

# ACCESS TO ACUTE MENTAL HEALTH BEDS IN IRELAND

A discussion paper analysing bed availability for adults, including international comparisons

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# Glossary

**Absence without Leave:** As per the Mental Health Act 2001, an involuntary patient who leaves an approved centre without permission, fails to return to the approved centre or fails to comply with conditions attached to their leave from the approved centre.

**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.

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

**Co-Morbid Mental Illness:** The presence of more than one mental health illness in one individual.

**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.

**Inpatient Census:** Census conducted by the Mental Health Commission on 28 November 2018 across all approved centres. This included all residents who were in-patient in the unit, absent without leave, on approved leave or transferred to another facility but not discharged.

**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.

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

**Rehabilitation Team:** Specialist team providing mental health services to people diagnosed with severe and enduring mental illness who require longer term support to live in the community.

**Recovery Model:** Model which aims to enable service users to achieve control over their lives, to recover their self-esteem and participate in their community.

**True Bed Occupancy:** Bed occupancy taking into account beds occupied by people on short-term leave or transferred temporarily to an acute medical setting.

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

**Ward of Court:** A person whom the High Court has determined is unable to manage their assets because of mental incapacity. A Committee is then appointed to control the assets on the person's behalf. The relevant legislation is the Lunacy Regulation (Ireland) Act, 1871.

**24 Hour Community Residence:** A community based residential facility that provides 24 hour support for continuing care and/or specialist rehabilitation and recovery mental health services for persons with severe and enduring mental illness.

# Acronyms

QIC: Quality Improvement Committee

ECT: Electroconvulsive Therapy

AFVC: A Vision For Change

CHO: Community Healthcare Organisation

PICU: Psychiatric Intensive Care Unit

HSH: High Support Hostels

MHC: Mental Health Commission

LOS: Length of stay

SRU: Special Rehabilitative Units

HRB: Health Research Board

PCC: Phoenix Care Centre

# About the Mental Health Commission

As part of its strategic commitment, the Commission set up a **Quality Improvement Committee** (QIC) in 2018. The membership of the QIC is drawn from the Mental Health Commission and is supported by staff from the Standards & Quality Assurance Division. The Committee, with the approval of the Commission, entered into a joint working agreement with University College Dublin to undertake a review into access to acute mental health beds in Ireland. In this regard, the Commission would like to acknowledge the work of Ms Aoife Malone, Dr. Margo Wrigley (Commission member) and Prof. Jessica Bramham in compiling this report.

The Mental Health Commission (the Commission) is an independent statutory body established under the provisions of the Mental Health Act 2001 (the "Act"). The functions of the Commission are set out in the Act. The main functions are to promote, encourage and foster high standards and good practices in the delivery of mental health services and to protect the interests of patients who are involuntarily admitted.

The Commission has a number of responsibilities which are set out in legislation. These include:

- Appointing persons to mental health tribunals to review the detention of involuntary patients and appointing an independent legal representative for each patient;
- Establishing and maintaining a Register of Approved Centres i.e. to register inpatient facilities providing care and treatment for people with a mental illness and mental disorder.
- Making Rules regulating the use of specific treatments and interventions such as ECT (Electroconvulsive Therapy), seclusion and mechanical restraint;
- Developing Codes of Practice to guide those working in the mental health services and enable them to provide high quality care and treatment to service users;
- Appointing the Inspector of Mental Health Services who annually inspects mental health services; and
- Establishing the Decision Support Service to support decision-making by and for adults with capacity difficulties.

The Mental Health Commission Strategy 2019-2022 commits to taking 'a strategic approach to becoming the leading authority in the quality and standards of mental health services and the delivery of decision supports services, through evidence-based research and effective, consistent communications'.



# Quality Improvement Committee Membership

## Commission Members

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Ms Rosemary Smyth

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# Executive Summary

This discussion paper presents the findings from a review of the provision of adult acute mental health beds in Ireland. The report seeks to provide a comprehensive picture of access to acute in-patient services including the number of acute beds, their ratio with respect to population, the availability of age related acute mental health beds for those over 65 years and the availability of continuum-of-care resources.

The discussion paper utilises data provided during the registration process of approved centres, as well as data collected during a census on bed occupancy which was carried out by the Mental Health Commission on 28 November 2018. This data has been compared and contrasted with the scale of provision recommended in AVFC.

The review found that while the number of acute mental health beds available is in accordance with AVFC recommendations, a number of factors complicate access.

Although AVFC is clear about the need for a full continuum of care and related services, current data demonstrates a dearth of crisis houses, high support hostels and rehabilitation units. 12.3% of acute beds are occupied by people resident for 6 months or longer, pointing to a lack of appropriate alternative services. Similarly, no CHO is meeting the recommended number of dedicated older-age adult acute beds. In addition, only 1/3 of acute units operated at the recognised level of less than 85% occupancy with 1/4 having an occupancy rate of over 100%.

The Commission recommends that a number of actions be taken to improve access to and availability of acute mental health beds in Ireland:

## Recommendation 1

Maintain and restore provision of local acute mental health beds, re-organised according to needs and local context

## Recommendation 2

Ensure provision of structurally and functionally adequate units to meet the needs of disparate populations, e.g. older-age adults

## Recommendation 3

Resource and implement a full complement of beds to provide a continuum-of-care i.e. psychiatric intensive care units, crisis houses, high support hostel, specialist rehabilitative services

## Recommendation 4

Conduct a review of the organisation of existing 24 hour community mental health and continuing care units in line with AVFC; and

## Recommendation 5

Re-examine terms and recommendations of AVFC and determine whether resultant provision is adequate in line with these recommendations

## Key Findings

1. Comparing current provision with the range of continuum of care resources recommended by AVFC reveals an almost total absence of crisis houses, intensive care high support hostels, rehabilitation high support hostels and specialist rehabilitation units in each mental health area. The single psychiatric intensive care unit in Dublin has had its brief extended to provide a supra-regional rather than a regional service.
2. The consequent protracted placement of individuals experiencing mental illness in acute mental health units is likely to have a significant influence on access to acute mental health beds in Ireland. For this reason, regardless of the total number of registered acute mental health beds for adults, these data raise serious questions over the appropriateness and suitability of placements and current bed provision in Ireland.
3. Based on the available data, no one CHO region is meeting the recommended number of dedicated older-age adult acute mental health beds with 18 of the 28 mental health services having none (64%). Of greatest concern is that three purpose built acute units for older adults are now used for other purposes. Two are used as high observation areas for working age adults, one of which had been functioning as an acute older age unit. The third is currently used for two working age adults requiring specialist placements.
4. When adjusted for population, Ireland demonstrates comparable, albeit slightly lower, levels of acute bed provision to Northern Ireland and Australia, but appears to have substantially fewer acute mental health beds than England, Wales and Scotland, whose culture, economy and health service are comparable to Ireland.
5. The national in-patient census showed overall acute mental health bed occupancy levels to be 89.25%. Only nine of the 28 acute units operating within the less than 85% safe level of occupancy. One quarter of the 28 units had true bed occupancy levels equal to or over 100%.
6. On census day, 12.8% of people (116 individuals) had spent six months or longer in an acute mental health bed. 61% of people remaining in acute beds had a diagnosis of schizophrenia. The lack of a suitable alternative placement reduces acute bed access and explains why the seemingly adequate number of acute mental health beds in Ireland are not, in practice, easily accessible.



# Background

Since the publication of 'Planning for the Future' (1984)<sup>1</sup>, the scope of mental health services in Ireland has transformed radically, with increasing emphasis on decentralising treatment for adults with moderate to severe mental health difficulties from large mental institutions to community-based models<sup>2</sup>. This direction was further refined in 'A Vision for Change' 2006 (AVFC)<sup>3</sup>, the current national mental health policy, which advocates for delivery of care in the most appropriate environment to suit an individual's age and clinical needs. Likewise Sláintecare (2017)<sup>4</sup>, the most recent Irish health policy document, also advocates for care that is accessible, delivered nearest to home and integrated.

While the need for acute inpatient care remains evident<sup>5,6</sup>, equally important is the provision of continuum-of-care platforms to support the mental health needs of modern society<sup>7,8</sup>. This relates to having a sufficient number of beds to meet the acute, intermediate and longer term needs of individuals experiencing mental ill-health<sup>9</sup>, including a range of specialised supports such as psychiatric intensive care units (PICU) and specialised rehabilitative services and supported housing facilities<sup>10,11</sup>. This stepped-care approach allows service-users to gain skills and confidence to live in increasingly independent settings whilst migrating from higher to lower levels of support<sup>11</sup>.

Where a lack of these specialised supports exist, many immediate and long-term consequences ensue for acute mental health beds, namely delayed discharges and increased lengths of stay<sup>12</sup>, increased illness-severity thresholds for admission<sup>13,14</sup>, higher occupancy rates<sup>15</sup> increased numbers of involuntary admissions<sup>16,17</sup> and premature discharges resulting in high rates of readmission<sup>18</sup>. These instances of bed access-block, where beds cannot be accessed, greatly increases the risk of acute patients being turned away from emergency departments<sup>19,20</sup>.

The Commission has raised concerns regarding the adequacy and availability of acute mental health beds for adults in Ireland, particularly in light of decreasing mental health bed numbers alongside increasing levels of activity<sup>21</sup>. This is amidst reports of overcrowding in acute units, individuals being unable to access acute mental health beds in Ireland when in acute mental health crisis<sup>22</sup> and concerns for the safety and wellbeing of individuals when placed on unsuitable or inadequate wards. As such, the question has been raised about what is a safe minimum number of acute mental health beds, and whether this level has been reached? If on the other hand, 'enough' acute mental health beds are available to meet the minimum requirements mandated by AVFC, then it is time to consider other factors which may be hindering individuals' access to safe, timely and appropriate acute mental health beds.

This paper will examine current levels of access and availability of public acute mental health beds in Ireland by:

1. Reviewing current Irish mental health policy and provision
2. Reviewing provision in six similar, well-developed countries, naming Northern Ireland, England, Scotland, Wales, Italy and Australia.
3. Analysing acute mental health bed provision in 28 acute inpatient services across nine Community Health Organisation (CHO) areas.
4. Analysing provision of other mental health bed resources recommended in A Vision for Change.

