

Monitoring the Mental Health Act in 2024/25

This report presents the findings from CQC's regulatory activity during 2024/25 of our statutory work under the Mental Health Act 1983 (MHA). We report on what we found through engaging with people who are subject to the MHA as well as a review of services registered to assess, treat and care for people detained under the MHA.

The MHA is the legal framework that provides authority for hospitals to detain and treat people who have a mental illness and who need protection for their own health or safety, or the safety of other people. The MHA also provides other more limited powers related to community-based care, community treatment orders and guardianship.

How we work

CQC has a duty under the MHA to monitor how services exercise their powers and discharge their duties when patients are detained in hospital or are subject to community treatment orders or guardianship. We visit and interview people who are currently detained in hospital under the MHA, and we require providers to take action when we become aware of concerns or areas of their care that need to improve.

We also have specific duties under the MHA, such as:

- providing a second opinion appointed doctor (SOAD) service
- reviewing complaints relating to use of the MHA
- making proposals for changes to the Code of Practice.

In addition to our MHA duties, we also highlight practices that could lead to a breach of people's human rights during our MHA visits, and we make recommendations for services to take action to improve. This is part of our work as one of the 21 statutory bodies that form the UK's National Preventive Mechanism (NPM). The NPM regularly visits places of detention to prevent torture, inhuman or degrading treatment. See Appendix B for more information on our role.

Key points

Demand and system pressures

- Demand for mental health care has continued to rise throughout 2024/25, with an average of 453,930 new referrals to secondary mental health services every month.
- Our Mental Health Act (MHA) reviewers are finding that people are becoming more unwell before they are referred for assessments under the MHA, and are also waiting longer to be assessed meaning they are often more unwell when they are admitted to hospital. This can be worse for certain groups of people, such as those living in areas of deprivation.
- Between 2023/24 to 2024/25, we have seen a 17% increase in the use of community treatment orders, compared with an increase of 9% in the previous year.

- On average in 2024/25, the bed occupancy rate (for all mental health overnight beds) has remained above the recommended 85% threshold at 90%. Providers have told us about higher thresholds for admission, delayed discharges and fewer available beds adding to this pressure and the difficulties for people in getting hospital care.
- Inconsistent provision of community care, the need for better funding of mental health services and challenges around collaboration and communication between services can leave people without the proper care and support they need after being discharged from hospital, and can increase the risk of being readmitted.

Staffing pressures and the impact on care

- We are continuing to see systemic challenges in the recruitment and retention of staff, with 9% of roles in mental health trusts in the NHS unfilled in March 2025.
- Recruitment and retention issues are leading to significant challenges around staff experience, skills and competencies, which are exacerbating pressures on services and staff themselves, as they are feeling burnt out and overworked.
- Although some wards have had good levels of staffing with approachable and attentive staff, we have found ongoing challenges around low staffing levels. This can leave people feeling unsafe and have a negative effect on their rehabilitation and recovery.
- Patients often described staff as being caring and working hard to keep everyone safe on the wards. However, our MHA complaints data highlights ongoing concerns around the attitude of some staff, as nearly half of the 2,552 MHA complaints received in 2024/25 included concerns related to the attitudes of staff.

Environment

- We continue to be concerned that pressures in the system and a shortage of beds are leading to people being held for long periods in inappropriate environments such as urgent and emergency care, or being admitted into or kept in services where they experienced more restrictive conditions than they require.

- The number of inappropriate out-of-area placements that were started increased by 5% between 2023/24 and 2024/25. Too many people are still being placed in hospitals far from home, as 5,649 placements started in 2024/25 were out of the patient's local area.
- While we have seen positive examples of clean, tidy wards that supported people's needs, we continue to see issues in wards on our visits, including problems with the layout, noisy environments and concerns around hygiene and cleanliness.
- Different levels of patient acuity could affect how safe patients felt on the ward, as the presence of patients who were extremely unwell added to the environment feeling busy and unsettling.

Quality and safety of care

- We often saw that staff listened to patients' concerns and involved them in decisions about their care. However, some care plans did not consider the patient's individual needs.
- Although our Independent Care (Education) and Treatment Reviews (IC(E)TRs) highlighted the value of staff who are able to adapt to support people's changing requirements to reduce some of the harm of being in long-term segregation, personalised adjustments were not always assessed and integrated into people's care to support them to progress out of segregation.
- Services that respect human rights are fundamental to good outcomes for people. However, we are concerned that too many people, especially those on wards for older people and those who do not have the capacity to understand their rights, are being unlawfully detained.
- Everyone working in health and care has a role to play in reducing the use of restrictive practices. However, the average number of reported restrictive interventions each month increased between 2023/24 and 2024/25.

- We saw how low levels of staffing on some wards meant that access to areas such as bedrooms, kitchens, gardens, living spaces, and bathrooms was restricted, and patients said this had an impact on their recovery. To reduce restrictive interventions we have seen examples of using technology to keep people safe, while giving people who are sectioned some control over their lives.

Inequalities

- Many services ensured their staff had completed mandatory training in learning disability and autism. However, some staff, especially agency and bank staff, were seen to lack the right skills, as patients reported being unsupported, misunderstood, or spoken to in ways that felt undignified.
- There is still variation across wards in the confidence of providing support to lesbian, gay, bisexual, and transgender patients.
- We continue to be concerned 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.
- The Patient and Carer Race Equality Framework (PCREF) aims to support NHS trusts to become actively anti-racist organisations. It is now mandatory across mental health trusts and providers of mental health services that receive NHS funding. However, during 103 monitoring visits (to locations and wards) between January and March 2025, staff in more than three-quarters (77%) of services said they had not heard of PCREF.
- A continuing concern is that people living in areas of deprivation are more likely to experience inequalities – for example, people living in the most deprived areas were 3.6 times more likely to be detained under the MHA than those in the least deprived areas.

- The number of children and young people (under 18) awaiting a first contact following referral to NHS mental health services increased by 20% between 2023/24 and 2024/25, rising from a monthly average of 237,590 and 285,510 (both values are a 3-month rolling total). Over the same period, the median monthly waiting time increased by 65% from 175 days in April 2023 to 288 days in March 2025.

© Care Quality Commission