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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

# NORTHERN IRELAND HOSPITAL STATISTICS: MENTAL HEALTH AND LEARNING DISABILITY (2009/10)

This publication presents information on activity in mental health and learning disability hospitals in Northern Ireland during the year ending 31 March 2010. It details information on inpatient, day case and outpatient activity, and compulsory admissions under the Mental Health (NI) Order 1986.

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Hospital Information Branch  
Information & Analysis Directorate  
Department of Health, Social Services &  
Public Safety  
Stormont Estate  
Belfast, BT4 3SQ

### Statistician

Jennifer Myers  
(028) 90 522555

### Email

[Jennifer.Myers@dhsspsni.gov.uk](mailto:Jennifer.Myers@dhsspsni.gov.uk)

### Internet

[http://www.dhsspsni.gov.uk/index/stats\\_research/stats-activity\\_stats-2.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-activity_stats-2.htm)

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## Background

As a result of a public consultation early in 2010, the previously known 'Hospital Statistics' publication was discontinued and replaced with four themed statistical publications detailing information on: Inpatient and Day Case Activity, Outpatient Activity, Mental Health & Learning Disability, and Emergency Care.

All mental health and learning disability statistics previously presented in the 'Hospital Statistics' publication, are now detailed in this report.

## Key Points

### Mental Health

- Over the last five years, the total number of admissions to mental health hospitals decreased by 10.3% (1,032), from 10,000 in 2005/06 to 8,968 in 2009/10 (Figure 1, Table 1.1).
- Since 2005/06, the total number of inpatients decreased by 19.3% (1,438), from 7,456 in 2005/06 to 6,018 in 2009/10 (Figure 1, Table 1.1).
- Across HSC Trusts, the highest average number of available beds in mental health hospitals were reported in the Belfast HSC Trust (322.6) whilst the South Eastern HSC Trust reported the lowest (143.5) (Figure 10, Table 1.2).
- Between 2005/06 and 2009/10, the average length of stay in mental health hospitals increased by almost 7 days, from 47.7 days to 54.4 days (Figure 13, Table 1.1).
- During 2009/10, there were 34,810 scheduled consultant-led outpatient attendances for the mental health specialties. Patients did not attend (DNA) 17.3% (6,028) of these scheduled attendances, whilst a further 6.1% (2,121) could not attend (CNA) (Table 1.3).

## Learning Disability

- Since 2005/06, the number of admissions to learning disability hospitals decreased by 25.5% (608), from 2,387 in 2005/06 to 1,779 in 2009/10 (Figure 16, Table 2.1).
- Of the 1,779 admissions to learning disability hospitals in 2009/10, almost all (1,770) were inpatients. The remaining 9 admissions were day cases (Figures 16 – 17, Table 2.1).
- Of the 398.9 average available beds in 2009/10, the majority 263.7 were available in the Belfast HSC Trust, 82.2 in the Southern HSC Trust and 53.0 in the Western HSC Trust (Table 2.2).
- Across Hospitals, the highest average length of stay was in Muckamore Abbey (651.6 days), compared with an average of 111.2 days in Longstone Hospital, 76.7 days in Lakeview, and 2.1 days in Musgrave Park Hospital (Table 2.2).
- In 2009/10, there were 7,079 scheduled consultant-led outpatient appointments at learning disability hospitals in Northern Ireland, of which 5,451 (77.0%) attended, 872 (12.3%) did not attend (DNA) and 610 (8.6%) could not attend (CNA) (Figure 23, Table 2.3).

## Reader Information

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## About the Hospital Information Branch (HIB)

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the HSC Trusts and Hospitals. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates. The Head of the Branch is the Principal Statistician, Mrs. Laura Smyth.

The Branch aims to present information in a meaningful way and provide advice on its uses to customers in the Health and Social Care Committee, Professional Advisory Groups, policy branches within the DHSSPS and the general public. The statistical information collected is used to contribute to major exercises such as reporting on corporate monitoring, Health & Personal Social Services (HPSS) performance tables, other comparative performance exercises, target setting, management frameworks and policy development / evaluation. In addition, the information is used in response to a significantly high volume of Parliamentary / Assembly questions and ad-hoc queries each year.

Information is disseminated through a number of key statistical publications, including: Inpatient & Day Case Activity, Outpatient Activity, Emergency Care, Mental Health & Learning Disability and Waiting Time Statistics (Inpatient, Outpatient, Diagnostics and Cancer). A detailed list of these publications is available from:

Website: [http://www.dhsspsni.gov.uk/index/stats\\_research/stats-activity\\_stats-2.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-activity_stats-2.htm)

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## Technical Notes

This statistical release is the first of an annual series presenting information on mental health and learning disability inpatient, day case and outpatient activity, and compulsory admissions under the Mental Health (NI) Order 1986 in Northern Ireland. Historically, this information was included in the annual Hospital Statistics publication; however, this publication has now been discontinued.

### Data Collection

The Information presented in this bulletin derives from a series of statistical returns provided by HSC Trusts and Hospitals listed below;

- KH03A – Summary of available bed days, occupied bed days, inpatients and day cases;
- QOAR – Quarterly Outpatient Activity Return; and,
- KH15 – Compulsory admissions under the Mental Health (NI) Order 1986.
- MILD Census – Inpatients resident in Mental Health / Learning Disability Hospitals on 17<sup>th</sup> February each year.

### Rounding

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100.

### Data Quality <sup>1</sup>

All information presented in this bulletin has been validated and quality assured by HSC Trusts and Hospitals prior to publication. HSC Trusts and Hospitals are given 4 weeks from the date to which the collection refers, to submit the information to Hospital Information Branch. Following submission, Hospital Information Branch perform a series of validation checks to ensure that information is consistent both within and across returns. Trend analyses are used to monitor annual variations and emerging trends.

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<sup>1</sup> See Appendix 5: Explanatory Notes for further details.

Queries arising from validation checks are presented to HSC Trusts for clarification and if required, returns may be amended and/or re-submitted.

Finally prior to the publication of this information the data is presented to HSC Trusts and Hospitals for sign – off.

## A National Statistics Publication

National Statistics are produced to a high professional standard set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference. As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to:

**Jennifer Myers**

**Email:** [Jennifer.Myers@dhsspsni.gov.uk](mailto:Jennifer.Myers@dhsspsni.gov.uk)

**Tel:** (028) 90 522555

## Mental Health Activity

This section details patient activity at mental health hospitals in Northern Ireland in 2009/10, the most recent year for which figures are available and a summary of changes from 2005/06 to 2009/10.

### Total Admissions<sup>2</sup>

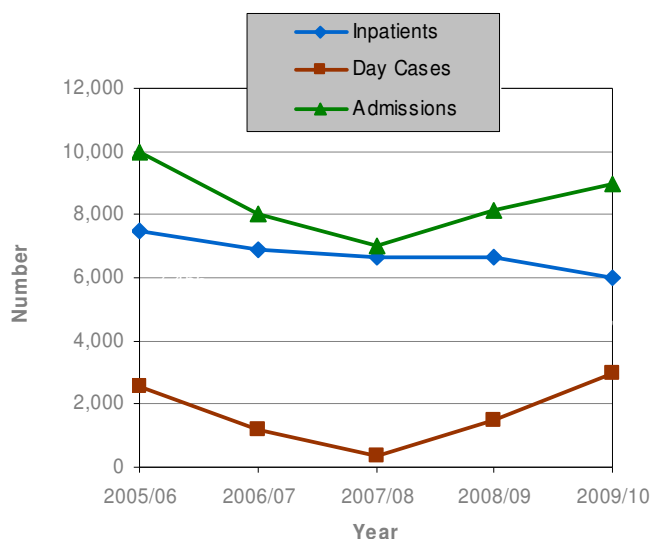
#### 5 Year Trend

Figure 1 presents information on the number of inpatients<sup>3</sup>, day cases<sup>4</sup> and total admissions at mental health hospitals during each of the last 5 years.

Over the last five years, the total number of admissions to mental health hospitals decreased by 10.3% (1,032), from 10,000 in 2005/06 to 8,968 in 2009/10 (Figure 1, Table 1.1).

However, since 2007/08 the number of admissions increased by 27.7% (1,948), from 7,020 in 2007/08 to 8,968 in 2009/10 (Figure 1, Table 1.1).

**Figure 1: Admissions to Mental Health Hospitals, by Admission Type (2005/06 – 2009/10)**



<sup>2</sup> Refer to Appendix 4: Definitions – point 10.

<sup>3</sup> Refer to Appendix 4: Definitions – point 8.

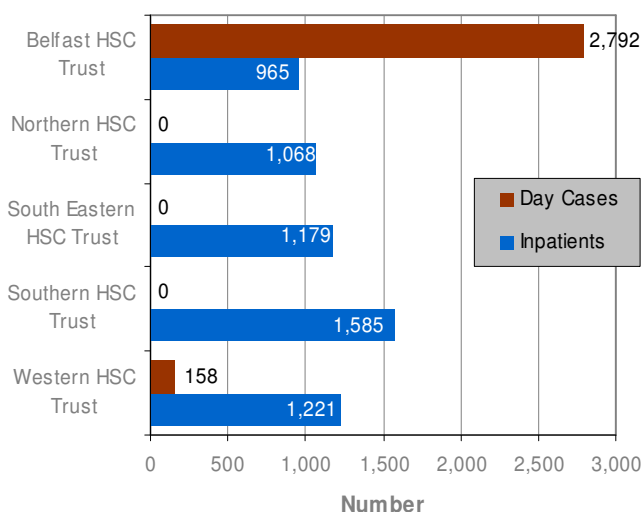
<sup>4</sup> Refer to Appendix 4: Definitions – point 9.

## Financial Year 2009/10

Of the 8,968 admissions to mental health hospitals in 2009/10, Belfast HSC Trust reported the highest number (3,757), of which, 2,792 were day cases and 965 were inpatients.

The Northern HSC Trust (1,068) reported the lowest number of admissions, all of which were inpatients (Figure 2).

**Figure 2: Admissions to Mental Health Hospitals, by HSC Trust (2009/10)**

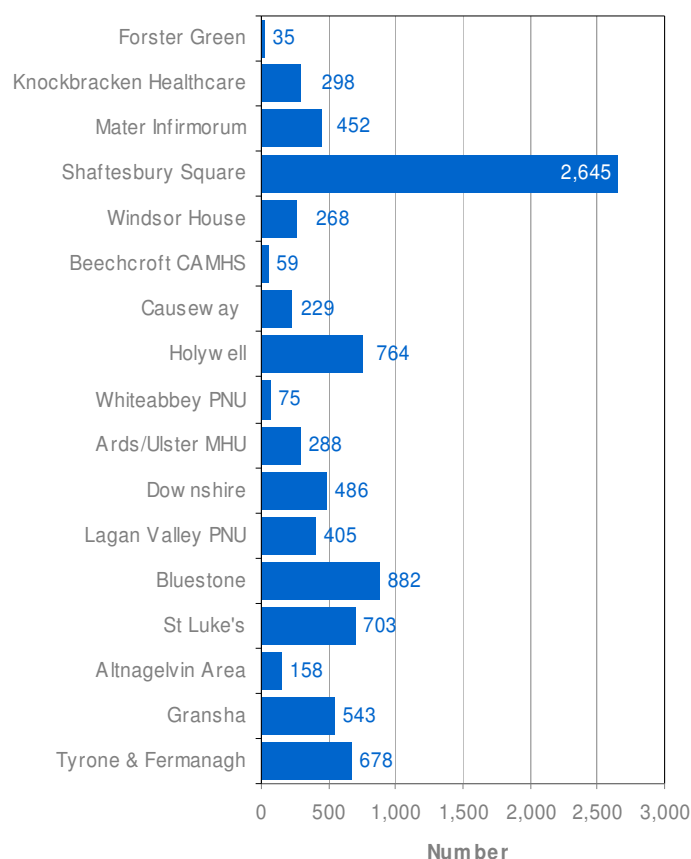


Across Hospitals, the highest number of admissions was reported by Shaftesbury Square additions service (2,645), all of which were day cases (Figure 3).

