

27 Allocation of acute adult inpatient mental health beds

27.1 The number of acute adult inpatient mental health beds in Ireland has reduced significantly over the last 40 years. This has been a conscious decision reflecting a policy aim to move away from mental health institutions and towards more community-based services for mental health.

27.2 *Vision for Change*, Ireland's national mental health policy published in 2006, envisioned that enhanced community-based mental health services would greatly reduce the need for hospital admissions.¹ While the policy acknowledged that there will always be a requirement for an acute hospitalisation service for individuals needing urgent intervention, it encouraged the expansion of mental health service delivery in local communities. It recommended developing a plan to bring about the closure of all mental health hospitals and to reinvest resources arising from the closures into the mental health service. This approach is consistent with the strategic objective within the 2017 Sláintecare programme to integrate the delivery of Health Service Executive (HSE) services at a community level (see Figure 27.1).

27.3 *Sharing the Vision*, published in 2020, is the current ten-year mental health policy.² The policy proposes a population-based planning approach to guide the distribution and development of mental health services and supports in Ireland in response to need. The policy contains 100 recommendations for the development of Irish mental health services to be delivered over a ten-year period to 2030. It focuses on prioritising and developing a full suite of services to operate alongside acute inpatient care.

27.4 An aspiration of the current mental health policy is to provide the right care in the right place at the right time. The policy aims to enhance the provision of mental health services and supports across a broad continuum, from mental health promotion, prevention and early intervention to acute and specialist mental health service delivery.

Focus of this examination

27.5 This report focuses on publicly funded acute inpatient general mental health beds for adults. The examination was undertaken to review

- how the current number and location of acute adult inpatient HSE-registered general mental health beds align with population distribution and whether related targets are being met
- the availability of community-based services.

¹ [A Vision for Change: Report of the expert group on mental health policy](#) (2006).

² [Sharing the Vision: A Mental Health Policy for Everyone](#) (2020).

Figure 27.1 Restructuring within the healthcare system

The *Sláintecare Report*, published in May 2017, sets out a ten-year programme designed to reform Ireland's health and social care system.^a Sláintecare envisioned that a HSE 'national centre' would have a key strategic role in providing national oversight of the regions and overall health and social care system, with a primary focus on planning, enabling, performance and assurance.

Part of the programme of work under Sláintecare is the implementation of health regions. This involves the reorganisation of the HSE into six operational regions. Each health region has responsibility for planning and coordinating the delivery of health and social care services within a defined geographic area.

Under this reorganisation, responsibility and authority for delivering the majority of services have been devolved to the six regions. Health regions are accountable and responsible for understanding the needs of their regional and local populations. This structure replaces the previous structure of hospital groups and community healthcare organisations.

Integrated health areas (IHAs) have been created within each of the six health regions. Each IHA takes account of varying geographic areas, population sizes, local needs and services. They comprise multiple community healthcare networks and community specialist teams.

Source: Health Service Executive

Note: a [Committee on the Future of Healthcare: Sláintecare Report](#) (2017).

Inpatient mental health services

- 27.6** Inpatient admission occurs after it has been established that an individual's acute mental health care needs cannot be treated appropriately at home e.g. for individuals suffering from severe depression or psychosis. Acute inpatient beds are used in the short term for a specific purpose. Other types of mental health beds — such as continuing care beds — serve different purposes, including catering for individuals requiring longer-term care.
- 27.7** The Mental Health Commission (MHC) regulates inpatient mental health services across Ireland. Every public and private inpatient facility providing care and treatment to individuals suffering from mental illness is required to register with the MHC as an approved centre.³ As part of registration, facilities are required to provide a variety of information including details of the premises, the number of inpatient beds and the type of services provided.
- 27.8** Inpatient mental health services can be delivered through a range of different bed types, depending on the clinical need of the patient (see Figure 27.2).

³ An approved centre is a hospital or other inpatient facility for the care and treatment of persons suffering from a mental illness or mental disorder.

Figure 27.2 Mental health bed types

Bed category	Description
Acute adult mental health	Inpatient care for adults experiencing acute mental health difficulties. For people aged 18 years or older.
Child and adolescent mental health	Inpatient care for children and adolescents aged under 18 years.
Continuing mental health care	Long-term care for individuals with chronic or ongoing mental health needs.
Forensic mental health care	Specialised services for individuals involved with the justice system, who present with suspected or confirmed mental health challenges.
Mental health care for individuals with intellectual disability	Specialised care for individuals with both mental health needs and intellectual disability.
Mental health rehabilitation	Inpatient units aimed at helping patients regain independence.
Psychiatry of later life	Specialised care for individuals typically over the age of 65.
Specialist eating disorder services	Specialised care and treatment for individuals with eating disorders.
High, medium and low-support community residences	Residential community-based rehabilitation and recovery services.

Source: Health Service Executive. Analysis by the Office of the Comptroller and Auditor General.

- 27.9** As of September 2026, there were 2,589 inpatient mental health beds in approved centres registered with the MHC. This figure includes public and private beds and a variety of bed types. Approved centres are obliged to notify the MHC of any changes in their operational bed capacity.

Bed targets

- 27.10** The *Vision for Change* (2006) policy set a target of 50 acute mental health beds per 300,000 population. This 50-bed target was broken down by bed type including general adult beds, psychiatry of later life beds, eating disorder beds and intellectual disability beds (see Annex 27A for a full breakdown). Additional provision was made for other requirements including one ten-place crisis house per 300,000 population and one 30-bed unit per 300,000 for continuing care for older people.
- 27.11** The Oireachtas Joint Committee on the Future of Mental Health Care (Joint Committee) was established in 2017 to achieve agreement on the implementation of a single, long-term vision for mental health care and the direction of mental health policy in Ireland. It examined the delivery of mental health services in the context of the implementation of *Vision for Change*.

