

National Psychiatric In-Patient Reporting System (NPIRS)



Research. Evidence. Action.

“Data from the National Psychiatric In-Patient Reporting System (NPIRS) database has been published since 1965 and 2015 marks half a century of reporting from the database.”

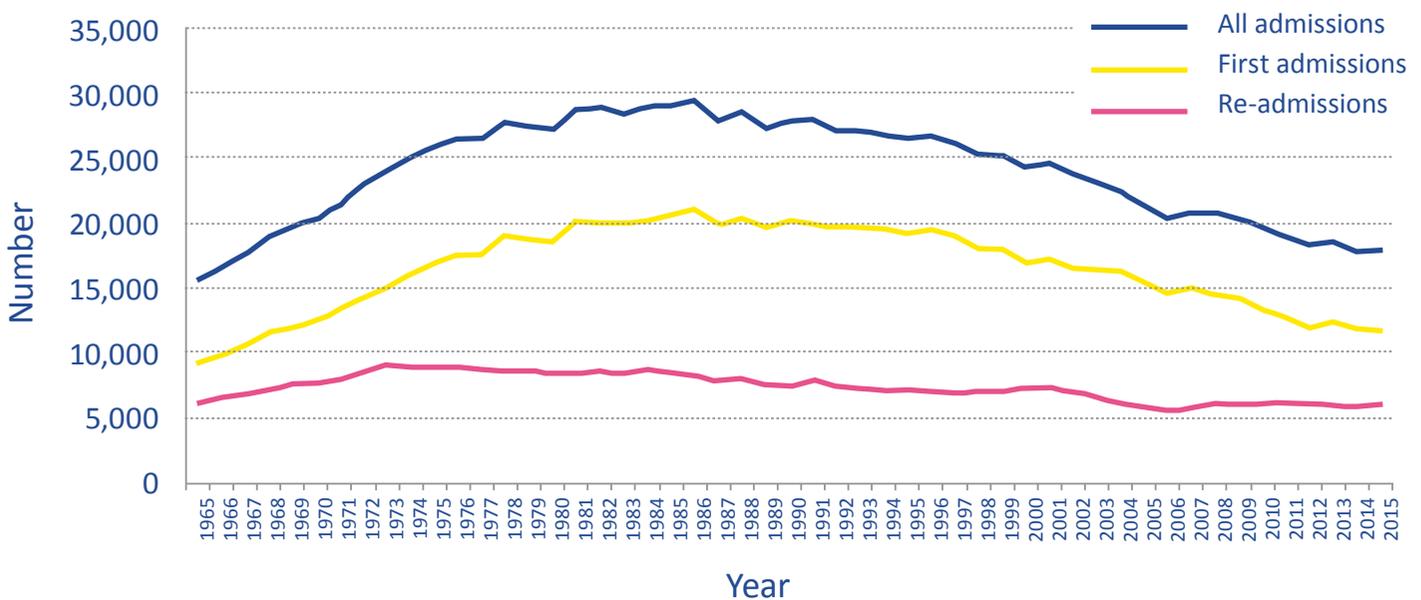
Introduction

This bulletin is a synopsis of data from the National Psychiatric In-Patient Reporting System (NPIRS) for 2015. 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.

All and first admissions 2015 – national statistics

There were 17,860 admissions to Irish psychiatric units and hospitals in 2015, a rate of 389.3 per 100,000 population, an increase of 63 admissions from 2014 (17,797) (Figure 1) and an increase in the rate of admissions from 2014 (387.9). First admissions increased from 5,942 in 2014 to 6,114 in 2015. The rate of first admissions similarly increased from 129.5 in 2014 to 133.3 per 100,000 in 2015.

Figure 1: All, first and re-admissions. Ireland 1965-2015. Numbers



Re-admissions declined from 11,855 in 2014 to 11,746 in 2015 and the proportion of admissions that were re-admissions declined from 67% in 2014 to 66% in 2015. The rate of re-admissions decreased from 258.4 in 2014 to 256.0 per 100,000 in 2015.

Fifty-one per cent of admissions were for males, while males also had a higher admission rate than females, at 398.5 per 100,000 compared with 380.2 for females. The 20–24 year age group had the highest rate of all admissions, at 577.7 per 100,000, followed by the 55–64 year age group, at 557.7, and the 45–54 year age group, at 548.2. The 18–19 year age group had the highest rate of first admissions, at 287.0 per 100,000.

Single persons accounted for over half of all (58%) and first (54%) admissions. Divorced persons had the highest rate of all (759.9) and first (201.7) admissions, while married persons had the lowest, at 261.9 for all admissions and 99.3 per 100,000 for first admissions.

The unskilled occupational group had the highest rate of all (755.5) and first (218.5) admissions. However, as 49% of occupations were returned as unknown or unspecified in 2015, making assignment to a socio-economic group impossible, caution should be exercised when interpreting data on socio-economic group.

