

HRB StatLink Series 10
National Psychiatric Inpatient
Reporting System (NPIRS)

Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2021

Antoinette Daly and Sarah Craig

Published by:

Health Research Board, Dublin
An Bord Taighde Sláinte
© Health Research Board 2022
HRB StatLink Series ISSN 2737-7652

Copies of this report can be obtained from:

Health Research Board
Grattan House
67-72 Lower Mount St
Dublin 2

t + 353 1 234 5000

f + 353 1 661 1856

e hrb@hrb.ie

w www.hrb.ie

HRB StatLink Series 10

National Psychiatric Inpatient Reporting System (NPIRS) Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2021

Antoinette Daly and Sarah Craig

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 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 **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.

Table of Contents

Acknowledgements	vi
1. Introduction and Background	1
2. National and Regional Admissions, Discharges and Deaths	4
National all and first admissions	4
National discharges and deaths	7
Community Healthcare Organisations (CHOs)	8
Counties	10
Non-residents	11
In-patient bed days	11
Referral source	11
3. Hospital Type – Admissions, Discharges and Deaths	12
4. Individual Units and Hospitals – Admissions, Discharges and Deaths	15
5. Child and Adolescent Admissions	16
6. In-patient Census 2021	18
7. Review of data 2012–2021	20
Lists of tables	
Table 1.1 Number of hospitals/approved centres by hospital type	2
List of figures	
Figure 2.1 All, first and re-admissions. Ireland 1965–2021. Numbers	4
Figure 2.2 Admissions by CHO areas 2021. Rates per 100,000 total population	9
Figure 3.1 Hospital type. All admissions. Ireland 2021. Percentages	12
Figure 7.1 Admissions for under 18s by hospital type in 2012 and 2021. Percentages	20

Acknowledgements



The NPIRS Team would like to thank all our contacts in units and hospitals for submitting the information for this report and for their continuing commitment and dedication. We would also like to thank our colleagues Yvonne Dunne and Deirdre Hallissey for collecting and collating the information that is central to the report. We would also like to thank the HSE Mental Health Services and the Department of Health for their on-going support of the NPIRS database.

1 Introduction and Background

This report presents data on all admissions, discharges and deaths in 2021 in Irish psychiatric units and hospitals on the Register of Approved Centres under the Mental Health Act 2001. The COVID-19 global pandemic continued to make an impact on people's lives during 2021 and we would like to acknowledge the work of all our NPIRS contacts in returning the data to the HRB throughout the year under continued difficult and challenging circumstances.

Data for this report are sourced from the National Psychiatric Inpatient Reporting System (NPIRS) for 2021 and are presented nationally, regionally by Community Healthcare Organisation (CHO), locally by individual hospital and also by hospital type. Data from an in-patient census on 31 December 2021 are also presented. A limited number of tables and graphs are included with the remaining data available online at www.hrb.ie. Interactive tables are available at 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 2020 used in this summary report are from the publication *Activities of Irish Psychiatric Units and Hospitals 2020 Main Findings* (Daly and Craig 2021) and rates reported are per 100,000 total population based on the Census of Population 2016¹. 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 2021 returned to the National Psychiatric In-patient Reporting System (NPIRS) in the 66 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) during the year 2021. There were two additional approved centres in 2021, Silver Lodge, Tullamore and the National Eating Disorders Recovery Centre in Dublin. Patients from Maryborough Centre, St Fintan's Hospital were transferred to Silver Lodge while works were ongoing in St Fintan's Hospital. To preserve patients' length of stay we have presented the data for both units in 2021 as St Fintan's Hospital Portlaoise/Silver Lodge, Tullamore. While the National Eating Disorders Recovery Centre was newly registered in 2021 it did not open for admissions until 2022, therefore there are no data for the new centre for 2021.

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

Table 1.1 Number of hospitals/approved centres by hospital type in 2021

Hospital type	Number
General hospital psychiatric units	23
Psychiatric hospitals/continuing care units	26
Independent/private and private charitable centres	7
Child and adolescent units	6
Central Mental Hospital	1
Carraig Mór, Cork ^a	1
St Joseph's Intellectual Disability Service ^b	1
Phoenix Care Centre, Dublin ^c	1
Total	66

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.

This is the first full year of reporting from the HRB's new web-based LINK system for NPIRS. All data are received from units and hospitals via 3rd party upload files according to agreed specifications. Data received from units and hospitals are processed and go through 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. The data contained in this report reflect data received throughout 2021 and verified by hospitals at the time of preparing this report. 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 relate to admissions and/or discharges and not people, the potential to identify individuals from the data is zero. A further point to note is that many hospitals use a provisional diagnosis on

admission so this may be reflected in the primary admission diagnosis for a patient and thus may not be consistent with the discharge diagnosis completed for that patient.

Differences exist in data reported for child and adolescent admissions in the Mental Health Commission's (MHC) annual inspectorate report 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 in this report 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 the death of a patient following discharge from the approved centre.

