HRB Statistics Series 35

Activities of Irish Psychiatric Units and Hospitals 2016 Main Findings

Antoinette Daly and Sarah Craig

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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.

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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.

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Dr Dermot Walsh (1931–2017) – A Tribute

It was with great sadness and regret that the start of 2017 was marked by the passing of our dear friend and colleague Dr Dermot Walsh in early February. Dr Walsh established the National Psychiatric In-patient Reporting System in the 1960s and authored/co-authored this annual series of reports from the database including the in-patient census reports from 1963 up to 2015. As well as his clinical duties as consultant psychiatrist and Clinical Director of Dublin West Psychiatric Services and also of Kildare/West Wicklow Mental Health Service, he was Inspector of Mental Hospitals from 1987–2003 and served as psychiatric advisor to the Department of Health during this time. He was Director of the Mental Health Section of the Medico-Social Research Board and subsequently the Health Research Board (HRB) from 1987-2003. He remained in the HRB and worked with the NPIRS team until 2015. His contribution to research in the area of psychiatry was immense and he continued to carry out research with the NPIRS team up to the time of his death. He will be sadly missed by the NPIRS team for his huge contribution to the team and its research over the last 50 years and his presence and guidance will be a huge loss to his friends and colleagues on the team.

1 Introduction and Background

This report presents data on all admissions, discharges and deaths in 2016 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 2016 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 2016 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 2015 used in this summary are from the publication *Activities of Irish Psychiatric Units and Hospitals 2015 Main Findings* (Daly and Craig 2016) and rates reported are per 100,000 total population based on the Census of Population 2011[1]. The full results of the 2016 Census of Population were not available at the time of production of this report to facilitate the calculation of rates. In the computation of rates for HSE CHO areas and for county, private hospital admissions are returned to their area of origin, i.e., the area/county from which they were admitted, and they are thus included in the rates for those areas/counties.

Data in this report are based on all admissions to, discharges from, and deaths during 2016 returned to the National Psychiatric In-patient Reporting System (NPIRS) in the 66 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 four new approved centres in 2016 (Woodview Unit, Merlin Park, Galway; Drogheda Department of Psychiatry, Crosslanes, Drogheda; Rehab and Recovery Unit, St John's Hospital, Sligo and Owenacurra Centre, Midleton, Cork). The Department of Psychiatry in Our Lady's Hospital Navan and the acute unit in St Brigid's Hospital, Ardee both closed in September 2016.

Differences exist in data reported for child and adolescent admissions in the Mental Health Commission's annual inspectorate report (Mental Health Commission, 2017) 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.

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

Table 1.1 Number of hospitals/approved centres by hospital type

Hospital type	Number
General hospital psychiatric units	23
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	66

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.

2

National and Regional Admissions, Discharges and Deaths

National all and first admissions

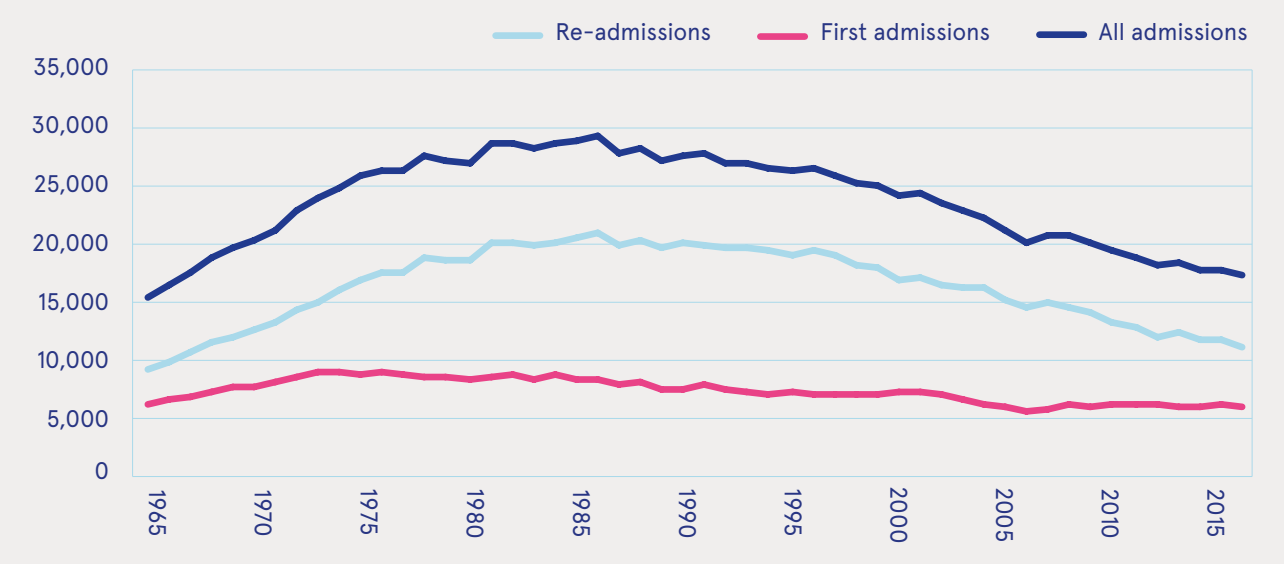
There were 17,290 admissions to Irish psychiatric units and hospitals in 2016, a rate of 376.8 per 100,000 total population[2]. This is a decrease in the number of admissions by 570, from 17,860 in 2015 and a decrease in the rate of admissions from 389.3 in 2015 to 376.8 in 2016. First admissions decreased by 17, from 6,114 in 2015 to 6,097 in 2016. The rate of first admissions decreased from 133.3 in 2015 to 132.9 in 2016[3].

