

# **First Emergency Department Mental Health Contact: a measure of ambulatory access to care**

Paul Kurdyak MD PhD

Director, Health Outcomes and Performance  
Evaluation Program, SER

Lead, Mental Health and Addictions Program, ICES

# Conflicts of Interest/Funding

- Conflicts of Interest
  - None
- Funding
  - CIHR
  - MOHLTC – Program Award
  - Medical Psychiatry Alliance

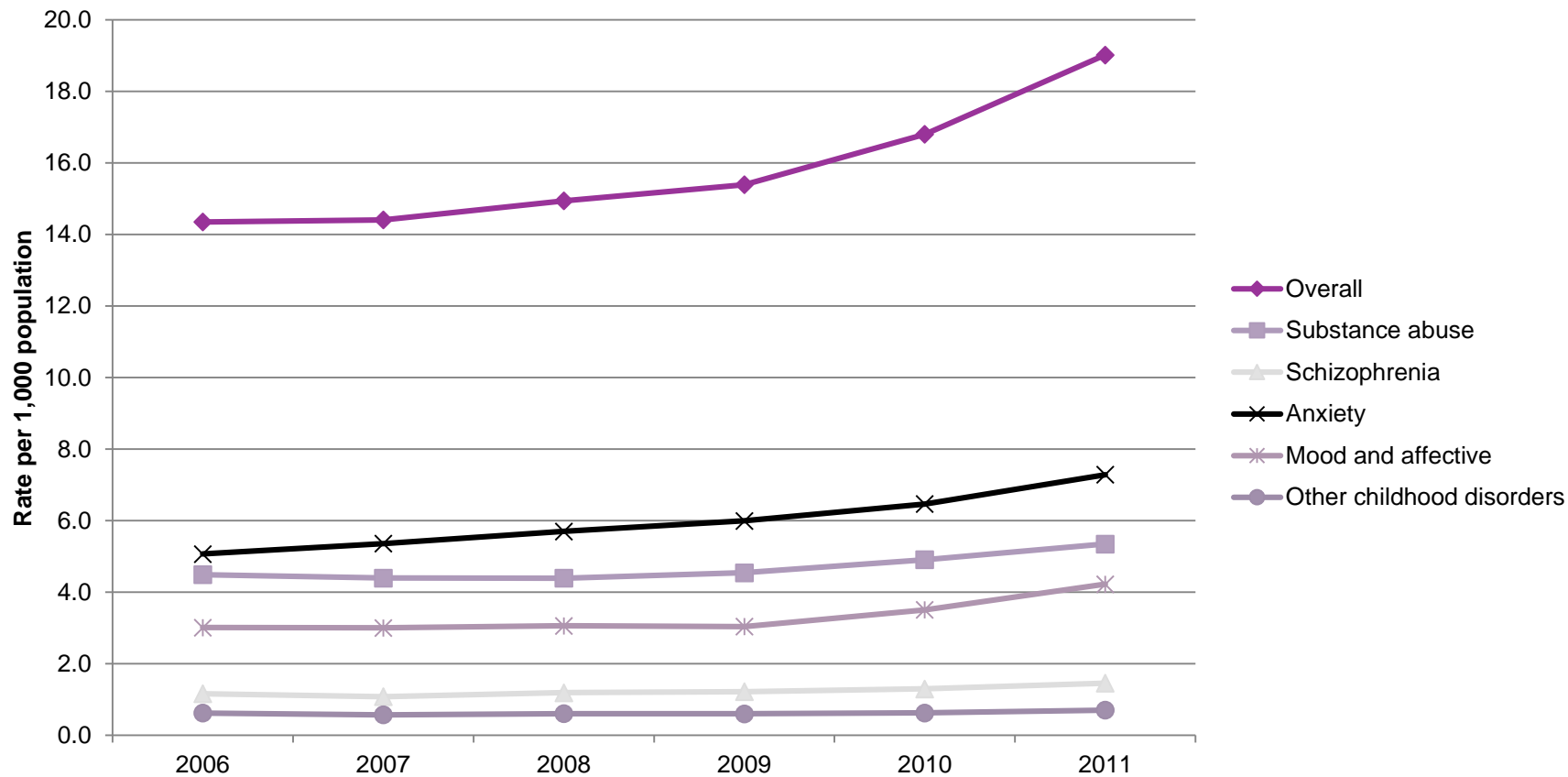
# Access to Care

- Access to mental health services is poor
  - CCHS data – 17% reported a need for mental health care (12% counselling; 10% medication; 7% information; 1% “Other”)
  - CCHS – 21% reported needs as partially met; 12% unmet
  - Primary care physicians rate psychiatrists as the most challenging specialist to access on behalf of their patients

# How can we measure access?

- Emergency Department has become a frequent site for people accessing services

# Child and Youth Mental Health – ED Visit Rates



# Objectives

- 1. To compare the characteristics of individuals who had no prior ambulatory mental health care to individuals with prior ambulatory mental health care at first ED presentation.**
- 2. To determine predictors of using the ED as a first point of contact for mental health and addictions issues.**

