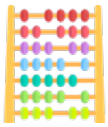
SNAPSHOT

Emergency Department Visits: Substance Use and Mental Health

Ontarians visit hospital emergency departments (EDs) at times of crisis, and when no other options are available. For many people with mental illness and addiction, the ED visit is their first point of health care contact. This snapshot documents the high numbers of ED visits related to substance use and mental health needs. The numbers are likely underestimates, given that many conditions related to substance use – such as accidents – are not included.

High rates of ED use for mental health and addictions conditions are costly. They demonstrate that Ontarians are not receiving the community mental health and substance use supports they need, largely due to a lack of resources in the sector. People often access EDs while waiting for service in the community, since the wait list for services can be many months. Comprehensive community mental health and substance use prevention, intervention and treatment programs can result in fewer ED visits.



THE NUMBERS IN ONTARIO

7,764 opioid-related emergency department visits in 2017.
(Public Health Ontario, 2018)

45% of those visiting the emergency department with mental health and substance use concerns are children under 18.
(CMHO, 2018)

REPEAT ED VISITS WITHIN 30 DAYS OF INITIAL VISIT

22% for mental health
&
32% for substance use
(Southwest LHIN, 2018)

24,200 alcohol-related hospitalizations in 2015/2016.
(ARTIC, 2017)

Nearly 40% of mental health patients using hospitals in 2016/2017 had three or more visits, an indicator that they are not receiving appropriate follow up care in the community.
(CMHO, 2018)

ED visits by children and youth seeking mental health and substance use support grew by **72%** from 2006/2007 to 2016/2017. (CMHO, 2018)

THE COST

The costs of ED visits and hospitalizations for mental health and substance use issues are high. The rate of unscheduled repeat visits – typically measured within 30 days of the initial visit – is high, and has grown in recent years. The number of repeat visits is evidence that links are not being provided to mental health and substance use follow-up care in the community, or that people encounter long wait times.

In Canada, hospitalization costs for individuals with a primary diagnosis of substance use disorder increased by 22% between 2006 and 2011, from approximately $219 million in 2006 to $267 million in 2011. (CCSA, 2014)

The average cost per hospitalization caused entirely by alcohol was estimated to be $8,100, significantly higher than the average hospital stay of $5,800 (based on data from 2014-2015). This high cost is mainly due to longer lengths of stay, an average of 11 days versus 7 days for the average hospital stay. (CIHI, 2017).

RECOMMENDATIONS

EXPANDING COMMUNITY SUPPORTS

- Investments to the full range of community addiction and mental health treatment programs are needed. This includes mental health supports for people with severe and persistent mental illness like, intensive case management and supportive housing, and community addiction treatment programs such as withdrawal management, day/evening programs, and residential treatment. The use of common assessment tools and a level of care framework for allocating resources are critical to achieving the best outcomes and value for money. Communities with expanded community supports see fewer ED visits and hospitalizations. (ARTIC, 2017)

FOCUS ON YOUTH

- Almost half of people visiting the ED with mental health and substance use issues are under 18 and this number continues to grow. Youth mental health and addiction services provide prevention and early intervention programs that reduce long-term risks of substance use issues. These services reduce the numbers and need for repeat ED visits and hospitalizations. (CMHO, 2018)

INCREASING PEER SUPPORT

- Peer support workers are a vital client and system resource. They assist with system navigation, and work as patient advocates with the ED. Peer support is effective in supporting discharge plans acting as resources for professional staff at hospitals on services in the community. (COI, 2014)

CASE STUDY: HEALTH SCIENCES NORTH - RAAM CLINIC

Rapid access addiction medicine (RAAM) clinics work to integrate the care received in EDs and hospitals with community addiction and mental health services. Patients can be referred directly to RAAM clinics following discharge from EDs and hospitals, with no booking appointment or formal referral required. RAAM clinics provide brief counselling, access to addictions medications and connections to community mental health and addictions programs. (META:PHI, 2018)

Health Sciences North adopted the model in 2016 and staff very quickly saw the positive impact on clients. At the time of the clinics opening, Catherine Watson, Clinical Manager of HSN's Withdrawal Management Service stated that "the clients who are using the RAAM clinic are telling me that the clinic is definitely having a positive impact on their lives" (HSN, 2016). In its first 90 days, for people using the RAAM clinic, there was a 63 per cent decrease in ED visits, an 80 per cent decrease in days spent in hospital, and a 97 per cent decrease in days spent at the withdrawal management service, for an estimated savings of over $70,000 to the health care system (HSN, 2016). Staff also noted that clients who took part in the RAAM clinic were much more likely to take part in longer-term addictions and mental health treatment programs.

Icons sourced from Flaticon • Last updated December 2018