Our activity

MHA reviewer visits

In 2022/23, we carried out 860 MHA monitoring visits. We spoke with 4,515 patients (3,410 in private interviews and 1,105 in more informal situations) and 1,200 carers. We also spoke with advocates and ward staff.

Second opinion appointed doctor service

In 2022/23, we received 15,370 requests for a second opinion appointed doctor (SOAD) – this is a fall of 6% since 2017/18.

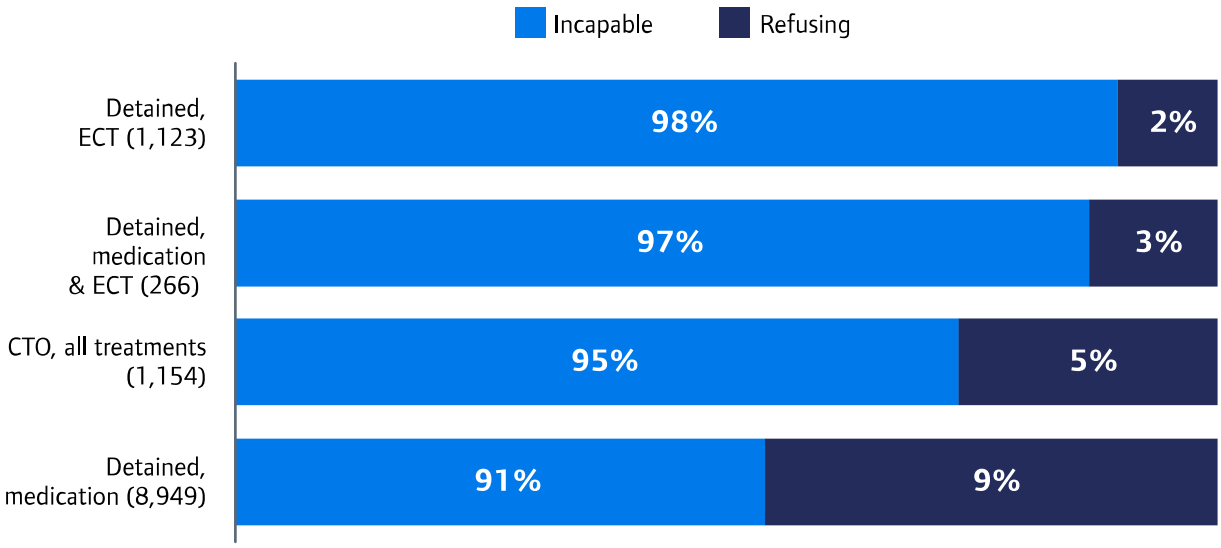
Of the 15,370 requests received:

- 1 in 4 were subsequently cancelled (25%; 3,878)
- 91% were for patients detained in hospital under the MHA.

The number of (uncancelled) requests has fallen by 19% since 2020/21. The proportion of cancelled requests has been increasing year-on-year (28% increase on 2021/22), with a dip in 2020/21. Requests are most frequently cancelled because the patient has been discharged or transferred.

Most requests were made for patients recorded as having no capacity to consent to treatment (92%; 10,575). Requests for electroconvulsive therapy (ECT) plans were almost all for patients deemed incapable of consenting (98%; 1,100).

Figure 4: Reason for requesting a SOAD visit

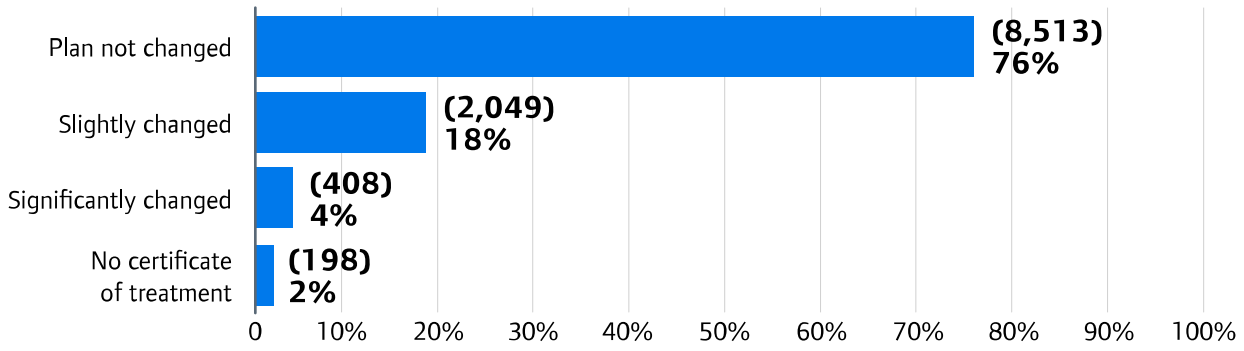


Source: CQC

Nearly 3 in 4 of the requests had a decision made (73%; 11,168), and 2% remained open without a decision (324).

