



HRB Statistics Series 38

Activities of Irish Psychiatric Units and Hospitals 2017 Main Findings

Antoinette Daly and Sarah Craig

'Nature's Way' by Phil Anderson

Winner of the Dr Dermot Walsh Memorial Award 2018
for the NPIRS Report Cover Design Competition

Published by:

Health Research Board, Dublin
An Bord Taighde Sláinte
© Health Research Board 2018
HRB Statistics Series ISSN: 2009-034x
Sub-series ISSN: 2009-0692

Copies of this report can be obtained from:
Health Research Board
Grattan House
67-72 Lower Mount St
Dublin 2

t + 353 1 234 5000
f + 353 1 661 1856
e hrb@hrb.ie
w www.hrb.ie

HRB Statistics Series 38

Activities of Irish Psychiatric Units and Hospitals 2017 Main Findings

Antoinette Daly and Sarah Craig

About the HRB

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

Our information systems

The HRB is responsible for managing five national information systems. These systems ensure that valid and reliable data are available for analysis, dissemination and service planning. Data from these systems are used to inform policy and practice in the areas of alcohol and drug use, disability and mental health.

The **HRB Statistics Series** compiles data on problem alcohol and drug use, disability and mental health from a single point or period in time. Previous reports associated with this series are:

- » Activities of Irish Psychiatric Units and Hospitals
- » National Physical and Sensory Disability
- » Database Committee Annual Reports
- » National Intellectual Disability Database
- » Committee Annual Reports.

The **National Psychiatric In-Patient Reporting System** (NPIRS) gathers data on patient admissions and discharges from psychiatric hospitals and units throughout Ireland. The data collected have been reported in the *Activities of Irish Psychiatric Services* since 1965 and continue to play a central role in the planning of service delivery. These findings inform national policy, health service management, clinical practice and international academic research in the area of mental health.

Contents

About the HRB	3	Lists of tables	
Contents	4		
Acknowledgements	5	Table 1.1	Number of hospitals/approved centres by hospital type 7
1 Introduction and Background	6		
2 National and Regional Admissions, Discharges and Deaths	8	Lists of figures	
National all and first admissions	8	Figure 2.1	All, first and re-admissions. Ireland 1965-2017. Numbers 8
National discharges and deaths	9	Figure 2.2	Admissions by CHO areas 2017. Rates per 100,000 total population 11
Community Healthcare Organisations (CHOs)	10	Figure 3.1	Hospital type. All admissions. Ireland 2017. Percentages 13
Counties	12	Figure 6.1	Irish Psychiatric Units and Hospitals Census 1963-2017. Numbers 17
Non-residents	12	Figure 7.1	Admissions for under 18s by hospital type in 2008 and 2017. Percentages 20
3 Hospital Type – Admissions, Discharges and Deaths	13		
4 Individual Units and Hospitals – Admissions, Discharges and Deaths	15		
5 Child and Adolescent Admissions and Discharges	16		
6 In-patient Census 2017	17		
7 Review of data 2008–2017	19		

Acknowledgements

The NPIRS Team would like to thank all our contacts in units and hospitals for submitting the information for this report and for their continuing commitment and dedication. We would also like to thank our colleagues Yvonne Dunne and Deirdre Hallissey for collecting and collating the information that is central to the report. We would also like to thank the HSE Mental Health Specialists and the Department of Health for their on-going support of the NPIRS database.

1

Introduction and Background

This report presents data on all admissions, discharges and deaths in 2017 in Irish psychiatric units and hospitals on the Register of Approved Centres under the Mental Health Act 2001. Data are sourced from the National Psychiatric Inpatient Reporting System (NPIRS) for 2017 and are presented nationally, regionally by Community Healthcare Organisation (CHO) and locally by individual hospital and also by hospital type. Data from an in-patient census on 31 December 2017 are also presented. A limited number of tables and graphs are included with the remaining data available online at www.hrb.ie. Interactive tables are available at http://www.cso.ie/px/pxeirestat/pssn/hrb/homepagefiles/hrb_statbank.asp, allowing the user to access readily-available data from the database for the last number of years.

Comparative data for 2016 used in this summary are from the publication *Activities of Irish Psychiatric Units and Hospitals 2016 Main Findings* (Daly and Craig 2017) and rates reported are per 100,000 total population based on the Census of Population 2016¹. In the computation of rates for HSE CHO area 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 this report are based on all admissions to, discharges from, and deaths during 2017 returned to the National Psychiatric In-patient Reporting System (NPIRS) in the 65 Irish psychiatric units and hospitals (see Table 1.1 below) approved by the Mental Health Commission (MHC) for the reception and treatment of patients (Register of Approved Centres under the Mental Health Act 2001).

¹ Central Statistics Office (2017) Census of Population 2016, Dublin: Stationery Office.

Table 1.1 Number of hospitals/approved centres by hospital type

Hospital type	Number
General hospital psychiatric units	22
Psychiatric hospitals/continuing care units	27
Independent/private and private charitable centres	6
Child and adolescent units	6
Central Mental Hospital	1
Carraig Mór, Cork ^a	1
St Joseph's Intellectual Disability Service ^b	1
Phoenix Care Centre, Dublin ^c	1
Total	65

a Carraig Mór is an intensive care and rehabilitation unit.

b St Joseph's Intellectual Disability Service is located at St Ita's Hospital – Mental Health Services, Portrane.

c Phoenix Care Centre, Dublin is an intensive care service which provides a tertiary level service for all acute psychiatric units in counties Dublin and Wicklow (excluding West Wicklow) and the North-East region.

There was one new approved centre in 2017. Deer Lodge, Killarney opened in July 2017 to replace O'Connor Unit in St Finan's Hospital. All patients in St Finan's Hospital were transferred to Deer Lodge.

Differences exist in data reported for child and adolescent admissions in the Mental Health Commission's annual inspectorate report (Mental Health Commission, 2018) and data in this report. Admissions for children and adolescents in this report include all admissions for persons under 18 years of age, regardless of their marital status, whereas the MHC's data on admissions for children and adolescents include admissions for children as defined under the Mental Health Act 2001, i.e. a child is defined as a person under the age of 18 years other than a person who is or has been married. In addition, legal status presented is that of the patient on admission and does not take into account any change in status thereafter.

