



Query Reference — MH2 — HMHDB Regional Hospital Mental Health Services Indicators

Interactive tables

Rates

Regional Interactive Tables for Mental Illness or Addiction in General Hospitals

- Number of Separations
- Total Days Stayed
- Crude Separation Rate (per 100,000)
- Age-Standardized Separation Rate (per 100,000)
- Crude Days Stayed Rate (per 100,000)
- Age-Standardized Days Stayed Rate (per 100,000)
- 30-Day Rehospitalization Rate for Index Episode of a Mood Disorder (per 100 Patients)
- 1-Year Rehospitalization Rate for Index Episode of a Mood Disorder (per 100 Patients)

Volume

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

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





Age group

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

- Number of Separations
- Total Days Stayed
- Percentage of All Separations (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
- The HMHDB is a pan-Canadian database containing information on separations (discharges and 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](#).
- As of 2014–2015, the following diagnosis codes are used for inpatient separations (discharges and deaths) involving mental illness or addiction:
 - DSM-IV-TR: 290–319, 607.84, 608.89, 625.0, 625.8 and 780.09;
 - ICD-9-CM: 290–319 and 648.40–648.44; and
 - ICD-10-CA: F00–F99, G30 and O99.30.

For information on prior years, please email the [Mental Health and Addictions program area](#).

- For information on the assignment of diagnosis codes to diagnosis groups, please see the *Hospital Mental Health Database Data Dictionary for Fiscal Year 2014–2015*.
- Fiscal years (April 1 to March 31) are used.
- Separations by year are based on the date of discharge, not the date of admission.
- Newborns, stillbirths and cadaveric donors are excluded from the HMHDB.



Quick Stats Metadata

- The HMHDB is an event-based rather than a person-based database; individuals may be represented multiple times in the data.
- Total Days Stayed may include days stayed that occurred prior to the fiscal year of separation.
- Only cases with a primary diagnosis of mental illness or addiction on separation are included in the analyses.
- Separations 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 Separations = Total separations in general hospitals for a primary diagnosis of mental illness or addiction ÷ Total separations 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 Rehospitalization 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 rehospitalization if the patient was rehospitalized for any mental disorder or addiction in a general hospital after the index episode within the given period.
- 30-Day/1-Year Rehospitalization Rate per 100 Patients in Health Region of Residence = Total number of patients who were rehospitalized 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.
- 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.
- As of 2014–2015, Prince Edward Island is displayed as a single health region.



Quick Stats Metadata

- 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 by district health authorities (DHAs) 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 by regional health authorities (RHAs) 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 and 2014–2015, 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 and 2014, 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 based on the July 1, 2011, Canadian population. For data years prior to 2014–2015, rates were age-adjusted using a direct method of standardization based on the July 1, 1991, Canadian population.

Interpretation of data

The basic unit of observation is the discharge abstract or the record of an inpatient's stay in a psychiatricⁱ or generalⁱⁱ hospital. The discharge abstract is completed at separation (discharge or death). Records are grouped into fiscal years based on the inpatient's date of separation 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 separation 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.

-
- 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.
 - 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 CIHI 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 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.

All other inquiries can be directed to

Canadian Institute for Health Information

495 Richmond Road, Suite 600

Ottawa, Ontario K2A 4H6

Phone: 613-241-7860

Fax: 613-241-8120

Last updated: October 4, 2016