



HRB Statistics Series 40

Irish Psychiatric Units and Hospitals Census 2019 Main Findings

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'Butterflies' by Sinead Smyth

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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

The HRB is responsible for managing four national information systems. These systems ensure that valid and reliable data are available for research, policy 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.

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1 Introduction and Background

This report presents findings from the tenth national psychiatric census of patients resident in psychiatric units and hospitals on the Register of Approved Centres under the Mental Health Act 2001, at midnight on 31 March 2019. All patients ‘on the books’ in 66 psychiatric units and hospitals, including child and adolescent units (see Table 1.1 below), and including those on leave, were enumerated in the census.

The Health Research Board (HRB) has been collecting this information since 1963 when the first census was undertaken to examine ‘social, medical and demographic characteristics of patients hospitalised in Irish psychiatric hospitals’ (Walsh, 1971: 3). At that time, Census data were also used to compare the Irish situation with that of England and Wales. The census findings were regarded even then as

‘invaluable for the planning and future development of mental health services as they allow prediction of possible future bed and hospital requirements at both national and local levels’ (Daly and Walsh, 2010: 20). Despite the shift towards recording of throughput in Irish psychiatric hospitals and units with the introduction of the Activities reports in 1972 (O’Hare and Walsh 1972) the Census continued to be an important source of data at the level of the individual patient and was carried out decennially in 1971, 1981, 1991 and 2001. A further census was carried out on 31 March 2006 after an interval of just five years and, by agreement with the Mental Health Commission, every three years since 2010 to avoid duplication of effort. The census data reflect the

Table 1.1 Hospital type

	Number	Percentages
General hospital psychiatric units	22	33.3
Psychiatric hospitals	28	42.4
Independent/private and private charitable centres	7	10.6
Central Mental Hospital, Dundrum	1	1.5
Carraig Mór, Cork ^a	1	1.5
St Joseph’s Intellectual Disability Service ^b	1	1.5
Child and adolescent units	6	9.1
Total	66	100.0

^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, Dublin.

situation in units and hospitals at a point in time and do not, therefore, reflect ongoing activities in the in-patient services which is collected annually (see Daly and Craig 2019 for most recent activity data).

This latest Census presents data on patients resident on 31 March 2019 nationally and by Community Healthcare organisation (CHO) areas, hospital type, individual units and hospitals, and children and adolescents. Comparisons are made between the data since the last census in 2016 (Daly and Craig 2016) and the 2010 census (Daly and Walsh 2011) to allow for a review of trends over a longer period. Rates reported for the 2019 census are per 100,000 total population. A full set of tables containing the census data for 2019 is available online at www.hrb.ie.

2 National findings

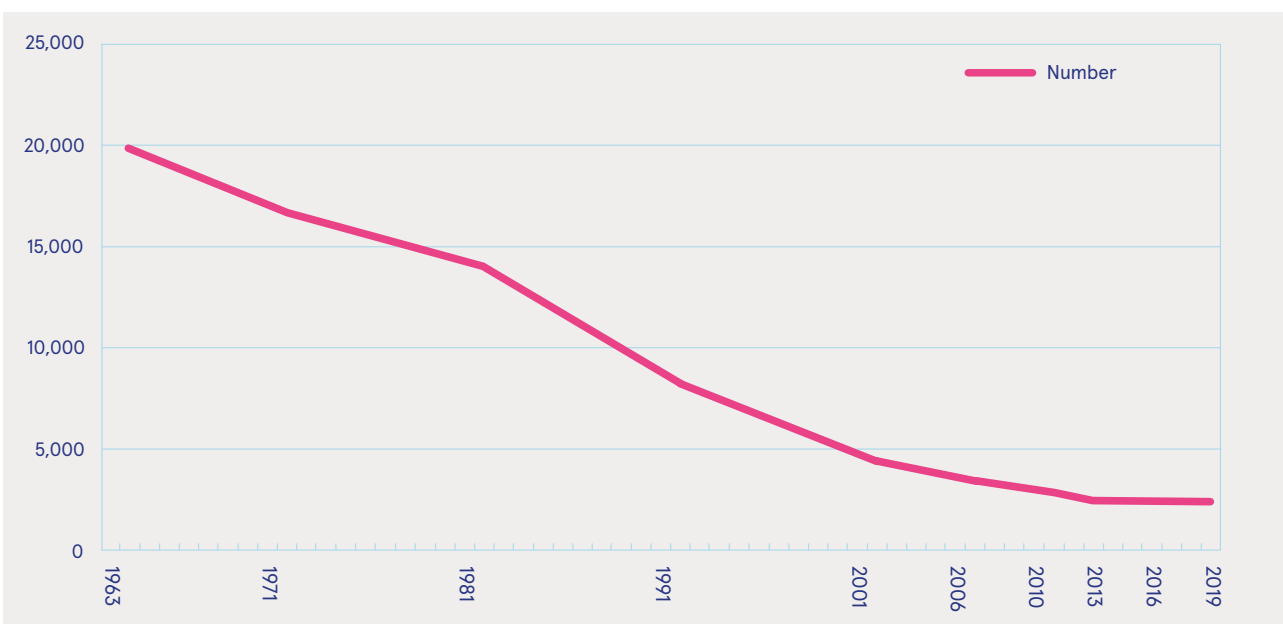
There were 2,308 patients resident in Irish psychiatric units and hospitals on 31 March 2019, representing a hospitalisation rate of 48.5 per 100,000 population. This is a decrease of one hundred patients resident since 31 March 2016. There was a small decrease in the hospitalisation rate from 52.5 in 2016 to 48.5 in 2019.

