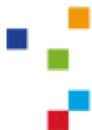
1.1 Emergency Rooms visits for social, mental or psychic reason (% of admission in emergency rooms in general hospitals) (MH-5)

1.1.1 Documentation sheet

Description	Proportion of visits to the Emergency Rooms in general hospitals for social, mental or psychic reason
Calculation	Numerator: number of emergency room presentations with a mental health and/or social problem and/or suicide attempt Denominator: total emergency room presentations
Rationale	Although unforeseen and unavoidable emergencies do arise in mental health, mental health related emergency room use is used as an indicator of poor coordination of care and service failures.[1] The community treatment system to support services for people with mental health related problems is regarded as ineffective when utilisation rates of emergency departments of general hospitals are high.[2] Highly accessible outpatient care is considered to help people to enter treatment before reaching the crisis stage and minimise the need for emergency room visits.[1] In addition, it is assumed that effective liaison between emergency rooms and mental health crisis resources reduce the use of emergency rooms for mental health services/clients. High rates of mental health related emergency room visits are not only a concern for members of the mental health community. It is also a concern that overcrowding emergency department results in decreased quality of care and increased likelihood of medical error.[2] In the United States, it has been illustrated that mental health related emergency room visits are on the rise for more than one decade.[3] This stresses the importance of the availability of expertise in the field of mental health in emergency rooms to manage these crises. Depending on the number of visits for mental health problems, availability of a mental health specialist in every emergency room may not be practical. Still, there should be a minimum protocol by which mental health expertise is accessible for immediate care for every citizen.[4]
Data source	RHM – MZG (hospital administrative discharge data)
Technical definitions	**Denominator = number of visit in emergency room.** **Definition of visit in emergency room using the RHM – MZG**: The admissions in emergency department can be identified in the RHM with the following codes: 1. Variable CODE_UNIT beginning with “URG” in dataset STAYUNIT (A5) 2. ORDER_UNIT = 1 in dataset STAYUNIT (A5) Excluding the long stays with A2_HOSPTYPE_FAC = N, M or L in STAYHOSP **Distinction between type of admission:** 1. Ambulatory emergency (A2_HOSPTYPE_FAC = U in dataset STAYHOSP (A2)) 2. ONE day (A2_HOSPTYPE_FAC = C & D in dataset STAYHOSP (A2)) 3. Classic hospitalization (A2_HOSPTYPE_FAC = H & F in dataset STAYHOSP (A2)) **Numerator = Number of visit in emergency room (see definition of denominator) with mental health/substance related problem records** **Definition of mental health/substance-related problem records in emergency room using the RHM**: we can identify the reason of admission for suicide attempt or mental/psychological reasons. These codes are, however, not specific enough as they also include non-mental health related problems (e.g. social problems). The following selection was used to detect these cases:



	M6_TYPE_INFO_URG = R and M6_CODE_INFO_URG = F or S in the dataset URGADMIN (M6)
International comparability	This indicator is not standardised for international comparison. The Health Care Utilization Project (HCUP) of HARQ gives the most detailed description of this indicator and makes use of a similar data source and coding structure as the MKG – RCM.[2] Similar data are reported by the US Centres for Disease Control and Prevention (in National Center for Health Statistics reports) and NHS Scotland.[5, 6]
Limitations	This indicator should be considered as a proxy indicator since it is based on the symptoms/complaints with which the patients arrives to the emergency room. The flagged symptoms/complaints include besides suicide attempts, mental and psychic reasons also social reasons. A more detailed analysis with linkages with the verified admission diagnosis (or secondary diagnoses) via the Belgian hospital discharge dataset (RHM – MZG) is beyond the scope of this study. Data for the year 2015 is missing.
Dimensions	
Related indicators	
Reviewers	Nathalie Terryn (FPS Public Health)

Results

Belgium

From the 3 450 004 emergency admissions in 2021 in Belgium, there are 5604 admissions for suicide attempts (0.16%) and 56 659 admissions for social, mental or psychiatric reasons (1.64%). These percentages are relatively stable over time (2010-2021).

