



HRB Statistics Series 41

Activities of Irish Psychiatric Units and Hospitals 2019 Main Findings

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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 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 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 2019 in Irish psychiatric units and hospitals on the Register of Approved Centres under the Mental Health Act 2001. Data are sourced from the National Psychiatric Inpatient Reporting System (NPIRS) for 2019 and are presented nationally, regionally by Community Healthcare Organisation (CHO) and locally by individual hospital and also by hospital type. Data from an in-patient census on 31 December 2019 are also presented. A limited number of tables and graphs are included with the remaining data available online at www.hrb.ie. Interactive tables are available at http://www.cso.ie/px/pxeirestat/pssn/hrb/homepagefiles/hrb_statbank.asp, allowing the user to access readily-available data from the database for the last number of years.

Comparative data for 2018 used in this summary report are from the publication *Activities of Irish Psychiatric Units and Hospitals 2018 Main Findings* (Daly and Craig 2019) and rates reported are per 100,000 total population based on the Census of Population 2016¹. In the computation of rates for HSE CHO area and for county, private hospital admissions are returned to their area of origin, i.e., the area/county from which they were admitted, and they are thus included in the rates for those areas/counties.

Data in this report are based on all admissions to, discharges from, and deaths during 2019 returned to the National Psychiatric In-patient Reporting System (NPIRS) in the 66 Irish psychiatric units and hospitals (see Table 1.1 below) approved by the Mental Health Commission (MHC) for the reception and treatment of patients (Register of Approved Centres under the Mental Health Act 2001).

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

Table 1.1 Number of hospitals/approved centres by hospital type

Hospital type	Number
General hospital psychiatric units	22
Psychiatric hospitals/continuing care units	27
Independent/private and private charitable centres	7
Child and adolescent units	6
Central Mental Hospital	1
Carraig Mór, Cork ^a	1
St Joseph's Intellectual Disability Service ^b	1
Phoenix Care Centre, Dublin ^c	1
Total	66

a Carraig Mór is an intensive care and rehabilitation unit.

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

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

Data received from units and hospitals are subjected to various in-built and manual quality assurance and validation measures, according to policies and procedures employed by the NPIRS team over a number of years. The data contained in this report reflect data received throughout 2019 and verified by hospitals at the time of preparing this report. It is worth noting however, that any changes to the data by a hospital or errors noted by a hospital for correction after the final date of processing in the HRB are not captured in the report.

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

Differences exist in data reported for child and adolescent admissions in the Mental Health Commission's 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 is that of the patient on admission and does not take into account any change in status thereafter. Similarly, there may be differences in deaths reported by the MHC and the HRB as the MHC report deaths within four weeks of discharge from an approved centre whereas the HRB does not record deaths after a patient has been discharged from the approved centre.

2

National and Regional Admissions, Discharges and Deaths

National all and first admissions

In 2019 there were 16,710 admissions to Irish psychiatric units and hospitals. This is a decrease in admissions by 290, from 17,000 in 2018. The rate of all admissions decreased slightly from 357.0 in 2018 to 350.9 per 100,000 in 2019. An additional 37 persons were reported by approved centres as presenting for admission in 2019 but were not admitted following review as admission was not deemed appropriate.

There were 5,277 first admissions in 2019 and although this seems to be a decline in first admissions since 2018, one independent/private hospital was unable to provide information on the order of admission (first-ever or re-admission) for 1,348 admissions. These admissions have been classified

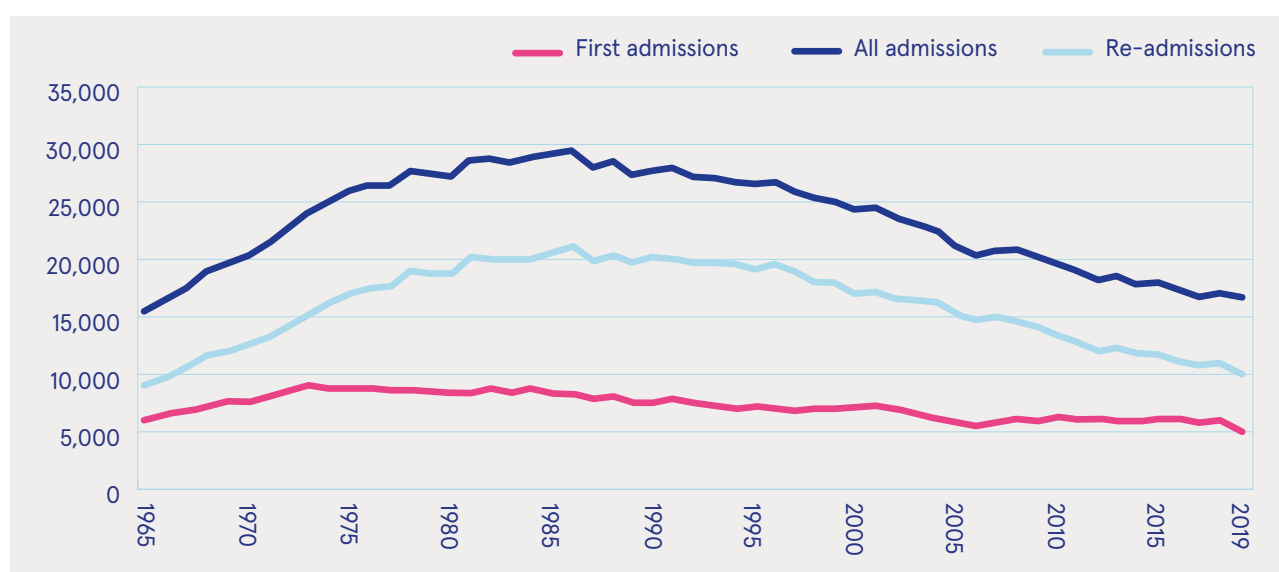
as 'unknown order of admission'. It is not possible therefore to determine if the true number and rate of first admissions has declined from 2018–2019.

