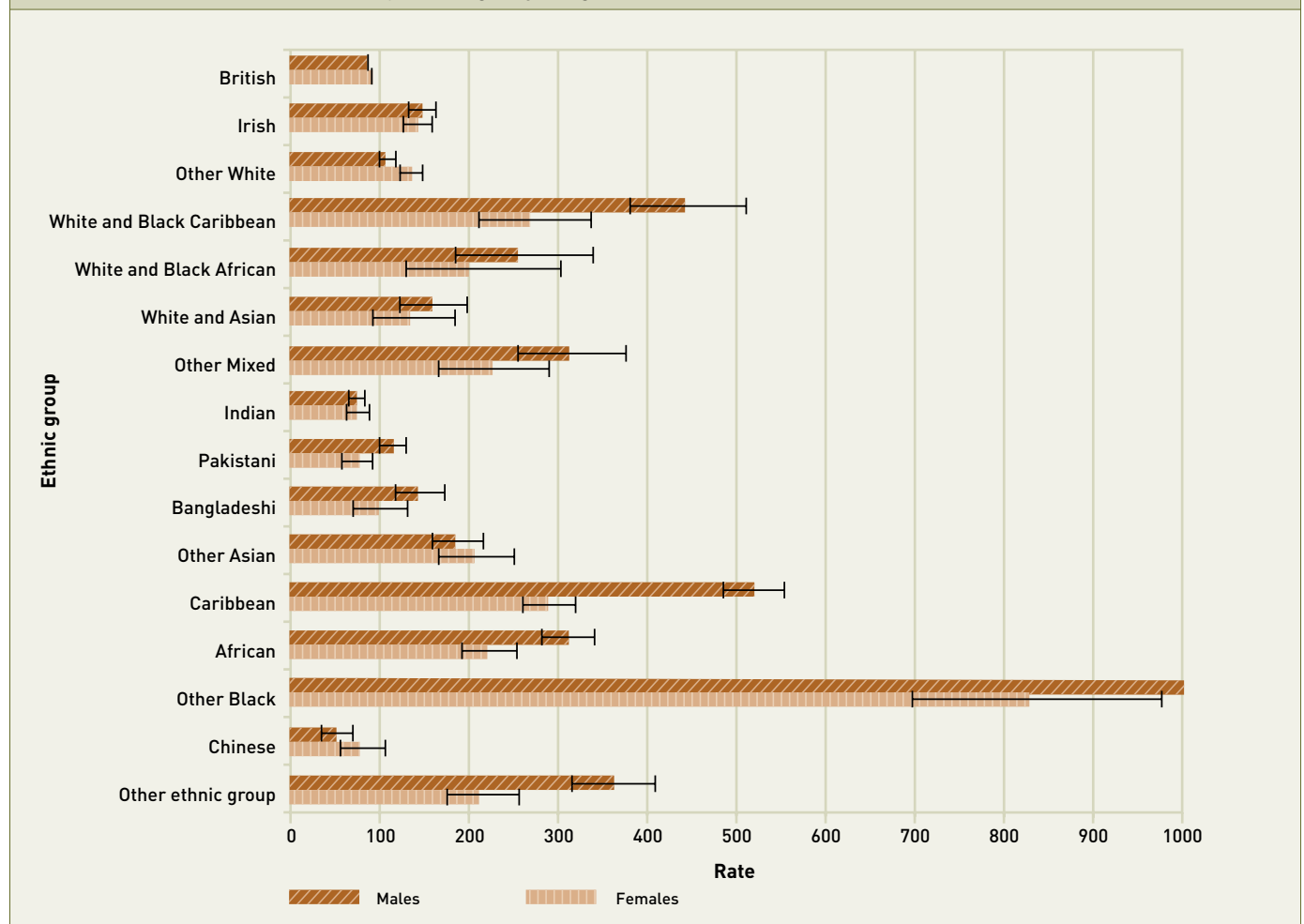
The census examined the number of people admitted to mental health hospitals and facilities. This is known as the rate of admission. Please note: these rates are estimated and are liable to error.

The census showed that rates of admission to hospital for mental illness were higher for some black and minority ethnic groups, when compared with the total population (figure 6).

Rates of admission of men from the White British, Chinese and Indian groups were lower than average. Rates were higher for men from all other ethnic groups, including the White Irish and Other White group. They were particularly high for men from black and White/Black Mixed groups, with rates at three or more times higher than average.

Rates of admission of women from the White British, Indian and Pakistani groups were lower than average, while some other ethnic groups, including White Irish and Other White, had higher rates. Among women from the Black and

Figure 6
Standardised rates of admission by ethnic group (England and Wales = 100)



White/Black groups, rates were two or more times higher than average. No statistical differences were observed among women from the Chinese, Bangladeshi, and White/Asian groups. When examined together, the rates of admission for men and women from the White British, Indian and Chinese groups were statistically significantly lower than the national average. Rates of admission were higher for men and women from other ethnic groups, with the exception of Pakistanis. They were particularly high (about three or more times higher) for men and women from the Black Caribbean, Black African, Other Black and White/Black Mixed groups.

These findings are broadly consistent with those reported in previous studies.^{14,15}

Routes of referral

The census showed that the way in which an inpatient was referred to mental health services differed between ethnic groups (see tables 5A to 5D). Overall, 17% of inpatients were referred to mental health services by their GP, 4% were referred by the police, 2.4% were referred through the courts, and 4% were referred by the social services.

When compared with the average for all inpatients, those from the White British group were more likely to be referred by their GP. For inpatients from the Black Caribbean, Black African and Other Black groups, the rate of referral by GP was well below average (40% to 70% lower). It was also lower among inpatients from the Bangladeshi, White Irish, Other Asian and Other groups.

Referrals by the police were lower than average in the White British group and almost double in the Black Caribbean and Black African groups. They were also higher than average among inpatients from the Indian and Other White groups.

Similarly, referrals by the court were lower than average in the White British group and almost double in the Black Caribbean group. Across the minority ethnic groups, the number of women referred to mental health services by the police or through the courts was small.

Referrals by the social services were higher than average among inpatients from the Black Caribbean and Bangladeshi groups.

Rates of detention under the Mental Health Act 1983

The Mental Health Act 1983 allows people who are diagnosed as mentally ill to be detained in hospital and given treatment against their will. They need not have committed a crime or to have harmed anyone. They are usually detained because it is considered to be in their interests and for their own safety, but they may be held because they are deemed to be a risk to others.

Overall, 46% of men and 29% of women had been admitted under the Mental Health Act 1983. Approximately 1% of inpatients had a blank or invalid entry for this category.

Across all ethnic groups, the proportion of men detained under the Mental Health Act 1983 ranged from 41% to 75%. For women, this proportion ranged from 26% to 65%. These differences were considerably less when age was taken into account (figure 7).

Overall, inpatients from the Black Caribbean, Black African, and Other Black groups were more likely (by 33% to 44%) to be detained under the Mental Health Act 1983 when compared with the average for all inpatients. The rate of detention for inpatients from the Other White group was also slightly higher than average. Differences

Results of the census continued

among other minority ethnic groups were not statistically significant.

Men from the Black Caribbean, Black African, and Other Black groups had a higher rate of detention (25% to 38% above average). A similar pattern was noticed for women, with the rate of detention 56% to 62% higher for those from the Black Caribbean, Black African and Other Black groups. The rate of detention for those women from the Indian, Other Asian and Other groups was also somewhat higher.

