Query Reference — MH1 — Mental Health and Addictions Hospitalizations 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 Discharges
- Crude Discharge Rate (per 100,000 Population)
- Age-Standardized Discharge Rate (per 100,000 Population)
- Total Days Stayed
- Average Length of Stay
- Median Length of Stay
- Percentage of All Discharges (in General Hospitals)
- Percentage of Total Days Stayed (in General Hospitals)

Province/territory

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

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

Quick Stats Metadata

Age group/sex

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

- 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 the 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 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.
- 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*.
- 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.

- 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.

- 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 discharges (including 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 discharges 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, 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.

Quick Stats Metadata

Interpretation of data

The basic unit of observation is the discharge abstract or the record of an inpatient's stay in a psychiatric[i] or general[ii] 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.

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.