



# Acute Bed Capacity – Report of the Specialist Group

Sharing the Vision

A Mental Health Policy for Everyone





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# Glossary

**Acute Bed:** Acute mental health inpatient bed in an approved centre registered by the Mental Health Commission.

**Approved Centre:** A hospital or unit that is registered with the Mental Health Commission to provide care and treatment to a person with a mental health problem under the Mental Health Act 2001.

**A Vision for Change:** Irish Government strategic policy document published in 2006, which sets out the direction for mental health services in Ireland.

**Child and Adolescent Mental Health Services (CAMHS):** Child & Adolescent Mental Health Services (CAMHS) are specialist services provided by the Health Service Executive for children and adolescents aged 17 and under. CAMHS provides assessment and treatment for young people and their families who are experiencing mental health difficulties or mental illness that is not addressed at primary care or in other services.

**Community Healthcare Organisation:** Nine regional structures across the country which deliver health services within the remit of the Health Service Executive (HSE).

**Continuum of Care:** A comprehensive spectrum of treatment and therapeutic programmes within integrated services to meet the identified needs of individuals and to improve their outcomes. The full continuum of care includes a sufficient number of beds to meet the acute, intermediate and long-term needs of individuals with mental illness who require more intense or specialised services than are available in the community.

**HSE-approved Centre:** A hospital or unit that operated by the Health Care Executive (HSE) to provide care and treatment to a person with a mental health problem under the Mental Health Act 2001.

**Involuntary Admission:** When someone is admitted to an approved centre against their will. Under the Mental Health Act 2001 a person can only be admitted as an involuntary patient when the legal definition of mental disorder is met.

**Long Stay Residents:** Individuals resident in an approved centre for longer than six months.

**National Forensic Mental Health Services (NFMS):** The Central Mental Hospital is registered as an Approved Centre under the Mental Health Act 2001 and is a designated centre under the Criminal Law Insanity Act 2006, offering a range of health care services

**Older Adult:** Individual over 65 years of age.

**Voluntary Admission:** When someone makes the decision to be voluntarily admitted to an approved centre.

# Acronyms

AFVC: A Vision for Change

CAMHS: Child and Adolescent Mental Health Services

CHO: Community Healthcare Organisation

HRB: Health Research Board

HSU: High Support Units

ICRU: Intensive Care Rehabilitation Units

IRS: Intensive Recovery Support

LOS: Length of stay

NIMC: National Implementation Monitoring Committee

NFMH: National Forensic Mental Health Service

NPIRS: National Psychiatric Inpatient Report System

MHC: Mental Health Commission

PICU: Psychiatric Intensive Care Unit

SRU: Special Rehabilitative Units

RHA: Regional Health Areas.

# 1.0 Executive Summary

This interim report is the first output from the National Implementation Monitoring Committee (NIMC) Specialist Group on Acute Bed Capacity. The aim of this interim report is to examine and report on current provision of acute inpatient beds for mental health in Ireland, taking account of overall capacity nationally through public sector service delivery. Regional differences in bed usage are also examined, along with associated and aligned mental health resources. Current provision of mental health beds was determined from a range of sources, including the Mental Health Commission reports and a bed Census undertaken on 23<sup>rd</sup> November 2021. This Census gathered occupancy data on Acute Adult and Continuing Care beds in HSE-approved centres nationally. The Census also gathered data on Forensic and Child and Adolescent beds. In addition, data on High Support beds (non-approved centres) were gathered.

Nationally there are 2,630 mental health approved centre beds across public and private centres. This represents a rate of 55.2 per 100,000. Of these, 1,912 are beds in public approved centres, a rate of 40.2 per 100,000 (23.8 per 100,000 acute beds and 16.3 per 100,000 continuing care beds). Considering just acute beds, in both public and private approved centres as per the recommendation of 50 per 100k laid out by the Oireachtas Joint Committee on the Future of Mental Health, there is a current shortfall of 832 beds nationally.

Based on the findings from the bed Census undertaken, the provision of Acute Adult beds was consistent across CHO areas (range 17.2-27.9 per 100,000). The provision of public Continuing Care beds was less consistent. In one CHO (7) there are no public registered Continuing Care beds. Three other CHO areas fall below the national average (1, 3 and 8). Considering these bed resources together, CHO areas 1, 3 and 7 are all below the national average rate of 36.7 per 100,000.

According to the census undertaken for this report, 8% of beds were not operational on the night of the census. The reasons for registered beds not being operational were not recorded, but may be influenced by Covid-19 regulations and infection control measures, or due to staff shortages.

The occupancy rate was 77% for Acute Adult beds and 74% for Continuing Care beds. Based on the number of operational beds, the occupancy rates were higher, at 85% and 80%, respectively. For Acute Adult beds, five CHO areas were operating above the recommended level of 85%. For Continuing Care beds, four CHO areas reported over 85% occupancy. According to the National Inpatient Reporting System (NPRIS), the median length of stay in 2021 was 20 days, a reduction from 24.6 days in 2019.

While staffing levels are within 80% of the *Vision for Change* recommendation, additional staffing support is being employed via agency and overtime payments, bringing current levels within 94% of that recommendation. CHOs 6 and 7 are currently operating with 58% and 51% the recommended staffing levels.

## 2.0 Introduction

This interim report is the first output from the National Implementation Monitoring Committee (NIMC) Specialist Group on Acute Bed Capacity. This Specialist Group was established by the HSE Implementation Group (on the request of the NIMC) to support the implementation of recommendations within *Sharing the Vision*<sup>2</sup> relating to capacity of acute inpatient beds (recommendation 46).

The purpose of this Group is to examine acute inpatient (Approved Centre) bed provision (including PICUs) and to make recommendations on capacity reflective of emerging models of care, existing bed resources, and future demographic changes, with such recommendations being aligned with Sláintecare.

The aim of this interim report is to examine and report on current provision of inpatient mental health beds in Ireland, taking account of overall capacity nationally through public sector service delivery. Regional differences in bed usage are also examined, along with associated and aligned mental health resources.

### 2.1 Irish policy context

The provision of high quality inpatient care is a critical part of the care continuum, for service users who are in the most acute phase of illness. Its purpose is to provide a range of therapeutic interventions and clinical care options for service users experiencing severe and acute mental illness, such as psychosis or severe depression. Admission is offered when it is established that the individual's acute care needs cannot be treated appropriately at home, or in an alternative less restrictive setting.

Ireland's 2006 Mental Health Policy, *A Vision for Change*,<sup>3</sup> recommended that 50 acute mental health beds be provided for each mental health catchment area of 300,000 population, translating to 16.6 beds per 100,000 population. These beds could be located in a single unit, or divided across two units in the catchment area to facilitate easy access for service users and their carers

**Table 1: The Table below outlines the recommendations set out in a VFC for inpatient care in Ireland (p. 270).**

Acute In-Patient Beds	No. Beds
<ul style="list-style-type: none"><li>• General Adult Mental Health (50x13)<ul style="list-style-type: none"><li>- 35 for general adult (including and recovery mental health services, and co-morbid substance misuse)</li><li>- 8 for mental health services for older people</li><li>- 2 for people with eating disorders (may be pooled to 6 per region)</li><li>- 5 for people with intellectual disability and mental illness</li></ul></li></ul>	650
<ul style="list-style-type: none"><li>• Child &amp; Adolescent</li></ul>	80
<ul style="list-style-type: none"><li>• Child &amp; Adolescent High Secure</li></ul>	10
<ul style="list-style-type: none"><li>• Intellectual Disability High Secure</li></ul>	10
<ul style="list-style-type: none"><li>• Neuropsychiatry</li></ul>	8
<b>Total</b> <i>Note: Sufficient general hospital beds are in place but are not correctly located.</i>	<b>758</b>

At that time, it was noted that capacity was above the recommended number per 100,000 population, but that location and high occupancy levels indicated stress on the inpatient system in Ireland.<sup>3</sup>

## Committee on the future of healthcare

This was reinforced by a recommendation from the report of the Joint Committee on the Future of Mental Health Care.<sup>4</sup> The Committee recommended that the number of acute beds should be increased to 50 per 100,000 over the next three years (2019-2021), with a commitment to reach the EU average within the subsequent two years (2022-2023). In addition, the committee recommended that the Department of Health keep under regular review whether supply is meeting demand, and bed numbers adjusted accordingly.

## Sharing the Vision

A review of inpatient systems within *Sharing the Vision* led to the following recommendation:

*(46) An Expert Group should be set up to examine Acute Inpatient (Approved Centre) bed provision (including PICUs) and to make recommendations on capacity reflective of emerging models of care, existing bed resources, and future demographic changes, with such recommendations being aligned with Sláintecare.*

Related recommendations from *Sharing the Vision*<sup>2</sup> and specified actions are outlined in Table 2.

**Table 2: Related recommendations and actions from *Sharing the Vision***

Recommendation	Specified action
(38) In the exceptional cases where Child and Adolescent inpatient beds are not available, adult units providing care to children and adolescents should adhere to the CAMHS inpatient Code of Governance.	<ul style="list-style-type: none"> <li>• Ensure adherence to the CAMHS inpatient Code of Governance nationally.</li> </ul>
(41) A Standard Operating Guideline should be developed to ensure that sufficiently staffed day hospitals operate as effectively as possible as an element of the continuum of care and as an alternative to inpatient admission.	<ul style="list-style-type: none"> <li>• Develop and publish Standard Operating Guideline.</li> <li>• Provide additional staffing in day hospitals.</li> </ul>
(45) HSE should collate data on the number and profile of delayed discharges in acute mental health inpatient units and develop appropriately funded responses.	<ul style="list-style-type: none"> <li>• Collate data on the number and profile of delayed discharges in acute mental health inpatient units.</li> <li>• Develop appropriate funding and service responses to minimise delayed discharges.</li> </ul>