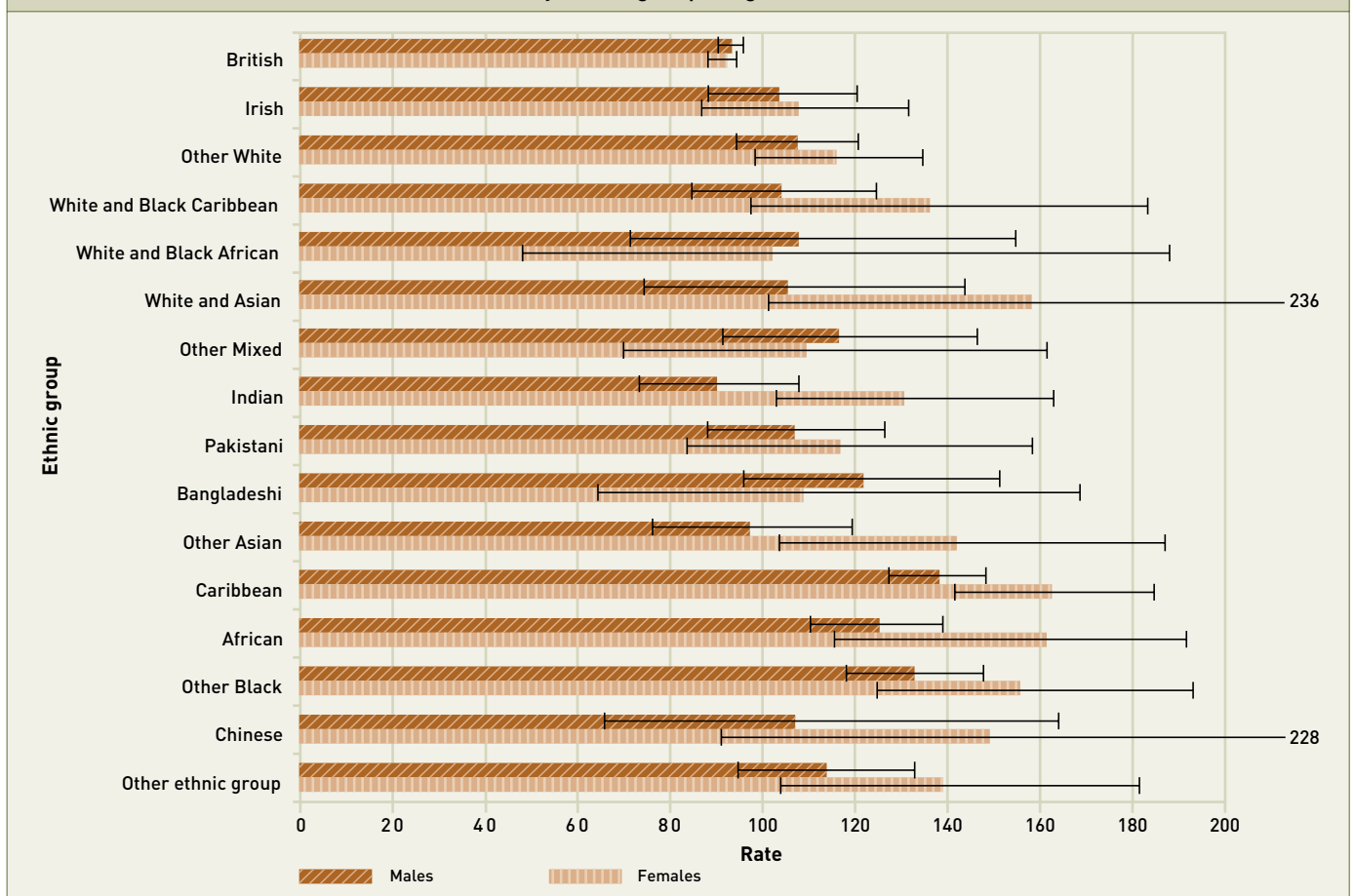
Research has shown that several factors can influence an inpatient's route of referral to mental

health services or admission to hospital.

For example, factors such as diagnosis, living circumstances, the way in which people approach mental health services and unemployment can contribute to the patterns of referral and formal admission among African-Caribbean inpatients.^{16,17} But this does not explain all the differences observed. What happens when, or before, someone first encounters mental health services can influence subsequent pathways.

Inpatients can be detained under different sections of the Mental Health Act 1983. Tables 6B to 6D show the rates of detention by reference to some of these sections. The findings are as follows.

Figure 7
Standardised rates of detention on admission by ethnic group (England and Wales = 100)



Section 2 of the Mental Health Act

Section 2 of the Act provides the authority for a person to be detained in hospital for assessment. Overall, 8% of inpatients were admitted under this section. The rate of admission under section 2 was 36% higher for inpatients from the Black African group when compared to the average, and 31% lower for inpatients from the Black Caribbean group.

Sections 37 and 41 of the Mental Health Act

Section 37 of the Act allows a court to send a person to hospital for treatment when the outcome might otherwise have been a prison sentence. Section 41 allows a court to place restrictions on a person's discharge from hospital.

Overall, 5% of inpatients were admitted to hospital, rather than prison, under section 37 and section 41. When compared with the average, men from the Black Caribbean, Other Black and White/Black African Mixed groups were more likely to be admitted under these particular sections. The number of women detained under these sections was very low and no significant ethnic differences were observed.

Sections 47, 48 and 49 of the Mental Health Act

These sections of the Act allow the Home Office to issue a direction to transfer a person detained in prison to receive treatment in hospital under certain circumstances.

Overall, 2% of inpatients were admitted under these sections of the Act. The rate of admission was significantly lower than average among inpatients from the Black African group and slightly higher among inpatients from the Other White group.

Consent

The census looked at whether inpatients were capable of consenting to treatment and whether they chose to consent. The findings have been examined further to show differences between those formally admitted (compulsorily) under the Mental Health Act 1983 and those informally admitted (for example, referred by their GP).

Informal admission of inpatients: those deemed incapable of consenting to treatment

Overall, 62% of inpatients were informally admitted to hospital. Of these inpatients, 29% were deemed incapable of consenting to treatment. The census found that a statistically significant rate of women from Other Black and Chinese groups were informally admitted and deemed incapable of consenting to treatment. However, the number of these cases was very small. No ethnic differences were found among men.

Formal admission of inpatients: those deemed incapable of consenting to treatment

About 5% of inpatients were formally admitted to hospital and deemed incapable of consenting to treatment. There were no ethnic differences in the risk of being considered incapable of consent.

Formal admission of inpatients: those who did not consent to treatment

Thirty-three per cent of all inpatients were admitted to hospital formally and were deemed capable of consenting to treatment. Of these inpatients, 31% refused to give consent. Refusal of consent was more likely among men in the White/Black Caribbean group and among women in the Black Caribbean and Black African groups.

Seclusion

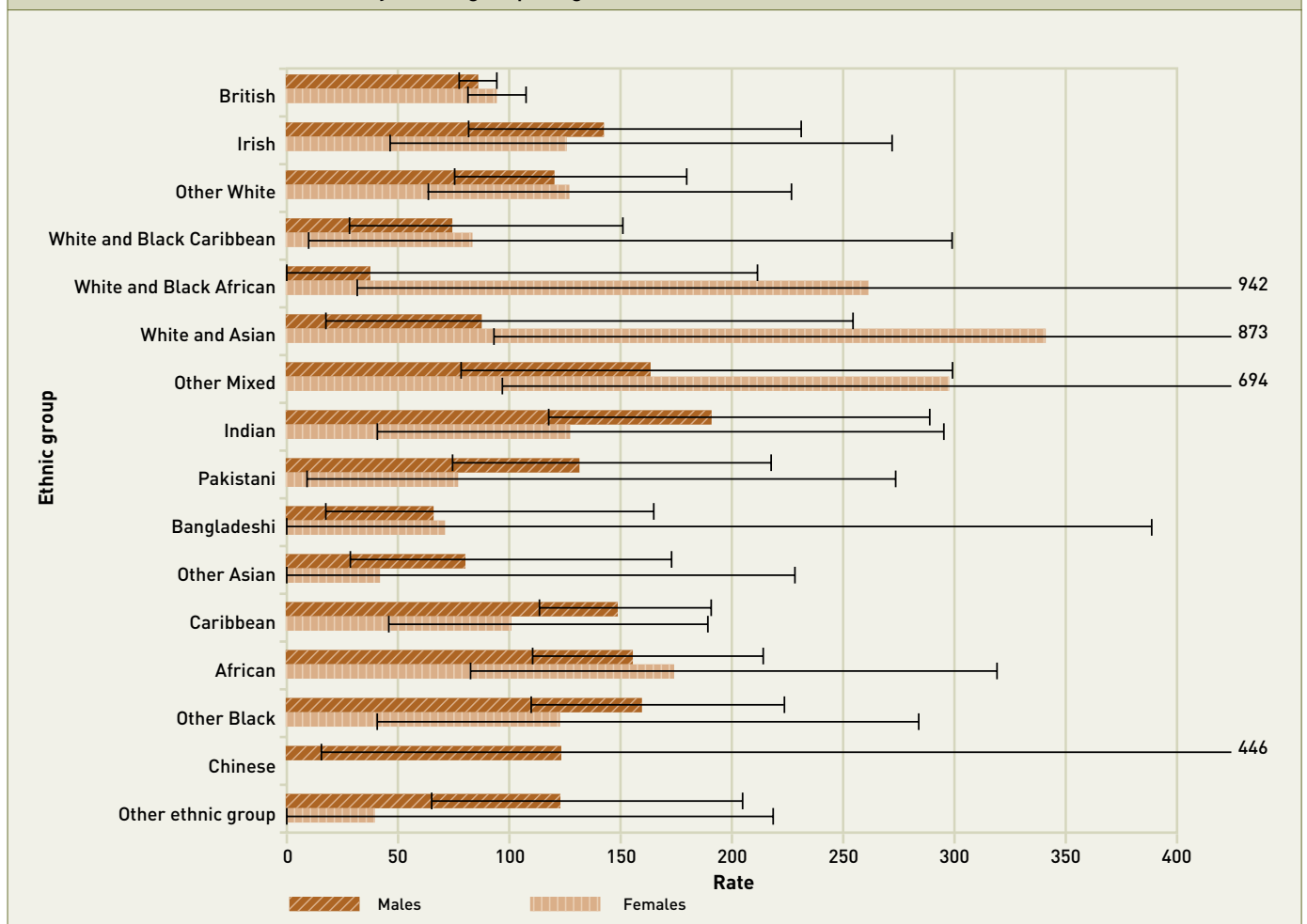
Periods of seclusion for inpatients happened if they were placed, at any time and for any duration, alone in an area with the door(s) shut so that they could not leave freely.

