Count me in

Results of the 2006 national census of inpatients in mental health and learning disability services in England and Wales

Mental Health Act Commission

Care Services Improvement Partnership CSIP

National Institute for Mental Health in England

Healthcare Commission

First published in March 2007

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ISBN 1-84562-117-4

Cover photographs from www.johnbirdsall.co.uk

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Executive summary

All patients should receive the same high level of healthcare, regardless of factors such as race, religion, age, gender, sexual orientation, and whether or not they have a disability. Government agencies need to coordinate effectively with voluntary agencies, minority ethnic communities and those who use services in order to address variations in the way mental health and learning disability services are used and to allow for different patterns of mental illness.

This report aims to:

1. obtain accurate figures relating to inpatients in mental health and learning disability services in England and Wales

2. encourage providers of health services to implement procedures for comprehensive recording and monitoring of data on the ethnic group of patients

3. provide information to help health services move towards achieving the Government's five-year plan *Delivering Race Equality in Mental Health Care*, which aims to improve mental health services for black and minority ethnic communities. The *Race Equality Action Plan for Adult Mental Health Services in Wales* provides similar information

On March 31st 2006, a national census of the ethnicity of inpatients in NHS and independent mental health and learning disability hospitals and facilities in England and Wales was carried out. This was a joint initiative between the Healthcare Commission, the Mental Health Act Commission (MHAC) and the National Institute for Mental Health in England (NIMHE). We also included inpatients with Autistic Spectrum Disorder, and those with Asperger's syndrome.

In this report, we provide a section with information on inpatients receiving mental health services and a section on inpatients receiving learning disability services. These two areas have been separated to allow comparisons with the 2005 census, which did not include patients in learning disability services.

Key findings

Mental health

We obtained information about 32,023 inpatients on the mental health wards of 238 NHS and independent healthcare organisations in England and Wales. The patterns that have emerged from this census are very similar to those observed in the 2005 census, and 30% of the inpatients in 2006 were also inpatients in 2005.

Key findings are:

- information about ethnicity was available for 98.9% of inpatients, of whom 79% were White British, 9% were from Black or White/Black Mixed groups, 3% were from south Asian groups, 2% were White Irish, 4% were from Other White groups, and 3% were from other ethnic groups

- almost 70% of black and minority ethnic patients were in 23 of the 238 organisations

- 5% of inpatients reported that their first language was not English

- rates of admission were lower than average among the White British, Indian and Chinese groups, and higher than average in all other ethnic groups. Rates of admission were highest in Black and White/Black Mixed groups (three or more times higher than average)

- in the three Black groups – Black Caribbean, Black African and Other Black – rates of referral from GPs and community mental health teams were lower than average and rates of referral from the criminal justice system were higher than average. White/Black Caribbean Mixed, White/Black African Mixed and the Other White groups also had higher than average rates of referral from the criminal justice system. The White/Black African Mixed group and the Bangladeshi group also had a low rate of referrals from GPs. Other ethnic groups showed fewer consistent differences in referral rates

- 40% of inpatients were detained under the Mental Health Act on admission. Rates of detention in Black and White/Black Mixed groups were between 19% and 38% higher than average. In the Black Caribbean and Other Black groups, the higher detention rate was largely attributable to higher than average rates of detention under section 37/41 – where a person is sent to hospital for treatment by the courts, under a restriction order by the Home Office. In contrast, detentions under civil sections of the Act were either lower than average in these groups (section 2) or no different from average (section 3). (About 67% of all detentions are under civil sections 2 and 3.) Other minority ethnic groups did not show an excess in detention rates

- rates of seclusion were higher than average in men from White Irish and White/Black Caribbean Mixed groups, and the Other Black group overall, but rates for four minority ethnic groups fell from being high in 2005 to being average. The rate of hands-on restraint was high in the White/Black Caribbean group. Rates of self-harm and accidents were high in the White British group, and low in several minority ethnic groups. The rate of assault was high in Black Caribbean women

- 30% of patients had been in hospital for one year or more. The median duration of stay from day of admission to day of census was two and a half months for women and five months for men. The White British, south Asian and Chinese groups had shorter than average median duration of stays. The Black Caribbean group had the highest median duration of stay

Learning disabilities

We obtained information about 4,609 inpatients in 124 organisations providing services for those with learning disabilities in England and Wales.

Key findings are:

- information on ethnicity was available for 98.8% of inpatients, of whom 89% were White British, 5% were from Black or White/Black Mixed groups, 2% were from south Asian groups, 1% were White Irish, 2% were from Other White groups, and 1% were from other ethnic groups. Several minority ethnic groups had low numbers of patients

- about 77% of black and minority ethnic patients were in 27 of the 124 organisations

- 5% of inpatients reported that their first language was not English. Non-verbal, signalong, using gestures, Makaton and British Sign Language were also recorded for several inpatients with learning disabilities

- rates of admission were lower than average among the south Asian, Other Asian, Other White and Chinese groups, and two to three times higher than average in the Black Caribbean, White/Black Caribbean Mixed and Other Black groups. It is likely that some of the patients from the black groups are mental health patients

- rates of referral by carers were double the average among the White Irish, Other White and Black Caribbean groups

- 35% of inpatients were detained under the Mental Health Act on admission. Unlike the mental health inpatients, no ethnic differences were observed for detention rates among inpatients with learning disabilities

- 67% of patients had been in hospital for one year or more, and 37% for over five years. The median duration of stay from day of admission to day of census was 36 months for women and 32 months for men. Comparisons across minority ethnic groups are not reliable because of the small number of patients

Conclusions

A number of conclusions can be drawn from the key findings of this report. Firstly, for patients receiving mental health services, it is important not to generalise about people from black and minority ethnic groups, given the very different patterns observed for the various groups. The results of the census should be interpreted in the light of other research evidence about variations in the prevalence of mental illness, use of services and care pathways among different ethnic groups.

The census identified that overall rates of detention were higher than average in Black and White/Black Mixed groups. The higher detention rates in some of these groups were largely attributable to higher than average rates of detention under section 37/41 of the Mental Health Act. Detentions under civil sections of the Act, which accounted for about two-thirds of all detentions, were no different from average in these and other minority ethnic groups, and in some cases were lower. No differences in detention rates were apparent for other minority ethnic groups.

Secondly, it is recommended that every effort be made by statutory agencies, working in partnership with others, to understand the local demographic needs and to plan and commission services that will improve the pathways of care for black and minority ethnic groups.

Finally, we expect NHS and independent sector providers of mental healthcare to have systems for fully comprehensive recording and monitoring of ethnicity.

The higher prevalence of learning disabilities in some minority ethnic communities has been linked by some studies to high levels of material and social deprivation. These disadvantages may be compounded by other factors, such as poor access to maternal healthcare and higher rates of environmental or genetic risk factors. Such disadvantages compound the difficulties faced by carers and their employment opportunities. The prevalence of learning difficulties is reported to be higher among some south Asian groups, but that is not shown in our findings. It is vital that learning disability services have accurate and sustainable ethnic monitoring arrangements in place, in the same way as mental health services are expected to have.

The quality of data available is an important issue. High quality data is essential for monitoring and improving the access of patients to healthcare, the quality of care they receive and the outcomes of that care. This applies to all patients with mental health problems and learning disabilities, including those from black and minority ethnic groups.

The way that data regarding patients is recorded could be improved. We have recommended to the Department of Health and the Health and Social Care Information Centre that recording the ethnicity of patients should urgently be made mandatory for all patients regardless of whether they are treated in the community or a hospital. We have also recommended to them that some changes and extensions are made to the Mental Health Minimum Data Set. There is a further issue relating to patients with a learning disability. Currently, the recording of disability, including learning disability, is not a requirement in the data routinely collected by the Department of Health. We ask the Department of Health and the Health and Social Care Information Centre to consider the inclusion of information about disabilities in patients' records.

Introduction

One of the Government's goals is to promote equality in healthcare – to ensure that the same high levels of healthcare are provided to all patients, irrespective of their age, gender, race, religion and sexual orientation, and regardless of whether they have a disability or not. It works to achieve this goal through its policies, and through legislation with which healthcare organisations have to comply.

Nevertheless, patterns of mental illness and the ways in which mental health services are used vary considerably between different ethnic groups. Addressing this requires the active participation of several groups and individuals: politicians, policymakers, providers of services from all sectors, commissioners of services, users of services, carers, voluntary agencies and minority ethnic groups themselves.

On March 31st 2006, the Healthcare Commission, the Mental Health Act Commission (MHAC) and the National Institute for Mental Health in England (NIMHE) carried out a national census of the ethnicity of inpatients in NHS and independent mental health and learning disability hospitals and facilities in England and Wales. The census also included selected details concerning a patient's stay in hospital, such as how they were referred, how long they had been an inpatient, and whether they had been detained under the Mental Health Act. We included inpatients with autistic-spectrum disorder, including those with Asperger's syndrome. In all, we collected information from about 36,632 inpatients.

We carried out a similar census in 2005, although that covered only inpatients in mental health hospitals and facilities.[1] In both 2005 and 2006, the census was undertaken in support of the Department of Health's five-year action plan for improving mental health services for black and minority ethnic communities, called *Delivering Race Equality in Mental Health Care*.[2] The Department of Health requires healthcare organisations to work towards achieving the goals set out in this action plan, and to ensure compliance with its standards for improving healthcare set out in its framework document of 2004, *National Standards, Local Action*.[3]

The *Delivering Race Equality in Mental Health Care* action plan details more than 70 actions that healthcare organisations should take to ensure that their services have 12 desirable characteristics by 2010.

This action plan has three building blocks:

- more appropriate and responsive services
- more community engagement
- higher quality information, more intelligently used

This *Count me in* census helps healthcare organisations with the third of these building blocks, by providing information that can be used to plan and deliver services that are relevant to and informed by the concerns and values of all groups within the community.

The census also supports the Welsh Assembly Government's *Raising the Standard: Race Equality Action Plan for Adult Mental Health Services in Wales*,[4] published in October 2006. The action plan aims to improve equality of access, treatment and outcomes in the provision of adult mental health services for minority ethnic groups in Wales.

The headline actions of this plan are:

- developing the evidence base – inpatient and community-based patient monitoring
- designing appropriate and responsive services including conducting race impact assessments on all new major policies and procedures, where relevant
- training and recruitment
- delivery of services
- performance management, monitoring and audit

About this report

This report presents the results of the 2006 *Count me in* census. We have separated the sections on inpatients receiving mental health from learning disability services in order to allow comparisons to be made with the 2005 census, which did not include patients receiving learning disability services.

This is the first time that national information has been collected about inpatients receiving learning disability services in NHS and independent healthcare establishments.

In a further change from 2005, we have collected information about patients' sexual orientation, needs for language interpretation and length of stay in hospital, as well as information about some other disabilities.

The goals of the 2006 census are the same as those in 2005:

- to obtain robust figures for all inpatients (those detained under the Mental Health Act and those admitted 'informally', that is, not under the Act) in mental health and learning disability hospitals and facilities in England and Wales

- to encourage these providers of healthcare to put in place procedures for keeping accurate and comprehensive records of patients' ethnicity, and for using this information for ethnic monitoring

- to provide information that will help providers of healthcare take practical steps to achieve the Government's five-year plan, *Delivering Race Equality in Mental Health Care*

The census does not assess the quality of services, the experience of patients or the reasons for any differences found between ethnic groups.

More information about the census and how it was carried out is available at:
http://www.mhac.org.uk/census2006/

The full set of results is available at:
http://www.healthcarecommission.org.uk/countmein/

The ethnic categories that this report refers to are those that were used by the Office of National Statistics (ONS) in its 2001 census of the general population of England and Wales:

- White British
- 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

The term 'black and minority ethnic groups' defines all groups other than 'White British'.

Although the census included some children and young people, we use the terms men and women throughout this report to refer to people of all ages – including children, young people and older people.

The terms 'higher' and 'lower', used for ethnic comparisons, relate to differences that are statistically significant at the 5% level.

Information about learning disabilities

The terms learning *disabilities* and learning *difficulties* are often used interchangeably. This report uses the term *disability*, unless referencing a specific source that uses an alternate term. The Department of Health's white paper *Valuing People*,[5] published in 2001, sets out the Government's strategy for addressing the needs of people with learning disabilities. It describes a learning disability as the presence of a significantly reduced ability to understand new or complex information and to learn new skills, as well as a reduced ability to cope independently, which had a lasting effect on development into adulthood. The *Count me in* census uses this definition of learning disabilities. In addition, it collected information on inpatients with Autistic Spectrum Disorder, including Asperger's syndrome.

It is estimated that there are 210,000 people with severe and profound learning disabilities in England, of whom 65,000 are children and young people, 120,000 are adults of working age, and 25,000 are older people. There are estimated to be 1.2 million people in England with mild or moderate learning disabilities – a rate of one person in every 40. The number of people with severe and profound learning disabilities is expected to increase by 1% each year for a number of reasons, including increasing life expectancy and the growing number of children with such disabilities who survive into adulthood. All socio-economic groups have similar proportions of people with severe and profound learning disabilities, but people living in deprived and urban areas are more likely than those elsewhere to have mild or moderate learning disabilities.[4]

In Wales the number of people with learning disabilities who were registered with their local authority in 2005 was 13,500.[6]

People with learning disabilities have a lower life expectancy than those without, and they are more likely to experience mental illness, long term health problems, epilepsy and physical and sensory disabilities.[5, 7]

Despite their greater healthcare needs, coordination of care for people with learning disabilities between GPs, primary healthcare teams and providers of specialist services is generally poorer than that for other people, and their physical and mental needs for healthcare are often not met. There is a risk that access to good quality mental healthcare may be compromised because of poor coordination between providers of mainstream psychiatry services and providers of learning disability psychiatry services – care is fragmented and delivered by organisations with a poor understanding of their needs.[8]

The recent report from the Disability Rights Commission *Equal Treatment: Closing the Gap* provides important new evidence that people with learning disabilities and people with mental health problems are more likely to experience major illness, to develop serious health conditions at an earlier age and to die of them sooner than other people, yet they are also less likely to receive

some of the treatments and health checks than others with the same condition but without a mental health condition or learning disability.[9]

The British Institute of Learning Disabilities estimates, for example, that 50% of people with learning disabilities and challenging behaviour will experience physical interventions, such as restraint.[7] A report by the National Patient Safety Agency (NPSA) also found that people with learning disabilities and the staff caring for them were concerned that the use of physical interventions in acute mental health wards did not always conform with guidance about good practice.[10]

People from minority ethnic communities who have learning disabilities have still greater problems. The Department of Health's white paper, *Valuing People*,[5] and its report, *Learning Difficulties and Ethnicity*,[11] describe how their needs are often overlooked (although the latter also found examples of good practice). *Learning Difficulties and Ethnicity* noted that the disadvantage that people from minority ethnic communities experience because of their ethnicity (in education and employment, for example) is compounded by the disadvantage they experience because of their impairment. Women are even more disadvantaged.

