HRB Health Research Board

HRB StatLink Series 33

National Psychiatric Inpatient Reporting System (NPIRS)

Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2025

Antoinette Daly, Harriet Lovett and Ena Lynn

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ISSCOP Irish Statistical System Code of Practice

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About the HRB

The Health Research Board (HRB) is the lead public agency funding and conducting health and social care research in Ireland. We advance ethical, equitable and excellent research to strengthen the health system, provide high-quality data and evidence for policy and practice, and deliver better health for everyone.

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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.

Irish Statistical Code of Practice (ISSCOP)

In 2025 the NPIRS secured the Irish Statistical Code of Practice (ISSCOP) certification which affirms the HRB's commitment to upholding the highest standards in data quality. The Central Statistics Office developed this code to enhance the national data ecosystem, based on the European Statistics Code of Practice. A key objective of ISSCOP is safeguarding trust in Irish official statistics. To achieve this, official statistics must demonstrate adherence to the key principles aligned to ISSCOP. There are five key principles:

Professional Independence: The production of official statistics is based on the application of independent, transparent, and objective standards and free from any political or other external interference.

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Confidentiality: Public authorities that produce official statistics must ensure that statistical outputs do not lead to the direct or indirect identification of an individual or entity.

Table of contents

Lists of tables

List of figures

Acknowledgements

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1 Introduction and Background

This report presents data on all admissions, discharges and deaths in Irish psychiatric units and hospitals on the Register of Approved Centres in 2025. Data for this report were collected and returned to the HRB National Psychiatric Inpatient Reporting System (NPIRS) by 67[1] 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). We would like to thank all our NPIRS contacts throughout the country for their time and dedication to ensuring the completeness and accuracy of these returns.

There were two new centres registered in 2025, Nua Healthcare in Gormanston in Meath and Brandon Unit in the Central Mental Hospital campus in Portrane in Dublin. As the Brandon Unit was a temporary facility and the admission and discharge numbers quite small, the data are presented with the Central Mental Hospital to avoid identification of individuals.

Data are presented nationally, regionally by HSE health regions (HRs), locally by individual hospital and also by hospital type. This year, in presenting data by hospital type, we have moved to using the following breakdown to reflect more accurately the type of service used: acute psychiatric unit, continuing care units/wards, independent/private centres, psychiatric intensive care unit (PICU), intellectual disability (ID), CMH (the Central Mental Hospital/Brandon Unit) and CAMHS (child and adolescent mental health inpatient units). 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 since 2006.

Comparative data for 2024 presented in this report are from the publication ***Activities of Irish Psychiatric Units and Hospitals 2024 Main Findings*** (Daly, Lovett and Lynn 2025) and rates reported are per 100,000 total population based on the Census of Population 2022 (https://data.cso.ie/).

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 which means that categories will be comparable with previous years.

1. Data for Cluain Mhuire Mental Health Services and St John of God University Hospital are presented separately in the Individual Units and Hospitals table for this report

Table 1.1: Number of units and hospitals and wards by hospital type

Hospital type	Unit/Hospital	Ward
Acute adult units [a]	29	
Continuing care units/wards [b]	18	5[e]
Independent/private and private charitable centres	9	
Psychiatric Intensive Care Unit (PICU) [c]	2	
Intellectual Disability (ID) [d]	1	
Central Mental Hospital (including Brandon unit)	2	
Child and adolescent units (CAMHS)	6	
Total	**67**	

a Data for Cluain Mhuire Mental Health Services are presented separately to St John of God University Hospital.

b Some adult approved centres have long-stay wards/continuing care wards/beds operating in the hospital and these are recorded separately when presented by hospital type.

c Includes Carraig Mór, Cork and Phoenix Care Centre, Dublin. Carraig Mór is an intensive care and rehabilitation unit. Phoenix Care Centre 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.

d St Joseph's Intellectual Disability Service is located at St Ita's Campus, Portrane.

e Includes Units 2, 3 and 8 in St Stephen's Hospital, Cluain Lir Care Centre continuing care beds, St Edna's Unit in St Loman's Hospital Mullingar and Avonmore Unit in Newcastle Hospital.

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. Data entered directly onto the LINK system are also subject to the same quality assurance and validation measures. The data contained in this report in relation to admissions and discharges in 2025 reflect data submitted to or entered directly onto LINK by units and hospitals and then verified by units and hospitals at the time of preparing this report. It should be noted 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. In addition, some hospitals use the primary admission diagnosis code of F99 (Mental disorder, not otherwise specified) where a diagnosis was not available at the time of data submission to the HRB.

Admissions for children and adolescents in this report include all admissions for persons under 18 years of age, regardless of their marital status. As part of our quality assurance measures, data on admissions for children and adolescents have been cross-checked with the Mental Health Commission (MHC) and the HSE.

Differences may exist between data reported for legal status in the MHC's annual inspectorate report and data in this report. 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 between deaths reported by the MHC and deaths presented in this report as the MHC reports 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.

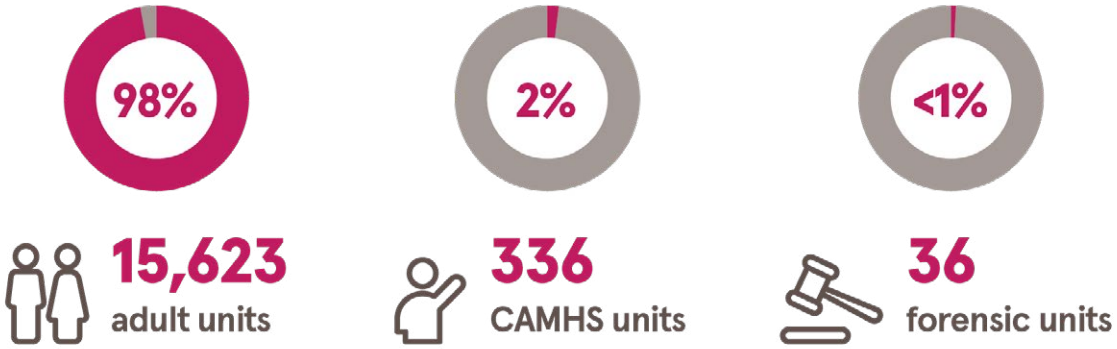
Although additional data items including 'Admitted from', 'Gender' and questions relating to education were added to the NPIRS in 2025, there was not sufficient data on these items to present in this report. We hope to have more complete data available on these items in future reports.

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 15,995 admissions to approved Irish psychiatric units and hospitals in 2025 (psychiatric units and hospitals including inpatient child and adolescent mental health services (CAMHS) units, independent/private centres and the National Forensic Mental Health Service). This is a slight increase from 15,905 in 2024. Ninety-eight per cent of all admissions were to adult units, 2% were to CAMHS units and less than one per cent were to forensic units (Central Mental Hospital).



2.1.2 All and first admissions (Adult units)

- There were 15,659 admissions to adult psychiatric units and hospitals in 2025, an increase of 81 admissions, from 15,578 in 2024. The rate of admissions increased from 302.5 per 100,000 in 2024 to 304.1 in 2025.
- First admissions in 2025 accounted for 37% of all admissions, increasing from 5,706 in 2024 to 5,852 in 2025. Similarly, the rate of first admissions increased from 110.8 per 100,000 in 2024 to 113.7 in 2025.
- Readmissions decreased from 9,872 in 2024 to 9,807 in 2025, with the rate decreasing from 191.7 per 100,000 in 2024, to 190.5 in 2025.

