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Activities of Irish Psychiatric Units and Hospitals 2014 Main Findings

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Units and Hospitals 2014

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 2014. 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 2014 in the 64 Irish psychiatric units and hospitals approved by the Mental Health Commission for the reception and treatment of patients. Comparative data for 2013 used in this summary are from the publication *Activities of Irish Psychiatric Units and Hospitals 2013 Main Findings* (Daly and Walsh 2014) and rates reported are per 100,000 total population. In the computation of rates for Health Service Executive (HSE) areas, Community Healthcare Organisations (CHOs) 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 CHO, and locally, by county, by hospital type, and by individual psychiatric unit and hospital. The full report can be downloaded at www.hrb.ie. User-friendly excel versions of the tables can also be downloaded from the HRB website and CSO facilitated interactive tables are also available on the HRB and CSO sites (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 2014. Rates reported are per 100,000 total population.

National admissions

There were 17,797 admissions to Irish psychiatric units and hospitals in 2014, a rate of 387.9 per 100,000 total population. This is a decrease of 660 admissions from 2013 (18,457) and also a decrease in the rate of admissions from 402.3 in 2013 to 387.9 in 2014. First admission numbers decreased by 113, from 6,055 in 2013 to 5,942 in 2014, while the rate of first admissions similarly decreased from 132.0 in 2013 to 129.5 in 2014.

Re-admissions declined from 12,402 in 2013 to 11,855 in 2014, with the proportion of admissions that were re-admissions remaining the same at 67%. The rate of re-admissions decreased from 270.3 in 2013 to 258.4 in 2014. Approved centres reported an additional ten persons presenting for admission in 2014 for whom admission was not deemed appropriate and were therefore not admitted.

Figure 1 presents the number of all, first and re-admissions over the last 40 years and shows that, although reaching a peak in 1986, at 29,392, admissions have been steadily decreasing since then.

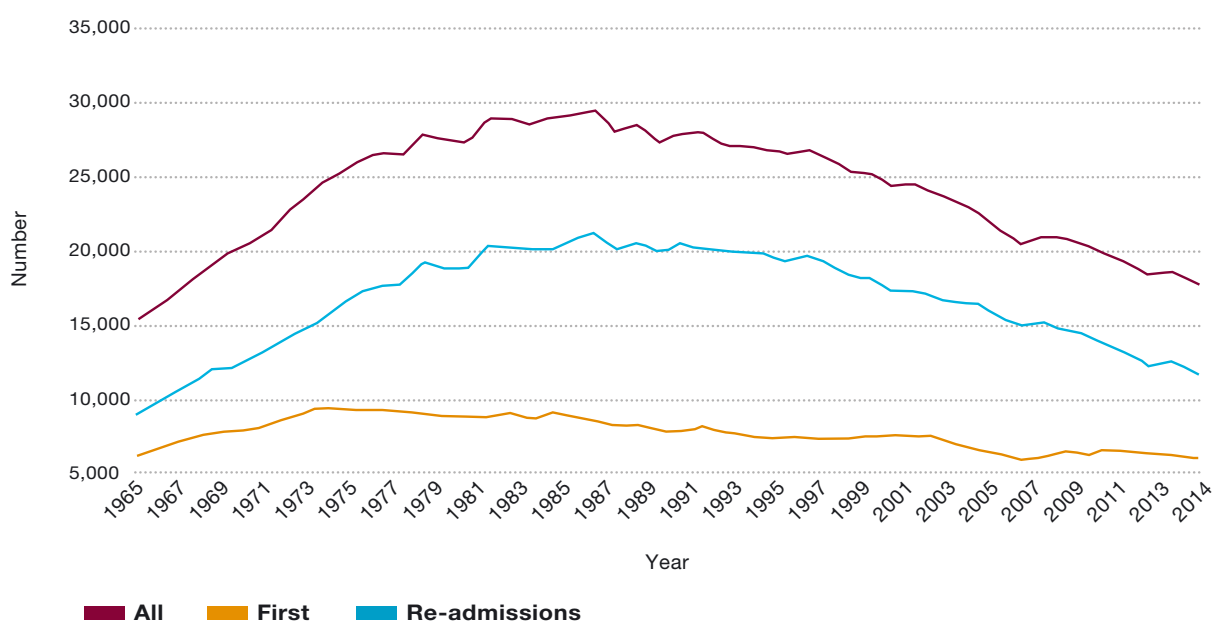


Figure 1 All, first and re-admissions. Ireland 1965–2014. Numbers



There was an equal proportion of male and female admissions, with rates being almost equal, at 388.7 per 100,000 for males and 387.1 for females. In contrast, males accounted for a higher proportion of first admissions, at 55% and similarly had a higher rate of first admissions, at 143.9 compared with 115.4 for females.