Improving the Life Chances of Disabled People, a report by the Prime Minister's Strategy Unit, said that "by 2025, disabled people in Britain will be respected and included as equal members of society"[12] and in *Valuing People*, the Government said it would help those with learning disabilities "to live full and independent lives as part of their local communities".[5] However, the latter also detailed problems and challenges that need to be overcome, including:

- poorly coordinated services
- poor planning for supporting young disabled people as they grow into adulthood
- insufficient support for carers
- inconsistency in expenditure and delivery of services
- poor partnership between providers of health and social care
- limited opportunities for employment
- the limited choice and control that people with learning disabilities have over their lives

Similar problems and challenges were also described by a recent report from the Department of Health's Learning Disability Taskforce.[13] It expressed concern that many people with a learning disability are sent to live a long way from home and that many providers of learning disability services do not have the skills to work with people from minority ethnic communities.

National organisations coordinating the census

The Healthcare Commission is the health watchdog in England. Issues relating to mental health and learning disabilities are often the focus of concern (also known as referrals) brought to the attention of the Healthcare Commission. During 2005/2006, the Commission received 61 referrals, of which 18 related to mental health services and six to learning disability services.

Some of the referrals relating to mental health services were concerned with the level of serious incidents affecting or potentially affecting the safety of patients, the use of seclusion, issues relating to medication and low levels of staffing. The referrals relating to learning disabilities included concerns about adult protection, inappropriate use of restraint and the standard of care. None of these concerns were limited to particular ethnic groups.

The Healthcare Commission and its predecessor, the Commission for Health Improvement, have conducted four formal investigations into serious service failures in mental health services, and two in learning disability services.

In 2005, the Commission undertook an audit of violence in mental health settings, and in 2006 it published an action planning report based on the audit's findings.[14] Also, in 2006, the Commission conducted a review of community mental health services in England, and in 2007 it will review inpatient mental health services.

The Commission has a large, national programme of surveys concerning the experiences of patients, and has recently published a report examining variations (including by ethnic group) in their experiences of mental health services.[15] In 2007, the Commission is undertaking a survey of the experience of people using community mental health services in England, the fourth such survey that they have undertaken.

The Healthcare Commission is committed to ensuring that services improve for all people with learning disabilities. The Commission has recently completed a consultation for a three-year plan, which has received a positive response from people with learning disabilities, their families and carers. During the coming year, the Commission will organise a national 'peer review' with providers of learning disability services in the NHS and independent sector, which will aim to ensure that these services are safe and of a high quality. It is also working closely with the Commission for Social Care Inspection on, among other things, concerns about the commissioning of learning disability services.

The Mental Health Act Commission (MHAC) is a special health authority established under the Mental Health Act 1983. It has two main statutory functions:

1. to keep under review the operation of the Mental Health Act in relation to detained patients, and to visit and interview these patients in private

2. to manage arrangements for second opinions concerning the consent provisions of the Act (notably at section 58)

MHAC visits all NHS and independent hospitals and mental health units that care for detained patients, and identifies serious abuses of patients' rights.

MHAC has placed extra emphasis on learning disability services in 2005/2006 as a result of worrying findings about unlawfully detained patients. Since its first Biennial Report in 1985, the MHAC has consistently drawn attention to the disproportionate admission and detention of patients from black and minority ethnic groups. Its most recent report, *In Place of Fear*,[16] again draws attention to the difficulties faced by patients from black and minority ethnic groups and the importance of tackling discrimination, developing culturally relevant and appropriate services, and using the *Delivering Race Equality*[2] action plan as the basis for achieving real and lasting change.

The National Institute for Mental Health in England (NIMHE) supports improvements in mental health and mental health services. Working as part of the Care Services Improvement Partnership, it helps all those involved in mental health to implement positive change, providing a gateway to learning and development. Through eight regional development centres and national programmes of work, NIMHE aims to put policy into practice and help resolve local challenges in developing effective mental health services.

The Care Services Improvement Partnership established the valuing people support team and the valuing people white paper.

They work with:

- learning disability partnership boards

- local people and organisations

What do they do?

- offer support and advice to people working to change services
- help people get together to talk and share ideas
- listen to what people are saying
- tell the Government what people are saying so they can change things

Find out more from their website at: **www.csip.org.uk**

Data, methods of analysis and interpretation

Making the distinction between patients receiving mental health services and those receiving learning disability services was not straightforward, because some healthcare providers offer both services and there is considerable overlap between the services. The census asked providers to distinguish between the services by describing the wards where patients received care as either 'mainly providing mental health services' or 'mainly providing learning disability services'. (Wards that provide mainly mental health services were included in the 2005 census). This separation of results by type of ward gives us a robust means of comparing our 2006 results with those of 2005 and also ensures that no patient was counted twice.

It is important to note and the data shows, however, that not all patients on the 'mainly mental health wards' are there because of a mental health problem and not all patients in 'mainly learning disability wards' are there because of a learning disability. Some patients on mental health wards have a learning disability or Autistic Spectrum Disorder, including Asperger's syndrome, and some patients on learning disability wards have a mental health problem.

The statistical methods used for data analysis in this report are given in Appendix A.

Coverage of learning disability establishments

The 2006 census did not include all independent providers of learning disability services. We included only those establishments registered with the Healthcare Commission under section 2 of the Care Standards Act (2000) to provide inpatient learning disability services – not care homes registered only with social services.

It was necessary to find equivalent criteria for eligibility for NHS establishments, which was challenging because in the NHS there is a continuum from inpatient services through to registered and supported homes. All of these can have some NHS links either directly or through seconded staff. Where such NHS facilities were both registered as care homes under the Care Standards Act 2000 and regulated by the Commission for Social Care Inspection (CSCI), rather than by the Healthcare Commission, they were not eligible for inclusion in the census.

Interpreting the results

As with any study, our results have some caveats and should be interpreted in the following context:

- as in 2005, we used the 2001 census population estimates from the Office for National Statistics (ONS) to derive the rates of admission. The ONS advise that these estimates are approximate and that they tend to underestimate the number of people from black and minority ethnic groups.[17, 18] Furthermore, the 2001 estimates are now half a decade old, during which time there have been significant increases in the size of black and minority ethnic populations, which means the admission rates presented for them in this report are higher than would be expected. These issues are considered further in the results section

- the results are not adjusted for diagnosis and other clinical information, so any differences between ethnic groups in the nature and severity of illness or disability **may** be reflected in the results

- the data collected for the census does not allow analysis which controls for socio-economic factors such as poverty, unemployment and inner-city residence, which occur more commonly in black and minority ethnic communities. Equally it was not possible to take account of social factors, such as marital status, living alone, separation from one or both parents or lack of social networks. Both socio-economic and social factors are known to be associated with the risk of mental illness and can affect the nature of patients' interaction with providers of services

- the census is a one-day count designed to give the number and ethnic composition of inpatients. Its value is in providing a year-by-year snapshot profile of the whole inpatient population. However, by its very nature, it cannot give the picture for the whole year

- in some instances the numbers for some ethnic groups are so small that there is no power to statistically demonstrate differences from the general population

Results: mental health

We obtained information about 32,023 inpatients on the mental health wards of 238 NHS and independent healthcare organisations in England and Wales.

The number of inpatients was about 5% lower than in 2005 (33,785 inpatients in 2005), but the number of healthcare providers was slightly higher (there were 207 in 2005). All 108 of the NHS trusts eligible to take part in the census returned information, and of the 146 independent providers that were eligible, 130 returned information. Between 2005 and 2006, there was a small increase, from 10% to 11%, in the proportion of inpatients who were receiving services from independent providers.

There are a number of possible explanations as to why the 2006 census recorded fewer inpatients than the 2005 census. They include the following:

- Government policy is encouraging a move away from inpatient care and towards community care. Figures from the Department of Health show that approximately 600 new crisis resolution and assertive outreach teams have been set up as part of a strategy to treat more mental health patients in their own homes

- financial constraints faced by NHS trusts during 2005/2006 may have had an impact on their ability to deliver inpatient services

- there may also be a statistical reason for the lower number of patients in 2006: some inpatients have both a mental illness and a learning disability, so the 2005 census may have included some inpatients with learning disabilities

Table 1 shows the number of providers and inpatients in the 2006 census and 2005 census.

Table 1: The numbers of providers of mental health services and inpatients

	2006 census			2005 census		
Provider	Number of providers	Number of inpatients	% of inpatients	Number of providers	Number of inpatients	% of inpatients
NHS (England)	97	26,565	83.0	92	28,590	84.6
Independent (England)	125	3,341	10.4	98	3,078	9.1
NHS (Wales)*	11	1,962	6.1	10	1,939	5.7
Independent (Wales)	5	155	0.5	7	178	0.5
TOTAL	238	32,023	100	207	33,785	100

* The 2006 census includes data for Powys, which was inadvertently omitted from the 2005 census.

Ethnicity

Information about ethnicity was available for 98.9% of inpatients, which is similar to the 98.7% recording of ethnicity in 2005. Of these inpatients, 79% were White British, 9% were from black or white/black mixed groups, 3% were from south Asian groups, 2% were White Irish, 4% were from Other White groups, and 2% were from other ethnic groups (including Chinese). This showed that 21% of all inpatients whose ethnicity was known (similar to the 20% in 2005) belonged to black and minority ethnic groups, defined as all groups that are not White British (i.e. White Irish and Other White groups are counted among the black and minority ethnic groups).

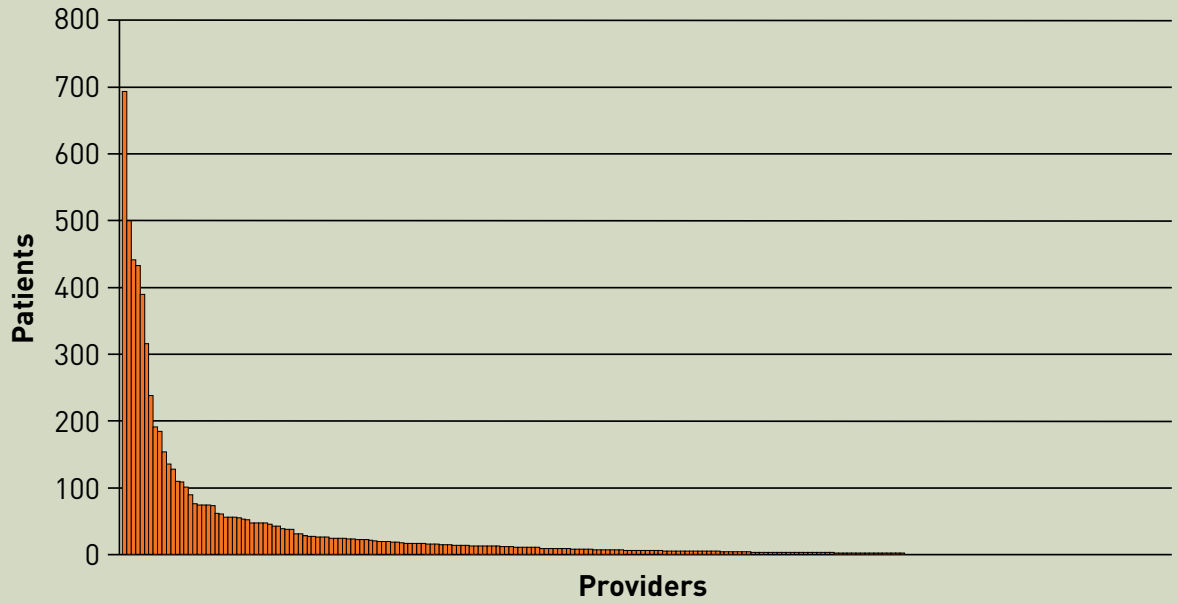
The 2006 census recorded a lower proportion of inpatients from the White British and White Irish groups than in 2005, and a greater proportion from the Other White group. The proportions of other ethnic groups remained almost exactly the same as in 2005. Table 2 shows the ethnic group of inpatients in the 2006 census and 2005 census.

Table 2: Mental health inpatients by ethnic group

Ethnic group	2006 census		2005 census		% difference in numbers for 2005/ 2006	% difference in ethnic composition
	%	Number	%	Number		
White British	79.5	25,170	80.3	26,762	-5.9	-0.8
White Irish	1.8	582	2.2	727	-19.9	-0.3
Other White	3.8	1,210	3.2	1,055	14.7	0.7
White and Black Caribbean	0.9	287	0.8	255	12.5	0.1
White and Black African	0.3	102	0.2	71	43.7	0.1
White and Asian	0.3	109	0.3	104	4.8	0
Other mixed	0.5	173	0.5	167	3.6	0
Indian	1.3	411	1.3	434	-5.3	0
Pakistani	1.1	349	1.0	325	7.4	0.1
Bangladeshi	0.5	158	0.5	153	3.3	0
Other Asian	0.8	262	0.8	264	-0.8	0
Black Caribbean	4.0	1,264	4.1	1,369	-7.7	-0.1
Black African	2.1	652	1.9	645	1.1	0.1
Other Black	1.7	535	1.7	569	-6.0	0
Chinese	0.2	78	0.2	81	-3.7	0
Other	1.1	338	1.1	357	5.3	0
TOTAL	100	32,023	100	33,828	-5.4	–

As in 2005, almost 70% of inpatients from black and minority ethnic groups were in 23 of the 238 organisations that took part in the census. The remaining 30% were spread across 182 organisations that had fewer than 50 inpatients from black and minority ethnic groups each, and a further 27 organisations had no inpatients at all from these groups. Figure 1 shows the distribution of minority ethnic patients across providers.

