



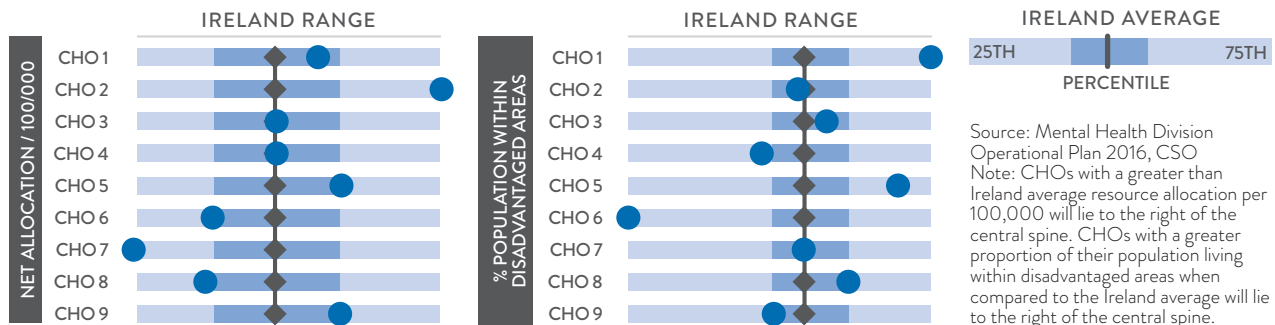
To access the full report go to: www.hse.ie/eng/services/publications/planningforhealth.pdf

ASSUMPTIONS

- The aim of this paper is to project the impact of demographic change on the demand for Mental Health Services funded by the HSE in 2017 and give a five year projection to 2022. Utilisation rates for 2015 where appropriate and applicable were used for these projections.
- Population projections are based on the CSO M2F2 scenario.
- No new service improvement initiatives are included in projections of activity or costs. In addition unmet demand and need is not reflected in the projections.
- National Psychiatric In-patient Reporting System data was used to calculate utilisation rates and excludes data from private hospitals, Central Mental Hospital, Carraig Mór Cork, St Joseph's IDS and Phoenix Care Centre.
- All underlying assumptions and projections are based on demographic change only and do not take into account any changes in policy, models of care, eligibility and service provision since 2015.
- Rates used in analysis by CHO Area are crude rates: per 1,000 or 100,000, where applicable, and not standardised to the national population.

KEY MESSAGES

PROFILE OF ALLOCATION OF RESOURCES TO CHOs, 2016



CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

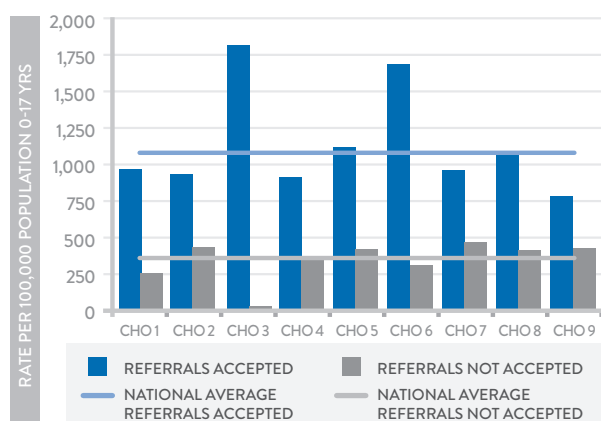
- In 2017 it is projected that admissions of children aged 0-17 years to HSE Psychiatric In-patient Services will increase slightly to 299 admissions.
- There is a considerable variation in referral to Community Mental Health Services across CHOs. The number of referrals accepted by Child and Adolescent Community Health Teams per 100,000 population varied from 1,833/100,000 population in CHO 3 to 780/100,000 in CHO 9.