Approved centres reported an additional ten persons presenting for admission in 2016 for whom admission was not deemed appropriate and were therefore not admitted.

Re-admissions decreased by 553, from 11,746 in 2015 to 11,193 in 2016. The rate of re-admissions similarly declined from 256.0 in 2015 to 243.9 in 2016[4]. Sixty-five per cent of all admissions in 2016 were re-admissions.

All, first and re-admissions since 1965 are presented in Figure 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 1965-2016. Numbers



2 The all admission rate using the 2016 population was 363.1 per 100,000 total population.

3 The first admission rate using the 2016 population was 128.0 per 100,000 total population.

4 The re-admission rate using the 2016 population was 235.1 per 100,000 total population.

There was an equal proportion of male and female admissions, while males had a slightly higher rate of all admissions, at 380.0[5] per 100,000 compared with 373.7[6] for females. Males also had a higher rate of first admissions, at 143.6[7], compared with 122.4[8] for females.

The mean age at admission was 45.1 years with a median age of 43 years (minimum age 13 years, maximum age 99 years). As in 2015, the 20–24 year age group had the highest rate of all admissions, at 549.4 per 100,000, followed by the 65–74 year age group, at 547.2 and the 55–64 year age group, at 541.8. The 25–34 year age group had the lowest rate of all admissions, at 434.9. As in 2014 and 2015, the 18–19 year age group had the highest rate of first admissions, at 300.2 per 100,000, followed by the 20–24 year age group, at 262.8 and the 75 year and over age group, at 190.4. The 55–64 year age group had the lowest rate of first admissions, at 153.5.

Single persons accounted for 58% of all and 55% of first admissions. Married persons accounted for 25% of all admissions, widowed persons accounted for 4% and divorced persons also accounted for 4% of all admissions. Divorced persons had the highest rate of all admissions, at 764.5, and first admissions, at 231.3. Married persons had the lowest rate of all and first admissions, at 254.4 for all admissions and 97.3 for first admissions.

The unskilled occupational group had the highest rate of all (589.7) and first (166.5) admissions, in keeping with the trend in previous years. However, as also noted previously, caution must be exercised when interpreting socio-economic group as over half (51%) of all occupations were returned as unknown thus making assignment to a socio-economic group impossible. Agricultural workers had the second-highest rate of all admissions, at 297.8, followed by non-manual workers, at 268.7. Own account workers (self-employed without employees) had the lowest rate of all admissions, at 69.6 per 100,000. Agricultural workers also had the second-highest rate of first admissions, at 106.4, followed by the semi-skilled group, at 90.6.

Forty-one per cent of all admissions in 2016 were returned as unemployed, 26% were employed, 10% were retired, almost 6% were students, 5% were engaged in house duties and 14% were unknown.

There were 271 admissions with no fixed abode in 2016, down 10 since 2015. Seventy-three per cent of these admissions were male, almost 82% (81.5%) were single, 31% were aged 35–44 years, 35% had a primary admission diagnosis of schizophrenia, 16% had a diagnosis of other drug disorders and 9% had a diagnosis of personality and behavioural disorders.

Consistent with 2015 figures, 86% of all admissions were returned as 'White Irish', 6% were returned as 'Any Other White Background' (including 'White Irish Traveller' and 'Any Other White Background'), 3% were distributed amongst other minority ethnic groups and 5% were returned as 'Unknown'.

Depressive disorders were the most common diagnoses recorded for all admissions as in previous years, accounting for 27% of all and 29% of first admissions. Depressive disorders had the highest rate of all and first admissions, at 102.5 per 100,000 for all and 38.1 for first admissions. Schizophrenia accounted for 20% of all and 14% of first admissions and had the second-highest rate of all and first admissions, at 74.7 for all and 18.4 for first admissions.

Thirteen per cent (12.8%) of all and 14% (13.7%) of first admissions in 2016 were involuntary, a marginal increase in proportions from 2015 (12% of all and 13% of first). There was also a slight increase in the rates of involuntary all and first admissions, from 46.7 per 100,000 for all involuntary admissions in 2015 to 48.4 in 2016 and from 17.0 for first admissions in 2015 to 18.3 in 2016. All admissions for schizophrenia had the highest rate of involuntary admissions, at 19.4 per 100,000, followed by mania, at 8.5 and depressive disorders, at 5.4 per 100,000.

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5 The male rate of all admissions using the 2016 population was 366.8 per 100,000 total population.

6 The female rate of all using the 2016 population was 359.5 per 100,000 total population.

7 The male rate of first admissions using the 2016 population was 138.6 per 100,000 population.

8 The female rate of first admissions using the 2016 population was 117.7 per 100,000 total population.

National discharges and deaths

There were 17,175 discharges and 151 deaths in Irish psychiatric units and hospitals in 2016, down from 17,662 discharges in 2015 and an increase in deaths from 132 in 2015. Deaths have increased by 14% since 2015. Males accounted for 54% of all deaths in 2016 and 81% of deaths were aged 65 years and over. Ninety-two per cent of all admissions in 2016 were also discharged in 2016 and 93% of first admissions in 2016 were also discharged in 2016.