Figure 2.1 presents the number of all, first and re-admissions for the past 60 years.

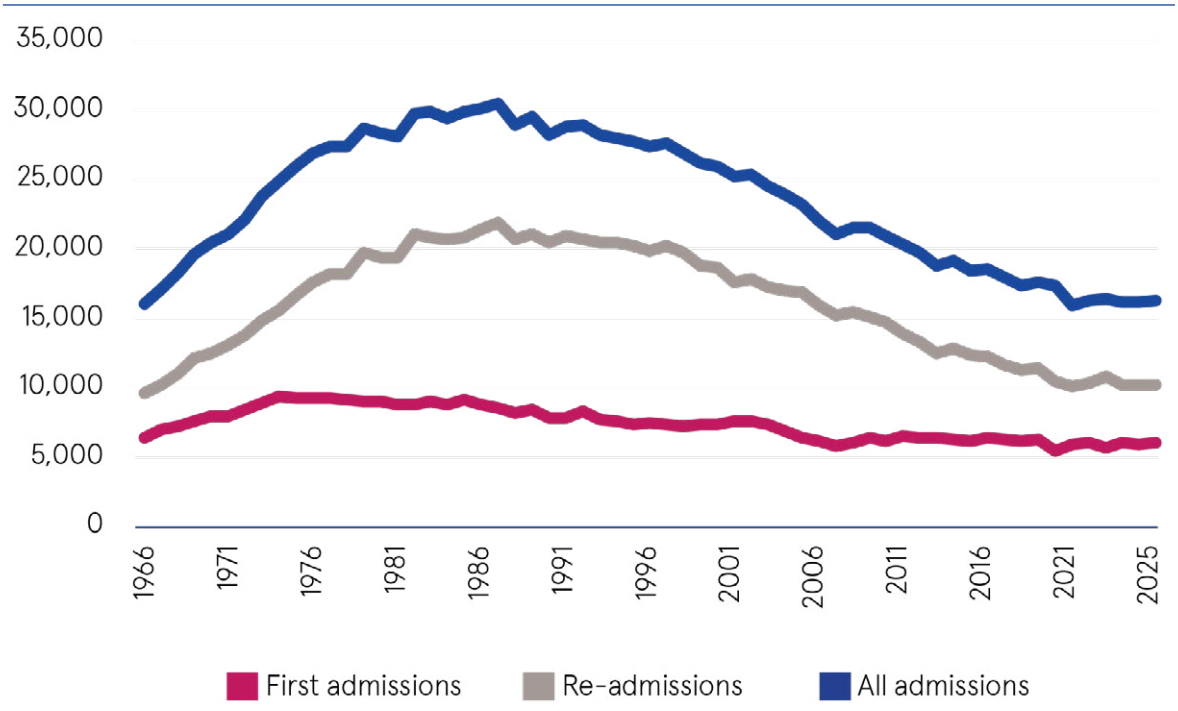


Figure 2.1: All, first and re-admissions. Ireland 1965-2025. Numbers

Sex

Males accounted for 51% of all admissions and had a higher rate of all admissions, at 311.5 per 100,000 compared with 296.9 for females. Males accounted for 53% of first admissions, again having a higher rate, at 122.9 per 100,000 compared with 104.6 for females.

Age

The mean age at admission in 2025 was unchanged from that of the last number of years, at 46 years (median 44 years). Females had a slightly higher mean age at admission, at 48.5 years (median 47 years), compared to males, at 43.7 years (median 42 years).

The 25-34 year age group had the highest rate of all admissions, at 464.9 per 100,000, followed by the 20-24 year age group, at 456.5 and the 45-54 year age group, at 404.2. The 18-19 year age group had the lowest rate of all admissions, at 293.9 per 100,000.

The 20-24 year age group had the highest rate of first admissions, at 225.3 per 100,000, followed by the 18-19 year age group, at 190.3 and the 25-34 year age group, at 185.3. The 75 year and over age group had the lowest rate, at 108.0 per 100,000.

Marital status

Sixty-one per cent of all admissions were single, 23% were married, 3% were widowed and a further 3% were divorced. For the first time in many years single persons had the highest rate of all admissions, at 346.4 per 100,000, followed by divorced, at 332.0 and widowed, at 223.2. As in previous years, married persons had the lowest rate of all admissions, at 187.0 per 100,000.

Single persons also had the highest rate of first admissions, at 122.4 per 100,000, followed by divorced, at 113.2 and married, at 75.2. Widowed persons had the lowest rate of first admissions, at 71.9 per 100,000.

Employment status and socio-economic group

Almost 36% of all admissions were recorded as unemployed in 2025, 21% were recorded as employed, 11% were retired, 3% were students, 3% were looking after the home or family, 1% were recorded as unable to work due to illness or disability and 25% were unknown.

Completion of occupation remains disappointingly low with 70% of all admissions having an unknown or unspecified occupation, making assignment to socio-economic group impossible for this group. When the unknown and unspecified admissions were excluded, the non-manual group accounted for the highest proportion of all admissions, at 26%, followed by lower professionals, at 20%, and manual skilled, at 13%. Similar proportions were observed for first admissions with the non-manual group accounting for 26% of all admissions, followed by lower professionals, at almost 19%, and manual skilled, at 13%.

No fixed abode

There were 375 admissions with no fixed abode in 2025, an increase from 345 in 2024, 302 in 2023 and 291 in 2022.

- Fifty-six per cent of all admissions with no fixed abode were readmissions.
- Males accounted for 71% of all admissions with no fixed abode.
- 82% of all admissions with no fixed abode were single.

In terms of age at admission for admissions with no fixed abode:

- 32% were aged 25-34 years,
- 25% were aged 35-44 years,
- Almost 17% were aged 45-54 years,
- 11% were aged 20-24 years,
- 11% were aged 55-64 years
- 3% were aged 65 years and over and
- Less than one per cent were less than 20 years of age.

Forty per cent of all admissions with no fixed abode had a primary admission diagnosis of schizophrenia, 12% had a diagnosis of depressive disorders, 11% had a diagnosis of other drug disorders and almost 8% had a diagnosis of bipolar disorders. Forty-three per cent of all admissions with no fixed abode were involuntary.

Ethnicity

Seventy-eight per cent of all admissions were recorded as 'White Irish', 7% were recorded as 'Other White background' (including 'White Irish Traveller', 'White Roma' and 'Any other white background'), 2% were recorded as 'Black African' or 'Any other Black background', 3% were recorded as 'Other' and 10% were recorded as unknown.

Primary admission diagnosis

Depressive disorders accounted for the highest proportion of all and first admissions, at 23% of all and 25% of first admissions, as in previous years. Schizophrenia accounted for 22% of all admissions and 17% of first admissions, while anxiety or fear-related disorders/OCD/stress-related disorders accounted for 10% of all and 14% of first admissions.

Depressive disorders had the highest rate of all admissions, at 69.1 per 100,000 (up from 67.8 in 2024), followed by schizophrenia, at 67.1 (up from 60.1 in 2024), and anxiety or fear-related disorders/OCD/stress-related disorders, at 30.0 (up marginally from 29.6 in 2024).