The 45–54 year age group had the highest rate of all admissions, at 570.4 per 100,000, followed by the 55–64 year age group, at 548.0, and the 20–24 year age group, at 544.0. The 75 year and over age group had the lowest rate of all admissions, at 432.0 per 100,000. The 18–19 year age group had the highest rate of first admissions, at 262.5 per 100,000 population, followed by the 20–24 year age group, at 240.9 and the 75 year and over age group, at 196.9. The 55–64 year age group had the lowest rate of first admissions, at 140.7 per 100,000. The mean age at admission was 44.83 (median 43; youngest age 13 and oldest age 98).

Single persons accounted for 57% of all and 53% of first admissions. Married persons accounted for 26% of all admissions, widowed accounted for 4% and divorced also accounted for 4%. Divorced persons had the highest rate of all admissions, at 744.0 per 100,000 despite accounting for just 4% of all admissions. Married persons had the lowest rate of all admissions, at 267.3. Divorced persons had the highest rate of first admissions, at 206.2, while married persons had the lowest rate, at 99.6 per 100,000.

The unskilled occupational group had the highest rate of all (670.0) and first admissions (181.6) in keeping with the trends in previous years but as noted in previous years, caution must be exercised when interpreting socio-economic group as 50% of occupations were returned as unknown or unspecified, making assignment to a socio-economic group impossible. Semi-skilled had the second-highest rate of all admissions, at 284.4 per 100,000. Forty-one per cent of all admissions in 2014 were returned as unemployed, 27% as employed, 9% as retired, 6% as students, 5% as engaged in house duties, while 12% were returned as unknown.

There were 253 admissions with no fixed abode in 2014. Sixty-seven per cent of these were male, 77% were single, 25% had a diagnosis of schizophrenia, 19% had a diagnosis of other drug disorders and 12% had a diagnosis of alcoholic disorders. Almost 85% of all admissions in 2014 were returned as 'White Irish', 6% were returned as 'Any Other White Background' (including 'White Irish Traveller', 'White Roma' and 'Any Other White Background') and 2% were distributed amongst various other ethnic groups. Eight per cent were returned as 'Unknown/unspecified'.



Depressive disorders were the most common diagnoses recorded for all admissions, accounting for 27% of all and 29% of first admissions and 26% of re-admissions, and accounted for the highest rates of all and first admissions, at 105.3 per 100,000 for all and 37.4 for first admissions. Schizophrenia accounted for 20% of all, 15% of first and almost 23% of re-admissions and had the second-highest rate of all and first admissions, at 77.2 per 100,000 for all and 18.9 for first.

Twelve per cent (11.6%) of all and 13% of first admissions were involuntary. This is a marginal increase from 11% of all and 12% of first admissions in 2013. The rate of involuntary all admissions increased from 44.4 per 100,000 in 2013 to 45.0 in 2014, while that for first admissions also increased from 15.7 in 2013 to 17.1 in 2014. All admissions for schizophrenia had the highest rate of involuntary admission, at 18.9 per 100,000, followed by mania, at 8.7 and depressive disorders, at 4.5.

National discharges and deaths

There were 17,643 discharges and 142 deaths in Irish psychiatric units and hospitals in 2014. Males accounted for 62% of all deaths in 2014, and 80% of those who died were aged 65 years and over. Ninety-two per cent of all those admitted in 2014 were discharged in 2014.

Almost one-third (30%) of all discharges in 2014 took place within one week of admission, 18% occurred within two weeks, 19% occurred within two to four weeks and 27% occurred within one to three months. Ninety-four per cent of all discharges occurred within three months of admission.

Just over half (51%) of all discharges with a diagnosis of other drug disorders, almost half of those with personality disorders (49.5%) and 41% of those with intellectual disability were discharged within one week of admission. Over 90% of discharges for most disorders occurred within three months of admission with the exception of organic mental disorders (76%), intellectual disability (80.5%) and development disorders (80.8%).

