
Ontario Mental Health System Reporting

DATA SOURCES AND METHODOLOGY





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Data

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Abbreviations

CA	Census Agglomeration	ICD-8-CM	International Classification of Diseases, 8th Revision, Clinical Modification	MHAP	Mental Health and Addictions Program Framework Research Team
CMA	Census Metropolitan Area	ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification	NACRS	National Ambulatory Care Reporting System
DA	Dissemination Area	ICD-10-CA	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada	OHIP	Ontario Health Insurance Plan
DAD	Discharge Abstract Database	ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification	OMHRS	Ontario Mental Health Reporting System
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition	IPPE	income per single-person equivalent	PC	primary care
ED	emergency department	MHA	mental health and addictions	PCCF	Postal Code Conversion File
FP/GP	family physician/general practitioner			RPDB	Registered Persons Database

Data Sources

Discharge Abstract Database (DAD)

The DAD is compiled by the Canadian Institute for Health Information and contains administrative, clinical (diagnoses and procedures/interventions), and demographic information for all admissions to acute care hospitals and rehabilitation, chronic care and day surgery facilities in Ontario. At ICES, consecutive DAD records are linked together to form “episodes of care” among the hospitals to which patients have been transferred after their initial admission.

National Ambulatory Care Reporting System (NACRS)

NACRS is compiled by the Canadian Institute for Health Information and contains administrative, clinical (diagnoses and procedures), and demographic information for all patient visits made to hospital- and community-based ambulatory care centres (emergency departments, day surgery units, hemodialysis units and cancer care clinics). At ICES, NACRS records are linked with other data sources (DAD, OMHRS) to identify transitions to other care settings, such as inpatient acute care or psychiatric care.

Ontario Health Insurance Plan (OHIP)

The OHIP claims database contains information on inpatient and outpatient services provided to Ontario residents eligible for the province’s publicly funded health insurance system by fee-for-service health care practitioners (primarily physicians) and “shadow billings” for those paid through non-fee-for-service payment plans. The main data elements include patient and physician identifiers (encrypted), codes for service provided, date of service, associated diagnosis and fee paid.

Ontario Mental Health Reporting System (OMHRS)

OMHRS is compiled by the Canadian Institute for Health Information and contains administrative, clinical (diagnoses and procedures), demographic and administrative information for all admissions to adult designated inpatient mental health beds. This includes beds in general hospitals, provincial psychiatric facilities and specialty psychiatric facilities. Clinical assessment data is ascertained using the Resident Assessment Instrument for Mental Health (RAI-MH), but different amounts of information are collected using this instrument depending on the length of stay in the mental health bed. Multiple assessments may occur during the length of a mental health admission.

Postal Code Conversion File (PCCF)

The PCCF database will link to postal codes within a given cohort and determine other census geographic identifiers, such as dissemination/enumeration area, census division, longitude/latitude, urban/rural flag and neighbourhood income quintile.

Registered Persons Database (RPDB)

The RPDB provides basic demographic information (age, sex, location of residence, date of birth, and date of death) for those issued an Ontario health insurance number. The RPDB also indicates the time periods for which an individual was eligible to receive publicly funded health insurance benefits and the best-known postal code for each registrant on July 1 of each year.

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1.0

Mental health and addictions indicators reported in this dashboard

EXHIBIT 1.1 Mental health and addictions system performance indicators¹

Quality Dimension Indicators ²			Health Service Use Indicators
Effective	Timely	Efficient	
<ul style="list-style-type: none"> • Rates of emergency department visits for intentional self-injury 	<ul style="list-style-type: none"> • Rates of emergency department visits as first point of contact for mental health and addictions-related care 	<ul style="list-style-type: none"> • Rates of outpatient visits within 7 days following a mental health and addictions-related hospital discharge • Rates of 30-day hospital readmission following a mental health and addictions-related hospital discharge • Rates of 30-day emergency department revisits following a mental health and addictions-related emergency department visit 	<ul style="list-style-type: none"> • Rates of mental health and addictions-related outpatient visits • Rates of mental health and addictions-related emergency department visits • Rates of mental health and addictions-related hospitalizations • Length of stay for psychiatric hospitalizations • Rates at which individuals were seen by a psychiatrist, primary care provider or paediatrician for mental health and addictions care

¹Indicators will be assessed through four dimensions: age group, sex, diagnostic category and neighbourhood income quintile.

²Quality dimension indicators were identified by the Institute of Medicine in 2001 and subsequently adopted by Health Quality Ontario (now Ontario Health Quality).

2.0

Indicator methodology

2.1 General instructions for indicator creation

2.1.1 General exclusion criteria for indicators

Unless otherwise stated, the following numerator and denominator exclusion criteria were consistent for all indicators (for additional indicator-specific exclusions, see [Section 2.2](#)):

- Age older than 105 years
- Non-residents of Ontario
- Individuals with an invalid health card number
- Missing sex information

For indicators that use the Ontario population as the denominator, additional exclusions were applied. These include:

- Individuals who were born after or died before the midpoint of the calendar year (July 1)
- Individuals who were not eligible for OHIP at the midpoint of the calendar year
- Individuals whose date of last contact with the health care system was equal to or greater than 8 years from the midpoint of the calendar year

For indicators that used a general Ontario population denominator, exclusion criteria were applied to the numerator independently, as the denominator is a population estimate at the midpoint of the year (i.e., the numerator is not a subset of the population denominator).

2.1.2 Indicator stratifications

These variables are used for the stratification of indicators. Please note that stratifications may vary across indicators. For indicator-specific calculations, see [Section 2.2](#).