Figure 1: Number of mental health inpatients from black and minority ethnic groups by provider



Reporting of ethnicity

Seventy-five per cent of inpatients reported their own ethnic group, and 25% did not (up from 23% in 2005). In the cases where patients did not report their own ethnic group, staff or relatives carried out this task for them (18% and 6% respectively). It is possible that they misreported ethnicity in some instances, and that this misreporting might vary by ethnic group.

The proportion of inpatients who reported their own ethnicity ranged from 68% among the Bangladeshi group, to 84% among the Other Asian group. Reporting of ethnicity by staff was highest among inpatients from the Bangladeshi (26%) and Other White (22%) groups. Reporting by relatives was highest among the three White groups, as well as the Bangladeshi and Chinese groups (about 6% in each case).

Age and gender

Age was given in 98% of cases. Of those for whom it was available, 2% (558) were under 18 years of age, and a third (10,334) were 65 years of age or older.

The proportion of young people was lower among inpatients from the White British, White Irish and Other White groups than among other ethnic groups.

As in 2005, 55% of inpatients were men. In the White British, White Irish, Other White and Chinese groups, there were similar proportions of men and women. In other ethnic groups, significantly higher proportions were men, reaching about 75% in the Other Black and White/Asian Mixed groups. Table 3 shows the age and gender composition of inpatients.

Table 3: Age and gender of inpatients

	Age (%)				Gender (%)	
Ethnic group	0-17	18-24	25-49	50+	Men	Women
White British	1.7	6.6	37.2	54.5	52.9	47.1
White Irish	0.4	3.7	31.4	64.5	55.1	44.9
Other White	0.8	6.0	41.9	51.3	53.9	46.1
White and Black Caribbean	3.2	17.9	67.5	11.4	70.6	29.4
White and Black African	4.0	15.8	67.3	12.9	61.8	38.2
White and Asian	3.7	13.9	70.4	12.0	75.2	24.8
Other mixed	5.3	18.8	60.0	15.9	69.9	30.1
Indian	1.5	7.7	60.4	30.4	63.3	36.7
Pakistani	5.2	13.5	63.5	17.8	70.2	29.8
Bangladeshi	3.9	17.4	62.6	16.1	70.3	29.7
Other Asian	2.3	10.5	62.5	24.6	65.1	34.9
Black Caribbean	0.8	7.6	64.7	26.9	69.2	30.8
Black African	2.0	16.3	70.5	11.2	69.0	31.0
Other Black	2.4	12.8	76.5	8.3	74.2	25.8
Chinese	3.9	13.2	57.9	25.0	48.7	51.3
Other	0.9	14.3	54.8	30.1	68.9	31.1
TOTAL	1.8 (n=558)	7.4 (n=2,325)	41.5 (n=13,088)	49.4 (n=15,596)	55.3 (n=17,698)	44.7 (n=14,281)

Language and religion

As in 2005, 5% of inpatients reported that their first language was not English. The groups with the highest proportions of people without English as their first language were Bangladeshi (54%), Chinese (51%), Other (44%) and Pakistani (41%).

About 2% of inpatients (641) stated that they required an interpreter. Of these, 21% (132) were White British, although we do not know which group this represents. The proportions wanting an interpreter were highest among the Chinese group (29%), followed by the Bangladeshi (28%), Other (19%) and Other Asian (14%) groups. The number of inpatients requiring these services in each ethnic group was less than 100, except among the Other White group (of whom 140 wanted an interpreter). Table 4 shows the proportions of patients with a first language other than English and those wanting interpreter services.

Table 4: Percentage of inpatients with language and interpreter needs

Ethnic group	% with first language other than English	% wanting an interpreter
White British	1.5	0.5
White Irish	1.5	0.9
Other White	27.8	11.6
White and Black Caribbean	2.1	0.0
White and Black African	9.8	3.9
White and Asian	4.6	2.8
Other mixed	14.5	4.6
Indian	33.8	11.9
Pakistani	40.7	9.7
Bangladeshi	53.8	28.5
Other Asian	38.2	13.7
Black Caribbean	4.2	1.3
Black African	24.2	8.9
Other Black	10.1	4.1
Chinese	51.3	29.5
Other	44.4	18.6
TOTAL	5.4 (n=1,720)	2.0 (n=641)

Fourteen per cent of inpatients said they had no religion and another 11% did not state one. Added together, these proportions were highest among the Chinese group (40%), followed by the White/Black Caribbean Mixed (37%), White/Black African Mixed (31%) and Other Black (30%) groups. They were lowest among the White Irish (12%) and Asian (under 12%) groups. Table 5 shows the religion of inpatients.

Table 5: Religion of inpatients by ethnic group

	Religion (%)								
Ethnic group	None	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	Not stated
White British	14.2	65.7	0.4		0.7	0.2	0.1	7.6	11.0
White Irish	6.0	82.0	0.7		0.3	1.0		3.8	6.2
Other White	12.1	58.7	0.7	0.1	2.8	4.3		9.2	12.1
White and Black Caribbean	21.6	54.0		0.3	0.3	3.1		5.9	14.6
White and Black African	18.6	48.0			2.0	7.8		11.8	11.8
White and Asian	18.3	45.9	1.8	1.8		16.5		7.3	8.3
Other mixed	18.5	44.5	2.9	0.6	1.2	9.8		10.4	12.1
Indian	3.9	11.4	0.7	31.4		19.0	24.6	3.4	5.6
Pakistani	4.6	4.0		1.4	0.3	79.9	1.1	4.0	4.6
Bangladeshi	2.5	3.2	0.6	3.2		81.0	0.6	2.5	6.3
Other Asian	6.9	23.7	5.0	16.8	0.4	30.9	7.6	3.8	5.0
Black Caribbean	14.2	59.2	0.4	0.1	0.4	2.2		12.1	11.3
Black African	12.0	51.1	0.5			20.9		7.1	8.6
Other Black	16.4	48.8	0.4		0.2	12.5	0.2	7.1	14.4
Chinese	28.2	26.9	21.8			1.3		10.3	11.5
Other	10.9	33.4	3.3	1.2	2.1	27.8		9.5	11.8
TOTAL	13.6 (n=4,366)	61.7 (n=19,772)	0.6 (n=186)	0.6 (n=201)	0.8 (n=246)	3.3 (n=1,062)	0.5 (n=155)	7.8 (2,487)	11.1 (3,537)

Sexual orientation

In 2006, we asked the inpatients who were aged 16 or over (numbering 31,809 in total) about their sexual orientation. Of these, 19% declined to answer. The results were not valid for 2% of inpatients.

Of those who answered the question, 90% said they were heterosexual, 1% said gay/lesbian, 1% said bisexual, and 7% said 'other'. The 'other' category includes 'don't know', 'transgender', 'don't

wish to answer but don't wish to be recorded as refusing', and 'other sexual orientation'. The 7% in the 'other' category almost certainly also includes inpatients who were not asked the question by staff, as 144 providers had no inpatients coded as gay/lesbian or bisexual (There was resistance from some providers to collect this information.)

Among the 149 organisations that returned records describing some of their patients as gay/lesbian or bisexual, the proportion of such inpatients ranged from less than 1% to more than 10%, with an overall percentage of 2%. This figure is lower than the estimated proportions of gay/lesbian or bisexual people in the general population (these estimates range from 5% to 7%).[19,20] The number of non-heterosexuals in minority ethnic groups were very low, so it was not possible to compare the results between groups.

Disability

About 11% (3,561) of inpatients said that they had one or more disability. Of these, 5% were blind, 14% were deaf, 21% had a learning disability, 4% had Autistic Spectrum Disorder and 43% used a wheelchair. The remaining 13% had more than one disability.

The proportion of inpatients with a disability was highest among White British inpatients (12%), which is to be expected given their older age profile. The number of minority ethnic inpatients reporting a disability was very low, so, again, it was not possible to compare the disability rates of different ethnic groups.

Rates of admission

The admission rates are given in Appendix B, Table 1.

Men from the White British, Indian and Chinese ethnic groups had lower admission rates than average, by 14%, 21% and 46% respectively. Admission rates were higher than average for men among all other ethnic groups. As in 2005, they were particularly high for men from the black and white/black mixed groups, which had rates of three or more times higher than average. Also as in 2005, the rate was highest among men from the Other Black group – 18 times higher than average.

Admission rates for women showed a similar pattern: rates for women from the White British and Indian ethnic groups were lower than average, by 7% and 29% respectively. As in 2005, rates were particularly high for women from the black and white/black mixed groups – two or more times higher than average – with the highest being among women from the Other Black group (nine times higher than average).

When we combined the admission rates for both genders, those from the White British, Indian and Chinese groups were lower than the average, and those for all other ethnic groups were higher than the average. As in 2005, they were particularly high for the Black and White/Black Mixed groups, with rates three or more times higher than average, and highest – 14 times higher than average – among the Other Black group.

These admission patterns are very similar to those we reported in 2005, with two exceptions:

- admission rates among the White Irish group were higher than average in both years, but by a smaller margin in 2006

- admission rates among the Other White and White/Black African Mixed groups were higher than average in both years, but by a higher margin in 2006 than in 2005

Changes in population estimates

We calculated the admission rates reported above using the 2001 census population estimates from the Office of National Statistics (ONS). However, those estimates do not take account of the substantial increase in the number of people from black and minority ethnic groups in England and Wales since 2001. The ONS recently produced updated population estimates by ethnic group for 2003, which aim to reflect these changes.[21] The ONS describes these estimates as 'experimental', and they are subject to margins of error.

Although they are only available for England, and although they do not reflect the demographic changes between 2003 and 2006, we have used these 2003 estimates to re-calculate the 2006 admission rates for England. Table 6 compares the results using the 2001 ONS population estimates with those using its 2003 estimates.

Use of the 2003 estimates increases the admission rates for the White British and White Irish groups, and reduces them for all other ethnic groups. One change that is statistically significant is that the admission ratio for the Pakistani group was higher than average using the 2001 population estimates, but is no different from average using the 2003 population estimates. Nevertheless, the overall pattern remains the same regardless of whether we use the 2001 or 2003 estimates: admission rates for Black and White/Black Mixed groups remain exceptionally high – over 10 times higher than average among the Other Black group – and up to three times higher among the remaining groups.

Table 6: Rates of admission by ethnic group for England								
	Using the ONS 2003 population estimates (persons)				Using the ONS 2001 population estimates (persons)			
Ethnic group	Standardised admission ratio	95% confidence interval		Observed	Standardised admission ratio	95% confidence interval		Observed
		Lower	Upper			Lower	Upper	
White British	90	89	91	22,836	88	87	90	22,836
White Irish	121	111	132	531	119	109	130	531
Other White	134	126	142	1,133	146	138	155	1,133
White and Black Caribbean	393	347	442	271	445	394	501	271
White and Black African	313	255	380	101	378	308	459	101
White and Asian	146	119	176	106	169	139	205	106
Other mixed	264	225	307	166	307	262	357	166
Indian	69	63	76	399	76	69	84	399
Pakistani	106	95	117	344	116	104	129	344
Bangladeshi	125	106	147	153	143	121	167	153
Other Asian	170	150	193	251	202	177	228	251
Black Caribbean	391	370	414	1,244	411	389	435	1,244
Black African	231	214	250	635	298	275	322	635
Other Black	1,251	1,147	1,363	527	1,402	1,285	1,527	527
Chinese	48	37	60	73	63	50	80	73
Other	222	199	248	323	297	266	331	323
TOTAL	100			29,093	100			29,093

Source of referral

People can be referred to healthcare services in a number of ways, and the 2006 census used a more detailed classification of these sources of referral than the 2005 census. For example, we included referrals from prison and community mental health teams. The detailed results are available at: **www.healthcarecommission.org.uk/countmein/**

However, it would appear that community mental health teams are often the gateway for referrals to inpatient care, rather than the original source, so the results for referrals from community mental health teams may include referrals from GPs and accident and emergency (A&E) departments, and may require further interpretation. Furthermore, almost 40% of inpatients were referred from tertiary care, and in these cases, information as to the original referral source was not available. In the case of 5% (1,679) of all records, the original source was invalid, missing or unknown.

Because of these changes in classification, it is not possible to make detailed comparisons with 2005. However, we can point to similarities between the two years, such as low rates of referrals from GPs and high rates of referrals from the criminal justice system among inpatients from the black groups.

Referrals by self, carer or employer

Of the 2% (722) of inpatients who were referred to hospital, nearly all were referred by a carer or, very occasionally, by an employer. The only differences between ethnic groups were the higher than average rate of such referrals among the Other ethnic group, and the higher than average rate among women from the Other Black group. These rates of referral are given in Appendix B, Table 2.

We can, however, make further observations if we examine referrals by self and referrals by carers separately. When examined separately, self-referral rates were higher than average among the White Irish and Other groups, and rates for referrals by carers were higher than average among the Indian and Pakistani groups. These findings are based on only a small number of cases.

GP referrals

Fifteen per cent (4,601) of inpatients were referred by a GP. Rates among the White British group were 5% higher than average. The three black groups – Black Caribbean, Black African and Other Black – had rates that were between 35% and 53% lower than average. The White/Black African Mixed group and the Bangladeshi group also had a low rate of GP referrals, as did men among the White Irish and Pakistani groups. The GP rates of referral are given in Appendix B, Table 3.