The rate of first admissions was 110.8 per 100,000, a decrease from 126.8 in 2018.

Re-admissions accounted for 60% of all admissions, down 876 since 2018. Again, as mentioned above, it is possible that the re-admissions figure may be greater than this. The rate of re-admissions was 211.8, down from 230.2 per 100,000 in 2018.

Admission numbers have been falling over the last number of years since reaching a peak in the mid-1980s and Figure 1 presents all, first and re-admissions over the last 55 years of reporting from the NPIRS.

Figure 2.1 All, first and re-admissions. Ireland 1965–2019. Numbers



Males accounted for 51% of all admissions and accounted for a higher rate of all admissions, at 361.4 per 100,000 compared with 340.7 for females. Males also accounted for over half (55%) of first admissions and again had a higher rate of first admissions, at 124.2 per 100,000 compared with 97.7 for females.

The mean age at admission (for all admissions) was 45 years, while the median age was 43 years (minimum age was 15 and the maximum age was 95). The 20–24 year age group had the highest rate of all admissions, at 568.3 per 100,000, followed by the 18–19 year age group, at 484.6 and the 55–64 year age group, at 471.4. The 75 year and over age group had the lowest rate of all admissions, at 373.8 per 100,000. Where first admissions were returned, the 18–19 year age group had the highest rate of first admissions, at 260.8 per 100,000, followed by the 20–24 year age group, at 234.6 and the 25–34 year age group, at 164.4. The 65–74 year age group had the lowest rate of first admissions, at 107.4 per 100,000.

Over half of all (59%) and first admissions² (59%) were single; 24% of all admissions were married, 4% were widowed and 3% were divorced. Divorced persons had the highest rate of all admissions, at 442.8 per 100,000, followed by single, at 385.4 and widowed, at 357.7. Married persons had the lowest rate of all admissions, at 223.3 per 100,000 and first admissions, at 68.5.

Forty per cent of all admissions in 2019 were returned as unemployed, 24% were employed, 9% were retired, 6% were students, 4% were engaged in house duties and 17% were unknown.

As in previous years, the unskilled occupational group had the highest rate of all (482.5) and first (122.2) admissions. However, as also noted in previous years, as over half of all admissions returned did not have an occupation listed, making assignment to a socio-economic group impossible, these rates must be interpreted with caution. Agricultural workers had the second-highest rate of all admissions, at 375.9 per 100,000, followed by manual skilled workers, at 248.3 and semi-skilled workers, at 238.4. Employers and managers had the lowest rate of all admissions,

at 71.4 per 100,000. Manual skilled workers had the second-highest rate of first admissions, at 90.7 per 100,000, followed by agricultural workers, at 86.4 and semi-skilled workers, at 85.0.

There were 297 admissions with no fixed abode in 2019, a slight decrease from 306 in 2018. Seventy-one per cent were male and 76% were single. One-third were aged 35–44 years, 26% were aged 25–34 years, 19% were aged 45–54 years, 15% were less than 25 years of age, 6% were aged 55–64 years and just over 1% were over 65 years of age. Twenty-eight per cent had a diagnosis of schizophrenia, 17% had a diagnosis of other drug disorders, 11% had a diagnosis of personality and behavioural disorders, 8% had a diagnosis of depressive disorders, a further 8% had a diagnosis of alcoholic disorders and 6% had a diagnosis of neuroses.

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

As in previous years, depressive disorders accounted for the highest proportion of all and first admissions, at almost one-quarter of all and first admissions. Schizophrenia accounted for 21% of all admissions and 17% of first admissions, while mania and neuroses each accounted for 10% of all admissions. Depressive disorders had the highest rate of all admissions, at 85.8 per 100,000, followed by schizophrenia, at 74.3, mania, at 35.5 and neuroses, at 35.4. As noted in previous years, depressive disorders, schizophrenia, mania and neuroses combined accounted for two-thirds (66%) of all admissions.

Fourteen per cent of all admissions and 17% of first admissions were involuntary in 2019. There was a slight increase in the rate of involuntary admissions (all) from 46.7 in 2018 to 49.4 per 100,000 in 2019. The rate of involuntary first admissions increased from 17.3 in 2018 to 18.4 per 100,000 in 2019.

