



# HRB Statistics Series 18

Activities of Irish Psychiatric Units and Hospitals 2011

## Main Findings

Antoinette Daly and Dermot Walsh\*

**Published by:**

Health Research Board, Dublin  
An Bord Taighde Sláinte

© Health Research Board 2012  
HRB Statistics Series ISSN: 2009-034x  
Sub-series ISSN: 2009-0692

**Copies of this document can be obtained from:**

Health Research Board  
73 Lower Baggot Street  
Dublin 2  
Ireland

t + 353 1 234 5000  
f + 353 1 661 1856  
e [hrb@hrb.ie](mailto:hrb@hrb.ie)  
w [www.hrb.ie](http://www.hrb.ie)

\* Dermot Walsh FRCPI, Russborough,  
Blessington, Co Wicklow

# Introduction

This report is a summary of the annual report on the activities of Irish psychiatric in-patient units and hospitals for the year 2011. Data in this summary and in the full report were sourced from the National Psychiatric In-patient Reporting System (NPIRS) on all admissions to, discharges from, and deaths during 2010 in the 69 Irish psychiatric units and hospitals approved by the Mental Health Commission for the reception and treatment of patients. Comparative data for 2010 used in this summary are from the publication *Activities of Irish Psychiatric Units and Hospitals 2009 Main Findings* (Daly and Walsh 2010) and rates reported are per 100,000 total population. In the computation of rates for Health Service Executive (HSE) 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 the full report are presented nationally, regionally by HSE area, and locally, by county, by hospital type, and by individual psychiatric units and hospital. The full report is available on CD-ROM enclosed in this publication and can also be downloaded at [www.hrb.ie](http://www.hrb.ie). User-friendly excel versions of the tables can be downloaded from the HRB website and later in the year we hope to have CSO facilitated interactive tables available on the HRB and CSO sites ([www.cso.ie](http://www.cso.ie)).

# Key findings

This summary report presents data on all admissions to, discharges from, and deaths in, Irish psychiatric units and hospitals, as recorded on the National Psychiatric In-patient Reporting System (NPIRS) in 2011. Data are presented nationally, regionally, by HSE area, and locally, by county, by hospital type, and by individual psychiatric units and hospitals. Rates reported are per 100,000 total population.

## Admissions

There were 18,992 admissions to Irish psychiatric units and hospitals in 2011, a rate of 413.9 per 100,000 total population. This is a reduction of 627 admissions from 2010 and also a decline in rates from 462.7 in 2010 to 413.9 in 2011. There were 6,129 first admissions, a rate of 133.6 per 100,000. This also represents a decline in the number (6,266, a reduction of 137 first admissions) and rate (147.8) from 2010. Re-admissions similarly declined from 13,353 in 2010 to 12,863 in 2011, although the proportion of all admissions that were re-admissions remained the same as that in 2010, at 68%.

Although there was an equal proportion of male and female admissions, males had a higher rate of both all and first admissions, at 421.7 per 100,000 for all admissions compared with 406.3 for females, and 144.4 for first admissions compared with 123.0 for females. The 45–54 year age group had the highest rate of all admissions, at 632.5, followed by the 55–64 year age group, at 568.3, and the 35–44 year age group, at 561.8. The 18–19 year age group had the lowest rate of all admissions, at 397.6 per 100,000. The 20–24 year age group had the highest rate of first admissions, at 242.6, followed by the 18–19 year age group, at 240.5, and the 45–54 year age group, at 178.8. The 55–64 year age group had the lowest rate of first admissions, at 136.0.

Single persons accounted for over half (54%) of all admissions, married persons accounted for 26%, widowed accounted for almost 5% (4.5%) and divorced accounted for 4%. Despite accounting for just 4% of all admissions, divorced persons had the highest rate of all admissions, at 791.8 per 100,000, followed by widowed persons, at 445.5. In keeping with the pattern observed over many years, the unskilled occupational group had the highest rate of all (874.6) and first admissions (199.4). However, as 47% of occupations were returned as unknown or unspecified, making assignment to a socio-economic group impossible, caution should be exercised when interpreting data for socio-economic group.

