



Llywodraeth Cymru  
Welsh Government

STATISTICS, DOCUMENT

# Admission of patients to mental health facilities: April 2021 to March 2022

Data on the number of patients admitted to mental health facilities both formally and informally, and patients subject to supervised community treatment for April 2021 to March 2022.

**First published:** 16 August 2024

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# Introduction

This statistical release summarises the number of admissions (not patients) to mental health facilities in Wales both formally and informally, and patients subject to supervised community treatment.

The **Mental Health Act 1983 (UK legislation), amended in 2007 (UK legislation)**, allows people with a mental disorder to be admitted to hospital, detained and treated without their consent, whether for their own health, safety, or for the protection of other people.

People can be admitted, detained and treated under different sections of the Mental Health Act, depending on the circumstances. People who are compulsorily admitted to hospital are referred to as 'formal' patients and people who are admitted to hospital when they are unwell without the use of compulsory powers are referred to as 'informal' patients.

The large majority of these admissions are to NHS facilities but a small number of admissions are to independent hospitals. A patient can be admitted more than once each year and therefore would be counted as a separate admission on each occasion.

The Mental Health Act also allows people to be placed on supervised community treatment, after a period of compulsory treatment in hospital.

New data in this release is from a time period affected by the COVID-19 pandemic. As a result caution is advised when comparing data for 2020-21 and 2021-22 with previous years as some hospitals reported a change in practice to reduce the number of patients detained in mental health facilities at this time, with greater provision of services within the community.

Data covers each financial year, April to March of the following year.

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**Summary data included in this release is published on StatsWales.**

Definitions of Sections under the Mental Health Act are provided in the **Glossary**.

## **Main points**

- In 2021-22, there were 7,428 admissions to mental health facilities, a decrease of 211 (3%) from 2020-21.
- The admission rates for Wales as a whole were 16.7 per 10,000 population for informal admissions, and 7.2 per 10,000 population for formal admissions.
- In 2021-22, 51% of all admissions were for male patients and 49% were for female patients. For formal admissions males have always had more than females whilst for informal admissions there have been fluctuations with females having more admissions until 2015-16 with males then higher before flipping again this year.
- In 2021-22, 2,231 (30%) of the total admissions were formal admissions under the Mental Health Act 1983 and other legislation, an increase of 74 (3%) from 2020-21.
- 94% (2,094 of 2,231) of formal admissions were detained without the involvement of criminal courts (Part II) with 79% of these (1,656 out of 2,094) being admitted for assessment, with or without treatment (Section 2 of the Mental Health Act 1983).
- In 2021-22, there were 137 patients subject to supervised community treatment (SCT), including 11 for whom an independent hospital was responsible. Of this total, 90 were male and 47 females.

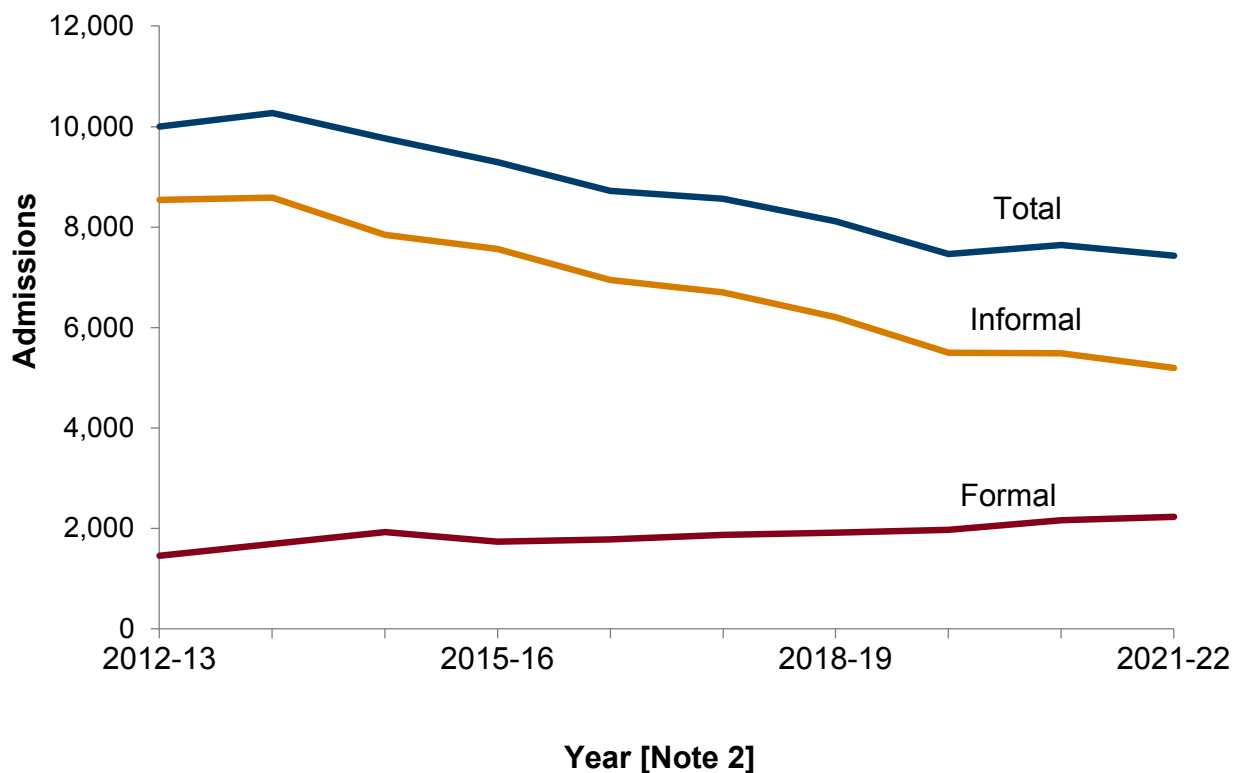
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# Admissions by status