Stratification	Definition	Categories
Age group¹	Age group cut-offs were defined in order to examine transitions between youth and adult services.	<ul style="list-style-type: none"> • 0–9 years • 10–13 • 14–17 • 18–21 • 22–24 • 25–44 • 45–64 • 65–84 • 85–105
Sex	Sex of a person – male or female – is determined based on demographic information available in the existing databases. In almost all cases, sex is collected as a binary male/female variable, which is not inclusive of intersex people. When sex is derived from administrative data, this is most often the sex assigned at birth.	<ul style="list-style-type: none"> • Male • Female
Diagnostic category, 2017–2021	Some indicators were stratified by diagnosis. These diagnostic groups do not add up to the overall MHA category since the presented diagnostic categories do not include all available diagnostic codes. For more information on diagnostic codes and definitions, see Section 2.3 .	<ul style="list-style-type: none"> • Substance-related and addictive disorders • Schizophrenia spectrum and other psychotic disorders • Mood disorders • Anxiety disorders • Trauma- and stressor-related disorders • Obsessive-compulsive and related disorders • Personality disorders • Intentional self-injury
Neighbourhood income quintile	In the absence of individual-level income data, neighbourhood-based income was calculated according to methods developed by Statistics Canada. Individuals’ postal codes were first matched to Dissemination Areas (or DAs, the smallest census areas), where the average household income per single-person equivalent (IPPE) (adjusted for household size), was obtained from the Census of Canada for 2016. DAs within each Census Metropolitan Area (CMA), Census Agglomeration (CA), or provincial residual area not in any CMA or CA were ranked and assigned to five groups, or quintiles, of approximately equal population based on the DA average IPPE. The corresponding neighbourhood income quintile of that DA was assigned to the individual.	<ul style="list-style-type: none"> • Quintile 1 (lowest) • Quintile 2 • Quintile 3 • Quintile 4 • Quintile 5 (highest)

Note: For the indicator Rates of emergency department visits for intentional self-injury, the age groups were 10–13, 14–17, 18–21, 25–44, 45–64, 65–84 and 85–105 years.

2.1.3 Indicator rates that were calculated

Method	Calculation	Categories
Indicator/rate calculation	Monthly from January 2017 to the current available date	<ul style="list-style-type: none"> • Ontario • Age • Sex • Diagnostic category • Neighbourhood income quintile
Standardization	Direct standardization method	<ul style="list-style-type: none"> • Ontario
	Standard population	2016 Ontario population standardized by age and sex: <ul style="list-style-type: none"> • Males: 0-9, 10-13, 14-17, 18-21, 22-24, 25-44, 45-64, 65-84, 85-105 years • Females: 0-9, 10-13, 14-17, 18-21, 22-24, 25-44, 45-64, 65-84, 85-105 years

2.2 Indicator calculation

For a list of the diagnostic codes used to calculate indicators, see [Section 2.3](#).

2.2.1. Rates of mental health and addictions–related outpatient visits

Data sets	OHIP, RPDB, PCCF
Denominator	Ontario population aged 0–105 years from January 2017 to the current available date
Numerator	<p>Monthly number of mental health and addictions (MHA)–related outpatient visits from OHIP</p> <ul style="list-style-type: none"> • Family physicians/general practitioners, psychiatrists, paediatricians <p>For a definition of MHA-related outpatient visits based on physician specialties and diagnostic codes, see Section 2.3.</p>
Exclusions	See general exclusions in Section 2.1.1
Stratifications	<p>In addition to indicator stratifications in Section 2.1.2, also stratified by:</p> <ul style="list-style-type: none"> • Any specialty • Family physician/general practitioner • Psychiatrist • Paediatrician
Index	Date of OHIP claim
Additional specifications	<ul style="list-style-type: none"> • The numerator was derived separately from the denominator. • Exclusions have been pre-applied to the denominator. • Exclusions for the numerator were applied at index.
Notes	<ul style="list-style-type: none"> • When reporting on visits rather than unique individuals, the numerators for different physician specialties add up to “any specialty.” • A visit is, at most, one claim per patient per physician per service date (individuals may contribute more than one visit to various physician specialties in a calendar month).
Limitations	<ul style="list-style-type: none"> • Rates may be undercounted because some specialists only “shadow bill” (i.e., they submit claims for services provided to patients that are funded through sources other than fee-for-service). • Data did not capture most non-physician mental health and addictions services. • General limitations of health administrative data include potential coding errors and lack of clinical detail.

2.2.2. Rates of mental health and addictions-related hospitalizations

Data sets	DAD, OMHRS, RPDB, PCCF
Denominator	Ontario population aged 0-105 years from January 2017 to the current available date
Numerator	Monthly number of MHA-related hospitalizations
Exclusions	See general exclusions in Section 2.1.1
Stratifications	See indicator stratifications in Section 2.1.2
Index	Hospital discharge date
Additional specifications/ notes	<ul style="list-style-type: none"> • Hospitalizations were constructed as episodes of care: <ul style="list-style-type: none"> - A DAD-OMHRS episode of care is a series of inpatient admissions to acute care inpatient hospitals (records including DAD and OMHRS) that are linked because the patient was transferred from one hospital to another. • The numerator was derived separately from the denominator. • Exclusions were pre-applied to the denominator. • Exclusions were applied to the numerator at index. • Diagnoses-specific numerators do not add up to the overall numerator. • Intentional self-injury may be present as a secondary diagnosis in any of the other diagnostic types. Intentional self-injury refers to residual intentional self-injury, i.e., the presence of a self-injury diagnosis where the main reason for the hospital admission is non-MHA-related.
Limitations	General limitations of health administrative data include potential coding errors and lack of clinical detail.

2.2.3. Rates of mental health and addictions–related emergency department visits

Data sets	NACRS, RPDB, PCCF
Denominator	Ontario population aged 0–105 years from January 2017 to the current available date
Numerator	Monthly number of MHA-related ED visits
Exclusions	In addition to general exclusions in Section 2.1.1 , also excluded were: <ul style="list-style-type: none"> • Scheduled ED visits • Transfers from another ED
Stratifications	See indicator stratifications (Section 2.1.2)
Index	Date of ED visit
Additional specifications/ notes	<ul style="list-style-type: none"> • Includes suspect diagnoses, visits with admissions to hospital and those who left without being seen. • Removed duplicates and kept the first visit in the case of transfers. • The numerator was derived separately from the denominator. • Exclusions have been pre-applied to the denominator. • Exclusions for the numerator were applied at index. • Presented as rates, which includes multiple visits per person per month. • Emergency department visit episodes were constructed to avoid double counting visits that were transfers between multiple institutions and to better identify ED episode discharges. • Diagnoses-specific numerators do not add up to the overall numerator (see Section 2.3). • Intentional self-injury may be present as a secondary diagnosis in any of the other diagnostic types. Intentional self-injury refers to residual intentional self-injury, i.e., the presence of a self-injury diagnosis where the main reason for the ED visit is non-MHA-related.
Limitations	General limitations of health administrative data include potential coding errors and lack of clinical detail.

