

HRB StatLink Series 26
National Psychiatric Inpatient
Reporting System (NPIRS)

**Annual Report on
the Activities of Irish
Psychiatric Units
and Hospitals 2024**

Antoinette Daly, Harriet Lovett and Ena Lynn

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About the HRB



The Health Research Board (HRB) is the lead agency supporting and funding health research in Ireland. We also have a core role in maintaining health information systems and conducting research linked to these systems. Our aim is to improve people's health, build health research capacity, underpin developments in service delivery and make a significant contribution to Ireland's knowledge economy.

Our information systems

The HRB is responsible for managing four national information systems. These systems ensure that valid and reliable data are available for analysis, dissemination and service planning. Data from these systems are used to inform policy and practice in the areas of alcohol and drug use, disability and mental health. The **National Psychiatric Inpatient Reporting System** (NPIRS) gathers data on patient admissions to, 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.

Irish Statistical Code of Practice (ISSCOP)

In 2024 the NPIRS secured the Irish Statistical Code of Practice (ISSCOP) certification which affirms the HRB's commitment to upholding the highest standards in data quality. The Central Statistics Office developed this code to enhance the national data ecosystem, based on the European Statistics Code of Practice. A key objective of ISSCOP is safeguarding trust in Irish official statistics. To achieve this, official statistics must demonstrate adherence to the key principles aligned to ISSCOP. There are five key principles:

Professional Independence: The production of official statistics is based on the application of independent, transparent, and objective standards and free from any political or other external interference.

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Confidentiality: Public authorities that produce official statistics must ensure that statistical outputs do not lead to the direct or indirect identification of an individual or entity.

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1 Introduction and Background

This report presents data on all admissions, discharges and deaths in Irish psychiatric units and hospitals on the Register of Approved Centres in 2024. Data for this report were collected and returned to the HRB National Psychiatric Inpatient Reporting System (NPIRS) by the NPIRS contacts in each unit and hospital throughout the country and we would like to acknowledge their time and dedication to ensuring the completeness and accuracy of these returns. We would also like to acknowledge the units and hospitals that moved to direct entry of their NPIRS data onto the HRB LINK system during 2024. At the time of writing this report, 15 units and hospitals were using LINK for their data submission requirements. It is always a challenge to embrace changes in work practices and the NPIRS Team would like to thank all those who commenced using LINK during 2024.

Data for the 67 Irish psychiatric units and hospitals (see Table 1.1 below) approved by the Mental Health Commission (MHC) for the reception and treatment of patients (Register of Approved Centres under the Mental Health Act 2001) are presented in this report. There were no new centres registered in 2024. Owenacurra Centre, Midleton, was removed from the register in January 2024.

Data are presented nationally, regionally by HSE health regions (HRs), locally by individual hospital and also by hospital type. A limited number of tables and graphs are included with the remaining data available online at www.hrb.ie. Interactive tables are available at http://www.cso.ie/px/pxeirestat/pssn/hrb/homepagefiles/hrb_statbank.asp, allowing the user to access readily available data from the database since 2006.

Comparative data for 2023 presented in this report are from the publication *Activities of Irish Psychiatric Units and Hospitals 2023 Main Findings* (Daly, Lovett and Lynn 2024) and rates reported are per 100,000 total population based on the Census of Population 2022 (<https://data.cso.ie/>).

In 2024 the HSE was restructured into six health regions in line with recommendations made in the Oireachtas Committee on the Future of Healthcare Sláintecare Report (2017) <https://assets.gov.ie/static/documents/the-slaintecare-report.pdf>). These recommendations advocated that regional bodies should be responsible for the planning and delivery of integrated health and social care services and will be key to delivering on the Sláintecare vision of an integrated health and social care service. During 2019 agreement was reached on the geographies of these six new health regions as a major step towards restructuring health services in line with the recommendation in the Oireachtas Committee report. This report presents the NPIRS data by these six health regions for the first time, replacing the previously reported CHO areas. In the computation of rates for the health regions 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.

As in the 2023 report, rates for socio-economic group are not reported because there has been a break in the time series for socio-economic group between the 2022 census and previous census results as reported by the CSO. The socio-economic group framework was rebased to incorporate the SOC2010 classification unlike previous census results published. This has affected the categorisation of some occupations in terms of the socioeconomic group they have been assigned to and thus categories are not comparable with previous years.

While most hospitals and units have not yet moved to recording diagnosis using ICD-11 (WHO 2022; <https://icd.who.int>) for NPIRS data submissions, we have updated some of the ICD category names to reflect current thinking in ICD-11 and more modern terminology. Alcoholic Disorders is now Alcohol-related Disorders, Mania is now Bipolar Disorders, Neuroses is now Anxiety or fear-related Disorders/Obsessive Compulsive Disorders (OCD)/Stress-related Disorders. Categorisation of individual ICD codes to the diagnostic categories has not changed which means that categories will be comparable with previous years.

Table 1.1: Number of hospitals/approved centres by hospital type

Hospital type	Number
General hospital psychiatric units	23
Psychiatric hospitals/continuing care units	26
Independent/private and private charitable centres	8
Child and adolescent units	6
Central Mental Hospital	1
Carraig Mór, Cork ^a	1
St Joseph's Intellectual Disability Service ^b	1
Phoenix Care Centre, Dublin ^c	1
Total	67

a Carraig Mór is an intensive care and rehabilitation unit.

b St Joseph's Intellectual Disability Service is located at St Ita's Campus, 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.

It is worth noting that a number of bed closures occurred in 2024. This included the closure of a number of beds in the Jonathan Swift unit in St James's Hospital from January to April 2024 and reduced capacity in the HSE/HSE-funded CAMHS units, with just 51 of the 72 approved beds operational in 2024.

All data are received from units and hospitals according to agreed specifications. Data received from units and hospitals are processed and go through various in-built and manual quality assurance and validation measures, according to policies and procedures employed by the NPIRS team over a number of years. Data entered directly onto the LINK system are also subject to the same quality assurance and validation measures. The data contained in this report in relation to admissions and discharges in 2024 reflect data submitted or entered directly onto LINK by units and hospitals and subsequently verified by units and hospitals at the time of preparing this report. It should be noted that any changes to the data by a hospital, or any 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 inpatient services. In addition, as the data in this report relate to admissions and/or discharges and not people, the potential to identify individuals from the data is minimal. A further point to note is that many hospitals use a provisional diagnosis on admission so this may be reflected in the primary admission diagnosis for a patient and thus may not be consistent with the discharge diagnosis completed for that patient. In addition, some hospitals use the primary admission diagnosis code of F99 (Mental disorder, not otherwise specified) where a diagnosis was not available at the time of data submission to the HRB.

Admissions for children and adolescents in this report include all admissions for persons under 18 years of age, regardless of their marital status. As part of our quality assurance measures, data on admissions for children and adolescents have been cross-checked with the Mental Health Commission (MHC) and the HSE.

Differences may exist between data reported for legal status in the MHC's annual inspectorate report and data in this report. Legal status presented in this report is that of the patient on admission and does not take into account any change in status thereafter. Similarly, there may be differences between deaths reported by the MHC and deaths presented in this report as the MHC reports deaths within four weeks of discharge from an approved centre whereas the NPIRS does not record the death of a patient following discharge from the approved centre.

