



HRB Statistics Series 32

Irish Psychiatric Units and Hospitals Census 2016 Main Findings

Antoinette Daly Sarah Craig

Research. Evidence. Action.

HRB Statistics Series 32

Irish Psychiatric Units and Hospitals Census 2016 Main Findings

Antoinette Daly Sarah Craig

Published by:

Health Research Board, Dublin
An Bord Taighde Sláinte
© Health Research Board, 2016
Health Research Board Statistics Series ISSN 1649-9107

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

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

The **HRB Statistics Series** compiles data on problem alcohol and drug use, disability and mental health from a single point or period in time.

Previous reports associated with this series are:

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

The National Psychiatric In-patient Reporting Systems (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.

HRB Statistics reports to date

Tedstone Doherty D, Walsh D, Moran R and Bannon F (2007) *High support community residences census 2006*. HRB Statistics Series 1. Dublin: Health Research Board.

Kelly F, Kelly C and Craig S (2007) *Annual Report of the National Intellectual Disability Database Committee 2007*. HRB Statistics Series 2. Dublin: Health Research Board.

O'Donovan MA, Doyle A and Craig S (2007) *National Physical and Sensory Disability Database Committee Annual Report 2007*. HRB Statistics Series 3. Dublin: Health Research Board.

Daly A, Walsh D and Moran R (2007) *Activities of Irish Psychiatric Units and Hospitals 2006*. HRB Statistics Series 4. Dublin: Health Research Board.

Daly A, Walsh D and Moran R (2008) *Activities of Irish Psychiatric Units and Hospitals 2007*. HRB Statistics Series 5. Dublin: Health Research Board.

Kelly F, Kelly C and Craig S (2009) *Annual Report of the National Intellectual Disability Database Committee 2008*. HRB Statistics Series 6. Dublin: Health Research Board.

Daly A and Walsh D (2009) *Activities of Irish Psychiatric Units and Hospitals 2008*. HRB Statistics Series 7. Dublin: Health Research Board.

Kelly F, Kelly C and Craig S (2010) *Annual Report of the National Intellectual Disability Database Committee 2009*. HRB Statistics Series 8. Dublin: Health Research Board.

Daly A and Walsh D (2010) *Activities of Irish Psychiatric Units and Hospitals 2009*. HRB Statistics Series 9. Dublin: Health Research Board.

Doyle A, O'Donovan MA and Craig S (2009) *Annual Report of the National Physical and Sensory Disability Database Committee 2008*. HRB Statistics Series 10. Dublin: Health Research Board.

O'Donovan MA, Doyle A and Craig S (2010) *Annual Report of the National Physical and Sensory Disability Database Committee 2009*. HRB Statistics Series 11. Dublin: Health Research Board.

Daly A and Walsh D (2011) *Irish Psychiatric Units and Hospitals Census 2010*. HRB Statistics Series 12. Dublin: Health Research Board.

Kelly F and Kelly C (2011) *Annual Report of the National Intellectual Disability Database Committee 2010*. HRB Statistics Series 13. Dublin: Health Research Board.

O'Donovan MA (2011) *Annual Report of the National Physical and Sensory Disability Database Committee 2010*. HRB Statistics Series 14. Dublin: Health Research Board.

Daly A and Walsh D (2011) *Activities of Irish Psychiatric Units and Hospitals 2010. Main Findings*. HRB Statistics Series 15. Dublin: Health Research Board.

Doyle A (2012) *Annual Report of the National Physical and Sensory Disability Database Committee 2011*. HRB Statistics Series 16. Dublin: Health Research Board.

Kelly C (2012) *Annual Report of the National Intellectual Disability Database Committee 2011*. HRB Statistics Series 17. Dublin: Health Research Board.

Daly A and Walsh D (2012) *Activities of Irish Psychiatric Units and Hospitals 2011. Main Findings*. HRB Statistics Series 18. Dublin: Health Research Board.

Kelly F, Kelly C and O'Donohoe A (2013) *Annual Report of the National Intellectual Disability Database Committee 2012*. HRB Statistics Series 19. Dublin: Health Research Board.

Daly A and Walsh D (2013) *Activities of Irish Psychiatric Units and Hospitals 2012. Main Findings*. HRB Statistics Series 20. Dublin: Health Research Board.

Carew AM and Doyle A (2013) *Annual Report of the National Physical and Sensory Disability Database Committee 2012*. HRB Statistics Series 21. Dublin: Health Research Board.

Daly A, Walsh D and Moran R (2014) *Irish Psychiatric Units and Hospitals Census 2013*. HRB Statistics Series 22. Dublin: Health Research Board.

Carew AM and Doyle A (2014) *Annual Report of the National Physical and Sensory Disability Database Committee 2013*. HRB Statistics Series 23. Dublin: Health Research Board.

Kelly C and O'Donohoe A (2014) *Annual Report of the National Intellectual Disability Database Committee 2013. Main Findings*. HRB Statistics Series 24. Dublin: Health Research Board.

Daly A and Walsh D (2014) *Activities of Irish Psychiatric Units and Hospitals 2013. Main Findings*. HRB Statistics Series 25. Dublin: Health Research Board.

Daly A and Walsh D (2015) *Activities of Irish Psychiatric Units and Hospitals 2014. Main Findings*. HRB Statistics Series 26. Dublin: Health Research Board.

