

HRB Statistics Series 29

Activities of Irish Psychiatric Units and Hospitals 2015 Main Findings

Antoinette Daly and Sarah Craig

Published by:

Health Research Board, Dublin
An Bord Taighde Sláinte
© Health Research Board 2016
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

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.

HRB Statistics Series reports to date

Tedstone Doherty D, Walsh D, Moran R and Bannon F (2007) *High support community residences census 2006*. HRB Statistics Series 1. Dublin: Health Research Board.

Kelly F, Kelly C and Craig S (2007) *Annual Report of the National Intellectual Disability Database Committee 2007*. HRB Statistics Series 2. Dublin: Health Research Board.

O'Donovan MA, Doyle A and Craig S (2007) *National Physical and Sensory Disability Database Committee Annual Report 2007*. HRB Statistics Series 3. Dublin: Health Research Board.

Daly A, Walsh D and Moran R (2007) *Activities of Irish Psychiatric Units and Hospitals 2006*. HRB Statistics Series 4. Dublin: Health Research Board.

Daly A, Walsh D and Moran R (2008) *Activities of Irish Psychiatric Units and Hospitals 2007*. HRB Statistics Series 5. Dublin: Health Research Board.

Kelly F, Kelly C and Craig S (2009) *Annual Report of the National Intellectual Disability Database Committee 2008*. HRB Statistics Series 6. Dublin: Health Research Board.

Daly A and Walsh D (2009) *Activities of Irish Psychiatric Units and Hospitals 2008*. HRB Statistics Series 7. Dublin: Health Research Board.

Kelly F, Kelly C and Craig S (2010) *Annual Report of the National Intellectual Disability Database Committee 2009*. HRB Statistics Series 8. Dublin: Health Research Board.

Daly A and Walsh D (2010) *Activities of Irish Psychiatric Units and Hospitals 2009*. HRB Statistics Series 9. Dublin: Health Research Board.

Doyle A, O'Donovan MA and Craig S (2009) *Annual Report of the National Physical and Sensory Disability Database Committee 2008*. HRB Statistics Series 10. Dublin: Health Research Board.

O'Donovan MA, Doyle A and Craig S (2010) *Annual Report of the National Physical and Sensory Disability Database Committee 2009*. HRB Statistics Series 11. Dublin: Health Research Board.

Daly A and Walsh D (2011) *Irish Psychiatric Units and Hospitals Census 2010*. HRB Statistics Series 12. Dublin: Health Research Board.

Kelly F and Kelly C (2011) *Annual Report of the National Intellectual Disability Database Committee 2010*. HRB Statistics Series 13. Dublin: Health Research Board.

O'Donovan MA (2011) *Annual Report of the National Physical and Sensory Disability Database Committee 2010*. HRB Statistics Series 14. Dublin: Health Research Board.

Daly A and Walsh D (2011) *Activities of Irish Psychiatric Units and Hospitals 2010. Main Findings*. HRB Statistics Series 15. Dublin: Health Research Board.

Doyle A (2012) *Annual Report of the National Physical and Sensory Disability Database Committee 2011*. HRB Statistics Series 16. Dublin: Health Research Board.

Kelly C (2012) *Annual Report of the National Intellectual Disability Database Committee 2011*. HRB Statistics Series 17. Dublin: Health Research Board.

Daly A and Walsh D (2012) *Activities of Irish Psychiatric Units and Hospitals 2011. Main Findings*. HRB Statistics Series 18. Dublin: Health Research Board.

Kelly F, Kelly C and O'Donohoe A (2013) *Annual Report of the National Intellectual Disability Database Committee 2012*. HRB Statistics Series 19. Dublin: Health Research Board.

Daly A and Walsh D (2013) *Activities of Irish Psychiatric Units and Hospitals 2012. Main Findings*. HRB Statistics Series 20. Dublin: Health Research Board.

Carew AM and Doyle A (2013) *Annual Report of the National Physical and Sensory Disability Database Committee 2012*. HRB Statistics Series 21. Dublin: Health Research Board.

Daly A, Walsh D and Moran R (2014) *Irish Psychiatric Units and Hospitals Census 2013*. HRB Statistics Series 22. Dublin: Health Research Board.

Carew AM and Doyle A (2014) *Annual Report of the National Physical and Sensory Disability Database Committee 2013*. HRB Statistics Series 23. Dublin: Health Research Board.

Kelly C and O'Donohoe A (2014) *Annual Report of the National Intellectual Disability Database Committee 2013. Main Findings*. HRB Statistics Series 24. Dublin: Health Research Board.

Daly A and Walsh D (2014) *Activities of Irish Psychiatric Units and Hospitals 2013. Main Findings*. HRB Statistics Series 25. Dublin: Health Research Board.

Daly A and Walsh D (2015) *Activities of Irish Psychiatric Units and Hospitals 2014. Main Findings*. HRB Statistics Series 26. Dublin: Health Research Board.

Doyle A and Kartalova O'Doherty Y (2015) *Annual Report of the National Physical and Sensory Disability Database Committee 2014*. HRB Statistics Series 27. Dublin: Health Research Board.

Kelly C (2015) *Annual Report of the National Intellectual Disability Database Committee 2014. Main Findings*. HRB Statistics Series 28. Dublin: Health Research Board.

Contents

Acknowledgements	7
1. Introduction and Background	8
2. National and Regional Admissions, Discharges and Deaths	10
National all and first admissions	
National discharges and deaths	
Community Healthcare Organisations (CHOs)	
Counties	
Non-residents	
3. Hospital Type – Admissions, Discharges and Deaths	15
4. Individual Units and Hospitals – Admissions, Discharges and Deaths	17
5. Child and Adolescent Admissions	18
6. In-patient Census 2015	19
7. Review of data 2006–2015	21

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 Mental Health Specialists for their on-going support of the NPIRS database.

