

Mental Health Surveillance Report (February 2016)

Provincial coverage: 125 hospitals reporting to ACES (43 hospitals outstanding)

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

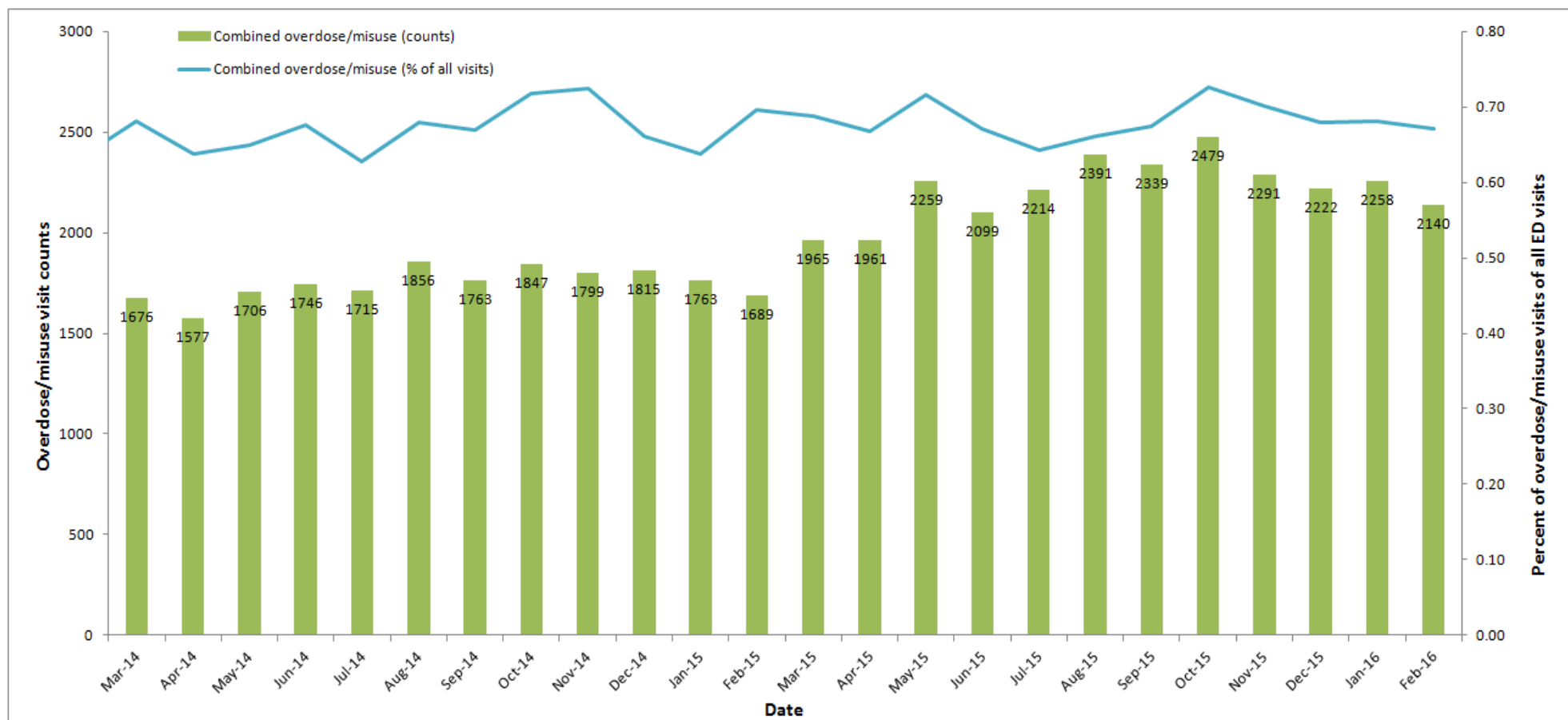
For more information on the Acute Care Enhanced Surveillance (ACES) system, click here.

ACES Hospital Emergency Department (ED) Activity

The purpose of this report is 1) to describe the healthcare seeking behaviours of Ontarians (over the age of 14) 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 acute care hospital 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.

NOTE: There are inherent limitations to emergency department triage data. Overdose specificity can be limited due to the potential for polydrug overdoses. Chief complaints recorded at patient intake may be different to the discharge diagnosis which can overestimate broad syndrome classifications like mental health issues while underestimating very specific syndromes such as opioid or alcohol abuse.

