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## HRB Statistics Series 39

# Activities of Irish Psychiatric Units and Hospitals 2018 Main Findings

Antoinette Daly and Sarah Craig

## **'Natural Wonder' by Elliott MacGabhann**

*"I was inspired by the surreal elements of my psychosis where nothing made sense yet everything made great sense at the same time. The fish swimming in the sky is supposed to be symbolic of that wonder I felt. The wolf wearing the crown on top of an earth being submerged by an ocean of dead fish is about nature taking its rightful place at the top after humans destroy the planet. The planet sinks but the moon still glows on the trees, the wolf's crown shines and the fish live on"*

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Winner of the Dr Dermot Walsh Memorial Award 2019  
for the NPIRS Report Cover Design Competition

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# About the HRB

The Health Research Board (HRB) is the lead agency supporting and funding health research in Ireland. We also have a core role in maintaining health information systems and conducting research linked to these systems. Our aim is to improve people's health, build health research capacity, underpin developments in service delivery and make a significant contribution to Ireland's knowledge economy.

## Our information systems

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The HRB is responsible for managing four national information systems. These systems ensure that valid and reliable data are available for analysis, dissemination and service planning. Data from these systems are used to inform policy and practice in the areas of alcohol and drug use, disability and mental health.

The **HRB Statistics Series** compiles data on problem alcohol and drug use, disability and mental health from a single point or period in time. Previous reports associated with this series are:

- » Activities of Irish Psychiatric Units and Hospitals
- » National Physical and Sensory Disability
- » Database Committee Annual Reports
- » National Intellectual Disability Database
- » Committee Annual Reports.

The **National Psychiatric In-Patient Reporting System** (NPIRS) gathers data on patient admissions and discharges from psychiatric hospitals and units throughout Ireland. The data collected have been reported in the Activities of Irish Psychiatric Services since 1965 and continue to play a central role in the planning of service delivery. These findings inform national policy, health service management, clinical practice and international academic research in the area of mental health.

# Contents

About the HRB	3		
Contents	4	<b>Lists of tables</b>	
Acknowledgements	5		
1 Introduction and Background	6	<b>Table 1.1</b>	Number of hospitals/approved centres by hospital type 7
2 National and Regional Admissions, Discharges and Deaths	8		
National all and first admissions	8	<b>Lists of figures</b>	
National discharges and deaths	9		
Community Healthcare Organisations (CHOs)	10	<b>Figure 2.1</b>	All, first and re-admissions. Ireland 1965–2018. Numbers 8
Counties	12	<b>Figure 2.2</b>	Admissions by CHO areas 2018. Rates per 100,000 total population 11
Non-residents	12	<b>Figure 3.1</b>	Hospital type. All admissions. Ireland 2018. Percentages 13
In-patient bed days	12	<b>Figure 6.1</b>	Irish Psychiatric Units and Hospitals Census 1963–2018. Numbers 17
3 Hospital Type – Admissions, Discharges and Deaths	13	<b>Figure 7.1</b>	Admissions for under 18s by hospital type in 2009 and 2018. Percentages 20
4 Individual Units and Hospitals – Admissions, Discharges and Deaths	15		
5 Child and Adolescent Admissions and Discharges	16		
6 In-patient Census 2018	17		
7 Review of data 2009–2018	19		

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# 1

# Introduction and Background

This report presents data on all admissions, discharges and deaths in 2018 in Irish psychiatric units and hospitals on the Register of Approved Centres under the Mental Health Act 2001. Data are sourced from the National Psychiatric Inpatient Reporting System (NPIRS) for 2018 and are presented nationally, regionally by Community Healthcare Organisation (CHO) and locally by individual hospital and also by hospital type. Data from an in-patient census on 31 December 2018 are also presented. A limited number of tables and graphs are included with the remaining data available online at [www.hrb.ie](http://www.hrb.ie). Interactive tables are available at [http://www.cso.ie/px/pxeirestat/pssn/hrb/homepagefiles/hrb\\_statbank.asp](http://www.cso.ie/px/pxeirestat/pssn/hrb/homepagefiles/hrb_statbank.asp), allowing the user to access readily-available data from the database for the last number of years.

Comparative data for 2017 used in this summary are from the publication *Activities of Irish Psychiatric Units and Hospitals 2017 Main Findings* (Daly and Craig 2018)<sup>1</sup> and rates reported are per 100,000 total population based on the Census of Population 2016<sup>2</sup>. In the computation of rates for HSE CHO area and for county, private hospital admissions are returned to their area of origin, i.e., the area/county from which they were admitted, and they are thus included in the rates for those areas/counties.

Data in this report are based on all admissions to, discharges from, and deaths during 2018 returned to the National Psychiatric In-patient Reporting System (NPIRS) in the 67 Irish psychiatric units and hospitals (see Table 1.1 below) approved by the Mental Health Commission (MHC) for the reception and treatment of patients (Register of Approved Centres under the Mental Health Act 2001).

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1 Daly A and Craig S (2018) *Activities of Irish Psychiatric Units and Hospitals 2017 Main Findings*. Dublin: Health Research Board.

2 Central Statistics Office (2018) *Census of Population 2016*, Dublin: Stationery Office.



**Table 1.1 Number of hospitals/approved centres by hospital type**

Hospital type	Number
General hospital psychiatric units	22
Psychiatric hospitals/continuing care units	28
Independent/private and private charitable centres	7
Child and adolescent units	6
Central Mental Hospital	1
Carraig Mór, Cork <sup>a</sup>	1
St Joseph's Intellectual Disability Service <sup>b</sup>	1
Phoenix Care Centre, Dublin <sup>c</sup>	1
<b>Total</b>	<b>67</b>

a Carraig Mór is an intensive care and rehabilitation unit.

b St Joseph's Intellectual Disability Service is located at St Ita's Hospital – Mental Health Services, Portrane.

c Phoenix Care Centre, Dublin is an intensive care service which provides a tertiary level service for all acute psychiatric units in counties Dublin and Wicklow (excluding West Wicklow) and the North-East region.

There was one new approved centre in 2018. Cois Dalua in Cork was added to the Register of Approved Centres in June 2018. The Rehab and Recovery Unit in Sligo closed on 24th December 2018 and was thus removed from the Register.

