

**HRB StatLink Series 21**  
National Psychiatric Inpatient  
Reporting System (NPIRS)

**Annual Report on  
the Activities of Irish  
Psychiatric Units  
and Hospitals 2023**

Antoinette Daly, Harriet Lovett and Ena Lynn

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## **HRB StatLink Series 21**

# National Psychiatric Inpatient Reporting System (NPIRS) Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2023

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## 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 four 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 **National Psychiatric Inpatient Reporting System** (NPIRS) gathers data on patient admissions to, 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.

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# 1. Introduction and Background

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This report presents data on all admissions, discharges and deaths in Irish psychiatric units and hospitals on the Register of Approved Centres in 2023. Data for this report were collected and returned to the HRB National Psychiatric Inpatient Reporting System (NPIRS) by the NPIRS contacts in each unit and hospital throughout the country and we would like to acknowledge their time and dedication to ensuring the completeness and accuracy of these returns.

The report presents data for the 67 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). There were no new centres registered in 2023.

Data are presented nationally, regionally by Community Healthcare Organisation (CHO), locally by individual hospital and also by hospital type. A limited number of tables and graphs are included with the remaining data available online at [www.hrb.ie](http://www.hrb.ie). Interactive tables are available at [http://www.cso.ie/px/pxeirestat/pssn/hrb/homepagefiles/hrb\\_statbank.asp](http://www.cso.ie/px/pxeirestat/pssn/hrb/homepagefiles/hrb_statbank.asp), allowing the user to access readily-available data from the database since 2006.

Comparative data for 2022 used in this summary report are from the publication *Activities of Irish Psychiatric Units and Hospitals 2022 Main Findings* (Daly and Lynn 2023) and rates reported are per 100,000 total population based on the Census of Population 2022 (<https://data.cso.ie/>). 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. In this report rates for socio-economic group are not reported as in previous years because there has been a break in the time series for socioeconomic group between the 2022 census and previous census results as reported by the CSO. The socio-economic group framework was rebased to incorporate the SOC2010 classification unlike previous census results published. This has affected the categorisation of some occupations in terms of the socioeconomic group they have been assigned to and thus categories are not comparable with previous years.

While most hospitals and units have not yet moved to recording diagnosis using ICD-11 (WHO 2022; <https://icd.who.int>) for NPIRS data submissions, we have updated some of the ICD category names to reflect current thinking in ICD-11 and more modern terminology. Alcoholic Disorders is now Alcohol-related Disorders, Mania is now Bipolar Disorders, Neuroses is now Anxiety or fear-related Disorders/Obsessive Compulsive Disorders (OCD)/Stress-related Disorders. Categorisation of individual ICD codes to the diagnostic categories has not changed with the exception of Attention Deficit Hyperactivity Disorder (ADHD) which now moves to the Development Disorders category (previously categorised as Behavioural and emotional disorders of childhood and adolescence). This retention of categories with the small exception of ADHD, means that categories will be comparable with previous years.



Table 1.1 Number of hospitals/approved centres by hospital type

Hospital type	Number
General hospital psychiatric units	23
Psychiatric hospitals/continuing care units	26
Independent/private and private charitable centres	8
Child and adolescent units	6
Central Mental Hospital	1
Carraig Mór, Cork <sup>a</sup>	1
St Joseph's Intellectual Disability Service <sup>b</sup>	1
Phoenix Care Centre, Dublin <sup>c</sup>	1
<b>Total</b>	<b>67</b>

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.

It is worth noting that a number of bed closures (approximately 31 beds) occurred during of 2023. This included the closure of the unit in Bantry General Hospital in the last quarter of 2023 due to refurbishment and the closure of a number of beds in the Jonathan Swift unit in St James's Hospital. In addition, 51 of the 72 approved beds in inpatient CAMHS units were operational in 2023.

All data are received from units and hospitals according to agreed specifications. Data received from units and hospitals are processed and go through 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. The data contained in this report reflect data received throughout 2023 and 2024, pertaining to admissions and discharges in 2023, and verified by hospitals at the time of preparing this report. It should be noted however, that any changes to the data by a hospital or any 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 inpatient services. In addition, as the data in this report relate to admissions and/or discharges and not people, the potential to identify individuals from the data is minimal. A further point to note is that many hospitals use a provisional diagnosis on admission so this may be reflected in the primary admission diagnosis for a patient and thus may not be consistent with the discharge diagnosis completed for that patient. Data are analysed according to the sex (at birth) classification (gender binary) male and female.

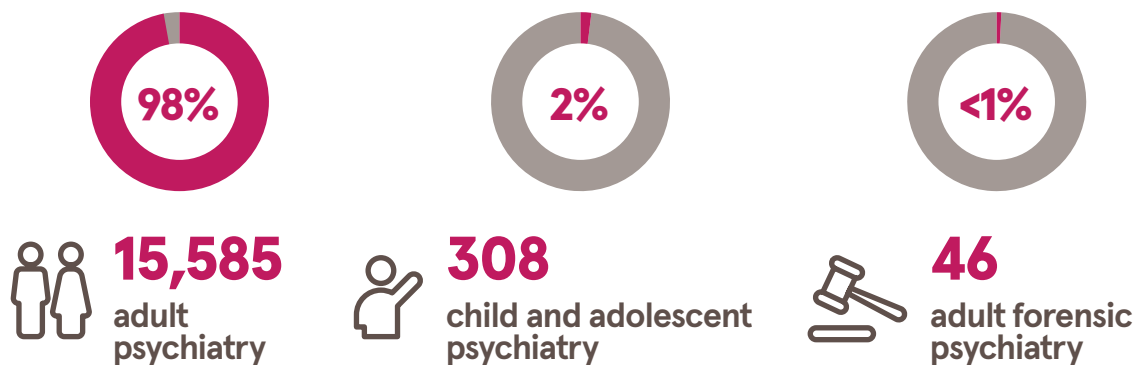
Differences may exist in data reported for child and adolescent admissions in the Mental Health Commission's (MHC) annual inspectorate report and data reported to NPIRS. Admissions for children and adolescents in this report include all admissions for persons under 18 years of age, regardless of their 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 in this report is that of the patient on admission and does not take into account any change in status thereafter. Similarly, there may be differences in deaths reported by the MHC and the HRB's NPIRS as the MHC report deaths within four weeks of discharge from an approved centre whereas the NPIRS does not record the death of a patient following discharge from the approved centre.

## 2. National and Regional Admissions, Discharges and Deaths

### 2.1 National all and first admissions

#### 2.1.1 All admissions (Adult and children's units)

There were 15,939 admissions to all approved inpatient centres in 2023 (psychiatric units and hospitals including child and adolescent units, independent/private and private charitable centres and the National Forensic Mental Health Service). Admissions to adult psychiatric units and hospitals accounted for 98% of all admissions, with 2% to child and adolescent units and less than one per cent of all admissions to the forensic unit at the Central Mental Hospital.