The number of patients resident in Irish psychiatric units and hospitals has been declining steadily over the last five decades or more, with numbers dropping from 19,801 in 1963 (Walsh 1971) to 2,308 in 2019 (see Figure 2.1) with particular declines in the 1980s and 1990s.

In keeping with the trend observed for every census year, males accounted for over half (55%) of all patients resident on census night, representing a rate of 53.7 per 100,000, compared with 43.4 for females.

As in 2016, one-third of in-patients were aged 65 years and over on census night; 18% were aged 55–64 years; 17% were aged 45–54 years, 15% were aged 35–44 years; 10% were aged 25–34 years; 5% were aged 20–24 and just over one per cent were aged 18–19 years. Five patients were under 18 years of age on census night. There were an additional 78 patients resident in child and adolescent units on census night, down three from 81 patients in 2016. Data on patients resident in child and adolescent units are discussed later.

Figure 2.1 Irish psychiatric in-patient numbers 1963–2019



The 75 years and over age group had the highest rate of hospitalisation, at 131.4 per 100,000, followed by the 65–74 years age group, at 113.5 and the 55–64 years age group, at 82.1. The 18–19 years age group had the lowest rate of hospitalisation on census night, at 28.6 per 100,000.

Marital status

Fifty-eight per cent of all residents on census night were single, 21% were married, 7% were widowed and 2% were divorced. Patients who were widowed had the highest rate of hospitalisation, 78.5 per 100,000, followed by single persons, at 52.8 and divorced persons, at 52.0. Patients who were married had the lowest rate of hospitalisation, at 26.7 per 100,000.

Widowed males had the highest rate of hospitalisation, at 90.3 per 100,000, followed by widowed females, at 74.7 and divorced males, at 71.6. The rate for widowed males, at 90.3 was over three times that of married males, at 25.0. Hospitalisation rates for single persons were highest amongst nearly all age groups, with rates ranging from 440.5 in the 65–74 years age group to 26.2 for the 18–19 years age group.

Socio-economic group

As in previous years, the unskilled had the highest rate of hospitalisation, at 78.0 per 100,000, followed by agricultural workers, at 73.4 and farmers, at 36.4. Eleven per cent of all in-patients on census night had non-manual occupations, 8% were lower professionals, 5% were unskilled and almost 5% were manual skilled. However, it should be noted that over half (58%) of all occupations were returned as unknown or unspecified making assignment to a socio-economic group impossible. Males had higher rates of hospitalisation than females amongst all but three occupational groups, lower professional, own account workers and semi-skilled workers.

Diagnosis

One-third of all in-patients on census night had a primary admissions diagnosis of schizophrenia, 16% had a diagnosis of depressive disorders, 10% had a diagnosis of organic mental disorders and almost 8% had a diagnosis of mania. Patients with a diagnosis of schizophrenia had the highest rate of hospitalisation, at 16.0 per 100,000, followed by depressive disorders, at 7.9, organic mental disorders, at 4.7 and mania, at 3.6.

Males had a higher rate of hospitalisation for schizophrenia than females, at 20.2 per 100,000 for males and 11.9 for females. Similarly, males had a higher rate of hospitalisation for organic mental disorders, at 5.6 compared with 3.9 for females. In contrast, females had a higher rate of hospitalisation for depressive disorders than males, with a rate of 9.2 for females and 6.6 for males.

Those with a diagnosis of schizophrenia had the highest rate of hospitalisation amongst all age groups in the 20–74 years age range, with rates ranging from 37.5 for the 65–74 years age group to 9.5 for the 20–24 years age group. Both schizophrenia and eating disorders had the highest rate of hospitalisation amongst the 18–19 years age group, at 5.9 each respectively. Organic mental disorders had the highest rate of hospitalisation amongst the 75 and over age group, at 52.6 per 100,000.

Schizophrenia also had the highest rate of hospitalisation in six of the ten socio-economic groups (farmers, agricultural workers, non-manual, manual skilled, semi-skilled and unskilled), while depressive disorders had the highest rate amongst higher professionals, lower professionals, employers and managers and own account workers.

Legal status

Seventeen per cent (16.7%) of in-patients on census night were involuntary¹. While this is unchanged from 2016, the proportion of involuntary in-patients had increased from 13% in 2010. The rate of involuntary hospitalisation was 8.1, similar to that in 2016, at 8.7 per 100,000. Males accounted for 67% of all involuntary in-patients on census night, with a rate of 11.0 per 100,000.

Sixty-one per cent of those who were involuntary on census night had a primary admissions diagnosis of schizophrenia, almost 9% had a diagnosis of mania, almost 7% had a diagnosis of depressive disorders and a further 4% had a diagnosis of organic mental disorders. Patients with a diagnosis of schizophrenia had the highest rate of involuntary hospitalisation, at 5.0 per 100,000, almost unchanged from 4.8 in 2016.