Combined Opioid and Non-specific Drug-related ED Visits to Participating Hospitals



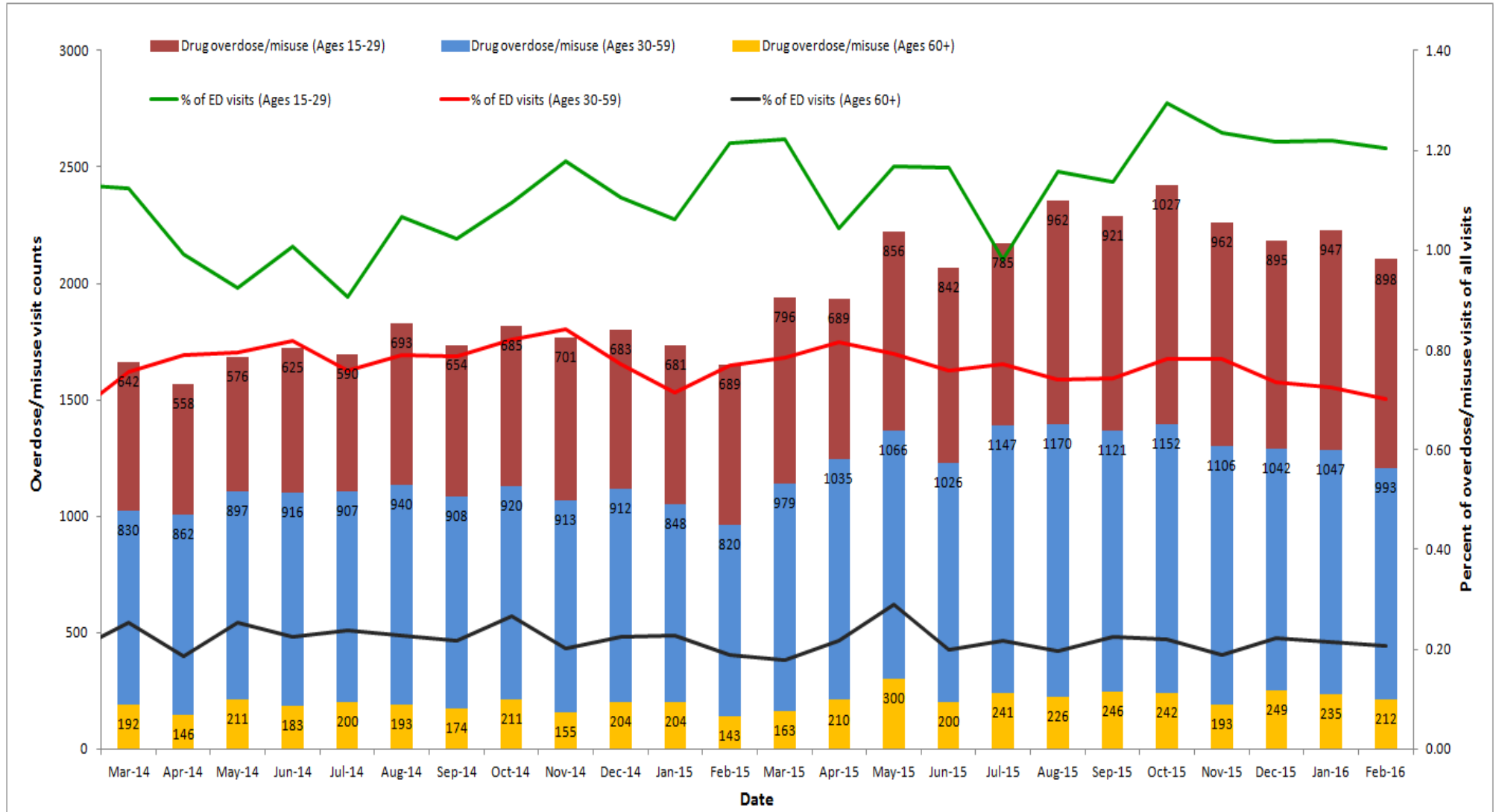
NOTE: Further details can be obtained by contacting Adam van Dijk at adam.vandijk@kflapublichealth.ca or 613-549-1232 x1510 (All feedback is welcome and appreciated)

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Combined Opioid and Non-specific Drug-related ED Visits by Age Group to Participating Hospitals



Notes

- Opioid-related visits include any mention of methadone, fentanyl, codeine, morphine, hydromorphone, dilaudid, heroin, oxycodone, opium, percocet and opioids (and their misspellings). Opioid-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 (re: graph 3)
- Non-specific drug related visits include instances of overdose, substance misuse or withdrawal that do not specifically mention an opioid; it does not include accidental, alcohol-related or insulin overdoses.
- Opioid-related visits have a gender split of 40% females and 60% males. Non-specific drug overdoses and misuse visits have a gender split of 46% females and 54% males.