**Figure 1: Admissions to mental health facilities by status, 2012-13 to 2021-22 [Note 1] [Note 2]**



Description of Figure 1: A line chart showing that informal admissions were more common than formal admissions but have decreased between 2012-13 and 2021-22, whereas formal admissions have increased over the same period.

Source: KP90 data collection form, Welsh Government

**Admissions to mental health facilities, by local health board, gender and legal status, on StatsWales**

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[Note 1] Excluding place of safety detentions.

[Note 2] Estimate for independent hospitals in 2013-14, 2017-18 to 2019-20 – see [Quality and Methodology information](#) for more details.

In the last 10 years the total number of admissions in Wales (excluding place of safety detentions) had steadily fallen from 9,997 in 2012-13 to 7,428 in 2021-22, a decrease of 2,569 (26%).

This decrease was driven by informal admissions which decreased by 39% in the same period. In contrast, formal admissions increased by 54%.

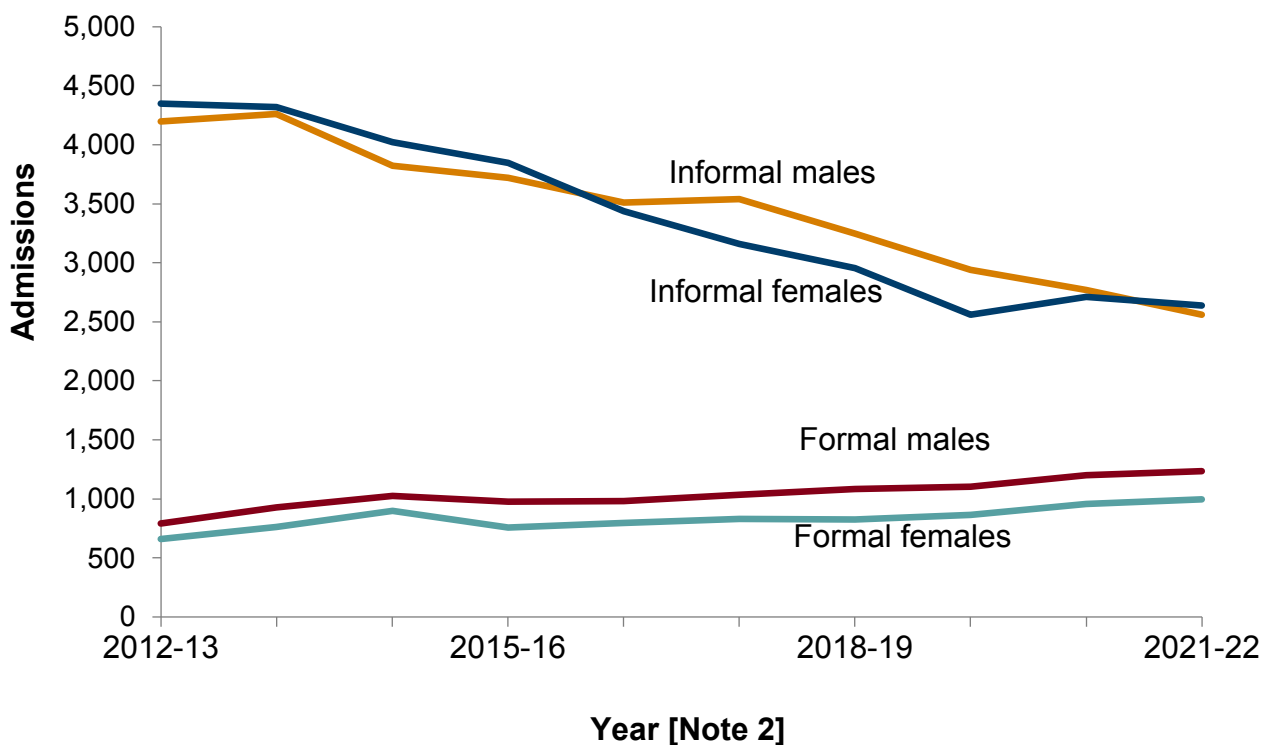
The admission rates for Wales as a whole were 16.7 per 10,000 population for informal admissions, and 7.2 per 10,000 population for formal admissions.

