

HRB StatLink Series 5
National Psychiatric In-patient
Reporting System (NPIRS)

**Annual Report on
the Activities of Irish
Psychiatric Units and
Hospitals 2020**

Antoinette Daly and Sarah Craig

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National Psychiatric Inpatient Reporting System (NPIRS) Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2020

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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 **HRB StatLink Series** is a new series that covers all of the reports and bulletins that are published by the Health Research Board from its National Health Information Systems. Data for the reports are collected through the HRB's LINK system. The Statlink Series replaces previous series including the HRB Statistics Series and HRB Trend Series.

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 2020 in Irish psychiatric units and hospitals on the Register of Approved Centres under the Mental Health Act 2001. The COVID-19 global pandemic in 2020 made it an extremely difficult year for everyone both on a personal and work-related level and we would like to acknowledge the work of all our NPIRS contacts in returning the data to the HRB throughout the year under such difficult and challenging circumstances.

Data are sourced from the National Psychiatric Inpatient Reporting System (NPIRS) for 2020 and are presented nationally, regionally by Community Healthcare Organisation (CHO), locally by individual hospital and also by hospital type. Data from an in-patient census on 31 December 2020 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/psn/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 2019 used in this summary report are from the publication *Activities of Irish Psychiatric Units and Hospitals 2019 Main Findings* (Daly and Craig 2020) 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 2020 returned to the National Psychiatric In-patient Reporting System (NPIRS) in the 68 Irish psychiatric units and hospitals (see Table 1.1 below) approved by the Mental Health Commission (MHC) for the reception and treatment of patients (Register of Approved Centres under the Mental Health Act 2001) during the year 2020. There were two additional approved centres in 2020, Aidan's Residential Healthcare Unit in Waterford and the Adult Mental Health Unit in Sligo University Hospital. One approved centre (Sycamore Unit in Connolly Hospital) closed in March 2020.

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

Table 1.1 Number of hospitals/approved centres by hospital type in 2020

Hospital type	Number
General hospital psychiatric units	23
Psychiatric hospitals/continuing care units	28
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	68

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 2020 and verified by hospitals at the time of preparing this report. It is worth noting however, that any changes to the data by a hospital or errors noted by a hospital for correction after the final date of processing in the HRB are not captured in the report.

Admissions and discharges represent episodes or events rather than persons. Thus, one person may have several admissions during the course of a year and each admission is recorded separately. Admissions do not necessarily represent incidence of mental illness but rather the activity of in-patient services. In addition, as the data in this report relate to admissions and/or discharges and not people, the potential to identify individuals from the data is zero. A further point to note is that many hospitals use a provisional diagnosis on admission so this may be reflected in the primary admission diagnosis for a patient and thus may not be consistent with the discharge diagnosis completed for that patient.

Differences exist in data reported for child and adolescent admissions in the Mental Health

Commission's 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

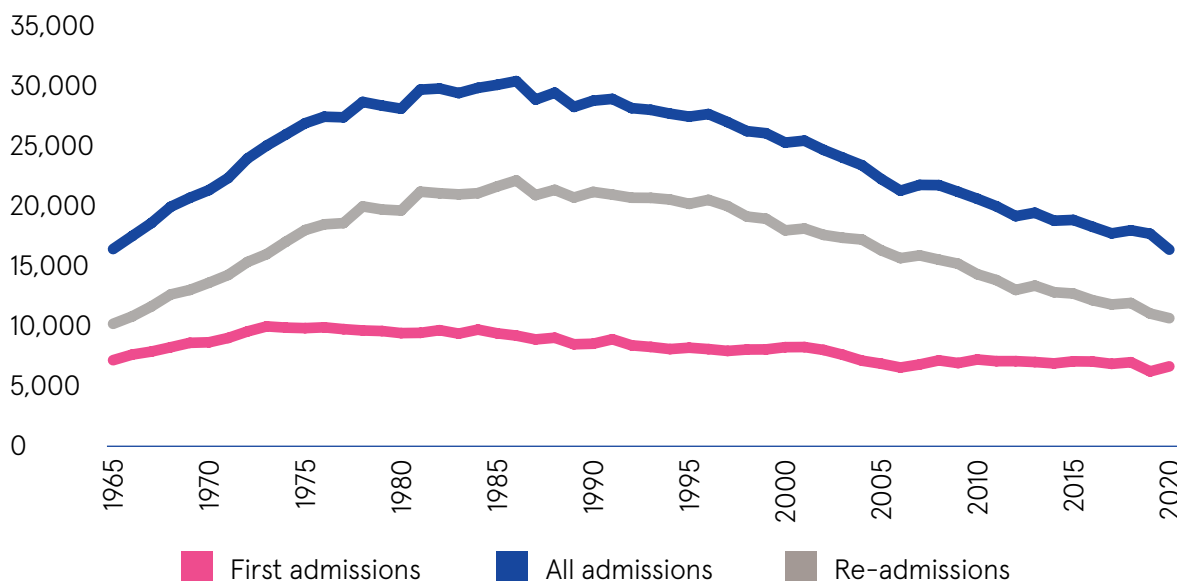
There were 15,391 admissions to Irish psychiatric units and hospitals in 2020, a decrease in admissions by 1,319, from 16,710 in 2019. This decrease was due, for the most part, to the COVID-19 pandemic where strict public health measures in place during the year included social distancing measures which reduced the available bed capacity in some units and hospitals. The rate of admissions decreased from 350.9 in 2019 to 323.2 per 100,000 in 2020. An additional 44 persons presented for admission but were subsequently not admitted following review as admission was not deemed appropriate.

