



Information for Users of the HRB National Psychiatric Inpatient Reporting System (NPIRS) data

June 2011

Introduction

The HRB National Psychiatric In-patient Reporting System (NPIRS) database is the only national psychiatric in-patient database in Ireland and was established on the recommendations of the *Commission of Enquiry on Mental Illness* (Department of Health, 1966). It has been maintained by the Medico-Social Research Board (MSRB), and subsequently by the Health Research Board (HRB), since 1971. The publication of annual reports (*Activities of Irish Psychiatric Services/Activities of Irish Psychiatric Units and Hospitals*) from the NPIRS data since 1965 continues to play a central role in the planning of service delivery. The data from HRB NPIRS is used to produce quarterly mental health Performance Indicator (PI) reports for each LHO (Local Health Office) in the country. National and regional newsletters, capturing data in the HSE administrative areas are also produced from the database. The HRB NPIRS database is also used as the basis for carrying out in-patient censuses of the in-patient population.

Data coverage and collection

Data on admissions to, and discharges to general hospital psychiatric units, psychiatric hospitals, private hospitals, children's centres and the Central Mental Hospital are available from 1965 to the present. Aggregate data is available from 1965 to 1970 while raw data is available from 1971 to the present, with the exception of 1988.

From 2007 data has been collected on all centres on the Register of Approved Centres under the Mental Health Act 2001. The Mental Health Commission (MHC) informs the HRB of all additions to and removals from the Register of Approved Centres.

Specific data collected for the NPIRS include:

Demographic data:-

- Address of patient to include second, third and fourth line address
- Gender
- Marital status
- Date of birth
- No fixed abode
- Ethnicity
- Country of birth

Diagnostic data:-

- Primary and secondary admission diagnosis (ICD-10)
- Primary and secondary discharge diagnosis (ICD-10)

Administrative data:-

- Patient number (unique to each patient/each admission)
- Date of admission
- Date of discharge
- Reason for discharge
- Order of admission (first-ever or re-admission)
- Legal status (voluntary or non-voluntary)

Socio-economic data:-

- Occupation
- Socio-economic group
- Employment status

Specific information on various variables in the database is presented alphabetically below, outlining changes which have occurred over the years.

Age

Age is calculated by subtracting date of birth from date of admission. The figures for age in 2005 were based on non-truncated calculations, whereas prior to that age was based on truncated calculations. For example, from 2005 all 17-year-olds were counted as 17-year-olds whereas in the past those over 17.5 years were counted as 18-year-olds, and so on for other age groups. These truncated calculations affected only those in the upper and lower end of each age group, that is, 15 year olds in the under 16 age group, 16 and 19 year olds in the 16–19-year age group and so on.

Address/Area of Residence Code

Prior to 1971, no address information was recorded on the admission/discharge form. From 31 March 1971 until 1999, address was recorded on the form and then assigned an area of residence code on the database. This was a four digit code, with the first digit representing health board area, the second representing population density, and the last two digits representing county. Patients admitted to private hospitals were returned to the health board area in which they normally resided. From 1972 onwards, patients were returned to his/her appropriate health board area on the basis of the address from which he/she was admitted from hospital and this information is presented in reports from 1972 onwards.

From 2000, fields for coding address lines were added to the database, allowing for the collection of more accurate address information on admission. These fields include Address Lines 2, 3 and 4. Address line 4 corresponds to county/Dublin area postcode. Thus, analysis at county level is possible. However, because Address line 1 is not returned, analysis at electoral division (ED) level is not possible. From 2008, it is hoped that with the roll-out of WISDOM (the mental health information database for in-patient, outpatient, and community services), coding to ED level will be possible.