Variations can exist in data reported for child and adolescent admissions in the Mental Health Commission's annual inspectorate report (Mental Health Commission, 2019) and data in this report. Admissions for children and adolescents in this report include all admissions for persons under 18 years of age, regardless of their marital status, whereas the MHC's data on admissions for children and adolescents include admissions for children as defined under the Mental Health Act 2001, i.e. a child is defined as a person under the age of 18 years other than a person who is or has been married. In addition, legal status presented is that of the patient on admission and does not take into account any change in status thereafter. Similarly, there may be differences in deaths reported by the MHC and the HRB as the MHC report deaths within four weeks of discharge from an approved centre whereas the HRB does not record deaths once a patient has been discharged from the approved centre.

Data received from units and hospitals are subjected to various in-built and manual quality assurance and validation measures, according to policies and procedures employed by the NPIRS team over a number of years. It is worth noting however, that any changes to the data by a hospital or errors noted by a hospital for correction after the final date of processing in the HRB are not captured in the report.

Admissions and discharges represent episodes or events rather than persons. Thus, one person may have several admissions during the course of a year and each admission is recorded separately. Admissions do not necessarily represent incidence of mental illness but rather the activity of in-patient services. In addition, as the data in this report relates to admissions and/or discharges and not people, the potential to identify individuals from the data is zero and therefore all cells in the tables associated with this report are released regardless of whether they are less than five or not.

## 2

# National and Regional Admissions, Discharges and Deaths

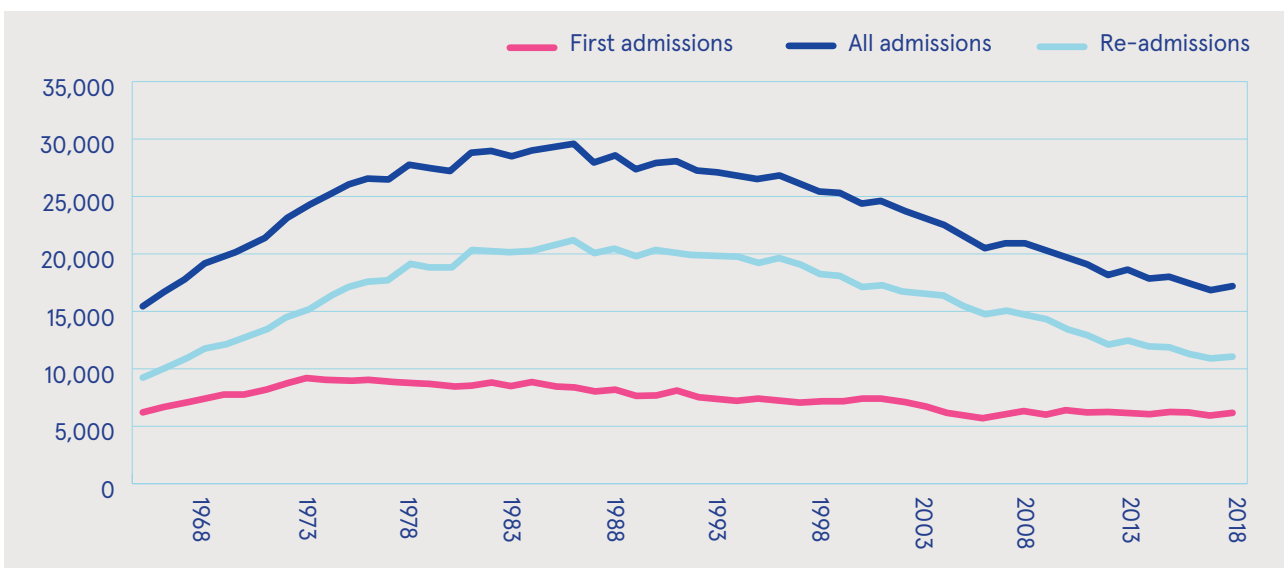
## National all and first admissions

There were 17,000 admissions to Irish psychiatric units and hospitals in 2018, an increase in admissions by 257, from 16,743 in 2017. The rate of admissions increased from 351.6 per 100,000 in 2017 to 357.0 in 2018. First admissions increased by 134, from 5,905 in 2017 to 6,039 in 2018, with the rate increasing from 124.0 to 126.8. Approved centres reported an additional 10 persons presenting for admission in 2018 for whom admission was not deemed appropriate and were therefore not admitted.

As in 2017, re-admissions accounted for 64.5% of all admissions. Re-admissions increased by 123, from 10,838 in 2017 to 10,961 in 2018. The rate of re-admissions also increased from 227.6 per 100,000 in 2017 to 230.2 in 2018.

All, first and re-admissions over the last 54 years are presented in Figure 2.1. Admissions numbers have declined steadily since reaching a peak in 1986, at 29,392, however this decline seems to have slowed down in recent years with the increase in admissions from 2017–2018 contrary to the trend over the last number of years.

**Figure 2.1 All, first and re-admissions. Ireland 1965–2018. Numbers**



There was an equal proportion of male and female admissions (all), with males having a slightly higher rate of all admissions, at 362.0 per 100,000 compared with 352.2 for females. Males accounted for 53% of first admissions and also had a higher rate of first admissions than females, at 136.8 compared with 117.1 per 100,000 for females.

The mean age at admission was 45.0 years, with a median age of 43 years (minimum age 14 years, maximum age 97 years). As in 2017, the 20–24 year age group had the highest rate of all admissions, at 608.8 per 100,000, followed by the 55–64 year and over age group, at 481.2 and the 25–34 year age group, at 476.8 per 100,000. The 75 year and over age group had the lowest rate of all admissions, at 373.4 per 100,000. The 20–24 year age group had the highest rate of first admissions, at 291.3 per 100,000, followed by the 18–19 year age group, at 272.6 and the 25–34 year age group, at 186.7 per 100,000. The 65–74 year age group had the lowest rate of first admissions, at 131.5 per 100,000.

Over half (59%) of all and first (57%) admissions were single. Twenty-four per cent of all admissions were married, 4% were widowed and a further 4% were divorced. Divorced persons had the highest rate of all admissions, at 636.2 per 100,000, and first admissions, at 183.8. Married persons had the lowest rate of all (230.1) and first admissions (84.3).

Thirty-eight per cent of all admissions in 2018 were recorded as unemployed, 25% were employed, 11% were retired, 6% were students, 5% were engaged in home duties and 16% were unknown.