2 National and Regional Admissions, Discharges and Deaths

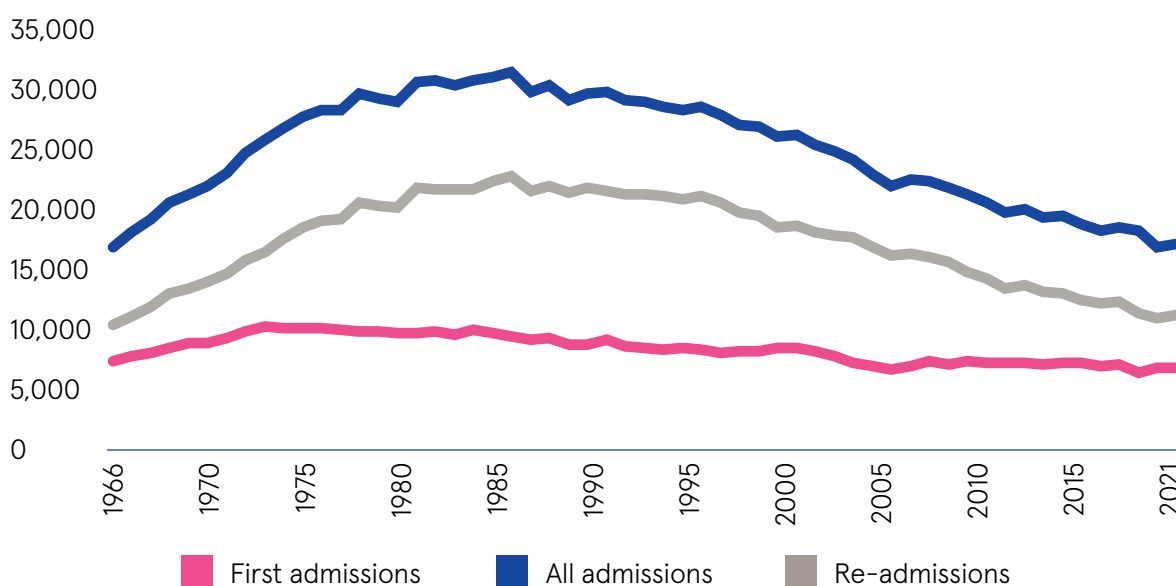
National all and first admissions

There were 15,723 admissions to Irish psychiatric units and hospitals in 2021, an increase in admissions by 332, from 15,391 in 2020. The easing of the strict public health measures (which had been in place throughout most of 2020) during 2021 may have resulted in activity in units and hospitals returning to more 'normal' levels and may have resulted in the increase in admissions from 2020, which were more than likely at lower levels due to the strict measures in place at the time. The rate of admissions increased from 323.2 in 2020 to 330.2 per 100,000 in 2021. An additional 29 persons presented for admissions but were subsequently not admitted following review as admission was not deemed appropriate.

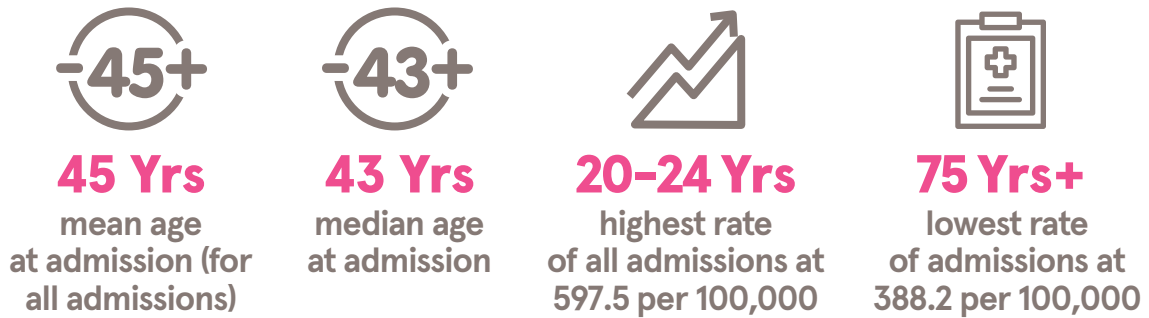
There were 5,758 first admissions, also an increase from 5,694 first admissions in 2020. The rate of first admissions also increased marginally from 119.6 in 2020 to 120.9 per 100,000. There were 9,965 re-admissions, accounting for 63% of all admissions, unchanged from the last number of years. The rate of re-admissions increased from 203.6 in 2020 to 209.3 in 2021.

Figure 1 presents the admission numbers over the past 56 years from 1965 to 2021. The decline in numbers since reaching a peak in the mid-1980s is apparent with the increase in 2021 also clear to see.

Figure 2.1 All, first and re-admissions. Ireland 1965-2021. Numbers



Females accounted for 51% of all admissions and had a slightly higher rate of admission at 331.3 per 100,000 compared with 329.0 for males. Males accounted for 52% of first admissions and had a higher rate of first admissions, at 127.6 compared with 114.4 for females.



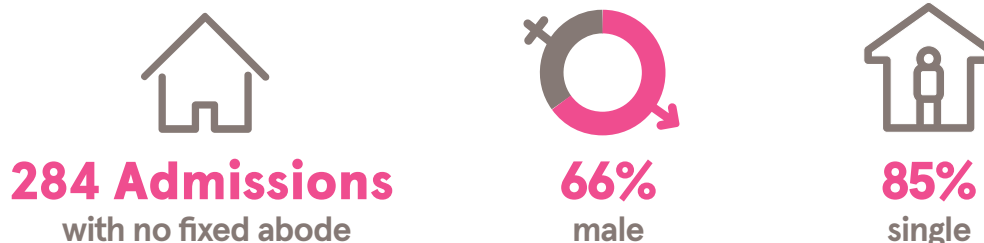
The mean age at admission for all admissions was 45 years, unchanged for the last number of years, while the median age was 43, also unchanged for a number of years. As in 2020, the 20-24 year age group had the highest rate of all admissions, at 597.5 per 100,000, followed by the 18-19 year age group, at 530.8 and the 65-74 year age group, at 458.6. The 75 year and over age group had the lowest rate of all admissions, at 388.2 per 100,000. The 18-19 year age group had the highest rate of first admissions, at 304.5, followed by the 20-24 year age group, at 278.5 and the 25-34 year age group, at 165.3 per 100,000. The 55-64 year age group had the lowest rate of first admissions, at 125.0 per 100,000.

As in 2020, 60% of all admissions in 2021 were single, 24% were married, 4% were widowed and 3% were divorced. As in previous years, divorced persons had the highest rate of all admissions, at 474.5 per 100,000, followed by single, at 370.4 and widowed, at 298.1. Married persons had the lowest rate of all admissions, at 208.1. Divorced persons also had the highest rate of first admissions, at 164.6 per 100,000, followed by single, at 129.6 and widowed, at 95.8. Married persons had the lowest rate of first admissions, at 82.0 per 100,000.

Thirty-six per cent of all admissions were returned as unemployed in 2021, 16% were employed, 8% were retired, 5% were students and 4% were engaged in house duties. Thirty-two per cent were returned as unknown. The unskilled occupational group had the highest rate of all admissions, at 326.4 per 100,000, in keeping with the trend in previous years. However, 65% of occupations were returned to the HRB as unknown or unspecified, making assignment to a socio-economic group impossible. Manual skilled occupations had the second highest rate of admissions, at 189.1, followed by lower professionals, at 168.5. The unskilled group also had the highest rate of first admissions, 113.8 per 100,000, followed by the manual skilled, at 81.8 and lower professionals, at 66.4.