Calculation of rates in annual reports

The following table outlines the CSO (Central Statistics Office) census years used as the basis for the calculation of rates for each annual report year. In some reports it has been noted that, although a certain census year was used for calculating the rates, not all of the census information was available at the time of producing the reports. For example, in some years all variables (age, marital status, gender) were available from the census of population with the exception of socio-economic group.

| Annual report year | Census year (CSO) |
|---------------------------|--------------------------|
| 1965–1973 | 1966 |
| 1974–1978 | 1971 |
| 1979–1982 | 1979 |
| 1983–1988 | 1981 |
| 1989–1994 | 1986 |
| 1995–1996 | 1991 |
| 1997–2001 | 1996 |
| 2002–2005 | 2002 |
| 2006– | 2006 |

Prior to 1997, rates reported were per 100,000 total population. From 1997 to 2005 rates per 100,000 population aged 16 years and over were used. For 2006 data, it was decided to revert to using the total population for rates as this is the standard used internationally, thus allowing for comparability of rates across countries. Comparison of rates over time should be interpreted with caution given the change in population base used to calculate rates over the years.

Central Mental Hospital, Dundrum

In 1973 the Central Mental Hospital was moved from the care of the Department of Justice to the Eastern Health Board and on 1 April 1973, commenced sending returns to the NPIRS.

These returns included persons admitted under the provisions of the Mental Treatment Act or by order of the Minister for Justice. Today the Central Mental Hospital, Dundrum, is administered by the HSE Dublin Mid-Leinster but serves the country as a whole rather than a specified catchment area.

Children's centres/Child and adolescent units

Changes in the reporting of children's centres over the years should be noted. In reports and data files up to 1995 admissions for children's centres were included in the main report/data files and thus, were included in the total number of admissions and discharges for the years in question. However, in 1996 data for children's centres appeared separately. In 1997–1998, the report/data files contained two different sections; admissions for those aged 16 years and over, and admissions for those aged under 16 years. From 1999 onwards the main body of the report/data files comprised admissions to all in-patient facilities regardless of age. A separate chapter/data file on admissions to children's centres was also included.

In 2006, a separate child and adolescent chapter was included in the report. This chapter included admissions for those aged under 18 years regardless of what hospital/unit or children's centre/unit they were admitted to.

Date of admission

Date of admission is recorded in the format dd/mm/yyyy.

Date of birth

Date of birth is recorded in the format dd/mm/yyyy. In earlier years where full date of birth was missing, a default date of 01/01/YYYY was used.

Date of discharge

Date of discharge is recorded in the format dd/mm/yyyy.

Diagnosis

From 1965 to early 1971 diagnostic classification was as follows:

| Diagnostic categories | Diagnosis |
|------------------------------|--|
| Schizophrenia | Schizophrenia (including "paranoia" and "paranoid psychosis") Schizophreniform, schizoaffective or atypical psychosis |
| Manic-depressive psychosis | Manic-depressive psychosis |
| Organic psychosis | Senile and presenile psychosis Arteriosclerotic psychosis Other organic psychosis (associated with epilepsy, cerebral tumour, trauma etc.) |
| Neurosis | Anxiety neurosis Hysterical reaction (including compensation neurosis) Obsessive-compulsive neurosis Neurotic or reactive depression Other neurotic reaction |
| Personality disorder | Alcoholic addiction Psychopathic personality Drug addiction (other than alcoholism) |
| Mental handicap | Mental deficiency |

A new data form for the database was introduced from 31 March 1971 which recorded diagnosis in accordance with the WHO International Classification of Diseases (ICD). Diagnostic categories for the first three months for 1971 had to be transcribed to those of the ICD. The authors of the 1971 report commented that 'this task presented little difficulty and we believe that no accuracy has been lost in the transcription' (O'Hare and Walsh, 1976). From 1971 to 1980, diagnostics codes were coded according to the WHO International Classification of Diseases, Section 5 of the Eighth Revision (ICD-8). These categories are presented below:

| ICD-8 Diagnostic group | ICD-8 Code |
|------------------------------------|------------------------------|
| Organic Psychosis | 290, 292, 293, 294 |
| Schizophrenia | 295, 297 |
| Manic-Depressive Psychosis | 296 |
| Other and Unspecified Psychosis | 298, 299 |
| Neurosis | 300, 305, 306, 307, 309 |
| Personality Disorder | 301, 302, 308 |
| Alcoholism and Alcoholic Psychosis | 291, 303 |
| Drug Addiction | 304 |
| Mental Handicap | 310, 311, 312, 313, 314, 315 |