2 One independent/private hospital was unable to provide information on the order of admission (first-ever or re-admission) for 1,348 admissions and these admissions have been classified as 'unknown order of admission'.

National discharges and deaths

There were 16,608 discharges and 127 deaths in Irish psychiatric units and hospitals in 2019. Deaths declined by 10 from 137 in 2018. However, the number of deaths reported here is that returned to the NPIRS at the date of processing the data and does not include deaths notified to the HRB thereafter. Males accounted for 61% of deaths and 78% of all deaths were aged 65 years and over. Ninety-two per cent of all admissions in 2019 were discharged in 2019.

Twenty-nine per cent of discharges occurred within one week of admission, 17% occurred within one to two weeks, almost 20% occurred within two to four weeks and 28% occurred within three months of admission. A further 5% occurred within three months to one year of admission with just one per cent occurring within one year or more of admission.

Half of all discharges for other drug disorders, 46% of discharges for personality and behavioural disorders, almost 46% with behavioural and emotional disorders of childhood and adolescence and 43% of those with intellectual disability were discharged within one week of admission. Over ninety per cent of discharges for most disorders took place within three months of admission with the exception of organic mental disorders (77%), intellectual disability (79%), eating disorders (88%) and schizophrenia (89%).

The average length of stay for all discharges in 2019 was 64.2 days (median 15 days). Discharges with a primary diagnosis of intellectual disability had the longest average length of stay, at 1,942.0 days (median 9 days), accounting for less than one per cent of all discharges and 15% of in-patient days. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 167.6 days (median 30 days), followed by schizophrenia, at 120.7 days (median 20 days). Discharges for schizophrenia accounted for 40% of all in-patient days. Discharges with a diagnosis of other drug disorders had the shortest average length of stay, at 16.3 days (median 7 days).

The average length of stay for discharges up to one year was 27.7 days (median 15 days). When discharges of one year or more were excluded (1% of discharges), discharges with a primary discharge diagnosis of organic mental disorders again had the longest average length of stay, at 54.5 days (median 27 days), followed by eating disorders, at 48.6 days

(median 38 days), development disorders, at 35.2 and schizophrenia, at 35.1. Other drug disorders had the shortest average length of stay, at 14.7 days (median 7 days).

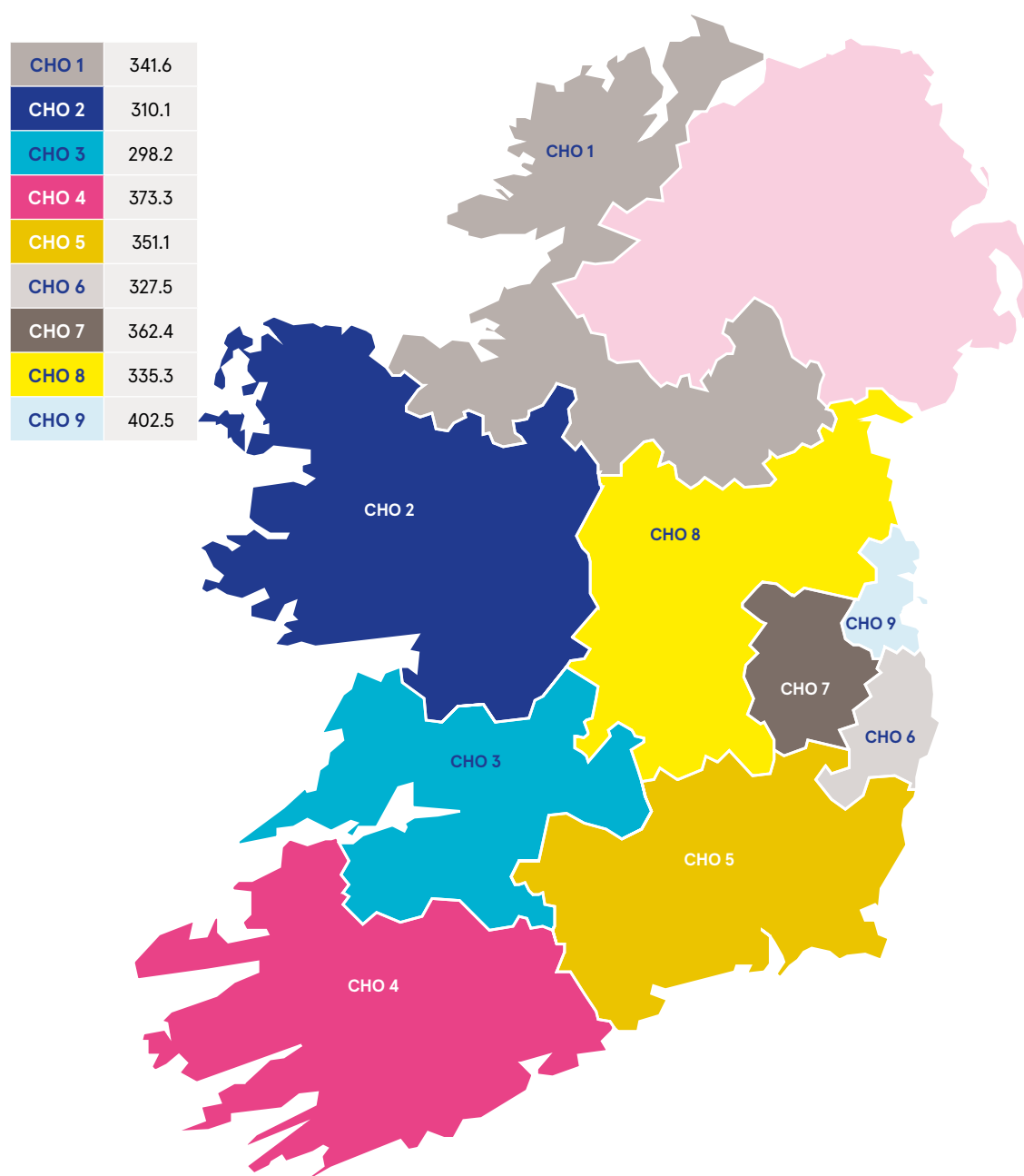
Community Healthcare Organisations (CHOs)