SOADs can issue certificates to approve treatment plans in whole, in part, or not at all, depending on their assessment of the treatment plan in an individual case. In many cases (3 in 4), the second opinions resulted in no change to the treatment plan (76%; 8,513).

Figure 5: Outcome of SOAD visit

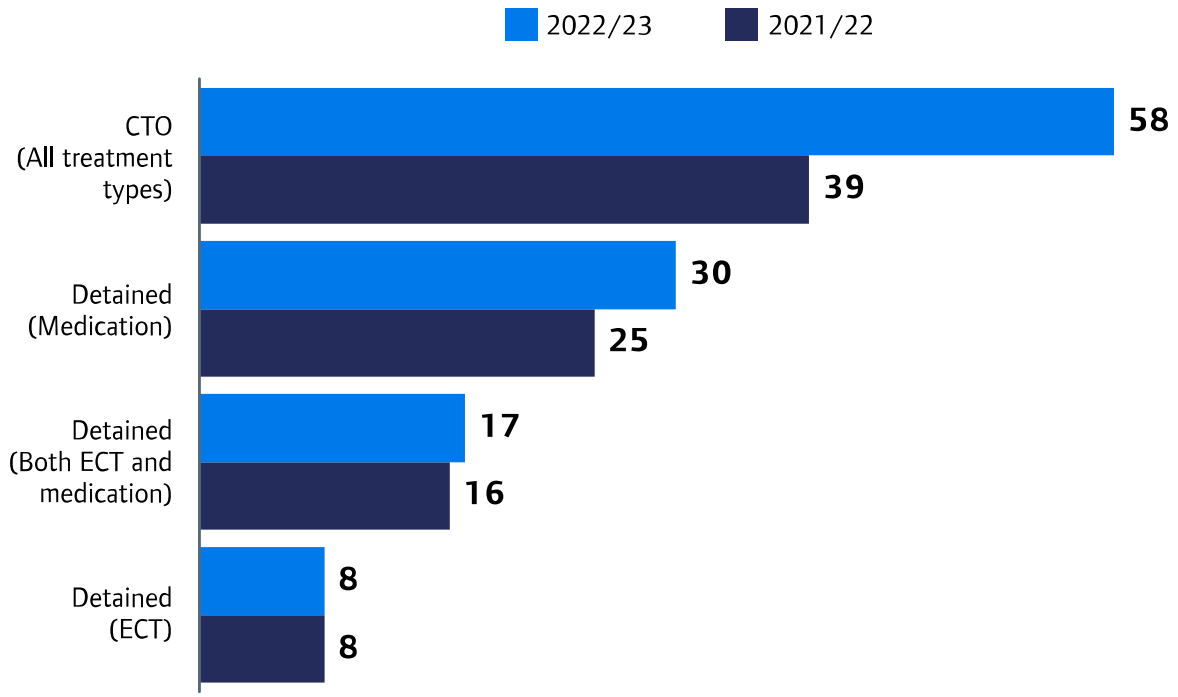


Source: CQC

The time between receiving a request and the appointed SOAD starting their second opinion took longer during 2022/23 compared with 2021/22, with a 22% increase in waiting times (28 days in 2022/23, compared with 23 in 2021/22). This was especially true for patients on a CTO, which saw a 49% increase (58 days in 2022/23 compared with 39 in 2021/22).

The term 'visit' includes those that have taken place online and in person, as the way in which visits are recorded doesn't allow us to differentiate between the two.

