

Mental Health Surveillance Report

Provincial coverage: 123 hospitals reporting to ACES (45 hospitals outstanding)

Kingston, Frontenac and Lennox &
Addington Public Health Knowledge
Management Team

For more information on the Acute Care Enhanced Surveillance (ACES) system, click here.

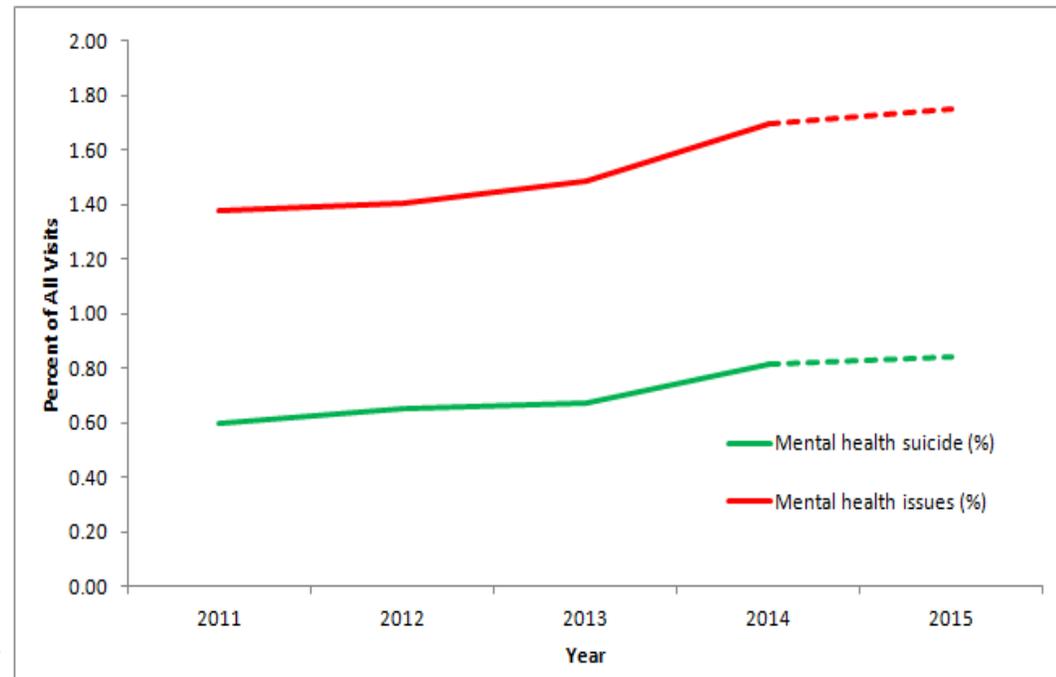
ACES Hospital Emergency Department (ED) Activity

Synopsis: The World Health Organization defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Mental illness refers to a wide range of disorders that affect a person's mood, thinking, and behavior including depression, anxiety disorders, schizophrenia, and eating disorders. Within the following report, addictions and substance misuse are also included as a type of mental illness.

This purpose of this report is 1) to describe the healthcare seeking behaviours of Ontarians with a complex range of mental health disorders that are poorly captured by any current active surveillance system; 2) to capture any changing trends in utilization and demographics to illustrate the evolving state of mental health in Ontario; and 3) to inform policy and practice at all levels of healthcare.

* This report excludes patients under the age of 15. Dashed lines on all graphs indicate year-to-date information (through end of August 2015).