The address from which a person was admitted was used to assign him/her to a CHO area and thus CHO area refers to the CHO areas of residence of the person admitted. All admissions rates were highest for those resident in CHO 9, at 402.5 per 100,000, followed by CHO 4, at 373.3, and CHO 7, at 362.4. All admission rates were lowest for CHO 3, at 298.2 per 100,000 (Figure 2.2). First admission rates³ were highest for patients resident in CHO 8, at 129.7 per 100,000, followed by CHO 5, at 120.3 and CHO 9, at 119.6. First admission rates were lowest for CHO 6, at 74.2 per 100,000.

Males had a higher proportion of all admissions in CHO 1, 2, 4, 5, and 8 while females had a higher proportion in areas 3, 6, 7 and 9. Looking at age condensed into two age groups – under 45 and 45 years and over – the 45 years and over age group had higher rates of all admissions in all CHO areas with rates ranging from 564.3 per 100,000 in CHO 9 to 364.7 in CHO 2. The rate for the 45 years and over age group for CHO 6 was twice that of the rate for the under 45 year group.

Over one-third (34%) of all admissions from CHO 2 were for depressive disorders and over one-quarter (26%) of all admissions from CHO 4 were for schizophrenia. Depressive disorders had the highest rate of all admissions in five of the nine CHO areas, ranging from a high of 105.7 per 100,000 in CHO 2 to 63.1 in CHO 6. Schizophrenia had the highest rate of all admissions in four of the nine CHO areas, with rates ranging from a high of 98.0 in CHO 4 to 52.3 in CHO 8.

3 One independent/private hospital was unable to provide information on the order of admission (first-ever or re-admission) for 1,348 admissions and these admissions have been classified as 'unknown order of admission'.

Figure 2.2 Admissions by CHO areas 2019. Rates per 100,000 total population

Eighteen per cent of all admissions from CHO 9 were involuntary; this was followed by 16% from CHO 7, 15% from CHO 4 and a further 15% from CHO 2. Over one-fifth of first admissions from CHO 7 (22%) and a further one-fifth (22%) from CHO 9 were involuntary. All admissions from CHO 9 had the highest rate of involuntary admission, at 72.4 per 100,000, followed by CHO 7, at 57.9 and CHO 4, at 55.2. CHO 9 had the highest rate of involuntary admission, at 25.9 per 100,000, followed by CHO 7, at 24.6 and CHO 4, at 18.4.

Over half of all discharges for CHO 1 (56%) and CHO 8 (51%) and almost half (49.4%) for CHO 5 occurred within two weeks of admission. In contrast, just 36% of discharges from CHO 6 occurred within two weeks of admission. Discharges from CHO 9 had the longest average length of stay, at 91.8 days (median 15 days), followed by CHO 2, at 86.3 days (median 18 days) and CHO 4, at 80.5 days (median 15 days). CHO 1 had the shortest average length of stay, at 28.3 days (median 11 days). When discharges of one year or more were excluded, discharges from CHO 6 had the longest average length of stay, at 33.4 days (median 22 days),

followed by CHO 3, at 30.9 days (median 18 days) and CHO 4, at 28.9 days (median 15 days). CHO 1 had the shortest average length of stay, at 23.5 days (median 11 days).