Data received from units and hospitals are subjected to various in-built and manual quality assurance and validation measures, according to policies and procedures employed by the NPIRS team over a number of years. It is worth noting however, that any changes to the data by a hospital or errors noted by a hospital for correction after the final date of processing in the HRB are not captured in the report.

Admissions and discharges represent episodes or events rather than persons. Thus, one person may have several admissions during the course of a year and each admission is recorded separately. Admissions do not necessarily represent incidence of mental illness but rather the activity of in-patient services. In addition, as the data in this report relates to admissions and/or discharges and not people, the potential to identify individuals from the data is zero and therefore all cells in the tables associated with this report are released regardless of whether they are less than five or not.

2

National and Regional Admissions, Discharges and Deaths

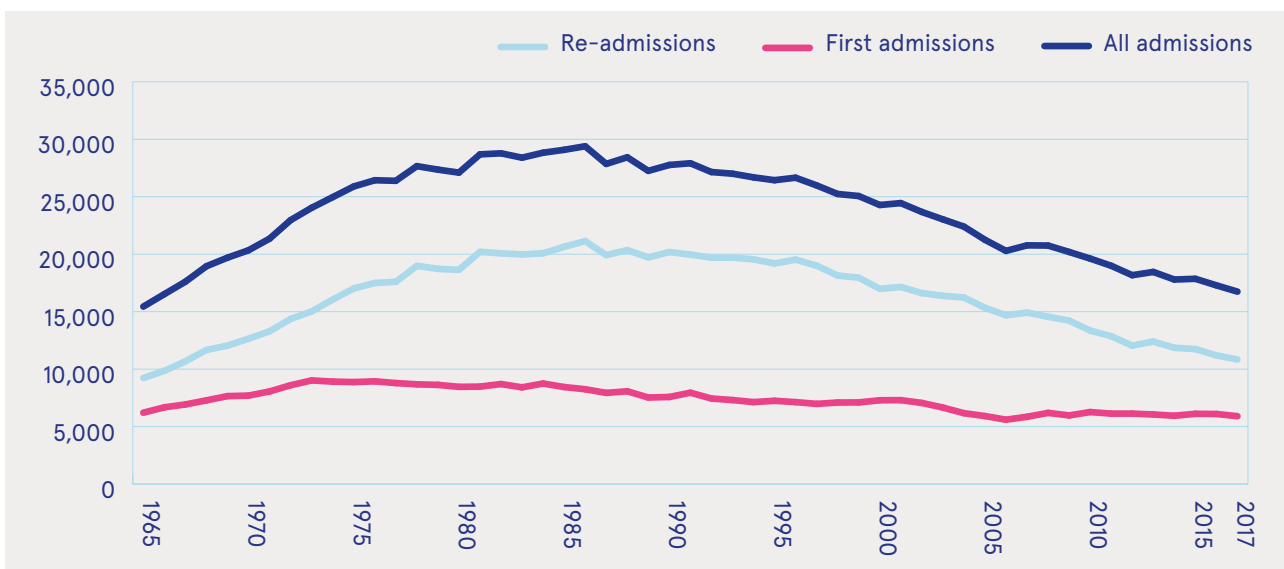
National all and first admissions

There were 16,743 admissions to Irish psychiatric units and hospitals in 2017, a rate of 351.6 per 100,000 total population. Admission numbers from 2016–2017 decreased by 547, from 17,290 admissions in 2016. The rate of admissions also decreased from 376.8 in 2016 to 351.6 in 2017. First admissions decreased by 192, from 6,097 in 2016 to 5,905 in 2017. The rate of first admissions also decreased from 132.9 in 2016 to 124.0 in 2017. Approved centres reported an additional 12 persons presenting for admission in 2017 for whom admission was not deemed appropriate and were therefore not admitted.

Re-admissions decreased by 355, from 11,193 in 2016 to 10,838 in 2017. The rate of re-admissions decreased from 243.9 in 2016 to 227.6 in 2017. Sixty-five per cent of all admissions in 2017 were re-admissions.

All, first and re-admissions over the last 51 years are presented in Figure 2.1. Admissions numbers reached a peak in 1986, at 29,392, and have steadily declined since then with exceptions in some years.

Figure 2.1 All, first and re-admissions. Ireland 1965–2017. Numbers



As in previous years, there was an equal proportion of male and female admissions (all), with males having a slightly higher rate of all admissions, at 353.8 per 100,000 compared with 349.4 for females. Fifty-three per cent of first admissions were male and males also had a higher rate of first admissions, at 133.2 compared with 115.1 per 100,000 for females.

The mean age at admission was 45.4 years, with a median age of 44 years (minimum age 14 years, maximum age 98 years). The 20–24 year age group had the highest rate of all admissions, at 574.5 per 100,000, followed by the 55–64 year age group, at 472.1 and the 25–34 year age group, at 471.2 per 100,000. As in previous years, the 18–19 year age group had the highest rate of first admissions, at 302.9, followed by the 20–24 year age group, at 268.6 and the 25–34 year age group, at 177.3 per 100,000. The 75 year and over age group had the lowest rate of all admissions, at 406.0 per 100,000 while the 55–64 year age group had the lowest rate of first admissions, at 118.5.

Over half (59%) of all and first (56%) admissions were single. Twenty-five per cent of all admissions were married, 4% were widowed and a further 4% were divorced. Divorced persons had the highest rate of all admissions, at 580.4 per 100,000, and first admissions, at 164.6. Married persons had the lowest rate of all (234.1) and first admissions (89.7).

Forty per cent of all admissions in 2017 were recorded as unemployed, 26% were employed, 10% were retired, 7% were students, 4% were engaged in house duties and 13% were unknown.

In keeping with the trend observed in previous years, the unskilled occupational group had the highest rate of all (620.4) and first (168.4) admissions. However, as over half of all admissions had an unknown or unspecified occupation thus making assignment to a socio-economic group impossible, these rates should be interpreted with caution. Agricultural workers had the second-highest rate of all admissions, at 302.4, followed by the manual skilled group, at 261.7 per 100,000. Employers and managers had the lowest rate of all admissions, at 66.1 per 100,000. Manual skilled workers had the second-highest rate of first admissions, at 95.1 per 100,000, followed by semi-skilled workers, at 81.2. Employers and managers had the lowest rate of first admissions, at 20.1 per 100,000.