Almost one-third of all discharges (30%) in 2016 took place 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. Ninety-four per cent of all discharges in 2016 occurred within three months of admission.

Over half (53%) of all discharges with a diagnosis of other drug disorders, 48% of all discharges with a diagnosis of personality and behavioural disorders, 42% of those with development disorders and 36% of those with neuroses 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 (73%), intellectual disability (85%), behavioural and emotional disorders of childhood and adolescence (88%) and schizophrenia (89%).

The average length of stay for all discharges was 57.7 days (median 15 days). Average length of stay for all discharges was longest for discharges with a diagnosis of intellectual disability (74 discharges), at 1,215.9 days (median 12.5 days), accounting for less than one per cent of all discharges and 9% of in-patient days. Discharges with a diagnosis of organic mental disorders had the second-longest average length of stay, at 229.7 days (median 31 days), accounting for 3% of all discharges and 12% of in-patient days. Discharges with a diagnosis of other drug disorders had the shortest average length of stay, at 12.8 days (median 6 days).

The average length of stay for discharges with a length of stay of up to one year was 27.0 days (median 15 days). When discharges with a length of stay of one year or more were excluded, discharges with a primary discharge diagnosis of organic mental disorders had the longest average length of stay, at 53.3 days (median 25 days), followed by eating disorders, at 41.3 days (median 34 days) and schizophrenia, at 36.0 days (median 19 days). Discharges with a diagnosis of other drug disorders had the shortest average length of stay, at 12.8 days (median 6 days).

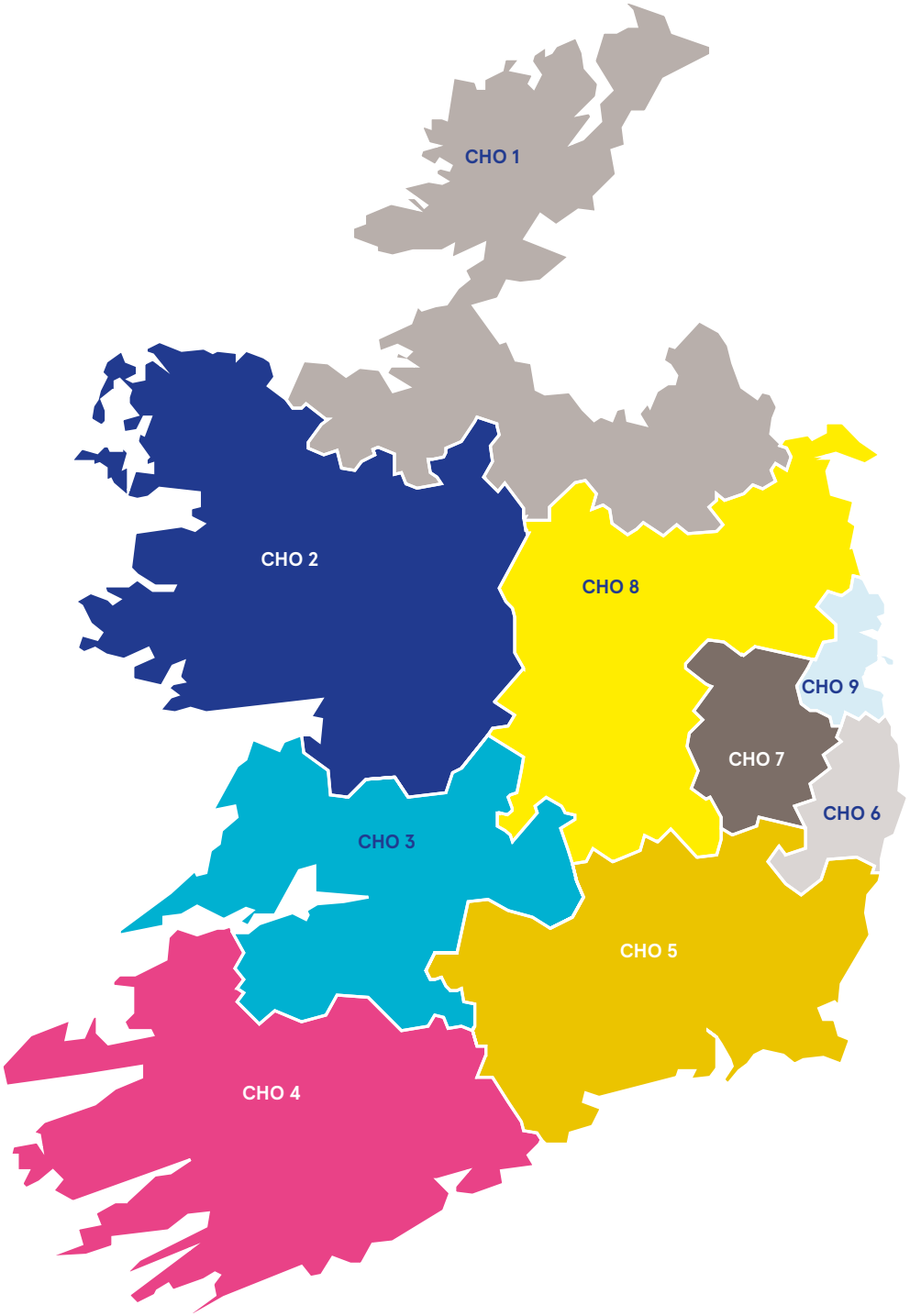
Community Healthcare Organisations (CHOs)

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. All admission rates were highest for those resident in CHO 9, at 413.1 per 100,000, followed by CHO 7, at 398.5 and CHO 6, at 383.9. CHO 8 had the lowest rate of all admissions, at 349.8 per 100,000 (see Figure 2.2). First admissions were highest for CHO 8, at 146.9 per 100,000, followed by CHO 5, at 142.5 and CHO 7, at 140.2 per 100,000. CHO 6 had the lowest rate of first admissions, at 103.7 per 100,000.