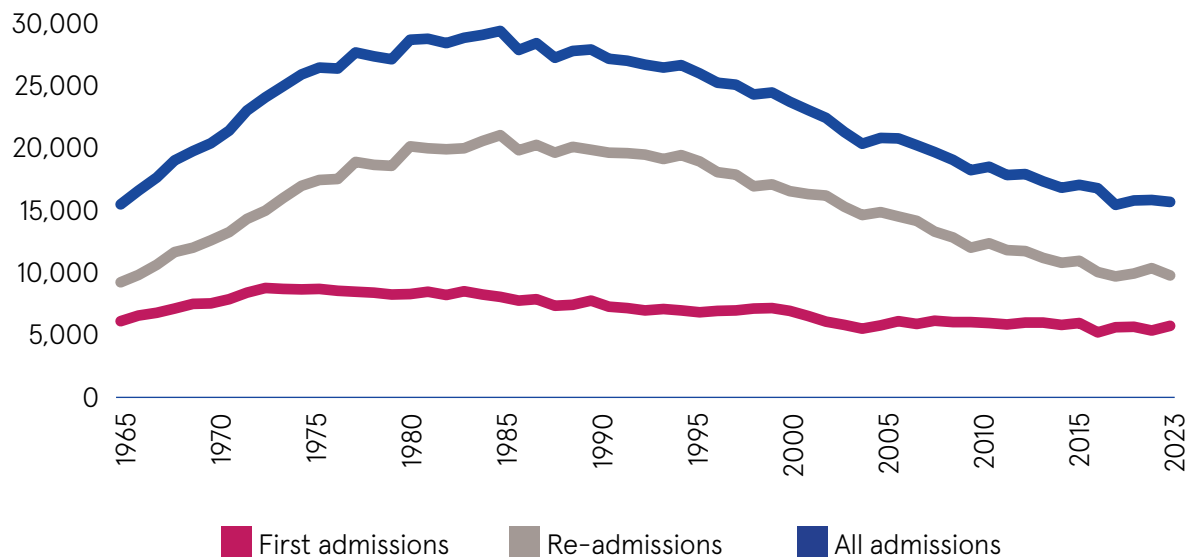
#### 2.1.2 All and first admissions (Adult units)

There were 15,631 admissions to adult psychiatric units and hospitals in 2023, a decrease of 159 admissions, from 15,790 in 2022. The rate of admissions decreased from 331.6 in 2022 to 303.6 per 100,000 total population in 2023.

- First admissions accounted for 37% of all admissions and increased by 426 (8%), from 5,412 in 2022 to 5,838 in 2023.
- The rate of first admissions remained largely unchanged from 113.7 in 2022 to 113.4 per 100,000 in 2023.
- Re-admissions accounted for 63% of all admissions (9,793), a rate of 190.2 per 100,000, down from 217.9 in 2022.

Figure 1 presents the number of all, first and re-admissions for the past 59 years.

Figure 2.1 All, first and re-admissions. Ireland 1965-2023. Numbers



### Sex

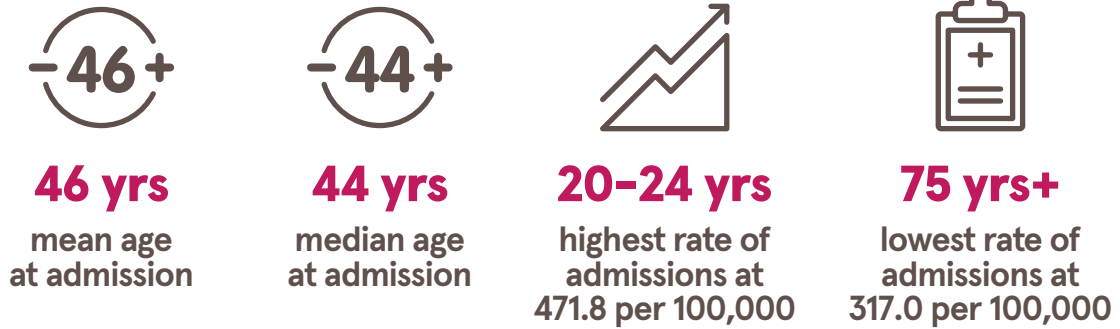
There was an equal split in the proportion of male and female admissions, with males having a slightly higher rate of admission, at 305.4 per 100,000 compared with 301.8 for females. Males accounted for a slightly higher proportion of first admissions, at almost 53% and also had a higher rate of first admission, at 120.6 compared with 106.3 per 100,000 for females.

### Age

The mean age at admission remained similar to that of the last few years, at 46 years (median age 44 years). As in previous years, the 20-24 year age group had the highest rate of all admissions, at 471.8 per 100,000, followed by

- The 25-34 year age group, at 458.4 and
- the 35-44 year age group, at 398.4.

The 75 and over year age group had the lowest rate of all admissions, at 317.0 per 100,000.



The 18-19 year age group had the highest rate of first admissions, at 217.7 per 100,000, followed by

- the 20-24 year age group, at 217.2 and
- the 25-34 year age group, at 179.8.

The 55-64 year age group had the lowest rate of first admissions, at 115.6 per 100,000.

### Marital status

Fifty-nine per cent of all admissions were single, 25% were married, 3% were widowed and 3% were divorced. Divorced persons had the highest rate of all admissions, at 350.8 per 100,000 followed by single, at 332.8 and widowed, at 255.1. Married persons had the lowest rate of all admissions, at 203.7 per 100,000.

Divorced persons also had the highest rate of first admissions, at 124.4 per 100,000, followed by single, at 117.8 and widowed, at 87.1. Married persons had the lowest rate of first admissions, at 80.8 per 100,000.



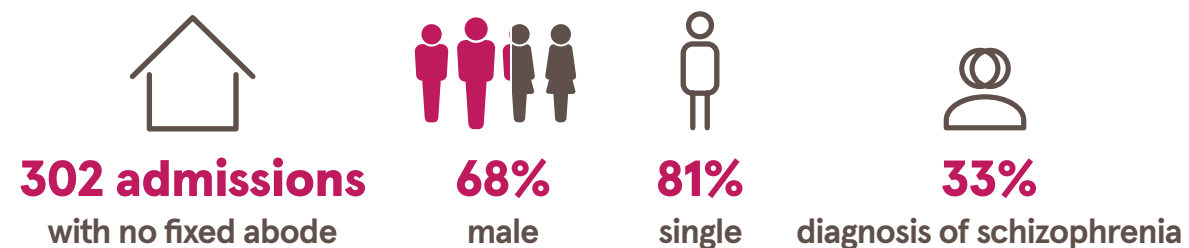
## Employment status and socio-economic group

Thirty-six per cent of all admissions were reported as unemployed in 2023, 20% were employed, 11% were retired, 4% were students, 3% were looking after the home or family and 25% were returned as unknown. Less than one percent were reported as unable to work due to sickness or disability, however, as this was a new category for employment status introduced during 2023, the information returned does not reflect a complete year of data.

Sixty-five per cent of all occupations returned were unknown or unspecified, making assignment to a socio-economic group impossible. When the unspecified/unknown group were excluded, the non-manual group accounted for the highest proportion of admissions, at 27%, followed by lower professionals, at almost 20% and manual skilled at 12%. Similar proportions were observed for first admissions with the non-manual group accounting for the highest proportion, at almost 26%, followed by lower professionals, at 20% and the manual skilled group, at 13%.

## No fixed abode

There were 302 admissions with no fixed abode in 2023, up slightly from 291 in 2022 and 284 in 2021. Sixty-eight per cent of admissions with no fixed abode were male and 81% were single.



- 62% were aged 25–44 years,
- almost 18% were aged 45–54 years,
- 10% were aged 55 years and over and
- 10% were under 25 years of age.

Thirty-three per cent of all admissions with no fixed abode had a primary admission diagnosis of schizophrenia, 16% had a diagnosis of other drug disorders, 12% had a diagnosis of personality and behavioural disorders, 8% had a diagnosis of bipolar disorders with a further 7% having a diagnosis of depressive disorders. Thirty per cent of all admissions with no fixed abode were involuntary admissions. The majority of admissions (62%) with no fixed abode were readmissions.

