

# **IHE Mental Health In Your Pocket**

# **2019**

**A Handbook of Mental Health Economic Statistics**



**INSTITUTE OF  
HEALTH ECONOMICS**  
ALBERTA CANADA

## Introduction

*IHE Mental Health In Your Pocket 2019* is a compendium of economic statistics about mental health in Canada; it brings together information that demonstrates the burden of mental illness and where Canada's mental health system ranks among other developed countries.

To provide important consolidated information on key indicators that depict the state of our mental health system, *IHE Mental Health In Your Pocket 2019* is organized around three fundamental questions: What is the burden of mental illness? What resources do we as a society commit to address this burden? How does the system perform in allocating resources to the population dealing with mental illness, in terms of utilization and expenditures?

*Please note:* The categories and data presented are not exhaustive. Researchers selected data based on multiple considerations, including but not limited to whether data: was available at the time of development, aggregated appropriately, and collected in a rigorous manner. All data sources are referenced.

Jian Wang conducted the research and writing of the handbook, along with Alain Lesage and Philip Jacobs. Gareth Hopkin, Thomas Poder, Anne Dezetter, and Helen-Maria Vasiliadis assisted with the revision, Stefanie Kletke edited the content and prepared the PDF format, and Mark Bieber created the interactive online platform.

For more information and to access the *IHE Mental Health In Your Pocket 2019* virtual handbook, please visit [www.ihe.ca/ihe-iyip-series/mhiyp-2019/mental-health-iyip-2019](http://www.ihe.ca/ihe-iyip-series/mhiyp-2019/mental-health-iyip-2019).

*IHE Mental Health In Your Pocket 2019* is also available in French! *IHE Statistiques économiques en santé mentale dans votre poche (SÉSaMe) 2019* est aussi disponible en français en version électronique. Pour plus d'informations, s'il vous plaît visitez [www.ihe.ca/ihe-iyip-series/mhiyp-2019/sesame-2019](http://www.ihe.ca/ihe-iyip-series/mhiyp-2019/sesame-2019) ou écrivez-nous à [info@ihe.ca](mailto:info@ihe.ca).

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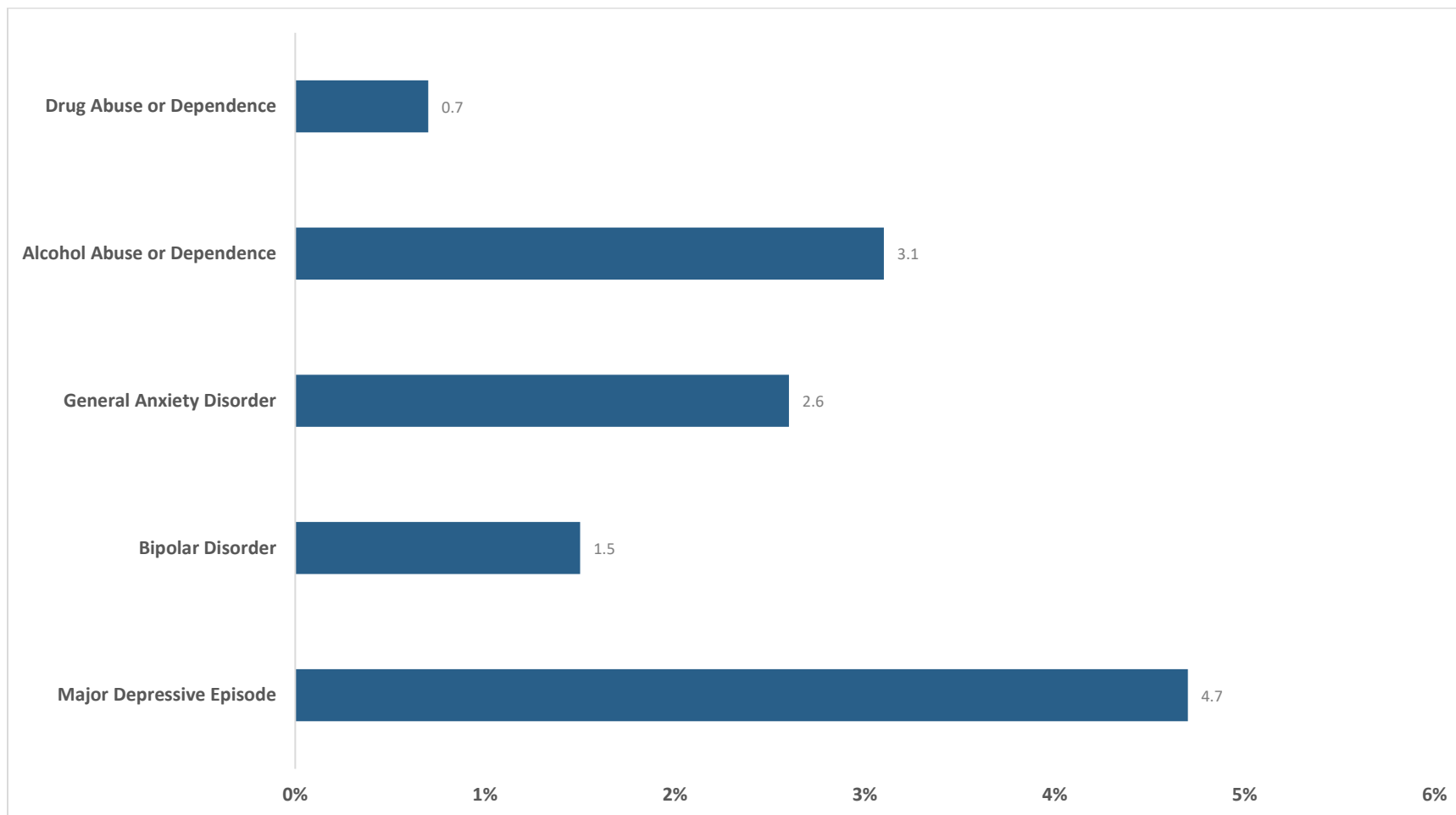
## Section I: Burden

## Twelve-month prevalence of selected mental and addictive disorders among Canadians aged 15 years or older, by province (2012) (weighted proportions\*)

	Major depressive episode	Bipolar disorder	General anxiety disorder	Alcohol abuse or dependence	Drug abuse or dependence
Newfoundland and Labrador	4.5%	1.8%	3.7%	2.1%	0.3%
Prince Edward Island	2.9%	1.1%	2.3%	3.1%	0.3%
Nova Scotia	5.6%	1.5%	3.1%	3.3%	0.9%
New Brunswick	4.6%	1.5%	3.4%	3.1%	0.7%
Quebec	4.4%	1.1%	2.2%	2.7%	0.5%
Ontario	4.8%	1.8%	2.5%	3.0%	0.7%
Manitoba	7.0%	1.4%	3.5%	5.1%	1.2%
Saskatchewan	3.7%	1.3%	3.2%	3.6%	0.8%
Alberta	4.5%	1.7%	2.5%	3.5%	1.0%
British Columbia	4.6%	1.4%	2.6%	3.3%	0.8%
Canada	4.7%	1.5%	2.6%	3.1%	0.7%

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## Twelve-month prevalence of selected mental and addictive disorders among Canadians aged 15 years or older (2012)



Source: Statistics Canada. *Canadian Community Health Survey (CCHS) – Mental Health 2012*. Ottawa (ON): Statistics Canada. Available from: [http://www23.statcan.gc.ca/imdb-bmdi/instrument/5105\\_Q1\\_V3-eng.pdf](http://www23.statcan.gc.ca/imdb-bmdi/instrument/5105_Q1_V3-eng.pdf).

Source information: The Canadian Community Health Survey (CCHS) is a cross-sectional survey that collects information related to health status, health care utilization, and health determinants for the Canadian population. The 2012 CCHS – Mental Health measured six mental and

substance abuse disorders, including major depressive episode, bipolar disorder, generalized anxiety disorder, and abuse of or dependence on alcohol, cannabis, or other drugs. Selected mental disorders and substance abuse disorders were assessed by a standardized questionnaire derived from the World Health Organisation Composite International Diagnostic Interview. The latest version of the CCHS was conducted in 2012, yielding a sample of 25,113, representing 28.3 million Canadian residents. Public use microdata file documentation can be accessed at: <https://www.statcan.gc.ca/eng/survey/household/5015>.

\* Statistics Canada requires users to incorporate the survey weights in their calculations in order for estimates produced from survey data to be representative of the covered population. A survey weight is given to each person included in the final sample, that is, the sample of persons having answered the survey. This weight corresponds to the number of households in the entire population that are represented by the respondent.

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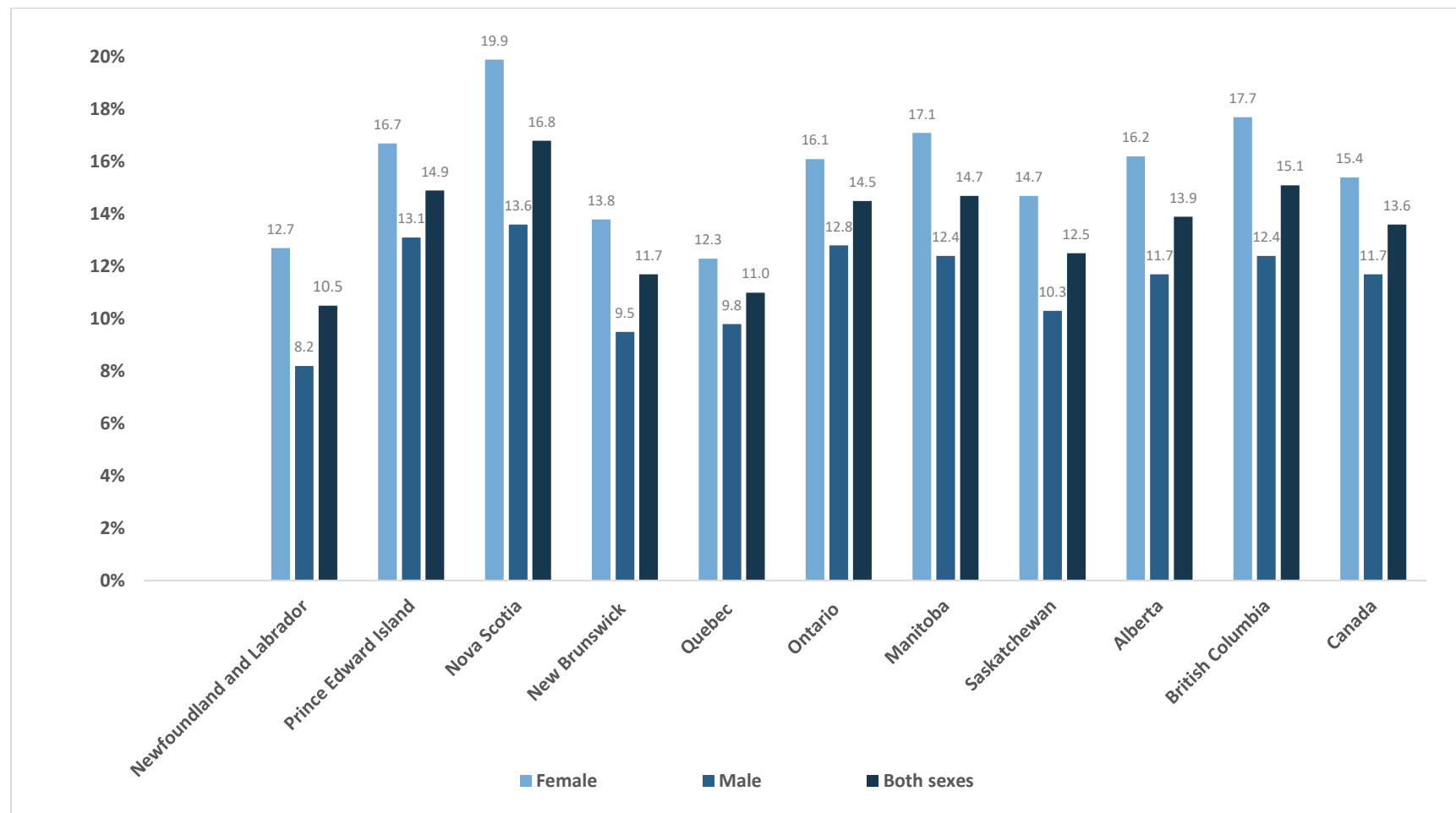


## Age-standardized annual prevalence of diagnosed mental disorders in Canada, by province and sex (2009-2010)

	Female	Male	Both sexes
Newfoundland and Labrador	12.7%	8.2%	10.5%
Prince Edward Island	16.7%	13.1%	14.9%
Nova Scotia	19.9%	13.6%	16.8%
New Brunswick	13.8%	9.5%	11.7%
Quebec	12.3%	9.8%	11.0%
Ontario	16.1%	12.8%	14.5%
Manitoba	17.1%	12.4%	14.7%
Saskatchewan	14.7%	10.3%	12.5%
Alberta	16.2%	11.7%	13.9%
British Columbia	17.7%	12.4%	15.1%
Canada	15.4%	11.7%	13.6%

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## Age-standardized annual prevalence of diagnosed mental disorders in Canada, by province and sex (2009-2010)



Source: Public Health Infobase [Internet]. Canadian Chronic Disease Surveillance System 2000/01-2015/16. Ottawa (ON): Public Health Agency of Canada; [updated 27 Sep 2018; cited 21 Nov 2018]. Available from: <https://infobase.phac-aspc.gc.ca/CCDSS-SCSMC/data-tool/>.

Source information: "The [Canadian Chronic Disease Surveillance System (CCDSS)] is a collaborative network of provincial and territorial chronic disease surveillance systems, supported by the Public Health Agency of Canada. It identifies chronic disease cases from provincial and

territorial administrative health databases, including physician billing claims and hospital discharge abstract records, linked to provincial and territorial health insurance [registries]. Data on all residents who are eligible for provincial or territorial health insurance (about 97% of the Canadian population) are captured in the health insurance registry...The CCDSS identified individuals as having used health services for a mental illness case if they met a minimum requirement of at least one physician claim or one hospital discharge abstract in a given year, using the mental illness codes in the 9<sup>th</sup> or 10<sup>th</sup> edition of the International Classification of Diseases [ICD].” Overall mental disorders ICD-9 codes were 290-319 and ICD-10 were F00 to F99; anxio-depressive ICD-9 codes were 296, 300, and 311; ICD-10 codes were F30 to F48 and F68. Public Health Agency of Canada. *Report from the Canadian Chronic Disease Surveillance System: Mental illness in Canada, 2015*. Ottawa (ON): Public Health Agency of Canada; 2015. Available from: <https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/publications/diseases-conditions-maladies-affections/mental-illness-2015-maladies-mentales/alt/mental-illness-2015-maladies-mentales-eng.pdf>.

Note: Rates were age-standardized to the 2011 Canadian population using life-course age groups. Age-standardized rates are based on non-rounded counts.

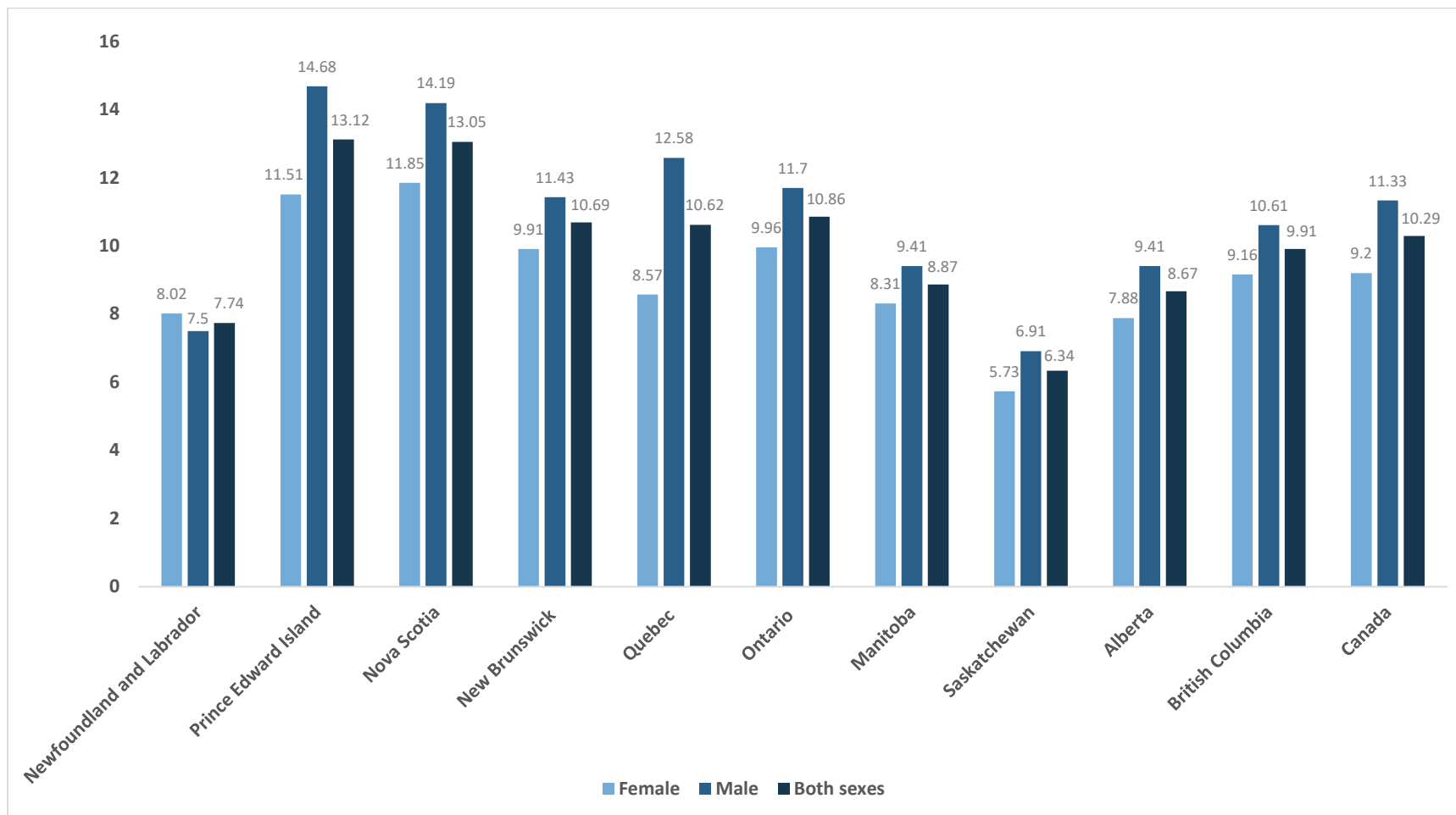
**Last updated on March 26, 2019**

## Annual prevalence of diagnosed mental disorders among children aged 1 to 19 years in Canada, by province and sex (2015)

	Female	Male	Both sexes
Newfoundland and Labrador	8.02	7.50	7.74
Prince Edward Island	11.51	14.68	13.12
Nova Scotia	11.85	14.19	13.05
New Brunswick	9.91	11.43	10.69
Quebec	8.57	12.58	10.62
Ontario	9.96	11.70	10.86
Manitoba	8.31	9.41	8.87
Saskatchewan	5.73	6.91	6.34
Alberta	7.88	9.41	8.67
British Columbia	9.16	10.61	9.91
Canada	9.20	11.33	10.29

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## Annual prevalence of diagnosed mental disorders among children aged 1 to 19 years in Canada, by province and sex (2015)



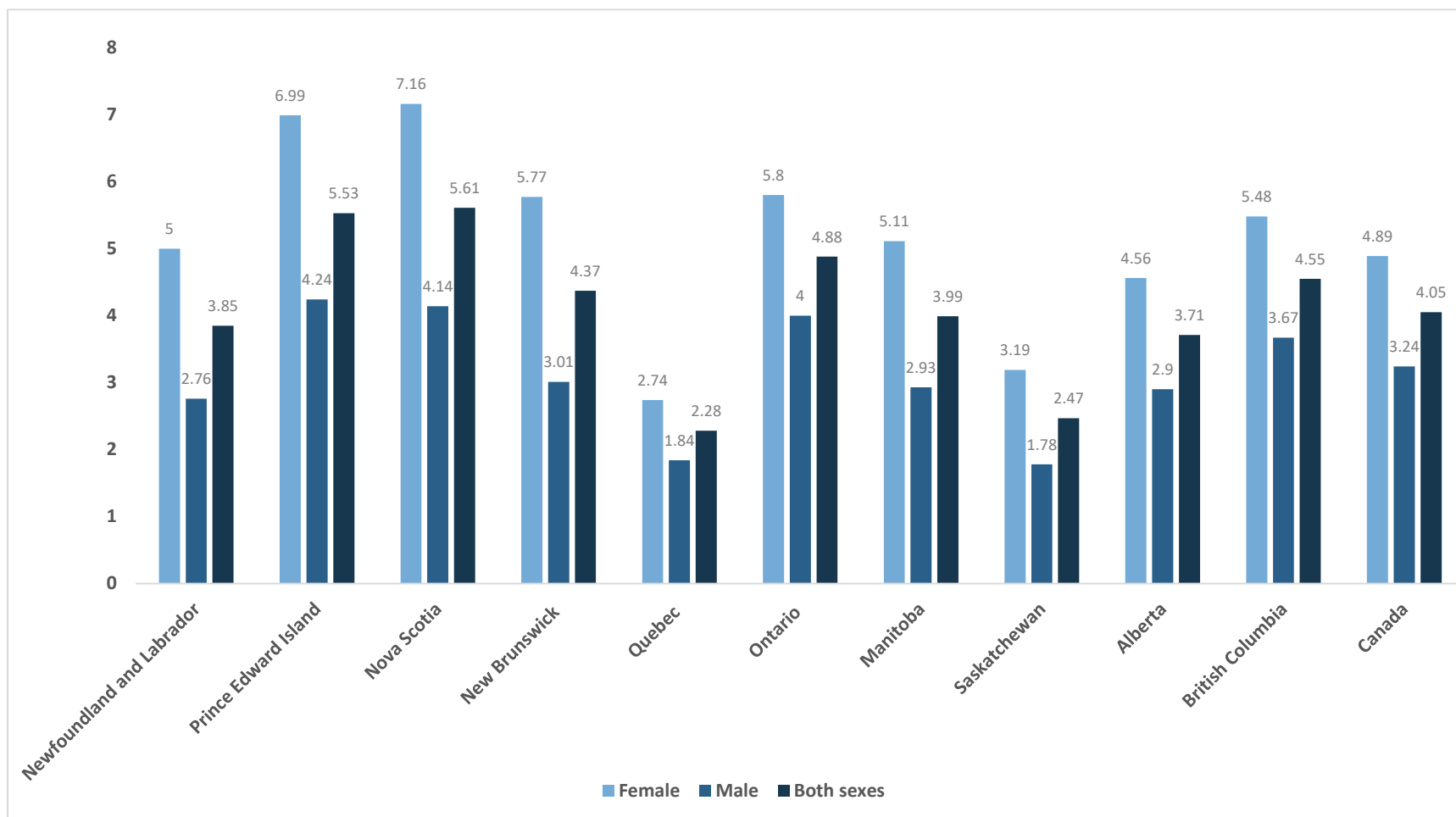
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## Annual prevalence of mood and anxiety disorders among children aged 1 to 19 years in Canada, by province and sex (2015)

	Female	Male	Both sexes
Newfoundland and Labrador	5.00	2.76	3.85
Prince Edward Island	6.99	4.24	5.53
Nova Scotia	7.16	4.14	5.61
New Brunswick	5.77	3.01	4.37
Quebec	2.74	1.84	2.28
Ontario	5.80	4.00	4.88
Manitoba	5.11	2.93	3.99
Saskatchewan	3.19	1.78	2.47
Alberta	4.56	2.90	3.71
British Columbia	5.48	3.67	4.55
Canada	4.89	3.24	4.05

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## Annual prevalence of mood and anxiety disorders among children aged 1 to 19 years in Canada, by province and sex (2015)



Source: Public Health Infobase [Internet]. Canadian Chronic Disease Surveillance System 2000/01-2015/16. Ottawa (ON): Public Health Agency of Canada; [updated 27 Sep 2018; cited 21 Nov 2018]. Available from: <https://infobase.phac-aspc.gc.ca/CCDSS-SCSMC/data-tool/>.