2.2.4. Rates of emergency department visits for intentional self-injury

Data sets	DAD, NACRS, OMHRS, PCCF, RPDB
Denominator	Number of Ontario residents aged 10–105 years from January 2017 to the current available date
Numerator	Monthly number of emergency department (ED) visits for intentional self-injury
Exclusions	In addition to general exclusions in Section 2.1.1 , other exclusions include: <ul style="list-style-type: none"> • Age <10 years • Scheduled ED visits • Transfers from another ED
Stratifications	In addition to indicator stratifications in Section 2.1.2 , also stratified by: <ul style="list-style-type: none"> • Admission following self-injury • Transfer to ICU/Death during ED visit or hospitalization • Method of self-injury: <ul style="list-style-type: none"> – Self poisoning only – Self-cutting only – Other – Multiple
Index	Date of ED visit
Additional specifications/ notes	<ul style="list-style-type: none"> • The numerator includes suspect diagnoses, unscheduled ED visits, patients who were admitted, and the first ED visit in the case of ED to ED transfers. • The numerator was derived separately from the denominator. • Exclusions have been pre-applied to the denominator. • Exclusions for the numerator were applied at index. • Presented as rates, which includes multiple visits per person per month. • For all exhibits, rates of ED visits for intentional self-injury are presented where this diagnosis was made as a primary, secondary or other reason for the ED visit.
Limitations	<ul style="list-style-type: none"> • Individuals who self-injure but do not present to the ED were not included. • Self-injury treated in a non-hospital setting cannot be assessed. • Whether the individual who self-injured had suicidal or non-suicidal intent cannot be determined. • General limitations of health administrative data include potential coding errors and lack of clinical detail.

2.2.5. Rates of outpatient visits within 7 days following a mental health and addictions-related hospital discharge

Data sets	DAD, OMHRS, OHIP, RPDB, PCCF
Denominator	Number of mental health and addictions (MHA)-related hospitalizations with a status of discharged alive among Ontario residents aged 0-105 years from January 2017 to the current available date
Numerator (subset of denominator)	Outpatient visit within 7 days following hospital discharge <ul style="list-style-type: none"> • Family physicians/general practitioners, psychiatrists, paediatricians
Exclusions	In addition to general exclusions in Section 2.1.1 , also excluded were death/readmission in follow-up period without outcome, and outpatient visit on same day as discharge
Stratifications	<ul style="list-style-type: none"> • In addition to indicator stratifications in Section 2.1.2, also stratified by: <ul style="list-style-type: none"> - Any specialty - Family physician/general practitioner - Psychiatrist - Paediatrician
Index	<ul style="list-style-type: none"> • Date to identify the denominator: Hospital discharge date (follow-up begins after discharge date) • Date used to identify the numerator: OHIP claim service date
Additional specifications/ notes	<ul style="list-style-type: none"> • Hospitalizations were constructed as episodes of care. • The final discharge of the hospital episode must have resulted in one of the following: <ul style="list-style-type: none"> - a discharge home (with or without supportive services) - a transfer to a long-term or continuing care facility or to other ambulatory care, palliative care/hospice, addiction treatment centre, jail or social service agency - a sign-out against medical advice/absent without leave • Index hospital discharges were restricted to calendar months, but the 7-day follow-up could cross over into the next calendar month. MHA diagnostic codes are not specified for outpatient visits (only for hospitalization). • Numerators are not mutually exclusive: a maximum of one numerator per specialty per follow-up per period. • Intentional self-injury may be present as a secondary diagnosis in any of the other diagnostic types. Intentional self-injury refers to residual intentional self-injury, i.e., the presence of a intentional self-injury diagnosis where the main reason for the hospital admission is non-MHA-related. • Diagnoses-specific denominators do not add up to the overall denominator (see Section 2.3).
Limitations	<ul style="list-style-type: none"> • Data did not capture most non-physician MHA services (i.e., psychologists, counsellors and social workers) that may have been provided post-discharge. • General limitations of health administrative data include potential coding errors and lack of clinical detail.

For example, this diagram shows the events that would be considered in the numerator following an MHA-related hospital discharge:



- Denominator includes MHA-related hospital discharge **A**.
- Numerator includes **B, C**.
 - A** index → **B** Follow-up visit with a PC provider within 7 days. Only the first visit counts toward follow-up (i.e., **B** but not **D**).
 - A** index → **C** Follow-up visit with a psychiatrist within 7 days.
 - A** index → No follow-up visit with a paediatrician within 7 days.
- This individual contributed in the calendar month to (independently):
 - Any specialty = 1/1; PC provider = 1/1; Psychiatrist = 1/1; Paediatrician = 0/1

Abbreviations: PC = primary care; FP/GP = family physician/general practitioner

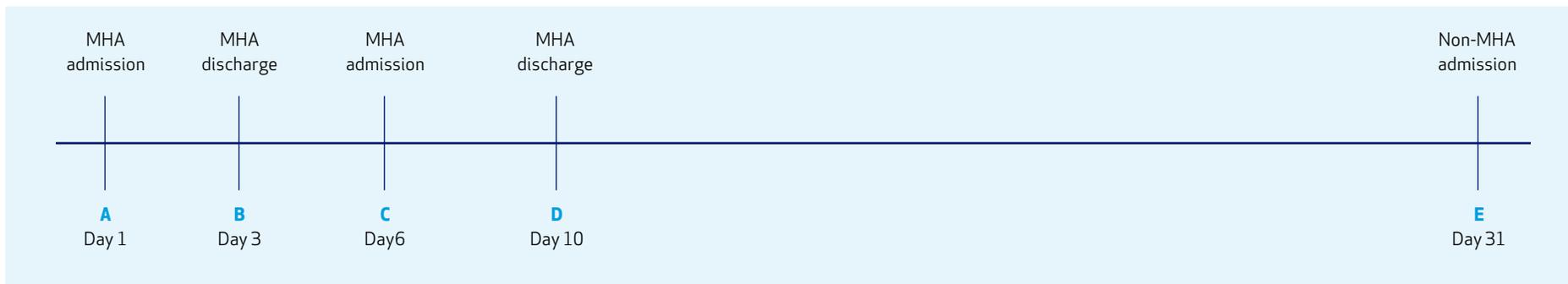
2.2.6. Rates of emergency department visits as first point of contact for mental health and addictions-related care