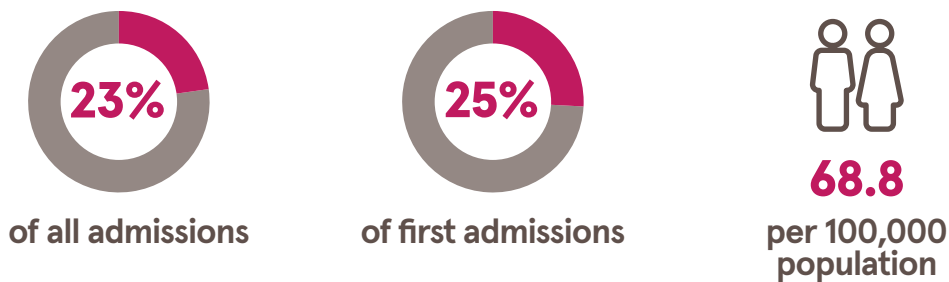
## Ethnicity

Seventy-five per cent of all admissions were returned as 'White Irish', 7% were returned as 'Other White background' (including 'White Irish Traveller', 'Roma' and 'any other white background'), 2% were returned as 'Black African' or 'Any other Black background', a further 4% were distributed amongst various other ethnic groups, while 13% were returned as unknown.

## Primary admission diagnosis

In keeping with the trend of previous years, depressive disorders had the highest proportion of all and first admissions, at 23% of all and 25% of first admissions. Schizophrenia accounted for almost 21% of all and 16% of first admissions and anxiety or fear-related disorders/OCD/stress-related disorders accounted for 10% of all and 13% of first admissions. Bipolar disorders also accounted for 10% of all and 7% of first admissions.

## Depressive disorders



Depressive disorders had the highest rate of all admissions, at 68.8 per 100,000 (down from 76.6 in 2022), followed by schizophrenia, at 62.3 (down from 73.2 in 2022) and anxiety or fear-related disorders/OCD/stress-related disorders, at 30.5 (down from 34.0 in 2022). Depressive disorders also had the highest rate of first admissions, at 27.9 per 100,000, followed by schizophrenia, at 17.8 and anxiety or fear-related disorders/OCD/stress-related disorders, at 14.5.

## Legal status on admission

Sixteen per cent of all admissions and 16% of first admissions were involuntary. Following a similar trend to previous years, the rate of involuntary all admissions decreased from 55.7 per 100,000 in 2022 to 49.9 in 2023, while the rate for first admissions also decreased, from 19.9 in 2022 to 18.0 in 2023. Schizophrenia accounted for the largest proportion of all involuntary admissions, at 45%.

## Medical card and private health insurance

As in previous years, data returns for medical card and private insurance status were disappointing with 71% returned as unknown/unspecified for medical card status and 63% unknown/unspecified for private health insurance.

## County of residence

All admissions were highest for county Offaly, at 401.7 per 100,000, followed by Mayo, at 395.7, Sligo, at 394.6 and Donegal, at 372.9. Monaghan had the lowest rate of all admissions, at 186.9 per 100,000.

- Mayo had the highest rate of all admissions for depressive disorders, at 191.3 per 100,000, followed by Offaly, at 105.8, Tipperary South, at 105.1 and Kilkenny, at 100.8.
- Galway had the lowest rate of all admissions for depressive disorders, at 37.8 per 100,000.
- Waterford had the highest rate of all admissions for schizophrenia, at 84.0 per 100,000, followed by Kerry, at 81.2, Sligo, at 79.8, and Cork, at 78.9.
- Laois had the lowest rate of all admissions for schizophrenia, at 39.2 per 100,000.
- Donegal had the highest rate of all admissions for alcohol-related disorders, at 39.5 per 100,000, followed by Roscommon, at 35.6 Sligo, at 28.5 and Leitrim, at 22.7.
- Tipperary South had the lowest rate of all admissions for alcohol-related disorders, at 3.2 per 100,000.

First admissions were highest for Leitrim, at 142.0 per 100,000, followed by Sligo, at 141.0, Mayo, at 137.0 and Cork, at 136.9. Longford had the lowest rate of first admissions, at 49.2 per 100,000.

- Mayo had the highest rate of first admissions for depressive disorders, at 71.8 per 100,000, followed by Carlow, at 51.6, Tipperary South, at 48.7 and Kilkenny, at 44.2.
- Longford had the lowest rate of first admissions for depressive disorders, at 10.7 per 100,000.
- Kerry had the highest rate of first admissions for schizophrenia, at 27.5 per 100,000, followed by Leitrim, at 22.7, Dublin, at 21.8 and Mayo, at 21.7.
- Longford had the lowest rate of first admissions for schizophrenia, at 4.3 per 100,000.
- Roscommon had the highest rate of first admissions for alcohol-related disorders, at 18.5 per 100,000, followed by Sligo, at 15.7, Donegal, at 14.4 and Leitrim, at 11.4.
- Carlow had no first admissions for alcohol-related disorders, while Tipperary South had the lowest rate, at 1.1 per 100,000.



### Referral source

Eighteen per cent of all admissions were referred by the emergency department/assessment unit attached to a general hospital or liaison psychiatry. Eleven per cent were referred by a GP/out-of-hours GP or a primary care service, 8% were referred by the justice system (Garda/prison/courts), 6% were self-referrals and a further 6% were referred by an outpatient clinic/day hospital/day centre.

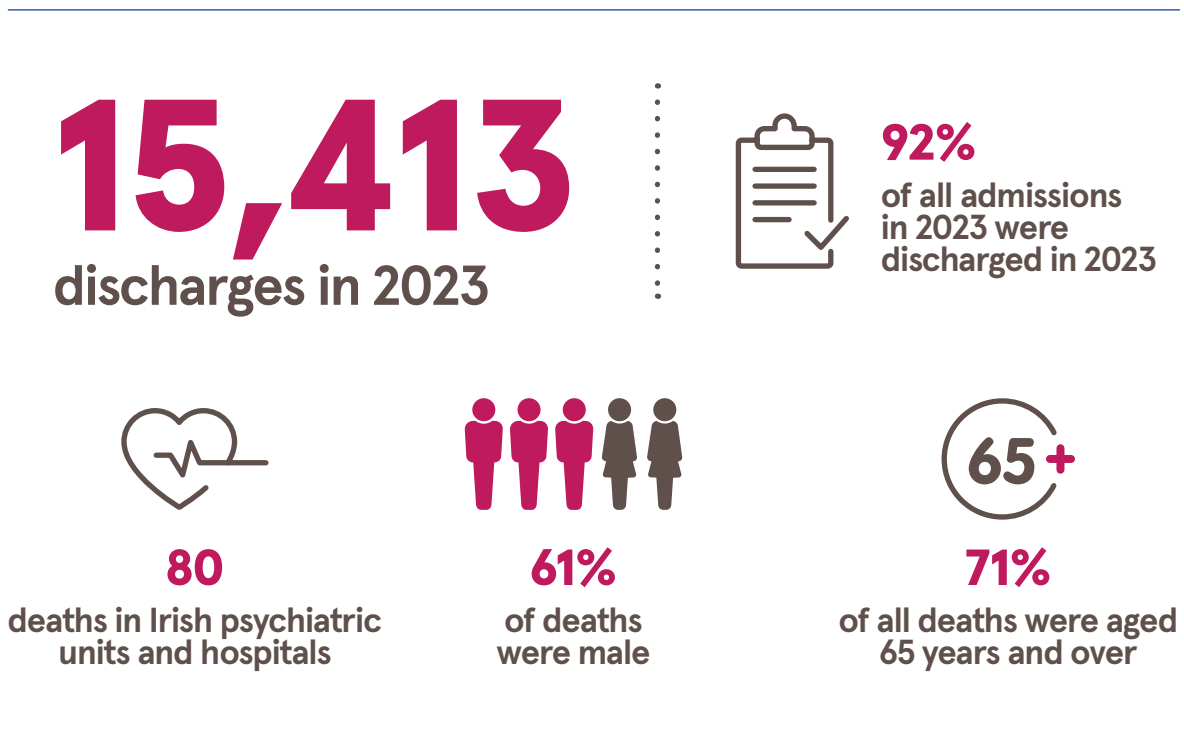
Five per cent were referred by a community mental health team (CMHT)/sector team, 5% were referred by another psychiatric hospital or unit and a further 5% were referred from a general hospital. Twenty-nine percent had an unspecified referral source.

