

National Psychiatric In-Patient Reporting System (NPIRS)

HRB Health Research Board

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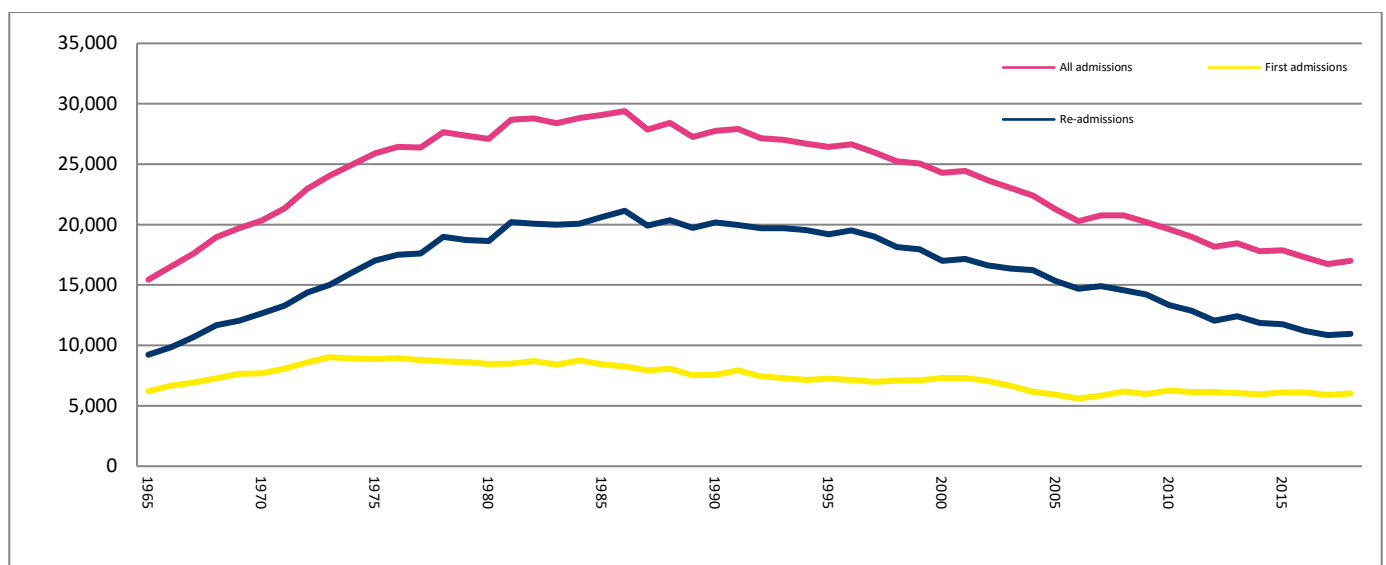
Introduction

This bulletin is a synopsis of data from the National Psychiatric In-Patient Reporting System (NPIRS) for 2018. The rates reported below were calculated using the Census of Population 2016 (Central Statistics Office 2017) and all rates are per 100,000 total population.

All and first admissions 2018 – national statistics

There were 17,000 admissions to Irish psychiatric units and hospitals in 2018, a rate of 357.0 per 100,000 population. Admissions increased by 257, from 16,743 in 2017 (Figure 1), with the rate of admissions also increasing from 351.6 in 2017. First admissions decreased by 134, from 5,905 in 2017 to 6,039 in 2018, with the rate of first admissions also increasing from 124.0 in 2017 to 126.8 in 2018.

Figure 1: All, first and re-admissions. Ireland 1965-2018. Numbers



Re-admissions increased from 10,838 in 2017 to 10,961 in 2018, with the rate similarly increasing from 227.6 per 100,000 in 2017 to 230.2 in 2018. Sixty-five per cent of all admissions in 2018 were re-admissions.

There was an equal proportion of male and females admissions, while males had a slightly higher rate of all admissions, at 362.0 per 100,000, compared with 352.2 for females. As in 2017, the 20–24 year age group had the highest rate of all admissions, at 608.8 per 100,000, followed by the 55–64 year age group, at 481.2 and the 25-34 year group, at 476.8. The 20–24 year age group had the highest rate of first admissions, at 291.3 per 100,000.

Single persons accounted for 59% of all and 57% of first admissions. Divorced persons had the highest rate of all (636.2) and first (183.8) admissions, while married persons had the lowest, at 230.1 for all admissions and 84.3 per 100,000 for first admissions.

The unskilled occupational group had the highest rate of all (565.7). However, as over half (57%) of occupations were returned as unknown or unspecified in 2018, making assignment to a socio-economic group impossible, caution should be exercised when interpreting data on socio-economic group.

