# Indicator Highlights

## 1. Mental health and addictions-related emergency department visits (Data up to March 2026)

- Mental health and addictions-related emergency department rates are higher in males when compared to females.
- Emergency department visit rates for substance use disorder continue to be higher than the visit rates for other mental health and addictions-related disorders, such as anxiety disorders.
- Rates of emergency department visits are highest among those aged 14-24 years, but the rates in this age category have been decreasing across our study period.
- The rate of emergency department visits is much higher among those living in the lowest quintile of neighbourhood income compared to those living in neighborhoods with greater income.
- Rates of emergency department visits are highest in the North West region of Ontario when compared to other regions in the province and the visit rates in this region have increased over time.

## 2. Emergency department visits for intentional self-injury (Data up to March 2026)

- The rates of emergency department visits for intentional self-injury are:
    - Higher in females when compared to males.
    - Consistently highest among those aged 14-17 years, followed by those aged 18-24 years.
    - Higher for those living in the North West region of Ontario, and for those living in the lowest quintile of neighbourhood income, when compared to the rest of the province.
- Self-poisoning was the most common method of self-injury across all years in our study period.
- Starting from the first quarter of 2025, there have been increasing rates of self-injury, overall and across most subgroups. This trend is most pronounced in females, those aged 14-17 years, and for visits where self-poisoning is the method of injury.

## 3. Mental health and addictions-related hospitalizations (Data up to March 2026)

- Mental health and addictions-related hospitalization rates are slightly higher in males when compared to females.
- The highest hospitalization rates are observed in those aged 14-24 years.
- Across our study period, hospitalization rates for mood disorders are consistently higher compared to the rates for the other mental health and addictions-related disorders. However, the hospitalization rate for substance use disorders surpassed the rate observed for mood disorders as of July 2023, and has since continued to be the most common cause of mental health and addictions-related hospitalization in Ontario.
- The rates of hospitalizations are higher in the North West and North East regions of Ontario, and in areas with the lowest levels of neighbourhood income, compared to the rest of the province.

4. Emergency department visits and hospitalizations for eating disorders (Data up to March 2026)

- Rates of emergency department visits and hospitalizations for eating disorders are highest for those aged 0-24 years.
- Emergency department and hospitalization rates for eating disorders among those aged 0-24 years decreased starting October 2021 but have been relatively stable since 2023.

5. Mental health and addictions-related outpatient visits (Data up to March 2026)

- Mental health and addictions-related outpatient visits are most common among family physicians/general practitioners, followed by psychiatrists, and then paediatricians.
- The rates of mental health and addictions-related outpatient visits to any specialty are:
    - Higher in females compared to males, although rates of mental health-related outpatient visits to a paediatrician are higher in males.
    - Higher in the 25-44 year age group when compared to the rest of the population.
    - Higher in the Toronto region of Ontario when compared to the rest of the province, which is largely driven by increased visits to psychiatrists.
    - Higher among those living in the lowest quintile of neighbourhood income compared to those living in neighborhoods with greater income.
- The rate of mental health and addictions-related outpatient visits to family physicians/general practitioners for those living in the North West region of Ontario has been decreasing notably since April 2024.

6. Outpatient visits within 7 days following a mental health and addictions–related hospital discharge (Data up to March 2026)

- Higher rates of outpatient visits within 7 days following a mental health and addictions-related hospital discharge are observed in family physicians/general practitioners, followed by psychiatrists, and then paediatricians.
- Overall, the rate of 7-day outpatient follow-up has been declining gradually over time.
- In follow-up visits to family physicians/general practitioners, the rate of 7-day outpatient follow-up for those discharged with schizophrenia spectrum and other psychotic disorders is amongst the lowest when compared to the other mental health and addictions-related disorders.
    - The opposite trend is observed for those discharged with intentional self-injury.
- The rates for 7-day outpatient follow-up for those living in the Toronto region, and for those living in the highest quintile of neighbourhood income, are greater compared to the rest of the province.
    - Rates of 7-day outpatient follow-up for psychiatrists are very low in the North West region. This could reflect poor access to outpatient psychiatric care in this region.