Males had a higher proportion of admissions in CHO 1, CHO 2, CHO 4 and CHO 5, while females had a higher proportion of admissions in CHO 3, CHO 6, CHO 7 and CHO 9. Age groups were condensed into two groups – under 45 years and 45 years and over. The 45 year and over age group had higher rates of admission in all areas, ranging from 642.6 per 100,000 in CHO 7 to 431.2 in CHO 2. Rates for the 45 year and over age group were twice the rate of the under 45 year age group in CHOs 6, 7 and 8.

Figure 2.2 Admissions by CHO areas 2016. Rates per 100,000 total population

CHO 1	369.9
CHO 2	354.8
CHO 3	354.0
CHO 4	371.2
CHO 5	369.0
CHO 6	383.9
CHO 7	398.5
CHO 8	349.8
CHO 9	413.1



Depressive disorders accounted for the highest proportion and rate of all admissions in each area with the exception of CHO 6, with rates ranging from 138.5 per 100,000 in CHO 2 to 79.8 in CHO 6. Schizophrenia had the highest rate of admission in CHO 6, at 86.4 per 100,000. Apart from CHO 6, schizophrenia accounted for the second-highest rate of all admissions in each area with rates ranging from 87.7 per 100,000 in CHO 7 to 46.4 in CHO 5.

Admissions resident in CHO 9 had the highest proportion of involuntary admissions, at 15%, followed by CHO 5, at 14% and by 13% each in CHO 2, CHO 4, CHO 6 and CHO 7. Sixteen per cent of first admissions in CHO 6 were involuntary, followed by 15% each in CHO 5 and CHO 9. CHO 9 had the highest rate of involuntary all admissions, at 62.3 per 100,000, followed by 52.6 in CHO 5 and 51.7 in CHO 7. CHO 3 had the lowest rate of involuntary all admissions, at 35.3 per 100,000. CHO 5 also had the highest rate of involuntary first admissions, at 21.5 per 100,000 followed by 21.2 in CHO 9 and 20.1 in CHO 7. CHO 1 had the lowest rate of involuntary first admissions, at 13.0 per 100,000.

Over half of all discharges in 2016 for CHO 1 (59%), and for CHO 2 (50%) and CHO 5 (52%) were discharged within two weeks of admission. In contrast, just 41% of discharges from CHO 3 were discharged within two weeks of admission. Discharges from CHO 9 had the longest average length of stay, at 81.7 days (median 15 days), followed by CHO 4, at 68.7 days (median 17 days) and CHO 7, at 59.4 days (median 18 days). Discharges from CHO 5 had the shortest average length of stay, at 30.6 days (median 12 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 30.0 days (median 17 days), followed by CHO 7 and CHO 4 both at, 29.2 days (median 17 days for both). Average length of stay was shortest in CHO 1, at 22.9 days (median 10 days).

Counties

All admissions were highest in 2016 for County Wicklow, at 510.8 per 100,000, followed by Donegal, at 494.0, Sligo, at 471.0 and Leitrim, at 465.4. Monaghan had the lowest rate of all admissions, at 137.2 per 100,000. Mayo had the highest rate of all admissions in 2016 for depressive disorders, at 245.7 per 100,000, followed by Tipperary North, at 184.9, Waterford, at 159.9 and Laois, at 146.5. Cavan had the lowest rate of all admissions for depressive disorders in 2016, at 34.2 per 100,000. Sligo had the highest rate of all admissions for schizophrenia in 2016, at 120.8 per 100,000, followed by Wicklow, at 114.2, Donegal, at 103.6 and Dublin, at 89.1. Wexford had the lowest rate of all admissions for schizophrenia in 2016, at 23.4 per 100,000. Donegal had the highest rate of all admissions in 2016 for alcoholic disorders, at 67.6 per 100,000, followed by Wicklow, at 44.6, Longford, at 43.6 and Waterford, at 41.3. Carlow had the lowest of rate of all admissions in 2016 for alcoholic disorders, at 7.3 per 100,000.

Laois had the highest rate of first admissions in 2016, at 202.3 per 100,000, followed by Offaly, at 168.2, Tipperary South, at 162.8 and Louth, at 155.4. Monaghan had the lowest rate of first admissions in 2016, at 44.6 per 100,000. Mayo had the highest rate of first admissions for depressive disorders in 2016, at 105.6, followed by Laois, at 67.0, Leitrim, at 53.5 and Waterford, at 51.8. Cavan had the lowest rate of first admissions for depressive disorders in 2016, at 15.0 per 100,000. Laois had the highest rate of first admissions for schizophrenia in 2016, at 29.8 per 100,000, followed by Offaly, at 27.4, Galway, at 25.5 and Louth, at 23.6. Wexford had the lowest rate of first admissions for schizophrenia, at 2.1 per 100,000. Donegal had the highest rate of first admissions for alcoholic disorders in 2016, at 22.3 per 100,000, followed by Louth, at 17.9, Wicklow, at 15.4 and Longford, at 12.8. Wexford had the lowest rate of first admissions for alcoholic disorders in 2016, at 0.7 per 100,000.