27.12 The final report of the Joint Committee in October 2018 recommended a target of 50 acute mental health beds per 100,000 population i.e. three times the *Vision for Change* target number.⁴ The target recommended by the Joint Committee was based on both public and private bed capacity and was not broken down into different bed types. The report proposed that the target should be met by the end of 2021.

27.13 *Sharing the Vision* (2020) does not set any specific targets for acute inpatient bed capacity but includes several recommendations in that area.⁵ It notes the need to consider the adequacy of the number of acute inpatient beds provided for the general adult and older adult population. It acknowledges that an assessment of bed capacity should consider the availability of other speciality beds and alternatives to inpatient care. It states that the focus is to prioritise a full suite of services that will operate alongside acute inpatient care and then consider the need for further inpatient beds.

27.14 One of the *Sharing the Vision* recommendations was that an expert group be established to examine acute inpatient bed provision and to make recommendations on capacity. The expert group's report (in June 2024) proposed a phased approach to achieving the 50 beds per 100,000 population target recommended by the Joint Committee in 2018.⁶ Without specifying any associated timeline, the expert group put forward an initial target of 25 beds per 100,000 population.

⁴ [Joint Committee on the Future of Mental Health Care: Final Report](#) (October 2018).

⁵ An update on the implementation status, as at May 2026, of the ten *Sharing the Vision* recommendations relevant to inpatient bed capacity is provided at Annex 27B.

⁶ [Acute Bed Capacity — Report of the Specialist Group](#) (June 2024).

⁷ NIMC steering committee members are selected from the departments and agencies primarily responsible for delivery of policy actions.

⁸ [Sharing the Vision. A Mental Health Policy for Everyone. Policy Implementation Progress Report](#) (May 2026).

⁹ The implementation lead for each recommendation is the person or body responsible for leading and delivering on its implementation.

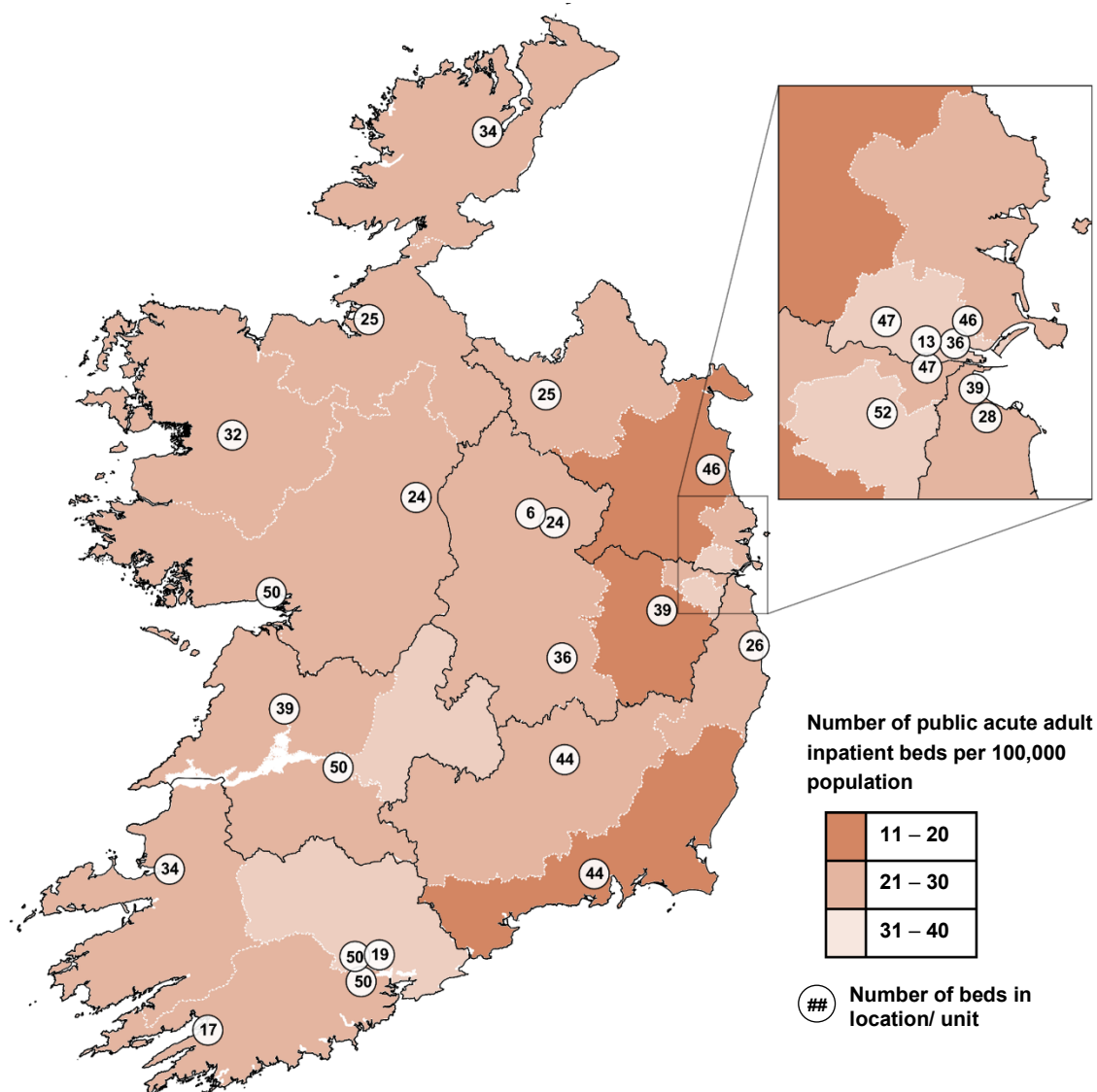
27.15 A National Implementation and Monitoring Committee (NIMC) oversees implementation of *Sharing the Vision* and monitors progress at a national level and strategically across the HSE.⁷ The NIMC publishes periodic progress reports on the implementation of *Sharing the Vision* recommendations. The most recent progress report was published in May 2026.⁸ Data for the progress reports is collated from reporting templates returned by implementation leads, indicating the status of each policy recommendation.⁹

