

## National Psychiatric In-Patient Reporting System (NPIRS) National Bulletin Ireland 2012

August 2013

*The Health Research Board (HRB) provides statistical reports and related database research on mental health service activity. Later this year, the Executive Summary report on in-patient activity from the National Psychiatric In-Patient Reporting System (NPIRS) for 2012 will be published. In the interim, we provide summary information for each HSE area and in relation to the national picture. This bulletin presents national data for 2012. The Mental Health Information Systems (MHIS) Unit would like to thank services for providing quarterly returns – your cooperation has resulted in timelier reporting. We look forward to your continued support in the future.*

### Introduction

This bulletin is a synopsis of data from the National Psychiatric In-Patient Reporting System (NPIRS) for 2012. The rates reported below were calculated using the Census of Population 2011 (Central Statistics Office 2012) and all rates are per 100,000 total population. It was not possible to calculate rates for socio-economic groups for each of the HSE areas and, thus, proportions are presented for socio-economic group.

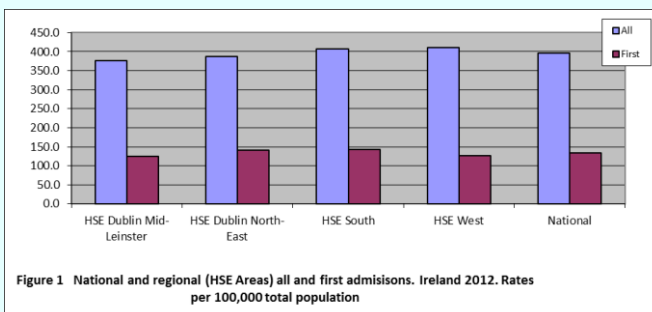
### All and first admissions 2012 – national statistics

There were 18,173 admissions to Irish psychiatric units and hospitals in 2012, a rate of 396.1 per 100,000 population (Figure 1), a decrease in the number (18,992) and rate of admissions (413.9) from 2011. The number of first admissions remained unchanged from 2011, at 6,130 (6,129 in 2011), and, thus, the rate remained unchanged, at 133.6 per 100,000. There was a decline in re-admissions by 820, from 12,863 in 2011 to 12,043 in 2012. The proportion of admissions that were re-admissions declined from 68% in 2011 to 66% in 2012.

There was an equal proportion of male and female admissions; however, males had a slightly higher rate of admission, at 401.0 per 100,000, than females, at 391.2. The 45–54 year age group had the highest rate of all admissions, at 612.7 per 100,000, while the 18–19 year group had the lowest rate of all admissions, at 409.1. The 18–19 year age group had the highest rate of first admissions, at 233.5 per 100,000.

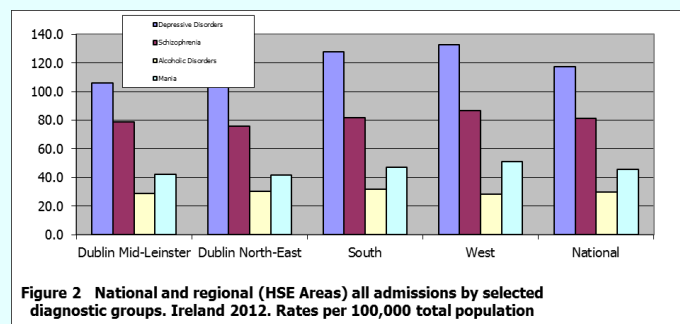
Single persons accounted for over half of all (55%) and first (51%) admissions. Divorced persons had the highest rate of all (749.7) and first (189.1) admissions, while married persons had the lowest, at 284.6 for all admissions and 111.1 per 100,000 for first admissions.

The unskilled occupational group had the highest rate of all (856.2) and first (219.2) admissions. However, as 46% of occupations were returned as unknown or unspecified in 2012, making assignment to a socio-economic group impossible, caution should be exercised when interpreting data on socio-economic group.