There were 243 admissions with no fixed abode in 2017, a decrease of 28 from 2016 (271). Seventy-two per cent of admissions with no fixed abode were male and 72% were single. One-third of admissions with no fixed abode were aged 25–34 years of age, 30% were aged 35–44, 19% were aged 45–54 years, 7% were aged 55–64 years with a further 7% aged 20–24 years. Fifty-nine per cent were on a re-admission, 39% had a diagnosis of schizophrenia, 12% had other drug disorders, 10% had a diagnosis of personality and behavioural disorders, while 8% each had a diagnosis of alcoholic disorders and depressive disorders.

Eighty-four per cent of all admissions in 2017 were returned as 'White Irish', 6% were returned as 'Any Other White Background' (including 'White Irish Traveller', 'Roma' and 'Any Other White Background'), 7% were returned as 'Unknown' with the remaining 3% distributed amongst various other minority ethnic groups.

As in previous years, depressive disorders were the most common diagnoses recorded for all and first admissions, accounting for 25% of all and 26% of first admissions. Schizophrenia accounted for 20% of all and 13% of first admissions while mania accounted for 11% of all and 7% of first admissions. Depressive disorders had the highest rate of all (87.0) and first (32.7) admissions, followed by schizophrenia with the second-highest rate for all, at 71.7 per 100,000 and first admissions, at 16.6. Depressive disorders, schizophrenia, mania and neuroses combined accounted for almost two-thirds of all admissions.

Thirteen per cent of all and first admissions were involuntary, virtually unchanged from 2016 (13% (12.85%) of all and 14% (13.76) of first admissions). There was a reduction in the rate of involuntary admissions from 48.4 for all admissions in 2016 to 45.4 per 100,000 in 2017; and a reduction in first admissions from 18.3 in 2016 to 16.2 in 2017.

National discharges and deaths

There were 16,554 discharges and 119 deaths in Irish psychiatric units and hospitals in 2017. Deaths declined by 32, from 151 in 2016, a decrease of 21%. Males accounted for 57% of deaths and 82% of deaths were aged 65 years and over. Ninety-two per cent of all admissions and 93% of first admissions in 2017 were also discharged in 2017.

Twenty-nine per cent of discharges in 2017 occurred within one week of admission, 17% occurred within one to two weeks, 19% occurred within two to four weeks and 28% occurred within one to three months of admission. As in 2016, 94% of all discharges occurred within three months of admission, while a further 5% occurred within three months to one year of admission. Thus, 99% of all discharges occurred within one year of admission.

Over half (54%) of all discharges for behavioural and emotional disorders of childhood and adolescence, 49% of discharges for personality and behavioural disorders, 46% of discharges for other drug disorders and 42% of discharges for development disorders occurred within one week of admission. Over 90% of all discharges for most disorders took place within three months of admission with the exception of organic mental disorders (77%), schizophrenia (88%), eating disorders (89%) and intellectual disability (79%).

The average length of stay for all discharges in 2017 was 52.3 days (median 15 days). Average length of stay was longest for discharges with a diagnosis of intellectual disability (82 discharges), at 685.6 days (median 11 days), accounting for less than one per cent of all discharges and 6% of in-patient days. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 184.6 days (median 30.5 days), accounting for 3% of discharges and 10% of in-patient days. Discharges with a diagnosis of behavioural and emotional disorders of childhood and adolescence (13 discharges) had the shortest average length of stay, at 15.8 days (median 5 days) with discharges for other drug disorders (897 discharges) having the second-shortest average length of stay, at 16.7 days (median 7 days).

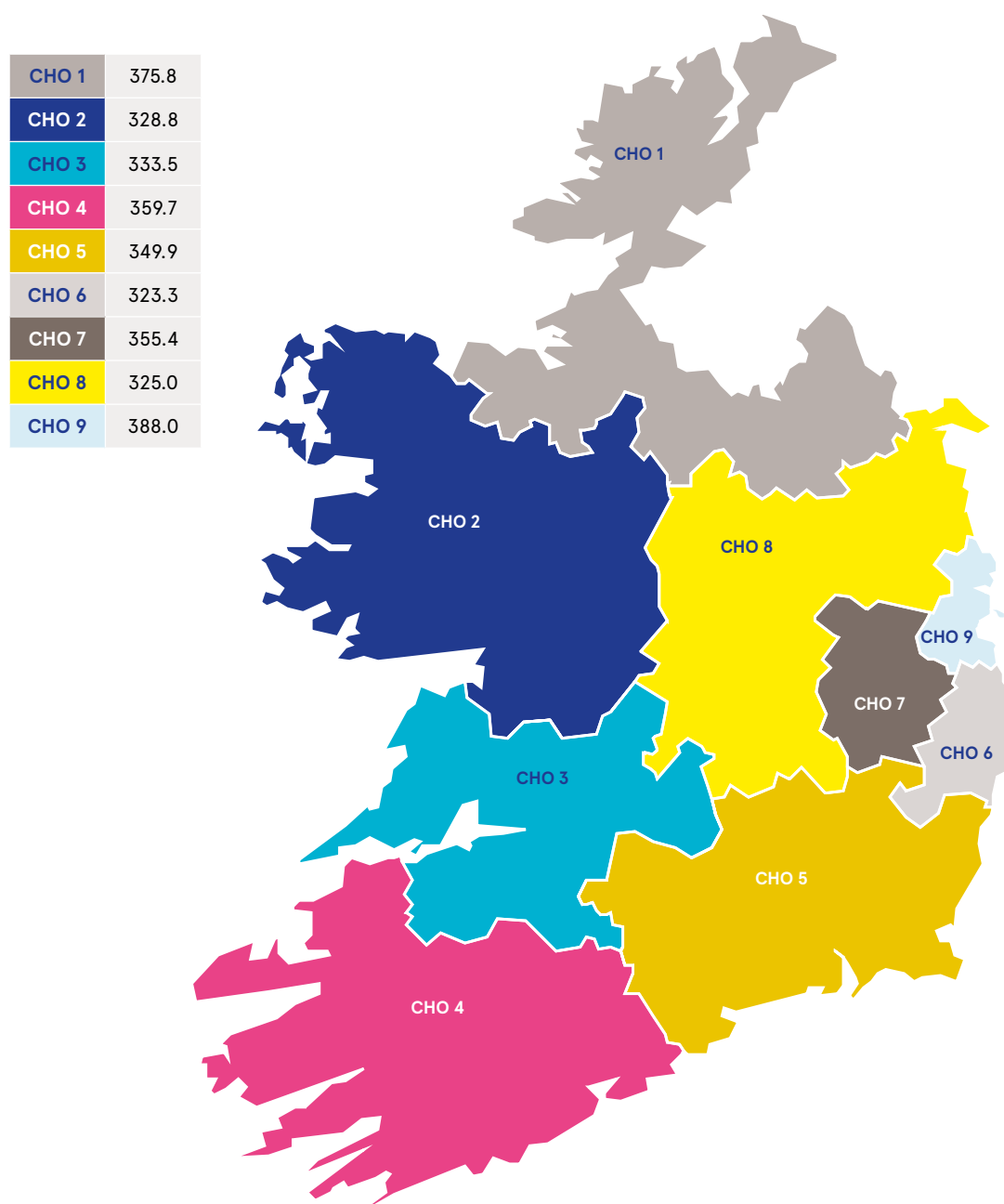
The average length of stay for discharges with a length of stay up to one year was 27.8 days (median 15 days). When discharges of one year or more were excluded (1% of discharges), discharges with a primary discharge diagnosis of eating disorders had the longest average length of stay, at 49.3 days (median 42 days), followed by organic mental disorders, at 48.9 days (median 26 days) and intellectual disability, at 38.7 days (median 9.5 days). Discharges with a diagnosis of behavioural and emotional disorders of childhood and adolescence (13 discharges) had the shortest average length of stay, at 15.8 days (median 5 days).