Depressive disorders also had the highest rate of first admissions, at 28.4 per 100,000 (up slightly from 27.8 in 2024), followed by schizophrenia, at 19.1 per 100,000 (up from 16.4 in 2024) and anxiety or fear-related disorders/OCD/stress-related disorders, at 15.9 per 100,000 (up from 14.4 in 2024).

Legal status on admission

Eighteen per cent of all and 17% of first admissions were involuntary in 2025. The rate of involuntary all admissions was 53.8 per 100,000 (up from 50.3 in 2024), while the rate for first admissions was 19.0 per 100,000, up from 17.6 in 2024. Schizophrenia accounted for the largest proportion of involuntary admissions, at 46%, followed by bipolar disorders, at 16%.

Medical card and private health insurance

Data returns for medical card and private insurance status were once again disappointing with 70% returned as unknown/unspecified for medical card status and 62% unknown/unspecified for private health insurance.

County of residence

As in 2024, all admissions were highest for county Offaly, at 386.0 per 100,000, followed by Donegal, at 380.6, Sligo, at 377.5 and Mayo, at 358.0. Longford had the lowest rate of all admissions, at 218.2 per 100,000.

Looking at individual diagnoses for all admissions:

- Carlow had the highest rate of all admissions for depressive disorders, at 153.3 per 100,000, followed by Kilkenny, at 138.2, Tipperary South, at 137.6 and Mayo, at 121.0.
- Donegal had the lowest rate of all admissions for depressive disorders, at 12.6 per 100,000.
- Waterford had the highest rate of all admissions for schizophrenia, at 111.5 per 100,000, followed by Cork, at 88.2, Mayo, at 87.7 and Sligo, at 82.6.
- Donegal had the lowest rate of all admissions for schizophrenia, at 9.6 per 100,000.
- Roscommon had the highest rate of all admissions for alcohol-related disorders, at 22.8 per 100,000, followed by Sligo, at 21.4, Dublin, at 20.8 and Laois, at 19.6.
- Monaghan had the lowest rate of all admissions for alcohol-related disorders, at 3.1 per 100,000.

First admissions were highest in county Carlow, at 133.9 per 100,000, followed by Louth, at 133.1, Waterford, at 131.1 and Tipperary South, at 128.9. Longford had the lowest rate of first admissions, at 47.1 per 100,000.

Looking at individual diagnoses for first admissions:

- Carlow had the highest rate of first admissions for depressive disorders, at 66.2 per 100,000, followed by Kilkenny, at 56.6, Mayo, at 55.8 and Tipperary South, at 54.2.
- Donegal had the lowest rate of first admissions for depressive disorders, at 4.2 per 100,000.
- Waterford had the highest rate of first admissions for schizophrenia, at 28.3, followed by Cork, at 27.6, Louth, at 25.8 and Leitrim, at 25.6.
- Donegal had the lowest rate of first admissions for schizophrenia, at 2.4 per 100,000.
- Roscommon had the highest rate of first admissions for alcohol-related disorders, at 14.2 per 100,000, followed by Clare, at 13.3, Kildare, at 8.9 and Laois, at 8.7.
- Longford had no first admissions for alcohol-related disorders, while Monaghan had the lowest rate, at 1.5 per 100,000.

Referral source

In 2025 the main referral source for all admissions was the emergency department/ assessment unit attached to a general hospital/liaison psychiatry, which accounted for 23% of referrals for all admissions. Other referral sources were as follows:

- 11% were referred by another hospital, nursing home or community residence,
- almost 11% were referred by a GP/out-of-hours GP or a primary care service,
- 7% were referred by the justice system (Garda/prison/courts),
- 7% were self-referrals,
- 6% were referred by a community mental health team (CMHT)/sector team,
- 3% were referred by an outpatient clinic/day hospital/day centre,
- 7% had a referral source listed as 'other' and
- 24% had an unspecified referral source.

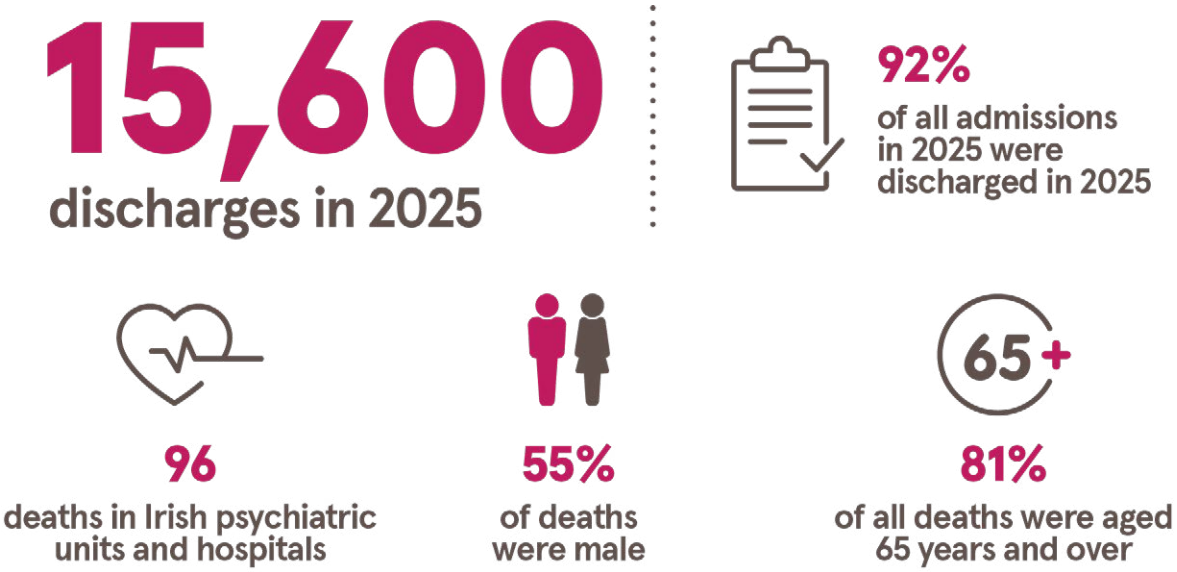
Non-residents

There were 43 admissions for non-residents in 2025, down from 56 in 2024 and 53 in 2023. Almost 26% had an address originating in England, 23% had an address in Northern Ireland, 16% in the USA, a further 16% in France, with the remaining originating in various other countries or recorded as unknown.

Thirty-five per cent of all admissions for non-residents had a primary admission diagnosis of schizophrenia, 19% had a diagnosis of bipolar disorders, 12% had a diagnosis of personality and behavioural disorders and 9% had a diagnosis of anxiety or fear-related disorders/OCD/ stress-related disorders.

2.2 National discharges and deaths (Adult units)

There were 15,600 discharges and 96 deaths in adult psychiatric units and hospitals in 2025. This is an increase in discharges from 15,436 in 2024 and a slight increase in deaths from 94 in 2024. Males accounted for 55% of all deaths and 81% of all deaths were aged 65 years and over.



Sixty-five per cent of all discharges (excluding deaths) in 2025 were discharged home, 11% were discharged into the care of community services (such as outpatient clinic/day hospital, home-based treatment team/CMHT, assertive outreach team or homeless or addiction services), 7% were discharged to another hospital or residential-based service (such as a nursing home or mental health community residence), 1.5% were discharged against medical advice and almost 15% were discharged to other or unknown/unspecified destinations.

Length of stay and primary discharge diagnosis

Ninety-two per cent of all admissions in 2025 were also discharged in 2025 and almost 94% of first admissions in 2025 were also discharged in 2025.

