



Deputy Patricia Ryan.  
Dail Eireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

17<sup>th</sup> July 2024

**PQ Number: 28590/24**  
**PQ Question: To ask the Minister for Health the reason behind the lack of acute beds in the mental health system, specifically for older people; and if he will make a statement on the matter. -Patricia Ryan**

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Dear Deputy Ryan,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

### Acute Mental Health Bed Provision

The provision of high-quality, acute inpatient care is an important element of specialist mental health service provision. Inpatient care facilitates the provision of a range of therapeutic interventions and clinical care for service users experiencing severe and acute mental illness. Admission is offered when it is established that the individual's acute care needs cannot be treated appropriately at home, or in an alternative community setting.

In 2006, Ireland's then mental health policy, *A Vision for Change*, recommended that 50 acute mental health beds be provided for each mental health catchment area of 300,000 population, translating to 16.6 beds per 100,000 population. These beds could be located in a single unit, or divided across two units in the catchment area to facilitate easy access for service users and their carers (See Table 1 below).

**Table 1: Recommended number of acute mental health beds according to *A Vision for Change* for inpatient care in Ireland**

Acute In-Patient Beds	No. Beds
■ General Adult Mental Health (50x13) <ul style="list-style-type: none"><li>– 35 for general adult (including rehabilitation and recovery mental health services, and co-morbid substance misuse)</li><li>– 8 for mental health services for older people</li><li>– 2 for people with eating disorders (may be pooled to 6 per region)</li><li>– 5 for people with intellectual disability and mental illness</li></ul>	650
■ Child & Adolescent	80
■ Child & Adolescent High Secure	10
■ Intellectual Disability High Secure	10
■ Neuropsychiatry	8
<b>Total</b>	<b>758</b>

*Note: Sufficient general hospital beds are in place but are not correctly located.*



At that time, it was noted that capacity was above the recommended number per 100,000 population.

The HSE does not have a ‘live’ bed type database for mental health beds. Rather official reporting of mental health bed provision falls under the remit of the Mental Health Commission (MHC), who compile data on all centres which are approved under their regulations. In 2020, the MHC published a discussion paper examining access to adult mental health beds in Ireland. The report identified a lack of dedicated acute mental health beds for older people, as well as a lack of continuum-of-care resources including crisis houses, high support hostels and rehabilitation units, which may lead to inappropriate admissions to acute beds. Based on data from the MHC at that time, none of the CHOs were reported as meeting the recommended number of dedicated acute mental health beds for older people. The provision of dedicated acute mental health beds for older people was only 50% of that recommended by *A Vision for Change*. The MHC report recommended an additional 64 Beds for Older Persons.

On the night of the 23rd November 2021, the HSE undertook a bed census to gather occupancy data on Acute Adult and Continuing Care beds in HSE-approved centres nationally. On the night of the census 63 acute beds were identified as Older Adult bed types.

The table below provides the breakdown of speciality beds existing as per Census night and existing recommendations as identified by HSE National Clinical Programmes and the MHC.

Bed type	Acute	Continuing Care	Existing recommendations (e.g National Clinical Programmes)	
Older Adult	*63		*Older Adult	*64

### Sharing the Vision: A Mental Health Policy for All

As part of the implementation of Sharing the Vision (StV), our national mental health policy, the policy’s National Implementation and Monitoring Committee (NIMC) requested the establishment of a Specialist Group on Acute Bed Capacity. The work of the Specialist Group was to support delivery of StV recommendation 46, which states:

*‘An expert group should be set up to examine Acute Inpatient (Approved Centre) bed provision (including Psychiatric Intensive Care Units) and to make recommendations on capacity, reflective of emerging models of care, existing bed resources and future demographic changes, with such recommendations being aligned with Sláintecare.’*

The Specialist Group examined provision of mental health beds from a range of sources, including Mental Health Commission reports and the HSE bed census. This census gathered occupancy data on Acute Adult and Continuing Care beds in HSE-approved centres nationally and included data on Forensic, CAMHS and high support beds (non-approved centres). The report took account of overall capacity nationally and examined regional differences in bed usage, along with associated and aligned mental health resources.

Taking into account both public and private bed resources, the Specialist Group found a national shortfall of 832 beds at the time of the census. In its report, the Specialist Group recommends a phased approach to address this shortfall, taking into consideration regional variances, ensuring a high-quality continuum of care for mental health service users in line with StV recommendations and the wider Sláintecare reform programme. The requirement for acute beds for older adults will be



incorporated into the overall development and implementation of capital plans for mental health services nationally.

To address issues related to capacity and suitability of premises in the wider context of the overall Mental Health estate, the HSE's Chief Operations Officer has established a Capital Planning Group for Mental Health Services, which has been tasked with:

- Identifying and prioritising mental health capital requirements over the next five to ten years based on existing and future service need, and on regulatory requirements.
- Providing advice on the development of the future financial architecture of HSE Mental Health Services in terms of capital expenditure, including design of capital programmes and changes to the approach to pricing.
- Creating an initial 3-year plan outlining infrastructural works required to achieve infrastructural regulatory compliance in all registered mental health facilities.
- Completing a medium and long-term strategic mental health capital estates plan aligned to the new Health Regions, which supports the implementation of StV.

The Capital Planning Group has formally agreed to take into account the report of the Acute Bed Capacity Specialist Group and its recommendations and include as appropriate in ongoing capital planning.

In parallel with these initiatives to build our overall acute bed capacity in mental health services, work will continue to ensure people who are experiencing difficulties have access to comprehensive and community-based mental health services when they need them. This will involve continued investment in multi-disciplinary Community Mental Health Teams across the life span, building specialist services in the community as part of the ongoing roll-out of national clinical programmes, and enhancement of out of hours crisis resolution services. By building access to specialist care closer to home, these critical service improvements will help reduce avoidable admissions and support individuals in their recovery journey following discharge from an in-patient unit.

I trust this information is of assistance to you.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tony Mc Cusker', written in a cursive style.

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**Tony Mc Cusker**  
**General Manager**  
**National Mental Health Services**