(47) Sufficient Psychiatric Intensive Care Units (PICUs) should be developed with appropriate referral and discharge protocols to serve the regions of the country with limited access to this type of service.	<ul style="list-style-type: none"> <li>• Develop Psychiatric Intensive Care Units (PICUs) to meet identified need.</li> <li>• Agree updated referral and discharge protocols.</li> </ul>
(48) A cross-disability and mental health group should be convened to develop national competence in the commissioning, design and provision of intensive supports for people with complex mental health difficulties and intellectual disabilities and to develop a set of criteria to govern the provision of this service.	<ul style="list-style-type: none"> <li>• Convene cross-disability and mental health group to develop national competence and criteria for the provision of this service.</li> </ul>
(49) Intensive Recovery Support (IRS) teams should be provided on a national basis to support people with complex mental health needs in order to avoid inappropriate, restrictive and non-recovery-oriented settings.	<ul style="list-style-type: none"> <li>• Develop IRS teams to provide targeted supports to individuals with complex mental health needs on a national basis.</li> </ul>
(50) The development of a national network of MHID teams and acute treatment beds for people of all ages with an intellectual disability should be prioritised.	<ul style="list-style-type: none"> <li>• Develop national network of MHID teams and acute treatment beds.</li> </ul>
(56) The development of further Intensive Care Rehabilitation Units (ICRUs) should be prioritised following successful evaluation of operation of the new ICRU on the Portrane Campus.	<ul style="list-style-type: none"> <li>• Carry out a comprehensive evaluation and review of the ICRU on the Portrane Campus.</li> <li>• Develop a national plan for the development of ICRUs.</li> <li>• Undertake phased implementation of the national ICRU development plan.</li> </ul>

## MHC Report

In 2020, the Mental Health Commission published a discussion paper examining access to adult mental health beds in Ireland.<sup>5</sup> That report sought to review the access to acute in-patient services in Ireland, including the number of beds relative to the population, the availability of age-related beds for those aged over 65 years and the availability of continuum-of-care resources. The findings showed that the number of available beds at the time of data collection (2018) was in line with recommendations from *A Vision for Change*. However a number of factors were identified which complicated access to these beds. Only one-third of acute units operated at a recognised level of less than 85% occupancy, and 12% of acute beds were occupied by individuals resident for six months or longer. The report also identified a lack of dedicated older-age adult beds, as well as a lack of continuum-of-care resources including crisis houses, high support hostels and rehabilitation units, which may lead to inappropriate admissions to acute beds.

## Health Research Board

Data on admissions to and discharges from acute units and hospitals are collected on an ongoing basis by the Health Research Board (HRB) through its National Psychiatric In-patient Reporting System (NPIRS). In addition, the HRB carries out a Census of those resident in acute hospitals and

units, both public and private every three years. The last Census undertaken was in March 2019, which represents a snapshot of provision before the Covid-19 pandemic. The report highlighted a similar issue regarding length of stay to that of the Mental Health Commission as it found that 37% of inpatients were long-stay (i.e. had been in hospital for one year or more on census night); 17% were new long-stay (i.e. had been in hospital continuously for between one and five years) and 19% were old long-stay (i.e. had been in hospital for five years or more). These proportions are unchanged to those reported in 2016 for both new and old long-stay patients.<sup>6</sup> *Sharing the Vision*<sup>2</sup> has reinforced these observations, highlighting that occupancy levels of acute beds indicate considerable system pressure. This policy recommends that capacity be examined, but also considering availability of beds in forensic, mental health and intellectual disability, child and adolescent mental health services and any other specialist provision. It also recommends that alternatives to acute inpatient care be examined, including home care teams, assertive outreach teams and day hospitals.

## 2.2 International comparisons

In the past 40 years, the availability of acute mental health beds has reduced significantly in most well-developed countries. Healthcare resources in EU member countries are reported on by Eurostat, the official statistical office of the EU. As part of this, psychiatric care beds in hospitals – hospital beds accommodating patients with mental health problems – are collated by country (HP.1). Data include psychiatric beds in acute hospitals and in all psychiatric hospitals, both public and private.<sup>7</sup>

For Ireland, data on all beds in approved centres, as defined by the Mental Health Act 2001, are included in this indicator. This does not include data on continuing care beds in approved centres. According to Eurostat, Ireland's psychiatric bed rate per 100,000 has also declined, from 78 per 100,000 in 2008 to 33 per 100,000 in 2019.<sup>7</sup> The European Union rate per 100,000 in 2019 was 73 per 100,000 (Figure 1). Similarly, the number of admissions to acute beds as reported by the HRB since 1965 has declined from a peak in 1986 of 29,392, to 15,391 in 2020.<sup>8</sup>

Significant variation in the organisation and provision of mental health beds can be observed between countries.<sup>7</sup> One of the challenges in drawing comparisons between countries is comparability of health care structures, which makes it difficult to directly compare data reported by Eurostat with other countries. Internationally, there are no recommendations regarding the provision of inpatient beds. An NHS Benchmarking Report (2019) reported that Ireland ranked 8 of 13 countries in the rate of general psychiatric beds per 100,000 population. In terms of length of stay, Ireland ranked 9 of 13, with a median of 25 days.<sup>9</sup>

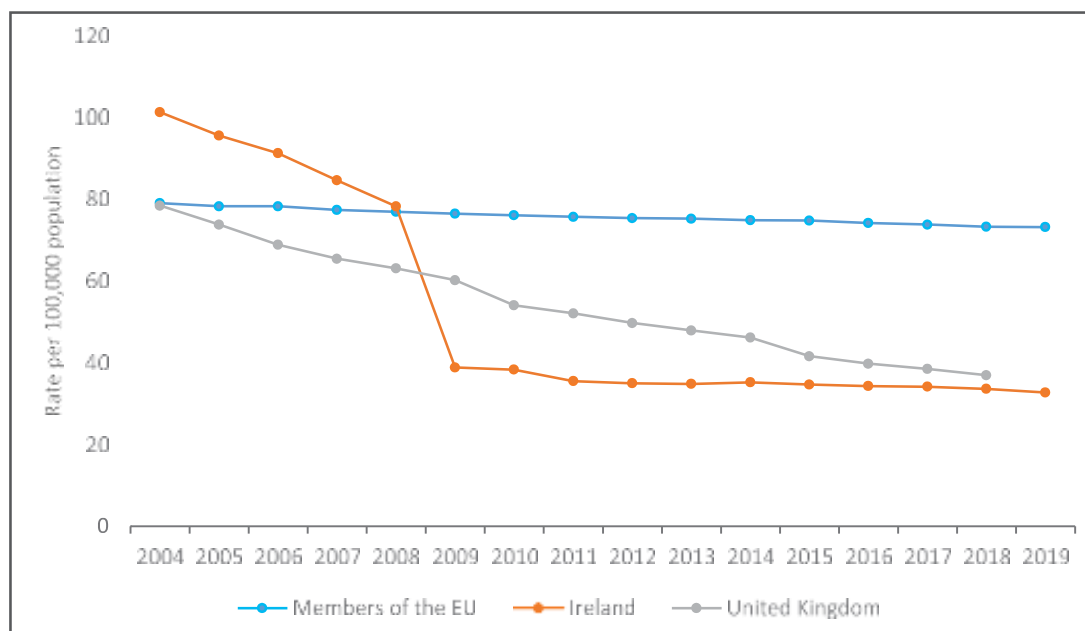
Generally speaking, the organisation and delivery of mental health care in Ireland is most comparable to the United Kingdom. In 2019, a report by the Royal College of Psychiatrists reviewed mental health inpatient capacity in England.<sup>10</sup> It found that the number of mental health beds in England have fallen by 73% since 1987. Currently there are approximately 18,400 beds in England, one for every 3,000 residents. However mental health bed occupancy exceeds 90% nationally. Despite the development of community resources, a fragmented approach to commissioning of services has led to an increasing demand for inpatient beds in line with decreasing bed numbers. It has been observed that this has been managed primarily by increasing the threshold for admission and the use of out of area placements.<sup>10,11</sup>

Similarly, declines in mental health bed provision can be seen in Northern Ireland (-5.8% since 2015/16) and Wales (-18.4% since 2014/15).<sup>12,13</sup> Northern Ireland has the lowest rate of Acute

Adult beds in the United Kingdom, at 27.3 per 100,000, despite the population of Northern Ireland reporting increased prevalence of mental health disorders in comparison to other regions.<sup>14</sup> There are 47.4 beds per 100,000 population in Wales, which operate an average occupancy of 93%. In addition, more than half of patients experiences lengths of stay of more than three months.<sup>13</sup>

Scotland has the highest rate of acute beds per 100,000 population, at 72.1 per 100,000 in 2019.<sup>15</sup> Scotland also has availability of complementary specialist resources (including psychiatric intensive care units and specialist rehabilitation). Low levels of delayed discharges (5%) are attributed to appropriate community alternatives.<sup>15</sup>

One of the primary reasons for variation in the provision of mental health beds across Europe is differences in the service model for out of hospital care. For example, some countries operate provision of mental health care primarily via outpatient settings within hospitals. This includes Scotland and Czech Republic, both of whom have some of the highest rates of inpatient psychiatric beds in Europe.<sup>7</sup> In contrast, other countries, including Ireland, operate out of hospital care primarily via community mental health teams.<sup>4</sup> These marked differences in terms of mental health service models means that any examination of bed capacity in Ireland needs to also consider associated resources in community settings.



**Figure 1 Trends in psychiatric hospital beds per 100,000, 2004-2019<sup>1</sup>**

## 2.3 Defining the scope of acute inpatient beds

One of the challenges for mental health inpatient service planning is a lack of a consistent set of definitions that describe what is meant by an inpatient mental health bed.<sup>9</sup> In the UK's *Defining Mental Health Services*,<sup>16</sup> suggestions for definitions which may be helpful for service planning are set forth.

Applied to the Irish context, there are four broad categories of mental health beds in HSE-approved centres:

- acute admissions beds,
- scheduled continuing care,
- forensic psychiatry
- high support.

This categorisation is in line with recommendations in *Sharing the Vision*<sup>2</sup> and adopts a broad scope with regards reviewing current acute inpatient capacity (see Appendix 1).

It is also broadly similar to the bed types reported by the Mental Health Commission, which regulates all inpatient facilities that provide care and treatment to people who have a mental illness or disorder, including both public and private centres. Each centre must be registered by the Mental Health Commission. The bed types reported by the Mental Health Commission include

- Acute Adult,
- Continuing Care
- Forensic beds,
- Child and Adolescent.

Beds in private centres are also reported on by the Mental Health Commission. High support units do not fall under governance of the Mental Health Commission.