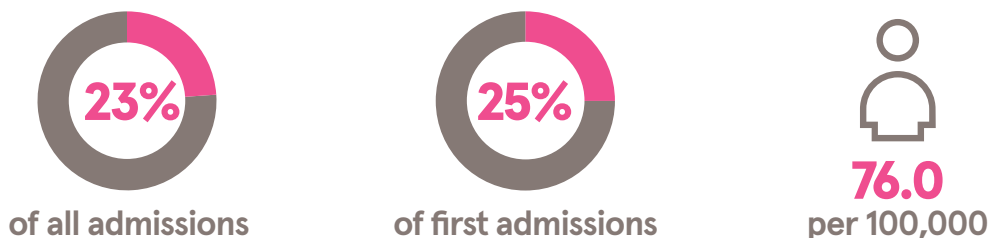
There were 284 admissions returned as having no fixed abode in 2021, a decrease of 28 from 312 admissions in 2020. Almost 66% were male and 85% were single. Over one-third (almost 35%) were aged 25-34 years of age, a further 30% were aged 35-44 years of age, 14% were aged 20-24 years, 11% were 45-54 years, 7% were aged 55 years and over and less than 3% were aged 18-19 years. Forty-one per cent of all admissions with no fixed abode had a

diagnosis of schizophrenia, almost 16% had a diagnosis of other drug disorders, 10% had a diagnosis of mania and 7% had a diagnosis of alcoholic disorders.



Eighty per cent of all admissions were returned as 'White Irish', almost 7% were returned as 'Other White Background' (including 'White Irish Traveller', 'Roma' and 'any other white background'), 2% were returned as 'Black African' or Any other Black Background', a further 3% were distributed amongst various other ethnic groups and 9% were returned as unknown.

Depressive disorders



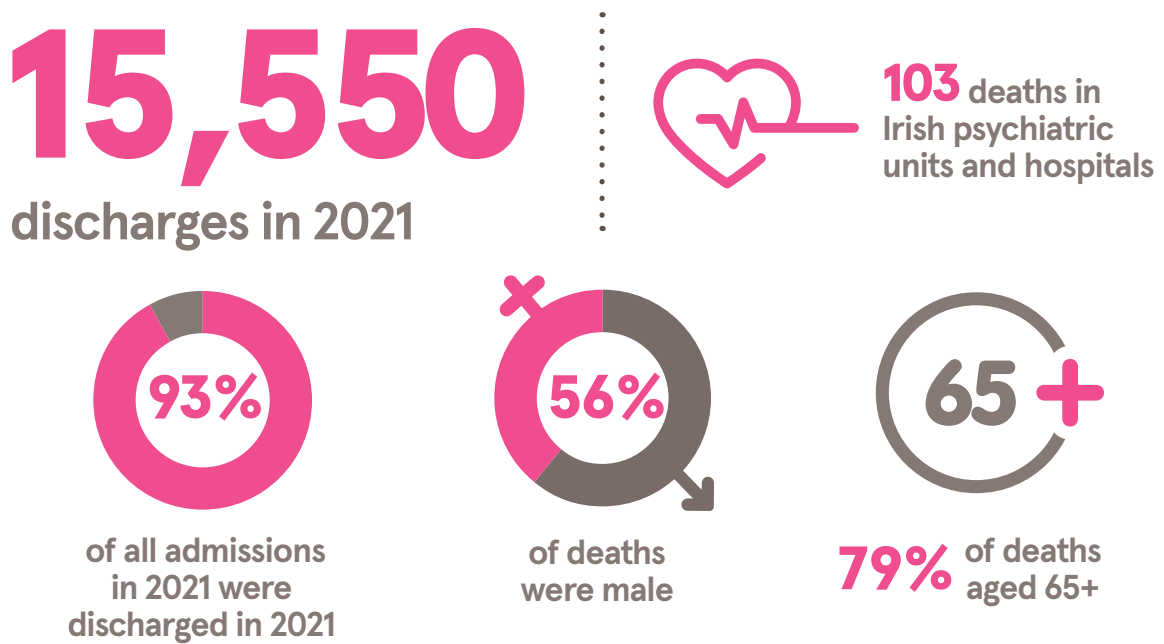
As in previous years, depressive disorders accounted for the highest proportion of all and first admissions, at 23% of all and 25% of first admissions. Schizophrenia accounted for 21% of all and 16% of first admissions and neuroses accounted for 10% of all and 14% of first admissions. Depressive disorders had the highest rate of all admissions, at 76.0 per 100,000, followed by schizophrenia, at 69.8, neuroses, at 34.1 and mania, at 32.0.

Seventeen per cent of all and first admissions in 2021 were involuntary. The rate of involuntary all admissions increased from 51.7 per 100,000 in 2020 to 56.7 in 2021, while the rate for first admissions increased from 19.9 in 2020 to 20.8 in 2021.

While data on medical card status and private health insured were collected, 71% were returned as unknown/unspecified for medical card status and 66% was similarly returned for private health insurance.

National discharges and deaths

There were 15,550 discharges and 103 deaths in Irish psychiatric units and hospitals in 2021. The number of deaths decreased from 126 in 2020. Any deaths notified to the HRB after the date of processing are not included in this report. Males accounted for 56% of all deaths and 79% of all deaths were aged 65 years and over. Ninety-three per cent of all admissions in 2021 were discharged in 2021.



Thirty-one per cent of all discharges in 2021 occurred within one week of admission, 19% occurred within one to two weeks, almost 21% occurred within two to four weeks and almost 25% occurred within one to three months of admission. One per cent of discharges occurred within one year or more of admission.

Half of all discharges for personality and behavioural disorders and almost half for other drug disorders (47%) and behavioural and emotional disorders of childhood and adolescence (48%) occurred within one week of admission. Over one-third of discharges for alcoholic disorders (35%) and neuroses (37%) also occurred within one week of admission. Over 90% of discharges for most disorders occurred within three months of admission, with the exception of organic mental disorders (77%), eating disorders (almost 89%) and intellectual disability (84%).

Forty-seven per cent of all discharges (excluding deaths) were discharged home, 4% were discharged to another psychiatric unit/hospital, 1% were discharged against medical advice, less than one per cent each were discharged to a community residence and nursing home, and almost 47% were returned as other/unknown.