There were 5,694 first admissions in 2020, an increase from of 417 from 5,277 in 2019. However, it is worth noting that in 2019 one independent/private hospital was unable to provide information on the order of admission for 1,348 admissions so it is difficult to ascertain what the true number of first admissions in 2019 was and if there was an increase or decrease from 2019–2020. The rate of first admissions in 2020 was 119.6 compared with 110.8 in 2019.

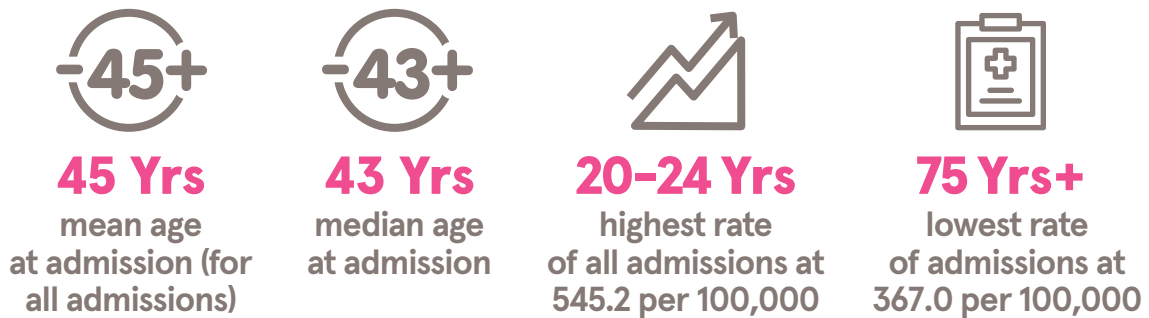
There were 9,697 re-admissions, accounting for 63% of all admissions. The rate of re-admissions was 203.6 per 100,000, down from 211.8 in 2019.

Figure 1 presents the admission numbers over the past 56 years from 1965 to 2020 and the decline in numbers since reaching a peak in the mid-1980s is obvious.

Figure 2.1 All, first and re-admissions. Ireland 1965–2020. Numbers



There was an equal proportion of male and female admissions with similar rates for male and female admissions, at 324.7 per 100,000 for males and 321.7 for females. Males accounted for 53% of first admissions and had a higher rate than females, at 128.8 per 100,000 compared with 110.5 for females.



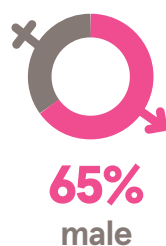
The mean age at admission (for all admissions) was 45 years, unchanged from 2019, while the median age at admission was 43 years, also unchanged from 2019. The 20-24 year age group had the highest rate of all admissions, at 545.2 per 100,000, followed by the 18-19 year age group, at 450.9 and the 25-34 year age group, at 444.9. The 75 year and over age group had the lowest rate of admission, at 367.0 per 100,000. As in 2019, the 18-19 year old age group had the highest rate of first admissions, at 254.1 per 100,000, followed by the 20-24 year age group, at 251.1 and the 25-34 year age group, at 174.1. The 55-64 year age group had the lowest rate of first admissions, at 126.9 per 100,000.

Sixty per cent of all admissions were single, almost 24% were married, 4% were widowed and 3% were divorced. Divorced persons had the highest rate of all admissions, at 398.5 per 100,000, followed by single, at 360.7 and widowed, at 321.1. Married persons had the lowest rate of all admissions, at 202.2 per 100,000. Single persons had the highest rate of first admissions, at 127.3, followed by widowed, at 116.7 and divorced, at 115.5. Married persons had the lowest rate of first admissions, at 82.3 per 100,000.

Thirty-eight per cent of all admissions were returned as unemployed in 2020, 22% were employed, 12% were retired, 5% were students, almost 4% were engaged in house duties and 19% were unknown. In keeping with the trend in previous years, the unskilled occupational group had the highest rate of all (357.0) and first (130.7) admissions. It is worth noting however, that 64% of occupations were returned as unknown or unspecified, making assignment to a socio-economic group impossible. Semi-skilled workers had the second highest rate of all admissions, at 184.8 per 100,000, followed by manual skilled, at 179.4 and agricultural workers, at 164.2. Employers and managers had the lowest rate of all admissions, at 47.5 per 100,000 and the lowest rate of first admissions, at 21.1. Manual skilled workers had the second-highest rate of first admissions, at 79.5 per 100,000, followed by semi-skilled, at 67.4 and higher professional, at 61.1.

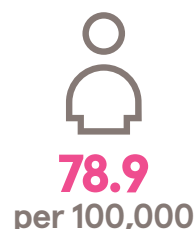
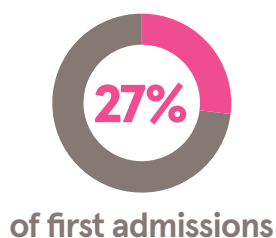
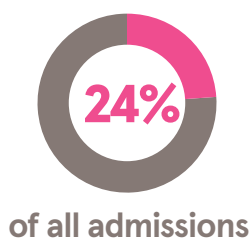
There were 312 admissions with no fixed abode in 2020, an increase from 297 in 2019. Sixty-five per cent were male and 81% were single. Over one-third (37%) were aged between 35-44

years of age, 31% were aged 25–34 years, 9% were aged 45–54 years, almost 6% were aged 55–64 years, almost 4% aged 65–74 years and a further 2% were aged 18–19 years. Thirty-nine per cent of all admissions with no fixed abode had a primary admission diagnosis of schizophrenia, 17% had a diagnosis of other drug disorders, 11% had a diagnosis of personality and behavioural disorders and 10% had a diagnosis of mania.