This discussion paper uses existing data sets to conduct a review of current acute bed provision in Ireland. The review is focused on working-age and older-age adults only, with beds for children and adolescents and other specialist services (i.e. forensic) not included. Data relating to beds in independent (private) services will be excluded as the focus is on acute bed availability in the public mental health services only.

The operational use of these beds will be examined from data collected by the Commission during the Inpatient Census on the 28th of November, 2018. This recorded all patients who were in-patient in an approved centre, absent without leave, on approved leave or transferred to another facility but not discharged.

Total acute adult mental health beds will be defined as all public acute mental health beds designated for working-age or older-age adults inclusive of high-observation areas, and also includes a small number of beds for individuals with eating disorders and individuals with learning disabilities and co-morbid mental illness, as per AVFC recommendations, but does not include PICU or continuing-care beds. Older-age adult acute mental health beds refer to those situated in separate wards or sub-units only, in line with AVFC.

## A Vision for Change

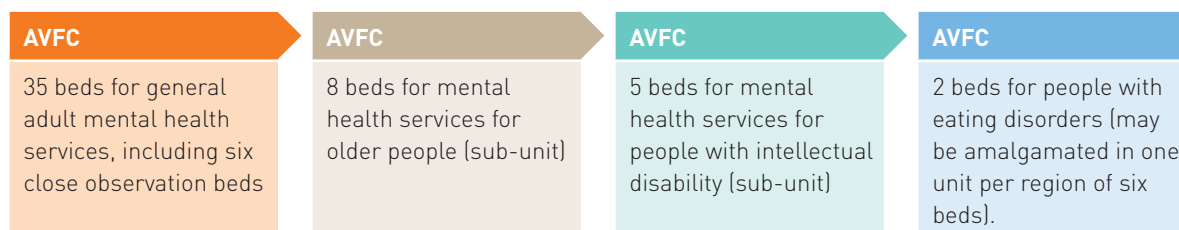
Having an effective and comprehensive national policy on mental health is rightly considered to be a foundational aspect necessary to the delivery of affordable, effective and equitable care<sup>23,24</sup>. A key feature of AVFC relates to its emphasis on community and home-based treatment influenced by the recovery model. AVFC acts as a guiding force for the development of Irish mental health services and is generally a well-accepted policy.

*“Each citizen should have access to local, specialised and comprehensive mental health service provision that is of the highest standard.” (p2, AVFC).*

AVFC is prescriptive about the number and type of outpatient and inpatient facilities required to serve the general population. More specifically, in relation to acute inpatient services for adults, it recommends the provision of 50 acute inpatient beds per 300,000 population<sup>3</sup>, (Figure 1) provided in a General Hospital. Of these, 35 should be for general adult mental health services, including six close observation beds, while an additional five beds should be dedicated to mental health services for individuals with intellectual disability, two beds for individuals with eating disorders and eight beds for mental health services for older people. Due to the distinct needs of those attending mental health services for older adults<sup>25,26</sup>, it recommended that these eight older-age adult beds be located in separate self-sufficient sub-units to general working-age adult beds, each with its own facilities including day rooms, garden and courtyard space.

**One acute in-patient unit per catchment area of 300,000 population with 50 beds to be used as follows:**

**Figure 1: A breakdown of AVFC acute mental health inpatient bed recommendations for general adult services.**



AVFC also highlighted significant under-provision of specialist rehabilitation teams and recovery-oriented services<sup>27</sup>. In order to address these concerns, specific recommendations for the provision of consistent specialist rehabilitation and recovery community mental health teams nationally, along with the provision of adequate community resources appropriate to the needs of this group were advocated for. A limited number of high support hostels (HSH), staffed 24/7 by mental health nurses, were also recommended by AVFC to meet the accommodation needs of those with enduring mental health difficulties.

Questions have been raised more generally about these recommendations and specifically their translation into practice. Importantly, AVFC states that recovery oriented outcomes can only be successful with a full complement of additional specialist and community resources<sup>3</sup>. Crucially, the recommendations of AVFC may be used as the rationale for reducing the provision of acute mental health beds in Ireland in instances where total bed numbers appear to exceed these prescriptive numbers<sup>28</sup>. Shortly after the publication of AVFC, Ireland significantly cut all public spending, including in health, making this a particular risk. This discussion paper seeks to ascertain whether current provision is sufficient to meet current needs<sup>29</sup> and to identify any factors which may be influencing acute mental health bed availability.

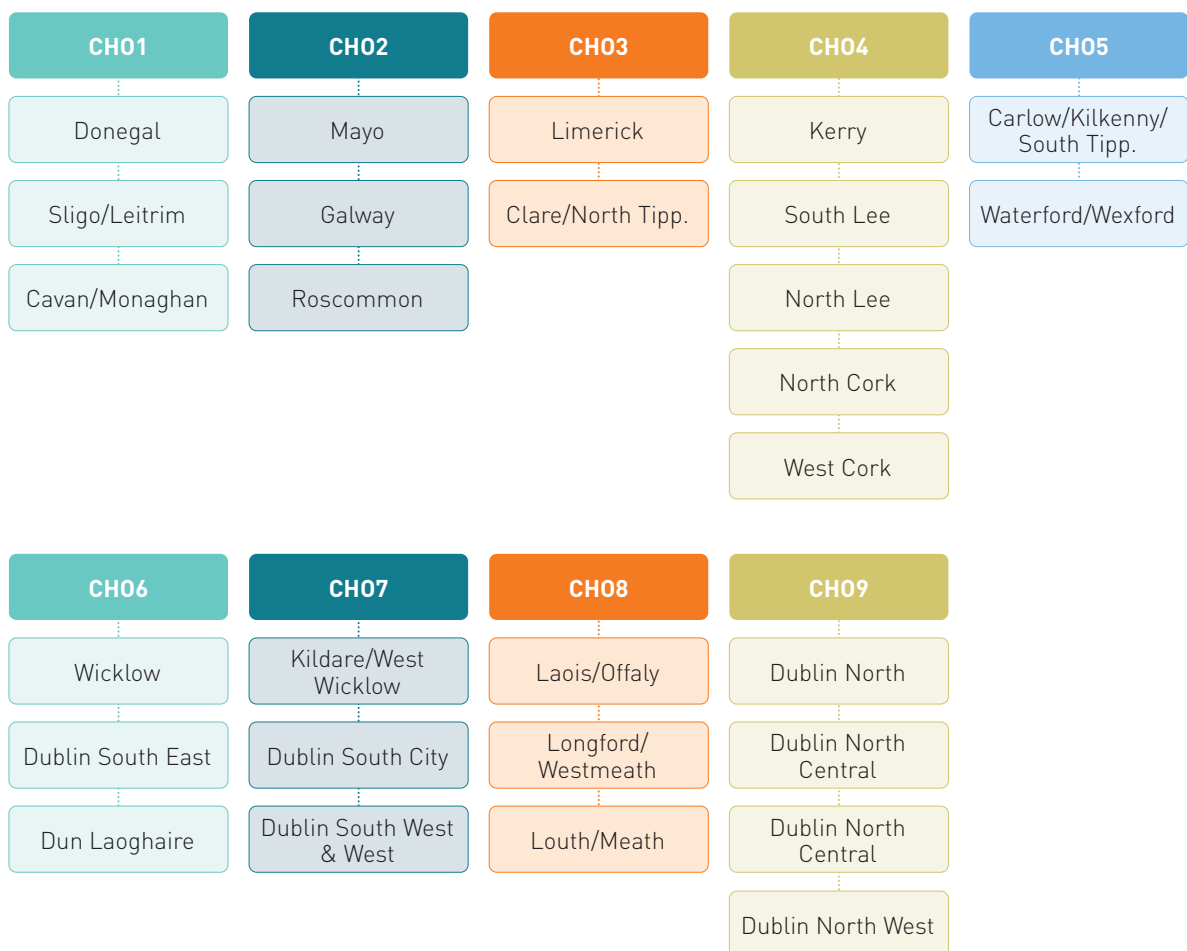
It is worth noting that AVFC is currently being reviewed with the aim of ‘refreshing’ the current policy to ensure best practice is reflected in the document based in part on an evidence review to inform its parameters<sup>30</sup>.

# Review

The purpose of this review was to conduct an in-depth examination of current provision of acute mental health beds for working-age and older-age adults in Ireland, in line with those recommended by AVFC. Total mental health bed provision was examined to identify any factors which may be impacting acute mental health bed availability. As part of this, bed availability in all 28 acute approved centres for mental health across nine Community Health Organisation (CHO) areas in Ireland was also examined. Acute approved centres refer to any hospital or in-patient service providing acute mental health inpatient care, which is registered and subsequently inspected by the Mental Health Commission (MHC). A review of international provision was carried out to allow for comparisons.

The operational use of these beds was further examined through a national inpatient census conducted on the 28th November 2018 by the Mental Health Commission. This recorded all residents who were in-patient in the approved centre, absent without leave, on approved leave or transferred to another facility (i.e. a general hospital) but not discharged. Data were collected from 906 residents in 28 acute approved centres, which provided detailed information relating to the number of occupied acute adult mental health beds, patients' diagnoses, age, legal status, date of admission and length of stay (LOS).

**Figure 2: An overview of the 28 acute approved centres across nine CHOs**



# International Provisions

As a result of the psychiatric reform which occurred in the latter half of the 20th century, many well-developed countries saw a marked reduction in the number of available acute mental health beds<sup>31</sup>. However, there is wide variation in the organisation of acute adult mental health bed provision for adults between and within different countries<sup>32,33</sup>. The available data are limited but information was available for England, Northern Ireland, Wales, Scotland, Italy and Australia. Bed provision for these countries is reviewed below and should be considered alongside the aforementioned review of AVFC which represents current policy for mental health care in Ireland.

## England

The 'Five Year Forward View Mental Health Taskforce'<sup>34</sup> set out explicit objectives to provide comprehensive community mental health services, including crisis-resolution, home-treatment and assertive-outreach teams. Critically, however, it has been argued that this impressive array of community mental health services does not justify the rate and speed of closure of acute adult mental health beds across England<sup>35</sup>. For instance, 4,457 patients were placed in out-of-area treatments in 2014/15, with 88% of these placements due to a lack of acute mental health bed availability in the patient's community<sup>36</sup>. Further, it has also been argued that fragmented commissioning of mental health services has resulted in significant regional variation in the provision of acute mental health beds and specialist resources along a continuum-of-care platform<sup>35</sup>.