CHILD & ADOLESCENT MENTAL HEALTH SERVICES

IN 2017 REFERRALS TO COMMUNITY CHILD & ADOLESCENT MENTAL HEALTH TEAMS WILL INCREASE BY 221

13,577
PROJECTED TOTAL REFERRALS
↑221
FROM 2015-17

FIGURE 1: REFERRALS TO COMMUNITY CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN 2015



Source: Business Information Unit

UNMET DEMAND

- Following the increases in the waiting lists for Community CAMHS in 2013 (2,602 children/adolescents) and 2014 (2,869), there was a drop of 550 in 2015 with 2,319 on the waiting list.
- In 2015, 67% of new/re-referred cases were seen within 12 weeks against a target of 75%. Note that the

DNA ('did not attend') rate for the first appointment for new or re-referred cases in 2015 was 14%.

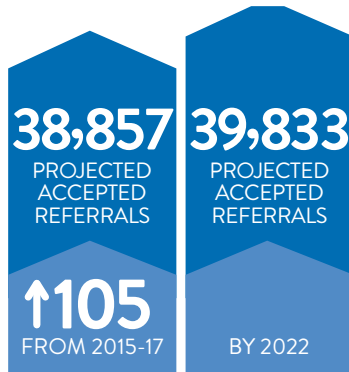
- In 2015, 77% of new/re-referred cases were offered an appointment within 12 weeks.

GENERAL ADULT PSYCHIATRY (AGED 18-64 YEARS)

COMMUNITY TEAMS

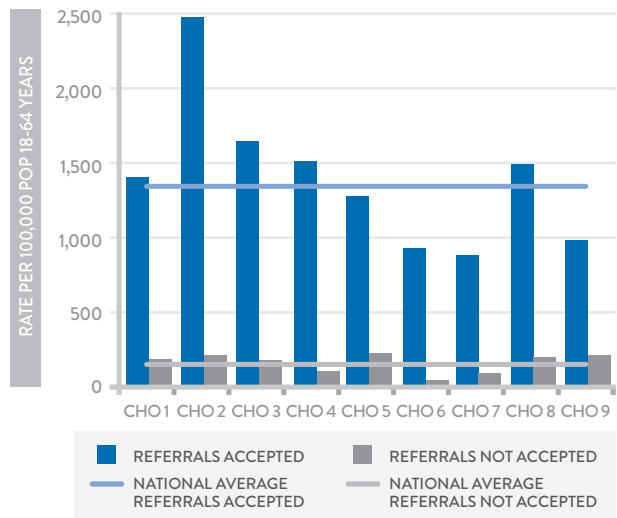
- The number of referrals accepted by General Adult Community Mental Health Teams per 100,000 population varied from 2,479/100,000 population in CHO 2 to 882/100,000 in CHO 7.

IN 2017
THERE WILL BE
38,857
ACCEPTED
REFERRALS TO
COMMUNITY
ADULT MENTAL
HEALTH TEAMS
INCREASING TO
39,833
ACCEPTED
BY 2022



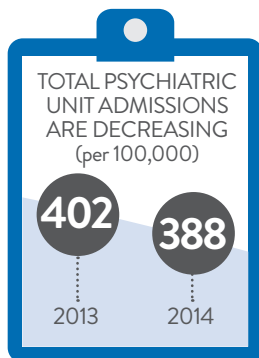
ASSUMING CURRENT LEVELS OF CARE CONTINUE

FIGURE 2: REFERRALS TO GENERAL ADULT COMMUNITY MENTAL HEALTH SERVICES IN 2015 (18-64 YEARS)



