

National Psychiatric In-Patient Reporting System (NPIRS)

HRB Health Research Board

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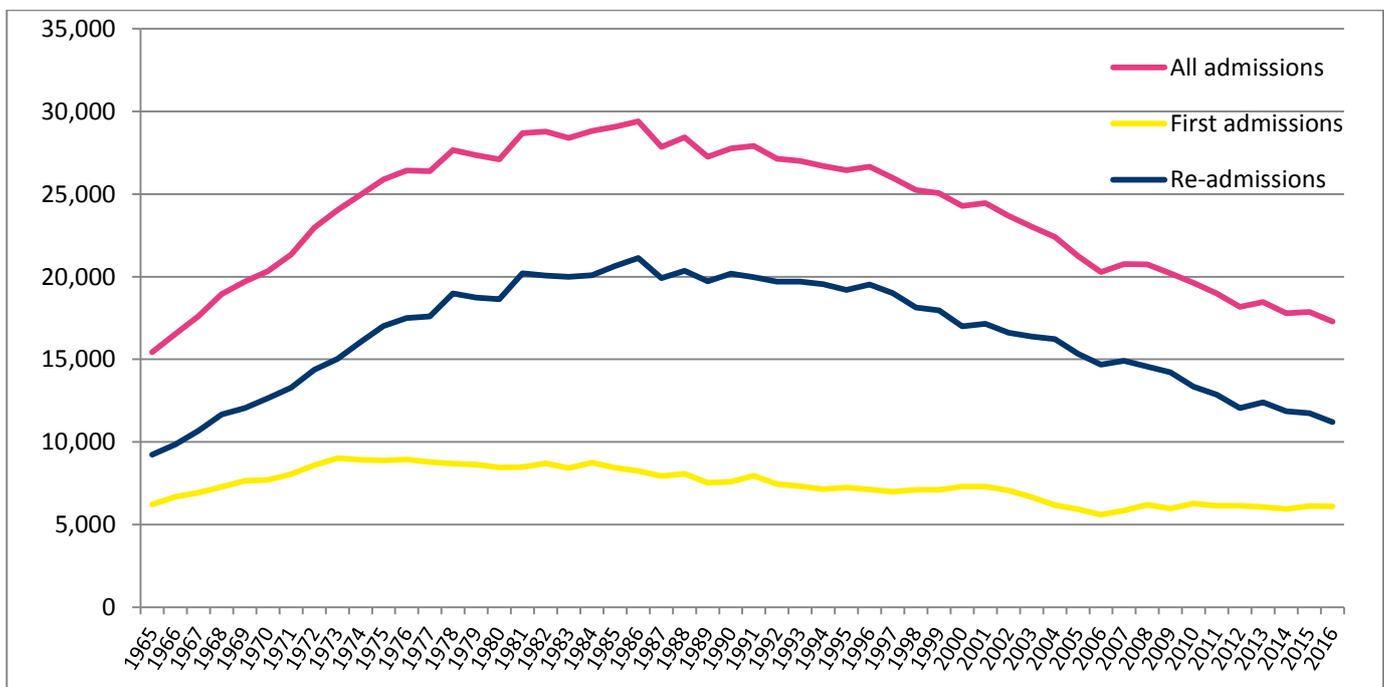
Introduction

This bulletin is a synopsis of data from the National Psychiatric In-Patient Reporting System (NPIRS) for 2016. 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 2016 – national statistics

There were 17,290 admissions to Irish psychiatric units and hospitals in 2016, a rate of 376.8 per 100,000 population, a decrease of 570 admissions from 2015 (17,860) (Figure 1) and a decrease in the rate of admissions from 2015 (389.3). First admissions decreased by 17, from 6,114 in 2015 to 6,097 in 2016, with the rate of first admissions also decreasing from 133.5 in 2015 to 132.9 in 2016.

Figure 1: All, first and re-admissions. Ireland 1965-2016. Numbers



Re-admissions declined from 11,746 in 2015 to 11,193 in 2016, with the rate similarly declining from 256.0 in 2015 to 243.9 in 2016. Sixty-five per cent of all admissions in 2016 were re-admissions.

There was an equal proportion of male and females admissions, while males had a slightly higher rate of all admissions, at 380.0 per 100,000, compared with 373.7 for females. As in 2015, the 20–24 year age group had the highest rate of all admissions, at 549.4 per 100,000, followed by the 65–74 year age group, at 547.2 and the 55-64 year group, at 541.8. The 18–19 year age group had the highest rate of first admissions, at 300.2 per 100,000.

Single persons accounted for 58% of all and 55% of first admissions. Divorced persons had the highest rate of all (764.5) and first (231.3) admissions, while married persons had the lowest, at 254.4 for all admissions and 97.3 per 100,000 for first admissions.

