

National Mental Health Benchmarking Project Adult Forum

Special Project

28 Day Readmission Project
Control Group



A joint Australian, State and
Territory Government Initiative



AMHOCN

"Sharing Information to
Improve Outcomes"

November 2006

28 DAY READMISSION DATA ANALYSIS

Comparison of readmitted and non-readmitted consumers

March 2007

1 PREAMBLE

This report follows the one dated 7th November 2006 which looked at the characteristics of consumers readmitted within 28 days of discharge in the eight organizations. That report was considered at the benchmarking meeting on 14th November in Sydney, where it was recognized that a limitation on the interpretation of the results was that there was no information to indicate whether the characteristics of the readmitted consumers was any different from those not readmitted. Therefore, it was decided that organizations would collect certain core data items on a group of consumers who were not readmitted in the same period.

This report presents a comparison of the data on the not readmitted consumers with the corresponding data on the readmitted consumers. The broad approach will be to reproduce the readmitted results from the first report alongside the new results for the non-readmitted, and make appropriate comparisons. Where statistical significance testing is done, p values are two-tailed, i.e. no assumption is made as to which way any difference should go.

2 DATA

The supplied data file of non-readmitted consumers had 258 records. For five records almost all data fields were blank; these were deleted leaving 253. The following table shows the numbers and percentages of collections of readmitted and non-readmitted consumers from the organizations.

	Readmitted		Not readmitted	
	Number	%	Number	%
ORG D	25	11.3	25	9.9
ORG G	19	8.6	19	7.5
ORG E	21	9.5	20	7.9
ORG C	20	9.0	22	8.7
ORG A	54	24.3	61	24.1
ORG B	24	10.8	28	11.1
ORG F	36	16.2	50	19.8
ORG H	23	10.4	28	11.1
	222	100.1	253	100.1

Organizations had been requested to collect at least as many non-readmitted consumers as they had collected readmitted consumers earlier. It may be seen that most organizations did this, and several of them collected a few more. The readmitted numbers and percentages are reproduced, and as such are identical to those in the pie chart on page 1 of the first report.

3 DEMOGRAPHICS

3.1 Gender

The following table shows the gender distribution between the readmitted and non-readmitted for each organization and in total.

	Percentage male		
	Readmitted	Not readmitted	
ORG D	56.0	68.0	
ORG G	57.9	68.4	
ORG E	42.9	75.0	$\chi^2_{(1)} = 4.4, p < .04$
ORG C	45.0	59.1	
ORG A	48.1	57.4	
ORG B	45.8	57.1	
ORG F	69.4	64.0	
ORG H	60.9	64.3	
All	53.6	62.8	$\chi^2_{(1)} = 4.2, p = .04$

There is a fairly consistent association between readmission status and gender: in seven of the eight organizations a lower proportion of those readmitted were male than of those not readmitted. The association was statistically significant in one organization (ORG E) and overall.

3.2 Age

The mean age of the 221 readmitted consumers was 34.5 years (SD = 11.1, range 15.0 to 61.5 years), and of the 252 non-readmitted consumers 36.1 (SD = 12.6, range 17.1 to 90.3). The difference is not significant ($t_{(471)} = 1.40, p = .16$). In one organization, ORG F, the difference (readmitted 31.5 years, not readmitted 37.5 years) was just statistically significant ($t_{(83)} = 1.98, p = .05$).

3.3 Employment status

	Percentage unemployed		
	Readmitted	Not readmitted	
ORG D	44.0	52.0	
ORG G	63.2	78.9	
ORG E	47.6	45.0	
ORG C	45.0	54.5	
ORG A	68.5	45.9	$\chi^2_{(1)} = 6.0, p = .015$
ORG B	58.3	67.9	
ORG F	55.6	60.0	
ORG H	78.3	96.4	$\chi^2_{(1)} = 4.0, p = .045$
All	59.0	60.5	

Overall, there was practically no difference in the percentages of readmitted and not readmitted consumers who were unemployed. The differences in two organizations (ORG A and ORG H) were significant, but in opposite directions.

3.4 Accommodation status

	Percentage in private accommodation		
	Readmitted	Not readmitted	
ORG D	92.0	100.0	
ORG G	89.5	78.9	
ORG E	100.0	95.0	
ORG C	70.0	100.0	$\chi^2_{(1)} = 7.7, p = .006$
ORG A	83.3	86.9	
ORG B	70.8	82.1	
ORG F	75.0	86.0	
ORG H	82.6	82.1	
All	82.4	88.1	

Overall, there was only a small difference in the percentages of readmitted and not readmitted consumers who lived in private accommodation. The difference in one organization (ORG C) was significant, with all of the not readmitted consumers, but only 70% of the readmitted, living in private accommodation.

3.5 Government income support

	Readmitted	Not readmitted
Disability Support Pension	39.5%	28.6%
Sickness Allowance	2.3%	5.6%
Unemployment Benefit	18.2%	20.6%
None	19.5%	23.8%
Other	4.1%	6.3%
Unknown	14.1%	13.1%
Repatriation Pension	0%	0.8%
Aged Pension	2.3%	1.2%
All	100.0%	100.0%

While the overall association between type of income support and readmission status is not significant ($p = .09$), it may be seen that about 11% more of the readmitted consumers than the not readmitted were on Disability Support Pensions (DSP). In four organizations the association between type of income support and readmission status was not significant, in the other four it was. For ORG D, the main feature of the significant association ($p = .05$) was that 16.0% of the readmitted were on no support, compared to 48.0% of the not readmitted. For ORG A, the main feature of the significant association ($p = .01$) was that 46.3% of the readmitted were on DSP, compared to 24.6% of the not readmitted. For ORG B, where the association was significant at $p = .03$, 41.7% of the readmitted were on DSP, compared to 57.1% of the not readmitted, and 8.3% of the readmitted were on no support, compared to 21.4% of the not readmitted. For ORG H ($p = .05$) 30.6% of the readmitted were on Unemployment Benefit, compared to 42.0% of the not readmitted.

3.6 Social support network

Social networks were classified as none, limited, extensive, or unknown. There were nine consumers in the readmitted data and none in the non-readmitted data who were classified as unknown; these have been omitted from the analyses. Within each organization, and overall, we tested the association between the three-way classification (none/limited/extensive) and readmission status.

	Percentage with no social network	
	Readmitted	Not readmitted
ORG D	32.0%	12.0%
ORG G	5.3%	10.5%
ORG E	5.0%	10.0%
ORG C	0%	0%
ORG A	3.7%	11.5%
ORG B	29.4%	10.7%
ORG F	25.0%	18.0%
ORG H	18.2%	3.6%
All	14.1%	10.7%

In none of the organizations, nor overall, was the association between level of social network and readmission status significant, although it was close in ORG D ($p = .07$) where 32% of the readmitted had no social network, compared to 12% of the not readmitted.