Source information: "The [Canadian Chronic Disease Surveillance System (CCDSS)] is a collaborative network of provincial and territorial chronic disease surveillance systems, supported by the Public Health Agency of Canada. It identifies chronic disease cases from provincial and territorial administrative health databases, including physician billing claims and hospital discharge abstract records, linked to provincial and territorial health insurance [registries]. Data on all residents who are eligible for provincial or territorial health insurance (about 97% of the Canadian population) is captured in the health insurance registry...The CCDSS identified individuals as having used health services for a mental illness case if they met a minimum requirement of at least one physician claim or one hospital discharge abstract in a given year, using the mental illness codes in the 9<sup>th</sup> or 10<sup>th</sup> edition of the International Classification of Diseases [ICD]." Overall mental disorders ICD-9 codes were 290-319 and ICD-10 were F00 to F99; anxio-depressive ICD-9 codes were 296, 300, and 311; ICD-10 codes were F30 to F48 and F68. Public Health Agency of Canada. *Report from the Canadian Chronic Disease Surveillance System: Mental illness in Canada, 2015*. Ottawa (ON): Public Health Agency of Canada; 2015. Available from: <https://www.canada.ca/content/dam/canada/health-canada/migration/healthy-canadians/publications/diseases-conditions-maladies-affections/mental-illness-2015-maladies-mentales/alt/mental-illness-2015-maladies-mentales-eng.pdf>.

Note: Rates were age-standardized to the 2011 Canadian population using life-course age groups. Age-standardized rates are based on non-rounded counts.

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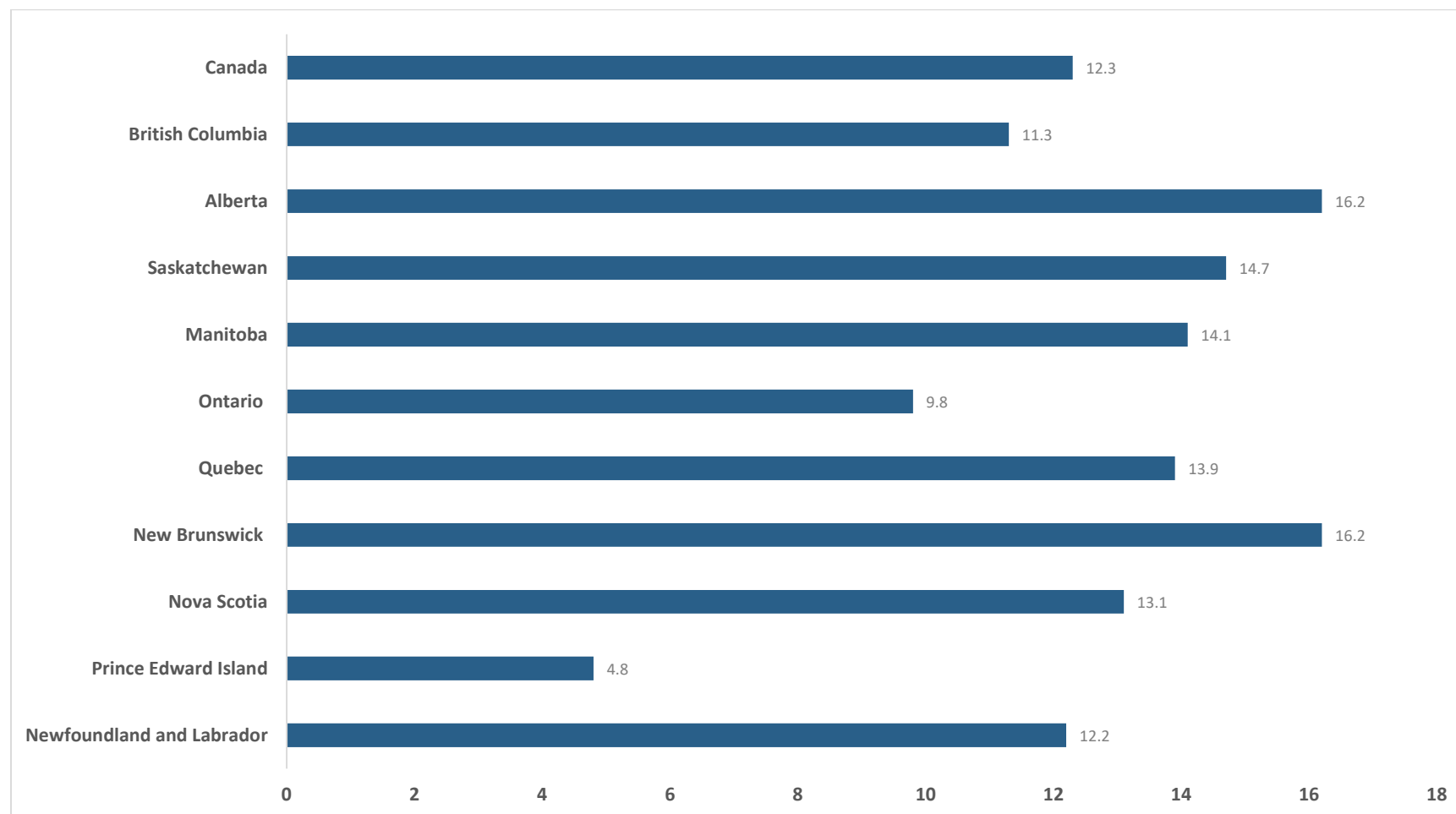


## Age-standardized suicide rates per 100,000 population in Canada, by province and sex (2015)

	Female		Male	
	Number of deaths	Age-standardized suicide rate per 100,000 population	Number of deaths	Age-standardized suicide rate per 100,000 population
Newfoundland and Labrador	13	5.3	50	19.2
Prince Edward Island	3	4.2	5	5.5
Nova Scotia	22	4.8	104	22.1
New Brunswick	27	6.9	99	26.0
Quebec	300	7.2	849	20.6
Ontario	382	5.5	967	14.4
Manitoba	60	9.4	119	18.9
Saskatchewan	30	5.6	129	23.8
Alberta	172	8.7	487	23.6
British Columbia	123	5.1	421	17.8
Canada	1,136	6.3	3,269	18.5

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## Age-standardized suicide rates per 100,000 population in Canada, by province (2015)



Source: Statistics Canada [Internet]. Table 13-10-0800-01: Deaths and mortality rate (age standardization using 2011 population), by selected grouped causes. Ottawa (ON): Statistics Canada; [cited 29 Oct 2018]. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310080001&pickMembers%5B0%5D=1.1&pickMembers%5B1%5D=2.1&pickMembers%5B2%5D=4.2>.

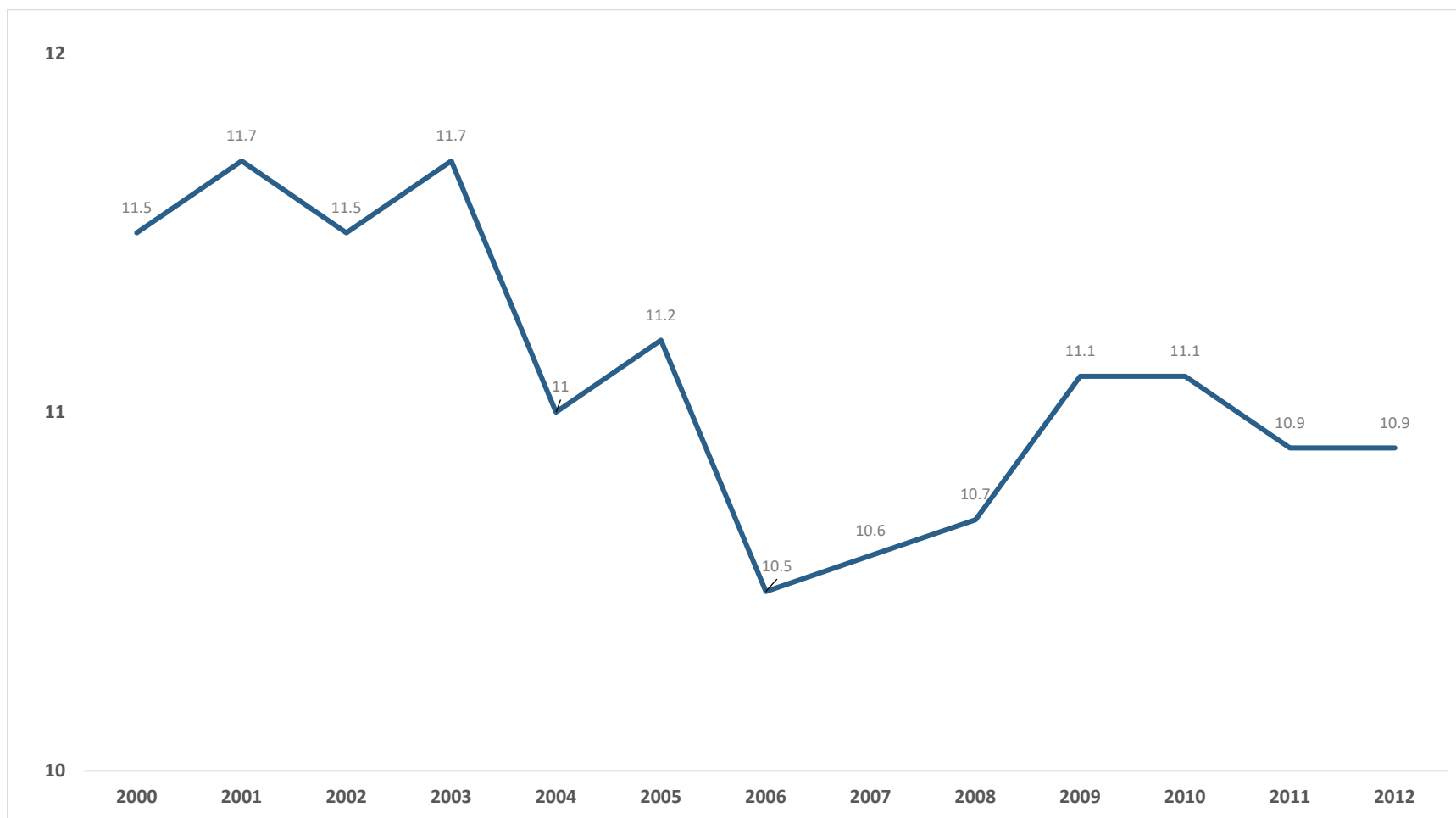
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## Suicide rates per 100,000 population in Canada (2000-2012)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of deaths by suicide per 100,000	11.5	11.7	11.5	11.7	11.0	11.2	10.5	10.6	10.7	11.1	11.1	10.9	10.9

*(cont'd on next page)*

## Suicide rates per 100,000 population in Canada (2000-2012)



Source: How Canada Performs [Internet]. Suicides. Ottawa (ON): The Conference Board of Canada; c2018 [updated Apr 2017; cited 29 Oct 2018]. Available from: <https://www.conferenceboard.ca/hcp/provincial/society/suicides.aspx>.

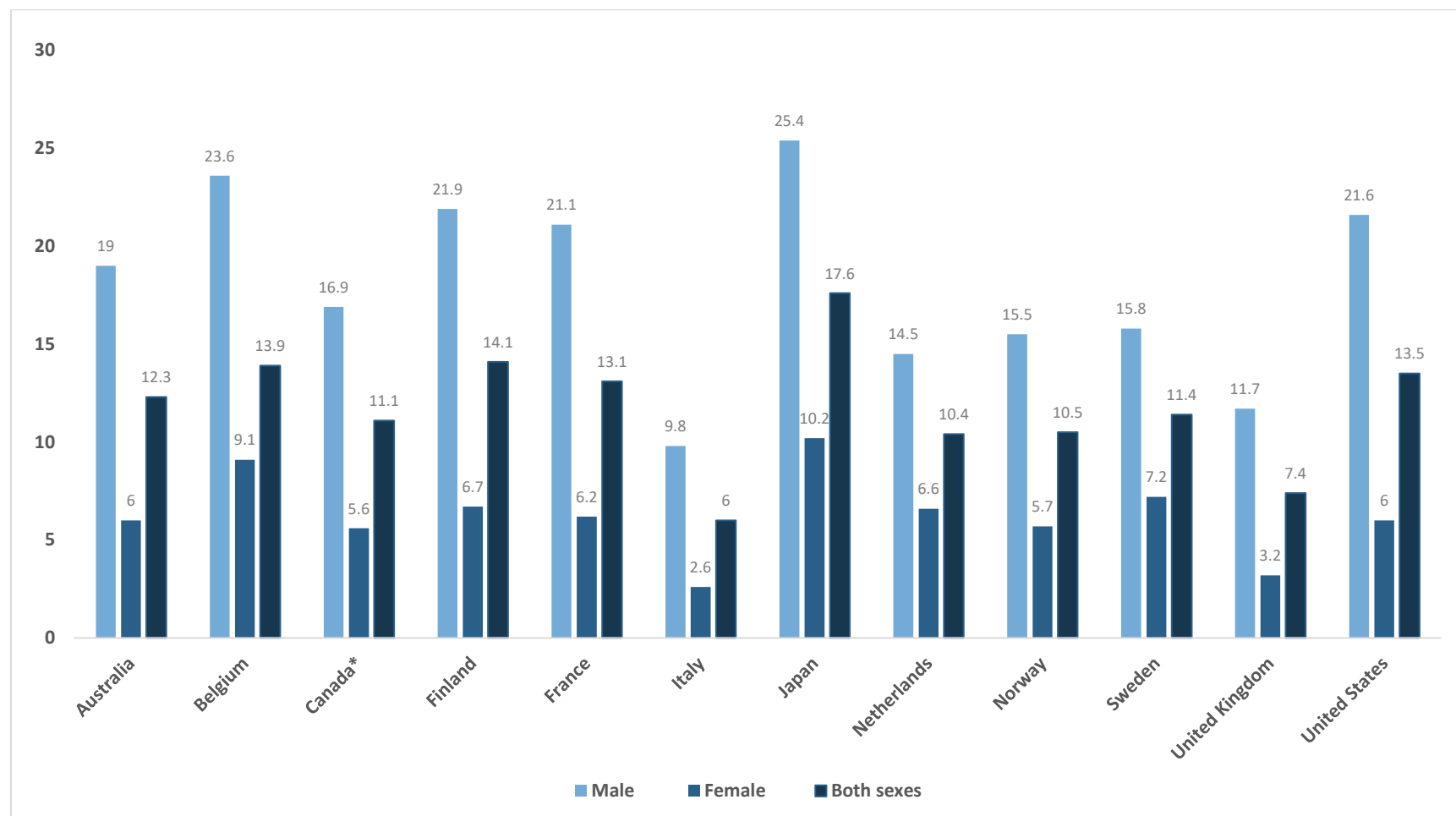
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## Suicide rates per 100,000 population for selected OECD countries (2014)

	Male	Female	Both sexes
Australia	19.0	6.0	12.3
Belgium	23.6	9.1	13.9
Canada*	16.9	5.6	11.1
Finland	21.9	6.7	14.1
France	21.1	6.2	13.1
Italy	9.8	2.6	6.0
Japan	25.4	10.2	17.6
Netherlands	14.5	6.6	10.4
Norway	15.5	5.7	10.5
Sweden	15.8	7.2	11.4
United Kingdom	11.7	3.2	7.4
United States	21.6	6.0	13.5

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## Suicide rates per 100,000 population for selected OECD countries (2014)



Source: Organisation for Economic Co-operation and Development (OECD) [Internet]. OECD Data: Suicide rates. Paris: OECD; c2018 [cited 29 Oct 2018]. Available from: <https://data.oecd.org/healthstat/suicide-rates.htm>.

Source information: "Suicide rates are defined as the deaths deliberately initiated and performed by a person in the full knowledge or expectation of its fatal outcome. Comparability of data between countries is affected by a number of reporting criteria, including how a person's intention of killing themselves is ascertained, who is responsible for completing the death certificate, whether a forensic investigation is

carried out, and the provisions for confidentiality of the cause of death. Caution is required therefore in interpreting variations across countries. The rates have been directly age-standardised to the 2010 OECD population to remove variations arising from differences in age structures across countries and over time. The original source of the data is the [World Health Organisation (WHO)] Mortality Database.”

\* 2013 data

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## Section II: Resources

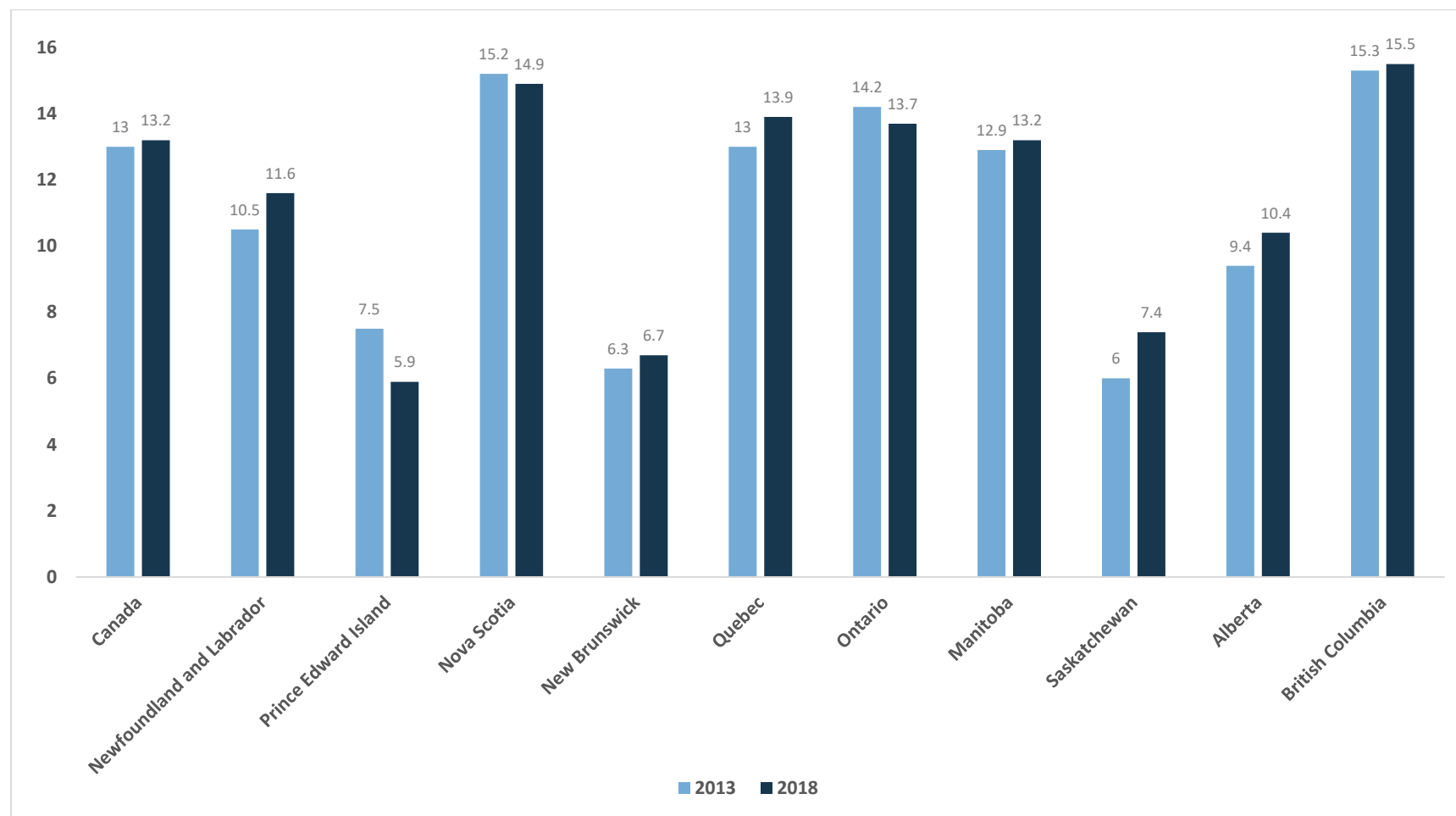


## Psychiatrist workforce in Canada, by province (2013 and 2018)

	2013		2018	
	Number of psychiatrists	Psychiatrists per 100,000 population	Number of psychiatrists	Psychiatrists per 100,000 population
Canada	4,523	13.0	4,864	13.2
Newfoundland and Labrador	54	10.5	61	11.6
Prince Edward Island	11	7.5	9	5.9
Nova Scotia	144	15.2	143	14.9
New Brunswick	48	6.3	51	6.7
Quebec	1,049	13.0	1,171	13.9
Ontario	1,917	14.2	1,962	13.7
Manitoba	164	12.9	178	13.2
Saskatchewan	65	6.0	87	7.4
Alberta	364	9.4	449	10.4
British Columbia	706	15.3	751	15.5

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## Psychiatrists per 100,000 population in Canada, by province (2013 and 2018)



Source: Canadian Medical Association (CMA). *Psychiatry profile*. Ottawa (ON): CMA; 2018. Available from: <https://www.cma.ca/sites/default/files/2019-01/psychiatry-e.pdf>.

Source information: "Psychiatry is the medical specialty that deals with the diseases of the mind. Psychiatric patients manifest illnesses and problems that require a comprehensive biological, psychological and social evaluation to understand their illnesses and their needs. Central to the psychiatrist's role is a comprehensive assessment, leading to a diagnosis and a treatment plan for the care and rehabilitation

of patients with mental illness, and emotional and behavioural disorders. Psychiatrists use a combination of biological, psychological and social treatment modalities. They must be comfortable in working with the patient, as opposed to working on the patient. To do this successfully, they must possess the skills and comfort level to work and lead a team that includes the patient, their family and other mental health professionals and agencies.”