Counties

All admissions were highest for county Carlow, at 454.9 per 100,000, followed by Leitrim, at 443.1, Offaly, at 425.9 and Donegal, at 419.0. Monaghan had the lowest rate of all admissions, at 175.9 per 100,000. Mayo had the highest rate of all admissions for depressive disorders, at 202.3 per 100,000, followed by Leitrim, at 156.0, Carlow, at 144.0 and Offaly, at 134.7. Monaghan had the lowest rate of all admissions for depressive disorders, at 26.1 per 100,000. Donegal had the highest rate of all admissions for schizophrenia, at 106.8 per 100,000, followed by Cork, at 98.4, Sligo, at 97.7 and Kerry, at 96.8. Wexford had the lowest rate of all admissions for schizophrenia, at 28.1 per 100,000. Leitrim had the lowest rate of all admissions for alcoholic disorders, at 46.8 per 100,000, followed by Wicklow, at 35.8, Donegal, at 33.3 and Dublin, at 31.5. Laois had the lowest rate of all admissions for alcoholic disorders, at 2.4 per 100,000.

First admissions were highest for county Carlow, at 168.6 per 100,000, followed by Leitrim, at 156.0, Laois, at 149.9 and Offaly, at 147.5. Monaghan had the lowest rate of first admissions, at 45.6 per 100,000. Mayo had the highest rate of first admissions for depressive disorders, at 77.4 per 100,000, followed by Carlow, at 68.5, Laois, at 53.1 and Tipperary South, at 51.0. Monaghan had the lowest rate of first admissions for depressive disorders, at 11.4 per 100,000. Longford had the highest rate of first admissions for schizophrenia, at 31.8 per 100,000, followed by Louth, at 24.1, Dublin, at 22.9 and Tipperary South, at 22.7. Monaghan had the lowest rate of first admissions for schizophrenia, at 4.9 per 100,000. Leitrim had the highest rate of first admissions for alcoholic disorders, at 18.7 per 100,000, followed by Westmeath, at 11.3, Donegal, at 9.4 and Louth and Roscommon, both at 9.3. Laois had no first admissions for alcoholic disorders and Tipperary South had the lowest rate, at 1.1 per 100,000.

Non-residents

There were 68 admissions for non-residents in 2019, an increase of 14 from 54 in 2018. Twenty-nine per cent of all non-resident admissions had an address originating in Northern Ireland, 28% were from England, 19% were from the US, 6% from Germany, 4% from Scotland, 3% from France and the remaining 10% from various other countries. Over one-third (35%) of admissions for non-residents had a primary admission diagnosis of schizophrenia, 15% had a diagnosis of depressive disorders, 13% had a diagnosis of mania, while 9% each had a diagnosis of other drug disorders and personality and behavioural disorders. Four per cent each had a diagnosis of alcoholic disorders and neuroses and just under 2% had a diagnosis of eating disorders.

In-patient bed days 2019

The total number of in-patient bed days used in 2019 was 829,911. This included all admissions in 2019, all discharges in 2019 with an admission date prior to 2019 and all patients resident on 31 December 2019 with an admission date prior to 2019. This yielded the number of in-patient bed days used in all approved centres (adult units) in 2019, from January 1 to the date of discharge in 2019, or to the night of December 31, where a patient was not discharged before year-end. Schizophrenia accounted for over one-third (35%) of all in-patient bed days in 2019, at 293,716, depressive disorders accounted for almost 17%, at 137,002 days and organic mental disorders accounted for 9%, at 77,044 days.