Data sets	DAD, OMHRS, NACRS, OHIP, RPDB, PCCF
Denominator	Number of unique Ontario residents aged 0–105 years with an incident (first in a calendar month) unscheduled mental health and addictions (MHA)-related emergency department (ED) visit from January 2017 to the current available date
Numerator (subset of denominator)	Number of individuals in Ontario without an MHA-related service contact in a 2-year look-back period; includes only those who did not have an MHA-related outpatient visit to a psychiatrist, primary care provider or pediatrician or an MHA-related ED visit (scheduled or unscheduled) or an MHA-related hospitalization in the 2 years preceding the index ED visit (see Section 2.3).
Exclusions	In addition to general exclusions in Section 2.1.1 , also excluded was scheduled ED visits (from denominator only).
Stratifications	See indicator stratifications in Section 2.1.2 .
Index	Date of ED visit
Additional specifications/ notes	<ul style="list-style-type: none"> • Index ED visit includes individuals who left without being seen and those admitted to hospital. • Visits on the same day as the index are not considered prior contact. • Look-back can include scheduled ED visits. • Person-level indicator: one index visit per person. • Diagnostic categories represent the reason for the incident ED visit (i.e., the denominator). • Diagnoses-specific denominators do not add up to the overall denominator (see Section 2.3). • Intentional self-injury may be present as a secondary diagnosis in any of the other diagnostic types. Intentional self-injury refers to residual intentional self-injury, i.e., the presence of a self-injury diagnosis where the main reason for the ED visit is non-MHA-related.
Limitations	<ul style="list-style-type: none"> • Data did not capture most non-physician mental health and addictions services (i.e., psychologists, counsellors and social workers). • General limitations of health administrative data include potential coding errors and lack of clinical detail.

2.2.7. Rates of 30-day hospital readmission following a mental health and addictions-related hospital discharge

Data sets	DAD, OMHRS, RPDB, PCCF
Denominator	Number of mental health and addictions (MHA)-related hospitalizations with a status of discharged alive among Ontario residents aged 0-105 years from January 2017 to the current available date
Numerator (subset of denominator)	Number of individuals in Ontario with a hospital admission for any MHA-related reason within 30 days following the index hospital discharge visit.
Exclusions	In addition to general exclusions in Section 2.1.1 , also excluded were individuals who: <ul style="list-style-type: none"> - died without a readmission within 30 or fewer days of the index hospital discharge - were transferred to another hospital
Stratifications	See indicator stratifications in Section 2.1.2 .
Index	Hospital discharge date
Additional specifications/notes	<ul style="list-style-type: none"> • Index discharges (i.e., the denominator) were restricted to calendar months but hospital readmission can cross over to the next calendar month, can be for a different MHA diagnosis than index, and does not have to result in a status of discharged alive. • Count only the first readmission per person per follow-up period. • Hospitalizations were constructed as episodes of care. • The final discharge of the hospital episode must result in one of the following: <ul style="list-style-type: none"> - a discharge home (with or without supportive services) - a transfer to a long-term or continuing care facility or to other ambulatory care, palliative care/hospice, addiction treatment centre, jail or social services agency - a sign-out against medical advice/absent without leave • Diagnoses-specific denominators do not add up to the overall denominator (see Section 2.3). • Intentional self-injury may be present as a secondary diagnosis in any of the other diagnostic types. Intentional self-injury refers to residual deliberate self-injury, i.e., the presence of a self-injury diagnosis where the main reason for the hospital admission is non-MHA-related.
Limitations	General limitations of health administrative data include potential coding errors and lack of clinical detail.

For example, this diagram shows which events would be considered in the numerator following an MHA-related admission and which other admissions would be considered in the denominator:

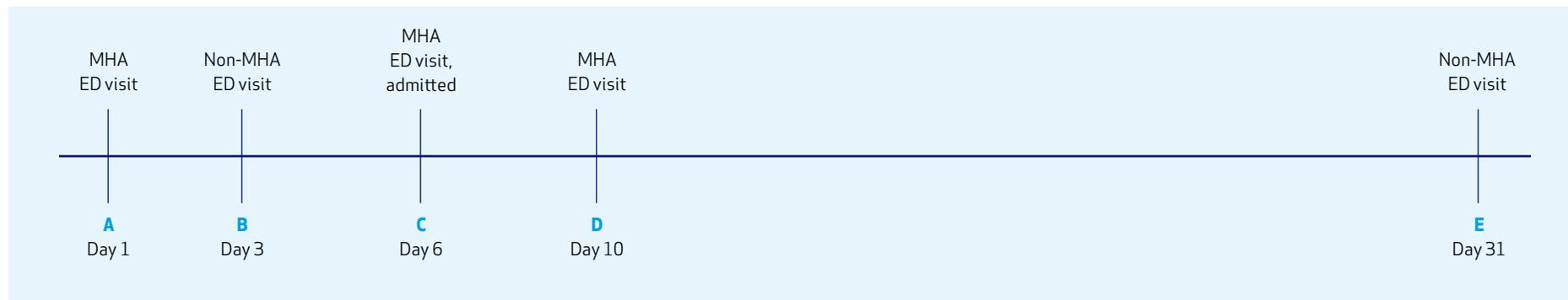


- Denominator includes **A—B** and **C—D** episodes.
- Numerator includes **C—D**.
A—B index → **C—D** readmission within 30 days.
 There is no MHA readmission after **C—D** discharge.
- This individual contributed denominator = 2, numerator = 1 in this calendar month.

2.2.8. Rates of 30-day emergency department revisits following a mental health and addictions-related emergency department visit

Data sets	NACRS, RPDB, PCCF
Denominator	Number of unscheduled mental health and addictions (MHA)-related emergency department (ED) visits that were discharged home among Ontario residents aged 0-105 years from January 2017 to the current available date
Numerator (subset of the denominator)	Number of individuals in Ontario with an unscheduled ED visit for any MHA-related reason within 30 days following the index ED visit
Exclusions	In addition to general exclusions in Section 2.1.1 , also excluded were: <ul style="list-style-type: none"> • Left index ED visit without being seen • Died in the ED • Admitted to hospital • Death in follow-up period without outcome
Stratifications	See indicator stratifications in Section 2.1.2 .
Index	<ul style="list-style-type: none"> • Date of ED visit
Additional specifications/ notes	<ul style="list-style-type: none"> • Index ED visits were restricted to calendar months, but ED revisits can cross over to the next calendar month, result in a hospital admission, include those who left without being seen, or be for a different MHA diagnosis than the index diagnosis. • Only the first revisit per person per follow-up period was counted. • For ED to ED transfers, the last record was kept, and transfers were not counted as ED revisits. • Diagnoses-specific denominators do not add up to the overall denominator (see Section 2.3). • Intentional self-injury may be present as a secondary diagnosis in any of the other diagnostic types. Intentional self-injury refers to residual deliberate self-injury, i.e., the presence of a self-injury diagnosis where the main reason for the ED visit is non-MHA-related. • Data did not capture non-physician mental health and addictions care that may have been provided in the period between ED discharge and repeat visit.
Limitations	<ul style="list-style-type: none"> • General limitations of health administrative data include potential coding errors and lack of clinical detail.