The unskilled occupational group had the highest rate of all (565.7) and first (169.1) admissions, in keeping with the trend over the last number of years. However, as over half of all admissions had an unknown or unspecified occupation thus making assignment to a socio-economic group impossible, these rates should be interpreted with caution. Agricultural workers had the second-highest rate of all admissions, at 470.9, followed by the semi-skilled group, at 264.4 per 100,000. Employers and managers had the lowest rate of all admissions, at 68.7 per 100,000. Agricultural workers had the second-highest rate of first admissions, at 181.5 per 100,000, followed by manual skilled workers, at 96.5. Employers and managers had the lowest rate of first admissions, at 23.9 per 100,000.

There was an increase in admissions with no fixed abode from 2017–2018, from 243 in 2017 to 306 in 2018. Seventy-four per cent of admissions with no fixed abode were male and 81% were single. Over one-third (39%) were aged 25–34 years of age, 22% were aged 35–44, 16% were aged 45–54, 8% were aged 55–64, 14% were less than 25 years of age and 1% were aged 65–74. Twenty-nine per cent had a diagnosis of schizophrenia, 16% had other drug disorders, 9% had a diagnosis of personality and behavioural disorders and almost 9% each had a diagnosis of alcoholic disorders and mania.

Eighty-two per cent of all admissions in 2018 were returned as 'White Irish', 6% were returned as 'Any Other White Background' (including 'White Irish Traveller', 'Roma' and 'Any Other White Background'), 8% were returned as 'Unknown' with the remaining 4% distributed amongst various other minority ethnic groups.

Depressive disorders were the most common diagnoses recorded for all and first admissions, accounting for 24% of all and 26% of first admissions, in keeping with the trend of previous years. Schizophrenia accounted for 20% of all and 14% of first admissions while mania accounted for 9% of all and 6% of first admissions. Depressive disorders had the highest rate of all (86.7) and first (32.7) admissions, followed by schizophrenia with the second-highest rate for all, at 72.7 per 100,000 and first admissions, at 17.7. Depressive disorders, schizophrenia, mania and neuroses combined accounted for almost two-thirds of all admissions.

Thirteen per cent of all and 14% of first admissions were involuntary, virtually unchanged from 2017 (13% of all and 13% of first admissions). The rate of involuntary admission (all) increased slightly from 45.4 per 100,000 in 2017 to 46.7 in 2018, while that for first admissions increased from 16.2 in 2017 to 17.3 in 2018.

## National discharges and deaths

There were 16,800 discharges and 137 deaths in Irish psychiatric units and hospitals in 2018. Deaths increased by 18 from 2017 (119). Males accounted for 66% of deaths and 82% of deaths were aged 65 years and over. Ninety-two per cent of all admissions and almost 93% of first admissions in 2018 were also discharged in 2018.

Thirty per cent of discharges in 2018 occurred within one week of admission, 17% occurred within one to two weeks, almost 20% occurred within two to four weeks and 28% occurred within one to three months of admission. As in 2017, 94% of all discharges occurred within three months of admission, while a further 5% occurred within three months to one year of admission. Thus, 99% of all discharges occurred within one year of admission.

Almost half of all discharges for personality and behavioural disorders – 48% of discharges for other drug disorders and 43% of discharges for behavioural and emotional disorders of childhood and adolescence – occurred within one week of admission. Ninety per cent of all discharges for most disorders took place within three months of admission with the exception of organic mental disorders (73%) and intellectual disability (76%).

The average length of stay for all discharges in 2018 was 62.9 days (median 15 days). Average length of stay was longest for discharges with a diagnosis of intellectual disability (91 discharges), at 1,597.5 days (median 14 days), accounting for less than one per cent of all discharges and 14% of in-patient days. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 242.5 days (median 33 days), accounting for 3% of discharges and 11% of in-patient days. Discharges with a diagnosis of other drug disorders (1,072 discharges) had the shortest average length of stay, at 14.4 days (median 7 days) with discharges for behavioural and emotional disorders of childhood and adolescence (14 discharges) having the second-shortest average length of stay, at 15.6 days (median 16.5 days).

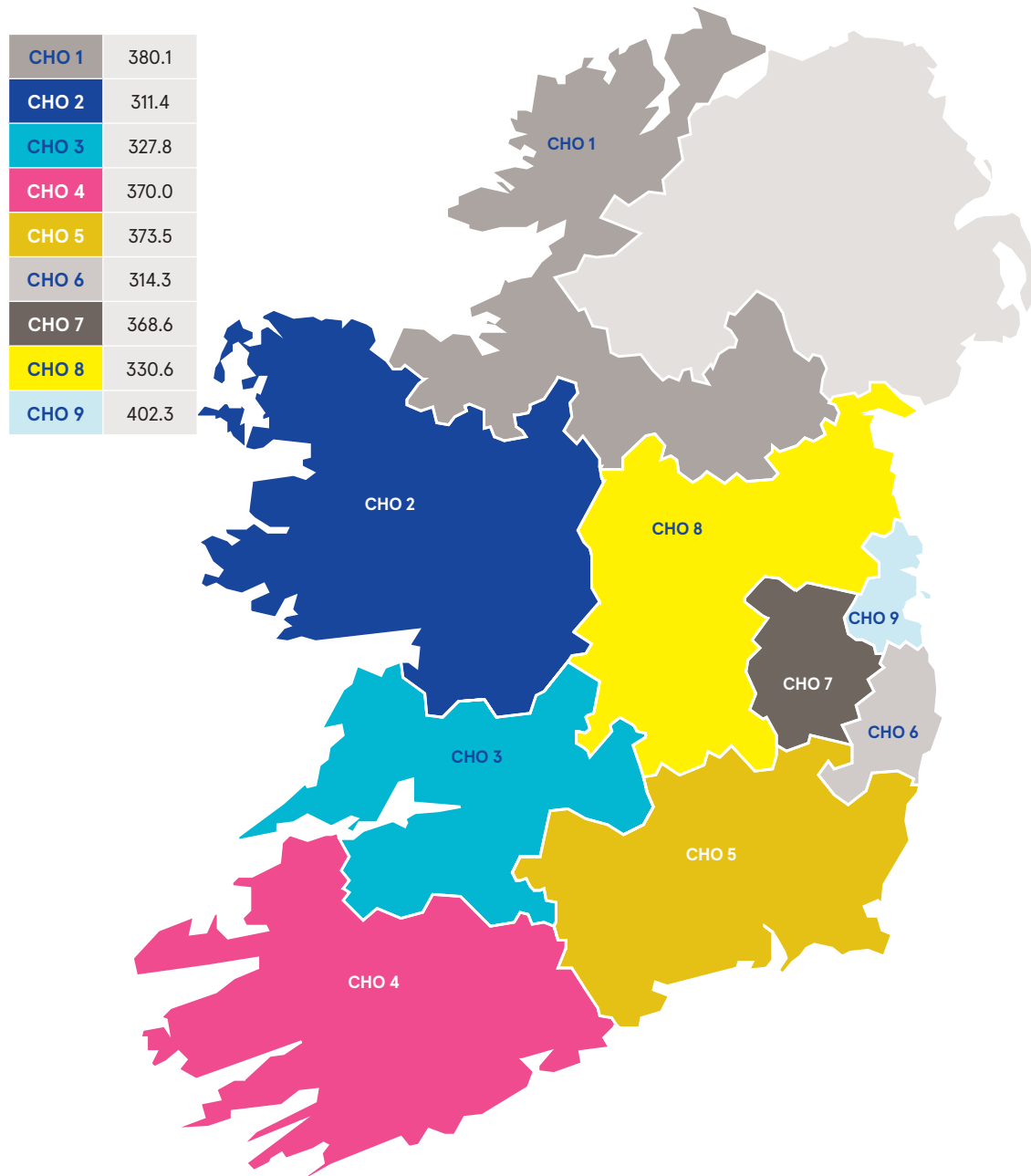
The average length of stay for discharges with a length of stay up to one year was 26.9 days (median 15 days). When discharges of one year or more were excluded (1% of discharges), discharges with a primary discharge diagnosis of organic mental disorders had the longest average length of stay, at 50.7 days (median 28 days), followed by eating disorders, at 39.3 days (median 35 days) and schizophrenia, at 34.6 days (median 19 days). Discharges with a diagnosis of other drug disorders (1,071 discharges) had the shortest average length of stay, at 14 days (median 7 days).