Sixty-one per cent of those who were involuntary were on their second or subsequent admission. Those on their first admission had a lower rate of hospitalisation, 15.8 per 100,000, compared with those who had a previous admission, at 32.7.

No fixed abode

Sixty-nine patients on census night had no fixed abode on admission, down from 91 in 2016. Eighty-three per cent were male; 36% were single; 52% were on their first admissions; almost 73% were involuntary; 62% had a diagnosis of schizophrenia; 7% had a diagnosis of mania; 4% had a diagnosis of other drug disorders and a further 4% had a diagnosis of personality disorders.

Ethnicity

Almost 92% (91.5%) of in-patients had an ethnic group returned on census night, with almost 9% (8.5%) returned as 'unknown' or 'other'. Of those who returned an ethnic group (2,112), 93% were recorded as 'White Irish', almost 6% were returned as 'Any Other White' background while the remaining 1.6% was distributed amongst the other ethnic groups.

Length of stay

Thirty-seven per cent of in-patients were long-stay, i.e. had been in hospital for one year or more on census night; 17% were new long-stay, i.e. had been in hospital continuously for between one and five years and 19% were old long-stay, i.e. had been in hospital for five years or more. These proportions are unchanged to those reported in 2016 for both new and old long-stay patients.

Twenty per cent of patients had been in hospital for up to two weeks on census night, 12% were in hospital for between two to four weeks, 20% were in hospital for between one to three months, with a further 11% in hospital for between three months to one year.

Fifty per cent of all long-stay patients (i.e. those who had been hospitalised for one year or more) were aged 65 years and over on census night, while over half (54%) of all old long-stay patients (in hospital for five years or more) were aged 65 years and over.

Eighty-eight per cent of those with a diagnosis of intellectual disability (97 patients), 59% of those with organic mental disorders (225 patients) and 53% of those with schizophrenia (761 patients) had been in hospital for one year or more on census night. Seventy-three per cent of those with intellectual disability and 18% of those with schizophrenia had been in hospital for ten years or more on census night.

Sixty-three per cent of both voluntary and involuntary patients had been in hospital for up to one year on census night. Thirty-seven per cent of both voluntary and involuntary patients were in

¹ Legal status on census night was not returned for St John of God Hospital and thus legal status on admission was used instead of legal status on census night.

hospital for one year or more on census night, while 15% of voluntary and 20% of involuntary patients were in hospital for five years or more on census night.

The total number of in-patient days accumulated on census night for all patients was 3,246,586. Patients with schizophrenia accounted for 47% of all in-patient days on census night while patients with intellectual disability accounted for almost 26% of in-patient days, both disorders accounting for almost three-quarters of all in-patient days, at 73%. The average length of stay on census night was 1,406.67 days (median 76 days). Patients with intellectual disability had the longest average length of stay, at 8,545.42 days (median 7,634.0), followed by schizophrenia, at 2,006.17 days (median 451.0), organic mental disorders, at 1,093.62 days (median 605.0) and personality and behavioural disorders, at 1,078.92 days (median 20.0). The shortest average lengths of stay were for those with a diagnosis of other drug disorders, at 62.03 days (median 16.0).

When patients with a length of stay of one year or more were excluded, patients with intellectual disability had the longest average length of stay, at 133.33 days (median 56.5), followed by patients with organic mental disorders, at 118.55 days (median 67.5), development disorders, at 72.5 days (median 38.0) and schizophrenia, at 68.91 days (median 34.0). As with all patients, the shortest average lengths of stay were for those with a diagnosis of other drug disorders, at 29.5 days (median 14.5).

County of residence

Patients resident in Dublin had the highest rate of hospitalisation on census night, at 60.6 per 100,000, followed by patients resident in Kerry, at 58.9, Westmeath, at 56.3, Waterford, at 55.9, Tipperary South, at 55.5 and Mayo, at 55.2. Cavan had the lowest rate of hospitalisation, at 23.6, followed by Donegal, at 26.4 and Monaghan, at 29.3 per 100,000.

Medical card

Almost one-quarter (24%) of all patients resident on census night had a medical card, 7% indicated that they did not have a medical card and 69% did not specify whether or not they had a medical card.

Private health insurance

Almost 17% of in-patients were recorded as having private health insurance, with 27% not having health insurance. Fifty-six per cent of returns for in-patients did not specify whether they had private health insurance.

Referral source

Almost 13% of patients resident on census night were referred by their GP or the out-of-hours GP service, 7% were referred by a consultant and a further 7% were referred by another psychiatric hospital, 5% were referred by the emergency department and 4% were referred by another general hospital. When all types of hospital setting were combined, 18% were referred from a hospital setting. This may have been another psychiatric hospital, emergency department, general hospital or other hospital not specified.