Doyle A and Kartalova O'Doherty Y (2015) *Annual Report of the National Physical and Sensory Disability Database Committee 2014*. HRB Statistics Series 27. Dublin: Health Research Board.

Kelly C (2015) *Annual Report of the National Intellectual Disability Database Committee 2014. Main Findings*. HRB Statistics Series 28. Dublin: Health Research Board.

Daly A and Craig S (2016) *Activities of Irish Psychiatric Units and Hospitals 2015. Main Findings*. HRB Statistics Series 29. Dublin: Health Research Board.

Doyle A and Carew AM (2016) *Annual Report of the National Intellectual Disability Database Committee 2015. Main Findings*. HRB Statistics Series 30. Dublin: Health Research Board.

Hourigan S, Doyle A and Carew AM (2016) *Annual Report of the National Physical and Sensory Disability Database Committee 2015*. HRB Statistics Series 31. Dublin: Health Research Board.

Contents

Lists of tables	8
Lists of figures	9
1 Introduction and background	10
2 National findings	11
3 Community Health Organisation (CHO) areas	15
4 Hospital type	17
5 Individual psychiatric units and hospitals	20
6 Child and adolescent patients	21
7 Trends in census data 1963–2016	23
References	24

Lists of tables

Table 1.1 Hospital type	10
Table 2.1 Irish psychiatric in-patient numbers 1963–2016	11
Table 4.1 Irish Psychiatric Units and Hospitals Census 2016. Hospital type and gender. Numbers with percentages	18
Table 6.1 Child and adolescent residents. Irish Psychiatric Units and Hospitals Census 2016. Age and gender. Numbers with percentages	21

Lists of figures

Figure 3.2 HSE Community Healthcare Organisation (CHO) area boundaries 15

Figure 4.1 Irish Psychiatric Units and Hospitals Census 2016. Hospital type 17

1

Introduction and background

This report presents findings from the ninth national psychiatric census of patients in psychiatric units and hospitals, the latest in a series of censuses first carried out in 1963. The census is a count of all patients resident in psychiatric units and hospitals operating within the provisions of the Mental Health Act 2001, (Government of Ireland, 2001), at midnight on 31 March 2016. Data for this report are based on residents in 64 units and hospitals on the Register of Approved Centres under the Mental Health Act 2001, including child and adolescent units (see Table 1.1 below). All patients 'on the books' in psychiatric units and hospitals, including those on leave, were enumerated in the census. The census data are invaluable for the planning and future development of mental health services as they allow us to predict possible future bed and hospital requirements at both national and local levels. We would like to acknowledge and thank all our NPIRS contacts in the approved centres for their cooperation and commitment in submitting returns for the census.

The census data reflect the situation in units and hospitals at a particular point in time and do not, therefore, reflect ongoing activities in the in-patient services. This information is captured in the most recent annual publication, *Activities of Irish Psychiatric Units and Hospitals 2015 Main Findings* (Daly and Craig 2016).

Data are presented on patients resident on 31 March 2016, and then broken down by Community Healthcare Organisation (CHO) areas of the HSE, hospital type, individual units and hospitals, and children and adolescents. Comparisons are made between the census data for 2013 (Daly and Walsh 2014) and with previous census reports (Walsh 1971; O'Hare and Walsh 1974; O'Hare and Walsh 1983; Moran and Walsh 1992; Daly and Walsh 2002, Daly and Walsh 2006, Daly and Walsh 2011; Daly and Walsh 2014) where relevant. Rates reported for the 2016 census are per 100,000 total population. A full set of tables containing the census data for 2016 is available online at www.hrb.ie.

Table 1.1 Hospital type

	Numbers	Percentages
General hospital psychiatric units	22	34.4
Psychiatric hospitals	27	42.2
Independent/private and private charitable centres	6	9.4
Central Mental Hospital, Dundrum	1	1.6
Carraig Mór, Cork ^a	1	1.6
St Joseph's Intellectual Disability Service ^b	1	1.6
Child and adolescent units	6	9.4
Total	64	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.

2

National findings

There were 2,408 patients resident in Irish psychiatric units and hospitals on 31 March 2016, seven more patients resident than in 2013. This represents a hospitalisation rate of 52.5 per 100,000 population, virtually unchanged from 2013 (52.3).

The number of patients resident in Irish psychiatric units and hospitals has declined markedly over the last 50 years, with numbers dropping from 19,801 in 1963 to 2,408 in 2016 (see Table 2.1). This represents a reduction of 88% since 1963 and a reduction of 14% since 2010.

Table 2.1 Irish psychiatric in-patient numbers 1963–2016

Year	Number	Year	Number	Year	Number	Year	Number
1963	19,801	1976	14,473	1989	7,897	2002	3,891
1964	18,989	1977	14,352	1990	7,334	2003	3,658
1965	18,641	1978	13,968	1991 ^a	8,207	2004 ^b	3,556
1966	18,084	1979	13,838	1992	6,130	2005 ^b	3,475
1967	17,841	1980	13,342	1993	5,806	2006 ^a	3,389
1968	17,218	1981 ^a	13,984	1994	5,581	2007 ^b	3,314
1969	16,802	1982	13,428	1995	5,327	2010 ^a	2,812
1970	16,403	1983	12,802	1996	5,212	2013 ^a	2,401
1971 ^a	16,661	1984	12,484	1997	4,817	2014 ^c	2,228
1972	15,856	1985	12,097	1998	4,820	2015 ^c	2,337
1973	15,471	1986	11,643	1999	4,469	2016 ^a	2,408
1974	15,156	1987	10,621	2000	4,230		
1975	14,967	1988	9,500	2001 ^a	4,321		

a MSR/HRB Census completed on 31 March each year.

b Mental Health Commission.

c HRB Census completed on 31st December each year.