Community Healthcare Organisations (CHOs)

The address from which a person was admitted was used to assign him/her to a CHO area, thus, CHO area refers to the CHO area of residence of the person. As in 2016, all admission rates were highest for those resident in CHO 9, at 388.0 per 100,000, followed by CHO 1, at 375.8 and CHO 4, at 359.7 (Figure 2.2). CHO 6 had the lowest rate of all admissions, at 323.3 per 100,000. First admission rates were also highest for those resident in CHO 9, at 137.1 per 100,000, followed by CHO 8, at 135.7 and CHO 7, at 130.7. CHO 6 had the lowest rate of first admissions, at 85.0 per 100,000.

Males had a higher proportion of all admissions in CHO 2, CHO 4 and CHO 5, while females had a higher proportion in CHO 3, CHO 6 and CHO 7. There was an equal proportion of males and females in CHO 1, CHO 8 and CHO 9. Age groups were condensed into two distinct groups – under 45 and 45 years and over. The 45 year and over age group had higher rates of admission in all CHO areas with rates ranging from 558.9 in CHO 9 to 383.9 per 100,000 in CHO 2.

Figure 2.2 Admissions by CHO areas 2017. Rates per 100,000 total population



Depressive disorders accounted for the highest proportion and rate of all admissions in each area with the exception of CHO 4 and CHO 7. Rates for depressive disorders ranged from 119.8 per 100,000 in CHO 2 to 64.2 in CHO 6. Schizophrenia had the highest rate in CHO 4 (90.8) and CHO 7 (86.6). With the exception of CHO 4 and CHO 7, schizophrenia had the second-highest rate of all admissions in each area with rates ranging from 90.8 in CHO 4 to 38.8 per 100,000 in CHO 5.

Admissions resident in CHO 9 had the highest proportion of involuntary admissions, at 17%, followed by CHO 5, at 13.4%, CHO 2, at 13.3%, CHO 4, at 12.9% and CHO 8, at 12.7%. Seventeen per cent of first admissions in CHO 9 and 16% in CHO 2 were involuntary, followed by 15% in CHO 6 and 14% in CHO 7. Admissions resident in CHO 9 had the highest rate of involuntary all admissions, at 66.3 per 100,000, followed by CHO 5, at 46.9 and CHO 4, at 46.5. CHO 3 had the lowest rate of involuntary all admissions, at 31.7 per 100,000. CHO 9 had the highest rate of involuntary first

admissions, at 23.0 per 100,000, followed by CHO 2, at 19.4 and CHO 7, at 18.3. CHO 3 had the lowest rate of involuntary first admissions, at 9.4 per 100,000.

Over half (56%) of all discharges for CHO 1 were discharged within two weeks of admission. Forty-nine per cent of discharges for CHO 2, 48% for CHO 5 and 47% each for CHO 8 and CHO 4 were discharged within two weeks of admission. In contrast, just 37% of discharges from CHO 6 occurred within two weeks of admission. Discharges from CHO 9 had the longest average length of stay, at 66.6 days (median 17 days), followed by CHO 4, at 63.3 days (median 15 days) and CHO 6, at 53.3 days (median 24 days). CHO 3 had the shortest average length of stay, at 35.5 days (median 16 days). When discharges of one year or more were excluded (one per cent of discharges), average length of stay was longest in CHO 6, at 34.3 days (median 24 days), followed by CHO 7, at 30.6 days (median 17 days) and CHO 3, at 28.3 days (median 16 days). Average length of stay was shortest in CHO 1, at 22.4 days (median 11 days).

Counties

All admissions were highest for county Sligo, at 506.6 per 100,000, followed by Leitrim, at 480.6, Donegal, at 464.2 and Carlow, at 453.2. Monaghan had the lowest rate of all admissions, at 158.0 per 100,000. Mayo had the highest rate of all admissions for depressive disorders, at 235.2 per 100,000, followed by Tipperary North, at 162.7 and Leitrim, at 131.1. Monaghan had the lowest rate, at 39.1 per 100,000. Sligo had the highest rate of all admissions for schizophrenia, at 108.3 per 100,000, followed by Leitrim, at 106.1, Donegal, at 103.0 and Laois, at 98.0. Wexford had the lowest rate of all admissions for schizophrenia, at 20.7 per 100,000. Sligo had the highest rate of all admissions for alcoholic disorders, at 62.6 per 100,000, followed by Donegal, at 59.7 and Leitrim, at 46.8. Laois had the lowest rate of all admissions for alcoholic disorders, at 5.9 per 100,000.