As of October 2021, the Mental Health Commission reported a total of 2,623 inpatient beds in 67 approved centres nationally. The majority of these are Acute Adult beds (2,523), with 98 registered Child and Adolescent beds (98; 8.2 per 100,000). Of adult beds, 692 beds (27.4%) were in eight private adult centres. Based on this data, bed provision from both public and adult centres is 53.3 per 100,000 for adults, and 8.2 per 100,000 for children and adolescents. In Ireland, approximately 47% of the population hold private health insurance, meaning that just under half of the Irish population have access to a bed in a private centre,<sup>17</sup>

### ***Acute admission beds***

Acute admission beds is a broad category currently consisting of acute adult beds, CAMHS, older adult and eating disorder beds. In addition, there are a number of planned acute beds for dual diagnosis and perinatal mental health. These beds are generally for patients with acute mental health needs that cannot be managed in a community setting. Admissions to these beds would typically be less than 90 days.

### ***Continuing care beds***

Continuing care beds are a category of beds which provide patients with high levels of disability who will need support in an inpatient setting for a considerable period of time, where there is an ongoing risk to their own health and safety, or for others. These beds are all located in approved centres, and include rehabilitation psychiatry beds (including specialist rehabilitation units - SRUs), Psychiatric Intensive Care Units (PICUs) and high dependency rehabilitation units.

### ***Forensic Psychiatry***

Forensic Psychiatry beds are for the care of patients who exceed the capacity of their local service and are transferred to the Central Mental Hospital under the Mental Health Act for treatment or for people who had contact with the criminal justice system and are detained under the Criminal Law Insanity Act 2006.

### ***High support units***

High support units are located in non-approved centres and provide 24/7 nurse-staffed care in a hostel setting.

### **Existing and Planned Specialist beds**

The provision of dedicated specialist beds are recommended in a number of the National Clinical Programmes (NCPs), which are part of the Office of the Chief Clinical Officer (CCO) in the HSE.

There are six NCPs for mental health all at various stages of design and implementation. The Models of Care for Eating Disorders and Dual Diagnosis propose the need for ring fenced inpatient beds. In addition, the Specialist Perinatal Mental Health Service Model of Care recommend a 10 bedded unit.

The National Children's Hospital is planning for 8 eating disorder beds. The new NFMHS facility will provide 130 beds and will continue to provide community and in-reach services. The NFMHS will also have a forensic CAMHS unit and Intensive Care Rehabilitation Unit (ICRU). The MHC report recommended an additional 64 Older Person Beds.

**Table 3: Breakdown of specialty beds existing and recommended**

Bed Type	Acute	Existing recommendations (e.g National Clinical Programmes)		TOTAL
CAMHS	72	National Children's Hospital	20	<b>92</b>
Older Adult	*63	*Older Adult	*64	<b>127</b>
Eating Disorder	3	Eating Disorders/NCP	23	<b>26</b>
PICU (regional)	31			<b>31</b>
SRU	37			
MHID	79			
NFMHS	94	CAMHS (NFMHS)	20	<b>114</b>
		Dual Diagnosis/*NCP	18	<b>18</b>
		Perinatal/NCP	10	<b>10</b>

### Private Beds including Specialist Rehabilitation Units

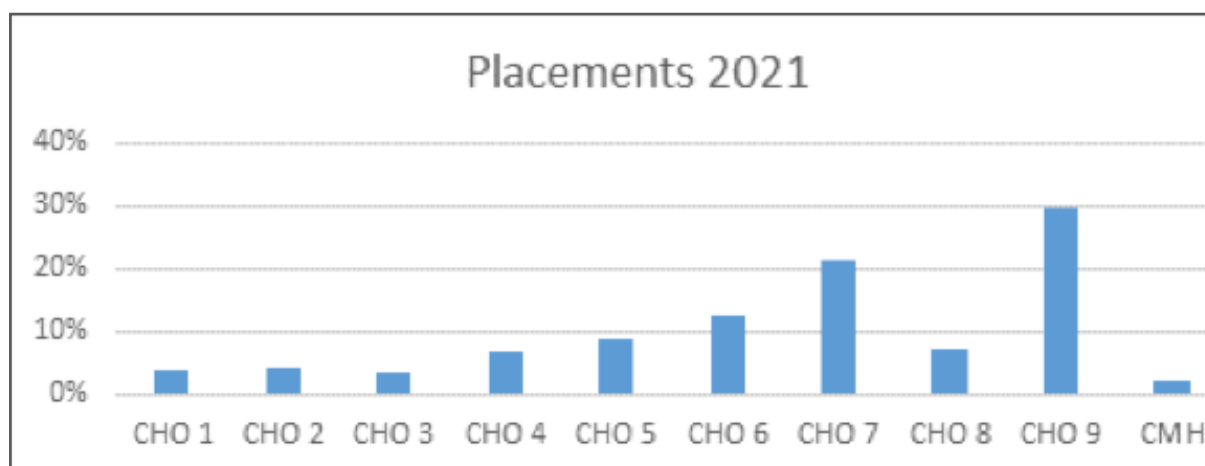
The HSE purchase private mental health beds from a number of private providers, including from St Patrick's Mental Health Services on a short term basis as required. Across the country CHO areas purchase private beds if they have bed capacity issues in their own inpatient units. These can be on a short term basis or longer term basis. In total this equates to approximately ten beds a year. Across the rest of the country CHOs sometimes engage in short term arrangements with private providers and this amounts to an approximate figure of another four beds annually.

In relation to St. John of Gods (SJOG), CHO 6 have a Service Level Agreement (SLA) with SJOG Community Services to provide mental health services for the relevant catchment area. Cluain Mhuire provide inpatient services for adults and Lucena provides inpatient services for CAMHS. Cluain Mhuire purchase the acute inpatient adult beds for the area from SJOG private hospital. On average in 2020, Cluain Mhuire have purchased 26 beds from SJOG as catchment area acute mental health beds for adults.

In addition, the HSE has established links with private mental health providers e.g. Bloomfield Mental Health Services, Highfield Healthcare and Nua Healthcare. This amounts to approximately

400 HSE funded private placements for people with complex mental health difficulties per year. These private placements are arranged under Service Level Agreement or specific arrangements with the providers. The access process is managed by the Head of Service in each CHO in cooperation with the relevant clinical team. In 2021 there were 396 external placements (excluding SJOGs and SRUs), placements include both approved centres and non-approved/residential placements.

**Figure 2: 2021 external placements per CHO**



In 2018 the HSE Mental Health Services commissioned two National Special Rehabilitation Units (SRUs), one in Highfield Healthcare and one in Bloomfield Mental Health Services to provide specialist inpatient rehabilitation and recovery services for service users with ongoing complex needs. These provide 27 beds and the referral procedure for these specialist beds is managed nationally. Funding is also provided nationally as part of an SLA. An SRU is designed as an inpatient approved centre providing 24-hour care. Its primary focus is on active recovery focused medium-term rehabilitation with expected length of stay being 1 to 3 years.

In 2021, additional funding for COVID emergency bed purchases in Private hospitals and further funding for ongoing purchase of external beds/long term care was agreed. HSE Mental Health Operations completed a review of Approved Centres in the 9 CHOs and CMH to identify individuals with a longer-term care need. A number of different cohorts were identified including MHID, Long Term Low Secure, Specialist Rehabilitation units. A tender process was completed, resulting in an additional 5 MHID beds and 10 SRU beds. Work is progressing to include additional community step down/continuum of care beds (10) bringing the total additional beds to 25.

## 2.4 Conditions attached to approved centres

In addition to capacity, it is important to consider the adherence to regulations of approved centres. In 2020, the Mental Health Commission reported an average compliance rate of 89% across all approved centres. Specific areas for improvement included that 47% approved centres had ligature anchor points that required urgent attention, and that some approved centre facilities were not suitable to provide a mental health service. In 2020, the Mental Health Commission reported that there were 115 conditions attached to 42 approved centres. This compares with 57 conditions in 35 approved centres in 2019. Most of these conditions were attached to regulations concerning premises (n=38).<sup>17</sup>

## 3.0 Bed Census

The aim of this report is to establish current availability of all mental health beds in approved centres in Ireland, their occupancy rates and regional variations. Data are utilised from the Mental Health Commission on both private and public beds in approved centres. National services including CAMHS and NFMHS are also reported. Given that recovery-oriented services have an important role in reducing demand on acute beds, associated mental health resources (mental health staffing and bed provision in High Support Units in non-approved residential centres) are also presented.

## 4.0 Methodology

In order to accurately report on the current number of registered beds in HSE centres, an inpatient census was undertaken on bed occupancy in HSE Mental Health Services. The night of Tuesday 23<sup>rd</sup> November 2021 was chosen, as services are known to operate more consistency mid-week, with less turnover of beds.

Each Head of Service was sent a template to complete for all services in the CHO. There was a 100% response rate.

In addition, all CAMHS and NFMHS beds are included. Despite not being within approved centres, High Support Units were also included in the census (n=122). The census captured the following information:

- **The number of registered beds/ beds available in the centre/unit on the night (registered with the MHC)**
- **The number of beds in operation in the centre/unit on the night (operational being available to use)**
- **The number of patients in the centre/unit on the night, excluding those on overnight leave, etc.**

Population data from the 2016 census, obtained from the Central Statistics Office, were used to calculate the rate of bed provision per 100,000 population in each CHO area for each bed type.

## 5.0 Current inpatient bed capacity

### 5.1 Registered mental health beds

Table 4 outlines the current number of registered inpatient mental health beds in Ireland. Included are acute adult and continuing care beds, those in NFMHS and CAMHS, in both public and private approved centres.

Nationally, there are 1,134 public acute beds in approved centres, representing a rate of 23.8 per 100,000. Based on public approved centres alone, there are 1.355 fewer beds available nationally, based on the 50 per 100,000 recommended by the Oireachtas Joint Committee on the Future of Mental Health.<sup>4</sup> However, this recommended target of 50 per 100,000 was based on Eurostat

data which includes both public and private bed capacity. There are 523 private beds nationally, representing a rate of 11.0 per 100,000. Taking into account both public and private bed resources nationally, there are 1,657 beds nationally, a rate of 34.8 per 100,000. This represents a national shortfall in acute beds of 832.