3.7 Age at time consumer started receiving psychiatric care

No consumers started receiving psychiatric care in the 0 – 6 years age range, and only one (not readmitted) started in the over 65 years age range. The distribution of the others is shown.

	Readmitted	Not readmitted
7 – 15 years	42.5%	48.8%
16 – 25 years	27.6%	36.5%
26-65 years	8.6%	8.3%
Unknown	21.3%	6.3%
All	100.0%	99.9%

The association between age band and readmission status is highly significant ($\chi^2_{(3)} = 23.6, p < .001$). In particular, it is much more common (21.3% versus 6.3%) for the age of first receiving psychiatric care to be unknown in the readmitted than in the not readmitted.

	Age of first psychiatric care unknown		
	Readmitted	Not readmitted	
ORG D	80.0%	4.0%	$\chi^2_{(2)} = 29.7, p < .001$
ORG G	84.2%	57.9%	
ORG E	19.0%	15.0%	
ORG C	0%	0%	
ORG A	0%	0%	
ORG B	8.3%	0%	
ORG F	13.9%	2.0%	
ORG H	0%	0%	
All	21.3%	6.3%	$\chi^2_{(3)} = 23.6, p < .001$

In three organizations (ORG C, ORG A, and ORG H) age of first psychiatric care was known for all readmitted and non-readmitted consumers. In each of the other five organizations, age of first psychiatric care was unknown for a greater proportion of the readmitted than the non-readmitted consumers. In one organization (ORG D) the difference was very large, and highly significant.

4 INDEX ADMISSIONS

4.1 *New/existing*

	Percentage new consumers		
	Readmitted	Not readmitted	
ORG D	12.0%	72.0%	$\chi^2_{(1)} = 18.5, p < .001$
ORG G	21.1%	42.1%	
ORG E	23.8%	35.0%	
ORG C	10.0%	22.7%	
ORG A	16.7%	50.8%	$\chi^2_{(1)} = 14.7, p < .001$
ORG B	33.3%	53.6%	
ORG F	33.3%	45.9%	
ORG H	13.0%	57.1%	$\chi^2_{(1)} = 10.5, p = .001$
All	20.7%	51.4%	$\chi^2_{(1)} = 40.1, p < .001$

In all eight organizations, and overall, consumers who were not readmitted were more likely to be new to the service (i.e. no contact within the past 12 months) than consumers who were readmitted. The difference was marked in three organizations (ORG D, ORG A, and ORG H).

4.2 *Prior admissions to the service in previous 12 months*

	Percentage of consumers with prior admissions		
	Readmitted	Not readmitted	
ORG D	88.0%	48.0%	$\chi^2_{(1)} = 9.2, p = .002$
ORG G	63.2%	63.2%	
ORG E	76.2%	40.0%	$\chi^2_{(1)} = 5.5, p = .019$
ORG C	60.0%	31.8%	$\chi^2_{(1)} = 3.4, p = .067$
ORG A	59.3%	32.8%	$\chi^2_{(1)} = 8.1, p = .008$
ORG B	41.7%	21.4%	
ORG F	52.8%	34.0%	$\chi^2_{(1)} = 3.0, p = .082$
ORG H	100.0%	39.3%	$\chi^2_{(1)} = 18.1, p < .001$
All	65.1%	36.3%	$\chi^2_{(1)} = 37.7, p < .001$

In seven of the eight organizations, and overall, readmitted consumers were more likely to have prior admissions than non-readmitted consumers. Differences tended to be large, and in six of the eight organizations the differences were significant or nearly so. One organization, ORG G, was different from the others; in ORG G the percentages of readmitted and not readmitted consumers who had one or more prior admission were exactly the same.

4.3 Time

	Mean duration (days) of index admission		
	Readmitted	Not readmitted	
ORG D	20.8	17.2	
ORG G	25.2	10.3	$t_{(35)} = 3.1, p = .004$
ORG E	20.4	30.8	
ORG C	12.2	21.6	
ORG A	10.3	10.4	
ORG B	15.3	18.6	
ORG F	10.4	8.8	
ORG H	13.3	15.7	
All	14.7	14.8	

Overall, the mean durations of the index admissions of the readmitted and non-readmitted consumers were almost exactly the same. In only one organization, ORG G, was the difference statistically significant.

The differences between readmitted and not readmitted in terms of the day of the week of the index admission and index discharge were small and unremarkable.

4.4 Legal status

	Percentage involuntary			
	Admission		Discharge	
	Readmitted	Not readmitted	Readmitted	Not readmitted
ORG D	88.0%	80.0%	48.0% *	24.0% *
ORG G	79.0%	73.7%	0%	10.5%
ORG E	66.7%	60.0%	23.8%	10.0%
ORG C	40.0%	50.0%	25.0%	50.0%
ORG A	48.1%	50.8%	40.7%	36.1%
ORG B	83.3%	85.7%	37.5%	28.6%
ORG F	47.2%	52.0%	38.9% #	20.0% #
ORG H	43.5%	50.0%	8.7%	10.7%
All	59.5%	60.1%	31.1%	25.3%

* $\chi^2_{(1)} = 3.1, p = .08$

$\chi^2_{(1)} = 3.7, p = .05$

There were no significant differences between readmitted and not readmitted consumers in the percentage of admissions that were involuntary. In fact, in most cases the percentages were very similar. The picture is somewhat different at discharge, where in three organizations (ORG D, ORG E, and ORG F) the percentage of readmitted consumers who were involuntary at discharge was about twice as great as the percentage of non readmitted consumers who were involuntary at discharge. In one case (ORG D) the difference approached significance ($p = .08$) and in another (ORG F) it was barely significant ($p = .05$). The overall difference was small because there were opposite trends in some of the other organizations.

4.5 Principal diagnosis

The next table shows the principal psychiatric diagnoses. As in the first report, some of the displayed categories represent groups. *Substance abuse* includes alcohol, opioids, cannabis, stimulants and multiple drugs; *Depressive disorder* includes depressive episode and recurrent depressive disorder; *Other psychosis* includes persistent delusional disorder, acute and transient psychotic disorder, and other and unspecified psychotic disorder; *Other* includes a wide variety of conditions, many occurring only once, as well as several instances of “non-psychiatric diagnosis” and “no diagnosis recorded”.