The following is the list of NPIRS contacts to whom we extend our thanks.

CHO 1

Sinéad Fitzgerald
Teresa Duffy
Angela Dolan
Margo Haughey

CHO 2

Mary Bluemlein
Carmel O'Rourke
Marie Gilmore
Margaret Pennick

CHO 3

Sian Stokes

CHO 4

Karen Atkinson
Noelle Sheehy
Michael Olden
Jacqueline Shone
Jean Barron
Marguerite O'Doherty

CHO 5

Sinéad Conroy
Helen Maher
Margaret Quigley-Nolan
Bernadette Prendergast

CHO 6

Enda Lee
Sharon Whelan/Suzanne Brennan
Catherine Proudfoot
Olwyn Ní Chroinin

CHO 7

Eileen Keegan/Audrey Burns
Siobhán Comerford
Mary Prior/Theresa Lawless

CHO 8

Ann Curran
Fiona O'Brien
Jacinta McCaffrey
Sabrina Kiernan/Olwen Kirkpatrick

CHO 9

Ann Donoghue
Rosemary Hughes/Marie Therese Eustace
Patricia McCabe/Ger Fitzpatrick
Bernadine Walsh/Shane Fitzgibbon
Valerie McMahan
Lydia Traynor

Central Mental Hospital

Geraldine Burke

Independent/private and private charitable centres

Gráinne McGrotty
Tom Maher/Colin Murphy
Enda Lee
Ciara Dolan
Alicia Woods/Lilly Molloy

Child and adolescent units

Ellen Cranley
Enda Lee
Tom Maher/Colin Murphy

1

Introduction and Background

This report presents main findings from the National Psychiatric In-patient Reporting System (NPIRS) for 2015, marking half a century of reporting on in-patient activity in Ireland. This year the report contains a summary of the data for 2015 with a limited number of tables and graphs presented. The remaining data for the year are presented online at www.hrb.ie. Interactive tables containing data for each year 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 over the last number of years. Summary data are presented nationally, regionally, and locally, by hospital type, and by individual psychiatric unit. Data from an in-patient census on 31 December 2015 are also presented. Comparative data for 2014 used in this summary are from the publication *Activities of Irish Psychiatric Units and Hospitals 2014 Main Findings* (Daly and Walsh 2015) and rates reported are per 100,000 total population based on the Census of Population 2011¹. In the computation of rates for 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 this report were sourced from the NPIRS on all admissions to, discharges from, and deaths during 2015 in the 64 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).

Table 1.1 Number of hospitals/approved centres by hospital type

Hospital type	Number
General hospital psychiatric units	22
Psychiatric hospitals/continuing care units	26
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	64

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.

1. Central Statistics Office (2012) Census of Population 2011, Dublin: Stationery Office.

One new approved centre opened in 2015 (Le Brun House and Whitethorn House, Vergemount Hospital, Clonskeagh), while one centre closed (St Joseph's Hospital, Limerick).

Differences in data reported for child and adolescent admissions should be noted between the MHC's annual inspectorate reports 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 here is that of the patient on admission and does not take into account any change in status thereafter.