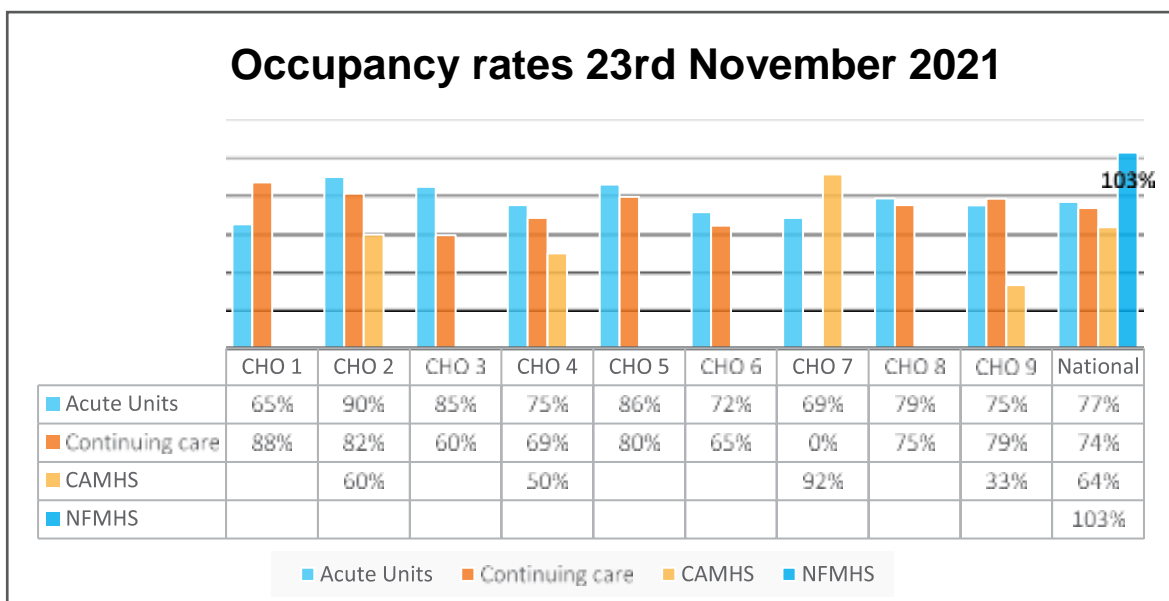
The shortfall in acute beds is reflected across all CHO areas, where rates of acute beds vary between 21.0 and 21.3 per 100,000 in CHOs 3 and 1, to 24.8 per 100,000 in CHO 4.

In addition to acute beds, there is a significant resource in continuing care beds (n=778), located in approved centres, which represent a rate of 16.3 per 100,000. A further 195 are located in private hospitals, giving a national rate of 20.4 per 100,000.

**Table 4: the current number of registered inpatient mental health beds in Ireland**

	Population	Acute beds (registered)	Acute per 100k	50 beds per 100k recommendation	Variance	Number continuing care (registered)	Continuing care per 100k	Area rate per 100k acute + continuing care)
CHO 1	394,333	84	21.3	197	-113	16	4.1	25.4
CHO 2	453,109	104	23.0	227	-123	65	14.3	37.3
CHO 3	384,998	81	21.0	192	-111	47	12.2	33.2
CHO 4	690,575	171	24.8	345	-174	163	23.6	48.4
CHO 5	510,333	88	17.2	255	-167	114	22.3	39.6
CHO 6	424,772	92	21.7	212	-120	71	16.7	38.4
CHO 7	666,111	128	19.2	333	-205	0	0.0	19.2
CHO 8	616,229	172	27.9	308	-136	57	9.2	37.2
CHO 9	621,405	142	22.9	311	-169	151	24.3	47.2
National	4,761,865	1,062	22.3	2,381	-1,319	684	14.4	36.7
NFMHS	4,761,865				0	94		
CAMHS	4,761,865	72		108	-36			
National	4,761,865	1,134	23.8	2,489	-1,355	778	16.3	40.2
Private Services	4,761,865	523	11.0	0	523	195		
National	4,761,865	1,657	34.8	2,489	-832	973	20.4	55.2

## 6.0 Bed occupancy Levels



**Figure 3: Bed occupancy rates (based on registered beds) by CHO area, 23<sup>rd</sup> November 2021**

### ***Acute Adult beds***

On the night of 23<sup>rd</sup> November 2021, the occupancy rate for Acute Adult beds was 77% nationally based on the total number of registered beds. This varied by CHO, lowest in CHO 1 (65%) and highest in CHO 2 (90%). In total, bed occupancy rates were at or above the recommended threshold (85%) in three CHO areas – CHOs 2, 3 and 5.

### ***Continuing Care beds***

The occupancy rate for Continuing Care beds was 74% nationally, based on total number of registered beds. This again varied by CHO, lowest in CHO 3 (60%) and highest in CHO 1 (88%), which was operating above the recommended threshold of 85%.

St Josephs Mental Health Intellectual Disability (MHID) service is located in St Itas Hospital, Portrane. The service has 79 registered beds, with 67 operational. The occupancy rate was 94% (65) of operational beds.

### ***CAMHS***

Child and Adolescent mental health beds are available in four CHO areas. The occupancy rates for beds was 64% nationally. These rates were lowest in CHO 9 (33%) and highest in CHO 7 (92%). Three of the four CHO areas with Child and Adolescent beds were below the recommended threshold of 85% - CHO areas 2, 4 and 9.

### ***NFMHS***

Forensic mental health beds were located in CMH Dundrum on the night of the census. However the hospital has transferred to Portrane in November 2022. The occupancy rate was 103% nationally.

In just two CHOS areas (CHOs 3 and 7) all registered beds were in operation. When considering beds in operation (91%), the occupancy rate of acute beds is higher – 85%, 80% and 79% nationally for adult, continuing care and CAMHS beds, respectively.

### High Support Bed Resources

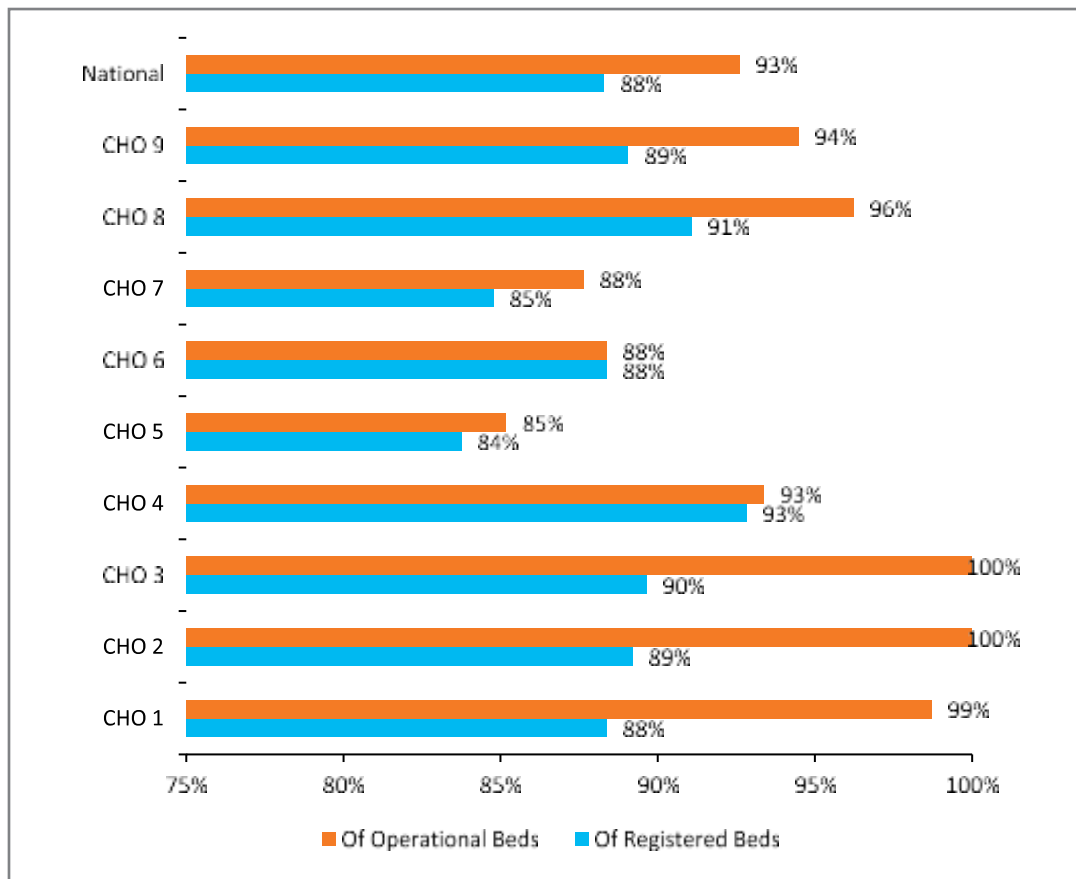
In addition to beds in approved centres, there were 1,093 High Support beds in non-approved centres, of which 1,042 (95%) were operational on the night of the census (Table 5). Almost all CHOs were operating 90% or more of registered beds. This represents a rate of an additional 23.0 beds per 100,000, or one for 4,348 persons. Rates of high support beds also vary from 10.1 (CHO 6) to 47.0 (CHO 5).

**Table 5: Number of high support registered and operational beds, as per 23<sup>rd</sup> November 2021 bed census**

	Registered	Operational	% Operational
CHO1	86	77	90%
CHO2	74	66	89%
CHO3	87	78	90%
CHO4	167	166	99%
CHO5	240	236	98%
CHO6	43	43	100%
CHO7	92	89	97%
CHO8	112	106	95%
CHO9	192	181	94%
<b>National</b>	<b>1,093</b>	<b>1,042</b>	<b>95%</b>

The occupancy rate for high support beds was 88% nationally, based on the total number of registered beds. This varied by CHO, lowest in CHO 5 (84%) and highest in CHO 4 (93%). In total, bed occupancy rates were above 84% in all CHOs.

Considering the number of currently operational beds (95%), the occupancy rate was again higher, at 93%. In total, bed occupancy rates for operational beds were above 85% in all CHO areas, with CHOs 2 and 3 at 100% capacity.



**Figure 4: High support bed occupancy rates by CHO area, 23<sup>rd</sup> November 2021**

## 7.0 Length of Stay in Acute Mental Health Beds, 2019-2021

Data on the average length of stay (mean number of days) for admissions to acute mental health beds was obtained from the Health Research Board National Inpatient Reporting System (NPIRS).<sup>7</sup> In 2019, the year before the Covid-19 pandemic, average length of stay ranged from 22 days in CHO1 and CHO5 to 32 days in CHO3 and CHO 7. The figures indicate that, across most CHOs, the average length of stay decreased during the Covid-19 pandemic, with average length of stays ranging from 13 days in CHO1 to 27 days in CHO6 in Q2 (April-June) 2021.

