



# Query Reference — MH3 — HMHDB Regional Contextual Information

## Interactive tables

### Regional population estimates

- Population
- Percentage Female Population
- Percentage 19 and Younger Population
- Percentage 65 and Older Population

### Volume of hospitals

- Number of General Hospitals With Mental Illness or Addiction Separations
- Number of Psychiatric 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.
- In 2004–2005 and 2005–2006, data from Quebec’s psychiatric facilities was not included due to a data quality issue identified by the province. The Number of Psychiatric Hospitals excludes Quebec’s psychiatric facilities for those years.
- For 2006–2007 through 2009–2010, data from 4 psychiatric hospitals in Ontario was excluded due to data quality issues. The Number of Psychiatric Hospitals excludes those hospitals for those years.
- 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.
- For 2006–2007, 2007–2008, 2008–2009, 2009–2010, 2011–2012, 2012–2013, 2013–2014, 2014–2015 and 2015–2016, regional population 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, regional population levels are based on population estimates from Statistics Canada as of October 1, 2010.
- 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.



### 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 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 the 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](mailto: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.