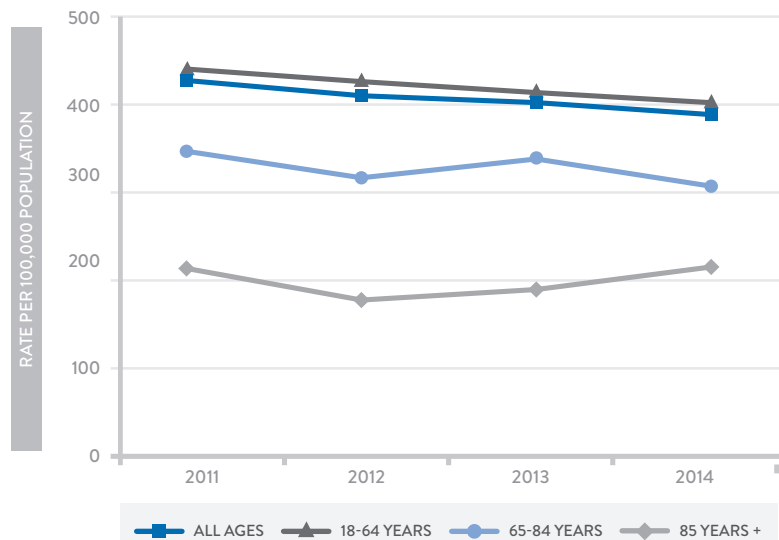
Source: Business Information Unit

HOSPITAL ADMISSION



- The leading disorders among those aged 18-64 years, admitted in 2014, were: depression (24%), schizophrenia (24%), mania (12%), personality disorders (9%) neuroses (8%) and alcoholic disorders (6%).

FIGURE 3: PSYCHIATRIC UNIT ADMISSION RATE PER 100,000 BY AGE GROUP 2011-2014



Source: National Psychiatric Inpatient Reporting System Health Research Board, Central Statistics Office

PSYCHIATRY OF OLD AGE (65+ YEARS)

COMMUNITY TEAMS

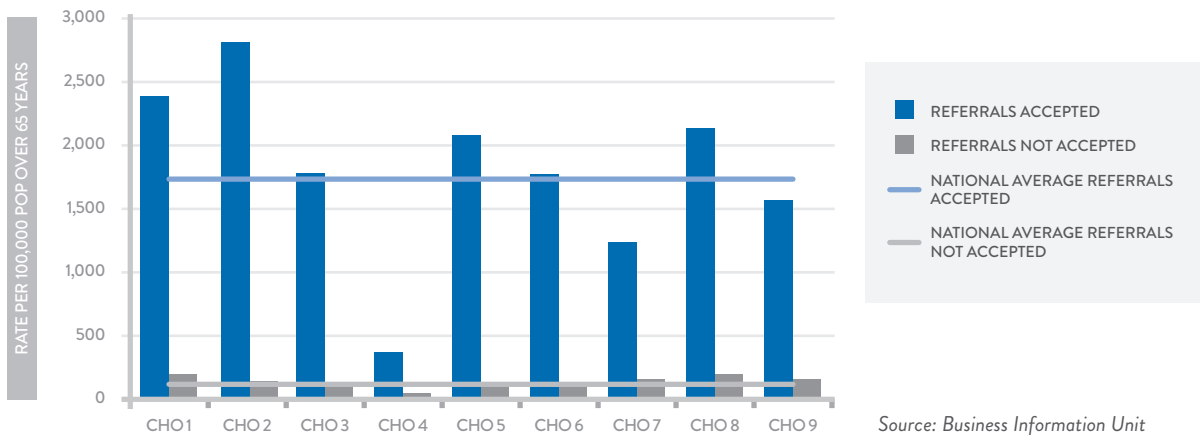
- From 2015 to 2017 it is projected that accepted referrals to the Psychiatry of Old Age Community Mental Health Teams will increase by 676, to 11,120 accepted referrals for those aged 65 years and over.
- By 2022 this is projected to increase to 13,041 referrals in those aged 65 years and over, assuming current models of care remain.
- The number of referrals accepted by Psychiatry of old age Community Mental Health Teams per 100,000 population varied from 2,825/100,000 population in CHO 2 to 363/100,000 in CHO 4.