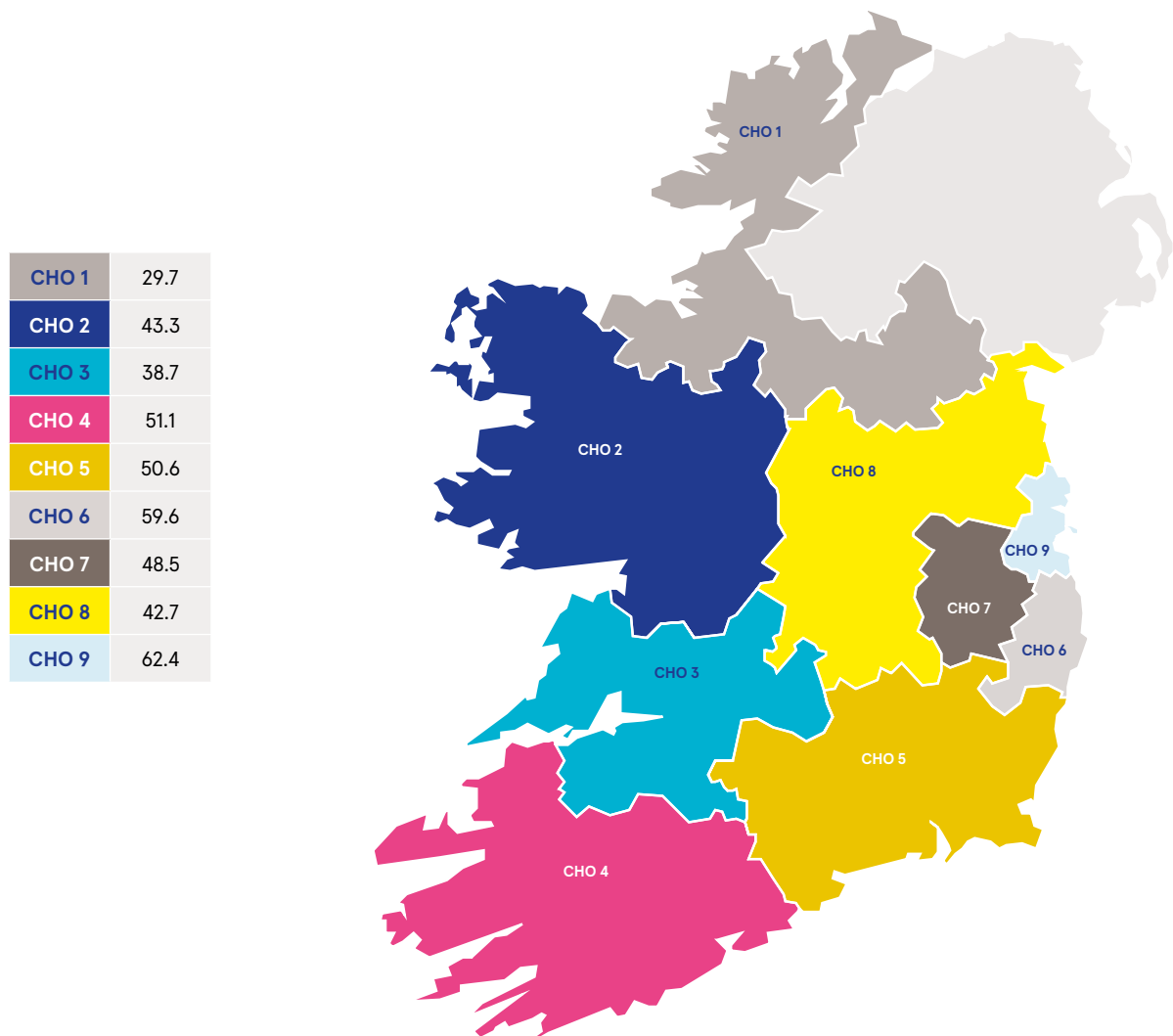
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Community Health Organisation (CHO) areas

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. Tabulations relating to CHO areas were calculated irrespective of whether or not the patient

resided in a hospital administered by that area. Patients residing in independent/private and private charitable centres were returned to the area in which they normally resided.

Figure 3.1 Hospitalisation rates by CHO area



Seventeen per cent of all patients on census night were resident in CHO 9, 15% were resident in CHO 4, 14% were resident in CHO 7, 11% were resident in CHO 5 and a further 11% were resident in CHO 6. Patients resident in CHO 9 had the highest rate of hospitalisation, at 62.4 per 100,000, followed by CHO 6, at 59.6, CHO 4, at 51.1 and CHO 5, at 50.6. There were eight patients returned as non-resident on census night, i.e. with an address not originating in Ireland.

Gender and age

Males had higher rates of hospitalisation than females in all CHO areas, with rates ranging from 68.9 per 100,000 in CHO 6 to 34.1 in CHO 1. Rates for females ranged from 60.3 per 100,000 in CHO 9 to 25.3 in CHO 1.

The 75 years and over age group had the highest rate of hospitalisation in six out of nine CHO areas; CHO 3, at 97.5 per 100,000, CHO 5, at 166.7, CHO 6, at 215.9, CHO 7, at 125.4, CHO 8, at 121.5 and CHO 9, at 272.9. The 65–74 years age group had the highest rate of hospitalisation in CHO 1, at 57.2 per 100,000, CHO 4, at 110.5 and CHO 2, at 113.7.