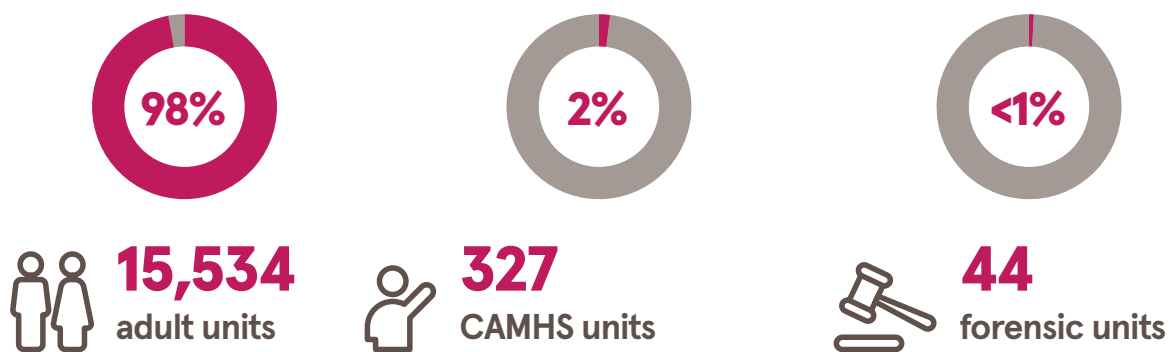
Additional data items including 'Admitted from', 'Gender' and questions relating to education were added to the NPIRS in 2024. As data collection for these new data items only commenced mid-way through 2024, there was not sufficient data to present in this report. We hope to have more complete data available on these items in future reports.

2 National and Regional Admissions, Discharges and Deaths

2.1 National all and first admissions

2.1.1 All admissions (Adult and children's units)

There were 15,905 admissions to approved Irish psychiatric units and hospitals in 2024 (psychiatric units and hospitals including inpatient child and adolescent mental health services (CAMHS) units, independent/private and private charitable centres and the National Forensic Mental Health Service). Ninety-eight per cent of all admissions were to adult units, 2% were to CAMHS units and less than one per cent were to forensic units (Central Mental Hospital).



2.1.2 All and first admissions (Adult units)

There were 15,578 admissions to adult psychiatric units and hospitals in 2024, a decrease of 53 admissions, from 15,631 in 2023. The rate of admissions decreased slightly, from 303.6 per 100,000 population in 2023 to 302.5 in 2024.

- As in 2023, first admissions accounted for 37% of all admissions in 2024. There was a 2% decrease in the number of first admissions, from 5,838 in 2023 to 5,706 in 2024.
- The rate of first admissions decreased from 113.4 per 100,000 in 2023 to 110.8 in 2024.
- Re-admissions accounted for 63% of all admissions (9,872), a rate of 191.7 per 100,000, up slightly from 190.2 in 2023.

Figure 2.1 presents the number of all, first and re-admissions for the past 60 years.

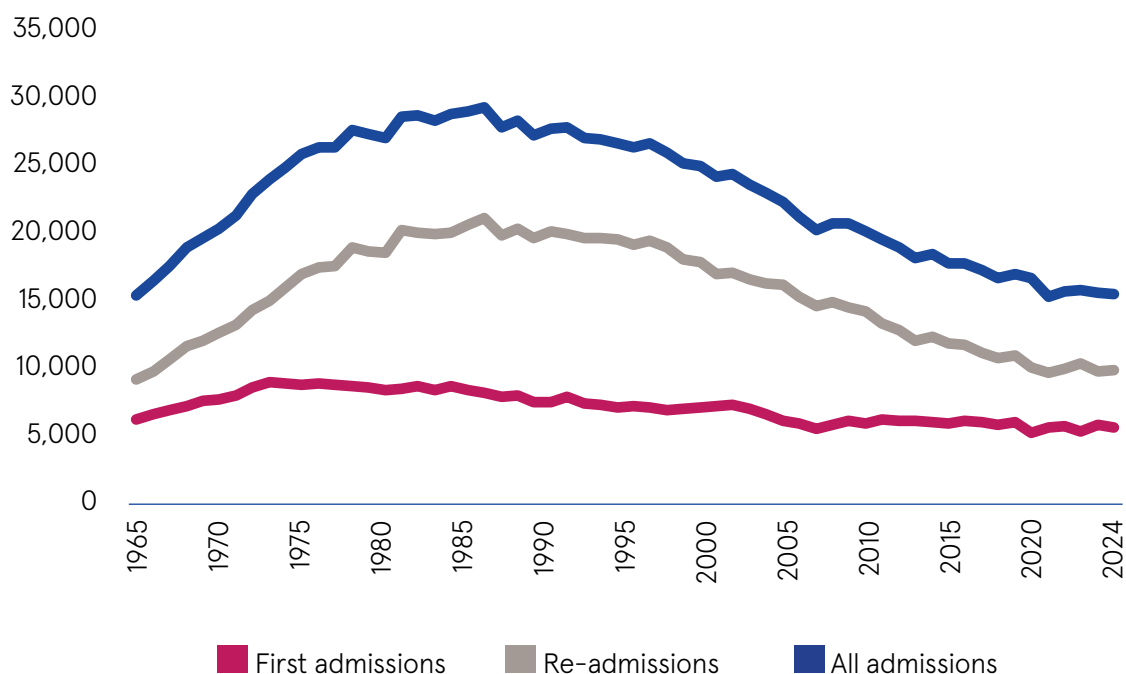


Figure 2.1: All, first and re-admissions. Ireland 1965–2024. Numbers

Sex

Although there was an equal split in the proportion of male and female admissions, males had a higher rate of admission, at 306.5 per 100,000, compared with 298.6 for females. Males accounted for a higher proportion of first admissions, at almost 54%, and had a higher rate of first admission, at 120.0 per 100,000, compared with 101.9 for females.

Age

The mean age at admission was similar to that of the last few years, at 46 years (median age 44 years). In keeping with the trend in previous years, the 20–24 year age group had the highest rate of all admissions, at 464.9 per 100,000, followed by

- the 25–34 year age group, at 454.0, and
- the 45–54 year age group, at 395.8.

The 75 and over year age group had the lowest rate of all admissions, at 332.3 per 100,000.



46 yrs
mean age
at admission



44 yrs
median age
at admission



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



75 yrs+
lowest rate of
admissions at
332.3 per 100,000

The 18-19 year age group had the highest rate of first admissions, at 226.9 per 100,000, followed by

- the 20-24 year age group, at 212.3, and
- the 25-34 year age group, at 181.7.

The 75 year and over age group had the lowest rate of first admissions, at 103.5 per 100,000.

Marital status

Fifty-nine per cent of all admissions were single, 24% were married, 3% were widowed and 3% were divorced. As in previous years, divorced persons had the highest rate of all admissions, at 357.5 per 100,000 followed by single, at 331.2, and widowed, at 242.8. Married persons had the lowest rate of all admissions, at 193.5 per 100,000.

Single persons had the highest rate of first admissions, at 117.0 per 100,000, followed by divorced, at 106.4, and widowed, at 83.3. Married persons had the lowest rate of first admissions, at 74.2 per 100,000.



59%
single



24%
married



3%
widowed



3%
divorced

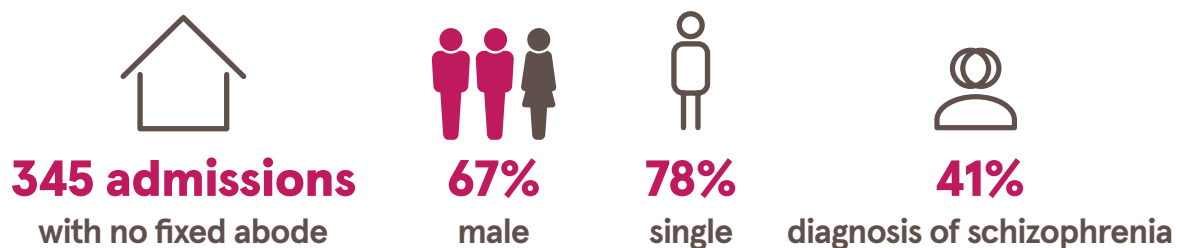
Employment status and socio-economic group

Almost 35% of all admissions were recorded as unemployed in 2024, 19% were recorded as employed, 11% were retired, 3% were students, 3% were looking after the home or family, 1% were recorded as unable to work due to illness or disability (new category added in 2023) and 28% were unknown.