2

National and Regional Admissions, Discharges and Deaths

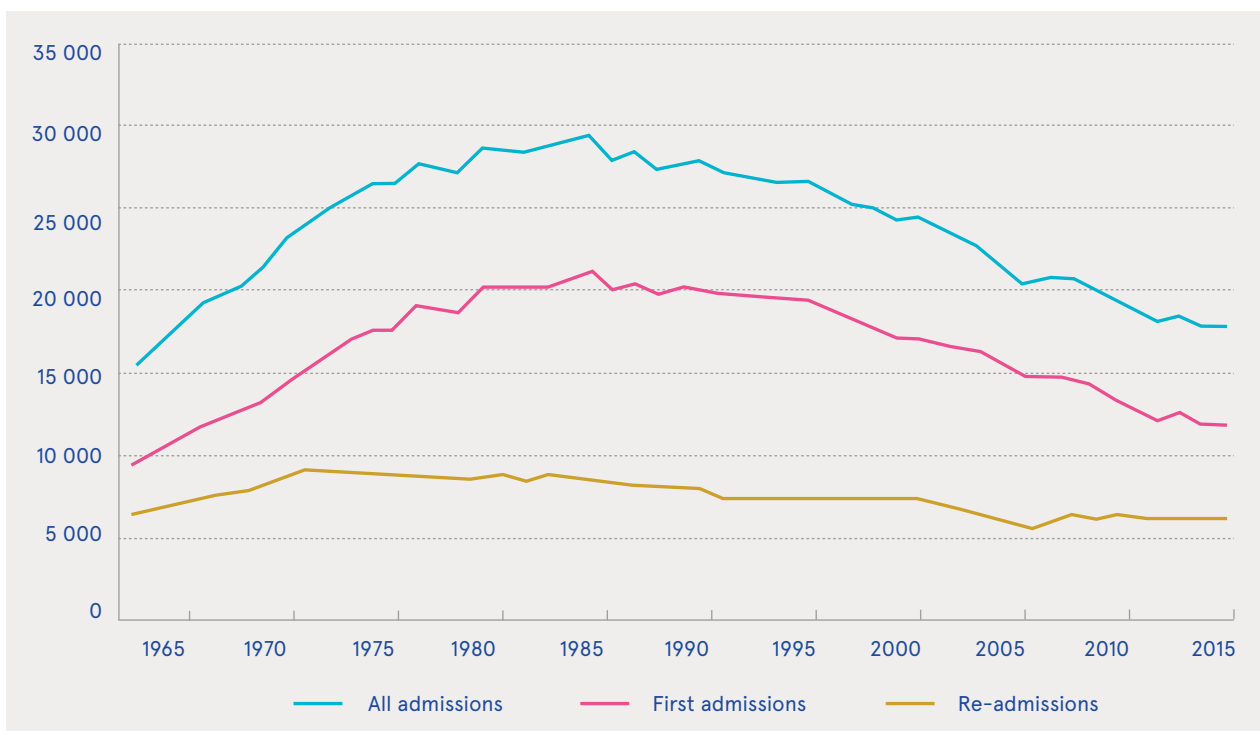
National all and first admissions

There were 17,860 admissions to Irish psychiatric units and hospitals in 2015, a rate of 389.3 per 100,000 total population. This was a small increase in the number of admissions from 17,797 in 2014 and an increase in the rate from 387.9. First admissions increased by 172, from 5,942 in 2014 to 6,114 in 2015, with rates for first admissions also increasing from 129.5 in 2014 to 133.3 in 2015. Approved centres reported an additional fourteen persons presenting for admission in 2015 for whom admission was not deemed appropriate and were therefore not admitted.

In contrast to all and first admissions, re-admissions declined by 109, from 11,855 in 2014 to 11,746 in 2015, with the rate of re-admissions declining from 258.4 to 256.0 per 100,000. The proportion of admissions that were re-admissions declined from 67% in 2014 to 66% in 2015.

Figure 1 presents the number of all, first and re-admissions over the last 50 years. 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 1965–2015. Numbers



Males accounted for just over half (51%) of all and first (54%) admissions. Rates of all and first admissions for males were higher than those for females, with all admissions at 398.5 compared with 380.2 for females and first admissions at 144.9 compared with 121.8 for females.

The 20–24 year age group had the highest rate of all admissions, at 577.7 per 100,000, followed by the 55–64 year age group, at 557.7, and the 45–54 year age group, at 548.2. The 25–34 year age group had the lowest rate of all admissions, at 450.7 per 100,000. As in 2014, the 18–19 year age group had the highest rate of first admissions, at 287.0 per 100,000, followed by the 20–24 year age group, at 254.0 and the 75 year and over age group, at 209.1. The 55–64 year age group had the lowest rate of first admissions, at 145.5 per 100,000. The mean age at admission was 44.91 years (median age 43 years, minimum 12 years, maximum 97 years).

Single persons accounted for 58% of all and 54% of first admissions. Married persons accounted for 25% of all admissions, widowed persons accounted for 4% and divorced persons also accounted for 4%. As in previous years divorced persons had the highest rate of all admissions, at 759.9, despite accounting for just 4% of all admissions. Married persons had the lowest rate of all admissions, at 261.9. Divorced persons had the highest rate of first admissions, at 201.7, while married persons had the lowest rate, at 99.3 per 100,000.

In keeping with the trends in previous years, the unskilled occupational group had the highest rate of all (755.5) and first (218.5) admissions, but as noted in previous years, caution must be exercised when interpreting socio-economic group as almost 50% (49%) of occupations were returned as unknown or unspecified, making assignment to a socio-economic group impossible. Agricultural workers had the second-highest rate of all admissions, at 319.0 per 100,000. Employers and managers had the lowest rate of all admissions, at 88.4 per 100,000. Almost 41% (40.5%) of all admissions were returned as unemployed, 26% as employed, 10% as retired, 6% students, 5% as engaged in house duties and 13% were unknown.

There were 281 admissions of no fixed abode in 2015. Seventy-four per cent of these admissions were male, 76% were single, almost 41% were in the 25–34 year age group, 28% had a diagnosis

of schizophrenia, almost 20% had a diagnosis of other drug disorders and 11% had a diagnosis of personality and behavioural disorders.

Eighty-seven per cent of all admissions 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 7% were distributed amongst other minority ethnic groups or unknown/unspecified.

As in previous years, depressive disorders were the most common diagnoses recorded for all admissions, accounting for 27% of all and 30% of first and 25% of re-admissions. They had the highest rate of all and first admissions, at 104.7 for all and 39.6 per 100,000 for first admissions. Schizophrenia accounted for 20% of all and 13% of first admissions and had the second-highest rate of all admissions, at 77.8 per 100,000 and first admissions, at 17.5.

Twelve per cent of all and 13% (12.8%) of first admissions were involuntary in 2015. These proportions are exactly the same as those in 2014 and thus the rates of involuntary admission remained relatively unchanged from 2014, at 46.7 per 100,000 for all involuntary admissions and 17.0 for first admissions. All admissions for schizophrenia had the highest rate of involuntary admission, at 20.2 per 100,000, followed by mania at 7.7 and depressive disorders, at 4.8 per 100,000.

National discharges and deaths

There were 17,662 discharges and 132 deaths in Irish psychiatric units and hospitals in 2015. Males accounted for 62% of all deaths in 2015 and 84% of those who died were aged 65 years and over. Ninety-two per cent of all admissions in 2015 were discharged in 2015 and 93% of first admissions in 2015 were discharged in 2015.

Almost one-third of all discharges (30%) in 2015 took place within one week of admission, 18% occurred within one to two weeks, 19% occurred within two to four weeks and 27% occurred within one to three months. Ninety-four per cent of all discharges in 2015 occurred within three months of admission.