For example, this diagram shows which events would be considered in the numerator following an MHA-related ED visit and which other visits would be considered in the denominator:



- Denominator includes **A, D**.
C resulted in a hospital admission and thus is not in the denominator.
- Numerator includes **C**.
A index → **C** revisit within 30 days, regardless of hospital admission.
For **A** index, **D** is not the numerator (count only one numerator [the first applicable] per denominator follow-up).
There is no MHA-related ED revisit after **D**.
- This individual contributed denominator = 2, numerator = 1 in this calendar month.

2.2.9. Length of stay for psychiatric hospitalizations

Data sets	DAD, OMHRS, RPDB, PCCF
Indicator calculation	Median length of stay (in days) for mental health and addictions (MHA)-related hospitalizations among individuals aged 0-105 years in Ontario from January 2017 to the current available date
Exclusions	See general exclusions in Section 2.1.1
Stratifications	See indicator stratifications in Section 2.1.2
Index	Hospital discharge date
Additional specifications/ notes	<ul style="list-style-type: none"> • Hospitalizations were constructed as episodes of care: <ul style="list-style-type: none"> - A DAD-OMHRS episode of care is a series of inpatient admissions to acute care inpatient hospitals (records including DAD and OMHRS) that are linked because the patient was transferred from one hospital to another. • Diagnoses-specific lengths of stay do not add up to the overall length of stay.
Limitations	General limitations of health administrative data include potential coding errors and lack of clinical detail.

2.2.10 Rates at which individuals were seen by a psychiatrist, primary care provider or paediatrician for mental health and addictions care

Data sets	OHIP, RPDB, PCCF
Denominator	Ontario population aged 0-105 years from January 2017 to the current available date
Numerator	Number of unique individuals who received MHA-related service from a care provider, including primary care providers, psychiatrists and paediatricians, in an outpatient setting.
Exclusions	See general exclusions in Section 2.1.1
Stratifications	In addition to indicator stratifications in Section 2.1.2 , also stratified by: <ul style="list-style-type: none"> • Any specialty • Family physician/general practitioner • Psychiatrist • Paediatrician
Index	Date of OHIP claim
Additional specifications/ notes	<ul style="list-style-type: none"> • The numerator was derived separately from the denominator. • Exclusions have been pre-applied to the denominator. • Exclusions for the numerator were applied at index. • If a patient had multiple OHIP claims, only the first claim for each physician specialty was considered (i.e., each patient was counted once per specialty).
Limitations	<ul style="list-style-type: none"> • Rates may be undercounted because some specialists only "shadow bill" (i.e., they submit claims for services provided to patients that are funded through sources other than fee-for-service). • Data did not capture most non-physician mental health and addictions services. • General limitations of health administrative data include potential coding errors and lack of clinical detail.

2.3 Diagnostic groupings used in indicator calculation

2.3.1. Outpatient visits

Outpatient visits	OHIP algorithm
Any physician specialty	Psychiatrist, paediatrician or family physician/general practitioner, as defined below
Psychiatrist	Any outpatient OHIP-funded visit/consultation held at a psychiatrist's office, patient's residence, long-term care facility, or virtually
Paediatrician	Any outpatient OHIP-funded visit/consultation held at a paediatrician's office, patient's residence, long-term care facility, or virtually but not by telephone, with a mental health diagnostic code listed below (exclude all laboratory fee codes G.x) OR Any OHIP-funded visit/consultation with a paediatrician held at an undefined location, with a mental health diagnostic code listed below and one of the following fee codes: <ul style="list-style-type: none"> • K122 Developmental and/or behavioural care – individual developmental and/or behavioural care • K123 Developmental and/or behavioural care – family developmental and/or behavioural care • K704 Paediatric outpatient case conference
Primary care provider	Any OHIP-funded visit/consultation held at a FP/GP's office, patient's residence, long-term care facility, or virtually but not by telephone, a mental health diagnostic code listed below (exclude all laboratory fee codes G.x)
Mental health diagnostic codes	OHIP diagnostic codes: 291-292, 295-299, 300-304, 306-307, 309, 311, 313-315, 897-902, 904-906, 909 Virtual care codes: B099, B100, B200, B103, B203, B209, K080, K081, K082, K083

2.3.2. Hospitalizations

DIAGNOSTIC CODES FROM 2016/17 TO 2018/19 (DSM-5)

Category	ICD-9-CM code (OMHRS)	ICD-10-CA (DAD/NACRS)
Any mental health disorders and addictions	Any diagnosis (including missing, except for 290.x, 294.x in primary diagnosis). If primary dx missing and provisional = 17, exclude	Primary diagnosis at discharge F06–F99 or secondary diagnosis fields = X60–X84, Y10–Y19, Y28 when primary diagnosis is not F06–F99
Substance-related and addictive disorders	291.x (all 291 codes), 292.x (all 292 codes), 303.x (all 303 codes), 304.x (all 304 codes), 305.x. Provisional = 16	F10–19, F55
Schizophrenia spectrum and other psychotic disorders	293.81/82, 295.x (all 295 codes), 297.x (all 297 codes), 298.x (all 298 codes). Provisional = 2	F06.0–2, F20, F22–F29, F53.1
Mood disorders	293.83, 296.x (all 296 codes), 300.4x, 301.13, 311.x, 625.4. Provisional = 3, 4	F06.3, F30.x–F34.x, F38.x, F39.x, F53.0
Anxiety disorders	293.84, 300, 300.0x, 300.2x, 309.21, 313.23. Provisional = 5	F06.4, F40, F41, F93.0–2, F94.0
Trauma- and stressor-related disorders	308.3x, 309, 309.0x, 309.24, 309.28, 309.3x, 309.4x, 309.81, 309.89, 309.9x, 313.89. Provisional = 7	F43.x, F94.1, F94.2
Obsessive-compulsive disorder and related disorders	300.3x, 300.7x, 312.39, 698.4x. Provisional = 6	F42.x, F45.2, F63.3
Personality disorders	301, 301.0x, 301.2x, 301.4x, 301.5x, 301.6x, 301.7x, 301.81–3, 301.89, 301.9x 310.1. Provisional = 18	F07.x (all F07 codes), F21, F60, F61, F62, F68, F69
Intentional self-injury	Not applicable (DAD/NACRS only)	Secondary diagnosis fields = X60–X84, Y10–Y19, Y28 when primary diagnosis is not F06–F99

