



Glossary

The following definitions are related to the specific terms used in the Mental Health and Addictions Dashboard.

Acute care: Care that is provided in the emergency department or hospital setting.

Anxiety disorders: Anxiety disorders are characterized by excessive fear or worry. It is a classification of mental disorders that are generated during emergency department and hospital visits.

Diagnosis: Classification of an individual's mental health or addiction disorder by a physician (e.g. anxiety disorders).

Eating disorders: Eating disorders are behavioral conditions characterized by severe, persistent disturbance in eating behaviors and associated with distressing emotions and thoughts. Types of eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder, other specified feeding and eating disorder, pica and rumination disorder. It is a classification of mental health disorders that are generated during emergency department and hospital visit.

Emergency department visit: When an individual visits the emergency department for mental health and addictions care.

Emergency department visit as a first point of contact: When an individual visits the emergency department for mental health and addictions care, who did not receive any mental health and addictions care in the 2 years before the current visit.

Why does this matter? When individuals cannot access timely community-based mental health assessment and treatment, they may use the emergency department as their first point of contact. A high rate of use of the emergency department as the first point of contact for mental health and addictions care may be useful to highlight inadequate access to physician- and community-based care.

Hospitalization: When an individual is admitted to the hospital for mental health and addictions care.

Indicator or Performance Measure: Measurement of a specific result or outcome that can be used to evaluate how well the mental health care system is performing.

Intentional self-injury: Non-fatal self-poisoning or self-injury carried out with an intent to end one's life, including a wide range of behaviours from non-suicidal acts to attempted suicide.

Length of stay: The number of nights spent in hospital care, from the day of admission to the day of discharge. The length of stay indicator is calculated as the median number of days for all hospitalizations in a given month.

Why does this matter? Along with patterns of hospitalization prevalence, trends in length of stay could reflect the efficiency of the mental health and addictions care system. The length of psychiatric hospitalization can be affected by illness severity at admission, discharge planning

and other care processes at the hospital, and the availability of resources to support discharge in the community.

Median: In a set of numbers arranged from lowest to highest, the median is the middle number where at most 50% of the values are above that number, and at most 50% are below that number. For example, if the lengths of stay for 5 patients are 2,4,5,7 and 9 days, the median length of stay is the middle number which is 5 days.

Mood disorders: Mood disorders, such as depressive or bipolar disorders, are characterized by disturbance in mood, motivation, and general functioning. It is a classification of mental disorders that are generated during emergency department and hospital visits.

Obsessive compulsive and related disorders: Obsessive compulsive and related disorders are characterized by repetitive, uncontrollable thoughts and associated compulsive behaviours that cause distress or anxiety. It is a classification of mental disorders that are generated during emergency department and hospital visits.

Outpatient visit: When an individual visits either a psychiatrist, a family physician/general practitioner, or a paediatrician for mental health and addictions care.

Why does this matter? The use of outpatient services for mental health and addictions care provides an estimate of service needs.

Outpatient visits within 7 days after discharge: When an individual visits a psychiatrist, a family physician/general practitioner, or a paediatrician within 7 days after being discharged from a hospital after receiving mental health and addictions care.

Why does this matter? Early follow-up after hospital discharge likely helps to improve an individual's commitment to treatment, the communication between health care providers and patients, and may prevent hospital readmission.

Personality disorders: Individuals with personality disorders have difficulties perceiving and relating to situations and people which, in turn, cause distress and challenges with relationships and functioning at work or school. It is a classification of mental disorders that are generated during emergency department and hospital visits.

Rate: How often a health event or disease occurs in a specific group or population over a specific period of time. In this context, the rate is the number of health events that occur in a defined population in a given month, typically expressed as the number of events per 100 persons (e.g. # of people who visited a family physician/general practitioner within 7 days of a hospital discharge per 100 hospital discharges in a given month).

Schizophrenia spectrum and other psychotic disorders: Individuals with schizophrenia spectrum and other psychotic disorders often appear to have lost touch with reality because of the impact of these disorders on how people think, feel and behave. It is a classification of mental disorders that are generated during emergency department and hospital visits.

Small Cells: Values or numbers used to calculate rates of events that are less than or equal to five, which result in a rate that is too small to be reported. Rates calculated using small cells are not reported to avoid potential re-identification of individuals.

Specialty: The medical area of focus and expertise of the physician seen by a patient at a given visit (e.g. psychiatrist).

Standardized rate (Age and sex-standardized rate): Compares and describes how often a health event or disease occurs in a specific group or population over a specific period of time, after accounting for how the health event or disease affects people of different ages and/or sexes.

Substance-related and addictive disorders: A classification of mental disorders that are generated during emergency department and hospital visits. Substance-related and addictive disorders are characterized by the dependence and/or abuse of substances. It is a classification of mental disorders that are generated during emergency department and hospital visits.

Trauma and stressor-related disorders: Trauma and stressor-related disorders are characterized by symptoms similar to those experienced in anxiety or mood disorders, as a result of a traumatic life event. It is a classification of mental health disorders that are generated during emergency department and hospital visits.

30-day mental health and addictions-related hospital readmissions: When a patient is admitted to the hospital for mental health and addictions care within 30 days of a previous hospitalization for mental health and addictions care.

Why does this matter? The rate of inpatient readmissions within 30 days of discharge could reflect inadequate community support and outpatient physician-based mental health and addictions services.

30-day mental health and addictions-related emergency department revisits: When an individual returns to the emergency department to receive mental health and addictions care within 30 days of a previous emergency department visit for mental health and addictions care.

Why does this matter? Repeat emergency department visits for mental health and addictions care could signal that there are inadequate transitions of individuals from hospital or emergency department care to outpatient or community-based care