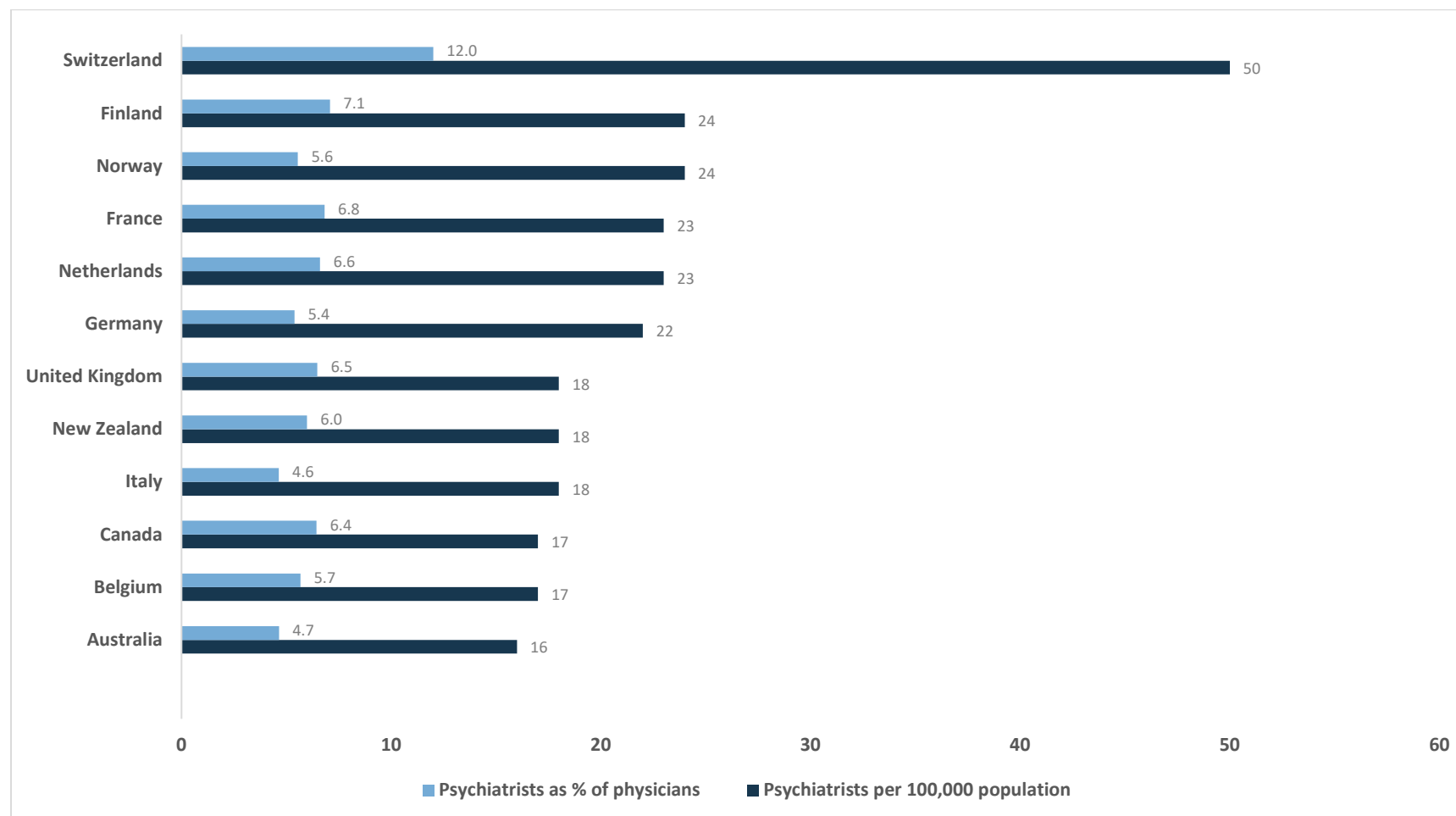
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## Psychiatrist workforce in selected OECD countries (2015)

	Psychiatrists as % of physicians	Psychiatrists per 100,000 population
Australia	4.7	16
Belgium	5.7	17
Canada	6.4	17
Finland	7.1	24
France	6.8	23
Germany	5.4	22
Italy	4.6	18
Netherlands	6.6	23
New Zealand	6.0	18
Norway	5.6	24
Switzerland	12.0	50
United Kingdom	6.5	18

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## Psychiatrist workforce in selected OECD countries (2015)



Source: Organisation for Economic Co-operation and Development (OECD) [Internet]. OECD.Stat: Health - Health care resources. Paris: OECD; [cited 24 Jan 2019]. Available from: [http://stats.oecd.org/Index.aspx?DataSetCode=HEALTH\\_REAC](http://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_REAC).

Source information: "OECD Health Statistics offers the most comprehensive source of comparable statistics on health and health systems across OECD countries...It provides data on the health status of the population including obesity..., suicide and life expectancy, health care financing, health care resources, social protection, health care utilization, the pharmaceutical market, long-term care resources and

utilization, non-medical determinants of health, expenditure on health, and demographic and economic references, with coverage being provided for OECD and selected non-OECD countries as far back as 1960." OECD [Internet]. OECDiLibrary: OECD Health Statistics. Paris: OECD; c2019 [cited 24 Jan 2019]. Available from: <https://www.oecd-ilibrary.org/social-issues-migration-health/data/oecd-health-statistics/health-data-en>.

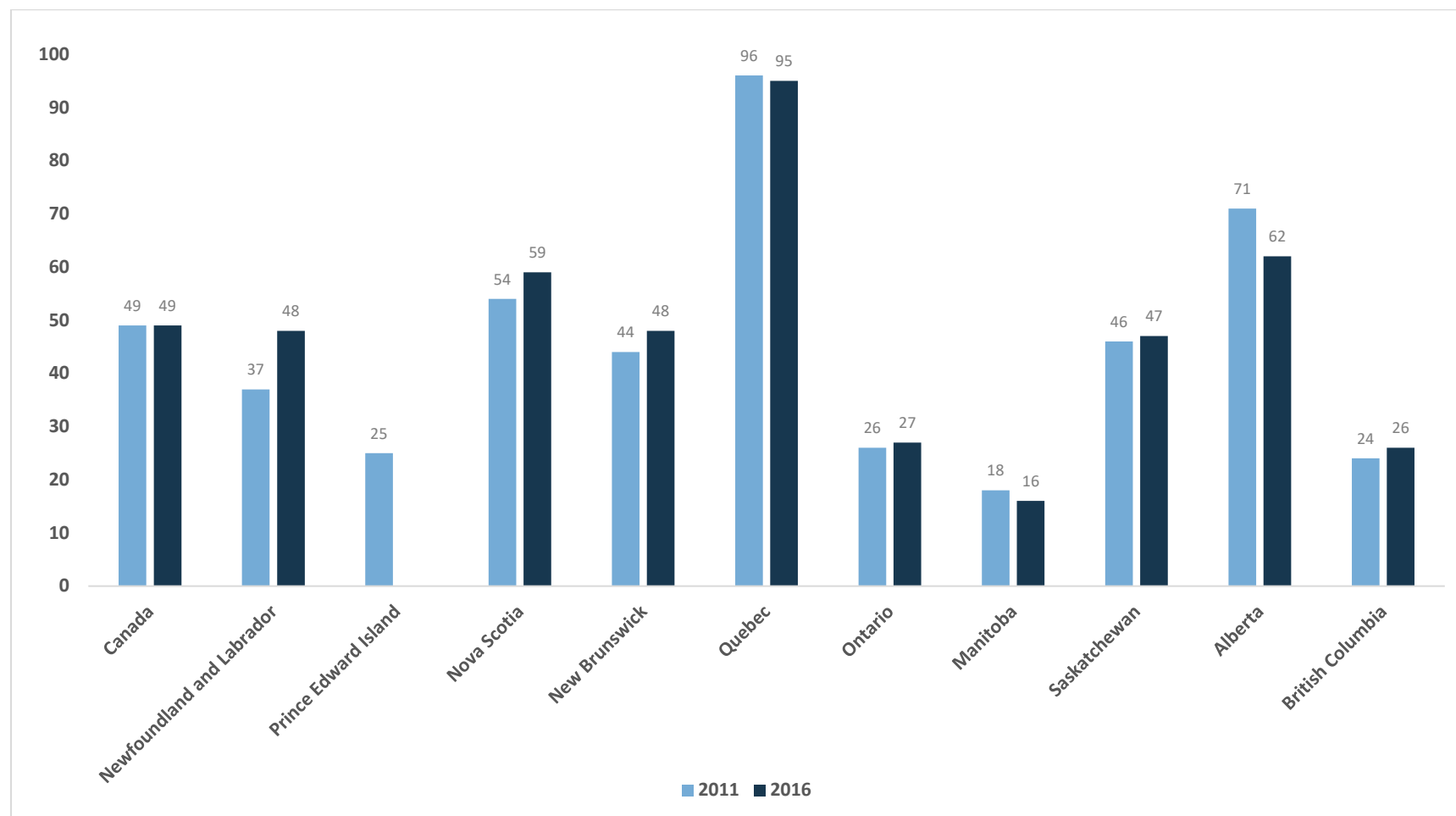
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## Psychologist workforce in Canada, by province (2011 and 2016)

	2011		2016	
	Number of psychologists	Psychologists per 100,000 population	Number of psychologists	Psychologists per 100,000 population
Canada	16,649	49	17,493	49
Newfoundland and Labrador	192	37	253	48
Prince Edward Island	36	25	NA	NA
Nova Scotia	508	54	552	59
New Brunswick	332	44	364	48
Quebec	7,654	96	7,864	95
Ontario	3,384	26	3,778	27
Manitoba	218	18	211	16
Saskatchewan	491	46	537	47
Alberta	2,688	71	2,613	62
British Columbia	1,082	24	1,238	26

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## Psychologists per 100,000 population in Canada, by province (2011 and 2016)



Source: Canadian Institute for Health Information (CIHI) [Internet]. Canada's health care providers: Provincial profiles, 2007 to 2016 – Data tables. Ottawa (ON): CIHI; 7 Dec 2017 [cited 24 Jan 2019]. Available from: <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC3604&media=0>.



Source information: "The Health Workforce Database (HWDB) at the Canadian Institute for Health Information (CIHI) is a pan-Canadian database that contains supply, demographic, education and employment information on 30 groups of health care providers...The information collected varies by group."

"In provinces and territories where health professions are regulated or require a licence to practise, official registration with the provincial/territorial regulatory/licensing authority requires the completion of registration form on an annual basis. In provinces and territories where health professions are not regulated, health care providers often register with their respective national association to obtain an annual membership." CIHI. *Health workforce database, 2016: Methodology guide*. Ottawa (ON): CIHI; 2017.

Notes: "Statistics reported by CIHI may differ from those reported by others, even though the source of the data (i.e., annual registration forms) is the same. Differences may be attributed to differences in the population of reference, the collection period and/or CIHI's data exclusion criteria and editing and processing methodologies." CIHI. *Health workforce database, 2016: Methodology guide*. Ottawa (ON): CIHI; 2017.

"Psychologists are regulated health professionals who study the biological, cognitive, emotional, social, cultural and environmental determinants of behaviour — in other words, how people think, feel and behave in their social and physical environments. Psychologists assess, diagnose and treat psychological problems and mental disorders. Psychologists provide services, teach and/or conduct research in settings such as hospitals, community clinics, private practices, universities, schools, criminal justice settings, social welfare agencies, workplace employee assistance programs, rehabilitation programs and workers' compensation boards. Psychological services are provided across a continuum of care, which includes wellness, injury and illness prevention, diagnosis and treatment, rehabilitation and relapse prevention, chronic disease and disability management, and palliative care." CIHI [Internet]. Psychologists: About psychologists. Ottawa (ON): CIHI; c1996-2019 [cited 27 Mar 2019]. Available from: <https://www.cihi.ca/en/psychologists>.

NA: not available

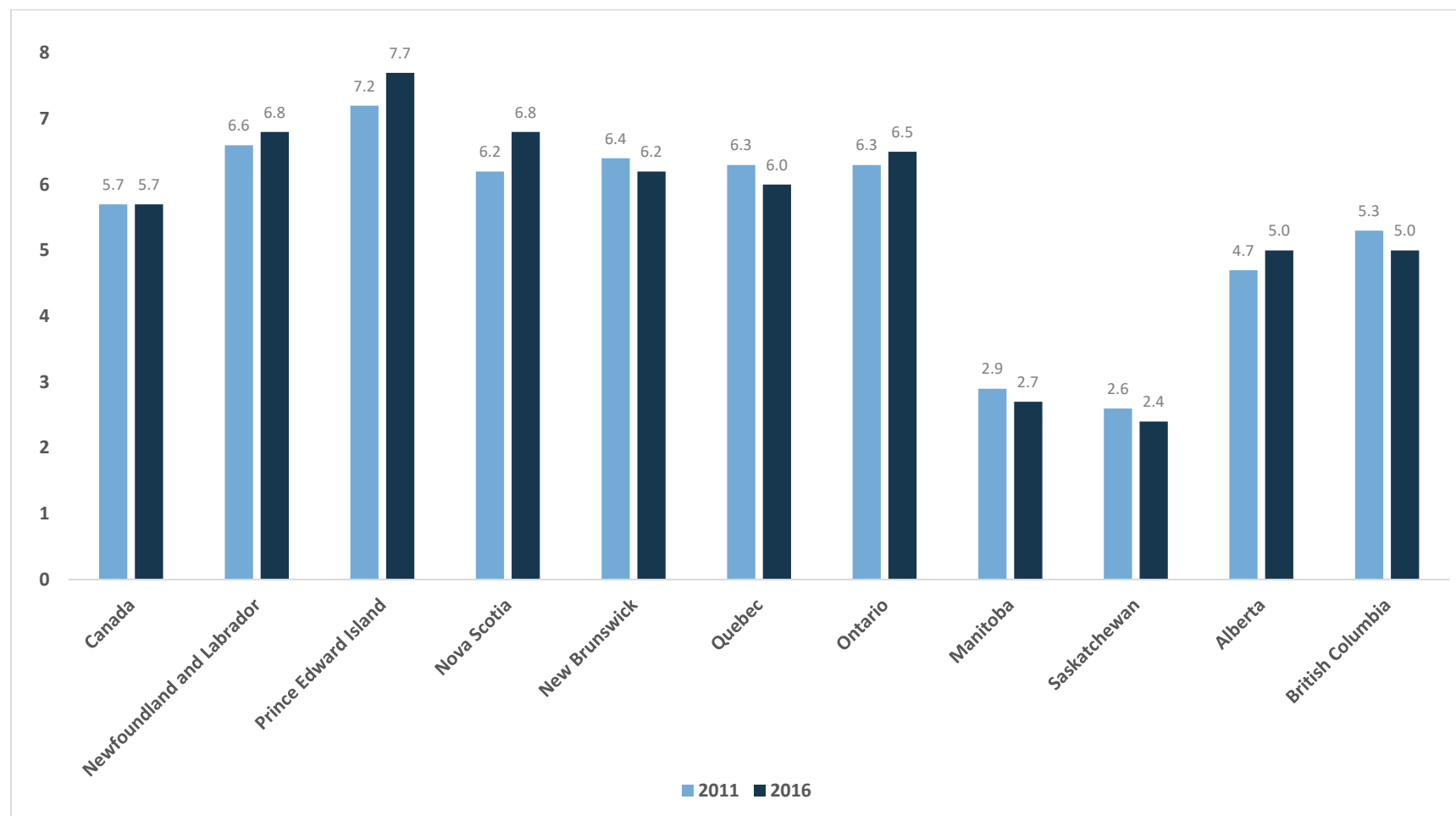
**Last updated on April 29, 2019**

## Registered nursing workforce with primary area of responsibility in direct mental health care in Canada, by province (2011 and 2016)

	2011			2016		
	Number of RNs in mental health care	RNs in mental health care as % of workforce	RNs in mental health care per 100,000 population	Number of RNs in mental health care	RNs in mental health care as % of workforce	RNs in mental health care per 100,000 population
Canada	13,292	5.7	39.7	14,502	5.7	40.0
Newfoundland and Labrador	353	6.6	68.6	370	6.8	69.8
Prince Edward Island	96	7.2	68.5	103	7.7	68.9
Nova Scotia	512	6.2	55.5	568	6.8	59.9
New Brunswick	469	6.4	62.4	429	6.2	56.6
Quebec	3,609	6.3	45.7	3,602	6.0	43.3
Ontario	5,246	6.3	40.8	5,825	6.5	41.7
Manitoba	297	2.9	24.6	266	2.7	20.2
Saskatchewan	232	2.6	22.5	228	2.4	19.9
Alberta	1,150	4.7	31.5	1,560	5.0	36.8
British Columbia	1,287	5.3	29.2	1,505	5.0	31.6

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## Percentage of registered nursing workforce with primary area of responsibility in direct mental health care in Canada, by province (2011 and 2016)



Source: Canadian Institute for Health Information (CIHI). Regulated nurses, 2016: RN/NP data tables. Table 20: Registered nursing workforce for direct care, by area of responsibility and jurisdiction, Canada, 2007, 2012 and 2016. Ottawa (ON): CIHI [cited 30 Jan 2019]. Available from: <https://www.cihi.ca/en/quick-stats>.

Source information: "There are 3 regulated nursing professions in Canada [registered nurses, nurse practitioners, and licensed practical nurses]. Each province and territory has its own legislation governing nursing practice, as well as its own body that regulates and licenses its members...*Registered nurses* [RNs] are self-regulated health care professionals who work both autonomously and in collaboration with others to enable individuals, families, groups, communities and populations to achieve their optimal levels of health. At all stages of life, in situations of health, illness, injury and disability, RNs deliver direct health care services, coordinate care and support clients in managing their own health. RNs contribute to the health care system through their leadership across a wide range of settings in practice, education, administration, research, and policy. RNs are currently regulated in all 13 provinces and territories."

Note: "Statistics reported by CIHI may differ from those reported by others, even though the source of the data (i.e., annual registration forms) is the same. Differences may be attributed to differences in the population of reference, the collection period and/or CIHI's data exclusion criteria and editing and processing methodologies." CIHI. *Health workforce database, 2016: Methodology guide*. Ottawa (ON): CIHI; 2017.

RN: registered nurse

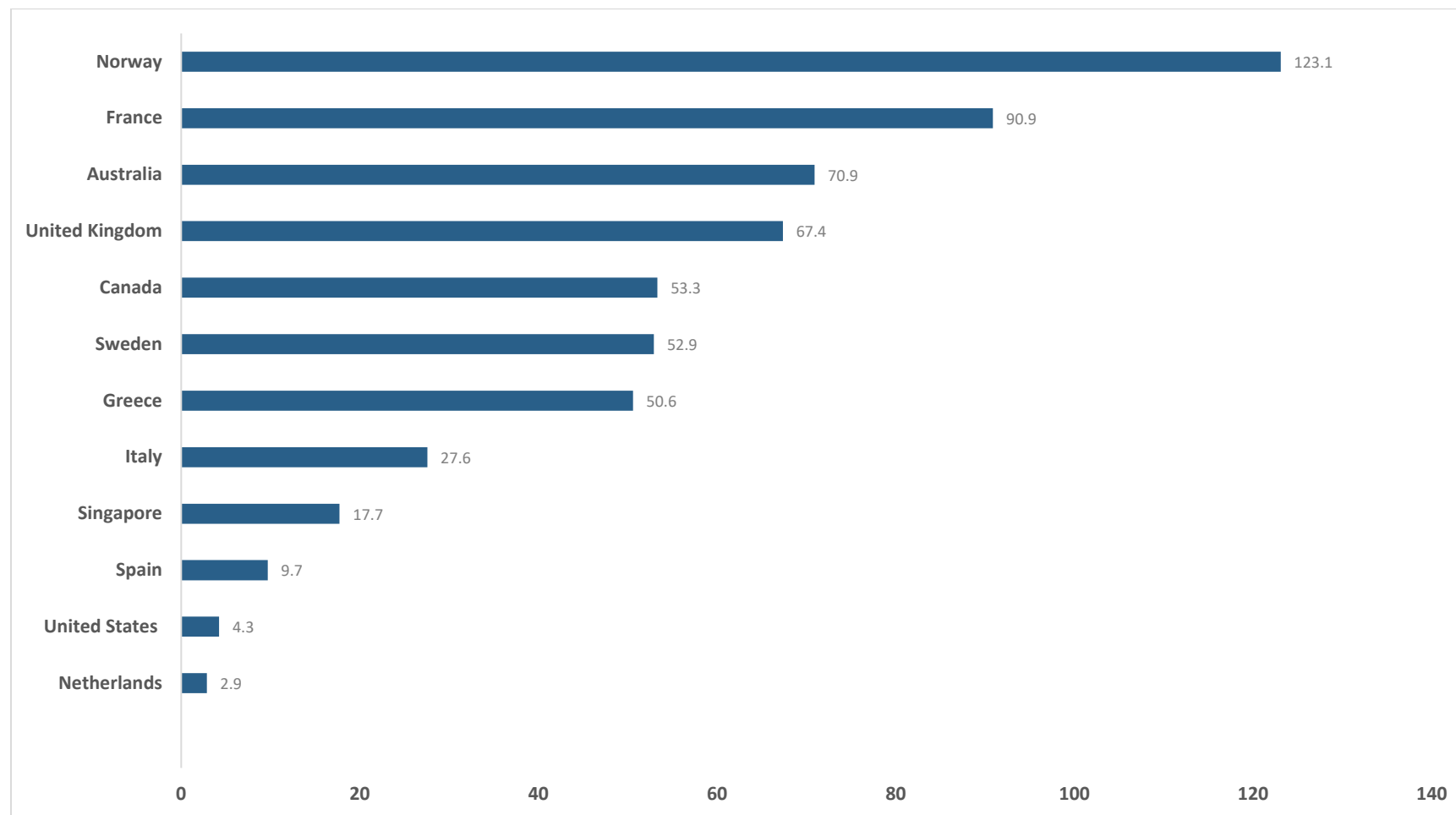
**Last updated on April 29, 2019**

## Mental health nurses per 100,000 population in selected countries (2014)

	Mental health nurses per 100,000 population
Australia	70.9
Canada	53.3
France	90.9
Greece	50.6
Italy	27.6
Netherlands	2.9
Norway	123.1
Singapore	17.7
Spain	9.7
Sweden	52.9
United Kingdom	67.4
United States	4.3

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## Mental health nurses per 100,000 population in selected countries (2014)



Source: World Health Organization (WHO) [Internet]. Mental health: Psychiatrists and nurses working in mental health sector (per 100,000 population), 2014. Geneva: WHO; c2015 [cited 24 Jan 2019]. Available from: [http://gamapserver.who.int/gho/interactive\\_charts/mental\\_health/psychiatrists\\_nurses/atlas.html](http://gamapserver.who.int/gho/interactive_charts/mental_health/psychiatrists_nurses/atlas.html).