The census collected information about any periods of seclusion during an inpatient's time in hospital, or within the last three months if their stay was longer. In the three months prior to the census, 3% of inpatients had experienced one or more periods of seclusion, about 0.3% had

experienced five or more periods, and 0.1% had experienced 10 or more periods of seclusion.

Men from the White British group were less likely to be placed in seclusion than men from the Black Caribbean, Black African, Other Black and Indian groups (figure 8). No statistically significant ethnic differences were observed among women.

Figure 8
Standardised rates of seclusion by ethnic group (England and Wales = 100)



Control and restraint

The census also recorded any incidents involving the control and restraint of an inpatient during their current stay in hospital or if their stay was longer, in the three months prior to the census.

Overall, 8% of inpatients had experienced one or more incidents of control and restraint, 1.5% had experienced five or more incidents, and 0.7% had experienced 10 or more incidents.

The rate of control and restraint among men from the Black Caribbean group was 29% higher than the average rate for all inpatients. No statistically significant ethnic differences were observed among women.

Injury and harm

The census collected information on any recorded injuries sustained by inpatients, excluding self-harm, during their current stay in hospital or, if their stay was longer, in the three months prior to the census.

There was a lower than average rate of recorded injury among inpatients from the Black Caribbean and Indian groups. The differences for inpatients from the other minority ethnic groups were not statistically significant.

The lower rate of injury among inpatients from these groups is of interest, especially given the frequency of violent incidents in mental health organisations in which there are inpatients. A recent national audit found that 36% of inpatients, 41% of clinical staff, and nearly 80% of nursing staff in mental health and learning disability facilities in which there were inpatients had experienced violence or threats of violence¹⁸.

Type of ward

Inpatients on medium or high secure wards

Eleven per cent of inpatients were on a medium or high secure ward. The likelihood of men from the White British group to be on a medium or high secure ward was lower than average, when compared with all other types of wards. Men from the Black Caribbean, Other Black and White/Black Caribbean groups were more likely to be on a medium or high secure ward.

Three per cent of inpatients were on a high secure ward. Among several black and minority ethnic groups, and particularly among women, there were low numbers of inpatients on a high secure ward. However, men from the Other White group were more likely to be on a high secure ward than a low or medium secure ward. No statistically significant ethnic differences were observed among women.

Wards for children and adolescents, adults and older people

Of the 780 patients on child and adolescent mental health wards, 24% were aged 18 years and older. A quarter of the older inpatients on these wards were from black and minority ethnic groups.

There were very few (128) inpatients younger than 18 years of age on wards for adults of working age. Of these inpatients, 20% were from minority ethnic groups. Of the 5% of inpatients on adult wards who were aged 65 years and older, 16% were from black and minority ethnic groups.

Six per cent of inpatients on wards for older people (aged 65 and over), were aged 0 to 64 years. Of these, 10% were from black and minority ethnic groups.

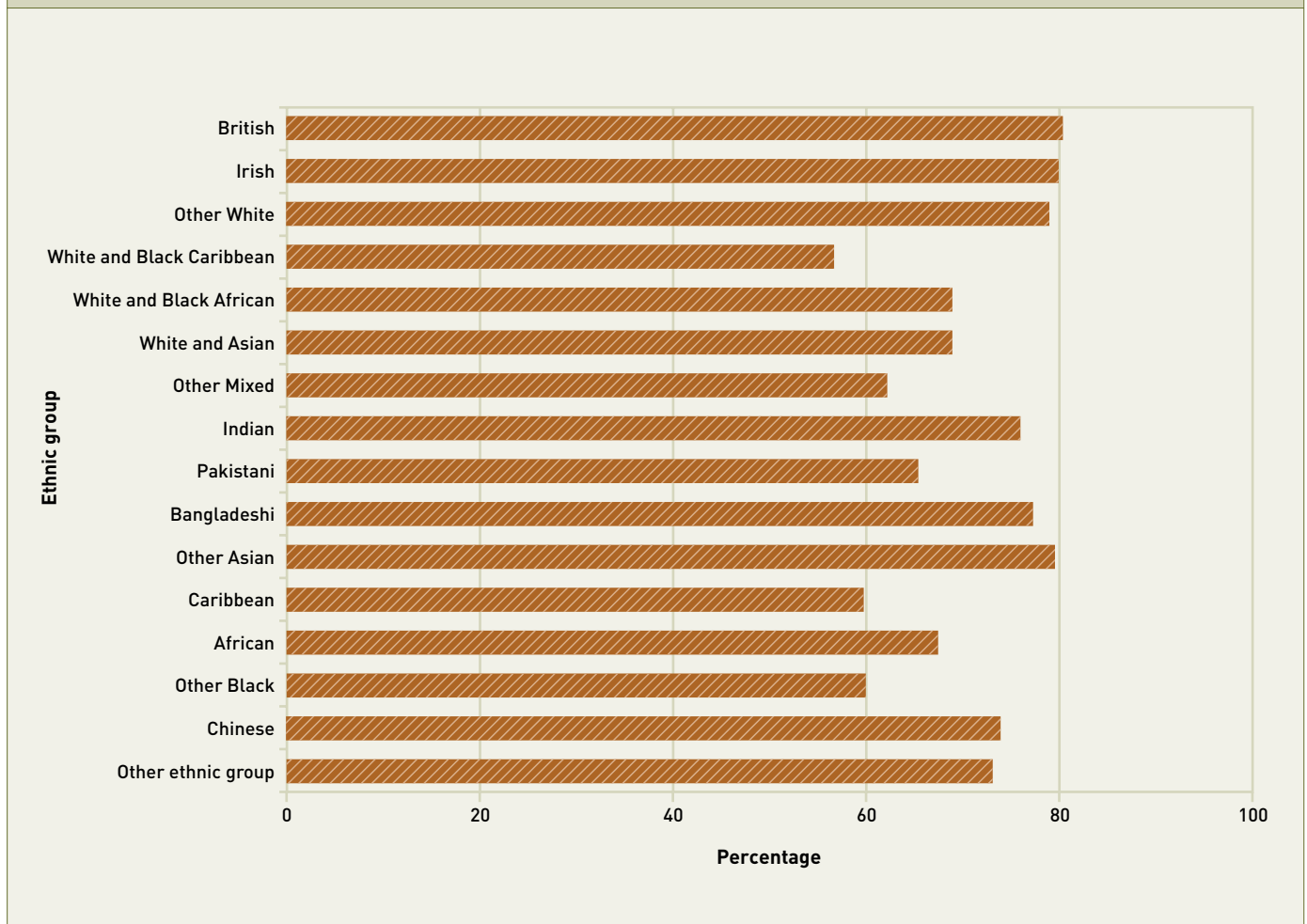
Mixed or single sex wards

Overall, 78% of inpatients were on mixed wards, 15% were on wards for men and 7% were on wards for women. In the white groups, about 80% of the inpatients were on mixed wards. The proportions were lower in other ethnic groups. Inpatients from black and minority ethnic groups were more likely to be cared for on a single sex ward when compared with inpatients from the White British group (figure 9).