**Table 6: Average length of stay (mean number of days) in acute mental health beds, 2019-2021**

	2019	2020	Q1 2021	Q2 2021
CHO1	22.4	17.7	12.2	13.4
CHO2	29.0	27.7	21.8	22.6
CHO3	32.0	29.0	22.1	22.8
CHO4	26.9	22.6	19.0	18.6
CHO5	22.1	18.0	14.7	13.6
CHO6	28.9	33.7	26.7	26.7
CHO7	31.7	27.2	24.7	23.9
CHO8	23.2	26.7	23.1	24.9
CHO9	26.0	25.9	21.5	21.6
National	26.5	24.6	20.1	20.3

## 8.0 Mental health staffing levels

As of September 2021, there were 10,377 registered mental health staff nationally, representing a rate of 218 staff per 100,000, or one per 459 persons nationally.<sup>15</sup> This is 80% of the target recommended in Vision for Change.<sup>4</sup> The staff rate per 100,000 varies across CHO, with three CHOs below the national rate – CHOS 6 (150.4 per 100,000), 7 (132.6 per 100,000) and 8 (179.5 per 100,000). Staffing rates are highest in CHOs 1 and 2, at 253.3 and 294.6 per 100,000 (Table 7). In addition, approximately 1,276 whole time equivalent mental health staff are employed via agency and overtime payments. This brings staffing levels within 94% of VFC recommended staffing levels.

**Table 7: Mental health staff numbers and rate per 100,000 population as of September 2021**

	Mental health staff numbers	% based on VFC	Number of staff per 100,000 population
CHO1	999	98%	253.3
CHO2	1,335	114%	294.6
CHO3	830	83%	215.6
CHO4	1,552	87%	224.7
CHO5	1,215	92%	238.1
CHO6	639	58%	150.4
CHO7	883	51%	132.6
CHO8	1,106	69%	179.5
CHO9	1,310	81%	210.8

<b>National</b>	<b>9,869</b>	<b>80%</b>	<b>207.3</b>
<b>Other</b>	<b>508</b>		
<b>Total</b>	<b>10,377</b>	<b>84%</b>	<b>217.9</b>

As of September 2021, there were 1,544 staff working in community adult mental health, representing a rate of 32.4 per 100,000. This is 70% of the recommended number in Vision for Change.<sup>4</sup> This rate is relatively consistent across all CHOs, ranging from 26.8 per 100,000 in CHO 6 to 42.4 per 100,000 in CHO 1.

For Community Psychiatry of Later Life (POLL), there are 331 staff registered as of September 2021, representing a rate of 6.9 per 100,000, and 63.2% of the recommended number in Vision for Change. In total the rate per 100,000 was lower than the national average in four CHO areas – CHO 4 (4.8 per 100,000) CHOs 6 and 7 (4.9 per 100,000) and CHO 9 (5.4 per 100,000). The number of CAMHS staff was 660, representing a rate of 13.9 per 100,000 population, and at 63.0% of the recommended number in Vision for Change. Rates per 100,000 in CHOs 5 (10.1) and 7 (12.4) were below the national rate (Table 8).

**Table 8: Categories of mental health staffing per 100,000 population as of September 2021**

	Community adult staffing			Community POLL staffing			CAMHS staffing		
	Number	VFC %	Number of staff per 100,000 population	Number	Number of staff per 100,000 population	VFC % > 65yr pop	Number	VFC % <18 yr Pop	Number of staff per 100,000 population
<b>CHO1</b>	167.35	101.0%	42.4	36.5	9.3	74.0%	67.11	73.5%	17.0
<b>CHO2</b>	167.17	87.8%	36.9	50.6	11.2	89.8%	61.6	62.6%	13.6
<b>CHO3</b>	122.6	75.8%	31.8	26.4	6.8	57.4%	56.6	66.8%	14.7
<b>CHO4</b>	217.41	75.0%	31.5	33.4	4.8	41.1%	95.4	64.3%	13.8
<b>CHO5</b>	150.86	70.4%	29.6	46.6	9.1	76.4%	51.55	44.5%	10.1
<b>CHO6</b>	113.96	63.9%	26.8	21.0	4.9	42.8%	62.18	60.8%	14.6
<b>CHO7</b>	224.7	80.3%	33.7	32.5	4.9	53.5%	82.53	65.0%	12.4
<b>CHO8</b>	173.415	67.0%	28.1	50.6	8.2	83.0%	99.87	65.8%	16.2
<b>CHO9</b>	206.6	79.2%	33.2	33.4	5.4	56.7%	83.13	64.9%	13.4
<b>National</b>	<b>1,544</b>	<b>77.2%</b>	<b>32.4</b>	<b>331</b>	<b>6.9</b>	<b>63.2%</b>	<b>660</b>	<b>63.0%</b>	<b>13.9</b>

## 9.0 Recommendations

### Reporting

This report has highlighted the discrepancies in reporting of acute mental health provision in Ireland and internationally, and the difficulties in establishing like-for-like comparisons between countries, based on their healthcare structures.

Official reporting of mental health bed provision is under the remit of the Mental Health Commission, who compile data on all centres which are approved under their regulations. This includes Acute Adult beds, Continuing Care beds, Forensic and Child and Adolescent beds, in both public and private centres. Data submitted to Eurostat, via the Central Statistics Office, reports on all acute beds in both public and private centres, but does not include Continuing Care beds.

The rate of acute mental health bed provision in HSE-approved centres is much lower than the European average<sup>1</sup> and that recommended by the Oireachtas Joint Committee on the Future of Mental Health.<sup>2</sup> However, associated mental health resources, in the form of Continuing Care are not represented in those numbers, and have an important role in providing inpatient mental health care in Ireland. Future research should consider the role of these resources within the overall delivery of inpatient care, within the framework of *Sharing the Vision*.<sup>3</sup>

### Bed Provision and Occupancy

All CHO areas report a shortfall in the number of recommended acute beds in *A Vision for Change* and the Oireachtas Joint Committee on the Future of Mental Health. In addition, efforts should be made to increase the number of beds nationally. When increasing CHO bed numbers, consideration should be given to Private Bed provision, existing CHO SLAs with Private Providers and future structures of the HSE with the planned phased introduction of six regional health areas (RHAs).

In addition, there are several CHO areas which are operating beds beyond the 85% occupancy threshold. This is, in some part, influenced by the proportion of beds in operation currently, with 8% of registered beds not currently operational. Further research is needed to examine the profile of inpatient admissions (demographics, diagnoses, length of stay) to identify factors influencing high levels of occupancy. In addition, the reasons for why all registered beds are not operational, including infrastructure, should be examined as a priority.

Related Sharing the Vision Recommendation:

(45) HSE should collate data on the number and profile of delayed discharges in acute mental health inpatient units and develop appropriately funded responses.

- Collate data on the number and profile of delayed discharges in acute mental health inpatient units.
- Develop appropriate funding and service responses to minimise delayed discharges.

(98) Capital investment should be made available to redesign or build psychiatric units in acute hospitals which create a therapeutic and recovery supportive environment. It is essential that all stakeholders are involved in a structured service design process for all redesigns or new builds.

Invest in co-produced redesign and/or building of psychiatric units in acute hospitals. Include in all future primary care new building developments appropriate settings for delivery of a mental health service.

## National Forensic Mental Health Services

The National Forensic Mental Health Service (NFMHS) was over capacity at 103%. The new NFMHS facility will provide 130 beds and will continue to provide community and in-reach services. The NFMHS will also have a forensic CAMHS unit and Intensive Care Rehabilitation Unit (ICRU).

Further to the recent National Mental Health Operations COVID bed purchase work stream, further work should consider the need for Long Term Low Secure beds.

Related Sharing the Vision Recommendation:

(56) The development of further Intensive Care Rehabilitation Units (ICRUs) should be prioritised following successful evaluation of operation of the new ICRU on the Portrane Campus.

- Carry out a comprehensive evaluation and review of the ICRU on the Portrane Campus.
- Develop a national plan for the development of ICRUs.
- Undertake phased implementation of the national ICRU development plan.

## Child and Adolescents Mental Health Services

Child and Adolescents Mental Health Service were shown to have significant variation in bed occupancy across the four units. Future work is required to understand these significant variations in services.

Related Sharing the Vision Recommendation:

(38) In the exceptional cases where Child and Adolescent inpatient beds are not available, adult units providing care to children and adolescents should adhere to the CAMHS inpatient Code of Governance.

- Ensure adherence to the CAMHS inpatient Code of Governance nationally.

## Psychiatric Intensive Care Units (PICUs)

There are two regional PICU services in Ireland (CHO 4 and CHO 9). Sharing the Vision Recommendation 47 should be actioned:

(47) Sufficient Psychiatric Intensive Care Units (PICUs) should be developed with appropriate referral and discharge protocols to serve the regions of the country with limited access to this type of service.

- Develop Psychiatric Intensive Care Units (PICUs) to meet identified need.
- Agree updated referral and discharge protocols.

## Mental Health Intellectual Disability

This is one Mental Health Intellectual Disability (MHID) unit located in St Ita's Hospital, Portrane. On the night of the bed census, the occupancy rate was 94% of operational beds.

Related Sharing the Vision Recommendation:

(50) The development of a national network of MHID teams and acute treatment beds for people of all ages with an intellectual disability should be prioritised.

- Develop national network of MHID teams and acute treatment beds.

(48) A cross-disability and mental health group should be convened to develop national competence in the commissioning, design and provision of intensive supports for people with complex mental health difficulties and intellectual disabilities and to develop a set of criteria to govern the provision of this service.

- Convene cross-disability and mental health group to develop national competence and criteria for the provision of this service.

## National Clinical Programmes

Plans to increase acute bed capacity should take account of the requirements for the National Clinical Programmes including Perinatal Mental Health, Eating Disorders and Dual Diagnosis beds.

Related Sharing the Vision Recommendation:

(53) The National Mental Health Clinical Programmes for Eating Disorders, Adults with ADHD and the Model of Care for Specialist Perinatal Mental Health Services should continue to have phased implementation and evaluation.

Develop/review the Implementation Plans for these Clinical Programmes/Model of Care. Undertake phased implementation and resourcing of clinical programmes for eating disorders, adults with ADHD and specialist perinatal mental health services. Undertake evaluation studies of relevant demonstration sites

## Older Persons

Based on data from the Mental Health Commission,<sup>1</sup> no CHO region is meeting the recommended number of dedicated acute mental health beds for older people. The provision of dedicated acute mental health beds for older people is only 50% of that recommended by *A Vision for Change*. Plans to increase acute bed capacity should include dedicated mental health beds for older people.

