HRB StatLink Series 13
National Psychiatric Inpatient Reporting System (NPIRS)

Annual Report on the Activities of Irish Psychiatric Units and Hospitals, 2022

Antoinette Daly and Ena Lynn

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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 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.

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1 Introduction and Background

This report presents data on all admissions, discharges and deaths in Irish psychiatric units and hospitals on the Register of Approved Centres in 2022. Data for this report were collected and returned to the HRB National Psychiatric Inpatient Reporting System (NPIRS) by the NPIRS contacts in each unit and hospital throughout the country and we would like to acknowledge their time and dedication to ensuring the completeness and accuracy of these returns.

The report presents data for 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). There were no new centres registered in 2022, however, data are presented for the first time for the National Eating Disorder Recovery Centre which was registered in 2021 and opened for admissions in 2022.

Data are presented nationally, regionally by Community Healthcare Organisation (CHO), locally by individual hospital and also by hospital type. 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 2021 used in this summary report are from the publication *Activities of Irish Psychiatric Units and Hospitals 2021 Main Findings* (Daly and Craig 2022) and rates reported are per 100,000 total population based on the Census of Population 2016[1]. Unfortunately, the full CSO Census of Population results for 2022 were not available at the time of production of this report. However, the Summary Results[2] were published at the time of preparing this report giving some limited updated population figures and where these figures are available overall rates are presented. 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.

1 Central Statistics Office (2018) Census of Population 2016, Dublin: Stationery Office.
2 Central Statistics Office (2023) Census 2022 Summary Results. www.cso.ie

Table 1.1Number of hospitals/approved centres by hospital type

Hospital type	Number
General hospital psychiatric units	23
Psychiatric hospitals/continuing care units	26
Independent/private and private charitable centres	8
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	**67**

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.

All data are received from units and hospitals 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 2022 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 minimal.

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. Data are analysed according to the sex classification (gender binary) male and female.

Differences may 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

2.1 National all and first admissions

Overall, there were 16,136 admissions to approved inpatient centres in 2022 (psychiatric units and hospitals including child and adolescent units, independent/private and private charitable centres and the National Forensic Mental Health Service). The majority of the admissions were to adult psychiatric units and hospitals, at 97%, with 2% to child and adolescent units and less than one per cent of all admissions to the National Forensic Mental Health Services (Central Mental Hospital).

97%	2%	<1%
15,767 adult psychiatry	**346** child and adolescent psychiatry	**23** adult forensic psychiatry
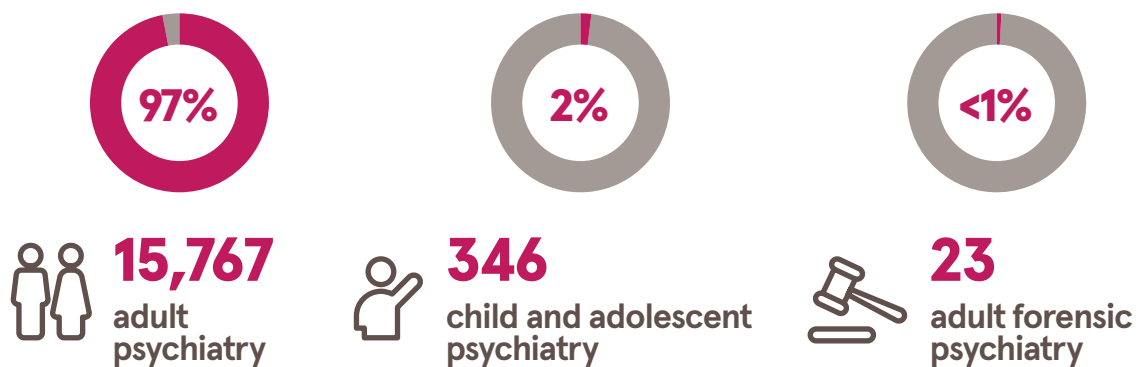
There were 15,790 admissions to adult psychiatric units and hospitals in 2022, an increase of 67 admissions, from 15,723 in 2021. As noted in the 2021 report, activity levels appear to be returning to 'pre-COVID' levels with small increases noted over the last two years. The rate of admissions increased from 330.2 in 2021 to 331.6 per 100,000 total population in 2022.* An additional 19 persons presented for admission, however, following review, admission was not deemed appropriate.

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* Based on the 2022 CSO Census of population the rate of all admissions was 306.7 per 100,000 total population.

The breakdown of all admissions by first and re-admissions was as follows:

- First admissions accounted for 34% of all admissions and decreased by 346 (6%) from 5,758 in 2021 to 5,412 in 2022.

- The rate of first admissions similarly declined, from 120.9 in 2021 to 113.7 per 100,000 in 2022.**

- Re-admissions accounted of 66% of all admissions (10,378), a rate of 217.9 per 100,000, up from 209.3 in 2021.***

Admissions numbers for the past 57 years are presented in Figure 1 with the increase in all and re-admissions over the last two years clear to see.

Figure 2.1 All, first and re-admissions. Ireland 1965-2022. Numbers
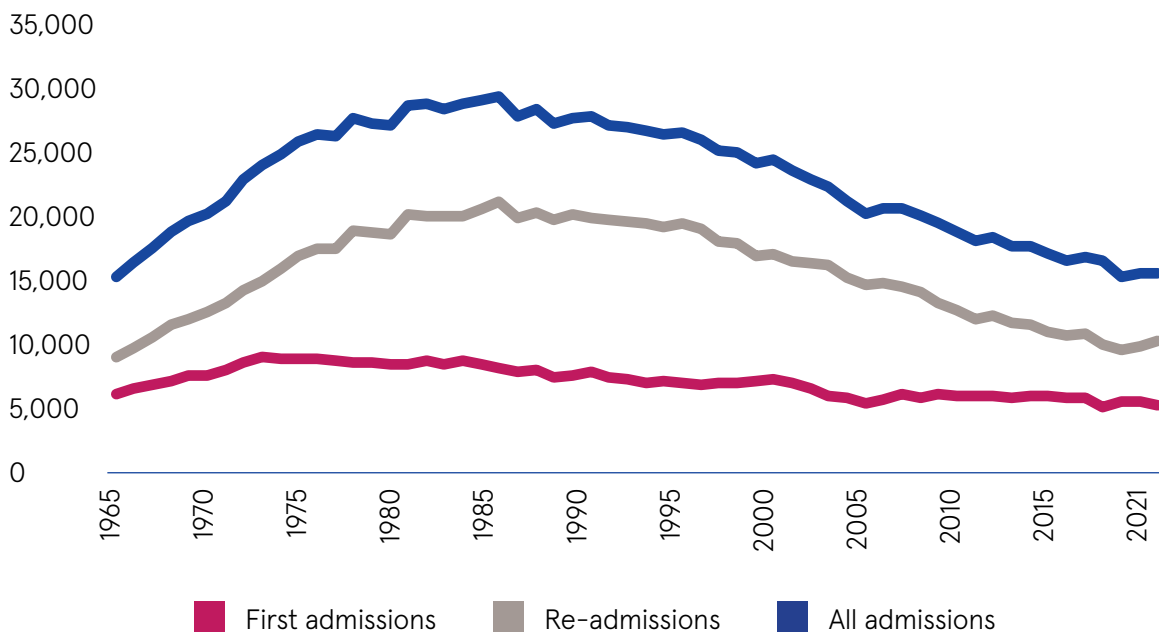
** The rate of first admissions based on the 2022 census was 105.1 per 100,000 total population.

