

National Psychiatric In-Patient Reporting System (NPIRS) National Bulletin Ireland 2013

August 2014

The Health Research Board (HRB) provides statistical reports and related database research on mental health service activity. Later this year, the Main Findings (Summary) report on in-patient activity from the National Psychiatric In-Patient Reporting System (NPIRS) for 2013 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 2013. The NPIRS Team 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 2013. 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 socioeconomic group.

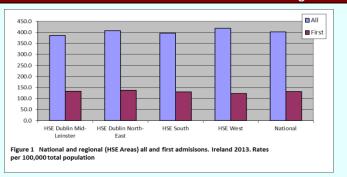
All and first admissions 2013 – national statistics

There were 18,457 admissions to Irish psychiatric units and hospitals in 2013, a rate of 402.3 per 100,000 population (Figure 1), an increase of 284 admissions from 2012 (18,173) and a slight increase in the rate of admissions from 2012 (396.1). First admissions decreased from 6,130 in 2012 to 6,055 in 2013. The rate of first admissions similarly decreased from 133.6 in 2012 to 132.0 per 100,000 in 2013. There was an increase in readmissions from 12,043 in 2012 to 12,402 in 2013 and the proportion of admissions that were re-admissions increased slightly from 66% in 2012 to 67% in 2013.

Females had a slightly higher proportion of admissions, at 51%, with a similar pattern observed for rates, at 403.7 per 100,000 for females and 400.8 for males. The 55–64 year age group had the highest rate of all admissions, at 590.1 per 100,000, followed by the 45–54 year age group, at 587.2, and the 65–74 year age group, at 546.5. The 18–19 year age group had the highest rate of first admissions, at 263.3 per 100,000.

Single persons accounted for over half of all (55%) and first (51%) admissions. Divorced persons had the highest rate of all (787.3) and first (175.5) admissions, while married persons had the lowest, at 288.9 for all admissions and 108.0 per 100,000 for first admissions.

The unskilled occupational group had the highest rate of all (802.2) and first (211.9) admissions. However, as 44% of occupations were returned as unknown or unspecified in 2013, making assignment to a socio-economic group impossible, caution should be exercised when interpreting data on socio-economic group.



Depressive disorders accounted for 28% of all and 30% of first admissions; schizophrenia accounted for 20% of all and almost 13% (12.5%) of first admissions; mania accounted for 11% of all and almost 7% (6.5%) of first admissions; and alcoholic disorders accounted for 8% of all and almost 10% (9.5%) of first admissions. Admissions for depressive disorders, schizophrenia, alcoholic disorders and mania accounted for 68% of all admissions.

Depressive disorders had the highest rate of all admissions, at 114.5 per 100,000, followed by schizophrenia, at 80.4, and mania, at 45.4 (Figure 2). Similarly, depressive disorders had the highest rate of first admissions, at 39.8 per 100,000, followed by neuroses, at 16.7 and schizophrenia, at 16.6.

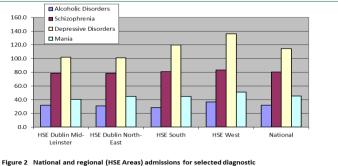


Figure 2 National and regional (HSE Areas) admissions for selected diagnostic groups. Ireland 2013. Rates per 100,000 total population

Eleven per cent of all and 12% of first admissions were involuntary. There was a slight increase in the rate of involuntary all admissions, from 41.9 in 2012 to 44.4 per 100,000 in 2013.

National discharges and deaths

There were 18,335 discharges from, and 144 deaths in, Irish psychiatric units and hospitals in 2013. Males accounted for 57% of all deaths in 2013, and 78% of those who died were aged 65 years and over. Ninety-two per cent of all admissions in 2013 and 94% of first admissions in 2013 were discharged in 2013.

Almost one-third (30.4%) of all discharges in 2013 occurred within one week of admission, 18% occurred within two weeks of admission, 20% occurred within two to four weeks and 26.5% occurred within one to three months. Overall, 95% of all discharges in 2013 occurred within three months of admission and 1% (234) of discharges occurred after one year or more in hospital.

Fifty-one per cent of discharges with a primary diagnosis of other

drug disorders, 50% of discharges with behavioural and emotional disorders of childhood and adolescence, and 48% with personality disorders were discharged 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 (82%) and intellectual disability (74%). The average length of stay for all discharges was 71.4 days (median 14 days). Discharges with a primary discharge diagnosis of intellectual disability had the longest average length of stay, at 1,713.5 days (median 12 days). When discharges with a length of stay of one year or more were excluded, the average length of stay was 25.3 days (median 14 days). Discharges with a diagnosis of organic mental disorders (excluding those with a length of stay of one year or more) had the longest average length of stay of all diagnoses, at 41.6 days (median 20 days).