Referrals from A&E departments

Five per cent (1,574) of inpatients were referred by A&E departments. The White British group had a 7% lower than average rate of such referrals, while the White Irish, White Other and Bangladeshi groups were more likely to be referred in this way, as were women from the Black African, Chinese and Other Asian groups. Some of these observations are based on small number of cases.

Referrals from social services

Three per cent (909) of inpatients were referred from the social services. Rates of such referrals were higher than average among the White Other and Indian groups, and among women from the White/Black Caribbean Mixed group. Again, some of these observations are based on a small number of cases.

Referrals from community mental health teams

Nearly a quarter (24%) (7,154) of inpatients were referred from community mental health teams. The White British and Pakistani groups had a higher rate of such referrals than average. Among the three black groups – Black Caribbean, Black African and Other Black – these rates were between 28% and 47% lower than average. The rates of referral are given in Appendix B, Table 4.

Referrals from the criminal justice system

Ten per cent of inpatients (2,882) were referred through the criminal justice system. People from the White British group were 11% less likely than average to be referred in this way, whereas the Black Caribbean, Black African and Other Black groups had rates that were higher than average (by 48%, 45% and 41% respectively). Rates were also higher than average among the White/Black Caribbean Mixed group (by 36%), the White/Black African Mixed group (by 69%) and the Other White group (by 37%). No differences from average were observed for other ethnic groups. Rates of referral via the criminal justice system are given in Appendix B, Table 5.

Of all referrals from the criminal justice system, 48% (1,391) were from prisons. Rates for the White British group were 11% lower than average, while they were between 54% and 74% higher among the White Irish, Other Mixed, Black Caribbean and Other Black groups.

Just over a third (36%) (1,040) of the referrals from the criminal justice system came from the police. Again, the rate for the White British group was 16% lower than average, while the Black Caribbean, Black African and Black Other groups had rates that were higher than average by between 43% and 131%. The rate was also 90% higher than average among the Other White group. These results are similar to those we found in 2005.

Finally, 14% (405) of the referrals from the criminal justice system were from the courts, but there were no significant differences between ethnic groups. This is in contrast with the 2005 census, when the Black Caribbean group had a referral rate from the courts that was twice as high as average.

Tertiary care: referrals from medium or high secure units

A significant proportion (39%) of all referrals were from tertiary care. Five per cent (1,513) of inpatients were referred from medium or high secure units in the NHS or independent sectors. The rate for such referrals was 9% lower than average among the White British group and 27% lower among the Other White group. The rate was higher than average among the Black Caribbean, Black African and Other Black groups, by 92%, 40% and 41% respectively. No other ethnic differences were observed.

Tertiary care: referrals from other inpatient services

Twenty-one per cent (6,285) of inpatients were referred from other inpatient services, 92% of which were NHS services. The only ethnic difference we observed was a rate that was higher than average among women from the Black Caribbean group.

Tertiary care: referrals from other clinical specialties

Thirteen per cent (6,285) of inpatients were referred by other clinical specialties. Rates of such referrals were higher than average among the Other White, White/Black African Mixed and Indian groups, lower than average among men from the Black Caribbean group, and lower among both genders from the Other group.

Detention under the mental health act (on day of admission)

All detentions

Forty per cent (12,795) of inpatients were detained under the Mental Health Act on the day of admission to hospital, a similar proportion to that found in 2005 (39%, 13,069). Of all detained patients, 28% (3,578) were from a minority ethnic group. Those from the Black Caribbean, Black African, Black Other, White/Black Caribbean Mixed and White/Black African Mixed groups were between 19% and 38% more likely than average to be detained. In the Black Caribbean and Other Black groups, the higher detention rate overall was largely attributable to higher than average rates of detention under section 37/41 – where the courts send a person to hospital for treatment, under a restriction order by the Home Office.

Women from the Other White group also had a higher than average detention rate. Detention rates were 6% lower than average among White British inpatients. No differences from average were observed for other ethnic groups. The rates of detention are given in Appendix B, Table 6.

These patterns are very similar to those reported in 2005. The exceptions are:

- in 2005 the detention rates for the White/Black Caribbean and White/Black African Mixed groups were about average, but they were higher than average in 2006

- women from the White/Asian Mixed, Other Asian, and Other ethnic groups had higher than average detention rates in 2005, but they were average in 2006

We analysed detention rates under individual sections of the Mental Health Act, to examine what the high rates for some ethnic groups were attributable to.

Detention under section 2

Section 2 of the Mental Health Act gives authority for a person to be detained in hospital for assessment for a period not exceeding 28 days. It is mainly applied where the patient is unknown to the service or where there has been a significant interval between periods of inpatient treatment. Of all the patients detained under the Mental Health Act, 21% (2,710) were detained under this section.

Section 2 rates of detention (see Appendix B, Table 7) among the Pakistani group were 51% higher than average, whereas the Black Caribbean and Other Black groups had detention rates that were lower than average by 36% and 28% respectively.

Taking the genders separately, men from the Other White and Pakistani groups had detention rates that were higher than average (by 36% and 54% respectively), and men from the Black Caribbean group had a rate that was 48% lower. Among women, the Indian group had a rate that was 60% higher than average, and the Other Black group had a rate that was 49% lower than the average. In addition we found that:

- the rate for the Pakistani group was about average in 2005, but was higher than average in 2006
- the Black African group had a higher than average rate in 2005, but they were average in 2006
- the Other Black group had an average detention rate in 2005, but it was lower than average in 2006

Detention under section 3

Section 3 of the Mental Health Act provides for the compulsory admission of a patient to hospital for 'treatment' and for his or her subsequent detention, which can last for an initial period of up to six months.

Of all the patients detained under the Mental Health Act, 46% (5,900) were detained under this section. No ethnic differences were observed for detentions under section 3 (Appendix B, Table 8).

Detention under section 37/41

Section 37 of the Mental Health Act allows a court to send a person to hospital for treatment when they might otherwise have been given a prison sentence, and section 41 allows a court to place restrictions on a person's discharge from hospital.

Of the patients detained under the Mental Health Act, 12% (1,555) were detained under section 37 with a section 41 restriction order applied. Men from the Black Caribbean and Other Black groups had higher rates of detention than average (by 65% and 43% respectively). Very few women were detained under sections 37 or 41 and no ethnic differences were observed. The higher overall detention rates in the Black Caribbean and Other Black groups were largely attributable to higher than average rates of detention under section 37/41 – where the courts send a person to hospital for treatment, under a restriction order by the Home Office (about 20% of all detained patients in these ethnic groups were detained under section 2). The rates of detention are given in Appendix B, Table 9.

These patterns are very similar to those reported in 2005. The one difference, however, was that the detention rate for the White/Black African Mixed group was higher than average in 2005, but average in 2006. Admission to hospital rather than prison is generally regarded as a more positive outcome for the person concerned.

Detention under sections 47, 48, and 47/49

These sections of the Mental Health Act allow the Home Office to issue a direction to transfer a person detained in prison to a hospital for treatment. Of the patients detained under the Mental Health Act, 6% (738) were detained under these sections.

The only significant observation was that Black African men had a rate of detention that was 46% lower than the average. These rates of detention are given in Appendix B, Table 10. Very few women were detained under these sections, and no ethnic differences were observed. The same patterns were found in 2005.

Detention under the Mental Health Act (on day of census)

There were few differences between detention rates on the day of a patient's admission to hospital and on the day of the census. In both cases, rates were higher than average among the Black Caribbean, Black African and Other Black groups, and there was no change since admission.

However, an important finding is that the detention rates among the White/Black Caribbean and White/Black African Mixed groups were higher than average on admission, but average by the day of the census.

A comparison of detention rates among NHS and independent providers

Almost 83% of patients detained under the Mental Health Act were in NHS hospitals and facilities. However, the proportion of all those patients in independent organisations that had been detained was higher than the equivalent proportion of patients in NHS organisations: the detention rate was 37% higher than average in independent organisations and 5% lower than average among NHS organisations. This may reflect the fact that many independent providers are registered only to take patients whom they are likely to have to detain. Table 7 compares rates of detention in NHS and independent providers.

Table 7: Comparison of rates of detention in NHS and independent providers

Provider	Persons			
	Standardised ratio	95% confidence interval		Observed
		Lower	Upper	
NHS	95	93	96	10,356
Independent	137	132	143	2,195
TOTAL	100			12,551

Consent

The results concerning consent, and the observations that can be made from them, are similar to those in 2005.

About 30% (5,521) of informally admitted inpatients were deemed incapable of consenting to treatment. The rates of such patients were higher than average among the Pakistani group, and among men from the Other Asian group. However, they are based on a small number of cases.

As for detained inpatients, about 20% (2,480) were deemed incapable of consenting to treatment. Rates were higher than average for the Chinese group and for women in the Bangladeshi group (based, again, on low numbers).

In addition, 16% (2,060) of detained inpatients were deemed capable of consenting to treatment but refused to do so. The White/Black Caribbean Mixed group had a rate of refusals that was 45% higher than average, and the Bangladeshi group a rate that was 68% lower (figures based on very few inpatients). There were no significant differences in the results for women among the various ethnic groups.

Care programme approach

The care programme approach provides support for people with long term mental health needs. Patients with complex needs are on enhanced care programme approach, while others are on standard care programme approach.

We found that 66% of all inpatients were on enhanced care programme approach. The only ethnic difference observed was that the Other White group had a rate of patients on enhanced care programme approach that was lower than average.

There were some differences between 2005 and 2006:

- in 2005 we found that 58% of inpatients were on enhanced care programme approach (compared with 66% in 2006)
- in 2005 men from the Black Caribbean group were more likely than average to be on enhanced care programme approach, but in 2006 their rates were average
- in 2005 the rate of patients in the Other White group on enhanced care programme approach was average, but was lower than average in 2006

Recorded incidents

In 2005 we asked about the number of times that patients had been secluded, subjected to 'control and restraint', or injured. In 2006, we expanded this list of recorded events to include incidents of self-harm, accident and assault, but we dropped incidents of injury. Also, instead of asking about the full range of 'control and restraint' procedures (including incidents that may not have involved physical restraint, such as a 'talking down'), we asked only about incidents of 'hands-on restraint'.

In all cases of recorded incidents, the results relate to the number of incidents in a patient's current hospital spell, or, if the patient's hospital spell was longer than three months, to the number that took place within the last three months.

Seclusion

Three per cent (814) of inpatients had experienced one or more episodes of seclusion. Men from the White Irish and White/Black Caribbean Mixed groups had seclusion rates that were almost double the average, and the Other Black group overall had a rate that was 57% higher than average. No ethnic differences were found among women.

The results show some changes from 2005:

- the Black Caribbean and Black African groups had rates that were higher than average in 2005, but average in 2006 (40% and 59% respectively)
- the higher than average rate for the Indian and Other Mixed groups recorded in 2005 fell to average in 2006 (73% and 92% respectively)
- the White British group had a low rate of 11% below average in 2005, and an average rate in 2006
- the White/Black Caribbean Mixed group went from having an average rate in 2005 to a high rate of 67% above average in 2006

Hands-on restraint

Hands-on restraint was defined as the physical restraint of an inpatient by one or more members of staff in response to aggressive behavior or resistance to treatment.

About 8% (2,592) of inpatients had experienced one or more episodes of hands-on restraint. The only ethnic difference observed was that inpatients from the White/Black Caribbean Mixed group were 45% more likely than average to experience such restraint. Men from the Bangladeshi group had a lower rate than average, but this was based on very few cases.

Given the change of measurement from control and restraint in 2005 to hands-on restraint in 2006, comparisons across the years are not possible.

Self-harm

Six per cent (1,872) of inpatients had harmed themselves on one or more occasions. Only the White British group had a rate that was higher than average (by 14%). Rates among the three Black groups (Black Caribbean, Black African and Other Black) and the White/Black Caribbean Mixed groups were between 65% and 77% lower than average. Rates were also lower among the Pakistani, Other Asian and Other groups (by 53%, 63% and 49% respectively). However, some of these results are based on small numbers of cases.

Comparisons with 2005 are not possible as this information was not collected in 2005.

Accidents

About 12% (3,648) of inpatients had experienced one or more accidents. Inpatients among the White British group recorded a rate of accidents that was 4% higher than average, and of marginal statistical significance. The three black groups (Black Caribbean, Black African and Other Black) had rates that were between 32% and 45% lower than average, and the Indian group had rates that were lower than average by 34%.

Comparisons with 2005 are not possible as this information was not collected in 2005.

Assault

Thirteen per cent (3,994) of inpatients were involved in one or more episodes of assault, though we did not ask who assaulted whom (i.e. whether it was the patient or a member of staff who was assaulted, and if the assault was by another patient or another member of staff). There were two significant differences between the rates for different ethnic groups: women from the Black Caribbean group had a rate of assault that was 44% higher than average, and men from the Other group had a rate that was 37% lower than average.

Comparisons with 2005 are not possible as this information was not collected in 2005.