The average length of stay for all discharges in 2021 was 55.6 days (median 14 days). Discharges with a diagnosis of intellectual disability had the longest average length of stay, at 1,204.2 days (median 11 days), accounting for 10% of all in-patient days and less than one per cent of all discharges. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 176.9 days (median 34 days), followed by schizophrenia, at 102.6 days (median 19 days). Discharges for other drug disorders had the shortest average length of stay, at 13.7 days (median 7 days).



The average length of stay for all discharges in 2021, (median 14 days)

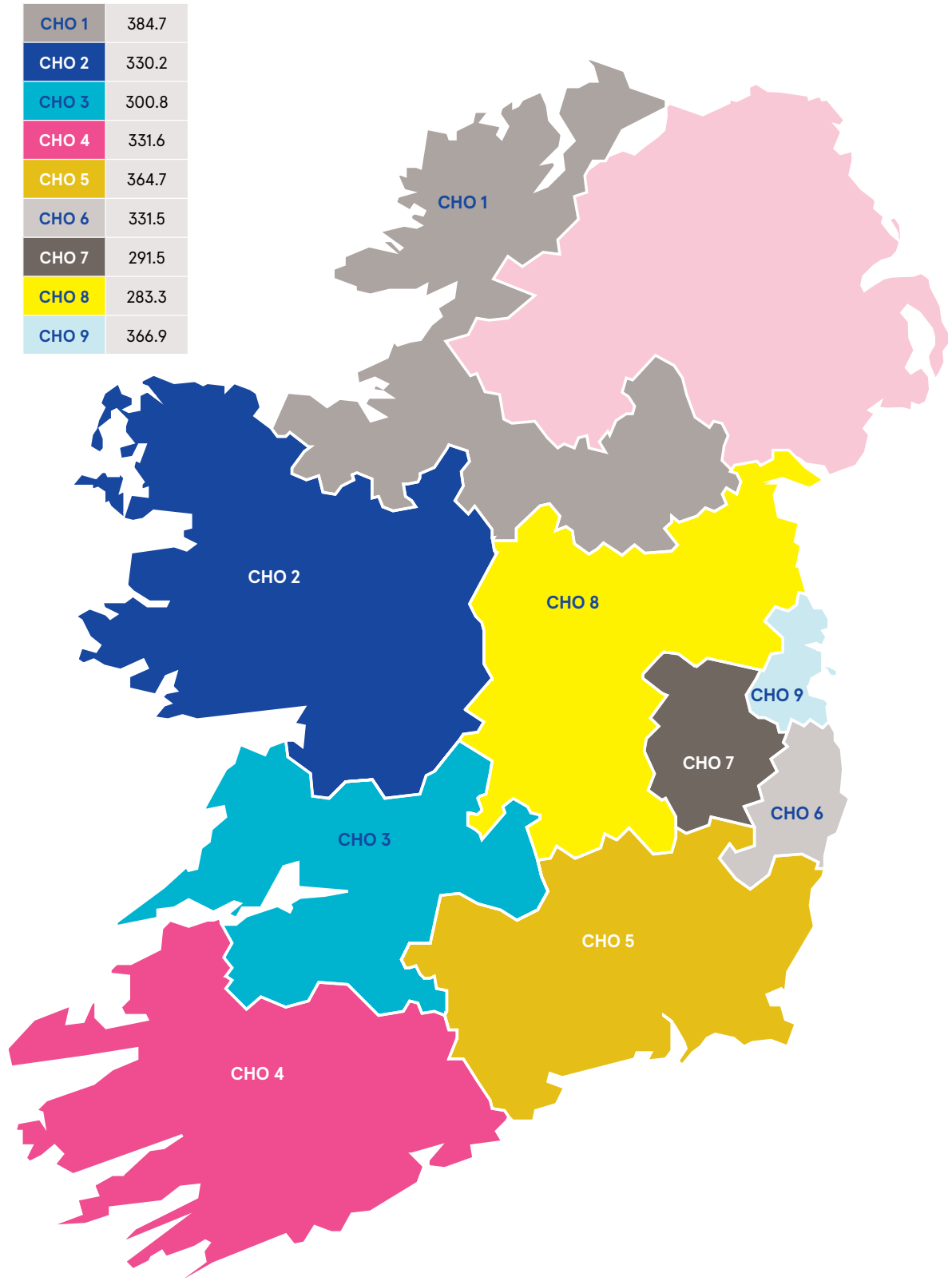
55.6 days

The average length of stay for discharges up to one year was 24.3 days (median 13 days). When discharges of one year or more were excluded, discharges with a diagnosis of organic mental disorders had the longest average length of stay, at 51.2 days (median 28 days), followed by eating disorders, at 46.1 days (median 36 days) and schizophrenia, at 32.0 days (median 18 days).

Community Healthcare Organisations (CHOs)

The address from which a person was admitted was used to assign him/her to a CHO area and thus CHO area refers to the CHO area of residence of the person admitted. All admission rates were highest for those resident in CHO 1, at 384.7 per 100,000, followed by CHO 9, at 366.9 and CHO 5, at 364.7. All admission rates were lowest for CHO 8, at 283.3 per 100,000. First admission rates were highest for those resident in CHO 9, at 149.5 per 100,000, followed by CHO 5, at 142.3 and CHO 2, at 118.5. First admission rates were also lowest in CHO 1, at 98.6 per 100,000.

Figure 2.2 Admissions by CHO areas 2021. Rates per 100,000 total population



Males had a higher proportion of admissions in CHO 2, 3 and 4 while females had a higher proportion in CHO 1, 6, 7 and 8 and 9, with equal proportions in CHO 5. When age at admission was condensed into two age groups – under 45 years and 45 years and over, the 45 years and over age group had higher rates of all admissions in each CHO, with rates ranging from 498.7 in CHO 9 to 364.1 per 100,000 in CHO 8.

Almost one-third (32%) of all admissions from CHO 2, 29% from CHO 9 and 27% from CHO 3 had a diagnosis of depressive disorders, while 28% of admissions from CHO 4 and 26% of admissions from CHO 7 had a diagnosis of schizophrenia. Depressive disorders had the highest rates of all admissions in six (CHO 2, 3, 5, 6, 8 and 9) of the nine CHO areas and rates in all areas ranged from 105.9 per 100,000 in CHO 9 to 56.7 in CHO 6. Schizophrenia had the highest rate of all admissions in three CHO areas (CHO 1, 4 and 7) with rates ranging from 93.8 per 100,000 in CHO 4 to 48.0 in CHO 6.

