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Activities of Irish Psychiatric Units and Hospitals 2013 Main Findings

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Main Findings

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Introduction

This document is a summary of the annual report on the activities of Irish psychiatric in-patient units and hospitals for the year 2013. Data in this summary and in the full report were sourced from the National Psychiatric In-patient Reporting System (NPIRS) on all admissions to, discharges from, and deaths during 2013 in the 69 Irish psychiatric units and hospitals approved by the Mental Health Commission for the reception and treatment of patients. Comparative data for 2012 used in this summary are from the publication *Activities of Irish Psychiatric Units and Hospitals 2012 Main Findings* (Daly and Walsh 2013) and rates reported are per 100,000 total population. In the computation of rates for Health Service Executive (HSE) areas and for county, private hospital admissions are returned to their area of origin, i.e., the area/county from which they were admitted, and they are thus included in the rates for those areas/counties.



Key findings

This summary document presents data on all admissions to, discharges from, and deaths in, Irish psychiatric units and hospitals, as recorded on the National Psychiatric In-patient Reporting System (NPIRS) in 2013. Rates reported are per 100,000 total population.

National admissions

There were 18,457 admissions to Irish psychiatric units and hospitals in 2013, representing a rate of 402.3 per 100,000 total population. This is an increase of 284 admissions from 2012 (18,173) and also a slight increase in the rate of admissions from 396.1 in 2012 to 402.3 in 2013. There was a decrease in the number of first admissions from, 6,130 in 2012 to 6,055 in 2013 and the rate of first admissions similarly decreased from 133.6 per 100,000 in 2012 to 132.0 in 2013. Re-admissions increased from 12,043 in 2012 to 12,402 in 2013, with the proportion of admissions that were re-admissions also increasing ever so slightly from 66% in 2012 to 67% in 2013. The re-admission rate increased from 262.5 per 100,000 in 2012 to 270.3 in 2013. Approved centres reported an additional ten persons presenting for admission in 2013 but who were referred/returned home without being admitted. The overall increase in admissions was due in large part to an increase in admissions in the independent/private and private charitable centres.

Figure 1 presents the number of all, first and re-admissions over the last 40 years and shows that, although reaching a peak in 1986, at 29,392, admissions have been steadily decreasing since then.

The proportion of females, at 51%, slightly outnumbered that of males, at 49%, with a similar pattern observed for rates, with females having a higher rate than males, at 403.7 per 100,00 compared with 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 75 and over age group had the lowest rate of all admissions, at 450.2 per 100,000. The 18–19 year age group had the highest rate of first admissions, at 263.3, followed by the 20–24 year age group, at 237.5, and the 75 year and over group, at 194.3 per 100,000. The mean age at admission was 45 years (minimum 14 years and maximum 97 years).

Single persons accounted for over half (55%) of all admissions, married persons accounted for 27%, widowed accounted for 4% and divorced persons also accounted for 4%. Despite accounting for just 4% of all admissions, divorced persons had the highest rate of all admissions, at 787.3 per 100,000, followed by widowed persons,



at 416.1 and single persons, at 407.7. Married persons had the lowest rate of all admissions, at 288.9 per 100,000. Similarly, married persons had the lowest rate of first admissions, at 108.0 per 100,000, while divorced persons had the highest rate, at 175.5.