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**Figure 2: Admissions to mental health facilities by status and gender of patient, 2012-13 to 2021-22 [Note 1] [Note 2]**



Description of Figure 2: A line chart showing between 2012-13 and 2021-22 each year there were more formal admissions for males to mental health facilities than females. Whilst for informal admissions there were more female admissions than males in 2021-22 for the first time since 2015-16.

Source: KP90 data collection form, Welsh Government

**Admissions to mental health facilities, by local health board, gender and legal status, on StatsWales**

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[Note 1] Excluding place of safety detentions.

[Note 2] Estimate for independent hospitals in 2013-14, 2017-18 to 2019-20 – see [Quality and methodology information](#) for more details.

In 2021-22, 51% of all admissions were for male patients and 49% were for female patients. For formal admissions males have always had more than females whilst for informal admissions there have been fluctuations with females having more admissions until 2015-16 with males then higher before flipping again this year.

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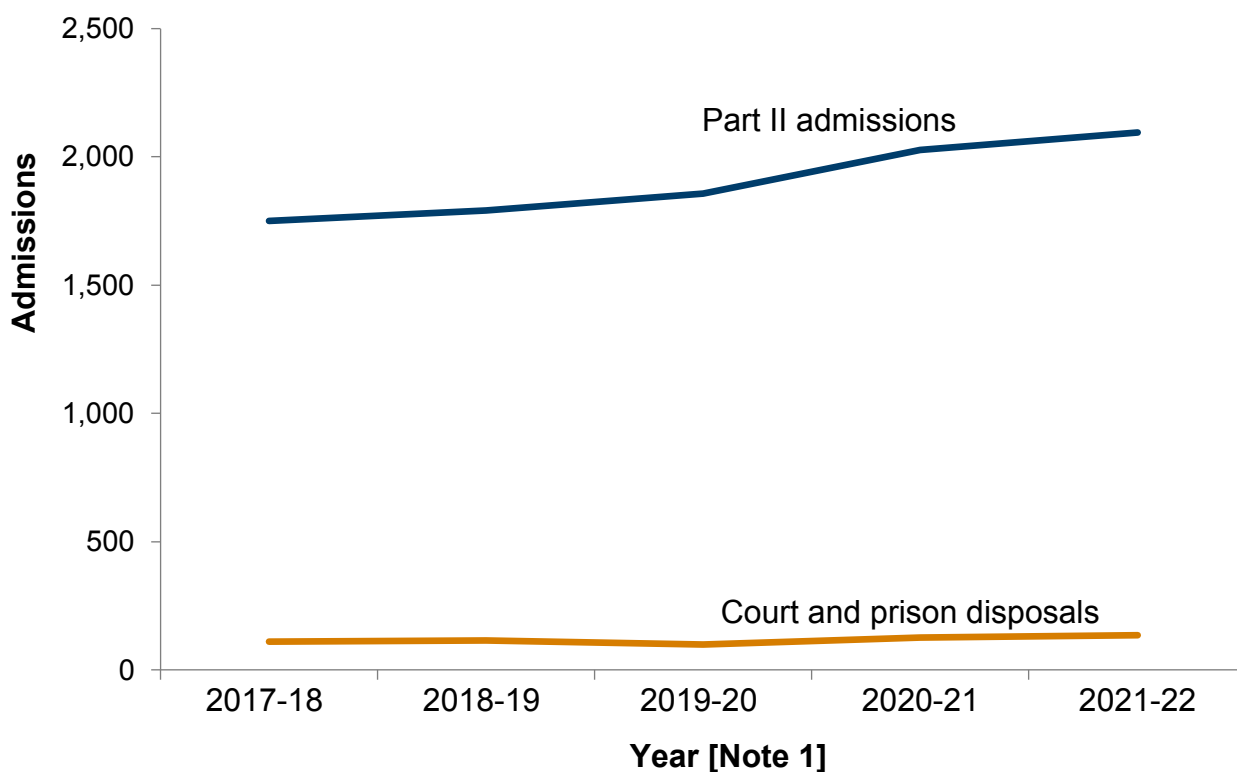
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## Legal status

**Figure 3: Formal admissions to mental health facilities by legal status, 2017-18 to 2021-22 [Note 1]**



Description of Figure 3: A line chart showing that of those admitted formally under sections of the Mental Health Act between 2017-18 and 2021-22, the majority (about 94% each year) were admitted under Part II.

Source: KP90 data collection form, Welsh Government

[Note 1] Estimate for independent hospitals in 2017-18 to 2019-20 – see [Quality and methodology information](#) for more details.