Forty-one per cent of all admissions in 2011 were returned as unemployed, 26% were employed, 11% were retired, 7% were returned as house duties, i.e. full time in the home, 7% were returned as student and 9% were returned as unknown. Eighty-two per cent of admissions were returned as White Irish in 2011 and 5.5% were recorded as any other white background. Ten per cent of admissions were recorded as unknown/unspecified. The remaining 2.5% were distributed amongst the various other ethnic groups.

Depressive disorders were the most common cause of all admissions, accounting for almost 30% (29.5%) of all and 31% of first admissions, and had the highest rate of all (122.3) and first (41.3) admissions. Schizophrenia accounted for 20% of all and 12% of first admissions and had the second-highest rate of all (84.2) and first admissions (16.5).

Almost 10% (9.5%) of all and almost 11% (10.5%) of first admissions were involuntary, a slight increase from 8% of all and 9% of first admissions in 2010. The rate of involuntary all admissions was 39.4 per 100,000, a slight increase from 37.8 in 2010. The rate of involuntary all admissions was highest for schizophrenia, at 17.4, followed by mania, at 7.5, and depressive disorders, at 4.0 (excluding Other and unspecified).

There were 159 admissions with no fixed abode in 2011. Seventy-eight per cent of these were male, 73% were single, 33% had a diagnosis of schizophrenia, 16% had a diagnosis of alcoholic disorders, 13% had a diagnosis of depressive disorders and 11% had a diagnosis of other drug disorders.

## **Discharges and deaths**

There were 18,968 discharges from, and 118 deaths in, Irish psychiatric units and hospitals in 2011. Males accounted for 63% of all deaths in 2011, and 75% of deaths were aged 65 years and over. Ninety-three per cent of all admissions in 2011 and 94% of first admissions in 2011 were discharged in 2011.

Almost half (48%) of all discharges took place within two weeks of admission, a further 20% occurred within two to four weeks of admission and 26% occurred within one to three months of admission. Ninety-four per cent of all discharges occurred within three months of admission. Over 90% of all discharges for most disorders occurred within three months of admission, with the exception of organic mental disorders (79%), schizophrenia (88%), intellectual disability (80%) and development disorders (89%).

The average length of stay (days) for all discharges was 63.7, whilst that for discharges, excluding those with a length of stay over one year, was 25.8. The median length of stay for both analyses was 14 days. Discharges with a diagnosis of organic mental disorder had the longest average length of stay (excluding those with a length of stay of one year or more), at 45.4 days (median 22.0 days).

## HSE Areas

Twenty-eight per cent of all admissions were resident in Dublin Mid-Leinster in 2011, almost 27% were resident in HSE South, 24% in HSE West and 21% in Dublin North-East. Less than one per cent of all admissions in 2011 were recorded as non-resident. HSE South had the highest rate of all (443.5) and first admissions (146.1) in 2011. HSE West had the second-highest rate of all admissions, at 414.6, followed by Dublin Mid-Leinster, at 398.3. Dublin North-East had the lowest rate of all admissions, at 396.2 per 100,000.

Seventy-one per cent of all admissions in HSE West were re-admissions, 68.5% of all admissions in Dublin Mid-Leinster were re-admissions, 67% in HSE South were re-admissions and 64% in Dublin North-East were re-admissions. The re-admission rate ranged from 297.4 per 100,000 for admissions resident in HSE South to 253.4 for those in Dublin North-East.

Rates of all admissions were higher for females in Dublin Mid-Leinster (399.9) and Dublin North-East (401.0) compared with 396.6 for males in Dublin Mid-Leinster and 391.1 for males in Dublin North-East. Males had higher rates than females in HSE South (456.1 for males and 431.1 for females) and West (440.4 for males and 388.9 for females). Males had higher rates than females for first admissions in all HSE areas, with rates ranging from 154.7 in Dublin North-East to 131.2 in HSE West.

Age groups were condensed into two distinct groups, under 45 years and 45 years and over. The 45 years and over group had the highest rate of admissions in all HSE areas, with rates ranging from 702.4 in Dublin Mid-Leinster to 604.0 in HSE South.

