Count me in 2010

What we found out about people staying in mental health and learning disability services and people on community treatment orders

Original document title:
Count me in 2010 - Results of the 2010 national census of inpatients and patients on supervised community treatment in mental health and learning disability services in England and Wales

April 2011
Count me in - 2010

The English and Welsh governments have plans to make services better for people from Black and minority ethnic communities.

Minority ethnic means a group of people who originally came from a different country to the one they are living in now.

Since 2005 there has been a census of hospital patients each year.

A census means counting people on just one day.

The census looked at patients who were getting hospital services for:

- mental health problems
- learning disabilities.
This year we also looked at people on community treatment orders.

A community treatment order for people with mental health problems allows patients to be treated in the community, usually with medicine, to help to stop them becoming unwell again.

This report is about when we counted people on 31st March 2010.

We looked at services in England and Wales.

Some of these services are run by the NHS. Others are independent which means they are not run by the government.
We wanted to find out about the **ethnicity** of **patients** in these services.

**Ethnicity** means the country that a person or their family originally came from.

This is the last Count Me In census. We looked at the results to see if things have changed since 2005.
What we found out about Mental Health services in 2010

We found out about 32,799 patients who were either staying in NHS or independent services for people with mental health problems, or who were having supervised treatment in the community on the census day.

The number of inpatients has gone down every year. But the number of people having treatment in the community is more than in 2009.

The number of people in independent hospitals has gone up.

The number of people in NHS services has gone down.
3 out of every 4 patients were white British.

1 out of every 4 patients came from Black and minority ethnic groups.

Most of the patients from minority ethnic groups were Black or White / Black mixed.

People from the Black group were more than twice as likely to go into hospital for mental illness than other groups.

People from Black or White/Black mixed groups were sent to hospital after getting into trouble with the law more often than other people.

Over half the patients were being kept in hospital under a law called the Mental Health Act when they first went in.
There were more of these patients from the Black Caribbean, Black African, White/Black Caribbean mixed and other Black groups than other ethnic groups. This has been the same since the first census in 2005.
Patients from the White British group seemed to self-harm or deliberately hurt themselves more than other ethnic groups.

People from Black Caribbean or White/Black Caribbean groups seemed to stay in hospital longer than other patients.

Men seemed to stay in hospital longer than women.

More than half the patients were in mixed wards. This did not change from other years.

Some men and women had to share the same bathrooms, toilets or other rooms they use at the hospital. This was not as many as in 2009.

This seemed to happen more for White British patients than for people from minority ethnic groups.
What we found out about Learning Disability services

We found out about 3,642 patients staying in NHS or independent services for people with learning disabilities.

This is less people than in the last census in 2009.

The number of people in independent hospitals has gone up.

The number of people in NHS hospitals has gone down.
Almost 9 out of every 10 patients were white British.

Because there were so few people from minority ethnic groups it was difficult to decide if they were treated differently from other patients.

Nearly half the patients were being kept in hospital under a law called the Mental Health Act when they first went in.

Over half the patients had been in hospital for one year or more.

1 in every 3 patients had been in hospital for more than 5 years.
Men and women stayed in hospital for about the same time.

Almost half the men and nearly 3 out of every 4 women were not in a ward that was only for men or only for women.

This means some men and women had to share the same bathrooms, toilets or other rooms they use at the hospital.
What this means

The numbers of people from minority ethnic groups who have to go into hospital is still higher than average.

It is two times higher than the average for people in Black or Black/White Mixed groups.

The government wants this to happen for fewer people and so far, things have not changed.

This does not mean that health services are bad at supporting patients from Black and minority ethnic groups when they are in hospital.
It does mean that if people get better support earlier on with their mental health they can stay at home and not have to go into hospital.

Too many men and women still have to stay on mixed wards in hospital.

We need to find other ways to find out about links between where people come from and their mental health.
What needs to happen

Health and social care services need to get better at finding out about the people in their area from Black and minority ethnic communities who have problems with their mental health.

They need to work with:

- police
- housing
- education
• volunteer organisations

• groups from ethnic minorities.

They need to try to stop people getting mental health problems earlier, so they don’t have to go to hospital.
This will help people from Black and minority ethnic communities have:

- better mental health

- good support if they have mental health problems

- the right sort of care if they have to go into hospital.

People who plan and buy mental health and learning disability services should make sure there are more areas on wards that are single sex only.
This means all men or all women and not men and women sharing.

We need:

- NHS and independent services for mental health and learning disabilities to find out more about the ethnicity of patients

- services to use this information to make sure health services are the same for all people.
We need to know more about services for people with mental health problems and people with learning disabilities:

- how people get care for their health

- whether people get good quality care

- whether care makes things better for them.

This includes finding out what happens for patients from Black and minority ethnic groups.

This will help the Care Quality Commission check services are sticking to the rules and caring for every patient in the way that is right for them.
Credits

This paper has been designed and produced for the Care Quality Commission by the EasyRead service at Inspired Services Publishing Ltd. Ref ISL 456/10. March 2011.

Artwork is from the Valuing People Clipart collection and cannot be used anywhere else without written permission from Inspired Services Publishing Ltd.

To contact Inspired Services:

www.inspiredservices.org.uk