Mental Health-related ED Visits to Participating Hospitals ¹

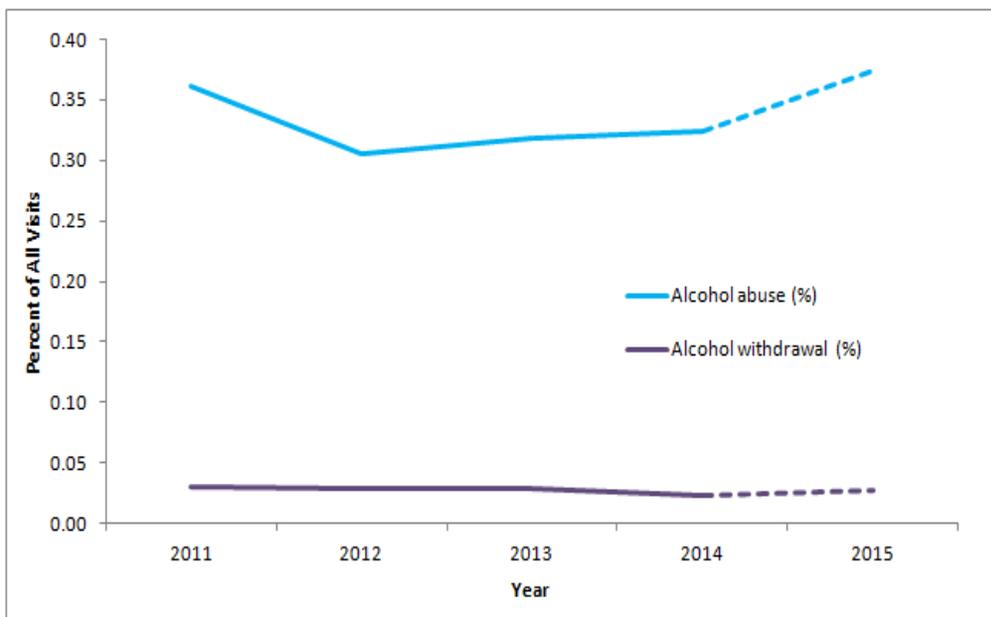


Notes

¹ Mental health issues include instances of depression, anxiety, bizarre behaviour, paranoia, psych evaluation, situational crisis, hallucinations, delusions, violent outbursts and emotional disorders; mental health suicide is any instance of suicidal ideation. Both categories are mutually exclusive

² Includes instances of intoxication, has been drinking, alcohol and etoh (intoxication could indicate toxic effects of an undefined drug, but for this report, has been grouped as an alcohol related visit).

Alcohol-related ED Visits to Participating Hospitals ²



NOTE: Further details can be obtained by contacting Adam van Dijk at avandijk@kflapublichealth.ca or 613-549-1232 x1510