Non-residents

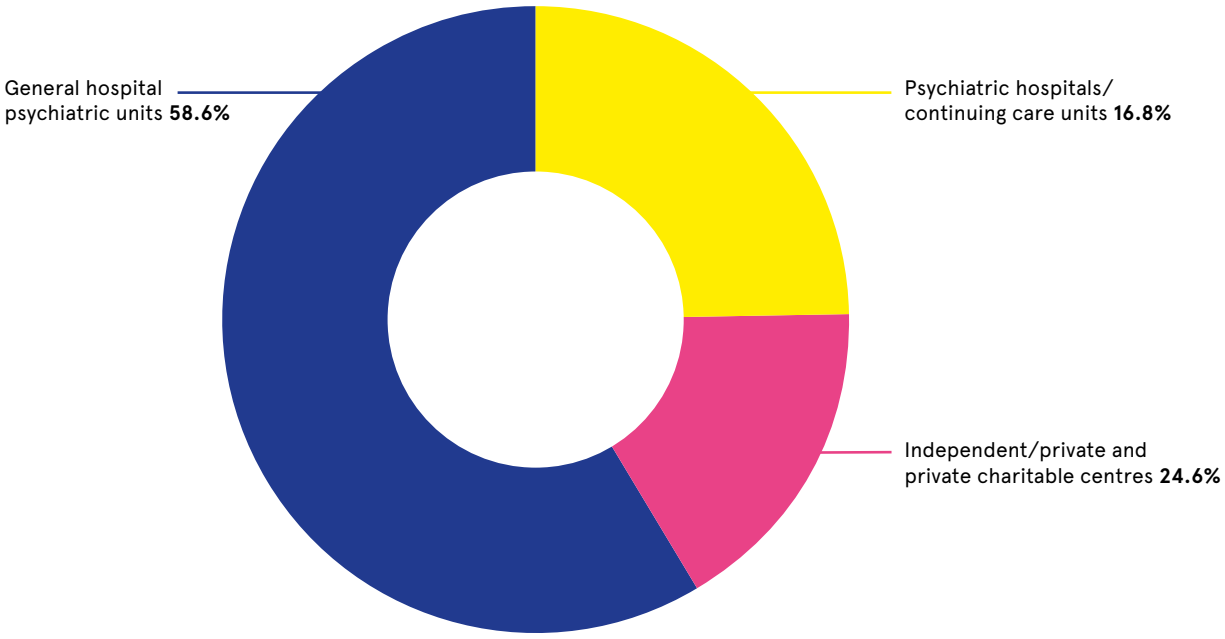
There were 65 admissions for non-residents in 2016, a decrease from 74 in 2015. Thirty-one per cent of non-residents had an address originating in England, 22% in Northern Ireland, 8% each in Germany, USA and Scotland, 6% in Italy and 5% in France. Over one-third (37%) of all admissions for non-residents had a primary admissions diagnosis of schizophrenia, 14% had a diagnosis of mania, 8% had a diagnosis of depressive disorders and 6% each had a diagnosis of neuroses and personality and behavioural disorders.

3

Hospital Type – Admissions, Discharges and Deaths

Fifty-nine (58.6%) per cent of all admissions in 2016 were to general hospital psychiatric units, 25% (24.6%) were to independent/private and private charitable centres and 17% (16.8%) awere 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 somewhat similar to those in 2015 (58% to general hospitals units, 24% to independent/ private and private charitable centres and 18% to psychiatric hospitals/continuing care units). Re-admissions accounted for 70% of all admissions to psychiatric hospitals/continuing care units, 62% of admissions to general hospital psychiatric units and 67% to independent/private and private charitable centres.

Figure 3.1 Hospital type. All admissions. Ireland 2016. Percentages



Females accounted for 60% of all and 56% 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 59% of first admissions to psychiatric hospitals/continuing care units.

The mean age at admission to independent/private and private charitable centres was slightly higher, at 51.4 years, than that to general hospital psychiatric units, at 42.5 years and psychiatric hospitals/continuing care units, at 45.0 years. In general, 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; 64% of admissions to independent/private and private charitable centres were aged 45 years and over compared with 41% to general hospital psychiatric units and almost 47% to psychiatric hospitals/continuing care units. Over half (59%) of all admissions to general hospital psychiatric units and over half (53%) of admissions to psychiatric hospitals/continuing care units were under 45 years of age compared with 36% to independent/private and private charitable centres.

Forty-one per cent of all and 39% of first admissions to independent/private and private charitable centres had a primary admission diagnosis of depressive disorders; 25% of all and 27% of first admissions to general hospital psychiatric units and 16% of all and 20% of first admissions to psychiatric hospitals/continuing care units were for depressive disorders. A much lower proportion of admissions (8%) to independent/private and private charitable centres were for schizophrenia compared with admissions to general hospital psychiatric units, at 23%, or psychiatric hospitals/continuing care units, at 27%. There was a much higher proportion of admissions to independent/private and private charitable centres for alcoholic disorders, at 15%, than admissions to general hospital psychiatric units, at 5%, or psychiatric hospitals/continuing care units, also at 5%.