- Looking at all discharges in 2025:
- 30% were discharged within one week of admission, with 3% of all discharges occurring on the same day as admission.
- 17% occurred within one to two weeks of admission,
- 20% occurred within two to four weeks of admission,
- 27% occurred within one to three months of admission and 1% of all discharges occurred after one year or more of admission.

Forty-eight per cent of all discharges with a primary discharge diagnosis of personality and behavioural disorders, 47% of discharges with a diagnosis of other drug disorders and 45% of discharges with behavioural and emotional disorders of childhood and adolescence occurred within one week of admission. In contrast, just 13% of discharges with a primary discharge diagnosis of organic mental disorders and a further 13% with eating disorders occurred within one week of admission.

Over 90% of discharges for most disorders occurred within three months of admissions with the exception of organic mental disorders (73%), intellectual disability (76%), behavioural and emotional disorders of childhood and adolescence (87%) and eating disorders (85%).

The average length of stay for all discharges in 2025 was 50.7 days (median 15 days), relatively unchanged from 51.1 days in 2024, with the median length of stay remaining unchanged from 15 days. Discharges with a primary discharge diagnosis of intellectual disability accounted for less than one per cent of all discharges but had the longest average length of stay, at 859.8 days (median 11 days). Organic mental disorders had the second-longest average length of stay, at 248.3 days (median 34 days), followed by schizophrenia, at 81.9 days (median 19 days). Other drug disorders had the shortest average length of stay on discharge, at 14.7 days (median 7 days).

When discharges for one year or more were excluded (1% of all discharges), the average length of stay was 27.6 days (median 15 days). Eating disorders had the longest average length of stay, at 53.4 days (median 44 days), followed by organic mental disorders, at 48 days (median 27 days) and intellectual disability, at 39 days (median 8 days). Other drug disorders had the shortest average length of stay, at 14 days (median 7 days).

2.3 HSE Health Regions (HRs) (Adult units)

The address from where a person was admitted, was used to assign that admission to a health region (HR) and thus HR refers to the HR area of residence. Figure 2.2 presents the rates of admission for each HR.

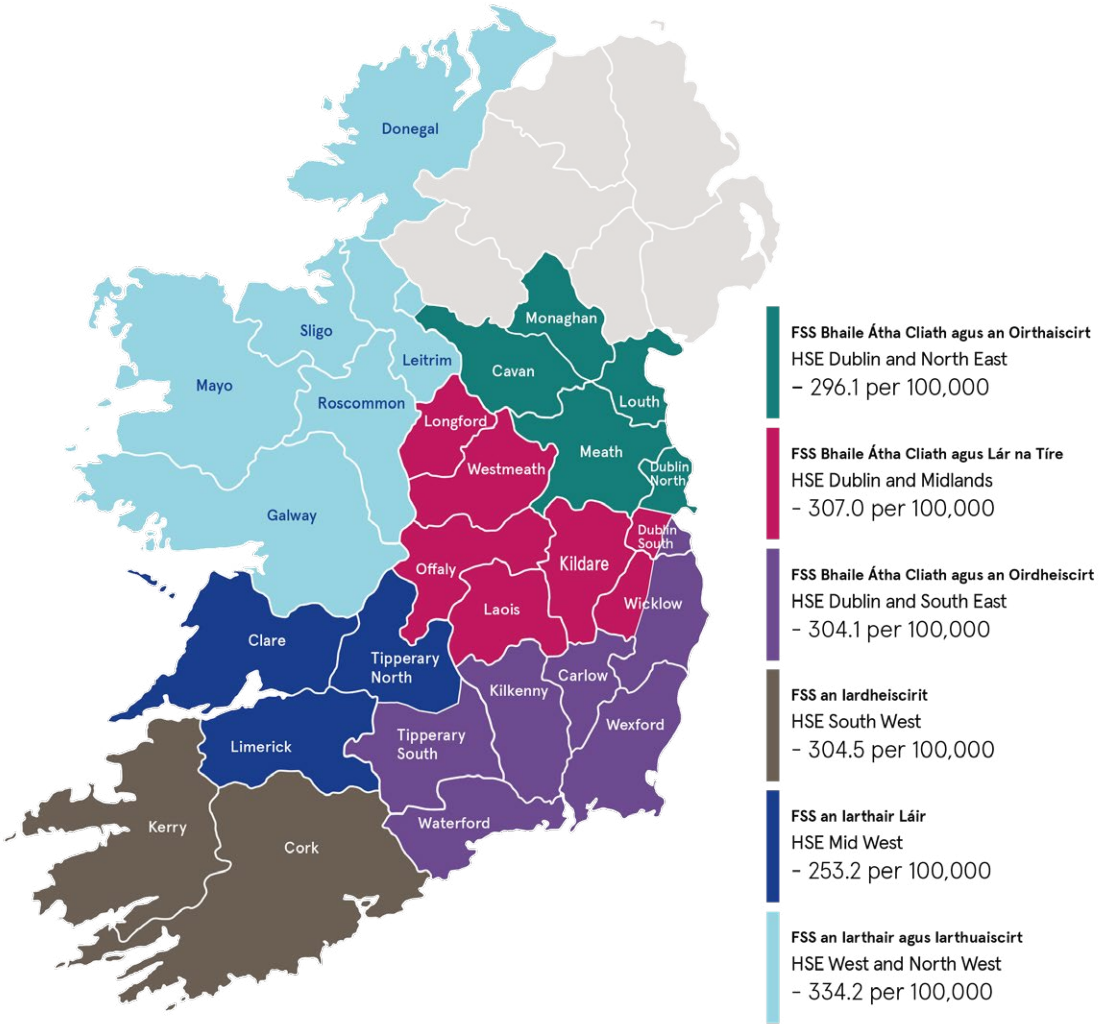


Figure 2.2: HSE Health Regions by county 2025

Admissions resident in HSE West and North West had the highest rate of all admissions, 334.2 per 100,00, followed by HSE Dublin and Midlands, at 307.0, HSE South West, at 304.5 and HSE Dublin and South East, at 304.1. First admissions were highest for admissions resident in HSE Dublin and North East, at 120.2 per 100,000, followed by HSE Dublin and South East, at 116.4 and HSE South West, at 115.0.

There were minimal sex differences by health regions for all admissions. Males accounted for 56% of first admissions in HSE Dublin and Midlands and 56% of first admissions in HSE West and North West.

The 25-34 year age group had the highest rate of admissions in three of the six health regions; 605.6 per 100,000 in HSE West and North West, 467.9 in HSE Dublin and South East and 447.6 in HSE Mid West. The 20-24 year age group had the highest rate of admissions in two health regions; 500.0 per 100,000 in HSE South West and 483.5 in HSE Dublin and Midlands. The 65-74 year age group had the highest rate of admission in HSE Dublin and North East, at 420.2 per 100,000.

The mean age at admission in all six areas was similar, ranging from 46.6 years in HSE Dublin and South East to 45.4 years in HSE South West. 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 HR, with rates ranging from 399.2 per 100,000 in HSE Dublin and Midlands to 297.3 in HSE Mid West.

