Increased adolescent mortality in the year after a psychiatric admission

**QUESTION**

**Question**: What are the rates of admissions for psychiatric conditions in adolescents in England, and what is the subsequent 1-year mortality?

**Population**: Adolescents aged between 10 and 19 years of age.

**Setting**: Psychiatric admissions to National Health Service hospitals between 1998 and 2004 from Hospital Episode Statistics (HES).

**Assessment**: The total number of admissions for each age group was determined from HES data. Admission rates for each age group were calculated separately for males and females where numerators were those admitted in each age-sex group and denominators were the relevant total from the English population. Age- and sex-specific admission rates were determined overall and for specific psychiatric disorders according to the International Classification of Diseases (ICD-10) groupings. Age- and gender-specific admission rates were determined with and without including substance abuse.

**Outcomes**: Mortalities: All admission records were linked to death certificate data, and age- and sex-specific mortalities were determined for each diagnostic group by year of age at admission. Standardised Mortality Ratios (SMRs) were then calculated to assess the differences in observed and expected deaths where expected deaths were estimated from general population data in England.

**METHODS**

**Design**: Cross-sectional study.

**MAIN RESULTS**

Between 1998 and 2004, there were 57,783 adolescent psychiatric admissions for schizophrenia; affective, neurotic, eating, developmental, personality or behavioural disorders; or alcohol and substance abuse. More than 50% of admissions overall were due to alcohol and substance abuse. Total hospital admission rates for the adolescent population. They used the large UK data source of the Hospital Episode Statistics (HES) to link hospital, both generally and especially for particular disorders (developmental disorders and eating disorders), although the overall number of deaths was relatively low (120). The authors acknowledge limitations of the lack of data on private admissions and that the data relate to 1998–2004 and are therefore not as contemporary as they would like. The study raises a number of important issues: although, as the authors point out, inpatient admission is only a proxy for morbidity, it does add further support to the high level of psychiatric need in adolescent years, a time of increasing incidence for most major psychiatric disorders in the context of specific developmental challenges. Aligned to this, the reported-raise mortality in all psychiatric disorders are a major public health issue in young people. Finally, the number of child psychiatric admissions to adult psychiatric beds is another worrying finding and one that needs to be addressed by policy makers and service planners.

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**Competing interests** None.

**REFERENCES**