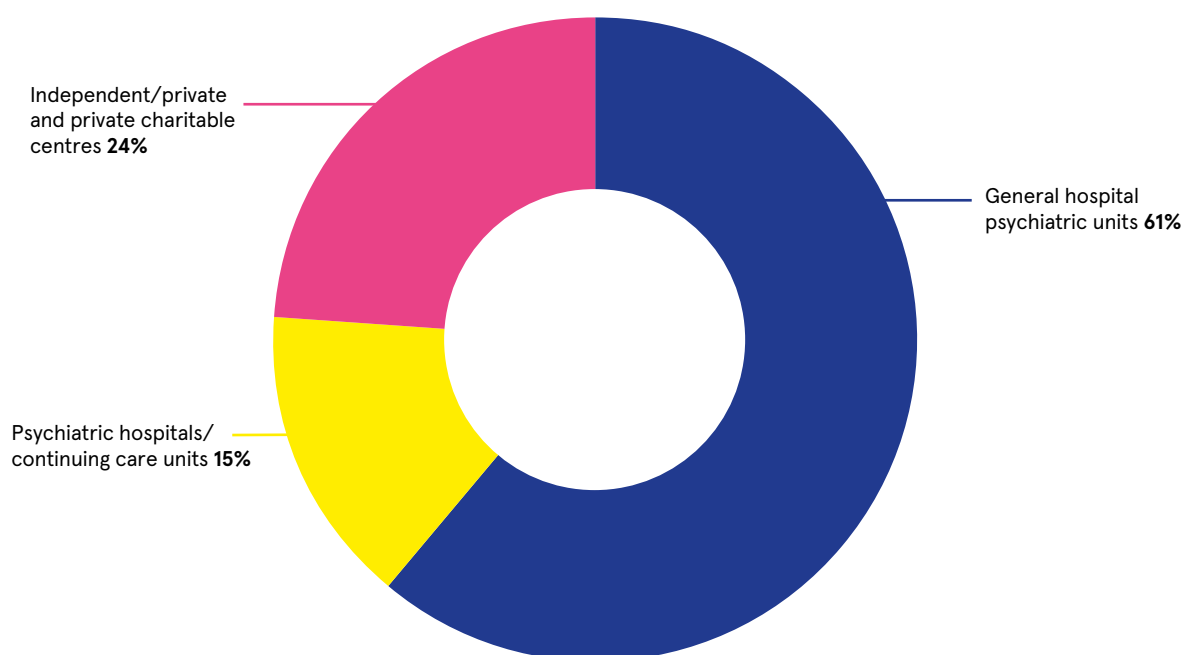
3

Hospital Type – Admissions, Discharges and Deaths

Sixty-one per cent of all admissions in 2019 were to general hospital psychiatric units, 24% were to independent/private and private charitable centres and 15% were to psychiatric hospitals/continuing care units (including the Central Mental Hospital, Dundrum; Carraig Mór, Cork; St Joseph's Intellectual Disability Service, Portrane; and Phoenix Care Centre, Dublin) (see Figure 3.1). These are similar to the proportions reported in 2018. Re-admissions

accounted for 61% of all admissions to general hospital psychiatric units, 67% of admissions to psychiatric hospitals/continuing care units and 55% of admissions to independent/private and private charitable centres. However, one independent/private and private charitable centre failed to return order of admission for 1,348 admissions making it difficult to ascertain the true figure for first and re-admissions.

Figure 3.1 Hospital type. All admissions. Ireland 2019. Percentages



Females accounted for a higher proportion of admissions to independent/private and private charitable centres, at 60%, while males accounted for a higher proportion of admissions to general hospital psychiatric units, at 54%, and psychiatric hospitals/continuing care units, at 57%.

The mean age at admission to independent/private and private charitable centres was slightly higher, at 51.5 years (median 53 years), than that to either general hospital psychiatric units, at 42.5 years (median 40 years) or psychiatric hospitals/continuing care units, at 45.5 years (median 44 years). Almost two-thirds (64%) of admissions to independent/private and private charitable centres were aged 45 years and over, compared with 41% to general hospital psychiatric units and 49% to psychiatric hospitals/continuing care units.

Over one-third (36%) of all admissions to independent/private and private charitable centres were for depressive disorders, compared with 22% of admissions to general hospital psychiatric units and 15% to psychiatric hospitals/continuing care units. In contrast, just 7% of admissions to independent/private and private charitable centres were for schizophrenia, compared with 25% to general hospital psychiatric units and 29% to psychiatric hospitals/continuing care units. Admissions for alcoholic disorders accounted for a higher proportion of admissions to independent/private and private charitable centres, at 14%, compared with 4% of admissions to general hospital psychiatric units and a further 4% of admissions to psychiatric hospitals/continuing care units.

The proportion of involuntary admissions to each hospital type was similar for all and first admissions; 17% of all and first admissions to general hospitals psychiatric units were involuntary; 22% to psychiatric units/continuing care units were involuntary and just 2% to independent/private and private charitable centres were involuntary.

Over one-third (35%) of all discharges from general hospital psychiatric units and almost one-third (31%) from psychiatric hospitals/continuing care units occurred within one week of admission, compared with just 15% from independent/private and private charitable centres. Over half (54%) of all discharges from general hospital psychiatric units and half from psychiatric hospitals/continuing care units occurred within two weeks of admission, compared with 26% from independent/private and private charitable centres.

Psychiatric hospitals/continuing care units accounted for a higher proportion of the 829,911 in-patient bed days in 2019, at 39% with 322,324 days; general hospital psychiatric units accounted for 35% of in-patient days with 289,893 days and independent/private and private charitable centres accounted for 26% with 217,694 days.

Average length of stay in psychiatric hospitals/continuing care units was much longer, at 240.6 days (median 14 days), followed by independent/private and private charitable centres, at 43.3 days (median 32 days) and general hospital psychiatric units, at 28.0 days (median 12 days). When discharges of one year or more were excluded, the average length of stay was longest in independent/private and private charitable centres, at 36.6 days (median 32 days), followed by psychiatric hospitals/continuing care units, at 27.1 days (median 13 days) and general hospital psychiatric units, at 24.3 days (median 11 days).

4

Individual Units and Hospitals – Admissions, Discharges and Deaths

There was a decrease in admissions to general hospital psychiatric units by 73, from 10,209 in 2018 to 10,136 in 2019. Admissions to psychiatric hospitals/continuing care units declined by 85, from 2,595 in 2018 to 2,510 in 2019, while admissions to independent/private and private charitable centres declined by 132, from 4,196 in 2018 to 4,064 in 2019.

Length of stay varied greatly across all hospitals even within hospital types. Over 40% of discharges in some hospitals occurred within one week of admission; the Mater Hospital 44%; Drogheda Department of Psychiatry 45%; Letterkenny General Hospital 41%; Bantry General Hospital 46%; Newcastle Hospital, Greystones 41%, St Vincent's Hospital, Fairview 41%; Sligo/Leitrim Mental Health Services 41%. In contrast, less than 20% of all discharges from independent/private and private charitable centres were discharged within one week of admission; St Patrick's Hospital 18%; St Edmundsbury 15%; St John of God Hospital 11%; Highfield Hospital 8%; Lois Bridges 8%. Bloomfield Hospital and Cois Dalua had no discharges within one week of admission.