Almost half (48.5%) of all discharges with a diagnosis of personality and behavioural disorders, 47% of those with a diagnosis of other drug disorders and 47% of those with a diagnosis of behavioural and emotional disorders of childhood and adolescence 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 (77%), intellectual disability (88%) and schizophrenia (89%).

The average length of stay for all discharges was 57.8 days (median 15 days). Average length of stay for all discharges was longest for discharges with a diagnosis of intellectual disability (112 discharges), at 1,422.3 days (median 14 days), accounting for less than one per cent of all discharges and 15% of in-patient days. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 173.6 days (median 31 days), accounting for 3% of all discharges and almost 10% of in-patient days.

The average length of stay for discharges with a length of stay of up to one year was 26.4 days (median 14 days). Discharges with a primary discharge diagnosis of organic mental disorders had the longest average length of stay, at 48.0 days (median 27 days), followed by eating disorders, at 42.0 days (median 37 days) and schizophrenia, at 36.1 days (median 20 days) when discharges with a length of stay of one year or more were excluded. Discharges with a diagnosis of behavioural and emotional disorders of childhood and adolescence had the shortest average length of stay, at 12.8 days (median 7 days).

Community Healthcare Organisations (CHOs)

NPIRS data are reported by the HSE's CHO areas (see Figure 2.2) which are new geographical structures for the delivery of primary care, social care, mental health and other health and well-being services. 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. All admission rates were highest for those resident in CHO 9, at 445.8 per 100,000, followed by CHO 7, at 406.8 and CHO 2, at 389.4. CHO 3 had the lowest rate of all admissions, at 355.4 per 100,000. First admissions

were highest for CHO 5, at 148.5 per 100,000, followed by CHO 2, at 145.3 and CHO 7, at 145.0 per 100,000. CHO 1 had the lowest rate of first admissions, at 109.2 per 100,000.

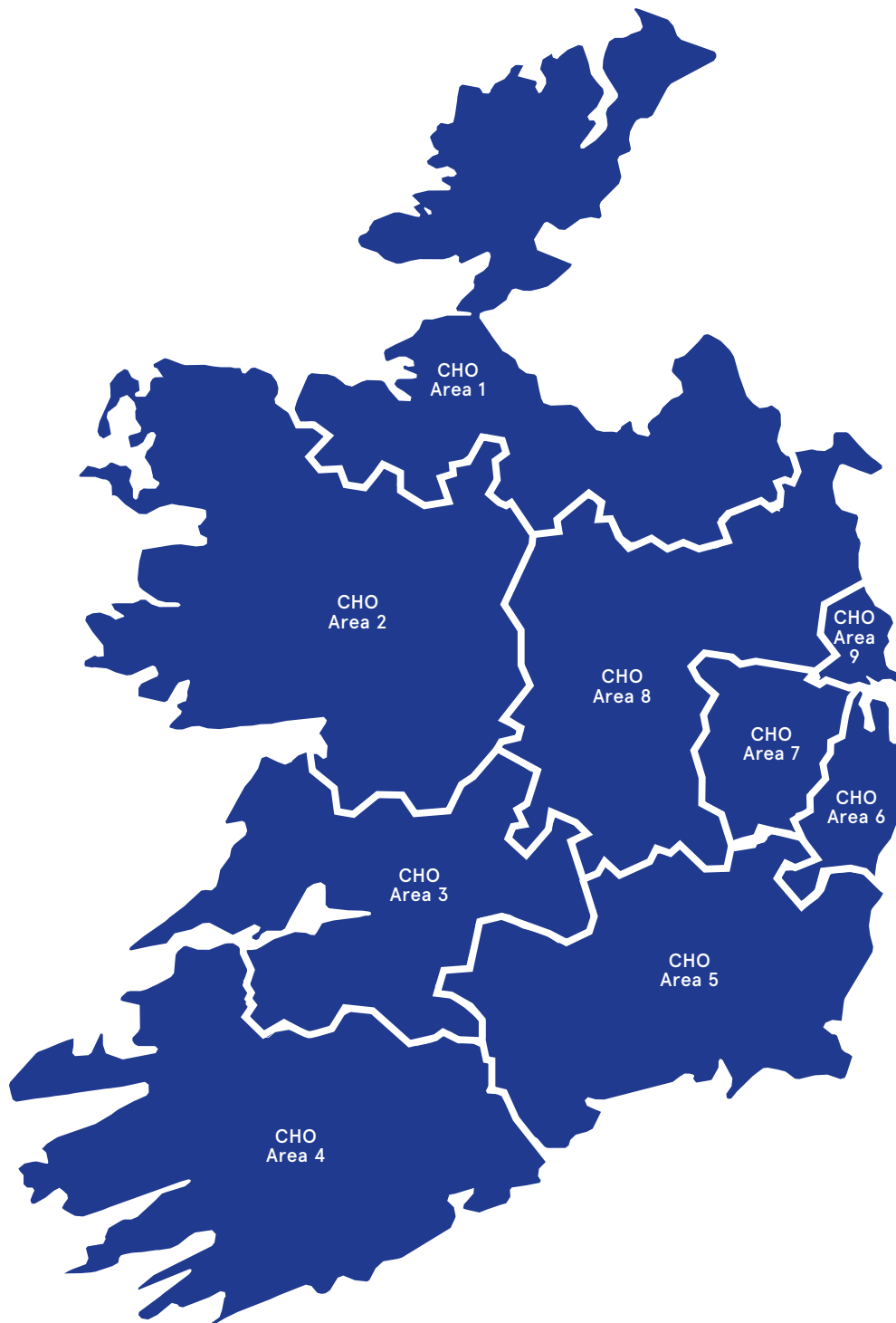
A higher proportion of males were admitted from CHO 2 (55%), CHO 5 (54%) and CHO 5 (53%), while a higher proportion of females were admitted from CHO 6 (52%), CHO 7 (52%) and CHO 9 (51%). Proportions of male and female admissions were equal in all other areas. When age groups were condensed into two groups – under 45 years and 45 years and over – the under 45 year age group had lower rates of admission than the 45 year and over age group in all areas, with the 45 year and over age group having twice the rate of the under 45 year age group in CHOs 6, 7 and 8.