Forster Green (35) reported the lowest number of admissions in 2009/10, all of which were inpatients (Figure 3, Table 1.2).



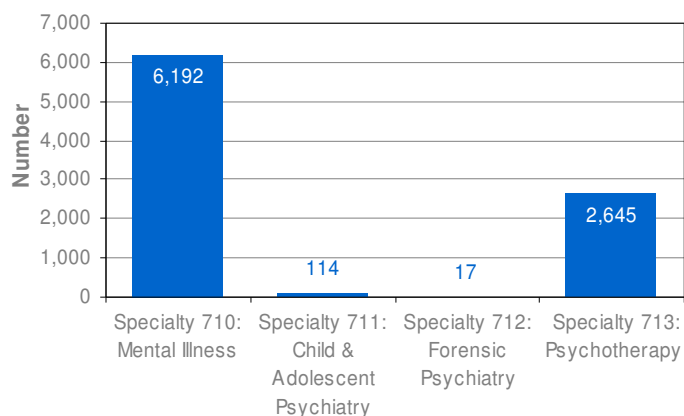
**Figure 3: Admissions to Mental Health Hospitals, by Hospital (2009/10)** <sup>5</sup>



### Specialty

In 2009/10, the highest number of admissions (6,192) was reported for Specialty 710 (Mental Illness), whilst the lowest number was reported for Specialty 712 (Forensic Psychiatry)(17) (Figure 4, Table 1.5 – 1.8).

**Figure 4: Admissions to Mental Health Hospitals, by Specialty (2009/10)**



<sup>5</sup> Refer to Appendix 5: Explanatory Notes – points 15 - 17.

## Inpatients <sup>3</sup>

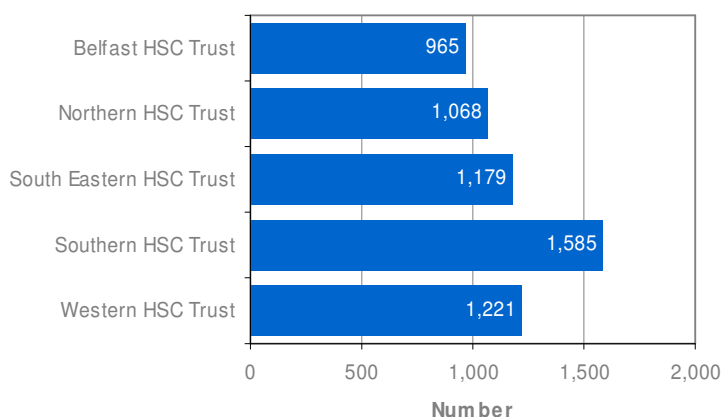
### 5 Year Trend

Since 2005/06, the total number of inpatients decreased by 19.3% (1,438), from 7,456 in 2005/06 to 6,018 in 2009/10 (Figure 1, Table 1.1).

### Financial Year 2009/10

Of the 6,018 inpatients in 2009/10, the highest number was reported in the Southern HSC Trust (1,585) and the lowest in the Belfast HSC Trust (965) (Figure 5, Table 1.2).

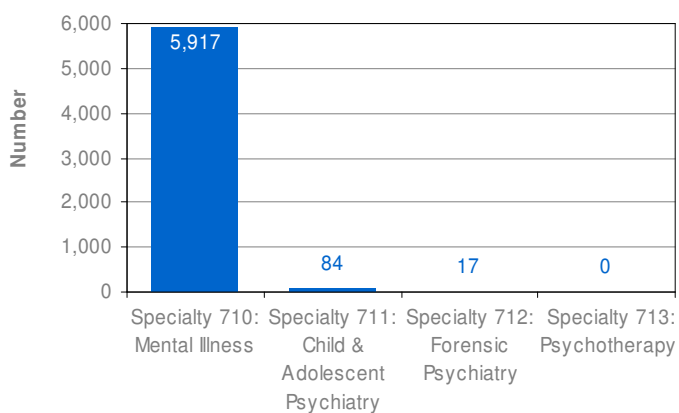
**Figure 5: Total Inpatients at Mental Health Hospitals, by HSC Trust (2009/10)**



### Specialty

Across the mental health specialties, Specialty 710 (Mental Illness) had the highest number of inpatients (5,917), whilst Specialty 713 (Psychotherapy) reported no inpatients as only day cases were carried out (Figure 6, Table 1.5 – 1.8).

**Figure 6: Total Inpatients at Mental Health Hospitals, by Specialty (2009/10)**



<sup>3</sup> Refer to Appendix 4: Definitions – point 8.

## Day Cases <sup>4</sup>

### 5 Year Trend

Between 2005/06 and 2009/10, the number of patients with mental health needs treated as day cases increased by 16.0% (406), from 2,544 in 2005/06 to 2,950 in 2009/10 (Figure 1, Table 1.1).

However, between 2007/08 and 2009/10 the number of patients treated as day cases at mental health hospitals increased almost eightfold, from 369 to 2,950 (Figure 1, Table 1.1).

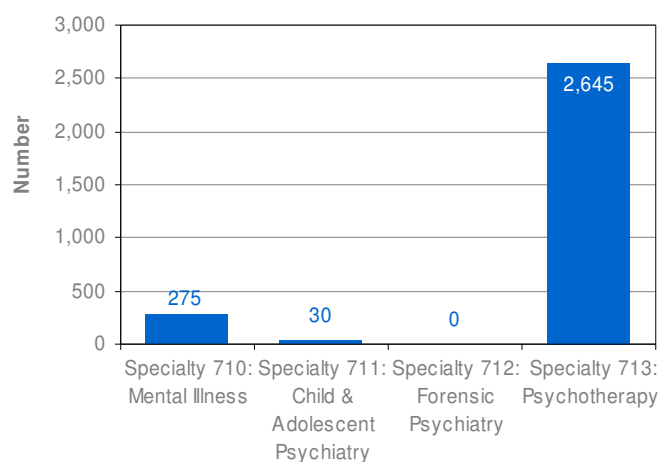
### Financial Year 2009/10

Of the 2,950 patients with mental health needs treated as day cases in 2009/10, 2,792 were treated in mental health hospitals in the Belfast HSC Trust and 158 in the Western HSC Trust (Table 1.2).

### Specialty

Across the mental health specialties, Specialty 713 (Psychotherapy) had the highest number of day cases (2,645), whilst no cases were reported for Specialty 712 (Forensic Psychiatry), as they only treated inpatient cases (Figure 7, Table 1.5 – 1.8).

**Figure 7: Number of Day Cases at Mental Health Hospitals, by Specialty (2009/10)**



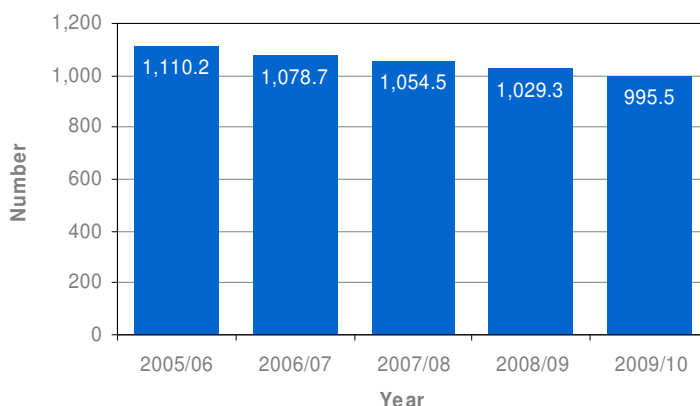
<sup>4</sup> Refer to Appendix 4: Definitions – point 9.

## Bed Availability<sup>6</sup> & Occupancy<sup>7</sup>

### 5 Year Trend

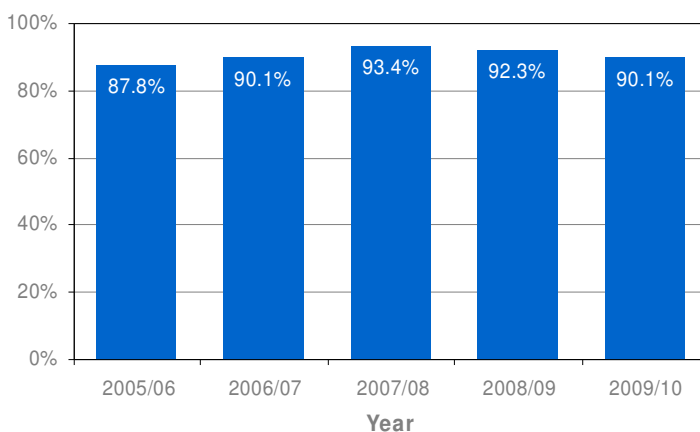
Between 2005/06 and 2009/10, the average number of available beds at mental health hospitals in Northern Ireland decreased by 10.3% (114.7), from 1,110.2 to 995.5 (Figure 8, Table 1.1).

**Figure 8: Average Available Beds at Mental Health Hospitals (2005/06 - 2009/10)**



Since 2005/06, the occupancy rates for beds in mental health hospitals increased from 87.8% in 2005/06 to 90.1% in 2009/10 and remains at levels similar to 2006/07 (Figure 9, Table 1.1).

**Figure 9: Bed Occupancy at Mental Health Hospitals (2005/06 - 2009/10)**



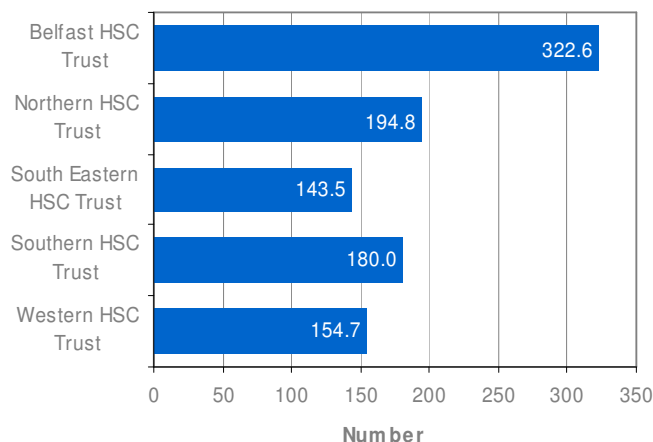
<sup>6</sup> Refer to Appendix 4: Definitions – point 1.

<sup>7</sup> Refer to Appendix 4: Definitions – point 3.