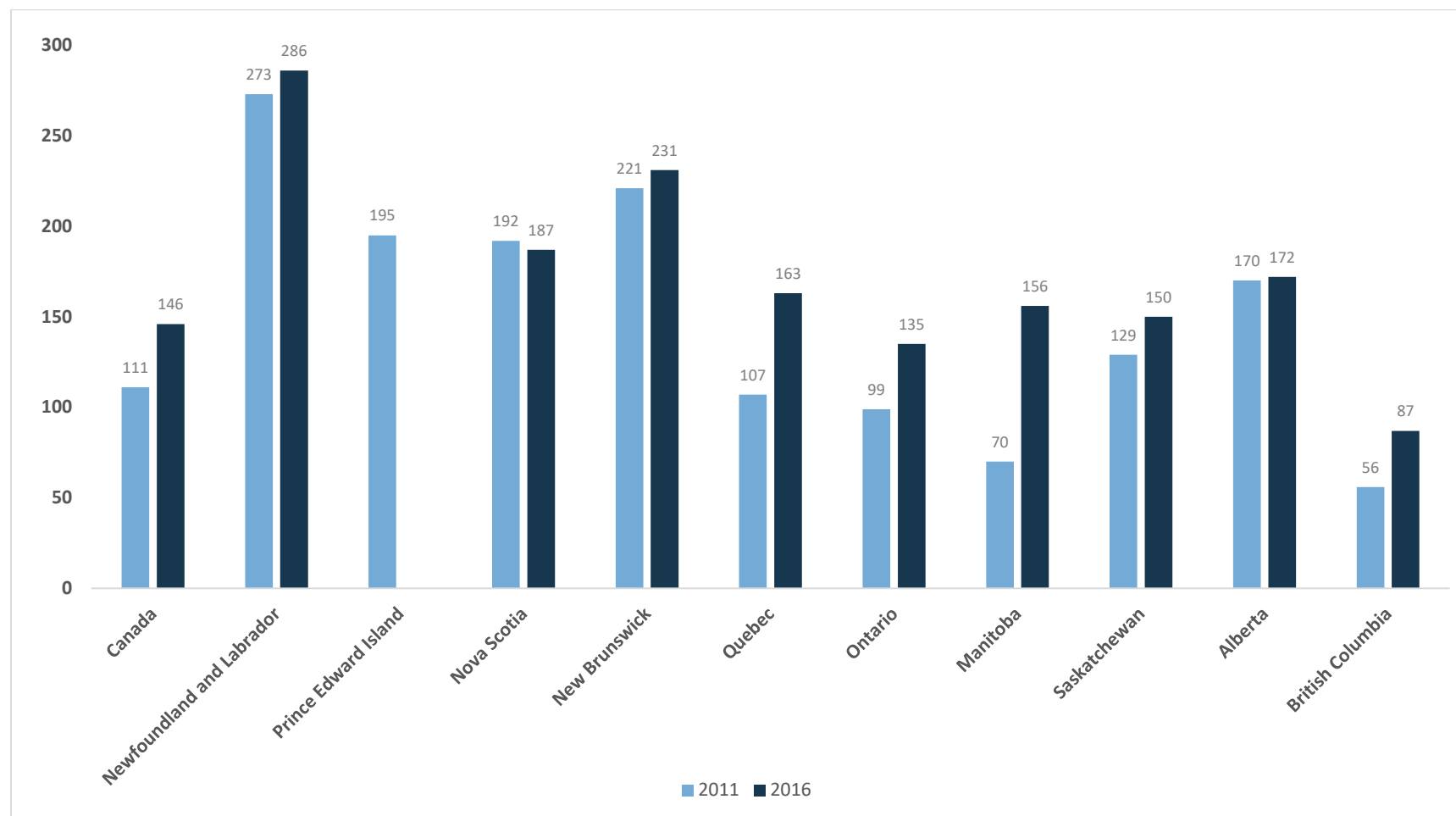
Last updated on April 29, 2019

## Social workers per 100,000 population in Canada, by province (2011 and 2016)

	2011	2016
Canada	111	146
Newfoundland and Labrador	273	286
Prince Edward Island	195	NA
Nova Scotia	192	187
New Brunswick	221	231
Quebec	107	163
Ontario	99	135
Manitoba	70	156
Saskatchewan	129	150
Alberta	170	172
British Columbia	56	87

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## Social workers per 100,000 population in Canada, by province (2011 and 2016)



Source: Canadian Institute for Health Information (CIHI) [Internet]. Canada's health care providers: Provincial profiles, 2007 to 2016 – Data tables. Ottawa (ON): CIHI; 7 Dec 2017 [cited 24 Jan 2019]. Available from: <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC3604&media=0>.



Source information: "The Health Workforce Database (HWDB) at the Canadian Institute for Health Information (CIHI) is a pan-Canadian database that contains supply, demographic, education and employment information on 30 groups of health care providers...The information collected varies by group."

"In provinces and territories where health professions are regulated or require a licence to practise, official registration with the provincial/territorial regulatory/licensing authority requires the completion of registration form on an annual basis. In provinces and territories where health professions are not regulated, health care providers often register with their respective national association to obtain an annual membership." CIHI. *Health workforce database, 2016: Methodology guide*. Ottawa (ON): CIHI; 2017.

In Canada, social work legislation is the responsibility of the province/territory. Legislative authority is thus divided between the federal government and the provincial/territorial governments. Each province/territory has enacted legislation and established social work regulatory bodies to govern the profession in accordance with the legislation. Individual social workers become registered by becoming a member of a provincial regulatory body.

According to the Canadian Association of Social Workers, "*social work* is a profession concerned with helping individuals, families, groups and communities to enhance their individual and collective well-being. It aims to help people develop their skills and their ability to use their own resources and those of the community to resolve problems. Social work is concerned with individual and personal problems but also with broader social issues such as poverty, unemployment, and domestic violence." Canadian Association of Social Workers (CASW) [Internet]. What is social work? Ottawa (ON): CASW; [cited 28 Jan 2019]. Available from: <https://www.casw-acts.ca/en/what-social-work>.

Notes: "Statistics reported by CIHI may differ from those reported by others, even though the source of the data (i.e., annual registration forms) is the same. Differences may be attributed to differences in the population of reference, the collection period and/or CIHI's data exclusion criteria and editing and processing methodologies." CIHI. *Health workforce database, 2016: Methodology guide*. Ottawa (ON): CIHI; 2017.

NA: not available

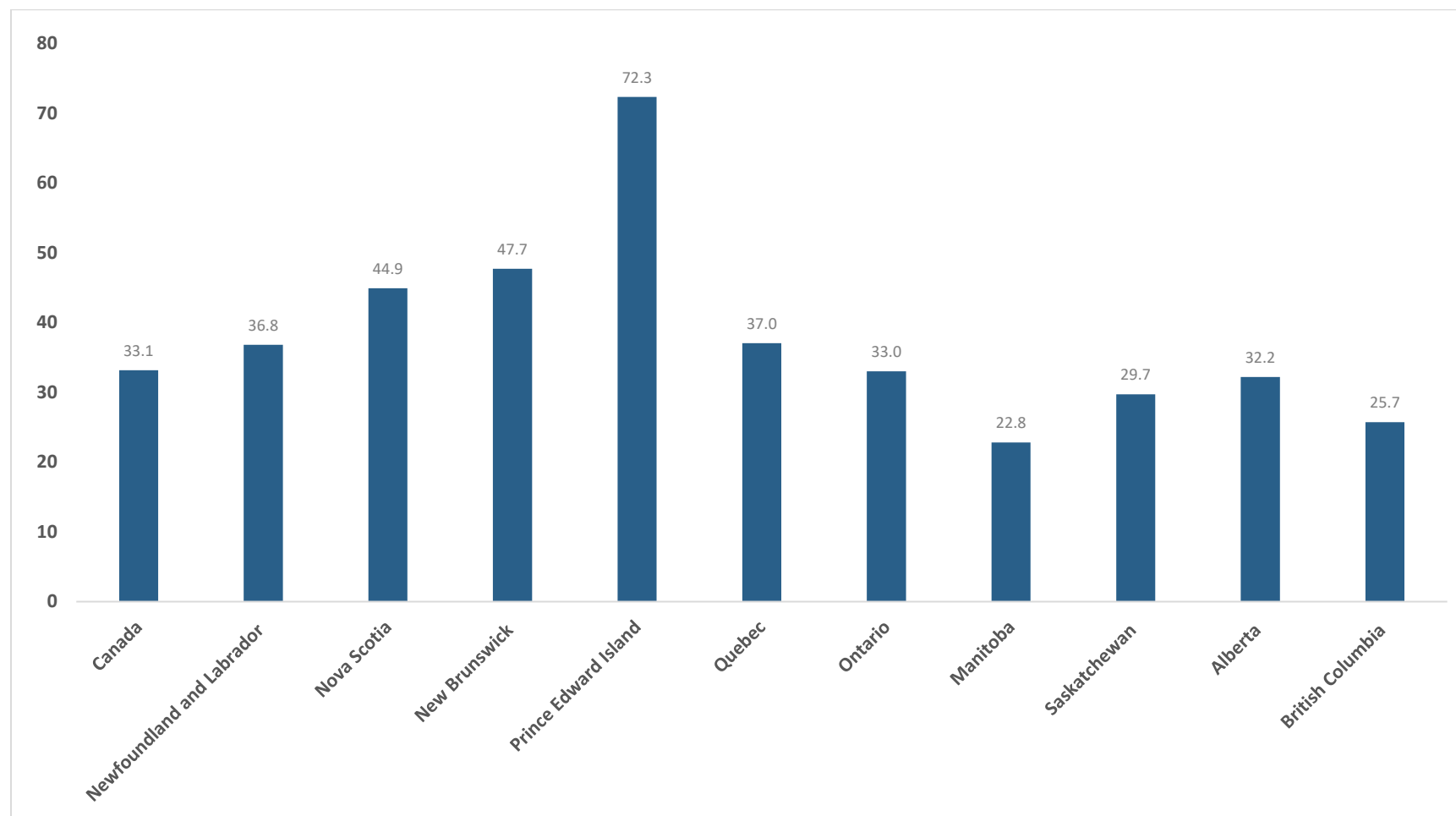
**Last updated on April 29, 2019**

## Psychiatric beds in operation in Canada, by province (2016-2017)

	Total number of psychiatric beds	Psychiatric beds per 100,000 population
Canada	12,019	33.1
Newfoundland and Labrador	195	36.8
Nova Scotia	426	44.9
New Brunswick	361	47.7
Prince Edward Island	108	72.3
Quebec	3,082	37.0
Ontario	4,607	33.0
Manitoba	301	22.8
Saskatchewan	341	29.7
Alberta	1,365	32.2
British Columbia	1,223	25.7

*(cont'd on next page)*

## Staffed psychiatric beds per 100,000 population in Canada, by province (2016-2017)



Sources: Canadian Institute for Health Information (CIHI). *Hospital beds staffed and in operation, 2016-2017*. Ottawa (ON): CIHI [cited 24 Jan 2019]. Available from: <https://www.cihi.ca/en/quick-stats>.

Quebec's data provided by the mental health directorate.

Source information: "These figures represent the beds and cribs available and staffed to provide hospital services to inpatients/residents at the required type and level of service...Bassinets set up outside the nursery and used for infants other than newborns are included. These

figures reflect beds and cribs staffed and in operation for the provision of hospital services only; beds of residential care facilities that are integrated with hospital facilities are not included. The beds and cribs staffed and in operation are divided into the following 7 groups of functional centres: Intensive Care, Obstetrics, Pediatrics, Mental Health and Addictions, Rehabilitation, Long-Term Care, and Other Acute. Other Acute includes services provided within medical nursing functional centres, surgical nursing functional centres, combined medical/surgical nursing functional centres and all other acute nursing inpatient functional centres.”

Note: CIHI provides information on designated beds and cribs staffed and in operation in the following types of hospitals: general hospitals, psychiatric hospitals, pediatric hospitals, rehabilitation hospitals, and hospitals with extended/chronic care or cancer treatment.

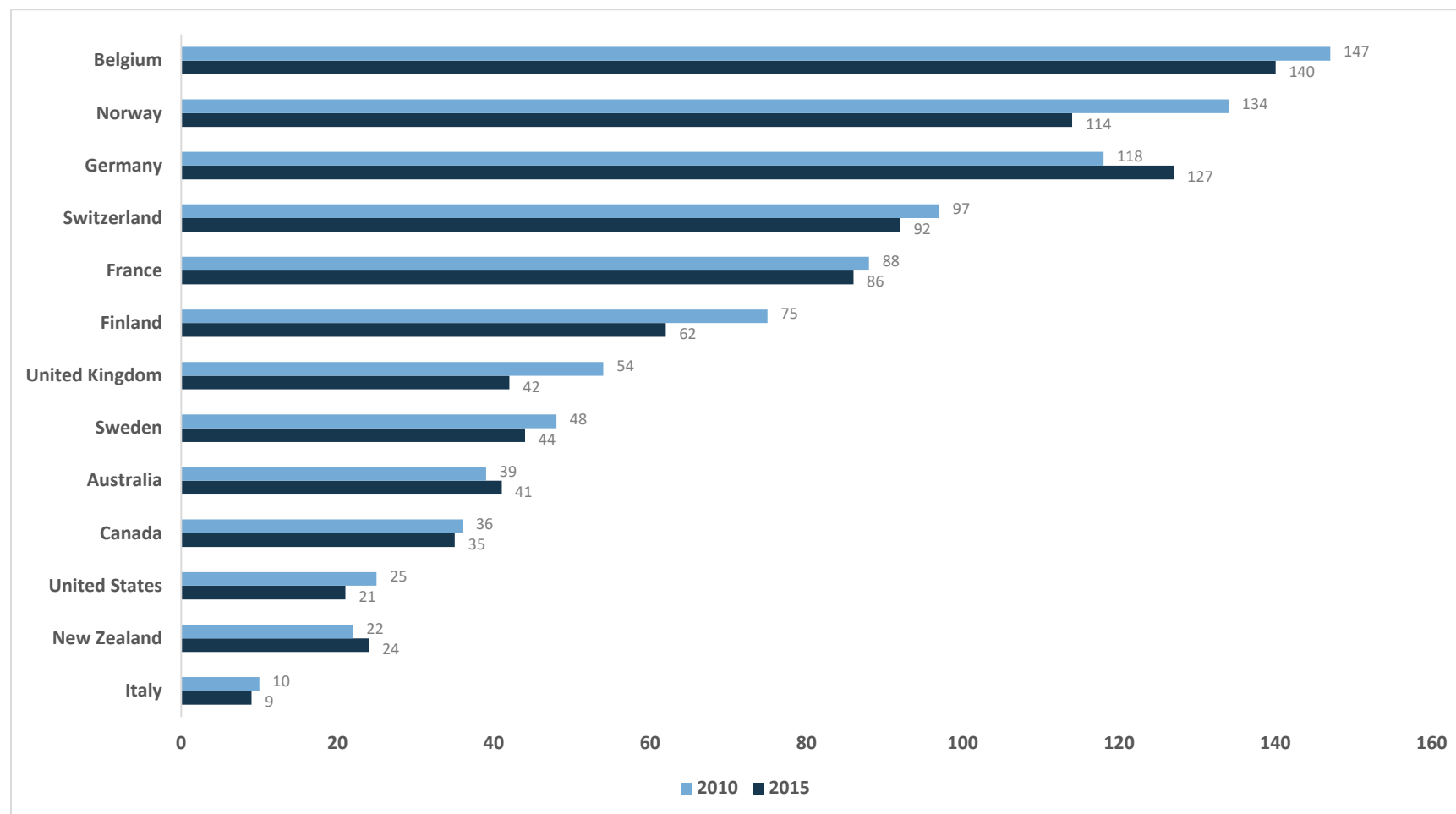
**Last updated on April 29, 2019**

## Psychiatric beds per 100,000 population in selected OECD countries (2010 and 2015)

	2010	2015
Australia	39	41
Belgium	147	140
Canada	36	35
Finland	75	62
France	88	86
Germany	118	127
Italy	10	9
New Zealand	22	24
Norway	134	114
Sweden	48	44
Switzerland	97	92
United Kingdom	54	42
United States	25	21

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## Staffed psychiatric beds per 100,000 population in selected OECD countries (2010 and 2015)



Source: Organisation for Economic Co-operation and Development (OECD) [Internet]. OECD.Stat: Health - Health care resources. Paris: OECD; [cited 24 Jan 2019]. Available from: [http://stats.oecd.org/Index.aspx?DataSetCode=HEALTH\\_REAC](http://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_REAC).

Source information: "OECD Health Statistics offers the most comprehensive source of comparable statistics on health and health systems across OECD countries...It provides data on the health status of the population including obesity..., suicide and life expectancy, health care financing, health care resources, social protection, health care utilization, the pharmaceutical market, long-term care resources and

utilization, non-medical determinants of health, expenditure on health, and demographic and economic references, with coverage being provided for OECD and selected non-OECD countries as far back as 1960." OECD [Internet]. OECDiLibrary: OECD Health Statistics. Paris: OECD; c2019 [cited 24 Jan 2019]. Available from: <https://www.oecd-ilibrary.org/social-issues-migration-health/data/oecd-health-statistics/health-data-en>.

**Last updated on April 29, 2019**

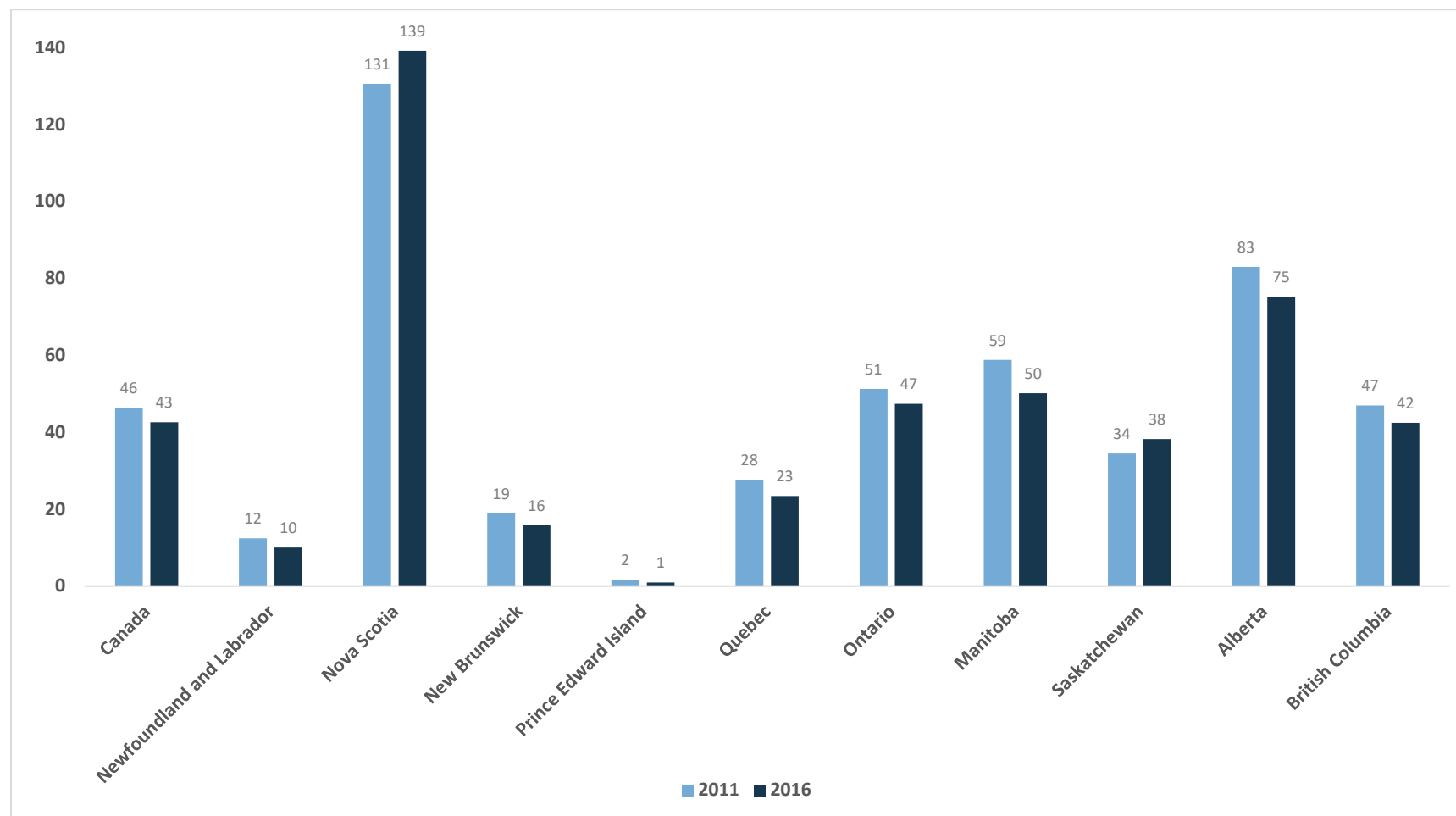
## Emergency shelters and beds in Canada, by province (2011 and 2016)

	2011			2016		
	Number of shelters	Number of beds	Beds per 100,000 population	Number of shelters	Number of beds	Beds per 100,000 population
Canada	408	15,493	46	401	15,450	43
Newfoundland and Labrador	5	64	12	5	53	10
Nova Scotia	7	183	131	8	208	139
New Brunswick	8	174	19	9	150	16
Prince Edward Island	2	12	2	1	7	1
Quebec	89	2,181	28	74	1,948	23
Ontario	133	6,586	51	147	6,622	47
Manitoba	16	710	59	15	661	50
Saskatchewan	19	356	34	21	439	38
Alberta	38	3,025	83	36	3,182	75
British Columbia	82	2,065	47	76	2,019	42

(cont'd on next page)



## Emergency shelter beds per 100,000 population in Canada, by province (2011 and 2016)



Sources: Human Resources and Skills Development Canada. *Homelessness partnering secretariat: 2011 shelter capacity report*. Ottawa (ON): Government of Canada; 2012. Available from: [http://publications.gc.ca/collections/collection\\_2013/rhdcc-hrsdc/HS61-4-2011-eng.pdf](http://publications.gc.ca/collections/collection_2013/rhdcc-hrsdc/HS61-4-2011-eng.pdf).

Employment and Social Development Canada. *Homelessness partnering strategy: 2016 shelter capacity report*. Ottawa (ON): Government of Canada; 2017. Available from: <https://www.canada.ca/en/employment-social-development/programs/homelessness/publications-bulletins/shelter-capacity-2016.html>.

Source information: "The Shelter Capacity Report is a descriptive account of capacity statistics for emergency homeless shelters in Canada. The number of emergency shelter facilities and the number of permanent beds are reported for each province and territory, as well as by community. In addition, brief overviews of Transitional Housing facilities and Violence Against Women shelters are provided in the appendices. This report is provided annually by Employment and Social Development Canada (ESDC), Homelessness Partnering Strategy (HPS). The information in this report was obtained from the National Service Provider List (NSPL), a comprehensive listing of homeless shelters in Canada. This list is maintained by ESDC as part of the National Homelessness Information System (NHIS), a data development initiative that focuses on the collection and analysis of homeless shelter data in Canada." Employment and Social Development Canada, 2017.