Involuntary admissions accounted for 18% of all and 22% of first admissions to psychiatric hospitals/continuing care units and 16% of all and 16% of first admissions to general hospital psychiatric units. In contrast, only 2% of all and 2% of first admissions to independent/private and private charitable centres were involuntary.

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 25% from independent private and private charitable centres.

Average length of stay for all discharges was longest in psychiatric hospitals/continuing care units, at 177.5 days (median 12 days), followed by independent/private and private charitable centres, at 48.9 days (median 31 days) and general hospital psychiatric units, at 27.1 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 34.9 days (median 31 days), followed by psychiatric hospitals/continuing care units, at 28.0 days (median 12 days) and general hospital psychiatric units, at 23.4 days (median 11 days).

4

Individual Units and Hospitals – Admissions, Discharges and Deaths

Admissions to general hospital psychiatric units decreased by 293, from 10,425 in 2015 to 10,132 in 2016. Similarly, admissions to psychiatric hospitals/continuing care units decreased by 282, from 3,187 in 2015 to 2,905 in 2016, while admissions to independent/private and private charitable centres increased by 5, from 4,248 in 2015 to 4,253 in 2016.

As noted in previous reports, length of stay across all hospitals varied greatly with over 40% of discharges occurring within one week of admission in some hospitals; Tallaght Hospital (43%); Drogheda Department of Psychiatry (43%); Letterkenny General Hospital (45%); St Vincent's Hospital, Fairview (43%); Newcastle Hospital, Greystones (48.5%); St Brigid's Hospital, Ardee (45%). 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, 13%; St John of God Hospital, 11%; Highfield Hospital, 10%, Lois Bridges, 9%. Bloomfield Hospital had no discharges within one week of admission.

Amongst the general hospital psychiatric units, Cavan General Hospital had the longest average length of stay, at 45.0 days (median 13 days), followed by St Vincent's University Hospital, Dublin, at 44.9 days (median 21 days) and Cork University Hospital, at 37.1 days (median 21 days). Average length of stay for psychiatric hospitals/continuing care units is typically longer than in general hospital units and in 2016 length of stay for many centres was in excess of 1,000 days. Bloomfield Hospital had the longest average length of stay amongst the independent/private and private charitable centres, at 1,255.0 days (median 1,050 days), followed by Highfield Hospital, at 319.2 days (median 31.5 days) and Lois Bridges, at 77.8 days (median 77.5 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 506 child and adolescent admissions (under 18 years of age or admitted to a child and adolescent unit) in 2016, an increase of just 3 admissions from 2015. Eighty-one per cent (409) of these child and adolescent admissions were first admissions. There were 439 admissions to specialised child and adolescent units in 2016 and 81% (355) of these were first admissions. There were 67 admissions of under 18s to adult units and hospitals in 2016.

Sixty-four per cent of all and first admissions for children and adolescents were female, an increase of 4% on 2015 figures. Over one-third (36%) of all child and adolescent admissions were aged 17 years of age on admission, 23% were aged 16 years, 19% were aged 15 years, 13% were aged 14 years, 7% were aged 13 years and less than two per cent were aged 12 years or younger. There was one admission aged over 18 years of age to a child and adolescent unit during 2016.

Females accounted for 67% of admissions to specialised child and adolescent in-patient units. Thirty-two per cent of admissions to these specialised units were aged 17 years on admission, 23% were aged 16 years, 22% were aged 15 years, 15% were aged 14 years, 7% were aged 13 years and less than two per cent were aged 12 years or under.

Fifty-four per cent (36) of admissions for under 18s to adult units and hospitals were male, a reduction of 10% on 2015 data. Sixty-six per cent of admissions for under 18s to adult units and hospitals were aged 17 years on admission, 22% were aged 16 years, almost 5% were aged 15 years, almost 5% were aged 14 years and 3% were 13 years or younger.

One-third (33%) of all child and adolescent admissions had a primary admission diagnosis of depressive disorders, of which females accounted for almost three-quarters (73%), which is an increase on 65% of admissions for this age group in 2015. Eating disorders is the second-highest child and adolescent admission diagnosis at 12% of all admissions, of which females accounted for 93% of the total, up from 65% in 2015. A further 12% of child and adolescent admissions had a primary admission diagnosis of neuroses and 11% had a diagnosis of schizophrenia.

Three per cent (14 admissions) of all and 3% (11 admissions) of first child and adolescent admissions were involuntary. Twenty-one per cent of these involuntary admissions had a primary admission diagnosis of depressive disorders and 14% had a diagnosis of neuroses.

Eighty-seven per cent of child and adolescent admissions were to specialised child and adolescent units, 12% were to general hospital psychiatric units and 1% were to psychiatric hospitals/continuing care units. There were no admissions for under 18s to adult independent/private and private charitable centres.

Eighty-three per cent of all child and adolescent admissions in 2016 were discharged in 2016. Of those admitted and discharged in 2016, 17% were discharged within one week of admission, 5% were discharged within one to two weeks, 16% were discharged within two to four weeks, 49% were discharged within one to three months and 13% were discharged within three months to one year of admission. The average length of stay for all child and adolescent admissions admitted and discharged in 2016 was 47.3 days (median 38 days). Average length of stay was longest in child and adolescent units, at 55.0 days (median 47.0 days), followed by psychiatric hospitals/continuing care units, at 9.2 days (median 2 days) and general hospital psychiatric units, at 5.3 days (median 3 days).