Data indicate the availability of 33.1 acute adult mental health beds, including 6 older-age adult beds per 100,000 population across England in 2018<sup>37</sup>. It is estimated that 91% of acute mental health units are operating above the recommended bed occupancy level of 85%<sup>38</sup>. Moreover, 30% of delayed discharges from acute mental health beds in England are reportedly associated with an absence of good quality, well-resourced specialist resources in the community<sup>39</sup>. Thus, while the overall acute mental health bed provision may appear sufficient, the regional variation in community mental health services compounded by a deficit in a range of specialist resources along a continuum-of-care may result in a system of mental health care which is inadequate and fragmented.

## Northern Ireland

Northern Ireland has a distinctive profile of mental health needs, exhibiting higher rates of mental illness than any other region in the United Kingdom<sup>40</sup>. Despite this greater prevalence of difficulties, Northern Ireland reportedly spends 20% less per capita on mental health and learning disability services than England<sup>41</sup>. The 'Bamford Review' for mental health<sup>42,43,44,45</sup> was driven by recovery-oriented intentions, but there are increasing concerns regarding the detrimental impact of continuing efficiency savings on acute mental health bed provision<sup>46</sup>.

Data on recent inpatient activity<sup>47</sup> indicated that the average number of available acute adult mental health beds was 27.3 per 100,000 population in 2017/18; a decline of 20% from 2014. There were approximately 9.7 beds per 100,000 population dedicated to older-age adults. These findings also highlighted significant regional variations in provision, along with continuously high levels of bed occupancy (93.3%), with delayed discharges as a result of a lack of available or appropriate facilities being cited as a contributing factor<sup>47</sup>. It is noted that various specialist resource beds, including assessment and treatment beds for individuals with intellectual disability were available across each of the five health care trusts but all other learning disability bed types were present in one region only, thus demonstrating significant regional variation in provision.

## Wales

A 10-year national strategy for guiding mental health services in Wales, 'Together for Mental Health'<sup>48,49</sup>) outlines its intentions to establish a mental health service which meets the needs of a diverse population whilst ensuring equitable provision and access to services. Significant difficulties in service provision due to the relative rurality of the state has been reported, with the Wales Audit Office<sup>50</sup> identifying considerable regional variation in the development and availability of acute mental health services<sup>51</sup>.

A review of national statistics highlights a long-standing trend of decreasing availability of acute mental health beds across Wales, accompanied by increasing occupancy levels. More specifically, while there are a total of 47.4 acute mental health beds per 100,000 population, these beds have an average occupancy level of 92.7%<sup>52</sup>. 23.3 beds per 100,000 population have been designated for working-age adults. However, one of the most significant reductions in acute bed provision has been in relation to services for older-age adults, which reports 19.2 mental health beds per 100,000 population; a loss of nearly 9% since 2017. In addition, findings from an inpatient census revealed that 47% of patients experienced lengths of stay greater than three months<sup>53</sup>.

## Scotland

While the Scottish Government's<sup>54</sup> 10-year strategy for improving mental health and wellbeing focuses on facilitating earlier intervention, it nevertheless clearly acknowledges the importance of specialist services through acute mental health inpatient facilities. Indeed, some have described Scotland as an exemplar of development in mental health reform<sup>55</sup>.

Declines in working-age adult, addiction, and long-stay beds were observed, but data nevertheless demonstrate the availability of 75.1 acute mental health beds per 100,000 population<sup>56</sup>. While figures indicate 24.5 beds per 100,000 population are available for working-age adults with an average bed occupancy level of 86%, there is also a notable availability of other specialist resources along a continuum-of-care, including psychiatric intensive care units (PICU) (2.7 beds per 100,000 population), specialist rehabilitation (5.7 beds per 100,000 population), older-age adult and dementia (15.00 beds per 100,000 population) and eating disorder (0.4 beds per 100,000 population) beds. An inpatient census (Scottish Government, 2018) revealed that just 5% of adult acute mental health beds were populated by delayed discharges due to lack of available appropriate community alternatives<sup>56</sup>.

## International Provisions (continued)

### Italy

The implementation of Law 180 in 1978, which mandated the reform of the Italian psychiatric system, culminated in a marked reduction in the provision of acute mental health beds<sup>31</sup> and provides for an interesting comparison of provision<sup>57,58</sup>. Reports<sup>59</sup> indicate the availability of just 7.9 acute mental health beds per 100,000 population in 2017, a figure which is exceptionally low when compared to the current European average<sup>60</sup>. Importantly, no differences in community mental health services have been identified which could explain Italy's ability to operate with so few beds compared to other European and Western countries<sup>61</sup>.

Critically, however, beds in private hospitals and residential rehabilitation centres providing acute psychiatric treatment are not included in statistics of acute mental health bed availability in Italy, despite being used to treat a similar profile of patients as would be observed in public acute beds in other countries<sup>62</sup>. When these facilities are included in the official statistics, the total number of beds increases substantially to 26.8 beds per 100,000 population<sup>32</sup>. Further, the length of stay in these private facilities often exceed two years, therefore suggesting these beds may be more reflective of long-stay services<sup>63</sup>. Moreover, it is reported that general medical beds are often used to treat adolescents<sup>64,65</sup> and older-age adults<sup>66</sup> presenting in psychiatric crisis, rather than acute mental health beds. These beds are not included in statistics of acute mental health beds despite patients receiving the same care as they would in an acute mental health bed in other countries. When taken together, however, it is clear the figure for acute mental health beds in Italy is deceptively low and the differing definitions of beds means that these figures cannot easily be compared with those reported by other European countries<sup>32</sup>.

### Australia

The structure and provision of acute mental health services in Australia have been shaped by a number of mental health reforms and policies, namely the 'Roadmap for National Mental Health Reform'<sup>67</sup> and the 'Fifth National Mental Health Plan'<sup>68</sup>. These policies set out to improve the mental health and wellbeing of all Australians, through improving earlier access to high quality services and working to facilitate the social and economic participation of individuals with mental illness<sup>18</sup>.

Recent data indicated there were 29.2 acute mental health beds per 100,000 population, of which 7.0 remain situated in psychiatric hospitals<sup>69</sup>. A total of 21.0 beds per 100,000 population were classified as acute mental health beds for working-age adults, with an additional 4.2 beds per 100,000 designated for older-age adults. While there was evidence of PICUs, it was not possible to extract exact figures of availability. In relation to residential mental health services that offer rehabilitation, intervention or extended-care<sup>70</sup>, there were 9.8 beds per 100,000 population, of which 6.8 and 2.4 beds were allocated to working-age adult and older-age adults, respectively. These beds allow for individuals to 'step-up' from community mental health services, or 'step-down' from acute mental health inpatient units<sup>71</sup>.

A South Australian endeavour to reduce acute mental health bed provision in line with the Italian model of mental health care found the resultant services ineffectual in providing the intensive specialist support previously yielded through acute inpatient services<sup>72</sup>. However, concern was raised that the high levels of occupancy during this period may place individuals with mental health difficulties at increased risk of adverse consequences<sup>16</sup>. When taken together it is clear that Australia needs to maintain, or increase, their current level of acute mental health bed provision in line with population growth, if they are to realise the objectives voiced in their national strategy for mental health<sup>16</sup>.

## Summary of International Provision

While the steady decline in acute mental health bed provision is a consistent theme, the above comparisons demonstrate how many culturally-similar nations demonstrate marked between- and within- country variation in the availability of acute mental health beds. It is clear, however, that overall bed numbers do not always provide a complete account of acute mental health bed provision in a country<sup>73</sup> and can often obscure important disparities such as regional variations in provision and the availability of specialist care across a continuum-of-care resources. Indeed, the data highlight a clear trend in provision whereby a high proportion of long-stay residents, arising from a lack of appropriate continuum-of-care facilities, appear to have a disproportionate impact on access to acute mental health beds.

# Acute Mental Health Bed Provision in Ireland

## Registered Beds

A total of 1,050 acute public mental health beds were registered as of November 2018, which equates to 22.05 beds per 100,000 general population.

Table 1 below provides an overview of acute mental health bed provision throughout the 28 acute approved centres in Ireland, organised by CHO, in comparison with the recommended provision advocated for by AVFC. These figures are adjusted for by population, as per AVFC recommendations. Data for current provision was provided through Commission bed registration data, while data for recommended provision was calculated by AVFC recommendations.

**Table 1: Current availability of adult acute mental health beds by service versus those recommended in AVFC.**

|             |                                 | Population     | Total Adult Acute Beds |             |
|-------------|---------------------------------|----------------|------------------------|-------------|
|             |                                 |                | Current                | Recommended |
| <b>CH01</b> | Donegal                         | 150,267        | 34                     | 25          |
|             | Sligo/Leitrim                   | 107,672        | 32                     | 18          |
|             | Cavan/Monaghan                  | 136,394        | 25                     | 23          |
|             | <b>Total:</b>                   | <b>394,333</b> | <b>91</b>              | <b>66</b>   |
| <b>CH02</b> | Mayo                            | 130,507        | 32                     | 22          |
|             | Galway                          | 258,058        | 50                     | 43          |
|             | Roscommon                       | 64,544         | 22                     | 11          |
|             | <b>Total:</b>                   | <b>453,109</b> | <b>104</b>             | <b>76</b>   |
| <b>CH03</b> | Limerick                        | 194,899        | 42                     | 32          |
|             | Clare/North Tipperary           | 190,099        | 39                     | 32          |
|             | <b>Total:</b>                   | <b>384,998</b> | <b>81</b>              | <b>64</b>   |
| <b>CH04</b> | Kerry                           | 147,707        | 34                     | 25          |
|             | South Lee                       | 200,984        | 50                     | 34          |
|             | North Lee                       | 192,106        | 50                     | 32          |
|             | North Cork                      | 92,726         | 17                     | 15          |
|             | West Cork                       | 57,052         | 18                     | 10          |
|             | <b>Total:</b>                   | <b>690,575</b> | <b>169</b>             | <b>115</b>  |
| <b>CH05</b> | Carlow/Kilkenny/South Tipperary | 224,354        | 44                     | 37          |
|             | Waterford/Wexford               | 255,474        | 44                     | 43          |
|             | <b>Total:</b>                   | <b>479,828</b> | <b>88</b>              | <b>80</b>   |