Average length of stay for all discharges was longest for discharges with intellectual disability (128 discharges), at 1,162.6 days (median 10 days), accounting for less than one per cent of all discharges and 12% of all in-patient days. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 202.8 days (median 31 days), accounting for 3% of all discharges and 9.5% of all in-patient days.



Discharges with a primary discharge diagnosis of organic mental disorders had the longest average length of stay, excluding discharges with a length of stay of one year or more (239 discharges), at 48.5 days (median 24 days), followed by eating disorders, at 39.6 days (median 27 days) and schizophrenia, at 34.5 days (median 20 days). Discharges with a diagnosis of behavioural and emotional disorders of childhood and adolescence had the shortest average length of stay, at 10.7 days (median 5 days).

HSE Areas

Almost 30% of all admissions in 2014 were resident in Dublin Mid-Leinster, 22% were resident in Dublin North-East, almost 25% were resident in HSE South and 24% were resident in HSE West. Less than one per cent (55 admissions) of all admissions was recorded as non-resident on admission. HSE West had the highest rate of all admissions, at 392.6 per 100,000, followed by Dublin Mid-Leinster, at 388.5, HSE South, at 386.0 and Dublin North-East, at 378.7. HSE South had the highest rate of first admissions, at 134.0 per 100,000, followed by Dublin Mid-Leinster, at 129.9, HSE West, at 127.5 and Dublin North-East, at 122.0.

The proportion of re-admissions was similar in all HSE areas, ranging from 68% in Dublin North-East to 65% in HSE South. HSE West had the highest rate of re-admissions, at 265.1 per 100,000, followed by Dublin Mid-Leinster, at 258.7, Dublin North-East, at 256.6 and HSE South, at 252.1.

Females had higher rates of all admissions than males in Dublin Mid-Leinster (405.8 for females and 370.6 for males), Dublin North-East (385.3 for females and 371.8 for males) and in HSE West (397.4 for females and 387.8 for males). Males had higher rates of all admissions in HSE South, at 419.4 per 100,000, compared with 353.0 for females. Males had higher rates of first admissions than females in all areas with rates ranging from 161.5 per 100,000 in HSE South to 130.2 in Dublin North-East.

The 55–64 year age group had the highest rate of all admissions in Dublin Mid-Leinster and in Dublin North-East, at 603.5 and 578.5 per 100,000 respectively. The 20–24 year age group had the highest rate of all admissions in HSE South, at 636.3, while the 35–44 year age group had the highest rate in HSE West, at 581.5.

The 75 year and over age group had the highest rate of first admissions in Dublin Mid-Leinster, at 253.0 per 100,000, while the 18–19 year age group had the highest rate in both Dublin North-East and HSE South with rates of 234.3 and 279.3 respectively. The 20–24 year age group had the highest rate of first admissions in HSE West, at 295.7 per 100,000, marginally higher than that of the 18–19 year age group, at 295.1.



Depressive disorders had the highest rate of all and first admissions across all four HSE areas in 2014. Rates for all admissions ranged from 124.0 per 100,000 population in HSE West to 93.6 in Dublin North-East, while rates for first admissions ranged from 45.5 per 100,000 in HSE West to 33.0 in Dublin North-East. Schizophrenia had the second-highest rate for all and first admissions with rates for all admissions ranging from 82.1 in Dublin North-East to 71.0 in HSE West.

Twelve per cent of all admissions in HSE West, 12% in HSE South and 12% in Dublin North-East were involuntary, while 11% of all admissions in Dublin Mid-Leinster were involuntary in 2014. HSE West had the highest rate of involuntary all admissions, at 46.9 per 100,000, followed by HSE South, at 45.9, Dublin North-East, at 44.6 and Dublin Mid-Leinster, at 41.7. Fifteen per cent of first admissions in Dublin North-East, 13% in HSE South, 12% in Dublin Mid-Leinster and 12% in HSE West were involuntary. Dublin North-East had the highest rate of involuntary first admissions, at 18.0 per 100,000, followed by HSE South, at 17.9, Dublin Mid-Leinster, at 15.9 and HSE West, at 15.3.

Thirty-two per cent of all discharges for HSE West and 31% for Dublin North-East occurred within one week of admission, while 29% in HSE South and 28% in Dublin Mid-Leinster occurred within one week of admission. Almost three-quarters (72%) of all discharges in HSE West occurred within one month of admission, while 68% in HSE South, 66% in Dublin North-East and almost 63% (62.5%) in Dublin Mid-Leinster occurred within one month of admission. Over 93% of discharges in all areas occurred within three months of admission.