DIAGNOSTIC CODES FROM 2019/2020 ONWARD (BASED ON DSM-5 WITH ICD-10-CM DIAGNOSTIC CODES)

Category	ICD-10-CM code (OMHRS)	ICD-10-CA
Any mental health disorders and addictions	<p>Any diagnosis (including missing, except for neurocognitive disorders in primary diagnosis): F01.50 without behavioural disturbances F01.51 with behavioural disturbances F02.80 without behavioural disturbances F02.81 with behavioural disturbances F05 Delirium due to multiple etiologies G31.84 Mild neurocognitive disorder due to * G31.9 Probable major neurocognitive disorder due to *, possible major neurocognitive disorder due to * R41.0 Other specified delirium and unspecified delirium R41.9 Unspecified neurocognitive disorder</p> <p>* Alzheimer's disease Frontotemporal lobular degeneration Lewy bodies Vascular neurocognitive disorder Traumatic brain injury HIV infection Prion disease Parkinson's disease Huntington's disease Another medical condition Multiple etiologies</p> <p>If primary dx missing and provisional = 17, exclude</p>	Primary diagnosis at discharge = F06–F99 or secondary diagnosis = X60–X84, Y10–Y19, Y28 when primary diagnosis is not F06–F99
Substance-related and addictive disorders	F10.x-F19.x, Z72.0. Provisional = 16	F10–19, F55
Schizophrenia spectrum and other psychotic disorders	F20.81, F20.9, F22, F23, F25, F06.0/1/2, F28, F29. Provisional = 2	F06.0–2, F20, F22–F29, F53.1
Mood disorders	F06.3, F31, F32, F33, F34. Provisional = 3, 4	F06.3, F30.x–F34.x, F38.x, F39.x, F53.0
Anxiety disorders	F06.4, F40.0x, F40.1x, F40.2x, F41.0x/1x, F41.8x/9x, F93.0, F94.0. Provisional = 5	F06.4, F40, F41, F93.0–2, F94.0
Trauma- and stressor-related disorders	F43.0, F43.1, F43.2, F43.8/9, F94.1/2. Provisional = 7	F43.x, F94.1, F94.2
Obsessive-compulsive disorder and related disorders	F06.8, F42.2x, F42.3, F42.4, F42.8, F42.9, F45.2, F63.3. Provisional = 6	F42.x, F45.2, F63.3

Note: For more details on standard mental health and addictions diagnostic codes, see [Section 2.3.4](#).

Category	ICD-10-CM code (OMHRS)	ICD-10-CA
Personality disorders	F07.x (all F07 codes), F21, F60. Provisional = 18	F07.x (all F07 codes), F21, F60, F61, F62, F68, F69
Intentional self-injury	Not applicable (DAD/NACRS only)	Secondary diagnosis fields = X60–X84, Y10–Y19, Y28 when primary diagnosis is not F06–F99

Note: For more details on standard mental health and addictions diagnostic codes, see [Section 2.3.4](#).

2.3.3. Emergency department visits

DIAGNOSTIC CODES FROM 2016/17 ONWARD (BASED ON DSM-5)

Emergency department visits	ICD-10-CA (NACRS)
Any mental health disorders and addictions	Primary diagnosis field = F06–F99 or secondary diagnosis fields = X60–X84, Y10–Y19, Y28 when primary diagnosis is not F06–F99
Substance-related and addictive disorders	F10–19, F55
Schizophrenia spectrum and other psychotic disorders	F06.0-2, F20, F22–F29, F53.1
Mood disorders	F06.3, F30.x–F34.x, F38.x, F39.x, F53.0
Anxiety disorders	F06.4, F40, F41, F93.0–F93.2, F94.0
Trauma- and stressor-related disorders	F43.x, F94.1, F94.2
Obsessive compulsive disorder and related disorders	F42.x, F45.2, F63.3
Personality disorders	F07.x (including all F07 codes), F21, F60, F61, F62, F68, F69
Intentional self-injury	Secondary diagnosis = X60–X84, Y10–Y19, Y28 when primary diagnosis is not F06–F99

2.3.4 Standard mental health and addictions diagnostic codes

DIAGNOSTIC CODES FROM 2016/17 TO 2018/19

Diagnostic category	International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), Canadian Enhancement codes	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) codes ¹
Substance-related and addictive disorders	F10: Mental and behavioural disorders due to use of alcohol F11: Mental and behavioural disorders due to use of opioids F12: Mental and behavioural disorders due to use of cannabinoids F13: Mental and behavioural disorders due to use of sedatives or hypnotics F14: Mental and behavioural disorders due to use of cocaine F15: Mental and behavioural disorders due to use of other stimulants, including caffeine F16: Mental and behavioural disorders due to use of hallucinogens F17: Mental and behavioural disorders due to use of tobacco F18: Mental and behavioural disorders due to use of volatile solvents F19: Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances F55: Abuse of non-dependence-producing substances F63.0: Gambling disorder	291.x (all 291 codes), 292.x (all 292 codes), 303.x (all 303 codes), 304.x (all 304 codes), 305.x, 312.31. Provisional = 16
Schizophrenia spectrum and other psychotic disorders	F06.0-2: Other mental disorders due to brain damage and dysfunction and to physical disease F20: Schizophrenia (excluding F20.4: Post-schizophrenic depression) F22: Persistent delusional disorders F23: Acute and transient psychotic disorders F24: Induced delusional disorder F25: Schizoaffective disorders F28: Other nonorganic psychotic disorders F29: Unspecified nonorganic psychosis F53.1: Severe mental and behavioural disorders associated with the puerperium, not elsewhere classified	293.81, 293.82, 295.x (all 295 codes), 297.x (all 297 codes), 298.x (all 298 codes). Provisional = 2
Mood disorders	F06.3: Organic mood disorders F30: Manic episode F31: Bipolar affective disorder F32: Depressive episode F33: Recurrent depressive disorder F34: Persistent mood [affective] disorders F38: Other mood [affective] disorders F39: Unspecified mood [affective] disorder F53.0: Mild mental and behavioural disorders associated with the puerperium, not elsewhere classified	293.83, 296.x (all 296 codes), 300.4x, 301.13, 311.x, 625.4. Provisional = 3, 4

¹ For descriptions of DSM-5 codes, see the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Arlington, VA: American Psychiatric Association; 2013.