Twenty-one per cent of all admissions from CHO 4 and CHO 9 were involuntary, followed by 20% from CHO 5 and 18% from CHO 7. Admissions from CHO 9 had the highest rate of involuntary admission, at 78.9 per 100,000, followed by CHO 5, at 71.9 and CHO 4, at 69.8. CHO 9 also had the highest rate of involuntary first admissions, at 34.4 per 100,000, followed by CHO 5, at 29.8 and CHO 7, at 22.4.

Two-thirds of discharges from CHO 1 occurred with two weeks of admission, while 58% of discharges from CHO 5, 54% from CHO 8 and 52% from CHO 4 occurred within two weeks of admission. Eighty-four per cent of all discharges from CHO 1 occurred within one month of admission, compared with 59% from CHO 6 and 62% from CHO 7. Discharges from CHO 6 had the longest average length of stay, at 71.6 days (median 20 days), followed by CHO 7, at 67.9 days (median 18 days) and CHO 4, at 67.6 days (median 13 days). Discharges from CHO 1 had the shortest average length of stay, at 16.2 days (median 8 days).

Counties

All admissions were highest for county Leitrim, at 490.0 per 100,000, followed by Donegal, at 478.7, Sligo, at 436.4 and Offaly, at 402.8. Monaghan had the lowest rate of all admissions, at 213.4 per 100,000. All admissions for depressive disorders were highest for county Mayo, at 196.2 per 100,000, followed by Leitrim, at 162.3 and Sligo, at 128.2. Monaghan had the lowest rate of all admissions for depressive disorders, at 16.3 per 100,000. Cork had the highest rate of all admissions for schizophrenia, at 98.4 per 100,000, followed by Sligo, at 88.5 and Leitrim, at 87.4. Mayo had the lowest rate of all admissions for schizophrenia, at 19.2 per 100,000. Donegal had the highest rate of all admissions for alcoholic disorders, at 54.0 per 100,000, followed by Leitrim, at 40.6 and Waterford, at 34.4. Laois had the lowest rate of all admissions for alcoholic disorders, at 4.7 per 100,000.

First admissions were highest for county Wexford, at 148.9 per 100,000, followed by Waterford, at 147.2 and Donegal, at 145.1. Sligo had the lowest rate of first admissions, at 41.2 per 100,000. Mayo had the highest rate of first admissions for depressive disorders, at 69.0 per 100,000, followed by Offaly, at 52.6 and Carlow, at 45.7. Monaghan had the lowest rate of first admissions for depressive disorders, at 4.9 per 100,000. Laois had the highest rate of first admissions for schizophrenia, at 29.5, followed by Dublin, at 26.4 and Kerry, at 25.7. Leitrim had no first admissions for schizophrenia while Sligo had the lowest rate, at 3.1 per

100,000. Donegal had the highest rate of first admissions for alcoholic disorders, at 19.5 per 100,000, followed by Waterford, at 12.9 and Tipperary South, at 12.5. Sligo had the lowest rate of first admissions for alcoholic disorders, at 1.5 per 100,000.

Non-residents

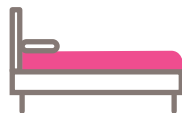
There were 25 admissions for non-residents in 2021, down from 40 in 2020 and 68 in 2019. Fifty-six per cent of all non-residents had an address originating in Northern Ireland, 24% had an address in England, 8% had an address in the US, a further 8% had an address in Brazil and 4% had an address in France. Thirty-two per cent of all non-residents had a primary admission diagnosis of schizophrenia, 16% had a diagnosis of mania, a further 16% had a diagnosis of neuroses and 12% had a diagnosis of other drug disorders.

In-patient bed days 2021

The total number of bed days used in 2021 was 718,906. This included all admissions and all discharges in 2021 and all patients resident on 31 December 2021. This yielded the number of in-patient bed days used in all approved centres (adult units) in 2021, from January 1 to the date of discharge in 2021, or to the night of December 31, where a patient was not discharged before year-end. Schizophrenia accounted for over one-third (38%) of all in-patient days in 2021, at 271,422 days; depressive disorders accounted for 14% of in-patient days, at 101,465 days and organic mental disorders accounted for 8% of all in-patient days, at 58,314 days.

Referral source

Sixteen per cent of all admissions were referred by the emergency department or the assessment unit attached to a general hospital. Eleven per cent were referred by a GP or the out-of-hours GP/primary care service, 9% were referred by another hospital (psychiatric or general hospital), 6% were referred by the justice system (Garda/prison/courts), almost 6% were referred by a community mental health team (CMHT) or sector team, 5% were self-referrals, a further 5% were referred by an outpatient clinic or day hospital/day centre, 5% were referred by another service and the remaining 35% had an unknown or unspecified referral source.



718,906

total number of bed days used in 2021

3 Hospital Type – Admissions, Discharges and Deaths

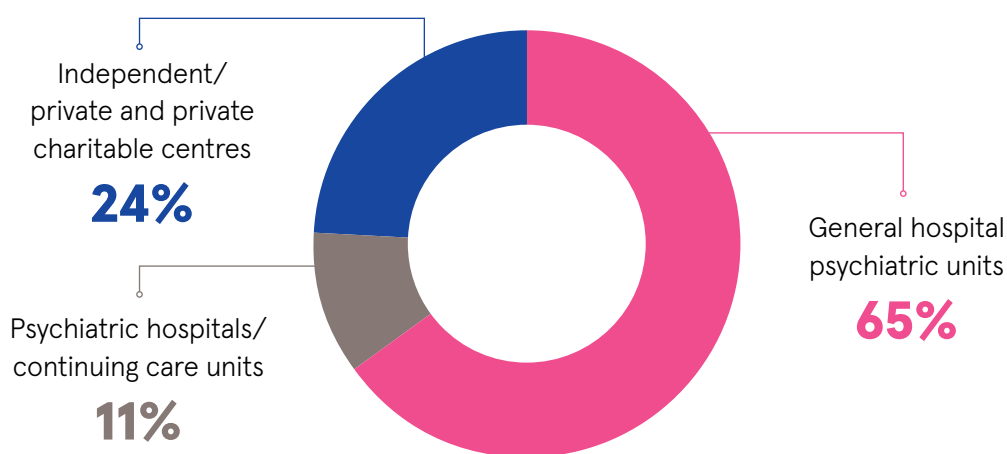


76%
of all admissions
in 2021 were to
public hospitals

24%
independent/
private and private
charitable centres

Sixty-five per cent of all admissions in 2021 were to acute units in general hospitals, 24% were to independent/private and private charitable centres and 11% 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) (Figure 3.1). This is a slight increase in the proportion of admissions to acute units from 61% in 2020 and a reduction in admissions to psychiatric hospitals/continuing care units from 13% in 2020. There was no change in the proportion of admissions to independent/private and private charitable centres from 2020. Overall, 76% of all admissions were to public hospitals with 24% to independent/private and private charitable centres.