### Non-residents

There were 53 admissions for non-residents in 2023, up from 45 in 2022 and 25 in 2021. Forty per cent of all non-residents had an address originating in Northern Ireland, 32% had an address in England, almost 8% had an address in the USA, while a further 8% had an address in Scotland. Males accounted for 60% of admissions for non-residents. Thirty-four per cent of all non-residents had a primary admission diagnosis of schizophrenia, 17% had a diagnosis of depressive disorders, and 13% had a diagnosis of bipolar disorders.

## 2.2 National discharges and deaths (Adult units)

There were 15,413 discharges and 80 deaths in adult psychiatric units and hospitals in 2023. This is a slight decrease in discharges from 15,593 in 2022 and a decrease in deaths from 95 in 2022. Any deaths notified to the HRB after the date of processing are not included in this report. Males accounted for 61% of all deaths and 71% of all deaths were aged 65 years and over.



Sixty-two per cent of all discharges (excluding deaths) were discharged home, almost 4% were discharged to another psychiatric hospital, less than two per cent were discharged to either a nursing home or a community residence, while less than one per cent were discharged against medical advice. Thirty-two per cent of discharges were returned as unknown/unspecified in terms of their discharge destination.

### **Length of stay and primary discharge diagnosis**

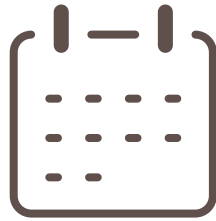
Ninety-two per cent of all admissions in 2023 were also discharged in 2023.

- Almost 30% of all discharges in 2023 occurred within one week of admission, with 3% of all discharges occurring on the same day as admission,
- 18% occurred within one to two weeks,
- 20% occurred within two to four weeks,
- 26% occurred within one to three months of admission,
- 5% occurred within three months to one year of admission and
- 1% of all discharges in 2023 occurred after one year or more of admission.

Almost half (48%) of all discharges for personality and behavioural disorders and other drug disorders (47%), 45% of discharges for intellectual disability, 45% of discharges for behavioural and emotional disorders, and 44% of discharges for development disorders occurred within one week of admission. One-third (33%) of all discharges for anxiety or fear-related disorders/OCD/stress-related disorders, 29% for depressive disorders and 28% of discharges for alcohol-related disorders also occurred within one week of admission.

Over 90% of discharges for most disorders occurred within three months of admission, with the exception of development disorders (89%), intellectual disability (82%), eating disorders (76%) and organic mental disorders (75%).

The average length of stay for all discharges was 47.9 days (median 15 days). Discharges with a diagnosis of intellectual disability had the longest average length of stay, at 1,162.9 days (median 9 days), accounting for less than one per cent of all discharges and 8% of all inpatient days. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 180.5 days (median 32 days), followed schizophrenia, at 80.4 days (median 20 days). Discharges for other drug disorders had the shortest average length of stay, at 15.4 days (median 7 days).



The average length of stay  
for all discharges in 2023

**47.9 days**  
(median 15 days)

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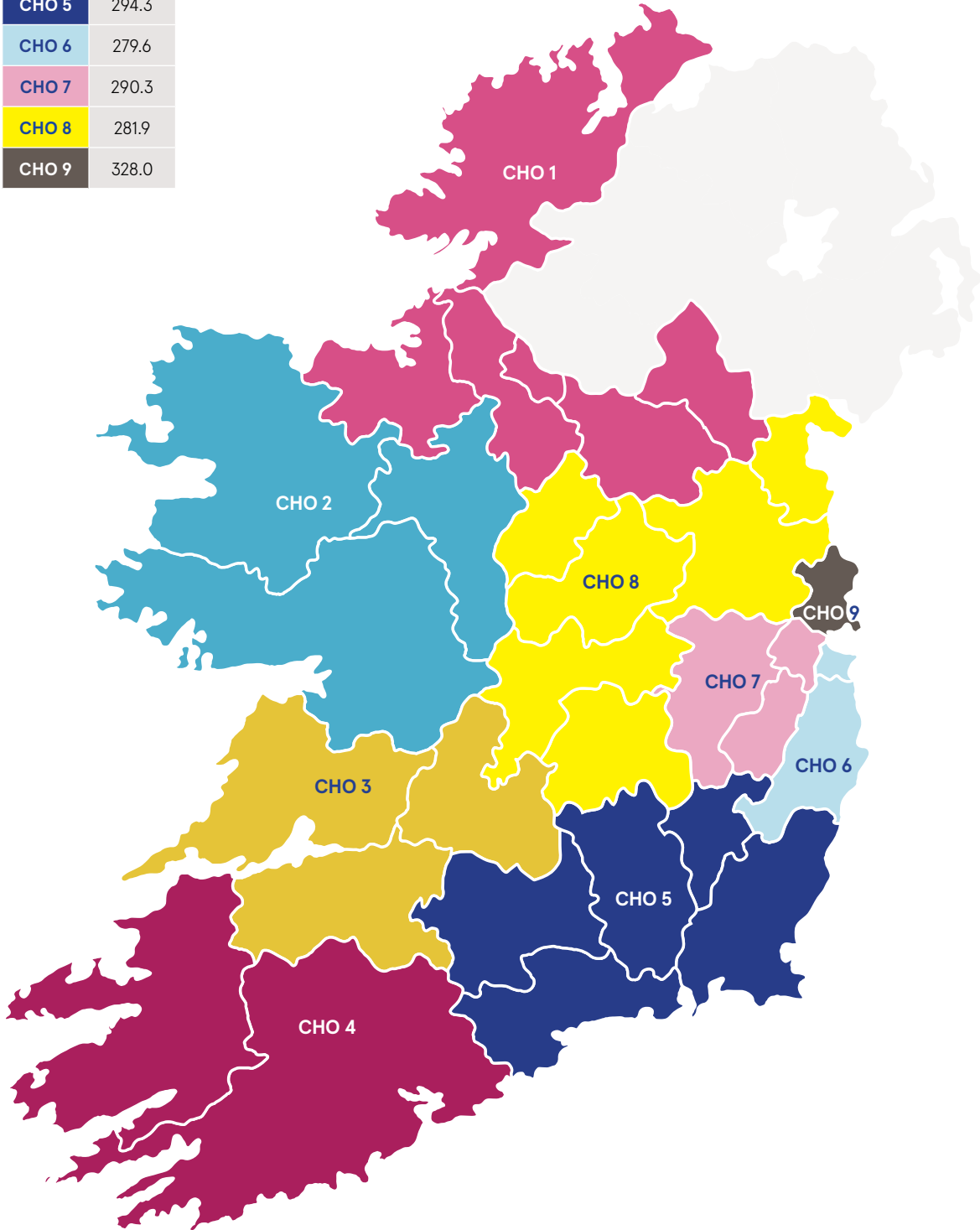
When discharges of one year or more were excluded (1% of discharges), the average length of stay was 27.1 days (median 14 days). Despite accounting for just 1% of all discharges and 3% of all inpatient days, average length of stay was longest for discharges with a diagnosis of eating disorders, at 59.4 days (median 42 days), followed by organic mental disorders, at 52.4 days (median 25 days) and intellectual disability, at 38.2 days (median 7.5 days).