*** The rate of re-admissions based on the 2022 census was 201.5 per 100,000 total population.

Sex

As in 2021, females accounted for 51% of all admissions and had a slightly higher rate of admission, at 332.5 per 100,000, compared with 330.7 for men.[3] Males accounted for 52% of first admissions with a rate of 119.4, compared with 108.0 per 100,000 for females.[4]

Age

The mean age at admission remained unchanged from that of the last few years, at 45.8 years (median age 44 years). As in previous years, the 20-24 year age group had the highest rate of all admissions, at 542.3 per 100,000, followed by:
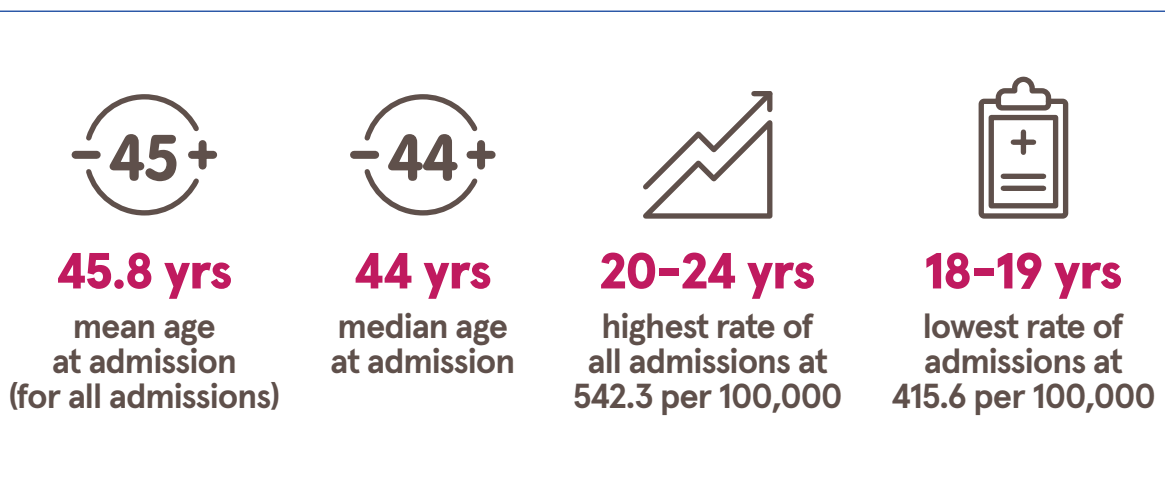
- the 65-74 year age group, at 464.8, and

- the 25-34 year age group, at 451.6.

The 18-19 year age group had the lowest rate of all admissions, at 415.6 per 100,000.[5]

45.8 yrs
mean age
at admission
(for all admissions)

44 yrs
median age
at admission

20-24 yrs
highest rate of
all admissions at
542.3 per 100,000

18-19 yrs
lowest rate of
admissions at
415.6 per 100,000

The 18-19 year age group had the highest rate of first admissions, at 244.0 per 100,000, followed by:

- the 20-24 year age group, at 236.1, and

- the 25-34 year age group, at 159.4.

The 55-64 year age group had the lowest rate of first admissions, at 123.4 per 100,000.

3 Based on the 2022 CSO Census of population, females had a marginally higher rate of all admissions at 307.3 per 100,000 population, compared with 306.0 for males.

4 Based on the 2022 CSO Census of population males had a higher rate of first admissions, at 110.5 per 100,000 compared with 99.8 for females.

5 Based on the 2022 CSO Census of population, the 20-24 year age group had the highest rate of all admissions, at 483.2 per 100,000 population, followed by the 25-34 year age group, at 474.2 and the 65-74 year age group, at 393.6. The 45-54 year age group had the lowest rate of all admissions, at 393.6 per 100,000.

Marital status

Fifty-nine per cent of all admissions were single, 24% were married, 4% were widowed and 3% were divorced. Divorced persons had the highest rate of all admissions, at 445.6 per 100,000 followed by single, at 365.0 and widowed, at 296.6. Married persons had the lowest rate of all admissions, at 213.6 per 100,000.

Divorced persons also had the highest rate of first admissions, at 136.7 per 100,000, followed by single, at 118.6 and widowed, at 95.8. Married persons had the lowest rate of first admissions, at 76.6 per 100,000.

59%
single

24%
married

4%
widowed

3%
divorced

Employment status and socio-economic group

Thirty-six per cent of all admissions were reported as unemployed in 2022, 22% were employed, 12% were retired, 4% were students, 3% were engaged in house duties and 23% were returned as unknown. The unskilled occupational group had the highest rate of all admissions, at 380.4 per 100,000, followed by the manual skilled group, at 206.1 and higher professionals, at 193.6. However, it should be borne in mind that 62% of all occupations returned were unknown or unspecified, making assignment to a socio-economic group impossible.

In a similar pattern to all admissions, the unskilled group also had the highest rate of first admissions, at 130.7 per 100,000, followed by the manual skilled group, at 79.0 and higher professionals, at 66.4.

No fixed abode

There were 291 admissions with no fixed abode in 2022, up slightly from 284 in 2021 but less than the 2020 figure of 312. Sixty-nine per cent of admissions with no fixed abode were male and 82% were single.

291 admissions
with no fixed abode

69%
male

82%
single

The breakdown of age groups was as follows:

- 31% were aged 35-44 years

- 25% were aged 25-34 years

- 21% were aged 45-54 years

- 13% were aged 20-24 years

- almost 10% were aged 55 years and over, and

- 1% were aged 19 years and under.

Forty-seven per cent of all admissions with no fixed abode had a primary admission diagnosis of schizophrenia, 11% had a diagnosis of other drug disorders 9% had a diagnosis of personality and behavioural disorders, 8% had a diagnosis of depressive disorders with a further almost 8% having a diagnosis of mania.