	Readmitted	Not readmitted
Schizophrenia	26.6%	23.3%
Depressive disorder	14.0%	13.8%
Schizoaffective	11.3%	7.5%
Substance abuse	11.3%	15.0%
Bipolar affective disorder	10.8%	12.6%
Stress/adjustment	6.8%	10.3%
Personality disorder	5.9%	4.0%
Other psychosis	5.4%	6.3%
Other	8.1%	7.1%
All	100.2%	99.9%

The distributions of the main diagnostic categories between the readmitted and non-readmitted consumers are quite similar. However, these similarities obscure some fairly wide divergences in certain organizations. In ORG G, where the overall association between diagnosis and readmission status was significant ($\chi^2_{(8)} = 18.3, p = .02$), the percentage of readmitted consumers who had a principal diagnosis of schizophrenia (42.1%) was twice that of non-readmitted consumers (21.0%). In ORG E, where the overall association between diagnosis and readmission status was significant ($\chi^2_{(7)} = 14.9, p = .04$), the percentage of readmitted consumers who had a principal diagnosis of schizophrenia (38.1%) was nearly four times that of non-readmitted consumers (10.0%). In ORG F, where the overall association between diagnosis and readmission status was nearly significant ($\chi^2_{(8)} = 14.2, p = .08$), the percentage of readmitted consumers who had a principal diagnosis of substance abuse (36.1%) was twice that of non-readmitted consumers (18.0%).

4.6 Personality disorder

	Readmitted	Not readmitted
No personality disorder	75.2%	85.4%
Emotionally unstable pd	14.4%	4.3%
Other personality disorder	10.4%	10.3%
All	100.0%	100.0%

The "emotionally unstable personality disorder" category comprised the ICD codes F60.3X, which include an impulsive type and a borderline type. The association between personality disorder as classified in the above table and readmission status is highly significant ($\chi^2_{(2)} = 14.7, p = .001$). It may be seen that whereas 14.4% of the readmitted consumers had a principal psychiatric diagnosis of emotionally unstable personality disorder, only 4.3% of those not readmitted had that diagnosis. The difference was most marked in the 24 consumers where the diagnosis was of the borderline type; 21 of them were in the readmitted group and 3 in the non-readmitted group. There was no difference in percentages of "other" personality diagnoses.

The higher percentage of readmitted consumers than non-readmitted consumers with a diagnosis of emotionally unstable personality disorder was present in seven of the eight organizations (not ORG G). Because of the low numbers the differences at the organizational level were rarely significant, but they were in ORG C (25% of readmitted versus 0% of non-readmitted; $\chi^2_{(2)} = 7.6, p = .02$).

4.7 Suicidality in prior 30 days

	Readmitted	Not readmitted
Extreme	5.9%	3.6%
High	23.7%	20.2%
Moderate	26.5%	32.0%
Low	43.8%	44.3%
All	99.9%	100.1%

The association between suicidality in prior 30 days and readmission status is not significant ($\chi^2_{(3)} = 3.3, p = .34$), and it only approached significance in a couple of the eight organizations.

4.8 Drug and alcohol use in prior 30 days

	Readmitted	Not readmitted
No/mild	58.8%	51.0%
Moderate/heavy	41.2%	49.0%
All	100.0%	100.0%

The association between drug and alcohol use in the prior 30 days as classified in the above table and readmission status, whilst not significant ($\chi^2_{(1)} = 2.9, p = .09$) shows a trend to lower levels of moderate and heavy use in those not readmitted. The association was not significant in any of the eight organizations.

4.9 Poly drug use in prior 30 days

	Readmitted	Not readmitted
No	57.5%	60.1%
Other substances	2.7%	5.1%
Yes	39.8%	34.8%
All	100.0%	100.0%

Overall, the percentages of consumers who had no polydrug use in the prior 30 days, some polydrug use, and "other substances", were quite similar between the readmitted and not readmitted groups, In only one organization. ORG F, was there a marked and significant ($\chi^2_{(2)} = 19.3, p < .001$) difference, thus:

ORG F only	Readmitted	Not readmitted
No	38.9%	74.0%
Other substances	2.8%	12.0%
Yes	58.3%	14.0%
All	100.0%	100.0%

In ORG F polydrug use in the prior 30 days was much less common in the not readmitted consumers.

4.10 Criminal Justice involvement in prior 6 months

	Readmitted	Not readmitted
No	69.2%	77.0%
Unknown	13.6%	6.7%
Yes	17.2%	16.3%
All	100.0%	100.0%

The association between criminal justice involvement in the prior 6 months and readmission status is significant ($\chi^2_{(2)} = 6.5, p = .04$). Whilst there is practically no difference in percentages of those known to have such involvement, it may be seen that for twice as many of those readmitted as not readmitted, any such involvement was unknown. In one organization, ORG D, the association between criminal justice involvement known/unknown and readmission status was significant ($\chi^2_{(1)} = 6.6, p = .01$).

4.11 HoNOS in index admission

4.11.1 Admission HoNOS

	Admission HoNOS total score		
	Readmitted	Not readmitted	
Aggression etc.	1.42	1.57	
Self-harm	1.30	1.14	
Alcohol / drug	1.31	1.59	
Cognitive impairment	.95	.98	
Physical impairment	.69	.68	
Hallucinations / delusions	1.62	1.72	
Depressed mood	1.42	1.71	$t_{(376)} = 2.08, p = .04$
Other problems	1.75	1.89	
Relationship problems	1.63	1.79	
Activities of daily living	1.14	1.17	
Accommodation problems	.86	.87	
Occupation problems	.95	.94	
Total score	14.86	16.62	$t_{(366)} = 2.33, p = .02$

The mean HoNOS total score of consumers who were not readmitted is nearly two points higher than that of consumers who were readmitted. While the magnitude of this difference is small, it is statistically significant. The only HoNOS item on which the two groups are significantly different is item 7 (Depressed mood), with the non-readmitted on average scoring higher. In only one organization, ORG E, was the difference between the readmitted admission total score (10.8) and the non-readmitted admission total score (15.9) significant ($t_{(32)} = 2.15, p = .04$).

4.11.2 Discharge HoNOS

	Discharge HoNOS total score		
	Readmitted	Not readmitted	
Aggression etc.	.52	.36	
Self-harm	.40	.30	
Alcohol / drug	.74	.91	
Cognitive impairment	.48	.41	
Physical impairment	.44	.45	
Hallucinations / delusions	.69	.65	
Depressed mood	.70	.80	
Other problems	.85	.66	
Relationship problems	1.21	1.07	
Activities of daily living	.60	.40	$t_{(310)} = 2.26, p = .02$
Accommodation problems	.65	.55	
Occupation problems	.67	.47	
Total score	7.92	7.38	

The mean HoNOS total score of consumers who were not readmitted is quite similar to that of consumers who were readmitted. The only item on which the two groups are significantly different is item 10 (Activities of daily living). In no organization, was the difference between the readmitted discharge total score and the non-readmitted discharge total score significant.