Note: There were no census figures available for 2008, 2009, 2011 and 2012.

Males accounted for over half (54%) of all in-patients on census night, representing a hospitalisation rate of 56.9 per 100,000, compared with 48.1 for females. Males have typically accounted for over half of all patients resident in each census year over the last 50 years.

Over one-third (36%) of in-patients were aged 65 years and over on census night; 17% were aged 55–64 years; 15% were aged 45–54 years, almost 14% were aged 35–44 years; 12% were aged 25–34 years; 5% were aged 20–24 years and 2% were aged 18–19 years. Three patients were under 18 years of age on census night. There were an additional 81 patients resident in child and adolescent units, an increase on the figure for under 18s in 2013 (64). Data on patients resident in child and adolescent units are discussed later in Section 6.

The 75 year and over age group had the highest rate of hospitalisation, at 177.8 per 100,000, followed by the 65–74 year age group, at 149.6 and the 55–64 year age group, at 88.5. The 20–24 year age group had the lowest rate of hospitalisation on census night, at 37.0 per 100,000.

Marital status

Fifty-nine per cent of all residents on census night were single, 21% were married, almost 7% were widowed and 3% were divorced. Patients who were widowed had the highest rate of hospitalisation, 82.2 per 100,000, followed by divorced persons, at 77.5 and single persons, at 57.0. Patients who were married had the lowest rate of hospitalisation, at 29.1 per 100,000.

Widowed males had the highest rate of hospitalisation, at 88.2 per 100,000, followed by divorced females, at 84.5 and widowed females, at 80.4. The rate for widowed males, at 88.2 was over three times that of married males, at 27.5. Hospitalisation rates for single persons were highest amongst all age groups, with rates ranging from 534.5 per 100,000 in the 65–74 year age group to 36.2 for the 18–19 year age group.

Socio-economic group

As in 2013 the unskilled occupational group had the highest rate of hospitalisation, at 107.3, followed by agricultural workers, at 63.8 and farmers, at 51.7. Twelve per cent of all in-patients on census night had non-manual occupations, 7% were lower professional, 7% were unskilled, 6% were manual skilled and a further 6% were semi-skilled. It should be noted, however, that almost 52% of occupations were returned as unknown or

unspecified thus making assignment to a socio-economic group impossible. Males had higher rates of hospitalisation than females amongst all but two occupational groups, lower professional and non-manual workers.

Diagnosis

Almost one-third (32%) of all patients on census night had a primary admission diagnosis of schizophrenia, almost 17% had a diagnosis of depressive disorders, almost 12% had organic mental disorders, 8% had mania and 5% had an intellectual disability. Patients with a diagnosis of schizophrenia had the highest rate of hospitalisation, at 16.9 per 100,000, followed by depressive disorders, at 8.7 and organic mental disorders, at 6.1 per 100,000.

Males had a higher rate of hospitalisation than females for schizophrenia, at 21.3 per 100,000 for males and 12.6 for females. Similarly, males had a higher hospitalisation rate for organic mental disorders, at 7.5 compared with 4.7 for females. Females had a higher hospitalisation rate than males for depressive disorders, at 9.9 per 100,000 compared with 7.4 for males.

Schizophrenia had the highest rate of hospitalisation amongst all age groups in the 20–74 year age range, with rates ranging from 45.9 for the 65–74 year age group to 9.8 for the 20–24 year age group. Depressive disorders had the highest rate of hospitalisation amongst the 18–19 year age group, at 12.3 per 100,000 and organic mental disorders had the highest rate amongst the 75 and over age group, at 65.1.

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

Legal status

Seventeen per cent (16.7%) of in-patients on census night were involuntary. This is an increase in the proportion of involuntary in-patients in the last two successive censuses, from 13% in 2010 and 15% in 2013. The rate of involuntary hospitalisation was 8.7 per 100,000, an increase from 7.7 in 2013 and similar to that in 2010 (8.6). Males accounted for 62% of all involuntary in-patients on census night, giving a rate of 10.9 per 100,000.

Fifty-five per cent of those whose legal status was involuntary on census night had a primary admission diagnosis of schizophrenia, 13% had a diagnosis of mania, 5% had a diagnosis of depressive disorders and a further 5% had a diagnosis of organic mental disorders. The highest rate of involuntary hospitalisation was for patients with schizophrenia, at 4.8 per 100,000, unchanged from 2013.

Sixty-five 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, 16.4 per 100,000, compared with those who had a previous admission, at 36.1.

No fixed abode

There were 91 in-patients on census night who gave an address of no fixed abode at the time of their admission. This is more than three times the number in 2013, at 26. Eighty-eight per cent were male; over one-third were single (34%); 57% were on their first admission; 70% were involuntary; almost 73% had a diagnosis of schizophrenia; 7% had a diagnosis of depressive disorders with a further 7% having a diagnosis of mania.

