The Mental Health of Children and Youth in Ontario

2017 Scorecard

INFOGRAPHIC SUMMARY

June 2017
1. Outpatient mental health and addictions care for children and youth
   Rising demand for care in the community

   **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% from 2006.

     - 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

2. 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

   **Acute Care Snapshots 2014**

   - **More emergency department visits**
     Children and youth had more than 70,000 ED visits for mental health and addictions care, a 53% increase from 2006.

     - Highest rate seen in youth aged 18–21 (38.4 visits / 1,000 youth)

   - **More hospitalizations**
     Children and youth had almost 20,000 hospitalizations (5.0 hospitalizations / 1,000 children and youth), a 56% increase from 2006.

     - Highest rate seen in youth aged 14–17 (11.4 hospitalizations / 1,000 youth)

   - **More anxiety**
     2X rise in ED visits for anxiety.

     - 2006: 3.3 visits / 1,000 children and youth
     - 2014: 6.1 visits / 1,000 children and youth

     Leading reasons for ED use:
     - Anxiety
     - Substance use
     - Mood
Neonatal abstinence syndrome: a growing concern
Poverty and geography drive inequities in risk of infants born with exposure to opiate drugs

**Ontario prevalence grew 6-fold in 12 years:**
- 2002: 1.0 per 1,000 births
- 2014: 6.2 per 1,000 births

**Wide geographic variation:**
- North West LHIN: 48.1 per 1,000 births
- North East LHIN: 15.0 per 1,000 births
- Central West LHIN: 1.0 per 1,000 births

**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

4 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*

**Increased 18%**
- 2014: 8.1% children and youth discharged from ED after mental health and addictions care revisited the ED within 30 days
- 2006: Rate was 6.9%

**Increased 33%**
- 2014: 8.9% children and youth discharged from hospital after mental health and addictions care were readmitted within 30 days
- 2006: Rate was 6.7%

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

- Revisit ED within 30 days of ED visit
  - Low income: 10.0%
  - High income: 9.0%

- Readmit to hospital within 30 days of discharge
  - Low income: 9.7%
  - High income: 8.8%

- See a family doctor within 7 days of discharge
  - Low income: 12.3%
  - High income: 13.4%

- See a psychologist within 7 days of discharge
  - Low income: 1.8%
  - High income: 3.5%

- More likely: Children and youth from poor neighbourhoods
- Equally likely
- More likely: Children and youth from wealthy neighbourhoods

6 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

- ED as first contact for mental health and addictions care
  - Refugees: 51.7%
  - Immigrants: 48.9%
  - Non-immigrants: 42.1%

- Readmit to hospital within 30 days of discharge
  - Refugees: 12.0%
  - Immigrants: 11.5%
  - Non-immigrants: 8.7%

- See a physician (any specialty) within 7 days of discharge
  - Refugees: 35.2%
  - Immigrants: 36.8%
  - Non-immigrants: 32.4%

- Revisit ED within 30 days of ED visit
  - Refugees: 8.7%
  - Immigrants: 8.8%
  - Non-immigrants: 9.2%

- More likely: Children and youth from immigrant families
- Equally likely
7  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

ED AS FIRST POINT OF CONTACT FOR MENTAL HEALTH AND ADDICTIONS CARE
Hamilton Niagara Haldimand Brant LHIN: 40.7% Central West LHIN: 53.9%

SEE A PHYSICIAN (ANY SPECIALTY) WITHIN 7 DAYS OF DISCHARGE
North West LHIN: 19.6% Toronto Central LHIN: 48.9%

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% Erie St. Clair LHIN: 9.4%

(Depicted rates are the highest and lowest for each indicator across all LHINs)

8  Suicide and deliberate self-harm in Ontario children and youth
Some improvement in outcome but remains a major concern

PROVINCE-WIDE TRENDS

SUICIDE
No significant change
2003: 5.4 deaths / 100,000 children and youth
2012: 6.2 deaths / 100,000 children and youth

DELIBERATE SELF-HARM
Increased
2011: 23.0 visits to ED / 10,000 children and youth
2014: 32.6 visits to ED / 10,000 children and youth

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
INFOGRAPHIC SUMMARY

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