Eighty-four per cent 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’), almost 6% were returned as ‘Unknown, with the remaining 4% distributed amongst the various other ethnic groups.

Depressive disorders



Depressive disorders accounted for the highest proportion of all and first admissions as in previous years, at 24% of all and 27% of first admissions. Schizophrenia accounted for almost 22% of all admissions and 16% of first admissions, while neurosis accounted for 10% of all and 14% of first admissions. Depressive disorders had the highest rate of all admissions, at 78.9 per 100,000, followed by schizophrenia, at 69.6, mania, at 35.5 and neuroses, at 33.3. Depressive disorders, schizophrenia, mania and neuroses combined accounted for almost two-thirds (67%) of all admissions.

Sixteen per cent of all admissions and 17% of first admissions in 2020 were involuntary. The rate of involuntary all admissions increased from 49.4 per 100,000 in 2019 to 51.7 in 2020, while that for first admissions also increased, from 18.4 in 2019 to 19.9 in 2020.

National discharges and deaths

There were 15,593 discharges and 127 deaths in Irish psychiatric units and hospitals in 2020. Any deaths notified to the HRB after the date of processing are not included in this report. Males accounted for almost 65% of all deaths and 77% of all deaths in 2020 were aged 65 years and over. Ninety-three per cent of all admissions in 2020 were discharged in 2020.

Thirty per cent of all discharges in 2020 occurred within one week of admission, 18% occurred within one to two weeks, 20% occurred within two to four weeks and 26% occurred within one to three months of admission. Five per cent occurred within three months to one year with just over one per cent occurring within one year or more of admission.

Over half of all discharges for other drug disorders (52%), 49% of discharges for personality and behavioural disorders, 41% of discharges with behavioural and emotional disorders of childhood and adolescence, 36% of discharges with neuroses and 33% of discharges with alcoholic disorders occurred within one week of admission. Over ninety per cent of discharges for most disorders occurred within three months of admission with the exception of organic mental disorders (72%), schizophrenia (89%), intellectual disability (75%) and development disorders (85%).

The average length of stay for all discharges in 2020 was 54.7 days (median 14 days). Discharges with a diagnosis of intellectual disability had the longest average length of stay, at 786.3 days (median 20 days), accounting for less than one per cent of all discharges and 6% of in-patient days. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 285.5 days (median 34 days), followed by schizophrenia, at 87.7 days (median 20 days) and eating disorders, at 42.3 days (median 28.5 days). Discharges with a diagnosis of other drug disorders had the shortest average length of stay, at 13.5 days (median 6 days).

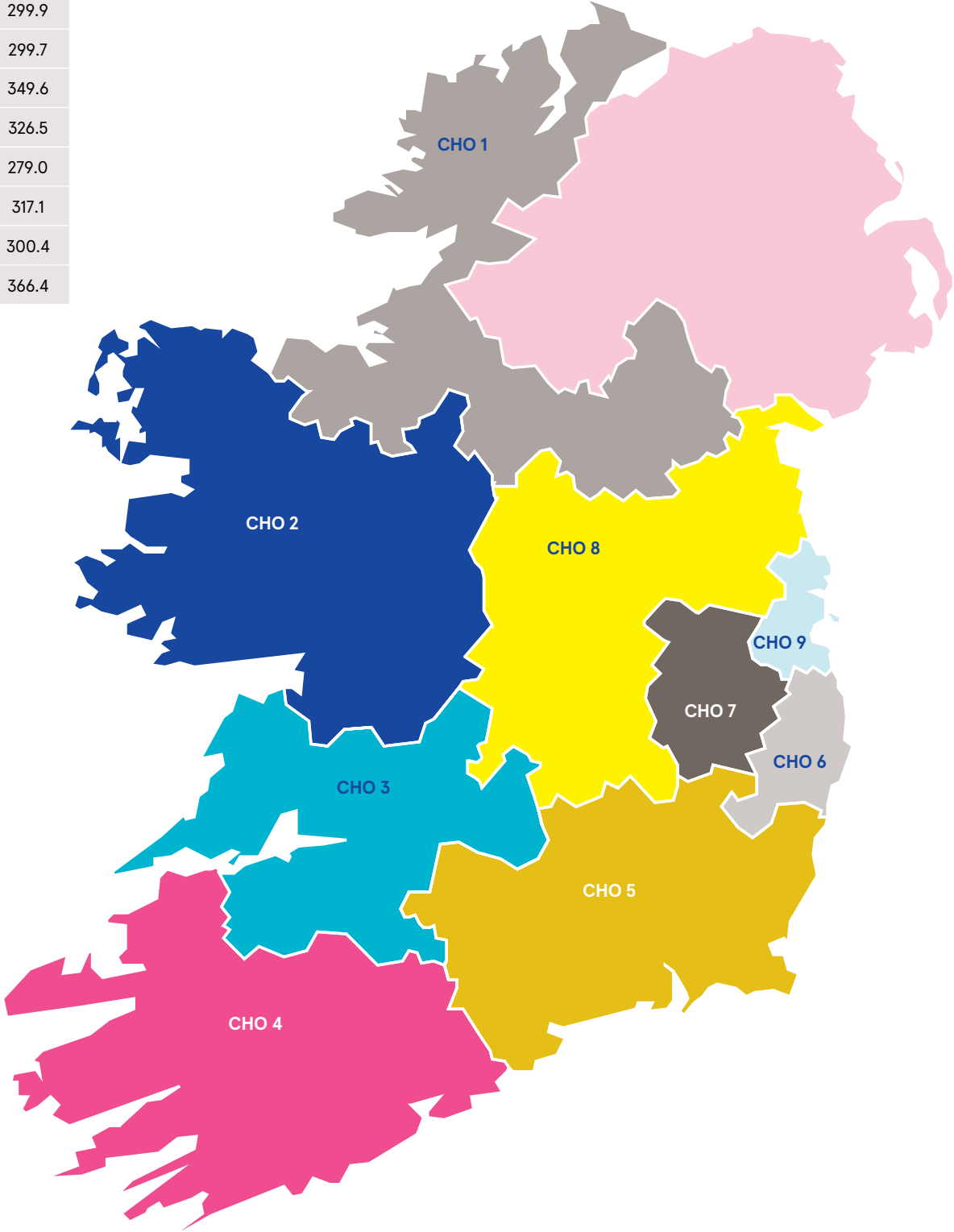
The average length of stay for discharges up to one year was 26.2 days (median 14 days). When discharges of one year or more were excluded, discharges with a diagnosis of organic mental disorders had the longest average length of stay, at 52.2 days (median 26 days), followed by discharges with a diagnosis of eating disorders, at 42.3 days (median 28.5 days) and discharges with a diagnosis of development disorders, at 36.3 days (median 13 days).