Ethnicity

Almost 95% of in-patients had an ethnic group returned on census night, with 5% returned as 'unknown' or 'other'. Of those who returned an ethnic group (2,275), 95% were recorded as 'White Irish', 4% were returned as 'Any Other White' background while the remaining 1% was distributed amongst the other ethnic groups.

Length of stay

Thirty-six per cent of in-patients on census night were long-stay, i.e. had been in hospital continuously for one year or more; 17% were new long-stay, i.e. had been in hospital continuously for between one and five years; 19% were old long-stay, i.e. had been in hospital for five years or more. Nineteen per cent had been in hospital for up to two weeks on census night, 11% had been in hospital for two to four weeks, 19% had been in hospital for between one to three months, while a further 15% had been in hospital for between three months to one year.

Over half (55%) of all long-stay patients, i.e. those who had been hospitalised for one year or more, were aged 65 years or more on census night and over half (55%) of all old long-stay patients, i.e. those who had been hospitalised for five years or more, were aged 65 years or more on census night.

Ninety-three per cent of those with a diagnosis of intellectual disability (122) had been hospitalised for one year or more on census night while 62% of those with organic mental disorders (278), 49% of those with schizophrenia (775) and 24% of those with personality and behavioural disorders (79) had been hospitalised for one year or more on census night. Seventy-six per cent of those with intellectual disability had been in hospital for more than ten years on census night.

Eighty-four per cent of those with a diagnosis of intellectual disability had been in hospital for five years or more on census night. In contrast, 28% of those with schizophrenia, 19% of those with organic mental disorders, 19% of those with alcoholic disorders, 7% of those with depressive disorders and 12% of those with mania had been in hospital for five years or more on census night.

Sixty-three per cent of voluntary patients had been in hospital for up to one year on census night compared with 68% of involuntary patients. Thirty-seven per cent of voluntary patients had been in hospital for one year or more compared with 32% of involuntary patients. The proportion of voluntary patients in hospital for ten years or more on census night, at 13%, was almost twice that of involuntary patients, at 7%.

The total number of in-patient days accumulated for all patients on census night was 3,636,469. Patients with a diagnosis of schizophrenia and intellectual disability together accounted for almost three-quarters of all in-patient days on census night; schizophrenia accounted for 43% and intellectual disability accounted for 31%. The average length of stay for all patients on census night was 1,510.16 days (median 100 days). Patients with intellectual disability had the longest average length of stay, at 9,270.52 days (median 7,829.0 days), followed by schizophrenia, at 2,004.69 days (median 345 days) and patients with development disorders (n=6), at 1,454.17 days (median 725 days). Patients with other drug disorders had the shortest average length of stay, at 165.35 days (median 16 days).

When patients with a length of stay of one year or more were excluded patients with organic mental disorders had the longest average length of stay, at 127.98 days (median 96 days), followed by intellectual disability, at 116.33 days (median 87.0 days) and schizophrenia, at 84.56 days (median 49.0 days). Patients with alcoholic disorders had the shortest average length of stay, at 31.92 days (median 16 days).

County of residence

Patients resident in Westmeath had the highest rate of hospitalisation on census night, at 73.1 per 100,000, followed by patients resident in Dublin, at 70.5, followed by Tipperary North and Tipperary South both with rates of 61.1. Donegal had the lowest rate of hospitalisation, at 24.8, followed by Leitrim, at 28.3 and Roscommon, at 32.8 per 100,000.

Medical card

Over one-quarter (26%) of in-patients on census night had a medical card, while 6% of in-patients were returned as not having a medical card. However, two-thirds of in-patients did not indicate whether or not they had a medical card.

Private health insurance

Only 13% of in-patients were recorded as having private health insurance, with 23% not having health insurance. Sixty-four per cent of returns for in-patients did not specify whether or not they had private health insurance.

Referral source

Twelve per cent of patients resident on census night were referred by their GP or an out-of-hours GP service/primary care service, 7% were referred to hospital by a consultant and almost 5% were referred by the emergency department in a general hospital. Over half of all patients resident on census night did not specify a referral source.

3

Community Health Organisation (CHO) areas

Census data are presented by CHO area (the geographical structures for the delivery of primary care, social care, mental health and other health and well-being services) for the first time in this report. 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. Thus, 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.

Eighteen per cent of all in-patients on census night were resident in CHO 9, 15% were resident in CHO 7, 14% were resident in CHO 4 and 11% each were resident in CHO 6 and CHO 8. Patients resident in CHO 9 had the highest rate of hospitalisation, at 73.3 per 100,000, followed by CHO 6, at 61.9, CHO 7, at 56.7 and CHO 4, at 51.6. There were four patients returned as non-resident on census night, i.e. with an address not originating in Ireland.

Figure 3.2 HSE Community Healthcare Organisation (CHO) area boundaries

The 9 Community Health Care Organisations (CHOs) are:

- Area 1** Donegal, Sligo/ Leitrim/West Cavan, Cavan/Monaghan
- Area 2** Galway, Roscommon, Mayo
- Area 3** Clare, Limerick, North Tipperary/East Limerick
- Area 4** Kerry, North Cork, North Lee, South Lee, West Cork
- Area 5** South Tipperary, Carlow/Kilkenny, Waterford, Wexford
- Area 6** Wicklow, Dun Laoghaire, Dublin South East
- Area 7** Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West
- Area 8** Laois/Offaly, Longford/West Meath, Louth/Meath
- Area 9** Dublin North, Dublin North Central, Dublin North West



Gender and age

Males had higher rates of hospitalisation than females in all CHO areas, with rates ranging from 76.7 in CHO 9 to 33.6 in CHO 1. Rates for females ranged from 70.0 in CHO 9 to 29.7 in CHO 1.