Primary admission diagnosis

Depressive disorders accounted for the highest proportion of all admissions in three of the six HRs, 26% in HSE Dublin and North East, 29% in HSE Dublin and South East and 18% in HSE West and North West, with the rates for depressive disorders also being the highest of all disorders in these areas; 88.1 per 100,000 in HSE Dublin and South East, 75.7 in HSE Dublin and North East and 59.6 in HSE West and North West. Schizophrenia accounted for the highest proportion in the remaining three of the six HRs, 25% in HSE Dublin and Midlands, 28% in HSE South West and 22% in HSE Mid West, with the rates for schizophrenia also being the highest of all disorders in these areas; 77.3 per 100,000 in HSE Dublin and Midlands, 84.9 in HSE South West and 55.7 in HSE Mid West.

Legal status on admission

Almost 20% of all admissions resident in HSE Dublin and North East and almost 20% in HSE South West were involuntary, followed by 19% in HSE Dublin and Midlands and 18% in HSE Dublin and South East. Admissions resident in HSE South West had the highest rate of involuntary all admissions, at 59.4 per 100,000, followed by HSE Dublin and Midlands, at 58.9 and HSE Dublin and North East at 58.2. HSE Dublin and North East had the highest rate of involuntary first admissions, at 22.3 per 100,000, followed by HSE Dublin and South East, at 20.9.

Length of stay

Fifty-four per cent of all discharges resident in HSE West and North West and 52% from HSE South West occurred within two weeks of admission. Almost three-quarters (73%) of all discharges resident in HSE South West and 72% resident in HSE West and North West were discharged within one month of admission.

Discharges resident in HSE Dublin and South East had the longest average length of stay on discharge, at 61.2 days (median 16 days), followed by HSE Dublin and North East, at 55.7 days (median 16 days) and HSE Dublin and Midlands, at 53.5 days (median 17 days). Discharges resident in HSE West and North West had the shortest average length of stay, at 34.1 days (median 12 days).

2.4 Inpatient bed days 2025

The total number of bed days used in adult units in 2025 was 767,374, an increase from 765,915 in 2024. This figure for bed days included bed days accumulated by all admissions and all discharges in 2025 and all patients resident on 31 December 2025. This yielded the number of inpatient bed days used in all approved centres (adult units) in 2025, from January 1 to the date of discharge in 2025, or to the night of December 31, 2025, where a patient was not discharged before year-end.

Schizophrenia accounted for almost two-fifths (38%) of all bed days in 2025, at 290,439 days. Depressive disorders accounted for 15% of all bed days, at 118,224 days, organic mental disorders accounted for 10%, at 73,882 days, while bipolar disorders accounted for 8%, at 60,818 days.

3 Hospital Type (Adult units) – Admissions, Discharges and Deaths

3.1 Admissions

For this report we have moved to recording hospital type by the type of service provided, i.e., acute, continuing care, independent/private, psychiatric intensive care unit (PICU), Central Mental Hospital (CMH) or intellectual disability (ID), as this is more informative for service provision than the designation of hospital type in previous reports. Acute (psychiatric) units include all units designated as acute admission units regardless of where they are located, i.e., as a standalone unit or a unit attached to a general hospital. Continuing care includes centres designated as continuing care units including wards within a centre which are dedicated to continuing care and/or are long stay wards. PICU includes the Phoenix Care Centre in Dublin and Carraig Mór in Cork. CMH includes the Central Mental Hospital and Brandon Unit combined. ID includes St Joseph's Intellectual Disability Services in Portrane in Dublin.

Seventy-five per cent (11,697) of all admissions in 2025 were to acute units, 1% (222) of admissions were to continuing care units/wards, 23% (3,552) were to independent/private centres, 1% (152) to PICU and less that 1% (36) were to the CMH. There were no admissions to ID services in 2025. Similar proportions were observed for first admissions.

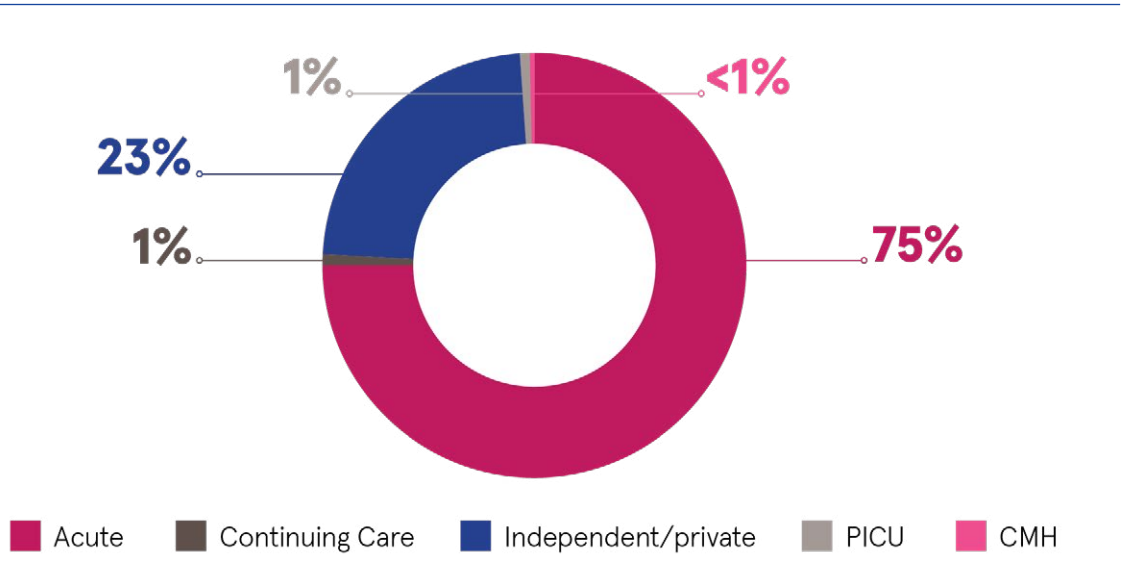


Figure 3.1: Hospital type. All admissions. Ireland 2025. Percentages

Sex

Males accounted for 53% of all admissions to acute units, 76% of admissions to PICU and 69% of admissions to the CMH. In contrast, females accounted for 59% of all admissions to independent/private centres. There was an equal split in male/female admissions to continuing care units/wards.

Age

Admissions to continuing care units/wards had a considerably older age at admission, at 71.6 years (median 74 years), than admissions to any other unit/centre; 43.7 years (median 42 years) for acute units, 52.9 years (median 53) for independent/private, 37.5 years (median 36 years) for PICU and 38.0 years (median 37 years) for CMH. Females had an older average age at admission for all hospital types than males;

- Acute units - 45.9 years (median 44 years) vs 41.7 years (median 40 years)
- Continuing care – 75.0 years (median 75) vs 68.2 years (median 73 years)
- Independent/private – 54.3 years (median 55 years) vs 50.9 years (median 51 years)
- PICU – 39.9 years (median 38 years) vs 36.8 years (median 35 years)
- CMH – 43.2 years (median 43 years) vs 35.8 years (median 36 years)

Marital status

Over two-thirds (69%) of all admissions to acute units and 82% of admissions to PICU were single. In contrast, 38% of admissions to independent/private centres and 34% of admissions to continuing care units/wards were single. Almost 43% of admissions to continuing care units/wards and 41% of admissions to independent/private centres were married, compared to 17% in acute units and just 9% in PICU.

