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## Activities of Irish Psychiatric Units and Hospitals 2012 Main Findings

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# Introduction

This report is a summary of the annual report on the activities of Irish psychiatric in-patient units and hospitals for the year 2012. Data in this summary and in the full report were sourced from the National Psychiatric In-patient Reporting System (NPIRS) on all admissions to, discharges from, and deaths during 2012 in the 67 Irish psychiatric units and hospitals approved by the Mental Health Commission for the reception and treatment of patients. Comparative data for 2011 used in this summary are from the publication *Activities of Irish Psychiatric Units and Hospitals 2011 Main Findings* (Daly and Walsh 2012) and rates reported are per 100,000 total population. In the computation of rates for Health Service Executive (HSE) areas and for county, private hospital admissions are returned to their area of origin, i.e., the area/county from which they were admitted, and they are thus included in the rates for those areas/counties.

Data in the full report are presented nationally, regionally by HSE area, and locally, by county, by hospital type, and by individual psychiatric units and hospital. The full report is available on CD-ROM enclosed in this publication and can also be downloaded at [www.hrb.ie](http://www.hrb.ie). User-friendly excel versions of the tables can be downloaded from the HRB website and later in the year CSO facilitated interactive tables will be available on the HRB and CSO sites ([www.cso.ie](http://www.cso.ie)).



# Key findings

This summary report presents data on all admissions to, discharges from, and deaths in, Irish psychiatric units and hospitals, as recorded on the National Psychiatric In-patient Reporting System (NPIRS) in 2012. Data are presented nationally, regionally, by HSE area, and locally, by county, by hospital type, and by individual psychiatric units and hospitals. Rates reported are per 100,000 total population.

## National admissions

There were 18,173 admissions to Irish psychiatric units and hospitals in 2012, a rate of 396.1 per 100,000 total population. This is a reduction of 819 admissions from 2011 and a decline in rates from 413.9 in 2011 to 396.1 in 2012. First admissions remained unchanged, at 6,129 in 2011 and 6,130 in 2012, with the rate similarly remaining unchanged, at 133.6 per 100,000. There was a decline in re-admissions (by 820) from 12,863 in 2011 to 12,043 in 2012, while the proportion of admissions that were re-admissions also declined from 68% in 2011 to 66% in 2012.

Despite the equal proportion of male and female admissions, males had a slightly higher rate of all admissions, at 401.0 per 100,000, than females, at 391.2. Similarly, males had a higher rate of first admissions, at 142.6 per 100,000, compared with 124.7 for females. The 45–54 year age group had the highest rate of all admissions, at 612.7 per 100,000, followed by the 55–64 year age group, at 562.3, and the 35–44 year age group, at 547.7. The 18–19 year age group had the highest rate of first admissions, at 233.5 per 100,000, followed by the 20–24 year age group, at 221.0, and the 45–54 year age group, at 181.0.

Single persons accounted for over half (55%) of all admissions, married persons accounted for 27%, widowed accounted for 4% and divorced accounted for 4%. Although divorced persons accounted for just 4% of all admissions, they had the highest rate of all and first admissions, with rates of 749.7 per 100,000 for all and 189.1 for first admissions. Married persons had the lowest rate of all admissions, at 284.6, and first admissions, at 111.1. As in previous years, the unskilled occupational group had the highest rate of all (856.2) and first admissions (219.2). However, it must be noted that 46% of occupations were returned as unknown or unspecified, thus making assignment to a socio-economic group impossible.

Forty per cent of all admissions in 2012 were returned as unemployed, 25% as employed, 11% as retired, 7% as students, and a further 7% as engaged in house duties. Ten per cent were returned as unknown. Eighty-four per cent of all admissions were



returned as 'White Irish', 5% (5.3%) were returned as 'Any Other White Background' and 3% (2.9%) were distributed amongst various other ethnic groups. Eight per cent were returned as 'Unknown/unspecified'.

Depressive disorders were the most common diagnoses returned for admissions in 2012, accounting for 30% of all, 32% of first and 28% of re-admissions, and accounting for the highest rate of all (117.4) and first admissions (43.2). Schizophrenia accounted for 20.5% of all, 13% of first and 24.5% of re-admissions and had the second-highest rate of all (81.1) and first (16.8) admissions. Neuroses also had a rate of 16.8 per 100,000 for first admissions.