Figure 3.1 Hospital type. All admissions. Ireland 2021. Percentages



Sixty-eight per cent of admissions to general hospital psychiatric units were first admissions, 11% of admissions to psychiatric hospitals/continuing care units and 22% of admissions to independent/private and private charitable centres were first admissions.

Re-admissions accounted for 62% of all admissions to general hospital psychiatric units, 64% of admissions to psychiatric hospitals/continuing care units and 67% of all admissions to independent/private and private charitable centres.

Males accounted for a higher proportion of admissions to general hospital psychiatric units, at 52% and psychiatric hospitals/continuing care units, at 52%, while females accounted for 60% of admissions to independent/private and private charitable centres.

The mean age at admission to independent/private and private charitable centres was slightly higher, at 50.6 years (median 52 years) than that to general hospital psychiatric units, at 43 years (median 41 years) and to psychiatric hospitals/continuing care units, at 45.4 years (median 42 years). Sixty-one per cent of all admissions to independent/private and private charitable centres were aged 45 years or over compared with 42% to general hospital psychiatric units and 46% to psychiatric hospitals/continuing care units.

Almost one-third (30%) of all admissions to independent/private and private charitable centres were for depressive disorders compared with 22% to general hospital psychiatric units and 15% to psychiatric hospitals/continuing care units. A much higher proportion of admissions to general hospital psychiatric units and psychiatric hospitals/continuing care units were for schizophrenia, at 26% and 29% respectively, compared with just 5% to independent/private and private charitable centres. Similarly, a higher proportion of admissions for neuroses were to independent/private and private charitable centres, at 15% compared with almost 10% to general hospital psychiatric units and 5% to psychiatric hospitals/continuing care units.

When hospitals were categorised into public/private, it can be seen that 94% of all admissions for schizophrenia were to public hospitals, while 70% of all admissions for eating disorders were to independent/private and private charitable centres.

A much higher proportion of all and first admissions to general hospital psychiatric units and psychiatric hospitals/continuing care units were involuntary compared with involuntary admissions to independent/private and private charitable centres. Twenty-one per cent of all and 20% of first admissions to general hospital psychiatric units and 28% of all and almost 29% of first admissions to psychiatric hospitals/continuing care centres were involuntary compared with just 1% of all and 2% of first admissions to independent/private and private charitable centres.

Over half of all discharges (58%) from general hospital psychiatric units and 46% of discharges from psychiatric hospitals/continuing care units occurred within two weeks of admission compared with 30% from independent/private and private charitable centres. Over three-quarters (78%) of all discharges from general hospital psychiatric units and 66% from psychiatric hospitals/continuing care units occurred within four weeks of admission compared with 51% from independent/private and private charitable centres.

The average length of stay in psychiatric hospitals/continuing care units was much longer, at 269.2 days (median 15 days) than that in general hospital psychiatric units, at 23.2 days (median 11 days) or independent/private and private charitable centres, at 46.7 days (median 27 days). When discharges of one year or more were excluded, length of stay was longest in independent/private and private charitable centres, at 32.4 days (median 27 days), followed by psychiatric hospitals/continuing care units, at 28.7 days (median 14 days) and general hospital psychiatric units, at 20.6 days (median 10 days).

In-patient bed days 2021

Psychiatric hospitals/continuing care units accounted for the highest proportion of total in-patient bed days in 2021, at 37% and with 268,605 bed days; general hospital psychiatric units accounted for slightly less, at 36% of in-patient days with 260,799 days and independent/private and private charitable centres accounted for 26% of in-patient days with 189,502 days. As mentioned earlier, the total number of in-patient bed days in 2021 included all admissions and all discharges in 2021 and all patients resident on 31 December 2021. This yielded the number of in-patient bed days used in all approved centres (adult units) in 2021, from January 1 to the date of discharge in 2021, or to the night of December 31, where a patient was not discharged before year-end.

4 Individual Units and Hospitals – Admissions, Discharges and Deaths

Admissions to general hospital psychiatric units increased by 604, from 9,672 admissions in 2020 to 10,276 in 2021. Admissions to psychiatric units/continuing care units decreased from 2,039 in 2020 to 1,689 in 2021, a reduction of 350 admissions. There was a small increase (78) in admissions to independent/private and private charitable centres from 3,680 in 2020 to 3,758 in 2021.

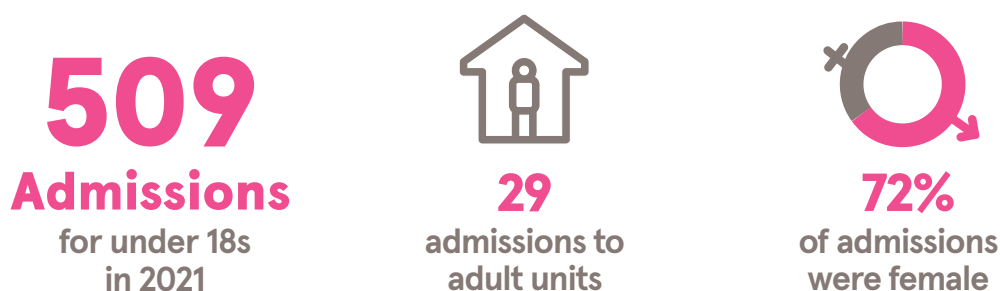
Length of stay varied greatly across all hospitals with over half of all discharges from the Mater University Hospital (51%) and Letterkenny University Hospital (54%) occurring within one week of admission. Over 40% of discharges from many other hospitals also occurred within one week of admission; 47% from University Hospital Waterford, almost 47% from Bantry General Hospital, almost 46% from the Midland Regional Hospital Portlaoise, almost 44% from Sligo University Hospital, 43% from St Luke's Hospital Kilkenny and 41% from Drogheda Department of Psychiatry. Over 90% of discharges from all general hospital psychiatric units occurred within three months of admission. In contrast, a much smaller proportion of discharges from independent/private and private charitable centres were discharged within one week with the exception of St Edmundsbury Hospital where 63% of all discharges occurred within one week of admission.

