Health Research Board

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

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 CHO 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 from general hospital psychiatric units, psychiatric hospitals/continuing care units, independent/private and private charitable centres, child and adolescent in-patient units 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
- Sector

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
- Time of admission
- Reason for discharge
- Order of admission (first-ever or re-admission)
- Legal status (voluntary or non-voluntary)
- Discharged to

Socio-economic data:-

- Occupation
- Socio-economic group
- Employment status

Other

- Referral source
- Private health insurance
- Medical card

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 substracting 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
2006–2010	2006
2011-2016	2011
2017-	2016

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 management of the Central Mental Hospital was transferred from the Department of Health 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.

CHO Areas
The HSE published the report *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group* in October 2014 and this provided a framework for new governance and organisational structures for community health care services. Central to the report was the establishment of nine Community Healthcare Organisations to deliver an integrated model of care that would see the Integrated Service Area (ISA) structure develop into to the Community Health Organisation (CHO) in 2015. There are some similarities between the new areas and the old health board areas. The population of the new areas have been calculated based on previously agreed configurations for each MHCA and LHO.

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,
Neurosis	313, 315, 316
Personality Disorder	301, 302, 312
Alcohol Abuse and Alcoholic Psychosis	291, 303, 305.0
	292, 304, 305.1, 305.2, 305.3, 305.4, 305.5, 305.6, 305.7,
Drug Dependence	305.8, 305.9
Mental Handicap	317, 318, 319,

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.

Discharged to
In 2016 'Discharged to' was added to the file spec. This indicates where a patient was discharged to, e.g., home, to another psychiatric hospital, nursing home etc. Not every hospital returns this data and the NPIRS database will not have the facility to report on this until it moves to LINK.

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

Ethnicity
This is the ethnic group to which the patient perceives him/herself to be a member of. The categories are White (Irish, Traveller, Roma, Any other white background), Black or Black Irish (Africa, Any other black background), Asian (Chinese, Any other Asian background), and Other (including mixed race).

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 spilt 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-patients 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 recoded 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 patients[1]. 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'.

Medical card
This was introduced with the in-patient census in 2013. It simply records whether a patient has a medical card or not (Yes, No or Don't know/NA). While it remains a field not every hospital returns data for this field.

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 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.

Private health insurance
This was introduced with the in-patient census in 2013. It simply records whether a patient has private health insurance or not (Yes, No or Don't know/NA). While it remains a field not every hospital returns data for this field.

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

[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.

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.

Referral source
This was introduced with the in-patient census in 2013. While it remains a field not every hospital returns data for this field. Referral sources vary from GP, self-referral, other hospitals etc.

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.

Time of admission
This was introduced with the in-patient census in 2013. While it remains a field not every hospital returns data for this field. It should be in time format 00:00:00

Cautions and limitations
While the NPIRS Team 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 HRB 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 subsequenlty 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 prevous 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 Edmunsbury 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. In 2012 Highfiled Hospital replaced both Hampstead Hospital and Highfield Hospital.

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 NPIRS Team 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 ommission.

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	Schizophrenia	Other Psychoses	Depressive Disorders	Mania	Neuroses	Personality Disorders	Alcoholic Disorders	Drug Dependence	Mental Handicap	Unspecified	Total
North-Western Health Board												
Letterkenny General Hospital	10	135	16	196	84	44	28	167	11	4	3	698
	1.4	*19.3*	*2.3*	*28.1*	*12.0*	*6.3*	*4.0*	*23.9*	*1.6*	*0.6*	*0.4*	*100.0*