Average length of stay for all discharges was longest in Dublin North-East, at 85.8 days (median 15 days), followed by HSE South, at 82.1 days (median 15 days), Dublin Mid-Leinster, at 54.7 days (median 17 days) and HSE West, at 50.3 days (median 13 days). When discharges of one year or more were excluded, average length of stay was longest for Dublin Mid-Leinster, at 28.8 days (median 16 days), followed by Dublin North-East, at 26.3 days (median 14.0 days), HSE South, at 26.2 days (median 14 days) and HSE West, at 23.5 days (median 13 days).

Community Healthcare Organisations (CHOs)

All admission rates were highest for those resident in CHO 9, at 452.5 per 100,000, followed by CHO 7, at 407.3 and CHO 2, at 402.2. CHO 8 had the lowest rate of all admissions, at 348.8 per 100,000. First admissions were highest in CHO 2, at 150.7 per 100,000, followed by CHO 5, at 146.0 and CHO 9, at 143.3. CHO 1 had the lowest rate of first admission, at 100.3 per 100,000.



A higher proportion of males were admitted from CHO 2, CHO 4 and CHO 5, while a higher proportion of females were admitted from CHO 3, CHO 6, CHO 7 and CHO 9. The under 45 year age group had lower rates of admission in all areas than the 45 years and over age group with rates for the 45 years and over age group twice that of the under 45 year group in CHO 6 and CHO 8.

Depressive disorders accounted for the highest proportion of all admissions in each area and had the highest rate of all admissions in each area with rates ranging from 140.8 per 100,000 in CHO 2 to 80.7 in CHO 6.

Sixteen per cent of all and first admissions for CHO 1 were involuntary. CHO 8 had the lowest proportion of involuntary all and first admissions, at 8% and 9% respectively. CHO 9 had the highest rate of involuntary all and first admission, at 56.8 for all and 23.6 per 100,000 for first admissions.

More than half of all discharges for CHO 1 (55%), for CHO 2 (52%) and for CHO 5 (51%) were discharged within two weeks of admission, while only 40% were discharged within two weeks for CHO 6, with less than half discharged within two weeks in all other areas.

Average length of stay for all discharges was longest in CHO 4, at 98.0 days (median 16 days), followed by CHO 9, at 95.3 days (median 15 days) and CHO 8, at 66.4 days (median 15 days). CHO 7 had the shortest average length of stay, at 39.9 days (median 15 days). When discharges of one year or more were excluded average length of stay was longest in CHO 6, at 32.3 days (median 21 days), followed by CHO 4, at 27.3 days (median 15 days) and CHO 8, at 27.1 days (median 14 days).

Counties

All admission rates were highest for county Roscommon, at 505.7 per 100,000, followed by Carlow, at 461.4, Donegal, at 453.0, and Westmeath, at 450.3. Monaghan had the lowest rate of all admissions, at 191.8 per 100,000. Westmeath had the highest rate of first admissions, at 169.4 per 100,000, followed by Galway, at 166.4, Tipperary South, at 165.1 and Wexford, at 150.0. Longford had the lowest rate of first admissions, at 76.9 per 100,000.

Non-residents

There were 55 admissions for non-residents in 2014, practically unchanged from 2013 (54). Forty per cent of admissions for non-residents in 2014 had an address originating in Northern Ireland, 29% in England, 5.5% in Germany, and 4% each in France, in Italy,



in the Netherlands and in the USA. Almost 35% (34.5%) of all admissions for non-residents had a primary admission diagnosis of schizophrenia, 22% had a diagnosis of mania, 16% had a diagnosis of depressive disorders and 9% had a diagnosis of alcoholic disorders.

Hospital type

Fifty-eight per cent of all admissions in 2014 were to general hospital psychiatric units, 24% were to independent/private and private charitable centres and 18% were to psychiatric hospitals/continuing care units (including the Central Mental Hospital, Dundrum; Carraig Mór, Cork; St Joseph's Intellectual Disability Service, Portrane; and Phoenix Care Centre, Dublin) (Figure 2). Re-admissions accounted for 69% of all admissions to psychiatric hospitals/continuing care units, 66% of admissions to general hospital psychiatric units and 66% also to independent/private and private charitable centres.