# Methods

- All patients  $\geq 16$  years of age with new ED mental health/addiction presentation (no ED MHA visits in preceding 2 years)
- Among new ED MHA patients, how many had no prior primary care physician (MHA-specific) or psychiatrist visit (first ED MHA contact patient)
- Predisposing Factors (age, sex, immigrant status, comorbidities)
- Enabling Factors (neighbourhood income, rurality, continuity of care, usual primary care provider)
- Need Factors (MHA diagnosis, severity of incident ED visit)

# Study Flow Chart

MHA-related incident ED visits (no MHA ED visits or hospitalizations in prior 2 years) – N = 181,265

Discharged Home  
(N = 145,883; 80.5%)

Hospitalized  
(N = 35,382; 19.5%)

Discharged and First Contact  
(N = 70,277; 48.2%)

Hospitalized and First Contact  
(N = 13,018; 36.8%)

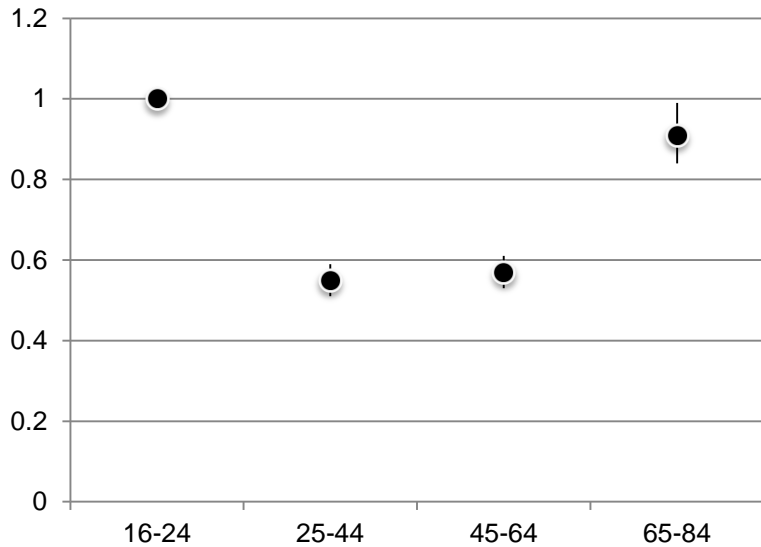


# Results

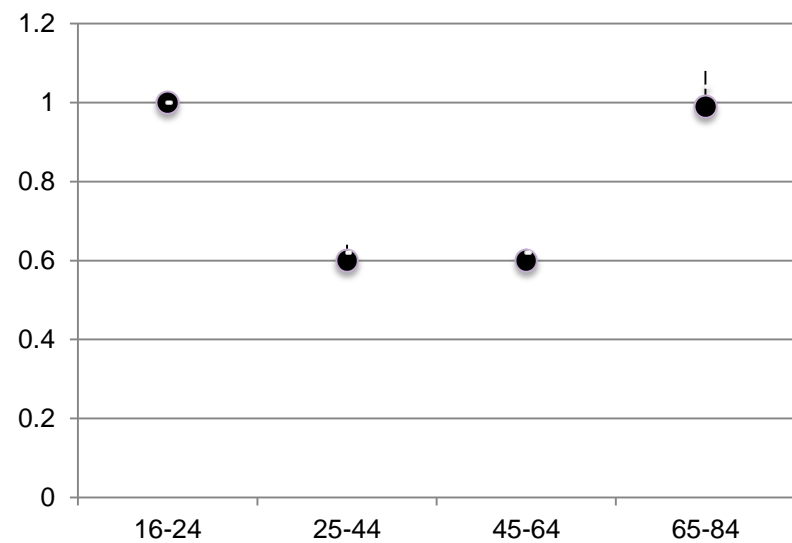


# Age

## Hospitalized



## Discharged



# Results (cont.)

	Hospitalized	Discharged
Male	1.28 (1.22 - 1.34)	1.20 (1.17 - 1.23)
<b>Immigrant status</b>		
Non-refugee immigrant	1.42 (1.30 - 1.55)	1.53 (1.47 - 1.59)
Refugee immigrant	1.36 (1.17 - 1.58)	1.48 (1.38 - 1.59)
<b>Number of comorbid conditions</b>		
1 to 5	0.72 (0.64 - 0.81)	0.73 (0.68 - 0.78)
6 to 9	0.50 (0.44 - 0.57)	0.46 (0.43 - 0.50)
10+	0.43 (0.38 - 0.50)	0.30 (0.28 - 0.33)
<b>Rurality</b>		
Rural	1.38 (1.28 - 1.48)	1.52 (1.47 - 1.57)
<b>Usual provider of primary care</b>		
No UPC	6.64 (5.87 - 7.51)	9.15 (8.43 - 9.94)

# Conclusion

1. A high proportion of patients have not seen outpatient providers prior to first MHA ED visit
2. Known predictors of access also predict first ED MHA contact
3. First MHA ED contact is a useful and novel performance measure of access to mental health care

- THANK YOU!