### 2.3 Community Healthcare Organisations (CHOs) (Adult units)

The address from where a person was admitted was used to assign him/her to a CHO area and thus CHO area refers to the CHO area of residence of the person admitted. Admissions resident in CHO 4 had the highest rate of all admissions, at 333.1 per 100,000, followed by CHO 9, at 328.0 and CHO 1, at 322.8. First admission rates were highest for those resident in CHO 9, at 137.5 per 100,000, followed by CHO 4, at 134.2 and CHO 7, at 112.7.

Figure 2.2 Admissions by CHO areas 2023. Rates per 100,000 total population

CHO 1	322.8
CHO 2	321.6
CHO 3	254.2
CHO 4	333.1
CHO 5	294.3
CHO 6	279.6
CHO 7	290.3
CHO 8	281.9
CHO 9	328.0



Males had a slightly higher proportion of all admissions in CHO 2, 3, 4 and 5, while females had a slightly higher proportion in CHO 1, 6, 7, 8 and 9.

When age at admission was condensed into two age groups – under 45 years and 45 years and over, the 45 year and over age group had higher rates of all admissions in each CHO, with rates ranging from 431.8 per 100,000 in CHO 9 to 293.9 in CHO 3.

### **Primary admission diagnosis**

Almost 31% per cent of all admissions resident in CHO 5, almost 30% resident in CHO 9 and a further 27% resident in CHO 2 had a diagnosis of depressive disorders. Depressive disorders accounted for the highest proportion of all admissions in five of the nine CHO areas (CHO 1, 2, 5, 8, and 9), while schizophrenia accounted for the highest proportion in CHO 3 (24%), CHO 4 (24%), CHO 7 (24%) and CHO 9 (34%).

Depressive disorders had the highest rate of admission in six of the nine CHO areas (CHO 1, 2, 5, 6, 8 and 9) with rates in all areas ranging from 96.8 per 100,000 in CHO 9 to 40.4 in CHO 6. Schizophrenia had the highest rate of all admissions in three CHO areas (CHO 3, 4 and 7) with rates in all areas ranging from 79.4 per 100,000 in CHO 4 to 38.6 in CHO 6.

### **Legal status on admission**

Twenty per cent of all admissions from CHO 4 were involuntary, followed by almost 20% from CHO 7, 19% from CHO 5 and a further 17% from CHO 9. Admissions from CHO 4 had the highest rate of involuntary admission, at 72.1 per 100,000, followed by CHO 7, at 61.7 and CHO 9, at 61.6. CHO 4 admissions also had the highest rate of involuntary first admissions, at 27.1 per 100,000, followed by CHO 9, at 26.9 and CHO 7, at 24.0.

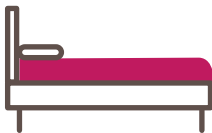
### **Length of stay**

Almost two-thirds (63%) of discharges from CHO 1 occurred within two weeks of admission, while just over half (51%) of discharges from CHO 4 and CHO 5 occurred within two weeks of admission. Seventy-nine per cent of all discharges from CHO 1 occurred within one month of admission, compared with 57% from CHO 6, 60% from CHO 3 and 61% from CHO 7.

Discharges from CHO 9 had the longest average length of stay, at 64.2 days (median 17 days), followed by CHO 8, at 57.1 days (median 14 days) and CHO 6, at 54.8 days (median 21 days). Discharges from CHO 1 had the shortest average length of stay, at 27.9 days (median 8 days).

## 2.4 Inpatient bed days 2023

The total number of bed days used in 2023 was 774,211, an increase from 732,254 in 2022. This figure for bed days included bed days accumulated by all admissions and all discharges in 2023 and all patients resident on 31 December 2023. This yielded the number of inpatient bed days used in all approved centres (adult units) in 2023, from January 1 to the date of discharge in 2023, or to the night of December 31, 2023, where a patient was not discharged before year-end. Schizophrenia accounted for over one-third (36%) of all inpatient days in 2023, at 282,170 days, depressive disorders accounted for 15%, at 115,450 days, organic mental disorders accounted for 8%, at 64,510, while bipolar disorders accounted for a further 8%, at 61,710 days.



**774,211**

Total number of bed days used in 2023

### 3. Hospital Type (Adult units) – Admissions and Discharges

#### 3.1 Admissions

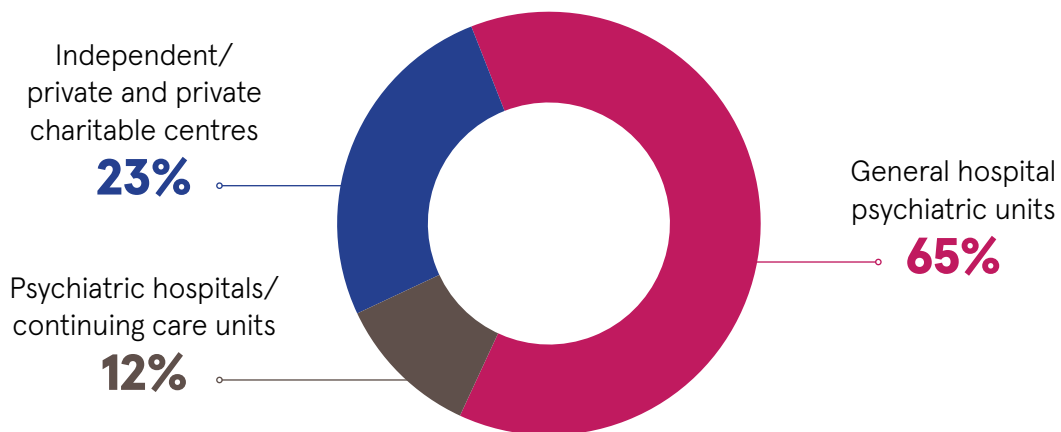


**77%**  
of all admissions  
in 2023 were to  
public hospitals

**23%**  
independent/  
private and private  
charitable centres

Sixty-five per cent of all admissions in 2023 were to acute units in general hospitals, 23% were to independent/private and private charitable centres and 12% were to psychiatric hospitals/ continuing care units (including the National Forensic Service at the Central Mental Hospital, Carraig Mór, Cork; St Joseph’s Intellectual Disability Service, Portrane; and Phoenix Care Centre, Dublin) (Figure 3.1). This is a slight increase in the proportion of all admissions to acute units from 63% in 2022 and a decrease in admissions to independent/private and private charitable centres from 26% in 2022. There was also a slight increase in the proportion of admissions to psychiatric hospitals/continuing care units from 11% in 2022. Overall, over three-quarters (77%) of all admissions to adult units were to public hospitals with 23% to private hospitals, down from 26% in 2022.

Figure 3.1 Hospital type. All admissions. Ireland 2023. Percentages



Sixty-seven per cent of first admissions were to general hospital psychiatric units, 11% were to psychiatric hospitals/continuing care units and 22% were to independent/private and private charitable centres. Re-admissions accounted for 62% of all admissions to general hospital psychiatric units, 65% of admissions to psychiatric hospitals/continuing care units and 64% of admissions to independent/private and private charitable centres.