Figure 6: Average number of days to SOAD starting second opinion

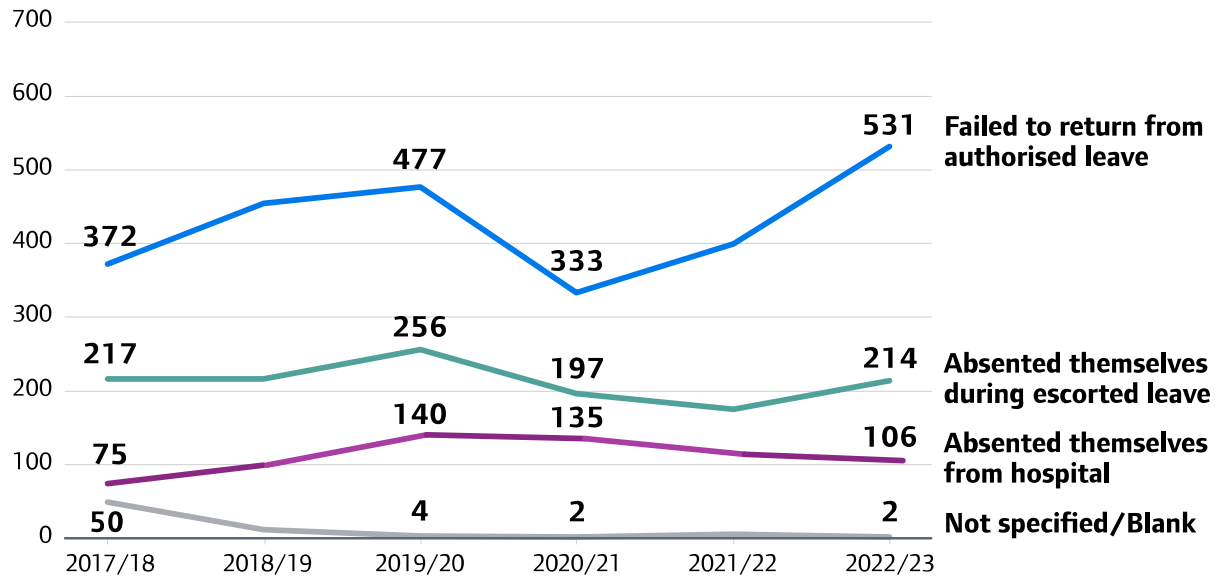


Source: CQC

Absence without leave (AWOL) data

In 2022/23, we were notified of 853 incidents of a detained patient being absent without leave. There were 694 notifications in 2021/22. The number of AWOL notifications decreased during COVID but have now increased to pre-pandemic levels. The proportions for the reasons for absence have been fairly stable throughout the period, with 'failed to return from authorised leave' being the main reason.

Figure 7: Reason for AWOL notifications, 2017/18 to 2022/23



Source: CQC

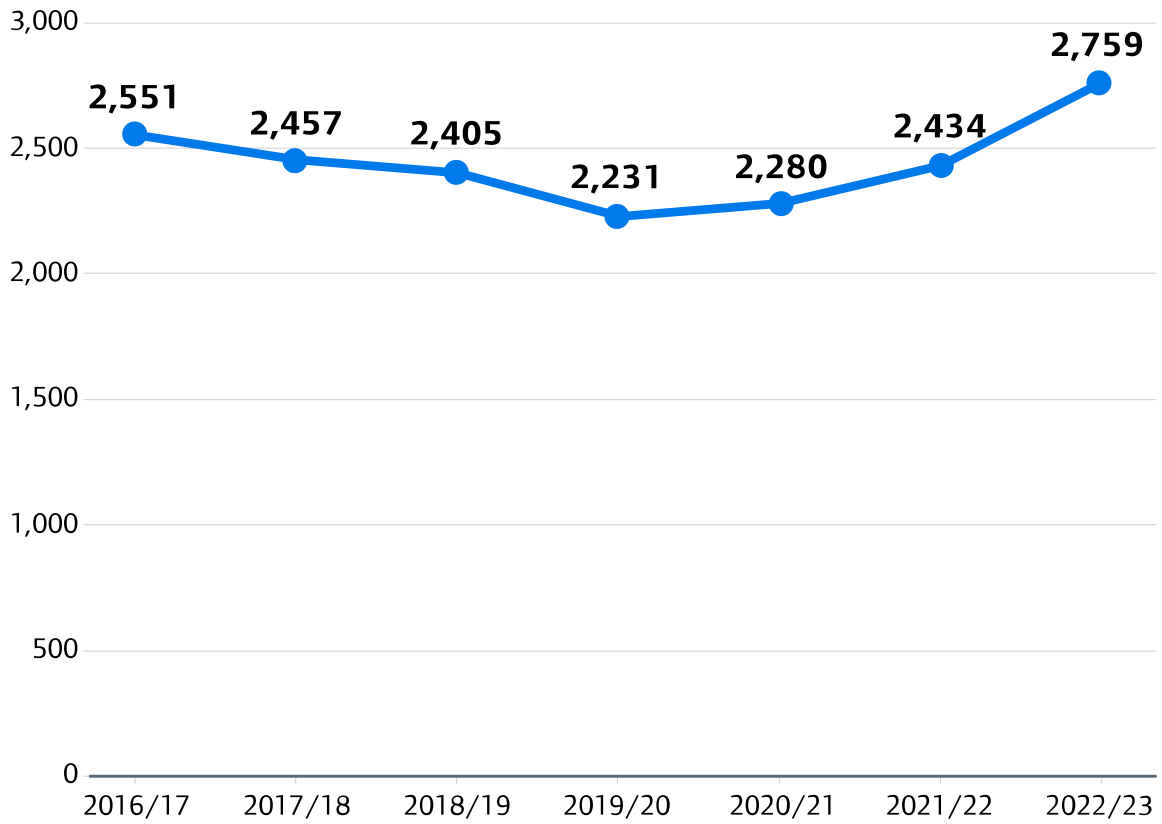
Note: The total each year included patients who were AWOL on more than 1 occasion.