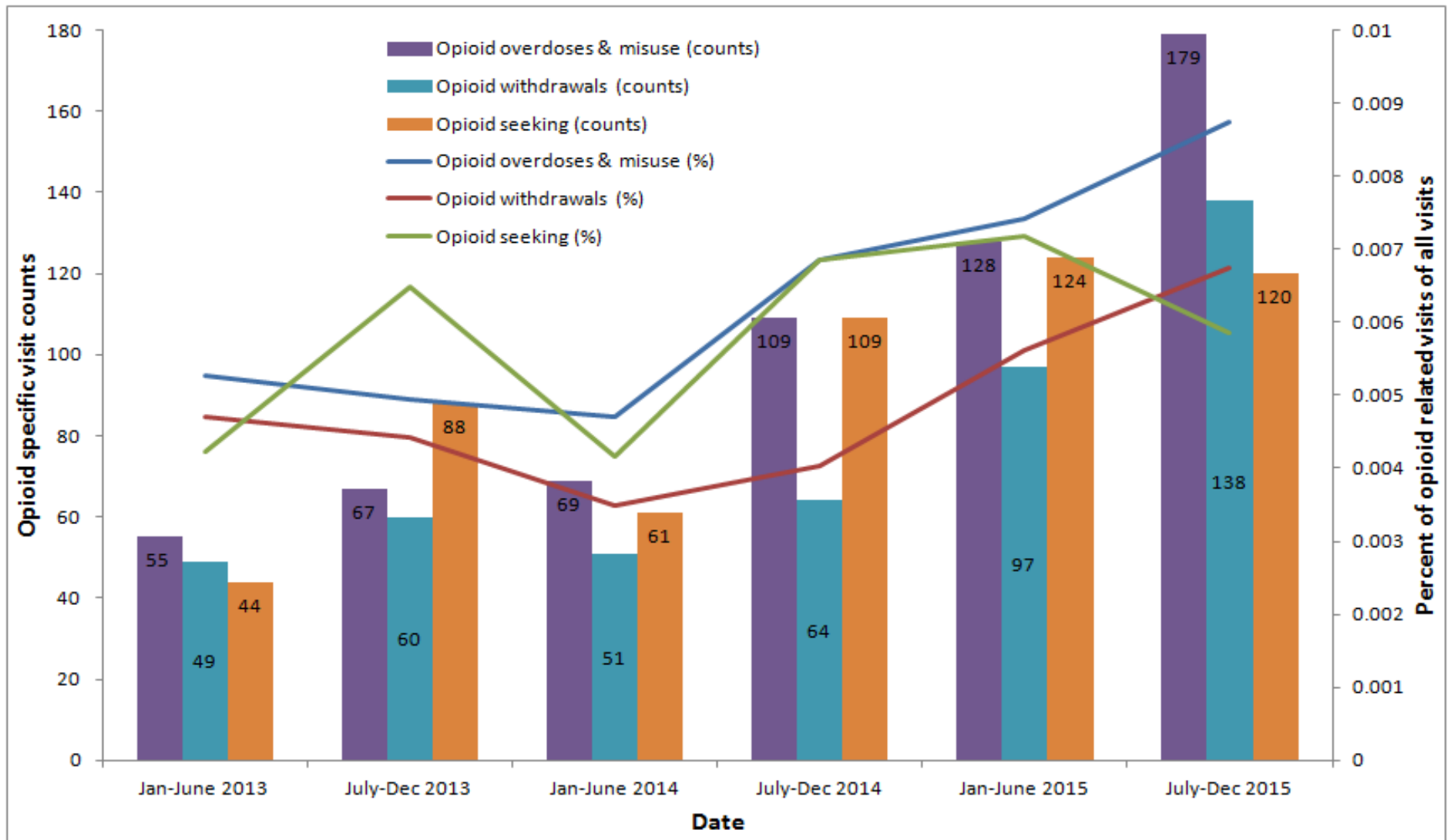
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Opioid surveillance: Using real-time ED triage data for opioid-related surveillance is difficult given that the triage nurse may not have a clear idea of what the patient has overdosed on/misused. This is plainly shown when looking at the graph below compared to the non-specific drug graph on page one. Non-specific drug overdoses/misuse visits account for approximately 0.7% of all ED visits whereas opioid-related visits account for a negligible amount of overall visits to ACES hospitals. This is not to suggest that opioid misuse is not an issue, just that both of the described graphs need to be analyzed together. **Opioid data is shown at a bi-annual aggregation due to the small counts per month.