## **Sex**

Males accounted for a slightly higher proportion of admissions than females to general hospital psychiatric units, at 52% and psychiatric hospitals/continuing care units, at 53%, while females accounted for 58% of admissions to independent/private and private charitable centres.

## **Age**

Admissions to independent/private and private charitable centres had an older age at admission, at 52.4 years (median 54 years), than admissions to general hospital psychiatric units, at 43.6 years at (median 42 years) or psychiatric hospitals/continuing care units, at 46.8 year (median 44 years). Sixty-four per cent of all admissions to independent/private and private charitable centres were aged 45 years and over compared with 50% to psychiatric hospitals/continuing care units and 44% to general hospital psychiatric units.

## **Marital status**

Single people accounted for the highest proportion of all admissions to general hospital psychiatric units, at 68%, and to psychiatric hospitals/continuing care units, at 55%. Married people accounted for the highest proportion of all admissions to independent/private and private charitable centres, representing 44% of all admissions.

## **Primary admission diagnosis**

Depressive disorders accounted for almost one-third (31%) of all admissions to independent/private and private charitable centres and 22% of admissions to general hospital psychiatric units, compared with 11% of all admissions to psychiatric hospitals/continuing care units.

As noted in previous years, a much higher proportion of admissions to general hospital psychiatric units and psychiatric hospitals/continuing care units were for schizophrenia, at 25% and 28% respectively, compared with 4% to independent/private and private charitable centres.

In addition, as noted in 2022, a higher proportion of admissions for anxiety or fear-related disorders/OCD/stress-related disorders were to independent/private and private charitable centres, at 16% compared with 9% to general hospital psychiatric units and 5% to psychiatric hospitals/continuing care units.



Ninety-five per cent of all admissions for schizophrenia were to public hospitals, while 76% of all admissions for eating disorders were to independent/private and private charitable centres, a reflection perhaps of the specialised eating disorder services available in the private sector.

### **Legal status on admission**

Twenty-six per cent of all admissions to psychiatric hospitals/continuing care units and 20% to general hospital psychiatric units were involuntary compared with 1% to independent/private and private charitable centres. Twenty-nine per cent of first admissions to psychiatric hospitals/continuing care units and 19% of admissions to general hospital psychiatric units were involuntary, while less than 1% of first admissions to independent/private and private charitable centres were involuntary.

## **3.2 Discharges**

Over half (54%) of all discharges from general hospital psychiatric units and 48% of discharges from psychiatric hospitals/continuing care units occurred within two weeks of admission. In contrast, 26% of discharges from independent/private and private charitable centres were discharged within two weeks of admission.

Over three-quarters (76%) of all discharges from general hospital psychiatric units occurred within four weeks of admission, compared with 67% from psychiatric hospitals/continuing care units and 41% from independent/private and private charitable centres.

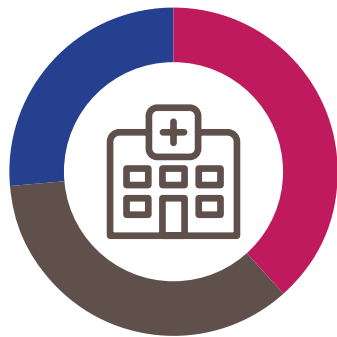
### **Length of stay**

The average length of stay for all discharges in 2023 was much longer in psychiatric hospitals/continuing care units, at 162.1 days (median 14 days) than in general hospital psychiatric units, at 26.4 days (median 12 days) or independent/private or private charitable centres, at 50.8 days (median 33 days).

When discharges of one year or more were excluded, length of stay was longer in independent/private and private charitable centres, at 38.7 days (median 33 days), than that in psychiatric hospitals/continuing care units, at 31.3 days (median 14 days), or that in general hospital psychiatric units, at 22.3 days (median 12 days).

### 3.3 Inpatient bed days 2023

General hospital psychiatric units accounted for the largest proportion of the total inpatient bed days used in 2023, at 37% with 287,910 bed days. Psychiatric hospitals/continuing care units accounted for 35% with 269,761 bed days, while independent/private and private charitable centres accounted for 28% of total bed days with 216,540 bed days used. As mentioned earlier, the total number of inpatient bed days in 2023 included all admissions and all discharges in 2023 and all patients resident on 31 December 2023. This yielded the number of inpatient bed days used in all approved centres (adult units) in 2023, from January 1 to the date of discharge in 2023, or to the night of December 31, where a patient was not discharged before year-end.



**37%** general hospital psychiatric units

**35%** psychiatric hospitals/continuing care

**28%** independent/private and private charitable centres

## 4. Individual Units and Hospitals (Adult units) – Admissions and Length of Stay on Discharge

### 4.1 Admissions

Admissions to general hospital psychiatric units increased by 269, from 9,927 in 2022 to 10,196 in 2023. There was also a small increase (83) in admissions to psychiatric units/continuing care units, from 1,756 in 2022 to 1,839 in 2023. In contrast, admissions to independent/private and private charitable centres decreased by 511 admissions, from 4,107 in 2022 to 3,596 in 2023.

### 4.2 Length of stay

As in previous years, length of stay varied greatly across all hospitals. Over half (52.5%) of all discharges from Letterkenny University Hospital occurred within one week of admission, with close to half of all discharges in some units and hospitals occurring within one week of admission:

- 46% of discharges from Newcastle Hospital, Greystones
- 43% of discharges from Cavan General Hospital and from Mayo University Hospital
- 42% of discharges from University Hospital Waterford and from Sligo University Hospital and
- 41% of discharges from St Loman's Hospital, Mullingar, from St Stephen's Hospital, Cork and from St Patrick's Hospital, Lucan occurred within one week of admission.

In contrast, a much smaller proportion of discharges from independent/private and private charitable centres occurred within one week with the exception of St Patrick's Hospital, Lucan, at 41%.

Over 90% of all discharges from most general hospital psychiatric units occurred within three months of admission.

As in previous years there were wide variations in average length of stay across all hospitals. General hospital units with the longest average length of stay included:

- St James' Hospital, at 48.4 days (median 24 days),
- University Hospital Limerick, at 39.2 days (median 18 days),
- St Vincent's University Hospital, Dublin, at 38.2 days (median 18 days) and
- Ennis General Hospital, at 37.4 days (median 13 days).

The average length of stay in psychiatric units/continuing care units is typically much longer than that in general hospital psychiatric units and, as observed in previous years, the average length of stay for discharges in 2023 was in excess of 1,000 days for some hospitals.

- Carraig Mór, Cork had the shortest average length of stay amongst psychiatric hospitals/continuing care units, at 17.7 days (median 10 days).
- Bloomfield Hospital Dublin had the longest average length of stay amongst independent/private and private charitable centres, at 2,124.6 days (median 976 days), followed by Cois Dalua, Cork, at 274.0 days (median 274 days) and Lois Bridges, at 80.7 days (median 87 days).
- St Patrick's Hospital, Lucan had the shortest average length of stay, at 19.5 days (median 7 days).

## 5. Child and Adolescent Admissions and Discharges

### 5.1 Admissions

The number of admissions for under 18s includes admissions to adult units for under 18s and admissions to specialised child and adolescent inpatient units. Admissions to child and adolescent units include admissions to four HSE/HSE-funded units and two private units.

