

## 25 percent of Ontarians hospitalized for depression required ER visit or readmission within 30 days

August 3 2011

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August 3, 2011 – (Toronto) – Twenty-five percent of people who were hospitalized for depression were readmitted or visited an emergency room again for depression within 30 days of discharge, according to a new study by the Centre for Addiction and Mental Health (CAMH). The results are published in this month's edition of the *Canadian Journal of Psychiatry*.

A team led by Dr. Elizabeth Lin, Scientist in CAMH's Social and Epidemiological Research Department, tracked hospitalizations for depression across Ontario and found that one-third of patients did not receive follow-up care. "The data tell us that while 63% of people who were hospitalized did see a physician within a month of leaving hospital, many did not, resulting in increased visits to the ER or repeat hospital stays," said Dr. Lin. "We also found that men, older people and those who live in rural communities were more likely to fall into this group."

The period immediately following discharge from an acute incident of depression is the most critical time for monitoring risk of relapse and suicidal behaviours. The data shows that more than 13,000 people were discharged from a hospital stay for [depression](#) and of these nearly 5,000 people did not receive appropriate follow-up care.

The study looked at the follow-up care received by those in Ontario who had been hospitalized for acute myocardial infarction, or heart failure,

and found that 99% of patients had a follow-up visit to a physician within 30 days of leaving the hospital. "The differences in these rates tell us that there is room for better integration of care and transition planning for people with mental illness," notes Dr. Lin.

She adds that it is not always a matter of needing more services. "It is the way that health care providers work together that needs improvement. Hospitals, general practitioners, family health teams and other community partners need to be better coordinated, so that patients receive appropriate care before another hospital stay — or use of emergency services becomes necessary."

In underserved areas, coordination of available resources is especially crucial. A better integrated system of care for those with mental illness could save the healthcare system upwards of \$8M and 14,000 [hospital](#) days, the estimated costs of these ED visits and readmissions. The Ontario Government's recently released mental health strategy is a good start to better integration and coordination of our system of care.

This research is part of a larger study titled POWER (the Project for an Ontario Women's Health Evidence-Based Report), and is funded by Echo: Improving Women's Health in Ontario, an agency of the Ontario Ministry of Health and Long-Term Care. It is the first study in the province to provide a comprehensive overview of women's health in relation to gender, income, education, ethnicity and geography.

Provided by Centre for Addiction and Mental Health

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