Regional comparison

For the proportion of patients with social, mental or psychic complaints, Flanders (1.88%) has the highest rate in 2021, followed by Brussels (1.72%) and Wallonia (1.30%; see Figure 1). The proportion of suicide attempts is higher in Wallonia (0.26%) compared to Brussels (0.06%) and Flanders (0.13%) in 2021 (see Figure 2). There were also variations within regions in the percentage of visits in emergency rooms for social, mental or psychic reasons, or suicide attempts (see Figure 4).

Impact of the COVID-19 pandemic

The percentage of visits in emergency rooms for social, mental or psychic reasons increased between 2019 and 2021 in Flanders and Wallonia, and increased between 2019 and 2020 in Brussels to then decrease in 2021. The COVID-19 pandemic did not seem to have impacted the percentage of visits in emergency rooms for suicide attempts in Belgium. International findings for a related indicator: presentations and admissions in psychiatric emergency departments during the first wave of the COVID-19 pandemic, are heterogenous.[7]

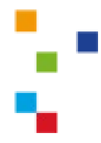


Figure 1 – Percentage of visits in emergency rooms (ER) for social, mental or psychic reasons (2010-2021)

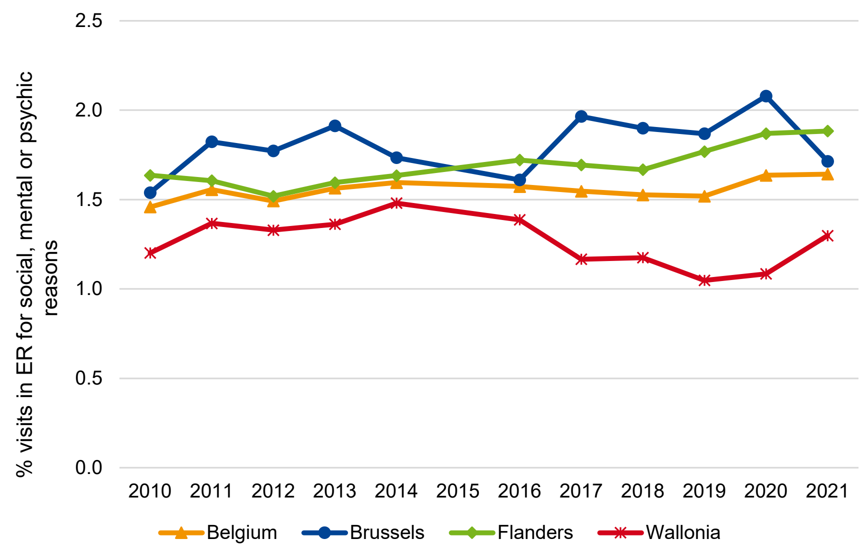
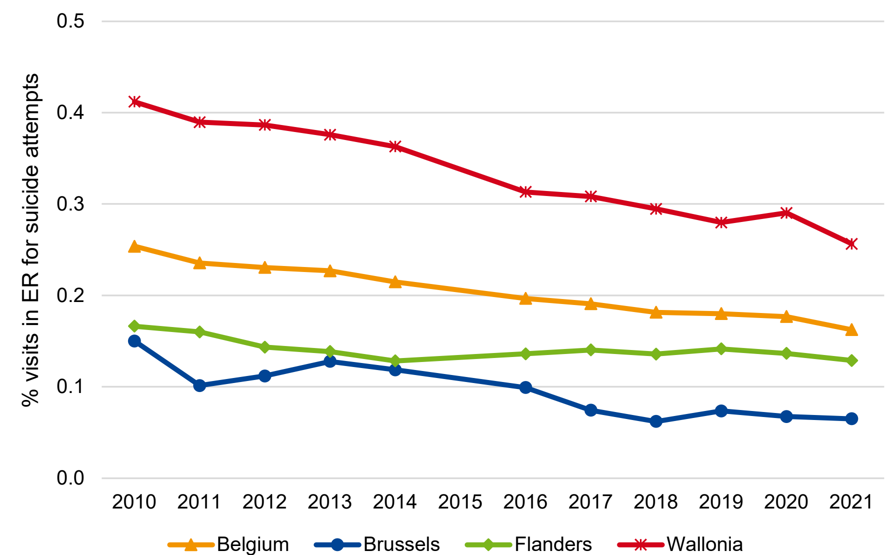


Figure 2 – Percentage of visits in emergency rooms (ER) for suicide attempts (2010-2021)