Opioid-related ED Visits to Participating Hospitals

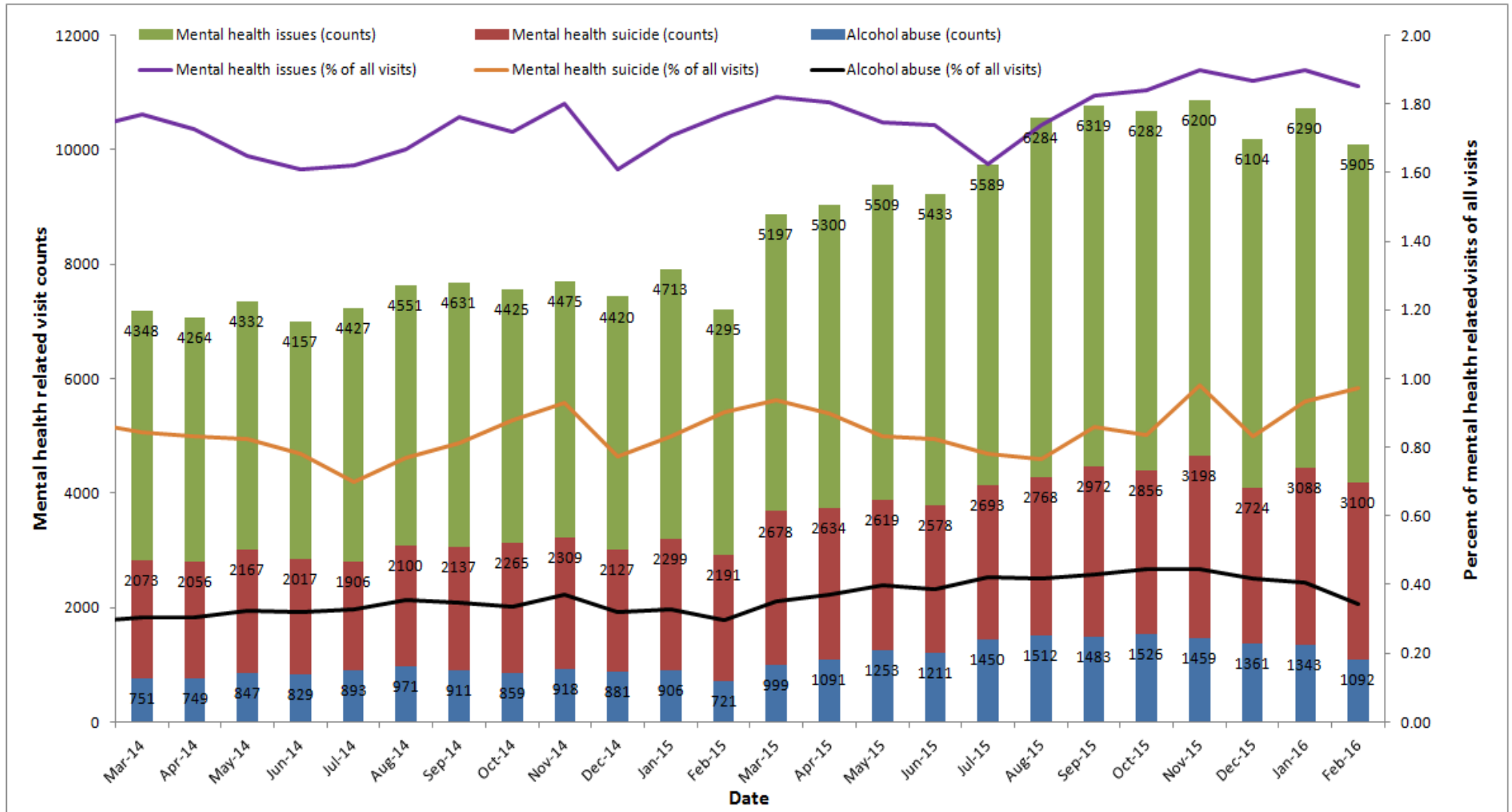


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Mental Health and Alcohol-related ED Visits to Participating Hospitals