## Financial Year 2009/10

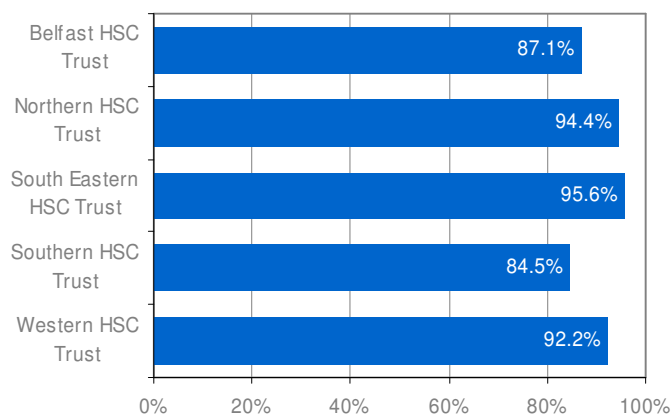
Across HSC Trusts, the highest average number of available beds in mental health hospitals were reported in the Belfast HSC Trust (322.6) whilst the South Eastern HSC Trust reported the lowest (143.5) (Figure 10, Table 1.2).

**Figure 10: Average Available Beds at Mental Health Hospitals, by HSC Trust (2009/10)**



In 2009/10, bed occupancy rates in mental health hospitals ranged from 95.6% in the South Eastern HSC Trust to 84.5% in the Southern HSC Trust (Figure 11, Table 1.2).

**Figure 11: Bed Occupancy at Mental Health Hospitals, by HSC Trust (2009/10)**



## Specialty

Across the mental health specialties, Specialty 710 (Mental Illness) had the highest number of average beds available (934.5), whilst there were no available beds reported for Specialty 713 (Psychotherapy), as only day cases were carried out (Tables 1.5 – 1.8).

Bed occupancy rates across the four mental health specialties, ranged from 96.4% in Specialty 711 (Child & Adolescent Psychiatry) to 89.7% in Specialty 710 (Mental Illness) (Tables 1.5 – 1.8).

## Throughput per Bed<sup>8</sup>

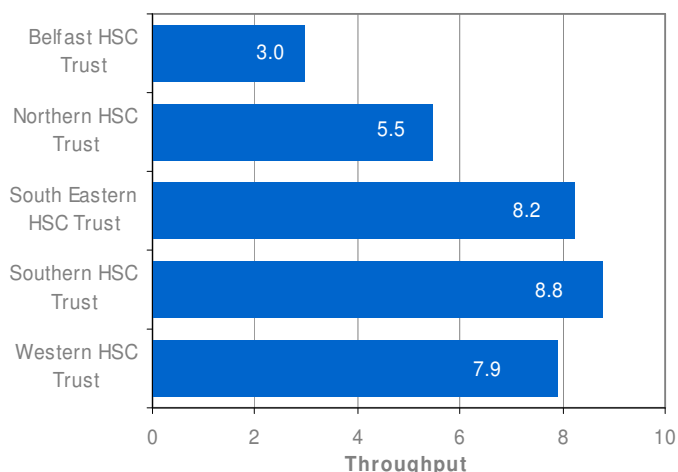
### 5 Year Trend

Over the last five years throughput in each available bed in mental health hospitals in Northern Ireland has remained relatively similar (Table 1.1).

## Financial Year 2009/10

In 2009/10, the average number of inpatients treated in each bed was 6.0. Across HSC Trusts, the average number of inpatients treated in each bed ranged from 8.8 in the Southern HSC Trust to 3.0 in the Belfast HSC Trust (Figure 12, Table 1.2).

**Figure 12: Throughput at Mental Health Hospitals, by HSC Trust (2009/10)**



## Specialty

Across the mental health specialties, the highest average number of admissions per bed was reported in Specialty 710 (Mental Illness) (6.3), whilst the lowest was reported in Specialty 712 (Forensic Psychiatry) (0.5). There was no throughput reported for Specialty 713, (Psychotherapy) as only day cases were carried out (Tables 1.5 – 1.8).

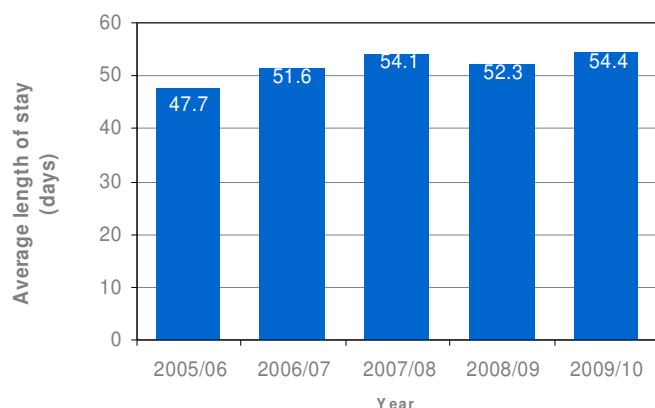
<sup>8</sup> Refer to Appendix 4: Definitions – point 4.

## Average Length of Stay<sup>9</sup>

### 5 Year Trend

Between 2005/06 and 2009/10, the average length of stay in mental health hospitals increased by almost 7 days, from 47.7 days to 54.4 days (Figure 13, Table 1.1).

**Figure 13: Average Length of Stay at Mental Health Hospitals (2005/06 - 2009/10)**



### Financial Year 2009/10

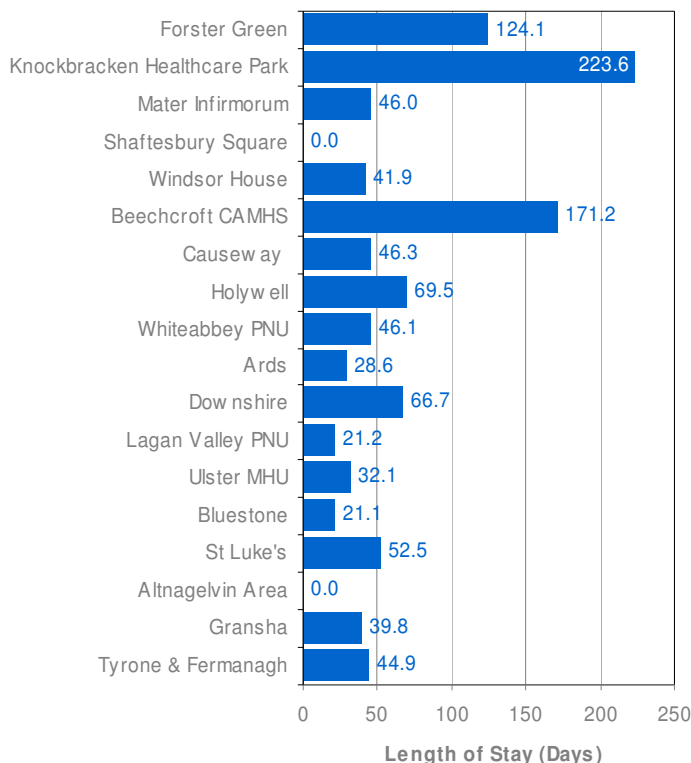
Across HSC Trusts, the average length of stay ranged from 106.3 days in the Belfast HSC Trust to 35.0 days in the Southern HSC Trust (Table 1.2).

During 2009/10, Knockbracken reported the longest average length of stay (223.6 days), whilst Bluestone reported the shortest (21.1 days). Shaftesbury Square and Altnagevin Area Hospitals both reported zero lengths of stay because they only provide a day case service (Figure 14, Table 1.2).

### Specialty

Across the mental health specialties, the highest average length of stay was reported in Specialty 712 (Forensic Psychiatry) (699.2 days) (Tables 1.5 – 1.8).

**Figure 14: Average Length of Stay, by Hospital (2009/10)**



## Consultant-Led Outpatient Attendances<sup>10</sup>

It is not possible to present information on mental health outpatient services over the last five years, due to the definition of an outpatient attendance being redefined in 2008/09.

The outcome of the review was that only consultant-led outpatient attendances should be recorded on the QOAR information return. As a consequence, a number of mental health outpatient services which are not consultant-led, are no longer counted on this information return.

### 2 Year Trend

Between 2008/09 and 2009/10, the number of consultant-led mental health outpatient attendances more than halved, from 41,377 to 20,322 (Table 1.1).

The main reason for the decrease in the number of consultant-led mental health outpatient attendances may be due to the reclassification of a number of consultant-led outpatient services to a new multi-disciplinary model of service delivery.

<sup>9</sup> Refer to Appendix 4: Definitions – point 2

<sup>10</sup> Refer to Appendix 4: Definitions – points 13 – 23.

Attendances at multi-disciplinary teams are not included within the 2009/10 outpatient figures.

### Financial Year 2009/10

In 2009/10, consultant-led outpatient services for the mental health specialties were available in the Belfast HSC Trust only. Of the 20,322 consultant-led mental health outpatient attendances, 1,534 were new attendances and 18,788 were review attendances. This equates to a new to review ratio of 1:12.2, meaning that for every new patient attending a new appointment, there were 12.2 that attended a review appointment (Table 1.3).

Across Hospitals, Beechcroft CAMHS reported the highest number of consultant-led mental health outpatient attendances (6,631) whilst Alexandra Gardens reported the lowest (1,259) (Table 1.3).

During 2009/10, there were 34,810 scheduled consultant-led outpatient attendances for the mental health specialties. Patients did not attend (DNA) 17.3% (6,028) of these scheduled attendances, whilst a further 6.1% (2,121) could not attend (CNA) (Table 1.3).

In 2009/10, the DNA rate<sup>11</sup> for scheduled mental health outpatient appointments was higher for new appointments (30.0) than for review appointments (22.2).

In terms of CNA's, the rates were similar for new (9.6) and review (9.4) mental health outpatient appointments in 2009/10.

Of the 2,121 appointments cancelled by patients in 2009/10, 19.9% (422) were cancelled but an appointment was still required, 1.2% (26) cancelled as an appointment was no longer required, and for the remaining 78.9% (1,673) the reason was incorrectly / not recorded.

### Specialty

Across the mental health specialties (excluding Specialty 712 as it is only an inpatient service), the highest number of consultant-led outpatient attendances were reported for Specialty 710 (Mental Illness) (12,538), whilst the lowest was reported for Specialty 713 (Psychotherapy) (1,153) (Tables 1.9 – 1.11).

<sup>11</sup> Refer to Appendix 4: Definitions – point 18.

In terms of scheduled outpatient attendances, the highest proportion of scheduled attendances where the patient did not attend was reported in Specialty 710 (Mental Illness) (16%), and the lowest in Specialty 711 (Child & Adolescent Psychiatry) (11%)(Tables 1.9 – 1.11).

### Compulsory Admissions to Mental Health Hospitals Under Mental Health (NI) Order 1986<sup>12</sup>

During 2009/10, there were 1,043 compulsory admissions to mental health hospitals under the Mental Health (NI) Order 1986, of which, 571 were male and 472 were female (Table 1.4).

Across HSC Trusts, the number of compulsory admissions to mental health hospitals in 2009/10 ranged from 288 in the Belfast HSC Trust to 139 in the Western HSC Trust (Table 1.4).

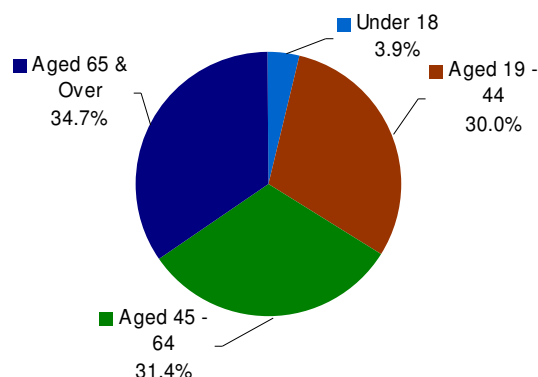
Knockbracken (167) and Holywell Hospital (167) reported the highest number of compulsory admissions under the Mental Health (NI) Order 1986 (Table 1.4).