7. Emergency department visits as first point of contact for mental health and addictions–related care (Data up to March 2026)

- The rate of using the emergency department as the first point of contact for mental health and addictions-related care has remained consistent over time.
- The highest rates for emergency department visits as first point of contact are observed in males and in age groups 0-9 and 85-105 years.
- Anxiety disorders have the highest rate for emergency department visits as first point of contact when compared to other mental health and addictions-related disorders.
- The rate of using the emergency department as the first point of contact for substance use disorder-related care has been decreasing over time.
- There was a sharp drop in emergency department visits as first point of contact for personality disorders as of March 2020, with continued lower rates observed thereafter but with a slight upward trend.
- Individuals living in the lowest quintile of neighbourhood income have lower rates for the emergency department being the first contact for mental health and addictions related care compared to the other neighbourhood income quintiles.
- The rates in the Toronto region are lower compared to the rest of the province.

8. 30-day hospital readmission following a mental health and addictions–related hospital discharge (Data up to December 2025)

- Rates of 30-day hospital readmissions following a mental health and addictions-related hospital discharge have been gradually increasing over time and are slightly higher for females compared to males.
- Rates for 30-day hospital readmissions among those discharged with personality disorder are notably higher compared to the other mental health and addictions-related disorders.
- Since January 2023, an increase in 30-day hospital readmissions has been observed in the Toronto health region.

9. 30-day emergency department revisits following a mental health and addictions-related emergency department visit (Data up to December 2025)

- Rates of 30-day emergency department revisits following a mental health and addictions-related emergency department visit have been gradually increasing over time and are significantly higher in males compared to females.
- Those aged 10-17 years had the lowest rates of 30-day emergency department revisits compared to the other age groups.
- Rates of 30-day emergency department revisits notably increased among individuals diagnosed with personality disorder in April 2020, with rates remaining elevated thereafter.
- Rates for 30-day emergency department revisits among individuals diagnosed with schizophrenia spectrum and other psychotic disorder are higher compared to the other mental health and addictions-related disorders.

- Individuals living in the lowest quintile of neighbourhood income have higher rates of 30-day emergency department revisits compared to the other neighbourhood income quintiles.
- 30-day emergency department revisits rates are higher in the North West health region and have been increasing over time.

10. Median length of stay for mental health and addictions-related hospitalizations (Data up to March 2026)

- Overall, the median length of stay for mental health and addictions-related hospitalizations has been consistent since July 2020 (6 days) and is similar for males and females.
- The longest median length of stay is observed in those aged 65-105 years compared to the other age groups.
- The longest median length of stay is observed in those diagnosed with schizophrenia spectrum and other psychotic disorders compared to the other mental health and addictions-related conditions.
- The median length of stay is shortest in the North West region, followed by the North East region, when compared to the rest of the province.

11. Individuals seen by a psychiatrist, primary care provider, or paediatrician for mental health and addictions care (Data up to March 2026)

- Individuals seen by doctors for mental health and addictions care most commonly visit family physicians/general practitioners, followed by psychiatrists, and then paediatricians.
- A higher proportion of females are seen by any specialty for mental health and addictions care compared to males; however, a higher proportion of males are seen by a paediatrician.
- A higher proportion of individuals living in the lowest quintile of neighbourhood income are seen by any specialty for mental health and addictions care compared to the other neighbourhood income quintiles.
- Overall, the proportion of individuals seen by a psychiatrist, primary care provider, or paediatrician in the Central and North West regions of Ontario are lower compared to the rest of the province.
    - The lower rates observed in Central are driven by visits to family physicians/general practitioners.
    - The lower rates observed in North West are driven by visits to psychiatrists; however visits to family physicians/general practitioners have been decreasing since April 2024.