

Frequent Emergency Room Visits for Help With Mental Health and/or Addictions

Name	Frequent Emergency Room Visits for Help With Mental Health and/or Addictions
Short/Other Names	Frequent Emergency Room Visits for Help With Mental Health and/or Addictions
Description	Percentage of individuals who had four or more emergency room (ER) or urgent care centre (UCC) visits for help with mental health and/or addictions in a 365-day period among those who had at least one ER or UCC visit for mental health and/or addictions in a given year. For details, please see the General Methodology Notes .
Interpretation	Lower rates are desirable.
HSP Framework Dimension	Health System Outputs: Access to comprehensive, high-quality health services
Areas of Need	Getting Better
Geographic Coverage	Prince Edward Island, Nova Scotia, Ontario, Saskatchewan, Alberta, British Columbia, Yukon
Reporting Level /Disaggregation	National, Province/Territory
Indicator Results	https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/078/frequent-emergency-room-visits-for-help-with-mental-health-and-or-addictions
Identifying Information	
Name	Frequent Emergency Room Visits for Help With Mental Health and/or Addictions
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Indicator Description and Calculation	
Description	Percentage of individuals who had four or more emergency room (ER) or urgent care centre (UCC) visits for help with mental health and/or addictions in a 365-day period among those who had at least one ER or UCC visit for mental health and/or addictions in a given year. For details, please see the General Methodology Notes .
Calculation: Description	(Total number of individuals who had at least four ER or UCC visits for mental health and/or addictions in a one-year period ÷ Total number of individuals who had at least one ER or UCC visit for mental health and/or addictions in a one-year period) × 100
	Unit of analysis: Patient
Calculation: Geographic Assignment	Place of residence
Calculation: Type of Measurement	Percentage or proportion
Calculation: Adjustment Applied	Age-sex-adjusted
Calculation: Method of Adjustment	Logistic regression

Description:

Total number of individuals who had at least one ER or UCC visit for mental health and/or addictions (MHA) in a fiscal year. The most recent visit in a fiscal year is the index visit.

Inclusions:

1. Emergency Department* records (Amcare_Group_Code = ED)
2. Sex coded as male or female (Sex = M, F)
3. Records with valid age on the index visit
4. Records with either/or
 - a. MHA as defined by ICD-10-CA codes in the main problem or other problem fields:
 - i. Substance-related and addictive disorders: ICD-10-CA: F10–F19, F55, F63.0
 - ii. Schizophrenia and other psychotic disorders: ICD-10-CA: F20, F21, F22, F23, F24, F25, F28, F29
 - iii. Mood disorders: ICD-10-CA: F30, F31, F32, F33, F34, F38, F39, F53.0, F53.1
 - iv. Anxiety disorders: ICD-10-CA: F40, F41, F93.0, F93.1, F93.2, F94.0
 - v. Selected disorders of personality and behaviour: ICD-10-CA: F60, F61, F62, F68 (excluding F68.1), F69
 - vi. Other disorders: ICD-10-CA: F42, F43, F44, F45, F48.0, F48.1, F48.8, F48.9, F50, F51, F52, F53.8, F53.9, F54, F59, F63 (excluding F63.0), F64, F65, F66, F68.1, F70–F73, F78, F79, F80–F84, F88, F89, F90, F91, F92, F93.3, F93.8, F93.9, F94.1, F94.2, F94.8, F94.9, F95, F98.0, F98.1, F98.2, F98.3, F98.4, F98.5, F98.8, F98.9, F99, O99.3

Denominator

b. An ED Discharge Diagnosis code as defined by the Canadian Emergency Department Diagnosis Shortlist (CED-DxS) version 2015, mental and behaviour disorders:

- i. Substance-related and addictive disorders: ICD-10-CA: F10.0, F10.3, F11.9, F13.9, F14.9, F15.9, F16.9, F18.9, F19.9
- ii. Schizophrenia and other psychotic disorders: ICD-10-CA: F20.9, F23.9
- iii. Mood disorders: ICD-10-CA: F31.9, F32.9
- iv. Anxiety disorders: ICD-10-CA: F41.9
- v. Selected disorders of personality and behaviour: ICD-10-CA: F60.9
- vi. Other disorders: ICD-10-CA: F48.9, F50.9, F99

*Includes emergency department, UCC and emergency department mental health service visits.