PSYCHIATRY OF OLD AGE

IN 2017 THERE WILL BE 11,120 ACCEPTED REFERRALS TO PSYCHIATRY OF OLD AGE COMMUNITY MENTAL HEALTH TEAMS - IN 2022 THIS WILL INCREASE TO 13,041 ACCEPTED REFERRALS

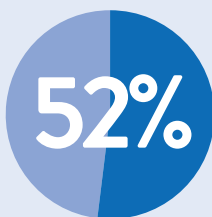
11,120 2017 **13,041** 2022

FIGURE 3: REFERRALS TO PSYCHIATRY OF OLD AGE COMMUNITY MENTAL HEALTH SERVICES IN 2015



HOSPITAL ADMISSION

- It is projected that there will be 1,745 admissions of adults aged 65 years and over in 2017, which would represent an increase of 158 from 2014.
- The leading mental health conditions in this age group admitted to our Psychiatric Hospitals in 2014 were: depression representing 31% of admissions, schizophrenia (21%) and organic mental disorders including dementia (20%).
- Organic mental disorders (including dementia) are the leading condition among adults aged 85 years, representing 52% of admissions.



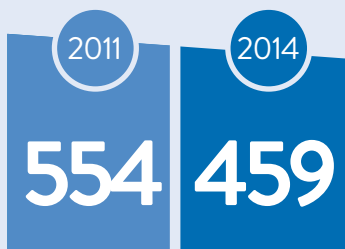
52% OF PSYCHIATRIC HOSPITAL ADMISSIONS AGED 85+ ARE FOR DEMENTIA



IT IS PROJECTED THAT THERE WILL BE 1,745 ADMISSIONS OF ADULTS AGED 65+ IN 2017, REPRESENTING AN INCREASE OF 158 FROM 2014

↑158 FROM 2014 **1,745** 2017

SUICIDE AND DELIBERATE SELF HARM



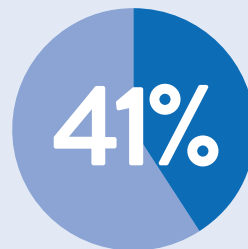
NUMBER OF SUICIDES
DECREASED FROM 554
IN 2011 TO 459 IN 2014

- The number of suicides has reduced from 554 in 2011 to 459 in 2014.
- In 2014, 8,708 people presented to hospital services with deliberate self-harm (National Suicide Research Foundation, 2015). This is a 1.5% reduction on 2013. The age-standardised rate of individuals presenting to hospital following self-harm in 2014 was essentially unchanged from 2013 (200 per 100,000).

HEALTH INEQUALITIES

- In 2014 the unskilled occupational group had the highest rate of all admissions to adult psychiatric units (670 per 100,000) and first admissions (181.6 per 100,000). 41% of all admissions to psychiatric units were categorised as unemployed.
- Mental ill-health may be a cause or consequence of homelessness. In 2013, there were 245 admissions of people with No Fixed Abode (a proxy for homelessness) to psychiatric units and hospitals across the country, a 37% increase since 2006.

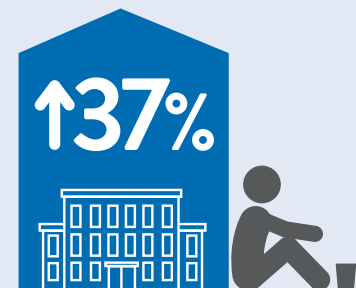
- People with a mental health disability are nine times more likely to be out of the labour force than those of working age without a disability, the highest rate for any disability group in Ireland.
- The co-existence of mental ill-health with substance misuse problems (dual diagnosis), and significant mental health issues emerging among the newly arriving asylum seekers and refugees, highlights the importance and benefits of an integrated cross-divisional service approach.



41% OF ADMISSIONS
TO PSYCHIATRIC
UNITS IN 2014 WERE
UNEMPLOYED



37% INCREASE IN
ADMISSIONS TO PSYCHIATRIC
HOSPITALS OF HOMELESS
PERSONS FROM 2006 TO 2013



RESEARCH AND DATA NEEDS

- An ethnic identifier should be routinely and systematically collected across all Mental Health data systems, and not just within the Psychiatric Hospital dataset.
- Wherever relevant and possible, Mental Health Service indicators should include socio-economic status and socially excluded groups to enable equality monitoring of services. Currently no data exists to identify deprivation or marginalised groups.
- Although significant data exists within the Jigsaw projects, there is a research resource requirement to mine this data.
- Demographic profiling of data for Counselling in Primary Care is required.
- Age specific costs or casemix indices for acute Mental Health Services are not currently available.