Depressive disorders accounted for 24% of all and 26% of first admissions; schizophrenia accounted for 20% of all and 14% of first admissions; mania accounted for 9% of all and 6% of first admissions; and alcoholic disorders accounted for 6% of all and 6% of first admissions. Admissions for depressive disorders, schizophrenia, mania and neuroses accounted for almost two-thirds of all admissions.

Depressive disorders had the highest rate of all admissions, at 86.7 per 100,000, followed by schizophrenia, at 72.7, and mania, at 33.3 (Figure 2). Similarly, depressive disorders had the highest rate of first admissions, at 32.7 per 100,000, followed by schizophrenia, at 17.7, neuroses, at 15.6 and other drug disorders, at 8.6.

Thirteen per cent of all and 14% of first admissions were involuntary, virtually unchanged from proportions in 2017. The rate of involuntary all admissions increased from 45.4 per 100,000 in 2017 to 46.7 in 2018, while that for first admissions increased from 16.2 in 2017 to 17.3 in 2018.

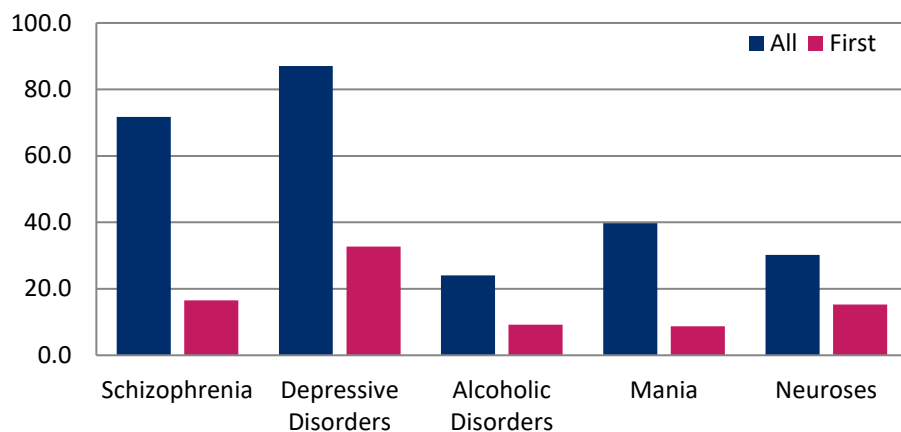
There were 54 admissions of non-residents in 2018, a decrease from 69 in 2017. Twenty-four per cent of non-residents had an address originating in England, a further 24% in Northern Ireland, 22% in the USA, 7% in Italy and 4% each in Germany, Spain, Scotland and France and 2% each in Canada, Belgium, Malta and Iceland. Over on-third (37%) of all admissions of non-residents had a primary admission diagnosis of schizophrenia, 26% had a diagnosis of mania, 13% had personality and behavioural disorders and 2% had eating disorders.

There were 306 admissions with no fixed abode in 2018; 74% of these were male, 81% were single and 29% had a primary admission diagnosis of schizophrenia.

National discharges and deaths

There were 16,800 discharges from, and 137 deaths in, Irish psychiatric units and hospitals in 2018. Males accounted for 66% of all deaths in 2018, and 82% of those who died were aged 65 years and over.

Figure 2: All and first admissions for selected diagnostic groups. Ireland 2018. Rates per 100,000 total population



Ninety-two per cent of all and almost 93% of first admissions in 2018 were discharged in 2018.

Thirty per cent of all discharges in 2018 occurred within one week of admission, 17% occurred within one to two weeks of admission, 20% occurred within two to four weeks and 28% occurred within one to three months. Overall, 94% of all discharges in 2018 occurred within three months of admission and 99% occurred within one year of admission.

Almost half of all discharges for personality and behavioural disorders, 48% of discharges for other drug disorders, 43% of discharges for behavioural occurred within one week of admission. Ninety per cent of all discharges for most disorders took place within three months of admission with the exception of organic mental disorders (73%) and intellectual disability (76%).

The average length of stay for all discharges was 62.9 days (median 15 days). Discharges with a primary discharge diagnosis of intellectual disability had the longest average length of stay, at 1,597.5 days (median 14 days). When discharges with a length of stay of one year or more were excluded, the average length of stay was 26.9 days (median 15 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 50.7 days (median 28 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 402.3 per 100,000 and first admission rates were highest for those resident in CHO 8, at 146.0.

Males accounted for a higher proportion of admissions than females in CHO 1, CHO 2, CHO 4 and CHO 5, while females had a higher proportion in CHO 6, CHO 7 and CHO 9. There was an equal proportion of male and female admissions in CHO 3 and CHO 8.

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 rates ranging from 536.1 per 100,000 in CHO 9 to 374.6 in CHO 2.