First admissions were highest for admissions from county Offaly, at 183.4 per 100,000, followed by Laois, at 183.0, Carlow, at 177.4 and Tipperary South, at 152.9. Monaghan had the lowest rate of first admissions, at 66.8 per 100,000. Mayo had the highest rate of first admissions for depressive disorders, at 98.1 per 100,000, followed by Laois, at 53.1, Sligo, at 45.8 and Westmeath, at 43.9. Tipperary South had the lowest rate of first admissions for depressive disorders, at 10.2 per 100,000. Laois had the highest rate of first admissions for schizophrenia, at 34.2 per 100,000, followed by Galway, at 27.1, Longford, at 22.0 and Louth, at 20.2. Tipperary North had the lowest rate of first admissions for schizophrenia, at 2.8 per 100,000. Leitrim had the highest rate of first admissions for alcoholic disorders, at 25.0 per 100,000, followed by Donegal, at 23.2, Sligo, at 22.9 and Westmeath, at 12.4. Monaghan had the lowest rate of first admissions for alcoholic disorders, at 1.6 per 100,000.

Non-residents

There were 69 admissions for non-residents in 2017, a slight increase from 65 in 2016. Thirty-five per cent of non-resident admissions had an address originating in England, 30% in Northern Ireland, 7% each in Germany and the US, 4% in Spain and 3% each in Scotland, France and Canada. Over one-third (39%) of all admissions for non-residents had a diagnosis of schizophrenia, 14% had a diagnosis of mania, 10% had a diagnosis of depressive disorders, 7% had personality and behavioural disorders, 6% had a diagnosis of neuroses and 4% each had a diagnosis of alcoholic disorders and other drug disorders.

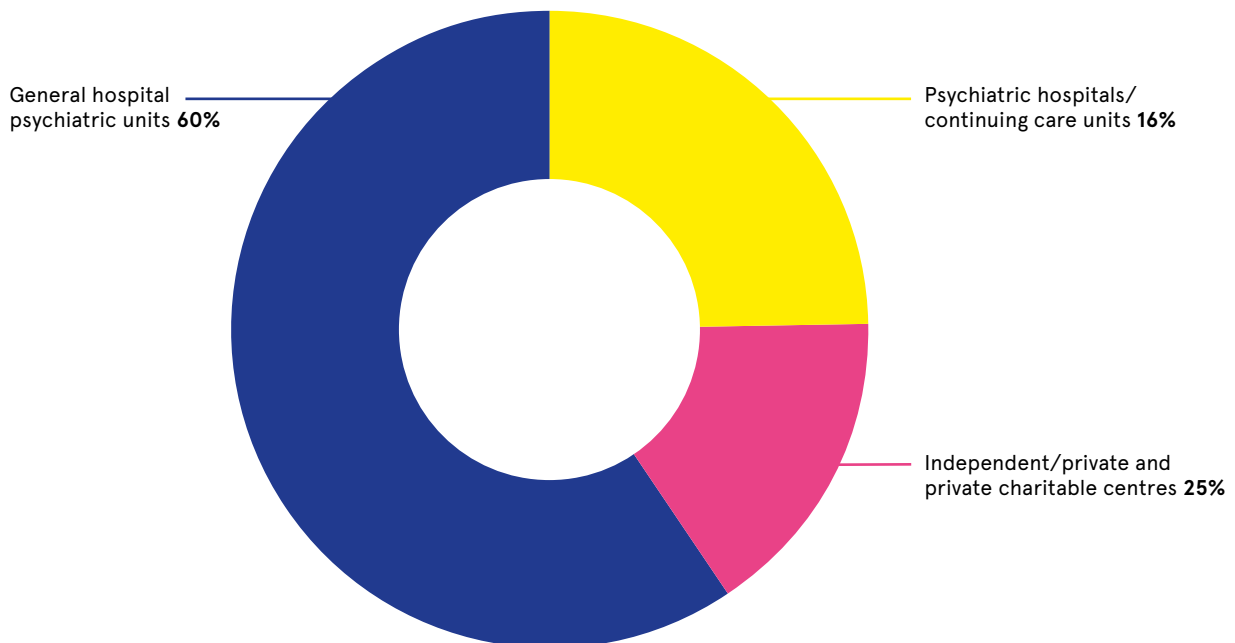
3

Hospital Type – Admissions, Discharges and Deaths

Sixty per cent of all admissions in 2017 were to general hospital psychiatric units, 25% were to independent/private and private charitable centres and 16% 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) (see Figure 3.1).

These proportions remain relatively unchanged from 2016. Re-admissions accounted for 62% of all admissions to general hospital psychiatric units, 70% of all admissions to psychiatric hospitals/continuing care units and 67% of admissions to independent/private and private charitable centres.

Figure 3.1 Hospital type. All admissions. Ireland 2017. Percentages



Over half of all admissions to general hospital psychiatric units (53%) and psychiatric hospitals/continuing care units (53%) were male compared with 60% of admissions for females to independent/private and private charitable centres. Similarly, females accounted for 56% of first admissions to independent/private and private charitable centres, while males accounted for 56% of admissions to general hospital psychiatric units and 55% of admissions to psychiatric hospitals/continuing care units.

The mean age at admission to independent/private and private charitable centres was older, at 52.0 years, than that in general hospital psychiatric units, at 42.4 years and psychiatric hospitals/continuing care units, at 46.7 years. Admissions to independent/private and private charitable centres have a slightly older age profile than admissions to general hospital psychiatric units or psychiatric hospitals/continuing care units; 65% of admissions to independent/private and private charitable centres were over 45 years of age compared with 52% of admissions to psychiatric hospitals/continuing care units and 41% of admissions to general hospital psychiatric units. Fifty-nine per cent of all admissions to general hospital psychiatric units, 48% of admissions to psychiatric hospitals/continuing care units were under 45 years of age compared with just 36% of admissions to independent/private and private charitable centres.

