

National Psychiatric In-Patient Reporting System (NPIRS)

HRB Health Research Board

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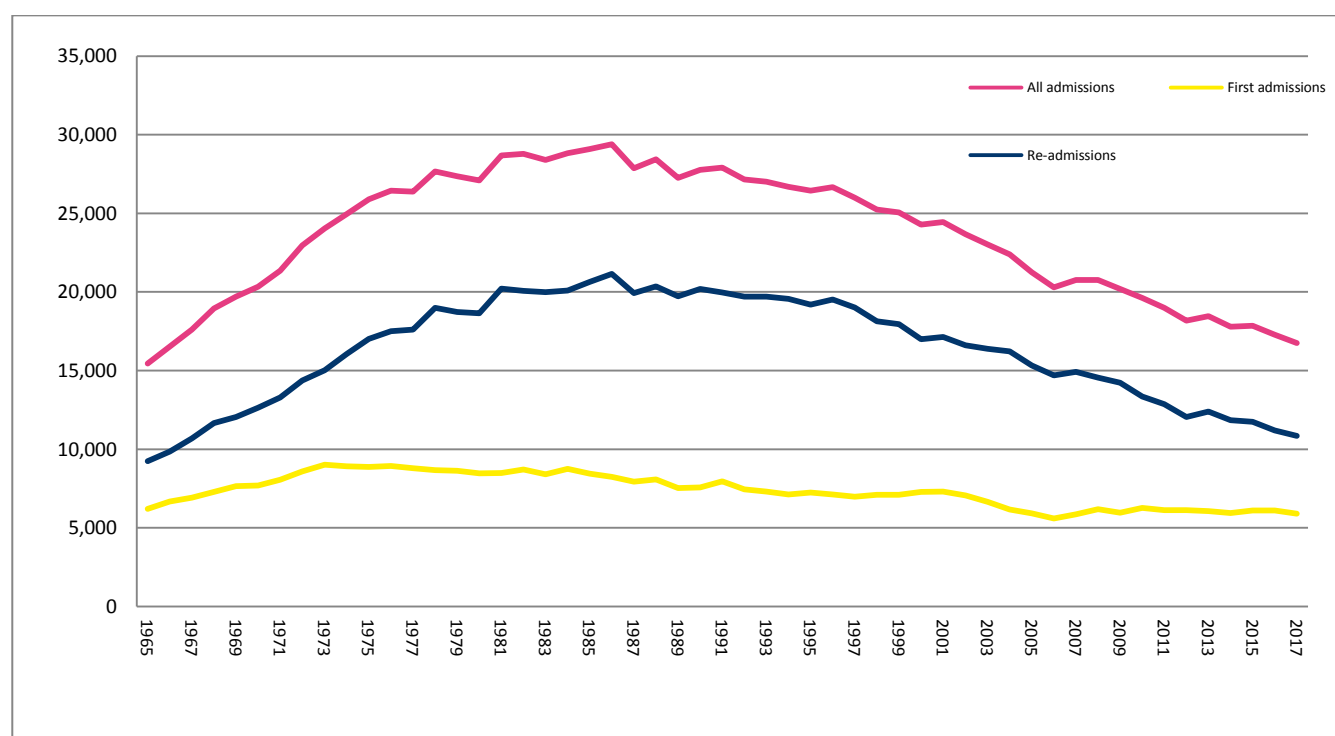
Introduction

This bulletin is a synopsis of data from the National Psychiatric In-Patient Reporting System (NPIRS) for 2017. 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 2017 – national statistics

There were 16,743 admissions to Irish psychiatric units and hospitals in 2017, a rate of 351.6 per 100,000 population, a decrease of 547 admissions from 2016 (17,290) (Figure 1) and a decrease in the rate of admissions from 2016 (376.8). First admissions decreased by 192, from 6,097 in 2016 to 5,905 in 2017, with the rate of first admissions also decreasing from 132.9 in 2016 to 124.0 in 2017.

Figure 1: All, first and re-admissions. Ireland 1965-2017. Numbers



Re-admissions declined from 11,193 in 2016 to 10,838 in 2017, with the rate similarly declining from 243.9 in 2016 to 227.6 in 2017. Sixty-five per cent of all admissions in 2017 were re-admissions.

There was an equal proportion of male and females admissions, while males had a slightly higher rate of all admissions, at 353.8 per 100,000, compared with 349.4 for females. As in 2016, the 20–24 year age group had the highest rate of all admissions, at 574.5 per 100,000, followed by the 55–64 year age group, at 472.1 and the 25-34 year group, at 471.2. The 18–19 year age group had the highest rate of first admissions, at 302.9 per 100,000.