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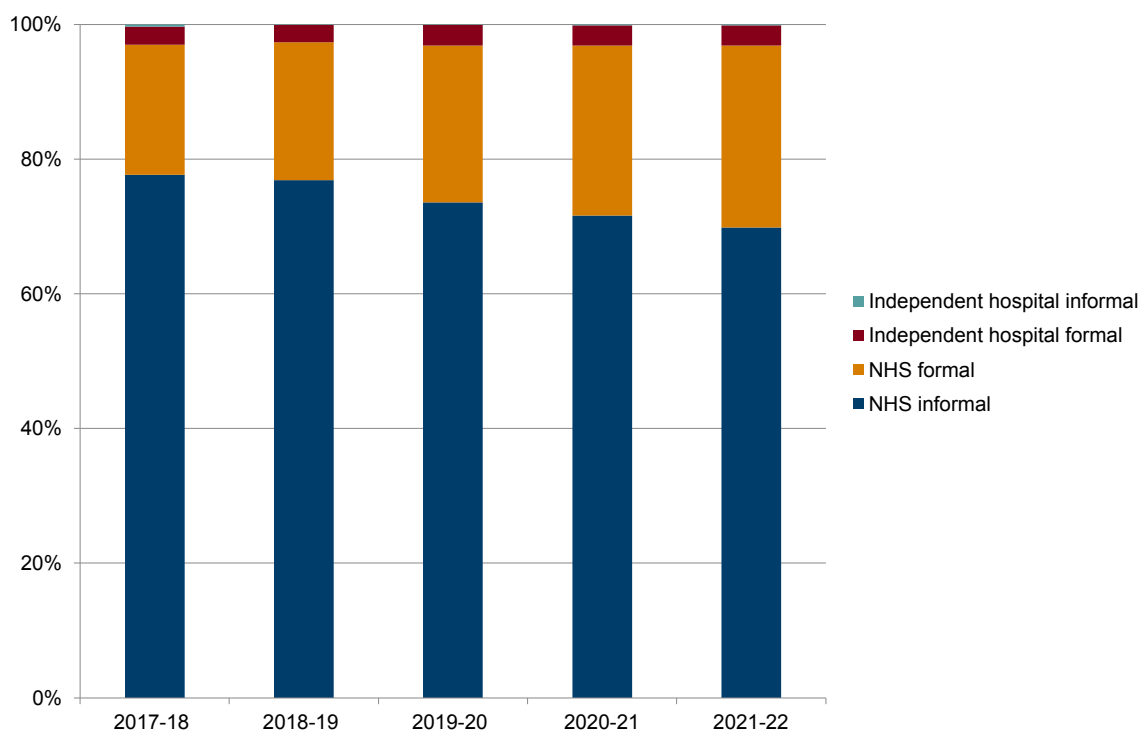
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The number of formal admissions under sections of the Mental Health Act has increased each year since 2017-18. This increase has been largely driven by an increase in those admitted under Part II. Part II of the Act allows a patient to be compulsorily admitted under the Act if they are suffering from mental disorder as defined in the Act. Of those admitted formally, the large majority in each year were admitted under Part II (94% in 2021-22). There was also a small number of formal admissions under other powers, 2 for 2021-22.

## Admissions by type of facility

**Figure 4: Admissions to mental health facilities by type of facility, 2021-22 [Note 1]**



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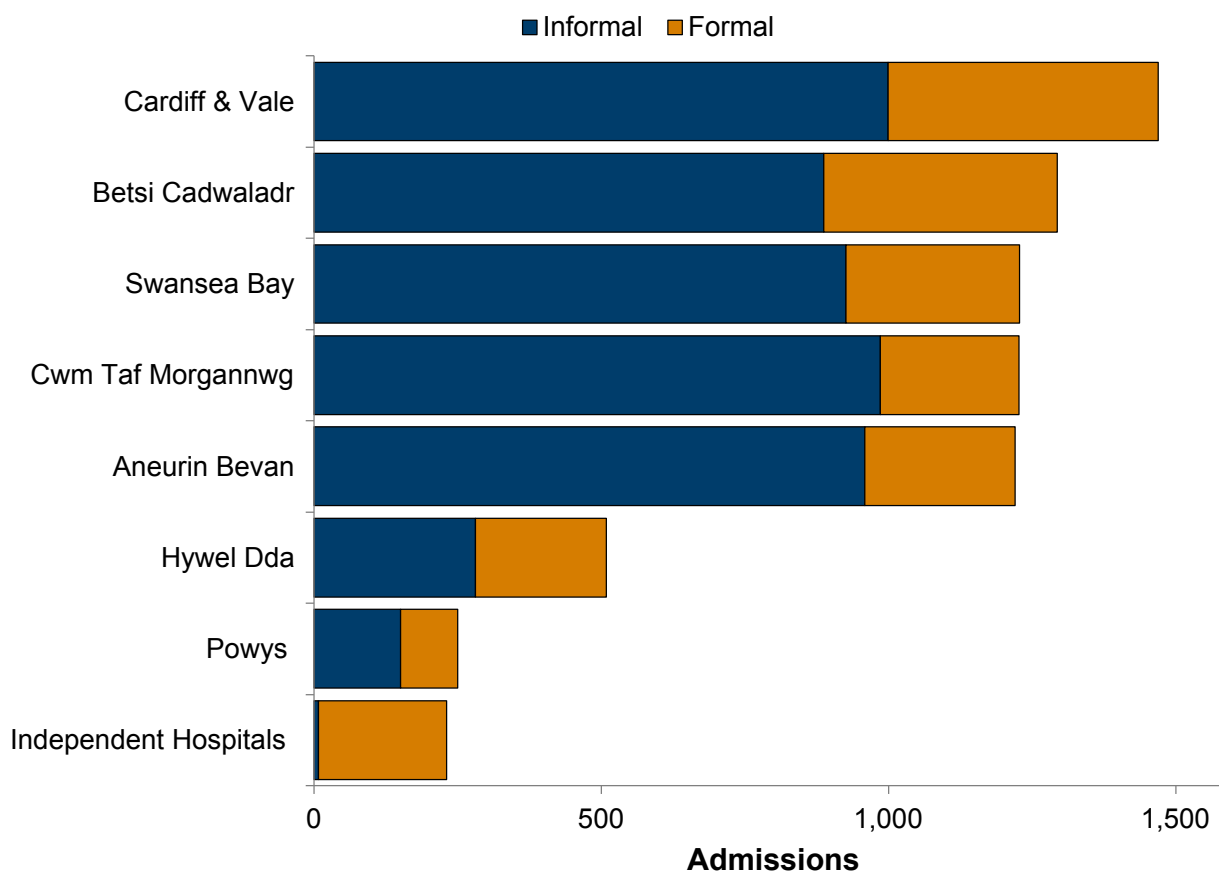
Description of Figure 4: A bar chart showing that since 2017-18 the percentage of all admissions to NHS facilities have remained steady at 97%.

