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Should the Government change the Mental Health Act or fund more psychiatric beds?

The number of involuntary hospital admissions is rising in England. The UK Care Quality Commission reported a steep increase in detentions under the Mental Health Act between 2008 and 2015, and by 2015 involuntary admissions had out-

numbered voluntary admissions.¹ The Care Quality Commission acknowledged the financial pressures on the mental health sector, and noted the consequences—reduced availability of community services and psychiatric beds (figure). In particular, the Care Quality Commission stated that the shortage of psychiatric beds introduced a dynamic in which “the threshold for accessing one of the reduced number of beds is now that a patient meets the criteria for detention under the Mental Health Act”.¹ Under these conditions, UK inpatient units can become highly stressed environments.

Successive UK governments have been responsible for the rapid decline in the number of available psychiatric beds, which according to the Organisation for Economic Co-operation and Development (OECD) has decreased from 93 public hospital-based psychiatric beds per 100 000 population in 1998 to 46 beds per 100 000 population in 2014—a figure that is considerably lower than that of the 2015 OECD average (71 beds per 100 000 population). The UK has substantially fewer beds than the leading countries of the European Union, such as France (87 beds per 100 000 population) and Germany (127 beds per 100 000 population), and the low numbers observed in the UK are approaching those in countries such as Canada (37 beds per 100 000 population) and Australia (39 beds per 100 000 population).² These countries need more beds, because their mental health systems are struggling with higher clinical risk thresholds for admission, shorter lengths of stay, and higher re-admission rates.³ These problems are even more evident in the USA (22 beds per 100 000 population), where prisons have replaced stand-alone mental hospitals as the largest institutions that house people with severe mental illness.²

In England, psychiatric bed closures between 1988 and 2008 were

associated with additional detentions, and this inverse relationship appears to be continuing (figure).^{3,4} During the 2017 general election campaign, a Conservative party publication about mental health highlighted the fact that “vulnerable people are being subjected to detention, including in police cells, unnecessarily”. In contrast to the Care Quality Commission,¹ the Conservative Party did not attribute the unnecessary detentions to decreased bed numbers and reduced community services. Instead, the political party blamed “discrimination and the overuse of detention” by mental health professionals. The Conservative Party proposed replacing the Mental Health Act; however, we are concerned that Mental Health Act reforms will make it more difficult to detain patients. This approach could be dangerous for people with severe mental illness, if it lowers the numbers who receive treatment. The additional risks to patients themselves and others might be higher among people from black and minority ethnic communities, if the disproportionately increased detention rates observed in these groups are actually due to greater

For more on the **Conservative Party's Real Action on Mental Health** publication see <https://www.conservatives.com/sharethefacts/2017/05/real-action-on-mental-health>

For more **OECD statistics** see <http://stats.oecd.org>

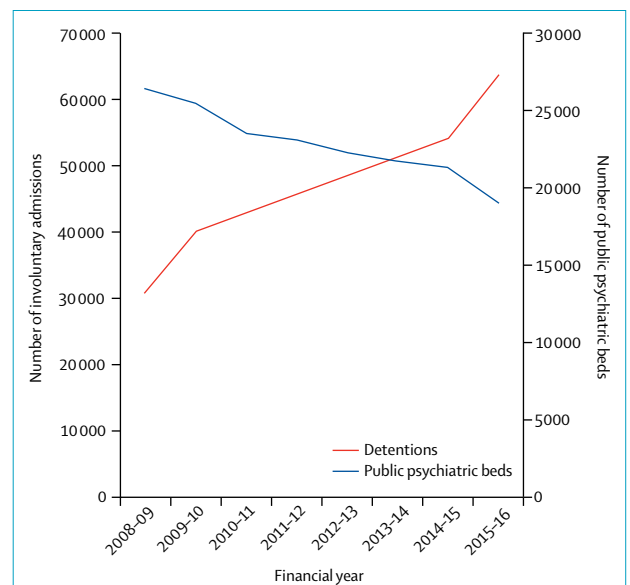


Figure: Provision of public psychiatric beds and total number of detentions in England between 2008 and 2016⁴

adversity, poorer social support, and higher prevalence of severe mental illness.⁵

Funding more psychiatric beds would reduce the detention rates by allowing timely voluntary admission to a local acute psychiatric bed at an earlier stage of illness. During the election campaign, the Conservative Party promised greater investment in mental health, and a considerable proportion of this funding should be used to restore England's psychiatric bed base.

We declare no competing interests.

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