Eleven per cent (10.6%) of all and 11% (10.9%) of first admissions in 2012 were involuntary, a slight increase from almost 10% (9.5%) of all and almost 11% (10.5%) of first admissions in 2011. There was a slight increase in the rate of involuntary all admissions from 39.4 per 100,000 in 2011 to 41.9 in 2012. The rate of involuntary first admissions remained relatively unchanged, at 14.5 per 100,000 (14.0 in 2011). Admissions for schizophrenia had the highest rate of involuntary all admissions, at 18.0 per 100,000, followed by mania, at 8.1, and depressive disorders, at 4.9.

There were 174 admissions with no fixed abode in 2012; 71% were male, 76% were single, 28% had a diagnosis of schizophrenia, 18% had a diagnosis of other drug disorders and 14% had a diagnosis of depressive disorders.

## **National discharges and deaths**

There were 17,986 discharges from, and 153 deaths in, Irish psychiatric units and hospitals in 2012. This is a decline in the number of discharges by 982 and an increase in the number of deaths by 35 from 2011. Males accounted for 60% of all deaths, and 82% of those who died were aged 65 years and over.

Ninety-two per cent of all those admitted in 2012 and 93% of first admissions in 2012 were discharged in 2012.

Almost one-third of all discharges occurred within one week of admission, 18% occurred within one to two weeks of admission, 20% occurred within two to four weeks of admission and a further 26% occurred within one to three months of admission. Ninety-four per cent were discharged within three months of admission. Over 90% of discharges for most disorders occurred within three months of admission, with the exception of organic mental disorders (73%), schizophrenia (88%), intellectual disability (77%) and development disorders (88%).

The average length of stay for all discharges was 92.4 days (median 14 days), while the average length of stay for discharges up to one year was 25.5 days (median 14 days). Discharges (excluding those with a length of stay of one year or more) with a diagnosis of organic mental disorders had the longest average length of stay, at 51.9 days (median 26 days), while other drug disorders had the shortest average length of stay, at 13 days (median 6 days).

## HSE Areas

Twenty-eight per cent of all admissions in 2012 were resident in Dublin Mid-Leinster, 25% were resident in HSE South, almost 25% (24.5%) were resident in HSE West and 22% were resident in Dublin North-East. Less than one per cent of all admissions were returned as non-resident at the time of admission. Admissions resident in HSE West had the highest rate of all admissions, at 411.3 per 100,000, followed by HSE South, at 407.9, and Dublin North-East, at 387.2. Dublin Mid-Leinster had the lowest rate of all admissions, at 376.6 per 100,000.

The proportion of re-admissions ranged from 69% for admissions resident in HSE West to 64% for admissions resident in Dublin North-East. HSE West had the highest rate of re-admissions, at 285.6 per 100,000, followed by HSE South, at 266.0, Dublin Mid-Leinster, at 251.3, and Dublin North-East, at 246.7.

Females had higher rates of all admissions in Dublin Mid-Leinster, at 382.1, and Dublin North-East, at 397.9, compared with 370.9 for males in Dublin Mid-Leinster and 376.2 in Dublin North-East. In contrast, males had higher rates in HSE South and West, at 413.9 and 443.3 respectively, compared with 402.0 for females in HSE South and 379.4 in HSE West. Males had higher rates of first admissions in all HSE areas, with rates ranging from 151.1 in HSE Dublin North-East to 130.3 in Dublin Mid-Leinster.

All admission rates for the 45–54 year age group were highest amongst three of the four HSE areas: Dublin Mid-Leinster, at 612.4 per 100,000, Dublin North-East, at 617.5, and HSE South, at 619.0. The 20–24 year age group had the highest rate of admission amongst those resident in HSE West. When age groups were condensed into two groups – under 45 year and 45 years and over – the 45 years and over group had the highest rate of admissions in all HSE areas, with rates ranging from 581.6 in Dublin Mid-Leinster to 516.3 in HSE South.

Depressive disorders had the highest rate of all and first admissions across all four HSE areas in 2012. Rates for all admissions ranged from 132.9 per 100,000 in HSE West to 103.9 in Dublin North-East, while rates for first admissions ranged from 49.3 per 100,000 in HSE South to 37.7 in Dublin Mid-Leinster.