Depressive disorders accounted for the highest proportion and rate of all admissions in each area with rates ranging from 141.2 per 100,000 in CHO 2 to 83.3 in CHO 6. Schizophrenia accounted for the second-highest proportion and rate of all admissions with rates ranging from 89.5 per 100,000 in CHO 4 to 49.6 in CHO 5.

Admissions resident in CHO 1 and CHO 6 had the highest proportion of involuntary admissions, at 14% each while CHO 3 had the lowest proportion of involuntary admissions, at 9%. Seventeen per cent of first admissions in CHO 6 were involuntary. CHO 6 had the highest rate of involuntary admissions, at 53.0 per 100,000, followed by CHO 9, at 51.4 and CHO 1, at 51.0. CHO 3 had the lowest rate, at 33.2 per 100,000. CHO 6 had the highest rate of involuntary first admissions, at 19.9 per 100,000, followed by CHO 5, at 19.0 and CHO 2, at 18.9.

More than half of all discharges for CHO 1 (58%), CHO 2 (51%) and CHO 5 (53%) were discharged within two weeks of admission. In contrast, 42% of discharges from CHO 6 were discharged within two weeks.

Average length of stay for all discharges was longest for discharges from CHO 9, at 101.5 days (median 15 days), followed by CHO 6, at 63.7 days (median 19 days) and CHO 3, at 60.4 (median 17 days). CHO 1 had the shortest average length of stay, at 26.9 days (median 10 days). When discharges of one year or more were excluded (one per cent of discharges) average length of stay was longest for CHO 6, at 31.1 days (median 18 days), followed by CHO 7, at 28.7 days (median 16 days) and CHO 4, at 28.3 days (median 16 days). Length of stay was shortest in CHO 1, at 21.8 days (median 10 days).



The 9 Community Health Care Organisations (CHOs) are:

- Area 1 Donegal, Sligo/ Leitrim/West Cavan, Cavan/Monaghan
- Area 2 Galway, Roscommon, Mayo
- Area 3 Clare, Limerick, North Tipperary/East Limerick
- Area 4 Kerry, North Cork, North Lee, South Lee, West Cork
- Area 5 South Tipperary, Carlow/Kilkenny, Waterford, Wexford

- Area 6 Wicklow, Dun Laoghaire, Dublin South East
- Area 7 Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West
- Area 8 Laois/Offaly, Longford/Westmeath, Louth/Meath
- Area 9 Dublin North, Dublin North Central, Dublin North West

Counties

All admissions were highest for County Wicklow, at 497.7 per 100,000, followed by Roscommon, at 485.4, Sligo, at 452.6 and Donegal, at 437.5. Monaghan had the lowest rate of all admissions, at 211.6. Mayo had the highest rate of all admissions for depressive disorders, at 234.2, followed by Roscommon, at 148.3 and Tipperary North, at 147.9. Monaghan had the lowest rate, at 47.9. Sligo had the highest rate of admission for schizophrenia, at 105.5, followed by Wicklow, at 102.5 and Donegal, at 100.5. Tipperary South had the lowest rate, at 33.9. Longford had the highest rate of all admissions for alcoholic disorders, at 43.6, followed by Sligo, at 41.3 and Donegal, at 41.0. Limerick had the lowest rate, at 8.3.

Galway had the highest rate of first admissions, at 168.0 per 100,000, followed by Tipperary South, at 165.1, Westmeath, at 156.7 and Wicklow, at 156.6. Monaghan had the lowest rate of first admissions, at 62.8 per 100,000. Mayo had the highest rate of first admissions for depressive disorders, at 85.0 per 100,000, followed by Leitrim, at 53.5, Galway,

at 52.7 and Wicklow, at 52.0. Kilkenny had the lowest rate of first admissions for depressive disorders, at 19.9 per 100,000. Galway had the highest rate of first admissions for schizophrenia, at 29.9 per 100,000, followed by Offaly, at 24.8, Sligo, at 22.9 and Cork, at 22.5. Waterford had the lowest rate for schizophrenia, at 4.4 per 100,000. Longford had the highest rate of first admissions for alcoholic disorders, at 20.5, followed by Donegal, at 14.9, Sligo, at 13.8 and Dublin, at 13.0. Cavan had the lowest rate for alcoholic disorders, at 2.7 per 100,000.

Non-residents

There were 74 admissions for non-residents in 2015, an increase from 55 in 2014. Forty-seven per cent of non-residents had an address originating in Northern Ireland, 13.5% in England, 8% in Germany, 5% in the US and 4% in France. Almost one-quarter (24%) of all admissions for non-residents had a primary admission diagnosis of depressive disorders, 19% had a diagnosis of mania, 15% had a diagnosis of eating disorders and 12% had a diagnosis of schizophrenia.

3

Hospital Type – Admissions, Discharges and Deaths

Fifty-eight per cent of all admissions in 2015 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) (see Figure 3.1). These proportions are similar to those in 2014. Re-admissions accounted for 68% of all admissions to psychiatric hospitals/continuing care units, 64% of admissions to general hospital psychiatric units and 67% to independent/private and private charitable centres.