Source: KP90 data collection form, Welsh Government

[Note 1] Excluding place of safety detentions.

In 2021-22, 97% of all admissions were to NHS facilities and 3% of all admissions were to independent hospitals.

**Figure 5: Admissions to mental health facilities by local health board and independent hospitals, 2021-22 [Note 1]**



Description of Figure 5: A bar chart showing that for each of the local health boards, informal admissions make up the majority of total admissions, whilst for independent hospitals formal admissions accounted for 97% of the total admissions.

Source: KP90 data collection form, Welsh Government

[Note 1] Excluding place of safety detentions.

In 2021-22, Cardiff & Vale had the highest number of informal admissions 999, or 19% of the total NHS informal admissions in Wales and formal admissions 470, or 21% of the total formal NHS admissions in Wales.

Powys had the lowest number of informal admissions 151, or 3% of the total NHS informal admissions in Wales and formal admissions 99, or 4% of the total formal NHS admissions in Wales.

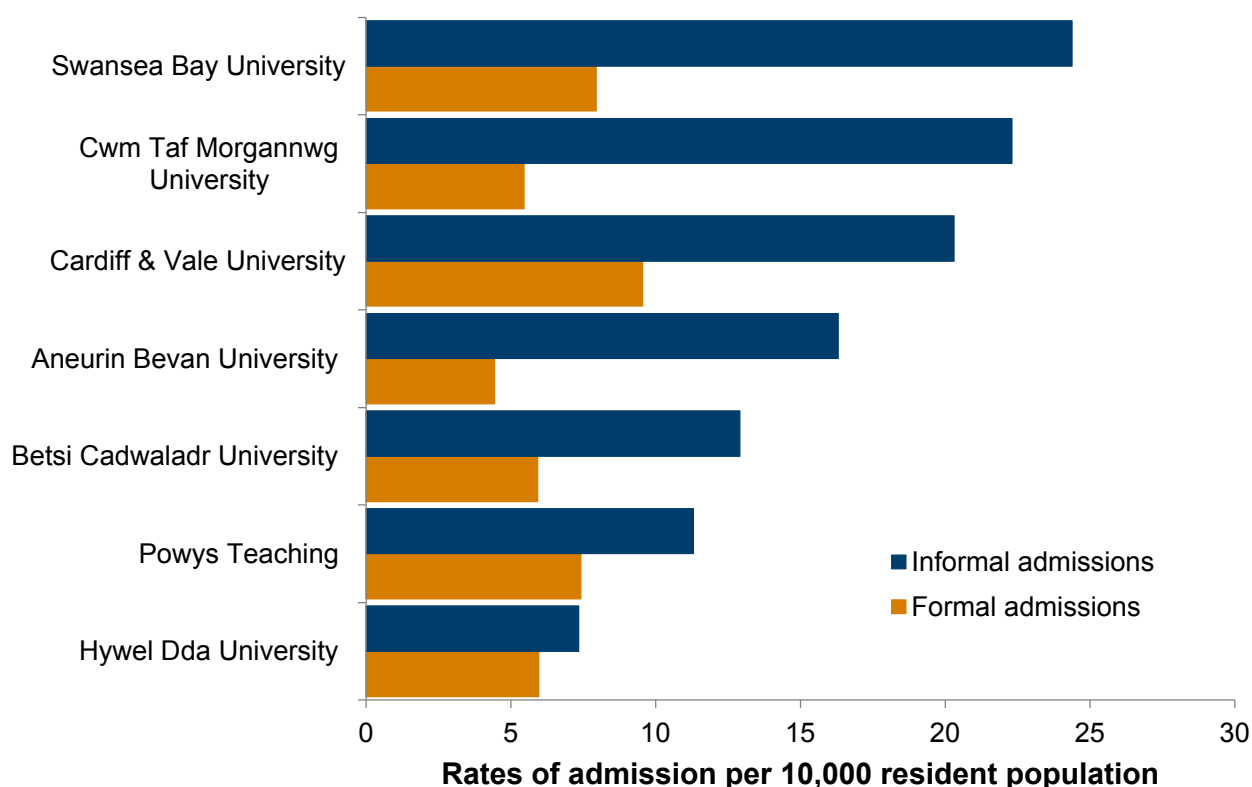
In 2021-22, the proportion of admissions that were informal ranged from a lowest of 55% in Hywel Dda to a highest of 80% in Cwm Taf Morgannwg. 97% of admissions to independent hospitals were formal admissions.