There were considerable variations in average length of stay across all hospitals. University Hospital Limerick had the longest average length of stay amongst general hospital psychiatric units, at 40.4 days (median 17.5 days), followed by St Vincent's University Hospital, at 36.7 days (median 19 days), St James' Hospital, at 33.2 days (median 19 days), Mayo University Hospital, at 32.4 days (median 12 days), Roscommon County Hospital, at 29.4 days (median 14 days) and the Ashlin Centre, Beaumont Hospital, at 29.3 days (median 14 days). The average length of stay in psychiatric units/continuing care units is typically much longer than that in general hospital psychiatric units and for some hospitals in 2021, as in previous years, average length of stay was in excess of 1,000 days. St Loman's Hospital, Mullingar had the shortest average length of stay amongst psychiatric hospitals/continuing care units, at 19.27 days (median 8 days). Bloomfield Hospital had the longest average length of stay amongst independent/private and private charitable centres, at 2,034.3 days (median 1,782.5 days) while St Edmundsbury Hospital had the shortest, at 6.5 days (median 4 days).

5 Child and Adolescent Admissions and Discharges

The number of admissions for under 18s includes admissions to adult units for under 18s and admissions to specialised child and adolescent in-patient units. Admissions to child and adolescent units include admissions to four HSE/HSE funded units and two private units.

There were 509 admissions for under 18s in 2021, up 23 admissions from 486 in 2020. There were 29 admissions to adult units, up slightly from 27 admissions in 2020, and 480 admissions to child and adolescent units, up from 459 admissions in 2020.



Seventy per cent of all admissions for under 18s were first admissions and 72% of admissions were female. Thirty-nine per cent of all admissions were aged 17 years on admission, 24% were aged 16 years, 18% were aged 15 years, 13% were aged 14 years and 7% were 13 years or younger.

Females accounted for 72% of all admissions to child and adolescent units. Thirty-five per cent of all admissions to child and adolescent units were aged 17 years on admission, 25% were aged 16 years, 19% were aged 15 years, almost 14% were aged 14 years and 7% were aged 13 years or younger.

Almost two-thirds (65.5%) of the 29 admissions to adult units for under 18s were female and over 90% of these admissions were aged 17 years on admission to the adult unit.

Thirty per cent of all admissions for under 18s were for depressive disorders, relatively unchanged from 31% in 2020, 23% were for eating disorders, up from 18% in 2020, 10% had a diagnosis of schizophrenia, up slightly from 8% in 2020, a further 10% had a diagnosis of neuroses, unchanged from 2020, 9% had a diagnosis of personality and behavioural disorders, with the remaining percentages distributed amongst the other diagnostic groups.

The number of admissions for depressive disorders in 2021, at 152, remained unchanged from 152 in 2020 and slightly down from 157 in 2019. Admissions for schizophrenia declined from 51 in 2019 to 41 in 2020 and back up to 50 in 2021, while admissions for neuroses decreased from 80 in 2019 to 49 in 2021.

The proportion of admissions for eating disorders as a proportion of all admissions for under 18s has increased from 11% in 2019, 18% in 2020 to 23% in 2021. The number of admissions for eating disorders has more than trebled in the last 4 years, from 33 in 2018 to 116 in 2021. As these refer to admissions, it is possible that some admissions may be repeat admissions for one individual throughout the course of the year.

Females accounted for 96% of all admissions for eating disorders, (relatively unchanged for the last two years with 95% in 2020 and 96% in 2019), 64% of all admissions with depressive disorders (down slightly from 69% in 2020 and 68% in 2019) and 65% of admissions with neuroses (down from 66% in 2020 and 69% in 2019). Males accounted for 92% of all admissions for other drug disorders (up from 57% in 2020 and 87% in 2019) and 52% of admissions with schizophrenia (down from 54% in 2020 and 67% in 2019)

Admissions for under 18s



94%
admissions to child and adolescent units

6%
admissions to general hospital psychiatric units

As in 2020, 94% of all admissions for under 18s were to child and adolescent units with 6% to general hospital psychiatric units and psychiatric hospitals/continuing care units. Nine per cent of all admissions for under 18s were involuntary.

Eighty-nine per cent of all admissions for under 18s in 2021 were discharged in 2021. Twelve per cent were discharged within one week of admission, 14% were discharged within one to two weeks, 27% were discharged within two to four weeks, almost 38% were discharged within one to three months and 9% were discharged within three months to one year. The average length of stay was longest in child and adolescent units, at 41.0 days (median 27 days), followed by 4.2 days (median 3.5 days) in general hospital psychiatric units and 2.3 days (median 2.5 days) in psychiatric hospitals/continuing care units.

6 In-patient Census 2021

A census of all patients resident in Irish psychiatric units and hospitals on 31 December 2021 was undertaken. There were 1,871 patients resident in adult units on 31 December 2021. This is an increase of 45 residents from 1,826 patients resident on 31 December 2020. This represents a 91% reduction in in-patient numbers since 19,801 in 1963 to 1,871 in 2021.

Fifty-five per cent of all patients resident on 31 December 2021 were male. Five per cent of all residents were aged 24 years or younger on census night, 25% were aged 25-44 years, 32% were aged 45-64 years and 37% were aged 65 years or over. The 75 year and over age group had the highest rate of hospitalisation, at 113.2 per 100,000, followed by the 65-74 year age group, at 107.1, the 55-64 year age group, at 66.2 and the 45-54 year age group, at 43.0. The 18-19 year age group had the lowest rate of hospitalisation, at 21.9 per 100,000.

Fifty-nine per cent of all residents were single, 18% were married, 6% were widowed and almost 3% were divorced. Widowed persons had the highest rate of hospitalisation, at 58.6 per 100,000, followed by divorced, at 46.2, single, at 43.1 and married, at 18.4.