Females accounted for 59% 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; 53% of all and 56% of first admissions to general hospital psychiatric units and 56% of all and 57% of first admissions to psychiatric hospitals/continuing care units.

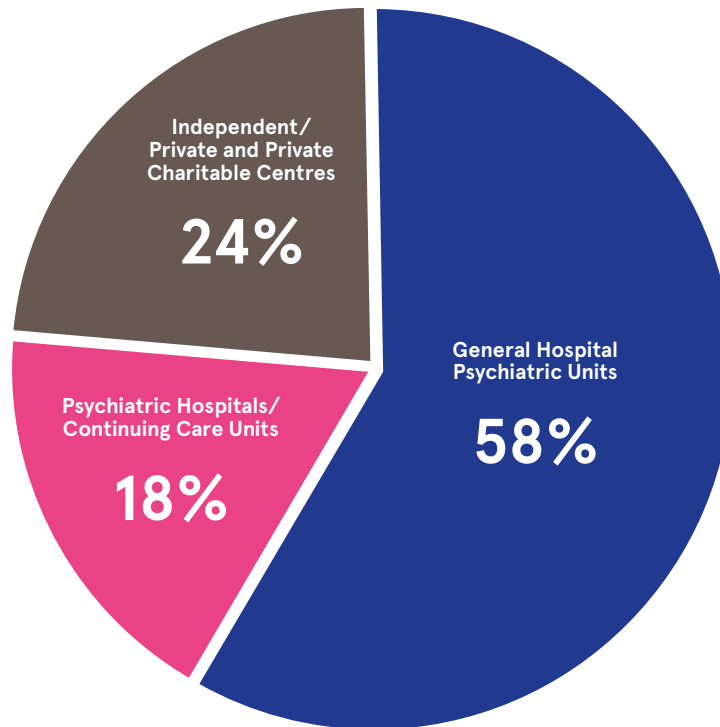
Admissions to independent/private and private charitable centres had an older age profile than either general hospital psychiatric units or psychiatric hospitals/continuing care units; 62% of admissions to independent/private and private charitable centres were aged 45 years and over compared with 42% to general hospital psychiatric units and almost 45% to psychiatric hospitals/continuing care units. Over half (58%) of all admissions to general hospital psychiatric units and over half (55%) of admissions to psychiatric

hospitals/continuing care units were under 45 years of age compared with 38% to independent/private and private charitable centres. The mean age at admission to independent/private and private charitable centres was 50.55 years (median 52) compared with 44.36 (median 42) in psychiatric hospitals/continuing care units and 42.79 (median 41) in general hospital psychiatric units.

Over one-third of all (36%) and first (33.5%) admissions to independent/private and private charitable centres had a primary admission diagnosis of depressive disorders; 26% of all and 30% of first admissions to general hospital psychiatric units and 17% of all and 22% 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 8%, than admissions to general hospital psychiatric units, at 23% or psychiatric hospitals/continuing care units, at 25%. A higher proportion of admissions to independent/private and private charitable centres were for alcoholic disorders, at 14%, than admissions to general hospital psychiatric units, at 4% or psychiatric hospitals/continuing care units, at 5%.

Almost 19% (18.5%) of all admissions to psychiatric hospitals/continuing care units were involuntary compared with 14% to general hospital psychiatric units and 2% to independent/private and private charitable centres. Similar figures were observed for first admissions with 20% of first admissions to psychiatric hospitals/continuing care units

Figure 3.1 Hospital type. All admissions. Ireland 2015. Percentages



involuntary compared with 15% to general hospital psychiatric units and 2% to independent/private and private charitable centres.

Over one-third (35%) of all discharges from general hospital psychiatric units and from psychiatric hospitals/continuing care units (34%) were discharged within one week of admission compared with 15% from independent/private and private charitable centres. Over half of all discharges from general hospital psychiatric units (55%) and from psychiatric hospitals/continuing care units (52%) were discharged within two weeks of admission compared with just 26% from independent private and private charitable centres.

Average length of stay for all discharges was longest in psychiatric hospitals/continuing care units, at 170.8 days (median 12 days), followed by independent/private and private charitable centres, at 48.7 days (median 30 days) and general hospital psychiatric units, at 26.5 days (median 11 days). When discharges of one year or more were excluded average length of stay was longest in independent/private and private charitable centres, at 34.8 days (median 30 days), followed by psychiatric hospitals/continuing care units, at 27.1 days (median 11 days) and general hospital psychiatric units, at 22.9 days (median 11 days).

4

Individual Units and Hospitals – Admissions, Discharges and Deaths

Admissions to general hospital psychiatric units increased by 55, from 10,370 in 2014 to 10,425 in 2015. Admissions to psychiatric hospitals/continuing care units decreased by 32, from 3,219 in 2014 to 3,187 in 2015, while admissions to independent/private and private charitable centres increased by 40, from 4,208 in 2014 to 4,248 in 2015.

As noted in previous years, there was wide variation in length of stay across all hospitals with over 40% of discharges occurring within one week of admission in some hospitals; Our Lady's Hospital, Navan (43%); Letterkenny General Hospital (43%); St Luke's Hospital, Kilkenny (41%); St Vincent's Hospital, Fairview (46%); Newcastle Hospital, Greystones (46%); St Brigid's Hospital, Ardee (42%). In contrast, the proportion of discharges within one week of admission in independent/private and private charitable centres was less than 20%; St Patrick's Hospital, 18%; St Edmundsbury, 11%; St John of God Hospital, 14%; Highfield Hospital, 5%; Lois Bridges, 5%. Bloomfield Hospital had no discharges within one week of admission.