From 1981 (31 March) to 1993, diagnostic codes were coded according to the ninth revision of the International Classification of Diseases (ICD-9). These categories are presented below:

| ICD-9 Diagnostic group | ICD-9 Code |
|---------------------------------------|---|
| Organic Psychosis | 290, 293, 294, 310, 314 |
| Schizophrenia | 295, 297, 298.3, 298.4 |
| Other and Unspecified Psychosis | 298.1, 298.2, 298.8, 298.9, 299 |
| Depressive Disorders | 296.1, 296.3, 298.0, 300.4, 309.0, 309.1, 311 |
| Mania | 296.0, 296.2, 296.4, 296.5, 296.6, 296.8, 296.9 300.0, 300.1, 300.2, 300.3, 300.5, 300.6, 300.7, 300.8, 300.9, 306, 307, 308, 309.2, 309.3, 309.4, 309.8, 309.9, 313, 315, 316 |
| Neurosis | 301, 302, 312 |
| Personality Disorder | 291, 303, 305.0 |
| Alcohol Abuse and Alcoholic Psychosis | 292, 304, 305.1, 305.2, 305.3, 305.4, 305.5, 305.6, 305.7, 305.8, 305.9 |
| Drug Dependence | 317, 318, 319, |
| Mental Handicap | |

The diagnostic groups from 1994 to the present are based on the tenth revision of the WHO International Classification of Diseases categories (ICD-10) (WHO, 1992) and are presented in the table below.

| ICD-10 Diagnostic Group | ICD-10 Code |
|--------------------------------|---|
| 1. Organic Category | F00, F01, F02, F03, F04, F05, F06, F07, F09, F90 |
| 2. Schizophrenia | F20, F21, F22, F23.1, F23.2, F23.3, F24, F25 |
| 3. Other Psychoses | F23.0, F23.8, F23.9, F28, F29, F53.1, F84 |
| 4. Depressive Disorders | F31.3, F31.4, F31.5, F32, F33, F34.1, F41.2, F53.0 |
| 5. Mania | F30, F31.0, F31.1, F31.2, F31.6, F31.7, F31.8, F31.9, F34.8, F34.9, F38, F39 |
| 6. Neuroses | F40, F41.0, F41.1, F41.3, F41.8, F41.9, F42, F43, F44, F45, F48, F50, F51, F54, F59, F80, F81, F82, F83, F88, F89, F93, F94, F95, F98 |
| 7. Personality Disorders | F34.0, F52, F60, F61, F62, F63, F64, F65, F66, F68, F69, F91, F92 |
| 8. Alcoholic Disorders | F10 |
| 9. Drug Dependence | F11, F12, F13, F14, F15, F16, F17, F18, F19, F55 |
| 10. Mental Handicap | F70, F71, F72, F73, F74, F78, F79 |
| 11. Unspecified | F99, F53.8, F53.9 |

From 2004, the ICD-10 diagnostic codes were re-classified into new, more appropriate groupings. Some groups are not entirely comparable with diagnostic categories used prior to the 2004 report. Only three of the new categories are directly comparable to the old categories; alcoholic disorders, other drug disorders, and intellectual disability. Eating disorders, developmental disorders and behavioural and emotional disorders of childhood and adolescence are presented as individual entities whereas previously these three categories were included with the neuroses and personality groupings. However, it should be pointed out that organic, schizophrenic, depressive, and manic conditions arising in childhood and adolescence are included in the 'F' codes appropriate to these disorders and are not presented as disorders of childhood and adolescence. Finally, ICD 10 uses the term 'mental retardation' but our grouping is of intellectual disability to accord with current Irish usage.