Almost 70% of all admissions had an unknown or unspecified occupation, making assignment to socio-economic group impossible for this group. When the unknown and unspecified admissions were excluded, the non-manual group accounted for the highest proportion of all admissions, at 27%, followed by lower professionals, at 21%, and manual skilled, at 12%. Similar proportions were observed for first admissions with the non-manual group accounting for 25% of all admissions, followed by lower professionals, at 20%, and manual skilled at almost 14%.

No fixed abode

There were 345 admissions with no fixed abode in 2024, an increase from 302 in 2023 and 291 in 2022. Almost 44% of admissions with no fixed abode were first admissions. Males accounted for 67% of admissions with no fixed abode and 78% of all admissions with no fixed abode were single.



The following were the age breakdowns for admissions with no fixed abode:

- almost one-third (31%) were aged 25–34 years,
- 30% were aged 35–44 years,
- 16% were aged 45–54 years,
- 12% were aged 55 years and over,
- 8% were aged 20–24 years and
- 3% were aged 19 years or younger.

Forty-one per cent of all admissions with no fixed abode had a primary admission diagnosis of schizophrenia, 10% had a diagnosis of other drug disorders, 9% had a diagnosis of depressive disorders and 7% had a diagnosis of bipolar disorders. Almost 35% of all admissions with no fixed abode were involuntary.

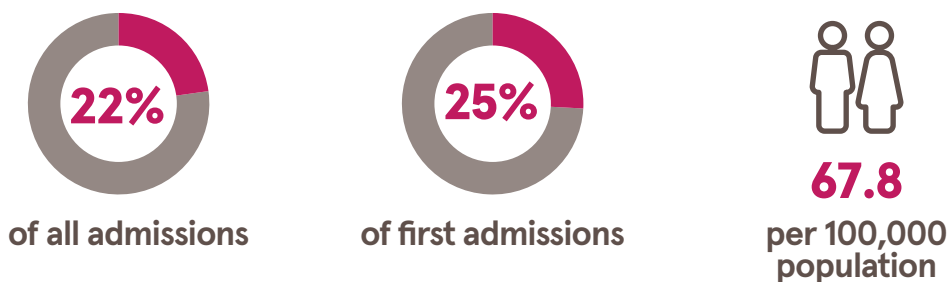
Ethnicity

Seventy-one per cent of all admissions were recorded as 'White Irish', 7% were recorded as 'Other White background', (including 'White Irish Traveller', 'White Roma' and 'Any other white background'), 2% were returned as 'Black African' or 'Any other Black background', 3% were recorded as 'Other', with 18% recorded as unknown.

Primary admission diagnosis

As in previous years, depressive disorders accounted for the highest proportion of all and first admissions, at 22% of all and 25% of first admissions. Schizophrenia accounted for 20% of all and 15% of first admissions, while anxiety or fear-related disorders/OCD/stress-related disorders accounted for 10% of all and 13% of first admissions.

Depressive disorders



Depressive disorders had the highest rate of all admissions, at 67.8 per 100,000 population (marginally down from 68.8 in 2023), followed by schizophrenia, at 60.1 per 100,000 (also down from 62.3 in 2023), and anxiety or fear-related disorders/OCD/stress-related disorders, at 29.6 per 100,000 (also marginally down from 30.5 in 2023). Depressive disorders also had the highest rate of first admissions, at 27.8 per 100,000 (relatively unchanged from 27.9 in 2023), followed by schizophrenia, at 16.4 (down from 17.8 in 2023), and anxiety or fear-related disorders/OCD/stress-related disorders, at 14.4 (also relatively unchanged from 14.5 in 2023).

Legal status on admission

In 2024, 17% of all and 16% of first admissions were involuntary. The rate of involuntary all admissions was 50.3 per 100,000, relatively unchanged from 49.9 in 2023. The rate for first admissions also remained relatively unchanged, from 18.0 in 2023 to 17.6 in 2024. As in previous years, schizophrenia accounted for the largest proportion of all involuntary admissions, at 42%.

Medical card and private health insurance

As noted in previous years, data returns for medical card and private insurance status were disappointing with 71% returned as unknown/unspecified for medical card status and 63% unknown/unspecified for private health insurance.

County of residence

All admissions were highest for county Offaly, at 400.5 per 100,000, followed by Donegal, at 390.8, Sligo, at 374.7, and Carlow, at 374.4. Limerick had the lowest rate of all admissions, at 208.6 per 100,000.

- Carlow had the highest rate of all admissions for depressive disorders, at 159.8 per 100,000, followed by Mayo, at 133.4, Leitrim, at 119.3, and Offaly, at 115.5.
- Donegal had the lowest rate of all admissions for depressive disorders, at 36.5 per 100,000.
- Sligo had the highest rate of all admissions for schizophrenia, at 82.6 per 100,000, followed by Mayo, at 78.3, Waterford, at 75.4, and Kerry, at 74.8.
- Donegal had the lowest rate of all admissions for schizophrenia, at 29.9 per 100,000.
- Sligo had the highest rate of all admissions for alcohol-related disorders, at 34.2 per 100,000, followed by Roscommon, at 21.3, Carlow, at 21.0, and Leitrim, at 19.9.
- Longford had the lowest rate of all admissions for alcohol-related disorders, at 4.3 per 100,000.

First admissions were highest for Sligo, at 151.0 per 100,000, followed by Carlow, at 137.2, Donegal, at 135.9, and Cork, at 133.2. Longford had the lowest rate of first admissions, at 36.4 per 100,000.

- Mayo had the highest rate of first admissions for depressive disorders, at 68.1 per 100,000, followed by Carlow, at 67.8, Wexford, at 51.9, and Kilkenny, at 47.0.
- Longford had the lowest rate of first admissions for depressive disorders, at 6.4 per 100,000.
- Sligo had the highest rate of first admissions for schizophrenia, at 28.5 per 100,000, followed by Waterford, at 20.4, Mayo, at 19.6, and Tipperary South, at 19.5.
- Westmeath had the lowest rate of first admissions for schizophrenia, at 4.2 per 100,000.
- Roscommon had the highest rate of first admissions for alcohol-related disorders, at 10.0 per 100,000, followed by Sligo and Kildare, both at 8.5, and Carlow, at 8.1.
- Offaly and Longford had no first admissions for alcohol-related disorders, while Mayo had the lowest rate, at 2.2 per 100,000.

Referral source

The main referral source for all admissions was the emergency department/assessment unit attached to a general hospital/liaison psychiatry, which accounted for 21% of referrals for all admissions. Other referral sources were as follows:

- 11% were referred by a GP/out-of-hours GP or a primary care service,
- 10% were referred by another hospital, nursing home or community residence,
- 7% were referred by the justice system (Garda/prison/courts),
- 7% were self-referrals,
- 6% were referred by a community mental health team (CMHT)/sector team,
- 5% were referred by an outpatient clinic/day hospital/day centre,
- 4% had a referral source listed as 'other' and
- 29% had an unspecified referral source.