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 Dympna'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 Dympna's Hospital, Carlow	The acute unit in this hospital closed in 2003. Ceased operating as an approved centre 2011.
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, Clonkseagh, 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 and closed 2011
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
St Senan’s Hospital, Enniscorthy, Wexford	Acute admissions unit closed in February 2011
St Conal’s Hospital, Letterkenny	Acute admissions unit closed 2011
Hawthorn Unit, Connolly hospital, Blanchardstown, Dublin 15	Commenced September 2011
Joyce Rooms, Fairview Community Unit, Philipsburgh Avenue, Dublin 3	Commenced September 2011
Palmerstown View, Stewart’s Hospital, Palmerstown, Dublin 20	Removed from Register 18/07/2011
St Dympna's Hospital	Removed from Register 01/10/2011
Ward 15 St Davnet's Hospital, Monaghan	Acute unit in St Davnet's closed and all acute admissions to go to Cavan
Highfield Hospital	This will replace Highfield and Hampstead Hospitals - date 2012
St Loman's Hospital, Dublin	Removed from the Register April 2011
Haywood Lodge	Added to the Register 23/04/2012

Warrenstown House	Closed on 31st May 2012 and removed from the Register of Approved Centres. The service transferred to Linn Dara.
Linn Dara Child and Adolescent Unit	Added to the Register 11 May 2012 and replaces Warrenstown House
Highfield Private Hospital	Closed and services transferred to new hospital at Highfield Hospital
Hampstead Private Hospital	Closed and services transferred to new hospital at Highfield Hospital
St Bridget’s Ward & St Marie Goretti’s Ward, Cluain Lir Care Centre	Added to the Register 31/05/2012.
Curragour Ward, St Camillus' Hospital	Curragour Ward and centre now known as Tearmann Ward, St Camillus's Hospital May 2012
St Michael's Unit South Tipperary General Hospital	Closed on 16/07/2012 and service transferred to DOP, St Luke's Hospital, Kilkenny
St Luke's Hospital, Clonmel	Closed on 26/07/2012 and remaining patients transferred to high support hostels in Clonmel and Cashel
Selskar House Farnogue Residential Healthcare Unit, Enniscorthy	This 20 bedded new centre is to facilitate the closure of the remaining ward in St Senan's Hospital and it is for psychiatry of later life.
Phoenix Care Centre	Added to the Register on 17th May 2013 to replace St Brendan’s Hospital
St Brendan’s hospital Dublin	Removed from the Register and patients transferred to the Phoenix Care Centre in May 2013
St Ita's Hospital	Closed as an approved centre 20/01/2014
Ashlin Centre, Beaumont Hospital	Added to the Register 16/05/2016. It is a 44 bed unit and it replaces Joyce rooms and Hawthorn Unit in Connolly Hospital.
Le Brun House and Whitethorn House, Vergemount Mental Health Facility	Added to the Register 09/02/2015
Acute Mental Health Unit, Cork University Hospital	Added to the Register 04/02/2015 and will replace the unit in South Lee
St Joseph's Hospital Limerick	Closed 9th March 2015 and removed from Register
Linn Dara Child and Adolescent Unit, Dublin	New unit opened for admissions on 14th December 2015. The new approved centre has 24 beds.
Woodview Unit, Merlin Park, Galway	Added to the Register of Approved Centres, effective 15th March 2016. The centre has 21 beds in total.
Drogheda Department of Psychiatry, Crosslanes, Drogheda	New unit opened for admissions on 5th September 2016. It will replace the unit on Our Lady's Navan and Unit 1 in St Brigid's Ardee. It has 46 beds in total.
Rehab and Recovery Unit, St John’s Hospital Campus, Sligo	Entered on the Register of Approved Centres on 17th November 2016. The **Rehab and Recovery Mental Health Unit, St John’s Hospital Campus**, in Ballytivnan, Sligo, is a 20 bed unit providing mental health rehabilitation and continuing mental health care. Removed from the Register on 24th December 2018.
Owenacurra Centre, Midleton, Cork	Added to the Register of Approved Centres with effect from Friday 9th December 2016. The **Owenacurra Centre** in Midleton, Co Cork is a 29-bed unit providing mental health rehabilitation, psychiatry of later life, and continuing mental health care.

Deer Lodge, St Margaret's Road, Killarney, Co Kerry	Added to the Register on July 11th 2017. This is a replacement facility for O'Connor Unit, St Finan's Hospital, Killarney
Cois Dalua, Meelin, Knockduff Upper, Newmarket, Co Cork	Date of registration 1st June 2018
Aidan's Residential Healthcare Unit, Waterford	Added to the Register 2020