Amongst the general hospital psychiatric units, Sheehan Unit, Ashlin Centre in Beaumont Hospital had the longest average length of stay, at 166.2 days (9 discharges; median 46 days), followed by St Vincent's University Hospital, Elm Park, at 43.5 days (median 23 days) and Naas General Hospital, at 40.1 days (median 13 days). Average length of stay for psychiatric hospitals/continuing care units is typically longer than in general hospital units where length of stay for many centres was in excess of 1,000 days in 2015. Bloomfield Hospital had the longest average length of stay amongst independent/private and private charitable centres, at 1,462.6 days (20 discharges; median 619 days) and St Patrick's Hospital had the shortest, at 33.4 days (median 29 days). 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

There were 503 admissions for under 18s to all hospital types in 2015, an increase of 67 from 436 in 2014. Seventy-seven per cent (389) of admissions for under 18s were first admissions. There were 407 admissions to specialised child and adolescent in-patient units and 77% of these were first admissions. There were 96 admissions for under 18s to adult units and hospitals.

Sixty per cent of all admissions for under 18s were female. Over one-third (36%) were aged 17 years of age on admission, 27% were aged 16 years, 18% were aged 15 years, 10% were aged 14 years, 6% were aged 13 years and almost 4% were aged 12 years or under.

Females accounted for 66% of admissions to specialised child and adolescent in-patient units. Thirty-one per cent of admissions to these specialised units were aged 17 years on admission, 26% were aged 16 years, 20% were aged 15 years, 12% were aged 14 years, 7% were aged 13 years and 4% were aged 12 years or under.

Almost 64% of admissions for under 18s to adult units were male. Fifty-six per cent of under 18 admissions to adult units were aged 17 years on admission, 34% were aged 16 years, 6% were aged 15 years, 1% was aged 13 years and 2% were aged 12 years or under.

Almost one-third (32%) 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 eating disorders and 9% had a diagnosis of schizophrenia. Females accounted for 65% of all admissions for depressive disorders, 58% of admissions with neurosis, 87% of admissions with eating disorders and 54% of

admissions with mania. Males accounted for 59% of admissions with schizophrenia and 93% of admissions with other drug disorders.

Three per cent (17 admissions) of all and 3% (10 admissions) of first admissions for under 18s were involuntary. Forty-one per cent of involuntary admissions for under 18s had a primary admission diagnosis of depressive disorders and 29% had a diagnosis of schizophrenia.

Eighty-one per cent of admissions for under 18s were to specialised child and adolescent in-patient units, 17% were to general hospital psychiatric units and 2% were to psychiatric hospitals/continuing care units. There were no admissions for under 18s to independent/private and private charitable centres.

Eighty-five per cent of all admissions for under 18s in 2015 were discharged in 2015. Of those admitted and discharged in 2015, 19% were discharged within one week of admission, 9% were discharged within one to two weeks, 17% were discharged within two to four weeks, 45% were discharged within one to three months and almost 10% were discharged within three months to one year. The average length of stay for all under 18s admitted and discharged in 2015 was 41.4 days (median 30 days). Average length of stay was longest in child and adolescent units, at 50.1 days (median 41 days), followed by general hospital psychiatric units, at 10.1 days (median 5 days) and psychiatric hospitals/continuing care units, at 6.9 days (median 3 days).

6 In-patient Census 2015

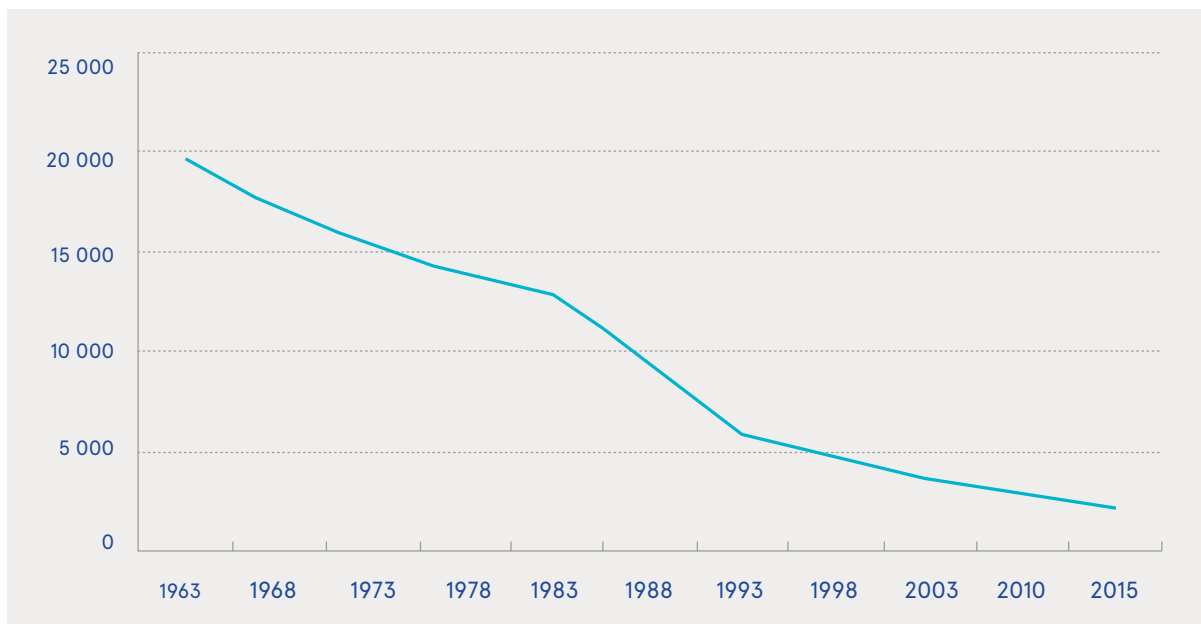
Each year, at the end of the year a census of in-patients is undertaken. There were 2,337 patients resident in approved adult in-patient units on 31 December 2015, a rate of 50.9 per 100,000 total population. This is an increase of 109 patients resident since 31 December 2014 and an 88% reduction in in-patient numbers since 1963 (Figure 6.1). There were an additional 73 under 18s resident in specialised child and adolescent in-patient units.