Non-residents

There were 56 admissions for non-residents in 2024, up slightly from 53 in 2023 and 45 in 2022. Almost 38% of all non-residents had an address originating in England, 20% had an address in Northern Ireland, 16% had an address in the USA, 5% had an address in Germany, with the remainder having an address in various other countries.

Almost one-third (32%) of all non-residents had a primary admission diagnosis of schizophrenia, 23% had a diagnosis of depressive disorders, 14% had a diagnosis of bipolar disorders and a further 14% had a diagnosis of anxiety or fear-related disorders/OCD/stress-related disorders.

2.2 National discharges and deaths (Adult units)

There were 15,436 discharges and 94 deaths in adult psychiatric units and hospitals in 2024. This is an increase in discharges from 15,413 in 2023 and an increase in deaths from 80 in 2023. Any deaths notified by hospitals after the final date of processing are not included in this report. Males accounted for 64% of all deaths in 2024 and 73% of all deaths were aged 65 years and over.

15,436

discharges in 2024



92%
of all admissions
in 2023 were
discharged in 2024



94

deaths in Irish psychiatric
units and hospitals



64%

of deaths
were male



73%

of all deaths were aged
65 years and over

Sixty-three per cent of all discharges (excluding deaths) were discharged home, 7% were discharged to another hospital, a community residence or nursing home, 10% were discharged into the care of community services such as outpatient clinic/day hospital, homebased treatment team/CMHT/Assertive outreach team, homeless or addiction services, 1% of discharges were discharged against medical advice, while 19% of discharges were discharged to other and unknown/unspecified destinations.

Length of stay and primary discharge diagnosis

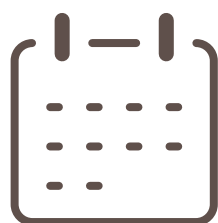
Ninety-two per cent of all admissions in 2024 were also discharged in 2024.

- 29% of all discharges in 2024 occurred within one week of admission, with 3% of all discharges being admitted and discharged on the same day,
- 18% occurred within one to two weeks,
- 20% occurred within two to four weeks
- 27% occurred within one to three months of admission and
- 1% of all discharges in 2024 occurred after one year or more of admission.

Fifty-three per cent of all discharges for behavioural and emotional disorders of childhood and adolescence, 45% of discharges for development disorders, 45% of discharges for personality and behavioural disorders and a further 45% with other drug disorders occurred within one week of admission. In contrast, smaller proportions of discharges with organic mental disorders (19%), schizophrenia (20%) and eating disorders (almost 15%) occurred within one week of admission.

Over 90% of discharges for most disorders occurred within three months of admission, with the exception of schizophrenia (89%), intellectual disability (78%), organic mental disorders (77%) and eating disorders (70%).

The average length of stay for all discharges in 2024 was 51.1 days (median 15 days), up slightly from a mean of 47.9 days in 2023 (median length of stay remained the same at 15 days). Discharges with a primary discharge diagnosis of intellectual disability had the longest average length of stay, at 1,411.9 days (median 13 days), accounting for less than one per cent of all discharges and 8% of all inpatient days. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 139.4 days (median 27 days), followed by schizophrenia, at 94.8 days (median 19 days). Discharges for other drug disorders had the shortest average length of stay, at 17.7 days (median 8 days).



The average length of stay
for all discharges in 2024

51.1 days
(median 15 days)

When discharges with a length of stay of one year or more were excluded (1% of all discharges), the average length of stay was 27.0 days (median 15 days). Average length of stay for discharges with a diagnosis of eating disorders was longest, at 64.2 days (median 47 days) despite accounting for just 1% of all discharges and 3% of inpatient days. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 49 days (median 26 days), followed by intellectual disability, at 33.3 days (median 7 days). Other drug disorders had the shortest average length of stay, at 14.7 days (median 8 days).

2.3 HSE Health Regions (HRs) (Adult units)

As mentioned earlier, this report presents data on the new HSE health regions (HRs) for the first time. These HRs replaced the CHO areas as a means of delivering care and services to people in line with recommendations made in the Oireachtas Committee on the Future of Healthcare Sláintecare Report (2017). The address from where a person was admitted, was used to assign that admission to a HR and thus HR refers to the HR area of residence. Figure 2.2 presents the map for the new HRs by county.

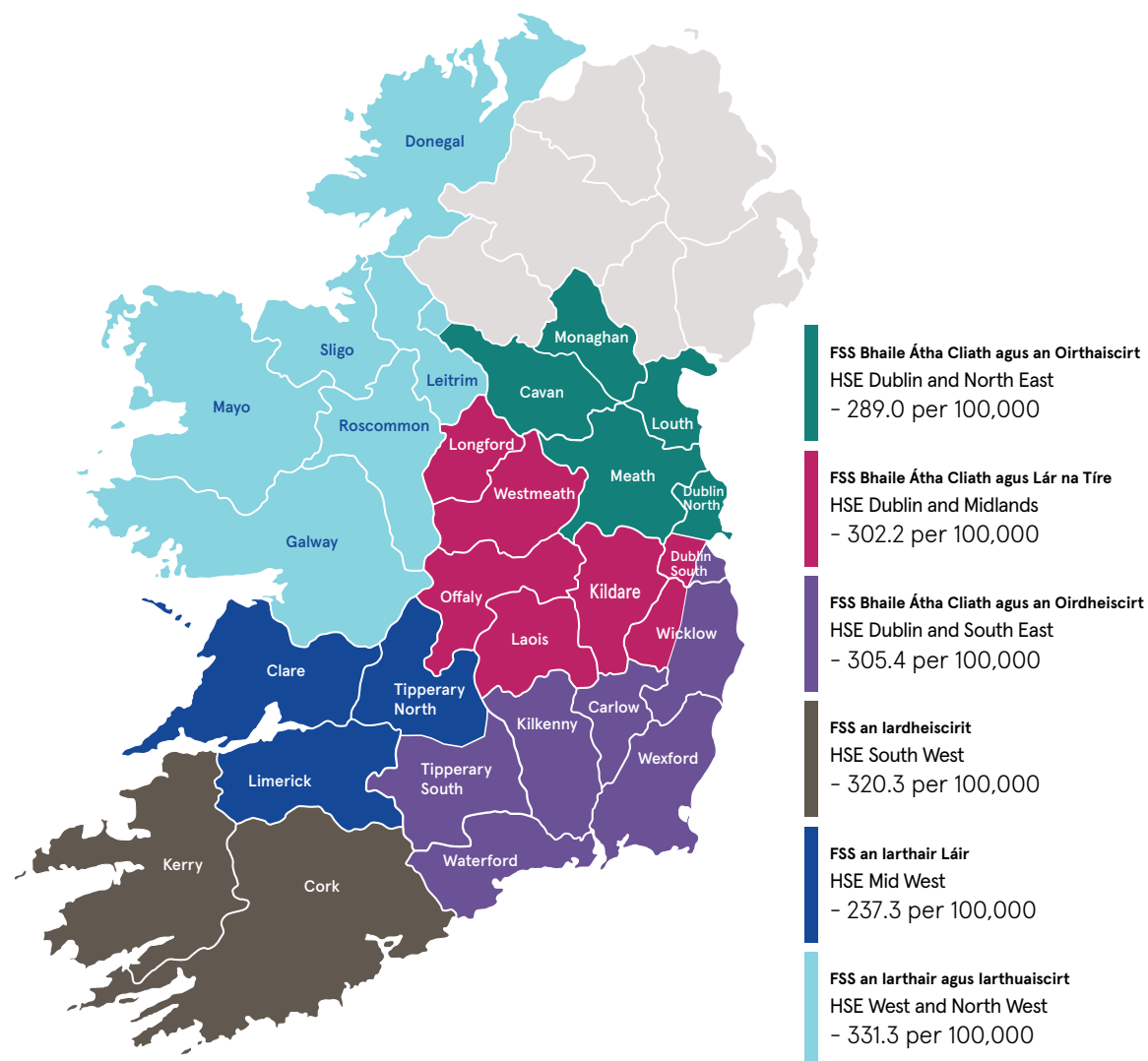


Figure 2.2: HSE Health Regions by county 2024. All admission rates per 100,000 population

Admissions resident in HSE West and North West had the highest rate of all admissions, at 331.3 per 100,000 population, followed by HSE South West, at 320.3, and HSE Dublin and South East, at 305.4. First admission rates were highest in HSE South West, at 128.1 per 100,000, followed by HSE West and North West, at 121.8, and HSE Dublin and North East, at 108.6.