Community Healthcare Organisations (CHOs)

The address from which a person was admitted was used to assign him/her to a CHO area and thus CHO area refers to the CHO area of residence of the person admitted. All admission rates were highest for those resident in CHO 9, at 366.4 per 100,000, followed by CHO 4, at 349.6 and CHO 1, at 338.0. All admission rates were lowest for CHO 6, at 279.0 per 100,000. First admission rates were also highest for those resident in CHO 9, at 138.4 per 100,000, followed by CHO 4, at 131.2 and CHO 5, at 128.0. First admission rates were also lowest in CHO 6, at 80.5 per 100,000.

Figure 2.2 Admissions by CHO areas 2020. Rates per 100,000 total population

CHO 1	338.0
CHO 2	299.9
CHO 3	299.7
CHO 4	349.6
CHO 5	326.5
CHO 6	279.0
CHO 7	317.1
CHO 8	300.4
CHO 9	366.4



Males had a higher proportion of admissions in CHO 1, 4 and 5 while females had a higher proportion in CHO 3, 6, 7 and 8, with equal proportions in CHO 2, and 9. 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 535.1 in CHO 9 to 365.5 per 100,000 in CHO 3. In CHO 6 the rate for the 45 year and over group was twice that of the under 45 year age group.

Thirty-five per cent of all admissions from CHO 2 and 31% from CHO 5 had a diagnosis of depressive disorders, while 25% from CHO 1 and 27% from CHO 4 had a diagnosis of schizophrenia. Depressive disorders had the highest rate of all admissions in six of the nine CHO areas, with rates ranging from a high of 103.9 per 100,000 in CHO 2 to 64.6 in CHO 4. Schizophrenia had the highest rate of all admissions in three of the nine CHO areas, with rates ranging from 95.6 per 100,000 in CHO 4 to 41.3 in CHO 5.

Nineteen per cent of all admissions from CHO 9 were involuntary, almost 19% from CHO 4 were involuntary, followed by 18% from CHO 7 and almost 16% in CHO 2. All admissions from CHO 9 had the highest rate of involuntary admissions, at 68.4 per 100,000, followed by CHO 4, at 64.7 and CHO 7, at 55.8. The highest rate of involuntary first admissions was also from CHO 9, at 27.0 per 100,000, followed by CHO 7, at 25.8 and CHO 4, at 20.6.

Over half of all discharges from CHO 1 (61%), CHO 4 (54%) and CHO 5 (54%) occurred within two weeks of admission. In contrast, just over one-third (34%) of all admissions from CHO 6 occurred within two weeks of admission. Discharges from CHO 9 had the longest average length of stay for all discharges, at 74.5 days (median 15 days), followed by CHO 6, at 73.5 days (median 21 days) and CHO 2, at 65.6 days (median 16 days). Discharges from CHO 3 had the shortest average length of stay, at 35.3 days (median 16 days).

Counties

All admissions were highest for county Donegal, at 432.2 per 100,000, followed by Offaly, at 422.0, Tipperary North, at 411.0 and Carlow, at 400.5. Monaghan had the lowest rate of all admissions, at 179.2 per 100,000. Mayo had the highest rate for depressive disorders, at 222.2 per 100,000, followed by Carlow, at 144.0 and Tipperary North, at 143.1. Cavan had the lowest rate of all admissions for depressive disorders, at 35.4 per 100,000. Sligo had the highest rate of all admissions for schizophrenia, at 119.0 per 100,000, followed by Donegal, at 101.8 and Cork, at 95.6. Wexford had the lowest rate of all admissions for schizophrenia, at 19.4 per 100,000. Donegal had the highest rate of all admissions for alcoholic disorders, at 43.3 per 100,000, followed by Sligo, at 35.1 and Waterford, at 32.7. Cavan had the lowest rate of all admissions for alcoholic disorders, at 3.9 per 100,000.

