



# Query Reference — MH2 — Mental Health and Addictions Hospitalizations in Canada, by Health Region

## Interactive tables

### Rates

Regional Interactive Tables for Mental Illness or Addiction in General Hospitals

- Number of Discharges
- Total Days Stayed
- Crude Discharge Rate (per 100,000 Population)
- Age-Standardized Discharge Rate (per 100,000 Population)
- Crude Days Stayed Rate (per 100,000 Population)
- Age-Standardized Days Stayed Rate (per 100,000 Population)
- 30-Day Readmission Rate for Index Episode of a Mood Disorder (per 100 Patients) — No longer reported as of 2015–2016.
- 1-Year Readmission Rate for Index Episode of a Mood Disorder (per 100 Patients) — No longer reported as of 2015–2016

### Volume

Regional Interactive Tables for Mental Illness or Addiction in General Hospitals by Diagnosis Grouping

- Number of Discharges
- Total Days Stayed
- Average Length of Stay
- Median Days Stayed
- Percentage of All Discharges (in General Hospitals)
- Percentage of Total Days Stayed (in General Hospitals)





## Age group

Regional Interactive Tables for Mental Illness or Addiction in General Hospitals by Age Group

- Number of Discharges
- Total Days Stayed
- Percentage of All Discharges (in General Hospitals)
- Percentage of Total Days Stayed (in General Hospitals)

## Data sources

- Population Estimates, Statistics Canada
- Hospital Mental Health Database (HMHDB), Canadian Institute for Health Information (CIHI)
- The HMHDB is a pan-Canadian database containing information on discharges (including deaths) involving mental illness or addiction from Canadian psychiatric and general hospitals. This information comes from the following CIHI data sources:
  - Discharge Abstract Database (DAD)/Hospital Morbidity Database (HMDB);
  - Ontario Mental Health Reporting System (OMHRS); and
  - Hospital Mental Health Survey (HMHS)

## Important notes

- Additional information about the HMHDB is available in the [Hospital Mental Health Database: User Documentation](#).
- For information on included diagnosis codes and the assignment of diagnosis codes to diagnosis groups, please see the *Hospital Mental Health Database Data Dictionary for Fiscal Year 2017–2018*.
- As of 2016–2017, the assignment of diagnosis codes to diagnosis categories was modified. For more information on the changes, see *Hospital Mental Health Database, 2017–2018: User Documentation*.
- As of 2016–2017, the DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*) was implemented by facilities that report to OMHRS. The DSM-5 diagnosis categories were used to assign OMHRS records to HMHDB mental health categories.
- Fiscal years (April 1 to March 31) are used.
- Discharges by year are based on the date of discharge, not the date of admission.
- Newborns, stillbirths and cadaveric donors are excluded from the HMHDB.
- The HMHDB is an event-based rather than a person-based database; individuals may be represented multiple times in the data.



## Quick Stats Metadata

- Total Days Stayed may include days stayed that occurred prior to the fiscal year of discharge.
- Only cases with a primary diagnosis of mental illness or addiction on discharge are included in the analyses.
- Substance-related disorders presented in this report are mental and behavioural disorders. Users are cautioned not to compare the results with those of the indicator Hospital Stays for Harm Caused by Substance Use reported in the [Your Health System](#) web tool. The latter results are based on a broader set of conditions, including poisonings.
- Discharges were assigned to diagnosis groups based on the primary diagnosis or the diagnosis that contributed most to the patient's length of stay during that hospitalization period.
- Prior to 2014–2015, only health regions with populations greater than 75,000 were included in the regional analyses. As of 2014–2015, all health regions are included in the regional analyses.
- Analysis is based on patients' health region of residence rather than health region of hospitalization. The facility region code was used if the residence region code was blank or invalid.
- Percentage of All Discharges = Total discharges in general hospitals for a primary diagnosis of mental illness or addiction ÷ Total discharges in general hospitals for all primary diagnoses × 100. Percentages are available by province and age, sex or diagnosis group.
- Percentage of Total Days Stayed = Total days stayed in general hospitals for a primary diagnosis of mental illness or addiction ÷ Total days stayed in general hospitals for all primary diagnoses × 100. Percentages are available by province and age, sex or diagnosis group.
- 30-Day/1-Year Readmission Rate is based on patients who had more than 1 episode of hospitalization, with the second episode occurring within 30 days/1 year of the discharge date of the index episode, respectively. Patients were included if the discharge date of the index episode was within the previous fiscal year, the most responsible diagnosis was for a **mood disorder** in a general hospital and the admission age of the patient was between 15 and 65. An event was deemed a readmission if the patient was readmitted for any mental disorder or addiction in a general hospital after the index episode within the given period.
- 30-Day/1-Year Readmission Rate per 100 Patients in Health Region of Residence = Total number of patients who were readmitted in a general hospital at least once for any mental disorder or addiction after the index episode within the given period ÷ Total number of patients whose most responsible diagnosis in the index episode was for a **mood disorder** in a general hospital × 100. The health region of residence is based on the index episode.
- As of 2015–2016, a measure of 30-day readmission for mood disorders is available in the following Quick Stats product: Mental Health and Addictions Hospitalizations in Canada, Supplementary Tables.
- For Ontario, for the years 2006–2007 through 2008–2009, the category Underspecified Disorders was used for diagnosis codes that were insufficiently detailed to allow for categorization into existing mental health categories. Beginning in 2009–2010, records in this category (Underspecified Disorders) were categorized to Unknown Disorders.
- “All regions” includes regions with and without a population greater than 75,000.