4.11.3 Change in HoNOS scores

For 145 of the readmitted consumers and 149 of the non-readmitted consumers there were matching admission and discharge HoNOS total scores. The mean improvement of the former (7.2) was not significantly different from the mean improvement of the latter (8.7) ($t_{(292)} = 1.63, p = .10$).

5 PRE-DISCHARGE EVENTS

5.1 Family meeting

	Readmitted	Not readmitted
Yes	32.3%	36.8%
No	57.3%	58.9%
Unknown	10.4%	4.3%
All	100.0%	100.0%

The association between family meeting and readmission status is significant ($\chi^2_{(2)} = 6.84, p = .03$). It is apparent that the main difference is that whether or not a family meeting took place is more

often unknown for the readmitted consumers. This association was particularly marked ($\chi^2_{(2)} = 16.8, p < .001$) in one organization: ORG B.

ORG B only	Readmitted	Not readmitted
Yes	16.7%	60.7%
No	45.8%	39.3%
Unknown	37.5%	0%
All	100.0%	100.0%

In this organization, it was not known for 9 of 24 readmitted consumers whether there had been a family meeting, but for none of the 28 not readmitted consumers was this not known.

5.2 NGO support services

	Readmitted	Not readmitted
Yes	22.6%	20.2%
No	64.7%	74.7%
Unknown	12.7%	5.1%
All	100.0%	100.0%

The association between NGO support services and readmission status is significant ($\chi^2_{(2)} = 9.7, p = .008$). As with the family meeting data, the main difference is that whether or not there were NGO support services is more often unknown for the readmitted consumers. This association between NGO services and readmission status was significant or nearly so in six of the eight organizations, as the next table shows.

	Readmitted			Not readmitted			p
	Yes	No	Unknown	Yes	No	Unknown	
ORG D	0%	96.0%	4.0%	28.0%	72.0%	0%	.012
ORG G	21.0%	57.9%	21.0%	42.1%	21.0%	36.8%	.067
ORG E	9.5%	61.9%	28.6%	10.0%	85.0%	5.0%	
ORG C	50.0%	30.0%	20.0%	9.1%	68.2%	22.7%	.010
ORG A	31.5%	68.5%	0%	29.5%	70.5%	0%	
ORG B	12.5%	54.2%	33.3%	28.6%	71.4%	0%	.003
ORG F	5.6%	83.3%	11.1%	8.0%	92.0%	0%	.052
ORG H	54.5%	40.9%	4.5%	7.1%	92.9%	0%	<.001
All	22.6%	64.7%	12.7%	20.2%	74.7%	5.1%	.008

The six data cells in each organization's row correspond to the six cells in the previous table. In ORG D, 28% of those not readmitted had NGO support services, compared to none of the readmitted. In ORG G, more of those not readmitted had NGO support services, and more of those readmitted did not. The converse was true in ORG C, where more of the readmitted had NGO support services, while more of the not readmitted did not. In ORG B, it was not known if there were NGO services for one third of the readmitted, but none of the not readmitted. A similar, but

less dramatic, trend was apparent in ORG F. In ORG H, not having NGO support services seemed to be a protective factor: 93% of those not readmitted had no NGO support services, compared to 41% of those readmitted. The last row of the above table reproduces the results from the previous table, to assist in understanding how the rows are organized.

5.3 Clinical care post discharge

	Readmitted	Not readmitted
Public MHS	81.4%	68.8%
Private psychiatrist	7.3%	8.3%
GP	6.4%	12.2%
Other	4.5%	9.1%
Unknown	0.5%	1.6%
All	100.0%	100.0%

The association between clinical care post discharge and readmission status is significant ($\chi^2_{(4)} = 11.8, p = .02$). The main differences are that more readmitted consumers were assigned to public mental health service care post discharge, and more not readmitted consumers were assigned to a GP post discharge. Collapsing the rows to Public MHS versus all others, the association is significant ($\chi^2_{(1)} = 9.8, p = .002$).

5.4 Discharge plan

	Readmitted	Not readmitted
Yes	80.5%	85.0%
No	15.4%	14.2%
Unknown	4.0%	0.8%
All	99.9%	100.0%

The association between a discharge plan and readmission status is just significant ($\chi^2_{(2)} = 5.9, p = .05$). It may be seen that there is a small tendency for not being readmitted to be associated with a discharge plan, and being readmitted to be associated with the presence of a discharge plan being unknown.

5.5 Discharge plan to GP

	Readmitted	Not readmitted
Yes	50.9%	62.8%
No	41.4%	36.0%
Unknown or "N/A"	7.7%	1.2%
All	100.0%	100.0%

Only ORG F used the code "N/A" for this data item. The association between a discharge plan being sent to the GP and readmission status is highly significant ($\chi^2_{(2)} = 15.7, p < .001$). As with the presence of a discharge plan, there is a small tendency for not being readmitted to be associated with a discharge plan being sent to the GP, and being readmitted to be associated with the a discharge plan being sent to the GP being unknown. Further inspection revealed that a significant association was only present in three organization: ORG A, ORG B, and ORG F. ORG A had no cases of Unknown for this data item; twice as many (27.8%) of readmitted consumers did not have a discharge plan sent to the GP as not readmitted consumers (13.1%) ($\chi^2_{(1)} = 3.85, p = .05$). Across both readmitted and not readmitted consumers, only 20 were coded as Unknown or N/A for this item, and of those 20, 16 were from ORG B (nine) or ORG F (seven). In both of these organizations the association between a discharge plan being sent to the GP and readmission status was highly significant ($p \leq .003$). In the former eight of the nine consumers for whom it was not known whether a discharge plan had been sent to the GP were readmitted, as were all seven in the latter organization.

5.6 Days to first community contact post discharge

Although this data item was collected for the non-readmitted consumers, we decided not to analyze it because comparison would be vitiated by the fact that days to first community contact post discharge is artificially capped for the group that was readmitted within 28 days.

5.7 Contact on day of discharge

	Readmitted	Not readmitted
Yes	28.6%	19.0%
No	67.7%	73.1%
Unknown	3.6%	7.9%
All	100.0%	100.0%

The association between contact on day of discharge and readmission status is significant ($\chi^2_{(2)} = 8.8, p = .01$). Contact on day of discharge is somewhat more associated with readmission, and not knowing whether there was such contact is more associated with non-readmission. Significant effects are only present in two organizations: ORG D and ORG H. In the former, 72% of readmitted consumers did not have contact on the day of discharge, but for 72% of not readmitted consumers it was unknown whether they had. This effect is highly significant ($\chi^2_{(2)} = 23.6, p < .001$). In ORG H, 45% of readmitted consumers had contact on the day of discharge, and 50% did not. In contrast, all non-readmitted consumers did not have such contact. This effect is also highly significant ($\chi^2_{(2)} = 17.9, p < .001$).