Ethnicity

The majority (78%) of all admissions were returned as 'White Irish', 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, while 10% were returned as unknown.

Primary admission diagnosis

In keeping with the trend of previous years, depressive disorders had the highest proportion of all and first admissions, at 23% of all and 26% of first admissions. Schizophrenia accounted for 22% of all and 18% of first admissions and neuroses accounted for 10% of all and 14% of first admissions.

Depressive disorders

23%

of all admissions

26%

of first admissions

76.6

per 100,000

Depressive disorders had the highest rate of all admissions, at 76.6 per 100,000 (similar to 76.0 in 2021), followed by schizophrenia, at 73.2 (up from 69.8 in 2021) and neuroses, at 34.0 (similar to 34.1 in 2021).[6] Depressive disorders also had the highest rate of first admissions, at 29.7 per 100,000, followed by schizophrenia, at 21.0 and neuroses, at 16.3.

Legal status on admission

Seventeen per cent of all admissions and almost 18% of first admissions were involuntary. The rate[7] of involuntary all admissions decreased from 56.7 per 100,000 in 2021 to 55.7 in 2022, while the rate for first admissions also decreased, from 20.8 in 2021 to 19.9 in 2022.

Medical card and private health insurance

Data returns for medical card and private insurance status were disappointing with 73% returned as unknown/unspecified for medical card status and 67% unknown/unspecified for private health insurance.

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6   Based on the 2022 CSO Census of population, depressive disorders had the highest rate of all admissions, at 70.8 per 100,000, followed by schizophrenia, at 67.7 and neuroses, at 31.5.

7   Based on the 2022 CSO Census of population, the rate of involuntary all admissions was 51.5 per 100,000 population. while that for first admissions was 18.4.

2.2 National discharges and deaths

There were 15,593 discharges and 95 deaths in adult psychiatric units and hospitals in 2022. This is a slight increase in discharges from 15,550 in 2021 and a decrease in deaths from 103 in 2021. Any deaths notified to the HRB after the date of processing are not included in this report. Males accounted for 58% of all deaths and 80% of all deaths were aged 65 years and over.

15,593
discharges in 2022

92%
of all admissions in 2022 were discharged in 2022

58%
of deaths were male

95
deaths in Irish psychiatric units and hospitals

80%
of all deaths were aged 65 years and over

Fifty-four per cent of all discharges (excluding deaths) were discharged home, 4% were discharged to another psychiatric hospital, 1% were discharged to a nursing home, less than one per cent were discharged to a community residence and less than one per cent were discharged against medical advice. Thirty-nine per cent of discharges were returned as unknown/unspecified in terms of their discharge destination.

Length of stay and primary discharge diagnosis

Ninety-two per cent of all admissions in 2022 were also discharged in 2022. Breakdown by length of stay was as follows:

• 30% of all discharges in 2022 occurred within one week of admission and 9% of these were admitted and discharged on the same day

• 18% occurred within one to two weeks

• 21% occurred within two to four weeks

• almost 25% occurred within one to three months of admission, and

• 1% of all discharges in 2022 occurred within one year or more of admission.

Over half (53%) of all discharges for behavioural and emotional disorders of childhood and adolescence, 49% of discharges for personality and behavioural disorders, 46% of discharges for intellectual disability and 45% of discharges for other drug disorders occurred within one week of admission. Over one-third (35%) of all discharges for alcoholic disorders and for neuroses (34%) 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 (almost 74%), eating disorders (almost 78%) and intellectual disorders (76%).

The average length of stay for all discharges was 57.3 days (median 14 days). Discharges with a diagnosis of intellectual disability had the longest average length of stay, at 1,665.9 days (median 9 days), accounting for less than one per cent of all discharges and almost 9% of all inpatient days. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 194.8 days (median 33 days), followed schizophrenia, at 107.0 days (median 19 days). Discharges for other drug disorders had the shortest average length of stay, at 16.3 days (median 8 days).

The average length of stay for all discharges in 2022

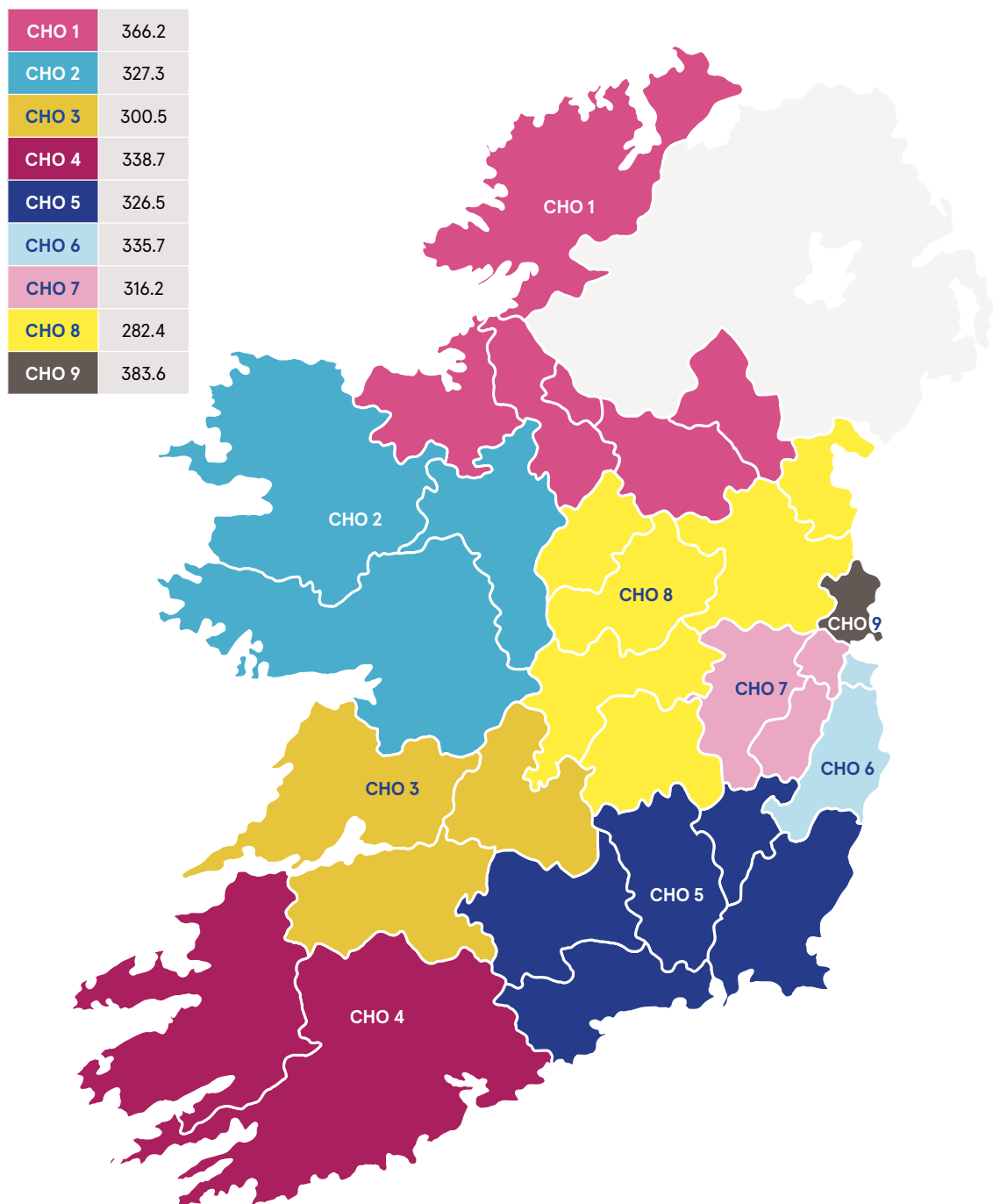**57.3 days**
(median 14 days)