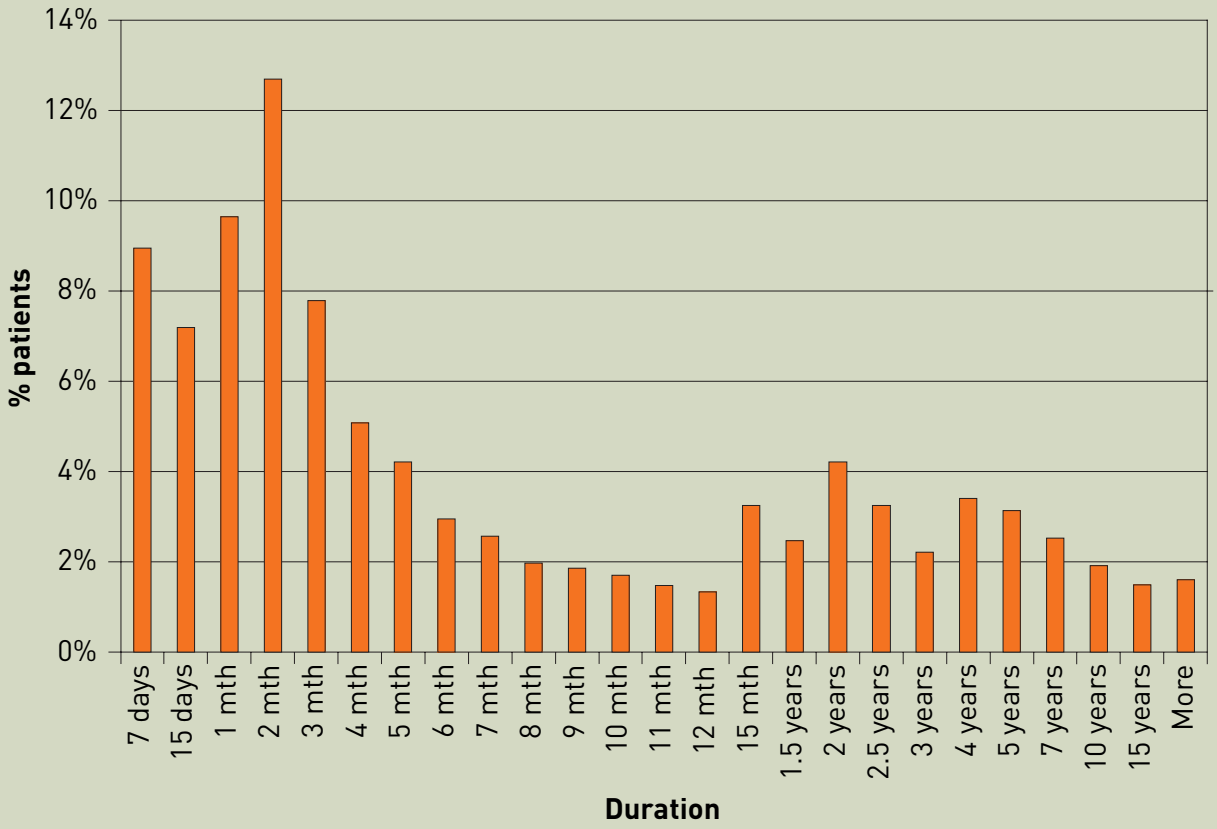
Duration of stay in hospital

We analysed the length of the period between each patient's admission to hospital and census day. This period is, of course, shorter than a patient's full length of stay in hospital, which runs from admission to the date when they are discharged. Figure 2 shows the duration from day of admission to day of census.

The census found that:

- 26% of patients had been in hospital for a month or less
- 20% between one and three months
- 23% between three and twelve months
- 10% between one and two years
- 12% between two and five years
- 8% more than five years

Figure 2: Duration of patient stay from day of admission to day of census



As these figures show, almost 30% of inpatients had been in hospital for over a year. Therefore, almost one third of the patients covered by the 2006 census were also covered by the 2005 census.

We calculated the median length of stay for different ethnic groups. The median is the mid-point of the range of values, so the median length of stay for a given ethnic group is the one at which half the patients of that ethnic group had a length of stay less than the median, and half had a stay longer than the median.

Table 8 shows the median number of days from day of admission to day of census. Overall, the median amount of time that women had spent in hospital was about two and a half months, and that men had spent there was about five months. Among all ethnic groups, other than the Chinese and White/Asian Mixed groups, men had been in hospital for about twice as long as women.

Table 8: Median number of days from admission to day of census			
Ethnic group	**Men**	**Women**	**Persons**
White British	140	78	105
White Irish	194	84	129
Other White	156	90	122
White and Black Caribbean	195	89	144
White and Black African	175	100	134
White and Asian	183	186	185
Other mixed	233	99	163
Indian	148	62	101
Pakistani	98	55	77
Bangladeshi	125	59	80
Other Asian	120	53	96
Black Caribbean	288	157	235
Black African	119	65	99
Other Black	209	78	175
Chinese	83	74	78
Other	151	86	131
TOTAL	147	78	107

For both genders, the median spell in hospital was lower than average among the following groups: White British, Pakistani, Bangladeshi, Other Asian, Black African and Chinese. In the Indian group, the median spell in hospital was about average among men and lower than average among women. It was the other way round in the Other Black group, with the median duration of stay higher than average among men and average among women. The other ethnic groups had a median spell in hospital that was higher than average among both genders.

The Black Caribbean group had the highest median duration of stay among men, and the second highest among women. Women from the three south Asian groups (Indian, Pakistani and Bangladeshi) and the Other Asian group had the lowest lengths of stay.

One in 10 patients (3,353) were on a long stay ward (a ward for patients that have been in hospital for more than a year). The Black Caribbean and Other Mixed groups had rates that were higher than average, as did men from the Pakistani group.

It is important to note that a number of factors influence a patient's length of stay in hospital, including age, gender, whether or not they are detained (and the section under which they are detained and whether there is an additional Home Office restriction order), the type and severity of

their illness, the nature of their treatment and the availability of support in the community. The data in the census does not allow for analysis of these factors.

Ward security

Medium or high secure ward

As in 2005, 11% (3,526) of all inpatients were on a medium or high secure ward, as opposed to a general or low secure ward. The White British and Chinese groups had a rate of patients on medium or high secure wards that was lower than average, as did women from the Indian and Other Asian groups, although their figures were based on small numbers of cases.

Rates for the White Irish and Other Mixed groups were higher than average, by 37% and 46% respectively. Among men from the Black Caribbean, Black African, Other Black, White/Black Caribbean Mixed and White/Black African groups, the rates were between 27% and 70% higher than average. The rate was also higher among women from the Black Caribbean group.

High secure ward

As in 2005, 3% (911) of all inpatients were on a high secure ward (a figure that equates to 12% of all those on low, medium, or high secure wards put together). We calculated the rate for being on a high secure ward out of all those on a secure ward of any sort (either low, medium or high secure). Men from the Other Mixed group were more likely than average to be on a high secure ward rather than a low or medium secure ward, whereas men from the Black African group and both men and women from the Other White group were less likely to be on such a ward.

There were very few women (93 in total) on high secure wards, and no statistically significant differences between ethnic groups were observed.

Ward age range

Forty-three inpatients under the age of 18 were being cared for on wards for working age adults and two were on wards for older people. This is an improvement on 2005, when 128 children were being cared for on adult wards and seven were on wards for older people.

Almost 7% (1,482) of inpatients on wards for working age adults were aged 65 years or over, and 5% (513) of those on wards for older people were adults of working age.

There were very few 'out of age' placements among minority ethnic groups, so we could make no significant observations about differences between ethnic groups.

Single sex accommodation

Fifty-five per cent of patients were not in single sex accommodation. Table 9 shows the proportion of patients not in single sex accommodation. The proportion of patients in mixed accommodation was lower among most minority ethnic groups than among the White British. In almost all ethnic groups, the proportion of men in mixed accommodation was lower than among women. In the 2005 census, 78% of patients were on mixed wards and the proportions among minority ethnic groups were also lower than among the White British. However, direct comparison between the two years was not possible because of changes in the definition of what is single sex accommodation.

Table 9: Percentage of patients not in single sex accommodation

Census categories	Men	Women	Persons
British	52.6	60.5	56.3
Irish	51.6	59.8	55.2
Other White	53.4	62.1	57.4
White and Black Caribbean	46.5	54.8	48.8
White and Black African	46.0	59.0	51.0
White and Asian	50.0	48.1	49.5
Other mixed	37.2	50.0	41.0
Indian	47.1	54.7	49.6
Pakistani	44.1	45.2	44.4
Bangladeshi	40.5	55.3	44.9
Other Asian	48.2	57.1	51.5
Caribbean	41.6	58.0	46.6
African	42.0	54.2	45.7
Other Black	37.4	52.9	41.3
Chinese	57.9	45.0	51.3
Other	44.6	54.3	47.6
Total	50.8	59.9	54.9

Results: learning disabilities

We obtained information about 4,609 inpatients among 124 organisations providing services for those with learning disabilities in England and Wales. These 124 organisations comprised all 75 of the NHS trusts that were eligible to take part in the census (of whom 60 also returned information for their mental health inpatients), and 49 independent healthcare organisations. Table 10 gives the number of providers and inpatients in the 2006 census.

The results we reported in the section for mental health services (see page 19), almost certainly include some inpatients who have a learning disability or Autistic Spectrum Disorder. This was unavoidable because of the considerable overlap between the services for patients with mental health problems and those for patients with learning disabilities. People with a mental health problem who also have a learning disability may be treated in either type of service. However, at the moment, people with learning disabilities may experience difficulties in accessing mental health services. To address this issue, the Government is encouraging providers of healthcare services to treat people with learning disabilities, who have a diagnosed mental health problem, in mainstream mental health services.

Evidence for this comes from the fact that 7% (317) of the inpatients in learning disability services were recorded as being there for a mental health problem. It is true that most of these inpatients also had a learning disability or Autistic Spectrum Disorder (including Asperger's syndrome), but this was not the main reason they were in hospital. A few had neither a learning disability nor Autistic Spectrum Disorder, and were in hospital solely because of a mental health problem or personality disorder. For reasons explained in the earlier section on data, methods of analysis and interpretation, these patients are included in this section rather than in the section on mental health.

Table 10: Number of learning disability providers and inpatients

Provider	2006 census		
	Number of providers	Number of inpatients	% of inpatients
NHS (England)	70	3,505	76.0
Independent (England)	48	930	20.2
NHS (Wales)	5	164	3.6
Independent (Wales)	1	10	0.2
National Total	124	4,609	100

Ethnicity

Information on ethnicity was available for 98.8% of inpatients. Of these, 11% were from black and minority ethnic groups, defined as all groups that are not White British (i.e. White Irish and Other White groups are counted among the black and minority ethnic groups). This figure is significantly lower than the 21% of inpatients in mental health services who were from minority ethnic groups.

The White British ethnic group comprised 89% of inpatients, 5% were from black or white/black mixed groups, 2% were from South Asian groups, 1% were White Irish, 2% were from Other White groups, and 1% were from other ethnic groups (including Chinese). After the White British group, the largest group of inpatients were Black Caribbean followed by Other White and White Irish.

Table 11 shows the ethnic group of inpatients. As can be seen in this table, some ethnic groups had very few inpatients. This limits the observations that we were able to make.

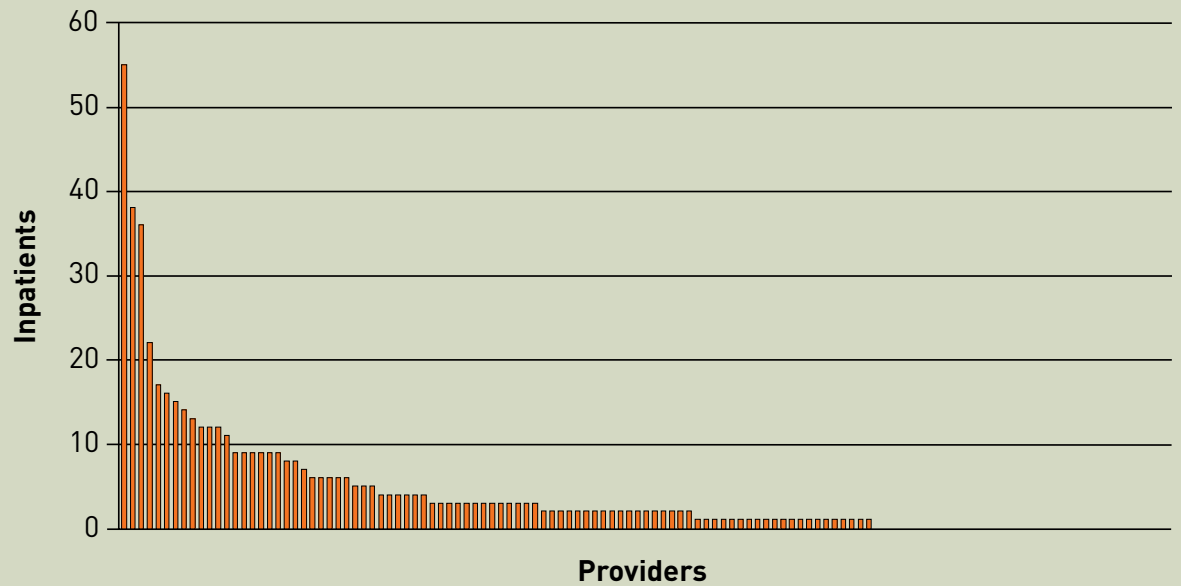
Table 11: Learning disability inpatients by ethnic group

Ethnic group	%	Number
White British	88.7	4,037
White Irish	1.4	66
Other White	1.7	77
White and Black Caribbean	0.7	32
White and Black African	0.1	3
White and Asian	0.2	9
Other mixed	0.3	14
Indian	1.1	49
Pakistani	0.7	34
Bangladeshi	0.2	9
Other Asian	0.3	12
Black Caribbean	2.8	129
Black African	0.7	33
Other Black	0.4	17
Chinese	0.2	7
Other	0.5	24
TOTAL	100	4,552

About 77% of inpatients from black and minority ethnic groups were from 27 of the 124 organisations that took part in the census. The remaining 23% were spread across a number of organisations: 58 of the 124 organisations had fewer than five inpatients each from black and minority ethnic groups, and of these 36 had no inpatients from black and minority ethnic groups. Figure 3 shows the distribution of inpatients across providers.

It is important to note, however, that the number of people with severe and profound learning disabilities in some areas is affected by past funding and placement practices, especially the presence of old long stay hospitals and of people placed outside their original area of residence by funding authorities.[8]

Figure 3: **Number of learning disability inpatients from black and minority ethnic group by provider**



Reporting of ethnicity

Less than half (44%) of inpatients reported their own ethnic group, compared with 75% of inpatients in mental health services who did so. For 39% of inpatients the ethnic group was reported by staff, and for 17% by relatives. It is therefore possible that their ethnicity could have been misreported, and that this misreporting could vary by ethnic group.