Inpatients on the care programme approach

The care programme approach provides support for people with long term need for mental health care. People who use mental health services can be on a standard care programme approach or an enhanced care programme approach. An enhanced care programme approach is designed for people with more complex needs.

Figure 9
Proportion of inpatients on a mixed ward by ethnic group



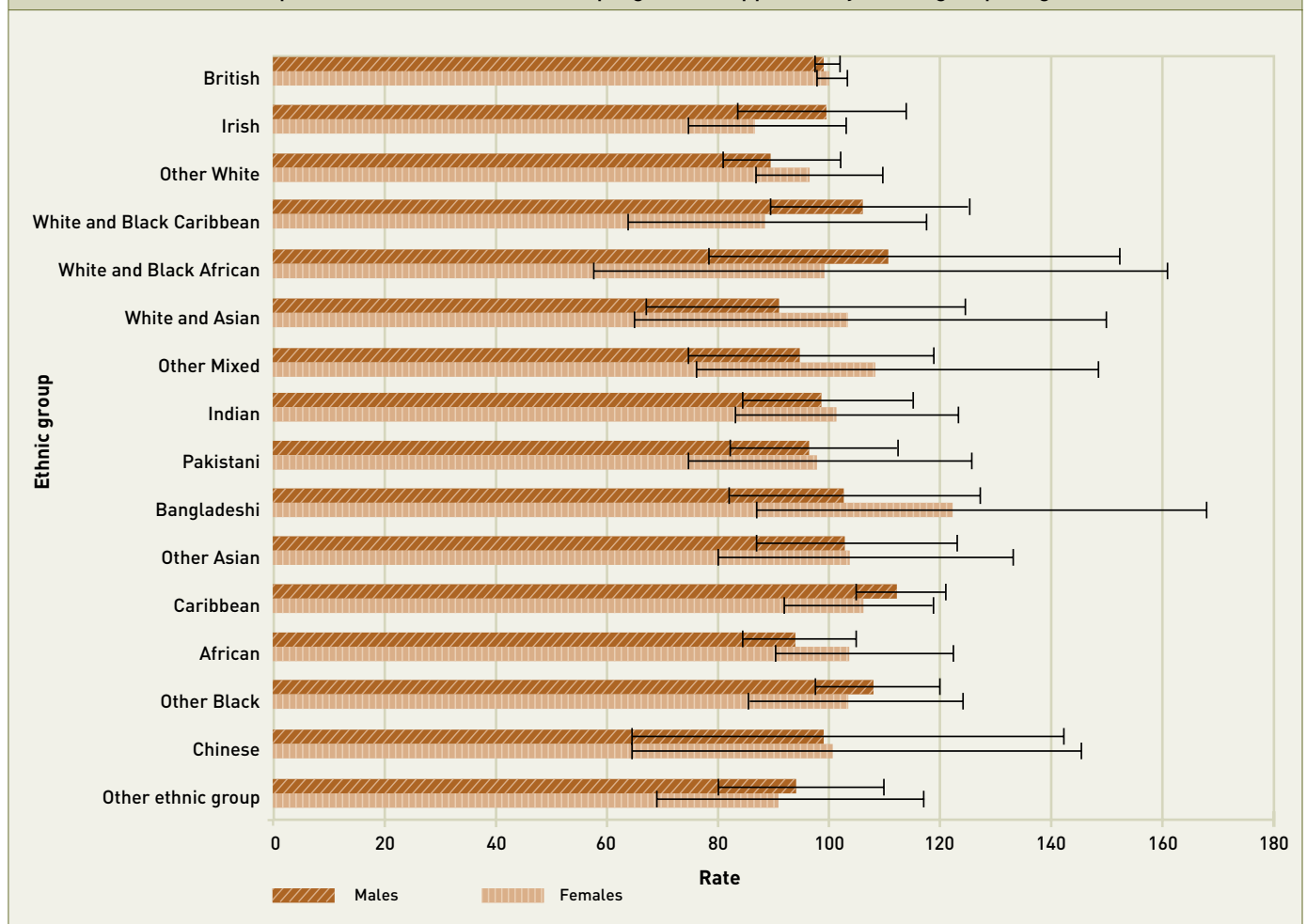
Overall, 23% of inpatients were on a standard care programme approach, 58% were on an enhanced care programme approach, 2% were on a single assessment process (which aims to assess the needs and care of older people thoroughly and accurately, and without duplication by different agencies), and 16% were not on a care programme. The status of about 1% of inpatients was not recorded.

There were few ethnic differences between inpatients on the enhanced care programme approach (figure 10). The census did show that

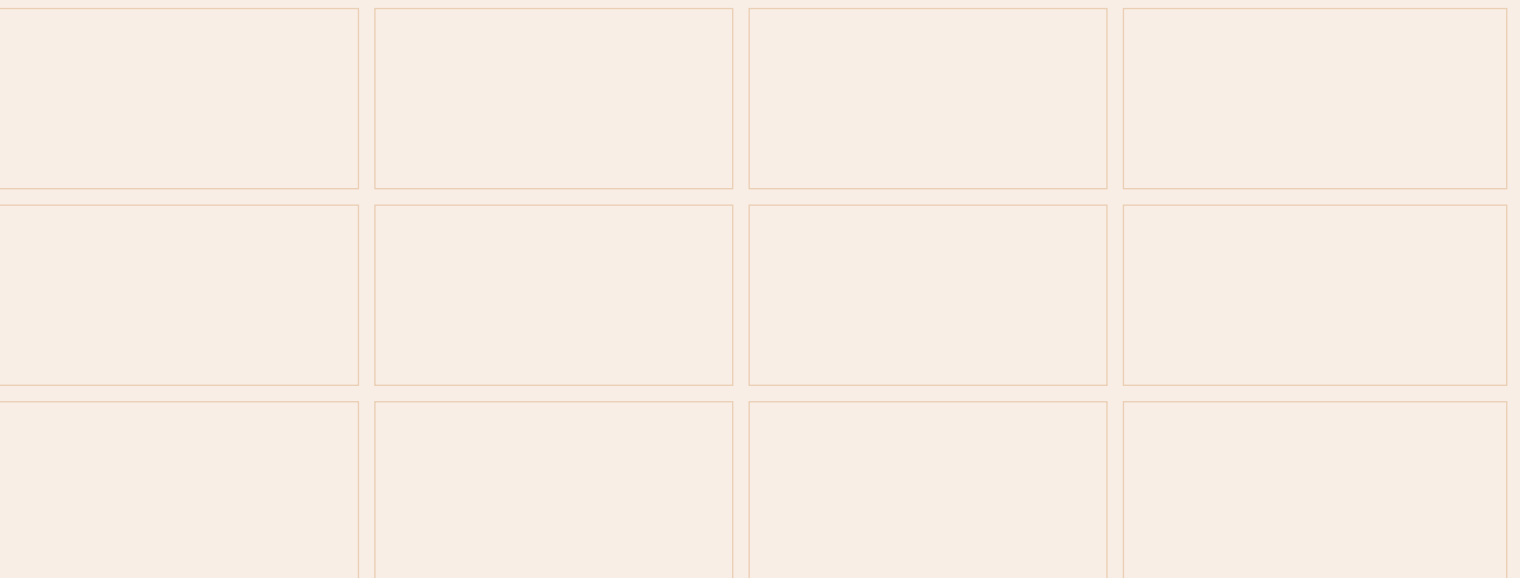
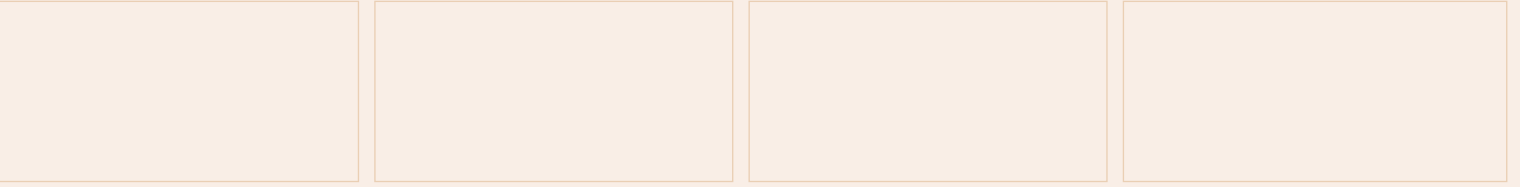
men from the Black Caribbean group were 12% more likely than average to be on an enhanced care programme approach. However, this fact needs to be interpreted with caution, as trusts' classification of the standard and enhanced care programme approach can vary widely.