“Depressive disorders, schizophrenia, mania and neuroses together accounted for almost two-thirds (64%) of all admissions.”

Depressive disorders accounted for 27% of all and 30% of first admissions; schizophrenia accounted for 20% of all and 13% of first admissions; mania accounted for 11% of all and 7% of first admissions; and alcoholic disorders accounted for 7% of all and 7% of first admissions. Admissions for depressive disorders, schizophrenia, alcoholic disorders and mania accounted for 64% of all admissions.

Depressive disorders had the highest rate of all admissions, at 104.7 per 100,000, followed by schizophrenia, at 77.8, and mania, at 41.8 (Figure 2). Similarly, depressive disorders had the highest rate of first admissions, at 39.6 per 100,000, followed by schizophrenia, at 17.5, neuroses, at 16.9 and other drug disorders, at 9.8.

Twelve per cent of all and 13% of first admissions were involuntary, no change from those in 2014 and thus no change in the rate of involuntary all admissions, at 46.7 or involuntary first admissions, at 17.0.

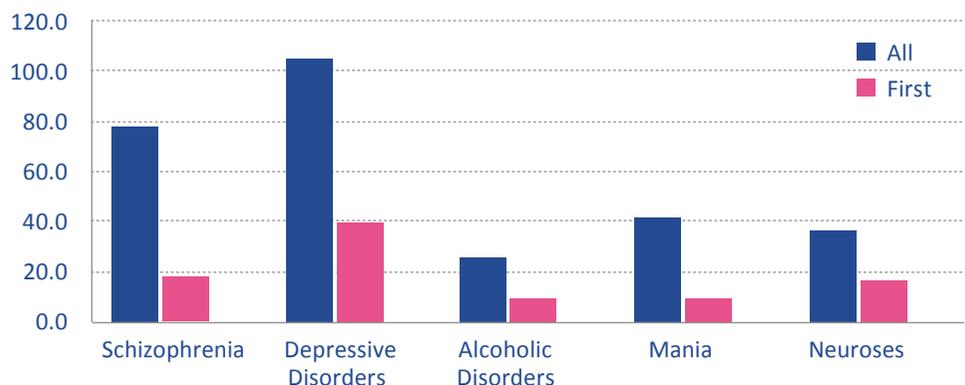
There were 74 admissions of non-residents in 2015, with 47% of these admissions having an address originating in Northern Ireland. Almost one-quarter of all admissions for non-residents had a primary admission diagnosis of depressive disorders.

There were 281 admissions of no fixed abode in 2015; 74% of these were male, 76% were single and 28% had a primary admission diagnosis of schizophrenia.

National discharges and deaths

There were 17,662 discharges from, and 132 deaths in, Irish psychiatric units and hospitals in 2015. Males accounted for 62% of all deaths in 2015, and 84% of

Figure 2: All and first admissions for selected diagnostic groups. Ireland 2015. Rates per 100,000 total population.



those who died were aged 65 years and over. Ninety-two per cent of all and 93% of first admissions in 2015 were discharged in 2015.

Almost one-third (30%) of all discharges in 2015 occurred within one week of admission, 18% occurred within two weeks of admission, 19% occurred within two to four weeks and 27% occurred within one to three months. Overall, 94% of all discharges in 2015 occurred within three months of admission and one per cent (208) of discharges occurred after one year or more in hospital.

Almost half (48.5%) of all discharges with a primary diagnosis of personality and behavioural disorders, 47% of discharges with other drug disorders, and 47% with behavioural and emotional disorders of childhood and adolescence 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 (77%), intellectual disability (88%) and schizophrenia (89%). The average length of stay for all discharges was 57.8 days (median 15 days). Discharges with a primary discharge diagnosis of intellectual disability had the longest average length of stay, at 1,422.3 days (median 14 days). When discharges with a length of stay of one year or more were excluded, the average length of stay was 26.4 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 48.0 days (median 27 days).

Community Healthcare Organisations (CHOs)

The address from which a person was admitted was used to assign him/her to a CHO area and thus, CHO area refers to the CHO area of residence of the person. All admission rates were highest for those resident in CHO 9, at 445.8 per 100,000, while first admission rates were highest for CHO 5, at 148.5.

Males accounted for a higher proportion of admissions than females in CHO 2, CHO 4 and CHO 5, while females had a higher proportion in CHO 6, CHO 7 and CHO 9. Proportions in all other areas were equal. Males had higher rates than females in all areas (with the exception of CHO 3) with rates ranging from 174.1 per 100,000 in CHO 5 to 117.2 in CHO 3.

Age groups were condensed into two distinct groups, under 45 years and 45 years and over. The 45 year and

over age group had higher rates than the under 45 year group in all areas, with the 45 year and over age group having twice the rate of the under 45 year age group in CHO 6, 7 and 8.