|               |                                   | Population       | Total Adult Acute Beds |             |
|---------------|-----------------------------------|------------------|------------------------|-------------|
|               |                                   |                  | Current                | Recommended |
| <b>CH06</b>   | Wicklow                           | 153,896          | 26                     | 26          |
|               | Dublin South East                 | 100,531          | 39                     | 17          |
|               | Dun Laoghaire <sup>1</sup>        | 193,830          | 32                     | 32          |
|               | <b>Total:</b>                     | <b>448,257</b>   | <b>97</b>              | <b>75</b>   |
| <b>CH07</b>   | Kildare/West Wicklow <sup>2</sup> | 241,538          | 29                     | 40          |
|               | Dublin South City                 | 143,309          | 47                     | 24          |
|               | Dublin South West & West          | 288,284          | 52                     | 48          |
|               | <b>Total:</b>                     | <b>673,131</b>   | <b>128</b>             | <b>112</b>  |
| <b>CH08</b>   | Laois/Offaly                      | 162,658          | 46                     | 27          |
|               | Longford/Westmeath                | 132,012          | 24                     | 22          |
|               | Louth/Meath                       | 321,558          | 46                     | 54          |
|               | <b>Total:</b>                     | <b>616,229</b>   | <b>116</b>             | <b>103</b>  |
| <b>CH09</b>   | Dublin North                      | 259,152          | 44                     | 43          |
|               | Dublin North Central              | 135,141          | 36                     | 23          |
|               | Dublin North Central              | 32,869           | 15                     | 5           |
|               | Dublin North West                 | 194,243          | 47                     | 32          |
|               | <b>Total:</b>                     | <b>621,405</b>   | <b>176</b>             | <b>104</b>  |
| <b>TOTAL:</b> |                                   | <b>4,761,865</b> | <b>1,050</b>           | <b>794</b>  |

<sup>1</sup> Of note, none of the 32 beds registered in the CH06 Dun Laoghaire service operate as a fixed resource for this area, but instead are purchased by the public health service from an independent service provider depending on prevailing need.

<sup>2</sup> Kildare also accesses up to 10 acute beds in the Laois/Offaly acute unit.

As AVFC recommends a total of 50 acute adult mental health beds per 300,000 population<sup>3</sup>, when adjusted for catchment area populations the current provision appears marginally higher than AVFC recommendations. However, a closer inspection of the data reveals additional trends in provision which must first be considered. These trends are largely related to the wide variation in provision across services, concerns of the appropriateness and suitability of beds for different populations and a lack of specialist resource beds across a continuum-of-care, resulting in the absorption of a marked number of acute mental health beds.

When adjusted for population, Ireland demonstrates comparable, albeit slightly lower, levels of provision to Northern Ireland<sup>40</sup> and Australia<sup>68</sup> but appears to have substantially fewer acute mental health beds than England<sup>45</sup>, Wales<sup>51</sup> and Scotland<sup>55</sup> whose culture, economy and health service are comparable to Ireland.

## Acute Mental Health Bed Provision in Ireland (continued)

Significant variation in bed availability between services and CHO regions was also noted. Considering for instance, CHO5 and CHO6. Both report relatively similar populations and acute mental health bed provision, yet CHO5 demonstrates markedly higher occupancy levels and greater admission rates per annum than CHO6<sup>74</sup>. This is consistent with the literature, which explores how certain areas (typically urban or very remote places<sup>75</sup>) may experience differing rates of acute and crisis mental health presentations and thus require greater supply of acute mental health beds<sup>76</sup>.

It is important to understand the effects of local context on acute mental health provision<sup>77</sup>. For instance, the proportion of the population covered by private health insurance is higher in CHO6 than in CHO5<sup>78</sup>. Also significant is the closure of two large psychiatric institutions in CHO5 in the last decade, facilitated by the resettlement of long-stay patients in smaller units locally. Some of these individuals also require access to acute beds when unwell thereby contributing to higher bed need in CHO5. In addition, each of the institutions had an acute mental health unit neither of which were replaced with units in the local area.

In general, the wide variation in the provision of acute mental health beds which does not appear to relate to local need, along with the high bed occupancy rates observed may be contributing to the difficulties reported in accessing acute mental health beds in Ireland.

### Beds for Older Adults

AVFC recommends eight beds per 300,000 population located in a separate sub-unit to be designated for older adult use only (over 65 years).

Table 2 below details current acute mental health bed provision designated for older adult use across the 28 acute approved centres in Ireland, organised by CHO, in comparison with the recommended provision advocated for by AVFC. These figures are adjusted for by population, as per AVFC recommendations. Data for current provision was provided through Commission bed registration data, while data for recommended provision was calculated by AVFC recommendations.

**Table 2: Current availability of acute mental health beds for older adults versus AVFC recommendations.**

|             |                       | Population     | Dedicated Older-Age Adult Acute Beds |             |
|-------------|-----------------------|----------------|--------------------------------------|-------------|
|             |                       |                | Current                              | Recommended |
| <b>CH01</b> | Donegal               | 150,267        | 0                                    | 4           |
|             | Sligo/Leitrim         | 107,672        | 0                                    | 3           |
|             | Cavan/Monaghan        | 136,394        | 0                                    | 4           |
|             | <b>Total:</b>         | <b>394,333</b> | <b>0</b>                             | <b>11</b>   |
| <b>CH02</b> | Mayo                  | 130,507        | 0                                    | 3           |
|             | Galway                | 258,058        | 8                                    | 9           |
|             | Roscommon             | 64,544         | 0                                    | 0           |
|             | <b>Total:</b>         | <b>453,109</b> | <b>8</b>                             | <b>12</b>   |
| <b>CH03</b> | Limerick              | 194,899        | 0                                    | 5           |
|             | Clare/North Tipperary | 190,099        | 5                                    | 5           |
|             | <b>Total:</b>         | <b>384,998</b> | <b>5</b>                             | <b>10</b>   |

|               |                                 | Population       | Dedicated Older-Age Adult Acute Beds |             |
|---------------|---------------------------------|------------------|--------------------------------------|-------------|
|               |                                 |                  | Current                              | Recommended |
| <b>CH04</b>   | Kerry                           | 147,707          | 0                                    | 4           |
|               | South Lee                       | 200,984          | 8                                    | 5           |
|               | North Lee                       | 192,106          | 0                                    | 5           |
|               | North Cork                      | 92,726           | 0                                    | 2           |
|               | West Cork                       | 57,052           | 0                                    | 2           |
|               | <b>Total:</b>                   | <b>690,575</b>   | <b>8</b>                             | <b>18</b>   |
| <b>CH05</b>   | Carlow/Kilkenny/South Tipperary | 224,354          | 0                                    | 6           |
|               | Waterford/Wexford               | 255,474          | 0                                    | 7           |
|               | <b>Total:</b>                   | <b>479,828</b>   | <b>0</b>                             | <b>13</b>   |
| <b>CH06</b>   | Wicklow                         | 153,896          | 0                                    | 4           |
|               | Dublin South East               | 100,531          | 6                                    | 3           |
|               | Dun Laoghaire                   | 193,830          | 0                                    | 5           |
|               | <b>Total:</b>                   | <b>448,257</b>   | <b>6</b>                             | <b>12</b>   |
| <b>CH07</b>   | Kildare/West Wicklow            | 241,538          | 0                                    | 6           |
|               | Dublin South City               | 143,309          | 9                                    | 4           |
|               | Dublin South West & West        | 288,284          | 0                                    | 8           |
|               | <b>Total:</b>                   | <b>673,131</b>   | <b>9</b>                             | <b>18</b>   |
| <b>CH08</b>   | Laois/Offaly                    | 162,658          | 0                                    | 4           |
|               | Longford/Westmeath              | 132,012          | 0                                    | 4           |
|               | Louth/Meath                     | 321,558          | 8                                    | 9           |
|               | <b>Total:</b>                   | <b>616,229</b>   | <b>8</b>                             | <b>16</b>   |
| <b>CH09</b>   | Dublin North                    | 259,152          | 6                                    | 7           |
|               | Dublin North Central            | 135,141          | 6                                    | 4           |
|               | Dublin North Central            | 32,869           | "                                    | 1           |
|               | Dublin North West               | 194,243          | "                                    | 5           |
|               | <b>Total:</b>                   | <b>621,405</b>   | <b>12</b>                            | <b>17</b>   |
| <b>TOTAL:</b> |                                 | <b>4,761,865</b> | <b>56</b>                            | <b>127</b>  |

2 The six older adult beds observed in Dublin North Central are provided as a single, six-bedded unit to cover the areas of Dublin North Central and Dublin North West.

The provision of acute mental health beds for older adults in Ireland appears to be severely deficient. The availability of 56 older-age adult beds were identified in Ireland; a provision which is less than half of the 127 beds envisioned by AVFC. The desultory provision of these beds has culminated in wide regional variation, with CH09 reporting 12 acute beds dedicated to older-age adults, while CH01 and CH05 both report no such

## Acute Mental Health Bed Provision in Ireland (continued)

beds. No CHO appears to be meeting the recommended number of dedicated older-age adult acute mental health beds. Of greatest concern is that three purpose built acute units for older adults are now used for other purposes. Two are used as close observation areas for working age adults, one of which had been functioning as an acute older age unit. The third is currently used for two working age adults requiring specialist placements.

This is particularly pertinent when the frequency with which mental illness is reported in older-age adults is considered<sup>79</sup> and the fact that one fifth of the Irish population<sup>80</sup> is comprised of individuals aged 65+. Despite AVFC recommendations to the contrary, there has not been a focus on the provision of consistent and adequate sub-units dedicated to older-age adults experiencing acute mental health difficulties, with the number of dedicated older-age adult mental health beds falling markedly below those reported by Northern Ireland, England, Wales, Scotland and Australia.