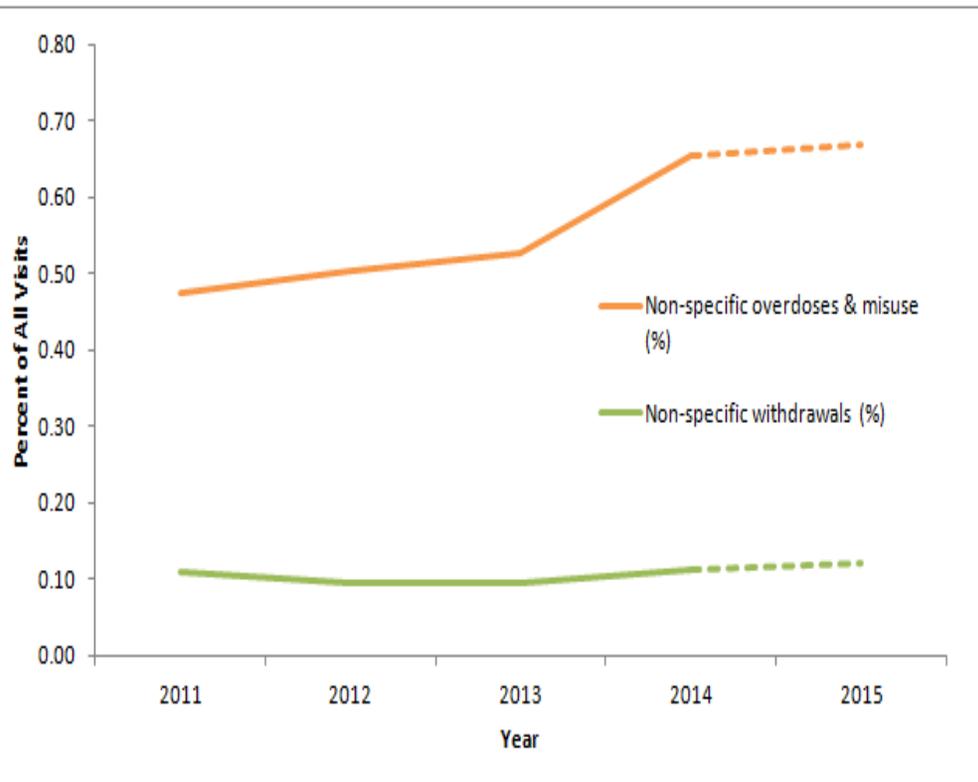
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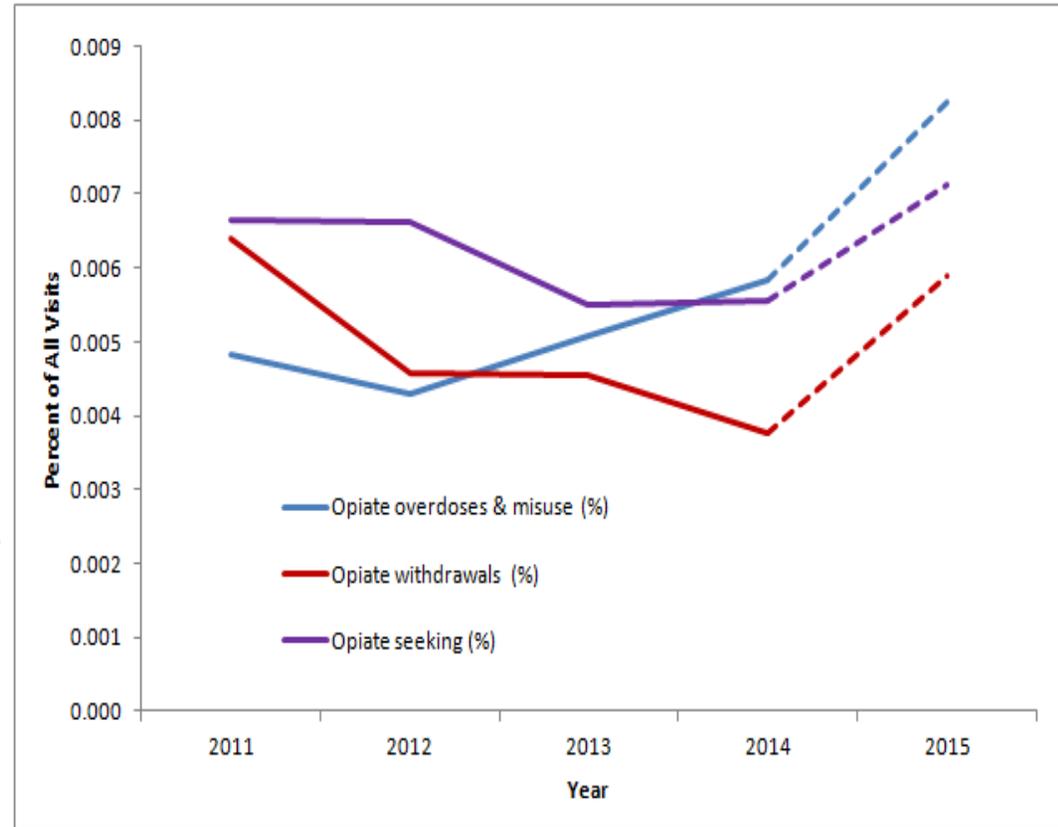
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Opiate surveillance: Using real-time ED triage data for opiate specific surveillance is difficult given that the triage nurse may not have a clear idea of what the patient has overdosed on/abused. This is plainly shown when looking at the graph on the right and comparing it to the non-specific drug graph below. Non-specific drug overdoses/misuse visits account for approximately 0.75% of all ED visits whereas opiate specific visits account for a negligible amount of overall visits to ACES hospitals. This is not to suggest that opiate misuse is not an issue, just that both of these graphs need to be analyzed together.

Non-specific Drug-related ED Visits to Participating Hospitals ⁴



Opiate-related ED Visits to Participating Hospitals ³



Notes

³ Includes any mention of methadone, fentanyl, codeine, morphine, hydromorphone, dilaudid, heroin, oxycodone, opium, percocet and opioids (and their misspellings). Opiate seeking refers to patients requesting opiate refills, saying they lost their medication, or requests that are accompanied with a variety of excuses as to why more is needed.

⁴ Includes instances of overdose, substance misuse or withdrawal that do not specifically mention an opiate; does not include accidental, alcohol-related or insulin overdoses.