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

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<td>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 (PDF).</td>
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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 (PDF).

**Calculation:**

\[
\text{Percentage} = \left( \frac{\text{Total number of individuals who had at least four ER or UCC visits for mental health and/or addictions in a one-year period}}{\text{Total number of individuals who had at least one ER or UCC visit for mental health and/or addictions in a one-year period}} \right) \times 100
\]

Unit of analysis: Patient

**Geographic Assignment**

Place of residence

**Type of Measurement**

Percentage or proportion

**Adjustment Applied**

Age-sex-adjusted

**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
      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, F46.0, 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
   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)

*Numerator
Description:
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 Dimension
Areas of Need Getting Better
Targets/Benchmarks
Not applicable