

# Emergency visits by youth for mental health, addiction rise by 32 percent over six years

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Demand for child and youth mental health care has been steadily rising throughout the health care system in Ontario, Canada, with the biggest growth being felt in emergency departments.

These are among the findings of a new study from the Institute for Clinical Evaluative Sciences (ICES) and the Centre for Addiction and Mental Health (CAMH).

"Overall, we found a one-third rise in ED visits over six years for children and youth presenting with [mental health](#) and addictions problems, with anxiety being the most common driver of need," says senior author Dr. Paul Kurdyak, who is Director of Health Systems Research at CAMH and lead of the Mental Health and Addictions Research Program at ICES.

"However, this growth was not limited to emergency care. We also saw a significant increase in hospitalizations and in office-based services, particularly by family doctors, for child and youth mental health."

The research, published today in the *Canadian Journal of Psychiatry*, is the first population-based study to measure trends in health service use for mental illness and addictions among Ontario children and youth.

The researchers looked at anonymized patient records for all Ontario children and youth aged 10 to 24 years from 2006 to 2011. They identified mental health and addiction-related outpatient visits, emergency department visits and hospitalizations, examining the results by physician specialty and diagnostic categories. While this step provided the numbers of visits, the rates relative to the population were then calculated using census estimates of the number of young people in

Ontario from Statistics Canada.

Among the trends identified from 2006 to 2011:

- Mental health related ED visits rose from 14.6 to 19.3 per 1,000 people (from 36,229 to 49,294), an increase of 32.5 per cent.

- Hospitalizations increased by 53.7 per cent. However, the researchers note that child and youth mental health related hospitalizations remained rare, at 4.5 per 1,000 (11,459 psychiatric hospitalizations) people by 2011.

- Anxiety disorders, the most common reason for ED visits, rose by 2.2 per 1,000 people. They accounted for 47 per cent of the total increase in mental health-related ED visits.

- Office-based physician visits increased by 15.8 per cent. Family physicians accounted for the majority of these visits at 28.7 per 1,000 people (from 502,643 to 591,983 family physician visits).

The researchers say that further investigation should be undertaken to understand how a lack of access to outpatient care may be driving this growth in ED visits.

"If a family has trouble getting mental health or addictions care for their children in a community-based setting such as a family doctor's office or specialty clinic, they likely have no other option but to head to their local emergency department when they need care," says Dr. Kurdyak, who sees this need first-hand as an [emergency department](#) psychiatrist at CAMH. "Some of the ED visits we observed were likely unavoidable mental health emergencies, but the overall increase in ED visits likely reflects a problem with access to care in community settings."

He adds, "We hope that by quantifying this growth and looking for patterns, our research will provide health planners with the evidence they need to better coordinate child and [youth mental health](#) care across Ontario, so that kids can get the care they need when and where they need it."

**More information:** *Canadian Journal of Psychiatry*, [dx.doi.org/10.1177/0706743715621254](https://doi.org/10.1177/0706743715621254)

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