Exclusions:

1. Records with invalid health card number
2. Records with an invalid code for province issuing health card number
3. Records that are dead on arrival (Visit Disposition Code = 11, 71*)
4. Scheduled ED visits (ED_visit_indicator = 0)
5. Transfer to and from ED (Transfer from OR Transfer to Type = E)
6. 2018–2019 data onward: Medical assistance in dying (MAID) (Visit Disposition Code = 73)

*2018–2019 data onward

Description:

Numerator

Total number of individuals in the denominator who had at least four ER or UCC visits for mental health and/or addiction in a 365-day period. Each individual has a 12-month look-back period prior to his or her most recent visit in a given year. Therefore, data for two fiscal years is necessary to obtain the data for the numerator.

Background, Interpretation and Benchmarks

Frequent visits to emergency departments or UCCs may be an indication that people are not getting access to the services or the support they need in the community for help with mental health and/or addictions.

Rationale

- This could suggest people had conditions that were inadequately managed in the community. It might also suggest they were unaware of services in their communities, had difficulty accessing them, or had negative experiences or outcomes with community care.
- Frequent visits may strain already busy ERs.

A higher rate may signal challenges with access to community-based care or unmet needs.

Interpretation

Lower rates are desirable.

HSP

Framework Health System Outputs: Access to comprehensive, high-quality health services

Dimension

Areas of Need Getting Better

Targets

/Benchmarks Not applicable

1. Brennan JJ, Chan TC, Hsia RY, et al. [Emergency department utilization among frequent users with psychiatric visits](#). *Academic Emergency Medicine*. September 2014.
2. Brien S, Grenier L, Kapral ME, Kurdyak P, Vigod S; Health Quality Ontario, Institute for Clinical Evaluative Sciences. [Taking Stock: A Report on the Quality of Mental Health and Addictions Services in Ontario](#). 2015.
3. Canadian Institute for Health Information. [Repeat Hospital Stays for Mental Illness](#). Accessed October 1, 2018.
4. Chartier M, Bolton J, Mota N, et al. [Mental Illness Among Adult Manitobans](#). 2018.
5. Canadian Institutes of Health Research, Canadian Institute for Health Information. [Dynamic Cohort of Complex, High System Users — 2011–2015](#). 2017.
6. LaCalle E, Rabin E. [Frequent users of emergency departments: The myths, the data, and the policy implications](#). *Annals Emergency Medicine*. July 2010.
7. MHASEF Research Team. [Mental Health and Addictions System Performance in Ontario: A Baseline Scorecard](#). 2018.
8. MHASEF Research Team. [The Mental Health of Children and Youth in Ontario: 2017 Scorecard](#). 2017.
9. Urbanoski K, Cheng J, Rehm J, Kurdyak P. [Frequent use of emergency departments for mental and substance use disorders](#). *Emergency Medicine Journal*. April 2018.

References

Availability of Data Sources and Results

Data Sources	NACRS
	Type of Year:
	Fiscal
Available Data Years	First Available Year:
	2017
	Last Available Year:
	2018
Geographic Coverage	Prince Edward Island, Nova Scotia, Ontario, Saskatchewan, Alberta, British Columbia, Yukon
Reporting Level/Disaggregation	National, Province/Territory
Result Updates	
Update Frequency	Every year
	Web Tool:
Indicator	Your Health System: In Brief
Results	URL: https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/078/frequent-emergency-room-visits-for-help-with-mental-health-and-or-addictions
Updates	Not applicable

Quality Statement

This indicator is a starting point to measure access to community-based mental health and addictions care.

- Complete diagnoses in ERs are not always possible and tend to reflect symptoms or problems instead, which may lead to under-capture of conditions included in the indicator. In addition, capture of diagnoses depends on the level of detail submitted to the National Ambulatory Care Reporting System.

Caveats and Limitations

- Results are based on all available data reported to CIHI. 3 jurisdictions (Ontario, Alberta and Yukon) have complete ER data. For provinces that have partial data coverage (P.E.I., Nova Scotia, Saskatchewan and B.C.), repeat visits are likely underestimated because records cannot be linked across all hospitals. Therefore, results should not be compared. For Manitoba, results are not shown due to insufficient data coverage. No data is available at this time for Newfoundland and Labrador, New Brunswick, Quebec, the Northwest Territories and Nunavut. Reporting for this indicator is expected to improve as more regions submit data and more diagnosis information becomes available.
- Addiction- and substance-related visits may be underestimated, as poisonings are not included in the indicator.
- This indicator does not include dementia or problems related to brain injuries, such as concussion or stroke.

Trending Issues

Not applicable

Comments

This indicator belongs to the [Shared Health Priorities](#) portfolio measuring access to mental health and addictions services and to home and community care.

More information on this indicator is available in the companion report on the [Shared Health Priorities Page](#).