Fifty-five per cent of patients resident in adult units on 31 December 2015 were male. Thirty-seven per cent were aged 65 years and over, 33% were aged 45–64 years, 24% were aged 25–44 years and 6% were aged 24 years or younger. Three patients resident in adult units were under 18 years

of age on census night. Fifty-nine per cent were single, 20% were married, 7% were widowed and 2% were divorced.

Thirty-two per cent (744) had a primary admission diagnosis of schizophrenia, 15% (353) depressive disorders and 12% (289) organic mental disorders. In-patients with a primary admission diagnosis of schizophrenia had the highest rate of hospitalisation, at 16.2 per 100,000, followed by depressive disorders, at 7.7 and organic mental disorders, at 6.3. Males had a higher rate of hospitalisation for schizophrenia than females, at 20.3 per 100,000 compared with 12.2 for females. The female rate of hospitalisation for depressive disorders, at 8.0 per 100,000 was only marginally higher than that for males, at 7.4.

Figure 6.1 Irish psychiatric units and hospitals census 1963–2015. Numbers



Thirty-eight per cent (890) of patients resident on 31 December 2015 were long-stay, i.e. had been in hospital for one year or more; 18% (428) were new long-stay, i.e. in hospital for between one and five years and 20% (462) were old long-stay, i.e. in hospital for five years or more.

The total number of in-patient days accrued for all in-patients on census night was 3,691,726; patients with a diagnosis of schizophrenia (744) accounted for 42% of the total number of in-patient days and patients with intellectual disability (126) accounted for 31%. The average length of stay for all in-patients was 1,579.69 days (median 111 days). Patients with a diagnosis of intellectual disability had the longest average length of stay, at 9,015.04 days (median 7,337 days), followed by schizophrenia, at 2,101.86 days (median 357 days). When patients with a length of stay of one year or more were excluded the average length of stay was 66.9 days (median 30 days). With the exception of one patient with behavioural and emotional disorders of childhood who had a length of stay of 343 days, average length of stay was longest for patients with organic mental disorders (105), at 120.7 days (median 83 days), followed by schizophrenia (375), at 90.0 days (median 48 days) and intellectual disability (10), at 89.1 days (median 58 days).

Thirty-five per cent of patients resident on 31 December 2015 were in general hospital psychiatric units (up slightly from 34% in 2014), 32% were in psychiatric hospitals/continuing care units (down from 33% in 2014) and 23% were in independent/private and

private charitable centres (up from 22% in 2014). Four per cent were in the Central Mental Hospital, Dundrum (unchanged from 2014), almost 5% were in St Joseph's Intellectual Disability Service (unchanged from 2014) and less than one per cent (0.73) was in Carraig Mór, Cork (down slightly from 0.94 in 2014).

There were 76 under 18s resident on 31 December 2015; 73 of these were resident in specialist child and adolescent units and three were resident in adult units and were included in the analysis above. Sixty-six per cent of under 18s were female; 30% were aged 17 years of age on census night, 26% were aged 16 years, 17% were aged 15 years, 13% were aged 14 years, 8% were aged 13 years and 5% were aged 12 years or under. Thirty-two per cent had a primary admission diagnosis of depressive disorders, 16% had a diagnosis of eating disorders, 12% had a diagnosis of schizophrenia and 11% had a diagnosis of neuroses.



7

Review of data 2006–2015

There has been a 12% decline in admissions in the ten-year period from 2006–2015, from 20,288 in 2006 to 17,860 in 2015. Re-admissions have shown a greater level of decline during this period, at 20%, from 14,687 in 2006 to 11,746 in 2015. First admissions have shown an increase in the ten-year period, from 5,601 in 2006 to 6,114 in 2015, a 9% increase.

Admissions to general hospital psychiatric units have increased from 50% of all admissions in 2006 to 58% in 2015; the proportion of admissions to psychiatric hospitals/continuing care units decreased from almost 32% in 2006 to 18% in 2015, while admissions to independent/private and private charitable centres increased from 19% in 2006 to 24% in 2015.

The proportion of involuntary admissions in 2015, at 12% of all and 13% of first admissions remains relatively unchanged from that in 2006, at 11% of all and 12% of first (see Figure 7.1). The proportion of involuntary all and first admissions remained unchanged from 2014–2015. A year-on-year increase in the proportion of involuntary admissions had been noted in previous reports despite an initial reduction following commencement of the Mental Health Act 2001.

Patients resident in psychiatric units and hospitals have fallen from 3,389 in 2006 to 2,337 in 2015, a 31% reduction in this ten-year period, in line with the policy to reduce in-patient provision and provide community-based care. Despite this expected decrease over the ten-year period, it is worth noting that an increase of 109 patients resident was observed from 2014–2015.

Figure 7.1 All and first involuntary admissions 2006–2015. Percentages