No statistically significant ethnic differences were observed for women.

Figure 10
Standardised rates of inpatients on an enhanced care programme approach by ethnic group (England and Wales = 100)



The way forward



The importance of information on the ethnic background of people who use services cannot be overstated. It provides NHS organisations, social services and independent providers of mental health services with a basis for assessing and addressing inequalities in health, difficulties in gaining access to services, and any discrimination where it exists.

The census aimed to provide a baseline against which to measure improvements in mental health services for inpatients, particularly those from black and minority ethnic groups. It was not expected to provide a solution on how to address the vision or 'next steps' set out in *Delivering race equality in mental health*.

The census indicates higher rates of admission to hospital for inpatients from several black and minority ethnic groups. In particular, the results of the census show a pattern of higher rates of admission and detention for patients from Black (Black Caribbean, Black African and Other Black) groups, with higher levels of seclusion once detained. This is consistent with other studies, which mostly show higher diagnosed mental illness, rates of admissions to hospital and detention among African Caribbean patients.^{16,17,19-21}

Although many possible explanations have been put forward for these patterns, the evidence is inconclusive. However, the reasons for these patterns must be established as a matter of urgency.

The Department of Health has commissioned a systematic review of the literature on rates of detention in black and minority ethnic groups, and the contributing factors. The results are not yet published.

Over the page, we highlight key actions to help improve information about people who use mental health services in England and Wales.

A similar census will be repeated in 2006. The Healthcare Commission, the Mental Health Act Commission and the National Institute for Mental Health (England) welcome the full participation of providers of mental health services and encourage the complete recording of ethnicity and other information. The 2006 census will be extended to include inpatients with learning disabilities.

Key actions

1. Comprehensive information about people who use services, including aspects such as ethnicity, must be recorded in a way that enables services for all ethnic groups to be monitored. Without this, it is not possible to monitor the quality of care and outcomes for those who use mental health services, including those from black and minority ethnic groups. The information on ethnicity collected from the census showed that NHS trusts are able to achieve this when they have to do it as part of a special 'one off' exercise. They should, therefore, be doing it as part of everyday practice, each day of the year. As recording ethnicity is mandatory for inpatients in the NHS, essential for good care, and consistent with requirements of the Race Relations (Amendment) Act 2000 and the Department of Health's standards, we expect that NHS trusts will continue to comply with their obligations and record ethnicity in future, in accordance with the Department of Health's guidance.^{22,23}
2. A review by the Healthcare Commission of the quality of data in the mental health minimum data set raises several concerns, including the failure of many trusts to meet national standards, guidelines, policies and procedures, as well as inadequate resources for collecting data of good quality, and delays and errors in recording data.²⁴ It found that the recording of ethnicity was incomplete and that there was a high rate of error. A stimulus is needed to ensure that providers submit complete and accurate returns on ethnicity for people who use services on an continuing basis, in accordance with the guidance from the Department of Health. Currently, the quality of data in the mental health minimum data set is insufficiently robust to monitor access to care and outcomes for all those who use mental health services and to address concerns and analyse trends.
3. All providers of mental health services should ensure that they have good systems for recording and monitoring ethnicity on an ongoing basis, in accordance with the Department of Health's guidance. They should also ensure that they use this information to plan and develop relevant and appropriate services (in conjunction with people from black and minority ethnic groups). The Healthcare Commission, the Mental Health Act Commission and the National Institute for Mental Health (England) also expect providers in the independent sector to adopt comprehensive recording and monitoring of ethnicity, as this is fundamental to good practice by any provider of healthcare.
4. The recording of the mental health minimum data set is compulsory for NHS trusts in England, and improving the recording and quality of data must be a priority for the NHS. Trusts are also required to complete the clinical and other information that is essential for assessing and monitoring the quality of care for all patients and how this may vary according to ethnicity.
5. The Department of Health should review the way in which data is collected from mental health services through the mental health minimum data set and consider incorporating: language and religion; periods of seclusion; use of control and restraint; episodes of injury or harm; and changes in sources of referral and routes of admission.



Supporting data

Standardisation by age and gender

Standardisation allows comparisons to be made between populations. It takes account of variations in age and gender between different populations.

Some of the differences in the way that mental health services are provided are because of the age or gender of the people using the services. This means that adjustments to allow for these differences had to be made to ensure that the interpretation of ethnic differences in the results was reliable. For example, formal admissions are higher at a younger age, so an ethnic group with more younger people could have a high rate simply as a result of this and not because the rate is actually higher (most black and minority ethnic groups have more younger people than white groups). Without adjustments for age and gender differences, comparisons of rates of formal admission would be misleading.

The results relating to admission, detention, sources of referral, care programme approach, seclusion, control and restraint, injury, consent and being on a secure ward are standardised for age and gender.

The accepted method of taking account of age and gender differences between groups was used in this census. When calculating the rates of admission, the total population for England and Wales (based on figures from the 2001 census by the Office for National Statistics) was used to standardise the results. For other analyses, the total population of inpatients (i.e. the totals from the 2005 census) was used as the basis for standardisation. For descriptive variables, such as religion and language, standardisation was not used. The statistical package STATA version 8.2 was used to derive the standardised results.

It was not possible to adjust for ethnic differences in social and economic factors and diagnostic case-mix. Such factors could affect the ethnic differences observed.

Confidence intervals as indicators of significant statistical differences

For all standardised results, the national data for England and Wales is taken as 100. The usual 95% confidence intervals are given for the standardised results. Rates of less than 100 or greater than 100 for specific ethnic groups show a lower or higher rate respectively than the national average, after adjusting for age and gender. Whether or not the difference is statistically significant from the national average depends on the confidence interval.

If the confidence interval overlaps 100, the difference from the national average is not statistically significant. If both values are lower or higher than 100, it indicates that the difference compared with the national average is statistically significant at the 95% level. For example, if a rate is 110, the lower confidence interval is 105 and the upper confidence interval is 115, this indicates that the 10% excess over the national average of 100 is statistically significant. If a ratio is 110, the lower confidence interval is 95 and the upper confidence interval is 105, this indicates that the 10% excess over the national average is not statistically significant. No attempt was made to adjust the confidence intervals for multiple comparisons.

Supporting data continued

Ethnic category code		Persons (numbers)	Persons (%)
Census groups	Census categories		
White	British	26762	79.2
	Irish	727	2.2
	Other White	1055	3.1
Mixed	White and Black Caribbean	255	0.8
	White and Black African	71	0.2
	White and Asian	104	0.3
	Other Mixed	167	0.5
Asian or Asian British	Indian	434	1.3
	Pakistani	325	1.0
	Bangladeshi	153	0.5
	Other Asian	264	0.8
Black or Black British	Caribbean	1369	4.1
	African	645	1.9
	Other Black	569	1.7
Other ethnic groups	Chinese	81	0.2
	Other	357	1.1
Not stated	Not stated	416	1.2
	Invalid	31	0.1
Total		33785	100.0