Primary admission diagnosis

In terms of primary admission diagnosis by hospital type:

- Schizophrenia accounted for 26% of all admissions to acute units, depressive disorders accounted for 19%, bipolar disorders accounted for 11%, personality and behavioural disorders accounted for 10% and anxiety/fear-related disorders/OCD/stress-related disorders accounted for 8%.
- Thirty-two per cent of all admissions to continuing care had a primary admission diagnosis of organic mental disorders, 26% had a diagnosis of schizophrenia, 23% had a diagnosis of depressive disorders and 5% had a diagnosis of personality and behavioural disorders.
- Over one-third (35%) of all admissions to independent/private centres had a primary admission diagnosis of depressive disorders, 18% had a diagnosis of anxiety or fear-related disorders/OCD/stress-related disorders and 14% had a diagnosis of alcohol-related disorders.
- Thirty-eight per cent of all admissions to PICU had a diagnosis of schizophrenia, 18% had a diagnosis of depressive disorders, 16% had a diagnosis of bipolar disorders and 8% had a diagnosis of other drug disorders.
- Three-quarters of all admissions to the CMH had a diagnosis of schizophrenia and 11% had a diagnosis of bipolar disorders.

Overall

- Almost 90% of all admissions for schizophrenia were admitted to acute units.
- Eighty-seven per cent of all admissions for bipolar disorders were admitted to acute units with 11% admitted to independent/private centres.
- Eighty-six per cent of all admissions for other drug disorders were admitted to acute units with 13% admitted to independent/private centres.
- Almost 63% of all admissions for depressive disorders were admitted to acute units with 35% admitted to independent/private centres.
- Almost 59% of all admissions for anxiety or fear-related disorders/OCD/stress-related disorders were admitted to acute units with a further 41% admitted to independent/private centres.
- Seventy-eight per cent of all admissions for eating disorders were to independent/private centres with 22% admitted to acute units.

Legal status on admission

Almost 86% of all admissions to PICU were involuntary, compared with 21% to acute units, 14% to continuing care and just 2% to independent/private centres. Similar proportions were observed for first admissions.

3.2 Discharges

Over half (55%) of all discharges from acute units, 37% from PICU and 24% from independent/private centres were discharged within two weeks of admissions. In contrast, 14% of discharges from continuing care units/wards and 5% from the CMH were discharged within two weeks of admission. Over three-quarters (76%) of discharges from acute units were discharged within four weeks of admission and 95% were discharged within three months.

Length of stay

Discharges from ID had the longest mean length of stay on discharge, at 10,455.8 days (median 10,383 days), however there were only five such discharges, less than one per cent of all discharges in 2025. CMH discharges had a mean length of stay of 1,384.1 days (median 156), followed by continuing care, at 697.5 days (median 63.5 days). Discharges from acute units had the shortest average length of stay, at 28.1 days (median 11 days).

When discharges of one year or more were excluded, length of stay was longer in CMH, at 97.3 days (median 59.5 days), followed by continuing care, at 75.3 days (median 37 days) and independent/private centres, at 39.6 days (median 35 days).

3.3 Inpatient bed days 2025

Acute units accounted for the largest proportion of the total inpatient beds days used in 2025, at 41%, with 315,569 bed days. Independent/private centres accounted for 31% of all bed days, with 235,286 bed days, while continuing care accounted for 19% of all bed days, with 143,810 bed days. As mentioned earlier, the total number of inpatient bed days in 2025 included all admissions and all discharges in 2025 and all patients resident on 31 December 2025. This yielded the number of inpatient bed days used in all approved centres (adult units) in 2025, from January 1 to the date of discharge in 2025, or to the night of December 31, where a patient was not discharged before year-end.

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

4.1 Admissions

University Hospital Waterford had the highest number of admissions amongst all acute units in 2025, at 705 admissions, followed by University Hospital Galway, at 624 admissions, Midland Regional Hospital Portlaoise, at 620 admissions, Tallaght University Hospital, at 616 admissions and St Luke's Hospital Kilkenny, at 614 admissions.

The Maryborough Centre in Portlaoise had the highest number of admissions amongst continuing care units/wards, at 46 admissions, followed by St Anne's Unit, Sacred Heart Hospital in Castlebar, at 40, St Canice's Hospital, Kilkenny, at 30 and Tearmann Ward, St Camillus' Hospital, Limerick, at 23.

St Patrick's University Hospital, Dublin had the highest number of admissions amongst independent/private centres, at 1,804 admissions, followed by St John of God University Hospital, at 935 and St Patrick's Hospital, Lucan, at 410.

4.2 Length of stay

As noted in previous years, length of stay varied greatly across all hospitals with almost half of all discharges in some units and hospitals occurring within one week of admission:

- 46% of discharges from Midland Regional Hospital, Portlaoise,
- 45% of discharges from University Hospital Waterford,
- almost 45% from Letterkenny University Hospital,
- 43% of discharges from Sligo University Hospital and
- 41% of discharges from Cavan General Hospital and 40% of discharges from University Hospital Kerry occurred within one week of admission.

Over 90% of all discharges from most acute units and hospitals occurred within three months of admission.

Average length of stay varied greatly across all hospitals. Average length of stay in the acute units was longest for Cluain Mhuire Mental Health Services, at 46.34 days (median 21 days), followed by Cluain Lir Care Centre, at 45.02 days (median 31 days) and St James' Hospital, at 44.17 days (median 16 days). Sligo University Hospital had the shortest average length of stay, at 18.26 days (median 8 days).

The average length of stay in continuing care units/wards was longest in Deer Lodge, at 5,408 days (median 3,124 days), followed by Cluain Lir Care Centre, at 3,814.6 days (median 5,912 days), Selskar House, at 2,269.5 days (median 1,959.5 days) and Haywood Lodge, at 1,996,75 days (median 669 days). St Anne's Unit, Sacred Heart Hospital had the shortest average length of stay of all continuing care units/wards, at 44.61 days (median 31 days).

Bloomfield Hospital had the longest average length of stay amongst independent/private centres, at 1,353 days (median 1,018 days), followed by Cois Dalua, at 912 days (median 912 days). St Patrick's Hospital had the shortest average length of stay, at 37.2 days (median 34 days).

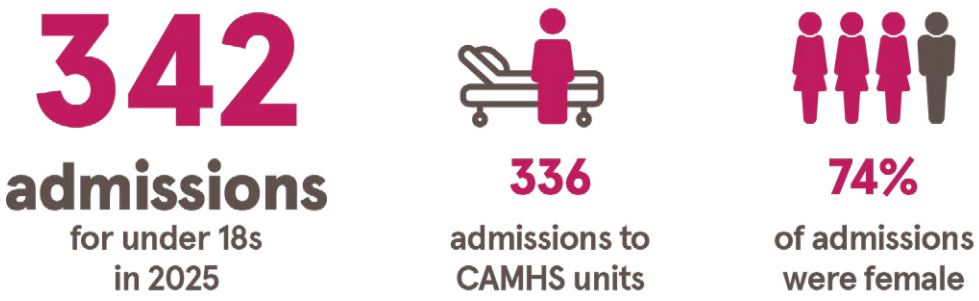
5 Child and Adolescent Admissions and Discharges

5.1 Admissions

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

There were 342 admissions for under 18s in 2025, up from 332 in 2024 and 322 in 2023. Ninety-eight per cent of all admissions in 2025 were to CAMHS units, with just six admissions to adult acute units (one more than in 2024). All six admissions to the adult acute units were first admissions.