### Mental Illness & Learning Disability Census<sup>13</sup>

On 17<sup>th</sup> February 2010, 1,067 patients were resident in mental health hospitals in Northern Ireland. Almost three in five (635) of these patients had been resident for less than 6 months, whilst 91 patients had been resident for 10 years or more (Table 1.12).

Just over a third (34.7%) of all mental health inpatients on 17<sup>th</sup> February 2010 were aged 65 & over, 31.4% were aged 45 – 64, 30.0% were aged 19 – 44, and 3.9% were aged under 18 (Figure 15).

**Figure 15: Inpatients Resident in Mental Health Hospitals, by Age Group (2010)**



<sup>12</sup> Refer to Appendix 5: Explanatory Notes – point 19.

<sup>13</sup> Refer to Appendix 5: Explanatory Notes – point 18.

## Learning Disability Hospital Activity

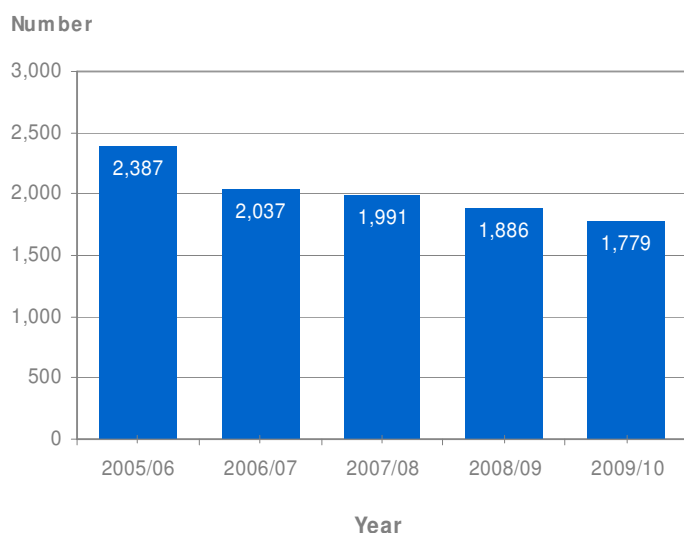
This section details patient activity at learning disability hospitals in Northern Ireland in 2009/10, the most recent year for which figures are available and also a summary of changes from 2005/06 to 2009/10.

### Total Admissions<sup>2</sup>

#### 5 Year Trend

Since 2005/06, the number of admissions to learning disability hospitals decreased by 25.5% (608), from 2,387 in 2005/06 to 1,779 in 2009/10 (Figure 16, Table 2.1).

**Figure 16: Number of Admissions to Learning Disability Hospitals (2005/06 – 2009/10)**



Of the 1,779 admissions to learning disability hospitals in 2009/10, almost all (1,770) were inpatients<sup>3</sup>. The remaining 9 admissions were day cases<sup>4</sup> (Figures 16 – 17, Table 2.1).

<sup>2</sup> Refer to Appendix 4: Definitions – point 11.

<sup>3</sup> Refer to Appendix 4: Definitions – point 8.

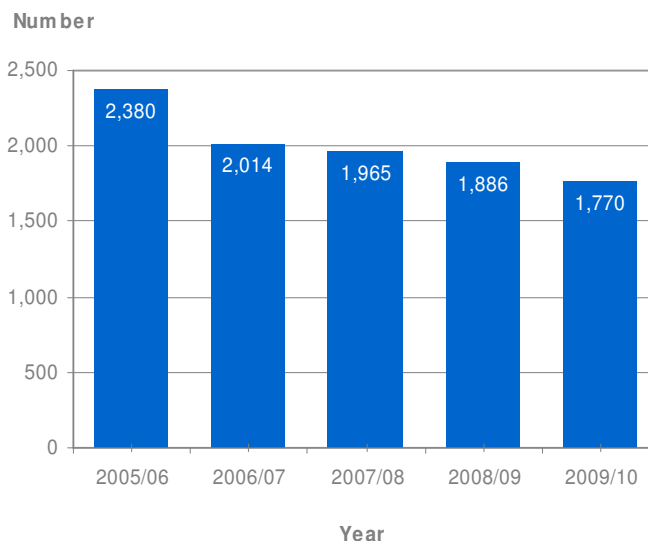
<sup>4</sup> Refer to Appendix 4: Definitions – point 9.

### Inpatients<sup>3</sup>

#### 5 Year Trend

Between 2005/06 and 2009/10, the number of inpatients at learning disability hospitals decreased by 25.6% (610), from 2,380 to 1,770 (Figure 17, Table 2.1).

**Figure 17: Total Number of Inpatients at Learning Disability Hospitals (2005/06 – 2009/10)**



Almost three quarters (1,307) of the 1,770 inpatients in 2009/10 were in the Belfast HSC Trust, and specifically in Musgrave Park Hospital (1,171) (Table 2.2).

During 2009/10, there were no learning disability hospitals in the Northern and South Eastern HSC Trusts.

### Day Cases<sup>4</sup>

The number of patients with a learning disability who were treated as a day case in Northern Ireland remains relatively small.

In 2009/10, 9 patients with a learning disability were treated as day cases in Northern Ireland, compared with none in 2008/09 and 26 in 2007/08 (Table 2.1).

<sup>3</sup> Refer to Appendix 4: Definitions – point 8.

<sup>4</sup> Refer to Appendix 4: Definitions – point 9.

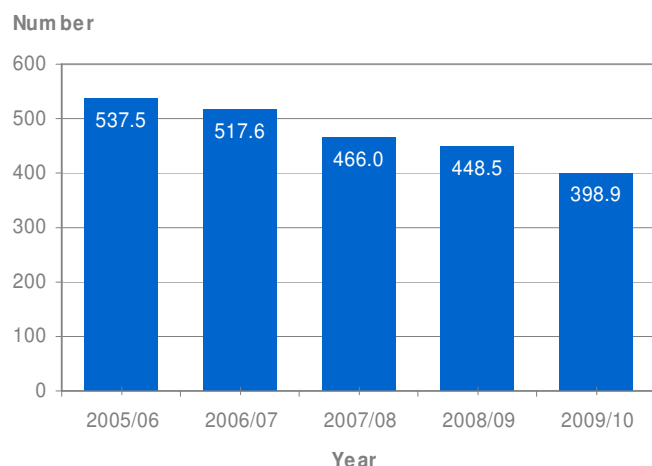


## Bed Availability<sup>6</sup> and Occupancy<sup>7</sup>

### 5 Year Trend

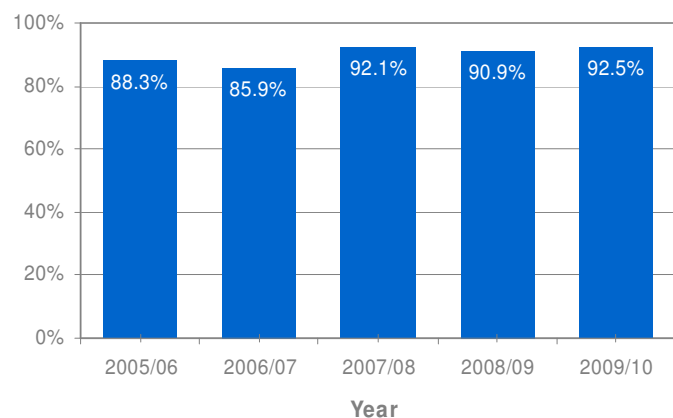
Between 2005/06 and 2009/10, the average number of available beds for patients with a learning disability decreased by 25.8% (138.6), from 537.5 in 2005/06 to 398.9 in 2009/10 (Figure 18, Table 2.1).

**Figure 18: Average Available Beds at Learning Disability Hospitals (2005/06 – 2009/10)**



Since 2005/06, the occupancy rate for beds in learning disability hospitals increased by over four percentage points, from 88.3% in 2005/06 to 92.5% in 2009/10 (Figure 19, Table 2.1).

**Figure 19: Bed Occupancy at Learning Disability Hospitals (%) (2005/06 – 2009/10)**



<sup>6</sup> Refer to Appendix 4: Definitions – point 1.

<sup>7</sup> Refer to Appendix 4: Definitions – point 3.

## Financial Year 2009/10

Of the 398.9 average available beds in 2009/10, the majority 263.7 were available in the Belfast HSC Trust, 82.2 in the Southern HSC Trust and 53.0 in the Western HSC Trust (Table 2.2).

Across Hospitals, Muckamore Abbey provided the majority of beds for patients with a learning disability in Northern Ireland (255.8), Longstone provided on average 82.2 beds, Lakeview provided 53.0 beds and Musgrave Park provided 7.9 beds (Table 2.2).

During 2009/10, occupancy rate for beds in learning disability hospitals ranged from 94.9% in Muckamore Abbey to 83.9% in Musgrave Park (Table 2.2).

## Throughput<sup>8</sup>

Over the last five years throughput in each available bed in learning disability hospitals in Northern Ireland has remained relatively similar (Table 2.1).

Across Hospitals, the average number of inpatients treated in each available bed ranged from 148.8 in Musgrave Park to 0.5 in Muckamore Abbey (Table 2.2).

## Average Length of Stay<sup>9</sup>

### 5 Year Trend

During the last five years, the average length of stay at learning disability hospitals increased by 3.3 days, from 72.8 in 2005/06 to 76.1 in 2009/10 (Figure 20, Table 2.1)

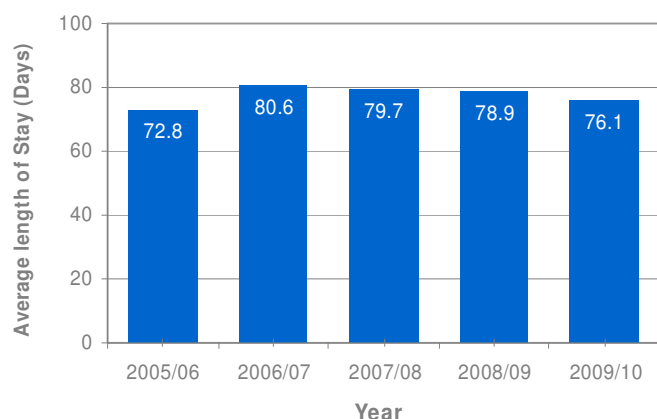
However, since 2006/07 the average length of stay at learning disability hospitals decreased by 4.5 days, from 80.6 in 2006/07 to 76.1 in 2009/10 (Figure 20, Table 2.1).

Across Hospitals, the highest average length of stay was in Muckamore Abbey (651.6 days), compared with an average of 111.2 days in Longstone Hospital, 76.7 days in Lakeview, and 2.1 days in Musgrave Park Hospital (Table 2.2).

<sup>8</sup> Refer to Appendix 4: Definitions – point 4.

<sup>9</sup> Refer to Appendix 4: Definitions – point 2.