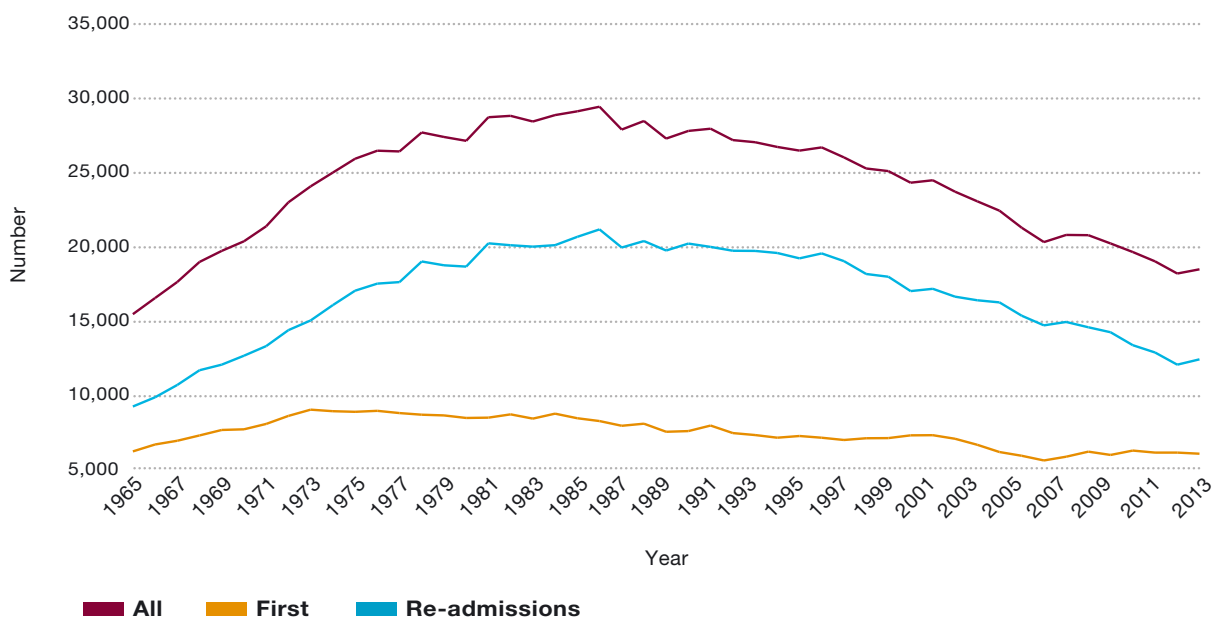


Figure 1 All, first and re-admissions. Ireland 1965–2013. Numbers

As in previous years, the unskilled occupational group had the highest rate of all (802.2) and first admissions (211.9), although caution must be exercised in interpreting socio-economic group as 44% of occupations were returned as unknown or unspecified, making assignment to a socio-economic group impossible. Forty per cent of all admissions in 2013 were returned as unemployed, 26% as employed, 10% as retired, 6% as students, 6% as engaged in house duties, while 12% were returned as unknown.

There were 245 admissions with no fixed abode in 2013. Sixty-eight per cent of these were male, 79% were single, 28% had a diagnosis of schizophrenia, 18% had a diagnosis of other drug disorders and 13% had a diagnosis of alcoholic disorders. In terms of ethnicity, 88% of all admissions in 2013 were returned as 'White Irish', 5% were returned as 'Any Other White Background' (including White Irish Traveller, White Roma and Any Other White Background) and 2% were distributed amongst various other ethnic groups. Five per cent were returned as 'Unknown/unspecified'.

The most common diagnosis recorded for all admissions was depressive disorders, accounting for 28% of all, 30% of first and 28% of re-admissions, and accounting for the highest rate of all (114.5) and first (39.8) admissions. Schizophrenia accounted for 20% of all, almost 13% (12.5%) of first and 24% of re-admissions and had the second-highest rate of all admissions (80.4).

Involuntary admissions accounted for 11% of all and 12% of first admissions, a marginal increase in the proportion of involuntary first admissions from 11% (10.9%) in 2012. The rate of involuntary all admissions increased from 41.9 in 2012 to 44.4 per 100,000 in 2013, while that for first admissions also increased from 14.5 in 2012 to 15.7 per 100,000 in 2013. Admissions for schizophrenia had the highest rate of involuntary admission, at 19.4 per 100,000, followed by mania, at 7.9, and depressive disorders, at 4.7.

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 those admitted in 2013 and 94% of first admissions in 2013 were discharged in 2013.

Almost one-third (30.4%) of all discharges took place within one week of admission, 18% occurred within one to two weeks of admission, 20% occurred within two to four weeks of admission and a further 26.5% occurred within one to three months of admission. Overall, ninety-five per cent of all discharges occurred within three months of admission.

Over half of discharges with a primary discharge diagnosis of other drug disorders (51%), 50% of discharges with behavioural and emotional disorders of childhood and adolescence and 48% of those with personality and behavioural disorders occurred within one week of admission. Over 90% of discharges for most disorders occurred within three months of admission with the exception of organic mental disorders (82%), and intellectual disability (74%).

The average length of stay for all discharges in 2013 was 71.4 days, while that for discharges up to one year in hospital was 25.3 days, with a median length of stay of 14 days for both analyses. Discharges with a primary discharge diagnosis of organic mental disorders had the longest average length of stay (excluding discharges with a length of stay of one year or more), at 41.6 days (median 20 days), accounting for 5% of in-patient days and just 3% of discharges in 2013. Other drug disorders had the shortest average length of stay at 13.6 days (median 6 days).