Depressive disorders had the highest rate of all admissions in six of the nine CHOs, with rates ranging from 117.2 per 100,000 in CHO 2 to 56.9 in CHO 8.

Admissions resident in CHO 9 had the highest proportion of involuntary all admissions, at 17%, followed by CHO 2, at 15%, CHO 4, at 14%, , CHO 7, at 14% and CHO 8, at 12%. CHO 9 had the highest rate of involuntary all admissions, at 67.3 per 100,000 while CHO 5 had the lowest rate, at 35.2. Discharges for CHO 4 had the longest average length of stay, at 74.5 days (median 17), followed by CHO 7, at 70.0 days (median 18) and CHO 8, at 69.4 days (median 14). When discharges with a length of stay of one year or more were excluded, average length of stay was longest in CHO 6, at 31.6 days (median 21), followed by CHO 7, at 29.5 days (median 17) and CHO 2, at 29.1 days (median 17).

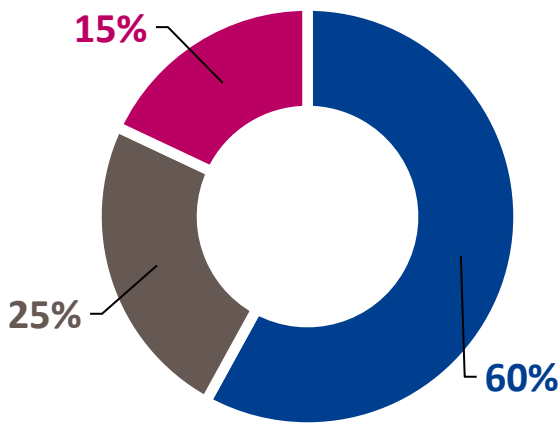
Hospital type

Sixty per cent of all admissions were to general hospital psychiatric units; 15% of all admissions were to public psychiatric hospitals/continuing care units and 25% were to independent/private and private charitable centres (Figure 3).

“The mean age at admission to independent/ private and private charitable centres was older, at 51.7 years, than that to general hospital psychiatric units, at 42.0 years or psychiatric hospitals/continuing care units, at 45.8 years. Almost 65% of admissions to independent/private and private charitable centres were aged 45 years and over compared with 40% to general hospital psychiatric units and almost 49% to psychiatric hospitals/continuing care units.”

Involuntary admissions accounted for 18% of all admissions to psychiatric hospitals/continuing care units, 16% of admissions to general hospital psychiatric units and 3% 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 34.7 days (median 31), followed by psychiatric hospitals/continuing care units, at 27.3 days (median 13) and general hospital psychiatric units, at 23.6 days (median 11).

Figure 3: Hospital type. All admissions. Ireland 2018. Percentages



60% General hospital psychiatric units
25% Independent/private and private charitable centres
15% Psychiatric hospitals/continuing care units

Children and adolescents

There were 408 admissions for children and adolescents (under 18s) in 2018, a decrease from 441 admissions in 2017. 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 316 first admissions, accounting for 78% of all admissions. Of the 408 admissions, 324 were to specialised child and adolescent in-patient units (public and private units).

Females accounted for 63% of all and 62% of first admissions. Thirty-five per cent of all admissions for under 18s were aged 17 years on admission, 31% were aged 16 years, 17% were aged 15 years, almost 10% were aged 14 years and 6% were aged 13 years or younger.

“ There were 84 admissions of under 18s to adult units and hospitals.”

Depressive disorders accounted for 31% of all and 32% of first admissions for children and adolescents. Fifteen per cent had a diagnosis of neuroses, 12% had a diagnosis of schizophrenia and 8% had a diagnosis of eating disorders.

Seventy-nine per cent of all admissions for under 18s to child and adolescent services were to specialised child and adolescent in-patient units, 20% were to general hospital psychiatric units and less than 1% 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 2018 were discharged in 2018. The average length of stay for under 18s who were admitted and discharged in 2018 was 43.3 days (median 33 days). The average length of stay was longest for child and adolescent units, at 52.7 days (median 41), followed by general hospital psychiatric units, at 12.6 days (median 5 days) and psychiatric hospitals/continuing care units, at 7 days (median 6).

In-patient census 2018

There were 2,356 patients resident on 31 December 2018, a rate of 49.5 per 100,000. This is an increase of 32 patients resident since 31 December 2017. Fifty-four per cent of patients were male. Thirty-five per cent were aged 65 years and over, 32% were aged 45–64 years, 25% were aged 25–44 years and almost 7% were aged 24 years or younger. Thirty-four per cent had a diagnosis of schizophrenia, 14% depressive disorders and 11% organic mental disorders.

References

Central Statistics Office (2017) Census of Population 2016, www.cso.ie.