When discharges of one year or more were excluded (1% of discharges), the average length of stay was 25.7 days (median 14 days). Average length of stay was longest for discharges with a diagnosis of eating disorders, at 55.2 days (median 45 days), followed by organic mental disorders, at 53.5 days (median 26 days) and schizophrenia, at 33.7 days (median 19 days).

2.3 Community Healthcare Organisations (CHOs)

The address from where 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. The rates for all admissions were highest for admissions resident in CHO 9, at 383.6 per 100,000, followed by CHO 1, at 366.2 and CHO 4, at 338.7. First admission rates were also highest for those resident in CHO 9, at 145.2 per 100,000, followed by CHO 5, at 122.9 and CHO 4, at 115.3.

Figure 2.2 Admissions by CHO areas 2022. Rates per 100,000 total population

CHO 1	366.2
CHO 2	327.3
CHO 3	300.5
CHO 4	338.7
CHO 5	326.5
CHO 6	335.7
CHO 7	316.2
CHO 8	282.4
CHO 9	383.6

Males had a higher proportion of all admissions in CHO 3, 4 and 5, while females had a higher proportion in CHO 2, 6, 8 and 9, with equal proportions in CHO 1 and 7.

When age at admission was condensed into two age groups – under 45 years and 45 years and over, the 45 year and over age group had higher rates of all admissions in each CHO, with rates ranging from 554.1 per 100,000 in CHO 9 to 373.4 in CHO 3.

Primary admission diagnosis

Almost one-third (31%) of all admissions resident in CHO 2, 29% resident in CHO 5 and a further 29% resident in CHO 9 had a diagnosis of depressive disorders, while 31% resident in CHO 4, and 28% resident in CHO 7 had a diagnosis of schizophrenia.

Depressive disorders had the highest rate of admission in six (CHO 2, 3, 5, 6, 8 and 9) of the nine CHO areas with rates in all areas ranging from 110.9 per 100,000 in CHO 9 to 44.7 in CHO 6. Schizophrenia had the highest rate of all admissions in three CHO areas (CHO 1, 4 and 7) with rates in all areas ranging from 104.0 per 100,000 in CHO 4 to 40.5 in CHO 7.

Legal status on admission

Twenty-four per cent of all admissions from CHO 4 were involuntary, followed by 20% from CHO 7, 17% from CHO 5 and a further 17% from CHO 9. Admissions from CHO 4 had the highest rate of involuntary admission, at 80.8 per 100,000, followed by CHO 9, at 64.5 and CHO 7, at 62.0. CHO 9 admissions also had the highest rate of involuntary first admissions, at 26.9 per 100,000, followed by CHO 7, at 26.3 and CHO 4, at 24.9.

Length of stay

Almost two-thirds (64%) of discharges from CHO 1 occurred within two weeks of admission, while 53% from CHO 5 and 52% from CHO 8 occurred within two weeks of admission. Eighty-one per cent of all discharges from CHO 1 occurred within one month of admission, compared with 60% from CHO 6 and 66% each from CHO 3 and CHO 7. Discharges from CHO 4 had the longest average length of stay, at 78.9 days (median 13 days), followed by CHO 8, at 73.4 days (median 13 days) and CHO 7, at 61.5 days (median 16 days). Discharges from CHO 1 had the shortest average length of stay, at 28.3 days (median 9 days).

2.4 County of residence

All admissions were highest for county Sligo, at 497.4 per 100,000, followed by Leitrim, at 436.9, Donegal, at 414.0 and Offaly, at 413.0. Monaghan had the lowest rate of all admissions, at 190.6 per 100,000. The breakdown of diagnosis for all admissions by county was as follows:

• Mayo had the highest rate of all admissions for depressive disorders, at 215.3 per 100,000, followed by Sligo, at 122.1, Carlow, at 119.4 and Offaly, at 110.3.

• Monaghan had the lowest rate of all admissions for depressive disorders, at 27.7 per 100,000.

• Cork had the highest rate of all admissions for schizophrenia, at 109.6 per 100,000, followed by Sligo, at 97.7, Longford, at 95.4, and Donegal, at 89.2.

• Mayo had the lowest rate of all admissions for schizophrenia, at 29.1 per 100,000.

• Leitrim had the highest rate of all admissions for alcoholic disorders, at 46.8 per 100,000, followed by Donegal, at 42.7, Sligo, at 35.1, and Clare, at 32.8.

• Kilkenny had the lowest rate of all admissions for alcoholic disorders, at 6.0 per 100,000.

First admissions were highest for Tipperary South, at 138.2 per 100,000, followed by Wexford, at 137.6, Offaly, at 137.2 and Laois, at 134.6. Monaghan had the lowest rate of first admissions, at 50.5 per 100,000. The breakdown of diagnosis for first admissions by county was as follows:

• Tipperary South had the highest rate of first admissions for depressive disorders, at 62.3 per 100,000, followed by Mayo, at 60.5, Carlow, at 54.5 and Wexford, at 50.8.

• Longford had the lowest rate of first admissions for depressive disorders, at 4.9 per 100,000.

• Kerry had the highest rate of first admissions for schizophrenia, at 29.1 per 100,000, followed by Wexford and Dublin both at 26.0 each and Kildare, at 24.7.

• Tipperary North had the lowest rate of first admissions, at 7.0 per 100,000.

• Leitrim had the highest rate of first admissions for alcoholic disorders, at 15.6 per 100,000, followed by Donegal, at 15.1, Clare, at 11.8 and Sligo, at 10.7.