**Figure 20: Average Length of Stay at Learning Disability Hospitals (2005/06 – 2009/10)**



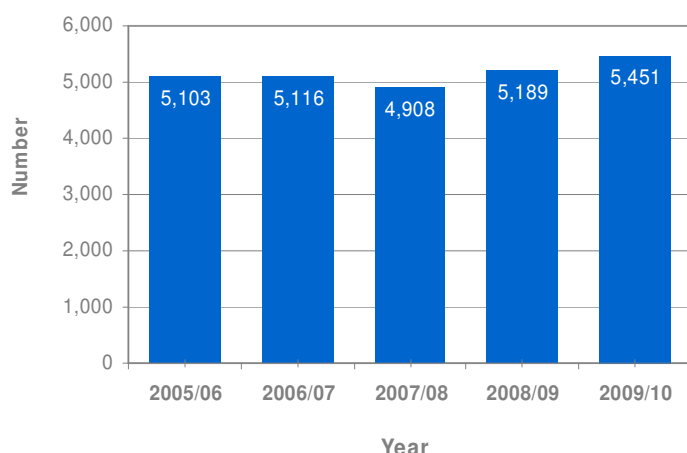
## Consultant-Led Outpatient Attendances<sup>10</sup>

### 5 Year Trend

Between 2005/06 and 2009/10, the number of consultant-led outpatient attendances at learning disability hospitals increased by 6.8% (348), from 5,103 in 2005/06 to 5,451 in 2009/10. (Figure 21, Table 2.1).

Since 2007/08, the number of consultant-led outpatient attendances increased by 11.1% (543), from 4,908 in 2007/08 to 5,451 in 2009/10 (Figure 21, Table 2.1).

**Figure 21: Number of Outpatient Attendances at Learning Disability Hospitals (2005/06 – 2009/10)**



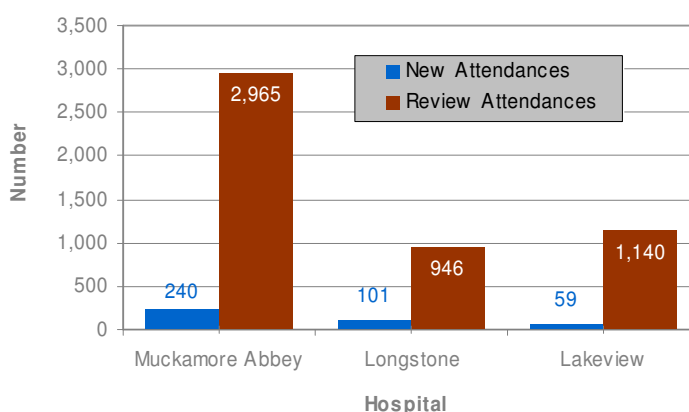
<sup>10</sup> Refer to Appendix 4: Definitions – points 13 – 23.

## Financial Year 2009/10

Of the 5,451 consultant-led outpatient attendances at learning disability hospitals in 2009/10, the vast majority (5,051) were review outpatient attendances and 400 were new outpatient attendances. This equates to a new to review ratio of 1:12.6, meaning that for every patient attending a new appointment, there were 12.6 that attended a review appointment (Table 2.3).

Across Hospitals, the number of new outpatient attendances ranged from 240 in Muckamore Abbey to 59 in Lakeview, whilst the number of review outpatient attendances ranged from 2,965 in Muckamore Abbey to 946 in Longstone (Figure 22, Table 2.3).

**Figure 22: Outpatient Attendances at Learning Disability Hospitals by Type of Attendance (2009/10)**



In 2009/10, there were 7,079 scheduled consultant-led outpatient appointments at learning disability hospitals in Northern Ireland, of which 5,451 (77%) attended, 872 (12%) did not attend (DNA) and 610 (9%) could not attend (CNA) (Figure 23, Table 2.3).

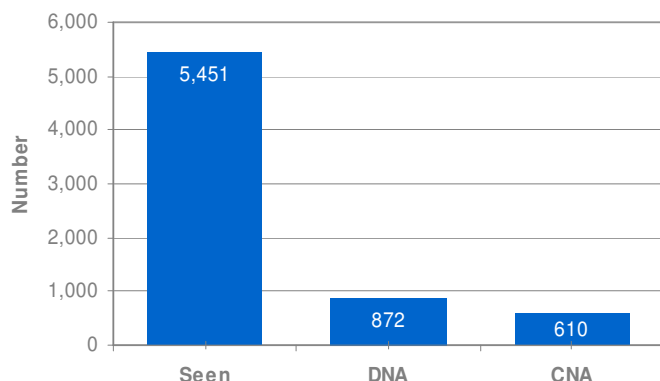
During 2009/10, the DNA rates for new appointments (24.1) were higher than for review appointments (12.9).

In terms of CNA's, the rates were similar for new (9.7) and review (10.1) learning disability outpatient appointments in 2009/10.

Of the 610 appointments cancelled by patients in 2009/10, almost all (593) were cancelled but an appointment was still required.



**Figure 23: Number of Scheduled Outpatient Attendances Attended, DNA's and CNA's at Learning Disability Hospitals (2009/10)**



### **Compulsory Admissions to Learning Disability Hospitals Under Mental Health (NI) Order 1986<sup>12</sup>**

During 2009/10, there were 18 compulsory admissions to learning disability hospitals under the Mental Health (NI) Order 1986, of which, 11 were male and 7 were female.

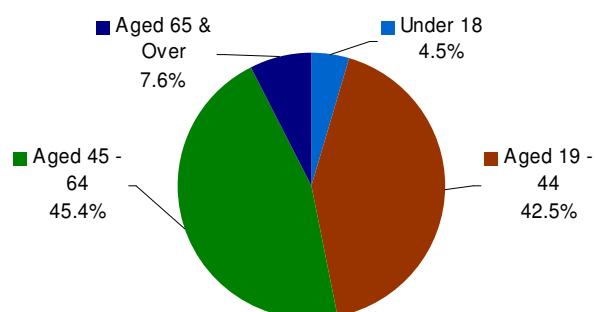
A breakdown of the number of compulsory admissions to learning disability hospitals by HSC Trust is not available due to small numbers.

### **Mental Illness & Learning Disability Census<sup>13</sup>**

On 17<sup>th</sup> February 2010, 355 patients were resident in learning disability hospitals in Northern Ireland, of which, two fifths (144) had been resident for 10 years or more (Table 2.6).

The highest proportion (44%) of all learning disability inpatients on 17<sup>th</sup> February 2010 were aged 45 - 64, 43% were aged 19 - 44, 8% were aged 65 & over and 5% were aged under 18 (Figure 24).

**Figure 24: Inpatients Resident in Learning Disability Hospitals, by Age Group (2010)**



<sup>12</sup> Refer to Appendix 5: Explanatory Notes – point 19.

<sup>13</sup> Refer to Appendix 5: Explanatory Notes – point 18.

## Tables

**Table 1.1: Key Points - Mental Health Statistics (2005/06 - 2009/10) <sup>14</sup>**

	Year					Percentage change 2008/09- 2009/10	Percentage change 2005/06- 2009/10
	2005/06	2006/07	2007/08	2008/09	2009/10		
<b>Inpatients</b>	7,456	6,875	6,651	6,629	6,018	-9.2%	-19.3%
<b>Day Cases</b>	2,544	1,166	369	1,494	2,950	97.5%	16.0%
<b>Total Admissions</b>	10,000	8,041	7,020	8,123	8,968	10.4%	-10.3%
<b>Average Available Beds</b>	1,110.2	1,078.7	1,054.5	1,029.3	995.5	-3.3%	-10.3%
<b>Percentage Occupancy</b>	87.8%	90.1%	93.4%	92.3%	90.1%	-2.2%	2.3%
<b>Throughput</b>	6.7	6.4	6.3	6.4	6.0	-6.3%	-10.4%
<b>Average Length of Stay</b>	47.7	51.6	54.1	52.3	54.4	4.0%	14.0%
<b>Outpatient Attendances</b>				41,377	20,322	-50.9%	

Source: KH03A and QOAR

<sup>14</sup> Refer to Appendix 5: Explanatory Notes – point 12.

Table 1.2: Inpatient and Day Case Activity Data by Hospital/HSC Trust (2009/10) <sup>15</sup>

Hospital/HSC Trust	Average Available Beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of Stay	Turnover Interval
Forster Green	15.0	11.9	35	0	79.3	2.3	124.1	32.3
Knockbracken Healthcare Park	212.0	182.5	298	0	86.1	1.4	223.6	36.1
Mater Infirmorum	48.6	42.2	335	117	86.9	6.9	46.0	6.9
Shaftesbury Square	0.0	0.0	0	2,645	0.0	0.0	0.0	0.0
Windsor House	35.0	30.7	268	0	87.8	7.7	41.9	5.8
Beechcroft CAMHS	12.0	13.6	29	30	100.0	2.4	171.2	0.0
<b>Belfast HSC Trust</b>	<b>322.6</b>	<b>281.0</b>	<b>965</b>	<b>2,792</b>	<b>87.1</b>	<b>3.0</b>	<b>106.3</b>	<b>15.7</b>
Causeway	26.3	29.0	229	0	100.0	8.7	46.3	0.0
Holywell	156.2	145.4	764	0	93.1	4.9	69.5	5.1
Whiteabbey PNU	12.3	9.5	75	0	77.0	6.1	46.1	13.8
<b>Northern HSC Trust</b>	<b>194.8</b>	<b>183.9</b>	<b>1,068</b>	<b>0</b>	<b>94.4</b>	<b>5.5</b>	<b>62.9</b>	<b>3.7</b>
Ards	4.2	4.1	52	0	97.6	12.5	28.6	0.7
Downshire	94.0	88.8	486	0	94.4	5.2	66.7	3.9
Lagan Valley PNU	24.2	23.6	405	0	97.2	16.7	21.2	0.6
Ulster MHU	21.0	20.8	236	0	98.8	11.2	32.1	0.4
<b>South Eastern HSC Trust</b>	<b>143.5</b>	<b>137.2</b>	<b>1,179</b>	<b>0</b>	<b>95.6</b>	<b>8.2</b>	<b>42.5</b>	<b>1.9</b>
Bluestone	49.9	51.0	882	0	100.0	17.7	21.1	0.0
St Luke's	130.1	101.2	703	0	77.8	5.4	52.5	15.0
<b>Southern HSC Trust</b>	<b>180.0</b>	<b>152.2</b>	<b>1,585</b>	<b>0</b>	<b>84.5</b>	<b>8.8</b>	<b>35.0</b>	<b>6.4</b>
Altnagelvin Area	0.0	0.0	0	158	0.0	0.0	0.0	0.0
Gransha	54.0	59.1	543	0	100.0	10.1	39.8	0.0
Tyrone & Fermanagh	100.7	83.4	678	0	82.9	6.7	44.9	9.3
<b>Western HSC Trust</b>	<b>154.7</b>	<b>142.6</b>	<b>1,221</b>	<b>158</b>	<b>92.2</b>	<b>7.9</b>	<b>42.6</b>	<b>3.6</b>
<b>Northern Ireland</b>	<b>995.5</b>	<b>896.9</b>	<b>6,018</b>	<b>2,950</b>	<b>90.1</b>	<b>6.0</b>	<b>54.4</b>	<b>6.0</b>

Source: KH03a

<sup>15</sup> Refer to Appendix 5: Explanatory Notes – point 7.