Sex

Males accounted for 53% of all admissions for HSE Mid West, 52% in HSE West and North West, almost 52% in HSE South West and 51% in HSE Dublin and South East. Females accounted for 52% of admissions in both HSE Dublin and North East and HSE Dublin and Midlands.

Age

The 20–24 year age group had the highest rate of admission in three of the six HRs; 527.0 per 100,000 in HSE Dublin and South East, 517.5 in HSE West and North West and 502.6 in HSE Dublin and Midlands. The 25–34 year age group had the highest rate in HSE South West (494.5 per 100,000) and HSE Mid West (381.8), while the 65–74 year age group had the highest rate of admission in HSE Dublin and North East, at 446.6.

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 HR, with rates ranging from 389.5 per 100,000 in HSE Dublin and Midlands to 284.2 in HSE Mid West.

Primary admission diagnosis

Depressive disorders accounted for the highest proportion of all admissions in five of the six HRs, with 27% of all admissions resident in HSE Dublin and South East and 26% of all admissions resident in HSE Dublin and North East having a primary admission diagnosis of depressive disorders. Schizophrenia accounted for the highest proportion of admissions resident in HSE South West, at almost 22%.

Depressive disorders also had the highest rate of all admissions in five of the six HRs, with rates in these five regions ranging from 82.1 per 100,000 in HSE Dublin and South East to 52.1 in HSE Mid West. Schizophrenia had the highest rate of all admissions in HSE South West, at 68.9 per 100,000.

Legal status on admission

Nineteen per cent of all admissions from HSE South West were involuntary, followed by 17% in HSE Dublin and Midlands and 17% in HSE Dublin and South East.

Admissions from HSE South West had the highest rate of involuntary admissions, at 60.1 per 100,000, followed by HSE Dublin and Midlands, at 52.7, and HSE Dublin and South East, at 51.4. HSE South West also had the highest rate of involuntary first admissions, at 22.1 per 100,000, followed by HSE Dublin and Midlands, at 18.6, and HSE Dublin and South East, at 18.1.

Length of stay

Fifty-three per cent of all discharges from HSE South West occurred within two weeks of admission and 52% in HSE West and North West occurred within two weeks of admission. Three-quarters of all discharges from HSE South West occurred within one month of admission, while 72% from HSE West and North West occurred within one month of admission.

Discharges from HSE Dublin and North East had the longest average length of stay, at 65.7 days (median 16 days), followed by HSE Dublin and Midlands, at 55.1 days (median 17 days), and HSE Mid West, at 50.7 days (median 20 days). Discharges from HSE West and North West had the shortest average length of stay, at 33.9 days (median 13 days).

2.4 Inpatient bed days 2024

The total number of bed days used in 2024 was 765,915, an increase from 774,211 in 2023. This figure for bed days included bed days accumulated by all admissions and all discharges in 2024 and all patients resident on 31 December 2024. This yielded the number of inpatient bed days used in all approved centres (adult units) in 2024, from January 1 to the date of discharge in 2024, or to the night of December 31, 2024, where a patient was not discharged before year-end.

As in 2023, schizophrenia accounted for over one-third (36%) all inpatient bed days in 2024, at 276,424 days. Depressive disorders accounted for 16% of all bed days, at 124,119 days, organic mental disorders accounted for 9%, at 67,921 days, bipolar disorders accounted for 7%, at 55,924 days, and anxiety or fear-related disorders/OCD/stress-related disorders accounted for 6%, at 48,360 days.



765,915
Total number of bed days
used in 2024

3 Hospital Type (Adult units) – Admissions, Discharges and Deaths

3.1 Admissions

**77%**

of all admissions
in 2024 were to
public hospitals

23%

independent/
private and private
charitable centres

Sixty-five per cent of all admissions in 2024 were to acute units in general hospitals, unchanged from 2023. Twenty-three per cent of admissions were to independent/private and private charitable centres and 12% were to psychiatric hospitals/continuing care units (including the National Forensic Service at the Central Mental Hospital, Portrane; Carraig Mór, Cork; St Joseph's Intellectual Disability Service, Portrane; and Phoenix Care Centre, Dublin) (Figure 3.1). Both of these proportions to independent/private and private charitable centres and to psychiatric hospitals/continuing care units were unchanged from 2023. The proportion of admissions to public and private units also remained unchanged from 2023, with 77% admitted to public units and 23% to private units.

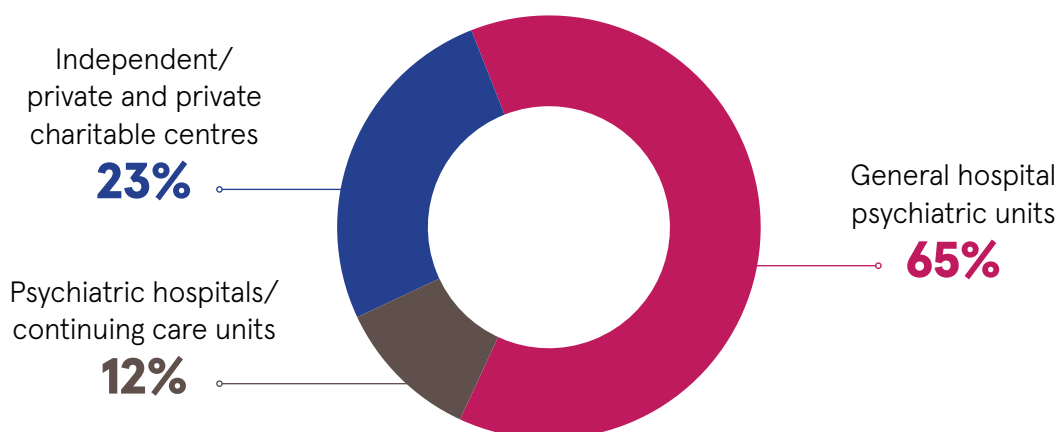


Figure 3.1: Hospital type. All admissions. Ireland 2024. Percentages

Sixty-seven per cent of first admissions were to general hospital psychiatric units, 11% were to psychiatric hospitals/continuing care units and almost 22% were to independent/private and private charitable centres. Re-admissions accounted for 62% of all admissions to general hospital psychiatric units, 65% of admissions to psychiatric hospitals/continuing care units and 66% of admissions to independent/private and private charitable centres.

Sex

Females accounted for 60% of all admissions to independent/private and private charitable centres, while males accounted for over half of admissions to general hospital psychiatric units (53%) and psychiatric hospitals/continuing care units (56%).