• Kilkenny had no first admissions for alcoholic disorders, while Westmeath had the lowest rate, at 1.1 per 100,000.

2.5 Non-residents

There were 45 admissions for non-residents in 2022, up from 25 in 2021 and 40 in 2020. Forty per cent of all non-residents had an address originating in Northern Ireland, 31% had an address in England and 9% had an address in the USA. Females accounted for 53% of admissions for non-residents. Twenty-two per cent of all non-residents had a primary admission diagnosis of mania, 20% had a diagnosis of schizophrenia, almost 16% had a diagnosis of neuroses and 13% had a diagnosis of depressive disorders.

2.6 In-patient bed days

The total number of bed days used in 2022 was 732,254, an increase from 718,906 in 2021. This figure for bed days included bed days accumulated by all admissions and all discharges in 2022 and all patients resident on 31 December 2022. This yielded the number of in-patient bed days used in all approved centres (adult units) in 2022, from January 1 to the date of discharge in 2022, or to the night of December 31, 2022, where a patient was not discharged before year-end. Schizophrenia accounted for over one-third (38%) of all in-patient days in 2022, at 276,288 days; depressive disorders accounted for 15%, at 107,516 days, mania accounted for 8%, at 58,592, while organic mental disorders accounted for a further 8%, at 55,292 days.
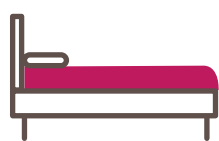
Total number of bed days used in 2022

732,254

2.7 Referral source

Breakdown of referral source for all admissions was as follows:

• 16% by emergency departments/assessment unit attached to a general hospital or liaison psychiatry,

• 10% by a GP/out-of-hours GP or a primary care service,

• 8% by the justice system (Garda/prison/courts),

• 6% were self-referrals,

• 6% by the community mental health team (CMHT)/sector team,

• almost 5% by an outpatient clinic/day hospital/date centre,

• 15% by another service, and

• almost 36% had an unspecified referral source.

3 Hospital Type – Admissions, Discharges and Deaths
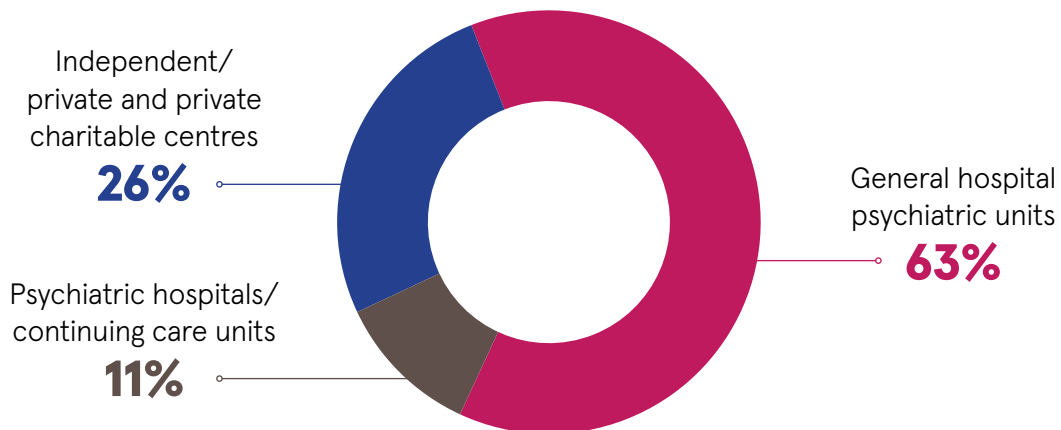
3.1 Admissions

74%
of all admissions in 2022 were to public hospitals

26%
independent/ private and private charitable centres

Sixty-three per cent of all admissions in 2022 were to acute units in general hospitals, 26% were to independent/private and private charitable centres and 11% were to psychiatric hospitals/continuing care units (including the National Forensic Service at the Central Mental Hospital; Carraig Mór, Cork; St Joseph's Intellectual Disability Service, Portrane; and Phoenix Care Centre, Dublin) (Figure 3.1). This is a slight decrease in the proportion of all admissions to acute units from 65% in 2021, and an increase in admissions to independent/private and private charitable centres from 24% in 2021. There was no change in the proportion of admissions to psychiatric hospitals/continuing care units from 2021. Overall, almost three-quarters (74%) of all admissions to adult units were to public hospitals with 26% to private hospitals.

Figure 3.1 Hospital type. All admissions. Ireland 2022. Percentages

Independent/ private and private charitable centres
26%

Psychiatric hospitals/ continuing care units
11%

General hospital psychiatric units
63%

Sixty-eight per cent of first admissions were to general hospital psychiatric units, 9% were to psychiatric hospitals/continuing care units and 22% were to independent/private and private charitable centres.

Re-admissions accounted for 63% of all admissions to general hospital psychiatric units, 71% of admissions to psychiatric hospitals/continuing care units and almost 71% of admissions to independent/private and private charitable centres.

Sex

Males accounted for a higher proportion of admissions to general hospital psychiatric units, at 53% and psychiatric hospitals/continuing care units, at 53%, while females accounted for 61% of admissions to independent/private and private charitable centres.

Age

The mean age at admission to independent/private and private charitable centres was higher, at 52.5 years (median 54 years), than that to general hospital psychiatric units, at 43.1 years (median 41 years) or psychiatric hospitals/continuing care units, at 45.6 year (median 42.5 years). Sixty-five per cent of all admissions to independent/private and private charitable centres were aged 45 years and over, compared with 43% to general hospital psychiatric units and 47% to psychiatric hospitals/continuing care units.

Primary admission diagnosis

Almost one-third (31.5%) of all admissions to independent/private and private charitable centres were for depressive disorders compared with almost 22% to general hospital psychiatric units and 12% to psychiatric hospitals/continuing care units.

As observed in previous years, a much higher proportion of admissions to general hospital psychiatric units and psychiatric hospitals/continuing care units were for schizophrenia, at 28% each, compared with almost 5% to independent/private and private charitable centres.

Similarly, as in 2021, a higher proportion of admissions for neuroses were to independent/private and private charitable centres, at 16%, compared with 9% to general hospital psychiatric units and 5% to psychiatric hospitals/continuing care units.

Ninety-five per cent of all admissions for schizophrenia were to public hospitals, while 77% of all admissions for eating disorders were to independent/private and private charitable centres, a reflection perhaps of the specialised eating disorders services available in the private sector.

Legal status on admission

Almost one-quarter (24%) of all admissions to psychiatric hospitals/continuing care units and 22% to general hospital psychiatric units were involuntary compared with just 1% to independent/private and private charitable centres. Similar proportions were observed for first admissions for general hospital psychiatric units and psychiatric hospitals/continuing care units but less than one per cent of admissions to independent/private and private charitable centres were involuntary.