Single persons accounted for 59% of all and 56% of first admissions. Divorced persons had the highest rate of all (580.4) and first (164.6) admissions, while married persons had the lowest, at 234.1 for all admissions and 89.7 per 100,000 for first admissions.

The unskilled occupational group had the highest rate of all (620.4) and first (168.4) admissions. However, as over half (52%) of occupations were returned as unknown or unspecified in 2017, making assignment to a socio-economic group impossible, caution should be exercised when interpreting data on socio-economic group.

Depressive disorders accounted for 25% of all and 26% 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, mania and neuroses accounted for almost two-thirds of all admissions.

Depressive disorders had the highest rate of all admissions, at 87.0 per 100,000, followed by schizophrenia, at 71.7, and mania, at 39.8 (Figure 2). Similarly, depressive disorders had the highest rate of first admissions, at 32.7 per 100,000, followed by schizophrenia, at 16.6, neuroses, at 15.2 and mania, at 8.8.

Thirteen per cent (12.9%) of all and 13% (13.06%) of first admissions were involuntary, virtually unchanged from proportions in 2016. There was a decrease in the rate of involuntary all admissions, from 48.4 per 100,000 in 2016 to 45.4 in 2017 and from 18.3 for first admissions in 2016 to 16.2 in 2017.

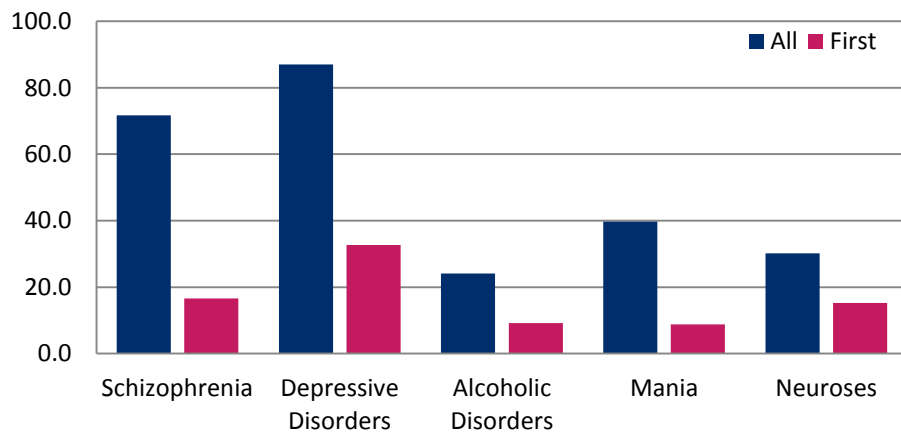
There were 69 admissions of non-residents in 2017, a marginal increase from 65 in 2016. Thirty-five per cent of non-residents had an address originating in England, 30% in Northern Ireland, 7% each in Germany and the US, 4% in Spain and 3% each in Scotland, France and Canada. Thirty-nine per cent of all admissions of non-residents had a primary admission diagnosis of schizophrenia, 14% had a diagnosis of mania, 10% had depressive disorders and 7% had personality and behavioural disorders.

There were 243 admissions with no fixed abode in 2017; 72% of these were male, 72% were single and 39% had a primary admission diagnosis of schizophrenia.

National discharges and deaths

There were 16,554 discharges from, and 119 deaths in, Irish psychiatric units and hospitals in 2017. Males accounted for 57% of all deaths in 2017, and 82% of those who died were aged 65 years and over.

Figure 2: All and first admissions for selected diagnostic groups. Ireland 2017. Rates per 100,000 total population



Ninety-two per cent of all and 93% of first admissions in 2017 were discharged in 2017.

Twenty-nine per cent of all discharges in 2017 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 2017 occurred within three months of admission and 99% occurred within one year of admission.

Over half (54%) of all discharges for behavioural and emotional disorders of childhood and adolescence, 49% of discharges for personality and behavioural disorders, 46% of discharges for other drug disorders and 42% of discharges for development disorders occurred within one week of admission. Over 90% of all discharges for most disorders took place within three months of admission with the exception of organic mental disorders (77%), schizophrenia (88%), eating disorders (89%) and intellectual disability (79%).

The average length of stay for all discharges was 52.3 days (median 15 days). Discharges with a primary discharge diagnosis of intellectual disability had the longest average length of stay, at 685.6 days (median 11 days). When discharges with a length of stay of one year or more were excluded, the average length of stay was 27.8 days (median 15 days). Discharges with a diagnosis of eating disorders (excluding those with a length of stay of one year or more) had the longest average length of stay of all diagnoses, at 49.3 days (median 42 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 and first admission rates were highest for those resident in CHO 9, at 388.0 per 100,000 for all, and 137.1 for first admissions.