**Table 1.3: Outpatient Activity by Hospital/HSC Trust (2009/10)**

Hospital/HSC Trust	Attendances									Private Patient Attendances
	New Attendances			Review Attendances			Hospital Cancellations		Patient Died	
	Seen	DNA	CNA	Seen	DNA	CNA	New	Review		
Alexandra Gardens	121	241	5	1,138	517	43	22	401	3	0
Mater Infirmorum	610	265	86	5,903	3,076	501	209	5,086	12	0
Windsor House	303	90	31	5,616	815	367	38	343	3	0
Beechcroft CAMHS	500	61	41	6,131	963	1,047	5	217	0	0
Belfast HSC Trust	1,534	657	163	18,788	5,371	1,958	274	6,047	18	0
Northern Ireland	1,534	657	163	18,788	5,371	1,958	274	6,047	18	0

Source: QOAR

**Table 1.4: Compulsory Admissions Under Mental Health (NI) Order 1986 By Sex and Hospital/HSC Trust (2009/10)**

<b>Hospital/HSC Trust</b>	<b>Males</b>	<b>Females</b>	<b>All</b>
Knockbracken Healthcare Park	107	60	167
Mater Infirmorum	29	14	43
Muckamore Abbey	27	11	38
Windsor House	14	12	26
Beechcroft CAMHS	7	7	14
<b>Belfast HSC Trust</b>	<b>184</b>	<b>104</b>	<b>288</b>
Causeway	26	25	51
Holywell	88	79	167
Whiteabbey PNU	8	7	15
<b>Northern HSC Trust</b>	<b>122</b>	<b>111</b>	<b>233</b>
Ards	12	14	26
Downshire	21	30	51
Lagan Valley PNU	17	14	31
Ulster MHU	27	52	79
<b>South Eastern HSC Trust</b>	<b>77</b>	<b>110</b>	<b>187</b>
Bluestone	70	54	124
Longstone	*	*	*
St Luke's	*	*	*
<b>Southern HSC Trust</b>	<b>117</b>	<b>79</b>	<b>196</b>
Gransha	32	32	64
Tyrone & Fermanagh	39	36	75
<b>Western HSC Trust</b>	<b>71</b>	<b>68</b>	<b>139</b>
<b>Northern Ireland</b>	<b>571</b>	<b>472</b>	<b>1,043</b>

Source: KH15

**Table 1.5: Specialty 710: Inpatient and Day Case Activity Data by Hospital/HSC Trust for Mental Illness (2009/10)** <sup>15</sup>

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Knockbracken Healthcare Park	178.0	150.0	281	0	84.2	1.6	194.8	36.4
Mater Infirmorum	48.6	42.2	335	117	86.9	6.9	46.0	6.9
Windsor House	35.0	30.7	268	0	87.8	7.7	41.9	5.8
<b>Belfast HSC Trust</b>	<b>261.6</b>	<b>222.9</b>	<b>884</b>	<b>117</b>	<b>85.2</b>	<b>3.4</b>	<b>92.0</b>	<b>16.0</b>
Causeway	26.3	29.0	229	0	100.0	8.7	46.3	0.0
Holywell	156.2	145.4	764	0	93.1	4.9	69.5	5.1
Whiteabbey PNU	12.3	9.5	75	0	77.0	6.1	46.1	13.8
<b>Northern HSC Trust</b>	<b>194.8</b>	<b>183.9</b>	<b>1,068</b>	<b>0</b>	<b>94.4</b>	<b>5.5</b>	<b>62.9</b>	<b>3.7</b>
Ards	4.2	4.1	52	0	97.6	12.5	28.6	0.7
Downshire	94.0	88.8	486	0	94.4	5.2	66.7	3.9
Lagan Valley PNU	24.2	23.6	405	0	97.2	16.7	21.2	0.6
Ulster MHU	21.0	20.8	236	0	98.8	11.2	32.1	0.4
<b>South Eastern HSC Trust</b>	<b>143.5</b>	<b>137.2</b>	<b>1,179</b>	<b>0</b>	<b>95.6</b>	<b>8.2</b>	<b>42.5</b>	<b>1.9</b>
Bluestone	49.9	50.5	863	0	100.0	17.3	21.4	0.0
St Luke's	130.1	101.2	703	0	77.8	5.4	52.5	15.0
<b>Southern HSC Trust</b>	<b>180.0</b>	<b>151.7</b>	<b>1,566</b>	<b>0</b>	<b>84.3</b>	<b>8.7</b>	<b>35.4</b>	<b>6.6</b>
Altnagelvin Area	0.0	0.0	0	158	0.0	0.0	0.0	0.0
Gransha <sup>3</sup>	54.0	59.1	542	0	100.0	10.0	39.8	0.0
Tyrone & Fermanagh	100.7	83.4	678	0	82.9	6.7	44.9	9.3
<b>Western HSC Trust</b>	<b>154.7</b>	<b>142.5</b>	<b>1,220</b>	<b>158</b>	<b>92.1</b>	<b>7.9</b>	<b>42.6</b>	<b>3.6</b>
<b>Northern Ireland</b>	<b>934.5</b>	<b>838.3</b>	<b>5,917</b>	<b>275</b>	<b>89.7</b>	<b>6.3</b>	<b>51.7</b>	<b>5.9</b>

Source: KH03A

<sup>15</sup> Refer to Appendix 5: Explanatory Notes – point 7.

Table 1.6: Specialty 711: Inpatient and Day Case Activity Data by Hospital/HSC Trust for Child & Adolescent Psychiatry (2009/10) <sup>15</sup>

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Forster Green	15.0	11.9	35	0	79.3	2.3	124.1	32.3
Beechcroft CAMHS	12.0	13.6	29	30	100.0	2.4	171.2	0.0
<b>Belfast HSC Trust</b>	<b>27.0</b>	<b>25.5</b>	<b>64</b>	<b>30</b>	<b>94.5</b>	<b>2.4</b>	<b>145.5</b>	<b>8.5</b>
Bluestone	0.0	0.5	19	0	0.0	0.0	9.2	0.0
<b>Southern HSC Trust</b>	<b>0.0</b>	<b>0.5</b>	<b>19</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>9.2</b>	<b>0.0</b>
Gransha	0.0	0.1	1	0	0.0	0.0	20.0	0.0
<b>Western HSC Trust</b>	<b>0.0</b>	<b>0.1</b>	<b>1</b>	<b>0</b>	<b>0.0</b>	<b>0.0</b>	<b>20.0</b>	<b>0.0</b>
<b>Northern Ireland</b>	<b>27.0</b>	<b>26.0</b>	<b>84</b>	<b>30</b>	<b>96.4</b>	<b>3.1</b>	<b>113.1</b>	<b>4.2</b>

Source: KH03A

Table 1.7: Specialty 712: Inpatient and Day Case Activity Data by Hospital/HSC Trust for Forensic Psychiatry (2009/10)

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Knockbracken Healthcare Park	34.0	32.6	17	0	95.8	0.5	699.2	30.8
<b>Belfast HSC Trust</b>	<b>34.0</b>	<b>32.6</b>	<b>17</b>	<b>0</b>	<b>95.8</b>	<b>0.5</b>	<b>699.2</b>	<b>30.8</b>
<b>Northern Ireland</b>	<b>34.0</b>	<b>32.6</b>	<b>17</b>	<b>0</b>	<b>95.8</b>	<b>0.5</b>	<b>699.2</b>	<b>30.8</b>

Source: KH03A

<sup>15</sup> Refer to Appendix 5: Explanatory Notes – point 7.

**Table 1.8: Specialty 713: Inpatient and Day Case Activity Data by Hospital/HSC Trust for Psychotherapy (2009/10)**

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Shaftesbury Square	0.0	0.0	0	2,645	0.0	0.0	0.0	0.0
<b>Belfast HSC Trust</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>2,645</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Northern Ireland</b>	<b>0.0</b>	<b>0.0</b>	<b>0</b>	<b>2,645</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Source: KH03A

**Table 1.9: Specialty 710: Outpatient Activity Data by Hospital/HSC Trust for Mental Illness (2009/10)**

Hospital/HSC Trust	Attendances						Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances						
	Seen	DNA	CNA	Seen	DNA	CNA	New	Review		
Alexandra Gardens	121	241	5	1,138	517	43	22	401	3	0
Mater Infirmorum	610	265	86	5,903	3,076	501	209	5,086	12	0
Windsor House	211	67	24	4,555	634	298	33	265	3	0
Belfast HSC Trust	942	573	115	11,596	4,227	842	264	5,752	18	0
Northern Ireland	942	573	115	11,596	4,227	842	264	5,752	18	0

Source: QOAR



**Table 1.10: Specialty 711: Outpatient Activity Data by Hospital/HSC Trust for Child & Adolescent Psychiatry (2009/10)**

Hospital/HSC Trust	Attendances						Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances						
	Seen	DNA	CNA	Seen	DNA	CNA	New	Review		
Beechcroft CAMHS	500	61	41	6,131	963	1,047	5	217	0	0
Belfast HSC Trust	500	61	41	6,131	963	1,047	5	217	0	0
Northern Ireland	500	61	41	6,131	963	1,047	5	217	0	0

Source: QOAR

**Table 1.11: Specialty 713: Outpatient Activity Data by Hospital/HSC Trust for Psychotherapy (2009/10)**

Hospital/HSC Trust	Attendances						Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances						
	Seen	DNA	CNA	Seen	DNA	CNA	New	Review		
Windsor House	92	23	7	1,061	181	69	5	78	0	0
Belfast HSC Trust	92	23	7	1,061	181	69	5	78	0	0
Northern Ireland	92	23	7	1,061	181	69	5	78	0	0

Source: QOAR

**Table 1.12: Mental Illness Inpatients Resident at 17 February 2010 (including patients on Home Leave)**

Length of Stay	Age in Years									
	0-15	16-18	19-24	25-34	35-44	45-54	55-64	65-74	75+	TOTAL
0-6 months	16	22	43	77	105	96	65	86	125	635
7-12 months	2	1	5	10	10	15	14	21	9	87
>1-2 years	0	1	2	7	10	12	3	7	20	62
>2-3 years	0	0	4	5	6	8	13	5	14	55
>3-5 years	0	0	2	7	6	6	15	13	20	69
>5-10 years	0	0	0	5	7	21	11	9	15	68
>10-20 years	0	0	0	1	7	15	15	2	5	45
>20-30 years	0	0	0	0	1	8	9	3	1	22
>30 years	0	0	0	0	0	1	8	8	7	24
<b>TOTAL</b>	<b>18</b>	<b>24</b>	<b>56</b>	<b>112</b>	<b>152</b>	<b>182</b>	<b>153</b>	<b>154</b>	<b>216</b>	<b>1,067</b>

**Total number of inpatients on home leave (included in above total):**

**72**

Source: Mental Illness / Learning Disability Census

Table 2.1: Key Points - Learning Disability Statistics (2005/06 - 2009/10) <sup>16</sup>

Activity	Year					Percentage change 2008/09- 2009/10	Percentage Change 2005/06- 2009/10
	2005/06	2006/07	2007/08	2008/09	2009/10		
Inpatients	2,380	2,014	1,965	1,886	1,770	-6.2%	-25.6%
Day Cases	7	23	26	0	9		
Total Admissions	2,387	2,037	1,991	1,886	1,779	-5.7%	-25.5%
Average Available Beds	537.5	517.6	466	448.5	398.9	-11.1%	-25.8%
Percentage Occupancy	88.3%	85.9%	92.1%	90.9%	92.5%	1.6%	4.2%
Throughput	4.4	3.9	4.2	4.2	4.4	4.8%	0.0%
Average Length of Stay	72.8	80.6	79.7	78.9	76.1	-3.5%	4.5%
Outpatient Attendances	5,103	5,116	4,908	5,189	5,451	5.0%	6.8%

Source: KH03A and QOAR

<sup>16</sup> Due to the small number of day cases reported in learning disability hospitals in each of the last five years, it may be misleading to calculate percentage changes.