Of the of 853 incidents of a detained patient being absent without leave, 822 notifications recorded the patient's gender. Of these, 83% were for males. Detention rates during 2022/23 showed a slightly higher rate for males than females, (83.7 per 100,000 population compared to 82.9 per 100,000 population).

Complaints data

In 2022/23, we received 2,759 cases through our MHA complaints system. This was a 13% rise on 2021/22, and an 8% rise compared with 2016/17.

Figure 8: Complaints cases received 2016/17 to 2022/23



Source: CQC

The majority of complaints were made by telephone (94%).

By region, London had the highest number of cases per location, at 4.60. This was a 30% increase on 2021/22.

All regions have received a higher average number of complaints about the way the MHA was applied, per registered location.

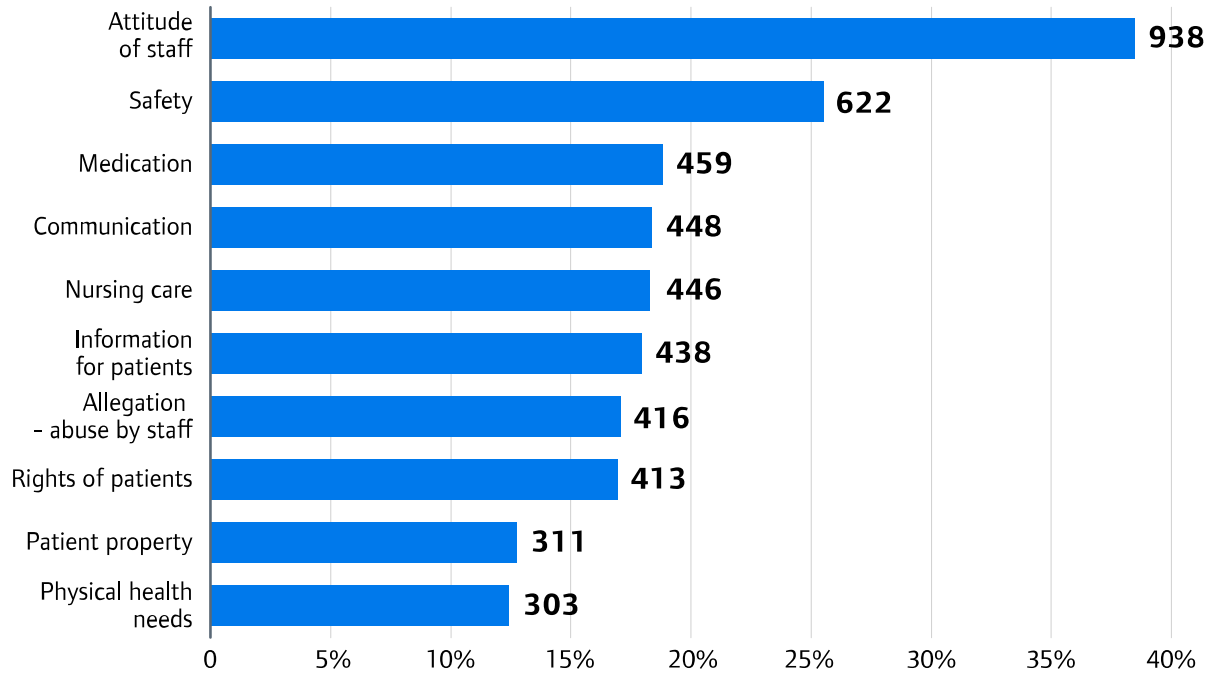
Figure 9: Average number of complaints by region, 2021/22 to 2022/23

Region	Percentage change in average number of complaints per location	Average number of complaints per location
London	30%	4.60
South West	29%	2.21
North East	26%	3.38
North West	25%	2.90
East Midlands	16%	3.74
South East	15%	2.41
East of England	8%	2.28
West Midlands	5%	1.76
Yorkshire and the Humber	3%	2.39

Source: CQC

The largest proportion of complaints (38%) related to the attitude of staff. Safety was the second most common category, relating to 26% of complaints.