## Quick Stats Metadata

- As of 2014–2015, Prince Edward Island is displayed as a single health region.
- As of 2010–2011, the health regions in New Brunswick are displayed by zones. The geographic area covered is equivalent to the previous regions.
- For 2010–2011 through 2012–2013, Nova Scotia health region information is displayed for the district health authorities (DHAs) that were in effect in 2011.
- As of 2013–2014, Nova Scotia health region information is displayed by zones, which came into effect in 2015.
- As of 2011–2012, Manitoba health region information is displayed for the regional health authorities (RHAs) that were in effect in 2013.
- As of 2010–2011, Alberta health region data is displayed by zones, which came into effect in 2009.

### Crude and age-standardized rate calculations

- For 2006–2007, 2007–2008, 2008–2009, 2009–2010, 2011–2012, 2012–2013, 2013–2014, 2014–2015, 2015–2016 and 2016–2017, crude rate calculations at the provincial/territorial and regional levels are based on population estimates from Statistics Canada as of July 1, 2006, 2007, 2008, 2009, 2011, 2012, 2013, 2014, 2015, 2016 and 2017, respectively.
- For 2010–2011, crude rate calculations at the provincial/territorial and regional levels are based on population estimates from Statistics Canada as of October 1, 2010.
- Standardized rates are age-adjusted using a direct method of standardization. As of 2014–2015, CIHI updated the Canada reference population from the 1991 Canadian population to the 2011 Canadian population.

### Interpretation of data

The basic unit of observation is the discharge abstract or the record of an inpatient's stay in a psychiatric<sup>i</sup> or general<sup>ii</sup> hospital. The discharge abstract is completed at discharge (including death). Records are grouped into fiscal years based on the inpatient's date of discharge from the hospital. If an individual was hospitalized more than once in the same fiscal year, a separate record for each stay was submitted. Hence the basic units of observation are events, not unique patients. If an inpatient was admitted prior to the beginning of a fiscal year, the days stayed prior to the year of discharge are included in the total days stayed for that event.

Figures are based on the primary diagnosis or the diagnosis that contributed most to the patient's length of stay during that hospitalization period.

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i. In Canada, there is no standard definition of a psychiatric hospital. For the purposes of this report, psychiatric hospitals are medical hospitals that provide psychiatric services on an inpatient and/or outpatient basis and that have been identified by the provinces or CIHI.

ii. For the purposes of this report, a general hospital is a publicly funded hospital that provides primarily for the diagnosis and treatment of inpatients and clients with a wide range of diseases or injuries. The services of a general hospital are not restricted to a specific age group or sex. Within the HMHDB frame, facility types such as non-teaching general hospitals with or without long-term care units, pediatric hospitals, teaching general hospitals and specialty institutions (cancer, cardiology, maternity, extended and chronic care, rehabilitation, neurological, orthopedic, etc.) are included. Contact the [Mental Health and Addictions program area](#) for more information about the facilities included in the HMHDB frame.



### Factors that affect indicator results

Many factors contribute to the observed variations in the analysis of indicators at the provincial/territorial and regional levels. These include, but are not limited to, geography, population health, provincial/territorial and regional health service resources, and environmental and socio-economic characteristics. It is important to consider these factors and the effect they may have on indicator results when conducting comparative analyses.

### Contact details

For more information about the Hospital Mental Health Database, please email the [Mental Health and Addictions program area](#).

For assistance using interactive CIHI data, please send an email to [help@cihi.ca](mailto:help@cihi.ca).

All other inquiries can be directed to

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