The 75 year and over age group had the highest rate of hospitalisation in CHO 6 (289.1), CHO 8 (227.9) and CHO 9 (300.0), while the 65–74 year age group had the highest rate in CHO 2 (122.0), CHO 4 (133.0) and CHO 7 (185.8). Almost half (49%) of all in-patients from CHO 6 were aged 65 years and over, almost 42% in CHO 8 and 41% in CHO 5 were aged 65 years and over.

Marital status

Over two-thirds (69%) of all in-patients in CHO 1 were single, 64% in CHO 4 and 66% in CHO 2 were single. One quarter of in-patients in CHO 5 and one-quarter in CHO 8 were married. Widowed persons had the highest rate of hospitalisation in five of the nine CHO areas, at 71.1 in CHO 4, 75.5 in CHO 5, 188.3 in CHO 6, 66.8 in CHO 8 and 153.6 in CHO 9. Divorced persons had the highest rate in three areas; CHO 2, at 75.8, CHO 3, at 103.1 and CHO 7, at 98.9. Single persons had the highest rate of hospitalisation in CHO 1, at 41.8 per 100,000.

Socio-economic group

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 4 to 7% in CHO 5 and 7% in CHO 8. Lower professionals accounted for the highest proportion in CHO 1, at 10% while the unskilled group accounted for the highest proportion in CHO 3, at 19%.

Diagnosis

Patients with a primary admission diagnosis of schizophrenia had the highest rate of hospitalisation across all CHO areas with rates ranging from 19.5 in CHO 8 to 13.5 in CHO 1. Depressive disorders had the second-highest rate

in all but two areas with rates ranging from 11.9 in CHO 9 to 3.8 in CHO 1. Organic mental disorders had the second highest rate in CHO 5 and CHO 6 with rates of 10.4 and 9.2 respectively.

Legal status

Over one-quarter (29%) of all in-patients from CHO 1 were involuntary on census night. One-fifth of in-patients resident in CHO 2, 18% from CHO 6 and 18% from CHO 9 were involuntary on census night. Patients resident in CHO 9 had the highest rate of involuntary hospitalisation, at 13.1 per 100,000, followed by CHO 6, at 11.3 and CHO 1, at 9.2.

Length of stay

Almost 65% of all in-patients in CHO 1 and 63% in CHO 3 had been in hospital for up to three months on census night; over half of those in CHO 2 (52%), CHO 4 (52%) and CHO 7 (51%) had also been in hospital for up to three months on census night. Forty-seven per cent of all in-patients in CHO 9 were long-stay, i.e. in hospital for one year or more on census night. This compares with 39% in CHO 6, 38% in CHO 2, 36% in CHO 5 and 35% in CHO 8. Almost one-quarter (24%) of all those in CHO 4 were old long-stay, i.e. in hospital for five years or more on census night, 23% of those in CHO 9, 21% in CHO 8 and 19% in CHO 2 were old long-stay. This compares with 6% in CHO 1.

CHO 4 had the longest average length of stay on census night, at 1,942.99 days (median 81 days) and accounted for 18% of in-patient days. CHO 9 accounted for the highest proportion of in-patients days at 22% and had the second-longest average length of stay, at 1,890.92 days (median 272.5 days). CHO 1 had the shortest average length of stay, at 422.48 days (median 40 days). When patients with a length of stay of one year or more were excluded average length of stay was longest in CHO 6, at 76.64 days (median 49 days), followed by CHO 5, at 74.64 days (median 38 days). Length of stay was shortest in CHO 3, at 41.19 days (median 21.5 days) and accounted for the smallest proportion of in-patients days, at 5%.

4

Hospital type

This section presents census data by type of hospital. All 64 units and hospitals on the Register of Approved Centres under the Mental Health Act 2001 were included in the census. Data on child and adolescent units are presented in Section 6.

One-third of all in-patients were resident in general hospital psychiatric units, 32% were resident in psychiatric hospitals/continuing care units, 26% were resident in independent/private and private charitable centres, 4% were resident in the Central Mental Hospital, 4% were resident in St Joseph’s Intellectual Disability Service and less than one per cent (0.8%) were resident in Carraig Mór, Cork (see Figure 4.1).

The proportion of patients resident in psychiatric hospitals/continuing care units continues to fall, from 90% in 1981 to 32% in 2016. There has been a corresponding increase in the proportion resident in general hospital psychiatric units, from 3% in 1981 to 33% in 2016. The proportion resident in independent/private and private charitable centres continues to rise, from 10% in 1981 to 26% in 2016 (up from 24% in 2013).