HSE Areas

Twenty-eighty per cent of all admissions in 2013 were resident in Dublin Mid-Leinster, almost 25% (24.5%) were resident in HSE West, 24% were resident in HSE South and 22% were resident in Dublin North-East. Less than one per cent of admissions were recorded as non-residents on admission. The highest rate of all admissions was recorded for HSE West, at 418.0 per 100,000, followed by Dublin North-East, at 407.5, and HSE South, at 396.8. Dublin Mid-Leinster had the lowest rate of all admissions, at 386.3 per 100,000. Dublin North-East had the highest rate of first admissions, at 137.2 per 100,000, followed by Dublin Mid-Leinster, at 133.5, and HSE South, at 129.8. HSE West had the lowest rate of first admissions, at 123.7 per 100,000.

The proportion of re-admissions ranged from 70% of all admissions resident in HSE West to 66% of admissions resident in Dublin North-East. HSE West had the highest rate of re-admissions, at 294.3 per 100,000, followed by Dublin North-East, at 270.4, and HSE South, at 267.0. Dublin Mid-Leinster had the lowest rate of re-admissions, at 252.8 per 100,000.

Females had higher rates of all admissions than males in Dublin Mid-Leinster and Dublin North-East, with rates of 401.0 and 418.5 respectively, compared with rates of 371.1 for males in Dublin Mid-Leinster and 396.3 in Dublin North-East. Males had higher rates of all admissions than females in HSE South, at 411.0 and HSE West, at 426.4, compared with 382.7 per 100,000 for females in HSE South and 409.6 in HSE West.

The 55–64 year age group had the highest rate of all admissions in Dublin Mid-Leinster, at 621.6 per 100,000, and Dublin North-East, at 642.7. The 20–24 year age group had the highest rate in HSE South, at 595.1 per 100,000, and HSE West, at 664.6. Amongst first admissions, the 18–19 year age group had the highest rate of admission in Dublin Mid-Leinster, at 251.7 per 100,000, Dublin North-East, at 282.7, and HSE West, at 298.7. The 20–24 year age group had the highest rate of admission in HSE South, at 264.5.

Depressive disorders had the highest rate of all and first admissions across all four HSE areas in 2013, with rates for all admissions ranging from 136.4 per 100,000 in HSE West to 100.9 in Dublin North-East, while first admissions rates ranged from 46.5 in HSE West to 34.6 in Dublin North-East. Rates of all admissions for schizophrenia were second-highest amongst all HSE areas with rates ranging from 83.5 per 100,000 in HSE West to 78.3 in Dublin Mid-Leinster.

Twelve per cent of all admissions resident in Dublin North-East were involuntary, 11% in HSE South and 11% in HSE West and 10% in Dublin Mid-Leinster were involuntary. Fourteen per cent (13.6%) of first admissions in Dublin North-East, almost 14% (13.5%) in HSE South, 10% in Dublin Mid-Leinster and 10% in HSE West were involuntary. The highest rate of involuntary all admissions was observed for Dublin North-East, 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.

Almost one-third of all discharges in each HSE area in 2013 occurred within one week of admission: 31% in HSE South, 31% in HSE West, almost 31% (30.5%) in Dublin North-East and almost 30% (29.5%) in Dublin Mid-Leinster. Over 94% of discharges in all areas occurred within three months of admission.

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

Counties

There were wide variations in admission rates between counties in 2013. All admission rates were highest for counties Sligo (516.9), Roscommon (496.4), Kerry (468.0) and Laois (465.5). Monaghan had the lowest rate of all admissions, at 188.5 per 100,000. Westmeath had the highest rate of first admissions, at 164.8 per 100,000, followed by Dublin, at 148.9, Laois, at 147.7, and Kerry, at 145.0. Monaghan had the lowest rate of first admissions, at 61.2 per 100,000.

Non-residents

There were 54 admissions for non-residents in 2013, no change from 2012. Thirty-nine per cent of admissions for non-residents had an address originating in Northern Ireland, 30% had an address originating in England, 11% in the USA, 4% in France and 4% in Germany, with the remaining distributed amongst various other countries. Twenty-six per cent of non-residents had a primary diagnosis of schizophrenia, 24% had a diagnosis of mania, 20% had a diagnosis of depressive disorders and 7% had a diagnosis of personality and behavioural disorders.



Hospital type

In 2013, 56% (55.6%) of all admissions were to general hospital psychiatric units, 24% were to independent/private and private charitable centres and 20% were to psychiatric hospitals/continuing care units (including the Central Mental Hospital, Dundrum; Carraig Mór, Cork; St Joseph's Intellectual Disability Service, Portrane; and the Phoenix Care Centre, Dublin) (Figure 2). Re-admissions accounted for 68% of all admissions to psychiatric hospitals/continuing care units, 69% of all admissions to general hospital psychiatric units and 66% of all admissions to independent/private and private charitable centres.