Age

Admissions to independent/private and private charitable centres had an older mean age at admission, at 53 years (median 54 years), than admissions to general hospital psychiatric units, at 43.5 years (median 42 years), or psychiatric hospitals/continuing care units, at 46.4 years (median 44 years). Almost 67% of all admissions to independent/private and private charitable centres were aged 45 years and over, compared with almost 49% to psychiatric hospitals/continuing care units and 44% to general hospital psychiatric units.

Marital status

Over two-thirds (67%) of all admissions to general hospital psychiatric units and almost 56% of admissions to psychiatric hospitals/continuing care units were single. In contrast, 37% of admissions to independent/private and private charitable centres were single. Married people accounted for the highest proportion of all admissions to independent/private and private charitable centres, at 43% of all admissions.

Primary admission diagnosis

Depressive disorders accounted for over one-third (almost 36%) of all admissions to independent/private and private charitable centres, compared with 19% to general hospital psychiatric units and 13% to psychiatric hospitals/continuing care units.

Schizophrenia accounted for almost one-third (30%) of all admissions to psychiatric hospitals/continuing care units, 23% of admissions to general hospital psychiatric units, compared with just 5% to independent/private and private charitable centres.

In addition, as noted in 2023 and 2022, a higher proportion of admissions for anxiety or fear-related disorders/OCD/stress-related disorders were to independent/private and private charitable centres, at 18%, compared with 7% to general hospital psychiatric units and 6% to psychiatric hospitals/continuing care units.

Ninety-four per cent of all admissions for schizophrenia, 87% of all admissions for other drug disorders, a further 87% for bipolar disorders and 84% for personality and behavioural disorders were to public hospitals. In contrast, 83% of all admission with a diagnosis of eating disorders were to independent/private and private charitable centres, reflecting, perhaps, the wider availability of specialised eating disorder services available in the private sector.

Legal status on admission

Twenty-five per cent of all admissions to psychiatric hospitals/continuing care units and 21% to general hospital psychiatric units were involuntary, compared with just 1% to independent/private and private charitable centres. Twenty-seven per cent of first admissions to psychiatric hospitals/continuing care units and 19% of first admissions to general hospital psychiatric units were involuntary, while 1% of first admissions to independent/private and private charitable centres were involuntary.

3.2 Discharges

Over half (55%) of all discharges from general hospital psychiatric units and 47% from psychiatric hospitals/continuing care units occurred within two weeks of admission. In contrast, 25% of all discharges from independent/private and private charitable centres were discharged within two weeks of admission.

Over three-quarters (76%) of all discharges from general hospital psychiatric units, almost 67% from psychiatric hospitals/continuing care units and 41% from independent/private and private charitable centres occurred within four weeks of admission.

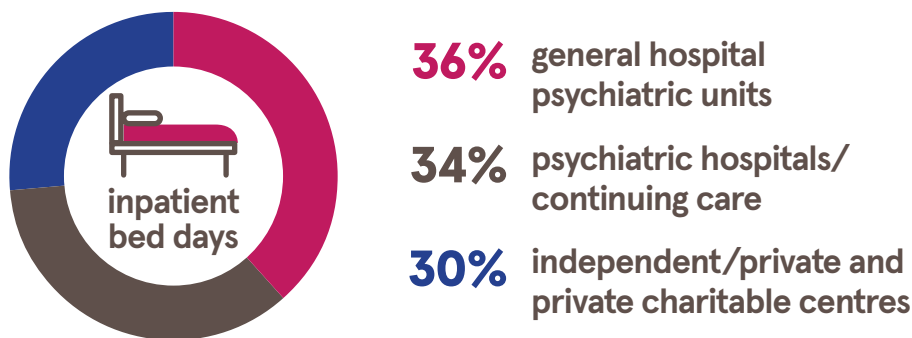
Length of stay

The average length of stay for all discharges in 2024 was much longer in psychiatric hospitals/continuing care units, at 185.6 days (median 15 days), than in general hospital psychiatric units, at 26.3 days (median 12 days) or independent/private or private charitable centres, at 50.0 days (median 34 days).

When discharges of one year or more were excluded, length of stay was longer in independent/private and private charitable centres, at 38.7 days (median 33 days), than that in psychiatric hospitals/continuing care units, at 29.1 days (median 13 days), or in general hospital psychiatric units, at 22.4 days (median 12 days).

3.3 Inpatient bed days 2024

General hospital psychiatric units accounted for the largest proportion of total inpatient bed days used in 2024, at 36%, with 275,744 bed days. Psychiatric hospitals/continuing care units accounted for 34%, with 259,341 bed days, while independent/private and private charitable centres accounted for 30% of total bed days, with 230,830 bed days used. As mentioned earlier, the total number of inpatient bed days in 2024 included all admissions and all discharges in 2024 and all patients resident on 31 December 2024. This yielded the number of inpatient bed days used in all approved centres (adult units) in 2024, from January 1 to the date of discharge in 2024, or to the night of December 31, where a patient was not discharged before year-end.



4 Individual Units and Hospitals (Adult units) – Admissions and Length of Stay on Discharge

4.1 Admissions

Admissions to general hospital psychiatric units decreased by 125, from 10,196 in 2023 to 10,071 in 2024. There was a small increase in admissions (46) to psychiatric hospitals/continuing care units, from 1,839 in 2023 to 1,885 in 2024. Admissions to independent/private and private charitable centres also increased slightly, from 3,596 in 2023 to 3,622 in 2024.

4.2 Length of stay

As noted in previous years, length of stay varied greatly across all hospitals with almost half of all discharges in some units and hospitals occurring within one week of admission:

- 46% of discharges from Letterkenny University Hospital,
- 45% of discharges from University Hospital Kerry,
- 42% of discharges from Sligo University Hospital and
- 42% from St Loman's Hospital, Mullingar and 41% of discharges from Mayo University Hospital occurred within one week of admission.

Over 90% of all discharges from most units and hospitals occurred within three months of admission with some exceptions noticeably among the smaller psychiatric hospitals/continuing care units.

Average length of stay varied greatly across all hospitals. General hospital units with the longest average length of stay included,

- University Hospital Galway, at 38.1 days (median 16 days),
- St Vincent's University Hospital, Dublin, at 36.9 days (median 18 days),
- University Hospital Limerick, at 36.0 days (median 17 days),
- Ennis General Hospital, at 33.6 days (median 15 days),
- St James' Hospital, Dublin, at 32.8 days (median 19 days), and
- Naas General Hospital, at 30.2 days (median 13 days).

The average length of stay in psychiatric units/continuing care units is typically much longer than that in general hospital psychiatric units and, as observed in previous years, the average length of stay for discharges in 2024 was in excess of 1,000 days for some hospitals.

- Carraig Mór, Cork had the shortest average length of stay amongst psychiatric hospitals/continuing care units, at 16.9 days (median 12 days).
- Bloomfield Hospital Dublin had the longest average length of stay amongst independent/private and private charitable centres, at 2,196.9 days (median 1,625 days), followed by Cois Dalua, Cork, at 862.0 days (median 671 days) and the National Eating Disorder Recovery Centre, at 83.5 days (median 97 days).
- Lois Bridges had the shortest average length of stay amongst independent/private and private charitable centres, at 33.9 days (median 23 days).

5 Child and Adolescent Admissions and Discharges

5.1 Admissions

The number of admissions for under 18s includes admissions to adult units for under 18s and admissions to CAMHS inpatient units. Admissions to CAMHS units include admissions to four HSE/HSE-funded units and two private units.