ICD-10 Diagnostic groups

| ICD-10 Diagnostic group | ICD-10 Code |
|---|---|
| 1. Organic Disorders | F00-09 |
| 2. Alcoholic Disorders | F10 |
| 3. Other Drug Disorders | F11-19, F55 |
| 4. Schizophrenia, Schizotypal and Delusional Disorders | F20-F29 |
| 5. Depressive Disorders | F31.3, F31.4, F31.5, F32, F33, F34.1, F34.8, F34.9 |
| 6. Mania | F30, F31.0, F31.1, F31.2, F31.6, F31.7, F31.8, F31.9, F34.0 |
| 7. Neuroses | F40-48 |
| 8. Eating Disorders | F50 |
| 9. Personality and Behavioural Disorders | F60-69 |
| 10. Intellectual Disability | F70-79 |
| 11. Development Disorders | F80-89 |
| 12. Behavioural, Emotional Disorders of Childhood and Adolescence | F90-98 |
| 13. Other and Unspecified | F38, F39, F51-54, F59, F99 |

Secondary diagnosis is requested as part of the NPIRS dataset, but where this data is not completed there is no indication if there is actually no secondary diagnosis or if it is simply not provided or recorded.

Employment status

The employment status of the patient is recorded as employed, unemployed, retired, student, house duties, or unknown.

Gender

Gender is recorded as male or female.

Health Board Areas

Health Board areas were established in 1971 and were reported on for the first time in 1972. The Eastern Regional Health Authority (ERHA) was established in March 2000 and replaced the Eastern Health Board (EHB) in the provision of health and social services to the population of Dublin, Kildare and West Wicklow. It comprised three area health boards, East Coast Area Health Board, Northern Area Health Board, and the South Western Area Health Board. Data on the three area health boards were recorded and reported on for the first time in 2000.

With the establishment of the three area health boards in the ERHA, a difficulty arose in assigning persons to a health board area. Previously, all addresses within Dublin were coded to the EHB, but with the new areas Dublin was split across these three areas. Many Dublin hospitals did not, and still do not, provide sufficient address information on admission to allow allocation to an appropriate area health board. This resulted in a number of admissions having an unspecified area health board within the ERHA.

Health Service Executive Areas

In 2005, new Health Service Executive (HSE) administrative areas replaced the former health board areas. The four HSE Regional areas are Dublin North-East, Dublin Mid-Leinster, South and West.

HSE West services the Northern and Western parts of the country and replaces the former Western, Mid-Western, and North-Western Health Boards. HSE Dublin/North-East includes the regions previously covered by the North-Eastern Health Board and the Northern Area Health Board of the Eastern Regional Health Authority. HSE South replaces the former Southern and South-Eastern Health Boards. HSE Dublin/Mid-Leinster services the areas previously covered by the Midland Health Board, and the East Coast and the South Western Area Health Boards of the Eastern Regional Health Authority.

The composition of HSE areas and the mental health catchment areas/Local Health Offices (LHOs) that comprise HSE areas are determined by EDs. In the *Activities of Psychiatric Units and Hospitals 2006* report population figures for the HSE areas were supplied courtesy of Health Atlas Ireland in the Health Promotion Unit of the HSE. Population figures for socio-economic group and marital status were not available by HSE area at the time of publication of the 2006 report. In addition, the population figures for a number of catchment areas in Dublin (Mental Health catchment areas 2, 3, 4 and 5) were provisional and subject to change pending confirmation from LHOs. However, the numbers involved were small and thus rates for the relevant HSE areas are not likely to change significantly if population figures are indeed amended.

The address from which a person was admitted was used to assign a person to a HSE area. In previous years, the county from which a person was admitted was used to assign them to a health board area as they comprised distinct counties. However, with the formation of HSE areas, address information at electoral division level is needed to assign a person to a HSE area. Since this information is not routinely available to the HRB, county has been used to assign a person to a HSE area for the 2006 report/data. Although not strictly speaking correct due to minor discrepancies between county and HSE area boundaries, this is the only method available given the difficulties with not having small area data available.