*"Emergency Shelters* are defined as facilities providing temporary and short-term accommodation for homeless individuals and families, which may include essential services such as food, clothing and counselling." Human Resources and Skills Development Canada, 2012.

**Last updated on April 29, 2019**

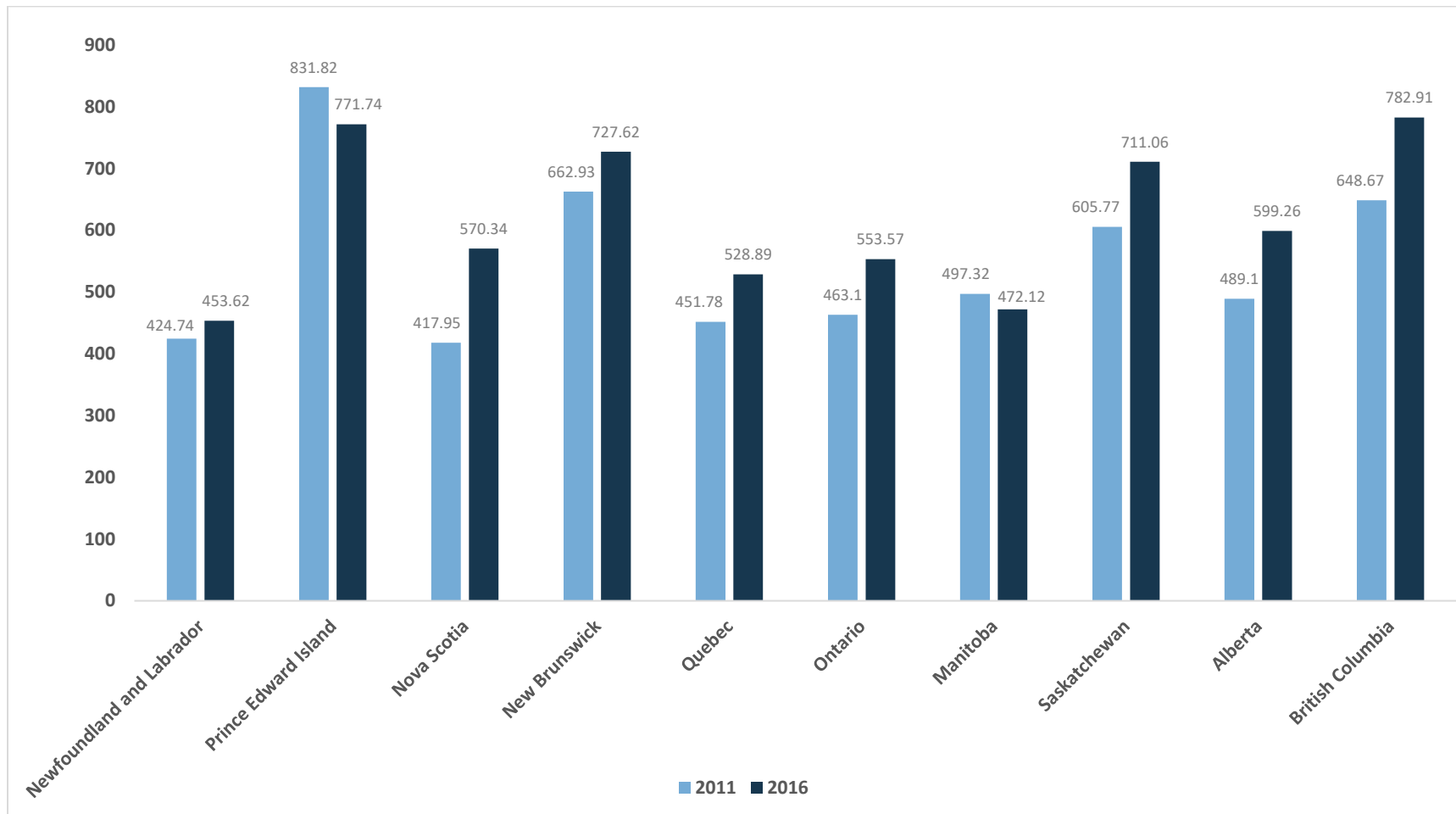
## Section III: Utilization

## Age-standardized mental health-related discharge rate from general and psychiatric hospitals per 100,000 population in Canada, by province (2011 and 2016)

	2011			2016		
	General hospitals	Psychiatric hospitals	Combined	General hospitals	Psychiatric hospitals	Combined
Canada	498.95	71.98	NA	590.92	76.99	NA
Newfoundland and Labrador	416.27	199.42	424.74	448.57	235.05	453.62
Prince Edward Island	841.36	NA	831.82	778.91	97.19	771.74
Nova Scotia	413.75	50.40	417.95	569.44	91.45	570.34
New Brunswick	670.11	42.43	662.93	730.59	42.60	727.62
Quebec	448.83	87.87	451.78	525.75	92.19	528.89
Ontario	464.40	90.03	463.10	555.23	92.08	553.57
Manitoba	503.38	54.78	497.32	475.95	37.35	472.12
Saskatchewan	611.16	19.88	605.77	718.04	22.25	711.06
Alberta	487.87	76.75	489.10	594.34	90.82	599.26
British Columbia	650.90	4.96	648.67	787.65	8.21	782.91

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## Age-standardized mental health-related discharge rate from general and psychiatric hospitals combined per 100,000 population in Canada, by province (2011 and 2016)



Source: Canadian Institute for Health Information (CIHI) [Internet]. Hospital Mental Health Database (HMHDB): Regional hospital mental health services indicators. Ottawa (ON): CIHI; c2018 [cited 28 May 2019]. Available from: <https://www.cihi.ca/en/bulletin/hospital-mental-health-database-2016-2017-data-and-indicator-results-now-available>.

Source information: "The HMHDB is an annual (fiscal year), pan-Canadian, event-based database that contains information on inpatient discharges for mental illness or addiction from both general and psychiatric hospitals...The HMHDB has 2 primary components: general hospital data based on discharges for mental illness or addiction, which is extracted as a subset of the Discharge Abstract Database (DAD)/Hospital Morbidity Database (HMDB) and the Ontario Mental Health Reporting System (OMHRS); and psychiatric hospital data, which is extracted from the DAD/HMDB, the Hospital Mental Health Survey (HMHS) and OMHRS. HMHS data is not collected by questionnaire; facilities submit an annual text file to CIHI containing sufficient administrative and diagnosis data for the facilities to be included in the HMHDB." CIHI. *Hospital Mental Health Database, 2017–2018: User documentation*. Ottawa (ON): CIHI; 2019. Available from: [https://secure.cihi.ca/free\\_products/HMHDB-user-documentation-2017-2018-en-web.pdf](https://secure.cihi.ca/free_products/HMHDB-user-documentation-2017-2018-en-web.pdf).

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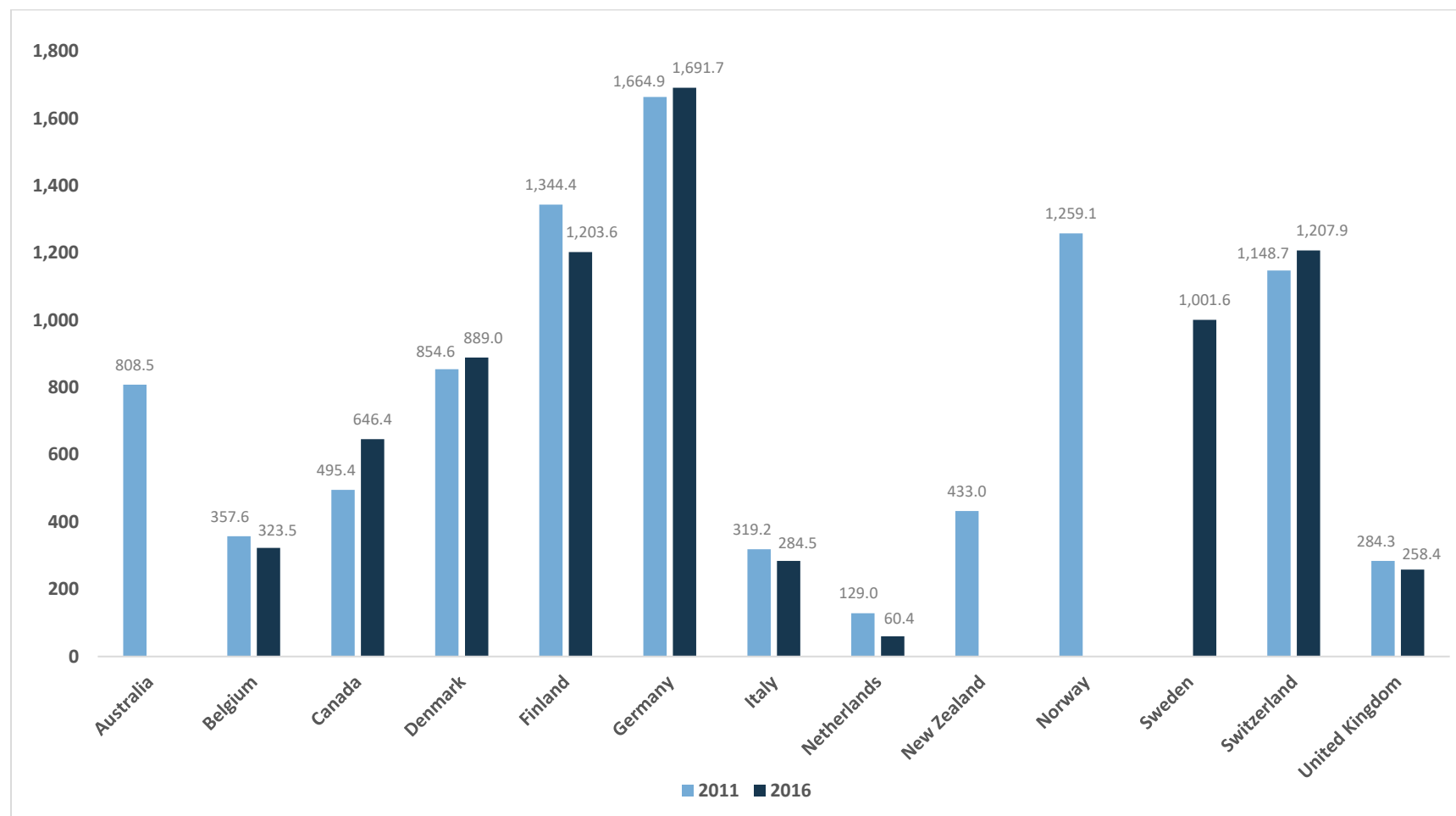
**Last updated on May 28, 2019**

## Hospital discharges by diagnostic, mental, and behavioural disorders per 100,000 population, in selected OECD countries (2011 and 2016)

	2011	2016
Australia	808.5	NA
Belgium	357.6	323.5
Canada	495.4	646.4
Denmark	854.6	889
Finland	1,344.4	1,203.6
Germany	1,664.9	1,691.7
Italy	319.2	284.5
Netherlands	129	60.4
New Zealand	433	NA
Norway	1,259.1	NA
Sweden	NA	1,001.6
Switzerland	1,148.7	1,207.9
United Kingdom	284.3	258.4

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## Hospital discharges by diagnostic, mental, and behavioural disorders per 100,000 population, in selected OECD countries (2011 and 2016)



Source: Organisation for Economic Co-operation and Development (OECD) [Internet]. OECD.Stat: Health - Health care utilisation. Paris: OECD; [updated 8 Nov 2018; cited 17 May 2019]. Available from: <http://stats.oecd.org/>.

Source information: "OECD Health Statistics offers the most comprehensive source of comparable statistics on health and health systems across OECD countries...It provides data on the health status of the population including obesity..., suicide and life expectancy, health care



financing, health care resources, social protection, health care utilization, the pharmaceutical market, long-term care resources and utilization, non-medical determinants of health, expenditure on health, and demographic and economic references, with coverage being provided for OECD and selected non-OECD countries as far back as 1960.” OECD [Internet]. OECDiLibrary: OECD Health Statistics. Paris: OECD; c2019 [cited 24 Jan 2019]. Available from: <https://www.oecd-ilibrary.org/social-issues-migration-health/data/oecd-health-statistics/health-data-en>.

NA: not available

**Last updated on May 17, 2019**

## Average length of stay (in days) for mental illness or addiction in Canada, by hospital type and province (2015/16)

	General hospitals	Psychiatric hospitals	Combined
Canada	16.85	72.99	23.58
Newfoundland and Labrador	17.94	21.35	19.09
Prince Edward Island	19.76	26.90	20.64
Nova Scotia	17.31	80.70	26.17
New Brunswick	23.15	297.52	36.60
Quebec	22.33	55.10	27.22
Ontario	13.43	73.88	22.45
Manitoba	24.30	123.70	30.58
Saskatchewan	12.73	242.69	18.87
Alberta	19.51	80.98	28.79
British Columbia	14.17	166.73	15.66

Sources: Canadian Institute for Health Information (CIHI) [Internet]. Hospital Mental Health Database (HMHDB): Regional hospital mental health services indicators. Ottawa (ON): CIHI; c2018 [cited 28 May 2019]. Available from: <https://www.cihi.ca/en/bulletin/hospital-mental-health-database-2016-2017-data-and-indicator-results-now-available>.

Source information: "The HMHDB is an annual (fiscal year), pan-Canadian, event-based database that contains information on inpatient discharges for mental illness or addiction from both general and psychiatric hospitals...The HMHDB has 2 primary components: general hospital data based on discharges for mental illness or addiction, which is extracted as a subset of the Discharge Abstract Database (DAD)/Hospital Morbidity Database (HMDB) and the Ontario Mental Health Reporting System (OMHRS); and psychiatric hospital data, which is extracted from the DAD/HMDB, the Hospital Mental Health Survey (HMHS) and OMHRS. HMHS data is not collected by questionnaire; facilities submit an annual text file to CIHI containing sufficient administrative and diagnosis data for the facilities to be included in the HMHDB."

CIHI. *Hospital Mental Health Database, 2017–2018: User documentation*. Ottawa (ON): CIHI; 2019. Available from:  
[https://secure.cihi.ca/free\\_products/HMHDB-user-documentation-2017-2018-en-web.pdf](https://secure.cihi.ca/free_products/HMHDB-user-documentation-2017-2018-en-web.pdf).

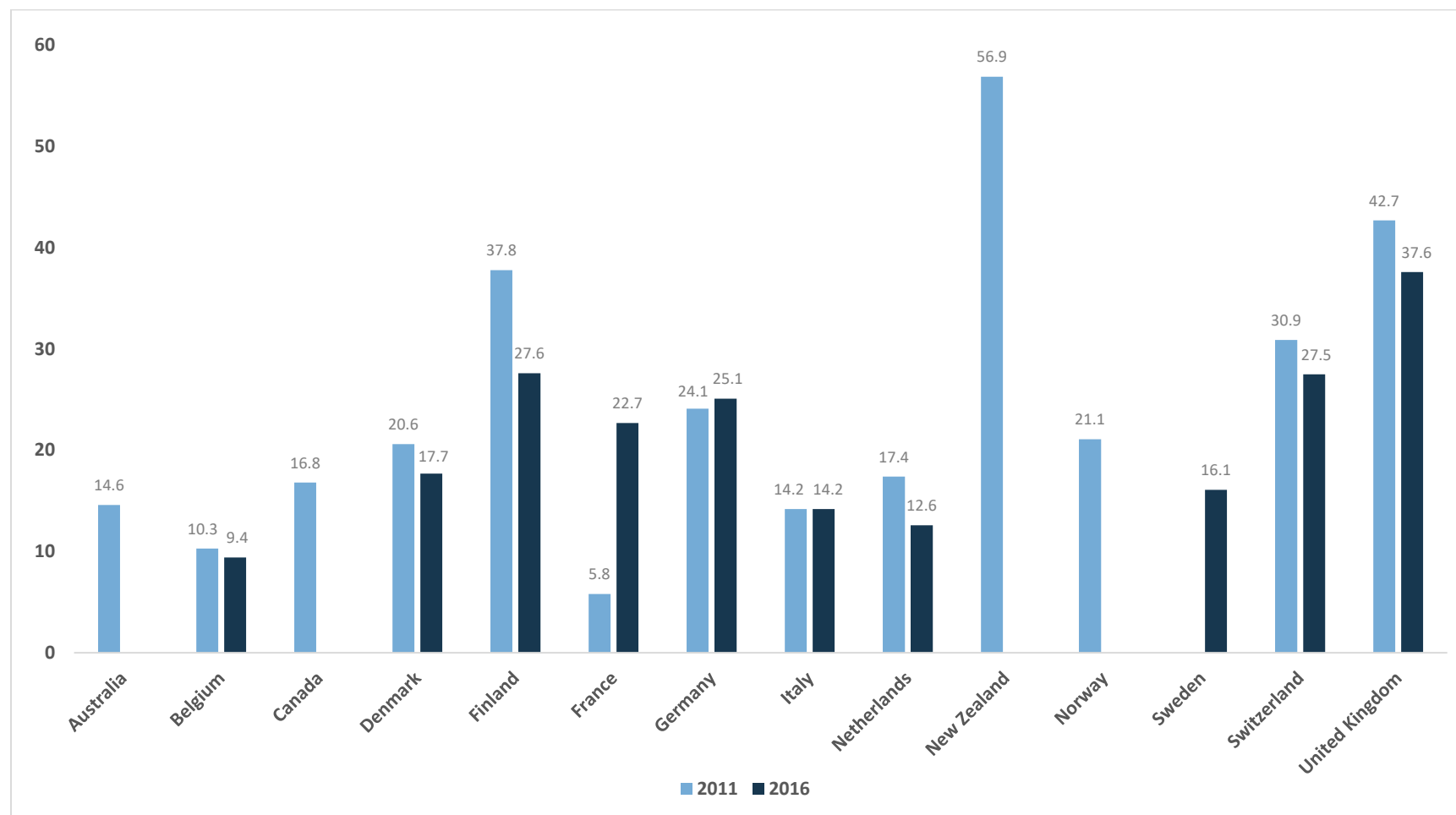
**Last updated on May 28, 2019**

## Average length of stay (in days) in hospitals for mental and behavioural disorders, in selected OECD countries (2011 and 2016)

	2011	2016
Australia	14.6	NA
Belgium	10.3	9.4
Canada	16.8	22.8
Denmark	20.6	17.7
Finland	37.8	27.6
France	5.8	22.7
Germany	24.1	25.1
Italy	14.2	14.2
Netherlands	17.4	12.6
New Zealand	56.9	NA
Norway	21.1	NA
Sweden	NA	16.1
Switzerland	30.9	27.5
United Kingdom	42.7	37.6

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## Average length of stay (in days) in hospitals for mental and behavioural disorders, in selected OECD countries (2011 and 2016)



Source: Organisation for Economic Co-operation and Development (OECD) [Internet]. OECD.Stat: Health - Health care utilisation. Paris: OECD; [updated 8 Nov 2018; cited 17 May 2019]. Available from: <http://stats.oecd.org/>.

Source information: "OECD Health Statistics offers the most comprehensive source of comparable statistics on health and health systems across OECD countries...It provides data on the health status of the population including obesity..., suicide and life expectancy, health care

financing, health care resources, social protection, health care utilization, the pharmaceutical market, long-term care resources and utilization, non-medical determinants of health, expenditure on health, and demographic and economic references, with coverage being provided for OECD and selected non-OECD countries as far back as 1960.” OECD [Internet]. OECDiLibrary: OECD Health Statistics. Paris: OECD; c2019 [cited 24 Jan 2019]. Available from: <https://www.oecd-ilibrary.org/social-issues-migration-health/data/oecd-health-statistics/health-data-en>.

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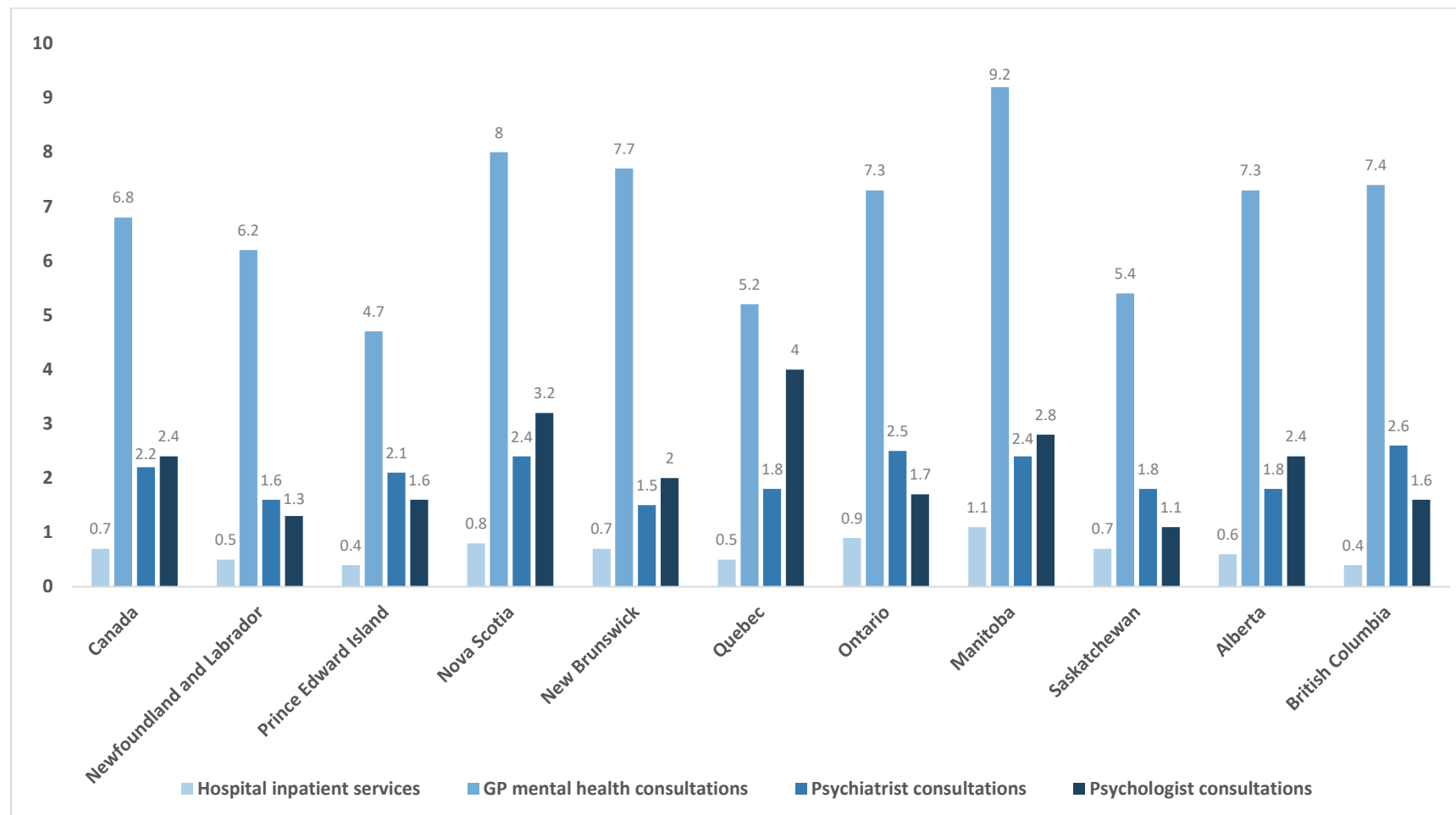
**Last updated on May 17, 2019**

## Percentage of population utilizing formal health care and social services for mental health/addiction reasons in Canada, by province (2012) (sample weighted to population\*)

	Population utilizing service in past 12 months (%)					
	Hospital inpatient services	GP mental health consultations	Psychiatrist consultations	Psychologist consultations	Nurse consultations	Social worker consultations
Canada	0.7	6.8	2.2	2.4	1.0	3.2
Newfoundland and Labrador	0.5	6.2	1.6	1.3	0.5	1.8
Prince Edward Island	0.4	4.7	2.1	1.6	1.0	4.0
Nova Scotia	0.8	8.0	2.4	3.2	1.0	3.2
New Brunswick	0.7	7.7	1.5	2.0	1.0	3.7
Quebec	0.5	5.2	1.8	4.0	0.9	1.9
Ontario	0.9	7.3	2.5	1.7	0.9	3.5
Manitoba	1.1	9.2	2.4	2.8	1.1	4.6
Saskatchewan	0.7	5.4	1.8	1.1	0.6	3.2
Alberta	0.6	7.3	1.8	2.4	1.4	3.3
British Columbia	0.4	7.4	2.6	1.6	1.1	4.4

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## Percentage of population utilizing professional mental health care for mental health/addiction reasons in Canada, by province (sample weighted to population) (2012)



Source: Statistics Canada. *Canadian Community Health Survey (CCHS) – Mental Health 2012*. Ottawa (ON): Statistics Canada. Available from: [http://www23.statcan.gc.ca/imdb-bmdi/instrument/5105\\_Q1\\_V3-eng.pdf](http://www23.statcan.gc.ca/imdb-bmdi/instrument/5105_Q1_V3-eng.pdf).