As a result, older-age individuals presenting with severe mental health difficulties are often admitted to general acute mental health wards alongside working-age adults. Data from the inpatient census highlighted that there were many older-age adults residing in non-specific general adult wards. However, the care and support required for the recovery of, for instance, an 80 year old is substantially different to that of an 18-year-old<sup>81,82</sup>. This means that admissions to such units are being made due to a lack of alternative and more appropriate settings.

The use of non-age-appropriate placements, including in acute mental health units, has the potential to create dangerous and unsafe environments<sup>83,84</sup>. Additionally, gaps in the provision of specialist rehabilitative settings and adequate residential services for older-age adults experiencing mental health difficulties often results in individuals remaining for long periods in acute mental health beds<sup>85</sup>, due to lack of available and appropriate alternatives<sup>79</sup>. Similar concerns apply to individuals with cognitive, social or behavioural difficulties who may be left for long periods of time in acute mental health beds while awaiting suitable placements. This in turn has a significant negative impact on the numbers of available acute mental health beds in a facility<sup>3,86,87</sup>.

As such, the use of non-appropriate placements for individuals experiencing mental illness may have a significant influence on access to acute mental health beds in Ireland. In this sense, regardless of the total number of registered acute mental health beds for adults, these findings raise serious concerns about the appropriateness and suitability of current mental health bed provision in Ireland.

### Continuum-of-Care Resources

When AVFC was conceived in 2006, it highlighted significant gaps in the provision of specialist rehabilitation teams and recovery-oriented services<sup>27</sup>. In order to address these concerns, specific recommendations for the provision of resources along a continuum-of-care, including crisis houses, intensive high-support-hostels (HSH), rehabilitation HSH, specialist rehabilitative units (SRU) and PICU were made to address the needs of this population. Not only do data indicate these resources and rehabilitative facilities in particular are falling short of AVFC recommendations, they reveal an absence of these resources in most areas. Equally, there has been limited development of rehabilitation teams with only 23 poorly staffed teams in place rather than the 48 properly staffed teams (based on current population) recommended by AVFC<sup>3,88</sup>.

Table 3 below details the current range of availability of mental health beds across a continuum-of-care, including crisis house centres, intensive care HSH, rehabilitative HSH, PICU and specialist rehabilitation units. These are organised by CHO, in comparison with the recommended provision advocated for by AVFC. These figures are adjusted for by population, as per AVFC recommendations. Data for current provision was provided through MHC bed registration data, while data for recommended provision was calculated by AVFC recommendations.

**Table 3: Current availability of a range of continuum-of care bed resources for working age adults at a local and regional level versus those recommended by AVFC.**

|             |                                 | Local and Regional Working-Age Adult Resources |             |                    |   |           |  |                                    |  |
|-------------|---------------------------------|--|-------------|--------------------|---|-----------|--|------------------------------------|--|
|             |                                 | Crisis House                                   |             | Intensive Care HSH |   | Rehab HSH |  | Intensive Care Rehabilitation Unit |  |
|             |                                 | Current  | Recommended | Current            | Recommended   | Current   | Recommended  | Current Access                     | Recommended Access   |
| <b>CH01</b> | Donegal                         | 0  | 0.5         | 0                  | 8 residences with 80 places total (2 residences with 10 beds each per region) | 0         | Access to 40 beds nationally (4 units with 10 beds across four regional centres) | No                                 | Access to 120 intensive care (i.e. PICU and rehabilitation) beds nationally, across 4 units (1 in each of the 4 regions). Each unit is comprised of two sub-units of 15 beds |
|             | Sligo/Leitrim                   | 0  | 0.4         | 0                  |   | 0         |  | No                                 |  |
|             | Cavan/Monaghan                  | 0  | 0.5         | 0                  |   | 0         |  | Access to PCC <sup>1</sup>         |  |
|             | <b>Total:</b>                   | <b>0</b>                                       | <b>1.3</b>  | <b>0</b>           |   | <b>0</b>  |  |                                    |  |
| <b>CH02</b> | Mayo                            | 0  | 0.4         | 0                  |   | 0         |  | No                                 |  |
|             | Galway                          | 0  | 0.9         | 0                  |   | 0         |  | No                                 |  |
|             | Roscommon                       | 0  | 0.2         | 0                  |   | 0         |  | No                                 |  |
|             | <b>Total:</b>                   | <b>0</b>                                       | <b>1.5</b>  | <b>0</b>           |   | <b>0</b>  |  |                                    |  |
| <b>CH03</b> | Limerick                        | 0  | 0.7         | 0                  |   | 0         |  | No                                 |  |
|             | Clare/North Tipperary           | 0  | 0.6         | 0                  |   | 0         |  | No                                 |  |
|             | <b>Total:</b>                   | <b>0</b>                                       | <b>1.3</b>  | <b>0</b>           |   | <b>0</b>  |  |                                    |  |
| <b>CH04</b> | Kerry                           | 0  | 0.5         | 0                  |   | 0         |  | Yes                                |  |
|             | South Lee                       | 0  | 0.7         | 0                  | 0   | Yes       |  |                                    |  |
|             | North Lee                       | 0  | 0.6         | 0                  | 0   | Yes       |  |                                    |  |
|             | North Cork                      | 0  | 0.3         | 0                  | 0   | Yes       |  |                                    |  |
|             | West Cork                       | 0  | 0.2         | 0                  | 0   | Yes       |  |                                    |  |
|             | <b>Total:</b>                   | <b>0</b>                                       | <b>2.3</b>  | <b>0</b>           | <b>0</b>  |           |  |                                    |  |
| <b>CH05</b> | Carlow/Kilkenny/South Tipperary | 1  | 0.8         | 0                  | 0   | No        |  |                                    |  |
|             | Waterford/Wexford               | 0  | 0.9         | 0                  | 0   | No        |  |                                    |  |
|             | <b>Total:</b>                   | <b>1</b>                                       | <b>1.6</b>  | <b>0</b>           | <b>0</b>  |           |  |                                    |  |

Acute Mental Health Bed Provision in Ireland (continued)

|               |                          | Local and Regional Working-Age Adult Resources |             |                    |   |           |  |                                    |  |               |
|---------------|--------------------------|--|-------------|--------------------|---|-----------|--|------------------------------------|--|---------------|
|               |                          | Crisis House                                   |             | Intensive Care HSH |   | Rehab HSH |  | Intensive Care Rehabilitation Unit |  |               |
|               |                          | Current  | Recommended | Current            | Recommended   | Current   | Recommended  | Current Access                     | Recommended Access   |               |
| <b>CH06</b>   | Wicklow                  | 0  | 0.5         | 0                  | 8 residences with 80 places total (2 residences with 10 beds each per region) | 0         | Access to 40 beds nationally (4 units with 10 beds across four regional centres) | Access to PCC                      | Access to 120 intensive care (i.e. PICU and rehabilitation) beds nationally, across 4 units (1 in each of the 4 regions). Each unit is comprised of two sub-units of 15 beds |               |
|               | Dublin South East        | 0  | 0.3         | 0                  |   |           |  | 0                                  |  | Access to PCC |
|               | Dun Laoghaire            | 0  | 0.7         | 0                  |   |           |  | 0                                  |  | Access to PCC |
|               | <b>Total:</b>            | <b>0</b>                                       | <b>1.5</b>  | <b>0</b>           |   |           |  | <b>0</b>                           |  |               |
| <b>CH07</b>   | Kildare/West Wicklow     | 0  | 0.8         | 0                  |   |           |  | 0                                  |  | Access to PCC |
|               | Dublin South City        | 0  | 0.5         | 0                  |   |           |  | 0                                  |  | Access to PCC |
|               | Dublin South West & West | 0  | 1.0         | 0                  |   |           |  | 0                                  |  | Access to PCC |
|               | <b>Total:</b>            | <b>0</b>                                       | <b>2.2</b>  | <b>0</b>           |   |           |  | <b>0</b>                           |  |               |
| <b>CH08</b>   | Laois/Offaly             | 0  | 0.5         | 0                  |   |           |  | 0                                  |  | No            |
|               | Longford/Westmeath       | 0  | 0.4         | 0                  |   |           |  | 0                                  |  | No            |
|               | Louth/Meath              | 0  | 1.1         | 0                  |   |           |  | 0                                  |  | Access to PCC |
|               | <b>Total:</b>            | <b>0</b>                                       | <b>2.1</b>  | <b>0</b>           |   |           |  | <b>0</b>                           |  |               |
| <b>CH09</b>   | Dublin North             | 0  | 0.9         | 0                  |   |           |  | 0                                  |  | Access to PCC |
|               | Dublin North Central     | 0  | 0.5         | 0                  |   |           |  | 0                                  |  | PCC           |
|               | Dublin North Central     | 0  | 0.1         | 0                  |   |           |  | 0                                  |  | Access to PCC |
|               | Dublin North West        | 0  | 0.7         | 0                  |   |           |  | 0                                  |  | Access to PCC |
|               | <b>Total:</b>            | <b>0</b>                                       | <b>2.1</b>  | <b>0</b>           | <b>0</b>  |           |  |                                    |  |               |
| <b>TOTAL:</b> | <b>1</b>                 | <b>15.9</b>                                    | <b>0</b>    | <b>80</b>          | <b>0</b>  | <b>40</b> | <b>Access to PICU from 18 out of 28 centres</b>                                  |                                    |  |               |

1 Phoenix Care Centre.

AVFC recommends 15 intensive care beds as part of a combined intensive care rehabilitation facility with the rehabilitation unit also having 15 beds. The role of the intensive care beds is to manage particularly challenging behaviour which may occur in some people with severe mental illness. Four combined intensive care rehabilitation units were to be developed nationally, each with a regional remit. None have been developed.

With the closure of St Brendan's Hospital in North Dublin, the replacement Phoenix Care Centre includes two twelve-bedded PICUs, one for men and one for women. Data from the HRB shows high levels of admission and discharge activity in the male unit with the female unit having significant numbers of longer stay patients. In line with AVFC, the Phoenix PICU provides for a regional catchment area. Due to lack of PICU provision elsewhere, this is now supra-regional covering more removed counties such as Kildare, Cavan, Monaghan and approximately half the adult population nationally. The lack of close observation beds in some acute approved centres in Dublin also increases demand for access to the Phoenix PICU.

The Carraig Mor unit in CHO 4 covers Cork city and county and has a combined close observation/psychiatry intensive care function. It is, therefore, not fully in line with AVFC recommendations but provides a necessary and valued service locally.