**Table 2.2: Inpatient and Day Case Activity Data by Hospital/HSC Trust (2009/10)**

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Muckamore Abbey	255.8	242.8	136	0	94.9	0.5	651.6	34.9
Musgrave Park	7.9	6.6	1,171	4	83.9	148.8	2.1	0.4
<b>Belfast HSC Trust</b>	<b>263.7</b>	<b>249.4</b>	<b>1,307</b>	<b>4</b>	<b>94.6</b>	<b>5.0</b>	<b>69.6</b>	<b>4.0</b>
Longstone	82.2	72.2	237	0	87.8	2.9	111.2	15.4
<b>Southern HSC Trust</b>	<b>82.2</b>	<b>72.2</b>	<b>237</b>	<b>0</b>	<b>87.8</b>	<b>2.9</b>	<b>111.2</b>	<b>15.4</b>
Lakeview	53.0	47.5	226	5	89.7	4.3	76.7	8.8
<b>Western HSC Trust</b>	<b>53.0</b>	<b>47.5</b>	<b>226</b>	<b>5</b>	<b>89.7</b>	<b>4.3</b>	<b>76.7</b>	<b>8.8</b>
<b>Northern Ireland</b>	<b>398.9</b>	<b>369.1</b>	<b>1,770</b>	<b>9</b>	<b>92.5</b>	<b>4.4</b>	<b>76.1</b>	<b>6.1</b>

Source: KH03A

**Table 2.3: Outpatient Activity Data by Hospital/HSC Trust (2009/10)**

Hospital/HSC Trust	Attendances						Hospital Cancellations		Patient Died	Private Patient Attendances
	New Attendances			Review Attendances						
	Seen	DNA	CNA	Seen	DNA	CNA	New	Review		
Muckamore Abbey	240	62	40	2,965	422	500	4	115	5	0
Belfast HSC Trust	240	62	40	2,965	422	500	4	115	5	0
Longstone	101	58	2	946	242	0	5	17	0	0
Southern HSC Trust	101	58	2	946	242	0	5	17	0	0
Lakeview	59	7	1	1,140	81	67	0	0	0	0
Western HSC Trust	59	7	1	1,140	81	67	0	0	0	0
Northern Ireland	400	127	43	5,051	745	567	9	132	5	0

Source: QOAR

**Table 2.4: Specialty 700: Inpatient and Day Case Activity Data by Hospital/HSC Trust for Learning Disability (2009/10)**

Hospital/HSC Trust	Average Available beds	Average Occupied beds	Inpatients	Day Cases	% Occupancy	Throughput	Average Length of stay	Turnover Interval
Muckamore Abbey	255.8	242.8	136	0	94.9	0.5	651.6	34.9
Musgrave Park	7.9	6.6	1,171	4	83.9	148.8	2.1	0.4
<b>Belfast HSC Trust</b>	<b>263.7</b>	<b>249.4</b>	<b>1,307</b>	<b>4</b>	<b>94.6</b>	<b>5.0</b>	<b>69.6</b>	<b>4.0</b>
Longstone	82.2	72.2	237	0	87.8	2.9	111.2	15.4
<b>Southern HSC Trust</b>	<b>82.2</b>	<b>72.2</b>	<b>237</b>	<b>0</b>	<b>87.8</b>	<b>2.9</b>	<b>111.2</b>	<b>15.4</b>
Lakeview	53.0	47.5	226	5	89.7	4.3	76.7	8.8
<b>Western HSC Trust</b>	<b>53.0</b>	<b>47.5</b>	<b>226</b>	<b>5</b>	<b>89.7</b>	<b>4.3</b>	<b>76.7</b>	<b>8.8</b>
<b>Northern Ireland</b>	<b>398.9</b>	<b>369.1</b>	<b>1,770</b>	<b>9</b>	<b>92.5</b>	<b>4.4</b>	<b>76.1</b>	<b>6.1</b>

Source: KH03A

**Table 2.5: Specialty 700: Outpatient Activity Data by Hospital/HSC Trust for Learning Disability (2009/10)**

Hospital/HSC Trust	Attendances						Hospital Cancellations		Patient	Private Patient
	New Attendances			Review Attendances						
	Seen	DNA	CNA	Seen	DNA	CNA	New	Review	Died	Attendances
Muckamore Abbey	240	62	40	2,965	422	500	4	115	5	0
Belfast HSC Trust	240	62	40	2,965	422	500	4	115	5	0
Longstone	101	58	2	946	242	0	5	17	0	0
Southern HSC Trust	101	58	2	946	242	0	5	17	0	0
Lakeview	59	7	1	1,140	81	67	0	0	0	0
Western HSC Trust	59	7	1	1,140	81	67	0	0	0	0
Northern Ireland	400	127	43	5,051	745	567	9	132	5	0

Source: QOAR

**Table 2.6: Learning Disability Inpatients Resident at 17 February 2010 (including patients on Home Leave)**

Length of Stay	Age in years									
	0-15	16-18	19-24	25-34	35-44	45-54	55-64	65-74	75+	All Ages
0-6 months	7	4	11	8	10	14	7	1	0	62
7-12 months	1	1	2	5	7	1	2	0	0	19
>1-2 years	2	0	3	4	7	6	6	2	0	30
>2-3 years	0	1	2	3	6	5	3	2	0	22
>3-5 years	0	0	5	11	5	8	6	3	0	38
>5-10 years	0	0	5	8	7	11	7	1	1	40
>10-20 years	0	0	0	11	9	9	5	1	2	37
>20-30 years	0	0	0	1	15	8	7	3	1	35
>30 years	0	0	0	0	6	28	28	8	2	72
<b>TOTAL</b>	<b>10</b>	<b>6</b>	<b>28</b>	<b>51</b>	<b>72</b>	<b>90</b>	<b>71</b>	<b>21</b>	<b>6</b>	<b>355</b>

Total number of inpatients on home leave (included in above total):

16

Source: Mental Illness / Learning Disability Census

## Appendix 1: Mental Health / Learning Disability Specialties in each Hospital during 2009/10

Hospital	Specialties
Alexandra Gardens	Mental Illness (Outpatients Only)
Altnagelvin	Mental Illness
Ards	Mental Illness
Beechcroft CAMHS	Child & Adolescent Psychiatry
Causeway	Mental Illness
Bluestone	Mental Illness, Child & Adolescent Psychiatry
Downshire	Mental Illness
Forster Green	Child & Adolescent Psychiatry
Gransha	Mental Illness, Child & Adolescent Psychiatry
Holywell	Mental Illness
Knockbracken	Mental Illness, Forensic Psychiatry
Lagan Valley PNU	Mental Illness
Lakeview	Learning Disability
Longstone	Learning Disability
Mater	Mental Illness
Muckamore Abbey	Learning Disability
Musgrave Park	Learning Disability
Shaftesbury Square	Psychotherapy
St. Luke's	Mental Illness
Tyrone & Fermanagh	Mental Illness
Ulster MHU	Mental Illness
Whiteabbey PNU	Mental Illness
Windsor House	Mental Illness, Psychotherapy

## Appendix 2: Hospitals Open Within Each HSC Trust for All or Part of Year Ending 31 March 2010

<b>Belfast Health and Social Care Trust</b>	Alexandra Gardens, Beechcroft CAMHS, Forster Green, Knockbracken, Mater Infirmorum, Muckamore Abbey, Musgrave Park (now includes Forest Lodge), Shaftesbury Square, Windsor House
<b>Northern Health and Social Care Trust</b>	Causeway, Holywell, Whiteabbey PNU
<b>South Eastern Health and Social Care Trust</b>	Ards, Downshire, Lagan Valley PNU, Ulster MHU
<b>Southern Health and Social Care Trust</b>	Bluestone, Longstone, St Luke's
<b>Western Health and Social Care Trust</b>	Altnagelvin, Gransha, Lakeview, Tyrone & Fermanagh



## Appendix 3: Hospital Specialties by Programme of Care

Programmes of Care are divisions of healthcare, into which activity and finance data are assigned, so as to provide a common management framework. They are used to plan and monitor the health service, by allowing performance to be measured, targets set and services managed on a comparative basis. In total, there are nine Programmes of Care. However, only five of these are relevant to hospital activity. The relevant hospital specialties within each of the Programmes of Care are shown below.

### **POC 1 - Acute Services**

100 General Surgery  
101 Urology  
110 T & O Surgery  
120 ENT  
130 Ophthalmology  
140 Oral Surgery  
141 Restorative Dentistry  
142 Paediatric Dentistry  
143 Orthodontics  
150 Neurosurgery  
160 Plastic Surgery  
170 Cardiac Surgery  
171 Paediatric Surgery  
172 Thoracic Surgery  
180 Accident & Emergency  
190 Anaesthetics  
191 Pain Management  
300 General Medicine  
301 Gastroenterology  
302 Endocrinology  
303 Haematology (Clin)  
304 Clinical Physiology  
305 Clinical Pharmacology  
310 Audiological Medicine  
311 Clinical Genetics  
312 Clinical Genetics & Molecular Genetics  
313 Clinical Immunology & Allergy  
314 Rehabilitation  
315 Palliative Medicine  
320 Cardiology  
330 Dermatology  
340 Thoracic Medicine  
350 Infectious Diseases  
360 Genito-Urinary Medicine  
361 Nephrology  
370 Medical Oncology  
371 Nuclear Medicine  
400 Neurology  
401 Clinical Neuro-Physiology  
410 Rheumatology  
420 Paediatrics  
421 Paediatric Neurology

450 Dental Medicine Specialties  
460 Medical Ophthalmology  
502 Gynaecology  
620 GP Other  
800 Clinical Oncology  
810 Radiology  
820 General Pathology  
821 Blood Transfusion  
822 Chemical Pathology  
823 Haematology  
824 Histopathology  
830 Immunopathology  
831 Medical Microbiology  
832 Neuropathology  
900 Community Medicine  
901 Occupational Medicine  
990 Joint Consultant Clinics  
999 Other

### **POC 2 -Maternity and Child Health**

501 Obstetrics  
510 Obstetrics (Ante Natal)  
520 Obstetrics (Post Natal)  
540 Well Babies (Obstetrics)  
550 Well Babies (Paediatrics)

### **POC 4 Elderly Care**

430 Geriatric Medicine  
715 Old Age Psychiatry

### **POC 5 - Mental Health**

710 Mental Illness  
711 Child & Adolescent Psychiatry  
712 Forensic Psychiatry  
713 Psychotherapy

### **POC 6 - Learning Disability**

700 Learning Disability

## Appendix 4: Definitions

### 1. Average Available/Occupied Beds

The average number of available and occupied beds during the year in wards that are open overnight, measured at midnight. Hospitals may also have a number of beds in wards that are only open during the day. Beds reserved for day care admission or regular day admission are not included.

### 2. Average Length of Stay

A measurement of the average length of time spent in hospital. Day Cases and regular attenders are excluded from the calculation.

Average Daily Number of Occupied Beds x Days in Year  
-----  
Total Inpatients

### 3. % Occupancy

A measurement of the percentage of time that beds are occupied. Day cases and regular attenders are excluded from the calculation.

Average Daily Occupied Beds  
----- x 100  
Average Daily Available Beds

### 4. Throughput

A measurement of the average number of ordinary admissions treated in each available bed open overnight each year. Day Cases and regular attenders are excluded from the calculation.

Total Inpatients  
-----  
Average Number of Available Beds

### 5. Turnover Interval

A measurement of the average length of time a bed open overnight remains unoccupied between ordinary admissions. Day Cases and regular attenders are excluded from the calculation.

Average Available Beds - Average Occupied Beds x Days in Year  
-----  
Total Inpatients

### 6. Day case rate

The number of Day Cases is given as a percentage of elective inpatients.