HSE-registered acute adult inpatient general mental health beds

27.16 The HSE has responsibility for consolidating mental health bed capacity information. This data is obtained via a manual count carried out by the approved centres and sent to the HSE. The HSE has stated that it does not routinely collect data on private bed capacity. However, it reported that in 2024 it commissioned 385 external placements, for varying lengths of time, in private facilities at a total cost of approximately €80 million. Comparable information for 2025 is not yet available.

27.17 Data on acute adult inpatient beds, continuing care beds and other speciality beds was collected by the HSE through a bed census undertaken in November 2021. The HSE has stated that it is planning to carry out another bed census in November 2026 that will encompass all bed types.

Figure 27.3 Number of registered acute adult inpatient general mental health beds and average rate of beds per 100,000 of the adult population for 2025^{a,b,c,d}



Source: Health Service Executive. Analysis by the Office of the Comptroller and Auditor General.

- Notes:
- a Population data excludes individuals aged under 18 years (as separate child and adolescent inpatient services cater for that population) and is based on the 2022 census of population.
 - b The circles indicate the general location of HSE-registered adult inpatient facilities and the number of beds in each facility. It excludes forensic beds located in the Central Mental Hospital.
 - c Population and number of beds were amalgamated to obtain bed rates per 100,000 in Dublin North City and North West; Midlands; Dublin South East and Wicklow; Cork South and West; Cork North and East; and Galway and Roscommon.
 - d The bed rates per 100,000 are based on public acute general adult beds and population aged 18 years and over. It excludes other types of beds such as private beds, forensic beds, child and adolescent beds, continuing care beds etc.

- 27.18** According to the HSE, there were 1,022 publicly registered general acute adult inpatient beds nationally at the end of 2025, located across the State (see Figure 27.3). This represents an average rate of 26 beds per 100,000 of the adult population — 52% of the target provision recommended by the Joint Committee on the Future of Mental Health Care in 2018.¹⁰
- 27.19** The map shows the distribution of the HSE-registered general adult inpatient facilities across the country and the number of beds in each facility. The bed ratio per 100,000 of the adult population in each of the 20 IHAs is indicated through map colours — the darker the colour, the lower the bed ratio.
- 27.20** Most areas fall within the range of 21 to 30 beds per 100,000 of the adult population. None of the 20 IHAs is currently achieving the 50 beds per 100,000 adult population target recommended by the Joint Committee. The bed rates for Louth/Meath, Kildare/West Wicklow and Waterford/Wexford are below 21 per 100,000.

Site visits

- 27.21** The examination team undertook site visits to four facilities, together accounting for 161 (16%) of the national total of publicly registered general acute adult inpatient beds according to HSE figures (see Figure 27.4). The main purpose of the visits was to test whether the number of beds reported was an accurate reflection of the beds available and operational at each facility. The occupancy rate shown relates to the night before each site visit.

Figure 27.4 Mental health facilities visited, April 2026

Facility	Integrated health area	Bed number	Beds operational	Occupancy rate
Drogheda Department of Psychiatry	Louth/Meath	46	46	96%
Cluain Mhuire ^a	Dublin South East	34 ^b	34	79% ^c
Lakeview Unit, Naas General Hospital	Kildare/West Wicklow	29 ^d	29	100%
Tallaght Hospital	Dublin South West and West	52	47 ^e	94%

Source: Health Service Executive. Analysis by the Office of the Comptroller and Auditor General.

- Notes:
- a Cluain Mhuire is a community-based adult mental health service. It purchases access to inpatient beds on an annual basis from St John of God University Hospital.
 - b In 2025, there were funds for the purchase of access to 28 beds. The funding provided in 2026 was increased to an amount that would allow the purchase of access to up to 34 beds.
 - c Twenty-seven beds were occupied, twenty-six by Cluain Mhuire patients and one by a patient of St John of God University Hospital. Seven beds were vacant.
 - d The Lakeview Unit has 29 beds. There is an agreement with Midlands Regional Hospital for the use of ten additional beds, if necessary.
 - e Five beds were not operational due to ongoing construction work. The occupancy rate is by reference to the operational beds.

¹⁰ This figure relates solely to acute general adult inpatient beds and excludes other bed types such as continuing care beds, forensic beds, child and adolescent beds and private acute adult inpatient beds.