The proportion of inpatients who reported their own ethnicity was lowest among the White British, White Irish, Other White and Black Caribbean groups.

Age and gender

In the case of 2% of inpatients, information about age was not given. Of those for whom it was available, 2% (110) were under 18 years and 29% (1,295) were 50 years or over. As with mental health inpatients, the proportion of younger people (under 50 years) was higher among inpatients from black and minority ethnic groups (with the exception of the White Irish group) than among the White British group. This is not surprising given the fact that the general population of England and Wales has a higher proportion of young people among most black and minority ethnic groups than among the British White group.

Almost two thirds of inpatients were men, whereas 55% of mental health inpatients were men. Table 12 gives the age and gender composition of inpatients.

Table 12: Age and gender of inpatients

	Age (%)		Gender (%)	
Ethnic group	Under 50	50 and over	Men	Women
White British	69.3	30.7	65.0	34.8
White Irish	72.3	27.7	68.2	31.8
Other White	84.4	15.6	62.3	37.7
White and Black Caribbean	96.8	3.2	78.1	21.9
White and Black African	100	0.0	33.3	66.7
White and Asian	100	0.0	88.9	11.1
Other mixed	76.9	23.1	57.1	42.9
Indian	83.3	16.7	65.3	34.7
Pakistani	94.1	5.9	88.2	11.8
Bangladeshi	100	0.0	100	0.0
Other Asian	100	0.0	83.3	16.7
Black Caribbean	93	7.0	71.3	28.7
Black African	97	3.0	75.8	24.2
Other Black	100	0.0	70.6	29.4
Chinese	85.7	14.3	71.4	28.6
Other	91.7	8.3	62.5	37.5
TOTAL	71.4 (n=3,235)	28.6 (n=1,295)	65.8 (n=3,034)	34.0 (n=1,567)

Language and religion

Five per cent (232) of inpatients reported that their first language was not English. The groups with the highest proportions of people without English as their first language were the south Asian and Chinese groups. Two per cent (91) of inpatients said that they required an interpreter, of whom 65 were White British. These patterns are very similar to those among the mental health inpatients.

Non-verbal, signalong, using gestures, Makaton and British Sign Language were also recorded for several learning disability inpatients.

Regarding religion, 13% of inpatients said they had none, and another 14% did not state one. South Asians were mostly Muslim, Hindu or Sikh, and those from the Black and White/Black Mixed groups were mostly Christian.

Sexual orientation

We asked the 4,530 inpatients who were aged 16 and over about their sexual orientation. Of these, 33% declined to answer the question, and for another 2% of inpatients the results were not valid. Therefore we do not know the sexual orientation of about 35% (1,594) of inpatients who were eligible to be asked about it.

Of those who answered the question about sexual orientation, 59% said they were heterosexual, 2% said gay/lesbian, 3% said bisexual, and 36% said 'other' (the other category includes 'don't know', 'transgender', 'don't wish to answer but don't wish to be recorded as refusing', and 'other sexual orientation'). The 36% in the 'other' category probably also includes inpatients who were not asked the question by staff, as a significant number of providers had no inpatients coded as gay/lesbian or bisexual.

The proportion of non-heterosexuals in each minority ethnic group was very low (zero or in single figures), so further analysis of ethnic group by sexual orientation was not possible.

Disability

Of all inpatients in learning disability services:

- 90% had either a learning disability or Autistic Spectrum Disorder, with some recorded as having both

- 34% (1,555), including many from minority ethnic groups, had more than one disability

- 10% (458) were reported to have no disability (although for all but 190 of these the reason given for their being treated in hospital was a learning disability)

- a few (28 inpatients in total) were reported to be blind, deaf or using a wheelchair

It is worth noting that 19% (24) of Black Caribbean inpatients reported having no disability.

Rates of admission

The admission rates are given in Appendix C, Table 1.

Men from the Other White, Indian and Chinese groups had lower admission rates than average, by 43%, 51% and 65% respectively. Rates were about three times higher than average for men from the White/Black Caribbean Mixed, Black Caribbean and Other Black groups.

Admission rates for women from the Indian and Pakistani groups were significantly lower than average (by 44% and 76% respectively), and there were no women inpatients from the Bangladeshi group. As in men, admission rates were also lower than average among the Other White and Chinese groups, by 35% and 73% respectively. Rates were almost double the average among women from the Black Caribbean group.

When we combined the admission rates for both genders, those for the south Asian and the Other Asian groups, the Other White and Chinese groups were lower than average, while rates for the White/Black Caribbean Mixed, Black Caribbean and Other Black groups were between two and three times higher than average.

These results are similar to those for inpatients in mental health establishments, particularly the lower rates among Indian and Chinese groups and the higher rates among the black groups.

Changes in population estimates

We calculated the admission rates reported above using the 2001 census population estimates from the Office of National Statistics (ONS). However, those estimates do not take account the substantial increase in the number of people from black and minority ethnic groups in England and Wales since 2001. The ONS recently produced updated population estimates by ethnic group for 2003, which aim to reflect these changes.[21] The ONS describes these estimates as 'experimental', and they are subject to margins of error.

Although they are only available for England, and although they do not reflect the demographic changes between 2003 and 2006, we have used these 2003 estimates to re-calculate the 2006 admission rates for England. Table 13 compares the results using the 2001 ONS population estimates with those using its 2003 estimates.

As with inpatients in mental health establishments, use of the 2003 estimates increases the admission rates for the White British and White Irish groups, and reduces them for all other ethnic groups. It also significantly lowers the admission rates for the Black African group, demonstrating the sensitivity of admission rates to changes in population estimates. The overall patterns remain the same.

Table 13: Rates of admission by ethnic group for England

Ethnic group	Using the ONS 2003 population estimates (persons)				Using the ONS 2001 population estimates (persons)			
	Standardised admission ratio	95% confidence interval		Observed	Standardised admission ratio	95% confidence interval		Observed
		Lower	Upper			Lower	Upper	
White British	103	100	107	3,790	101	98	105	3,790
White Irish	110	84	141	63	105	80	134	63
Other White	55	43	69	77	60	48	75	77
White and Black Caribbean	237	161	337	31	275	187	390	31
White and Black African	48	10	140	3	59	12	172	3
White and Asian	67	31	127	9	78	36	149	9
Other mixed	112	60	191	13	131	70	225	13
Indian	47	34	62	48	50	37	67	48
Pakistani	57	39	79	34	62	43	87	34
Bangladeshi	40	18	76	9	45	21	86	9
Other Asian	43	22	76	12	51	26	90	12
Black Caribbean	240	200	285	128	251	209	299	128
Black African	62	43	87	33	81	56	113	33
Other Black	201	115	327	16	228	131	371	16
Chinese	25	10	51	7	32	13	67	7
Other	87	56	129	24	117	75	173	24
TOTAL	100			4,297	100			4,297

Source of referral

As we stated in the section for mental health results (see page 19), we have to be careful when interpreting data about sources of referral, particularly in the case of inpatients with learning disabilities, since this information was invalid, missing or unknown for 14% (639) of them. The detailed results are available at: **www.healthcarecommission.org.uk/countmein/**

Referrals by self, carer or employer

Of the 9% (352) of inpatients who were referred to hospital, nearly all (95%) were referred by carers. Inpatients from the White Irish, Other White and Black Caribbean groups were twice as likely as average to be referred by carers.

Referrals from medium or high secure units (NHS or independent sector)

Six per cent (241) of inpatients were referred from NHS or independent sector medium or high secure units. The rate for such referrals was higher than average among the White Irish, Other White, Bangladeshi, Black Caribbean and Black African groups, although these results were based on small number of inpatients.

Other sources of referral

Other sources of referral include GPs, social services, and criminal justice agencies. We could make few observations about differences between ethnic groups with regard to these sources, given the small number of cases.

Detention under the Mental Health Act 1983 (on day of admission and on day of census)

All detentions

Of all the inpatients in learning disability services, 35% (1,589) were detained under the Mental Health Act 1983 on admission. Of the detained patients, 15% (253) were from minority ethnic groups – a significantly lower proportion than the 28% found among inpatients in mental health services. Unlike mental health inpatients, no ethnic differences were observed for detention on admission or the day of the census.

Rates of detention are given in Appendix C, Table 2. As the number of detained inpatients from each minority ethnic group was low, we undertook no further analysis at an individual section level of the Mental Health Act 1983.

Rates of detention among NHS and independent providers (on day of admission)

About 43% (679) of all patients detained under the Mental Health Act were in independent hospitals and facilities. As with mental health inpatients, the proportion of patients in independent organisations that had been detained was higher than the equivalent proportion of patients in NHS organisations: the detention rate was 76% higher than average in independent organisations and 24% lower than average in NHS organisations. This may reflect the nature of provision among independent providers. Table 14 shows rates of detention in NHS and independent providers.

Table 14: A comparison of detention rates in NHS and independent providers on day of admission

Provider	Standardised ratio	Persons		Observed
		95% confidence interval		
		Lower	Upper	
NHS	76	71	81	880
Independent	176	136	190	664
TOTAL	100			1544

Consent

About 74% (2,064) of informally admitted inpatients were deemed incapable of consenting to treatment. There were no differences in the results for various ethnic groups.

Among detained patients, 39% (641) were deemed incapable of consenting to treatment. Again, there were no differences in the results for various ethnic groups.

In addition, about 10% (157) of detained patients were deemed capable of consenting to treatment but refused. The rate was higher than average among the White/Black Caribbean and Other groups, but was based on very small number of cases.

Care programme approach

The care programme approach provides support for people with long term mental health needs. Patients with complex needs are on enhanced care programme approach, while others are on standard care programme approach.

About 49% (2,265) of all inpatients in learning disability services were on enhanced care programme approach. This compares to 66% of mental health patients. There were no differences in the results between various ethnic groups.

Recorded incidents

We asked about the number of times inpatients had been secluded or subjected to hands-on restraint, and the number of times they had harmed themselves, had an accident or been involved in an assault.

In all cases of recorded incidents, the results relate to the number of incidents during the patient's current spell in hospital, or within the last three months if the patient's spell in hospital was longer than three months.

Seclusion

Four per cent (165) of inpatients had experienced one or more episodes of seclusion. The rate of seclusion among the Black Caribbean group was higher than average, although this was based on a small number of cases.

Hands-on restraint, self-harm, accidents and assault

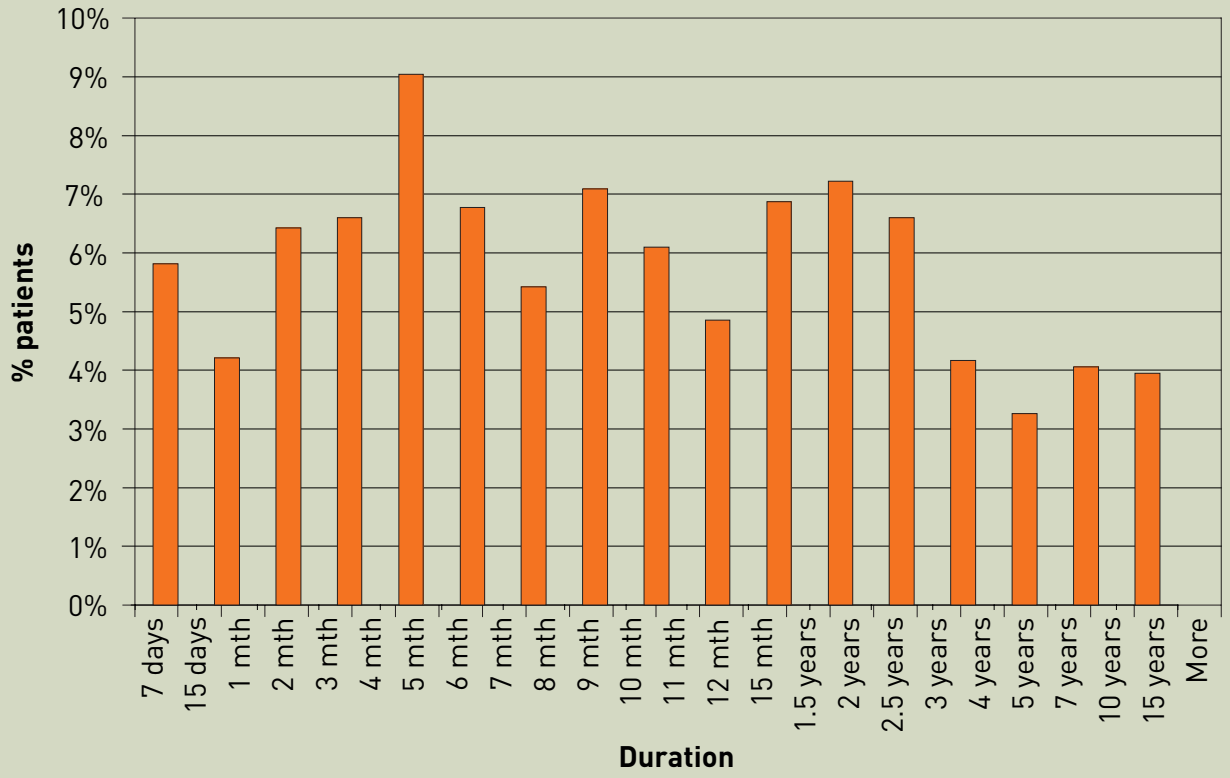
Twenty-two per cent (1,038) of inpatients had experienced one or more episodes of hands-on restraint, 15% (698) had attempted to harm themselves, 19% (866) had suffered an accident, and 30% (1,407) had been involved in an assault. We observed no differences in the results for various ethnic groups.