First admissions were highest for county Carlow, at 165.1 per 100,000, followed by Kerry, at 156.4 and Laois, at 149.9. Mayo had the highest rate of first admissions for depressive disorders, at 81.2 per 100,000, followed by Carlow, at 79.0 and Tipperary South, at 69.1. Monaghan had the lowest rate of first admissions for depressive disorders, at 17.9 per 100,000. Kerry had the highest rate of first admissions for schizophrenia, at 31.1 per 100,000, followed by Offaly and Longford both with rates at 26.9 and Cork, at 25.8. Kilkenny had the lowest rate of first admissions for schizophrenia, at 3.0 per 100,000. Sligo had the highest rate of first admissions for alcoholic disorders, at 15.3 per 100,000, followed by Donegal, at

12.6 and Meath, at 10.8. Laois had the lowest rate of first admissions for alcoholic disorders, at 1.2 per 100,000.

Non-residents

There were 40 admissions for non-residents in 2020, down from 68 in 2019. Forty per cent of all non-resident admissions had an address originating in Northern Ireland, almost one-third had an address originating in England, 5% were from the USA with a further 5% from Iceland. The remaining admissions for non-residents were distributed amongst various other countries. Forty per cent of admissions for non-residents had a primary admission diagnosis of schizophrenia, 25% had a diagnosis of mania, almost 8% had a diagnosis of personality and behavioural disorders with a further 8% having a diagnosis of depressive disorders. Five per cent each had a diagnosis of alcoholic disorders and neuroses, with almost 3% each having a diagnosis of organic mental disorders and other drug disorders.

In-patient bed days 2020

The total number of bed days used in 2020 was 746,646. This included all admissions in 2020, all discharges in 2020 with an admission date prior to 2020 and all patients resident on 31 December 2020 with an admission date prior to 2020. This yielded the number of in-patient bed days used in all approved centres (adult units) in 2020, from January 1 to the date of discharge in 2020, or to the night of December 31, where a patient was not discharged before year-end. Schizophrenia accounted for over one-third (37%) of all in-patient days in 2020, at 279,198 days; depressive disorders accounted for 16% of in-patient days, at 117,331 days and organic mental disorders accounted for almost 10% of all in-patient days, at 70,918 days.



746,646

total number of bed days used in 2020

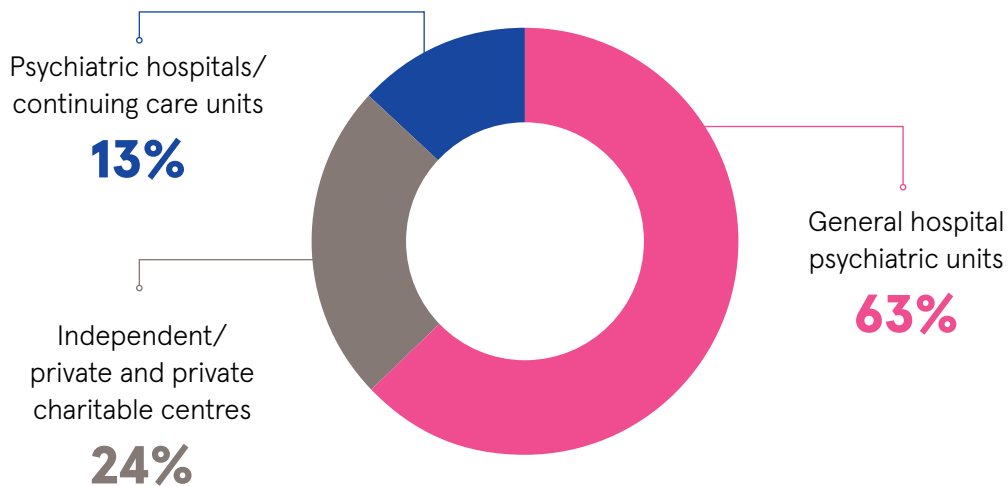
3 Hospital Type – Admissions, Discharges and Deaths

Sixty-three per cent of all admissions in 2020 were to acute units in general hospital, 24% were to independent/private and private charitable centres and 13% were to psychiatric hospitals/continuing care units (including the Central Mental Hospital, Dundrum; Carraig Mór, Cork; St Joseph’s Intellectual Disability Service, Portrane; and Phoenix Care Centre, Dublin) (Figure 3.1). There was a slight increase in the proportion of admissions to acute units from 61% in 2019 to 63% in 2020.

Almost 67% of admissions to general hospital psychiatric units were first admissions, 12% of admissions to psychiatric hospitals/continuing care units were first admissions and almost 22% to independent/private and private charitable centres were first admissions.

Re-admissions accounted for 61% of all admissions to general hospital psychiatric units, 67% of admissions to psychiatric hospitals/continuing care units and 67% of admissions to independent/private and private charitable centres.

Figure 3.1 Hospital type. All admissions. Ireland 2020. Percentages



A higher proportion of admissions to independent/private and private charitable centres were female, at 61%, while males accounted for 53% of admissions to general hospital psychiatric units and almost 55% of admissions to psychiatric hospitals/continuing care units.

Admissions to independent/private and private charitable centres had a higher mean age at admission, at 51.4 years (median 52 years), than admissions to general hospital psychiatric units, at 42.8 years (median 40.0 years) or admissions to psychiatric hospitals/continuing care units, at 45.9 years (median 44.0 years). Similarly, almost two-thirds (63%) of admissions to independent/private and private charitable centres were aged 45 years and over, compared with 42% to general hospital psychiatric units and 49% to psychiatric hospitals/continuing care units.