- 27.22** Drogheda Department of Psychiatry, opened in 2016, is an acute psychiatric unit for adults living in counties Louth and Meath. The unit has 46 inpatient beds, 44 of which were occupied the night before the site visit. The IHA served by Drogheda Department of Psychiatry has one of the lowest bed ratios — 17 beds per 100,000 of the adult population. When mental health services for the region moved to the facility, there was a reduction in capacity of nine beds. Permission has been granted for a two-storey extension to the facility that will include ten additional beds. The facility sources access to private beds when the need arises e.g. for patients with a complex eating disorder presentation. Some complex presentations may go to the UK for targeted specialised treatment. The purchase of access to private beds must be funded from within the facility's budget.¹¹
- 27.23** Cluain Mhuire is a community-based adult mental health service serving a defined catchment area within the Dublin and South East region. St John of God Community Services is a section 38-funded health service provider.¹² Cluain Mhuire purchases bed access from St John of God University Hospital annually, effectively providing public inpatient mental health care in a private hospital. The hospital sets the price per bed, and the number of beds available to Cluain Mhuire is determined by its available budget. However, securing funding for 34 beds does not guarantee the availability of 34 inpatient beds for a particular year, as beds are not ringfenced for use by Cluain Mhuire. Where the need arises, Cluain Mhuire can negotiate and access other inpatient beds in other approved centres. At the time of the site visit, the occupancy rate was 79%. While seven of the beds were vacant, Cluain Mhuire only pays for the beds used, so the 'underoccupancy' does not represent a financial loss.
- 27.24** The Lakeview Unit, located at Naas General Hospital, provides care for adults with varying mental health needs. The unit serves adults living in Kildare and West Wicklow. It is an inpatient facility with 29 beds and community-based services attached. The Lakeview Unit has an agreement with the Midlands Regional Hospital in Portlaoise whereby ten additional beds can be allocated for use by Lakeview, if necessary. However, the ten beds are not ringfenced for the Lakeview Unit, so the Midlands Regional Hospital admits patients to these beds from its own catchment area when required. At the time of the visit, the Unit's 29 beds were all occupied and seven other patients had been admitted to the Midlands Regional Hospital from Lakeview. When there are capacity issues, the Unit will also reach out to other units and negotiate access to available beds. It can also source access to private beds where the need arises. There are plans to build a new psychiatric unit in Naas General Hospital which will increase the current bed capacity by 21 beds.

¹¹ When access to a private bed is to be purchased, three quotes will be sought or the access might be sourced from a contract in place via the HSE.

¹² A 'section 38'-funded provider is a voluntary healthcare organisation funded under section 38 of the Health Act 2004 to deliver services on behalf of the HSE.

- 27.25** The approved centre at Tallaght Hospital is a 52-bed acute inpatient facility serving four community mental health areas within the Dublin South Central region. The service provides acute inpatient care to adults within the designated area. It is the largest publicly funded adult general mental health inpatient unit in the State. The unit is currently undergoing construction works to update anti-ligature measures and fire upgrade works. The construction works will be carried out over five phases to minimise service disruption with the expectation that work will be completed by November 2027. At the time of the site visit, capacity had been reduced to 47 beds due to the construction works. The occupancy rate of the remaining beds was 94%. If capacity becomes an issue, the unit reaches out to other approved centres to try to source available beds. The unit will also purchase access to private beds where necessary, the price of which depends on the level of care required by the patient. The consultant or clinical team will identify a suitable bed based on the patient's needs and the Head of Services will then source funding.
- 27.26** Three of the facilities visited had occupancy rates higher than 90%. All of the facilities identified the occasional need to negotiate and source beds from other public facilities or to purchase access to private beds from other centres. In instances where maintenance work or remodelling is required within facilities, operational bed numbers are impacted. Other environmental factors such as infection prevention control measures or staff shortages may also impact on bed operational capacity. Beds are managed locally by the clinical management teams.

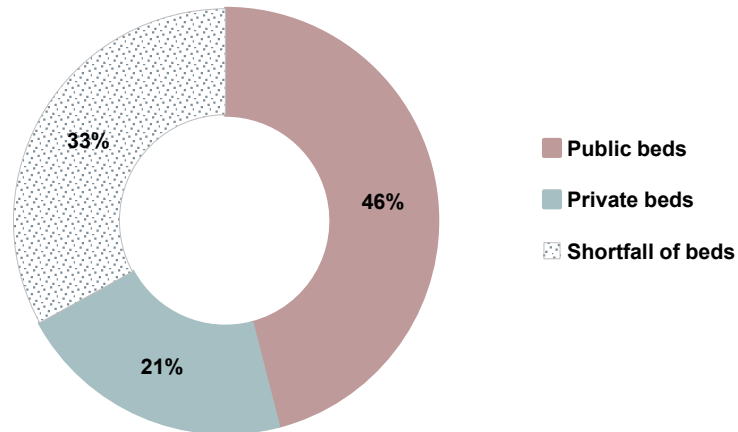
Capital planning

- 27.27** As part of the implementation of *Sharing the Vision*, a specialist group reported on acute mental health bed capacity in June 2024.¹³ The group drew from a range of sources, including reports from the MHC and the bed census undertaken by the HSE in November 2021.
- 27.28** The specialist group recorded 1,134 public and 523 private acute mental health beds nationally at the date of the bed census. This represented a shortfall of 832 acute inpatient beds when measured against the 50 beds per 100,000 population rate recommended by the Joint Committee on the Future of Mental Health in 2018 (see Figure 27.5).¹⁴
- 27.29** The report makes several recommendations, including to increase the number of acute inpatient mental health beds based on population size. A phased approach to the increase is proposed, aiming for an initial minimum 25 beds per 100,000 population. The report highlights that this should be supported by strong community-based services, better patient flow and more specialist care to reduce discharge delays and inappropriate placements. It also notes the importance of adequate staffing numbers, more research and better use of data to plan and manage services.

¹³ [Acute Bed Capacity — Report of the Specialist Group](#) (June 2024).

¹⁴ The shortfall identified by the specialist group was based on population data from the 2016 census.

Figure 27.5 Percentage of beds compared to the Joint Committee target of 50 beds per 100,000



Source: *Acute Bed Capacity — Report of the Specialist Group*. Analysis by the Office of the Comptroller and Auditor General.