## Staffing

Future work should consider further increasing staffing levels through direct HSE contracts. In addition, staffing levels in CHO areas 6, 7 and 8 are below the national average. Efforts to bring these resources to the national level should be prioritised.

## Continuum of Care

To date, recommendations for acute inpatient bed capacity have been based on the EU average of beds per 100,000, without taking into account variations in the configuration of mental health beds or differing service models for out of hospital care. A report of mental health inpatient capacity UK report recommended that, while investment in improving inpatient capacity in priority areas was important, the longer term focus should be to develop community based mental health services to reduce avoidable admissions and to support individuals in follow-on care following discharge.<sup>9</sup> This current report has sought to quantify current inpatient capacity in Ireland, along with related resources in the form of continuing care beds and community-level staffing. Future actions should consider ways to standardise and further resource these supports and to ensure a high-quality continuum of care for mental health patients. While the implementation plan contained in this report identifies variation according to CHO, it is recommended that a national approach to increasing bed provision is taken, to avoid fragmentation of services.

Related Sharing the Vision Recommendation:

(41) A Standard Operating Guideline should be developed to ensure that sufficiently staffed day hospitals operate as effectively as possible as an element of the continuum of care and as an alternative to inpatient admission.	<ul style="list-style-type: none"><li>• Develop and publish Standard Operating Guideline.</li><li>• Provide additional staffing in day hospitals.</li></ul>
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## 10.0 Implementation plan

Taking a phased approach, aiming for an initial 25 beds per 100k, Table 9 outlines the variance of acute admission beds required. Nationally, taking account of public beds only the shortfall per the recommendation of 50 per 100k laid out by the Oireachtas Joint Committee on the Future of Mental Health, of the variance is -164 beds.

**Table 9**

	Population	Acute beds (registered)	Acute per 100k	25 beds per 100k recommendation	Variance
CHO 1	394,333	84	21.3	<b>99</b>	<b>-15</b>
CHO 2	453,109	104	23.0	<b>113</b>	<b>-9</b>
CHO 3	384,998	81	21.0	<b>96</b>	<b>-15</b>
CHO 4	690,575	171	24.8	<b>173</b>	<b>-2</b>
CHO 5	510,333	88	17.2	<b>128</b>	<b>-40</b>
CHO 6	424,772	92	21.7	<b>106</b>	<b>-14</b>
CHO 7	666,111	128	19.2	<b>167</b>	<b>-39</b>
CHO 8	616,229	172	27.9	<b>154</b>	<b>18</b>
CHO 9	621,405	142	22.9	<b>155</b>	<b>-13</b>
<b>National</b>	<b>4,761,865</b>	<b>1,062</b>	<b>22.3</b>	<b>1,190</b>	<b>-128</b>
<b>NFMHS</b>	<b>4,761,865</b>				<b>0</b>
<b>CAMHS</b>	<b>4,761,865</b>	<b>72</b>		<b>108</b>	<b>-36</b>
<b>National</b>	<b>4,761,865</b>	<b>1,134</b>	<b>23.8</b>	<b>1,298</b>	<b>-164</b>
<b>National Ser- vices Acute Beds recommendations</b>	<b>4,761,865</b>	<b>155</b>	<b>3.3</b>		
<b>National</b>	<b>4,761,865</b>	<b>1,289</b>	<b>27.1</b>	<b>1,298</b>	<b>-9</b>
<b>Private Services</b>	<b>4,761,865</b>	<b>523</b>	<b>11.0</b>		<b>523</b>
<b>National</b>	<b>4,761,865</b>	<b>1,657</b>	<b>34.8</b>	<b>1,298</b>	<b>359</b>

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## 12.0 Appendices

**Table 10: Description of mental health beds in Ireland**

Approved Centre	Bed Category	Description
<b>Acute Admission</b>	Acute Adult	<ul style="list-style-type: none"> <li>Acute mental health bed/ward</li> <li>Adults 18-65 years</li> <li>Provide care with intensive support for patients in periods of acute psychiatric illness</li> <li>Admissions are generally &lt;90 days (includes eating disorder beds)</li> </ul>
	Child and Adolescent (4 regional units)	<ul style="list-style-type: none"> <li>For children/adolescents under the age of 18 years who require inpatient care.</li> <li>Admissions in cases where the level of risk, complexity and/or severity of mental health cannot be managed in a community setting.</li> <li>Patients may or may not be detained under the Mental Health Act.</li> </ul>
	Older adult	<ul style="list-style-type: none"> <li>Allocated beds for those aged 60 years or over.</li> <li>Teams should be multi-disciplinary and may involve treatment of a combination of mental and physical health problems, including decline in functional and/or cognitive ability.</li> </ul>
	Eating disorder	<ul style="list-style-type: none"> <li>All acute beds are available for ED cases.</li> <li>There are currently 3 ring-fenced Adult ED beds in CHO6 based in St. Vincent's hospital</li> </ul> <p><b><u>(see MOC planned beds below)</u></b></p>
<b>(Planned)</b>	National Clinical Programme: Dual Diagnosis	<p><u>Under development</u></p> <ul style="list-style-type: none"> <li>The Model of Care for the Dual Diagnosis National Clinical Programme will be proposing the need for 2 acute in-patient beds for every ~300,000 adult population be ring fenced for managing those admitted under the Dual Diagnosis Team in each CHO – approximately 2 beds per existing Acute inpatient Psychiatric units;</li> <li>The Model of Care for the Dual Diagnosis National Clinical Programme will also be proposing 2 acute in-patient beds per existing Child &amp; Adolescent Acute inpatient units for access by the regional Hub Child &amp; Adolescent Dual Diagnosis teams (there will be four hub Adolescent DD teams proposed in the Model of Care).</li> </ul>

	Eating Disorders	<ul style="list-style-type: none"> <li>The Model of Care for Eating Disorders Clinical Programme recommended in-line with Vision for Change that there will be 23 adult psychiatric beds for eating disorders.</li> <li>There are currently 3 ring-fenced ED beds in CHO6 based in St. Vincent's hospital. There are plans to extend this capacity by 3 beds bringing the total to 6. The local CHO are exploring options on the site of SVUH. No plan or costs have been agreed.</li> </ul> <p>CAMHS:</p> <ul style="list-style-type: none"> <li>National Children's Hospital – 8 ED beds are planned for when this hospital opens.</li> </ul>
	Perinatal	<ul style="list-style-type: none"> <li>The Specialist Perinatal Mental Health Service Model of Care (published Nov. 2017) recommended that a mother and baby unit be developed in Dublin in the Ireland East Hospital Group. This would serve as a national tertiary referral unit. It was recommended that the unit should have the capability of expanding to 10 beds if the need emerges in due course. It is proposed it be sited in the psychiatric unit based in St Vincent's University Hospital, Dublin. It would provide 6-10 beds for use nationally and be part of the Specialist Perinatal Mental Health Service based in the National Maternity Hospital.</li> </ul>
<b>Continuing Care</b>	Continuing Care (approved centres)	<ul style="list-style-type: none"> <li>patients with high levels of disability with limited potential for future improvement, where there is an ongoing risk to their own health and safety, or for others.</li> </ul>
	Rehabilitation psychiatry beds e.g SRUs	<ul style="list-style-type: none"> <li>Rehabilitation beds provide support for adults with severe and enduring mental health problems who cannot manage independent community living, even with support.</li> </ul>
	Psychiatric Intensive Care Unit (PICU) (2x Regional services)	<ul style="list-style-type: none"> <li>Secure psychiatric inpatient ward</li> <li>Controlled entry and exit of patients</li> <li>High staffing levels (usually 1:1) and multi-disciplinary teams</li> <li>Patients usually detained under Mental Health Act / in acutely disturbed phase of a serious mental disorder</li> <li>Admissions generally less than 3 months in line with individual risk</li> </ul>
	High dependency rehabilitation	<ul style="list-style-type: none"> <li>Provide rehabilitation to clients with active symptoms, complex needs and challenging behaviours.</li> <li>Units are hospital-based.</li> </ul>
<b>Forensic psychiatry beds</b>	National Forensic Mental Health Service (National service, with both Acute and Continuing Care approved Centre beds)	<ul style="list-style-type: none"> <li>Forensic inpatient care includes high, medium and low secure care.</li> <li>Patients will be detained under Mental Health Act and have been in contact with the criminal justice system.</li> </ul>

	High secure units	<ul style="list-style-type: none"> <li>High secure units offer care and treatment with high levels of security.</li> <li>Provide for assessment of psychiatric need and treatment in a safe hospital environment with a view to reducing patient's risk of self-harm and harm to others.</li> </ul>
	Medium secure units	<ul style="list-style-type: none"> <li>Medium secure units are designed to meet the needs of adults with a serious mental illness who require care and treatment in a secure setting.</li> </ul>
	Low secure units	<ul style="list-style-type: none"> <li>Low secure units are provided for adults who have long-standing and complex problems and present a level of risk greater than general mental health services could safely address.</li> </ul>

## Non Acute Beds

High Support bed		Non-approved centres which provide 24/7 nurse-staffed care in a hostel setting
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**Table 11: Results of 23<sup>rd</sup> November 2021 bed census for Acute Adult beds.**

CHO Area	Name	Number of registered beds	Number of operational beds	Number of patients
CHO 1	Cavan General - Unit	25	11	11
	Letterkenny General - Unit	34	22	22
	Sligo Mental Health Services	25	23	22
	<b>Total</b>	<b>84</b>	<b>56</b>	<b>55</b>
CHO 2	UCHG - Unit	50	50	48
	Mayo General Hospital - Unit	32	27	27
	Roscommon General Hospital - Unit	22	22	19
	<b>Total</b>	<b>104</b>	<b>99</b>	<b>94</b>
CHO 3	Ennis General Hospital - Unit	39	39	30
	Mid-Western Regional Hospital, Limerick - Unit	42	42	39
	<b>Total</b>	<b>81</b>	<b>81</b>	<b>69</b>
CHO 4	Cork University Hospital - Unit	50	50	43
	Mercy University Hospital - Unit	50	50	44
	Bantry General - Unit	18	18	8
	St Stephen's Hospital	19	11	11
	Kerry General Hospital - Unit	34	23	23
	<b>Total</b>	<b>171</b>	<b>152</b>	<b>129</b>
CHO 5	St Luke's Hospital Kilkenny - Unit	44	44	44
	Waterford General Hospital	44	32	32
	<b>Total</b>	<b>88</b>	<b>76</b>	<b>76</b>