6 SUMMARY

There were 222 records of readmitted consumers; 258 of non-readmitted consumers.

For lines in the following paragraph that are preceded by a star (★) the differences between readmitted and not readmitted were statistically significant at the $p < .05$ level.

- ★ Male: readmitted 54%, not readmitted 63%
 - Average age: readmitted 34.5 years, not readmitted 36.1 years
 - Unemployed: readmitted 59%, not readmitted 61%
 - In private accommodation: readmitted 82%, not readmitted 88%
 - On Disability Support Pension: readmitted 39%, not readmitted 29%
 - No social network: readmitted 14%, not readmitted 11%
- ★ Age of first psychiatric care unknown: readmitted 21%, not readmitted 6%
- ★ New consumers: readmitted 21%, not readmitted 51%
- ★ Prior admissions in previous year: readmitted 65%, not readmitted 36%
 - Mean duration of index admission: readmitted 14.7 days, not readmitted 14.8 days
 - Involuntary at admission: readmitted 59%, not readmitted 60%
 - Involuntary at discharge: readmitted 31%, not readmitted 25%
 - Principal diagnosis: distribution across major categories quite similar
- ★ Emotionally unstable personality disorder: readmitted 14%, not readmitted 4%
 - Extreme/high suicidality in prior 30 days: readmitted 30%, not readmitted 24%
 - Heavy/moderate drug/alcohol use in prior 30 days: readmitted 41%, not readmitted 49%
 - Polydrug or "other substances" use in prior 30 days: readmitted 42%, not readmitted 40%
- ★ Criminal justice involvement in prior 6 months unknown: readmitted 14%, not readmitted 7%
- ★ Admission HoNOS total score: readmitted 14.9, not readmitted 16.6
 - Discharge HoNOS total score: readmitted 7.9, not readmitted 7.4
 - Drop in HoNOS total score: readmitted 7.2, not readmitted 8.7
- ★ Predischarge family meeting unknown: readmitted 10%, not readmitted 4%
- ★ Predischarge NGO support services unknown: readmitted 13%, not readmitted 5%
- ★ Clinical care post discharge to Public MHS: readmitted 81%, not readmitted 69%
- ★ Predischarge discharge plan unknown: readmitted 4%, not readmitted 1%
- ★ Predischarge discharge plan sent to GP unknown: readmitted 8%, not readmitted 1%
- ★ Contact on day of discharge: readmitted 29%, not readmitted 19%
 - No contact on day of discharge: readmitted 68%, not readmitted 73%
- ★ Contact on day of discharge unknown: readmitted 4%, not readmitted 8%

7 MULTIVARIATE ANALYSIS

All the preceding analyses have treated each data item separately. In reality, most of the data items are correlated with each other to some degree, in many cases substantially. Therefore the following questions arise. To what extent are the separate results independent? Is there informational redundancy among the measures? Do certain significant effects disappear once other effects are taken into account?

To answer this question a multivariate analysis was undertaken. Logistic regression examines the effect of a number of independent variables (e.g. sociodemographic, diagnostic, service-related) on a single binary dependent variable, here readmission status. The set of independent variables chosen was every variable that showed an overall significant association with readmission status, i.e. rows with the * symbol in the preceding Summary section. For the purpose of this analysis, some of the variables needed to be recoded. The full list of variables used was:

Sex	male/female
Age of first psychiatric care	known/unknown
New/existing	new/existing
Prior admission in previous year	yes/no
Emotionally unstable personality disorder	yes/no
Criminal justice involvement in prior 6 months	known/unknown
Admission HoNOS total score	
Predischarge family meeting	known/unknown
Predischarge NGO support services	known/unknown
Clinical care post discharge	public MHS/other
Predischarge discharge plan	known/unknown
Predischarge discharge plan sent to GP	known/unknown
Contact on day of discharge	yes/other
Contact on day of discharge	known/unknown

Complete data on all 14 of these variables was available for 413 consumers, 195 readmitted and 218 not readmitted. A forward stepwise logistic regression was performed with probability for entry set at .07. Forward stepwise analyses are iterative; starting with an empty model (no variables included) the variable which makes the best prediction is entered so long as its significance is at least $p = .07$. At the next step, the next most eligible variable is added to the model, and so forth until no further variables are eligible. A further feature of the analysis was that the data were specified as clustered on organization. That is, it is likely that consumers from the same organization are more similar to each other (especially on the service related data items) than to consumers in other organizations. Recognition of clustering accounts for this non-independence of observations.

The analysis resulted in the following six variables being jointly associated with readmission status. For each the odds ratio and significance level is displayed.

	Odds ratio	p
Prior admission in previous year	.45	.001
Admission HoNOS total score	1.07	<.001
Public MHS/other	.44	<.001
Emotionally unstable personality disorder	.28	<.001
Age of first psychiatric care	.23	.014
Predischarge discharge plan to GP	.11	.053

The more different (above or below) an odds ratio is from 1 the stronger is the variable's association, in one direction or the other, with the outcome (here, readmission status). Taking into account the way the variables were coded, the results show that readmitted are distinguishable from non-readmitted in terms of: one or more prior admission in the previous year; lower admission HoNOS total score; clinical care post discharge with public mental health service; a diagnosis of emotionally unstable personality disorder; age of first psychiatric care being unknown; and it being unknown whether a predischarge discharge plan was sent to a GP. A feature of the multivariate nature of this analysis is that the effect of each of these variables is significant controlling for the effects of the other five.

Collectively, these six variables are able to account for 20% of the variance of readmission status. Knowledge of consumers' coding on these six variables allows one to classify 73% of them to their correct readmission group, compared with assignment to the larger group, which would achieve 53%. The correct classification rate for readmitted consumers is 68% and for non-readmitted consumers, 77%.

8 COMMENTS AND POSSIBLE INTERPRETATIONS

First a caveat. Despite this report being prepared by Superman, these remarks should not be taken as definitive. In particular, knowledge at the organizational level will be required for the interpretation of the local results.

As a general rule, the omnibus results, being based on much larger numbers, will be more stable and reliable than the organizational results, which will necessarily be more unstable. Probably the greatest reliance can be placed on findings that are present overall as well as in most or all of the organizations. On this count, prior admissions in the previous year, which was the first variable to enter the logistic model, is the clearest finding. The association between readmission within 28 days and prior admissions in the previous year was significantly present in six of the eight organizations, non-significantly present in another, and totally absent in one. It is not banal to say that the best predictor of readmission is prior admission. That it should also be a good predictor of readmission *within 28 days of discharge* is consistent with a simple risk model. That is, people who are more likely to be readmitted are also more likely to be readmitted within a certain period after their last discharge. If time to readmission was determined by a card drawn from a pack, the more times you draw the more often you will get a card specifying a short time to readmission.