There is a clear need to review PICU requirements in terms of gender and geography in the context of close observation bed availability in acute approved centres. The inadequate provision of PICU beds results in the most severely unwell people with challenging behaviour not having access to intensive care in an appropriate facility. Equally this upsets the milieu of what should be calm and therapeutic acute units.

The lack of alternative and more appropriate rehabilitative step-down services results in individuals remaining in acute beds for prolonged periods of time receiving a higher level of support than they require<sup>27</sup>, thus perpetuating a form of institutionalisation<sup>89</sup>. Even where services do exist, they remain inaccessible for a majority of individuals with severe and enduring mental illness in the community<sup>90</sup>. Specialist rehabilitative services are not, in general, well organised in Ireland and appear to have been developed in a piece-meal fashion<sup>90</sup>.

There is an abundance of research supporting the importance of continuum-of-care facilities for individuals with severe or enduring mental illness<sup>11</sup> to facilitate the gaining or regaining of cognitive, emotional, social or physical skills that are needed to live independently with minimal interference from symptoms<sup>91</sup>. Without these supports, it is more difficult for individuals to experience improvements in quality of life<sup>11</sup> or to achieve recovery as defined in AVFC<sup>3</sup>. In the absence of these resources, concern for the safety and wellbeing of individuals with complex mental health needs is paramount, as they face increased risk of institutionalisation and societal exclusion<sup>90</sup>. Moreover, from a systems perspective, without these continuum-of-care resources, it is not feasible to address the aforementioned pressures and high levels of occupancy of acute mental health beds<sup>91</sup>.

In addition to the 28 acute approved centres already examined, there are also a number of additional approved centres providing distinct services not recommended in AVFC, such as 24-hour community residence beds and adult 'non-acute' approved centres operating as continuing-care beds. There are 1,334 24-hour community residence beds and 719 non-acute approved centre beds respectively. The presence of long-stay accommodation identified in the 24-hour community residences and non-acute beds raises concerns of re-institutionalisation, where upon discharge from acute units, individuals are transferred from one structure to other forms of institutional care<sup>92,93</sup>. The ineffectiveness of such long-term residential facilities, which often lack sufficient rehabilitative input<sup>93</sup> has been consistently noted<sup>94</sup>. More concerning are indications that few residents progress to more independent living and community reintegration<sup>90</sup>.

Table 4 below highlights the number of 24-hour community residence beds and adult non-acute beds currently available in each of the 9 CHOs, along with the total number of same. These are total numbers and are not calculated per 100,000 population or adjusted for population. Data for current provision was provided through

## Acute Mental Health Bed Provision in Ireland (continued)

Commission bed registration data. The below table excludes 16 24-hour community residence beds operated by forensic services.

**Table 4: Provision of ‘non-acute’ approved centre beds across CHOs, including 24-hour residence beds and adult non-acute beds, acting as long-term continuing-care type beds.**

|                               | CH01 | CH02 | CH03 | CH04 | CH05 | CH06 | CH07 | CH08 | CH09 | Total        |
|-------------------------------|------|------|------|------|------|------|------|------|------|--------------|
| <b>24-Hour Residence Beds</b> | 144  | 112  | 100  | 185  | 254  | 58   | 97   | 130  | 239  | <b>1,318</b> |
| <b>Adult Non-Acute Beds</b>   | 40   | 79   | 47   | 184  | 120  | 78   | 0    | 92   | 79   | <b>719</b>   |

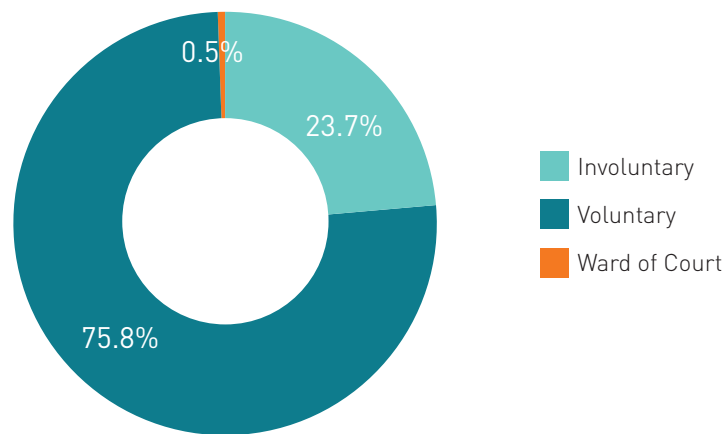
Of the 719 adult non-acute beds, some are Psychiatry of Old Age continuing care units<sup>95</sup>. These are recommended in AVFC: 30 beds per 300,000 total population<sup>3</sup>.



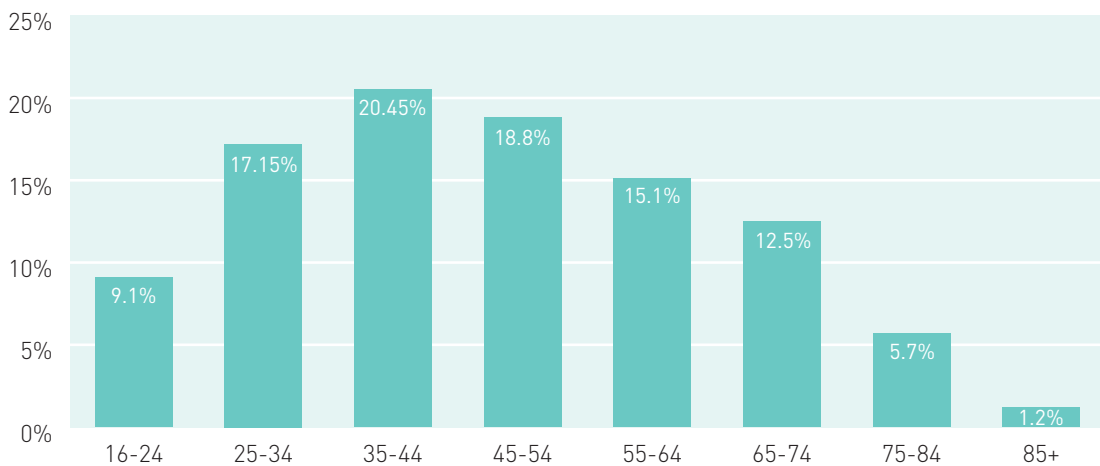
# Inpatient Census

Data from the Inpatient Census revealed 906 acute adult mental health beds across 28 public approved centres were occupied on the night of the census. A total of 225 (23.7%) of patients were involuntarily detained, while a further 5 (0.5%) were classified wards of court. 685 (75.8%) were voluntary residents. Ages ranged from 16 to 94 years of age ( $m = 47.5$ ,  $SD = 16.95$ ). Five residents were under the age of 18, 80.04% of residents were between the ages of 18-64 and 19.42% of residents were aged 65+.

**Figure 3: An overview of the legal status of residents during the inpatient census 2018.**



**Figure 4: An overview of residents' age as a percentage of all residents in acute mental health beds during the inpatient census 2018.**



## Occupancy Levels

The Inpatient Census indicates the average occupancy of these beds was 88%, ranging from 35% in CHO6 Wicklow to 111% in CHO4 North Cork. True bed occupancy<sup>95,96</sup> was provided to reflect the 'double-use' of beds, whereby an individual's bed may be occupied by another resident during a period of leave, despite their need for a bed when they return. However, due to inability to access data this rate does not include individuals waiting for a bed. The occupancy levels within services varied markedly, however, with CHO4's North Cork and Kerry demonstrating 111.76% and 97.06% occupancy levels respectively, which were higher than the average CHO4 occupancy of 94.08%. Ireland has similar levels of occupancy to England, Northern Ireland and Wales; countries that have expressed concerns of the dangers associated with this consistently high level of bed occupancy for patient safety and quality of care<sup>97,98</sup>.

## Inpatient Census (continued)

Table 5 below provides an overview of inpatient data captured during the Inpatient Census. More specifically, it highlights a breakdown of total number of inpatients on the night of the census in each of the acute approved centres, along with the average occupancy levels of these centres. These are organised by CHO, but figures are total numbers only and do not represent numbers per 100,000 population and are not adjusted for population.

**Table 5: Breakdown of total inpatients in acute mental health beds and occupancy levels per service, during the national inpatient census on the 28th November 2018.**

|             |                                 | Population     | Total Adult Acute Beds |                    |
|-------------|---------------------------------|----------------|------------------------|--------------------|
|             |                                 |                | Total Inpatient        | Occupancy Levels % |
| <b>CH01</b> | Donegal                         | 150,267        | 33                     | 97.06%             |
|             | Sligo/Leitrim                   | 107,672        | 32                     | 100.00%            |
|             | Cavan/Monaghan                  | 136,394        | 26                     | 104.00%            |
|             | <b>Total:</b>                   | <b>394,333</b> | <b>91</b>              | <b>100.00%</b>     |
| <b>CH02</b> | Mayo                            | 130,507        | 32                     | 100.00%            |
|             | Galway                          | 258,058        | 51                     | 102.00%            |
|             | Roscommon                       | 64,544         | 18                     | 81.82%             |
|             | <b>Total:</b>                   | <b>453,109</b> | <b>101</b>             | <b>97.12%</b>      |
| <b>CH03</b> | Limerick                        | 194,899        | 33                     | 78.57%             |
|             | Clare/North Tipperary           | 190,099        | 29                     | 74.36%             |
|             | <b>Total:</b>                   | <b>384,998</b> | <b>62</b>              | <b>76.54%</b>      |
| <b>CH04</b> | Kerry                           | 147,707        | 33                     | 97.06%             |
|             | South Lee                       | 200,984        | 46                     | 92.00%             |
|             | North Lee                       | 192,106        | 44                     | 88.00%             |
|             | North Cork                      | 92,726         | 19                     | 111.76%            |
|             | West Cork                       | 57,052         | 17                     | 94.44%             |
|             | <b>Total:</b>                   | <b>690,575</b> | <b>159</b>             | <b>94.08%</b>      |
| <b>CH05</b> | Carlow/Kilkenny/South Tipperary | 224,354        | 49                     | 111.36%            |
|             | Waterford/Wexford               | 255,474        | 41                     | 93.18%             |
|             | <b>Total:</b>                   | <b>479,828</b> | <b>90</b>              | <b>102.27%</b>     |
| <b>CH06</b> | Wicklow                         | 153,896        | 9                      | 34.62%             |
|             | Dublin South East               | 100,531        | 27                     | 69.23%             |
|             | Dun Laoghaire                   | 193,830        | 33                     | 103.13%            |
|             | <b>Total:</b>                   | <b>448,257</b> | <b>69</b>              | <b>71.13%</b>      |