Over one-third (38%) of all and first (35%) admissions to independent/private and private charitable centres had a diagnosis of depressive disorders; 22% of all and 25% of first admissions to general hospital psychiatric units were for depressive disorders; 16% of all and 21% of first admissions to psychiatric units/continuing care units were for depressive disorders. Schizophrenia accounted for a much lower proportion of admissions to independent/private and private charitable centres, at 9%, than admissions to general hospital psychiatric units, at 23%, or admissions to psychiatric hospitals/continuing care units, at 28%. Admissions for alcoholic disorders accounted for a higher proportion of admissions to independent/private and private charitable centres, at 15%, than admissions to general hospital psychiatric units, at 4%, and admissions to psychiatric hospitals/continuing care units, at 5%.

Involuntary admissions accounted for 18% of all and 21% of first admissions to psychiatric hospitals/continuing care units; 16% of all and 15% of first admissions to general hospital psychiatric units were involuntary. In contrast, just 2% of all and 3% of first admissions to independent/private and private charitable centres were involuntary.

Over one-third (34%) of all discharges from general hospital psychiatric units and 30% of discharges from psychiatric hospitals/continuing care units occurred within one week of admission compared with 15% from independent/private and private charitable centres. Over half (54%) of all discharges from general hospital psychiatric units and 49% from psychiatric hospitals/continuing care units were discharged within two weeks of admission compared with 25% from independent/private and private charitable centres.

Average length of stay for all discharges was longest in psychiatric hospitals/continuing care units, at 148.8 days (median 14 days), followed by independent/private and private charitable centres, at 50.1 days (median 31 days) and general hospital psychiatric units, at 28.2 days (median 12 days). When discharges of one year or more were excluded, average length of stay was longest in independent/private and private charitable centres, at 35.8 days (median 31 days), followed by psychiatric units and hospitals/continuing care units, at 30.0 days (median 13 days) and general hospital psychiatric units, at 24.0 days (median 12 days).

4

Individual Units and Hospitals – Admissions, Discharges and Deaths

Admissions to general hospital psychiatric units decreased by 76, from 10,132 in 2016 to 10,056 in 2017. Admissions to psychiatric hospitals/ continuing care units also decreased (by 312) from 2,905 in 2016 to 2,593 in 2017, while admissions to independent/private and private charitable centres decreased by 159, from 4,253 in 2016 to 4,094 in 2017.

As in previous years, length of stay varied greatly across all hospitals with over 40% of discharges occurring within one week of admission in some hospitals; Tallaght Hospital (40%); Department of Psychiatry, Midland Regional Hospital Portlaoise (41%); Department of Psychiatry, Letterkenny General Hospital (44%); Department of Psychiatry, St Luke's Hospital, Kilkenny (45%); St Vincent's Hospital, Fairview (41%); Newcastle Hospital, Greystones (43%). In contrast, less than 20% of all discharges from independent/private and private charitable centres occurred within one week of admission; St Patrick's Hospital (18%); St Edmundsbury (14%); St John of God Hospital (11%); Highfield Hospital (5%) and Lois Bridges (2%). Bloomfield Hospital had no discharges within one week of admission.

The Ashlin Centre, Beaumont Hospital had the longest average length of stay amongst the general hospital psychiatric units, at 50.5 days (median 16 days), followed by St James's Hospital, at 48.4 days (median 16 days), University Hospital Limerick, at 36.4 days (median 19 days) and Cork University Hospital, at 36.2 days (median 20 days). The average length of stay in psychiatric hospitals/ continuing care units is typically longer than that in general hospital psychiatric units with length of stay in 2017 for some hospitals in excess of 1,000 days. Amongst the independent/private and private charitable centres, Bloomfield Hospital had the longest average length of stay, at 1,741.7 days (median 890 days), followed by Highfield Hospital, at 260.2 days (median 28 days) and Lois Bridges, at 58 days (median 52.5 days). As usual, caution should be exercised when interpreting data for some hospitals where particularly long lengths of stay are observed for very few discharges, thus skewing the average length of stay.

5

Child and Adolescent Admissions and Discharges

There were 441 admissions for under 18s in 2017, a decrease from 506 admissions in 2016. Eighty per cent of admissions for under 18s were first admissions. There were 86 admissions for under 18s to adult units and hospitals in 2017. There were 355 admissions to child and adolescent mental health in-patient units and 78% of these were first admissions.

Sixty per cent of all and 60% of first admissions for under 18s were female, a slight decrease from 64% of all and first admissions in 2016. Forty per cent of all under 18 admissions were aged 17 years on admission, 24% were aged 16 years, 17% were aged 15 years, 11% were aged 14 years and 8% were 13 years or younger.

Females accounted for 62% of admissions to child and adolescent mental health in-patient units. Over one-third (34%) of admissions to child and adolescent mental health in-patient units were aged 17 years on admission, 23% were aged 16 years, 20% were aged 15 years, 13% were aged 14 years and 10% were aged 13 years or younger.

Fifty-one per cent of admissions for under 18s to adult units were female, an increase from 46% in 2016. Almost two-thirds (65%) of admissions to adult units were aged 17 years on admission, 29% were aged 16 years and 6% were aged 15 years or younger.

Thirty-per cent of all and 32% of first admissions of under 18s had a diagnosis of depressive disorders. Fourteen per cent of all admissions had a diagnosis of eating disorders, 12% had a diagnosis of schizophrenia, 11% had a diagnosis of neuroses, with the remaining proportions distributed amongst the other diagnostic groups. Females accounted for 67% of admissions with depressive disorders, a decrease from 73% in 2016. Fifty-two

per cent of admissions with mania were female and 89% of admissions with eating disorders were female, down from 93% in 2016. Males accounted for 87% of all admissions with other drug disorders, 62% of admissions with schizophrenia and 56% of admissions with neuroses.

Eighty-one per cent of all admissions for under 18s were to child and adolescent mental health in-patient units, 18% were to general hospital psychiatric units, an increase from 12% in 2016, and almost 2% were to psychiatric hospitals/continuing care units. There were no admissions for under 18s to independent/private and private charitable centres. Seven per cent of all and 6% of first admissions for under 18s were involuntary.