The unskilled occupational group had the highest rate of all (589.7) and first (166.5) admissions. However, as over half (51%) of occupations were returned as unknown or unspecified in 2016, making assignment to a socio-economic group impossible, caution should be exercised when interpreting data on socio-economic group.

Depressive disorders accounted for 27% of all and 29% of first admissions; schizophrenia accounted for 20% of all and 14% of first admissions; mania accounted for 11% of all and 7.5% 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 65% of all admissions.

Depressive disorders had the highest rate of all admissions, at 102.5 per 100,000, followed by schizophrenia, at 74.7, and mania, at 41.1 (Figure 2). Similarly, depressive disorders had the highest rate of first admissions, at 38.1 per 100,000, followed by schizophrenia, at 18.4, neuroses, at 15.7 and mania, at 10.0.

Thirteen per cent (12.85%) of all and 14% (13.76%) of first admissions were involuntary, a minimal increase on the proportions in 2015 (12% of all and 13% of first). There was a slight increase in the rate of involuntary all admissions, from 46.7 per 100,000 in 2015 to 48.4 in 2016 and from 17.0 for first admissions in 2015 to 18.3 in 2016.

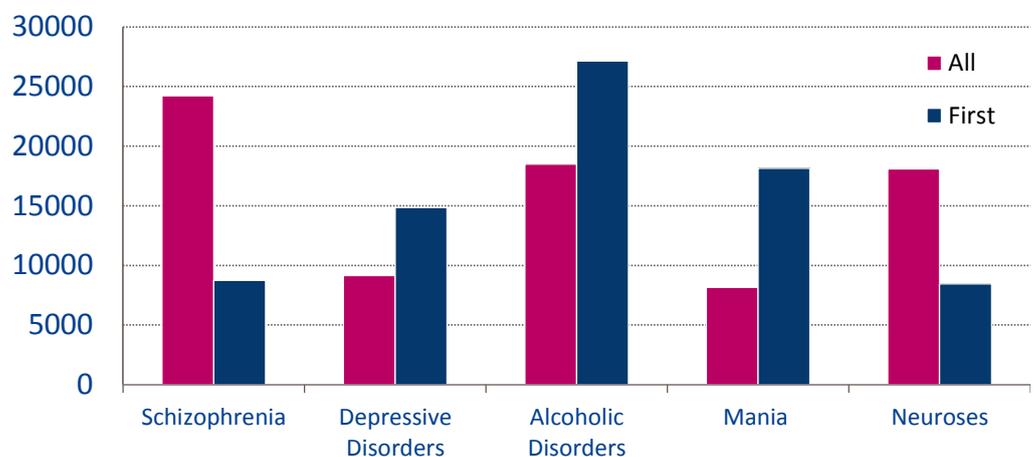
There were 65 admissions of non-residents in 2016, a decrease from 74 in 2015. Thirty-one per cent of non-residents had an address originating in England, 22% in Northern Ireland, 8% each in Germany, USA and Scotland, 6% in Italy and 5% in France. Thirty-seven per cent of all admissions of non-residents had a primary admission diagnosis of schizophrenia, 1% had a diagnosis of mania, 8% had depressive disorders and 6% each had neurosis and personality and behavioural disorders.

There were 271 admissions with no fixed abode in 2016; 73% of these were male, almost 82% were single and 35% had a primary admission diagnosis of schizophrenia.

National discharges and deaths

There were 17,175 discharges from, and 151 deaths in, Irish psychiatric units and hospitals in 2016. Males accounted for 54% of all deaths in 2016, and 81% of those who died were aged 65 years and over.

Figure 2: All and first admissions for selected diagnostic groups. Ireland 2016. Rates per 100,000 total population.



Ninety-two per cent of all and 93% of first admissions in 2016 were discharged in 2016.

Almost one-third (30%) of all discharges in 2016 occurred within one week of admission, 17% occurred within one to two weeks of admission, 19% occurred within two to four weeks and 28% occurred within one to three months. Overall, 94% of all discharges in 2016 occurred within three months of admission and one per cent (207) of discharges occurred after one year or more in hospital.

Almost half (53%) of all discharges with a primary diagnosis of other drug disorders, 48% of discharges with personality and behavioural disorders, and 36% with neuroses 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 (73%), intellectual disability (85%) and schizophrenia (89%). The average length of stay for all discharges was 57.7 days (median 15 days). Discharges with a primary discharge diagnosis of intellectual disability had the longest average length of stay, at 1,215.9 days (median 12.5 days). When discharges with a length of stay of one year or more were excluded, the average length of stay was 27.0 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 53.3 days (median 25 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 413.1 per 100,000, while first admission rates were highest for CHO 8, at 146.9.