While the prior admissions variable has a powerful effect, it is clearly not the whole story. Some of the other variables have natural interpretations, but others do not. The crisis-proneness and difficulty to treat effectively of the emotionally unstable personality disorder is quite consistent with rapid re-presentation to acute services. That rapid readmission is associated with clinical care post-discharge being with the public mental health service may simply signify that readmissions from within the service are more easily achieved than readmission on referral from outside the service. The finding of admission HoNOS total score higher in the not readmitted than the readmitted is curious. Intuitively one might have expected it to be the other way around. While the effect was definitely present we need to bear in mind that (a) the effect was quite small (less than two points), and (b) it was only clearly discernible in one organization. We may also wonder about the validity of the rating, i.e. it would be understandable if consumers who had several previous admissions to a unit, and were last discharged less than four weeks ago, were rated (often by the same staff) more leniently than consumers who were new to the unit.

There were seven data items (age of first psychiatric care, criminal justice involvement, pre-discharge family meeting, pre-discharge NGO support services, discharge plan, discharge plan sent to GP, and contact on day of discharge), for which "not known" was a significant discriminator between readmitted and not readmitted. Interestingly, the last five of these are pre-discharge events. One might have thought that absence of, rather than ignorance of, appropriate pre-discharge preparation was more predictive of rapid readmission. We might conjecture that "not known" is associated with incomplete discharge preparation, or defective documentation, or both.

Finally, we note that while there were some pervasive effects, like prior readmissions, there was a great deal of variation between organizations. Certain data items discriminated between readmitted and non-readmitted in certain organizations and not others (e.g. gender in ORG E, duration of index admission in ORG G). These effects should be interpreted with regard to local factors, but cautiously in view of the limited numbers at the organizational level.

9 ORGANIZATIONAL SUMMARIES

For lines in the following paragraph that are preceded by a star (★) the differences between readmitted and not readmitted were statistically significant at the $p < .05$ level.

9.1 ORG D

Data: readmitted 25 records, not readmitted 25 records

Male: readmitted 56%, not readmitted 68%

Average age: readmitted 37.3 years, not readmitted 33.8 years

Unemployed: readmitted 44%, not readmitted 52%

In private accommodation: readmitted 92%, not readmitted 100%

On Disability Support Pension: readmitted 16%, not readmitted 16%

No social network: readmitted 32%, not readmitted 12%

★ Age of first psychiatric care unknown: readmitted 80%, not readmitted 4%

★ New consumers: readmitted 12%, not readmitted 72%

★ Prior admissions in previous year: readmitted 88%, not readmitted 48%

Mean duration of index admission: readmitted 20.8 days, not readmitted 17.2 days

Involuntary at admission: readmitted 88%, not readmitted 80%

★ Involuntary at discharge: readmitted 48%, not readmitted 24%

Principal diagnosis: distribution across major categories quite similar

Emotionally unstable personality disorder: readmitted 8%, not readmitted 4%

Extreme/high suicidality in prior 30 days: readmitted 28%, not readmitted 8%

Heavy/moderate drug/alcohol use in prior 30 days: readmitted 20%, not readmitted 20%

Polydrug or "other substances" use in prior 30 days: readmitted 8%, not readmitted 20%

★ Criminal justice involvement in prior 6 months unknown: readmitted 32%, not readmitted 4%

Admission HoNOS total score: readmitted 14.1, not readmitted 10.0

Discharge HoNOS total score: readmitted 3.5, not readmitted 4.3

Drop in HoNOS total score: readmitted 13.5, not readmitted 5.5

Predischarge family meeting unknown: readmitted 4%, not readmitted 4%

Predischarge NGO support services unknown: readmitted 4%, not readmitted 0%

★ Clinical care post discharge to Public MHS: readmitted 92%, not readmitted 68%

Predischarge discharge plan unknown: readmitted 0%, not readmitted 0%

Predischarge discharge plan to GP unknown: readmitted 0%, not readmitted 0%

Contact on day of discharge: readmitted 16%, not readmitted 20%

★ No contact on day of discharge: readmitted 72%, not readmitted 8%

★ Contact on day of discharge unknown: readmitted 12%, not readmitted 72%

9.2 ORG G

- Data: readmitted 19 records, not readmitted 19 records
- Male: readmitted 58%, not readmitted 68%
- Average age: readmitted 41.5 years, not readmitted 34.4 years
- Unemployed: readmitted 63%, not readmitted 79%
- In private accommodation: readmitted 89%, not readmitted 79%
- On Disability Support Pension: readmitted 50%, not readmitted 42%
- No social network: readmitted 5%, not readmitted 11%
- Age of first psychiatric care unknown: readmitted 84%, not readmitted 58%
- New consumers: readmitted 21%, not readmitted 42%
- Prior admissions in previous year: readmitted 63%, not readmitted 63%
- ☛ Mean duration of index admission: readmitted 25.2 days, not readmitted 10.2 days
- Involuntary at admission: readmitted 79%, not readmitted 74%
- Involuntary at discharge: readmitted 0%, not readmitted 10%
- ☛ Principal diagnosis: distribution across major categories dissimilar, see text
- Emotionally unstable personality disorder: readmitted 5%, not readmitted 11%
- Extreme/high suicidality in prior 30 days: readmitted 61%, not readmitted 47%
- Heavy/moderate drug/alcohol use in prior 30 days: readmitted 37%, not readmitted 58%
- Polydrug or "other substances" use in prior 30 days: readmitted 47%, not readmitted 53%
- Criminal justice involvement in prior 6 months unknown: readmitted 47%, not readmitted 32%
- Admission HoNOS total score: readmitted 18.0, not readmitted 17.2
- Discharge HoNOS total score: readmitted 10.0, not readmitted 12.1
- Drop in HoNOS total score: readmitted 8.0, not readmitted 5.1
- Predischarge family meeting unknown: readmitted 21%, not readmitted 26%
- Predischarge NGO support services unknown: readmitted 21%, not readmitted 37%
- Clinical care post discharge to Public MHS: readmitted 89%, not readmitted 63%
- Predischarge discharge plan unknown: readmitted 5%, not readmitted 0%
- Predischarge discharge plan to GP unknown: readmitted 5%, not readmitted 0%
- ☛ Contact on day of discharge: readmitted 53%, not readmitted 21%
- ☛ No contact on day of discharge: readmitted 32%, not readmitted 68%
- Contact on day of discharge unknown: readmitted 16%, not readmitted 10%