Marital status

Over two-thirds of patients resident in CHO 2 (69%) and in CHO 4 (68%) were single. Over one-quarter of those in CHO 3 (26%) and almost one-quarter in CHO 6 (24%) were married. Widowed persons had the highest rate of hospitalisation in CHO 5, CHO 6, CHO 7, CHO 8 and CHO 9, with rates in those areas ranging from 147.2 per 100,000 in CHO 6 to 68.3 in CHO 8. Single persons had the highest rate of hospitalisation in CHO 1, CHO 2 and CHO 3 with rates in those areas ranging from 57.5 in CHO 2 to 33.0 in CHO 1. Divorced persons had the highest rate of hospitalisation in CHO 4, at 116.9 per 100,000.

Socio-economic group

When cases with no socio-economic group specified were excluded, non-manual workers accounted for the highest proportion of patients in all but two areas on census night, ranging from 18% of in-patients in CHO 7 to 7% in CHO 5. Manual skilled workers had the highest proportion in CHO 3, at 11% and lower professionals had the highest rate in CHO 1, at 8% and CHO 2, at 9%.

Diagnosis

Patients with a primary admission diagnosis of schizophrenia had the highest rate of hospitalisation across all CHO areas with rates ranging from 22.2 in CHO 4 to 12.7 in CHO 1. Depressive disorders had the second-highest rate in all but two areas with rates ranging from 10.4 in CHO 2 to 4.6 in CHO 1. Organic mental disorders had the second highest rate in CHO 5 and CHO 9 with rates of 10.6 and 10.9 respectively.

Legal status

Over one-fifth of all in-patients resident in CHO 2 and CHO 6 were involuntary on census night while 18% from CHO 4, 17% from CHO 7 and a further 17% from CHO 9 were also involuntary on census night. Patients resident in CHO 6 had the highest rate of involuntary hospitalisation, at 12.9 per 100,000, followed by CHO 9, at 10.5 and CHO 2, at 9.7.

Length of stay

Over two-thirds of patients (69%) resident in CHO 1 and 62% in CHO 3 had been in hospital for up to three months on census night; over half of those resident in CHO 2 (54%), CHO 4 (52%), CHO 7 (52%) and CHO 8 (55%) had been in hospital for up to three months on census night. Forty-six per cent of all patients from CHO 9 and 44% from CHO 6 were long-stay, i.e. had been in hospital for one year or more on census night. One-quarter of those from CHO 9 and one-fifth from CHO 2, CHO 4 and 6 each were old-long stay, i.e. had been in hospital for five years or more on census night. This compares with just 4% from CHO 1 for the same length of time.

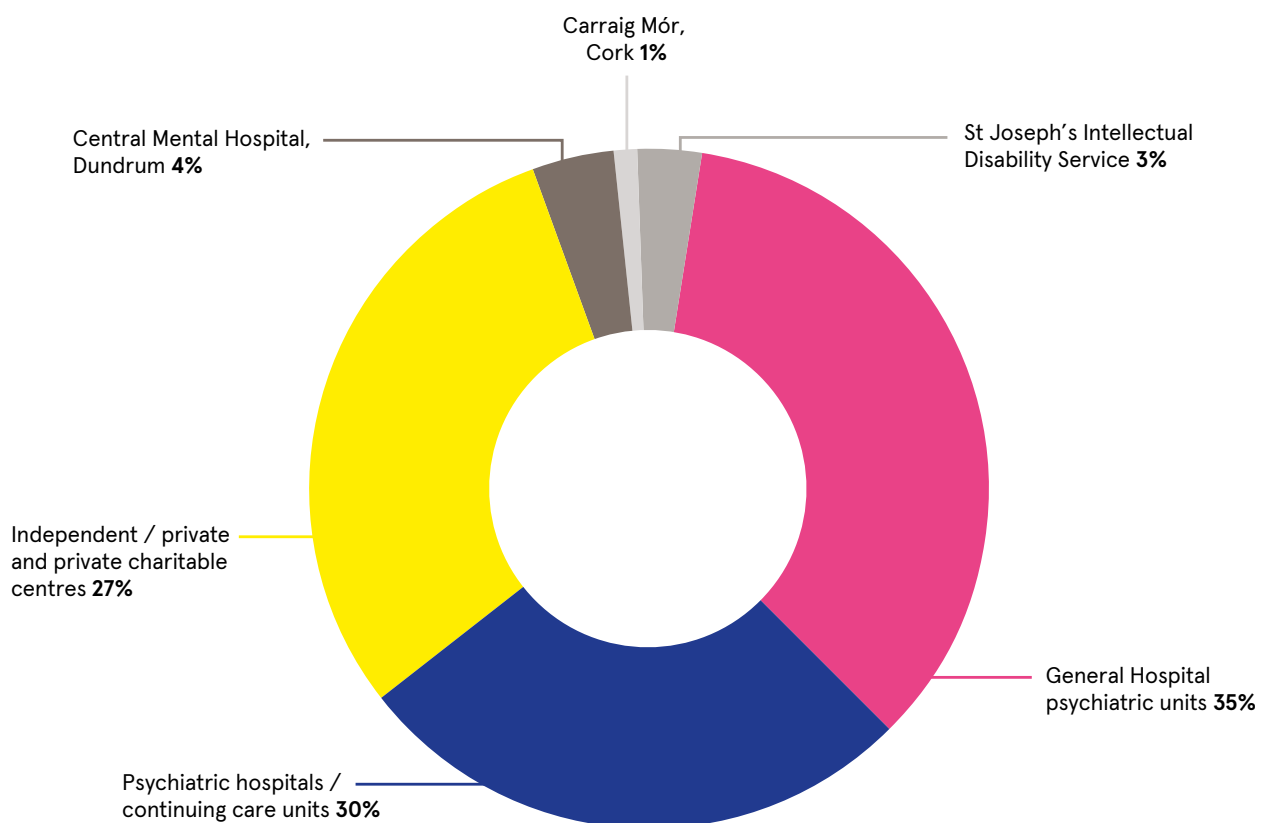
Patients from CHO 9 had the longest average length of stay on census night, at 1,696.64 days (median 203 days), followed by CHO 4, at 1,695.21 days (median 76 days) and CHO 2, at 1,644.58 days (median 74.5 days). CHO 5 had the shortest average length of stay, at 946.52 days (median 109.5 days). When patients with a length of stay of one year or more were excluded, average length of stay was longest in CHO 5, at 65.38 days (median 26 days), followed by CHO 7, at 57.84 days (median 30 days) and CHO 4, at 56.6 days (median 31 days). Average length of stay was shortest in CHO 1, at 46.82 days (median 24.5 days).