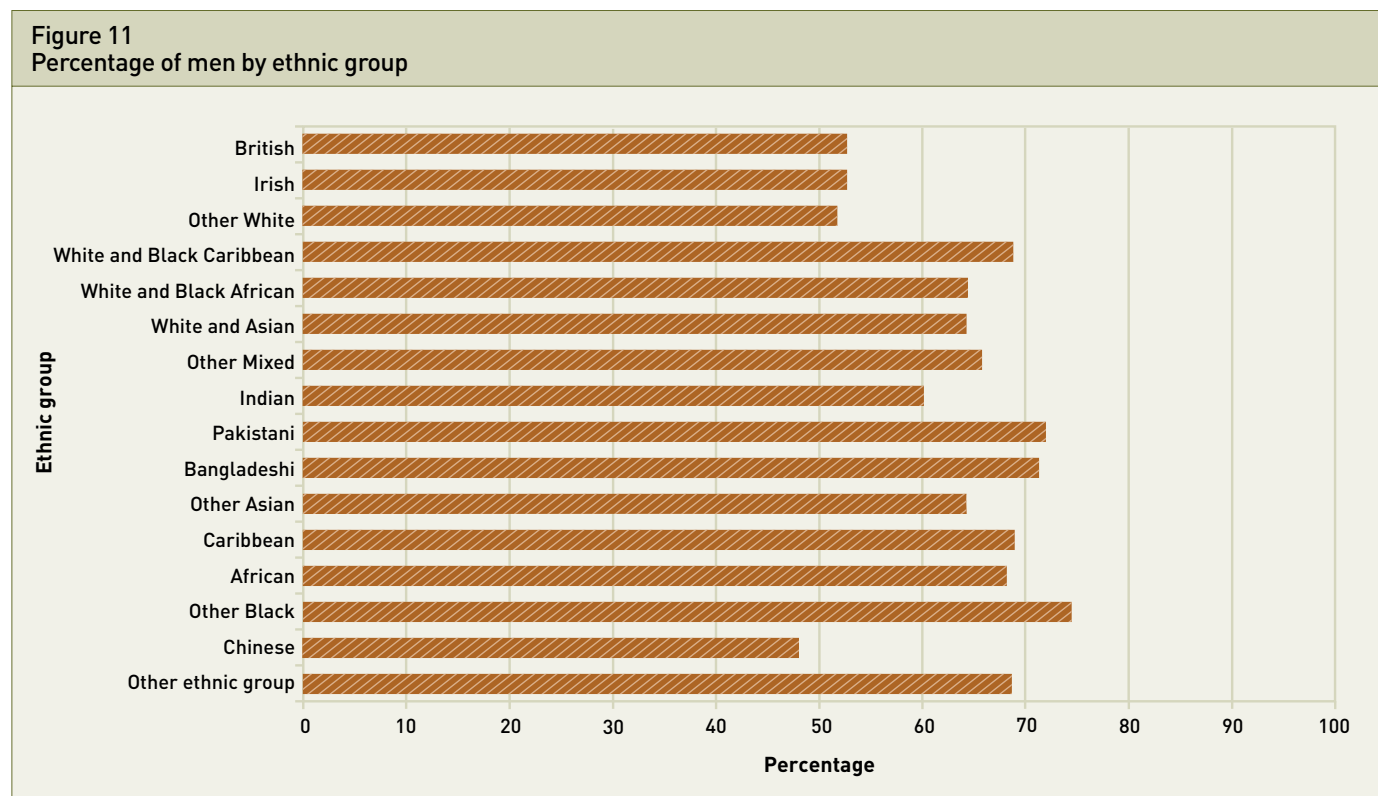
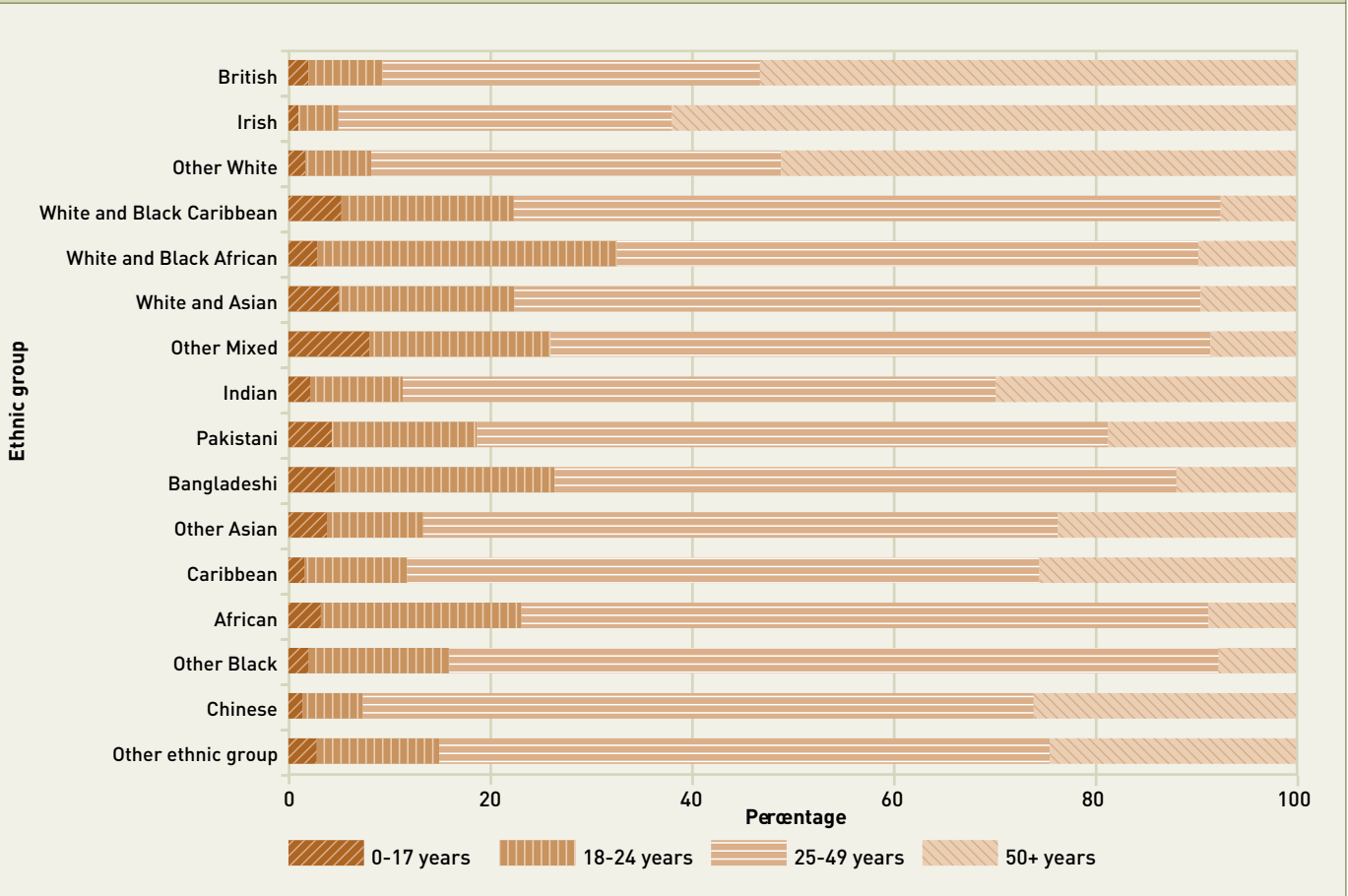


