

# Fewer mental illness beds linked with increase in involuntary hospital detentions

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The number of patients compulsorily detained in hospitals for mental illness in England has risen sharply as the numbers of beds have been cut back.

Researchers at Newcastle University have found a direct correlation between the reduction in mental illness [bed](#) provision, which has been part of the policy to increase community alternatives to hospitalization, and growing rates of patients being admitted to psychiatric facilities involuntarily. The study looking at the past 21 years, is published in the *British Medical Journal*.

The closure of mental illness beds in high-income countries including England (along with changes to legislations such as the introduction of the Mental Health Act 1983) has been part of ongoing efforts to deinstitutionalise the care of the mentally ill in recent years.

However, in many of these countries, rates of involuntary admission into psychiatric facilities have been rising despite the introduction of various community-based services such as community mental health teams, assertive outreach, and crisis resolution home treatment.

The increase in the use of compulsory detention is unpopular with both patients and health care professionals and is generally seen as a source of concern to service commissioners and service providers due to the high costs associated with in-patient care.

Researchers from Newcastle University, Warwick University and Queen Mary, University of London set out to explore why the rates of involuntary admissions have been rising over the past 21 years, and to test the hypothesis that there is a direct association with the reduction in mental illness bed provision in the NHS in England.

They analyzed publically available data from the NHS Information Centre and Department of Health [hospital](#) activity statistics on NHS mental illness bed provision and involuntary admission rates for each year between 1988 and 2008.

They found that between 1988 and 2008, the rate of involuntary admissions per year rose by 64% from 40.2 to 65.6 per 100,000 adults, while the provision of [mental illness](#) beds fell by 62% from 166.1 to 63.2 per 100,000 adults over the same period.

The strongest association between these variables was observed when a time delay of one year was applied, with bed reductions preceding increases in involuntary admissions. Their results indicate that, on average, for every two beds that closed there was one additional involuntary admission in the following year.

The dataset did not include information on the clinical reasons for admissions, but the authors say it is unlikely that the increase reflects "an otherwise unreported dramatic increase in the prevalence of severe mental disorders in England."

Dr. Patrick Keown, Honorary Clinical Senior Lecturer at Newcastle University said: "We emphasise that this paper does not suggest that bed closures are intrinsically inappropriate. This strategy may well be a reasonable course of action; but the bed mix needs to be examined more closely and the rate and consequences of bed closures may need to be considered more carefully.

"Ultimately this study provides important evidence for the need to anticipate the effects of bed closures."

**More information:** Association between provision of mental illness beds and rate of involuntary admissions in the NHS in England 1988-2008: ecological study, P Keown, et al. *BMJ* 2011; 343:d3736 [doi:10.1136/bmj.d3736](https://doi.org/10.1136/bmj.d3736)

Provided by Newcastle University

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