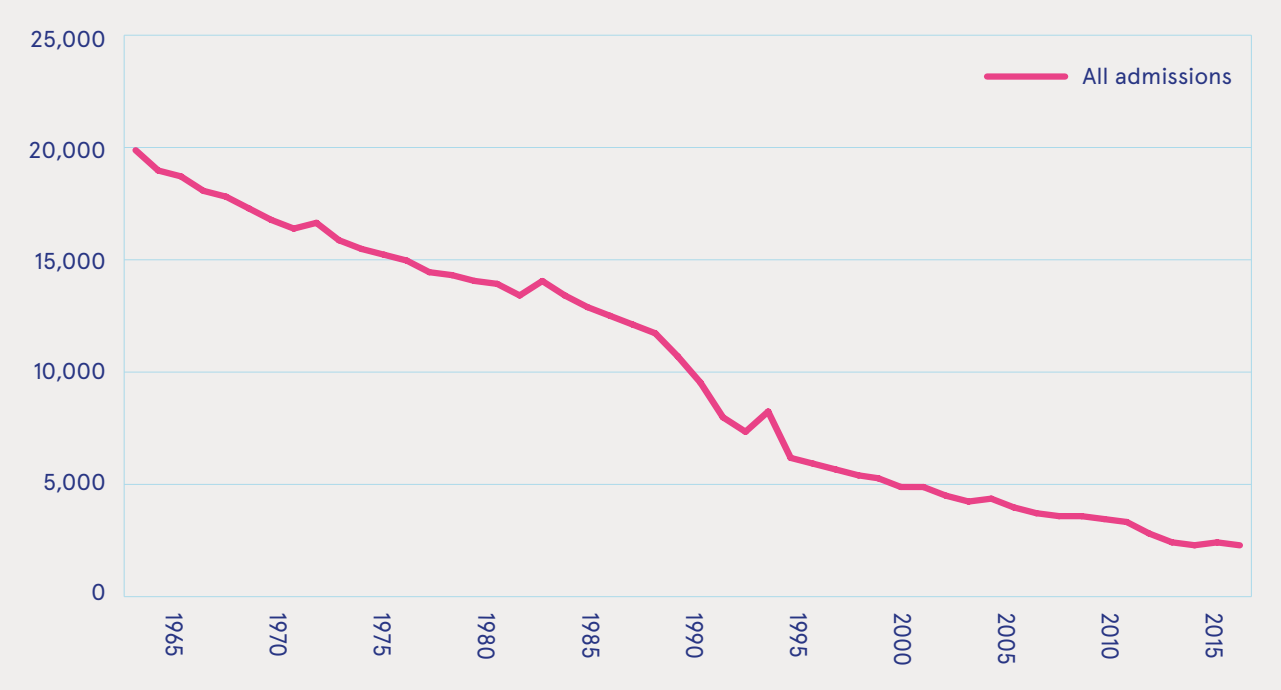
6

In-patient Census 2016

At the end of each year a census of in-patients in each unit and hospital is undertaken. On 31 December 2016 there were 2,278 patients resident in Irish psychiatric units and hospitals. This is a decrease in patients resident on the same date in 2015 by 59 and an 89% reduction in in-patient numbers since 1963 (Figure 6.1). There were an additional 87 patients under 18 years of age resident in child and adolescent units on 31 December 2016.

Over half (54%) of patients resident in adult units on 31 December 2016 were male. Thirty-six per cent of residents were over 65 years of age, 33% were aged 45–64 years, 25% were aged 25–44 years and 5% were aged 24 years of age and under. The 75 year and over age group had the highest rate of hospitalisation, at 176.5 per 100,000, followed by the 65–74 year age group, at 135.2 and the 55–64 year age group, at 90.0. Fifty-nine per cent of patients were single, 19% were married, 6% were widowed and 3% were divorced. Patients who were divorced had the highest rate of hospitalisation, at 85.5 per 100,000, followed by widowed, at 74.3, single, at 54.5 and married, at 24.9.

Figure 6.1 Irish Psychiatric Units and Hospitals Census 1963–2016. Numbers



Over one-third (34%) of patients had a primary admission diagnosis of schizophrenia, 15% had a diagnosis of depressive disorders and 12% had organic mental disorders. Patients with schizophrenia had the highest rate of hospitalisation, at 16.8 per 100,000, followed by depressive disorders, at 7.5 and organic mental disorders, at 6.1. Males had a higher hospitalisation rate for schizophrenia than females, at 20.9 per 100,000 for male and 12.9 for females. Males also had a higher rate of hospitalisation than females for organic mental disorders, at 7.3 for males and 4.9 per 100,000 for females. The female rate of hospitalisation for depressive disorders was higher than that for males, at 8.8 per 100,000 for females and 6.3 for males.

Forty per cent of patients resident on 31 December 2016 were long-stay, i.e. had been in hospital for one year or more; 19% were new long-stay, i.e. in hospital for between one and five years and almost 22% (21.5%) 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 31 December was 3,782,471. This is the total number of days accumulated by all patients since they were admitted to hospital up to the date of the census. Patients with schizophrenia accounted for 44% of the total number of in-patients days, while patients with intellectual disability accounted for almost 30% of in-patient days. The average length of stay for all in-patients on 31 December was 1,660.4 days (median 130.5 days). Patients with intellectual disability had the longest average length of stay, at 9,138.4 days (median 7,623.5 days), followed by schizophrenia, at 2,176.9 days (median (501 days) and alcoholic disorders, at 1,378.0 days (median 46 days). When patients with a length of stay of one year or more were excluded, average length of stay was 67.3 days (median 33 days). With the exception of patients with development disorders (5) who accounted for less than one per cent of in-patients resident on 31 December, average length of stay was longest for patients with organic mental disorders, at 129.8 days (median 109 days) followed by patients with intellectual disability, at 116.0 days (median 129 days) and schizophrenia, at 87.6 days (median 49 days).