- 27.30** Findings from the acute bed capacity report have been incorporated into the work of a Mental Health Capital Planning Group. This group has been tasked with completing an initial assessment of all existing registered mental health facilities, with a focus on infrastructural regulatory compliance. The HSE stated that a detailed capital plan will be developed, on a facility-by-facility basis, outlining the infrastructure works required to achieve full regulatory compliance. Each region has been requested to submit a ten-year capital plan, taking account of any current bed shortfall, population needs and plans to meet population increases across all age ranges. The May 2026 implementation progress report for *Sharing the Vision* notes some delays in the capital planning group receiving information on existing infrastructure from HSE health regions.
- 27.31** The Department of Health (the Department) stated that it has established a joint working group with the HSE to develop a ten-year mental health capital plan covering the period to 2037. The plan will draw on facility mapping, regional inputs, service requirements, regulatory obligations, programme for government commitments and national policy priorities. It will be structured across three-year, five-year and ten-year planning horizons and will address both inpatient and community mental health infrastructure requirements. The near-term phases of the plan will identify specific priority projects and investment requirements, while the longer-term horizon will set out the strategic direction, capacity requirements, and future infrastructure needs for mental health services.

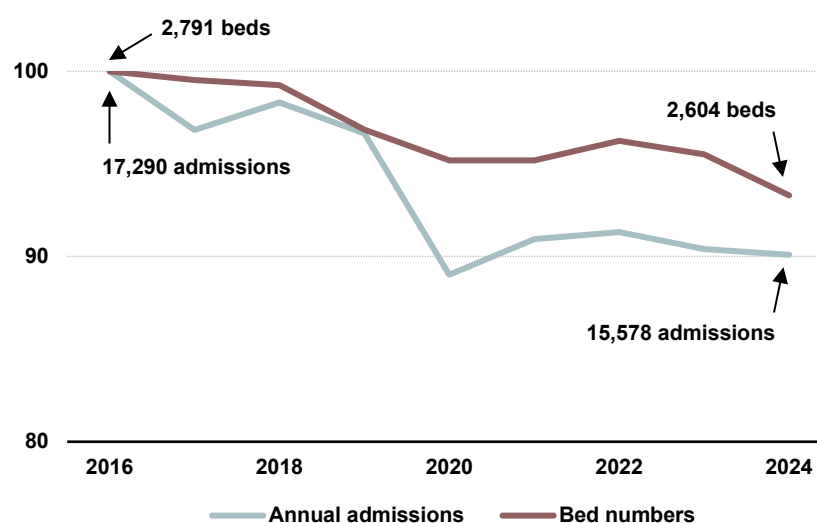
- 27.32** As a key input to the ten-year capital plan, the Department has commissioned the Economic and Social Research Institute (ESRI) to develop projections of demand and bed capacity requirements for public psychiatric inpatient services up to 2040. The ESRI projections will be based on data in respect of population growth and ageing, length of stay reduction associated with community service developments, regional bed utilisation trends, and associated factors. The Department stated that the ESRI projections will support the development of a strategic capital plan for acute inpatient mental health beds that reflects demographics and service needs and is aligned with national mental health and strategic health infrastructure investment policies.

Oversight, demand and allocation

- 27.33** Health regions have operational accountability for all public mental health services, including Children and Adolescent Mental Health Services (CAMHS), general adult services, mental health services for older persons and inpatient units.
- 27.34** The HSE stated that demand for inpatient mental health beds is assessed and managed locally by consultant psychiatrists with input from the wider multidisciplinary team and in line with local governance structures. Decisions on whether to admit patients to mental health beds consider multiple complex factors including clinical requirements, legal status under mental health legislation, service demands, risk and protective factors, safeguarding, environmental suitability and therapeutic staffing ratios.
- 27.35** The HSE stated that bed management is incorporated into governance structures regionally and locally. Discharge meetings and bed management meetings endeavour to ensure optimal usage and appropriateness of bed allocation. Bed occupancy and vacancy data is captured and monitored daily.
- 27.36** Catchment areas are allocated to consultants who have admission rights to inpatient mental health beds in their areas. If no bed is available, they can liaise with other consultants to arrange for a patient's admission, either to a HSE facility in another area or to a private service. The practice of securing admissions in this way was observed by the examination team during the site visits and appears to be commonplace.