Depressive disorders accounted for 30% of all and 32% of first admissions; schizophrenia accounted for 20.5% of all and 13% of first admissions; mania accounted for 11.5% of all and 8% of first admissions; and alcoholic disorders accounted for 7.5% of all and 8.5% of first admissions. Admissions for depressive disorders, schizophrenia, alcoholic disorders and mania accounted for 69% of all admissions.

Depressive disorders had the highest rate of all admissions, at 117.4 per 100,000, followed by schizophrenia, at 81.1, and mania, at 45.7 (Figure 2). Similarly, depressive disorders had the highest rate of first admissions, at 43.2 per 100,000, followed by schizophrenia, at 16.8, and neuroses, also at 16.8.



Eleven per cent of all and 11% of first admissions were involuntary, a slight increase from almost 10% (9.5%) of all and almost 11% (10.5%) of first admissions in 2011. Similarly, there was a slight increase in the rate of involuntary all admissions, from 39.4 in 2011 to 41.9 in 2012.

### National discharges and deaths

There were 17,986 discharges from, and 153 deaths in, Irish psychiatric units and hospitals in 2012. Males accounted for 60% of all deaths in 2012, and 82% of those who died were aged 65 years and over. Ninety-two per cent of all admissions in 2012 and 93% of first admissions in 2012 were discharged in 2012.

Almost one-third (30%) of all discharges in 2012 occurred within one week of admission, 18% occurred within two weeks of admission, 20% occurred within two to four weeks and 26% occurred within one to three months. Overall, 94% of all discharges in 2012 occurred within three months of admission and almost 2% of discharges occurred after one year or more in hospital.

Forty per cent of discharges with alcoholic disorders, 29% with depressive disorders and 20% with schizophrenia occurred within one week of admission. Over 90% of all discharges for most disorders occurred within three months of admission, with the exception of organic mental disorder (73%), schizophrenia (88%), intellectual disability (77%) and development disorders (88%). The average length of stay for all discharges was 92.4 days (median 14 days). Discharges with a diagnosis of development disorders had the longest average length of stay, at 2,141.5 days (median 29 days). When discharges with a length of stay of one year or more were excluded, the average length of stay was 25.5 days (median 14 days). Discharges with a diagnosis of organic mental disorder (excluding those with a length of stay of one year or more) had the longest average length of stay of all diagnoses, at 51.9 days (median 26 days).

### Health Service Executive (HSE) areas admissions and discharges

HSE West had the highest rate of all admissions, at 411.3 per 100,000, while HSE South had the highest rate of first admissions, at 141.9 (Figure 1). HSE West had the highest rate of re-admissions, at 285.6 per 100,000.

Females had higher rates of all admissions than males in Dublin Mid-Leinster, at 382.1, and Dublin North-East, at 397.9, compared with 370.9 for males in Dublin Mid-Leinster and 376.2 in Dublin North-East. In contrast, males had higher rates in HSE South and West, at 413.9 and 443.3 respectively, compared with 402.0 for females in HSE South and 379.4 in HSE West. Males had higher rates of first admissions in all HSE areas, with rates ranging from 151.1 in HSE Dublin North-East to 130.3 in Dublin Mid-Leinster.

Age groups were condensed into two distinct groups, under 45 years and 45 years and over. The 45 years and over group had the highest rate of admissions in all HSE Areas, with rates ranging from 581.6 in Dublin Mid-Leinster to 516.3 in HSE South.

Depressive disorders had the highest rate of all and first admissions in all HSE areas, with rates for all admissions ranging from 132.9 in HSE West to 103.9 in Dublin North-East.

HSE West had the highest rate of involuntary all admissions, at 44.9, followed by HSE South, at 42.8, Dublin North-East, at 42.3, and Dublin Mid-Leinster, at 36.8 per 100,000.