Roscommon County Hospital had the longest average length of stay amongst the general hospital psychiatric units, at 40.9 days (median 18 days), followed by Cork University Hospital, at 38.1 days (median 19 days), Mayo General Hospital, at 34.9 days (median 14 days), University Hospital Limerick, at 33.5 days (median 18 days), the Ashlin Centre, Beaumont Hospital (median 12 days) and St Vincent's University Hospital, Elm Park (median 18 days), both at 33.3 days. Bloomfield Hospital had the longest average length of stay amongst the independent/private and private charitable centres, at 1,018.1 days (median 609 days), followed by Cois Dalua, at 399.0 days (median 399 days) (relates to two discharges) and Highfield Hospital, at 158.0 days (median 29 days). The average length of stay in psychiatric hospitals/continuing care units is typically longer than that in general hospital psychiatric units with length of stay in 2019 for some hospitals in excess of 1,000 days.

5

Child and Adolescent Admissions and Discharges

There were 497 admissions for under 18s in 2019, an increase of 89 from 408 in 2018. Sixty-three per cent of admissions were first admissions, however as mentioned earlier, one independent/private and private charitable centre was unable to provide the order of admission (first-ever or re-admission) for 1,348 admissions and this affected 74 admissions for under 18s. There were 54 admissions for under 18s to adult units and hospitals in 2019 and there were 443 admissions to child and adolescent units, an increase from 324 in 2018.

Sixty-five per cent of all and 59% of first admissions for under 18s were female. Thirty-seven per cent of all admissions for under 18s were aged 17 years, 27% were aged 16 years, 19% were aged 15 years, 11% were aged 14 years and a further 6% were aged 13 years or younger.

Females accounted for 67% of all and 61% of first admissions to child and adolescent units. Thirty-five per cent of admissions to child and adolescent units were aged 17 years, 27% were aged 16 years, 20% were aged 15 years, 12% were aged 14 years and 7% were aged 13 years or younger.

Fifty-two per cent of admissions for under 18s to adult units were male. Over half (57%) of admissions to adult units were aged 17 years, 32% were aged 16 years and 11% were aged 15 years.

Thirty-two per cent of all under 18 admissions had a diagnosis of depressive disorders, 16% had a diagnosis of neuroses, 11% had a diagnosis of eating disorders and 10% had a diagnosis of schizophrenia, with the remaining proportions distributed amongst the other diagnostic groups. Females accounted for 96% of under 18s with a diagnosis of eating disorders (up from 85% in 2018), 69% of admissions

with neuroses (up from 59% in 2018) and 68% of admissions with depressive disorders (up from 59% in 2018). Males accounted for 87% of admissions with a diagnosis of other drug disorders (up from 57% in 2018), 67% of admissions with schizophrenia (up from 46% in 2018) and 63% of admissions with mania (up from 29% in 2018).

Eighty-nine per cent of all admissions for under 18s were to child and adolescent units, 10% were to general hospital psychiatric units, less than 1% were to psychiatric hospitals/continuing care units and less than 1% were to independent/private and private charitable centres. Five per cent of all under 18 admissions were involuntary.

Eighty-five per cent of all admissions for under 18s in 2019 were discharged in 2019. Of those admitted and discharged in 2019, 18% were discharged within one week of admission, 12% were discharged within one to weeks of admissions, 20% were discharged within two to four weeks, 43% were discharged within one to three months and 8% were discharged within three months to one year. Child and adolescent units had the longest average length of stay, at 42.2 days (median 34 days), followed by general hospital psychiatric units at 13.4 days (median 4 days), psychiatric hospitals/continuing care units, at 3.3 days (median 4 days) and independent/private and private charitable centres, at 0.7 days (median 1 day).

6

In-patient Census 2019

A census of all patients resident in Irish psychiatric units and hospitals on 31 December 2019 was undertaken. There were 2,198 patients resident in adult units on 31 December 2019. This is a reduction of 110 since the HRB census on 31 March 2019 and an 89% reduction since 1963. However, numbers resident at the end of the year are typically lower due to its overlap with the Christmas holiday. There were an additional 76 patients resident in child and adolescent in-patient units.

Fifty-five per cent of patients resident in adult units on 31 December 2019 were male. Over one-third (34%) were aged 65 years or over, 34% were aged 45–64 years, 25% were aged 25–44 years and 7% were aged 24 years or younger. The 75 year and over age group had the highest rate of hospitalisation, at 133.3 per 100,000, followed by the 65–74 year age group, at 106.6 and the 55–64 year age group, at 77.8. The 18–19 year age group had the lowest rate of hospitalisation, at 26.9 per 100,000. Sixty per cent of all residents were single, 19% were married, 6% were widowed and 3% were divorced. Widowed residents had the highest rate of hospitalisation, at 71.9 per 100,000, followed by divorced, at 59.7, single, at 51.3 and married, at 22.7.

