

WEST LONDON MENTAL HEALTH TRUST

CLINICAL AND RESEARCH GOVERNANCE COMMITTEE

A REPORT FROM THE DIRECTOR OF WORKFORCE AND ENVIRONMENT

The committee is asked to note the contents of this report which provides a follow up analysis of each of the Trusts' Services breakdown of the Count Me In Census for the period 2005 and 2007.

1. INTRODUCTION AND CONTEXT

- 1.1 In January 2005 the Department of Health published Delivering Race Equality in Mental Health Care (DRE), a 5-year action plan for the fundamental reform of mental health services centred on improving the experiences of and outcomes for people from Black and Minority Ethnic (BME) communities by 2010.

2. COUNT ME IN CENSUS

- 2.1 This report builds upon the previous Count Me In (CMI) report submitted to the Clinical and Research Governance Committee in July 2008 and examines the data for each of WLMHT services'. The report identifies key issues highlighted from the CMI census over two years indicating relevance to the DRE twelve service Characteristics (*see Appendix 1*) as performance indicators. Breakdown of the data by service is attached in *Appendix 2*. These findings in conjunction with quarterly data analysis provide a benchmark against which the Service Delivery Unit's can monitor improvements year on year.

3. LIMITATIONS

- 3.1 The report compares the local population census and the in-patients admitted by two ethnic categories "White and BME group". From the reported data the following comparisons have been made to identify any disparities between the two group's legal status, admission, seclusion, injuries and restraint. Legal status have been grouped into four groups unrestricted, restricted, Criminal Proceeding Insanity Act (CPIA) and Informal orders. Although the findings from this report is *only* based on data collected on one day of all in patient admitted it provides a baseline. More robust data will be necessary for more accurate reporting.
- 3.2 CMI data for 2006 has not been presented as the data appears incorrect and could not be validated.

4. EALING ADULT

4.1 Key Characteristics

The admission rate for BME patients compared to White patients in the two years reported on exceeded the local population. In 2007 BME patients' admissions was up by 13%. The Admission rates were lower for White patients (58%) local population compared to (41%) inpatient population for both years of census. While the admission rates for BME patients was (46%) local population compared to (59%) inpatient population.

4.2 Data Analysis:

- The admission rates for BME groups are disproportionate to the local population
- While on the day of the census more BME patients were detained on a legal status compared to White patients, there was an increase of informal status for both groups. White patients by 22% from 2005 to 2007 and BME by 9% from 2005 to 2007.

- There was an increase in seclusions for both groups, White 2% to 12% and BME 3% to 12%.
- Injuries were reduced for White patients by half in 2007 (20% to 10%), while it was doubled for BME patients in 2007 (3% to 7%).
- The census only reported accidents, assaults and Restraints in 2007.
- Reported Assaults and Restraints for both groups were comparable except for reported Accidents. There is a higher incidence of accidents in the White group 22% compared to the BME groups' 13%.
- Further interrogation of the data suggests, Black patients were three times more likely to be admitted as inpatients
- Admission rate for Asian patients 6% less than local population

4.3 DRE SERVICE CHARACTERISTICS:

The above issues relate to DRE Characteristics numbers 3, 4, 5 & 6 (refer to appendix 1).

5. HAMMERSMITH & FULHAM

5.1 Key Characteristics

The admission rate for BME patients compared to White patients in the two years reported on exceeded the local population. In 2005 BME patients' admissions were almost doubled, up by 21% and in 2007 increased by 32% while admission rate for White patients for 2005 and 2007 were reduced by 21% and 32% compared to the local population census.

5.2 Data Analysis:

- Admission rates for BME patients increase by 11% and decreased by 11% for White patients.
- Admission rate for White patients on average down by 26.5% for the two years based on the local population census
- Admission rate on average for the BME has risen by 26.5% over the two years based on the local population census.
- Increase in "Unrestricted" status of BME patients compared to White by 14% in 2005 and 19% in 2007.
- Slight increase of informal status for BME patients on day of census. White group unchanged.
- Seclusions rates increased for both groups in 2005 and 2007. White increased from 5% to 7% and BME increased from 6% to 19%.
- There were a higher percentage of reported injuries among the White patient group than the BME group (15% and 9%).
- The census only reported accidents, assaults and Restraints in 2007.
- Reported Assaults for both groups were comparable except for reported Restraint which was slightly higher for the BME group compared to the white group. Accidents were lower for the BME groups (3%) when compared to the white group (19%).
- Black patients were over three times more likely to be admitted as inpatients
- Both Asian and Mixed patient groups' admission rates had reduced by half from 4% local population to 2% over three years of CMI census data.
- The largest reduction in the rate of admission came from the White patient group from 78% local population to 54% over the three years CMI census data.