Hospitals and units

Each report presents data on admissions and discharges for individual units and hospitals. Analysis of admissions by catchment areas is also presented in each report. Readers should be mindful of the changes in catchment areas that may have occurred over the years. Thus, rates in catchment areas across years may not be comparable due to changes in areas and/or the closure and/or opening of hospitals and units.

Hospital type

Hospital type is coded according to the in-patient facility a person is admitted to, that is, general hospital psychiatric unit, psychiatric hospital, private hospital, or child and adolescent unit. In earlier reports/data files, psychiatric hospitals were termed 'local authority hospitals' or 'health board hospitals'.

In-patient days

In-patient days are the number of days spent in hospital from date of admission to date of discharge. It is calculated by subtracting date of admission from date of discharge including time spent on transfer for medical or surgical purposes while still 'on the books' of psychiatric units and hospitals.

Legal status

The legal status recorded by NPIRS is that recorded on admission. Changes may occur in legal status following admission but this is not recorded by the NPIRS. Up to 2006, this variable coded an admission as either voluntary or non-voluntary. Non-voluntary admissions included PUMs (Persons of Unsound Mind) and temporary patients¹. The legal categories of PUM and temporary were abolished with the Mental Health Act 2001, and thus no longer apply.

Data on legal status presented in the annual report for 2007 onwards differs from that reported by the Mental Health Commission (MHC) for a number of reasons. Data contained in the annual report does not include data on Admission Orders to detain Voluntary Patients whereas MHC figures do. In addition, the annual report for 2007 does not include data for all centres approved by the Mental Health Commission (MHC) in accordance with the provisions of the Mental Health Act 2001.

Length of stay

Length of stay is derived by calculating the amount of time spent in hospital between admission and discharge by subtracting date of admission from date of discharge including time spent on transfer for medical or surgical purposes while still 'on the books' of psychiatric units and hospitals. It should be remembered that because of the existing legislative provisions a small number of involuntary patients may be discharged on trial but remain on the books until formally discharged later.

Marital status

In 2000 the category 'divorced' was introduced under the variable marital status for the first time. However, not all hospitals recorded the category 'divorced' in 2000 and in such instances divorced was included under 'Other'.

No fixed abode

Persons of no fixed abode are returned to the address of the admitting hospital for the purpose of assigning admissions to a place of residence.

Occupation

The occupation or former occupation where the patient is unemployed or retired, is recorded and is assigned to one of eleven socio-economic groups (see also Socio-economic group). If

¹ A patient suffering mental illness believed to require for his/her recovery not more than six months suitable treatment and is unfit to account of his/her mental state for treatment as a voluntary patient or who is an addict and is believed to require, for his/her recovery, at least six months preventive and curative treatment.

a patient is a student or engaged in house duties, the occupation of the head of household/spouse/guardian is recorded and used to determine socio-economic group.

Order of admission

Admissions are recorded as a first-ever admission or re-admission. First-ever admission means a first admission to the admitting hospital or any other psychiatric hospital or unit.

Patient number

This number is assigned to a patient on admission. It is not possible to identify individual patients admitted to units and hospitals.

Reason for discharge

Reasons for discharge are either discharge or death. Previously, transfers were recorded to accommodate units and hospitals where this practice occurred. In this instance, transfers were recoded as discharges for reporting purposes. During a training seminar with personnel from units and hospitals in 2004, the position regarding transfers was outlined. It was requested that transfers to general hospitals for medical, surgical or other treatment were not returned for HRB reporting purposes as it would lead to the loss of valuable length of stay information given that, while in the general hospital for this purpose, patients, unless discharged, remain 'on the books' of the transferring hospital.

Socio-economic group

Socio-economic group was used from 31 March 1971 onwards, when this variable was introduced on the new data form. The socio-economic groups used were those of the Irish census of population and patients were allocated to groups according to the CSO's 'Classification of Occupations'. Patients under 14 years of age were assigned to the socio-economic group of the head of household according to the practice of the CSO.