Figure 10: Types of complaints received, 2021/22 to 2022/23



Source: CQC

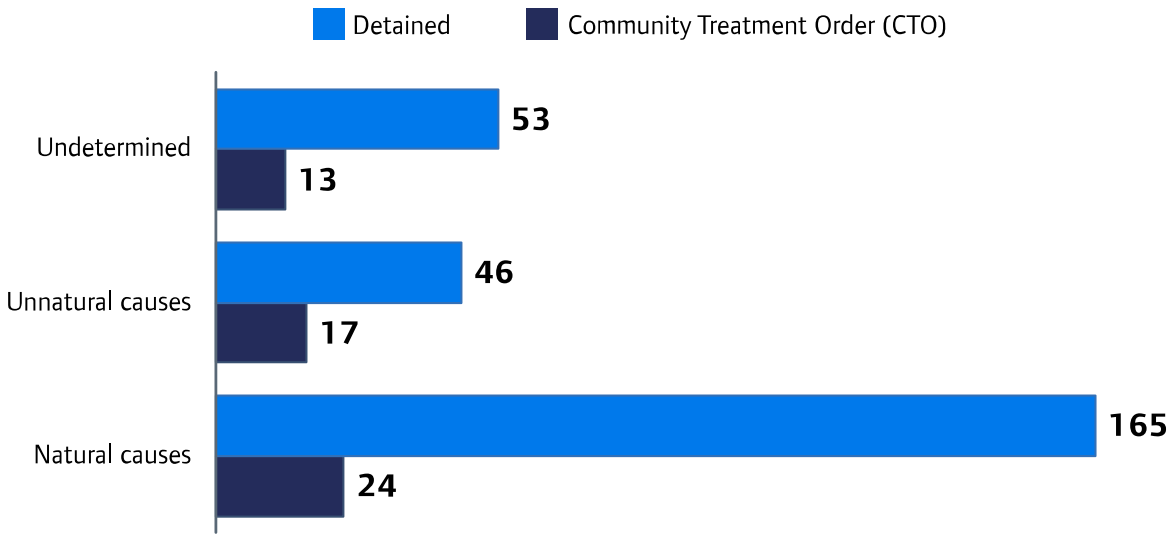
Notifications of deaths of detained patients and patients on a community treatment order

During 2022/23, we were notified of 318 deaths (264 detained patients and 54 patients on a CTO). It should be noted that the reporting of CTO deaths is not compulsory, and for this reason, figures may be underestimated.

Of the 318 deaths:

- 189 were from natural causes (that is, a result of old age or a disease, which can be expected or unexpected)
- 63 were due to unnatural causes (a death as a result of an intentional (that is, harm to self or by another individual) or unintentional (an accident) cause
- 66 deaths are currently still undetermined (the cause of death has not yet been determined by a coroner or CQC does not hold information on cause of death).

Figure 11: Deaths of detained patients and patients on community treatment orders, 2022/23



Source: CQC

Of the 189 deaths from natural causes notified to CQC, 129 (68%) were premature (people aged 74 years and under), with the remaining 60 (32%) in people aged 75 and older.

People who have a severe mental illness (defined as psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired) have a greater risk of poor physical health and have a greater risk of dying prematurely compared with the general population. Research shows that mental health services need to look beyond the severe mental health illness and consider the patient's physical health.

Looking at the data on deaths in detention and for patients on a CTO, we found the prominent cause of natural death was from pneumonia (37 deaths). Contextual data informs us that those with severe mental illness (SMI) are at higher risk of dying of respiratory disease.

It should be noted that the data refers to the underlying cause of death and therefore this does not account for co-morbidities or contributing illnesses. Most unnatural causes of deaths were due to hanging or self-strangulation/suffocation (53%).

A higher proportion (64%) of people who died in detention were male. Detention rates during 2022/23 were slightly higher for males than females (83.7 per 100,000 population compared to 82.9 per 100,000 population).

In 2022/23, there were 6 young people (aged 18 to 20) who died while being detained under the MHA (2% of deaths). Four of the deaths were unnatural, one natural and one is currently still undetermined.