The Mental Health of Children and Youth in Ontario

2017 Scorecard

**INFOGRAPHIC SUMMARY** 

June 2017



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#### **Outpatient mental health and addictions care for children and youth** *Rising demand for care in the community*

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# O Outpatient Care Snapshots 2014



MORE CARE SOUGHT Children and youth had more than 1.35 million outpatient doctor visits for mental health and addictions care, a 25% increase from 2006

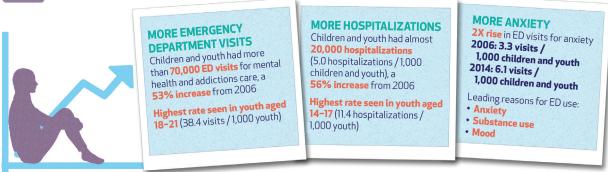
2006: 26.4 visits / 100 children and youth 2014: 33.5 visits / 100 children and youth MORE CHILDREN AND YOUTH SEEING PSYCHIATRISTS Rates increased by 40%

2006: 15.4 children and youth / 1,000 population 2014: 22.0 children and youth / 1,000 population MORE NEED IN OLDER YOUTH Youth aged 22–24 had the highest rates of mental health and addictions visits (2012–2014) Primary care physicians: 39.9 visits / 100 youth Psychiatrists: 14.8 visits / 100 youth

# Acute care use for children and youth with mental illnesses and addictions

More kids are showing up in emergency departments and hospitals, often with anxiety

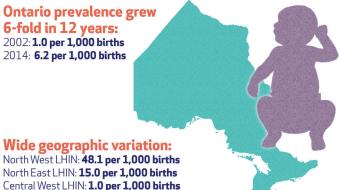
# O<sup>•</sup> Acute Care Snapshots 2014



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#### Neonatal abstinence syndrome: a growing concern

Poverty and geography drive inequities in risk of infants born with exposure to opiate drugs



When mother is a teen: **5+ times the risk** Mothers <19 years old: **11.5 per 1,000 births** Mothers 20 years old+: **2.0 per 1,000 births** 

When mother is low-income: **3+ times the risk** Mothers in lowest income group: **9.4 per 1,000 births** Mothers in top 3 income groups: **3.0 per 1,000 births** 

When mother is a non-immigrant: 6+ times the risk Non-immigrant mothers: 6.1 per 1,000 births Immigrant mothers: <1 per 1,000 births

#### Indicators of quality for child and youth mental health and addictions care Increases seen in return ED visits and readmissions; lack of timely follow-up

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**30-DAY READMISSION** 

#### Increased 33%

2006: Rate was 6.9%

Increased 18%

2014: 8.9% children and youth discharged from hospital after mental health and addictions care were readmitted within 30 days

2014: 8.1% children and youth discharged from ED after mental health

and addictions care revisited the ED within 30 days

2006: Rate was 6.7%



PHYSICIAN VISIT ≤ 7 DAYS OF DISCHARGE

#### No significant change

2014: 38.3% children and youth discharged from acute care visited a physician of any specialty for follow-up within one week
2006: Rate was 35.6%



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# Child and youth mental health and addictions care by neighbourhood income level (2012-2014) — Low income a barrier to specialist care

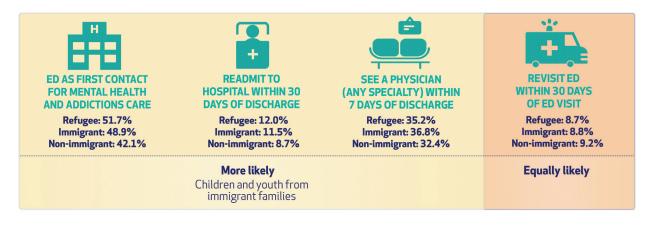
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**READMIT TO REVISITED SEE A FAMILY DOCTOR SEE A PEDIATRICIAN SEE A PSYCHIATRIST** WITHIN 30 DAYS **HOSPITAL WITHIN 30** WITHIN 7 DAYS OF WITHIN 7 DAYS OF WITHIN 7 DAYS OF **DAYS OF DISCHARGE** DISCHARGE DISCHARGE **OF ED VISIT** DISCHARGE Low income: 10.0% Low income: 9.7% Low income: 12.3% Low income: 1.8% Low income: 13.2% High income: 9.0% High income: 8.8% High income: 13.4% High income: 3.5% High income: 16.2% **More likely Equally likely** More likely Children and youth from Children and youth from poor neighbourhoods wealthy neighbourhoods

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# Child and youth mental health and addictions care by immigration category

(2012-2014) — Lower initial access to outpatient care in immigrants, but higher follow-up rates



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# Access to mental health and addictions care by geography (2012-2014)

Regional variation in how children and youth access care, and the quality of care they receive

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SEE A PHYSICIAN (ANY SPECIALTY) WITHIN 7 DAYS OF DISCHARGE **ED AS FIRST POINT OF CONTACT** H North West LHIN: 19.6% FOR MENTAL HEALTH AND **Toronto Central LHIN: 48.9% ADDICTIONS CARE** Hamilton Niagara Haldimand Brant LHIN: 40.7% Central West LHIN: 53.9% **SEE A PSYCHIATRIST WITHIN 7 DAYS OF DISCHARGE** North West LHIN: 3.5% Toronto Central LHIN: 24.5% **REVISIT ED WITHIN 30 DAYS OF ED VISIT** Waterloo Wellington LHIN: 6.4% (Depicted rates are the highest and lowest Erie St. Clair LHIN: 9.4% for each indicator across all LHINs)

# Suicide and deliberate self-harm in Ontario children and youth

Some improvement in outcome but remains a major concern

**DELIBERATE SELF-HARM** 

Increased

#### **PROVINCE-WIDE TRENDS**

#### **GEOGRAPHIC DIFFERENCES IN SUICIDE TRENDS**

North West LHIN: suicide rate unchanged at 5-6X the provincial average 2007-2009: 32.8 deaths / 100,000 children and youth 2010-2012: 33.0 deaths / 100,000 children and youth

> North East LHIN: suicide rate nearly doubled over time 2007–2009: 7.2 deaths / 100,000 children and youth 2010–2012: 13.6 deaths / 100,000 children and youth

Toronto Central LHIN: suicide rate dropped 1/3 over time 2007–2009: 5.7 deaths / 100,000 children and youth 2010–2012: 4.0 deaths / 100,000 children and youth

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SUICIDE No significant change

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2003: 5.4 deaths / 100,000 children and youth 2012: 6.2 deaths / 100,000 children and youth



2.5X more common in males than females (2010-2012: 8.6 vs. 3.4 / 100,000 children and youth)





2.6X more common in females than males (2012-2014: 44.0 vs. 17.2 / 10,000 children and youth)

# Community-based child and youth mental health care performance indicators

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(2015-2016) — Data provided by the Ministry of Children and Youth Services



In 2015/16, more than 121,000 children and youth accessed services in community-based child and youth mental health agencies



# The Mental Health of Children and Youth in Ontario: 2017 Scorecard

## **INFOGRAPHIC SUMMARY**

## MHASEF Research Team

#### Abigail Amartey Maria Chiu Evgenia (Jenny) Gatov Astrid Guttmann Michael Lebenbaum

Paul Kurdyak Natasha Saunders Simone Vigod Julie Yang

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#### **INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES**

2075 Bayview Avenue, G1 06 Toronto, ON M4N 3M5 Tel: 416-480-4055



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