In 1996 the Central Statistics Office (CSO) adopted a new classification for recording socio-economic group for the census of population in Ireland. This classification is based on the UK Standard Occupational Classification, with modifications to reflect Irish labour market conditions and it adheres to the international occupation classification ISCO Com. This classification was used in the NPIRS database for the first time in 1997. In this classification patients are allocated to one of eleven socio-economic groups (SEGs).

Socio-economic group is determined by a person's occupation or their former occupation where the patient is unemployed or retired. If a patient is a student or engaged in house duties, the occupation of the head of household/spouse/guardian is used to determine socio-economic group. If such persons (students/or persons engaged in house duties) are not members of a family unit and/or are living alone (e.g. widowed grandparents etc) they are assigned to the unknown group.

Cautions and limitations

While the Mental Health Research Unit (MHRU) is engaged in continuous quality improvement initiatives concerning data collection and validation, a number of cautions and limitations to the data should be noted.

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. There may be considerable differences in admissions rates from service to service, but this does not necessarily indicate variations in incidence and may simply reflect differing admissions practices.

The collection of information relating to socio-economic group poses a major problem for many units and hospitals. In recent years almost half of occupations have been returned as unknown, rendering assignment to a socio-economic group impossible. This must be borne in mind when interpreting the data.

As some services do not diagnose patients on admission but, rather on discharge, diagnostic data on admissions not discharged by the end of the year during which they have been admitted are not available for those services. Thus, the true number of admissions may not be accurately reflected in any given year.

The issue of recording data on patients who are transferred between units and hospitals has been a constant problem for many hospitals. The difficulties have been accentuated by the increasing number of catchments where general hospital psychiatric units operate and the psychiatric hospital remains open and transfers occur between the two. This is in addition to transfers from one catchment to another and the small number of transfers to the Central Mental Hospital. As mentioned earlier, transfers to general hospitals for medical, surgical or other treatment are not required for HRB reporting purposes as it would lead to the loss of valuable length of stay information given that, while in the general hospital for this purpose, the patients, unless discharged, remain 'on the books' of the transferring hospital.

Following agreement with the Mental Health Commission (MHC), data for all approved centres which submit returns to the NPIRS will be included in the annual report from 2008. Thus, there may be differences in data reported for involuntary admissions and also for child and adolescent admissions between the MHRU and Mental Health Commission data prior to this. This should be noted if comparing data between the HRB and the MHC and also when comparing NPIRS data over the years. In addition, data contained in the annual report does not include data on Admission Orders to detain Voluntary Patients whereas MHC figures do.

When interpreting rates for catchment areas it should be borne in mind that rates are based on the total (in recent years) population of catchment areas. However, there are significant numbers of privately medically-insured people in every catchment area and the proportions can vary widely. Such persons are more likely to be admitted to private hospitals. However, as, for the moment, we are unable to adjust for this inflation of denominator populations, comparison of rates between catchments should proceed with caution. Furthermore the hospitals in each catchment area may have changed over the years with some hospitals closing and new units opening. This should also be borne in mind if comparing catchment area rates over time. An list of units/hospitals and their dates of closure/opening is included at

In 2007 an increase in the number of all and first admissions was noted for the first time since the 1980s. This increase could be the result of a number of factors including the failure of community services to expand as recommended by *A Vision for Change* and legislative changes arising from the introduction in late 2006 of the provisions of the Mental Health Act 2001. Most notable of these provisions in relation to the above mentioned increase is Section 14(2) of the Act which allows for a patient to be held for 24 hours until they are examined by a consultant psychiatrist. Some of these patients, upon examination by a consultant psychiatrist, may be deemed not to have a mental illness and be allowed home, while some may be deemed to have a mental illness and are subsequently admitted to hospital. Although patients may be allowed home following examination such patients are recorded as being admitted, albeit for a short period of time. Under the previous Mental Treatment Act 1945 such patients were not recorded as admissions.