9.3 ORG E

Data: readmitted 21 records, not readmitted 20 records

- Male: readmitted 43%, not readmitted 75%
Average age: readmitted 31.2 years, not readmitted 33.4 years
Unemployed: readmitted 48%, not readmitted 45%
In private accommodation: readmitted 100%, not readmitted 95%
- On Disability Support Pension: readmitted 52%, not readmitted 20%
No social network: readmitted 5%, not readmitted 10%
Age of first psychiatric care unknown: readmitted 19%, not readmitted 15%
New consumers: readmitted 24%, not readmitted 35%
- Prior admissions in previous year: readmitted 76%, not readmitted 40%
Mean duration of index admission: readmitted 20.4 days, not readmitted 30.8 days
Involuntary at admission: readmitted 67%, not readmitted 60%
Involuntary at discharge: readmitted 24%, not readmitted 10%
- Principal diagnosis: distribution across major categories dissimilar, see text
Emotionally unstable personality disorder: readmitted 24%, not readmitted 5%
Extreme/high suicidality in prior 30 days: readmitted 38%, not readmitted 30%
Heavy/moderate drug/alcohol use in prior 30 days: readmitted 33%, not readmitted 40%
Polydrug or "other substances" use in prior 30 days: readmitted 24%, not readmitted 35%
Criminal justice involvement in prior 6 months unknown: readmitted 0%, not readmitted 0%
- Admission HoNOS total score: readmitted 10.8, not readmitted 15.9
Discharge HoNOS total score: readmitted 2.9, not readmitted 4.0
Drop in HoNOS total score: readmitted 7.8, not readmitted 9.8
- Predischarge family meeting unknown: readmitted 24%, not readmitted 0%
- Predischarge NGO support services unknown: readmitted 29%, not readmitted 5%
- Clinical care post discharge to Public MHS: readmitted 95%, not readmitted 70%
Predischarge discharge plan unknown: readmitted 0%, not readmitted 0%
Predischarge discharge plan to GP unknown: readmitted 0%, not readmitted 0%
Contact on day of discharge: readmitted 10%, not readmitted 10%
No contact on day of discharge: readmitted 85%, not readmitted 90%
Contact on day of discharge unknown: readmitted 5%, not readmitted 0%

9.4 ORG C

Data: readmitted 20 records, not readmitted 22 records

Male: readmitted 45%, not readmitted 59%

Average age: readmitted 35.6 years, not readmitted 39.2 years

Unemployed: readmitted 45%, not readmitted 54%

- In private accommodation: readmitted 70%, not readmitted 100%
- On Disability Support Pension: readmitted 35%, not readmitted 36%
- No social network: readmitted 0%, not readmitted 0%
- Age of first psychiatric care unknown: readmitted 0%, not readmitted 0%
- New consumers: readmitted 10%, not readmitted 23%
- Prior admissions in previous year: readmitted 60%, not readmitted 32%
- Mean duration of index admission: readmitted 12.2 days, not readmitted 21.6 days
- Involuntary at admission: readmitted 40%, not readmitted 50%
- Involuntary at discharge: readmitted 25%, not readmitted 50%
- Principal diagnosis: distribution across major categories quite similar
- Emotionally unstable personality disorder: readmitted 25%, not readmitted 0%
- Extreme/high suicidality in prior 30 days: readmitted 15%, not readmitted 36%
- Heavy/moderate drug/alcohol use in prior 30 days: readmitted 30%, not readmitted 41%
- Polydrug or "other substances" use in prior 30 days: readmitted 35%, not readmitted 54%
- Criminal justice involvement in prior 6 months unknown: readmitted 25%, not readmitted 32%
- Admission HoNOS total score: readmitted 13.4, not readmitted 16.1
- Discharge HoNOS total score: readmitted 7.4, not readmitted 7.5
- Drop in HoNOS total score: readmitted 8.0, not readmitted 6.2
- Predischarge family meeting unknown: readmitted 0%, not readmitted 23%
- Predischarge NGO support services unknown: readmitted 20%, not readmitted 23%
- Clinical care post discharge to Public MHS: readmitted 65%, not readmitted 59%
- Predischarge discharge plan unknown: readmitted 0%, not readmitted 4%
- Predischarge discharge plan to GP unknown: readmitted 0%, not readmitted 9%
- Contact on day of discharge: readmitted 10%, not readmitted 23%
- No contact on day of discharge: readmitted 90%, not readmitted 77%
- Contact on day of discharge unknown: readmitted 0%, not readmitted 0%

9.5 ORG A

Data: readmitted 54 records, not readmitted 61 records

Male: readmitted 48%, not readmitted 57%

Average age: readmitted 33.3 years, not readmitted 36.9 years

✿ Unemployed: readmitted 68%, not readmitted 46%

In private accommodation: readmitted 83%, not readmitted 87%

✿ On Disability Support Pension: readmitted 46%, not readmitted 25%

No social network: readmitted 37%, not readmitted 12%

Age of first psychiatric care unknown: readmitted 0%, not readmitted 0%

✿ New consumers: readmitted 17%, not readmitted 51%

✿ Prior admissions in previous year: readmitted 59%, not readmitted 33%

Mean duration of index admission: readmitted 10.3 days, not readmitted 10.4 days

Involuntary at admission: readmitted 48%, not readmitted 51%

Involuntary at discharge: readmitted 41%, not readmitted 36%

Principal diagnosis: distribution across major categories quite similar

Emotionally unstable personality disorder: readmitted 20%, not readmitted 8%

Extreme/high suicidality in prior 30 days: readmitted 20%, not readmitted 25%

Heavy/moderate drug/alcohol use in prior 30 days: readmitted 41%, not readmitted 51%

Polydrug or "other substances" use in prior 30 days: readmitted 44%, not readmitted 38%

Criminal justice involvement in prior 6 months unknown: readmitted 0%, not readmitted 0%