Eleven per cent of all admissions resident in HSE West and 11% of those resident in Dublin North-East were involuntary, while 10% in HSE South and 10% in Dublin Mid-Leinster were involuntary. Thirteen per cent of first admissions in Dublin North-East were involuntary, compared with 10% in each of the three remaining HSE areas. The highest rate of involuntary all admissions was returned for residents in HSE West, at 44.9, followed by HSE South, at 42.8, Dublin North-East, at 42.3, and Dublin Mid-Leinster, at 36.8.

Almost one-third of all discharges in three of the four HSE areas in 2012 occurred within one week of admission: 31.5% in Dublin North-East, 31% in HSE South and 31% in HSE West. Twenty-eight per cent of discharges for Dublin Mid-Leinster occurred within one week of admission. Seventy-two per cent of discharges for HSE West, 69% for HSE South, 68% for Dublin North-East and 64% for Dublin Mid-Leinster occurred within four weeks of admission, while over 92% in all areas occurred within three months of admission.

Average length of stay was longest for HSE South, at 131.4 days (median 14 days), when all discharges were examined, followed by Dublin North-East, at 107.6 days (median 13 days), and HSE West, at 81.1 days (median 13 days). Average length of stay was shortest for Dublin Mid-Leinster, at 54.9 days (median 16 days). When discharges of one year or more were excluded to adjust for the distortion of in-patient days caused by the small number of discharges with considerably long lengths of stay, average length of stay was longest for Dublin Mid-Leinster, at 27.5 days (median 16 days), followed by Dublin North-East, at 25.8 days (median 13 days), and HSE South, at 25.2 days (median 13 days). Length of stay was shortest in HSE West, at 23.1 days (median 13 days).

## Counties

The highest rates of all admissions for 2012 were reported for counties Sligo (544.4), Roscommon (541.6), Kerry (528.5) and Tipperary South (490.8). Monaghan had the lowest rate of all admissions, at 157.1. Roscommon had the highest rate of first admissions, at 187.3, followed by Kerry, at 175.3, Wexford, at 167.2, and Carlow, at 153.8. Monaghan had the lowest rate of first admissions, at 44.6.



## Non-residents

There were 54 admissions for non-residents in 2012, an increase of five such admissions from 2011. Thirty-nine per cent of non-residents had an address originating in Northern Ireland, 24% had an address originating in England, 13% in the USA, 7% in Germany and 4% in Denmark, with the remaining admissions distributed amongst other countries. Almost 32% (31.5%) had a primary admission diagnosis of schizophrenia, 26% had a diagnosis of mania, 11% had a diagnosis of personality and behavioural disorders and 9% had a diagnosis of depressive disorders.

## Hospital type

Almost 57% (56.5%) of all admissions in 2012 were to general hospital psychiatric units, 22% were to psychiatric hospitals (including the Central Mental Hospital Dundrum; Carraig Mór, Cork; and St Joseph's Intellectual Disability Services, St Ita's Hospital, Portrane) and 22% were to independent/private and private charitable centres. Re-admissions accounted for 70% of all admissions to psychiatric hospitals, 66% of all admissions to general hospital psychiatric units and almost 63% (62.5%) of all admissions to independent/private and private charitable centres.

Males accounted for over half of all (53%) and first (56%) admissions to general hospital psychiatric units and psychiatric hospitals (54% of all and 57% of first), while females accounted for almost 61% of all (60.5%) and 58% of first admissions to independent/private and private charitable centres. The age profile of admissions to independent/private and private charitable centres was somewhat older than that to general hospital psychiatric units or psychiatric hospitals, with almost 61% (60.5%) of all admissions to independent/private and private charitable centres over 45 years of age, compared with less than half of admissions to general hospital psychiatric units (43%) and psychiatric hospitals (46%).

Over one-third of all (36%) and first (35%) admissions to independent/private and private charitable centres had a primary admission diagnosis of depressive disorders, compared with 29.5% of all and 32% of first admissions to general hospital psychiatric units, and 23.5% of all and 29% of first admissions to psychiatric hospitals. Schizophrenia accounted for a considerably lower proportion of all (8%) and first (4%) admissions to independent/private and private charitable centres, compared with general hospital psychiatric units, at 23% of all and 14% of first, and psychiatric hospitals, at 27% of all and 19% of first admissions.