3.2 Discharges

Fifty-five per cent of all discharges from general hospital psychiatric units and 47% of discharges from psychiatric hospitals/continuing care units occurred within two weeks of admission. In contrast, 36% of discharges from independent/private and private charitable centres were discharged within two weeks of admission.

Over three-quarters of all discharges from general hospital psychiatric units occurred within four weeks of admission, compared with 65% from psychiatric hospitals/continuing care units and 55% from independent/private and private charitable centres.

Length of stay

The average length of stay for all discharges in 2022 was much longer in psychiatric hospitals/continuing care units, at 262.7 days (median 15.5 days) than in general hospital psychiatric units, at 26.9 days (median 12 days) or independent/private or private charitable centres, at 42.4 days (median 24 days). When discharges of one year or more were excluded, length of stay was marginally longer in psychiatric hospitals/continuing care units, at 31.0 days (median 13 days) than that in independent/private and private charitable centres, at 30.9 days (median 23 days), while that in general hospital psychiatric units was 22.7 days (median 11 days).

3.3 In-patient bed days

General hospital psychiatric units accounted for the largest proportion of total in-patient bed days used in 2022, at 38% with 279,527 bed days. Psychiatric hospitals/continuing care units accounted for slightly less, at 35% with 258,518 bed days, while independent/private and private charitable centres accounted for almost 27% of total bed days with 194,209 bed days used. As mentioned earlier, the total number of in-patient bed days in 2022 included all admissions and all discharges in 2022 and all patients resident on 31 December 2022. This yielded the number of in-patient bed days used in all approved centres (adult units) in 2022, from January 1 to the date of discharge in 2022, or to the night of December 31, where a patient was not discharged before year-end.

38% general hospital psychiatric units

35% psychiatric hospitals/ continuing care

27% independent/private and private charitable centres
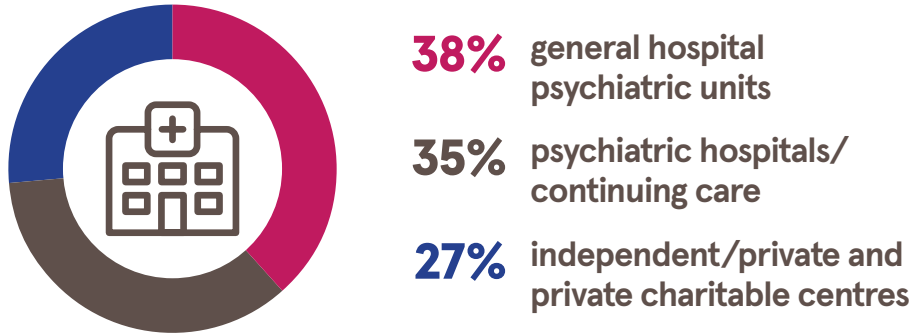
4 Individual Units and Hospitals – Admissions and Length of Stay on Discharge

4.1 Admissions

Admissions to general hospital psychiatric units decreased by 349, from 10,276 in 2021 to 9,927 in 2022. There was a small increase (67) in admissions to psychiatric units/continuing care units, from 1,689 in 2021 to 1,756 in 2022. Admissions to independent/private and private charitable centres increased by 349 admissions, from 3,758 in 2021 to 4,107 in 2022.

4.2 Length of stay

As in previous years, length of stay varied greatly across all hospitals, with close to half of all discharges in many hospitals and units occurring within one week of admission, including:

- 48% of discharges from St Loman's Hospital, Mullingar

- 47% of discharges from Letterkenny University Hospital

- 43% of discharges from Connolly Hospital, and

- 41% of discharges from University Hospital Waterford occurred within one week of admission.

Over 90% of all discharges from 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 occurred within one week with the exception of St Patrick's Hospital, Lucan, at 56%.

As in previous years there were wide variations in average length of stay across all hospitals. General hospital units with the longest average length of stay included:

- Drogheda Department of Psychiatry at 43.7 days (median 11 days)

- University Hospital Limerick, at 35.5 days (median 19.5 days)

- Naas General Hospital, at 35.4 days (median 13 days), and

- the Midland Regional Hospital Portlaoise, at 33.8 days (median 9 days).

The average length of stay in psychiatric units/continuing care units is typically much longer than that in general hospital psychiatric units and, as was the case in previous years, the average length of stay for discharges in 2022 was in excess of 1,000 days for many hospitals.

- Newcastle Hospital, Greystones had the shortest average length of stay amongst psychiatric hospitals/continuing care units, at 29.8 days (median 10 days).

- Bloomfield Hospital Dublin had the longest average length of stay amongst independent/private and private charitable centres, at 1,154.9 days (median 816.5 days), followed by Cois Dalua, Cork, at 615.7 days (median 475.0 days) and Highfield Hospital, at 126.5 days (median 24 days).

- St Patrick's Hospital, Lucan had the shortest average length of stay, at 6.2 days (median 5 days).

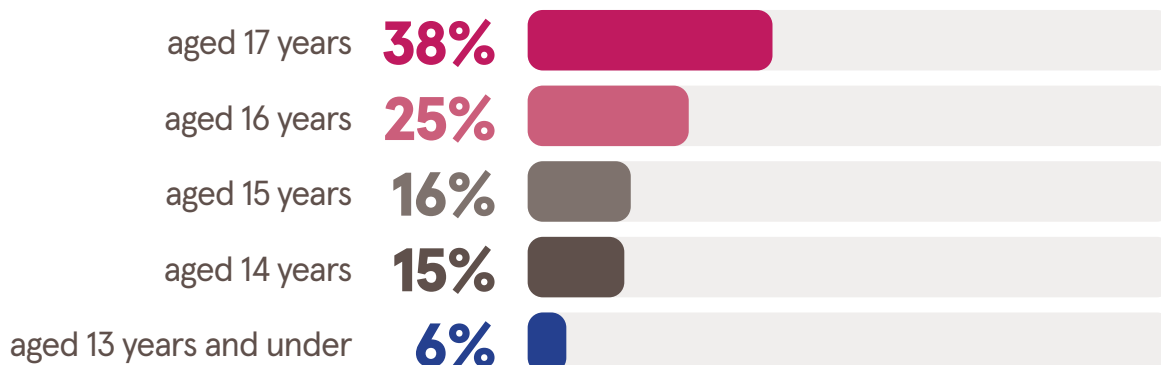# 5 Child and Adolescent Admissions and Discharges

5.1 Admissions

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 366 admissions for under 18s in 2022, down 143 admissions (28%) from 509 in 2021. There were 20 admissions to adult units, down from 29 admissions in 2021, and 346 admissions to child and adolescent units, down from 480 admissions in 2021.