Depressive disorders had the highest rate of all admissions across all four HSE areas, with rates ranging from 143.1 per 100,000 in HSE South to 108.2 in both Dublin Mid-Leinster and Dublin North-East. Similarly, first admission rates for depressive disorders were highest in all four areas, with rates ranging from 47.4 per 100,000 in HSE South to 34.9 in Dublin Mid-Leinster.



The highest rates for involuntary all admissions were for admissions resident in HSE South and HSE West, each having an involuntary all admissions rate of 44.5 per 100,000. Dublin North-East, HSE South and HSE West had similar rates of involuntary first admissions, at 14.2, 14.8 and 14.4, respectively. Dublin Mid-Leinster had the lowest rate of involuntary all admissions, at 30.2, and involuntary first admissions, at 11.8.

Thirty-two per cent of discharges for Dublin North-East occurred within one week of admission; 29% of discharges in both Dublin Mid-Leinster and HSE South occurred within one week of admission; while 28% of discharges in HSE West occurred within one week of admission. Two-thirds of all discharges for all areas occurred within four weeks, while over 93% in all areas occurred within three months of admission. When all discharges were examined, average length of stay was longest in HSE South, at 84.1 days (median 14.0), followed by HSE West, at 70.8 days (median 14.0), Dublin North-East, at 57.6 days (median 14.0), and Dublin Mid-Leinster, at 43.1 days (median 15.0). When discharges with a length of stay of one year or more were excluded, the longest length of stay was observed in Dublin Mid-Leinster, at 26.7 days, while the shortest was in HSE West, at 24.7 days.

## Counties

The highest rates of all admissions for 2011 were reported for counties Tipperary South (631.0), Leitrim (566.1), Longford (546.2) and Roscommon (518.2), while the lowest rates were reported for counties Monaghan (150.5) and Cavan (185.8). The highest rates for first admissions were reported for counties Wexford (199.6), Roscommon (179.5), Carlow (179.4) and Westmeath (159.0), while Monaghan had the lowest rate of first admissions, at 51.3, followed by Cavan, at 75.2.

## Non-residents

There were 49 admissions for non-residents in 2011, a reduction of 6 from 2010. Thirty-nine per cent of non-residents had an address originating in England, 35% had an address in Northern Ireland, 6% each had an address in the USA and in Italy, 4% had an address in Scotland, with the remaining 10% distributed amongst various other countries. Forty-five per cent of non-residents had a primary diagnosis of schizophrenia, 16% had a diagnosis of mania, 12% had a diagnosis of alcoholic disorders and 10% had a diagnosis of depressive disorders.

## Hospital type

Fifty-five per cent of all admissions in 2011 were to general hospital psychiatric units, 23% were to psychiatric hospitals (including the Central Mental Hospital Dundrum; Carraig Mór, Cork; and St Joseph's Intellectual Disability Services, St Ita's Hospital, Portrane) and 22% were to independent/private and private charitable centres. Re-admissions accounted for almost 71% (70.5%) of all admissions to psychiatric hospitals, 67% of all admissions to general hospital psychiatric units and 66% of admissions to independent/private and private charitable centres.

Over one-third of all (36%) and first admissions (34%) to independent/private and private charitable centres had a primary admission diagnosis of depressive disorders. The comparable figures for general hospital psychiatric units were 29% of all and 31% of first admissions, while those for psychiatric hospitals were 24% of all and 28% of first admissions. Just 7% of all admissions to independent/private and private charitable centres had a diagnosis of schizophrenia compared with 23% to general hospital psychiatric units and 26% to psychiatric hospitals. Alcoholic disorders accounted for 13% of all admissions to independent/private and private charitable centres, 7% of admissions to general hospital psychiatric units and 7% of admissions to psychiatric hospitals. A similar pattern was observed for first admissions with a diagnosis of alcoholic disorders, with almost 16% (15.5%) admitted to independent/private and private charitable centres, almost 9% (8.5%) to psychiatric hospitals and 8% to general hospital psychiatric units.

Involuntary admissions accounted for 13% of all admissions to psychiatric hospitals, 11% of admissions to general hospital psychiatric units and almost 2% (1.5%) of admissions to independent/private and private charitable centres. This is an increase in the proportion of involuntary admissions to general hospital psychiatric units (10% in 2010) and psychiatric hospitals (10% in 2010) from 2010–2011. Seventeen per cent of first admissions to psychiatric hospitals were involuntary; 12% of first admissions to general hospital psychiatric units and 1% to independent/private and private charitable centres were involuntary.