There were 332 admissions for under 18s in 2024, up from 322 in 2023, but down from 366 in 2022. Ninety-eight per cent of all admissions in 2024 were to CAMHS units, with just five admissions to adult units. It should be noted that only 51 beds out of a total of 72 beds in the HSE/HSE-funded CAMHS units were operational in 2024.

Seventy-seven per cent of all admissions for under 18s were first admissions, while 76% of admissions to CAMHS units were first admissions.

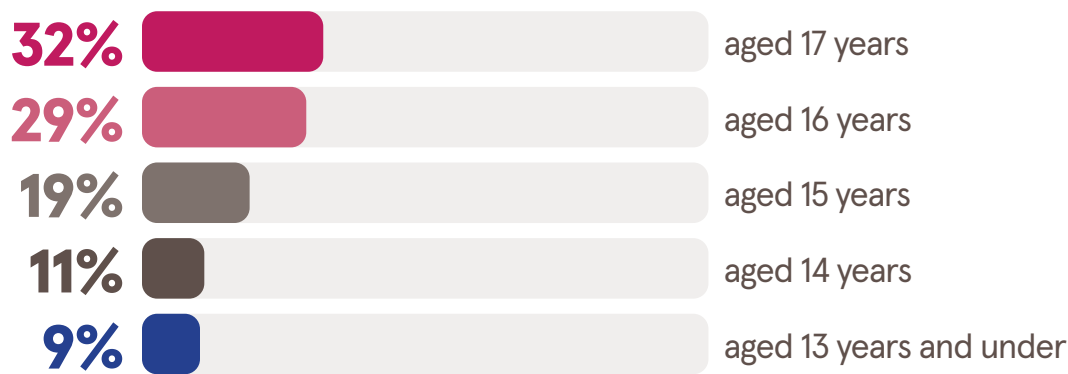
332
admissions
for under 18s
in 2024


327
admissions to
CAMHS units


66%
of admissions
were female

Sex and age

Sixty-six per cent of all admissions for under 18s were female and similarly, 66% of admissions to CAMHS units were female. Thirty-two per cent of all admissions were aged 17 years on admission, 29% were aged 16 years, 19% were aged 15 years, 11% were aged 14 years and 9% were aged 13 years or younger.



The five admissions for under 18s to adult units in 2024 were aged 16-17 years on admission.

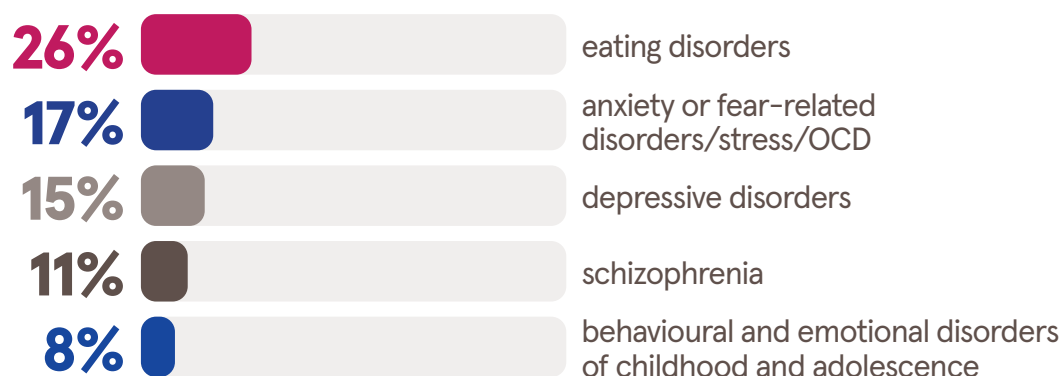
Primary admission diagnosis

Eating disorders accounted for just over one-quarter (26%) of all admissions for under 18s in 2024, overtaking depressive disorders in accounting for the highest proportion of all admissions for this age cohort relative to previous years. Over three-quarters (76%) of all admissions for eating disorders were recorded as first admissions.

A breakdown of the most common diagnoses on admission for all under 18s was as follows:

- Eating disorders accounted for 26% of all admissions, up from 24% in 2023,
- anxiety or fear-related disorders/OCD/stress-related disorders accounted for the second-highest proportion of all admissions, at 17%, down from 21% in 2023,
- 15% had a diagnosis of depressive disorders, down from 24% in 2023,
- 11% had a diagnosis of schizophrenia, up slightly from 10% in 2023,
- 8% had a diagnosis of behavioural and emotional disorders of childhood and adolescence, up from 4% in 2023,
- admissions with a diagnosis of other drug disorders more than tripled in 2024 (18) from 2023, albeit from a low base of five admissions in 2023.

Main diagnoses



The remaining proportions were distributed amongst the other diagnostic groups.

In terms of eating disorders:

- The last five years have seen a gradual increase in the proportion of admissions for under 18s with a primary admission diagnosis of eating disorders; 18% in 2020, 23% in 2021, 22% in 2022, 24% in 2023 and 26% in 2024.
- Females accounted for 94% of all admissions with eating disorders, up slightly from 92% in 2023, but down from 98% in 2022.

In terms of anxiety or fear-related disorders/OCD/stress-related disorders:

- Despite accounting for the second-highest proportion of admissions for under 18s, admissions for anxiety or fear-related disorders/OCD/stress-related disorders declined from 68 in 2023 to 58 in 2024.
- Females accounted for 72% of all admissions, unchanged from 2023 and down slightly from 74% in 2022.

In relation to depressive disorders:

- Admissions for depressive disorders among under 18s declined from 76 in 2023 to 49 in 2024, a decline of almost 36% in one year.
- Over the last five years admissions for depressive disorders in under 18s have continued to decline, from 152 in 2020 and 152 in 2021, to 83 in 2022, 76 in 2023 and 49 in 2024.
- Females accounted for 55% of all under 18 admissions with depressive disorders, down from 70% in 2023.
- It is worth noting that in the five year period from 2020-2024, the proportion of males admitted with depressive disorders has increased from 31% in 2020 to 45% in 2024.

For schizophrenia:

- Admissions for schizophrenia were up slightly from 32 in 2023 to 38 in 2024.
- Males accounted for 71% of admissions for schizophrenia, up from 56% in 2023.

Admissions for under 18s



98%
to child and
adolescent units

2%
to general hospital psychiatric
units/psychiatric hospitals/
continuing care units

As mentioned above, 98% of all admissions for under 18s were to CAMHS units with the remaining 2% to general hospital psychiatric units or psychiatric hospitals/continuing care units. There were no admissions for under 18s to independent/private and private charitable centres.

Eight per cent of all admissions for under 18s in 2024 were involuntary, down from 10% in 2023.

5.2 Discharges

Eighty-four per cent of all admissions for under 18s in 2024 were discharged in 2024:

- 9% were discharged within one week of admission,
- 12% were discharged within one to two weeks,
- 24% were discharged within two to four weeks,
- almost 44% were discharged within one to three months and
- 12% were discharged within three months to one year.

The average length of stay in child and adolescent units was 44.9 days (median 33 days). The length of stay in general hospital psychiatric units was 2 days (median 2 days) and 1 day in psychiatric hospitals/continuing care units.

6 Inpatient Census 2024

A census of all patients resident in Irish psychiatric units and hospitals on 31 December 2024 was undertaken. There were 2,040 patients resident in adult units on 31 December 2024. This is an increase of 19 residents from 2,021 patients resident on 31 December 2023. Resident inpatient numbers have decreased by 90%, from 19,801 in 1963, when the first psychiatric inpatient census was carried out, to 2,040 in 2024.

Fifty-four per cent of all patients resident on 31 December 2024 were male.