5.3 DRE SERVICE CHARACTERISTICS:

The above issues relate to DRE Characteristics numbers 3, 4, 5 & 6 (refer to appendix 1).

6. HOUNSLOW ADULT

6.1 Key Characteristics

The admission rate for BME patients compared to White patients in the two years reported on exceed the local population. In 2007 BME patients' admissions were up by 14%. Admission rate for White patients was a lower percentage compared to the local population for both years census by 10% and 14%.

6.2 Data Analysis:

- Slight increase in admission rate for BME patients in 2005 (45%) compared to 2007 (49%).
- Reduced admission for White group overall when compared to local population and admission in 2005 (55%) and 2007 (51%).
- While on the day of the census both groups "Unrestricted" status reduced from 2005 to 2007, both groups "Informal" status also increased from 2005 to 2007.
- Both groups had the same rate of seclusion in 2005 but the White group was slightly increased in 2007.
- Reported injuries remained the same for BME groups in both years but increased for the White group from 2005 to 2007 (16% to 24%)
- The census only reported accidents, assaults and Restraints in 2007.
- Reported Assaults and Restraints for both groups were comparable except for reported Accidents. There was a higher incidence of accidents in the White group 9% compared to the BME groups' 3%.
- Black patients were four times more likely to be admitted as inpatients when compared to the local population census.
- Admission rate for Asian patients were comparable with that of the local population at 25%
- Admission rate for Mixed and Other group were also comparable.

6.3 DRE SERVICE CHARACTERISTICS:

The above issues relate to DRE Characteristics numbers 3, 4, 5 & 6 (refer to appendix 1).

7. BROADMOOR DIRECTORATES

7.1 Key Characteristics

In the Women's services, the admission rate for BME patients in the two years of the CMI census reported a decrease in admission by 7%. However there was an increase in the admission rate for the White group by 7%. In the Men's South of England service, the admission rate for BME patients in the two years reported a slight increase in admission by 6% with a decrease in the admission rate for the White patient group by 6%. Whereas, the admission rate for BME patients in the Men's London service reported an increase in admission by 10% with a decrease in the admission rate for the White patient group by 16%. In the DSPD, the CMI census recorded the admission of (1=4%) BME patients' compared to (22=96%) of White patients. Census data was collected in 2007 only.

7.2 Data Analysis:

- In the Women's service, the percentage of BME patients detained on a "Restricted" status had increase in 2007 from 64% to 100% with a slight increase in the percentage of the White patient group from 72% to 76%.
- Reported seclusions and injuries were comparable for both groups in 2005. However there was a significant increase in seclusions for both groups in 2007.
- The census only reported accidents, assaults and Restraints in 2007.
- Reported Assaults for both groups were comparable except for reported restraint in the BME group which was higher when compared to the White group. There were no reported accidents in the BME patient group while 24% were reported in the White patient group.

- While in the Men's South of England service, the percentage of patients detained on a "Restricted" status for both groups in the two years was comparable.
- Seclusions rates reduced for the BME patient group in 2007 but increased with the White group in 2007. Reported injuries also increased for the White patient group but there were no reported injuries for the BME group in 2007.
- The census only reported accidents, assaults and Restraints in 2007.
- Reported Assaults and restraint for the BME patient group was higher when compared to the White patient group. There were more reported accidents for the White patient group.
- In Broadmoor Men's London service, there were no BME patients on an "Unrestricted" order in 2005 and 2007 and there were no changes to the percentage for the White group in both years
- The percentage of patients detained on a "Restricted" status for both groups in the two years was comparable
- Seclusion rates increased for both patient groups in 2007. Reported injuries remained unchanged in the White patient group but decreased in the BME group in 2007.
- The census only reported accidents, assaults and Restraints in 2007.
- Reported Assaults and restraint for the BME patient group were higher compared to the White patient group. Reported accidents were the same for both patient groups.
- In the DSPD, there was seclusion of the White patient group and reported injury for the BME patient group.
- There were reported Accidents and restraint for the White patient group and reported Restraint for the BME patient group.