4 Hospital type

Data by hospital type are included in this section while data on child and adolescent units are presented separately in Section 6. Over one-third (35%) of all in-patients were resident in general hospital psychiatric units, 30% were resident in psychiatric hospitals/continuing care units, 27% were resident in independent/private and private

charitable centres, 4% were resident in the Central Mental Hospital, 3% were resident in St Joseph’s Intellectual Disability Service and less than one per cent (0.65%) were resident in Carraig Mór, Cork (see Figure 4.1).

Figure 4.1 Irish Psychiatric Units and Hospitals Census 2019. Hospital type



The proportion of patients resident in general hospital psychiatric units increased from 33% of all in-patients on census night in 2016 to 35% in 2019. There was a corresponding decrease in the proportion resident in psychiatric hospitals/continuing care units from 32% in 2016 to 30% in 2019. The proportion resident in independent/private and private charitable centres increased marginally from 26% in 2016 to 27% in 2019.

Gender and age

There was a similar proportion of males and females in general hospital psychiatric units (Table 4.1). Males accounted for 62% of all patients in psychiatric hospitals/continuing care units, 89% of patients resident in the Central Mental Hospital, 73% of patients in Carraig Mór and 71% of patients in St Joseph's Intellectual Disability Service. In contrast, 55% of all patients resident in independent/private and private charitable centres were female.

Almost 53% of patients resident in psychiatric hospitals/continuing care units were aged 65 years or over on census night while 39% in independent private and private charitable centres, 20% in St Joseph's Intellectual Disability Service, 18% in general hospital psychiatric units, and 3% in the Central Mental Hospital were aged 65 years and over. There were no patients in Carraig Mór over 65 years of age on census night. Over one-quarter of patients in psychiatric hospitals/continuing care units and 20% in independent/private and private charitable

centres were 75 years and over on census night. This compares with almost 6% in general hospital psychiatric units, 4% in St Joseph's Intellectual Disability Service and almost 1% in the Central Mental Hospital. There were five under 18s resident in general hospital psychiatric units on census night, up from three in 2016.

Marital status

Two-thirds of patients resident in general hospital psychiatric units and 65% in psychiatric hospitals/continuing care units were single. Eighty-seven per cent of patients in Carraig Mór and 99% of patients in St Joseph's Intellectual Disability Service were single. All patients resident in the Central Mental Hospital, with one exception, had an unknown marital status returned on census night. Over one-third (36%) of residents in independent/private and private charitable centres were married compared with 17% in general hospital psychiatric units and 17% in psychiatric hospitals/continuing care units.

Socio-economic group

Almost one-quarter (24%) of patients resident in independent/private and private charitable centres were higher or lower professionals (combined) compared with almost 7% in psychiatric hospitals/continuing care units and 6% in general hospital psychiatric units. Eighteen per cent of patients in

Table 4.1 Irish Psychiatric Units and Hospitals Census 2019. Hospital type and gender. Numbers with percentages

	Numbers			Percentages		
	Male	Female	Total	Male	Female	Total
General hospital psychiatric units	398	401	799	49.81	50.19	34.62
Psychiatric hospitals/continuing care units	427	262	689	61.97	38.03	29.85
Independent/private and private charitable centres	282	344	626	45.05	54.95	27.12
Central Mental Hospital, Dundrum	92	11	103	89.32	10.68	4.46
Carraig Mór, Cork ^a	11	4	15	73.33	26.67	0.65
St Joseph's Intellectual Disability Service ^b	54	22	76	71.05	28.95	3.29
Total	1,264	1,044	2,308	54.77	45.23	100.00

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, Dublin.

independent/private and private charitable centres had non-manual occupations compared with 10% in general hospital psychiatric units and 8% in psychiatric hospitals/continuing care units.