Over one-third (35%) of all admissions to independent/private and private charitable centres were for depressive disorders, compared with 22% to general hospital psychiatric units and 16% to psychiatric hospitals/continuing care units. In contrast, just 7% of all admissions to independent/private and private charitable centres were for schizophrenia, while almost 30% were to psychiatric hospitals/continuing care units and 25% were to general hospital psychiatric units. Similarly, a higher proportion of admissions to independent/private and private charitable centres were for neuroses (16%) and alcoholic disorders (14%), compared with that to general hospitals psychiatric units (9% for neuroses and 4% for alcoholic disorders) or to psychiatric hospitals/continuing care units (almost 6% for neuroses and 4% for alcoholic disorders).

Similar proportions for involuntary admissions were observed for each hospital type for all and first admissions; almost 20% of all and 20% of first admissions to general hospitals psychiatric units were involuntary; 24% of all and 25% of first admissions to psychiatric hospital/continuing care units were involuntary, while 2% of all and 2% of first admissions to independent/private and private charitable centres were involuntary.

Over half (almost 57%) of all discharges from general hospital psychiatric units occurred within two weeks of admission, with just under half (48%) of discharges from psychiatric hospitals/continuing care units occurring within two weeks of admission. In contrast, only 26% of discharges from independent/private and private charitable centres occurred within two weeks of admission. Over three-quarters (77%) of all discharges from general hospital psychiatric units occurred within four weeks of admission, 67% from psychiatric hospitals/continuing care units occurred within four weeks of admission, compared with 46% from independent/private and private charitable centres.

Average length of stay in psychiatric hospitals/continuing care units was much longer, at 179.9 days (median 14 days), compared with independent/private and private charitable centres, at 56.3 days (median 30.0 days) and general hospital psychiatric units, at 26.9 day (median 11 days). When discharges of one year or more were excluded, length of stay was longest in independent/private and private charitable centres, at 34.5 days (median 30.0 days), followed by psychiatric hospitals/continuing care units, at 29.6 days (median 13 days) and general hospital psychiatric units, at 22.3 days (median 11 days).

In-patient bed days 2020

Psychiatric hospitals/continuing care units accounted for the highest proportion of total in-patient bed days in 2020, at 40% and with 300,110 bed days; general hospital psychiatric units accounted for 34% of in-patient days with 251,095 days and independent/private and private charitable centres accounted for 26% of in-patient days with 195,441 days. As mentioned earlier, the total number of in-patient bed days in 2020 included all admissions in 2020, all discharges in 2020 with an admission date prior to 2020 and all patients resident on 31 December 2020 with an admission date prior to 2020. This yielded the number of in-patient bed days used in all approved centres (adult units) in 2020, from January 1 to the date of discharge in 2020, or to the night of December 31, where a patient was not discharged before year-end.

4 Individual Units and Hospitals – Admissions, Discharges and Deaths



Admissions to general hospital psychiatric units decreased by 464, from 10,136 in 2019 to 9,672 in 2020. Admissions to psychiatric hospitals/continuing care units also declined, from 2,510 in 2019 to 2,039 in 2020, down 471 admissions, while admissions to independent/private and private charitable centres declined by 384, from 4,064 in 2019 to 3,680 in 2020.

As in previous years, length of stay varied greatly across all hospitals with over 40% of discharges in some hospitals occurring within one week of admission; Letterkenny General Hospital 49%, University Hospital Waterford 47%, Bantry General Hospital 43%, St Vincent's Hospital Fairview 43%, Drogheda Department of Psychiatry 42%, Sligo/Leitrim Mental Health Services 41% and St Luke's Hospital Kilkenny 40%. Many hospitals discharged over one-third of patients within one week of admission. In contrast, less than 20% of discharges from many of the independent/private and private charitable centres occurred within one week of admission. The exception to this was St Edmundsbury Hospital where 38% of all discharges occurred within one week of admission.

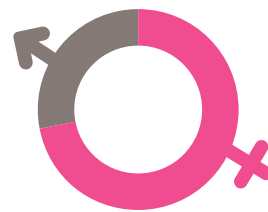
Cavan General hospital had the longest average length of stay amongst the acute units in general hospitals, at 62.4 days (median 12 days), followed by St James' Hospital, at 35.7 days (median 18 days), University Hospital Limerick, at 34.9 days (median 18 days,) Mayo University Hospital, at 33.9 days (median 12.5 days) and the Ashlin Centre, at 33.8 days (median 12 days). Bloomfield Hospital had the longest average length of stay amongst the private hospitals, at 1,939.8 days (median 1,277.0 days), followed by Cois Dalua, at 524.3 days (median 538 days) and Highfield Hospital, at 304.1 days (median 27 days). The average length of stay in psychiatric hospitals/continuing care units is typically longer than that in general hospital psychiatric units with the length of stay in 2020 for some hospitals in excess of 1,000 days.

5 Child and Adolescent Admissions and Discharges

There were 486 admissions for under 18s in 2020, down 11 from 497 in 2019. The total number of admissions for under 18s includes admissions to adult acute units and specialised child and adolescent in-patient units. Seventy-five per cent of all admissions for under 18s were first admissions. There were 27 admissions for under 18s to adult units and hospitals in 2020, down from 54 in 2019, and there were 459 admissions to child and adolescent units, up from 443 in 2019. Admissions to child and adolescent units include admissions to four HSE/HSE funded units and two private units.

486

Admissions
for under 18s in 2020



72%
female

Seventy-two per cent of all admissions for under 18s were female. Thirty-three per cent of all admissions were aged 17 years on admission, 24% were aged 16 years, 20% were aged 15 years, 15% were aged 14 years and 8% were aged 13 years or younger.