<b>CHO 6</b>	Cluain Mhuire	31	31	31
	St Vincent's University Hospital, Elm Park Unit	39	26	23
	Newcastle Hospital	22	22	12
	<b>Total</b>	<b>92</b>	<b>79</b>	<b>66</b>
<b>CHO 7</b>	St James Hospital - Unit	47	47	21
	Tallaght Hospital - Unit	52	52	40
	Lakeview Unit, Naas General Hospital - Unit	29	29	27
	<b>Total</b>	<b>128</b>	<b>128</b>	<b>88</b>
<b>CHO 8</b>	Midlands Regional Hospital PL - DOP Unit	40	40	34
	St. Loman's Hospital, Mullingar	44	44	29
	Cluain Lir Care Centre, Mullingar	42	42	34
	Drogheda Department of Psychiatry, Crosslanes	46	40	39
	<b>Total</b>	<b>172</b>	<b>166</b>	<b>136</b>
<b>CHO 9</b>	Connolly Hospital - Unit Pine & Ash Ward	47	47	34
	St Vincent's Fairview - Hospital	36	36	34
	Mater Hospital - Unit	13	13	5
	Ashlin Centre - Joyce Unit	38	28	27
	Ashlin Centre - Sheehan Unit	8	7	7
	<b>Total</b>	<b>142</b>	<b>131</b>	<b>107</b>
	<b>National</b>	<b>1062</b>	<b>968</b>	<b>968</b>

**Table 12: Results of 23<sup>rd</sup> November 2021 bed census for Continuing Care beds.**

<b>CHO Area</b>	<b>Name</b>	<b>Number of registered beds</b>	<b>Number of operational beds</b>	<b>Number of patients</b>
<b>CHO 1</b>	Blackwater House ,St Davnet's Hospital	16	14	14
	<b>Total</b>	<b>16</b>	<b>14</b>	<b>14</b>
<b>CHO 2</b>	St Anne's Unit	12	6	6
	Creagh Suite	8	8	8
	An Coillín	22	18	18
	Teach Aisling	8	7	7
	Wood View	15	14	14
	<b>Total</b>	<b>65</b>	<b>53</b>	<b>53</b>
<b>CHO 3</b>	Cappahard Lodge,	32	32	17
	Tearmann Ward-St Camillus Hospital	15	15	11
	<b>Total</b>	<b>47</b>	<b>47</b>	<b>28</b>

CHO 4	Deer Lodge	40	40	36
	Units 2, 3, and Unit 8 Floor 2 St Stephens Hospital Campus.	68	68	37
	The Carraig Mor Centre	10	10	8
	St Catherines -St. Finbarrs Hospital Campus.	21	21	16
	Owenacarra	24	24	15
	<b>Total</b>	<b>163</b>	<b>163</b>	<b>112</b>
CHO 5	Grangemore Ward St Otterans Hospital	14	14	14
	Aidans Waterford Residential Care Centre	20	20	12
	Haywood Lodge	40	40	32
	Selskar House,	20	20	19
	St Gabriel's Ward, St Canice's Hospital	20	20	14
	<b>Total</b>	<b>114</b>	<b>114</b>	<b>91</b>
CHO 6	Le Burn	16	16	9
	Whitethorn	14	14	12
	Avonmore	20	12	9
	Cois Ceim	15	15	10
	Ellerslie House	6	6	6
	<b>Total</b>	<b>71</b>	<b>63</b>	<b>46</b>
CHO 8	St Ita's Ward, St Brigid's Hospital	10	5	5
	St Bridgets Ward and St Marie Gorettis Ward, Cluain Lir Care Centre St Marys Campus	36	28	28
	Maryborough Centre	11	11	10
	<b>Total</b>	<b>57</b>	<b>44</b>	<b>43</b>
CHO 9	O'Casey Rooms, Fairview CNU	21	17	17
	Phoenix Care Centre Oak/Alder	21	21	10
	Birch & Hazel Ward Rehab	30	27	27
	St Joseph's Mental Health Intellectual Disability Service	79	67	65
	<b>Total</b>	<b>151</b>	<b>132</b>	<b>119</b>
<b>National</b>		<b>684</b>	<b>630</b>	<b>506</b>

**Table 13: Results of 23<sup>rd</sup> November 2021 bed census for Forensic mental health beds.**

Name	Number of registered beds	Number of operational beds	Number of patients
Central Mental Hospital, Dundrum, Dublin 14	94	97	97
<b>National</b>	<b>94</b>	<b>97</b>	<b>97</b>

**Table 14: Results of 23<sup>rd</sup> November 2021 bed census for Child and Adolescent beds.**

CHO Area	Name	Number of registered beds	Number of operational beds	Number of patients
CHO 2	Merlin Park	20	12	12
	<b>Total</b>	<b>20</b>	<b>12</b>	<b>12</b>
CHO 4	Eist Linn	16	16	8
	<b>Total</b>	<b>16</b>	<b>16</b>	<b>8</b>
CHO 7	Linn Dara	24	24	22
	<b>Total</b>	<b>24</b>	<b>24</b>	<b>22</b>
CHO 9	St Vincents CAMHS Unit Fairview	12	6	4
	<b>Total</b>	<b>12</b>	<b>6</b>	<b>4</b>
	<b>National</b>	<b>72</b>	<b>58</b>	<b>46</b>

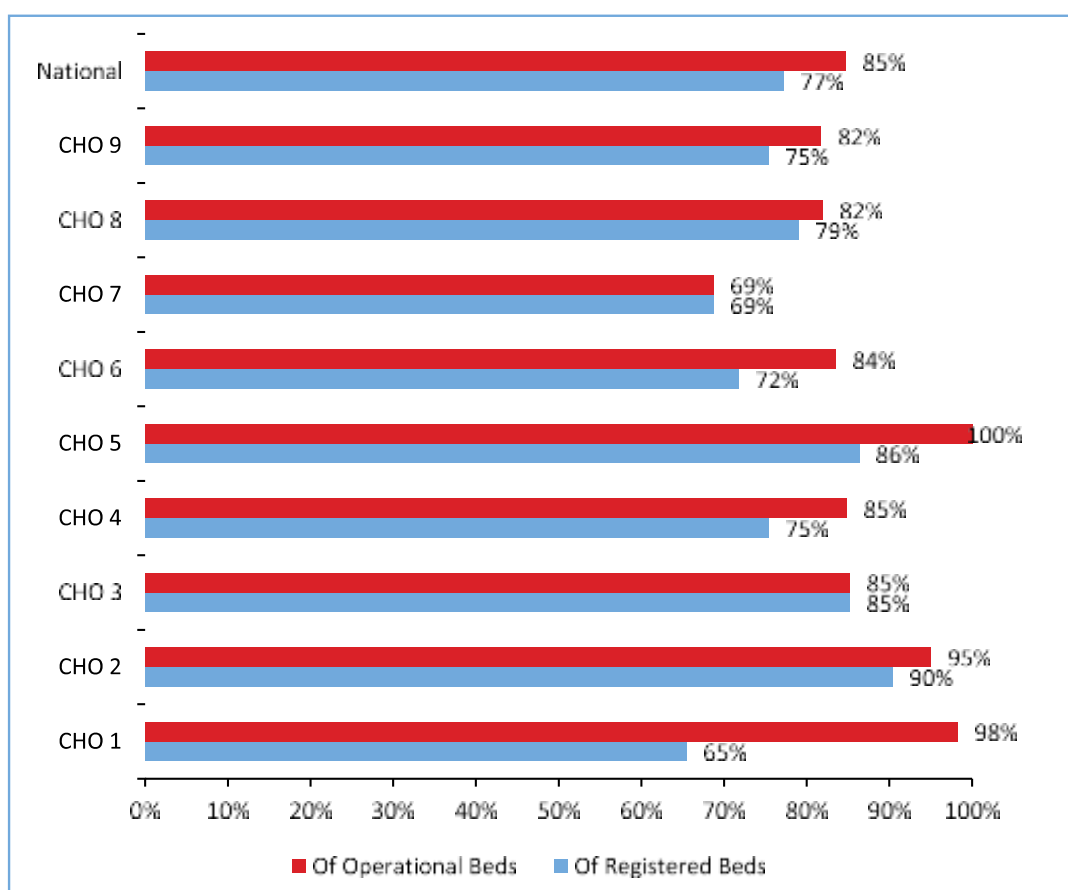
**Table 15: Results of 23<sup>rd</sup> November 2021 bed census for High Support Unit beds.**

CHO Area	Name	Number of registered beds	Number of operational beds	Number of patients
CHO 1	Lisdarn Lodge Cavan General Hospital Site	8	7	7
	Avenue Services	14	13	13
	Cleary House	6	6	6
	Radharc Na Sleibhte Carndonagh Old Convent	12	12	12
	Park House AB SRU	14	7	7
	Rowanfield House	9	9	8
	Benbulbin Lodge	7	7	7
	Castlecourt	8	8	8
	Linden House	8	8	8
	<b>Total</b>	<b>86</b>	<b>77</b>	<b>76</b>
CHO 2	Tulla Hill	5	4	4
	River View	5	5	5
	Maple Lodge	4	4	3
	Oak Grove	4	4	3
	Walnut Grove	4	4	4
	Bredagh House	6	6	5
	Brook House	7	7	5
	Sycamore House			8
	Farnview Hostel Medium Support	5	4	4
	Toghermore House	0	0	0
	Ashville House/Blakes House	5	5	5
	Hazel Heights	5	5	2
	Beech Haven	4	4	4
	Heather View			
	Tighe na gCarad (House 1)	5	5	5