Figure 4.1 Irish Psychiatric Units and Hospitals Census 2016. Hospital type

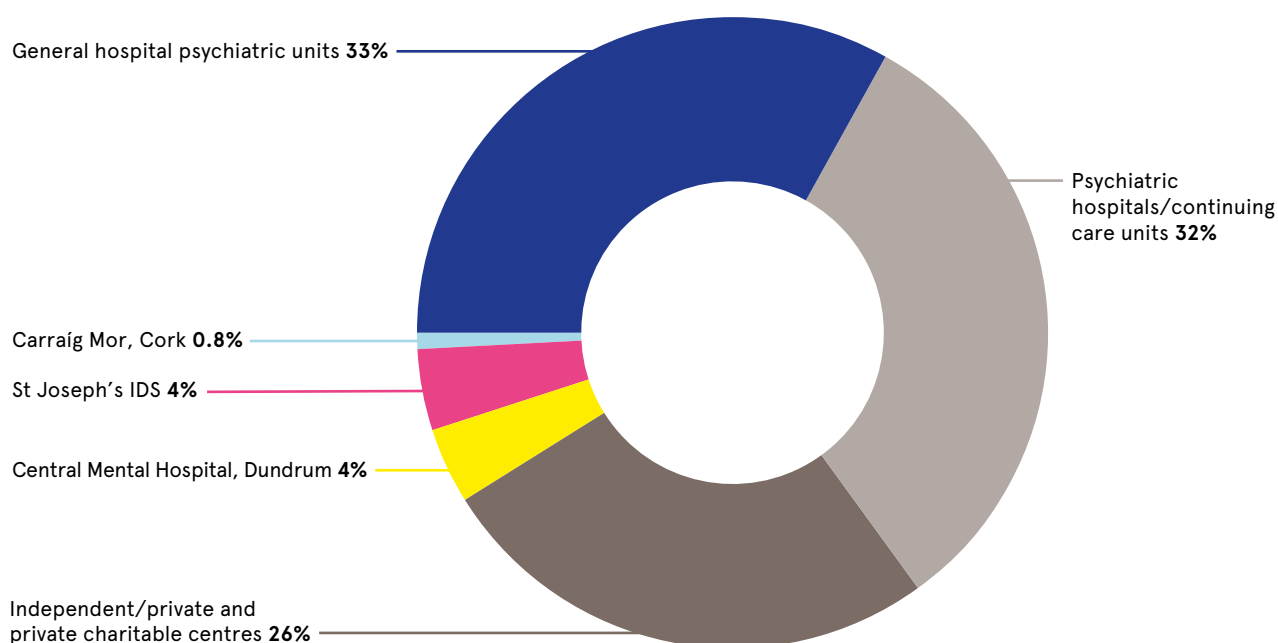


Table 4.1 Irish Psychiatric Units and Hospitals Census 2016. Hospital type and gender. Numbers with percentages

	Numbers			Percentages		
	Male	Female	Total	Male	Female	Total
General hospital psychiatric units	429	364	793	54.10	45.90	32.93
Psychiatric hospitals/continuing care units	433	340	773	56.02	43.98	32.10
Independent/private and private charitable centres	268	354	622	43.09	56.91	25.83
Central Mental Hospital, Dundrum	87	10	97	89.69	10.31	4.03
Carraig Mór, Corka	11	9	20	55.00	45.00	0.83
St Joseph's Intellectual Disability Service ^b	66	37	103	64.08	35.92	4.28
Total	1,294	1,114	2,408	53.74	46.26	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.

Gender and age

Males accounted for 56% of all in-patients in psychiatric hospitals/continuing care units, 54% in general hospital psychiatric units, 55% in Carraig Mór and 64% in St Joseph's Intellectual Disability Service (see Table 4.1). Ninety per cent of in-patients resident in the Central Mental Hospital were male. In contrast to the higher proportion of males in each hospital type, females accounted for 57% of all in-patients in independent/private and private charitable centres.

Over half (53%) of all in-patients residents in psychiatric hospitals/continuing care units were 65 years and over on census night, 43% in independent/private and private charitable centres were 65 years and over, followed by 28% in St Joseph's Intellectual Disability Service, 19% in general hospital psychiatric units, 15% in Carraig Mór and 4% in the Central Mental Hospital. Over one-quarter (26%) of residents in psychiatric hospitals/continuing care units and 23% in independent/private and private charitable centres were aged 75 years and over on census night. This compares with 15% in St Joseph's Intellectual Disability Service, 6% in general hospital psychiatric units and 1% in the Central Mental Hospital. There were no patients aged 75 years and over in Carraig Mór on census night. There were three under 18s resident in general hospital psychiatric units on census night.

Marital status

Single persons accounted for almost two-thirds of all residents in general hospital psychiatric units (66%) and in psychiatric hospitals/continuing care units (65%). Eighty-five per cent of residents in Carraig Mór were single. In contrast, less than half (44%) of residents in independent/private and private charitable centres were single. One-third of residents in independent/private and private charitable centres were married compared with 19% in general hospital psychiatric units and 18% in psychiatric hospitals/continuing care units.

Socio-economic group

Almost one-quarter (24%) of patients resident in independent/private and private chartable centres were higher or lower professionals (combined) compared with 5% in psychiatric hospitals/continuing care units and 8% in general hospital psychiatric units. Nineteen per cent of patients in independent/private and private charitable centres had non-manual occupations compared with 11% 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 (32%) of patients in general hospital psychiatric units had a primary admission diagnosis of schizophrenia. This compares with just 12% of patients resident in independent/private and private charitable centres. Almost three-quarters (73%) of patients resident in the Central Mental Hospital had a diagnosis of schizophrenia. One-quarter of patients in independent/private and private charitable centres had a diagnosis of depressive disorders; 20% in general hospital psychiatric units and 9% in psychiatric hospitals/continuing care units also had a diagnosis of depressive disorders.