Figure 12
Percentage age distribution by ethnic group



Supporting data continued

Table 3
Percentage: religion and faith by ethnicity

Ethnic category code	Census groups	White			Mixed				Asian or Asian British				Black or Black British			Other ethnic groups		Not stated	Invalid	Total
	Census categories	British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other Black	Chinese	Other	Not stated		
Religion and faith groups	No religious group	21.1	3.6	18.4	29.8	21.1	23.1	22.8	7.6	7.4	2.6	14.4	23.2	16.0	21.6	35.8	18.8	23.1	22.6	20.4
	Atheist/Agnostic	2.0	0.6	1.6	2.7	2.8	1.0	1.8	0.9	0.3	-	-	1.5	0.9	1.8	1.2	1.1	2.6	3.2	1.9
	Church of England	52.0	3.0	15.3	23.9	23.9	22.1	25.1	2.3	-	0.7	3.8	21.6	10.1	19.0	8.6	5.3	28.4	16.1	44.1
	Other Protestant	2.4	1.0	3.6	2.0	1.4	1.0	1.2	0.2	-	-	0.4	3.1	4.0	1.6	-	0.3	2.9	9.7	2.4
	Orthodox Christian	0.4	0.1	4.4	2.0	5.6	-	2.4	0.5	-	-	0.8	1.5	1.9	2.5	-	2.8	1.4	-	0.7
	Roman Catholic	11.3	29.8	30.4	15.3	18.3	13.5	18.0	6.0	0.6	1.3	11.0	10.2	10.1	11.6	11.1	14.3	8.9	12.9	13.0
	Other Christian	5.1	1.2	7.5	14.1	8.5	5.8	4.2	2.3	0.6	-	3.4	21.1	22.6	16.7	9.9	6.4	5.3	-	6.3
	Muslim	0.2	0.3	5.5	2.4	5.6	13.5	9.6	13.1	81.2	86.9	26.5	1.9	22.8	10.5	-	30.0	3.8	-	3.0
	Shi'ite Muslim	0.0	-	-	0.4	-	-	0.6	0.7	1.2	1.3	1.1	0.1	-	0.2	-	0.8	0.2	-	0.1
	Sunni Muslim	0.0	-	0.1	-	1.4	2.9	-	0.7	4.0	2.6	1.1	0.1	1.4	0.2	1.2	0.3	0.2	-	0.2
	Sikh	0.0	-	-	-	-	1.9	1.2	27.4	1.5	1.3	8.0	0.1	0.2	-	-	0.3	1.0	-	0.5
	Jewish	0.7	-	4.5	0.4	1.4	-	1.8	0.9	-	-	-	0.1	-	0.4	-	2.2	1.4	-	0.7
	Orthodox Jewish	0.0	-	0.1	-	-	-	-	-	-	-	0.4	-	-	-	-	0.3	-	-	0.0
	Buddhist	0.4	0.2	0.9	-	-	1.9	0.6	0.5	-	-	4.9	0.7	0.6	1.4	16.0	2.0	1.0	3.2	0.6
	Hindu	0.0	-	0.4	0.4	-	1.9	0.6	32.0	1.2	2.6	19.7	-	0.3	-	-	0.6	0.2	-	0.7
	Jain	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Parsi/Zoroastrian	0.0	-	-	-	-	-	-	1.2	-	-	0.4	-	-	-	-	-	-	-	0.0
	Rastafarian	0.1	0.1	-	2.4	1.4	-	1.2	-	-	-	-	3.9	0.8	0.7	-	-	1.0	-	0.3
	Any other religion	4.1	59.9	6.4	3.9	7.0	11.5	8.4	3.5	1.8	0.7	3.8	10.0	8.2	6.5	16.0	13.7	15.1	3.2	4.8
	Invalid	0.2	0.2	1.0	0.4	1.4	-	0.6	0.2	-	-	0.4	0.9	0.2	5.4	-	0.8	3.4	29.0	0.4

Table 4
Standardised rates of admission (England and Wales = 100)

Office for National Statistics ethnic group	Census groups	White			Mixed				Asian or Asian British				Black or Black British			Other ethnic groups		Total
	Census categories	British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other Black	Chinese	Other	
Males	Rates of admissions	87	148	110	442	255	158	312	76	116	145	186	518	311	1770	52	361	100
	Lower 95% confidence interval	85	134	101	379	187	123	256	67	101	119	159	486	283	1605	37	317	
	Upper 95% confidence interval	88	164	119	512	340	201	377	86	131	175	217	552	342	1948	71	410	
	Observed	13782	377	535	176	46	67	109	260	234	109	168	943	438	421	39	241	
Females	Rates of admissions	94	143	138	269	203	135	221	76	75	98	206	289	223	827	79	214	100
	Lower 95% confidence interval	92	128	126	213	130	95	167	65	60	71	166	262	193	697	57	176	
	Upper 95% confidence interval	95	159	150	336	303	187	288	89	92	133	253	319	256	975	107	257	
	Observed	12447	330	500	78	24	37	56	171	90	42	92	414	202	143	41	112	
Persons	Rates of admissions	90	146	122	369	235	149	274	76	101	128	193	418	277	1373	63	296	100
	Lower 95% confidence interval	89	135	114	325	183	122	234	69	90	109	170	396	256	1262	50	266	
	Upper 95% confidence interval	91	157	129	417	297	181	319	84	112	150	218	440	299	1491	78	329	
	Observed	26229	707	1035	254	70	104	165	431	324	151	260	1357	640	564	80	353	

Supporting data continued

Table 5A Standardised rates of proportion of patients referred by GP (England and Wales = 100)																		
Ethnic category code	Census groups	White			Mixed				Asian or Asian British				Black or Black British			Other ethnic groups		Total
	Census categories	British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other Black	Chinese	Other	
Males	Standardised rates	106	80	81	132	55	103	60	101	119	62	68	55	33	60	125	79	100
	Lower 95% confidence interval	101	59	62	77	7	38	22	68	79	23	37	41	17	38	40	49	
	Upper 95% confidence interval	110	106	104	212	199	223	131	143	171	135	114	73	58	90	291	120	
	Observed	2168	47	64	17	2	6	6	31	28	6	14	51	12	23	5	21	2501
Females	Standardised rates	105	79	96	76	98	0	70	75	97	31	43	39	27	42	61	47	100
	Lower 95% confidence interval	101	60	79	30	20	-	19	46	48	4	16	26	11	17	17	22	
	Upper 95% confidence interval	109	102	116	156	288	-	179	115	173	114	93	57	55	87	156	90	
	Observed	2728	59	105	7	3	0	4	20	11	2	6	27	7	7	4	9	2999
Persons	Standardised rates	105	79	90	109	75	62	64	89	111	50	58	49	30	55	85	66	100
	Lower 95% confidence interval	102	65	77	70	24	23	31	66	79	22	35	38	18	37	39	44	
	Upper 95% confidence interval	108	96	104	162	175	135	117	116	152	98	89	61	47	78	161	94	
	Observed	4896	106	169	24	5	6	10	51	39	8	20	78	19	30	9	30	5500

Table 5B
Standardised rates of proportion of patients referred by the police (England and Wales = 100)

Ethnic category code	Census groups	White			Mixed				Asian or Asian British				Black or Black British			Other ethnic groups		Total
	Census categories	British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other Black	Chinese	Other	
Males	Standardised rates	86	103	146	155	82	114	125	162	166	53	122	160	182	99	99	108	100
	Lower 95% confidence interval	79	56	103	87	10	31	57	102	103	14	65	124	135	64	12	62	
	Upper 95% confidence interval	94	172	202	255	295	292	237	243	254	136	209	202	239	146	358	176	
	Observed	526	14	37	15	2	4	9	23	21	4	13	69	51	25	2	16	831
Females	Standardised rates	84	178	179	122	82	211	85	137	74	177	64	230	174	137	118	214	100
	Lower 95% confidence interval	75	97	120	40	2	43	10	63	15	58	13	158	101	63	14	98	
	Upper 95% confidence interval	94	299	257	286	459	615	309	261	216	414	188	323	278	260	428	407	
	Observed	295	14	29	5	1	3	2	9	3	5	3	33	17	9	2	9	439
Persons	Standardised rates	85	130	159	145	82	142	115	154	144	87	104	177	180	107	108	132	100
	Lower 95% confidence interval	80	87	123	89	17	57	58	105	92	40	60	145	140	74	29	85	
	Upper 95% confidence interval	91	188	202	224	239	293	206	217	214	165	170	215	228	149	276	195	
	Observed	821	28	66	204	3	7	11	32	24	9	16	102	68	34	4	25	1270

Supporting data continued

Table 5C Standardised rates of proportion of patients referred by the courts (England and Wales = 100)																		
Ethnic category code	Census groups	White			Mixed				Asian or Asian British				Black or Black British			Other ethnic groups		Total
	Census categories	British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other Black	Chinese	Other	
Males	Standardised rates	87	148	89	51	101	35	256	61	157	196	128	196	101	142	62	134	100
	Lower 95% confidence interval	79	85	53	14	12	1	144	25	89	101	64	152	64	95	2	77	
	Upper 95% confidence interval	96	240	141	130	364	197	423	126	254	343	229	249	151	203	343	217	
	Observed	427	16	18	4	2	1	15	7	16	12	11	68	23	29	1	16	666
Females	Standardised rates	98	126	53	323	276	0	0	0	89	0	0	169	252	54	0	0	100
	Lower 95% confidence interval	78	15	6	88	7	-	-	-	2	-	-	62	101	1	-	-	
	Upper 95% confidence interval	122	455	193	827	1540	-	-	-	498	-	-	367	520	301	-	-	
	Observed	81	2	2	4	1	0	0	0	1	0	0	6	7	1	0	0	105
Persons	Standardised rates	89	145	83	88	128	31	228	53	150	172	111	194	117	134	49	123	100
	Lower 95% confidence interval	81	86	51	38	26	1	128	21	87	89	55	152	79	91	1	70	
	Upper 95% confidence interval	97	230	129	173	374	173	376	110	240	300	199	243	168	192	274	200	
	Observed	508	18	20	8	3	1	15	7	17	12	11	74	30	30	1	16	771