|               |                          | Population       | Total Adult Acute Beds |                    |
|---------------|--------------------------|------------------|------------------------|--------------------|
|               |                          |                  | Total Inpatient        | Occupancy Levels % |
| <b>CH07</b>   | Kildare/West Wicklow     | 241,538          | 26                     | 89.66%             |
|               | Dublin South City        | 143,309          | 46                     | 97.87%             |
|               | Dublin South West & West | 288,284          | 49                     | 94.23%             |
|               | <b>Total:</b>            | <b>673,131</b>   | <b>121</b>             | <b>94.53%</b>      |
| <b>CH08</b>   | Laois/Offaly             | 162,658          | 43                     | 93.48%             |
|               | Longford/Westmeath       | 132,012          | 19                     | 79.17%             |
|               | Louth/Meath              | 321,558          | 42                     | 91.30%             |
|               | <b>Total:</b>            | <b>616,229</b>   | <b>104</b>             | <b>89.66%</b>      |
| <b>CH09</b>   | Dublin North             | 259,152          | 31                     | 70.45%             |
|               | Dublin North Central     | 135,141          | 32                     | 88.89%             |
|               | Dublin North Central     | 32,869           | 12                     | 80.00%             |
|               | Dublin North West        | 194,243          | 34                     | 72.34%             |
|               | <b>Total:</b>            | <b>621,405</b>   | <b>109</b>             | <b>77.92%</b>      |
| <b>TOTAL:</b> |                          | <b>4,761,865</b> | <b>906</b>             | <b>89.25%</b>      |

Of note, seven of the 28 approved centres were found to have true bed occupancy levels<sup>95</sup> equal to or exceeding 100%, with only nine units and three overall CHO areas found to be operating within a safe level of occupancy (i.e. < 85%<sup>38</sup>). Based on a queuing model<sup>19</sup>, systems are thought to be most effective at 85% capacity, reducing the risk of bed access-block<sup>99,100,101</sup>. Critically, five of the seven acute approved centres operating in excess of 100% capacity reported a number of residents on leave or transferred to another hospital for treatment (i.e. not inpatient) on the night of the census. The remaining two centres, however, namely CHO4 North Cork and CHO6 Dun Laoghaire, reported all residents to be inpatient on the night of the census, therefore operating in excess of 100% occupancy.

## Length of Stay and Long-Stay Residents

The average length of stay was 104.44 days ( $SD = 260.58$ ,  $median = 26$ ) ranging from 0 to 3,489 days (9.5 years). Further examination of the Commission inpatient census data revealed that 76.71% of patients had been in an approved centre for less than three months, 10.49% between three and six months, 6.40% between six months and one year, 3.42% between one and two years, 2.54% between two and five years and 0.44% (4 patients) for over five years. In total, 116 patients (12.8%) had spent over six months in an approved centre on the day of the census. Thus, the data confirms high numbers of longer stay patients.

As many mental and behavioural disorders have become more amenable to treatment<sup>102,103</sup>, it has been suggested that residents may not require an acute mental health bed for longer than nine weeks and would experience greater improvements and care in alternative therapeutic environments<sup>104</sup>. Lavelle et al<sup>11</sup> argued that the pathways of care required for individuals with complex mental health needs are inadequately resourced in Ireland and so without their broader needs for clinical and social recovery being met, they often become part of the long stay population<sup>86</sup>. Even when adequate numbers of acute mental health beds exist, the reduced availability of these beds can occur as a result of the long-stay residents and lack of more appropriate specialist rehabilitative and other continuum-of-care resources<sup>27</sup> for them.

## Inpatient Census (continued)

There were significant differences in the numbers of long-stay residents across CHOs, ranging from 21.15% in CH08 to 6.93% in CH02.

Table 6 below provides an overview of the length of stay of residents captured in Inpatient Census. Length of stay is categorised as being inpatient for less than three months, up to six months, up to 12 months, up to 24 months, up to five years. The total number of long-stay residents (who are characterised as being inpatient for periods greater than six months) per service was also detailed, together with a figure for the number of long-stay residents as a percentage of total inpatients per service. These are organised by CHO, but do not represent numbers per 100,000 population and are not adjusted for population. Data was provided through Inpatient Census data.

**Table 6: Length of stay in each acute mental health unit on census day.**

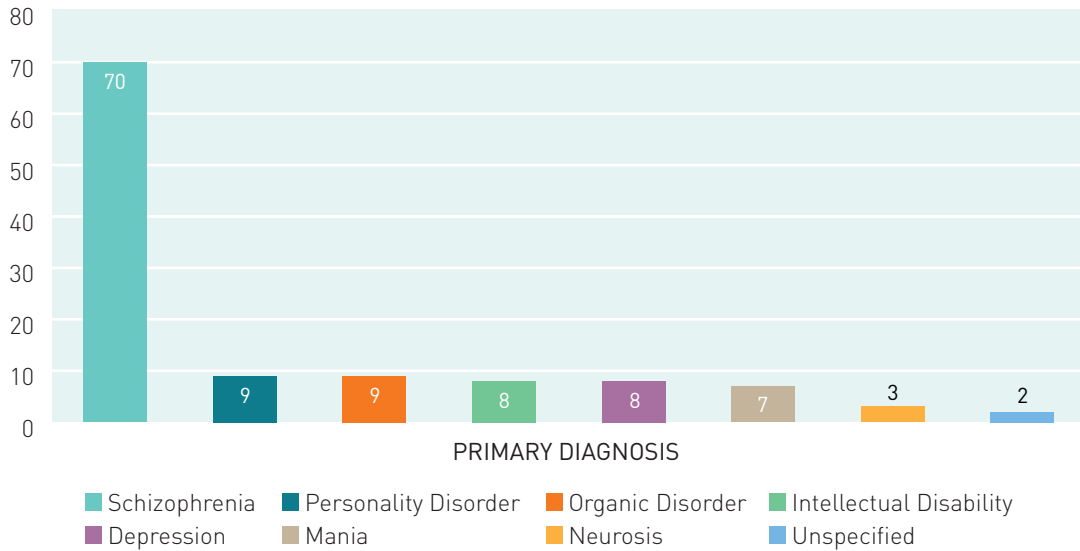
|             |                                 | Long-Stay Residents |  | Length of Stay |           |            |             |           |           |
|-------------|---------------------------------|---------------------|--|----------------|-----------|------------|-------------|-----------|-----------|
|             |                                 | Total Inpatient     | As percentage of all inpatients in service | < 3 months     | 3 months  | > 6 months | > 12 months | > 2 years | > 5 years |
| <b>CH01</b> | Donegal                         | 2                   | 6.06%                                      | 29             | 2         | 2          | 0           | 0         | 0         |
|             | Sligo/Leitrim                   | 4                   | 12.50%                                     | 27             | 1         | 2          | 1           | 1         | 0         |
|             | Cavan/Monaghan                  | 3                   | 11.54%                                     | 19             | 4         | 2          | 0           | 1         | 0         |
|             | <b>Total:</b>                   | <b>9</b>            | <b>9.89%</b>                               | <b>75</b>      | <b>7</b>  | <b>6</b>   | <b>1</b>    | <b>2</b>  | <b>0</b>  |
| <b>CH02</b> | Mayo                            | 5                   | 15.63%                                     | 23             | 4         | 3          | 1           | 1         | 0         |
|             | Galway                          | 0                   | 0.00%                                      | 38             | 13        | 0          | 0           | 0         | 0         |
|             | Roscommon                       | 2                   | 11.11%                                     | 11             | 5         | 0          | 0           | 2         | 0         |
|             | <b>Total:</b>                   | <b>7</b>            | <b>6.93%</b>                               | <b>72</b>      | <b>22</b> | <b>3</b>   | <b>1</b>    | <b>3</b>  | <b>0</b>  |
| <b>CH03</b> | Limerick                        | 4                   | 12.12%                                     | 24             | 5         | 1          | 2           | 1         | 0         |
|             | Clare/North Tipperary           | 3                   | 10.34%                                     | 22             | 4         | 2          | 0           | 1         | 0         |
|             | <b>Total:</b>                   | <b>7</b>            | <b>11.29%</b>                              | <b>46</b>      | <b>9</b>  | <b>3</b>   | <b>2</b>    | <b>2</b>  | <b>0</b>  |
| <b>CH04</b> | Kerry                           | 1                   | 3.03%                                      | 31             | 1         | 1          | 0           | 0         | 0         |
|             | South Lee                       | 6                   | 13.04%                                     | 31             | 9         | 6          | 0           | 0         | 0         |
|             | North Lee                       | 6                   | 13.64%                                     | 35             | 3         | 2          | 1           | 2         | 1         |
|             | North Cork                      | 1                   | 5.26%                                      | 16             | 2         | 0          | 0           | 1         | 0         |
|             | West Cork                       | 1                   | 5.88%                                      | 14             | 2         | 0          | 1           | 0         | 0         |
|             | <b>Total:</b>                   | <b>15</b>           | <b>9.43%</b>                               | <b>127</b>     | <b>17</b> | <b>9</b>   | <b>2</b>    | <b>3</b>  | <b>1</b>  |
| <b>CH05</b> | Carlow/Kilkenny/South Tipperary | 5                   | 10.20%                                     | 39             | 5         | 2          | 1           | 2         | 0         |
|             | Waterford/Wexford               | 6                   | 14.63%                                     | 33             | 2         | 2          | 2           | 1         | 1         |
|             | <b>Total:</b>                   | <b>11</b>           | <b>12.22%</b>                              | <b>72</b>      | <b>7</b>  | <b>4</b>   | <b>3</b>    | <b>3</b>  | <b>1</b>  |