Duration of stay in hospital

We analysed the length of the period from patients' admission to hospital and census day. This period is, of course, shorter than patients' full length of stay in hospital, from admission to the date when they are discharged. Figure 4 shows the duration from day of admission to day of census.

We calculated the median length of stay for different ethnic groups. The median is the mid-point of the range of values, so the median length of stay for a given ethnic group is the one at which half the patients of that ethnic group had a length of stay less than the median, and half had a stay longer than the median. Overall, the median amount of time that women had spent in hospital was about 36 months, and men about 32 months. This compares with a median for mental health patients of two and a half months for women and five months for men. Among all ethnic groups, other than the White/Black African Mixed and Pakistani groups, women had been in hospital for longer than men. However, it is difficult to compare length of stay by ethnic group because of the small numbers of cases among several of them.

Figure 4: Duration of patient stay from day of admission to day of census



The census found that:

- 10% of patients had been in hospital for a month or less
- 6% between one and three months
- 16% between three and twelve months
- 12% between one and two years
- 18% between two and five years
- 37% over five years
- 15% over twenty years

In general the length of stay in hospital for patients with learning disabilities was significantly longer than for patients in mental health services.

Thirty-five per cent (1,631) of inpatients were on a long stay ward (a ward for patients that have been in hospital for more than a year). Inpatients among the Other White group were less likely than average to be on such a ward, but otherwise we could see no differences between ethnic groups.

Ward security

Eighteen per cent (831) of all inpatients were on a medium or high secure ward, rather than a general or low secure ward. And of all patients on a low, medium or high secure ward, 3% (63) were on a high secure ward. Most minority ethnic groups had very few inpatients on medium or high secure wards, and we could see no differences in the results between ethnic groups.

Ward age range

Of the inpatients aged 18 or under, 26 were being cared for on wards for adults of working age. In addition, about 6% (262) of inpatients on wards for adults of working age were older people (aged 65 years or over). There were too few such placements among the minority ethnic groups for us to make any observations about variations in results.

Single sex accommodation

Fifty-seven per cent of patients were not in single sex accommodation. The proportion of patients in mixed accommodation was lower among some minority ethnic groups than among the White British and higher in others. However, the number of people in some of the groups was very small. In almost all ethnic groups, the proportion of men in mixed accommodation was lower than among women.

Ethnicity of staff in NHS mental health and learning disability services

Though we do not have information about the ethnicity of staff working in independent hospitals and facilities, figures from the Department of Health show that minority ethnic groups are well represented among staff working in NHS facilities.

In 2005, about 40% of medical staff in these NHS establishments were from black and minority ethnic groups, including about a quarter who were from Asian groups and 4% from black groups. Among the non-medical staff whose ethnicity was known (it was not known for a significant proportion) 13% were from black and minority ethnic groups. The ethnic group of staff is given in Table 15.

To comply with the Race Relations Amendment Act, NHS providers are required to undertake ethnic monitoring of all staff. We recommend they do so as a matter of urgency.

Table 15: Ethnic composition of staff in providers taking part in the mental health and learning disability census. Data for 2005

	Medical staff		Non-medical staff	
Ethnic group	Number	%	Number	%
White	9,741	61.5	200,840	87.4
Mixed	255	1.6	2431	1.1
Asian or Asian British	4,332	27.3	8,009	3.5
Black or Black British	628	4.0	13,914	6.1
Other Ethnic Groups	886	5.6	4,574	2.0
TOTAL	15,842	100	229,768	100
Not stated	322		29,573	

Source: Department of Health

Conclusions: mental health

Overall, the census recorded somewhat fewer inpatients, identified specifically as mental health patients, in 2006 than in 2005, however the number of providers participating in the census had increased. Although most inpatients continue to be treated within the NHS, the proportion of inpatients receiving services from independent providers was slightly higher in 2006.

As in 2005, 70% of inpatients from black and minority ethnic groups came from 23 of the 238 healthcare organisations that took part in the census. As in 2005, the census recorded the ethnicity of almost all patients. Although about a quarter of inpatients did not report their own ethnicity (a task that staff or relatives carried out for them), 75% of patients did. This shows that healthcare providers can fulfil their statutory obligation to record the ethnicity of patients, at least on a one-off basis.

In 2006, admission rates were highest for the black and white/black mixed groups (three or more times higher), particularly among men. The Other Black group, who are largely young second and possibly third generation, had the highest admission rate, 14 times higher than average. Men and women from the black and white/black mixed groups were significantly more likely than the average to be detained under the Mental Health Act, although in some black groups this was largely attributable to higher section 37/41 rates, which are imposed by the courts. Detentions under civil sections of the Act, which accounted for about two-thirds of all detentions, were no different from average in these and other minority ethnic groups, and in some cases were lower. Black groups were also more likely to be referred to hospitals from the criminal justice system rather than by GPs.

There was very little change between 2005 and 2006 in terms of the ethnic composition of the inpatient population. Patterns of admission, referrals, detention and consent were also broadly similar in both years. These may be partly explained by the fact that about 30% of inpatients in 2006 also took part in the 2005 census. For instance, of all detained patients, 38% had been in hospital for over one year.

New information obtained by the 2006 census

Rates of self-harm and accidents were lower than average among black groups, and higher than average among the White British group. Duration of stay in hospital from admission to census day was higher than average among the White Irish, Other White and Other Black groups (Black African), and highest among the Black Caribbean group. About 11% of inpatients reported having one or more disability, though there were few variations in results between the different ethnic groups. We collected information on the sexual orientation of inpatients for the first time, although a significant number declined to answer.

The importance of better information

High quality data is essential for monitoring and improving patients' access to healthcare services, the quality of care they receive, and the outcomes of that care. The Healthcare Commission, MHAC and NIMHE expect commissioners and NHS and independent providers of healthcare services to use the census data reported in this document for monitoring the care for patients of all ethnic groups, and to adopt comprehensive ethnicity coding and monitoring on an ongoing basis.

The use of other available data sets is equally vital. NHS trusts are obliged to collect the mental health minimum data set (MHMDS), and commissioners and providers of services are required to submit complete and accurate returns on ethnicity for all patients, in accordance with the guidance on ethnic monitoring issued by the Department of Health.[22] All healthcare organisations should also note that the recording of inpatients' ethnicity is mandatory – it is essential for good care of patients and it enables compliance with the Race Relations Amendment Act and the Department of Health's standards. While the level of ethnicity coding in the MHMDS has improved, even further improvement is urgently needed. The North East Public Health Observatory is working with NHS providers to improve the quality of ethnicity coding in the MHMDS.

The Healthcare Commission is now using the MHMDS in a range of its assessments of the performance of NHS organisations, and will penalise those with incomplete or poor quality data. In addition, we have recommended to the Department of Health and the Health and Social Care Information Centre some changes and extensions to the MHMDS, including recording of religion and language. We also recommend that the recording of ethnicity should be made mandatory for all patients regardless of whether they are treated in the community or in hospital.

Conclusions: learning disabilities

We found significant differences between the admission rates among different ethnic groups. The White/Black Caribbean Mixed, Black Caribbean and Other Black groups were about three times more likely to be admitted than the average for all patients, mirroring the high admission rates for these groups into mental health services. Patients from the Black Caribbean group were also more likely than average to be referred from medium and high secure units and by carers, and to experience seclusion. In contrast, admission rates were significantly lower than average among all the Asian groups, the Other White and Chinese groups.

We found no differences between ethnic groups in rates of detention, restraint, accidents, assault and self-harm, although it is difficult to draw conclusions because in each case the number of inpatients from minority ethnic groups was very low.

Although we found an over-representation of some black groups on learning disability wards among inpatients, the prevalence of learning difficulties in these communities is not well documented.[11] The data suggests that some of these were patients in hospital primarily for a mental health problem rather than a learning disability.

The importance of better information

The Department of Health's *Valuing People* white paper offers guidance on issues of ethnicity and cultural competence.[5] In addition, its Learning Disability Taskforce has published *Learning difficulties and ethnicity: A framework for action*,[23] which partnership boards can use to ensure that their services are meeting the needs of people from minority ethnic communities. The Disability Discrimination Act aims to end discrimination against disabled people in a range of circumstances, and also places a range of duties upon the NHS with regard to the provision of services to disabled people.

High quality information is imperative for improving services for people with learning disabilities, including those from minority ethnic communities. It is not possible to monitor the quality of care provided to such vulnerable individuals, or to target improvements, in the absence of information about the number of people with learning disabilities and details of the care they receive. It is vital that learning disability services have accurate and sustainable ethnic monitoring arrangements in place, in the same way as mental health services.

Currently, the recording of disability, including learning disability, is not a requirement in most of the data sets routinely collected by the Department of Health, such as the mental health minimum data set (MHMDS) and hospital episode statistics (HES). We ask the Department of Health and the Health and Social Care Information Centre to consider the inclusion of information about disabilities in data sets and electronic patient records.

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Appendix A: Methods of analysis

Standardisation by age and gender

Standardisation allows comparisons to be made between groups of the population by taking account of variations in age and gender. Sometimes mental health and learning disability services are provided in a particular way because of the age or gender of the people using them, so adjustments to the data have to be made to ensure that the interpretation of ethnic differences is reliable. For example, formal admissions are higher at a younger age, so some black and minority ethnic groups may have high formal admission rates simply because they have a high proportion of younger people. Without adjustments for age and gender differences, comparisons would be misleading, for example, rates of formal admission.

In this report, most results are standardised for age and gender, including those relating to admission, detention, source of referral, care programme approach, seclusion, control and restraint, consent and presence on a secure ward. The report uses the accepted method of taking account of age and gender differences between groups when calculating the ratios of admission. The total population of England and Wales, based on figures from the 2001 census by the Office for National Statistics (ONS), was used to standardise the results. In addition, we calculated the admission rates using the ONS's population estimates for 2003 (England only).

For other analyses, we used the total population of inpatients as the basis for standardisation. For descriptive variables, such as religion and language, we did not use standardisation. We used the statistical package STATA version 8.2 to derive the standardised results.

It was not possible to adjust the analyses for ethnic differences in social and economic factors, and in diagnosis and severity of illness. Such factors could affect the ethnic differences observed in the results.

Confidence intervals as indicators of significant statistical differences

For all standardised results, the national rates for England and Wales are taken as 100, and the usual 95% confidence intervals are given. 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, with the lower confidence interval being 105 and the upper confidence interval being 115, it indicates that the 10% excess over the national average of 100 is statistically significant. But if a ratio is 110, with the lower confidence interval being 95 and the upper confidence interval being 105, it 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.

Appendix B: mental health tables

Appendix B: Table 1

Mental Health patients: standardised admission ratios by ethnic group for England and Wales, using 2001 census population data (England & Wales = 100)

	Men				Women				Persons			
	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper			Lower	Upper			Lower	Upper	
White British	86	84	87	13,116	93	91	95	11,664	89	88	90	24,780
White Irish	126	113	141	313	116	102	131	250	121	112	132	563
Other White	139	129	150	646	162	149	176	550	149	140	157	1196
White and Black Caribbean	548	474	629	199	302	239	376	80	444	393	499	279
White and Black African	371	284	475	62	358	255	490	39	366	298	445	101
White and Asian	207	165	258	81	107	71	156	27	168	138	203	108
Other mixed	368	305	440	119	218	162	286	51	305	261	354	170
Indian	79	69	89	255	71	60	83	147	76	68	83	402
Pakistani	130	114	147	244	94	76	113	104	116	104	129	348
Bangladeshi	157	129	190	109	116	85	155	46	142	121	166	155
Other Asian	193	165	225	164	220	177	270	91	202	178	228	255
Black Caribbean	500	467	534	867	287	259	317	379	408	386	431	1246
Black African	336	306	369	442	238	206	273	199	298	275	322	641
Other Black	1,793	1,620	1,978	396	857	719	1,014	136	1,401	1,285	1,526	532
Chinese	54	38	74	38	79	56	108	38	64	50	80	76
Other	370	323	420	231	216	176	261	105	302	271	336	336
TOTAL	100			17,282	100			13,906	100			31,188

Appendix B: Table 2

Mental Health patients: standardised ratio of proportion of patients referred by self, carer or employer (England and Wales ratio = 100)

	Men				Women				Persons			
	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper			Lower	Upper			Lower	Upper	
White British	95	84	107	279	93	82	105	248	94	86	102	527
White Irish	91	33	197	6	162	74	307	9	123	69	203	15
Other White	131	79	204	19	105	56	179	13	119	81	168	32
White and Black Caribbean	124	50	255	7	94	11	339	2	116	53	220	9
White and Black African	62	2	344	1	0	0	338	0	37	1	205	1
White and Asian	46	1	258	1	134	3	746	1	69	8	249	2
Other mixed	59	7	212	2	73	2	406	1	63	13	183	3
Indian	144	66	272	9	157	58	342	6	149	83	245	15
Pakistani	122	53	240	8	173	56	405	5	137	73	235	13
Bangladeshi	130	35	332	4	85	2	472	1	117	38	274	5
Other Asian	22	1	124	1	85	10	308	2	44	9	128	3
Black Caribbean	97	60	149	21	128	66	223	12	107	73	150	33
Black African	115	63	193	14	191	92	351	10	138	88	205	24
Other Black	129	70	216	14	240	110	455	9	157	100	236	23
Chinese	100	3	558	1	100	3	557	1	100	12	361	2
Other	208	107	363	12	118	24	344	3	180	101	297	15
TOTAL	100			399	100			323	100			722

Appendix B: Table 3

Mental Health patients: standardised ratio of proportion of patients referred by GP (England and Wales ratio = 100)