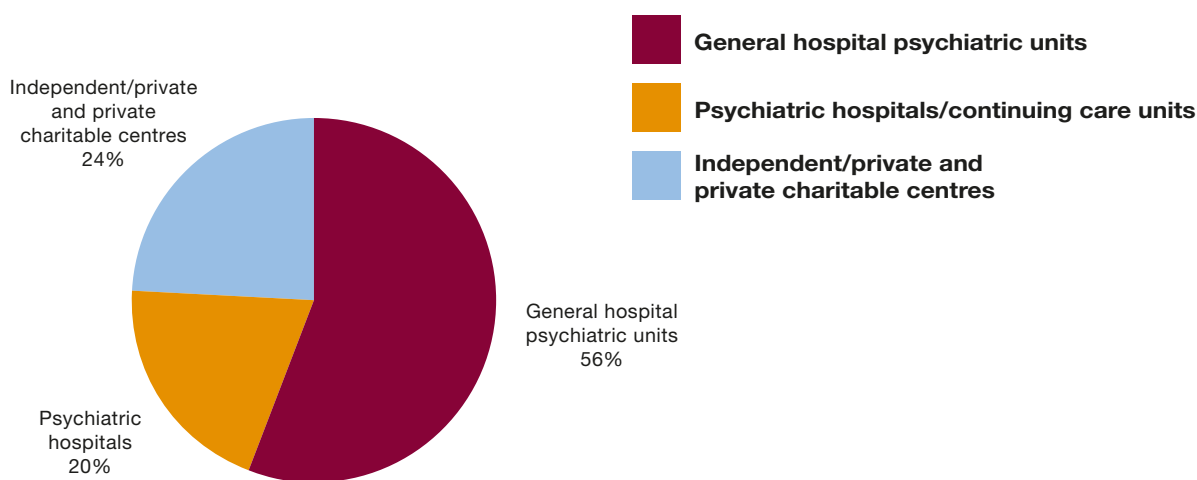


Figure 2 Hospital type. All admissions. Ireland 2013. Percentages

Males accounted for over half of all and first admissions to general hospital psychiatric units and psychiatric hospitals/continuing care units; 52% of all admissions and 56% of first admissions to general hospital psychiatric units; 54% of all admissions and almost 57% (56.5%) of first admissions to psychiatric hospital/continuing care units. In contrast, a much higher proportion of all admissions to independent/private and private charitable centres were female, at 61%, with females also accounting for 58% of first admissions to independent/private and private charitable centres.

Admissions to independent/private and private charitable centres (some of which provided specialised services for the elderly) had an older age profile than either general hospitals psychiatric units or psychiatric hospitals/continuing care units; 60% of admissions to independent/private and private charitable centres were aged 45 years and over compared with 43% in general hospitals psychiatric units and 48% in psychiatric hospitals/continuing care units. The mean age at admission in independent/private and private charitable centres was 49.5 compared with 45.3 in psychiatric hospitals/continuing care units and 42.9 in general hospital psychiatric units.

One-third of all (35%) and first (32%) admissions to independent/private and private charitable centres had a primary admission diagnosis of depressive disorders. The comparable figures for general hospital psychiatric units were 29% of all and 32% of first, while those for psychiatric hospitals were 20% of all and 24% of first admissions. Just 7% of admissions to independent/private and private charitable centres were for schizophrenia, compared with 23% of admissions to general hospital psychiatric units and 28% of admissions to psychiatric hospitals/continuing care units. Alcoholic disorders accounted for 13% of admissions to independent/private and private charitable centres, 7% of admissions to general hospital psychiatric units and 5% of admissions to psychiatric hospitals/continuing care units.

Involuntary admissions accounted for 19% of all admissions to psychiatric hospitals/continuing care units, 12% to general hospital psychiatric units and just 2% to independent/private and private charitable centres. The pattern for involuntary first admissions was similar, with almost 23% (22.5%) to psychiatric hospitals/continuing care units, 12% to general hospital psychiatric units and just 2.5% to independent/private and private charitable centres.

Over one-third of all discharges from both general hospital psychiatric units (36%) and psychiatric hospitals (34%) occurred within one week of admission, compared with 14% from independent/private and private charitable centres. Over half of all discharges from general hospital psychiatric units (57%) and from psychiatric hospitals/continuing care units (52%) occurred within two weeks of admissions compared with 25% from independent/private and private charitable centres.

Average length of stay for all discharges was longest in psychiatric hospitals/continuing care units, at 229.5 days (median 13 days), followed by independent/private and private charitable centres, at 45.9 days (median 29 days), and general hospital psychiatric units, at 23.3 days (median 11 days). 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 days), and general hospital psychiatric units, at 21.4 days (median 11 days).