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 3, CHO 6 and CHO 7. There was an equal proportion of male and female admissions in CHO 1, CHO 8 and CHO 9.

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 558.9 per 100,000 in CHO 9 to 383.9 in CHO 2.

Depressive disorders had the highest rate of all and first admissions in all CHOs, with rates for all admissions ranging from 119.8 per 100,000 in CHO 2 to 64.2 in CHO 6.

Admissions resident in CHO 9 had the highest proportion of involuntary all admissions, at 17%, followed by CHO 5, at 13.4%, CHO 2, at 13%, , CHO 4, at 12.9% and CHO 8, at 12.7%. CHO 9 had the highest rate of involuntary all admissions, at 66.3 per 100,000 while CHO 3 had the lowest rate, at 31.7. Discharges for CHO 9 had the longest average length of stay, at 66.6 days (median 17), followed by CHO 4, at 63.3 days (median 15) and CHO 6, at 53.5 (median 24). When discharges with a length of stay of one year or more were excluded, average length of stay was longest in CHO 6, at 34.3 days (median 24), followed by CHO 7, at 30.6 days (median 17) and CHO 3, at 28.3 days (median 16).

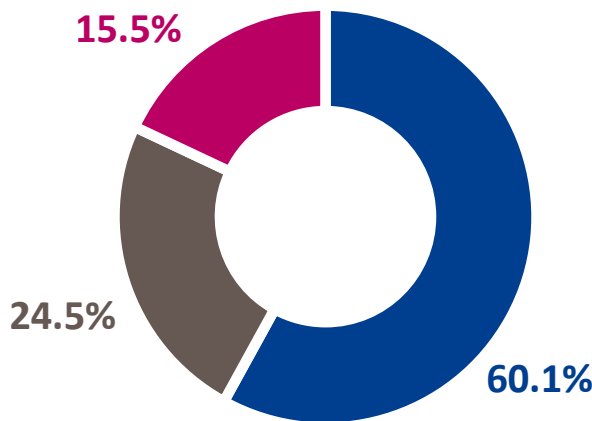
Hospital type

Sixty per cent of all admissions were to general hospital psychiatric units; 16% 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 52.0 years, than that to general hospital psychiatric units, at 42.4 years or psychiatric hospitals/continuing care units, at 46.7 years. Almost 65% 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 52% 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 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 35.8 days (median 31), followed by psychiatric hospitals/continuing care units, at 30.0 days (median 13) and general hospital psychiatric units, at 24.0 days (median 12).

Figure 3: Hospital type. All admissions. Ireland 2017. Percentages



60.1% General hospital psychiatric units
24.5% Independent/private and private charitable centres
15.5% Psychiatric hospitals/continuing care units

Children and adolescents

There were 441 admissions for children and adolescents (under 18s) in 2017, a decrease from 506 admissions since 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 351 first admissions, accounting for 80% of all admissions. Of the 506 admissions, 355 were to specialised child and adolescent in-patient units.

Females accounted for 60% of all and 60% of first admissions. Forty per cent of all admissions for under 18s were aged 17 years on admission, 24% were aged 16 years, 17% were aged 15 years, 11% were aged 14 years and 8% were aged 13 years or younger.

“ There were 86 admissions of under 18s to adult units and hospitals.”

Depressive disorders accounted for 30% of all and 32% of first admissions for children and adolescents. Fourteen per cent had a diagnosis of eating disorders, 12% had a diagnosis of schizophrenia and 11% had a diagnosis of neurosis.

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

Eighty-one per cent of those admitted in 2017 were discharged in 2017. The average length of stay for under 18s who were admitted and discharged in 2017 was 45.7 days (median 39 days). The average length of stay was longest for child and adolescent units, at 56.9 days (median 47.5), followed by general hospital psychiatric units, at 8 days (median 4 days) and psychiatric hospitals/continuing care units, at 4 days (median 4).

In-patient census 2017

There were 2,324 patients resident on 31 December 2017, a rate of 48.8 per 100,000. This is an increase of 46 patients resident since 31 December 2016. Fifty-five per cent of patients were male. Thirty-seven per cent were aged 65 years and over, 32% were aged 45–64 years, 25% were aged 25–44 years and 6% were aged 24 years or younger. Thirty-three per cent had a diagnosis of schizophrenia, 13% depressive disorders and 12% organic mental disorders.

References

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