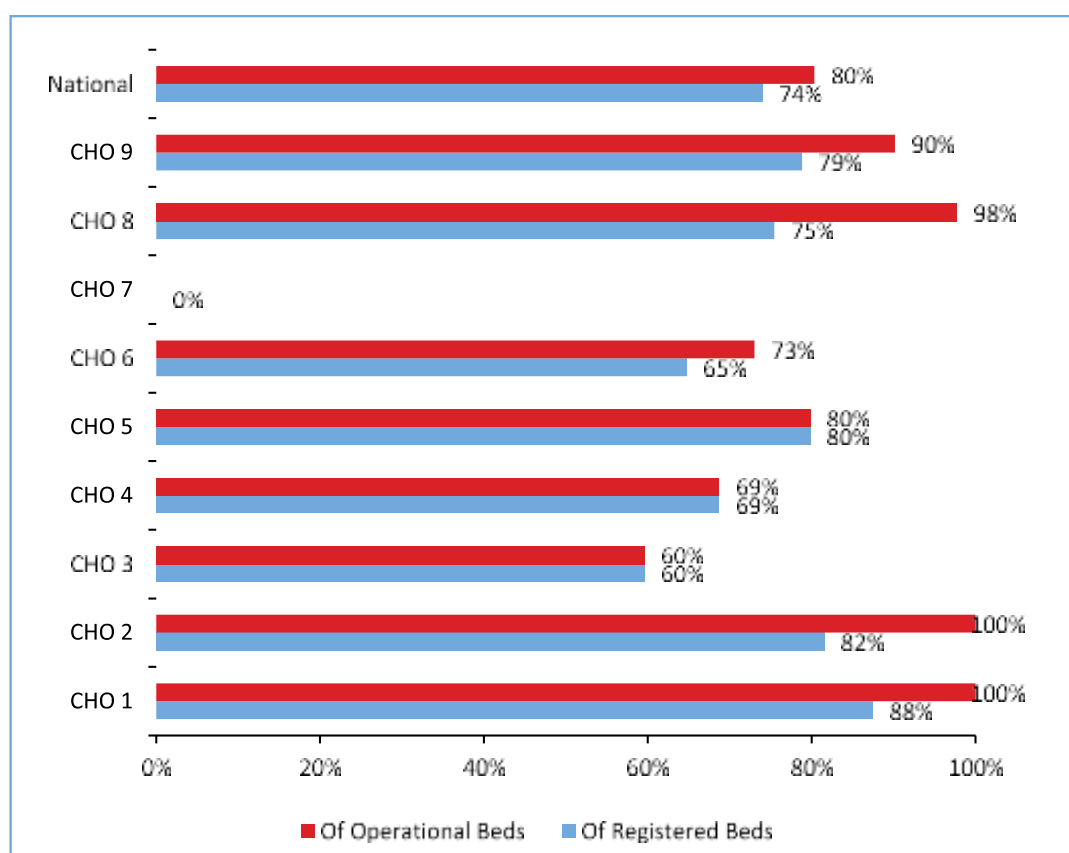
CHO 2	Tighe na gCarad House 2 medium support	5	1	1
	Rosehaven Medium Support	5	4	4
	Aishling	5	4	4
	Toghermore House			
	<b>Total</b>	<b>74</b>	<b>66</b>	<b>66</b>
CHO 3	Orchard Grove	9	9	9
	Orchard Lodge	8	8	8
	Teach na Beithe	7	6	6
	Cois Mhara	8	8	8
	Residence O'Connell House	24	19	19
	Ivernia House	12	10	10
	Ferndale Community Residence	9	8	8
	New Strand House	10	10	10
	<b>Total</b>	<b>87</b>	<b>78</b>	<b>78</b>
CHO 4	Perrott House	15	15	14
	Solus Nua	13	13	13
	Carrigabrick Lodge	14	14	12
	St Colmans House Hostel Macroom Community Hospital	8	8	8
	Gougane Barra House	8	8	8
	Teach an Churaim	8	8	8
	Killarden House	14	14	14
	Cois Alla	14	14	13
	Glenmalure House	10	10	10
	Cherryfield House	15	14	14
	Writers Grove Listowel Community Hospital	10	10	10
	Garnish Guest House, Cork City (20 beds, all ensuite)	20	20	19
	Saol Nua	8	8	6
	Ard Realt House	10	10	6
	<b>Total</b>	<b>167</b>	<b>166</b>	<b>155</b>
CHO 5	Parklodge Hostel	6	6	6
	Sacred Heart Hostel	8	8	5
	Kelvin Court	18	18	16
	Elm Park Drive	6	6	6
	Greenbanks Crisis House	12	12	8
	Altamount	14	14	13
	Caomhnu	15	15	14
	Alacantra	7	7	7
	Kincora	11	11	10
	Lismore	9	8	8
	Lorica Our Ladys Hospital	9	9	6
	Mount Sion	10	10	5
	Garryshane Western Road St Lukes Hospital	12	12	8
	Glenville St Lukes Hospital	8	8	8

CHO 5	Ard na Deise	8	8	8
	Springmount House St Josephs Hospital	12	12	10
	58 Westlands	7	7	5
	Millview	13	13	11
	Havenview	14	14	14
	Tus Nua	14	14	12
	Croi na Tobair	8	8	8
CHO 6	Ardamine	11	8	5
	Glenville Crisis House	8	8	8
	<b>Total</b>	<b>240</b>	<b>236</b>	<b>201</b>
	Swanlea House (Grosvenor Road Hostel)	7	7	7
	Ellerslie House	6	6	6
	Oropesa Cluain Mhuire Service	18	18	13
	Morehampton Lodge	12	12	12
	<b>Total</b>	<b>43</b>	<b>43</b>	<b>38</b>
CHO 7	Oakview	17	17	13
	Ashdale House	5	3	3
	Mountainview	17	17	15
	Cashel house	10	10	8
	An Teach Ban	6	6	4
	Bramble Lodge	10	10	10
	Larine House	5	5	5
	Grove House	14	13	12
	St Lomans Services	8	8	8
	<b>Total</b>	<b>92</b>	<b>89</b>	<b>78</b>
CHO 8	Erkina House	12	12	12
	Grove House	8	8	8
	Ashford House Farnagh Glebe	10	9	9
	Hillcrest Hostel	5	4	4
	An Solasan	14	14	14
	St Marys Hostel	9	9	9
	Moorings Hostel	7	7	6
	Rath na Riogh Hostel	10	9	8
	Birchwood House	7	7	6
	34 Glenavon Tce	9	9	7
	Ashling	12	10	10
	Elmrooske House	5	4	5
	Monressa House	4	4	4
	<b>Total</b>	<b>112</b>	<b>106</b>	<b>102</b>
CHO 9	San Remo	9	9	7
	Cherrymount View	9	9	8
	St. Elizabeth's Court	16	16	14
	Weir Home	Closed	Closed	Closed
	Gallen House,	12	12	12
	Carlton House, Lispopple, Swords	7	7	7

<b>CHO 9</b>	Carriage House, Lusk	8	8	8
	Kilrock House, Howth	10	10	10
	Inch House, Balrothery	5	5	5
	St Laurences Road	10	9	9
	Rushbrook			
	Daneswood House	12	12	7
	Church ave,	8	8	8
	Avoca	5	3	3
	Avondale Lodge - Nevinstown Lane, Swords	7	7	7
	Barden Lodge	9	8	8
	Clonmethan Lodge	30	27	27
	Glebe House	3	3	3
	Hilltop House	4	4	4
	Pinewood Green	5	4	4
	Rathbeale Crescent	5	5	5
	Sea esta	5	4	4
	Sea View House,Rush	4	3	3
	Woodlawn -	9	8	8
	Maryfield Hostel - Chez Nous	CLOSED	CLOSED	CLOSED
	<b>Total</b>	<b>192</b>	<b>181</b>	<b>171</b>
<b>Forensic</b>	West lodge	6	6	6
<b>National</b>		<b>1099</b>	<b>1048</b>	<b>971</b>

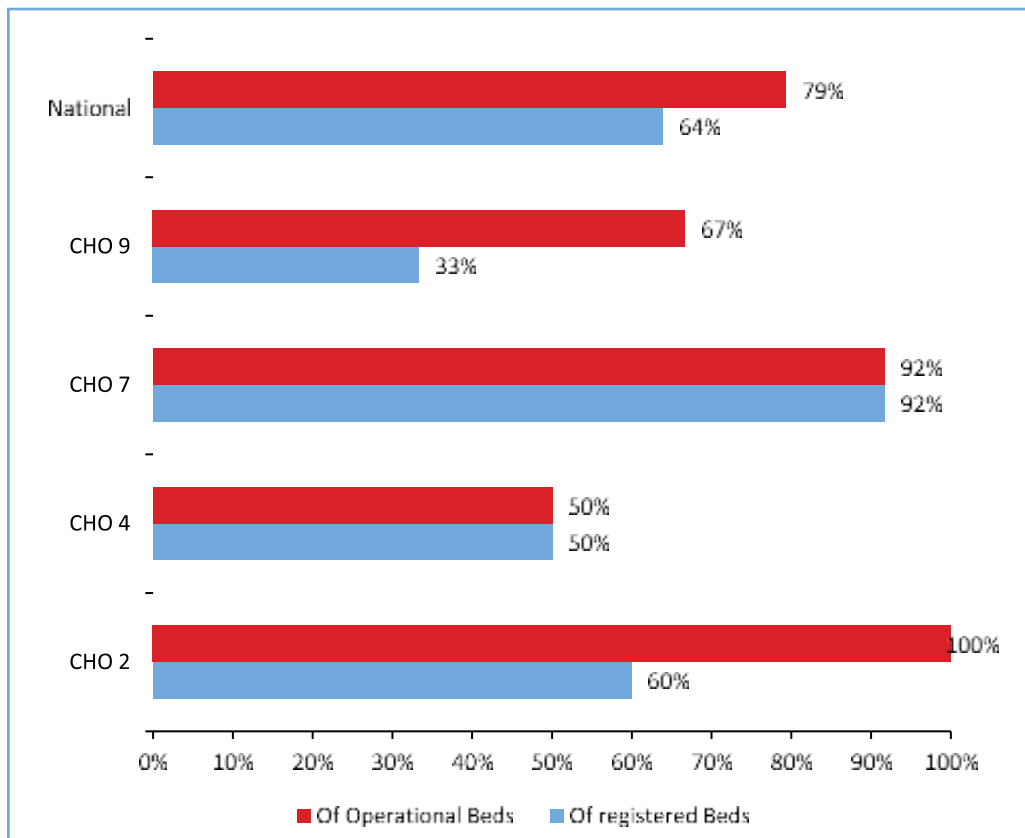


**Figure 5: Adult acute bed occupancy rates by CHO area, 23<sup>rd</sup> November 2021**



**Figure 6: Continuing Care bed occupancy rates by CHO area, 23<sup>rd</sup> November 2021**

**Note: There are currently no HSE registered Continuing Care beds in CHO 7.**



**Figure 7: Child and Adolescent inpatient bed occupancy rates by CHO area, 23<sup>rd</sup> November 2021.**

**Note: Child and Adolescent beds registered in four CHO areas.**

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