Thirty-eight per cent of residents had a diagnosis of schizophrenia, 13% had a diagnosis of depressive disorders, 8% had a diagnosis of organic mental disorders, a further 8% had a diagnosis of mania and 5% had a diagnosis of neuroses. Schizophrenia had the highest rate of hospitalisation, at 15.0 per 100,000, followed by depressive disorders, at 5.3 and mania, 3.2. Males had a higher rate of hospitalisation for schizophrenia, at 18.9 per 100,000 compared with 11.2 for females. Females had a slightly higher rate of hospitalisation for depressive disorders, at 5.7 per 100,000 compared with 4.8 for males.

The total number of in-patient days accumulated on census night was 2,762,452. 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 2021. The average length of stay for all patients resident on 31 December 2021 was 1,476.5 days (median 127 days). Thirty-nine per cent of all patients resident were long-stay, i.e., in hospital for one year or more on 31 December 2021. Seventeen per cent were new long-stay, i.e., in hospital for between one and five years and 22% were old long-stay, i.e., in hospital for five years or more.

Patients with intellectual disability had the longest average length of stay on 31 December 2021, at 9,987.6 days (median 9,340 days), followed by schizophrenia, at 1,805.4 days (median 374 days) and development disorders, at 1,227.1 days (median 939 days). Other drug disorders had the shortest average length of stay, at 88.6 days (median 19 days).

Thirty-eight per cent of residents on 31 December 2021 were resident in general hospital psychiatric units, almost 30% were in psychiatric hospitals/continuing care units, almost 24% were in independent/private and private charitable centres, 5% were in the Central Mental Hospital, 3% were in St Joseph's Intellectual Disability Service and less than one per cent were in Carraig Mór, Cork.

There were an additional 55 patients resident in child and adolescent units on 31 December 2021. This is a slight increase from 50 patients resident on 31 December 2020. Almost three-quarters of patients resident in child and adolescent units were female. Thirty-one per cent were aged 17 years on census night, 29% were aged 16 years, 16% were aged 15 years, almost 15% were aged 14 years and 9% were 13 years or younger.

Thirty-three per cent of patients resident in child and adolescent units had a diagnosis of eating disorders, 25% had a diagnosis of depressive disorders and 13% had a diagnosis of schizophrenia.

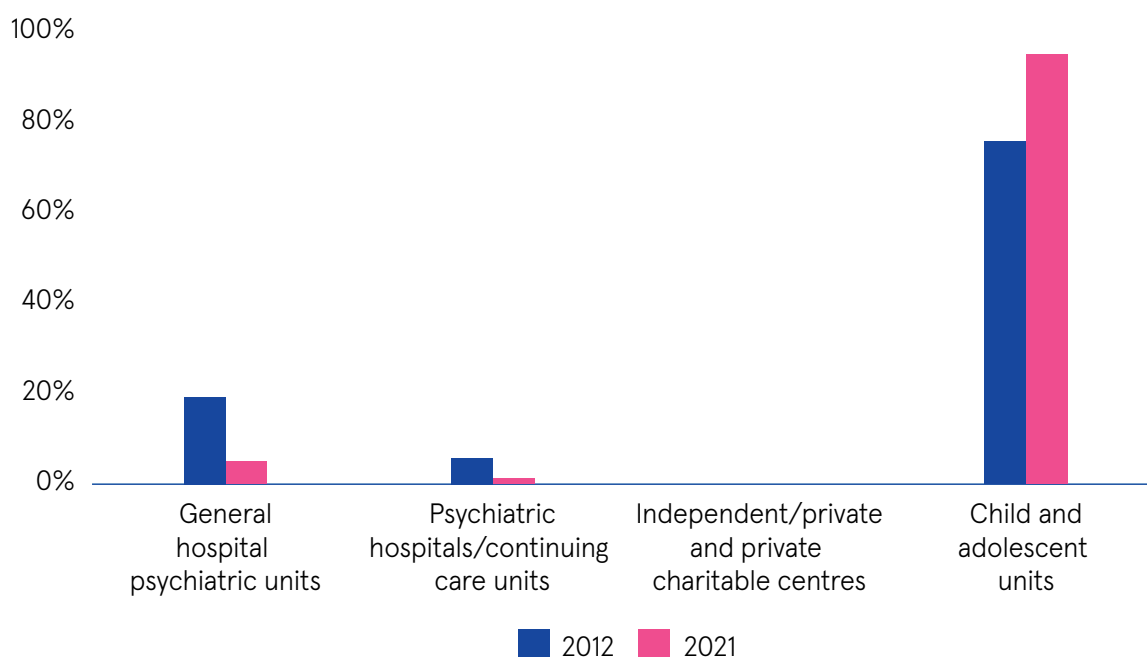
7 Review of data 2012 –2021

All admissions during the ten-year period 2012–2021 declined by almost 14% from 18,173 in 2012 to 15,723 in 2021. First admissions declined by 6%, from 6,130 in 2012 to 5,758 in 2021, while re-admissions declined by 17%, from 12,043 in 2012 to 9,965 in 2021.

The proportion of admissions to general hospital psychiatric units increased from almost 57% of all admissions in 2012 to 65% in 2021. In this ten-year period the number of admissions to these units remained unchanged from 10,277 in 2012 to 10,276 in 2021. Admissions to psychiatric hospitals/continuing care units decreased from 22% in 2012 to 11% in 2021, a 57% reduction in admissions over this ten-year period. The proportion of admissions to independent/private and private charitable centres increased slightly from 22% in 2012 to 24% in 2021 despite a 5% reduction in overall numbers to independent/private and private charitable centres over this time.

Admissions for under 18s have increased over the ten-year period from 438 in 2012 to 509 in 2021. There has been a 73% reduction in admissions for under 18s to adult units from 109 in 2012 to 29 in 2021 in line with government policy. (Figure 7.1). The proportion of admissions for under 18s to specialist child and adolescent units has increased from 75% in 2012 to 94% in 2021, with admission numbers increasing from 329 in 2012 to 480 in 2021. Overall, there has been a 16% increase in admissions for under 18s from 2012 to 2021, reflecting perhaps the greater bed capacity for this cohort in child and adolescent units.

Figure 7.1 Admissions for under 18s by hospital type in 2012 and 2021. Percentages



There has been a 22% reduction in the number of patients resident in psychiatric units and hospitals, from 2,401 in 2013 (there was no comparable census figure available in 2012) to 1,871 in 2021. This is in line with government policy to move away from the provision of in-patient care and provide more community-based care as a first port of call in the mental health services.



Improving people's health through
research and information