366
admissions
for under 18s
in 2022

20
admissions
to adult units

74%
of admissions
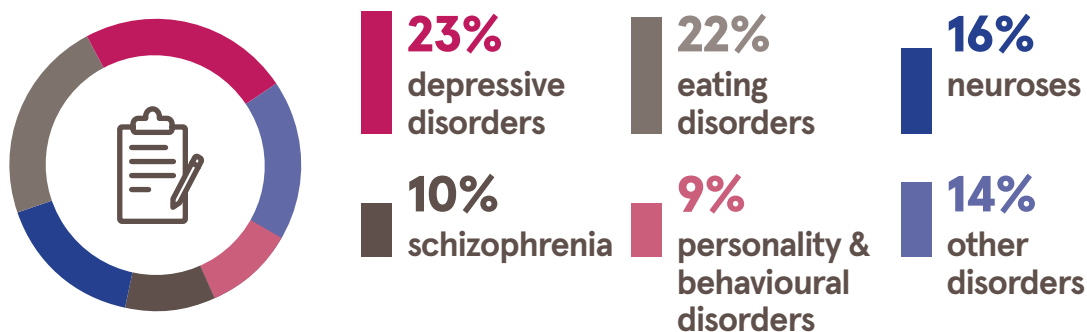**were female**

Sex and age

Almost 71% of all admissions for under 18s were first admissions and 74% of all admissions were female. Thirty-eight per cent of all admissions were aged 17 years on admission, almost 25% were aged 16 years, 16% were aged 15 years, 15% were aged 14 years and 6% were 13 years and under. The majority (95%) of admissions were to child and adolescent units.

aged 17 years	**38%**
aged 16 years	**25%**
aged 15 years	**16%**
aged 14 years	**15%**
aged 13 years and under	**6%**

Females accounted for 75% 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, 17% were aged 15 years, 16% were aged 14 years and 7% were aged 13 years and under.

There was an equal split between males and females for the 20 admissions for u18s to adult units and 90% of these admissions were aged 17 years on admission to the adult unit.

Primary admission diagnosis

23% depressive disorders

22% eating disorders

16% neuroses

10% schizophrenia

9% personality & behavioural disorders

14% other disorders

The proportion of admissions by main diagnoses in 2022 relative to 2021 was as follows:

- 23% were for depressive disorders, down from 30% in 2021

- 22% were for eating disorders, relatively unchanged from 23% in 2021

- 16% had a diagnosis of neuroses, up from 10% in 2021

- 10% had a diagnosis of schizophrenia, unchanged from 10% in 2021, and

- 9% had a diagnosis of personality and behavioural disorders, unchanged from 9% in 2021, with the remaining disorders distributed amongst the other diagnostic groups.

The number of admissions for depressive disorders in 2022, at 83, has decreased from 152 in 2021. Admissions for schizophrenia were the lowest reported in four years, declining from 51 in 2019 to 41 in 2020, with an increase to 50 in 2021, and a further drop to 38 admissions in 2022. Admissions for neuroses increased from 49 in 2021 to 58 in 2022.

The proportion of eating disorders for all under 18s has increased from 11% in 2019, 18% in 2020 to 23% in 2021, with a similar percentage reported in 2022, at 22%. The number of admissions for eating disorders has more than doubled in the last 5 years, from 33 in 2018 to 80 in 2022. As these refer to admissions, it is possible that some admissions may be repeat admissions for one person throughout the course of the year.

Females accounted for:

- almost 98% of all admissions for eating disorders, (slightly up from the last two years with 96% in 2021 and 95% in 2020)

- 69% of all admissions with depressive disorders (up from 64% in 2021, but in line with previous years, 69% in 2020 and 68% in 2019), and

- 74% of admissions with neuroses (up from 65% in 2021 and 66% in 2020).

Males accounted for 53% of admissions with schizophrenia (similar to 52% in 2021 and 54% in 2020), while the proportion of males with a diagnosis of other drug disorders dropped from 92% in 2021 to 50% in 2022.

Admissions for under 18s

95%
to child
and adolescent
units

5%
to general
hospital
psychiatric units

In 2022, almost 95% of all admissions for under 18s were to child and adolescent units (similar to 94% in 2021) with 5% to general hospital psychiatric units and psychiatric hospitals/continuing care units. Six per cent of all admissions for under 18s were involuntary, down from nine per cent in 2021.

5.2 Discharges

Ninety-one per cent of all admissions for under 18s in 2022 were discharged in 2022.
The following was the breakdown by length of stay for admissions in 2022 discharged in 2022:

- 12% were discharged within one week of admission

- 13% were discharged with one to two weeks

- 26% were discharged within two to four weeks

- 38% were discharged within one to three months, and

- 11% were discharged within three months to one year.

The average length of stay was longest in child and adolescent units, at 43.4 days (median 28 days), followed by 14.1 days (median 7.5 days) in general hospital psychiatric units and 2.3 days (median 3.0 days) in psychiatric hospitals/continuing care units.

6 In-patient Census 2022

A census of all patients resident in Irish psychiatric units and hospitals on 31 December 2022 was undertaken. This was the eleventh national psychiatric census of patients resident in psychiatric units and hospitals on the Register of Approved Centres under the Mental Health Act 2001. The Health Research Board (HRB) has been collecting this information since 1963 when the first census was undertaken and regarded as invaluable at that time for the planning and future development of mental health services, allowing for the prediction of possible future bed and hospital requirements at both national and local level. While an annual census is carried out each year on 31 December, a more detailed census is carried out every three years, the last one being in 2019.

There were 1,913 patients resident in adult units on 31 December 2022. This is an increase of 45 residents from 1,871 patients resident on 31 December 2021. This represents a 90% reduction in in-patient numbers from 19,801 in 1963 to 1,913 in 2022.

Sex and age

Fifty-five per cent of all patients resident on 31 December 2022 were male. The breakdown of age groups for all residents on census night was as follows:

• 7% were aged 24 years and under

• 24% were aged 25–44 years

• 34% were aged 45–64 years, and

• 35% were aged 65 years and over.

The 75 year and over age group had the highest rate of hospitalisation, at 115.5 per 100,000 population, followed by the 65–74 year age group at 97.5, the 55–64 year age group at 70.5 and the 45–54 year age group at 45.5. The 18–19 year age group had the lowest rate of hospitalisation, at 26.1 per 100,000.

Marital status

In relation to marital status of all residents on census night:

- 60% were single

- 17% were married

- 5% were widowed, and

- 2% were divorced.