Eighty-one per cent of all admissions for under 18s in 2017 were discharged in 2017. Of those admitted and discharged in 2017, 18% were discharged within one week of admission, 8% were discharged within one to two weeks, 14% were discharged within two to four weeks, 47% were discharged within one to three months and 12% were discharged within three months to one year. The average length of stay for all under 18s in 2017 was 45.7 days (median 39 days). Average length of stay was longest in child and adolescent mental health in-patient units, at 56.9 days (median 47.5 days), followed by general hospital psychiatric units, at 8 days (median 4 days) and psychiatric hospitals/continuing care units, at 4 days (median 4 days).

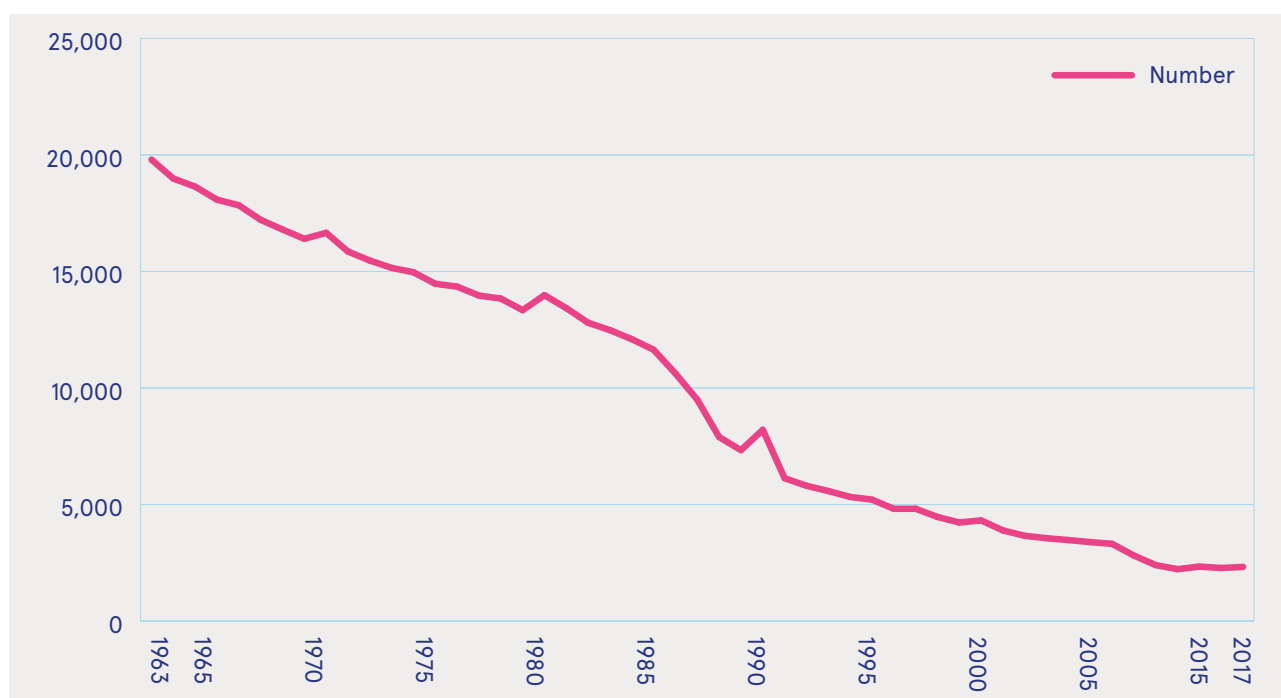
6

In-patient Census 2017

A census of all patients resident in units and hospitals at the end of 2017 was undertaken. There were 2,324 patients resident in Irish psychiatric units and hospitals on 31 December 2017. This is an increase of 46 patients resident since the last end-of-year census on the same date in 2016 (2,278). This is an 88% reduction in in-patient number since 1963 (19,801) (Figure 6.1). There were an additional 85 patients under 18 years of age resident in child and adolescent mental health in-patient units on 31 December 2017.

Over half (55%) of patients resident in adult units on 31 December 2017 were male. Thirty-seven per cent were over 65 years of age, almost one-third (32%) were aged 45–64 years, 25% were aged 25–44 years and 6% were 24 years of age or younger. The 75 year and over age group had the highest rate of hospitalisation, at 158.7 per 100,000, followed by the 65–74 year age group, at 119.1 and the 55–64 year age group, at 81.1. As in 2016, 59% of patients were single, 19% were married, 7% were widowed and 3% were divorced. Patients who were widowed had the highest rate of hospitalisation, at 78.5, followed by divorced, at 77.0, single, at 53.5 and married, at 24.4 per 100,000.

Figure 6.1 Irish Psychiatric Units and Hospitals Census 1963–2017. Numbers



One-third of patients resident on 31 December 2017 had a diagnosis of schizophrenia, 13% had a diagnosis of depressive disorders, 12% had a diagnosis of organic mental disorders and 8% had a diagnosis of mania. Schizophrenia had the highest rate of hospitalisation, at 16.1 per 100,000, followed by depressive disorders, at 6.5 and organic mental disorders, at 5.7. Males had a higher rate of hospitalisation for schizophrenia than females, at 20.3 per 100,000 compared with 12.0 for females. Males also had a higher rate of hospitalisation for organic mental disorders, at 7.1 compared with 4.4 per 100,000 for females.

The total number of in-patient days accumulated for all in-patients on 31 December was 3,788,915. This is the total number of days accumulated for all patients from the date they were admitted to hospital until the date of the census on 31 December 2017. Forty per cent of patients resident on 31 December 2017 were long-stay, i.e. had been in hospital for one year or more; 19% were new long-stay, i.e. had been in hospital for between one and five years and 21% were old long-stay, i.e. in hospital for five years or more.

The average length of stay for all in-patients was 1,630.3 days (median 117 days). Patients with intellectual disability had the longest average length of stay, at 9,176.7 days (median 7,853 days), followed by schizophrenia, at 2,217.7 days (median 560.5 days), development disorders, at 1,176.2 days (median 698 days) and organic mental disorders, at 1,166.6 days (median 787 days). When patients

with a length of stay of one year or more on census night were excluded, the average length of stay was 60.2 days (median 28 days). Patients with intellectual disability had the longest average length of stay, at 104.4 days (median 101 days), followed by organic mental disorders, at 101.6 days (median 67 days) and schizophrenia, at 76.5 days (median 38 days).

