Hospitalizations Expected to Double in 2019 for Children and Youth with Mental Health and Substance Use Issues

Hospitals provide an important role in our healthcare system. But for children and youth with mental health and addiction issues, hospitals are the place for stabilization, not the place for treatment. That’s why Ontario’s trend of increasing hospital utilization among children and youth struggling with mental health and substance use issues in 2017-2018 is alarming. If the trend continues, CMHO estimates the rates of hospitalizations of children and youth since 2006 could double in 2019. Based on data released in May 2019 from the Canadian Institute for Health Information (CIHI), since 2006 to 2017-18, the number of young people making emergency department (ED) visits for these concerns has increased 83%; the number who were hospitalized increased by 90%. Meanwhile, during this same period, the rate of hospitalizations for other conditions in the child and youth population, per 100,000 has fallen by -24% across Canada.

“Revolving Door” of ED Visits and Hospital Stays for Kids with Mental Health and Addictions

Children and youth with mental health and substance use issues return to hospitals for the same issue & have longer stays than those for other conditions.

- **38%** have 3 or more ED visits a year
- **9%** are hospitalized 3 or more times a year
- **6 days** the median stay for mental disorders

More than twice other conditions

More than twice other conditions

Three times more than other conditions

CMHO Identifies Significant Potential for Savings

With investments to ensure children, youth and families can get the right care at the right time and place, Ontario could generate savings through:

- **82,000** avoidable emergency department visits in 2019/2020
- **15,500** avoidable hospitalizations in 2019/2020
- **$1.334 Billion** avoidable acute care costs over the next 5 years
Lack Of Mental Health Treatment In The Community Driving Hospital Visits Up

Children’s Mental Health and other health experts believe and report that as stigma around mental health issues has declined, more children and young people are feeling comfortable reaching out for help. Only instead of finding care, they find wait lists. Wait times in Ontario for child and youth mental health care can be as long as 18 months. In some communities, services aren’t available at all. With demand rising and funding falling by 20% over the last decade, community treatment services are contracting when they should be expanding. With nowhere else to turn, hospitals become the only place to seek help.

We know there is no way in a single year to decrease hospital utilization in the way that would be required. But these three figures illustrate the ongoing consequences of continued inaction.

Reducing Hospital Inpatient Stays: How Ottawa is Tackling the Issue

In 2013, mental health and substance abuse care providers in Ottawa became increasingly concerned about a group of young people who were cycling through hospitals with significant mental health issues. Four partners came together: Youth Services Bureau, Children’s Hospital of Eastern Ontario, the Royal Mental Health Centre, and Ottawa Public Health. Together they built a new community program to provide these young people the mental health treatment and supports they needed. The evidence and outcomes of this program are strong: young people have reduced symptoms of depression and anxiety, reduced suicidal thinking and overall report more positive mental health — and hospital inpatient stays while youth are in program are reduced by 76%. This is one example of how with the right treatment, at the right time and place, we can help our children and young people onto a better life trajectory, and at the same time reduce the pressures on our hospitals.

To Prevent the Doubling of Hospitalizations — A Community-Based Approach

The solutions aren’t complicated. We need to hire more front-line clinicians to deliver evidence-based mental health treatment to infants, children, youth and their families in the community. This not only provides mental health care that is close to home and family-centred, it’s more cost-effective. At the same time, we need to improve navigation and coordination of services – so that the experience for kids and families is seamless. Key to this is defining clearly what services and supports families can expect through primary care, community child and youth mental health centres and hospitals, and implementing common branding and leveraging technology to help families easily find what they need.

1 First, we calculated what could have been the case if CYMH utilization in hospitals saw the same 23% decrease as other conditions since 2006; second, we calculated our actual projections for 2019-2020.
2 In real terms
3 Since 2006