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**Figure 6: Admissions and rates of admission per 10,000 resident population by local health board, 2021-22 [Note 1] [Note 2]**



Description of Figure 6: A bar chart showing the number of admissions and rate of admissions per 10,000 resident population by local health board, 2021-22.

Source: KP90 data collection form, Welsh Government

[Note 1] Excluding place of safety detentions.

[Note 2] Rate per 10,000 resident population based on the 2021 mid-year estimates.

Analysing the admission rates per 10,000 resident population (shown in Table 1)

takes accounts for the relative size of each health board.

Swansea Bay had the highest rate of informal admissions (24.4 per 10,000 population) and Hywel Dda had the lowest rate of informal admissions (7.3 per 10,000 population).

Cardiff & Vale had the highest rate of formal admissions (9.5 per 10,000 population) and Aneurin Bevan had the lowest rate of formal admissions (4.4 per 10,000 population). Rates for independent hospitals is not applicable.

## Supervised community treatment

Supervised community treatment (SCT) allow patients to continue their treatment in the community following a period of detention in hospital. SCT has only been available since 3 November 2008.

Patients detained in hospital for treatment under section 3 (and certain Part III sections) can be discharged from detention onto a community treatment order (CTO) to continue their treatment in the community.

**Table 1: Patients discharged from hospital under supervised community treatment (SCT), 2021-22 [Note 1]**

Local Health Board	Legal status prior to SCT: Section 3	Legal status prior to SCT: Other sections	Total
Betsi Cadwaladr University	18	0	18

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Local Health Board	Legal status prior to SCT: Section 3	Legal status prior to SCT: Other sections	Total
Powys Teaching	7	0	7
Hywel Dda University	19	[*]	[*]
Swansea Bay University	18	0	18
Cwm Taf Morgannwg University	25	0	25
Aneurin Bevan University	20	0	20
Cardiff & Vale University	15	[*]	[*]
<b>Wales [Note 1]</b>	<b>132</b>	<b>5</b>	<b>137</b>

Description of Table 1: A table showing the number of patients discharged from hospital under supervised community treatment by local health board and legal status prior to supervised community treatment, 2021-22.

Source: KP90 data collection form, Welsh Government

Some shorthand is used in this table, [\*] = LHB figures under 5 have been suppressed to avoid the risk of disclosing information about individuals. Further figures have also been suppressed to avoid secondary disclosure.

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[Note 1] Wales totals include patients discharged from independent hospitals under supervised community treatment.

137 patients were discharged from hospital under supervised community treatment (SCT) during 2021-22, a slight reduction from 2020-21 (153).

Of these, 96% of patients had been admitted under Section 3, the same as 2020-21. A further 4% had been admitted under other sections in 2021-22, this is the same as 2020-21.

Section 3 allows for detention for up to six months, after which the order can be renewed for a further six months and then for one year at a time.

**Table 2: Supervised community treatment (SCT) related activity, 2021-22 [Note 1]**

Local Health Board	Recall	Revocation	Discharge	Assignment to the hospital of a SCT patient	Assignment from the hospital of a SCT patient
Betsi Cadwaladr University	8	8	20	[*]	0
Powys Teaching	0	[*]	[*]	0	0
Hywel Dda University	12	8	22	[*]	[*]
Swansea Bay University	10	8	[*]	0	0

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Local Health Board	Recall	Revocation	Discharge	Assignment to the hospital of a SCT patient	Assignment from the hospital of a SCT patient
Cwm Taf Morgannwg University	7	7	5	0	0
Aneurin Bevan University	13	10	16	[*]	0
Cardiff & Vale University	6	6	12	0	0
Wales [Note 1]	57	50	83	6	[*]

Description of Table 2: A table showing supervised community treatment (SCT) related activity by local health board, 2021-22.

Source: KP90 data collection form, Welsh Government

Some shorthand is used in this table, [\*] = LHB figures under 5 have been suppressed to avoid the risk of disclosing information about individuals. Further figures have also been suppressed to avoid secondary disclosure.

[Note 1] Wales totals include patients discharged from independent hospitals under supervised community treatment.