Child and adolescent admissions

There were 415 admissions for under 18s in 2013 to all hospital types (general hospital psychiatric units, psychiatric hospitals/continuing care units and child and adolescent in-patient units), a decline of 23 since 2012 (438). Seventy-six per cent (317) of all admissions for under 18s were first admissions. There were 317 admissions to dedicated child and adolescent in-patient units and 74% of these (236) were first admissions. There were 98 admissions for under 18s to adult psychiatric hospitals.



Sixty-four per cent of all and 63% of first admissions for under 18s were females. Two-thirds were aged 16–17 years of age on admission (37% were aged 17 years and 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. Females accounted for 69% of all and 69% of first admissions to dedicated child and adolescent in-patient units. Thirty per cent of all admissions to child and adolescent in-patient units were aged 17 years of age on admission, a further 30% were aged 16 years, 19% were aged 15 years, 14% were aged 14 years, 5% were aged 13 years and 1% were aged 12 years or younger.

Of the 98 admissions to adult psychiatric units and hospitals, 56 were aged 17 years, a further 36 were aged 16 years, 3 were aged 15 years and a further 3 were aged 14 years.

Thirty-six per cent of all admissions for under 18s had a primary admission diagnosis of depressive disorders, 13% had a diagnosis of schizophrenia, almost 12% (11.5%) had a diagnosis of eating disorders and 9% had a diagnosis of neuroses. Females accounted for 65% of all admissions with a primary diagnosis of depressive disorders, 72% of all admissions with mania, 92% of all admissions with eating disorders and 64% of all admissions with neuroses. Males accounted for 60% of all admissions with a primary diagnosis of schizophrenia and 60% of those with other drug disorders.

Four per cent of all admissions (16 admissions) for under 18s were involuntary in 2013 and 3% of first admissions (9 admissions) were involuntary. Forty-four per cent of all involuntary admissions for under 18s had a primary admission diagnosis of schizophrenia, 25% had a diagnosis of depressive disorders and 19% had a diagnosis of mania.

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

Eighty-five per cent of under 18s admitted in 2013 were discharged in 2013. Of those admitted and discharged in 2013, 24% were discharged within one week, 10% were discharged within one to two weeks, 14% were discharged within two to four weeks, 40% were discharged within one to three months and 12% were discharged within three months to one year.

The average length of stay for all under 18s admitted and discharged in 2013 was 42.5 days (median 29 days). The average length of stay for those admitted and discharged in 2013 was longest in child and adolescent units, at 54.8 days (median 48

days), followed by general hospital psychiatric units, at 9.8 days (median 4 days) and psychiatric hospitals/continuing care units, at 9.3 days (median 11 days).

Ten-year review

There has been a 17% decline in admissions in the ten-year period from 2004–2013, from 22,400 in 2004 to 18,457 in 2013. Re-admissions have shown a greater level of decline during this period, at 24%, from 16,232 in 2004 to 12,402 in 2013. The overall number of first admissions has not changed greatly over the last 40 years or so, with a mere 2% decline from 2004–2013, from 6,168 in 2004 to 6,055 in 2013.

In the ten-year period from 2004–2013 admissions to general hospital psychiatric units increased from 47% to 56%, admissions to independent/private and private charitable centres increased from 18% to 24%, while admissions to psychiatric hospitals/continuing care units decreased from 35% to 20%.

Despite an initial decline in involuntary admissions following the full enactment of the Mental Health Act 2001 in 2006, proportions in 2013 are now similar to those in 2004, prior to the introduction of the Mental Health Act 2001, particularly in relation to all admissions (Figure 3). In 2004, 11% of all and 13.5% of first admissions were involuntary; in 2013 11% of all and 11.8% of first admissions were involuntary, pointing to very little overall change in this period, despite reductions in the intervening period.



Figure 3 Health Service Executive Areas. All and first involuntary admissions. Ireland 2013. Rates per 100,000 total population



Data in the full report are presented nationally, regionally by HSE area, and locally, by county, by hospital type, and by individual psychiatric unit and hospital. The full report can be downloaded at www.hrb.ie. User-friendly excel versions of the tables can also be downloaded from the HRB website and CSO facilitated interactive tables are also be available on the HRB and CSO sites (www.cso.ie).

More detailed analysis of the data presented is available on request. A data request form including the terms and conditions concerning the use of data supplied from the NPIRS, along with an information document regarding the database, *Information for users of the NPIRS database*, can be downloaded from the HRB website.









