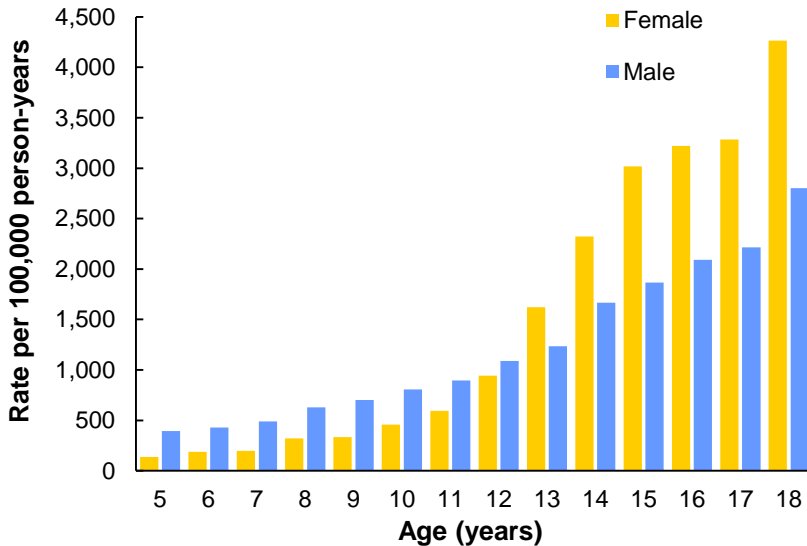


NORTH CAROLINA EMERGENCY DEPARTMENT VISITS WITH A DIAGNOSIS CODE FOR A MENTAL HEALTH DISORDER (MHD) AMONG SCHOOL-AGE CHILDREN, 5-18 YEARS OF AGE, 2012

The North Carolina Disease Event Tracking and Epidemiologic Collection tool (NC DETECT) provides public health officials and hospital users with the capacity for statewide early event detection and timely public health surveillance. Through NC DETECT, users can access near real-time data from North Carolina acute care emergency departments (EDs), the Carolinas Poison Center (CPC), and the Pre-Hospital Medical Information System (PreMIS). NC DETECT is funded by the NC Division of Public Health (NC DPH). This document summarizes 2012 ED visits with an ICD-9-CM diagnosis code for a mental health disorder (MHD) among school-age children 5-18 years of age in any one of eleven positions. This definition captures ED visits in which the MHD was the primary reason for the visit and visits in which the MHD was an underlying condition. This definition does not include diagnosis codes for substance or alcohol abuse.*†

Rates of NC ED visits with a diagnosis of a MHD among school-age children, 2012



Missing: <10 ED visits missing sex and/or age

NC ED visits with a diagnosis of a MHD by expected source of payment and other descriptors among school-age children 2012

- Over one-half of school-age children treated in the ED for a MHD had an expected source of payment of Medicaid.
- The majority of school-age children arrived at the ED via walk-in following public/private/unspecified transportation (81.6%). Another 15.9% arrived via air/ground ambulance and 2.4% arrived via some other means of transportation.

*For questions about the methods used to generate this fact sheet, please email ncdetect@listserv.med.unc.edu.

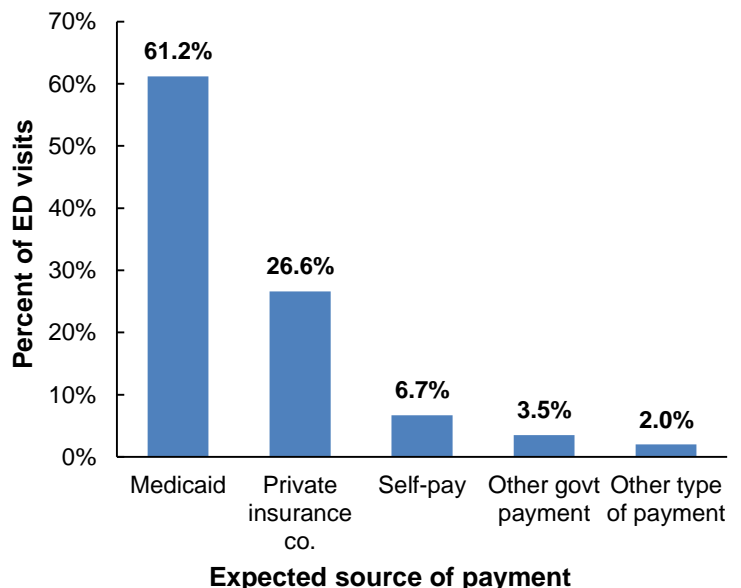
†The definitions used to identify and classify MHDs are described in the following CDC *MMWR* article "Emergency department visits by patients with mental health disorders – NC, 2008-2010" reported by AM Hakenewerth, et al. This article is available at www.cdc.gov/mmwr/preview/mmwrhtml/mm6223a4.htm.