In 2008 Hampstead and Highfield Hospitals were reported on as separate hospitals whereas previously they had been reported on as one hospital. They are separate approved centres on the Register of Approved Centres under the Mental Health Act 2001. The same applies to St Patrick's Hospital, Dublin and St Edmundsbury Hospital, Lucan, Dublin. Both of these had previously been reported on as one hospital but in 2008 these were reported on as separate

hospitals as they are separate approved centres on the Register of Approved Centres under the Mental Health Act 2001.

Appendix 1 outlines details of the closure of units/hospitals and the opening of newly approved centres as reported on in the NPIRS database. This should be borne in mind when comparing rates/figures over the years.

Reporting data from the HRB National Psychiatric In-patient Reporting System (NPIRS)

Data used from the HRB National Psychiatric In-patient Reporting System (NPIRS) should be clearly referenced and the HRB acknowledged as the source. Where individual tables from annual reports or additional analyses from the database are being used as part of an external report/paper, a footnote acknowledging the source should be provided in the following format

Source: HRB National Psychiatric In-patient Reporting System (NPIRS)

Errata for Activities of Irish Psychiatric Units and Hospitals

A number of errata for the Activities reports for various years should be noted when consulting these reports. Please see the list below.

1996

Table A32: Ireland 1996. Health board hospitals and Units. All admissions. Diagnosis. Rates per 100,000 population aged 15 years and over.

Rates reported in this table are incorrect. Please see updated table below.

2004

Total admission figures for Cork University Hospital for 2004 should read 603.

The number of admissions in the report total 482 instead of 603. This shortfall of 121 admissions was not included in the report and this should be borne in mind when looking at the figure for total number of admissions.

2003

2003 – A number of revisions to tables in Chapter 9 (In-patient data based on returns to the Department of Health and Children) of this report have been made. Please consult the website copy of this publication for revised tables or contact a member of the MHRU for assistance.

In Table 6.12 the figures for Letterkenny General Hospital are missing from the table but they are included in the total figures for the table. See overleaf for this omission.

1999–2005

For the years 1991–2004 the diagnosis F13.9 was assigned incorrectly to the category Alcoholic Disorders instead of Drug Dependence. This affected 2 admissions and 2 discharges in each of the following years; 1992, 2004 and 2005. Corrections have been made to the original SPSS datafiles. However these changes will obviously not be reflected in the printed annual reports.

Table 6.12 General hospital psychiatric units. All admissions. Diagnosis. Ireland 2003. Numbers with percentages

| | Organic Psychoses | Schizophr enia | Other Psychoses | Depressive Disorders | Mania | Neuroses | Personality Disorders | Alcoholic Disorders | Drug Dependence | Mental Handicap | Unspe cified | Total |
|---------------------------------------|----------------------|-------------------|--------------------|-------------------------|-------------|------------|--------------------------|------------------------|--------------------|--------------------|-----------------|--------------|
| North-Western Health Board | | | | | | | | | | | | |
| Letterkenny General Hospital | 10 | 135 | 16 | 196 | 84 | 44 | 28 | 167 | 11 | 4 | 3 | 698 |
| | <i>1.4</i> | <i>19.3</i> | <i>2.3</i> | <i>28.1</i> | <i>12.0</i> | <i>6.3</i> | <i>4.0</i> | <i>23.9</i> | <i>1.6</i> | <i>0.6</i> | <i>0.4</i> | <i>100.0</i> |