Table 5D
Standardised rates of proportion of patients referred by the social services (England and Wales = 100)

Ethnic category code	Census groups	White			Mixed				Asian or Asian British				Black or Black British			Other ethnic groups		Total
	Census categories	British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other Black	Chinese	Other	
Males	Standardised rates	93	78	114	70	198	89	116	79	24	272	111	184	128	120	143	94	100
	Lower 95% confidence interval	85	37	72	19	41	11	38	34	3	141	48	139	79	72	17	43	
	Upper 95% confidence interval	102	143	171	179	579	322	271	156	87	476	219	238	196	187	517	179	
	Observed	470	10	23	4	3	2	5	8	2	12	8	56	21	19	2	9	
Females	Standardised rates	93	123	95	201	95	76	50	158	159	128	159	166	112	135	220	172	100
	Lower 95% confidence interval	84	69	58	81	2	2	1	79	58	26	64	109	54	58	60	74	
	Upper 95% confidence interval	102	203	147	415	527	425	280	283	346	374	328	242	206	265	564	338	
	Observed	435	15	20	7	1	1	1	11	6	3	7	27	10	8	4	8	
Persons	Standardised rates	93	100	104	120	156	84	95	111	66	222	129	177	122	124	187	120	100
	Lower 95% confidence interval	87	65	76	60	42	17	35	67	29	124	72	141	83	82	69	70	
	Upper 95% confidence interval	99	148	141	214	398	247	208	174	130	367	213	220	174	180	406	191	
	Observed	905	25	43	11	4	3	6	19	8	15	15	83	31	27	6	17	

Supporting data continued

Table 6A Standardised rates of detention on day of admission, by ethnic group (England and Wales = 100)																		
Ethnic category code	Census groups	White			Mixed				Asian or Asian British				Black or Black British			Other ethnic groups		Total
	Census categories	British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other Black	Chinese	Other	
Males	Standardised rates of detention	94	104	107	104	108	105	117	90	106	122	97	138	125	133	107	113	100
	Lower 95% confidence interval	91	89	95	85	72	75	92	74	89	96	77	128	111	119	66	95	
	Upper 95% confidence interval	96	121	121	125	155	144	146	108	126	152	120	149	139	148	164	133	
	Observed	5717	161	258	105	29	39	74	117	133	77	84	673	317	315	21	144	8264
Females	Standardised rates of detention	92	108	116	136	102	159	109	131	117	108	141	162	161	156	149	139	100
	Lower 95% confidence interval	89	87	99	98	49	102	70	103	84	65	104	142	134	125	92	104	
	Upper 95% confidence interval	95	132	135	183	188	236	162	163	159	169	187	185	192	193	228	182	
	Observed	3265	94	169	42	10	24	24	76	41	19	48	223	125	87	21	53	4321
Persons	Standardised rates of detention	93	105	111	111	106	121	115	102	109	119	109	144	133	137	125	119	100
	Lower 95% confidence interval	91	93	101	94	76	93	93	88	93	96	91	134	121	124	90	103	
	Upper 95% confidence interval	95	119	122	131	145	154	140	118	126	145	130	153	146	151	168	137	
	Observed	8982	255	427	147	39	63	98	193	174	96	132	896	442	402	42	197	12585

Table 6B Standardised rates of detention on day of admission under section 2 of Mental Health Act 1983, by ethnic group (England and Wales = 100)

Ethnic category code	Census groups	White			Mixed				Asian or Asian British				Black or Black British			Other ethnic groups		Total
	Census categories	British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other Black	Chinese	Other	
Males	Standardised rates of detention	103	81	138	68	68	84	63	69	117	98	102	61	135	78	52	131	100
	Lower 95% confidence interval	97	53	106	34	14	27	25	38	76	49	56	48	104	56	6	88	
	Upper 95% confidence interval	110	120	176	121	198	197	130	116	173	176	171	77	172	107	189	186	
	Observed	1068	25	65	11	3	5	7	14	25	11	14	70	65	39	2	30	
Females	Standardised rates of detention	98	127	104	74	47	75	95	104	151	104	168	84	136	74	121	150	100
	Lower 95% confidence interval	92	90	78	30	1	20	31	64	83	28	102	63	97	41	49	94	
	Upper 95% confidence interval	104	174	136	152	263	192	223	159	254	266	259	110	186	122	249	227	
	Observed	975	39	53	7	1	4	5	21	14	4	20	52	40	15	7	22	
Persons	Standardised rates of detention	101	104	120	70	61	80	73	87	128	100	133	69	136	77	94	138	100
	Lower 95% confidence interval	96	80	99	42	17	37	38	60	91	56	92	57	111	58	43	103	
	Upper 95% confidence interval	105	133	144	111	156	152	128	121	174	165	185	83	164	100	178	181	
	Observed	2043	64	118	18	4	9	12	35	39	15	34	122	105	54	9	52	

Supporting data continued

Table 6C Standardised rates of detention on day of admission under sections 37 and 41 of the Mental Health Act 1983, by ethnic group (England and Wales = 100)

Ethnic category code	Census groups	White			Mixed				Asian or Asian British				Black or Black British			Other ethnic groups		Total
	Census categories	British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other Black	Chinese	Other	
Males	Standardised rates of detention	94	123	83	143	249	67	88	95	87	79	116	133	94	157	113	76	100
	Lower 95% confidence interval	87	85	41	90	124	18	62	56	51	36	62	112	68	124	31	44	
	Upper 95% confidence interval	100	171	148	214	445	173	120	149	137	150	199	157	125	196	290	121	
	Observed	892	34	11	23	11	4	38	18	18	9	13	145	45	77	4	17	
Females	Standardised rates of detention	113	49	36	0	147	329	13	25	0	150	64	88	79	133	0	0	100
	Lower 95% confidence interval	97	6	1	0	4	107	0	1	0	18	2	42	29	53	0	0	
	Upper 95% confidence interval	131	177	202	137	817	767	70	139	140	541	355	162	172	273	348	136	
	Observed	176	2	1	0	1	5	1	1	0	2	1	10	6	7	0	0	
Persons	Standardised rates of detention	96	113	75	122	235	121	76	82	77	86	110	129	92	155	87	68	100
	Lower 95% confidence interval	91	79	39	78	122	55	54	50	46	43	60	109	68	123	24	39	
	Upper 95% confidence interval	102	157	131	184	411	229	104	129	122	154	184	151	120	191	223	108	
	Observed	1068	36	12	23	12	9	39	19	18	11	14	155	51	84	4	17	

Table 6D Standardised rates of detention on day of admission under sections 47, 48 and 49 of the Mental Health Act 1983, by ethnic group (England and Wales = 100)

Ethnic category code	Census groups	White			Mixed			Asian or Asian British				Black or Black British			Other ethnic groups		Total	
	Census categories	British	Irish	Other White	White and Black Caribbean	White and Black African	White and Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Caribbean	African	Other Black	Chinese		Other
Males	Standardised rates of detention	100	168	67	133	43	97	31	92	87	64	89	114	55	94	113	185	100
	Lower 95% confidence interval	91	101	2	67	1	20	4	40	40	17	43	86	30	60	70	93	
	Upper 95% confidence interval	110	263	373	238	242	283	113	182	165	163	164	147	93	142	173	332	
	Observed	414	19	1	11	1	3	2	8	9	4	10	57	14	23	21	11	608
Females	Standardised rates of detention	109	0	0	211	394	0	0	0	106	0	0	88	118	114	43	180	100
	Lower 95% confidence interval	81	0	0	26	10	0	0	0	3	0	0	18	24	14	1	5	
	Upper 95% confidence interval	143	317	1196	762	2193	711	409	302	590	740	452	256	344	412	240	1001	
	Observed	51	0	0	2	1	0	0	0	1	0	0	3	3	2	1	1	65
Persons	Standardised rates of detention	101	153	56	141	78	83	27	81	89	59	83	112	61	96	105	185	100
	Lower 95% confidence interval	92	92	1	75	9	17	3	35	42	16	40	85	36	62	66	96	
	Upper 95% confidence interval	110	238	309	242	283	243	99	160	163	151	153	144	98	141	159	323	
	Observed	465	19	1	13	2	3	2	8	10	4	10	60	17	25	22	12	673

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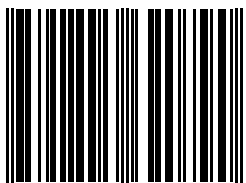
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