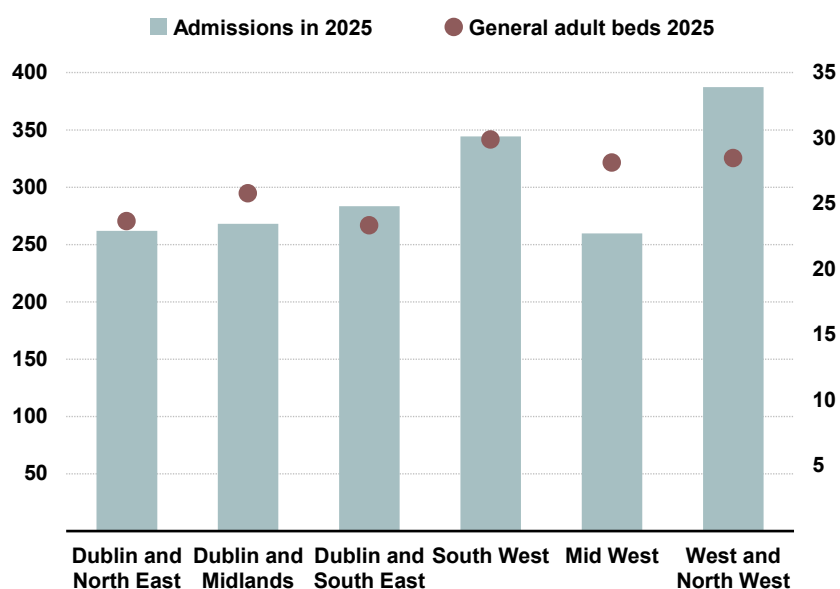
Hospital admission rates

- 27.37** There was an 11% decline in annual admissions to public and private psychiatric facilities between 2016 and 2020 (see Figure 27.6). The number of admissions has remained relatively consistent since 2020, averaging around 15,600 annually. Bed numbers for all types of psychiatric beds decreased by 7% from nearly 2,800 in 2016 to just over 2,600 in 2024.
- 27.38** At a regional level, HSE West and North West had the highest admission rate for adults, at 387 admissions per 100,000 of the adult population (i.e. aged 18 years and older) for 2025 (see Figure 27.7). This was 49% higher than the admission rate in the Midwest. In contrast, the number of HSE-registered acute general adult inpatient beds per 100,000 of the adult population was similar for both regions (28 per 100,000 in 2025).

Figure 27.6 Index of all psychiatric beds and admissions to psychiatric facilities (2016 = 100), 2016 to 2024^{a,b,c}

Source: Health Research Board (admission numbers); Mental Health Commission (bed numbers). Analysis by the Office of the Comptroller and Auditor General.

- Notes:
- a Includes patients of all ages admitted to public and private facilities.
 - b Includes all types of beds (public, private, acute, adult, child and adolescent, continuing care, etc.).
 - c The latest year for which complete data was available at the time of this examination was 2024.

Figure 27.7 Adult admissions to HSE psychiatric facilities and number of HSE-registered acute general adult inpatient beds, per 100,000 of the adult population, by health region^{a,b,c}

Source: Health Research Board (admission numbers); Health Service Executive (bed numbers). Analysis by the Office of the Comptroller and Auditor General.

- Notes:
- a Includes admissions for patients aged 18 years and over to HSE facilities. Excludes admissions to private hospitals.
 - b Includes HSE-registered general acute adult inpatient beds as at the end of 2025.
 - c Bed ratio per 100,000 is based on public acute general adult beds and population aged 18 years and over. It excludes other types of beds such as forensic beds, continuing care beds, child and adolescent beds etc.

Community-based mental health services

- 27.39
Mental health services are provided by the HSE across both hospital and community settings (see Figure 27.8). Any limitations in capacity or population alignment within community services may increase reliance on inpatient care.
- 27.40
Community mental health teams (CMHTs) may provide generalist mental health services and supports or specialised mental health services for specific conditions or patient cohorts. The HSE stated that other supports available alongside CMHT input include peer support services, mental health recovery education and personal development programmes, employment placements, brief crisis intervention, support groups, addiction services, telehealth, psychotherapy and counselling services.
- 27.41
Referrals to CMHTs will often come from a patient’s general practitioner. Once a patient has been referred, the CMHT can offer an assessment of mental health needs and provide supports such as therapeutic services, psychoeducation and pharmacology interventions.¹⁵ Social supports available can include relationship, family and peer support and educational and employment assistance.
- 27.42
The structure and staffing of CMHTs can vary in response to local needs. However, the HSE stated that a typical CMHT consists of a registrar, an administrator, a consultant psychiatrist, a clinical psychologist, a social worker, a social care worker, an occupational therapist, two clinical nurse specialists and four psychiatric nurses.

Figure 27.8 Community-based mental health services

Service	Features
Community mental health teams	Network of mental health teams (general adult, child and adolescent, mental health services for older people) where individuals can access multidisciplinary supports.
Community-based residential supports	Residential settings with varying levels of supervision and support. These residences are currently unregulated. ^a
Crisis resolution services	Provide immediate person-centred intensive supports e.g. crisis resolution teams, Solace cafes.
Specialist mental health services	Include psychiatry of later life, perinatal mental health, adults with intellectual disabilities, early intervention in psychosis, self-harm and suicide ideation, dual diagnosis, eating disorders, and assertive outreach.
National Counselling Service	Provides free counselling services to adults who experienced childhood abuse or neglect or are former residents of a mother and baby home.
Primary care	Provides key mental health supports including psychology services, counselling, addiction services and allied health care.

Source: Department of Health

Note: a The Mental Health Act 2026 was signed into law in May 2026. The Act will see community mental health services, including residential services, registered and regulated.

15 Therapeutic services can include psychology, occupational therapy, speech and language therapy, dietetic services and social work care.

- 27.43** The *Vision for Change* policy specified that there should be at least one fully staffed general adult mental health team per 50,000 of population. This target was restated in *Sharing the Vision*. The targeted ratio of CMHTs to population is being achieved in all regions (see Figure 27.9).

Figure 27.9 Community mental health teams, ratio per 50,000 population

Integrated health area	General adult mental health CMHTs ^a	Psychiatry of later life CMHTs ^b
Dublin and North East	1.88	1.94
Dublin and Midlands	1.53	1.80
Dublin and South East	1.71	2.46
South West	2.11	2.10
Mid West	2.22	2.20
West and North West	2.01	3.02

Source: Health Service Executive. Analysis by the Comptroller and Auditor General.

Notes: a Based on the population in each IHA aged 18 to 64 years.

b Based on the population in each IHA aged 65 years and over.

- 27.44** The importance of comprehensive and well-resourced, community-based services that can operate alongside acute inpatient care was emphasised in *Sharing the Vision*. Through site visits and analysis of information provided by the HSE, it was noted that some CMHTs are operating on a catchment-wide basis rather than being geographically aligned and others are not operating with fully resourced teams.