Appendix 1 Dates of closures/openings or other notes of interest for units and hospitals

| Centre name | Date commenced/ceased data collection |
|---|--|
| Tralee General Hospital, now Kerry General Hospital | Opened 1991 |
| St Vincent's Hospital, Fairview – Private Hospital | Closed December 1990 |
| Roscommon County Hospital | Opened 1992 |
| Lakeview Unit, Naas General Hospital, Naas, Co Kildare | Opened 1992 |
| St Dymphna's, Dublin | Closed October 1991. No admissions after this date. |
| Belmont Park Hospital, Waterford | Closed February 1992. No admissions after this date. |
| Augustinian Convent, Ratoath, Co Meath | Ceased collecting data 1993 |
| Verville Retreat, Dublin | Ceased collecting data 1994 |
| Lindville Hospital, Cork | Ceased collecting 1995 |
| Department of Psychiatry, Mater Misericordiae Hospital, Dublin | Commenced collecting data 1995 |
| Mental Health Centre, Midleton, Cork | Ceased collecting returns in 1999 as the returns were deemed inappropriate for our annual inpatient report as the centre is a high support community residence. |
| St Michael's Unit, Mercy Hospital, Cork | Opened April 2000 |
| Department of Psychiatry, Ennis General Hospital | Opened December 2001 |
| Our Lady's Hospital, Cork | Closed on 27/03/2002 |
| Carraig Mór, Cork | Opened on 27/03/2002 |
| Our Lady's Hospital, Ennis, co Clare | Closed in March 2002 |
| St Canice's Hospital, Kilkenny | The acute unit in this hospital closed in 2003. |
| St Dymphna's Hospital, Carlow | The acute unit in this hospital closed in 2003. |
| Department of Psychiatry, St Luke's Hospital, Kilkenny | This unit opened in 2003 |
| St Mary's Hospital, Castlebar, Co Mayo | This hospital closed in 2003. |
| Department of Psychiatry, Mayo General Hospital, Castlebar, Co Mayo | This unit opened in 2003 |
| Department of Psychiatry, Midland Regional Hospital, Portlaoise | This unit opened in September 2004 |
| Vergemount Hospital, Clonkeseagh, Dublin | Closed May 2005 |
| St Joseph's Intellectual Disability Service, St Ita's Hospital Mental Health Services, Portrane | Admissions for St Joseph's Intellectual Disability Service are presented separately from St Ita's Hospital for the first time in 2005. Previously they were presented as part of St Ita's admissions/discharges. |

| | |
|---|---|
| Kylemore Hospital, Ballybrack, Dublin | Closed 2009 |
| Sycamore Unit, Connolly Hospital, Blanchardstown, Dublin 15 | Commenced 2008 |
| St Finbarr's Hospital, Cork | Commenced 2008 |
| An Coilín, Wesport Road, Castlebar, Co Mayo | Commenced 2007 |
| Teach Aisling, Wesport Road, Castlebar, Co Mayo | Commenced 2007 |
| Orchard Grove, Gort Road, Ennis, Co Clare | Commenced 2008 |
| Unit 9A, Merlin Park Hospital, Galway | Commenced 2008 and closed 16/05/2010 |
| St Edmundsbury Hospital, Lucan, Co Dublin | Commenced 2008 |
| Hamsptead Hospital, Dublin | Commenced reporting as separate hospital (as distinct from Hampstead & Highfield Hospitals) in 2008 |
| Highfield Hospital, Dublin | Commenced reporting as separate hospital (as distinct from Hampstead & Highfield Hospitals) in 2008 |
| Cappahard Lodge, Tulla Road, Ennis, Co Clare | Commenced 2009 |
| St Anne's Unit, Sacred Heart Hospital, Castlebar, Co Mayo | Commenced 2009 |
| Tearmann Ward and Curragour Ward, St Camillus' Hospital, Shelbourne Road, Limerick | Commenced 2009 |
| St Joseph's Adolescent Inpatient Unit, St Vincent's Hospital, Richmond Road, Fairview, Dublin 3 | Commenced 2009 |
| Éist Linn Child and Adolescent Mental Health In-patient Unit, St Stephen's Hospital, Cork/Bessborough, Cork | Commenced end 2009 |
| Lois Bridges, Greenfield Road, Sutton, Dublin 13 | Commenced 2010 |
| Willow Grove Adolescent Unit, St Patrick's University Hospital, Dublin 8 | Commenced 2010 |