## Community Healthcare Organisations (CHOs)

The address from which a person was admitted was used to assign him/her to a CHO area, thus, CHO area refers to the CHO area of residence of the person. As in 2017, all admission rates were highest for those resident in CHO 9, at 402.3 per 100,000, followed by CHO 1, at 380.1 and CHO 5, at 373.5 (Figure 2.2). CHO 2 had the lowest rate of all admissions, at 311.4 per 100,000. First admission rates were highest for those resident in CHO 8, at 146.0 per 100,000, followed by CHO 5, at 144.6 and CHO 9, at 139.5. CHO 6 had the lowest rate of first admissions, at 83.7 per 100,000.

Males had a higher proportion of all admissions in CHO 1, CHO 2, CHO 4 and CHO 5, while females had a higher proportion in CHO 6, CHO 7 and CHO 9. There was an equal proportion of males and females in CHO 3 and CHO 8. Age groups were condensed into two distinct groups – under 45 and 45 years and over. The 45 year and over age group had higher rates of admission in all CHO areas with rates ranging from 536.1 in CHO 9 to 374.6 per 100,000 in CHO 2.

**Figure 2.2 Admissions by CHO areas 2018. Rates per 100,000 total population**



Depressive disorders accounted for the highest proportion and rate of all admissions in six of the CHO areas with rates ranging from 117.2 per 100,000 in CHO 2 to 56.9 in CHO 6. Schizophrenia had the highest rate in CHO 1, at 96.1 per 100,000, CHO 4, at 89.5 and CHO 6, at 59.3. With the exception of these three areas, schizophrenia had the second-highest rate of all admissions in each area with rates ranging from 96.1 in CHO 1 to 41.7 in CHO 8.

Admissions resident in CHO 9 had the highest proportion of involuntary admissions, at 17%, followed by CHO 2, at 15%, CHO 4, at 14%, CHO 7, at 14% and CHO 8, at 12%. Almost one fifth (19%) of first admissions in CHO 9 were involuntary, followed by 16% in CHO 2 and 16% in CHO 6. Admissions resident in CHO 9 had the highest rate of involuntary all admissions, at 67.3 per 100,000, followed by CHO 4, at 52.3 and CHO 7, at 50.2. CHO 5 had the lowest rate of involuntary all admissions, at 35.2 per 100,000.

CHO 9 had the highest rate of involuntary first admissions, at 26.6 per 100,000, followed by CHO 7, at 20.4 and CHO 2, at 18.3. CHO 3 had the lowest rate of involuntary first admissions, at 10.4 per 100,000.

Over half (58%) of all discharges for CHO 1 were discharged within two weeks of admission. Almost 52% of discharges for CHO 5, 48% for CHO 8, 47% for CHO 4 and 46% for CHO 9 were discharged within two weeks of admission. In contrast, 38% of discharges from CHO 6 occurred within two weeks of admission. Discharges from CHO 4 had the longest average length of stay, at 74.5 days (median 14 days), followed by CHO 7, at 70.0 days (median 18 days) and CHO 8, at 69.4 days (median 14 days). CHO 2 had the shortest average length of stay, at 45.7 days (median 17 days). When discharges of one year or more were excluded (one per cent of discharges), average length of stay was longest in CHO 6, at 31.6 days (median 21 days), followed by CHO 7, at 29.5 days (median 17 days) and CHO 2, at 29.1 days (median 17 days). Average length of stay was shortest in CHO 1, at 20.5 days (median 10 days).

## Counties

All admissions were highest for county Donegal, at 484.3 per 100,000, followed by Tipperary North, at 451.7, Carlow, at 447.9 and Sligo, at 447.1. Monaghan had the lowest rate of all admissions, at 187.3 per 100,000. Mayo had the highest rate of all admissions for depressive disorders, at 229.1 per 100,000, followed by Tipperary North, at 145.9 and Leitrim, at 140.4. Monaghan had the lowest rate, at 35.8 per 100,000. Sligo had the highest rate of all admissions for schizophrenia, at 126.6 per 100,000, followed by Donegal at 115.0 and Cork, at 89.9. Louth had the lowest rate of all admissions for schizophrenia, at 20.9 per 100,000. Donegal had the highest rate of all admissions for alcoholic disorders, at 50.3 per 100,000, followed by Leitrim, at 46.8 and Dublin, at 32.2. Monaghan had the lowest rate of all admissions for alcoholic disorders, at 9.8 per 100,000.

