

Emergency Department Visits Related to Mental Health Conditions	
SHIP website description	This indicator shows the rate of emergency department visits related to mental health disorders* (per 100,000 population). Mental health problems can place a heavy burden on the healthcare system, particularly when persons in crisis utilize emergency departments instead of other sources of care when available. In Maryland, there were 207,650 mental health disorder-related emergency department visits in 2014. *Diagnoses include adjustment disorders, anxiety disorders, attention deficit disorders, disruptive behaviour disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders, suicide and intentional self-inflicted injury and miscellaneous mental disorders.
Source	Maryland Health Services Cost Review Commission (HSCRC), Research Level Statewide Outpatient Data Files
Numerator	Number of emergency department visits related to mental health disorders (Number of emergency department visits for which any diagnosis code was mental health disorders by the Agency for Healthcare Research and Quality (AHRQ), 2007 HCUP Fact Book No. 10. AHRQ Publication No. 07-0008. These diagnoses included adjustment disorders, anxiety disorders, attention deficit disorders, disruptive behaviour disorders, mood disorders, personality disorders, schizophrenia and other psychotic disorders, suicide and intentional self-inflicted injury and miscellaneous mental disorders.)
Denominator	NCHS Vintage Bridged-Race Postcensal Population Estimates (same as MDH Vital Statistics)
Threshold	Administration pop estimates)
Censorship (if below threshold)	Numerator <50 OR Denominator <1000.
Calculation and metric	$(\text{Numerator}/\text{Denominator}) * 100,000$; Single-year calculation age-adjusted to 2000 U.S. standard population
Race/ethnicity categories (on SHIP chart)	All races (aggregated) Black Hispanic White Asian/ Pacific Islander

Other

The methodology used to identify race in the HSCRC data files changed in 2013. Therefore, data reports in 2013 and beyond may not be comparable to data reports released in earlier years.

Data are of Maryland residents seeking care at a Maryland hospital. Data may be underreported, especially in counties contiguous to DC.

Due to data collection issues, race categories for 2015 do not match the previous years of data.

HSCRC data prior to 3Q (3rd quarter, October) 2015 is not coded for ICD 10. It is only coded for ICD 9. HSCRC data after 3Q 2015 is only coded in ICD 10 not ICD 9. Therefore, data before and after this time period (October 2015) is incomparable. OPHI has decided that due to this SHIP will display 2015 as a "cut" in the data. 2015 data will not be displayed. Rather measures for 2014 and 2016 will be treated and displayed separately. If SHIP users require 2015 data for reporting or planning purposes, they will be directed to communicate directly with the SHIP data analyst for technical assistance.

The methodology used to select emergency department visits in the HSCRC data files changed in 2016. Therefore, data reports in 2016 and beyond are not be comparable to data reports released in earlier years.