There were 322 admissions for under 18s in 2023, down 44 admissions (12%) from 366 in 2022, and down 37% from 509 admissions in 2021. Seventy-six per cent of all admissions for under 18s were first admissions.

The majority (96%) of all admissions for under 18s were to child and adolescent units. There were 14 admissions to adult units (down from 20 admissions in 2022) and 308 admissions to child and adolescent units (down from 346 admissions in 2022 and 480 in 2021). Of note is the closure of a number of child and adolescent beds in specialised child and adolescent units since mid-2022, which remained closed in 2023 and may be linked to the decrease in the number of admissions (51 beds open out of a total of 72).

**322**  
admissions  
for under 18s  
in 2023



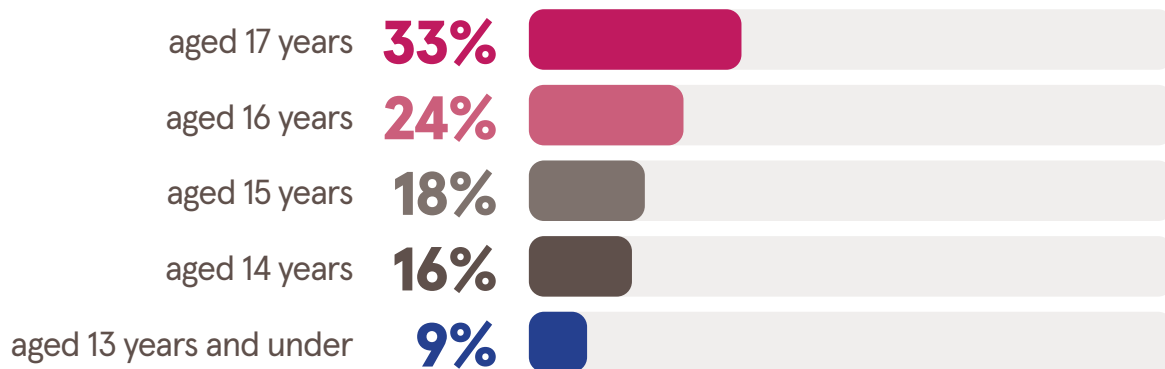
**14**  
admissions  
to adult units



**72%**  
of admissions  
were female

## Sex and age

Seventy-two per cent of all admissions for under 18s were female. Thirty-three per cent were aged 17 years on admission, 24% were aged 16 years, 18% were aged 15 years, 16% were aged 14 years and 9% were 13 years or younger.



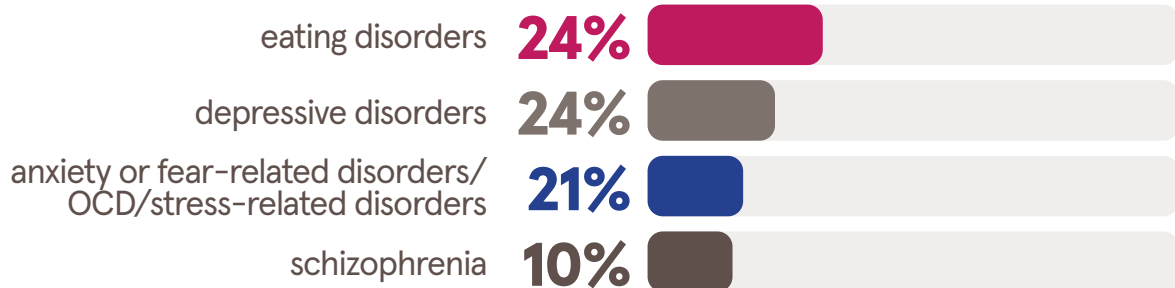
Females accounted for 74% of all admissions to child and adolescent units. Almost 32% of all admissions to child and adolescent units were aged 17 years on admission, 25% were aged 16 years, 18% were aged 15 years, almost 17% were aged 14 years and 9% were aged 13 years or younger.

Males accounted for 64% of the 14 admissions for under 18s to adult units and 64% of admissions to adult units were aged 17 years on admission.

## Primary admission diagnosis

- For the first time, eating disorders accounted for the highest proportion of all under 18 admissions along with depressive disorders. Both disorders accounted for 24% each of all under 18 admissions - eating disorders 23.9%, up from 22% in 2022, and depressive disorders 23.6%, relatively unchanged from 23% in 2022.
- 21% had a diagnosis of anxiety or fear-related disorders/OCD/stress-related disorders, up from 16% in 2022.
- 10% had a diagnosis of schizophrenia, unchanged from 10% in 2022.
- 5% had a diagnosis of personality and behavioural disorders, down from 9% in 2022, with the remaining proportions distributed amongst the other diagnostic groups.

## Main diagnoses



The proportion of admissions for all under 18s with a primary admission diagnosis of eating disorder has progressively increased from 11% in 2019, 18% in 2020, 23% in 2021, 22% in 2022, to 24% in 2023. The number of admissions for eating disorders has increased by 43% in the last 5 years, from 54 in 2019 to 77 in 2023. As these refer to admissions, it is possible that some admissions may be repeat admissions for one person throughout the course of the year.

The number of admissions for depressive disorders in 2023, at 76, has decreased from 83 in 2022. Admissions for schizophrenia is the lowest reported in five years, declining from 51 in 2019 to 32 admissions in 2023, while admissions for anxiety or fear-related disorders/OCD/stress-related disorders increased from 58 in 2022 to 68 in 2023.

Females accounted for:

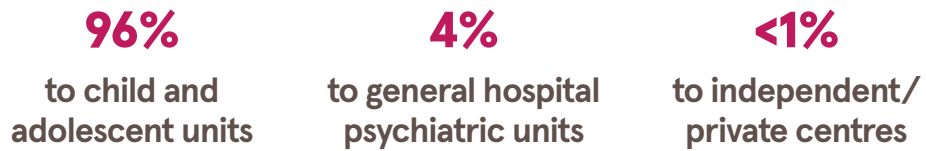
- 92% of all admissions for eating disorders, (slightly down from the last two years with 98% in 2022 and 96% in 2021),
- 72% of admissions with anxiety or fear-related disorders/OCD/stress-related disorders (relative to 74% in 2022 but up from 65% in 2021) and
- 70% of all admissions with depressive disorders (similar to 2022 at 69%, but up from 64% in 2021).

Males accounted for:

- 56% of admissions with schizophrenia (up from 53% in 2022 and 52% in 2021) and
- 100% of admissions with a diagnosis of other drug disorders, up from 50% in 2023, albeit baseline numbers are low.

The majority of admissions to adult units had a primary admission diagnosis of schizophrenia, depressive disorders or anxiety or fear-related disorders/OCD/stress-related disorders.

## Admissions for under 18s



In 2023, 96% of all admissions for under 18s were to child and adolescent units (up from 95% in 2022) with almost 4% to general hospital psychiatric units and psychiatric hospitals/continuing care units and less than 1% to independent/private and private charitable centres. Ten per cent of all admissions for under 18s were involuntary, up from six per cent in 2022.

### 5.2 Discharges

Eighty-seven per cent of all admissions for under 18s in 2023 were discharged in 2023. Of all discharges in 2023:

- 17% were discharged within one week of admission,
- almost 13% were discharged with one to two weeks,
- 21% were discharged within two to four weeks,
- 40% were discharged within one to three months and
- 10% were discharged within three months to one year.

The average length of stay was longest in child and adolescent units, at 40.4 days (median 29 days), followed by 23.7 days (median 4 days) in general hospital psychiatric units and 1.5 days (median 1.5 days) in independent/private and private charitable centres.