First admissions were highest for admissions from county Offaly, at 198.8 per 100,000, followed by Laois, at 186.5, Tipperary South, at 160.9 and Louth, at 156.7. Monaghan had the lowest rate of first admissions, at 60.3 per 100,000. Laois had the highest rate of first admissions for depressive disorders, at 70.8 per

100,000, followed by Mayo, at 62.1, Offaly, at 55.2 and Tipperary North, at 50.5. Monaghan had the lowest rate of first admissions for depressive disorders, at 13.0 per 100,000. Offaly had the highest rate of first admissions for schizophrenia, at 30.8 per 100,000, followed by Kerry, at 30.5, Galway, at 29.8 and Dublin, at 23.5. Waterford had the lowest rate of first admissions for schizophrenia, at 4.3 per 100,000. Donegal had the highest rate of first admissions for alcoholic disorders, at 16.3 per 100,000, followed by Kerry, at 16.2, Kildare, at 11.2 and Roscommon, at 10.8. Carlow had the lowest rate of first admissions for alcoholic disorders, at 1.8 per 100,000.

## Non-residents

There were 54 admissions for non-residents in 2018, a decrease from 69 in 2017. Twenty-four per cent of non-resident admissions had an address originating in England, a further 24% in Northern Ireland, 22% in the USA, 7% in Italy, 4% each in Germany, Spain, Scotland and France and 2% each in Canada, Belgium, Malta and Iceland. Over one-third (37%) of all admissions for non-residents had a diagnosis of schizophrenia, 26% had a diagnosis of mania, 13% had a diagnosis of personality and behavioural disorders, 9% had a diagnosis of depressive disorders, 6% had a diagnosis of neuroses and 2% had a diagnosis of eating disorders.

## In-patient bed days 2018

The total number of in-patient days used in 2018 was examined. This included all admissions in 2018, all discharges in 2018 with an admission date prior to 2018 and all patients resident on 31 December 2018 with an admission date prior to 2018. This yielded the number of in-patient days used in all approved centres (adult units) in 2018, from January 1 to date of discharge or to the night of December 31 where a patient was not discharged before year-end. The total number of in-patient days used was 895,206. Schizophrenia accounted for over one-third of all in-patient days in 2018, at 300,498 days, depressive disorders accounted for 16%, at 145,026 days, and organic mental disorders accounted for 11%, at 102,230 days.

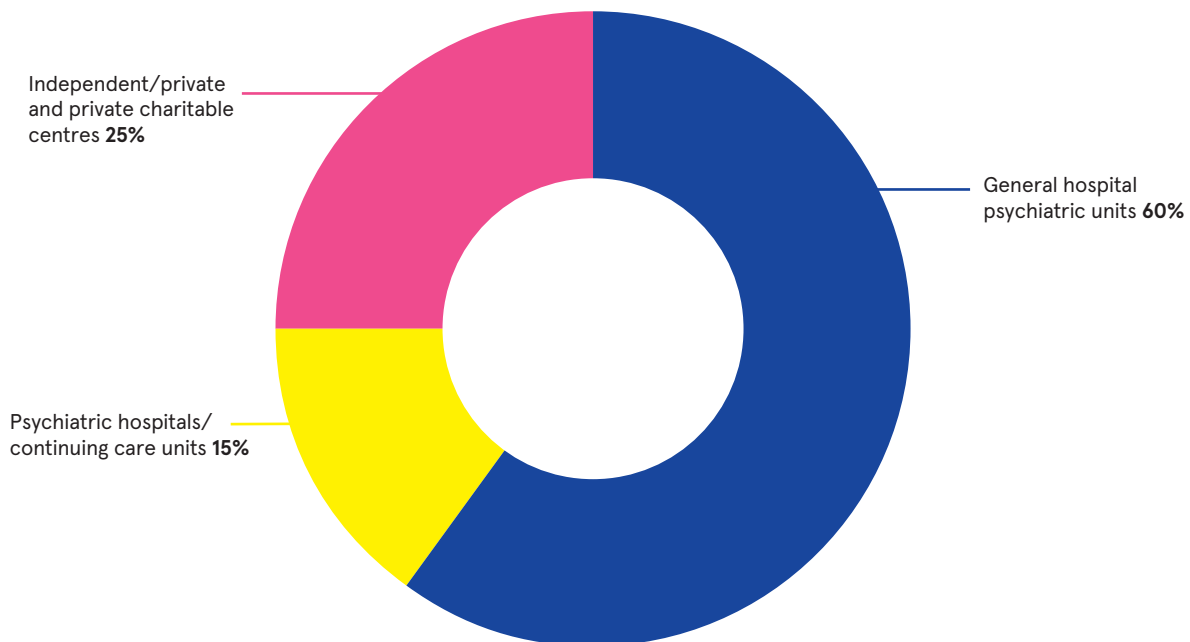
# 3

## Hospital Type – Admissions, Discharges and Deaths

Sixty per cent of all admissions in 2018 were to general hospital psychiatric units, 25% were to independent/private and private charitable centres and 15% were to psychiatric hospitals/continuing care units (including the Central Mental Hospital, Dundrum; Carraig Mór, Cork; St Joseph’s Intellectual Disability Service, Portrane; and Phoenix Care

Centre, Dublin) (see Figure 3.1). These proportions remain relatively unchanged from 2017. Re-admissions accounted for 61% of all admissions to general hospital psychiatric units, 70% of all admissions to psychiatric hospitals/continuing care units and 69% of admissions to independent/private and private charitable centres.

**Figure 3.1 Hospital type. All admissions. Ireland 2018. Percentages**



Over half of all admissions to general hospital psychiatric units (53%) and psychiatric hospitals/continuing care units (54%) were male compared with 40% in independent/private and private charitable centres with females thus accounting for 60% of admissions to independent/private and private charitable centres. Similarly, females accounted for 57% of first admissions to independent/private and private charitable centres, while males accounted for 56% of admissions to general hospital psychiatric units and 56% of admissions to psychiatric hospitals/continuing care units.