Thirty-four per cent of discharges from general hospital psychiatric units, 34% from psychiatric hospitals and 13% from independent/private and private charitable centres occurred within one week of admission. Over half of all discharges from general hospital psychiatric units (55.5%) and psychiatric hospitals (53.5%) occurred within two weeks of admission compared with just 24% of discharges from independent/private and private charitable centres. Average length of stay for all discharges was longest in psychiatric hospitals, at 169.3 days (median 12.0 days), followed by independent/private and private charitable centres, at 42.1 days (median 29.0 days), and general hospital psychiatric units, at 25.5 days (median 11.0 days). When discharges with a length of stay of one year or more were excluded, independent/private and private charitable centres had the longest average length of stay, at 34.4 days, followed by psychiatric hospitals, at 25.4 days, and general hospital psychiatric units, at 22.5 days.

## **Child and adolescent admissions**

A total of 435 admissions were under 18 years of age at admission or availed of child and adolescent in-patient services in 2011 (three admissions to child and adolescent in-patient services were aged 18 years and over at admission). There were 322 first admissions, representing 74% of all admissions. Of the 435 admissions, 303 were to dedicated child and adolescent services and 79% (239) of all these admissions were first admissions.

Over half of all (56%) and first (57%) child and adolescent admissions were females. Forty-one per cent of all admissions were aged 17 years on admission, 26% were aged 16 years, 15% were aged 15 years, 8% were aged 14 years and 9% were under 14 years on admission. Of first admissions, 35% were aged 17 years on admission, 29% were aged 16 years, 16% were aged 15 years, 9% were aged 14 years and 10% were under 14 years on admission.

Thirty-five per cent of all admissions for under 18s/child and adolescent services had a primary admission diagnosis of depressive disorders, 13% had a diagnosis of neuroses, 12% had a diagnosis of schizophrenia and 10% had a diagnosis of eating disorders. Females accounted for 67.5% of all admissions for depressive disorders, 59% of those with neuroses and 83% of those with eating disorders. In contrast, males accounted for 67% of those admitted with schizophrenia.

Four per cent of all and 3% of first admissions for under 18s/child and adolescent services were involuntary at admission in 2011.

Seventy per cent of all admissions for under 18s/child and adolescent services were to dedicated child and adolescent units, 26% were to general hospital psychiatric units, 4% were to psychiatric hospitals and less than one per cent (0.5%) were to independent/private and private charitable centres.

Ninety per cent of under 18s/child and adolescent service admissions in 2011 were discharged in 2011. Twenty-seven per cent were discharged within one week of admission, 15% were discharged within one to two weeks, 17% were discharged within two to four weeks and 34% were discharged within one to three months of admission.

The average length of stay for persons under 18/child and adolescent service admissions who were also discharged in 2011 was 33.5 days (median 19.0 days). The average length of stay was longest in child and adolescent units, at 45.5 days (median 37.0 days), followed by general hospital psychiatric units, at 9.8 days (median 5.0 days), and psychiatric hospitals, at 8.9 days (median 6.0 days).

## **Ten-year review**

In the ten-year period from 2002–2011, there has been a 20% decline in all admissions from 23,677 in 2002 to 18,992 in 2011. Re-admissions have shown a similar pattern of decline, with a 22.5% decline since 2002, from 16,617 in 2002 to 12,863 in 2011. Although the pattern for first admissions has remained relatively unchanged over the last 40 years or so, there has been a 13% decline from 2002–2011. There has been a drop of two percentage points in the proportion of involuntary all admissions from 12% in 2002 to 10% in 2011 and a drop of three percentage points in the proportion of involuntary first admissions, from 14% in 2002 to 11% in 2011. In the ten-year period 2002–2011, admissions to general hospital psychiatric units increased from 41% to 55%, while admissions to the older psychiatric hospitals decreased from 41% to 23% in accordance with mental health policy. Admissions to independent/private and private charitable centres increased from 18% to 22%.