7.3 DRE SERVICE CHARACTERISTICS:

The above issues relate to DRE Characteristics numbers 4, 5 & 6, 7 (refer to appendix 1).

8 WEST LONDON FORENSIC

8.1 Key Characteristics

The admission rate for BME patients in the two years of the CMI census reported an increase in admission by 6% with a decrease in the admission rate for the White patient group by 6%.

8.2 Data Analysis:

- Admission rates for BME patient group compared to White patient group increased in both years.
- The percentage of patients detained on a "Restricted" status increased with both groups.
- Seclusions rates increased for both patient groups from 2005 to 2007. Reported injuries was also increased within the White patient group but was reduced in the BME group in 2007.
- The census only reported accidents, assaults and Restraints in 2007.
- Reported Assaults and restraint for the BME patient group were comparable with a higher incidence in reported accidents for the White patient group.

8.3 DRE SERVICE CHARACTERISTICS:

The above issues relate to DRE Characteristics numbers 3, 4 & 6 (refer to appendix 1).

9 OLDER PEOPLES SERVICES

9.1 Key Characteristics

The admission rate for BME patients in the two years of the CMI census reported a slight decrease in admission by 1% with a slight increase in the admission rate for the White patient group by 1% from 2005 to 2007.

9.2 Data Analysis

- Compared to the White patient group, the percentage rate of BME patients on “Unrestricted” status increased for the BME patient group in both years.
- Reported injuries reduced for both groups in 2007.
- The census only reported accidents, assaults and Restraints in 2007.
- Reported Accidents, Assaults and Restraint were higher in the White patient group.

10 CASSEL HOSPITAL

10.1 Key Characteristics

The admission rate for BME patients in the two years of the CMI census reported an increase in admission from 9% to 25%. (Please note the low numbers of total admissions)

10.2 Summary Points:

- While there was seclusion of the BME patient group, there was reported injuries for the White patient group in 2005.
- The census only reported accidents, assaults and Restraints in 2007.
- Reported Accidents and Assaults were among the BME group only.
- Low BME patient group accessing service.

10.3 DRE SERVICE CHARACTERISTICS:

The above issues relate to DRE Characteristics number 10 (refer to appendix 1).

11. CONCLUSION

11.1 Three years of data, for 2005, 2006 and 2007 have been analysed. However, the data for 2006 appears inaccurate and could not be validated, therefore has not been used. The general findings indicate that there is a disproportionate rate of admissions of the BME patient group when compared to the White patient group.

11.2 In addition, the findings suggest the Black patient groups are also disproportionately admitted to the service when examined in relation to the local population census.

11.3 In some services, the rate of seclusion and incidence of restraint was higher in the BME patient group.

11.4 The low admission rate for BME patient group in some services may indicate access issues to services. This may require further exploration.

11.5 Three DRE service characteristics have been identified out of the twelve, as key performance indicators from which the Trust can benchmark improvements:

- A) Reduction in the disproportionate rate of admission of BME communities to psychiatric inpatient units;
- B) Reduction in the use of seclusions in BME groups and
- C) More balanced range of effective therapies such as psychotherapeutic and counseling treatments.

11.6 Data is available for each Service Delivery Unit. This data will inform additional local key performance indicators.

12. RECOMMENDATIONS

- 12.1** Each SDU will be asked to consider the relevant data and issues raised and to develop an action plan based on the three identified DRE Service Characteristics in addition to other relevant service characteristics locally identified.
- 12.2** It is recommended that SDU's measure progress against the three DRE Service Characteristics as part of their Key Performance Indicators (KPI) and ensure that year on year benchmarking is undertaken.

The Committee is asked to note the considerable progress the Trust has made in analysing the Count Me In Census data and indorse the above recommendations.

**Kelvin Cheatle
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