Source information: The Canadian Community Health Survey (CCHS) is a cross-sectional survey that collects information related to health status, health care utilization, and health determinants for the Canadian population. The 2012 CCHS – Mental Health measured six mental and



substance abuse disorders, including major depressive episode, bipolar disorder, generalized anxiety disorder, and abuse of or dependence on alcohol, cannabis, or other drugs. Selected mental disorders and substance abuse disorders were assessed by a standardized questionnaire derived from the World Health Organisation Composite International Diagnostic Interview. The latest version of the CCHS was conducted in 2012, yielding a sample of 25,113, representing 28.3 million Canadian residents. Public use microdata file documentation can be accessed at: <https://www.statcan.gc.ca/eng/survey/household/5015>.

\* Statistics Canada requires users to incorporate the survey weights in their calculations in order for estimates produced from survey data to be representative of the covered population. A survey weight is given to each person included in the final sample, that is, the sample of persons having answered the survey. This weight corresponds to the number of households in the entire population that are represented by the respondent.

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**Last updated on May 28, 2019**

## Percentage of population utilizing informal care for mental health/addiction reasons, by province and sex (2012) (sample weighted to population\*)

	Population utilizing informal care in past 12 months (%)							
	Family member consultations		Friend consultations		Co-worker/ supervisor/boss consultations		Teacher/principal consultations	
	Female	Male	Female	Male	Female	Male	Female	Male
Canada	6.0	2.9	6.6	3.1	1.5	0.8	0.3	0.2
Newfoundland and Labrador	4.0	2.6	4.8	2.5	0.8	0.2	0.1	0.2
Prince Edward Island	4.9	2.5	5.7	2.6	1.1	0.5	0.3	0.2
Nova Scotia	7.2	2.9	7.3	3.8	2.3	1.2	0.3	0.0
New Brunswick	5.6	2.5	5.4	2.8	1.5	0.6	0.1	0.2
Quebec	5.2	1.7	6.2	2.2	1.5	0.5	0.3	0.1
Ontario	5.7	3.2	6.1	3.3	1.3	0.7	0.3	0.3
Manitoba	8.4	5.9	8.7	6.6	2.6	2.6	0.3	0.0
Saskatchewan	7.0	2.6	6.4	2.6	1.6	2.0	0.3	0.1
Alberta	7.6	3.6	7.4	3.1	1.2	1.3	0.3	0.0
British Columbia	6.2	3.4	7.7	3.4	1.9	0.6	0.3	0.1

Source: Statistics Canada. *Canadian Community Health Survey (CCHS) – Mental Health 2012*. Ottawa (ON): Statistics Canada. Available from: [http://www23.statcan.gc.ca/imdb-bmdi/instrument/5105\\_Q1\\_V3-eng.pdf](http://www23.statcan.gc.ca/imdb-bmdi/instrument/5105_Q1_V3-eng.pdf).

Source information: The Canadian Community Health Survey (CCHS) is a cross-sectional survey that collects information related to health status, health care utilization, and health determinants for the Canadian population. The 2012 CCHS – Mental Health measured six mental and substance abuse disorders, including major depressive episode, bipolar disorder, generalized anxiety disorder, and abuse of or dependence on alcohol, cannabis, or other drugs. Selected mental disorders and substance abuse disorders were assessed by a standardized questionnaire derived from the World Health Organisation Composite International Diagnostic Interview. The latest version of the CCHS was conducted in 2012, yielding a sample of 25,113, representing 28.3 million Canadian residents. Public use microdata file documentation can be accessed at: <https://www.statcan.gc.ca/eng/survey/household/5015>.

\* Statistics Canada requires users to incorporate the survey weights in their calculations in order for estimates produced from survey data to be representative of the covered population. A survey weight is given to each person included in the final sample, that is, the sample of persons having answered the survey. This weight corresponds to the number of households in the entire population that are represented by the respondent.

Disclaimer: "This data product is provided 'as-is,' and Statistics Canada makes no warranty, either express or implied, including but not limited to, warranties of merchantability and fitness for a particular purpose. In no event will Statistics Canada be liable for any direct, special, indirect, consequential or other damages, however caused." Statistics Canada [Internet]. Terms and conditions: Disclaimer. Ottawa (ON): Statistics Canada; [updated 12 Jul 2017; cited 28 May 2019]. Available from: <https://www.statcan.gc.ca/eng/reference/disclaimer>.

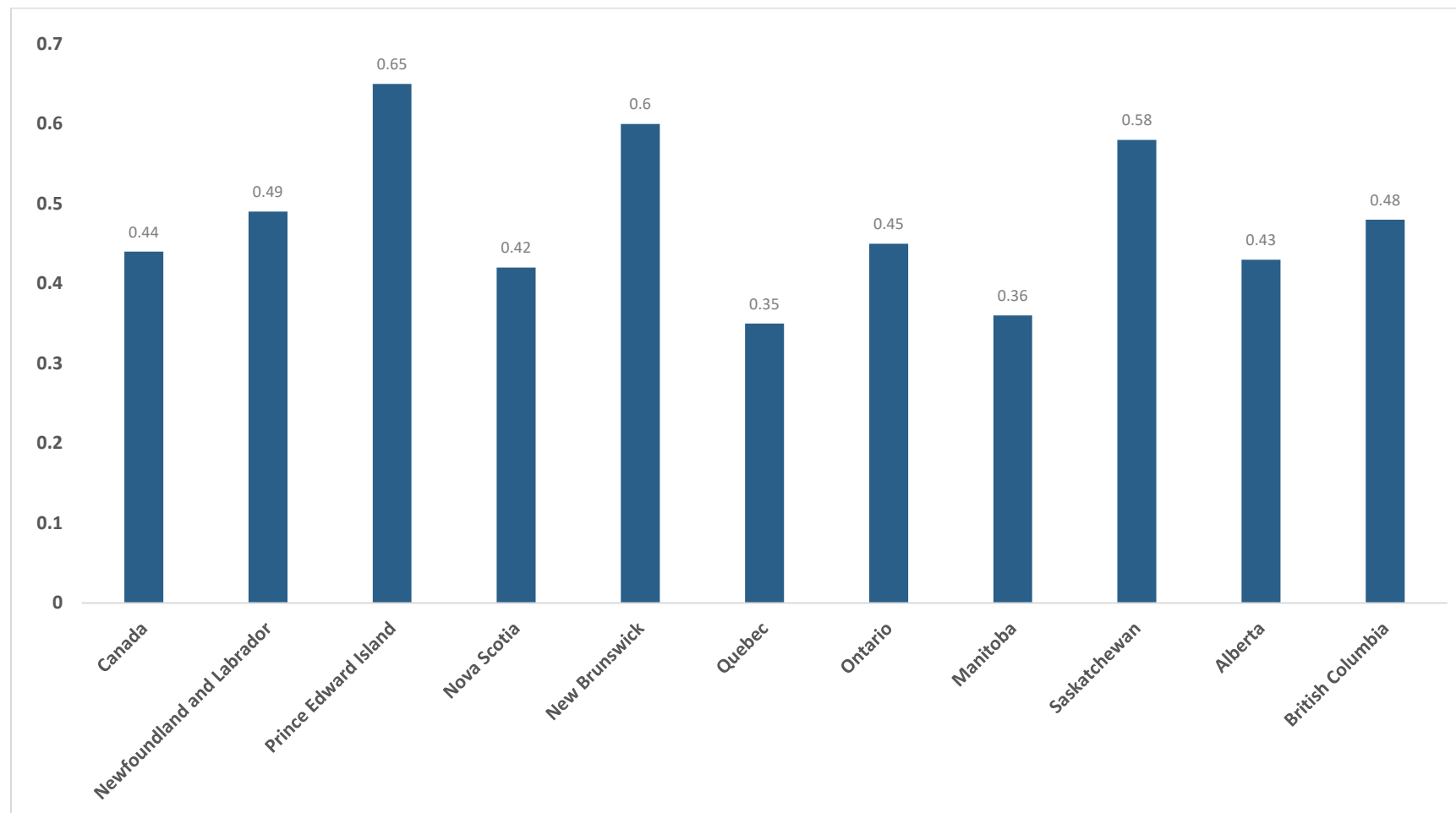
**Last updated on May 28, 2019**

## Percentage and numbers of children and young people aged less than 24 years hospitalized for mental disorders in Canada, by province (2015/16)

	N	%
Canada	36,792	0.44
Newfoundland and Labrador	539	0.49
Prince Edward Island	228	0.65
Nova Scotia	860	0.42
New Brunswick	974	0.60
Quebec	6,326	0.35
Ontario	15,080	0.45
Manitoba	1,248	0.36
Saskatchewan	1,699	0.58
Alberta	4,458	0.43
British Columbia	5,091	0.48

*(cont'd on next page)*

## Percentage of children and young people aged less than 24 years hospitalized for mental disorders in Canada, by province (2015/16)



Source: Canadian Institute for Health Information (CIHI) [Internet]. Hospital Mental Health Database (HMHDB): Regional hospital mental health services indicators. Ottawa (ON): CIHI; c2018 [cited 28 May 2019]. Available from: <https://www.cihi.ca/en/bulletin/hospital-mental-health-database-2016-2017-data-and-indicator-results-now-available>.

Source information: "The HMHDB is an annual (fiscal year), pan-Canadian, event-based database that contains information on inpatient discharges for mental illness or addiction from both general and psychiatric hospitals...The HMHDB has 2 primary components: general hospital data based on discharges for mental illness or addiction, which is extracted as a subset of the Discharge Abstract Database (DAD)/Hospital Morbidity Database (HMDB) and the Ontario Mental Health Reporting System (OMHRS); and psychiatric hospital data, which is extracted from the DAD/HMDB, the Hospital Mental Health Survey (HMHS) and OMHRS. HMHS data is not collected by questionnaire; facilities submit an annual text file to CIHI containing sufficient administrative and diagnosis data for the facilities to be included in the HMHDB." CIHI. *Hospital Mental Health Database, 2017–2018: User documentation*. Ottawa (ON): CIHI; 2019. Available from: [https://secure.cihi.ca/free\\_products/HMHDB-user-documentation-2017-2018-en-web.pdf](https://secure.cihi.ca/free_products/HMHDB-user-documentation-2017-2018-en-web.pdf).

Note: *Children and young people* are defined as Canadians aged between 5 and 24 years. Population estimates for children and young people were obtained from: Statistics Canada [Internet]. Table 17-10-0005-01: Population estimates on July 1st, by age and sex. Ottawa (ON): Statistics Canada; [cited 17 May 2019]. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501&pickMembers%5B0%5D=1.11&pickMembers%5B1%5D=2.1>.

N: number

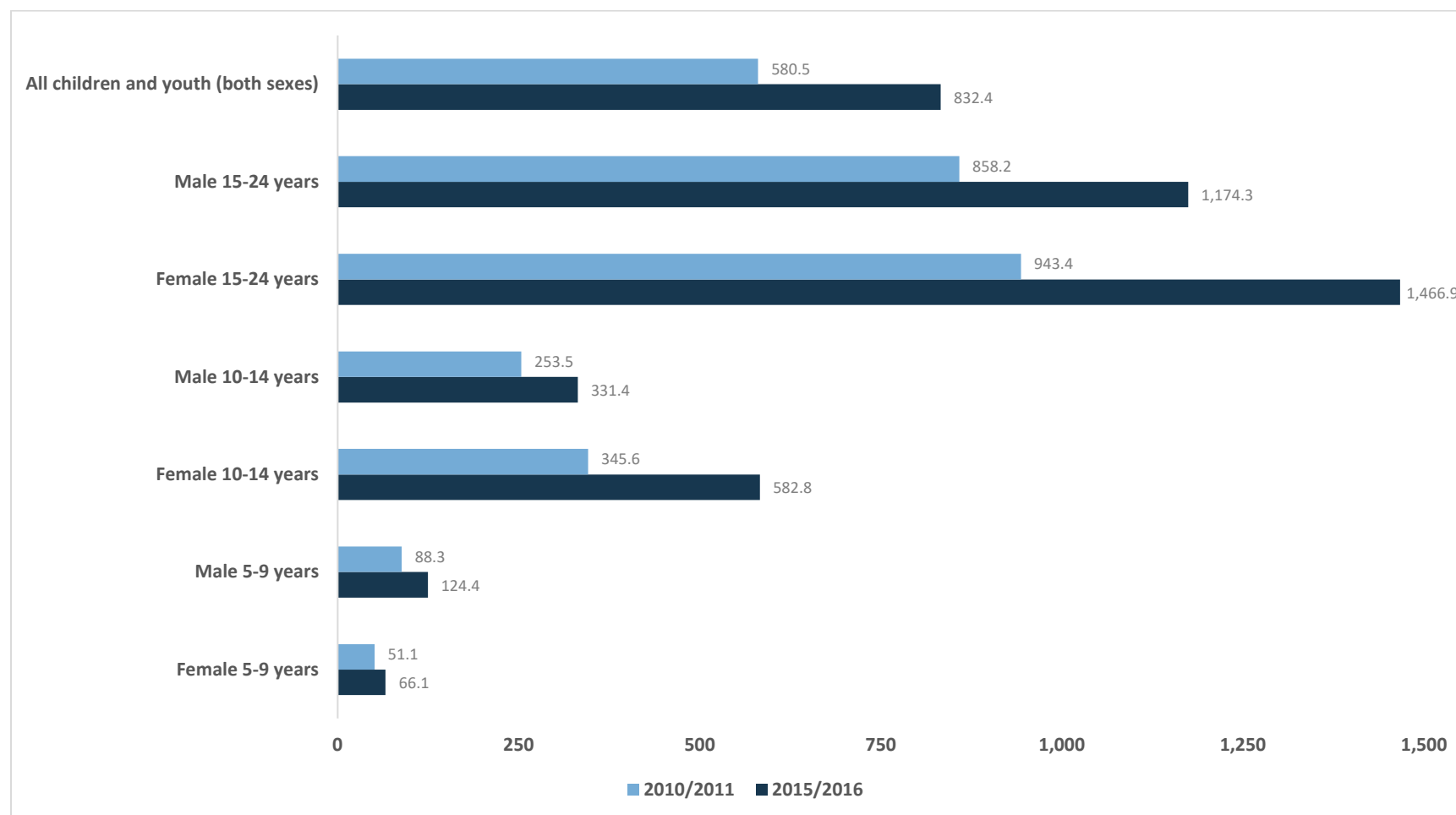
**Last updated on May 17, 2019**

**Children and young people aged less than 24 years who visited emergency departments for mental disorders, per 100,000 population in Canada, by age group and sex (2010/11 and 2015/16)**

Age group	Sex	2010/11	2015/16
5-9 years	Female	51.1	66.1
	Male	88.3	124.4
10-14 years	Female	345.6	582.8
	Male	253.5	331.4
15-24 years	Female	943.4	1,466.9
	Male	858.2	1,174.3
All age groups	Both sexes	580.5	832.4

*(cont'd on next page)*

## Children and young people aged less than 24 years who visited emergency departments for mental disorders, per 100,000 population in Canada, by age group and sex (2010/11 and 2015/16)



Source: Canadian Institute for Health Information (CIHI). *Care for children and youth with mental disorders: Data tables*. Ottawa (ON): CIHI; 2015.  
Available from: <https://www.cihi.ca/sites/default/files/document/cymh-data-table-update-2018-en-web.xlsx>.



Notes: Includes Prince Edward Island, Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, and Yukon.

*Children and young people* are defined as Canadians aged between 5 and 24 years. Population estimates for children and young people were obtained from Statistics Canada, Demography Division. Statistics Canada [Internet]. Table 17-10-0005-01: Population estimates on July 1st, by age and sex. Ottawa (ON): Statistics Canada; [cited 17 May 2019]. Available from:

<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501&pickMembers%5B0%5D=1.11&pickMembers%5B1%5D=2.1>.

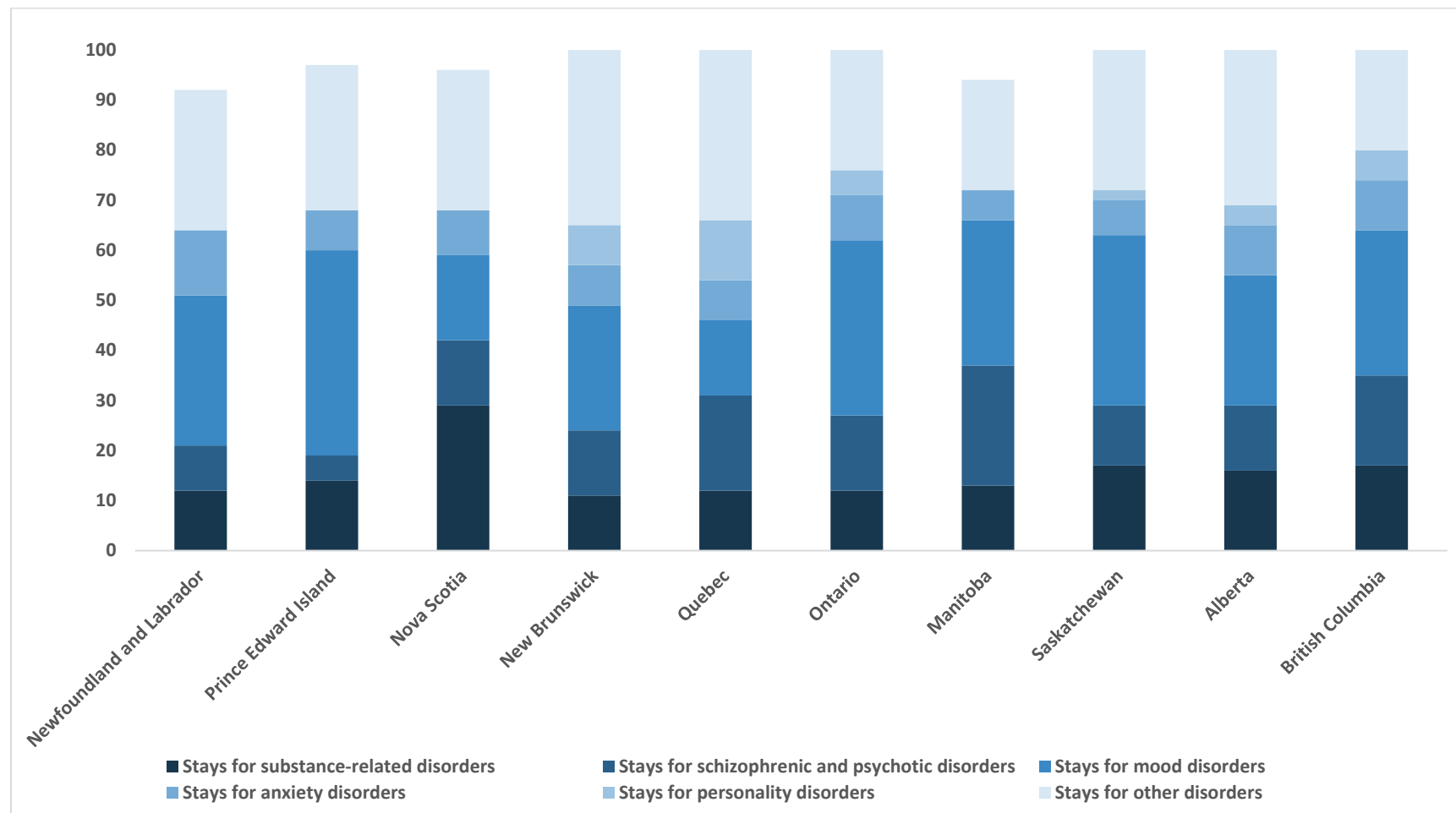
**Last updated on May 28, 2019**

## Mental health-related inpatient hospital stays by children and young people aged less than 24 years in Canada, by province (2015/16)

	Stays for substance-related disorders		Stays for schizophrenic and psychotic disorders		Stays for mood disorders		Stays for anxiety disorders		Stays for personality disorders		Stays for other disorders	
	N	%	N	%	N	%	N	%	N	%	N	%
Newfoundland and Labrador	84	12	61	9	214	30	92	13	NA	NA	200	28
Prince Edward Island	43	14	15	5	121	41	23	8	NA	NA	87	29
Nova Scotia	338	29	149	13	196	17	98	9	NA	NA	324	28
New Brunswick	131	11	156	13	311	25	103	8	94	8	427	35
Quebec	1,015	12	1,582	19	1,320	15	682	8	1,009	12	2,874	34
Ontario	2,541	12	3,272	15	7,651	35	2,042	9	1,116	5	5,229	24
Manitoba	218	13	400	24	474	29	100	6	NA	NA	364	22
Saskatchewan	380	17	281	12	769	34	156	7	51	2	633	28
Alberta	1,021	16	815	13	1,606	26	610	10	251	4	1,907	31
British Columbia	1,284	17	1,345	18	2,138	29	764	10	437	6	1,485	20

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## Mental health-related inpatient hospital stays by children and young people aged less than 24 years in Canada, by province (2015/16)



Source: Canadian Institute for Health Information (CIHI) [Internet]. Hospital Mental Health Database (HMHDB): Regional hospital mental health services indicators. Ottawa (ON): CIHI; c2018 [cited 28 May 2019]. Available from: <https://www.cihi.ca/en/bulletin/hospital-mental-health-database-2016-2017-data-and-indicator-results-now-available>.