Females accounted for 60% of all and 55% of first admissions to independent/private and private charitable centres. In contrast, males accounted for over half of all and first admissions to general hospital psychiatric units and psychiatric hospitals/continuing care units; 52% of all and 58% of first admissions to general hospital psychiatric units and 54% of all and 59% of first admissions to psychiatric hospitals/continuing care units.

Admissions to independent/private and private charitable centres had an older age profile than either general hospital psychiatric units or psychiatric hospitals/continuing care units; 61% of admissions to independent/private and private charitable centres were aged 45 years and over compared with 42% to general hospital psychiatric units and 47% to psychiatric hospitals/continuing care units. Over half (58%) of all admissions to general hospital psychiatric units and over half (53%) of admissions to psychiatric hospitals/continuing care units were under 45 years of age compared with 39% to independent/private and private charitable centres. The mean age at admission in independent/private and private charitable centres was 50 (median 51) compared with 45 (median 43) in psychiatric hospitals/continuing care units and 43 (median 41) in general hospital psychiatric units.

One-third of all (35%) and 32% of first admissions to independent/private and private charitable centres had a primary admission diagnosis of depressive disorders; almost 27% of all and 29% of first admissions to general hospital psychiatric units and 19% of all and 23% of first admissions to psychiatric hospitals/continuing care units were for depressive disorders.



Schizophrenia accounted for a much lower proportion of admissions to independent/private and private charitable centres, at 6%, than admissions to general hospital psychiatric units, at 23% and psychiatric hospitals/continuing care units, at 27%. Fourteen per cent of all admissions to independent/private and private charitable centres had a primary admission diagnosis of alcoholic disorders, three times that of admissions to psychiatric hospitals/continuing care units, at 4% and twice that of admissions to general hospital psychiatric units, at 6%. Similarly, the proportion of admissions to independent/private and private charitable centres with a primary admission diagnosis of neurosis, at 13%, was twice that of admissions to psychiatric hospitals/continuing care units, at 6% and almost twice that of admissions to general hospital psychiatric units, at 8%.

Nineteen per cent of all admissions to psychiatric hospitals/continuing care units and 13% of admissions to general hospital psychiatric units were involuntary compared with 2% of admissions to independent/private and private charitable centres. The pattern for involuntary first admissions was similar, with 24% to psychiatric hospitals/continuing care units, almost 15% of admissions to general hospital psychiatric units and just 2% to independent/private and private charitable centres.

One-third of all discharges from both general hospital psychiatric units (35%) and psychiatric hospitals/continuing care units (33%) were discharged within one week of admission, compared with 14% of discharges from independent/private and private charitable centres. Over half of all discharges from general hospital psychiatric units (56%) and from psychiatric hospitals/continuing care units (52%) occurred within two weeks of admission, compared with 24% of discharges from independent/private and private charitable centres.

Average length of stay for all discharges was longest for psychiatric hospitals/continuing care units, at 220.6 days (median 12 days), followed by independent/private and private charitable centres, at 48.3 days (median 31 days) and general hospital psychiatric units, at 25.6 days (median 11 days). When discharges of one year or more were excluded independent/private and private charitable centres had the longest average length of stay, at 34.9 days (median 31 days), followed by psychiatric hospitals/continuing care units, at 27.5 days (median 11 days) and general hospital psychiatric units, at 22.4 days (median 11 days).