Notes

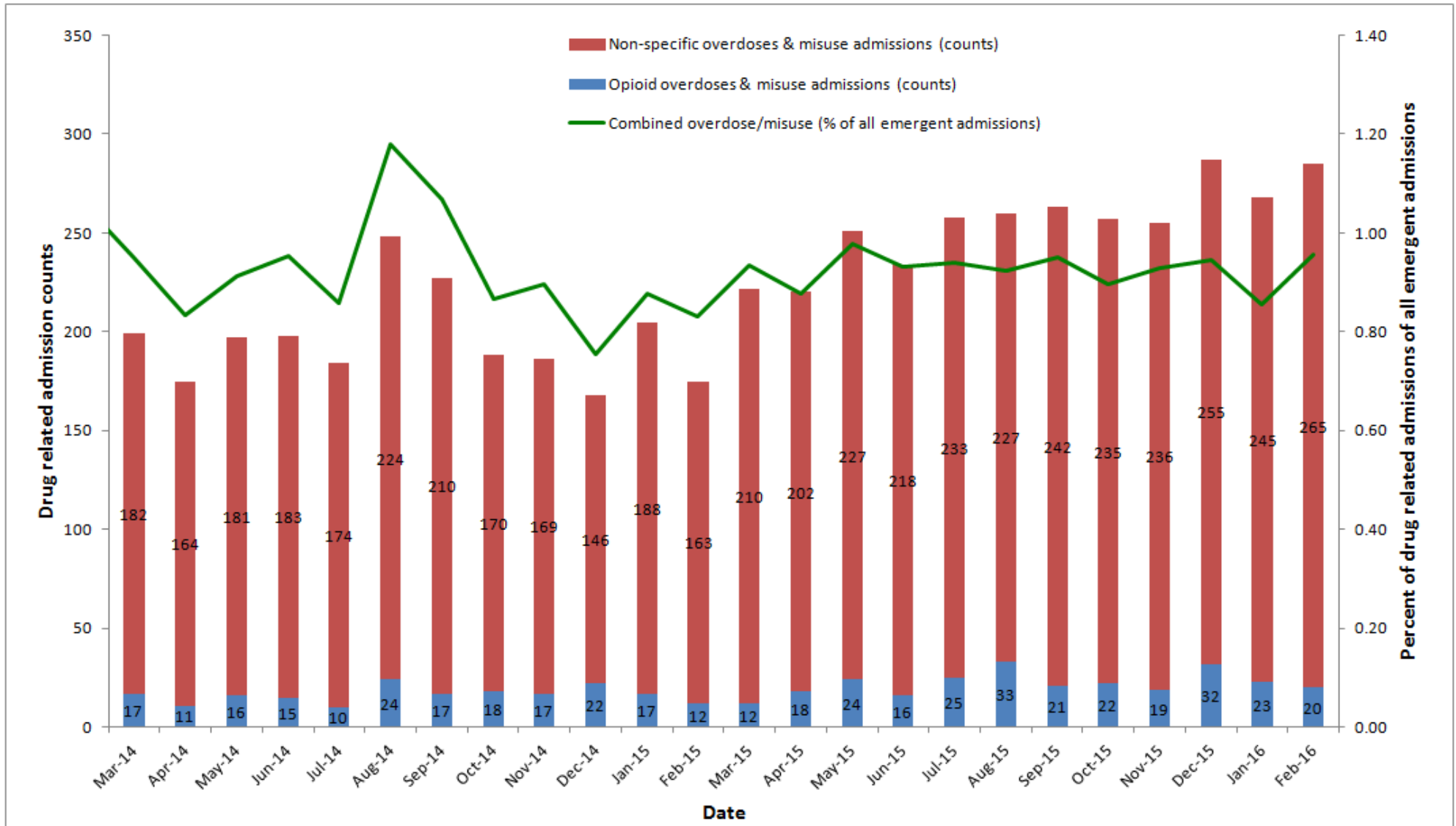
- Mental health issues include instances of depression, anxiety, bizarre behaviour, paranoia, psych evaluation, situational crisis, hallucinations, delusions, violent outbursts and emotional disorders; mental health suicide is any instance of suicidal ideation. Both categories are mutually exclusive.
- Alcohol abuse includes instances of intoxications, hbd (has been drinking), any mention of '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 abuse visits have a gender split of 66% males and 34% females. Mental health issues and suicide both have an even split of 50%.

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Combined Opioid and Non-specific Drug-related Admissions to Participating Hospitals



Notes

1. The denominator in the above graph of emergent admissions is used because combining them with elective admissions gives a false underestimate of the impact of these overdose and misuse cases.
2. Opioid-related admissions have a gender split of 45% females and 55% males. Non-specific drug overdoses and misuse admissions have a gender split of 60% females and 40% males.