Seventy-six per cent of all admissions for under 18s were first admissions, while 76% of admissions to CAMHS units were also first admissions.



Sex and age

Almost three-quarters (74%) of all admissions for under 18s were female, an increase in the proportion of females admitted from 66% in 2024. Similarly, three-quarters of admissions to CAMHS units were female, also up from 66% in 2024.

Thirty-four per cent of all admissions were aged 17 years on admission, 27% were aged 16 years, 18% were aged 15 years, 14% were aged 14 years and 8% were aged 13 years or younger.

All six admissions for under 18s to adult units in 2025 were aged 16-17 years on admission.

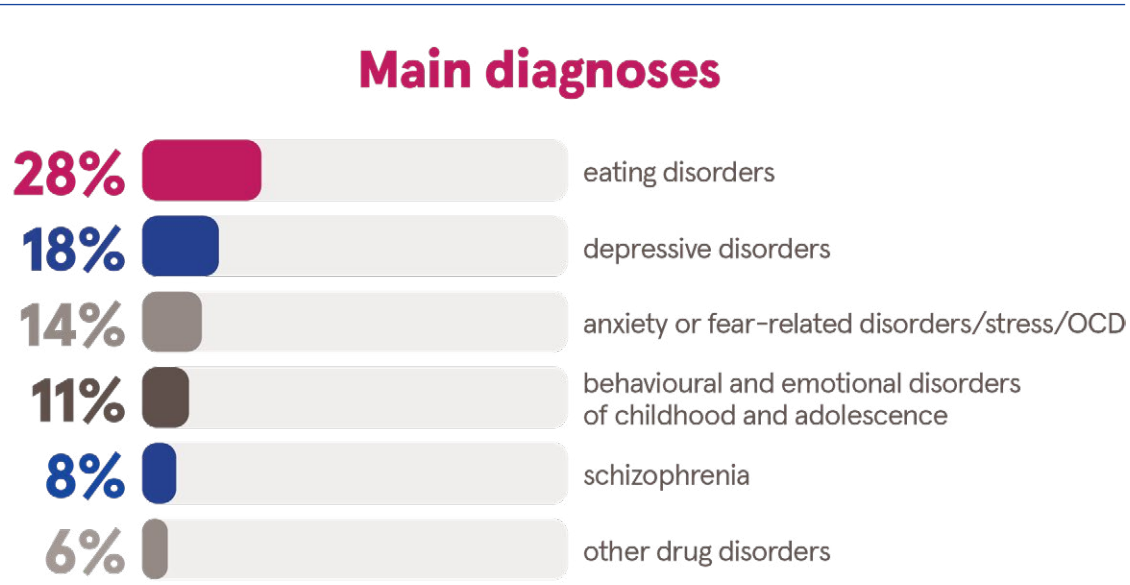
Primary admission diagnosis

Eating disorders accounted for 28% of all admissions for under 18s in 2025 and 97% of admissions for eating disorders were female. Almost three-quarters (72%) of all admissions for eating disorders were recorded as first admissions.

A breakdown of the most common diagnoses on admission for all under 18s was as follows:

- Eating disorders accounted for 28% of all admissions, up from 26% in 2024,
- Depressive disorders accounted for the second-highest proportion of all admissions, at almost 18%, up from 15% in 2024,
- 14% had a diagnosis of anxiety or fear-related disorders/OCD/stress-related disorders, down from almost 18% in 2024,
- almost 11% had a diagnosis of behavioural and emotional disorders of childhood and adolescence, up from 8% in 2024,
- 8% had a diagnosis of schizophrenia, down from 11% in 2024,
- 6% had a diagnosis of other drug disorders, marginally up from 5% in 2024.

The remaining proportions were distributed amongst the other diagnostic groups.



In terms of eating disorders:

- The last five years have seen a gradual increase in the proportion of admissions for under 18s with a primary admission diagnosis of eating disorders; 18% in 2020, 23% in 2021, 22% in 2022, 24% in 2023, 26% in 2024 and 28% in 2025.
- The majority of admissions for eating disorders were female, at 97%, up from 94% in 2024.

In relation to depressive disorders:

- Admissions for depressive disorders among under 18s increased from 49 in 2024 to 60 in 2025, following a decline year-on-year from 152 in 2021 to 49 in 2024.
- Females accounted for three-quarters of all under 18 admissions, up from 55% in 2024.
- Following an increase in the proportion of males admitted with a diagnosis of depressive disorders in the five-year period from 31% in 2020 to 45% in 2024, the proportion of males admitted in 2025 decreased to 25%.

For schizophrenia:

- Admissions for schizophrenia decreased from 38 in 2024 to 26 in 2025.
- For the first time an equal split of male and female admissions was observed for schizophrenia, a diagnosis for which males typically account for the majority of admissions.

In terms of anxiety or fear-related disorders/OCD/stress-related disorders:

- Admissions declined from 58 in 2024 to 49 in 2025.
- Females accounted for 69% of all admissions, down slightly from 72% in 2024.

As mentioned above, 98% of all admissions for under 18s were to CAMHS units with the remaining 2% to adult units. There were no admissions for under 18s to independent/private centres.

Thirteen per cent of all admissions for under 18s in 2025 were involuntary, up from 8% in 2024.

5.2 Discharges

Eighty-seven per cent of all admissions for under 18s in 2025 were discharged in 2025:

- 12% were discharged within one week of admission,
- 12% were discharged within one to two weeks,
- 22% were discharged within two to four weeks,
- 42% were discharged within one to three months and
- 12% were discharged within three months to one year.

The average length of stay in child and adolescent units was at 44.1 days (median 32 days), while the average length of stay for the six admissions to adult acute units was 1.8 days (median 1.5 days).

5.3 Inpatient bed days

The total number of bed days used in CAMHS units in 2025 was 17,978. This figure for bed days included bed days accumulated by all admissions and all discharges in 2025 and all patients who were resident on 31 December 2025. This yielded the number of inpatient bed days used in all CAMHS units in 2025, from January 1 to the date of discharge in 2025, or to the night of December 31, 2025, where a patient was not discharged before year-end.

Females accounted for 78% of all bed days used in 2025, at 13,970 bed days, with males accounting for 22%, at 4,008 bed days. Eating disorders accounted for 42% of all bed days in CAMHS units in 2025, at 7,610 bed days, followed by depressive disorders, at 14% with 2,534 bed days, anxiety or fear-related disorders/OCD/stress-related disorders accounted for 11.5% of bed days with 2,065 bed days and schizophrenia accounted for 11.4% of bed days with 2,058 bed days.

6 Inpatient Census 2025

A census of all patients who were resident in Irish psychiatric units and hospitals on 31 December 2025 was undertaken. This was the twelfth national psychiatric census of all patients who were resident in psychiatric units and hospitals on the Register of Approved Centres, continuing the series which commenced in 1963 with the first psychiatric inpatient census. This three-yearly census provides more detailed information than the annual census and important point-in-time data on all patients who were resident in inpatient services on the night in question.

6.1 Adult units

There were 1,977 patients resident in adult units on 31st December 2025, a rate of 38.4 per 100,000 population. This is a decrease of 63 patients, from 2,040 on 31st December 2024. Resident inpatient numbers have declined by 90%, from 19,801 in 1963, when the first psychiatric inpatient census was carried out, to 1,977 in 2025. The inpatient rate also decreased from 39.6 per 100,000 in 2024 to 38.4 in 2025.