Females accounted for 74% of admissions to child and adolescent in-patient units. Thirty-two per cent of admissions to child and adolescent units were aged 17 years on admission, 22% were aged 16 years, 21% were aged 15 years, 16% were aged 14 years and 8% were aged 13 years or younger.

Over half (almost 56%) of the 27 admissions for under 18s to adult units were male. Forty-one per cent of admissions to adult units were aged 17 years on admission, 48% were aged 16 years and 11% were aged 15 years.

Thirty-one per cent of all admissions for under 18s had a diagnosis of depressive disorders, relatively unchanged from 32% in 2019, 18% had a diagnosis of eating disorders, up from 11% in 2019, 10% had a diagnosis of neuroses, down from 16% in 2019, 8% had a diagnosis of schizophrenia, down from 10% in 2019, with the remaining proportions distributed amongst the other diagnostic groups. The number of admissions for depressive disorders in 2020, at

152, remained almost unchanged from 157 in 2019. Admissions for eating disorders increased from 54 in 2019 to 87 in 2020, while admissions for schizophrenia declined from 51 in 2019 to 41 in 2020 and admissions for neuroses decreased from 80 in 2019 to 50 in 2020.

Females accounted for 95% of all admissions for eating disorders (down slightly from 96% in 2019), 69% of admissions with depressive disorders (up slightly from 68% in 2019) and 66% of admissions with neuroses (down from 69% in 2019). Males accounted for 57% of admissions for other drug disorders (down from 87% in 2019) and 54% of admissions for schizophrenia (down from 67% in 2019). The reduction in the proportion of other drug disorders among males reflects the overall decrease in admissions for this disorder from 15 in 2019 to 7 in 2020.

Admissions for under 18s



94%

admissions
to child and
adolescent
units

6%

admissions to
general hospital
psychiatric
units

Ninety-four per cent of all admissions for under 18s were to child and adolescent units with almost 6% to general hospital psychiatric units. There were no admissions to psychiatric hospitals/continuing care units or to adult independent/private and private charitable centres. Almost 10% of all admissions for under 18s were involuntary.

Almost ninety per cent of all admissions for under 18s in 2020 were discharged in 2020. Of those admitted and discharged in 2020, 14% were discharged within one week of admission, 11% were discharged within one to two weeks of admission, 26% were discharged within two to four weeks of admission and 43% were discharged within one to three months of admission. Almost 6% were discharged within three months to one year of admission. Average length of stay was longest in child and adolescent units, at 38.7 days (median 28 days), while that for general hospital psychiatric units was 5.7 days (median 3 days).

6 In-patient Census 2020

A census of all patients resident in Irish psychiatric units and hospitals on 31 December 2020 was undertaken. There were 1,826 patients resident in adult units on 31 December 2020, a reduction of 372 from the census carried out on 31 December 2019. The COVID-19 pandemic is most likely a factor in this reduction in in-patient numbers over this period of time. This represents a 91% reduction in in-patient numbers from 19,801 in 1963 to 1,826 in 2020. There were an additional 50 patients resident in child and adolescent units on 31 December 2020.

Fifty-five per cent of all patients resident on 31 December 2020 were male. Seven per cent of all residents were aged 24 years or younger on 31 December 2020, 24% were aged 25-44 years, almost 34% were aged 45-64 years and 36% were aged 65 years and over. The 75 year and over age group had the highest rate of hospitalisation, at 117.0 per 100,000, followed by the 65-74 year age group, at 92.1 per 100,000, the 55-64 year age group, at 68.6 and the 45-54 year age group, at 42.2. The 25-34 year age group had the lowest rate of hospitalisation, at 25.9 per 100,000. Fifty-nine per cent of all residents were single, 17% were married, 7% were widowed and almost 3% were divorced. Widowed persons had the highest rate of hospitalisation, at 67.3 per 100,000, followed by divorced, at 44.3, single, at 42.3 and married, at 17.0.

Thirty-seven per cent of residents on 31 December 2020 had a diagnosis of schizophrenia, 13% had a diagnosis of depressive disorders, 10% had a diagnosis of organic mental disorders and 7% had a diagnosis of mania. Schizophrenia had the highest rate of hospitalisation, at 14.3 per 100,000, followed by depressive disorders, at 4.9, organic mental disorders, at 3.8 and mania, at 2.8. Males had a higher rate of hospitalisation for schizophrenia, at 18.2 per 100,000 compared with 10.5 for females, while males also had a slightly higher rate of hospitalisation for organic mental disorders, at 4.4, compared with 3.2 for females. Females had a slightly higher rate of hospitalisation for depressive disorders, at 5.5 per 100,000, compared with 4.3 for males.

A total of 3,033,887 in-patient days were accumulated for all patients resident on 31 December 2020. 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 2020. The average length of stay for all patients resident on 31 December 2020 was 1,661.5 days (median 141.0 days). Almost 43% of patients resident on 31 December 2020 were long-stay, i.e., in hospital for one year or more on 31 December 2020. Nineteen per cent were new long-stay, i.e., in hospital for between one and five years and 24% 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 9,528.9 days (median 8,923.0 days), followed by schizophrenia, at 2,097.0 days (median 662.0 days) and alcoholic disorders, at 1,545.4 days (median 26 days). Other drug disorders had the shortest average length of stay, at 35.8 days (median 8 days).

Thirty-four per cent of patients resident on 31 December 2020 were resident in general hospital psychiatric units (down from 37% in 2019), 31% were in psychiatric hospitals/ continuing care units (unchanged from 2019), almost 25% were in independent/private and private charitable centres (24% in 2019), 6% were in the Central Mental Hospital, Dundrum, less than one per cent were in Carraig Mór, Cork and 4% were in St Joseph's Intellectual Disability Service.

