



Query Reference — MH1 — HMHDB Hospital Mental Health Services in Canada

Interactive tables

Pan-Canada

Pan-Canadian Interactive Tables for Mental Illness or Addiction With Breakdowns by Diagnosis Grouping and Hospital Type (General Versus Psychiatric)

- Number of Separations
- Percentage of All Separations (in General Hospitals)
- Crude Separation Rate (per 100,000)
- Age-Standardized Separation Rate (per 100,000)
- Total Days Stayed
- Percentage of Total Days Stayed (in General Hospitals)
- Average Length of Stay
- Median Length of Stay

Province/territory

Provincial/Territorial Interactive Tables for Mental Illness or Addiction With Breakdowns by Diagnosis Grouping and Hospital Type (General Versus Psychiatric)

- Number of Separations
- Percentage of All Separations (in General Hospitals)
- Crude Separation Rate (per 100,000)
- Age-Standardized Separation Rate (per 100,000)
- Total Days Stayed
- Percentage of Total Days Stayed (in General Hospitals)
- Average Length of Stay
- Median Length of Stay





Age group/sex

Provincial/Territorial Interactive Tables for Mental Illness or Addiction With Breakdowns by Age Group and/or Sex

- 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 (CIHI)
- 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 2015–2016*.
- 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.
- 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.
- In 2004–2005 and 2005–2006, data from Quebec's psychiatric hospitals was not included due to a data quality issue identified by the province. The total for psychiatric hospitals did not include Quebec data. Quebec data for general hospitals was included.
- For 2006–2007 through 2009–2010, data from 4 psychiatric hospitals in Ontario was excluded due to data quality issues. For 2010–2011 and 2011–2012, the proportion of separations (discharges or deaths) in the database affected by this data quality issue dropped to less than 0.2%, and it further dropped to less than 0.01% in 2012–2013 and onward; these separations were excluded from Quick Stats analyses.
- 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.

Crude and age-standardized rate calculations

- For 2006–2007, 2007–2008, 2008–2009, 2009–2010, 2011–2012, 2012–2013, 2013–2014, 2014–2015 and 2015–2016, 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 and 2015, 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.

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.

All other inquiries can be directed to

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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.