Admission HoNOS total score: readmitted 13.9, not readmitted 15.0

Discharge HoNOS total score: readmitted 8.5, not readmitted 7.5

Drop in HoNOS total score: readmitted 5.9, not readmitted 7.4

Predischarge family meeting unknown: readmitted 0%, not readmitted 0%

Predischarge NGO support services unknown: readmitted 0%, not readmitted 0%

Clinical care post discharge to Public MHS: readmitted 77%, not readmitted 75%

Predischarge discharge plan unknown: readmitted 0%, not readmitted 0%

Predischarge discharge plan to GP unknown: readmitted 0%, not readmitted 0%

Contact on day of discharge: readmitted 30%, not readmitted 25%

No contact on day of discharge: readmitted 70%, not readmitted 75%

Contact on day of discharge unknown: readmitted 0%, not readmitted 0%

9.6 ORG B

Data: readmitted 24 records, not readmitted 28 records

Male: readmitted 46%, not readmitted 57%

Average age: readmitted 36.8 years, not readmitted 35.4 years

Unemployed: readmitted 58%, not readmitted 68%

In private accommodation: readmitted 71%, not readmitted 82%

On Disability Support Pension: readmitted 42%, not readmitted 57%

No social network: readmitted 29%, not readmitted 11%

Age of first psychiatric care unknown: readmitted 8%, not readmitted 0%

New consumers: readmitted 33%, not readmitted 54%

Prior admissions in previous year: readmitted 42%, not readmitted 21%

Mean duration of index admission: readmitted 14.7 days, not readmitted 18.6 days

Involuntary at admission: readmitted 83%, not readmitted 86%

Involuntary at discharge: readmitted 37%, not readmitted 29%

Principal diagnosis: distribution across major categories quite similar

Emotionally unstable personality disorder: readmitted 12%, not readmitted 4%

Extreme/high suicidality in prior 30 days: readmitted 17%, not readmitted 4%

Heavy/moderate drug/alcohol use in prior 30 days: readmitted 37%, not readmitted 61%

Polydrug or "other substances" use in prior 30 days: readmitted 46%, not readmitted 36%

● Criminal justice involvement in prior 6 months unknown: readmitted 29%, not readmitted 11%

Admission HoNOS total score: readmitted 13.5, not readmitted 16.5

Discharge HoNOS total score: readmitted 9.9, not readmitted 7.4

● Drop in HoNOS total score: readmitted 3.4, not readmitted 9.9

● Predischarge family meeting unknown: readmitted 38%, not readmitted 0%

● Predischarge NGO support services unknown: readmitted 33%, not readmitted 0%

Clinical care post discharge to Public MHS: readmitted 79%, not readmitted 75%

● Predischarge discharge plan unknown: readmitted 33%, not readmitted 0%

● Predischarge discharge plan to GP unknown: readmitted 33%, not readmitted 6%

Contact on day of discharge: readmitted 54%, not readmitted 32%

No contact on day of discharge: readmitted 46%, not readmitted 68%

Contact on day of discharge unknown: readmitted 0%, not readmitted 0%

9.7 ORG F

Data: readmitted 36 records, not readmitted 50 records

Male: readmitted 69%, not readmitted 64%

- Average age: readmitted 31.5 years, not readmitted 37.5 years
- Unemployed: readmitted 56%, not readmitted 60%
- In private accommodation: readmitted 75%, not readmitted 86%
- On Disability Support Pension: readmitted 25%, not readmitted 20%
- No social network: readmitted 25%, not readmitted 18%
- Age of first psychiatric care unknown: readmitted 14%, not readmitted 2%
- New consumers: readmitted 33%, not readmitted 46%
- Prior admissions in previous year: readmitted 53%, not readmitted 34%
- Mean duration of index admission: readmitted 10.4 days, not readmitted 8.8 days
- Involuntary at admission: readmitted 47%, not readmitted 52%
- Involuntary at discharge: readmitted 39%, not readmitted 20%
- Principal diagnosis: distribution across major categories dissimilar, see text
- Emotionally unstable personality disorder: readmitted 3%, not readmitted 0%
- Extreme/high suicidality in prior 30 days: readmitted 19%, not readmitted 12%
- Heavy/moderate drug/alcohol use in prior 30 days: readmitted 50%, not readmitted 40%
- Polydrug or "other substances" use in prior 30 days: readmitted 61%, not readmitted 26%
- Criminal justice involvement in prior 6 months unknown: readmitted 3%, not readmitted 0%
- Admission HoNOS total score: readmitted 18.0, not readmitted 19.6
- Discharge HoNOS total score: readmitted 8.1, not readmitted 6.7
- Drop in HoNOS total score: readmitted 9.5, not readmitted 12.3
- Predischarge family meeting unknown: readmitted 11%, not readmitted 0%
- Predischarge NGO support services unknown: readmitted 11%, not readmitted 0%
- Clinical care post discharge to Public MHS: readmitted 83%, not readmitted 72%
- Predischarge discharge plan unknown: readmitted 0%, not readmitted 2%
- Predischarge discharge plan to GP unknown: readmitted 20%, not readmitted 0%
- Contact on day of discharge: readmitted 17%, not readmitted 16%
- No contact on day of discharge: readmitted 83%, not readmitted 84%
- Contact on day of discharge unknown: readmitted 0%, not readmitted 0%

9.8 ORG H

Data: readmitted 23 records, not readmitted 28 records

Male: readmitted 61%, not readmitted 64%

Average age: readmitted 32.9 years, not readmitted 34.8 years

- Unemployed: readmitted 78%, not readmitted 96%
- In private accommodation: readmitted 83%, not readmitted 82%
- On Disability Support Pension: readmitted 54%, not readmitted 26%
- No social network: readmitted 18%, not readmitted 4%
- Age of first psychiatric care unknown: readmitted 0%, not readmitted 0%
- New consumers: readmitted 13%, not readmitted 57%
- Prior admissions in previous year: readmitted 100%, not readmitted 39%
- Mean duration of index admission: readmitted 13.3 days, not readmitted 15.7 days
- Involuntary at admission: readmitted 43%, not readmitted 50%
- Involuntary at discharge: readmitted 9%, not readmitted 11%
- Principal diagnosis: distribution across major categories quite similar
- Emotionally unstable personality disorder: readmitted 17%, not readmitted 4%
- Extreme/high suicidality in prior 30 days: readmitted 64%, not readmitted 46%
- Heavy/moderate drug/alcohol use in prior 30 days: readmitted 77%, not readmitted 82%
- Polydrug or "other substances" use in prior 30 days: readmitted 64%, not readmitted 75%
- Criminal justice involvement in prior 6 months unknown: readmitted 0%, not readmitted 0%
- Admission HoNOS total score: readmitted 16.0, not readmitted 25.5
- Discharge HoNOS total score: readmitted 9.1, not readmitted – (no data)
- Drop in HoNOS total score: readmitted 6.9, not readmitted – (no data)
- Predischarge family meeting unknown: readmitted 0%, not readmitted 0%
- Predischarge NGO support services unknown: readmitted 5%, not readmitted 0%
- Clinical care post discharge to Public MHS: readmitted 73%, not readmitted 54%
- Predischarge discharge plan unknown: readmitted 0%, not readmitted 0%
- Predischarge discharge plan to GP unknown: readmitted 5%, not readmitted 0%
- Contact on day of discharge: readmitted 45%, not readmitted 0%
- No contact on day of discharge: readmitted 50%, not readmitted 100%
- Contact on day of discharge unknown: readmitted 5%, not readmitted 0%

9 March 2007