

Foreword

The Mental Health Act 1983 (amended 2025), which received royal assent in December 2025, marks a significant moment of change in mental health care reform.

Many of the issues highlighted in this year's report support the key drivers for change – including poor patient experience, racial disparities in detentions and community treatment orders, and the particular disadvantages felt by autistic people and people with a learning disability.

As an organisation, we remain committed to raising awareness and driving improvements for people detained under the Mental Health Act (MHA). This report is an important vehicle that allows us to amplify the voices of the thousands of patients, family members and carers we engage with during our MHA monitoring work. These conversations, as well as those with advocates and staff, contribute to the improvements we request providers to make for people in their care. In 2024/25 alone we issued well over 3,000 actions.

People who use health and care services need to be empowered to understand their rights. It is also vital that the care they receive is person-centred and that they are given the opportunity to fully participate in decisions about their care and treatment. Sadly, through our monitoring activity, we continue to see examples where people feel their rights were poorly explained or that their individual needs were not considered.

In 2023, we [set out our expectations](#) that, in all services, providers promote positive cultures which support recovery, engender trust between patients and staff, and protect the safety and wellbeing of all patients and people who use services. This includes respecting all patients' rights, providing skilled, trauma-informed therapy, that follows the principle of least restriction, and promotes recovery.

Everyone working in health and care has a role to play in reducing the use of restrictive practices. However, the data shared in this report points to a picture of increased use.

The use of restrictive practices continues to be a particular concern for autistic people and people with a learning disability. Findings from our Independent Care (Education) and Treatment Reviews (IC(E)TRs), described in this report, highlight how personalised adjustments have not always been assessed and integrated into people's care to support them to progress out of segregation. We therefore welcome the Department of Health and Social Care's decision to extend this important piece of work until March 2028, enabling us to support more autistic people and people with a learning disability to leave long-term segregation.

This report also highlights our ongoing concerns about systemic inequalities relating to people's ethnicity. In 2024/25, people of Black or Black British ethnicity were over 8 times more likely than those of White British ethnicity to be subject to a community treatment order. People of Black or Black British ethnicity also experienced a 26% increase in community treatment orders between 2023/24 and 2024/25. And the rate of detention for people of Black ethnicity was nearly 4 times the rate for White people, with Black working-age adults experiencing longer inpatient stays compared with White people.

This year, we have continued our work to address these persistent inequalities in mental health care. This includes publishing our guide on [how we will assess against the Patient and carer race equality framework \(PCREF\)](#). This is the first [anti-racism framework for mental health trusts and mental health service providers](#), and forms part of our commitment to tackling inequalities and protecting people's human rights.

However, we are concerned that, even though the framework is now mandatory across NHS mental health trusts and services, awareness appears to be poor. During over 100 of our monitoring visits (to locations and wards) in the first 3 months of 2025, when we asked about PCREF, staff in more than three-quarters (77%) of services said they had not heard of it, and staff in only 8% of these services said they had received specific training, support or information on it since November 2023. We will continue to encourage services to embed PCREF through our regulatory and monitoring activity, and will be checking how services use the framework as evidence to inform our assessments.

The challenges facing people who use mental health inpatient services need to be viewed within the context of wider pressures on the system. As reported previously and reiterated in our [2024/25 State of Care report](#), demand for mental health services continues to grow. But this year, we have heard from providers how people's needs are also becoming increasingly complex. This, combined with persistent lengthy waits for care, means that patients are often more unwell when they are admitted to hospital.

Ongoing systemic issues with recruitment and retention of mental health staff mean that people are not always getting the person-centred care they need. Patients have told us they see staff who are caring and working hard to keep people safe, but that low staffing levels can prevent staff from being able to carry out their roles, leaving patients feeling unsafe and having a negative effect on their recovery.

Once people are deemed ready to leave hospital, challenges around collaboration and funding and the inconsistent provision of community care can leave them without the proper care and support they need after being discharged from hospital, increasing the risk of being readmitted.

We have a long way to go to meet the needs of people with mental health issues. We remain committed to raising awareness and driving improvements so that everyone can access the care they need. We look forward to continuing to work closely with the government and other stakeholders on the implementation of the Mental Health Act 1983 (amended 2025) to give patients greater choice, autonomy, enhanced rights and support, and ensure everyone is treated with dignity and respect throughout their treatment.

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