The majority of admissions to adult units were discharged within one week of admission.



## 6. Inpatient Census 2023

A census of all patients resident in Irish psychiatric units and hospitals on 31 December 2023 was undertaken. There were 2,021 patients resident in adult units on 31 December 2023. This is an increase of 108 residents from 1,913 patients resident on 31 December 2022. This represents a 90% reduction in inpatient numbers from 19,801 in 1963 to 2,021 in 2023.

Fifty-four per cent of all patients resident on 31 December 2023 were male. The breakdown of age groups for all residents on census night was as follows:

- 7% were aged 24 years or younger,
- 25% were aged 25–44 years,
- almost 34% were aged 45–64 years and
- 35% were aged 65 years or over.

The 75 year and over age group had the highest rate of hospitalisation, at 93.4 per 100,000 population, followed by the 65–74 year age group at 88.0, the 55–64 year age group at 63.8 and the 45–54 year age group at 43.0. The 18–19 year age group had the lowest rate of hospitalisation, at 26.6 per 100,000.

In relation to marital status of all residents on census night:

- 58% were single,
- 20% were married,
- 5% were widowed and
- 3% were divorced.

Widowed persons had the highest rate of hospitalisation, at 49.0 per 100,000 population, followed by divorced at 42.7, single at 42.2 and married at 20.8.

Over one-third (36%) of residents had a diagnosis of schizophrenia, almost 14% had a diagnosis of depressive disorders, 9% had a diagnosis of organic mental disorders, almost 8% had a diagnosis of bipolar disorders and almost 6% had a diagnosis of anxiety or fear-related disorders/OCD/stress-related disorders. Schizophrenia had the highest rate of hospitalisation, at 14.3 per 100,000 population, followed by depressive disorders at 5.3 and organic mental disorders at 3.4. Males had a higher rate of hospitalisation for schizophrenia, at 18.6 per 100,000 population compared with 10.0 for females. Females had a slightly higher rate of hospitalisation for depressive disorders, at 5.6 per 100,000 compared with 5.0 for males.

The total number of inpatient days accumulated on census night was 2,577,380. 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 2023. The average length of stay for all patients resident on 31 December 2023 was 1,275.3 days (median 100 days). Thirty-six per cent of all patients resident were long-stay, i.e., in hospital for one year or more on 31 December 2023. Seventeen per cent were new long-stay, i.e., in hospital for between one and five years and 19% were old long-stay, i.e., in hospital for five years or more. Less than half (47%) of all old-long stay patients were aged 65 years and over.

Patients with intellectual disability had the longest average length of stay on 31 December 2023, at 10,596.1 days (median 10,090.5 days), followed by schizophrenia, at 1,738.3 days (median 424 days) and development disorders, at 1,300.1 days (median 742.5 days). Other drug disorders had the shortest average length of stay, at 74.8 days (median 13 days).

Thirty-six per cent of residents on 31 December 2023 were resident in general hospital psychiatric units, 28% were in psychiatric hospitals/continuing care units, 28% were in independent/private and private charitable centres, almost 6% were in the Central Mental Hospital, almost 3% were in St Joseph's Intellectual Disability Service and less than one per cent were in Carraig Mór, Cork.

There were an additional 40 patients resident in child and adolescent units on 31 December 2023. This is an increase from 34 patients resident on 31 December 2022. Almost three-quarters (70%) of patients resident in child and adolescent units were female. Thirty-five per cent were aged 17 years on census night, 30% were aged 16 years, 20% were aged 15 years, 10% were aged 14 years and 5% were 13 years or younger.

Almost 43% per cent of patients resident in child and adolescent units had a diagnosis of eating disorders, 15% had a diagnosis of schizophrenia, 15% had a diagnosis of anxiety or fear-related disorders/OCD/stress-related disorders and 10% had a diagnosis of depressive disorders.

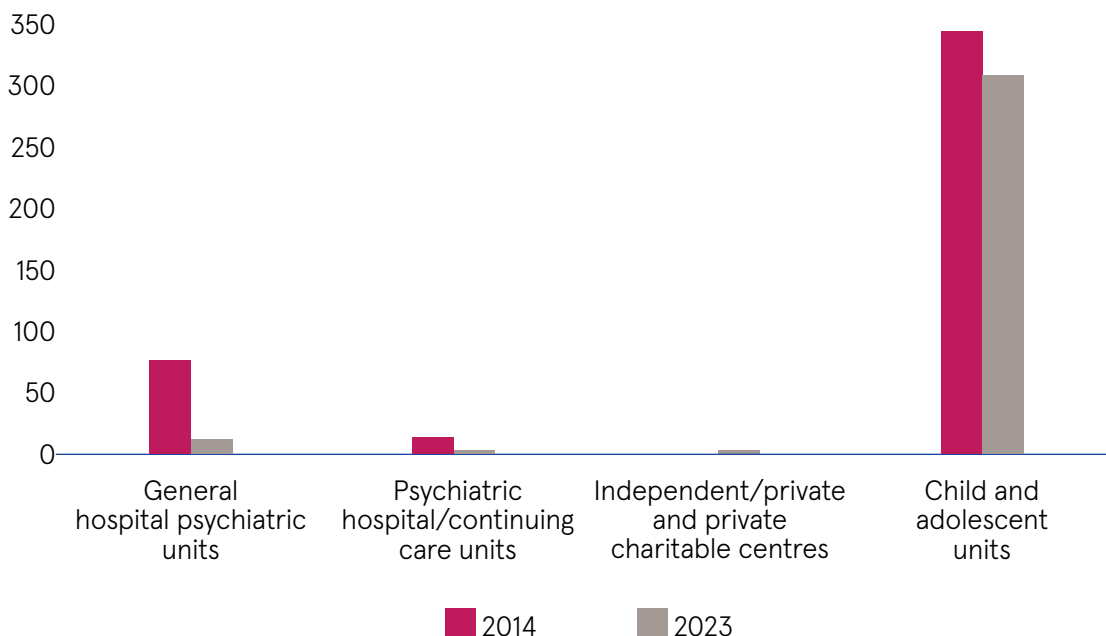
## 7. Review of data 2014–2023

All admissions declined by 12% in the ten-year period, from 17,797 in 2014 to 15,631 in 2023. First admissions declined by 2%, from 5,942 in 2014 to 5,838 in 2023, while re-admissions declined by 17% from 11,855 in 2014 to 9,793 in 2023.

Admissions to general hospital psychiatric units fell by 174, from 10,370 in 2014 to 10,196 in 2023, a reduction of 2% in this ten-year period. Admissions to psychiatric hospitals/continuing care units fell by 43%, from 3,219 in 2014 to 1,839 in 2023, down by 1,380 admissions. The proportion of admissions to independent/private and private charitable centres fell by 14.5%, from 4,208 in 2014 to 3,596 in 2023, down 612 admissions.

Overall admissions for under 18s have decreased by 26% over the ten-year period, from 436 in 2014 to 322 in 2023. There has been an 85% reduction in admissions for under 18s to adult units, from 93 in 2014 to 14 in 2023, in line with government policy (Figure 1). Admissions to specialised child and adolescent units has decreased by 10% in the ten-year period, from 343 in 2014 to 308 in 2023.

Figure 7.1 Admissions for under 18s by hospital type in 2014 and 2023. Percentages



There has been a 9% reduction in the number of patients resident in adult psychiatric units and hospitals on census night from 2,228 in 2014 to 2,021 in 2023. This is in line with government policy to move away from inpatient-based care to more community-based care for mental health services.



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