Admissions to independent/private and private charitable centres had a slightly older age profile than admissions to general hospital psychiatric units or psychiatric hospitals/continuing care units; almost 65% of admissions to independent/private and private charitable centres were over 45 years of age compared with almost 49% of admissions to psychiatric hospitals/continuing care units and 40% of admissions to general hospital psychiatric units. Sixty per cent of all admissions to general hospital psychiatric units, 51% of admissions to psychiatric hospitals/continuing care units were under 45 years of age compared with almost 36% of admissions to independent/private and private charitable centres. Furthermore, admissions to independent/private and private charitable centres had an older mean age at admission, at 51.7 years (median 53), than that in general hospital psychiatric units, at 42.0 years (median 40) and psychiatric hospitals/continuing care units, at 45.8 years (median 44).

Over one-third (37.5%) of all and first (35%) admissions to independent/private and private charitable centres had a diagnosis of depressive disorders; 22% of all and 24% of first admissions to general hospital psychiatric units were for depressive disorders; 13% of all and 18% of first admissions to psychiatric units/continuing care units were for depressive disorders. Schizophrenia accounted for a much lower proportion of admissions to independent/private and private charitable centres, at 8% than admissions to general hospital psychiatric units, at almost 24%, or admissions to psychiatric hospitals/continuing care units, at 28%. Admissions for alcoholic disorders accounted for a higher proportion of admissions to independent/private and private charitable centres, at almost 15%, than admissions to general hospital psychiatric units, at 4%, or admissions to psychiatric hospitals/continuing care units, also at 4%.

Involuntary admissions accounted for 18% of all and 21% of first admissions to psychiatric hospitals/continuing care units; 16% of all and 16% of first admissions to general hospital psychiatric units were involuntary. In contrast, just 3% of all and 2% of first admissions to independent/private and private charitable centres were involuntary.

A higher proportion of discharges from general hospital psychiatric units and psychiatric hospitals/continuing care units occurred within one week of admissions compared with independent/private and private charitable centres; over one-third (35%) of all discharges from general hospital psychiatric units and 30% of discharges from psychiatric hospitals/continuing care units occurred within one week of admission compared with 16% from independent/private and private charitable centres. Over half (55%) of all discharges from general hospital psychiatric units and 49% from psychiatric hospitals/continuing care units were discharged within two weeks of admission compared with almost 27% from independent/private and private charitable centres.

Average length of stay for all discharges was longest in psychiatric hospitals/continuing care units, at 219.4 days (median 14 days), followed by independent/private and private charitable centres, at 46.4 days (median 31 days) and general hospital psychiatric units, at 29.1 days (median 12 days). When discharges of one year or more were excluded, average length of stay was longest in independent/private and private charitable centres, at 34.7 days (median 31 days), followed by psychiatric units and hospitals/continuing care units, at 27.3 days (median 13 days) and general hospital psychiatric units, at 23.6 days (median 11 days).

As mentioned earlier, the total number of in-patient days used in all approved centres in 2018 was 895,206. Admissions to general hospital psychiatric units accounted for one-third of these in-patient days, at 295,564, psychiatric hospitals/continuing care units accounted for 39%, at 348,682 and independent/private and private charitable centres accounted for 28%, at 250,960.



# 4

## Individual Units and Hospitals – Admissions, Discharges and Deaths

There was an increase in admissions to general hospital psychiatric units by 153, from 10,056 in 2017 to 10,209 in 2018. Admissions to psychiatric hospitals/continuing care units increased by two admissions from 2,593 in 2017 to 2,595 in 2018, while admissions to independent/private and private charitable centres increased by 102, from 4,094 in 2017 to 4,196 in 2018.

As in previous years, length of stay varied greatly across all hospitals with over 40% of discharges occurring within one week of admission in some hospitals; Midland Regional Hospital, Portlaoise (43.5%); Letterkenny General Hospital (46.6%); St Luke's Hospital, Kilkenny (43.3%); Waterford Regional Hospital (41.5%); Cavan General Hospital (40.7%); St Vincent's Hospital, Fairview (44.3%); Newcastle Hospital, Greystones (41.8%). In contrast, less than 20% of all discharges from independent/private and private charitable centres occurred within one week of admission; St Patrick's Hospital (18%); St Edmundsbury (16.5%); St John of God Hospital (11.8%); Highfield Hospital (4.7%) and Lois Bridges (7.1%). Bloomfield Hospital had no discharges within one week of admission.

St James' Hospital had the longest average length of stay amongst the general hospital psychiatric units, at 44.5 days (median 17 days), followed by Mercy Hospital, Cork, at 38.3 days (median 9 days), the Ashlin Centre, Beaumont Hospital, at 34.6 days (median 12 days) and Roscommon County Hospital, at 34.4 (median 18 days). The average length of stay in psychiatric hospitals/continuing care units is typically longer than that in general hospital psychiatric units with length of stay in 2018 for some hospitals in excess of 1,000 days. Bloomfield Hospital had the longest average length of stay amongst the independent/private and private charitable centres, at 2,316.6 days (median 2,358 days), followed by Highfield Hospital, at 151.2 days (median 29 days) and Lois Bridges, at 56.8 days (median 64.0 days). As usual, caution should be exercised when interpreting data for some hospitals where particularly long lengths of stay are observed for very few discharges, thus skewing the average length of stay.

## 5

# Child and Adolescent Admissions and Discharges

There were 408 admissions for under 18s in 2018, down from 441 in 2017 (a decrease of 33 admissions). Almost 78% of admissions for under 18s were first admissions. There were 84 admissions for under 18s to adult units and hospitals in 2018. There were 324 admissions to child and adolescent mental health in-patient units and 77% of these were first admissions.

Sixty-three per cent of all and 62% of first admissions for under 18s were female, a slight increase from 60% of all and 60% of first admissions in 2017. Thirty-five per cent of all under 18 admissions in 2018 were aged 17 years, 31% were aged 16 years, 17% were aged 15 years, almost 10% were aged 14 years and 6% were aged 13 years or younger.

Females accounted for 66% of admissions to child and adolescent mental health in-patient units. Almost one-third (31%) of admissions to child and adolescent mental health in-patient units were aged 17 years on admission, 30% were aged 16 years, 20% were aged 15 years, 11% were aged 14 years and 8% were aged 13 years or younger.

Fifty-one per cent of admissions for under 18s to adult units (84) were female, no change from 2017. Over half (54%) of admissions to adult units were aged 17 years on admission, 37% were aged 16 years and almost 10% were aged 15 years or younger.

