Youth Emergency Room Visits in Hamilton

Emergency room visits can serve as a marker for high-risk behaviour that, in turn, is associated with youth psychiatric disorder and/or parental depression.

In articles by Byrne, Browne et al (2004; 2006), the authors indicate that a child’s use of health and social services is related to the child’s risk behaviour and, in turn associated with youth psychiatric disorders and to a parent’s level of depressive symptoms. Behavioural problems, along with health and social services use, were reduced when a parent received and benefitted from treatment.


High Risk Markers

Emergency room use by children and youth are markers for risk behaviour and emotional disorders as a percentage of youth of certain ages in different Hamilton postal code areas.

From LHIN4 data on emergency room use, 87% of LHIN4 ER use by 10 to 24 year olds are at one of Hamilton’s five emergency or urgent care sites.

Among 20 to 24 year olds, 55% to 78% of all ER visits by this age group are by residents of North Hamilton followed by East Hamilton (46% to 54%). 62% of these visits are repeats.

Among 15 to 19 year olds, 51% to 71% are by residents of North and West Hamilton. 54% of these are repeats.

Among 10 to 14 year olds, 32% to 43% of ER visits by this age group are by residents of North and South East Hamilton. 36% are repeats.
Emergency Room Data

The emergency room data are total visits by age group for the geographic area defined as the Forward Sortation Area (FSA) indicated by the first 3 digits of the postal code. The percentage of age groups for any geographic area varies across the City of Hamilton. (Source: Intelli Health Ontario)

These maps and other information are intended to provide points of discussion for an Invitational Meeting about a Hamilton Child and Youth Strategy in January 2011.

“Great things are not done by impulse, but by a series of small things brought together”

(Vincent Van Gough, 1853-1890)
Establishing the Children’s Treatment Network

Network Partners

In Simcoe County and York Region, families of 4,500 children with multiple special and complex needs struggled to navigate fragmented healthcare, education and community service systems to obtain the range of rehabilitation services and supports needed for their children to develop and participate fully in daily living, school and play. Dedicated children’s service professionals serving children with special needs did everything they could to coordinate efforts for overwhelmed families.

Significant service gaps and siloed services were major barriers to providing the level of integrated care needed for families in Simcoe County and York Regions.

Families and Providers Create a Dream

In order to meet these challenges, parents and service providers in Simcoe and York came together to build a dream – a dream for a Network System that could provide comprehensive and coordinated care for children and teens with multiple special needs.

Creating New Ways of Working Together

They saw the opportunity to build on the strengths of existing healthcare, education, recreation and community services and create a new way of working together – with the child and family’s needs at the centre of everyone’s efforts.

Strongly Committed to their Partnership

“We are strongly committed to our partnership in Children’s Treatment Network because we recognize that only through collaboration can we have seamless, consistent supports that meet the needs of every student. Only by working together can we turn barriers to learning into a ramp for success” (Bill Hogarth, former Director of Education for York Region District School Board).

“Make your dreams a size too big, so you can grow into them”
**Evaluation of Children’s Treatment Network**

G Browne, L Thabane, P Rosenbaum, J Hoch

**Introduction:** In the pediatric literature, quality of life studies have been largely confined to single disease states. Usually absent is an understanding of the quality of life of children with heterogeneous diagnoses often participating in treatment programs with unpredictable prognoses including deterioration in physical and cognitive function.

**Purpose:** To determine the quality of life, associations, and costs of a multi-diagnosis group of special needs children.

**Methods:** In this cross-sectional survey families were identified from the Children’s Treatment Network, a Canadian multi-sector program for children with special needs. Families were eligible if the child was aged 2-19 years, resided in Simcoe-York, and if there were multiple child/family needs. Quality of life was measured using the PedsQL (N=429).

**Results:** Quality of life scores were lower in this group compared to published healthy and single disorder groups of children. Quality of life scores decreased with advancing age. Child psychosocial well-being was more strongly associated with child/family variables and not to physical functioning. Health utilization costs were higher in children with greater physical challenges.

Integrated Child and Family Team care improved the child’s physical functioning two years later when parents exhibited hostile in-effective parenting at intake; if the child exhibited emotional problems at intake; and if children had any level of physical disability with parents exhibiting symptoms of psychiatric distress.

**Conclusions:** Further research is needed in other complex-needs child samples to confirm the decrease in quality of life into adolescence found in these children. Investigations into the interactions of child and family variables are needed.


---

**Child and Family Characteristics**

- Children in the study had **very low** physical and **low** psychosocial quality of life.
- School-age children, specifically grade 6 and up, had lower quality of life compared to preschool children, and their parents reported lower levels of comprehensive coordinated care than the families of preschoolers.
- Families were somewhat ‘better off’ than average, although 42% exhibited mild to severe symptoms of depression and anxiety.

---

“Act as if what you do makes a difference, it does”
November 11, 2010
“Remembrance Day”
Bringing generations together

Community Organizations 
Reaching Everyone (C.O.R.E.)

With 8 high-school students enrolled, the members of this pilot program invited the staff of the HSSURU to visit their Centre in Hamilton’s East End to see their facility and sit in on some of the skills the youth are developing as part of the C.O.R.E. opportunities in the Arts.

This introduction to the C.O.R.E. process was followed by a Remembrance Day Ceremony presented by the C.O.R.E. Team that included a live video feed of the ceremonies in Ottawa and heartfelt speeches written and presented by the students.

To foster the C.O.R.E. philosophy, the C.O.R.E. Team invited staff of community organizations and other community members occupying space at the St. Helen Community Centre to also participate in the Remembrance Day Ceremonies, which included members of a local senior’s group and pre school-age children. Two minutes of silence was observed by all.

Learning from each other, new and creative ways to work in teams

“It’s the best of times to study what seems like the worst of times”
“It takes the children to raise the village.”

“Pooled resources make everyone richer” (Ferguson)

Contact for information about our Unit:
Dr. Gina Browne, Director
Health & Social Service Utilization Research Unit
McMaster University
McMaster Innovation Park
175 Longwood Road South, Suite 210A
Hamilton, ON L8P 0A1
Tel: 905.525.9140 Ext 22293
Fax: 905.528.5099
www.fhs.mcmaster.ca/slr

Model by the C.O.R.E. Co-op Team