- Among school-age children 5-18 years of age, there was a total of 579,198 NC DETECT ED visits in 2012; 4.2% of these visits (24,469 ED visits) had a diagnosis code for a mental health disorder (MHD).

- In 2012, the rate of ED visits with a diagnosis of a MHD was 1,361 ED visits per 100,000 person-years.

- The 2012 rate was higher than the 2011 and 2010 rates (1,246 and 1,157 visits per 100,000 person-years, respectively).

- There were more ED visits with a diagnosis of a MHD among girls (13,103 visits) than among boys (11,365 visits).



Missing: 3,169 ED visits missing expected source of payment
Abbreviations: co., company; govt, government

NC ED visits with a diagnosis for a MHD among school-age children, categorized by type of MHD, 2012

Type of MHD	Number of visits	Percent of total MHD visits [§]	Percent of visits admitted to hospital
Stress/anxiety/depression	14,147	57.8%	11.0%
Bipolar disorder	6,092	24.9%	18.1%
Suicidal/homicidal ideation	4,725	19.3%	41.8%
Developmental disorders originating in childhood	2,680	11.0%	8.1%
Schizophrenia/psychosis	1,360	5.6%	16.3%
Psychiatric examination	1,014	4.1%	4.4%
Personality disorder	712	2.9%	28.4%
Mental disorders stemming from brain damage	637	2.6%	3.7%
Eating disorders	155	0.6%	28.5%
Dementia	22	0.1%	23.8%
Miscellaneous/other disorder [‡]	938	3.8%	12.6%
Total	472,426	--	--

Missing: 1,366 ED visits missing disposition

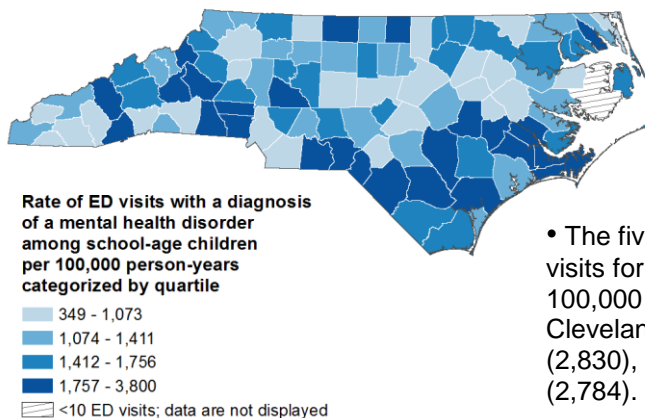
[§]Percentages sum to more than 100% because ED visits may have more than one MHD diagnosis code; 26.2% of visits contained more than one MHD category.

[‡]Includes sexual and gender-identity disorders, personal history of other or unspecified mental disorder, personal history of psychiatric trauma, and special symptoms or syndromes not elsewhere classified.

- In 2012, 11.7% of ED visits with a diagnosis of a MHD resulted in hospital admission compared to 3.3% of all NC DETECT ED visits among school-age children.

- When MHD ED visits were categorized based on their *ICD-9-CM* diagnosis codes, the most common MHD category was stress/anxiety/depressive disorders (57.8%). The highest admission proportion was for ED visits by patients with suicidal/homicidal ideation (41.8%).

Population-based rates of ED visits with a diagnosis of a MHD among school-age children by NC county, 2012



- The five NC counties with the highest rates of ED visits for visits with a diagnosis of a MHD (visits per 100,000 person-years in parentheses) were Cleveland (3,800), Pasquotank (2,972), Carteret (2,830), McDowell (2,813), and Avery counties (2,784).

For more information in regards to MHDs, please visit the website of the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (www.ncdhhs.gov/mhddsas/).



Source: Carolina Center for Health Informatics / <https://cchi.web.unc.edu/> / Department of Emergency Medicine, University of North Carolina at Chapel Hill, 2014.
 NC Division of Public Health / www.publichealth.nc.gov/ / Injury Epidemiology & Surveillance Unit/ 919-707-5425
 NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) / www.ncdetect.org/ / 919-843-2361
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