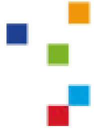


Figure 3 – Percentage of visits in emergency rooms (ER) for social, mental or psychic reasons, or suicide attempts (2010-2021)

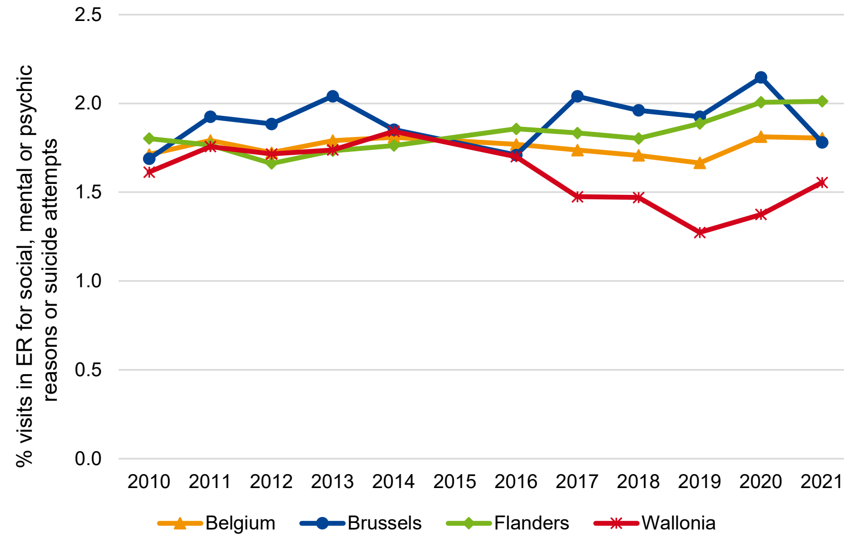
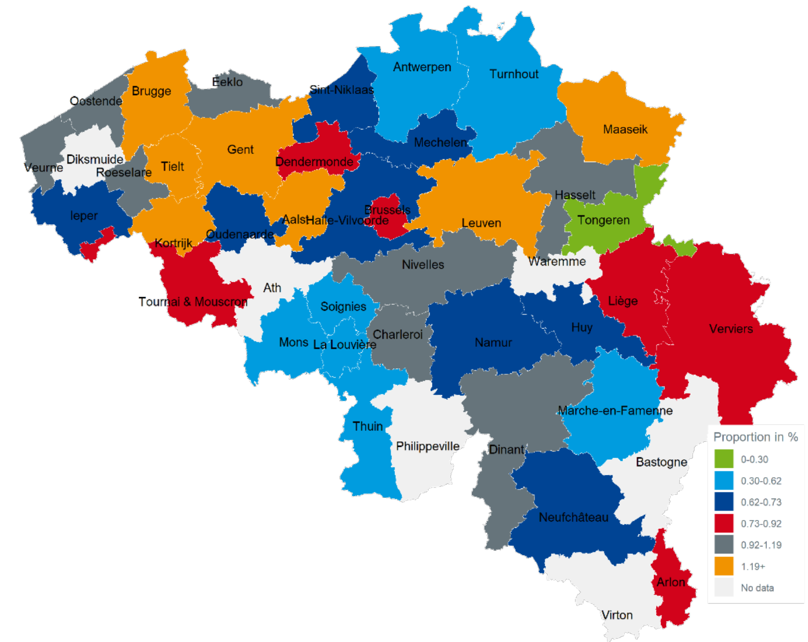


Figure 4 – Proportion (%) of visits in emergency rooms for social, mental or psychic reasons, or suicide attempts by district (2021)



No data for the following districts: Ath, Bastogne, Diksmuide, Philippeville, Virton and Waremme.

Key points

- **The percentage of visits to the Emergency Rooms in general hospitals for mental health related problems – including suicide attempts – is relatively stable over time (1.71% in 2010, 1.80% in 2021).**
- **The percentage of admissions for social, mental or psychic problems is higher in Flanders (1.88%) than in Brussels (1.72%) or Wallonia (1.30%) in 2021.**
- **In 2021, there are more admissions in Wallonia for suicide attempts (0.25%) than in Flanders (0.13%) and Brussels (0.06%).**

References

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