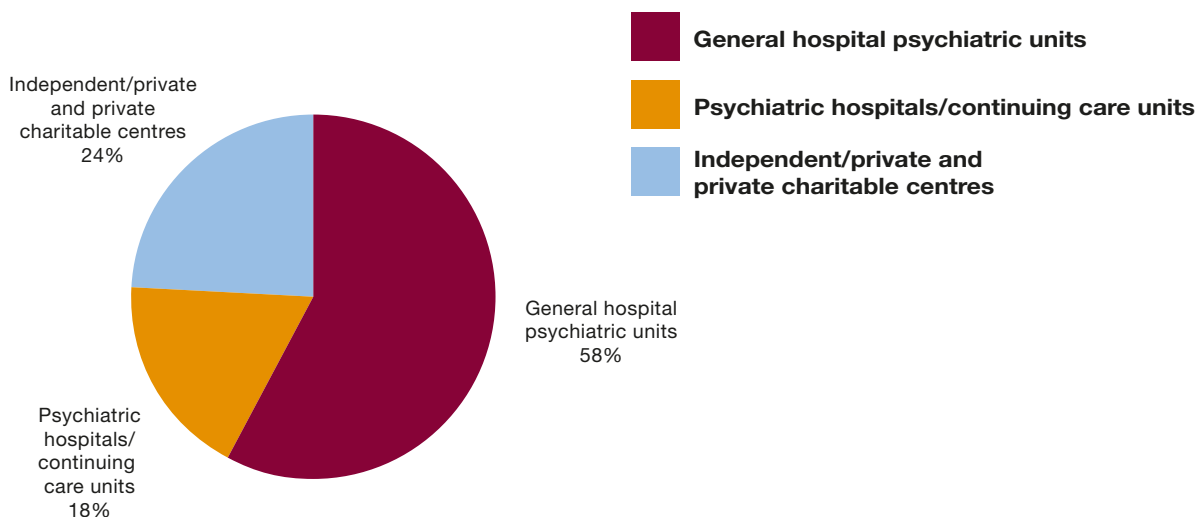


Figure 2 Hospital type. All admissions. Ireland 2014. Percentages

Child and adolescent admissions

There were 436 admissions for under 18s to all hospital types in 2014, a small increase (21) in admissions from 2013 (415). Seventy-six per cent of all admissions for under 18s were first admissions. There were 343 admissions to specialised child and adolescent in-patient units and 74% of these were first admissions. There were 93 admissions to adult units and hospitals for under 18s.

Almost 67% (66.5%) of all and 65% of first admissions for under 18s were female. Over one-third (36%) were aged 17 years of age on admission, 27% were aged 16 years, almost 19% were aged 15 years, 12% were aged 14 years, 4% were aged 13 years and 1% were aged 12 years or younger. Females accounted for 69% (68.5%) of all and 67% of first admissions to specialised child and adolescent in-patient units. Thirty-one per cent of all admissions to specialised child and adolescent in-patient units were 17 years of age on admission, 26% were aged 16 years, 22% were aged 15 years, almost 15% were aged 14 years, 5% were aged 13 years and 2% were aged 12 years or younger.



Of the 93 admissions to adult psychiatric units and hospitals, 53 were aged 17 years, 28 were aged 16 years, 8 were aged 15 years, 2 were aged 14 years and a further 2 were aged 13 years or younger.

Over one-third (34%) of all admissions for under 18s in 2014 had a primary admission diagnosis of depressive disorders, almost 14% had a diagnosis of eating disorders and 12% had a diagnosis of neuroses. Females accounted for 68% of all admissions with a primary admission diagnosis of depressive disorders, 93% of admissions with eating disorders and almost 62% of admissions with neuroses. Males accounted for 78% of admissions with a primary admission diagnosis of other drug disorders and 47% with schizophrenia.

Four per cent of all (16 admissions) and 3% of first admissions (9 admissions) for under 18s in 2014 were involuntary. Almost 38% of all involuntary admissions for under 18s had a primary admission diagnosis of depressive disorders, 25% had a diagnosis of other drug disorders and 19% had eating disorders.

Seventy-nine per cent of all admissions for under 18s were to specialised child and adolescent in-patient units, 19% were to general hospital psychiatric units and almost 3% were to psychiatric hospitals/continuing care units. There were no admissions to independent/private and private charitable centres.

Almost 84% of under 18s admitted in 2014 were also discharged in 2014. Of those admitted and discharged in 2014, 18% were discharged within one week of admission, 10% were discharged within one to two weeks, 11% were discharged within two to four weeks, 45% were discharged within one to three months and 16% were discharged within three months to one year. The average length of stay for all under 18s admitted and discharged in 2014 was 48.8 days (median 37 days). Average length of stay was longest in child and adolescent units, at 61.0 days (median 49.5), followed by psychiatric hospitals/continuing care units, at 41.9 days (median 6 days), followed by general hospital psychiatric units, at 8.7 days (median 5 days).



In-patient census 2014

There were 2,228 patients resident on 31 December 2014, a rate of 48.6 per 100,000 total population. This is a decline in patients resident since 31 March 2013 by 173 and an 89% reduction in in-patient numbers since 1963 (Figure 3). There were an additional 71 under 18s resident in specialist child and adolescent units on 31 December 2014.