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 3, CHO 6, CHO 7 and CHO 9. There was an equal proportion of male and female admissions in 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 642.6 per 100,000 in CHO 7 to 431.2 in CHO 2.

Depressive disorders had the highest rate of all and first admissions in all CHOs, with rates for all admissions ranging from 138.5 per 100,000 in CHO 2 to 79.8 in CHO 6.

Admissions resident in CHO 9 had the highest proportion of involuntary all admissions, at 15%, followed by CHO 5, at 14% and by 13% each in CHO 2, CHO 4, CHO 6 and CHO 7. CHO 9 had the highest rate of involuntary all admissions, at 62.3 per 100,000 while CHO 3 had the lowest rate, at 35.3. Discharges for CHO 9 had the longest average length of stay, at 81.7 days (median 15), followed by CHO 4, at 68.7 days (median 17) and CHO 7, at 59.4 (median 18). When discharges with a length of stay of one year or more were excluded, average length of stay was longest in CHO 6, at 30.0 days (median 17), followed by CHO 7 and CHO 4 both at, 29.2 days (median 17 days for both).

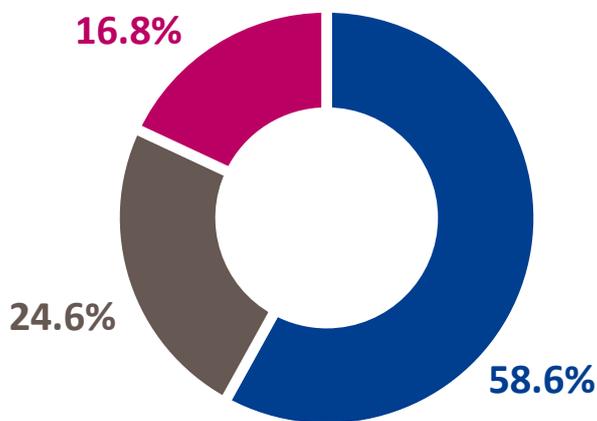
Hospital type

Fifty-nine (58.6%) per cent of all admissions were to general hospital psychiatric units; 17% (16.8%) of all admissions were to public psychiatric hospitals/continuing care units and 25% (24.6%) 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; 64% of admissions to independent/private and private charitable centres were aged 45 years and over compared with 41% to general hospital psychiatric units and almost 47% to psychiatric hospitals/continuing care units.”

Involuntary admissions accounted for almost 18% of all admissions to psychiatric hospitals/continuing care units, 16% 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 34.9 days (median 31), followed by psychiatric hospitals/continuing care units, at 28.0 days (median 12) and general hospital psychiatric units, at 23.4 days (median 11).

Figure 3: Hospital type. All admissions. Ireland 2016. Percentages



58.6% General hospital psychiatric units
24.6% Independent/private and private charitable centres
16.8% Psychiatric hospitals/continuing care units

Children and adolescents

There were 506 admissions for children and adolescents (under 18s) in 2016, an increase of 3 admissions since 2016. 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 409 first admissions, accounting for 81% of all admissions. Of the 506 admissions, 439 were to specialised child and adolescent in-patient units.

Females accounted for almost 64% of all and first admissions. Thirty-six per cent of all admissions for under 18s were aged 17 years on admission, 23% were aged 16 years, 19% were aged 15 years, 13% were aged 14 years, 7% were aged 13 years and less than two per cent were aged 12 years or younger.

“ There were 67 admissions of under 18s to adult units and hospitals.”

Depressive disorders accounted for 33% of all and 35% of first admissions for children and adolescents. Twelve per cent had a diagnosis of neurosis, 12% had a diagnosis of eating disorders and 11% had a diagnosis of schizophrenia.

Eighty-seven per cent of all admissions for under 18s to child and adolescent services were to specialised child and adolescent in-patient units, 12% were to general hospital psychiatric units and 1% were to psychiatric hospitals/continuing care units. There were no admissions to independent/private and private charitable centres.

Eighty-three per cent of those admitted in 2016 were discharged in 2016. The average length of stay for under 18s who were admitted and discharged in 2016 was 47.3 days (median 38 days). The average length of stay was longest for child and adolescent units, at 55.0 days (median 47), followed by psychiatric hospitals/continuing care units, at 9.2 days (median 2) and general hospital psychiatric units, at 5.3 days (median 3 days).

In-patient census 2016

There were 2,278 patients resident on 31 December 2016, a rate of 49.6 per 100,000. Fifty-four per cent of patients were male. Thirty-six per cent were aged 65 years and over, 33% were aged 45–64 years, 25% were aged 25–44 years and 5% were aged 24 years or younger. Thirty-four 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.