Thirty-seven per cent of patients resident on 31 December 2019 had a diagnosis of schizophrenia, 14% had a diagnosis of depressive disorders, 9% had a diagnosis of organic mental disorders and 8% had a diagnosis of mania. Schizophrenia had the highest rate of hospitalisation, at 17.1 per 100,000, followed by depressive disorders, at 6.4, organic mental disorders, at 4.2 and mania, at 3.6. Males had a higher rate of hospitalisation for schizophrenia than females, at 21.7 per 100,000 compared with 12.7 for females. Males also had a higher rate of hospitalisation for

organic mental disorders, at 5.1 compared with 3.3 per 100,000 for females, while females had a higher rate of hospitalisation for depressive disorders, at 7.6 per 100,000 compared with 5.2 for males.

A total of 3,156,103 in-patient days were accumulated for all patients resident on 31 December 2019. 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 2019. The average length of stay for all patients on 31 December was 1,435.9 days (median 98 days). Thirty-eight per cent of patients were long-stay, i.e., in hospital for one year or more on 31 December 2019. Seventeen per cent were new long stay, i.e. had been in hospital for between one and five years and 21% were old long-stay, i.e. in hospital for five years or more.

Patients with intellectual disability had the longest average length of stay, at 8,765.8 days (median 8,119.5 days), followed by schizophrenia, at 1,776.9 days (median 316 days) and organic mental disorders, at 1,265.8 days (median 816 days). When patients with a length of stay of one year or more on census night were excluded, the average length of stay was 62.0 days (median 29 days). Patients with intellectual disability had the longest average length of stay, at 131.1 days (median 102 days), followed by organic mental disorders, at 111.7 days (median 77 days) and schizophrenia, at 77.0 days (median 42 days).

Thirty-seven per cent of patients on 31 December 2019 were resident in general hospital psychiatric units (up from 33% in 2018), 31% were in psychiatric hospitals/continuing care units (up marginally from 30% in 2018), 24% were in independent/private and

private charitable centres (down from 27% in 2018), 5% were in the Central Mental Hospital, 3% were in St Joseph's Intellectual Disability Services and less than one per cent were in Carraig Mór, Cork.

Seventy-seven patients were under 18 years of age or were resident in child and adolescent units on 31 December 2019, up from 71 in 2018. Seventy-six of these were resident in child and adolescent units. Seventy-four per cent of under 18s and/or those resident in child and adolescent units were female; 35% were aged 17 years, 25% were aged 16 years, a further 25% were aged 15 years, 8% were aged 14 years and 7% were aged 13 years or younger. One patient in a child and adolescent units was aged 18 on 31 December 2019. Eighteen per cent had a diagnosis of depressive disorders, a further 18% had a diagnosis of eating disorders, 17% had a diagnosis of neuroses and 13% had a diagnosis of schizophrenia.

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Review of data 2010–2019

All admissions declined by 15% in the ten-year period from 2010–2019, from 19,619 in 2010 to 16,710 in 2019. First admissions declined by 16%, from 6,266 in 2010 to 5,277 in 2019. However, as one independent/private and private charitable centre did not return order of admission for 1,348 admissions it is difficult to give the exact percentage reduction for this time period. Re-admissions declined by almost 25% in the same time period, from 13,353 in 2010 to 10,085 in 2019. Again however, due to the lack of information regarding the aforementioned 1,348 admissions, a definitive percentage reduction is difficult to report.

The proportion of admissions to general hospital units continue to increase as a proportion of all admissions in line with the policy to move towards admissions to acute units in general hospitals; in 2010 52% of all admissions were to general hospital psychiatric units but by 2019 the proportion had increased to 61%. Despite this, admissions to general hospital psychiatric units over the ten-year period, decreased by 0.4% (40 admissions). The proportion of admissions to psychiatric hospitals/continuing care units decreased from 26% in 2010 to 15% in 2019, a 51% reduction in overall admissions to psychiatric hospitals/continuing care units over the ten-year period and a decrease of 2,628 admissions. Admissions to independent/private and

private charitable centres increased from 22% in 2010 to 24% in 2019, despite a 6% reduction in overall admissions to independent/private and private charitable centres over this period (down by 241).

The number of admissions for under 18s has increased over the ten-year period from 435 in 2010 to 497 in 2019. Admissions to child and adolescent units have increased from 272 in 2010 to 443 in 2019, a 63% increase in admissions to child and adolescent units over this time, reflecting perhaps greater availability of bed capacity in child and adolescent units. The movement away from adult units for admissions for under 18s has been evident in the 67% reduction in admissions to adult units, from 163 in 2010 to 54 in 2019.

The number of patients resident in psychiatric units and hospitals declined by 22%, from 2,812 in 2010 to 2,198 in 2019, in line with the policy to reduce in-patient provision and provide more community-based care.

Figure 7.1 Admissions for under 18s by hospital type in 2010 and 2019. Percentages