Health Service Executive (HSE) areas admissions and discharges

HSE West had the highest rate of all admissions, at 418.0 per 100,000, while Dublin North-East had the highest rate of first admissions, at 137.2 (Figure 1). HSE West had the highest rate of re-admissions, at 294.3 per 100,000.

Females had higher rates of all admissions than males in Dublin Mid-Leinster, at 401.0, and Dublin North-East, at 418.5, compared with 371.1 for males in Dublin Mid-Leinster and 396.3 in Dublin North-East. In contrast, males had higher rates in HSE South and West, at 411.0 and 426.4 respectively, compared with 382.7 for females in HSE South and 409.6 in HSE West. Males had higher rates of first admissions in all HSE areas, with rates ranging from 145.3 in Dublin North-East to 127.9 in HSE West.

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 617.2 in Dublin North-East to 514.4 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 136.4 in HSE West to 100.9 in Dublin North-East.

Dublin North-East had the highest rate of involuntary all admissions, at 48.7 per 100,000, followed by HSE West, at 45.3, HSE South, at 44.8, and Dublin Mid-Leinster, at 39.0 per 100,000.

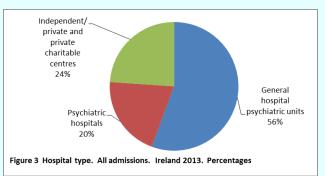
Discharges for Dublin North-East had the longest average length of stay, at 100.8 days (median 14), followed by HSE South, at 76.3 days (median 14), Dublin Mid-Leinster, at 65.1 (median 16), and HSE West, at 47.7 (median 13). When discharges with a length of stay of one year or more were excluded, average length of stay was longest in Dublin Mid-Leinster, at 27.0 days (median 16), followed by Dublin North-East, at 26.1 (median 14 days), HSE South, at 25.0 (median 14), and HSE West, at 23.0 (median 13).

There were 54 admissions of non-residents in 2013, and 245 admissions for persons with no fixed abode.

Hospital type

Fifty-six per cent of all and first admissions were to general hospital psychiatric units. Twenty per cent of all admissions were to public psychiatric hospitals/continuing care units and 24% were to independent/private and private charitable centres (Figure 3).

Involuntary admissions accounted for 19% of all admissions to psychiatric hospitals/continuing care units, 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 33.3 days (median 29 days), followed by psychiatric hospitals/continuing care units, at 26.6 days (median 11.5) and general hospital psychiatric units, at 21.4 days (median 11).



Children and adolescents

There were 415 admissions for children and adolescents (under 18s) in 2013, a decline of 23 since 2012 (438). 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 317 first admissions, accounting for 76% of all admissions. Of the 415 admissions, 317 were to dedicated child and adolescent services.

Females accounted for 64% of all and 63% of first admissions. Thirty-seven per cent of all admissions for under 18s were aged 17 years on admission, almost 32% (31.5%) were aged 16 years, 15% were aged 15 years, 11% were aged 14 years, 4% were aged 13 years and 1% were aged 12 years or younger.

Depressive disorders accounted for 36% of all and 38% of first admissions for children and adolescents. Thirteen per cent of all admissions had a diagnosis of schizophrenia, almost 12% (11.5%) had a diagnosis of eating disorders and 9% had a diagnosis of neurosis.

Seventy-six per cent of all admissions for under 18s to child and adolescent services were to dedicated child and adolescent inpatient units, 20% were to general hospital psychiatric units, 3% were to psychiatric hospitals/continuing care units and there were no admissions to independent/private and private charitable centres.

Eighty-five per cent of those admitted in 2013 were discharged in 2013. The average length of stay for under 18s who were admitted and discharged in 2013 was 42.5 days (median 29 days). The average length of stay was longest for child and adolescent units, at 54.8 days (median 48), followed by general hospital psychiatric units, at 9.8 (median 4 days), and psychiatric hospitals/continuing care units, at 9.3 days (median 11 days).

References

Central Statistics Office (2012) Census of Population 2011,

www.cso.ie.

Daly A and Walsh D (in press) *Activities of Irish Psychiatric Units and Hospitals 2013.* HRB Statistics Series 25. Dublin: Health Research Board.

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