Total Day Cases  
----- x 100  
(Total Elective Inpatients) + Total Day Cases

## **7. Elective Inpatient**

A patient for whom the decision to admit could be separated in time from the actual admission. This excludes emergency admissions and maternity or delivery episodes.

## **8. Inpatients**

Inpatient admissions include both (a) patients admitted electively with the expectation that they will remain in hospital for at least one night, and (b) non-elective admissions (e.g. emergency admissions). A patient who is admitted with this intention but who leaves hospital for any reason without staying overnight is still counted as an inpatient. Day cases and regular attenders are not included.

## **9. Day Case**

A patient admitted electively during the course of a day with the intention of receiving care who does not require the use of a hospital bed overnight and who returns home as scheduled. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an inpatient.

## **10. Admissions**

Total admissions has been taken to be the sum of all day cases, inpatients (elective and non elective) and regular attenders. Deaths and discharges have been used as an approximation of admissions.

## **11. Private Patient Attendances**

A private patient is one who has opted to have treatment outside the Health Service and has undertaken to pay for all expenses incurred, including treatment and accommodation costs.

## **12. Specialty**

A specialty is a particular branch of medicine or surgery. Each consultant is assigned a main specialty from a list recognised by the Royal Colleges and Faculties. Information is recorded against the specialty of the treating consultant.

## **13. Outpatient Services**

An outpatient service is a consultant led service provided by Health and Social Care Trusts to allow patients to see a consultant, their staff and associated health professionals for assessment in relation to a specific condition. Patients are not admitted into hospital for this assessment. Outpatient services are usually provided during a clinic session providing an opportunity for consultation, investigation and minor treatment.

Patients normally attend by prior arrangement. Although a consultant is in overall charge, they may not be present on all occasions the clinic is held. They must, however, be represented by a member of their team.

## **14. Outpatient Appointment**

An outpatient appointment is an administrative arrangement enabling patients to see a consultant, their staff and associated health professionals, following an outpatient referral. Outpatient appointments relate to all appointments with a consultant led service, irrespective of the location in which the service is performed.

## 15. New Attendance

A new attendance is the first of a series or the only attendance at an outpatient service with a consultant or their representative following an outpatient referral. In practice, most referrals will be seen as a consequence of a GP referral request; however, referrals may also be received from a range of other sources (see Appendix 1). First attendances at an outpatient clinic that are initiated by the consultant, who has already seen the patient, are classified as review attendances i.e. following an attendance at an Accident & Emergency unit or following an inpatient admission.

## 16. Review Attendances

A review attendance is an attendance at an outpatient service following; a new outpatient attendance, a previous review attendance, an attendance at an Accident & Emergency unit, a domiciliary visit, or following an inpatient admission, for the same condition. Essentially review appointments are all appointments that are not a first appointment.

## 17. Did Not Attend (DNA'd) / Missed Appointment

This is the number of patients who did not attend, and failed to give advance warning to the hospital, for an outpatient appointment. This includes patients who cancelled their outpatient appointment on the same day on which the appointment was scheduled. These should not be confused with those who could not attend and who did warn the hospital in advance (before the day on which the appointment was scheduled).

## 18. DNA rate

This is the number of patients who did not attend, and failed to give advance warning to the hospital, taken as a rate of attendances and missed appointments. This is calculated by the following formula:

$$((\text{Number of DNAs}) / (\text{Number of attendances} + \text{Number of DNAs})) * 100$$

## 19. Could Not Attend (CNA'd) / Patient Cancellation

This is the number of patients who could not attend, and gave advance warning to the hospital, for an outpatient appointment before the day of the scheduled appointment. These should not be confused with those who either did not attend without prior warning or those who could not attend and informed the hospital on the day on which the appointment was scheduled. This does not include appointments cancelled as a result of the hospital being notified of the patient's death.

## 20. CNA rate

This is the number of patients who could not attend, and gave advance warning to the hospital, taken as a rate of attendances and missed appointments. This is calculated by the following formula:

$$((\text{Number of CNAs}) / (\text{Number of attendances} + \text{Number of CNAs})) * 100$$

## 21. Outpatient Appointment Cancelled by the Hospital / Hospital Cancellation

This is the number of outpatient appointments that have been cancelled by the Health and Social Care Trust. A cancelled appointment is one which was intended to be held but which did not occur. Such cancellations do not include those cancelled by the patient (Could Not Attend), appointments the patient did not attend without giving prior notice (DNA) and appointments cancelled by the hospital as a result of the patient's death.

## 22. Hospital Cancellation rate

This is the number of appointments cancelled by hospitals, taken as a rate of attendances and hospital cancellations. This is calculated by the following formula:

$$\left( \frac{\text{Number of hospital cancellations}}{\text{Number of attendances} + \text{Number of hospital cancellations}} \right) * 100$$

## 23. Reasons for Cancellation

An outpatient appointment may be cancelled by either the Health and Social Care Trust (a hospital cancellation) or the patient (patient could not attend – CNA).

Hospital Cancellations may occur for the following reasons:

- Consultant unavailable
- Medical staff / Nurse unavailable
- Patient treated elsewhere
- Consultant cancelled appointment
- Appointment rescheduled (brought forward)
- Appointment rescheduled (put back)
- Cancelled following validation / audit
- Administrative error by hospital
- Hospital transport not available

Patient Cancellations (CNA) may occur for the following reasons:

- Patient cancelled appointment as it is no longer required
- Patient cancelled but the appointment is still required
- GP cancelled appointment

If no reason for cancellation has been recorded, Trusts report this as 'No reason for cancellation recorded'.

If an incorrect reason for cancellation has been recorded, for example if one of the hospital cancellation reasons are recorded against a patient cancellation, Trusts report the reasons for such cancellations as 'Incorrect reason for cancellation recorded'.

Cancellations due to the death of a patient are reported separately and should not be included within the figures for either Patient Cancellations (CNA) or hospital cancellations.

## Appendix 5: Explanatory Notes

1. The data contained in this publication have been compiled from the quarterly Körner Aggregate Returns (KARs), which were introduced from 01 April 1988 and the Quarterly Outpatient Activity Return (QOAR) introduced from 01 April 2008. They refer to all general, mental illness and learning disability hospitals in Northern Ireland that provide consultant-led outpatient activity. Any amendments notified by HSC Trusts after 6<sup>th</sup> August 2010 have not been included.
2. Activity has been grouped into POCs on the basis of the main specialty of the consultant in charge of the patient. In a small number of cases, this may lead to differences between the strict POC and the specialty of the consultant in charge. An example of this would be patients in a hospital ward reserved exclusively for the younger physically disabled who would be included in the Acute Services POC when applying the specialty rule rather than the correct POC of Physical and Sensory Disability. However, the specialty rule will apportion activity to the correct POC in the vast majority of cases.
3. In accordance with the Review of Public Administration, with effect from the 01 April 2007, five new integrated Health and Social Care Trusts (Belfast, Northern, South Eastern, Southern and Western) replaced the previous eighteen Trusts in Northern Ireland. Tables have been presented based on the new Trust Areas.
4. The data for individual hospitals on certain indicators (e.g., 'Average Available Beds') will not always sum to the HSC Trust total or the overall NI total due to rounding. In addition, certain indicators (e.g. 'Throughput') have been derived from unrounded figures for greater accuracy. They may therefore differ slightly from values obtained through using rounded figures in the formulae.
5. Data Availability/Format: All of the data contained in the tables are also available on a quarterly basis and can be supplied by individual specialty or hospital/HSC Trust if this level of detail is required. In addition, data can be supplied in spreadsheet format (Microsoft Excel) in order to aid secondary analysis. The tables are also available at [http://www.dhsspsni.gov.uk/index/stats\\_research/stats-pubs.htm](http://www.dhsspsni.gov.uk/index/stats_research/stats-pubs.htm) for those with Internet access.
6. The calculation of average length of stay assumes that patients spend the entire length of their stay in hospital within the same specialty. On occasions, patients may be transferred between specialties during the same stay in hospital. In these circumstances, such transfers may slightly skew the average length of stay at a specialty level.
7. Due to inconsistencies in data supplied, Percentage Occupancy and Turnover Interval figures for Beechcroft CAMHS, Bluestone, Causeway and Gransha, have been set to 100% and 0.0 respectively.
8. Information relating to Compulsory Admissions under the Mental Health (NI) Order 1986 to Lagan Valley PNU and Downshire Hospital for the quarter ending 30/09/09 are not available.
9. Following recent ONS guidance on data disclosure, cells with a value between 0 and 4 will now be anonymised with an astrix. In addition, where the anonymised cell can be deduced from the totals, the next smallest cells will also be anonymised.
10. Due to the disparate coverage of coding of reasons for cancellation within HSC Trusts, data users should use caution in the analysis of these data. For example, the number of appointments recorded as being cancelled for a particular reason may be due to coding issues rather than being indicative of actual activity.

11. From the beginning of 2008/09, the Quarterly Outpatient Activity Return (QOAR) replaced the KH09 (Part 1) as the source of data relating to outpatient activity. As a consequence of this new methodology, the collection of data on scheduled and cancelled clinics was replaced with the collection of data on appointments cancelled by both hospitals (hospital cancellations) and patients (Could not attend or CNAs). The definition of a missed appointment or did not attend (DNA) has been amended to also include CNAs on the day of the appointment. As a result of this amendment, DNA figures for 2008/09 and 2009/10 are not directly comparable with those published in previous years.
12. During 2008/09 Health and Social Care Trusts in Northern undertook a process of reclassifying a number of outpatient services in the Mental Health Programme of Care, from a consultant led to a non consultant led model of service delivery. As a consequence of these reclassifications, data relating to activity within these services are no longer included within the outpatient data contained in this publication. Data users should be aware of these developments when comparing data reported for both 2008/09 and 2009/10 with that published in previous years.
13. The data contained in this publication have been compiled from the Quarterly Outpatient Activity Return (QOAR), which was introduced from 01/08/08. They refer to all HSC hospitals in Northern Ireland that provide consultant led outpatient activity. Any amendments notified by HSC Trusts after 06/08/10 have not been included.
14. Recording and collection of reasons for cancellation commenced at the beginning of 2008/09. These data are published as experimental statistics.
15. All mental health services in the Ards Hospital were transferred to a new facility in the Ulster Hospital (Ulster MHU) on 3<sup>rd</sup> June 2009.
16. Whiteabbey PNU closed 23<sup>rd</sup> December 2009.
17. The mental health facility known as the 'Young Person's Centre' was renamed 'Beechcroft CAMHS Inpatient Service'.
18. The Mental Illness & Learning Disability Census (MILD) is carried out annually, and is a count of all mental illness and learning disability patients resident in the hospital or on home leave at the time of the Census. Information is collected from each Hospital on the basis of age and length of stay. The Census is a snapshot of the resident population as at 17 February in the appropriate year.
19. Information on Compulsory Admissions derives from the quarterly KH15 information return. This return collects information on all patients admitted during the course of the previous quarter who were detained at admission Under the Mental Health (NI) Order 1986.

**Further information** on Mental Health and Learning Disability statistics in Northern Ireland, is available from:

**Jennifer Myers**

Hospital Information Branch

Information & Analysis Directorate

Department of Health, Social Services & Public Safety

Stormont Estate

Belfast, BT4 3SQ

☎ Tel: 028 905 22555

☎ Fax: 028 905 23288

✉ Email: [statistics@dhsspsni.gov.uk](mailto:statistics@dhsspsni.gov.uk)

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