|               |                          | Long-Stay Residents |  | Length of Stay |            |            |             |           |           |
|---------------|--------------------------|---------------------|--|----------------|------------|------------|-------------|-----------|-----------|
|               |                          | Total Inpatient     | As percentage of all inpatients in service | ≤ 3 months     | > 3 months | > 6 months | > 12 months | > 2 years | > 5 years |
| <b>CH06</b>   | Wicklow                  | 2                   | 22.22%                                     | 7              | 0          | 0          | 2           | 0         | 0         |
|               | Dublin South East        | 2                   | 7.41%                                      | 23             | 2          | 2          | 0           | 0         | 0         |
|               | Dun Laoghaire            | 5                   | 15.15%                                     | 27             | 1          | 4          | 1           | 0         | 0         |
|               | <b>Total:</b>            | <b>9</b>            | <b>13.04%</b>                              | <b>57</b>      | <b>3</b>   | <b>6</b>   | <b>3</b>    | <b>0</b>  | <b>0</b>  |
| <b>CH07</b>   | Kildare/West Wicklow     | 1                   | 3.85%                                      | 23             | 2          | 0          | 1           | 0         | 0         |
|               | Dublin South City        | 12                  | 23.91%                                     | 26             | 8          | 11         | 1           | 0         | 0         |
|               | Dublin South West & West | 10                  | 20.41%                                     | 34             | 5          | 3          | 5           | 2         | 0         |
|               | <b>Total:</b>            | <b>23</b>           | <b>19.01%</b>                              | <b>83</b>      | <b>15</b>  | <b>14</b>  | <b>7</b>    | <b>2</b>  | <b>0</b>  |
| <b>CH08</b>   | Laois/Offaly             | 11                  | 25.58%                                     | 28             | 4          | 4          | 4           | 2         | 1         |
|               | Longford/Westmeath       | 2                   | 10.53%                                     | 17             | 0          | 0          | 1           | 0         | 1         |
|               | Louth/Meath              | 9                   | 21.43%                                     | 31             | 2          | 2          | 3           | 4         | 0         |
|               | <b>Total:</b>            | <b>22</b>           | <b>21.15%</b>                              | <b>76</b>      | <b>6</b>   | <b>6</b>   | <b>8</b>    | <b>6</b>  | <b>2</b>  |
| <b>CH09</b>   | Dublin North             | 9                   | 29.03%                                     | 18             | 4          | 4          | 4           | 1         | 0         |
|               | Dublin North Central     | 3                   | 9.38%                                      | 27             | 2          | 2          | 0           | 1         | 0         |
|               | Dublin North Central     | 0                   | 0.00%                                      | 11             | 1          | 0          | 0           | 0         | 0         |
|               | Dublin North West        | 1                   | 2.94%                                      | 31             | 2          | 1          | 0           | 0         | 0         |
|               | <b>Total:</b>            | <b>13</b>           | <b>10.34%</b>                              | <b>87</b>      | <b>9</b>   | <b>7</b>   | <b>4</b>    | <b>2</b>  | <b>0</b>  |
| <b>TOTAL:</b> | <b>116</b>               | <b>12.80%</b>       | <b>695</b>                                 | <b>95</b>      | <b>58</b>  | <b>31</b>  | <b>23</b>   | <b>4</b>  |           |

Further examination of these 116 long-stay residents revealed 60% (70 individuals) had a primary diagnosis of schizophrenia, while other diagnoses included personality disorders (7.75%), organic disorders (7.75%), depressive disorders (6.9%), intellectual disability (6.9%), mania (6.03%) and neurosis (2.59%). This is to be expected, with much research highlighting the longer length of stay often observed in individuals with schizophrenia<sup>105,106</sup>. Importantly, Jacobs et al<sup>17</sup> found length of stay in schizophrenia to be associated with three main determinants; individuals' socio-demographic characteristics<sup>107,108</sup>, clinical characteristics<sup>109,110</sup> and characteristics of the care system<sup>107,109</sup>. Long-term periods of hospitalisation have been shown to be counterproductive and a contributory factor to disability in individuals with schizophrenia<sup>111</sup>. As such, being able to better understand the factors associated with length of stay is pivotal for establishing more effective care pathways and provision for individuals with complex mental health needs<sup>112</sup>.

## Inpatient Census (continued)

**Figure 5: A breakdown of primary diagnoses of individuals residing in acute mental health beds for longer than six months on the day of the inpatient census in November 2018.**



On census day, 12.8% of acute inpatient beds were occupied by people who had been resident for six or more months. While it is clear that length of stay is likely influenced by a number of factors<sup>106</sup>, it is very likely that the augmentation of current and recommended acute mental health bed resources along a continuum-of-care result in reduced length of stay and occupancy rates. This in turn should enhance the quality of care provided in approved centres.

When taken together, however, it appears possible that while a 'minimum' number of general acute mental health beds may be registered, access and thus availability of same is impacted heavily by the dearth of community and specialist resources thereby resulting in high numbers of long-stay residents.

## Discussion and Recommendations

While from the outset, it appeared that the current provision of acute adult mental health beds in Ireland are broadly in line with AVFC recommendations, these findings indicate that access to these beds is impeded by the lack of specialist resources across a continuum-of-care. The acute bed recommendations in AVFC<sup>3</sup> were based on a full complement of additional specialist and community resources, which have not been provided.

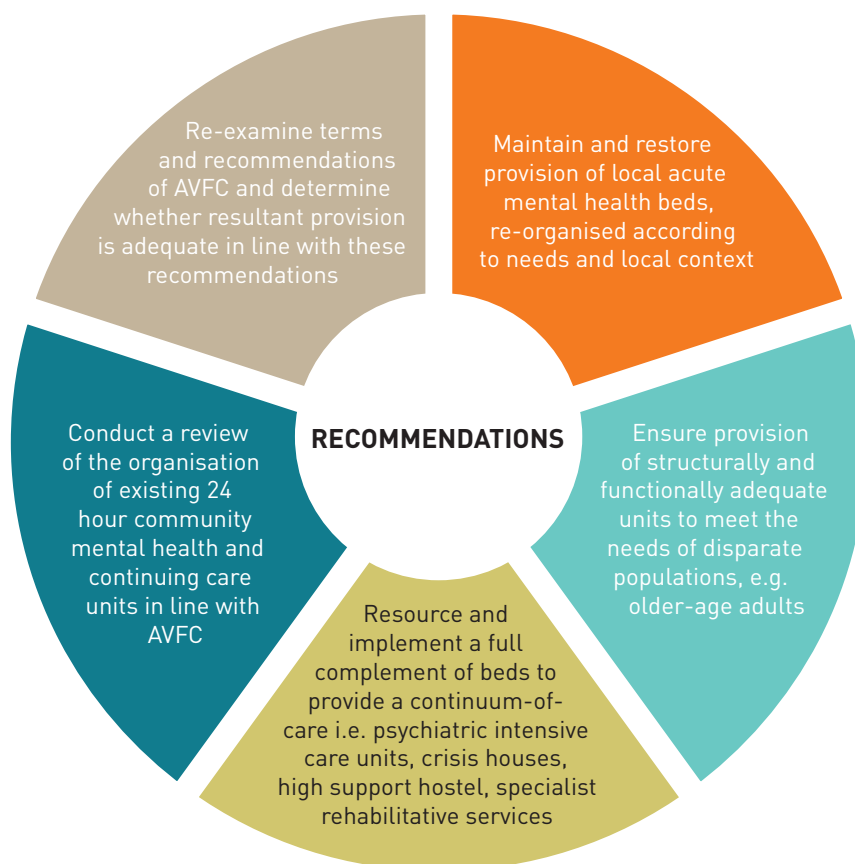
Hence access to acute mental health beds for working-age and older-age adults in Ireland appears insufficient and inadequate nationally. This is particularly evident in instances where there are high levels of occupancy and non-age appropriate placements are extant and there is little access to specialist care or rehabilitation and recovery units and intensive care hostels. When compared to findings from previous research of services conducted before the introduction of AVFC<sup>87</sup>, the same pattern of findings and resultant provision were found, therefore raising important questions as to why, 14 years on from AVFC, the deficits in service provision had not been addressed.

It is clear that long-term political and social commitment is required to ensure the development of a comprehensive range of community and specialist continuum-of-care services which are able to support individuals before, during and after admission to acute mental health beds. This requires ring-fenced funding. This in turn will help establish an efficient and cost-effective system which ensures safety and quality of care to patients<sup>113</sup>. The restitution of local acute mental health beds should be prioritised based on local needs and context<sup>38</sup>. Moreover, efforts should be made to provide structurally and functionally adequate acute units to meet the needs of disparate populations, including older-age adults, and to replace current existing but inadequate units for working-age adults.

In line with the guidelines set forward by the Royal College of Psychiatrists<sup>83</sup>, endeavours to reduce bed numbers in approved centres should be favoured only while creating new environments which are conducive to recovery. More importantly, the success of the acute mental health system in Ireland is dependent on greater resourcing and implementation of acute and all other mental health beds along a continuum-of-care, as recommended by AVFC. These include an array of crisis houses, intensive care hostels, psychiatric intensive care units and specialist rehabilitative services which are equipped to meet the short and long-term needs of individuals experiencing severe and enduring mental illness<sup>90</sup>.

The recent opening of two public private partnership specialist rehabilitation facilities in Dublin with placements funded by the HSE, on foot of a HSE Service Improvement Project is welcome<sup>114</sup>. However, its national referral system will inevitably lead to institutionalisation of individuals<sup>115</sup>. These facilities should be changed into a rehabilitation and recovery format with each specialist unit functioning as an integrated component of the local Rehabilitation Teams and with all admissions coming from the local area<sup>88</sup>.

**Figure 6: A summary of recommendations to improve access and availability of acute mental health beds in Ireland.**



## Conclusion

This discussion paper aimed to explore current access to acute mental health beds for adults in Ireland and the factors which may influence their availability. This is the first such paper to evaluate current provision of acute adult mental health beds in Ireland since AVFC. It is clear that regardless of the number of registered acute adult mental health beds in Ireland, unless action is taken to address the identified factors preventing access to these beds, thereby ensuring a fluent and sustainable mental health system, the current access difficulties will persist and increase. It is only through this action, based on providing a continuum of care, can it be hoped to achieve a more integrated, person-centred and recovery-oriented model of care.



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