Source information: "The HMHDB is an annual (fiscal year), pan-Canadian, event-based database that contains information on inpatient discharges for mental illness or addiction from both general and psychiatric hospitals...The HMHDB has 2 primary components: general hospital data based on discharges for mental illness or addiction, which is extracted as a subset of the Discharge Abstract Database (DAD)/Hospital Morbidity Database (HMDB) and the Ontario Mental Health Reporting System (OMHRS); and psychiatric hospital data, which is extracted from the DAD/HMDB, the Hospital Mental Health Survey (HMHS) and OMHRS. HMHS data is not collected by questionnaire; facilities submit an annual text file to CIHI containing sufficient administrative and diagnosis data for the facilities to be included in the HMHDB." CIHI. *Hospital Mental Health Database, 2017–2018: User documentation*. Ottawa (ON): CIHI; 2019. Available from: [https://secure.cihi.ca/free\\_products/HMHDB-user-documentation-2017-2018-en-web.pdf](https://secure.cihi.ca/free_products/HMHDB-user-documentation-2017-2018-en-web.pdf).

Notes: *Children and young people* are defined as Canadians aged between 5 and 24 years. Population estimates for children and young people were obtained from Statistics Canada, Demography Division. Statistics Canada [Internet]. Table 17-10-0005-01: Population estimates on July 1st, by age and sex. Ottawa (ON): Statistics Canada; [cited 17 May 2019]. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501&pickMembers%5B0%5D=1.11&pickMembers%5B1%5D=2.1>.

Diagnosis based on main problem; *other disorders* includes conduct disorders, eating disorders, and other behavioural and emotional disorders.

N: number; NA: not available

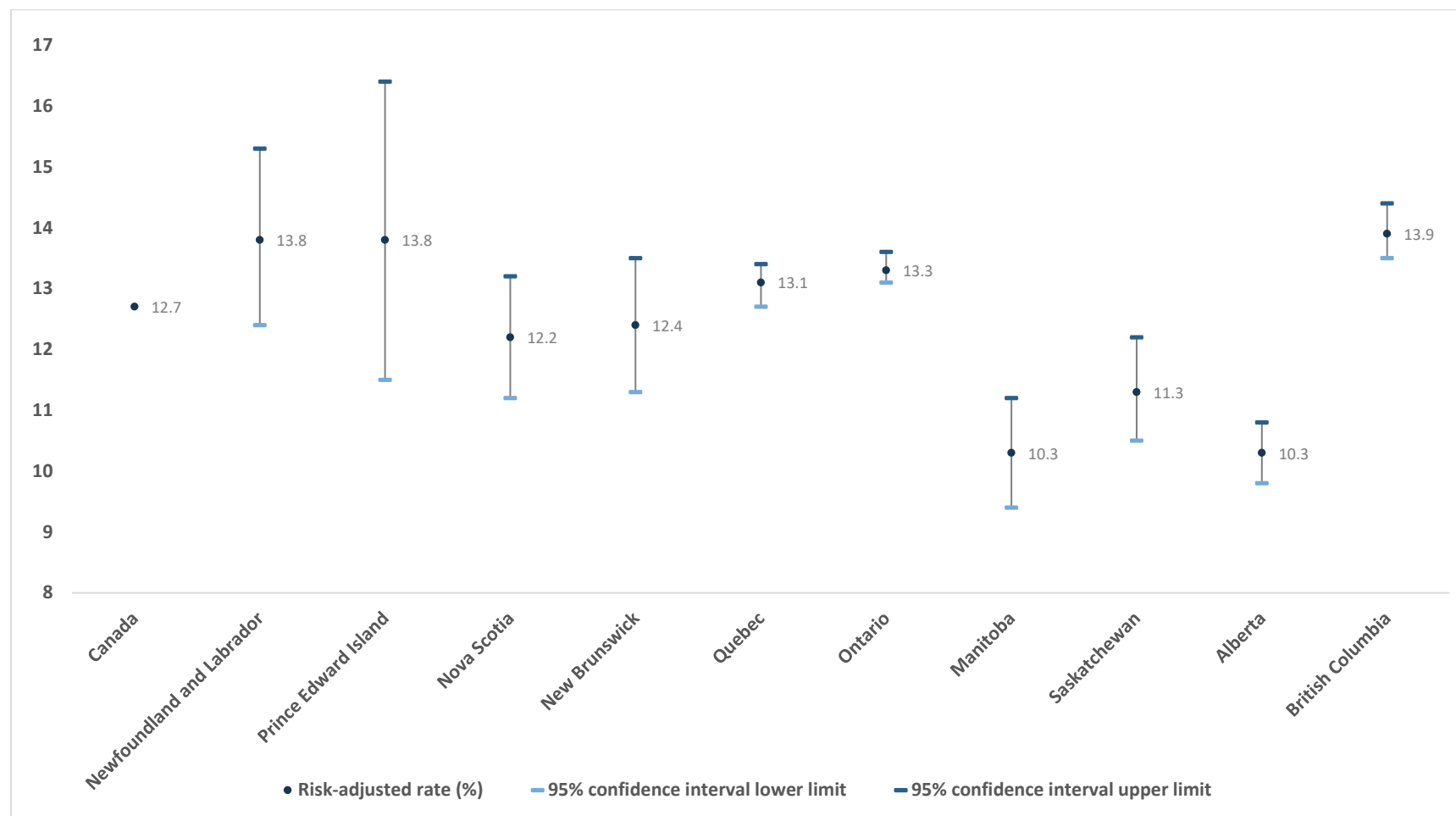
**Last updated on May 17, 2019**

## 30-day readmission rate for mental disorders in Canada, by province (2017)

	Risk-adjusted rate (%)	95% confidence interval
Canada	12.7	NA
Newfoundland and Labrador	13.8	12.4, 15.3
Prince Edward Island	13.8	11.5, 16.4
Nova Scotia	12.2	11.2, 13.2
New Brunswick	12.4	11.3, 13.5
Quebec	13.1	12.7, 13.4
Ontario	13.3	13.1, 13.6
Manitoba	10.3	9.4, 11.2
Saskatchewan	11.3	10.5, 12.2
Alberta	10.3	9.8, 10.8
British Columbia	13.9	13.5, 14.4

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## 30-day readmission rate for mental disorders in Canada, by province (2017)



Source: Canadian Institute for Health Information (CIHI) [Internet]. Health Indicators Interactive Tool. Ottawa (ON): CIHI; c1996-2019 [cited 21 Jul 2019]. Available from: <https://yourhealthsystem.cihi.ca/epub/search.jspa>.

NA: not available

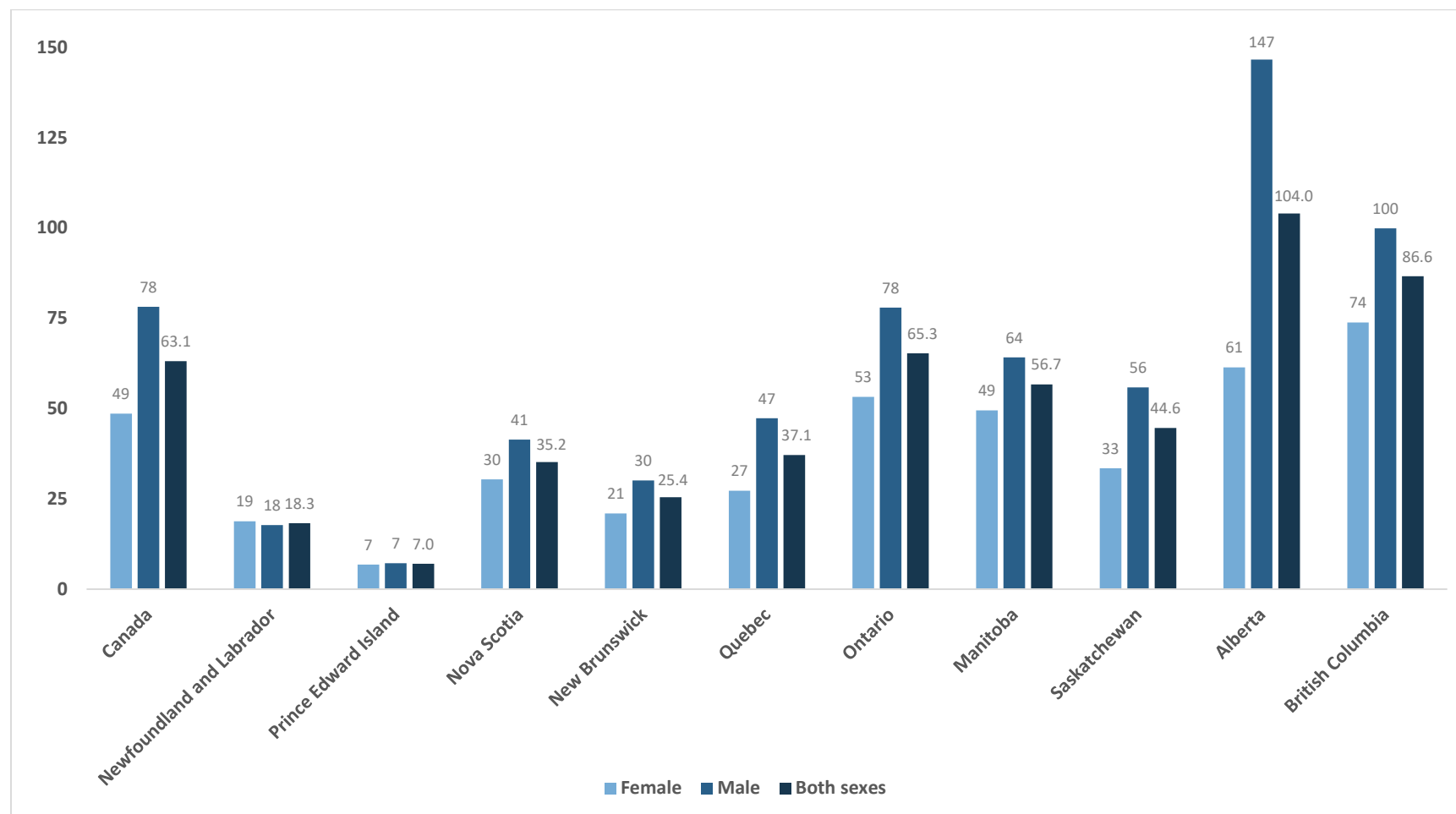
Last updated on July 21, 2019

## Population in shelters in Canada, by province and sex (2016)

	Female		Male		Both sexes	
	N	Population rate in shelters (per 100,000 population)	N	Population rate in shelters (per 100,000 population)	N	Population rate in shelters (per 100,000 population)
Canada	8,690	49	13,495	78	22,190	63.1
Newfoundland and Labrador	50	19	45	18	95	18.3
Prince Edward Island	5	7	5	7	10	7.0
Nova Scotia	145	30	185	41	325	35.2
New Brunswick	80	21	110	30	190	25.4
Quebec	1,130	27	1,900	47	3,030	37.1
Ontario	3,665	53	5,115	78	8,785	65.3
Manitoba	320	49	405	64	725	56.7
Saskatchewan	185	33	305	56	490	44.6
Alberta	1,245	61	2,990	147	4,230	104.0
British Columbia	1,750	74	2,275	100	4,025	86.6

(cont'd on next page)

## Population rates in shelters per 100,000 population in Canada, by province and sex (2016)



Source: Statistics Canada [Internet]. Data tables, 2016 Census: Type of collective dwelling, age and sex for the population in collective dwellings of Canada, provinces and territories, 2016 Census – 100% data. Ottawa (ON): Statistics Canada; 3 May 2017 [updated 20 Feb 2019; cited 28 May 2019]. Available from: <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?TABID=2&Lang=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=1234492&GK=0&GRP=1&PID=109537&PRID=1>



[0&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2016&THEME=116&VID=0&VNAMEE=&VNAMEF=&D1=0&D2=0&D3=0&D4=0&D5=0&D6=0.](#)

Notes: Shelter utilization data was included in *IHE Mental Health In Your Pocket* reflection of the transinstitutionalisation phenomenon and the comparatively high number of individuals suffering from mental disorders and addictions that choose to use these services. A balanced mental health and addictions system would result in lower utilisation of shelters.

- Goering PN, Streiner DL, Adair C, Aubry T, Barker J, Distasio J, et al. The At Home/Chez Soi trial protocol: A pragmatic, multi-site, randomised controlled trial of a Housing First intervention for homeless individuals with mental illness in five Canadian cities. *BMJ Open* 2011;1(2):e000323.
- Lesage AD (Jury Chair), Bland R (Scientific Committee Chair). *Consensus statement on improving mental health transitions*. Edmonton (AB): Institute of Health Economics; Nov 2014. Available from: [http://ihe.ca/publications/imht\\_cdc\\_consensus\\_statement\\_en](http://ihe.ca/publications/imht_cdc_consensus_statement_en).

"Shelter refers to an establishment for persons lacking a fixed address or for persons needing transitional shelters or assistance. Included are shelters for persons lacking a fixed address (such as homeless shelters or shelters for street youth), shelters for abused women and children, and transition homes or halfway houses for ex-inmates or persons on conditional release." Statistics Canada [Internet]. Definitions, data sources and methods. Statistical units – Shelter. Ottawa (ON): Statistics Canada; [updated 25 Apr 2019; cited 28 May 2019]. Available from: <http://www23.statcan.gc.ca/imdb/p3Var.pl?Function=Unit&Id=388026>.

N: number

**Last updated on May 28, 2019**

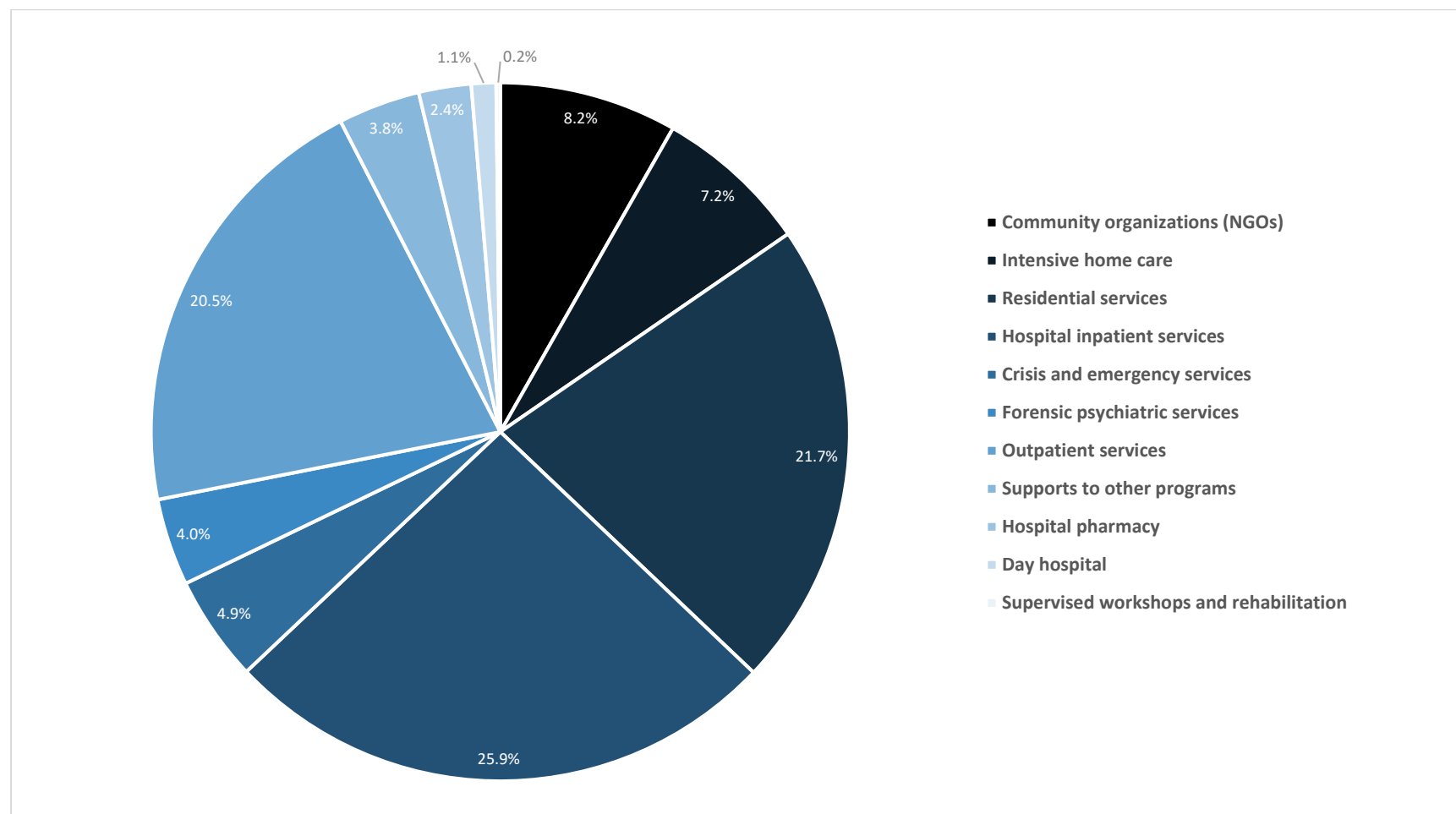
## **Section IV: Expenditures**

## Public mental health expenditure in Quebec, by service category (2017/18)

Service category	Expenditure (in \$000,000)	Proportion of total expenditure by service category	Per capita (in \$)
Community organizations (NGOs)	\$111.9	8.2%	\$13.3
Outpatient services	\$279.4	20.5%	\$33.3
Hospital inpatient services	\$351.6	25.9%	\$41.9
Residential services	\$294.9	21.7%	\$35.1
Crisis and emergency services	\$66.6	4.9%	\$7.9
Intensive home care	\$97.6	7.2%	\$11.6
Forensic psychiatric services	\$54.9	4.0%	\$6.5
Day hospital	\$15.5	1.1%	\$1.9
Hospital pharmacy	\$33.0	2.4%	\$3.9
Supports to other programs	\$51.7	3.8%	\$6.2
Supervised workshops and rehabilitation	\$2.6	0.2%	\$0.3
Total expenditure	\$1,359.7	100.0%	\$162.0

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## Public mental health expenditure in Quebec, by service category (2017/18)



Sources: Santé et Services Sociaux Québec [Internet]. Publications du Ministère de la Santé et des Services Sociaux. Montreal (QC): Santé et Services Sociaux Québec; 2014 [updated 28 Feb 2018; cited 25 Apr 2019]. Available (in French) from: <http://publications.msss.gouv.qc.ca/msss/document-001663/>.

Information on population for Quebec in 2017/18 obtained from: Statistics Canada [Internet]. Table 17-10-0005-01: Population estimates on July 1st, by age and sex. Ottawa (ON): Statistics Canada; [cited 25 Apr 2019]. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>.

Source information: (Description on the website in French only.) "The financial outline reproduces the expenditures of each program from the activity centers appearing in the annual financial reports of the institutions in the health and social services network. To these expenses are added those of the public health sector and the budgets of the community organizations. For the definitions on which programs are based, see the reference: *Health Services and Social Services Architecture: Service Programs and Support Programs* [available from: <http://publications.msss.gouv.qc.ca/msss/document-001287/>]."

Note: Expenditures related to mental health programs exclude capitals, such as building, management, administrative, and other supports to the hospitals (kitchen, security). They also exclude physicians' billings and drugs dispensed in community pharmacies.

**Last updated on August 17, 2019**

## Total mental health service expenditure in Canada, by province and service category (2013/14)

	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC	Total
Population estimate, 2013/14 (in millions)	0.53	0.15	0.94	0.76	8.16	13.56	1.27	1.11	4.00	4.59	35.04
Service category	Expenditure (in \$000,000)										
General hospital psychiatric inpatient costs	29.7	17.2	59.6	97.5	490.7	844.7	94.5	77.9	328.0	356.4	2,396.2
Psychiatric hospital inpatient costs	19.2	1.6	39.3	111.8	203.5	889.3	15.3	46.8	260.3	40.1	1,627.2
Psychiatrist fee-for-service payment	6.8	3.2	6.5	6.9	273.2	417.0	28.0	14.2	149.0	142.9	1,047.7
Psychiatrist alternative payment	16.7	2.4	NA	17.2	120.4	38.2	17.1	20.5	NA	49.5	281.9
Total clinical payments to GP for psychotherapy/ counselling	1.8	NA	3.5	3.3	14.7	175.6	5.5	9.4	92.5	50.6	356.9
Estimated public-paid amount for psychotropic medications	12.7	3.4	26.0	18.8	332.6	367.5	32.2	32.6	115.6	101.0	1,042.4

Sources: Information on hospital inpatient costs obtained and estimated from: Canadian Institute for Health Information (CIHI) [Internet]. Patient cost estimator. Ottawa (ON): CIHI; c1996-2019 [cited 12 Jun 2019]. Available from: <https://www.cihi.ca/en/patient-cost-estimator>.

Information on clinical payments to physicians obtained from: Canadian Institute for Health Information (CIHI) [Internet]. National Physician Database, 2016-2017: Data release. Ottawa (ON): CIHI; c1996-2019 [cited 12 Jun 2019]. Available from: <https://secure.cihi.ca/estore/productSeries.htm?locale=en&pc=PCC476>.

Information on medication costs obtained from the IMS CompuScript database (IMS Health Canada). Information was acquired for research use only. (Not publicly available.)