For those patients subject to supervised community treatment (SCT), there were 57 recalls to hospital, 50 revocations and 83 discharges in NHS Local health

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boards.

## Glossary

### The Mental Health Acts 1983 and 2007

An outline of the main section of the [Mental Health Act 1983 \(UK legislation\)](#), under which people can be formally detained in hospital, is given below. Changes were made to the Mental Health Act 1983 by the [Mental Health Act 2007 \(UK legislation\)](#).

### Part II admissions

Part II of the Act allows a patient to be compulsorily admitted under the Act if he/she is suffering from mental disorder as defined in the Act and where this is necessary:

- in the interests of his/her own health
- in the interests of his/her own safety
- for the protection of other people

### Relevant sections

#### Section 2

Admission to hospital for assessment or assessment and treatment; this section has a detention limit of 28 days after which a person become an informal patient (unless detained under section 3).

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### **Section 3**

Admission to hospital for treatment; this section allows for detention for up to six months, after which the order can be renewed for a further six months and then for one year at a time.

### **Section 4**

Admission for assessment in emergency; this section has a detention limit of 72 hours and cannot be renewed but a person may be assessed for further detention under section 2 or 3.

### **Section 5(2)**

A registered medical practitioner or approved clinician's power to hold informal patients already in hospital; this section has a detention limit of 72 hours and cannot be renewed.

### **Section 5(4)**

Nurses' holding power of an informal patient already in hospital and receiving treatment for a mental disorder; the detention limit of six hours of this section cannot be renewed.

## **Admissions following court disposal**

Part III of the Act relates to people involved in criminal proceedings.

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## Relevant sections

### Sections 35

Accused person remanded to hospital for report relating to that person's mental health; this section has a detention period of 28 days and can be renewed for two further periods of 28 days (12 weeks in total).

### Section 36

Accused person remanded to hospital for treatment; this section has a detention period of 28 days which can be renewed for two further periods of 28 days (12 weeks in total).

### Section 37

Convicted person sent to hospital for treatment (known as a 'hospital order'); this section allows for detention for up to 6 months, after which the order can be renewed for a further six months and then for one year at a time.

### **Section 37 can be accompanied by a restriction order under section 41 (known as section 37/41)**

Patients detained under section 37/41 can only be discharged by a Mental Health Review Tribunal or the Secretary of State.

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## **Section 38**

Convicted person sent to hospital for assessment prior to sentencing (an interim hospital order) cannot be renewed beyond a period of 12 months. Section 37(4) lasts for a maximum of 28 days.

## **Section 44**

Potential section 37 patient committed to hospital by a magistrates court pending a crown court hearing for restriction order.

## **Section 45A**

Sentenced person given a hospital direction and limitation direction alongside a prison sentence. The hospital direction is equivalent to a section 37 hospital order and the limitation direction is similar to a restriction order under section 41.

## **Section 47**

Prisoner, serving a sentence, transferred from prison (or other form of detention) to hospital – either with or without a restriction direction under section 49 (a restriction direction is similar to a restriction order under section 41).

## **Section 48**

Prisoner, not sentenced, transferred from prison (or other form of detention) to hospital – either with or without a restriction direction under section 49.

Patients subject to detention under sections 45A, 47/49 or 48/49 are subject to

continuous detention until such time as they are either discharged, the restrictions end, or they are returned to prison.

## Place of safety detentions data

Following the changes to the Mental Health Act relating to Section 135 and 136 in December 2017, the Welsh Government decided to cease collecting data on the 'Use of Sections 135 and 136 of the Mental Health Act 1983' on an annual basis via the KP90 form. The information was previously published annually at an all Wales level only in the [Admission of patients to mental health facilities](#) Statistical First release in Tables 4a and 4b. The last of the releases showing this data was published on the 31 January 2018, showing the 2016-17 data.

Since December 2019 the data has been published via the quarterly Section 135 and 136 data returns that health boards provide on the following link [Detentions under Section 135 and 136 of the Mental Health Act](#).

## After care under supervision (ACUS)

After-care under supervision (or ACUS) was abolished on 3 November 2008. Transitional provisions were in place until 3 May 2009. ACUS (which was introduced by The Mental Health (Patients in the Community) Act 1995 on 1 April 1996) applied to patients discharged from detention under Section 3, 37, 47 or 48 who presented a substantial risk of serious harm to themselves or other people, unless their care is supervised.

## Supervised community treatment

Supervised community treatment (SCT) was introduced into the Mental Health Act 1983 by the Mental Health Act 2007 and its purpose is to allow patients to

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continue their treatment in the community following a period of detention in hospital. SCT has only been available since 3 November 2008.

Patients detained in hospital for treatment under section 3 (and certain Part III sections) can be discharged from detention onto a community treatment order (CTO) to continue their treatment in the community. While on a CTO, they can, if necessary, be recalled to hospital for up to 72 hours, normally for further treatment. If they need to remain detained in hospital for more than 72 hours, their CTO can be revoked. If that happens, they go back to being detained under the section they were on before going onto the CTO (“revocation of SCT”). A discharge from SCT occurs when a patient’s CTO ends without being revoked.