Widowed persons had the highest rate of hospitalisation, at 47.4 per 100,000 population, followed by single at 45.0, divorced at 43.3 and married at 18.2.

Primary admission diagnosis

Thirty-eight per cent of residents had a diagnosis of schizophrenia, almost 15% had a diagnosis of depressive disorders, 8% had a diagnosis of mania, 7% had a diagnosis of organic mental disorders and 4% had a diagnosis of neuroses. Schizophrenia had the highest rate of hospitalisation, at 15.2 per 100,000 population, followed by depressive disorders at 5.8 and mania at 3.2. Males had a higher rate of hospitalisation for schizophrenia, at 19.2 per 100,000 population, compared with 11.3 for females. Females had a slightly higher rate of hospitalisation for depressive disorders, at 6.2 per 100,000, compared with 5.4 for males.

Legal status on census night

Almost 18% (17.5%) of all residents on census night were involuntary, up slightly from 16.7% in 2019. The rate of involuntary hospitalisation was 7.0 per 100,000, lower than that in 2019, at 8.7 per 100,000. Males had a higher rate of involuntary hospitalisation, at 9.1 per 100,000, compared with 4.9 for females. Sixty-three per cent of those who were involuntary on census night had a diagnosis of schizophrenia, almost 11% had a diagnosis of mania and 6% had a diagnosis of depressive disorders.

Length of stay on census night

The total number of in-patient days accumulated on census night was 2,561,092. 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 2022. The average length of stay for all patients resident on 31 December 2022 was 1,338.8 days (median 101 days). Thirty-six per cent of all patients resident were long-stay, i.e., in hospital for one year or more on 31 December 2022. Sixteen per cent were new long-stay, i.e., in hospital for between one and five years and 20% were old long-stay, i.e., in hospital for five years and over. Over half (52%) of all old-long stay patients were aged 65 years and over.

Patients with intellectual disability had the longest average length of stay on 31 December 2022, at 10,474.1 days (median 9,798 days), followed by schizophrenia, at 1,684.3 days (median 346 days) and development disorders, at 1,245.4 days (median 623 days). Other drug disorders had the shortest average length of stay, at 63.8 days (median 10.5 days).

Hospital type

Thirty-nine per cent of residents on 31 December 2022 were resident in general hospital psychiatric units, 29% were in psychiatric hospitals/continuing care units, 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 34 patients resident in child and adolescent units on 31 December 2022. This is a decrease from 55 patients resident on 31 December 2021. Almost three-quarters (71%) of patients resident in child and adolescent units were female. Thirty-five per cent were aged 17 years on census night, 21% were aged 16 years, 29% were aged 15 years and 15% were 14 years and under.

Thirty-two per cent of patients resident in child and adolescent units had a diagnosis of eating disorders, 21% had a diagnosis of depressive disorders and 18% had a diagnosis of schizophrenia.

7. Review of data 2013–2022

In the ten-year period from 2013 to 2022 inclusive, all admissions declined by 14%, from 18,457 in 2013 to 15,790 in 2022. First admissions declined by 11%, from 6,055 in 2013 to 5,412 in 2022, while re-admissions declined by 16% from 12,402 in 2013 to 10,378 in 2022.

Admissions to general hospital psychiatric units fell by 351, from 10,278 in 2013 to 9,927 in 2022, a reduction of 3% in this ten-year period. Admissions to psychiatric hospitals/ continuing care units fell by 53%, from 3,768 I 2013 to 1,756 in 2022, down by 2,012 admissions. The proportion of admissions to independent/private and private charitable centres fell by 7%, from 4,411 in 2013 to 4,107 in 2022, down 304 admissions.

Overall admissions for under 18s have decreased by 12% over the ten-year period, from 415 in 2013 to 366 in 2022. There has been an 80% reduction in admissions for under 18s to adult units, from 98 in 2013 to 20 in 2022, in line with government policy (Figure 1). Admissions to specialised child and adolescent units has increased by 9% in the ten-year period, from 317 in 2013 to 346 in 2022

Figure 7.1 Admissions for under 18s by hospital type in 2013 and 2022. Percentages
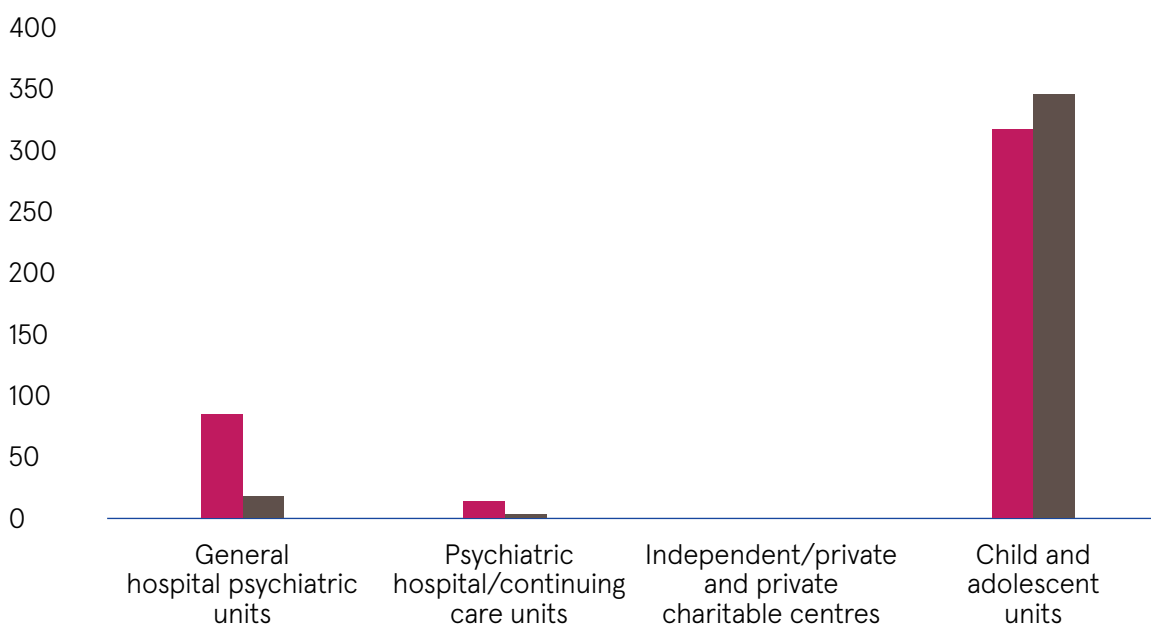
There has been a 20% reduction in the number of patients in psychiatric units and hospitals from 2,401 in 2013 to 1,913 in 2022. This is in line with the government policy to move away from in-patient-based care to more community-based care for the mental health services.