In addition to adult patients, 50 patients were less than 18 years of age on 31 December 2020 (down from 77 in 2019) and all were resident in child and adolescent units. Sixty-six per cent of under 18s were female; 34% were aged 17 years, 10% were aged 16 years, 26% were aged 15 years, 14% were aged 14 years and 16% were aged 13 years or younger. Thirty-six per cent of under 18s had a diagnosis of depressive disorders, 32% had a diagnosis of eating disorders, 10% had a diagnosis of schizophrenia and 6% had a diagnosis of neuroses.

7 Review of data 2011 –2020

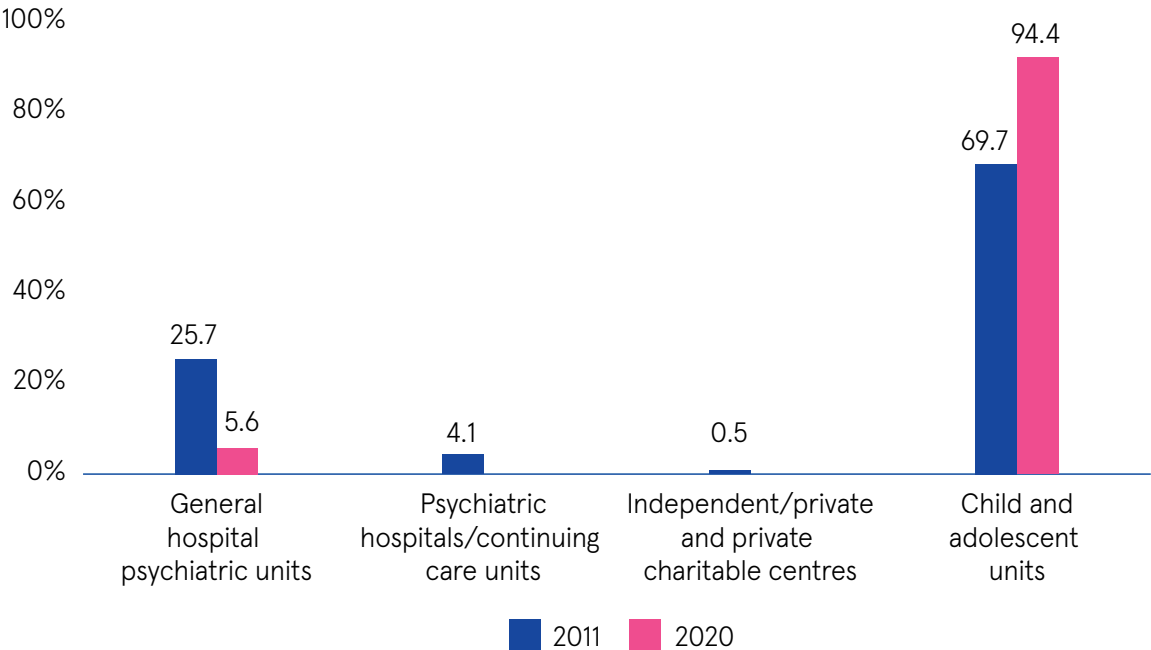
The year 2020 was an exceptional one in which every country in the world was affected by the COVID-19 pandemic. With unprecedented public health measures in place to reduce the spread of the COVID-19 virus this undoubtedly had a huge impact on admissions to psychiatric hospitals and units. Notwithstanding this, all admissions during the ten-year period 2011-2020 declined by 19% from 18,992 in 2011 to 15,391 in 2020. First admissions declined by 7%, from 6,129 in 2011 to 5,694 in 2020, while re-admissions declined by 25%, from 12,863 in 2011 to 9,697 in 2020.

In the ten-year period from 2011 to 2020, the proportion of admissions to general hospital psychiatric units increased from 55% of all admissions in 2011 to 63% of all admissions in 2020. However, overall admissions to general hospital psychiatric units declined by 7% in this ten-year period. The proportion of admissions to psychiatric hospitals/continuing care units decreased from 23% of all admissions in 2011 to 13% in 2020, with a 54% reduction in admissions over this time. Admissions to independent/private and private charitable centres increased from 22% of all admissions in 2011 to 24% in 2020. Overall admissions to independent/private and private charitable centres declined by 12% in the period 2011-2020.

Admissions for under 18s have increased over the ten-year period from 435 in 2011 to 486 in 2020. Of note is the decrease in admissions to adult units for under 18s over this ten-year period, from 132 in 2011 to 27 in 2020, an almost 80% reduction over this time (Figure 7.1). Admissions to specialist child and adolescent units increased from 303 admissions in 2011 to 459 in 2020, while the proportion to child and adolescent units has increased from 70% in 2011 to 94% of all under 18 admissions in 2020, reflecting perhaps both the greater availability of bed capacity in child and adolescent units and demand for services in this age group. The greater availability of bed capacity along with the movement away from admissions to adult units for under 18s, is in line with government policy.

The number of patients resident in psychiatric units and hospitals declined by 35%, from 2,812 in 2010 (there was no comparable census figure available for 2011) to 1,826 in 2020, in line with the policy to reduce in-patient provision and provide more community-based care. As mentioned earlier, 2020 was an exceptional year with the public health measures in place to reduce the spread of COVID-19 and this would also have impacted the number of people resident on 31 December 2020.

Figure 7.1 Admissions for under 18s by hospital type in 2011 and 2020. Percentages





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