Discharges for HSE South had the longest average length of stay, at 131.4 days (median 14), followed by Dublin North-East, at 107.6 days (median 13), HSE West, at 81.1 (median 13), and Dublin Mid-Leinster, at 54.9 (median 16). When discharges with a length of stay of one year or more were excluded, average length of stay was longest in Dublin Mid-Leinster, at 27.5 days (median 16), followed by Dublin North-East, at 25.8 (median 13 days), HSE South, at 25.2 (median 13), and HSE West, at 23.1 (median 13).

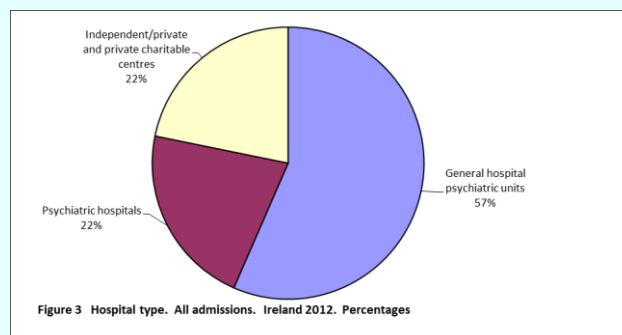
There were 54 admissions of non-residents in 2012, and 174 admissions for persons with no fixed abode.

### Hospital type

Fifty-seven per cent of all admissions and almost 57% of first admissions were to general hospital psychiatric units. Twenty-two per cent of all admissions were to public psychiatric hospitals and 22% were to independent/private and private charitable centres (Figure 3).

Involuntary admissions accounted for 16% of all admissions to psychiatric hospitals, 12% of admissions to general hospital

psychiatric units and 2% of admissions to independent/private and private charitable centres. When discharges of one year or more were excluded, independent/private and private charitable centres had the longest average length of stay, at 36.3 days (median 31 days), followed by psychiatric hospitals, at 25.6 days (median 11) and general hospital psychiatric units, at 21.3 days (median 11).



### Children and adolescents

There were 397 admissions for children and adolescents (under 18s) in 2012, a decline in admissions of 38 since 2011. These include admissions to psychiatric units and hospitals who were under 18 years of age and also those who were admitted to dedicated child and adolescent units. There were 299 first admissions, accounting for 75% of all admissions. Of the 397 admissions, 288 were to dedicated child and adolescent services. Females accounted for 60% of all and 61% of first admissions. Almost 38% of all admissions for under 18s were aged 17 years on admission, 25% were aged 16 years, 19% were aged 15 years, 9% were aged 14 years, 6% were aged 13 years and 2.5% were aged 12 years or younger.

Depressive disorders accounted for 35% of all and 34% of first admissions for children and adolescents. Thirteen per cent of all admissions had a diagnosis of neurosis, 12% had a diagnosis of schizophrenia and 10% had a diagnosis of eating disorders.

Almost 73% of all admissions for under 18s to child and adolescent services were to dedicated child and adolescent inpatient units, 21% were to general hospital psychiatric units, 6% were to psychiatric hospitals and there were no admissions to independent/private and private charitable centres.

Eighty-five per cent of those admitted in 2012 were discharged in 2012. The average length of stay for under 18s who were admitted and discharged in 2012 was 38 days (median 22 days). The average length of stay was longest for child and adolescent units, at 52.1 days (median 42), followed by psychiatric hospitals, at 11.5 days (median 6.5), and general hospital psychiatric units, at 7 days (median 4).

### References

- Central Statistics Office (2012) Census of Population 2011, [www.cso.ie](http://www.cso.ie).
- Daly A and Walsh D (in press) *Activities of Irish Psychiatric Units and Hospitals 2012*. HRB Statistics Series. Dublin: Health Research Board.

### Contact details for queries regarding this bulletin or the NPIRS: Antoinette Daly

t +353 1 2345 142  
 e [adaly@hrb.ie](mailto:adaly@hrb.ie)  
 w [www.hrb.ie](http://www.hrb.ie)