Similar to 2015, 34% of patients resident on 31 December 2016 were in psychiatric hospitals/ continuing care units (up from 32% in 2015), 35% were in general hospital psychiatric units (unchanged from 35% in 2015) and 21% were in independent/private and private charitable centres (down slightly from 23% in 2015). Four per cent were in the Central Mental Hospital (unchanged from 2015), almost 5% in St Joseph's Intellectual Disability Service (unchanged from 2015) and just under 1% (0.83%) were in Carraig Mór, Cork (practically unchanged from 0.73% in 2015).

There were 89 patients who were under 18 on 31 December 2016; 87 of these were resident in child and adolescent units and two were resident in adult units. Sixty-four per cent of under 18s were female; 31% were aged 17 years on census night, 20% were aged 16 years, 25% were aged 15 years, 15% were aged 14 years and 9% were 13 years or younger. Thirty-three per cent had a primary admission diagnosis of depressive disorders, 17% had a diagnosis of eating disorders, almost 14% had schizophrenia and 11% had neuroses.

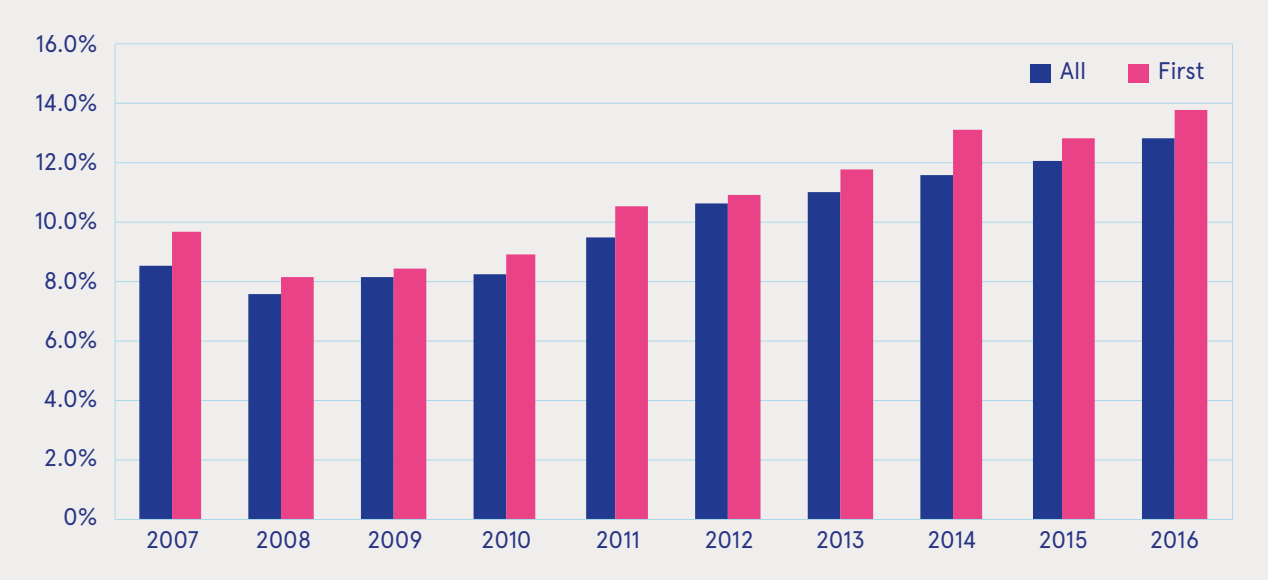
7 Review of data 2007–2016

There has been a 17% decline in admissions in the ten-year period from 2007–2016, from 20,769 in 2007 to 17,290 in 2016. There was a 25% decline in re-admissions over the same period, from 14,916 in 2007 to 11,193 in 2016. First admissions increased by 4% in this ten-year period, from 5,853 in 2007 to 6,097 in 2016.

Admissions to general hospital psychiatric units continue to rise as a proportion of all admissions; in 2007, 52% of all admissions were to general hospital psychiatric units and in 2016 this proportion had increased to 59%. The proportion of admissions to psychiatric hospitals/continuing care units decreased from 29% of all admissions in 2007 to 17% in 2016, while admissions to independent/private and private charitable centres increased from 19% in 2007 to 25% in 2016.

There has been an increase in the proportion of involuntary admissions in the ten-year period, from 8.5% of all admissions in 2007 to 13% (12.85%) of all admissions in 2016 and from 10% (9.7%) of first admissions in 2007 to 14% (13.76%) of first admissions in 2016. Despite an initial reduction in voluntary admissions following the commencement of the Mental Health Act 2001, a year-on-year increase in involuntary admissions has been noted from 2009 onwards (Figure 7.1).

Figure 7.1 All and first involuntary admissions 2007–2016. Percentages



Patients resident in psychiatric units and hospitals have fallen from 3,314 in 2007 to 2,278 in 2016, a 31% reduction in this ten-year period, in line with the policy to reduce in-patient provision and provide more community-based care.

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