## **Assignment of SCT**

Assignment of SCT refers to the process of transferring the responsibility for the patient from one hospital to another (including where these are managed by the same hospital managers).

## **Independent hospitals**

These are establishments, other than an NHS hospital, which provide treatment or nursing (or both) for persons liable to be detained under the Mental Health Act 1983. The Care Standards Act 2000 also provides that such independent hospitals should be registered under Part II of that Act and should comply with such National Minimum Standards as may be published. Although Healthcare Inspectorate Wales (HIW) retains responsibility for the registration and inspection of the independent hospitals, individual establishments were responsible for supplying data on detained patients. Independent hospitals classed as substance misuse treatment centres are not included for 2007-08 onwards. Care should be taken when interpreting figures relating to independent hospitals.

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## Mental Health (Wales) Measure 2010

Data on the [Mental Health \(Wales\) Measure 2010](#), places duties on local health boards and local authorities about the assessment and treatment of mental health problems.

## Quality and methodology information

### Statement of compliance with the Code of Practice for Statistics

Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality and value in the Code of Practice for Statistics that all producers of official statistics should adhere to.

All of our statistics are produced and published in accordance with a number of statements and protocols to enhance trustworthiness, quality and value. These are set out in the Welsh Government's [Statement of Compliance](#).

These official statistics demonstrate the standards expected around trustworthiness, quality, and public value in the following ways.

### Trustworthiness

The main source of information is the admissions, changes in status and detentions under the Mental Health Act 1983 data collection (KP90) return.

Welsh Government Knowledge and Analytical Services (KAS) collect 100% of returns from all seven Welsh Local Health Boards. The collection is a 100%

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survey and as such no estimation of the figures is calculated, and hence there is no sampling error.

In tables where figures have been rounded to the nearest final digit there may be an apparent discrepancy between the sum of the constituent items and the total as shown.

The data collections are overseen by the **Welsh Information Standards Board (WISB) (Digital Health and Care Wales)**, which is the custodian of the Information Standards Assurance Process. WISB mandates data collections through the NHS and Local Health Boards, appraises information standards and provides assurance on matters related to confidentiality and consent.

These statistics are pre-announced on the **Statistics and Research Upcoming calendar**. Access to the data during processing is restricted to those involved in the production of the statistics, quality assurance and for operational purposes. Pre-release access is restricted to eligible recipients in line with the **Code of Practice (UK Statistics Authority)**.

In the unlikely event of incorrect data being published revisions to data would be made and users informed in conjunction with our **revisions, errors and postponements arrangements**.

Notes inform the users whether the outputs have been revised or not (denoted r). We will also give an indication of the size of the revision between the latest and previous release. There are not generally revisions to the data. However, if there are revisions they generally only take place when we receive a resubmission from the LHB for previous years' data and the revisions will be published at the same time as the most recent year's data.

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## Quality

Statistics published by Welsh Government adhere to the Statistical Quality Management Strategy which supplements the Quality pillar of the Code of Practice for Statistics and the European Statistical System principles of quality for statistical outputs.

Data are collected by financial year and are subject to validation checks performed by Welsh Government statisticians and queries referred to local health boards where necessary prior to publication. However, it is the responsibility of these organisations to ensure that the figures have been compiled correctly in accordance with central definitions and guidelines.

Agreed standards and definitions within Wales provide assurance that the data is consistent across local health boards. Every year the data are collected from the same sources and adhere to the national standard, meaning that they should be coherent within and across organisations.

The statistical release is then drafted and quality assured by senior statisticians and published in line with the [Code of Practice for Statistics \(UK Statistics Authority\)](#).

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government accessibility policy. Furthermore, all our headlines are published in Welsh and English.

Definitions of terms used can be found in the [NHS Wales Data Dictionary](#).

## Value

The statistics are important and have a number of uses, for example: advice to

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Ministers; NHS Wales; media; informing the debate in the Welsh Parliament and beyond; assisting in research in mental health issues; economic analysis.

Furthermore, these statistics enable service providers such as Local Health Boards to monitor their own performance.

More detailed data are also available at the same time on the [StatsWales website](#) and this can be manipulated online or downloaded into spreadsheets for use offline.

The information published here also supports the Welsh Government's long term plan for health and social care: [A Healthier Wales](#).

The timeliness of the data provides the most recent update using reliable data.

You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing [regulation@statistics.gov.uk](mailto:regulation@statistics.gov.uk) or via the [OSR website](#).

## Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. Under section 10(8) of the Well-being of Future Generations Act, where the Welsh Ministers revise the national indicators, they must as soon as reasonably practicable (a) publish the indicators as revised and (b) lay a copy

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of them before the Senedd. These national indicators were laid before the Senedd in 2021. The indicators laid on 14 December 2021 replace the set laid on 16 March 2016.

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the [Wellbeing of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local wellbeing assessments and local wellbeing plans.

## We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to [stats.healthinfo@gov.wales](mailto:stats.healthinfo@gov.wales).

## Contact details

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