Diagnosis

Almost half (48%) of patients resident in psychiatric hospitals/continuing care units and almost one-third (31%) of patients in general hospital psychiatric units had a primary admission diagnosis of schizophrenia. In contrast, 15% of patients resident in independent/private/private charitable centres had a diagnosis of schizophrenia. Almost 81% of those resident in the Central Mental Hospital had a diagnosis of schizophrenia. Over one-quarter (27%) of patients in independent/private and private charitable centres had a diagnosis of depressive disorders; 18% in general hospital psychiatric units and 8% in psychiatric hospitals/continuing care units also had a diagnosis of depressive disorders.

Legal status

One-fifth of patients resident in general hospital psychiatric units, 12% in psychiatric hospitals/continuing care units and 5% in independent/private and private charitable centres² were involuntary on census night. Ninety-seven per cent of those resident in the Central Mental Hospital had a legal status of involuntary on census night. While the proportion of patients who were involuntary on census night in general hospital psychiatric units (20%) and in psychiatric hospitals/continuing care units (12%) remained unchanged from 2016, there was a slight increase in the proportion in independent/private and private charitable centres from 2% in 2016 to 5% in 2019.

² Legal status on census night was not returned for St John of God Hospital and thus legal status on admission was used as a proxy for legal status on census night.

Length of stay

Sixty-five per cent of patients resident in psychiatric hospitals/continuing care units were long stay, i.e. had been in hospital continuously for one year or more. This represents no change in the proportion of long-stay patients in psychiatric hospitals/continuing care units since 2016. Twenty-seven per cent of patients in independent/private and private charitable centres and almost 9% in general hospital psychiatric units were also long-stay. This is a slight increase in the proportion of long-stay patients in independent/private and private charitable centres from 25% in 2016. Ninety-one per cent of all patients in general hospital psychiatric units had been in hospital for less than one year on census night. Ninety-nine per cent of patients in St Joseph's Intellectual Disability Service, 80% of those in the Central Mental Hospital and 40% of those in Carraig Mór were long-stay.

Ninety-two per cent of patients in St Joseph's Intellectual Disability Service were old long-stay, i.e. had been in hospital for five years or more on census night; 40% of those in the Central Mental Hospital and almost 38% of those in psychiatric hospitals/continuing care units were old long-stay. This compares with 11% in independent/private and private charitable centres and 7% in Carraig Mór.

Patients resident in psychiatric hospitals/continuing care units accounted for over half (56%) of all in-patients days on census night, while independent/private and private charitable centres accounted for 11% and general hospital psychiatric units accounted for 3%. Average length of stay was longest for patients resident in St Joseph's Intellectual Disability Service, at 9,571.64 days (median 8,308.0 days), accounting for 22% of all in-patient days on census night.

Of the three main hospital types, length of stay was longest for psychiatric hospitals/continuing care units, at 2,635.01 days (median 1,024.0 days), followed by independent/private and private charitable centres, at 565.51 days (median 43.5 days) and general hospital psychiatric units, at 111.99 days (median 28 days).

When length of stay of one year or more was excluded patients resident in psychiatric hospitals/continuing care units had the longest average length of stay, at 82.19 days (median 44 days), followed by general hospital psychiatric units, at 49.82 days (median 24 days) and independent/private and private charitable centres, at 42.42 days (median 25 days).

5

Individual psychiatric units and hospitals

As observed in 2016, a higher proportion of patients resident in psychiatric hospitals/continuing care units were aged 65 years and over in comparison to those resident in general hospital psychiatric units. Some of the psychiatric hospitals/continuing care units are dedicated units for later life psychiatry, for example Sycamore Unit in Connolly Hospital, where 100% of patients resident on census night were 65 years of age and over. Similarly, 100% of those in Blackwater House, St Brigid's Hospital Ballinasloe, St Anne's Unit Sacred Heart Hospital, Castlebar and Tearmann Ward, St Camillus' Hospital were all aged 65 years and over. Eighty-four per cent of those in Le Brun House and Whitethorn House, 95% of those in O'Casey Rooms St Vincent's Hospital, Fairview were aged 65 years and over. The highest proportion of patients aged 65 years and over among the general hospital psychiatric units was observed in the Adult Mental Health Unit in Cork University Hospital, at 32.7% followed by the Ashlin Centre in Beaumont Hospital, at 31.6%.

Over half of residents in many units and hospitals on census night had a primary admission diagnosis of schizophrenia; almost 90% in St Finbarr's Hospital in Cork had a primary admission diagnosis of schizophrenia; almost 88% in Woodview Unit, Merlin Park; almost 83% in Phoenix Care Centre; 82% in Owenacurra Centre; 81% in the Central Mental Hospital and 73% in Cappahard Lodge. In contrast, over half of all patients resident in St Edmundsbury Hospital (56%) had a primary admission diagnosis of depressive disorders and 62% of patients resident in St Patrick's Hospital had a primary admission diagnosis of organic mental disorders.

6

Child and adolescent patients

This section presents data on all patients who were under 18 years of age on census night. It includes patients in adult psychiatric units/hospitals/ continuing care units and those who were patients in specialised child and adolescent units. The data for those in child and adolescent units have not been included in the previous sections of this report and have been omitted from the overall census numbers.