Thirty-five per cent of patients resident on 31 December 2017 were in general hospital psychiatric units, unchanged from 2016, 33% were in psychiatric hospitals/continuing care units (down slightly from 34% in 2016) and 23% were in independent/private and private charitable centres (up from 21% in 2016). Four per cent were resident in the Central Mental Hospital (unchanged from 2016 and 2015), with a further 4% resident in St Joseph's Intellectual Disability Service and less than one per cent in Carraig Mór, Cork, unchanged from 2016.

There were 90 patients who were under 18 year of age on 31 December 2017 and 85 of these were resident in child and adolescent mental health in-patient units. Two-thirds of under 18s were female; 27% were aged 17 years, 22% were aged 16 years, 23% were aged 15 years and 28% were aged 14 years or younger. Twenty-eight per cent had a primary admission diagnosis of depressive disorders, 24% had a diagnosis of eating disorders, 12% had a diagnosis of schizophrenia and 9% each had a diagnosis of mania and of neuroses.

7

Review of data 2008–2017

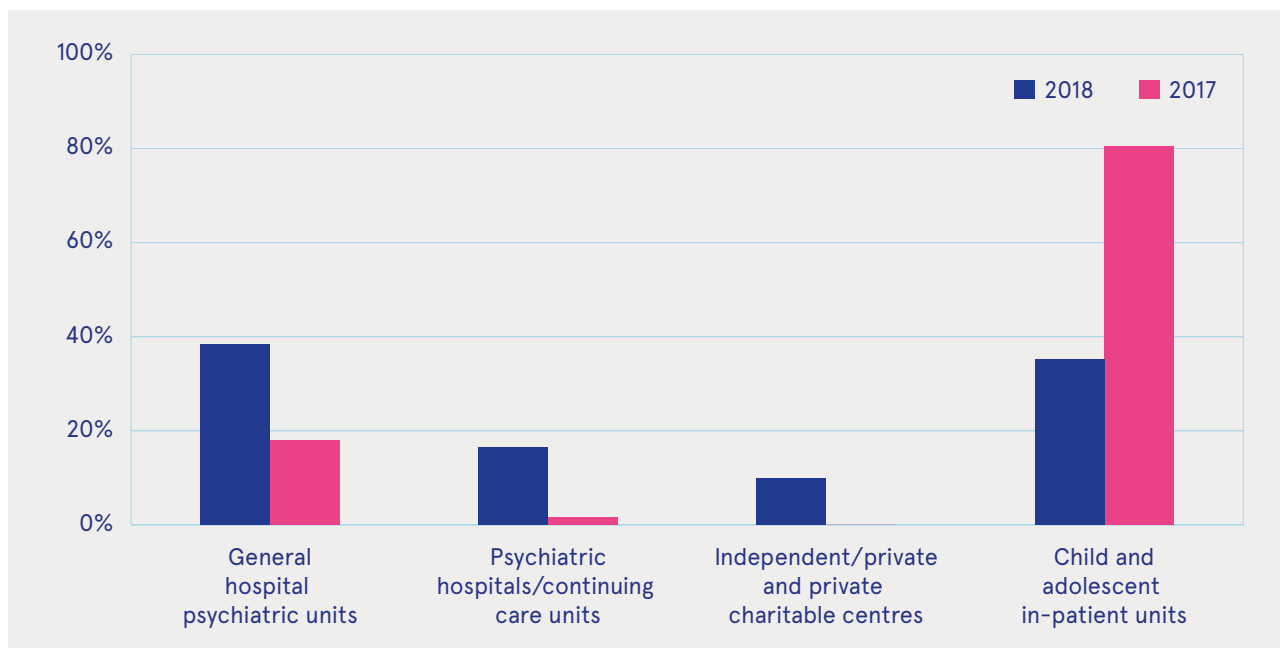
There has been a 19% reduction in admissions in the ten-year period from 2008–2017, from 20,752 in 2008 to 16,743 in 2017. Re-admissions declined by 26% over the same period, from 14,558 in 2008 to 10,838 in 2017. First admissions declined by 5% over the ten-year period, from 6,194 in 2008 to 5,905 in 2017.

As noted in 2016, admissions to general hospital units continue to increase as a proportion of all admissions; in 2008 51% of all admissions were to general hospital psychiatric units but by 2017 this had increased to 60%. The proportion of admissions to psychiatric hospitals/continuing care units decreased from 29% in 2008 to 16% in 2017, while admissions to independent/private and private charitable centres increased from 20% in 2008 to 25% in 2017.

The number of admissions for under 18s has increased slightly over the ten-year period from 2008–2017, from 406 in 2008 to 441 in 2017. However, while the overall number of admissions

has not increased greatly, the type of facility to which under 18s are admitted has changed (Figure 7.1). In 2008 there were only two HSE child and adolescent units (Warrenstown House and St Anne’s Children’s Centre in Galway) and one independent/private and private charitable centre, Ginesa Unit in St John of God Hospital. By 2017 there were four HSE in-patient units for child and adolescent admissions and two independent/private and private charitable centres. In 2008, 38% of admissions for under 18s were to general hospital psychiatric units, 17% were to psychiatric hospitals/continuing care units and 10% were to independent/private and private charitable centres. Thirty-five per cent of admissions for under 18s in 2008 were to child and adolescent mental health in-patient units. By 2017 this figure had increased to 81%, with 18% to general hospital psychiatric units and just under 2% to psychiatric hospitals/continuing care units. There were no admissions to independent/private and private charitable centres in 2017.

Figure 7.1 Admissions for under 18s by hospital type in 2008 and 2017. Percentages



The number of patients resident in psychiatric units and hospitals has fallen from 3,314 in 2007 (there was no census carried out in 2008 for comparison) to 2,324 in 2017, a 30% reduction over this period of time, in line with the policy to reduce in-patient provision and provide more community-based care.