The age breakdown of all residents on census night was as follows:

- 6% were aged 24 years or younger,
- 26% were aged 25–44 years,
- 32% were aged 45–64 years and
- 35% were aged 65 years and over.

The 75 year and over age group had the highest rate of hospitalisation, at 96.0 per 100,000, followed by the 65–74 year age group, at 89.6, and the 55–64 year age group, at 60.5. The 18–19 year age group had the lowest rate of hospitalisation, at 19.0 per 100,000.

Fifty-eight per cent of all patients resident on census night were single, almost 20% were married, 5% were widowed and 3% were divorced. Widowed persons had the highest rate of hospitalisation, at 47.1 per 100,000 population, followed by single, at 42.8, divorced, at 42.7, and married, at 20.9.

Primary admission diagnosis was recorded as follows for residents on census night:

- 38% had a diagnosis of schizophrenia,
- 15% had a diagnosis of depressive disorders,
- 9% had a diagnosis of organic mental disorders,
- 8% had a diagnosis of bipolar disorders and
- 6% had a diagnosis of anxiety or fear-related disorders/OCD/stress-related disorders.

Schizophrenia had the highest rate of hospitalisation, at 15.1 per 100,000, followed by depressive disorders, at 6.1, and organic mental disorders, at 3.7. Males had a higher rate of hospitalisation for schizophrenia than females, with a rate of 19.4 per 100,000 for males and 10.9 for females. The rate of hospitalisation for depressive disorders for males and females was similar, with a rate of 6.0 per 100,000 for males and 6.1 for females.

The total number of inpatient days accumulated on census night was 2,520,764. This was the total number of days accumulated for all patients from the date a patient was admitted until the date of the census night, 31st December 2024. The average length of stay for all patients resident on census night was 1,235.7 days (median 103.5 days). Thirty-seven per cent of patients resident were long-stay, i.e., in hospital for one year or more on 31st December 2024. Nineteen per cent were new long-stay, i.e., in hospital for between one and five years, and 18% were old long stay, i.e., in hospital for five years or more. Over half (53%) of all long-stay patients were aged 65 years and over.

Patients with intellectual disability had the longest average length of stay on 31 December 2024, at 10,362.5 days (median 10,246 days), followed by schizophrenia, at 1,588.9 days (median 320 days), and development disorders, at 1,746 days (median 1,108.5 days).

Almost 37% of patients resident on 31 December 2024 were resident in general hospital psychiatric units, 28% were resident in psychiatric hospitals/continuing care units, 28% were resident in independent/private and private charitable centres, 5% were resident in the Central Mental Hospital, 2% were in St Joseph's Intellectual Disability Service and less than one per cent were in Carraig Mór, Cork.

There were an additional 52 patients resident in CAMHS units on 31st December 2024 and 71% of these were female. Almost 37% were aged 17 years on census night, 31% were aged 16 years, 15% were aged 15 years, 8% were aged 14 years and 10% were aged 13 years or younger.

Thirty-eight per cent of patients resident in CAMHS units on census night had a diagnosis of eating disorders, 21% had a diagnosis of depressive disorders, 17% had a diagnosis of schizophrenia and 10% had a diagnosis of anxiety or fear-related disorders/OCD/stress-related disorders.

7 Review of data 2015–2024

In the ten-year period from 2015–2024, all admissions declined by 13%, from 17,860 in 2015 to 15,578 in 2024. First admissions declined by 7%, from 6,114 in 2015 to 5,706 in 2024, while readmissions declined by 16%, from 11,746 in 2015 to 9,872 in 2024.

Admissions to general hospital psychiatric units fell by 3%, from 10,425 in 2015 to 10,071 in 2024, a drop of 354 admissions. Admissions to psychiatric hospitals/continuing care units fell by 41%, from 3,187 in 2015 to 1,885 in 2025, a drop of 1,302 admissions. Admissions to independent/private and private charitable centres fell by 15%, from 4,248 in 2015 to 3,622 in 2024, down by 626 admissions.

There has been a 34% reduction in admissions for under 18s over the ten-year period, from 503 in 2015 to 332 in 2024. There has been a 95% reduction in admissions for under 18s to adult units, from 96 in 2015 to five in 2024, in line with government policy (Figure 7.1). Admissions to CAMHS units have decreased by 20%, from 407 in 2015 to 327 in 2024.

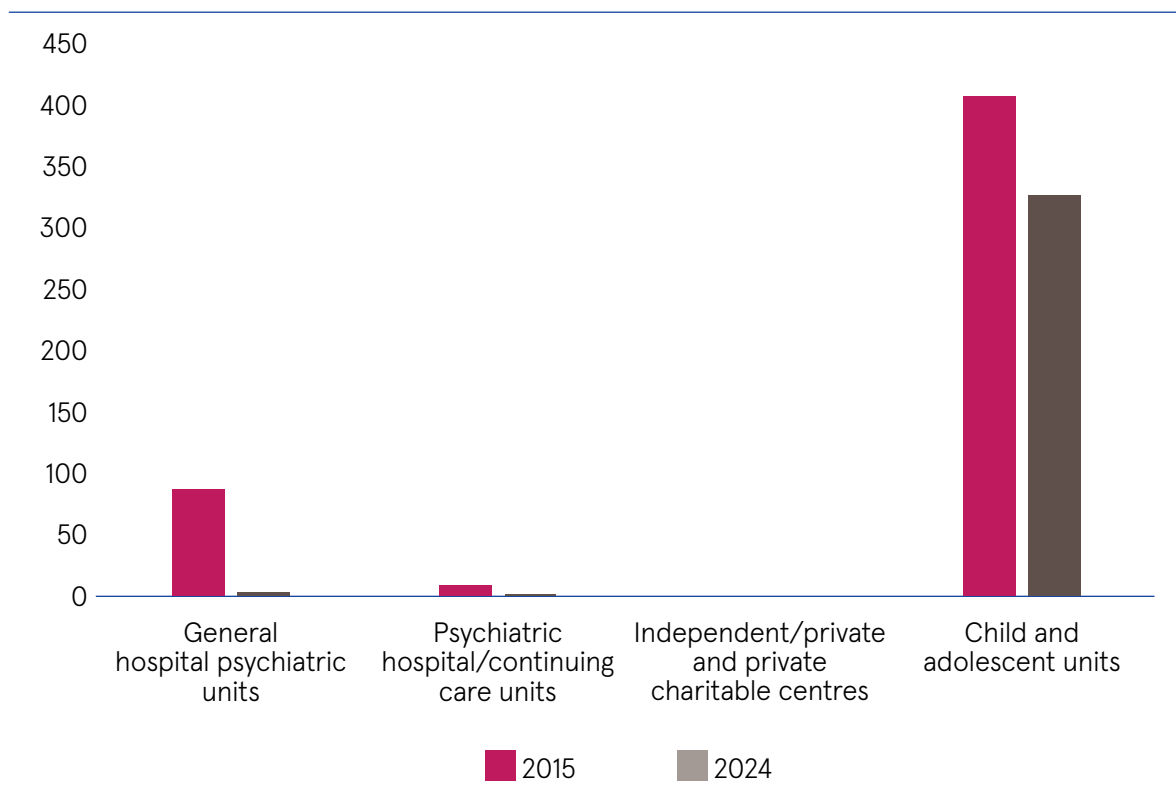


Figure 7.1: Admissions for under 18s by hospital type in 2015 and 2024. Percentages

There has been a 13% reduction in the number of patients resident in adult psychiatric units and hospitals over the ten-year period, from 2,337 in 2015 to 2,040 in 2024, in line with government policy to move away from inpatient-based care to more community-based care for mental health services.



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