Gender and age

There were 83 patients under 18 years of age in resident in both adult units and child and adolescent units on census night, one less than in 2016. The number of under 18s in hospitals and units has increased over the years, from 43 in 2010 to 83 in 2019, due, in part, to the increased in-patient capacity over the years in line with policy and service developments and to the growth in demand for places.

Over two-thirds (69%) of under 18s were female. Forty-two per cent were aged 17 years on census night, 17% were aged 16 years, just over 20% were aged 15 years and a similar proportion were aged 14 years or younger.

Table 6.1 Child and adolescent residents. Irish Psychiatric Units and Hospitals Census 2019. Age and gender. Numbers with percentages

	Numbers			Percentages		
	Male	Female	Total	Male	Female	Total
<= 14 years	5	12	17	19.23	21.05	20.48
15 years	8	9	17	30.77	15.79	20.48
16 years	5	9	14	19.23	15.79	16.87
17 years	8	27	35	30.77	47.37	42.17
Total	26	57	83	100.00	100.00	100.00

Hospital type

Ninety-four per cent of under 18s were resident in child and adolescent units and 6% were resident in general hospital psychiatric units. There were no under 18s resident in either psychiatric hospitals/continuing care units or independent/private and private charitable centres.

Diagnosis

Over one-third (37%) of under 18s had a primary admission diagnosis of depressive disorders, 17% had a diagnosis of eating disorders, 8% had a diagnosis of schizophrenia and a further 8% had a diagnosis of neuroses. Females accounted for 81% of those with depressive disorders and 93% of those with eating disorders. Males accounted for 71% of those with schizophrenia and 57% of those with neuroses.

Length of stay

Fourteen per cent of under 18s had been in hospital for less than one week on census night, and similar proportions had been in hospital for between one and two weeks and between two to four weeks.

Forty-three per cent had been in hospital for between one and three months on census night and 13% had been in hospital for between three months and one year. The average length of stay for all under 18s was 51.64 days (median 40 days).

Patients under 18 years with a diagnosis of depressive disorders accounted for the highest proportion of in-patient days, at 28.5%, followed by eating disorders, at 26% and neuroses, at 14%. Average length of stay was longest for patients with a diagnosis of mania, at 97.33 days (median 55 days), followed by neuroses, at 84.29 days (median 59 days) and eating disorders, at 80.14 days (median 56.5 days).

The average length of stay in child and adolescent units was 52.0 days (median 40 days).

7

Trends in census data 2010–2019

With the first national psychiatric in-patient census carried out in 1963 there is now a substantial volume of data available to examine trends in in-patient data up to our tenth national census in 2019. The value of carrying out a periodic census such as the one reported here is that it records the number of residents in psychiatric units and hospitals at a particular point in time and captures the level of service use, and very often, capacity, in the in-patient services on any given night. In doing so, it differs from activities data which are episodic, and which reflect total numbers of admissions and discharges in any one year.

When we compare trends in data for the period 2010–2019 we see patterns that have been evident over a longer period and since census data were first collected. Overall the census data for 2019 data show that in-patient numbers have declined from 2,812 in 2010 to 2,308 in 2019, a decline of 18%, with only a 2% decline since the last census in 2016 (48 patients). There seems, therefore, to be a levelling off in the rate of decline in recent years. A factor in this decline has been the fall-off in the old long-stay population (those in hospital for five years or more) from 25% in 2010 to 19% in 2019 with the predominant trend in recent census data being shorter lengths of stay. In 2010, 29% of in-patients on census night had been in hospital for less than three months; by 2019 this proportion had risen to over half (52%) of all in-patients pointing to a much higher proportion with shorter lengths of stay. As shorter lengths of stay are a feature of admission to general hospital psychiatric units it is no surprise that the increase in the proportion with shorter lengths of stay is coupled with the rise in the proportion of in-patients resident in these general hospital psychiatric units, from 25% in 2010 to 35% in 2019. The corresponding proportion resident in psychiatric

hospitals/continuing care units, where length of stay is typically longer, has fallen from 47% in 2010 to 30% in 2019. The proportion resident in independent/private and private charitable centres also continues to rise, from 20% in 2010 to 27% in 2019 (and up slightly from 26% in 2016).

Although two-thirds of the resident population was under 65 years of age on census night, the over 65s population is still a substantial figure at one-third of all residents and it is important that services for later life psychiatry reflect this figure so the needs of older residents can be adequately addressed. Equally, the number of residents under 18 years of age has shown an increase since 2010 from 43 patients to 83 in 2019 due to increased in-patient capacity and demand for services.

Schizophrenia continues to be the predominant diagnosis in adult units and hospitals, accounting for one-third of all patients resident, while depressive disorders was the predominant diagnosis amongst the under 18s, accounting for 37% of all under 18s. The proportion of in-patients with a primary diagnosis of schizophrenia remained at a similar level (34%) in 2010 compared to 33% in 2019 while the proportion of in-patients with intellectual disability declined from 6% in 2010 to 4% in 2019. Seventy-four per cent of those with a primary diagnosis of intellectual disability were resident in St Joseph's Intellectual Disability Service.

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