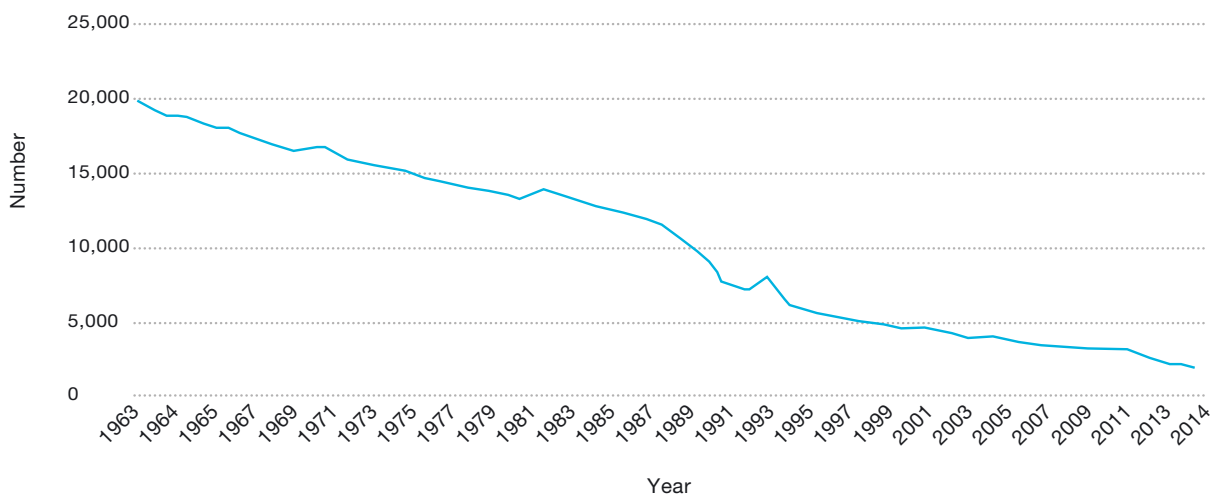


Figure 3 Irish Psychiatric Units and Hospitals Census 1963-2014. Numbers

Fifty-five per cent (1,216) of patients resident on 31 December 2014 were male. Thirty-five per cent (777) were aged 65 years and over, 33% (735) were aged 45-64 years, 26% (581) were aged 25-44 years and 6% (135) were aged 24 years or younger. There was only one patient aged under 18 years of age on 31 December 2014 resident in adult psychiatric units and hospitals. Sixty per cent of all patients resident were single, 19% were married, 6% widowed and 2% divorced.

Thirty-one per cent (689) had a diagnosis of schizophrenia, 16% (354) depressive disorders and 12% (264) organic mental disorders. In-patients with a primary admission diagnosis of schizophrenia had the highest rate of hospitalisation, at 15.0 per 100,000 population, followed by depressive disorders, at 7.7 and organic mental disorders, at 5.8. Males had a higher rate of hospitalisation for schizophrenia than females, at 19.5 per 100,000, compared with 10.6 for females. Females had a higher rate for depressive disorders than males, at 9.1 per 100,000 for females and 6.3 for males.



Thirty-eight per cent (844) of residents were long-stay patients on census night, i.e. had been in hospital for one year or more; 16% (362) were new long-stay, i.e. in hospital for between one and five years and 22% (482) were old long-stay, i.e. in hospital for five years or more.

The total number of in-patient days for all patients on census night was 3,755,844; schizophrenia (689 patients) accounted for 42% of this total and intellectual disability (136 patients) accounted for 34%. The average length of stay for all patients was 1,685.8 (median 101 days). When patients with a length of stay of one year or more were excluded the average length of stay was 62.31 days (median 28 days), with the total number of in-patient days at 86,231. Schizophrenia (334 patients) accounted for 35% of in-patient days, organic mental disorders (107 patients) accounted for 15% and depressive disorders (298 patients) 14%.

Thirty-four per cent of patients resident on 31 December 2014 were in general hospital psychiatric units (up from 30% in 2013), 33% were in psychiatric hospitals/continuing care units (down from 35% in 2013) and 22% were in independent/private and private charitable centres (down from 24% in 2013). Four per cent were in the Central Mental Hospital, Dundrum (unchanged from 2013), 5% were in St Joseph's Intellectual Disability Service (unchanged from 2013) and less than one per cent (0.94%) were in Carraig Mór, Cork (down slightly from 1.5% in 2013).