Legal status

Almost one-quarter (24%) of patients resident in general hospital psychiatric units, 12% in psychiatric hospitals/continuing care units and 2% in independent/private and private charitable centres were involuntary on census night. Ninety-six per cent of those resident in the Central Mental Hospital had a legal status of involuntary on census night. The proportion of patients who were involuntary on census night in general hospital psychiatric units increased from 20% in 2013 to 24% in 2016, while the proportion in psychiatric hospitals/continuing care units (12%) and in independent/private and private charitable centres (2%) remained unchanged from 2013.

Length of stay

Sixty-one per cent of patients resident in psychiatric hospitals/continuing care units on census night were long-stay, i.e. had been in hospital for one year or more; 24% of patients in independent/private and private charitable centres and 7% in general hospital psychiatric units were long-stay. All patients resident in St Joseph's Intellectual Disability Service, 79% of those in the Central Mental Hospital and 25% of those in Carraig Mór were long-stay. There was a small increase in the proportion of long-stay patients in psychiatric hospitals/continuing care units on census night from 58% in 2013 to 61% in 2016 while

there was no change in independent/private and private charitable centres. Almost all patients in general hospital psychiatric units (93%) had been in hospital for less than one year on census night.

Eighty-eight 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; 43% of those in the Central Mental Hospital and 33% in psychiatric hospitals/continuing care units were old long-stay. This compares with 15% in Carraig Mór, 10% in independent/private and private charitable centres and less than one per cent in general hospital psychiatric units.

Patients resident in psychiatric hospitals/continuing care units accounted for 54% of in-patient days; the comparable figure for independent/private and private charitable centres was almost 9% and that for general hospital psychiatric units was almost 3% (2.5%). Of the three main hospital types, patients in psychiatric hospitals/continuing care units had the longest average length of stay, at 2,532.99 days (median 808.0 days), followed by independent/private and private charitable centres, at 497.88 days (median 57 days) and general hospital psychiatric units, at 113.18 days (median 29 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 89.99 days (median 51.0 days), followed by independent/private and private charitable centres, at 60.55 days (median 30.50 days) and general hospital psychiatric units, at 53.81 days (median 26.5 days).

5

Individual psychiatric units and hospitals

A high proportion of in-patients in many of the psychiatric hospitals/continuing care units were aged 65 years and over, for example Sycamore Unit in Connolly Hospital (100%), Selskar House (95%), Blackwater House, St Davnet's Hospital (94%), Cluain Lir Care Centre in Mullingar (90%), Le Brun House and Whitethorn House (90%). In contrast, much smaller proportions of in-patients in general hospital psychiatric units were aged 65 years and over, for example Tallaght Hospital (11%), Midland Regional Hospital Portlaoise (9%), Roscommon County Hospital (4%). Almost 87% of in-patients in Highfield Hospital and 59% in Bloomfield Hospital were aged 65 years and over.

Over half of residents in many units and hospitals on census night had a primary admission diagnosis of schizophrenia although overall resident numbers in some units were small, for example, 81% in Phoenix Care Centre had a primary admission diagnosis of schizophrenia; 76% in St Loman's Hospital, Mullingar; 75% in St Finbarr's Hospital, Cork; 73% in St Finan's Hospital, Killarney, 73% in An Coilín, Castlebar and 73% in the Central Mental Hospital. In contrast, over half of all patients resident in St Edmundsbury Hospital (58%) and St Patrick's Hospital (51%) had a primary admission diagnosis of depressive 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.

64 in 2013. The increase in under 18s in approved centres is mostly accounted for by an increase in in-patient capacity over the last number of years in line with policy and service developments.

Almost two-thirds (65%) of under 18s resident on census night were female. Twenty-seven per cent of under 18s were aged 17 years on census night, 25% were aged 16 years, 26% were aged 15 years, 21% were aged 13-14 years.

Gender and age

There were 84 patients under 18 years of age resident in both adult units and child and adolescent units on 31 March 2016. This is an increase in the number of under 18s resident in the last three censuses; 30 in 2006, 43 in 2010 and

Table 6.1 Child and adolescent residents. Irish Psychiatric Units and Hospitals Census 2016. Age and gender. Numbers with percentages

	Numbers			Percentages		
	Male	Female	Total	Male	Female	Total
13-14 years	6	12	18	20.69	21.82	21.43
15 years	7	15	22	24.14	27.27	26.19
16 years	6	15	21	20.69	27.27	25.00
17 years	10	13	23	34.48	23.64	27.38
Total	29	55	84	100.00	100.00	100.00

Hospital type

Ninety-six per cent of under 18s were resident in child and adolescent units and 4% were resident in general hospital psychiatric units. There were no under 18s resident in independent/private and private charitable centres or psychiatric hospitals/continuing care units.

Diagnosis

Twenty-six per cent of under 18s had a primary admission diagnosis of depressive disorders, 17% had a diagnosis of eating disorders, 14% had a diagnosis of schizophrenia and 11% had a diagnosis of neuroses. Females accounted for 64% (14) of those with depressive disorders and 57% (4) of those with mania. All residents under 18 with a diagnosis of eating disorders (14) were female. Males accounted for 66% of those with neuroses.