Conclusions and recommendations

- 27.45** For many years, successive mental health policies in Ireland have envisioned a move away from institutionalised care and towards more community-based services for mental health. Policies have however also recognised that acute inpatient care will always be a vital element within mental health services for individuals experiencing severe and acute psychological distress.
- 27.46** The Mental Health Commission publishes high-level information on bed capacity in its annual reports, based on registration reporting. The most recent census on mental health beds was carried out by the HSE in November 2021.
- 27.47** Accurate and up-to-date information on all types of available beds and community-based services across the country is required to evaluate current service levels and to inform decisions on future capacity, especially in the context of a rapidly growing and shifting population. Information obtained through a bed census such as number of beds occupied, operational beds compared to registered beds, and information on continuing care beds and other speciality beds allow for a thorough analysis of bed capacity.

Recommendation 27.1

The HSE should carry out another bed census to establish the numbers and locations of all categories of mental health beds (including acute adult inpatient beds, child and adolescent beds, private beds, continuing care beds and speciality beds); and should put a procedure in place for regular censuses thereafter.

Chief Executive Officer's response

Agreed.

A comprehensive mental health bed census is planned for November 2026. As part of this work, scoping will be carried out in relation to putting a robust procedure in place for regular bed censuses. Further censuses will be planned on a biannual basis.

Timeline for implementation

November 2026

27.48 Setting targets can play an important role in ensuring that there is sufficient mental health bed capacity nationally and that beds are spread evenly across the regions. The target — of 50 acute mental health beds per 100,000 population — commonly used for mental health bed capacity dates back to a Joint Oireachtas Committee report from 2018.¹⁶ A specialist group, reporting in June 2024, identified a requirement for an additional 832 acute inpatient beds nationally to reach the 50 beds per 100,000 population target.¹⁷ The specialist group's report recommended a phased implementation approach, aiming for an initial minimum of 25 beds per 100,000 population.

27.49 Figures provided to the examination team by the HSE as at the end of 2025 show regional variations in acute general adult inpatient bed capacity. Most areas fall within the range of 21 to 30 beds per 100,000 of the adult population with Louth/Meath, Kildare/West Wicklow and Waterford/Wexford having 20 or fewer beds per 100,000 of the adult population.

27.50 High occupancy rates were observed at three of the four mental health facilities visited by the examination team. In addition, several instances were noted of units sourcing beds in other facilities or purchasing access to private beds to manage short-term capacity issues. This practice can be time consuming for the facilities and raises potential value-for-money issues. The HSE informed the examination team that in 2024 it sourced 385 external placements, for varying lengths of time, in private facilities at a total cost of approximately €80 million.

Recommendation 27.2

The HSE national centre should ensure that there is a robust system in place to gather comprehensive information on the extent to which mental health facilities resort to sourcing capacity from the private sector, including data on the cost, the numbers of patients, treatment types and accommodation days.

¹⁶ [Joint Committee on the Future of Mental Health Care: Final Report](#) (October 2018).

¹⁷ [Acute Bed Capacity — Report of the Specialist Group](#) (June 2024).

Chief Executive Officer's response

Agreed.

The HSE agrees in principle. Enhanced reporting on private placements will be developed through governance arrangements involving health regions and the HSE centre.

Timeline for implementation

Quarter 1 2028

- 27.51** The specialist group, reporting in June 2024 on implementation of the *Sharing the Vision* policy, made a number of recommendations concerning acute mental health care. For example, they recommended an increase in the number of acute inpatient beds on a phased basis, better patient flow, adequate staffing numbers and better use of available data.

Recommendation 27.3

The recommendations of the acute bed capacity report have been incorporated into the work of the National Mental Health Capital Planning Group. A plan and timeline to cost, prioritise and implement other recommendations of the group should be created and routinely monitored and reported upon.

Chief Executive Officer's response

Agreed.

Recommendations have been incorporated into the capital planning group workstreams. Where the recommendations do not relate to capital planning, they are being addressed within the appropriate governance lines within the HSE.

Timeline for implementation

The ten-year Mental Health Capital Plan will be completed by the end of 2026 and will inform decisions on bed numbers and strategic investment priorities up to 2037. Recommendations not relating to capital planning will be addressed within the annual budget cycle for minor capital funding within the individual health regions.

- 27.52** A recently established Department of Health and HSE joint working group is developing a ten-year mental health capital plan for the period to 2037. The capital plan will be informed by projections, currently being developed by the Economic and Social Research Institute, on demand and bed capacity requirements for public psychiatric inpatient services up to 2040. The Department stated that the ten-year mental health capital plan, to be completed by the end of this year, will inform decisions on bed numbers and strategic investment priorities up to 2037.

- 27.53** The current mental health policy, *Sharing the Vision*, emphasises the importance of comprehensive and well-resourced community-based services operating alongside acute inpatient care. The target of having one fully staffed general adult mental health team per 50,000 of population is being met in all regions. There is no clear correlation between the inpatient admission rate by region and the availability of community-based services.

Annex 27A Inpatient bed targets in the *Vision for Change* (2006) policy

Inpatient care

- One acute inpatient unit per catchment area of 300,000 population with 50 beds to be used as follows
 - 35 beds for general adult mental health services, including six close-observation beds
 - eight beds for mental health services of older people (sub-unit)
 - five beds for mental health services for people with intellectual disability (sub-unit)
 - two beds for people with eating disorders (may be amalgamated in one unit per region of six beds).
 - This acute inpatient unit should be located in the 'Major' or 'Regional' hospital, while taking into account the location of existing units (can be provided in two units of 25 beds each).
 - One crisis house per 300,000 with ten places.
 - Four intensive care rehabilitation units — one in each of the four HSE regions, with 30 beds each.
 - Two high support intensive care residences of ten places each, in each HSE region (a total of eight residences with 80 places nationally).
 - One unit with 30 beds per 300,000 population for continuing care/challenging behaviour for mental health services for older people.
 - Ten rehabilitation beds in intellectual disability residential centres which have approved centre status.
 - One hundred inpatient beds nationally for 0 – 18-year-olds, in five units of 20 beds each.
 - Ten-bed national secure unit for children and adolescents.
 - Ten-bed national secure unit for those with intellectual disability.
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Source: [A Vision for Change: Report of the expert group on mental health policy](#) (2006)