Diagnostic category	International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), Canadian Enhancement codes	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) codes ¹
Anxiety disorders	F06.4: Organic anxiety disorder F40: Phobic anxiety disorders F41: Other anxiety disorders F93.0-2: Emotional disorders with onset specific to childhood F94.0: Elective mutism	293.84, 300, 300.0x, 300.2x, 309.21, 313.23. Provisional = 5
Trauma- and stressor-related disorders	F43: Reaction to severe stress and adjustment disorders F94.1: Reactive attachment disorder of childhood F94.2: Disinhibited attachment disorder of childhood	308.3x, 309, 309.0x, 309.24, 309.28, 309.3x, 309.4x, 309.81, 309.89, 309.9x, 313.89. Provisional = 7
Obsessive-compulsive disorder and related disorders	F42: Obsessive-compulsive disorder F45.2: Hypochondriacal disorder F63.3: Trichotillomania	300.3x, 300.7x, 312.39, 698.4x. Provisional = 6
Personality disorders	F07.0: Organic personality disorder F21: Schizotypal disorder F60: Specific personality disorders F61: Mixed and other personality disorders F62: Enduring personality changes, not attributable to brain damage and disease F68: Other disorders of adult personality and behaviour F69: Unspecified disorder of adult personality and behaviour	301, 301.0x, 301.2x, 301.4x, 301.5x, 301.6x, 301.7x, 301.81-3, 301.89, 301.9x 310.1. Provisional = 18
Intentional self-injury	X60: Intentional self-poisoning by and exposure to non-opioid analgesics, antipyretics and antirheumatics X61: Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, NOS X62: Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], NOS X63: Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system X64: Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances X65: Intentional self-poisoning by and exposure to alcohol	Not applicable

Diagnostic category	International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10), Canadian Enhancement codes	Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) codes ¹
Intentional self-injury	<p>X66: Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours</p> <p>X67: Intentional self-poisoning by and exposure to other gases and vapours</p> <p>X68: Intentional self-poisoning by and exposure to pesticides</p> <p>X69: Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances</p> <p>X70: Intentional self-harm by hanging, strangulation and suffocation</p> <p>X71: Intentional self-harm by drowning and submersion</p> <p>X72: Intentional self-harm by handgun discharge</p> <p>X73: Intentional self-harm by rifle, shotgun and larger firearm discharge</p> <p>X74: Intentional self-harm by other and unspecified firearm discharge</p> <p>X75: Intentional self-harm by explosive material</p> <p>X76: Intentional self-harm by smoke, fire and flames</p> <p>X77: Intentional self-harm by steam, hot vapours and hot objects</p> <p>X78: Intentional self-harm by sharp object</p> <p>X79: Intentional self-harm by blunt object</p> <p>X80: Intentional self-harm by jumping from a high place</p> <p>X81: Intentional self-harm by jumping or lying before a moving object</p> <p>X82: Intentional self-harm by crashing of motor vehicle</p> <p>X83: Intentional self-harm by other specified means</p> <p>X84: Intentional self-harm by unspecified means</p> <p>Y11: Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified, undetermined intent</p> <p>Y12: Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undetermined intent</p> <p>Y13: Poisoning by and exposure to other drugs acting on the autonomic nervous system, undetermined intent</p> <p>Y14: Poisoning by and exposure to other and unspecified drugs, medicaments and biological substances, undetermined intent</p> <p>Y15: Poisoning by and exposure to alcohol, undetermined intent</p> <p>Y16: Poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours, undetermined intent</p> <p>Y17: Poisoning by and exposure to other gases and vapours, undetermined intent</p> <p>Y18: Poisoning by and exposure to pesticides, undetermined intent</p> <p>Y19: Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent</p> <p>Y28: Contact with sharp object, undetermined intent</p>	Not applicable

DIAGNOSTIC CODES FROM 2019/20 ONWARD (BASED ON DSM-5)

Category	ICD-10-CM code (OMHRS)	ICD-10-CA (DAD/NACRS)
<p>Any mental health disorders and addictions</p>	<p>Any OMHRS diagnostic code (including missing, except for neurocognitive disorders in primary diagnosis): F01.50 without behavioural disturbances F01.51 with behavioural disturbances F02.80 without behavioural disturbances F02.81 with behavioural disturbances F05 Delirium due to multiple etiologies G31.84 Mild neurocognitive disorder due to * G31.9 Probable major neurocognitive disorder due to *, possible major neurocognitive disorder due to * R41.0 Other specified delirium and unspecified delirium R41.9 Unspecified neurocognitive disorder *</p> <p>Alzheimer’s disease Frontotemporal lobular degeneration Lewy bodies Vascular neurocognitive disorder Traumatic brain injury HIV infection Prion disease Parkinson’s disease Huntington’s disease Another medical condition Multiple etiologies</p> <p>If primary dx missing and provisional = 17, exclude</p>	<p>Primary diagnosis at discharge = F06–F99 or secondary diagnosis = X60–X84, Y10–Y19, Y28 when primary diagnosis is not F06–F99</p>

Category	ICD-10-CM code (OMHRS)	ICD-10-CA (DAD/NACRS)
Substance-related and addictive disorders	F10.x – Alcohol induced anxiety disorders F11.x – Opioid induced anxiety disorders F12.x – Cannabis induced anxiety disorder F13.x – Sedative-, hypnotic- or anxiolytic-induced bipolar and related disorder F14.x – Cocaine induced anxiety disorder F15.x – Other or unspecified stimulant disorder F16.x – Phencyclidine-induced anxiety disorder F17.x – Tobacco-induced sleep disorder F18.x – Inhalant-induced anxiety disorder F19.x – Other or unknown substance-induced anxiety disorder Z72.0 – Tobacco use disorder Provisional = 16	F10–19, F55
Schizophrenia spectrum and other psychotic disorders	F20.81 – Schizophreniform disorder F20.9 – Schizophrenia F22 – Delusional disorder F23 – Brief psychotic disorder F25 – Schizoaffective disorder F06.0 – Psychotic disorder due to another medical condition with hallucinations F06.1 – Unspecified catatonia F06.2 – Psychotic disorder due to another medical condition with delusions F28 – Other specified schizophrenia spectrum and other psychotic disorder F29 – Unspecified schizophrenia spectrum and other psychotic disorder Provisional = 2	F06.0–2, F20, F22–F29, F53.1
Mood disorders	F06.3 – Bipolar and related disorder due to another medical condition F31.x – Bipolar and related disorder F33 – Major depressive disorder, recurrent episode F34 – Cyclothymic disorder Provisional = 3, 4	F06.3, F30.x–F34.x, F38.x, F39.x, F53.0
Anxiety disorders	F06.4 – Anxiety disorder due to another medical condition F40.0 – Agoraphobia F40.10 – Social anxiety disorder (social phobia) F40.20 – Specific phobia F41.0 – Panic disorder F41.1 – Generalized anxiety disorder F41.8 – Other specified anxiety disorder F41.9 – Unspecified anxiety disorder F93.0 – Separation anxiety disorder F94.0 – Selective mutism Provisional = 5	F06.4, F40, F41, F93.0–2, F94.0