Length of stay

Over half (54%) (45) of all under 18s had been in hospital for between one and three months on census night, 19% (16) had been in hospital for between three months to one year and 18% (15) had been in hospital for two to four weeks. One patient had been in hospital for longer than one year on census night. The average length of stay for all under 18s was 66.08 days (median 51 days).

Patients under 18 years with a diagnosis of depressive disorders accounted for the highest proportion of in-patient days, at 21%, followed by eating disorders, at 18% and schizophrenia and mania, both at 16% each. Average length of stay was longest for patients with a diagnosis of mania, at 124.57 days (median 54 days), followed by schizophrenia, at 72.75 days (median 47.5) and eating disorders, at 70.14 days (median 70 days).

The average length of stay in child and adolescent units was 64.4 days (median 51 days).

7

Trends in census data 1963–2016

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. This differs from activities data which are episodic and which reflect total numbers of admissions and discharges in any one year. The HRB has been conducting this census since 1963 and so there is now a substantial body of data from which key trends and patterns can be discerned.

The data show an overall decline by 88% in patients resident in psychiatric units and hospitals since 1963 with a 14% decline since 2010. Despite this downward trend over the years, the number of patients resident in units and hospitals has increased marginally from 2013. Over one-third (36%) of all residents in 2016 were over 65 years of age and with a greater proportion of deaths in psychiatric units and hospitals annually occurring among the 65 years and over age group (84% in 2015) (Daly and Craig 2016) their non-replacement by fewer new long-stay patients, as has been the trend in recent census years, will more than likely contribute to further decline. Notwithstanding this reduction in in-patient numbers, there is now a greater focus on the psychiatry of old-age in planning for mental health services so that the needs of older residents can be adequately addressed.

Looking at individual diagnoses, the proportion of in-patients with a primary diagnosis of schizophrenia declined from 53% in 1963 to 32% in 2016 while the proportion of in-patients with a primary diagnosis of intellectual disability has more than halved, from 14% in 1963 to 5% in 2016, the latter a reflection of the move to accommodate persons with intellectual disability in more appropriate settings. The majority of those with a primary diagnosis of intellectual disability were resident in St Joseph's Intellectual Disability Service in Portrane.

There has been a decline in the proportion of involuntary hospitalisation, from 79% in 1963 to 17% in 2016. However, a recent trend is that the proportion of involuntary patients has increased in the last two census years, from 13% in 2010 to 15% (14.7) in 2013 and 17% (16.7) in 2016.

Since 1963 there has been a notable decline in the long-stay population, particularly in the old long-stay population (those in hospital for five years or more) which declined from 61% in 1963 to 19% in 2016. Similarly, the proportion spending 25 years or more in hospital has declined from 20% in 1971 to 5% in 2016. In contrast, there has been an increase in those with shorter lengths of stay over the last 40 years or more, for example, the proportion of those in hospital for under three months in 1971 was 14%, in 2016 it was 49%; the proportion in hospital for 3–12 months in 1971 was 9% but this increased to 15% by 2016.

The proportion of patients resident in psychiatric hospitals/continuing care units continues to fall, from 90% in 1981 to 32% in 2016, with a corresponding increase in the proportion resident in general hospital psychiatric units, from 3% in 1981 to 33% in 2016. The proportion resident in independent/private and private charitable centres also continues to rise, from 10% in 1981 to 26% in 2016 (up from 24% in 2013).

As noted earlier in the report there has been an increase in the number of under 18s resident on census night over the last three censuses but this increase is largely accounted for by the increase in capacity in the child and adolescent in-patient services in line with policy.

References

Central Statistics Office (2012) *Census of Population 2011*. www.cso.ie.

Daly A and Craig S (2016) *Activities of Irish Psychiatric Units and Hospitals 2015. Main Findings*. HRB Statistics Series 29. Dublin: Health Research Board.

Daly A, Walsh D and Moran R (2014) *Irish Psychiatric Units and Hospitals Census 2013*. HRB Statistics Series 22. Dublin: Health Research Board.

Daly A and Walsh D (2011) *Irish Psychiatric Units and Hospitals Census 2010. HRB Statistics Series 12*. Dublin: Health Research Board.

Daly A and Walsh D (2006) *Irish Psychiatric Units and Hospitals Census 2006*. Dublin: Health Research Board.

Government of Ireland (2001) *Mental Health Act 2001*. Dublin: Stationery Office.

Moran R and Walsh D (1992) *The Irish Psychiatric Hospitals and Units Census 1991*. Dublin: Health Research Board.

O'Hare A and Walsh D (1974) *The Irish Psychiatric Hospital Census 1971*. Dublin: Medico-Social Research Board.

O'Hare A and Walsh D (1983) *The Irish Psychiatric Hospitals and Units Census 1981*. Dublin: Medico-Social Research Board.

Walsh, D (1971) *The 1963 Irish Psychiatric Hospital Census*. Dublin: Medico-Social Research Board.

World Health Organization (WHO) (1992) *The ICD-10 Classification of Mental and Behavioural Disorders. Clinical Descriptions and Diagnostic Guidelines*. Geneva: WHO.