Depressive disorders had the highest rate of all and first admissions in all CHOs, with rates for all admissions ranging from 141.2 per 100,000 in CHO 2 to 83.3 in CHO 6.

Admissions resident in CHO 1 and CHO 6 had the highest proportion of involuntary all admissions, at 14% each, while CHO 3 had the lowest proportion, at 9%. CHO 6 had the highest rate of involuntary all admissions, at 53.0 per 100,000, followed by CHO 9, at 51.4 and CHO 1, at 51.0. Discharges for CHO 9 had the longest average length of stay, at 101.5 days (median 15), followed by CHO 6, at 63.7 days (median 19) and CHO 3, at 60.4 (median 17). When discharges with a length of stay of one year or more were excluded, average length of stay was longest in CHO 6, at 31.1 days (median 18), followed by CHO 7, at 28.7 (median 16 days) and CHO 4, at 28.3 (median 13).

Hospital type

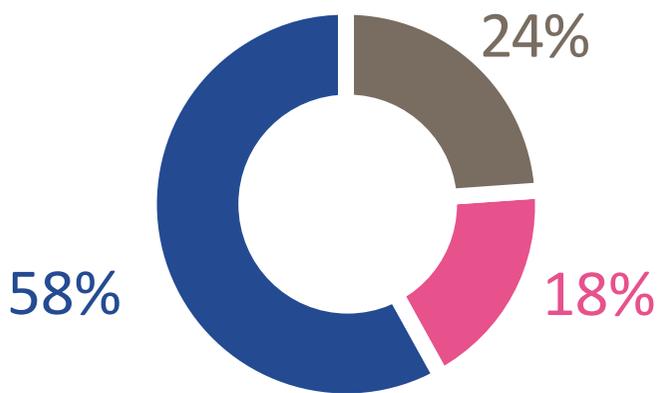
Fifty-eight per cent of all and first admissions were to general hospital psychiatric units; 18% of all admissions were to public psychiatric hospitals/continuing care units and 24% were to independent/private and private charitable centres (Figure 3).

“Admissions to independent/private and private charitable centres had an older age profile than admissions to general hospital psychiatric units or psychiatric hospitals/continuing care units; 62% of admissions to independent/private and private charitable centres were aged 45 years and over compared with 42% to general hospital psychiatric units and almost 45% to psychiatric hospitals/continuing care units.”

Involuntary admissions accounted for almost 19% of all admissions to psychiatric hospitals/continuing care units, 14% 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 34.8 days (median 30), followed by psychiatric hospitals/continuing care units, at 27.1 days (median 11) and general hospital psychiatric units, at 22.9 days (median 11).

Figure 3: Hospital type. All admissions. Ireland 2015. Percentages



58% General hospital psychiatric units
 24% Independent/private and private charitable centres
 18% Psychiatric hospitals/continuing care units

Children and adolescents

There were 503 admissions for children and adolescents (under 18s) in 2015, an increase of 67 since 2014 (436). These include admissions to psychiatric units and hospitals who were under 18 years of age and also those admitted to specialised child and adolescent in-patient units. There were 389 first admissions, accounting for 77% of all admissions. Of the 503 admissions, 407 were to specialised child and adolescent in-patient units.

Females accounted for almost 60% of all and 58% of first admissions. Thirty-six per cent of all admissions for under 18s were aged 17 years on admission, 27% were aged 16 years, 18% were aged 15 years, 10% were aged 14 years, 6% were aged 13 years and almost 4% were aged 12 years or younger.

“Almost 20% of admissions for under 18s were to adult in-patient units.”

Depressive disorders accounted for 32% of all and 33% of first admissions for children and adolescents. Thirteen per cent had a diagnosis of neurosis, 12% had a diagnosis of eating disorders and 9% had a diagnosis of schizophrenia.

Eighty-one per cent of all admissions for under 18s to child and adolescent services were to specialised child and adolescent in-patient units, 17% were to general hospital psychiatric units and 2% were to psychiatric hospitals/continuing care units. There were no admissions to independent/private and private charitable centres.

Eighty-five per cent of those admitted in 2015 were discharged in 2015. The average length of stay for under 18s who were admitted and discharged in 2015 was 41.4 days (median 30 days). The average length of stay was longest for child and adolescent units, at 50.1 days (median 41), followed by general hospital psychiatric units, at 10.1 days (median 5 days) and by psychiatric hospitals/continuing care units, at 6.9 (median 3 days).

In-patient census 2015

There were 2,337 patients resident on 31 December 2015, a rate of 50.9 per 100,000. Almost 55% of patients were male, 45% female. Thirty-seven per cent were aged 65 years and over, 33% were aged 45–64 years, 24% were aged 25–44 years and 6% were aged 24 years or younger. Thirty-two per cent had a diagnosis of schizophrenia, 15% depressive disorders and 12% organic mental disorders.

References

Central Statistics Office (2012) Census of Population 2011, www.cso.ie.

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