	Men				Women				Persons			
	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper			Lower	Upper			Lower	Upper	
White British	106	102	111	1,798	103	99	107	2,277	105	101	108	4,075
White Irish	66	44	94	30	100	74	133	48	83	66	104	78
Other White	80	61	102	63	92	74	113	93	87	74	101	156
White and Black Caribbean	76	36	140	10	64	23	139	6	71	41	115	16
White and Black African	0	.	.	0	23	1	128	1	11	0	63	1
White and Asian	85	27	198	5	38	1	212	1	70	26	153	6
Other mixed	49	13	125	4	53	11	155	3	51	20	104	7
Indian	73	43	115	18	69	38	116	14	71	49	100	32
Pakistani	48	22	91	9	94	45	173	10	65	39	101	19
Bangladeshi	40	8	117	3	18	0	101	1	31	8	79	4
Other Asian	78	38	144	10	93	46	166	11	85	53	130	21
Black Caribbean	64	47	85	49	67	47	92	37	65	52	81	86
Black African	55	31	91	15	37	16	73	8	47	30	71	23
Other Black	69	42	108	19	50	20	103	7	63	41	92	26
Chinese	69	8	248	2	124	45	269	6	103	44	203	8
Other	142	95	204	29	101	55	170	14	126	91	169	43
TOTAL	100			2,064	100			2,537	100			4,601

Appendix B: Table 4

Mental Health patients: standardised ratio of proportion of patients referred by Community Team (MH, including crisis resolution / home treatment) or Community Team (LD) (England and Wales ratio = 100)

	Men				Women				Persons			
	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper			Lower	Upper			Lower	Upper	
White British	107	103	111	2,804	104	100	107	3,195	105	102	108	5,999
White Irish	89	68	116	57	79	59	104	51	84	69	101	108
Other White	59	46	74	75	67	54	81	95	63	54	73	170
White and Black Caribbean	90	63	124	36	87	53	134	20	89	67	115	56
White and Black African	76	35	143	9	93	47	167	11	84	52	130	20
White and Asian	88	48	148	14	138	69	247	11	105	68	155	25
Other mixed	87	54	133	21	68	32	124	10	79	54	113	31
Indian	92	67	122	47	95	68	129	40	93	75	115	87
Pakistani	133	102	169	65	130	93	177	40	132	108	159	105
Bangladeshi	73	42	118	16	109	60	183	14	86	58	123	30
Other Asian	117	83	159	39	104	69	152	27	111	86	142	66
Black Caribbean	76	64	90	131	73	58	92	77	75	65	86	208
Black African	64	48	83	55	85	62	112	48	72	59	87	103
Other Black	55	40	74	44	50	30	76	20	53	41	68	64
Chinese	106	46	209	8	82	38	156	9	92	54	147	17
Other	80	56	110	36	103	69	148	29	89	68	113	65
TOTAL	100			3,457	100			3,697	100			7,154

Appendix B: Table 5

Mental Health patients: standardised ratio of proportion of patients referred by criminal justice routes (England and Wales ratio = 100)

	Men				Women				Persons			
	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper			Lower	Upper			Lower	Upper	
White British	90	85	95	1,463	86	78	95	407	89	85	93	1,870
White Irish	137	100	182	46	104	48	198	9	130	98	169	55
Other White	121	99	148	100	194	140	263	42	137	115	161	142
White and Black Caribbean	107	77	145	41	334	201	522	19	136	104	175	60
White and Black African	150	86	243	16	238	96	491	7	169	107	253	23
White and Asian	105	59	174	15	138	28	402	3	110	65	173	18
Other mixed	125	83	179	29	157	58	342	6	129	90	180	35
Indian	101	72	139	38	46	13	118	4	91	66	123	42
Pakistani	86	61	119	37	71	26	155	6	84	61	113	43
Bangladeshi	109	69	164	23	63	8	229	2	103	67	153	25
Other Asian	109	74	153	32	56	12	164	3	101	70	140	35
Black Caribbean	145	125	167	190	166	113	234	32	148	129	168	222
Black African	138	114	166	113	186	120	274	25	145	122	171	138
Other Black	136	110	166	96	175	104	277	18	141	116	169	114
Chinese	93	34	203	6	202	66	472	5	124	62	221	11
Other	114	81	154	41	132	57	259	8	116	86	154	49
TOTAL	100			2,286	100			596	100			2,882

Appendix B: Table 6

Mental Health patients: standardised detention ratios by ethnic group: detention on day of admission (England and Wales ratio = 100)

	Men				Women				Persons			
	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper			Lower	Upper			Lower	Upper	
White British	95	93	97	5,713	94	90	97	3,290	94	92	96	9,003
White Irish	98	82	116	130	118	94	146	85	105	91	120	215
Other White	97	86	109	295	118	102	136	198	105	96	114	493
White and Black Caribbean	109	91	129	128	156	115	206	49	119	102	137	177
White and Black African	126	92	168	45	153	98	228	24	134	104	170	69
White and Asian	106	79	141	49	140	80	228	16	113	87	144	65
Other mixed	109	86	137	77	107	67	162	22	109	88	133	99
Indian	92	76	110	121	112	85	144	60	98	84	113	181
Pakistani	105	89	124	145	101	74	136	44	104	90	120	189
Bangladeshi	106	83	134	69	83	47	138	15	101	81	125	84
Other Asian	118	97	142	110	93	63	132	31	111	94	131	141
Black Caribbean	129	119	140	592	168	146	191	221	138	128	147	813
Black African	119	107	133	315	138	113	167	109	124	112	136	424
Other Black	133	119	149	305	138	109	173	77	134	121	148	382
Chinese	104	65	157	22	146	90	223	21	121	87	163	43
Other	105	87	124	129	115	84	154	44	107	92	124	173
TOTAL	100			8,245	100			4,306	100			12,551

Appendix B: Table 7

Mental Health patients: standardised detention ratios by ethnic group: detention on day of admission – Section 2 of the Mental Health Act (England and Wales ratio = 100)

	Men				Women				Persons			
	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper			Lower	Upper			Lower	Upper	
White British	102	96	109	991	100	94	106	1,010	101	96	105	2,001
White Irish	96	60	145	22	96	63	140	27	96	71	127	49
Other White	136	105	173	66	103	79	132	61	118	98	140	127
White and Black Caribbean	94	55	151	17	93	45	171	10	94	62	136	27
White and Black African	79	26	184	5	179	86	329	10	126	70	207	15
White and Asian	68	22	160	5	148	48	346	5	94	45	172	10
Other mixed	55	20	120	6	127	47	277	6	77	40	135	12
Indian	89	52	143	17	160	102	238	24	121	86	164	41
Pakistani	154	107	216	34	142	78	238	14	151	111	200	48
Bangladeshi	120	60	214	11	194	71	422	6	138	80	221	17
Other Asian	106	62	170	17	141	70	253	11	118	78	170	28
Black Caribbean	52	39	69	49	81	60	107	49	64	52	77	98
Black African	109	81	144	49	78	48	121	20	98	76	124	69
Other Black	80	56	111	36	51	23	97	9	72	52	96	45
Chinese	140	45	326	5	117	43	255	6	126	63	226	11
Other	138	91	200	27	122	67	205	14	132	95	179	41
TOTAL	100			1,357	100			1,282	100			2,639

Appendix B: Table 8

Mental Health patients: standardised detention ratios by ethnic group: detention on day of admission – Section 3 of the Mental Health Act (England and Wales ratio = 100)

	Men				Women				Persons			
	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper			Lower	Upper			Lower	Upper	
White British	103	99	107	2,501	100	95	105	1,728	102	99	105	4,229
White Irish	76	55	103	42	105	77	140	46	89	71	110	88
Other White	91	75	109	115	99	81	120	104	95	83	108	219
White and Black Caribbean	92	68	121	51	91	59	134	25	91	72	114	76
White and Black African	87	51	139	17	60	26	118	8	76	49	112	25
White and Asian	99	62	152	21	66	24	144	6	89	59	130	27
Other mixed	90	61	128	30	72	33	137	9	85	61	116	39
Indian	104	78	136	54	100	69	141	33	103	82	127	87
Pakistani	93	71	120	58	85	53	130	21	91	72	113	79
Bangladeshi	110	75	154	33	94	40	184	8	106	76	144	41
Other Asian	93	67	124	44	118	72	182	20	99	76	127	64
Black Caribbean	92	81	105	234	102	84	122	121	95	86	106	355
Black African	98	82	116	134	109	84	139	66	102	88	117	200
Other Black	97	81	116	128	110	81	146	47	100	86	116	175
Chinese	117	58	209	11	112	60	192	13	114	73	170	24
Other	90	67	119	50	104	67	154	25	94	74	118	75
TOTAL	100			3,523	100			2,280	100			5,803

Appendix B: Table 9

Mental Health patients: standardised detention ratios by ethnic group: detention on day of admission – Section 37/41 of the Mental Health Act (England and Wales ratio = 100)

	Men				Women				Persons			
	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper			Lower	Upper			Lower	Upper	
White British	92	86	99	850	106	90	123	171	94	89	100	1,021
White Irish	117	76	173	25	79	16	232	3	112	74	161	28
Other White	102	75	135	48	91	42	172	9	100	76	130	57
White and Black Caribbean	99	59	154	19	59	7	214	2	93	57	142	21
White and Black African	162	81	290	11	133	16	480	2	157	84	268	13
White and Asian	106	46	209	8	87	2	482	1	104	47	197	9
Other mixed	121	66	203	14	197	41	576	3	130	76	208	17
Indian	79	44	130	15	28	1	155	1	71	41	115	16
Pakistani	89	54	138	20	0	0	127	0	79	48	122	20
Bangladeshi	49	16	115	5	90	2	503	1	53	20	116	6
Other Asian	66	33	117	11	0	0	201	0	59	30	106	11
Black Caribbean	165	140	193	154	119	65	200	14	160	137	186	168
Black African	105	78	138	50	88	32	192	6	103	78	134	56
Other Black	143	111	182	67	125	46	271	6	142	111	178	73
Chinese	57	7	206	2	77	2	427	1	62	13	182	3
Other	75	42	124	15	0	0	139	0	66	37	109	15
TOTAL	100			1,314	100			220	100			1,534

Appendix B: Table 10

Mental Health patients: standardised detention ratios by ethnic group: detention on day of admission – Sections 47, 48, and 47/49 of the Mental Health Act (England and Wales ratio = 100)

	Men				Women				Persons			
	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper			Lower	Upper			Lower	Upper	
White British	105	95	114	480	113	82	151	45	105	96	115	525
White Irish	168	98	269	17	115	3	638	1	164	97	259	18
Other White	103	67	153	25	0	0	152	0	94	61	139	25
White and Black Caribbean	123	67	207	14	103	3	571	1	122	68	201	15
White and Black African	25	1	140	1	246	6	1,369	1	46	6	165	2
White and Asian	95	26	243	4	289	7	1,610	1	110	36	256	5
Other mixed	147	70	269	10	231	6	1,286	1	152	76	271	11
Indian	109	55	195	11	0	0	387	0	100	50	179	11
Pakistani	65	28	127	8	0	0	457	0	61	26	120	8
Bangladeshi	63	17	162	4	0	0	1,101	0	60	16	154	4
Other Asian	52	17	122	5	0	0	767	0	50	16	116	5
Black Caribbean	90	65	121	44	70	8	253	2	89	65	118	46
Black African	54	30	89	15	0	0	203	0	51	28	84	15
Other Black	91	59	136	24	157	19	568	2	95	62	138	26
Chinese	56	1	312	1	279	7	1,552	1	93	11	337	2
Other	100	50	179	11	0	0	502	0	94	47	168	11
TOTAL	100			674	100			55	100			729

Appendix C: learning disability tables

Appendix C: Table 1

Learning disabilities: standardised admission ratios by ethnic group, using 2001 Census populations for England (England ratio = 100)

	Men				Women				Persons			
	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper			Lower	Upper			Lower	Upper	
White British	101	97	105	2,470	103	98	109	1,320	101	98	105	3,790
White Irish	112	81	151	43	91	56	141	20	105	80	134	63
Other White	58	42	76	48	65	44	94	29	60	48	75	77
White and Black Caribbean	323	207	480	24	182	73	375	7	275	187	390	31
White and Black African	29	1	162	1	121	15	435	2	59	12	172	3
White and Asian	102	44	200	8	28	1	155	1	78	36	149	9
Other mixed	107	43	221	7	177	65	386	6	131	70	225	13
Indian	48	33	68	31	55	32	88	17	50	37	67	48
Pakistani	79	53	113	30	24	7	61	4	62	43	87	34
Bangladeshi	65	30	123	9	0	0	61	0	45	21	86	9
Other Asian	58	28	107	10	32	4	115	2	51	26	90	12
Black Caribbean	287	231	352	91	192	135	265	37	251	209	299	128
Black African	92	59	135	25	59	25	116	8	81	56	113	33
Other Black	244	122	436	11	201	65	469	5	228	131	371	16
Chinese	35	11	81	5	27	3	99	2	32	13	67	7
Other	117	65	193	15	116	53	219	9	117	75	173	24
TOTAL	100			2,828	100			1,469	100			4,297

Appendix C: Table 2

Learning disabilities: standardised detention ratios by ethnic group: detention on day of admission (England and Wales ratio = 100)

	Persons			
	Standardised admission ratio	95% Confidence interval		Observed
Ethnic group		Lower	Upper	
White British	97	92	103	1,309
White Irish	111	72	163	25
Other White	116	79	164	32
White and Black Caribbean	141	86	218	20
White and Black African	195	24	703	2
White and Asian	168	68	347	7
Other mixed	126	50	259	7
Indian	75	41	125	14
Pakistani	122	72	193	18
Bangladeshi	144	58	296	7
Other Asian	81	22	207	4
Black Caribbean	121	92	157	58
Black African	131	80	203	20
Other Black	91	33	198	6
Chinese	120	25	351	3
Other	124	64	216	12
TOTAL	100			1,544

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આ માહિતી વિનંતી કરવાથી અન્ય રૂપે અને ભાષાઓમાં મળી શકે છે. મહેરબાની કરી ટેલિફોન નંબર 0845 601 3012 પર ફોન કરો.

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This publication is printed on paper made from a minimum of 75% recycled fibre

ISBN 1-84562-117-4

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