Thirty-one per cent of all and 32% of first admissions of under 18s had a diagnosis of depressive disorders. Fifteen per cent had a diagnosis of neuroses, 12% had a diagnosis of schizophrenia and 8% had a diagnosis of eating disorders, with the remaining proportions distributed amongst the other diagnostic groups. Females accounted for 59% of admissions with depressive disorders, a decrease from 67% in 2017. Fifty-nine per cent of admissions with neuroses

were female, up from 44% in 2017. Over half (54%) of admissions with schizophrenia were female, up from 38% in 2017. Males accounted for 57% of all admissions with other drug disorders, a decrease from 87% in 2017.

Seventy-nine per cent of all admissions for under 18s were to child and adolescent mental health in-patient units, 20% were to general hospital psychiatric units, a slight increase from 18% in 2017, and less than 1% were to psychiatric hospitals/continuing care units. There were no admissions for under 18s to independent/private and private charitable centres. Five per cent of all and 4% of first admissions for under 18s were involuntary.

Eighty-five per cent of all admissions for under 18s in 2018 were discharged in 2018. Of those admitted and discharged in 2018, 16% were discharged within one week of admission, 10% were discharged within one to two weeks, 19% were discharged within two to four weeks, 43% were discharged within one to three months and 12% were discharged within three months to one year. The average length of stay for all under 18s in 2018 was 43.3 days (median 33 days). Average length of stay was longest in child and adolescent mental health in-patient units, at 52.7 days (median 41 days), followed by general hospital psychiatric units, at 12.6 days (median 5 days) and psychiatric hospitals/continuing care units, at 7 days (median 6 days).

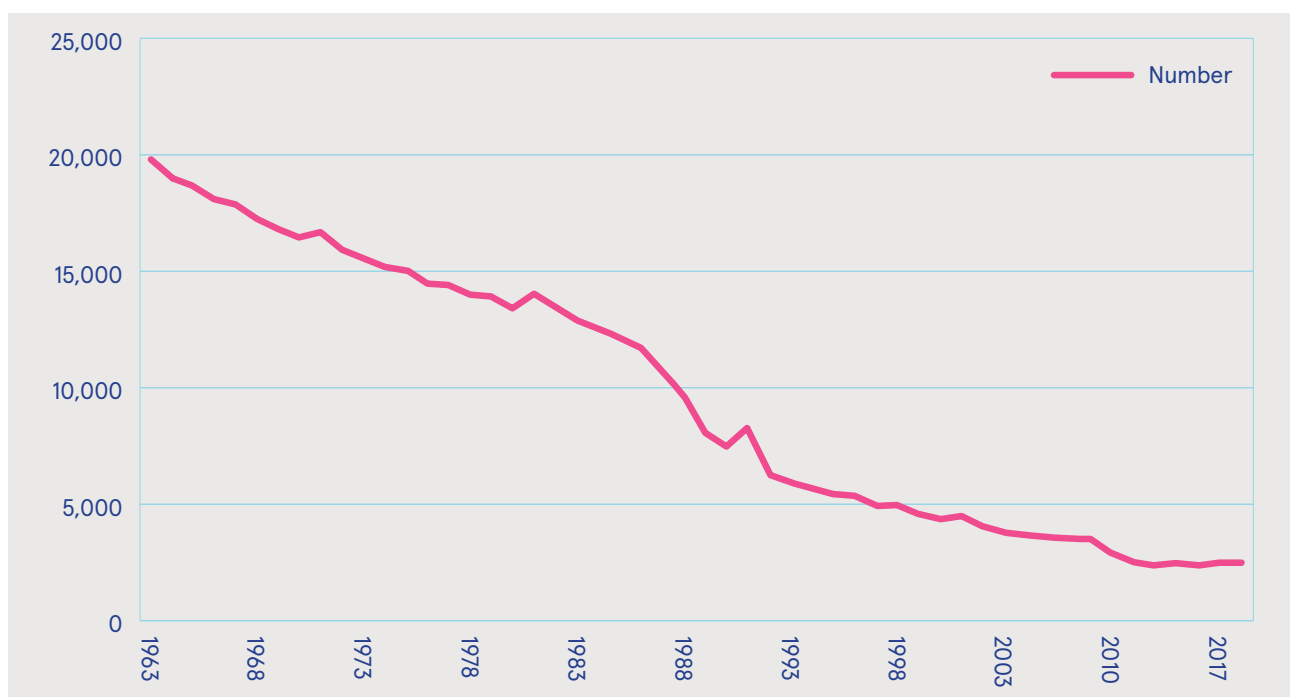
# 6

## In-patient Census 2018

A census of all patients resident in units and hospitals was undertaken at the end of 2018. There were 2,356 patients resident in Irish psychiatric units and hospitals on 31 December 2018, which is a slight increase (32) from 2,324 in 2017. This is an 88% reduction in in-patient numbers since 1963 (19,801) (Figure 6.1). There were an additional 68 patients under 18 years of age resident in child and adolescent mental health in-patient units on 31 December 2018.

Fifty-four per cent of patients resident in adult units on 31 December 2018 were male. Thirty-five per cent were over 65 years of age, one-third were aged 45–64 years, 25% were aged 25–44 years and almost 7% were 24 years of age or younger. The 75 year and over age group had the highest rate of hospitalisation, at 142.0 per 100,000, followed by the 65–74 year age group, at 120.7 and the 55–64 year age group, at 82.5. Sixty per cent of patients were single, 19% were married, 6% were widowed and 3% were divorced. Patients who were widowed and patients who were divorced had the highest rate of hospitalisation, at 69.3 each, followed by single, at 55.3 and married, at 25.5 per 100,000.

**Figure 6.1 Irish Psychiatric Units and Hospitals Census 1963–2018. Numbers**



Just over one-third (34%) of patients resident on 31 December 2018 had a diagnosis of schizophrenia, 14% had a diagnosis of depressive disorders, 11% had a diagnosis of organic mental disorders and 7% had a diagnosis of mania. Schizophrenia had the highest rate of hospitalisation, at 16.7 per 100,000, followed by depressive disorders, at 7.1 and organic mental disorders, at 5.4. Males had a higher rate of hospitalisation for schizophrenia than females, at 21.2 per 100,000 compared with 12.2 for females. Males also had a higher rate of hospitalisation for organic mental disorders, at 6.7 compared with 4.2 per 100,000 for females.