Sex and age

Fifty-five percent of all patients who were resident on 31st December 2025 were male. Over one-third (35%) of all patients on 31st December 2025 were aged 65 years and over, 32% were aged 45-64 years, 26% were aged 25-44 years and almost 7% were 24 years or younger.

The 75 year and over age group had the highest rate of hospitalisation, at 100.8 per 100,000, followed by the 65-74 year age group, at 81.9 and the 55-64 year age group, at 59.0. The 18-19 year age group had the lowest rate of hospitalisation, at 23.6 per 100,000.

Marital status

Single persons accounted for 59% of all residents on census night, 19% were married, 4% were widowed and 2% were divorced. Sixteen per cent of all residents had an unspecified marital status on census night. Single persons also had the highest rate of hospitalisation, at 41.8 per 100,000, followed by widowed, at 39.0 and divorced, at 30.7. Married persons had the lowest rate of hospitalisation, at 19.3 per 100,000.

Primary admission diagnosis

Forty per cent of all patients resident on census night had a primary admission diagnosis of schizophrenia, almost 16% had a diagnosis of depressive disorders and 10% had a diagnosis of organic mental disorders. Schizophrenia had the highest rate of hospitalisation, at 15.2 per 100,000, followed by depressive disorders, at 6.0 and organic mental disorders, at 3.9.

Males had a higher rate of admission for schizophrenia than females, at 20.2 per 100,000 for males and 10.3 for females. The rate of hospitalisation for depressive disorders was similar for males and females, at 5.4 per 100,000 for males and 6.5 for females.

Legal status on census night

Almost 18% of all patients on census night were involuntary with a rate of hospitalisation of 6.7 per 100,000. Schizophrenia accounted for 65% of all involuntary admissions, followed by bipolar disorders, at almost 8%, depressive disorders, at 6% and organic mental disorders, at 4%.

HSE Health region

Twenty-four per cent of all patients on 31st December 2025 were resident in HSE Dublin and North East, 23% were resident in HSE Dublin and South East, 21% were resident in HSE Dublin and Midlands and 13% were resident in HSE South West.

Length of stay on census night

The total number of inpatient days accumulated for patients resident on 31st December 2025 was 2,451,614. This was the total number of days accumulated for all patients from the date a patient was admitted until the date of the census night, 31st December 2025. The average length of stay for patients on census night was 1,240.1 days (median 113 days). Almost two-fifths (37%) of all patients on 31st December 2025 were long stay, i.e., in hospital for one year or more on 31st December 2025. Twenty per cent were new long-stay, i.e., in hospital for between one and five years, and almost 18% were old long stay, i.e., in hospital for five years or more. Forty-nine per cent of all long-stay patients were aged 65 years and over.

Patients with intellectual disability had the longest average length of stay on 31 December 2025, at 11,249 days (median 10,821.5 days), followed by development disorders, at 1,905.4 days (median 1,310.0 days), and schizophrenia, at 1,529.8 days (median 343.0 days).

Hospital type

Forty per cent of all patients were resident in acute units on 31st December 2025, 30% were resident in independent/private centres, 20% were resident in continuing care units/wards, 6% were resident in the CMH, 2% in PICU and a further 2% in ID.

6.2 CAMHS units

There were an additional 43 patients resident in CAMHS units on census night and 81% of these were female. Almost 40% were aged 17 years on census night, 23% were aged 16 years, 19% were aged 14 years, 12% were aged 15 years and 7% were aged 13 years or younger.

Forty-two per cent of all patients resident in CAMHS units had a primary admission diagnosis of eating disorders, 14% had a diagnosis of depressive disorders and 12% had a diagnosis of schizophrenia.

7 Review of data 2016-2025

All admissions to adult units in the ten-year period from 2016-2025 declined by 9% from 17,290 in 2016 to 15,569 in 2025, a decrease of 1,631 admissions. First admissions to adult units declined by 4% from 6,097 in 2016 to 5,852 in 2025, a decrease of 245 admissions. Readmissions to adult units declined by 12% from 11,193 in 2016 to 9,807 in 2025, a decrease of 1,386.

Overall, there has been a 32% reduction in admissions for u18s from 2016-2025, from 506 in 2016 to 342 in 2025. There has been a 91% reduction in admissions of u18s to adult units, from 67 in 2016 to 6 in 2025, with an almost 24% reduction in admission to CAMHS units, from 439 in 2016 to 336 in 2025.

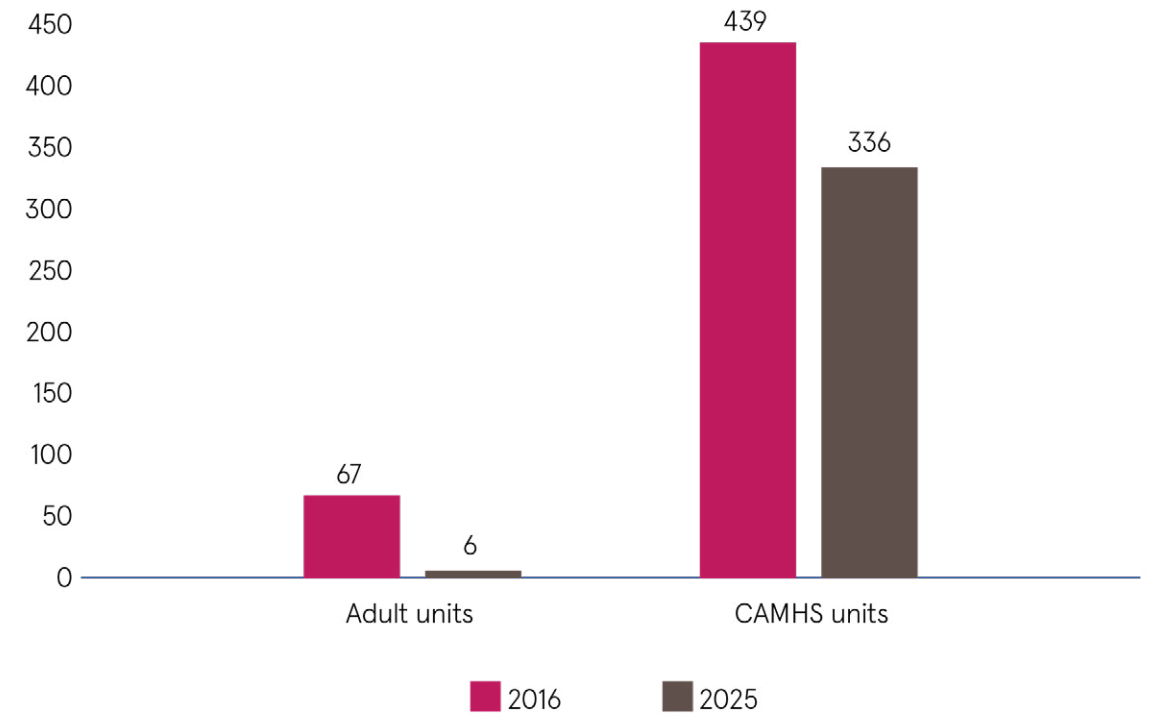


Figure 7.1: Admissions for under 18s by hospital type in 2016 and 2025. Percentages

There has been a 13% reduction in the number of patients resident in adult psychiatric units and hospitals over the ten-year period, from 2,278 in 2016 to 1,977 in 2025, 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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