Category	ICD-10-CM code (OMHRS)	ICD-10-CA (DAD/NACRS)
Trauma- and stressor-related disorders	F43.0 – Acute stress disorder F43.1 – Posttraumatic stress disorder F43.2 – Adjustment disorder F43.8 – Other specified trauma- and stressor- related disorder F43.9 – Unspecified trauma and stressor related disorder F94.1 – Reactive attachment disorder F94.2 – Disinhibited social engagement disorder Provisional = 7	F43.x, F94.1, F94.2
Obsessive-compulsive disorder and related disorders	F06.8 – Other specified mental disorder due to another medical condition F42.2 – Obsessive compulsive disorders F42.3 – Hoarding disorder F42.4 – Excoriation (skin picking) disorder F42.8 – Other specified obsessive-compulsive and related disorder F42.9 – Unspecified obsessive-compulsive and related disorder F45.2 – Body dysmorphic disorder F63.3 – Trichotillomania (hair pulling disorder) Provisional = 6	F42.x, F45.2, F63.3
Personality disorders	F07.x – Personality change due o another medical condition F21 – Schizotypal personality disorder F60.0 – Paranoid personality disorder F60.1 – Schizoid personality disorder F60.2 – Antisocial personality disorder F60.3 – Borderline personality disorder F60.4 – Histrionic personality disorder F60.5 – Obsessive-compulsive personality disorder F60.6 – Avoidant personality disorder F60.7 – Dependent personality disorder F60.81 – Narcissistic personality disorder F60.89 – Other specified personality disorder F60.9 – Unspecified personality disorder Provisional = 18	F07.x (all F07 codes), F21, F60, F61, F62, F68, F69
Intentional self-injury	Not applicable (DAD/NACRS only)	Secondary diagnosis fields = X60–X84, Y10–Y19, Y28 when primary diagnosis is not F06–F99

ICD-9-CM (OMHRS) AND ICD-10-CA DIAGNOSTIC CODES

Category	International Classification of Diseases, Ninth Revision, Clinical Modification, (ICD-9-CM code) – OMHRS	International Statistical Classification of Diseases and Health Related Problems, Tenth Revision, Canada (ICD-10-CA)
Any mental health disorders and addictions	Any diagnosis (including missing, except for 290.x, 294.x in primary diagnosis). If primary diagnosis missing and provisional = 17, exclude	Primary diagnosis field = F06–F99 or secondary diagnosis field = X60–X84, Y10–Y19, Y28 when primary diagnosis is not F06–F99
Substance-related and addictive disorders	291.x (all 291 codes), 292.x (all 292 codes), 303.x (all 303 codes), 304.x (all 304 codes), 305.x, 312.31. Provisional = 16	F10–F19, F55
Schizophrenia spectrum and other psychotic disorders	293.81/82, 295.x (all 295 codes), 297.x (all 297 codes), 298.x (all 298 codes). Provisional = 2	F06.0-2, F20, F22–F29, F53.1
Mood disorders	293.83, 296.x (all 296 codes), 300.4x, 301.13, 311.x, 625.4. Provisional = 3, 4	F06.3, F30.x–F34.x, F38.x, F39.x, F53.0
Anxiety disorders	293.84, 300, 300.0x, 300.2x, 309.21, 313.23. Provisional = 5	F06.4, F40, F41, F93.0-2, F94.0
Trauma- and stressor-related disorders	308.3x, 309, 309.0x, 309.24, 309.28, 309.3x, 309.4x, 309.81, 309.89, 309.9x, 313.89. Provisional = 7	F43.x, F94.1, F94.2
Obsessive-compulsive disorder and related disorders	300.3x, 300.7x, 312.39, 698.4x. Provisional = 6	F42.x, F45.2, F63.3
Personality disorders	301, 301.0x, 301.2x, 301.4x, 301.5x, 301.6x, 301.7x, 301.81-3, 301.89, 301.9x 310.1. Provisional = 18	F07.0, F21, F60, F61, F62, F68, F69
Intentional self-injury	Not applicable (DAD/NACRS only)	Secondary diagnosis = X60–X84, Y10–Y19, Y28 when primary diagnosis is not F06–F99

OHIP DIAGNOSTIC CODES (BASED ON ICD-8-CM)

Category	International Classification of Diseases, Eighth Revision, Clinical modification (ICD-8-CM) code
Any mental health disorder or addiction	Psychotic disorders 295: Schizophrenia 296: Manic-depressive psychoses, involuntional melancholia 297: Other paranoid states 298: Other psychoses

OHIP DIAGNOSTIC CODES (BASED ON ICD-8-CM)

Category	International Classification of Diseases, Eighth Revision, Clinical Modification (ICD-8-CM) code
Any mental health disorder or addiction	<p>Non-psychotic disorders</p> <ul style="list-style-type: none"> 300: Anxiety neurosis, hysteria, neurasthenia, obsessive-compulsive neurosis, reactive depression 301: Personality disorders 302: Sexual deviations 306: Psychosomatic illness 309: Adjustment reaction 311: Depressive disorder <p>Substance use disorders</p> <ul style="list-style-type: none"> 303: Alcoholism 304: Drug dependence <p>Social problems</p> <ul style="list-style-type: none"> 897: Economic problems 898: Marital difficulties 899: Parent-child problems 900: Problems with aged parents or in-laws 901: Family disruption/divorce 902: Education problems 904: Social maladjustment 905: Occupational problems 906: Legal problems 909: Other problems of social adjustment <p>Other</p> <ul style="list-style-type: none"> 291: Alcoholic psychosis, delirium tremens, Korsakov's psychosis 292: Drug psychosis 299: Childhood psychoses (e.g., autism) 307: Habit spasms, tics, stuttering, tension headaches, anorexia nervosa, sleep disorders 313: Behaviour disorders of childhood and adolescence 314: Hyperkinetic syndrome of childhood 315: Specified delays in development (e.g., dyslexia, dyslalia, motor retardation)



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