The total number of in-patient days accumulated for all in-patients on 31 December was 3,597,022. This is the total number of days accumulated for all patients from the date they were admitted to hospital until the date of the census on 31 December 2018. Forty-two per cent of patients resident on 31 December 2018 were long-stay, i.e. had been in hospital for one year or more; almost 22% were new long-stay, i.e. had been in hospital for between one and five years and 20% were old long-stay, i.e. in hospital for five years or more.

The average length of stay for all in-patients was 1,526.8 days (median 132 days). Patients with intellectual disability had the longest average length of stay, at 9,307.6 days (median 8,244 days), followed by schizophrenia, at 2,073.8 days (median 439 days), organic mental disorders, at 1,197.2 days (median 802 days) and personality and behavioural disorders, at 1,182.1 (median 38 days). When patients with a

length of stay of one year or more on census night were excluded, the average length of stay was 61.3 days (median 30 days). Patients with organic mental disorders had the longest average length of stay, at 141.0 days (median 117 days), followed by intellectual disability, at 137.3 days (median 149 days) and development disorders, at 96.3 days (median 46.5 days).

Thirty-three per cent of patients resident on 31 December 2018 were in general hospital psychiatric units (down from 35% in 2017), 30% were in psychiatric hospitals/continuing care units (down from 33% in 2017) and 27% were in independent/private and private charitable centres (up from 23% in 2017). Almost 5% were resident in the Central Mental Hospital, with a further 4% resident in St Joseph's Intellectual Disability Service and less than one per cent in Carraig Mór, Cork, unchanged from 2017.

There were 71 patients who were under 18 year of age on 31 December 2018, down from 90 in 2017. Sixty-eight of these patients under 18 were resident in child and adolescent mental health in-patient units. Fifty-eight per cent of under 18s were female; 38% were aged 17 years, 24% were aged 16 years, 27% were aged 15 years and 11% were aged 14 years or younger. Twenty-seven per cent had a primary admission diagnosis of depressive disorders, 14% had a diagnosis of eating disorders, 13% had a diagnosis of schizophrenia and 10% had a diagnosis of neuroses.

# 7

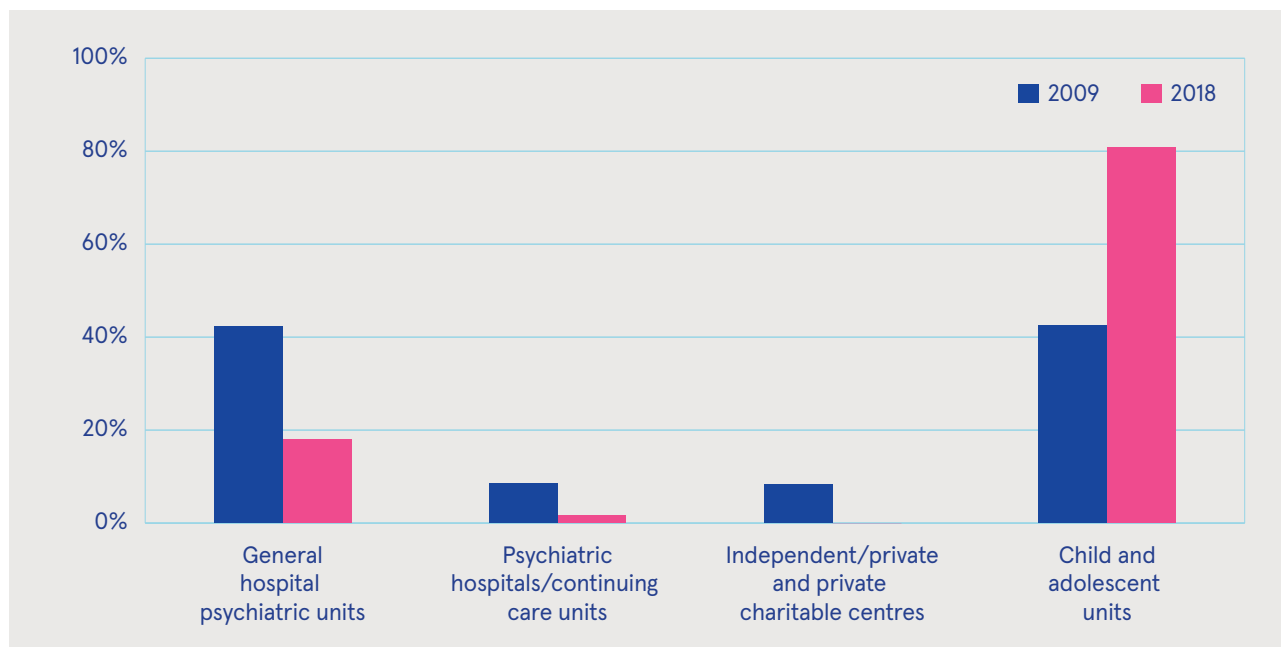
## Review of data 2009–2018

Despite the increase in admissions from 2017–2018, there has been a 16% overall reduction in admissions in the ten-year period from 2009–2018, from 20,195 in 2009 to 17,000 in 2018. First admissions increased by just 1% over the ten-year period, from 5,972 in 2009 to 6,039 in 2018. Re-admissions declined by 23% over the same period, from 14,223 in 2009 to 10,961 in 2018.

The proportion of admissions to general hospital units continues to increase as a proportion of all admissions in line with the policy to move towards admissions to acute units in general hospitals; in 2009, 50% of all admissions were to general hospital psychiatric units but by 2018 this had increased to 60%. The proportion of admissions to psychiatric hospitals/continuing care units decreased from 29% in 2009 to 15% in 2018, while admissions to independent/private and private charitable centres increased from 21% in 2008 to 25% in 2018.

There has been a slight increase in the number of admissions for under 18s over the ten-year period from 2009–2018, from 367 in 2009 to 408 in 2018.

The proportion of under 18 admissions to adult units has dropped from 58% in 2009 to almost 21% in 2018, while admissions to child and adolescent units increased from 42% in 2009 to 79% in 2018. This is perhaps a reflection of the movement away from the admission of children to adult units.

**Figure 7.1 Admissions for under 18s by hospital type in 2009 and 2018. Percentages**

The number of patients resident in psychiatric units and hospitals has fallen from 2,812 in 2010 (there was no census carried out in 2009 for comparison) to 2,356 in 2018, a 16% reduction over this period of time, in line with the policy to reduce in-patient provision and provide more community-based care.