Involuntary admissions accounted for 16% of all admissions to psychiatric hospitals, 12% of all admissions to general hospital psychiatric units and just 2% of all admissions to independent/private and private charitable centres. There was an increase in the





proportion of involuntary admissions to both psychiatric hospitals (13% in 2011) and general hospital psychiatric units (11% in 2011) from 2011 to 2012. Nineteen per cent of first admissions to psychiatric hospitals, 12% of admissions to general hospital psychiatric units and just 2% of first admissions to independent/private and private charitable centres were involuntary.

Over one-third of all discharges from both general hospital psychiatric units (36%) and psychiatric hospitals (34%) occurred within one week of admission, compared with 11% from independent/private and private charitable centres. Over half of all discharges from general hospital psychiatric units (56%) and from psychiatric hospitals (54%) occurred within two weeks of admission, compared with 23% from independent/private and private charitable centres.

Average length of stay for all discharges was longest in psychiatric hospitals, at 309.2 days (median 12 days), followed by 47.2 days (median 31 days) in independent/private and private charitable centres and 24.2 days (median 11 days) in general hospital psychiatric units. When discharges of one year or more were excluded, independent/private and private charitable centres had the longest average length of stay, at 36.3 days (median 31 days), followed by psychiatric hospitals, at 25.6 days (median 11 days), and general hospital psychiatric units, at 21.3 days (median 11 days).

## **Child and adolescent admissions**

There were 397 admissions for under 18s in 2012, a reduction of 38 admissions since 2011. There were 299 first admissions for under 18s, accounting for 75% of all admissions. Of all admissions for under 18s, 288 were to dedicated child and adolescent in-patient services.

Females accounted for 60% of all and 61% of first admissions for under 18s in 2012. Almost 38% of all admissions for under 18s were aged 17 years on admission, 25% were aged 16 years, 19% were aged 15 years, 9% were aged 14 years, 6% were aged 13 years and 2.5% were 12 years or younger.

Thirty-five per cent of all admissions for under 18s had a primary admission diagnosis of depressive disorders, 13% had a diagnosis of neuroses, 12% had a diagnosis of schizophrenia and 10% had a diagnosis of eating disorders. Females accounted for almost 71% (70.5%) of all admissions for under 18s with a primary admission diagnosis of depressive disorders, 52% of all admissions for mania and 85% of all admissions for eating disorders. In contrast, males accounted for 57% of all admissions with a primary admission diagnosis of schizophrenia and 58% of admissions with neuroses.



Almost 5% (4.5%) of all admissions for under 18s in 2012 were involuntary and 4% of first admissions were involuntary. Twenty-eight per cent of all involuntary admissions had a primary diagnosis of depressive disorders, 22% had a diagnosis of schizophrenia and 17% each had a diagnosis of mania and other drug disorders.

Almost three-quarters (72.5%) of all admissions for under 18s in 2012 were to dedicated child and adolescent units, 21% were to general hospital psychiatric units and 6% were to psychiatric hospitals. There were no admissions for under 18s to independent/private and private charitable centres. Almost identical proportions were observed for first admissions.

Eighty-five per cent of all under 18s admitted in 2012 were also discharged in 2012. Of these, 28% were discharged within one week, 11% were discharged within one to two weeks, 15% were discharged within two to four weeks, 36% were discharged within one to three months and 10% were discharged within three months to one year of admission.

The average length of stay for under 18s admitted and discharged in 2012 was 38 days (median 22 days). The average length of stay was longest for child and adolescent units, at 52.1 days (median 42 days), followed by psychiatric hospitals, at 11.5 days (median 6.5 days), and general hospital psychiatric units, at 7 days (median 4 days).

## Ten-year review

There has been a 21% decline in admissions in the ten-year period from 2003–2012, from 23,031 in 2003 to 18,173 in 2012. There was a greater level of decline for re-admissions during this period, at 26.5%, from 16,375 in 2003 to 12,043 in 2012. While the number of first admissions overall has not changed greatly over the last 40 years or so, there has been a decline of 8% in the ten-year period 2003–2012. The proportion of involuntary admissions has remained unchanged from 2003–2012, at 11%, although that for first admissions decreased from 13% in 2003 to almost 11% (10.5%) in 2012. In the ten-year period from 2003–2012, admissions to general hospital psychiatric units increased from 44% in 2003 to almost 57% in 2012, while admissions to the older psychiatric hospitals have decreased, from 38% in 2003 to 22% in 2012, in accordance with policy. Admissions to independent/private and private charitable centres increased from 18% in 2003 to 22% in 2012.