Annex 27B Recommendations relating to inpatient capacity in the *Sharing the Vision* (2020) policy

Recommendation ^a	Action ^b	Status ^c (at May 2026)
38 In the exceptional cases where child and adolescent inpatient beds are not available, adult units providing care to children and adolescents should adhere to the Child and Adolescent Mental Health Services (CAMHS) inpatient Code of Governance.	Ensure adherence to the CAMHS inpatient Code of Governance nationally.	Complete, transferred to business as usual.
40 Sufficient resourcing of home-based crisis resolution teams should be provided to offer an alternative response to inpatient admission, when appropriate.	Develop and resource home-based crisis resolution teams.	In progress.
41 A standard operating guideline should be developed to ensure that sufficiently staffed day hospitals operate as effectively as possible as an element of the continuum of care and as an alternative to inpatient admission.	a) Develop and publish standard operating guideline. b) Provide additional staffing in day hospitals.	In progress.
45 HSE should collate data on the number and profile of delayed discharges in acute mental health inpatient units and develop appropriately funded responses.	a) Collate data on the number and profile of delayed discharges in acute mental health inpatient units. b) Develop appropriate funding and service responses to minimise delayed discharges.	In progress.
46 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 .	Set up an expert group to examine acute inpatient (approved centre) bed usage and develop recommendations.	Complete, transferred to business as usual. Acute bed capacity report published highlighting a number of recommendations.
47 Sufficient psychiatric intensive care units should be developed with appropriate referral and discharge protocols to serve the regions of the country with limited access to this type of service.	a) Develop psychiatric intensive care units to meet identified need. b) Agree updated referral and discharge protocols.	In progress.

Recommendation ^a	Action ^b	Status ^c (at May 2026)
50 The development of a national network of mental health intellectual disability teams and acute treatment beds for people of all ages with an intellectual disability should be prioritised.	Develop national network of mental health intellectual disability teams and acute treatment beds.	In progress. Some areas experiencing some difficulties in terms of recruitment.
53 The national mental health clinical programmes for (a) eating disorders, (b) adults with ADHD and (c) the model of care for specialist perinatal mental health services should continue to have phased implementation and evaluation.	a) Develop/review the implementation plans for these clinical programmes/model of care. b) Undertake phased implementation and resourcing of clinical programmes for eating disorders, adults with ADHD and specialist perinatal mental health services. c) Undertake evaluation studies of relevant demonstration sites.	Minor delivery issue noted with the national mental health clinical programme for adults with ADHD — relates to the high number of referrals and limitations in service capacity.
56 The development of further intensive care rehabilitation units (ICRUs) should be prioritised following successful evaluation of operation of the new ICRU on the Portrane campus.	a) Carry out a comprehensive evaluation and review of the ICRU on the Portrane campus. b) Develop a national plan for the development of ICRUs. c) Undertake phased implementation of the national ICRU development plan.	Minor delivery issue noted — relates to recruitment challenges and the fact that existing funding only allows for a part of the Portrane ICRU to be opened.
98 Capital investment should be made available to redesign or build psychiatric units in acute hospitals which create a therapeutic and recovery supportive environment. It is essential that all stakeholders are involved in a structured service design process for all redesigns or new builds.	a) Invest in co-produced redesign and/or building of psychiatric units in acute hospitals. b) Include in all future primary care new building developments appropriate settings for delivery of a mental health service.	Minor delivery issue noted — relates to initial delays that were experienced in receiving information from HSE health regions on existing infrastructure.

Source: Department of Health, Health Service Executive, National Implementation and Monitoring Committee. Analysis by the Office of the Comptroller and Auditor General.

Notes: a Recommendations are from [Sharing the Vision: A Mental Health Policy for Everyone \(2020\)](#).
 b Actions are from the [Sharing the Vision implementation plan 2025 – 2027](#).
 c Status updates are from the [May 2026 policy implementation progress report](#).

Annex 27C Community mental health teams, by region

Mental health service teams	Dublin and North East	Dublin and Midlands	Dublin and South East	South West	Mid West	West and North West
Population (million)	1.19	1.04	1.01	0.74	0.41	0.76
Adult services	Number of teams					
General adult mental health	28	20	21	19	11	18
Psychiatry of later life	6	5	8	5	3	8
Mental health services for older people (liaison)	2	1	1	—	—	1
Adult eating disorder	2	—	2	1	—	1
Intellectual disability adult	5 ^a	6	3	2	—	5
ADHD adults	1	2	1	2	1	1
Early intervention in psychosis adults	1	—	1	2	—	1
Dual diagnosis	1	1	—	1	1	—
Specialist perinatal ^b	1	1	1	1	1	1
Child services						
Child and adolescent mental health	19	17	15	11	7	12
CAMHS eating disorder	1	1	1	1	—	1
Intellectual disability child and adolescent	3	3	1	1	—	2
Early intervention in psychosis CAHMS	—	—	1	—	—	—

Source: Health Service Executive. Analysis by the Office of the Comptroller and Auditor General.

Notes: a Includes an inpatient team in Portrane.

b Perinatal services are located in the Rotunda Hospital, Coombe Hospital, the National Maternity Hospital, Cork University Hospital, Limerick University Hospital and Galway University Hospital with 13 additional spoke sites (smaller regional maternity units) nationally.