There were 72 under 18s resident on census night; 71 of these were resident in child and adolescent units and one resident in a general hospital psychiatric unit. Twenty-nine per cent were male and 71% female. Thirty-six per cent were aged 17 years on census night, 19% were aged 16 years, 21% were aged 15 years, 11% were 14 years and 12.5% were aged 13 years or younger. Twenty-nine per cent of under 18s had a primary admission diagnosis of depressive disorders, 24% had a diagnosis of eating disorders, 10% had a diagnosis of neuroses, 8% had a diagnosis of schizophrenia with a further 8% having a diagnosis of mania.

Ten-year review

There has been a 16% decline in admissions in the ten-year period from 2005–2014, from 21,253 in 2005 to 17,797 in 2014. Re-admissions have shown a greater level of decline during this period, at 23%, from 15,336 in 2005 to 11,855 in 2014. The overall number of first admissions has not changed over the last 40 years or so, from 6,210 in 1965 to 5,942 in 2014. There was an increase of 25 first admissions from 2005–2014, from 5,917 in 2005 to 5,942 in 2014.



In the ten-year period from 2005–2014 the proportion of admissions to general hospital psychiatric units increased from 49% in 2005 to 58% in 2014; the proportion of admissions to independent/private and private charitable centres increased from 19% to 24% and admissions to psychiatric hospitals/continuing care units decreased from 32% to 18%.

Despite an initial decrease in the proportion of involuntary admissions following commencement of the Mental Health Act 2001, the proportion in recent years has been increasing year-on-year since 2008, from 7.6% of all and 8.1% of first admissions in 2008 to 12% of all and 13% of first admissions in 2014 (Figure 4). These proportions are now almost in line with those of 2005, at 11% of all and 12% of first admissions, pointing to little or no change over the ten-year period, despite reductions in the intervening years.

In-patients resident in psychiatric units and hospitals have fallen from 3,475 in 2005 to 2,228 in 2014, a reduction of 36% in this ten-year period, in line with the policy to reduce in-patient provision and provide increased community-based care.

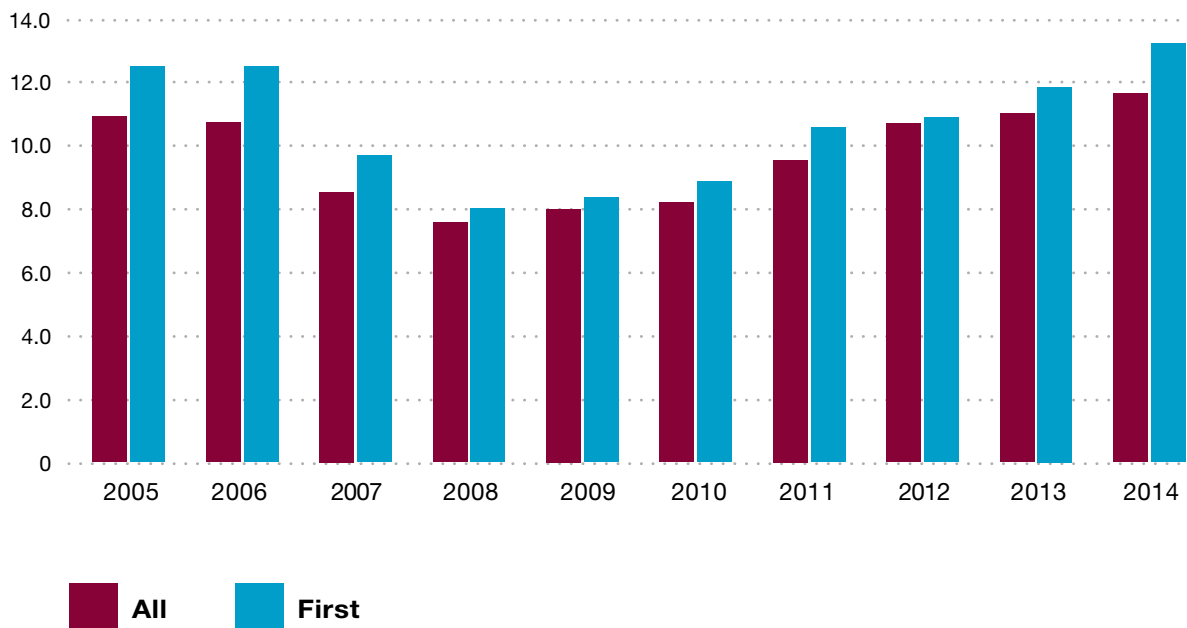


Figure 4 All and first involuntary admissions 2004-2014. Percentages