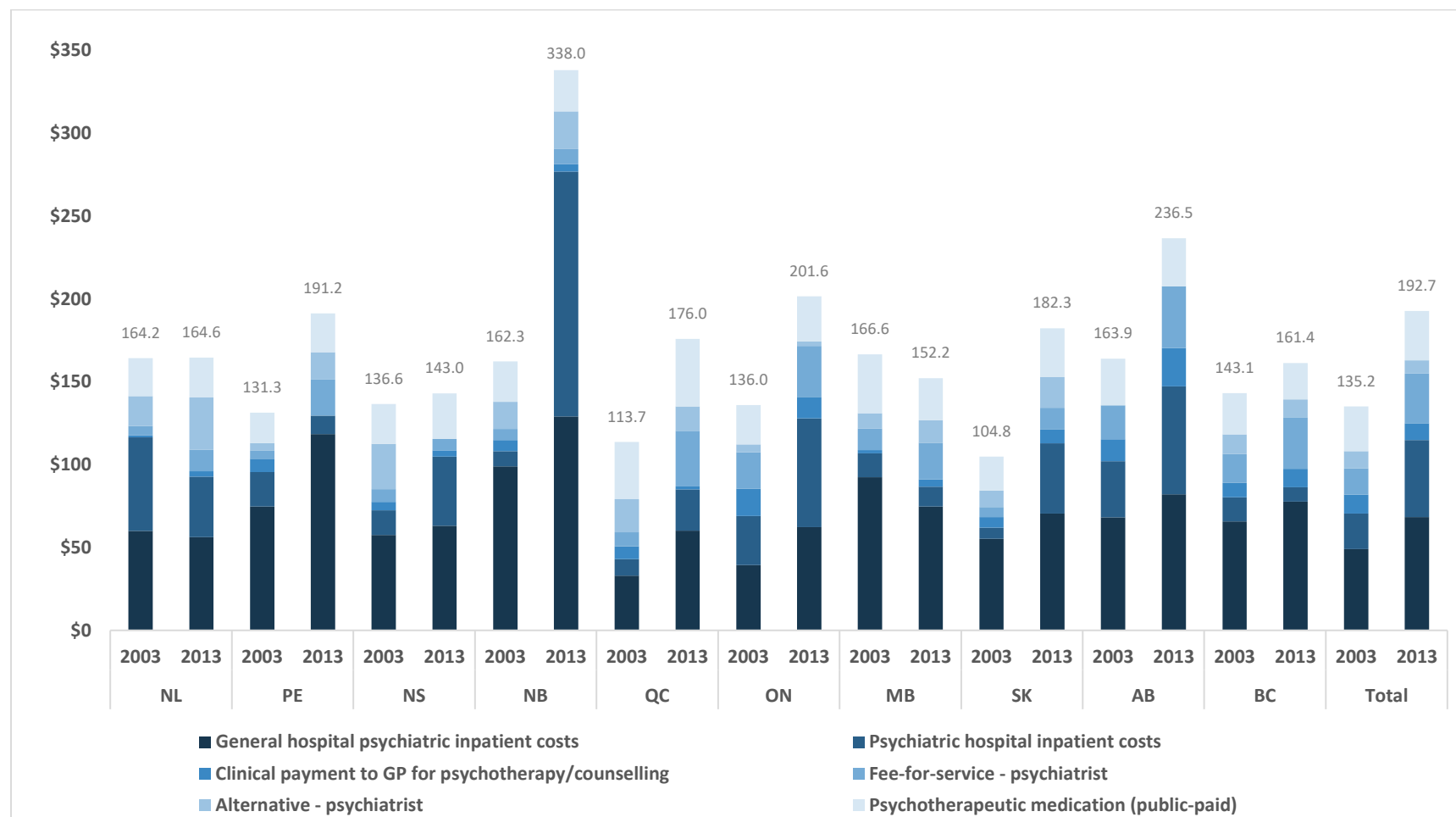
Notes: According to Statistics Canada, data for Newfoundland and Labrador has not been finalized for fiscal years 2013/14 and 2014/15 and should be considered to be preliminary. Fee-for-service payments are based on data submitted to the National Physician Database, with the exception of Prince Edward Island for 2008/09 to 2014/15, and Newfoundland and Labrador for 2010/11 to 2013/14 that submitted fee-for-service information with alternative clinical payment data collection.

We collected data for the following expenditure categories: general hospital, psychiatric hospital, total clinical payments to physicians, community mental health centres, and pharmaceutical services. We adjusted the 2003/04 data for expenditures to 2013/14 dollars using the provincial Consumer Price Index. Inpatient costs for 2013/14 were estimated from the annual volume and average cost data for mental health hospitalizations in psychiatric and general hospitals. Hospital inpatient costs per inpatient case were estimated using the interactive database, the Patient Cost Estimator (PCE), developed by the Canadian Institute for Health Information (CIHI). The PCE provides estimated average costs per case mix group (CMG) and average total length of stay (LOS) by CMG, by province and age group. We included all cases reported in the CIHI national PCE database that were in psychiatric-related CMGs, from CMG 670 to 709. Although the PCE contains only costs for typical patients, we assumed that the cost per day for both typical and atypical cases (i.e., deaths, transfers, sign-outs, and long-stay cases) were the same.

AB: Alberta; BC: British Columbia; MB: Manitoba; NA: not available; NB: New Brunswick; NL: Newfoundland and Labrador; NS: Nova Scotia; ON: Ontario; PE: Prince Edward Island; QC: Quebec; SK: Saskatchewan

**Last updated on June 12, 2019**

## Per capita public mental health expenditure in Canada, by province and service category (2003/04 and 2013/14)



Sources: Information on hospital inpatient costs obtained and estimated from: Canadian Institute for Health Information (CIHI) [Internet]. Patient cost estimator. Ottawa (ON): CIHI; c1996-2019 [cited 12 Jun 2019]. Available from: <https://www.cihi.ca/en/patient-cost-estimator>.



Information on clinical payments to physicians obtained from: Canadian Institute for Health Information (CIHI) [Internet]. National Physician Database, 2016-2017: Data release. Ottawa (ON): CIHI; c1996-2019 [cited 12 Jun 2019]. Available from: <https://secure.cihi.ca/estore/productSeries.htm?locale=en&pc=PCC476>.

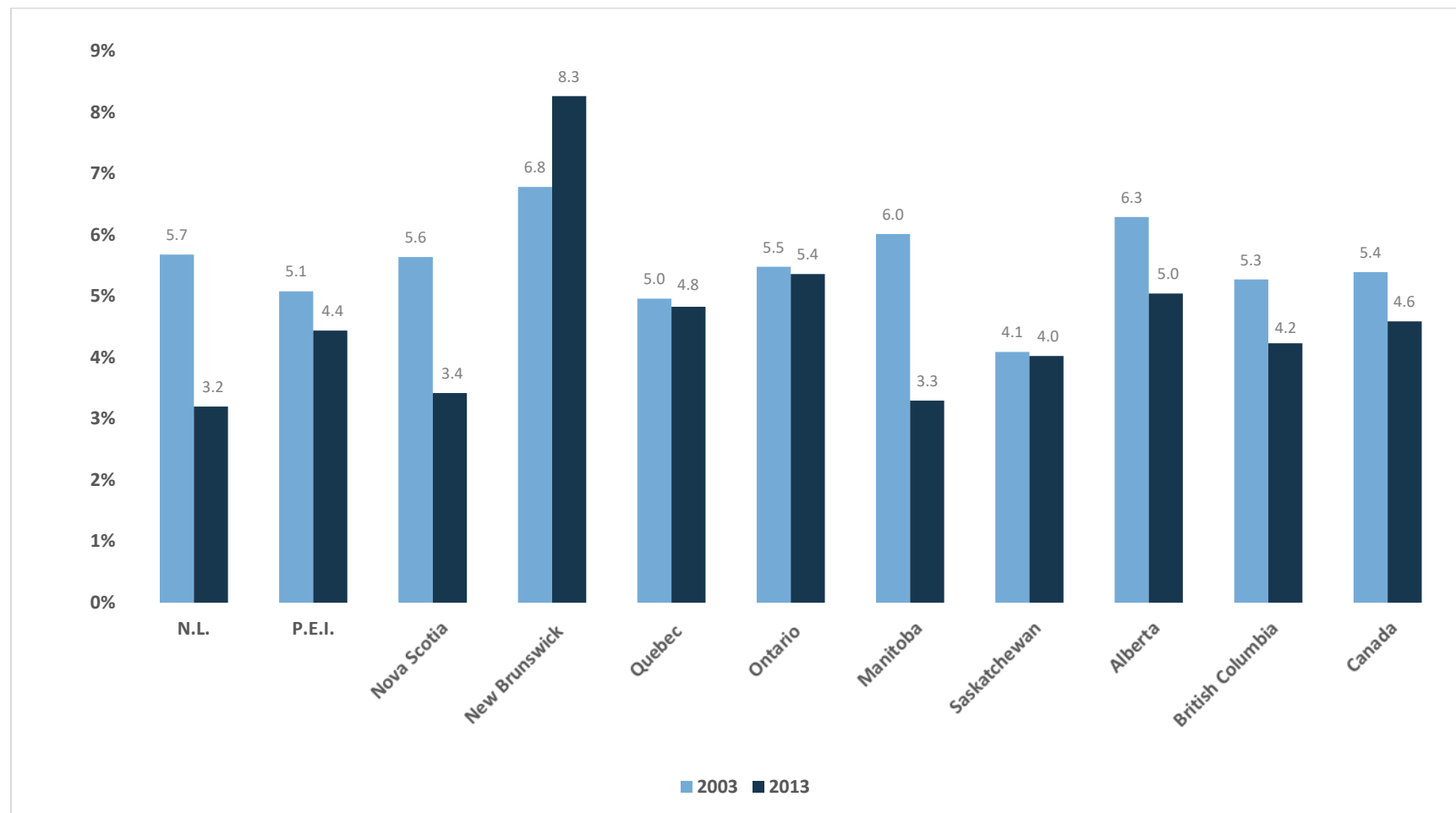
Information on medication costs obtained from the IMS CompuScript database (IMS Health Canada). Information was acquired for research use only. (Not publicly available.)

Information on population obtained from: Statistics Canada [Internet]. Table 17-10-0005-01: Population estimates on July 1<sup>st</sup>, by age and sex [Internet]. Ottawa (ON): Statistics Canada; [cited 12 Jun 2019]. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>.

AB: Alberta; BC: British Columbia; MB: Manitoba; NA: not available; NB: New Brunswick; NL: Newfoundland and Labrador; NS: Nova Scotia; ON: Ontario; PE: Prince Edward Island; QC: Quebec; SK: Saskatchewan

**Last updated on June 12, 2019**

## Mental health expenditure as a percentage of provincial government health expenditure in Canada, by province (2003/04 and 2013/14)



Sources: Information on hospital inpatient costs obtained and estimated from: Canadian Institute for Health Information (CIHI) [Internet]. Patient cost estimator. Ottawa (ON): CIHI; c1996-2019 [cited 12 Jun 2019]. Available from: <https://www.cihi.ca/en/patient-cost-estimator>.

Information on clinical payments to physicians obtained from: Canadian Institute for Health Information (CIHI) [Internet]. National Physician Database, 2016-2017: Data release. Ottawa (ON): CIHI; c1996-2019 [cited 12 Jun 2019]. Available from: [https://secure.cihi.ca/estore/productSeries.htm?locale=en&pc=PCC476&\\_ga=2.4981434.806515769.1560357489-2103854525.1552505531](https://secure.cihi.ca/estore/productSeries.htm?locale=en&pc=PCC476&_ga=2.4981434.806515769.1560357489-2103854525.1552505531).

Information on medication costs obtained from the IMS CompuScript database (IMS Health Canada). Information was acquired for research use only. (Not publicly available.)

Canadian Institute for Health Information (CIHI). *National health expenditure trends, 1975 to 2016: Data tables – Series E*. Ottawa (ON): CIHI; 2016. Available from: [https://secure.cihi.ca/free\\_products/NHEX-Trends-Narrative-Report\\_2016\\_EN.pdf](https://secure.cihi.ca/free_products/NHEX-Trends-Narrative-Report_2016_EN.pdf).

Note: To estimate the costs of publicly funded provincial mental health services in 2013/14, the data were obtained from multiple administrative databases. Services and costs included in provincial mental health are as follows: general and psychiatric hospital inpatients, clinical payments to physicians and psychiatrists, and prescribed psychotropic medications.

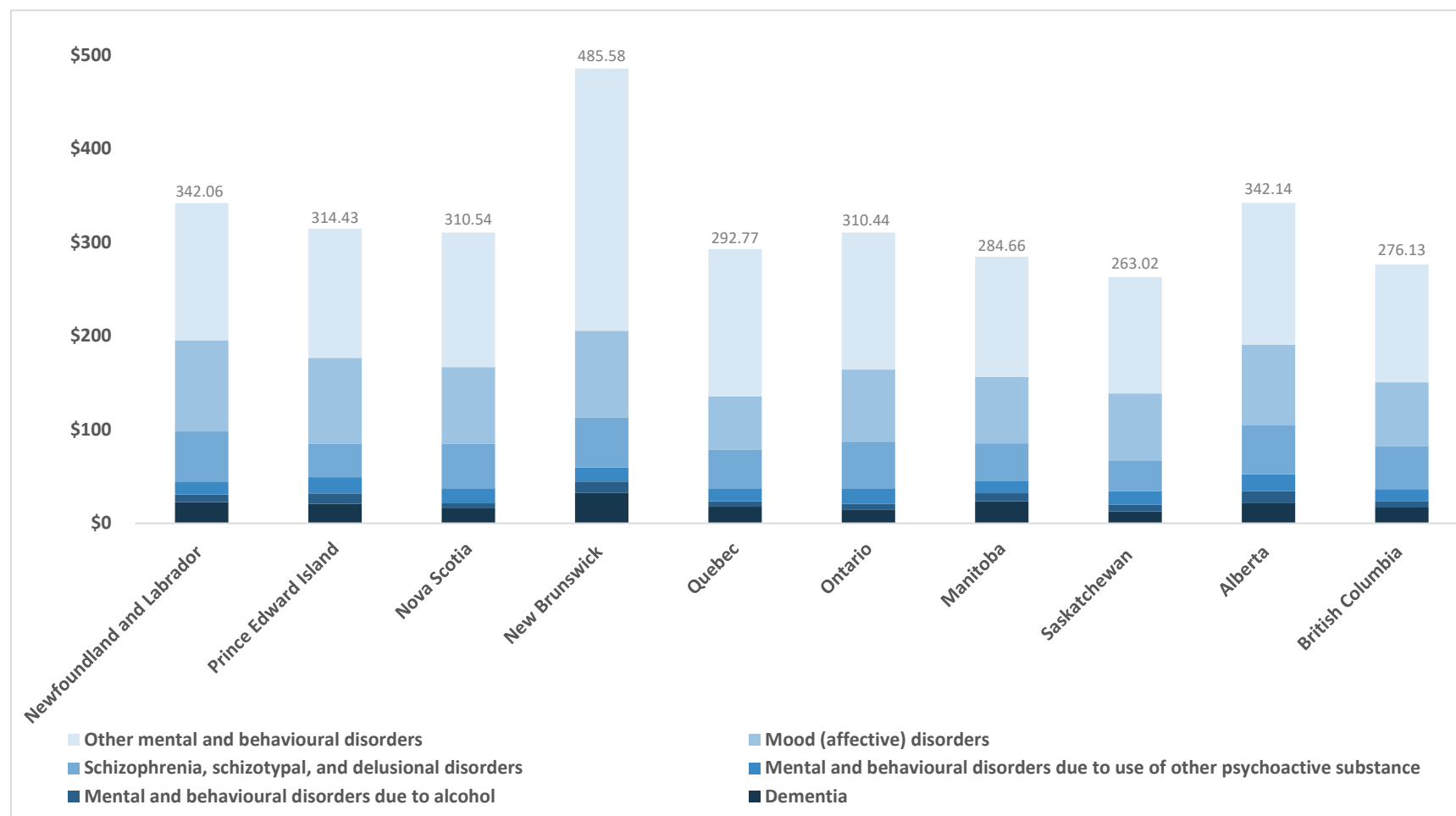
**Last updated on June 12, 2019**

## Per capita direct healthcare costs of mental disorders in Canada, by province and diagnosis (2010)

	Dementia	Mental and behavioural disorders due to alcohol	Mental and behavioural disorders due to use of other psychoactive substance	Schizophrenia, schizotypal, and delusional disorders	Mood (affective) disorders	Other mental and behavioural disorders
Newfoundland and Labrador	\$22.61	\$8.07	\$13.92	\$53.42	\$97.01	\$147.03
Prince Edward Island	\$20.97	\$10.87	\$17.31	\$35.64	\$91.84	\$137.80
Nova Scotia	\$15.90	\$6.21	\$15.20	\$47.53	\$81.96	\$143.74
New Brunswick	\$32.56	\$11.92	\$15.27	\$53.10	\$92.80	\$279.93
Quebec	\$17.53	\$5.85	\$14.08	\$41.07	\$56.97	\$157.27
Ontario	\$14.17	\$6.80	\$16.45	\$49.60	\$77.09	\$146.33
Manitoba	\$23.54	\$8.70	\$13.08	\$39.96	\$71.02	\$128.36
Saskatchewan	\$12.74	\$7.18	\$14.31	\$33.07	\$71.34	\$124.38
Alberta	\$22.10	\$12.12	\$18.27	\$52.13	\$86.25	\$151.27
British Columbia	\$16.79	\$6.89	\$12.65	\$45.49	\$68.65	\$125.66

(cont'd on next page)

## Per capita direct healthcare costs of mental disorders in Canada, by province (2010)



Sources: Public Health Agency of Canada. *Economic burden of illness in Canada, 2010*. Ottawa (ON): Public Health Agency of Canada; 2018.  
Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/economic-burden-illness-canada-2010/economic-burden-illness-canada-2010.pdf>.

Information on population in 2010 obtained from: Statistics Canada [Internet]. Table 3: Population, by province and territory, Canada, 2010. Ottawa (ON): Statistics Canada; [updated 30 Nov 2015; cited 24 May 2019]. Available at: <https://www150.statcan.gc.ca/n1/pub/89-503-x/2010001/article/11475/tbl/tbl003-eng.htm>.

Source information: Direct healthcare costs for mental disorders include hospital inpatient, physician care, emergency department visits, day surgery, prescription drugs, clinic services, and other direct healthcare expenditures. Per capita direct cost was estimated using population estimates for 2010.

Note: According to *Economic burden of illness* (EBIC), "direct costs include all transactions for which some form of payment was made. The National Health Expenditure Database (NHEX) contains summary expenditure data from public and private sources broken down by the following categories: hospitals and other institutions, physicians and other professionals, drugs, public health, and other health spending. Note that while NHEX also reports expenditures on capital formation, EBIC only focuses on current expenditures to be consistent with the [Organisation for Economic Cooperation and Development (OECD)] and [System of Health Accounts (SHA)] guidelines." "EBIC employs a top-down approach where total health expenditures are allocated across diagnostic categories (based on [International Classification of Diseases 10<sup>th</sup> revision (ICD-10)] and [International Short List for Hospital Morbidity Tabulation (ISHMT)]), age, sex, and province/territory. In a top-down approach, actual health expenditures, often taken from national health accounting data, are used as the starting point, and expenditures are allocated across disease groups, using an allocation or utilization key...One of the benefits of this approach is that expenditures can only be allocated once, avoiding instances of double counting." Public Health Agency of Canada (2018).

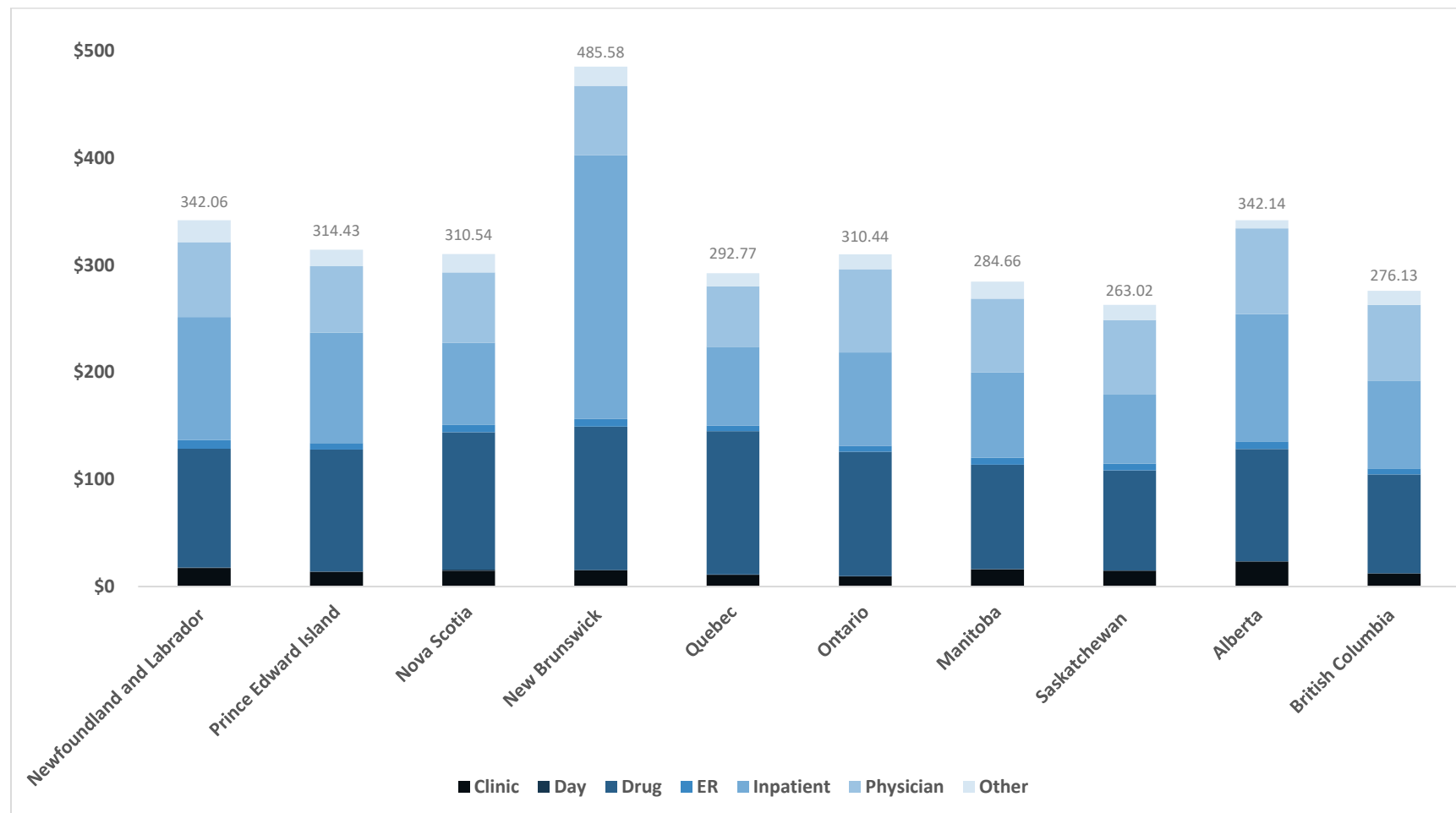
**Last updated on June 12, 2019**

## Per capita direct healthcare costs of mental disorders in Canada, by province and service category (2010)

	Clinic	Day	Drug	ER	Inpatient	Physician	Other
Newfoundland and Labrador	\$17.3	\$0.4	\$110.9	\$8.2	\$114.8	\$70.1	\$20.4
Prince Edward Island	\$13.7	\$0.3	\$114.0	\$6.1	\$103.0	\$62.2	\$15.2
Nova Scotia	\$14.8	\$0.9	\$128.5	\$6.7	\$76.7	\$65.9	\$17.0
New Brunswick	\$15.1	\$0.5	\$133.7	\$7.3	\$246.1	\$65.0	\$17.9
Quebec	\$11.0	\$0.3	\$133.8	\$5.1	\$73.8	\$56.6	\$12.1
Ontario	\$9.4	\$0.4	\$116.2	\$5.5	\$87.1	\$77.8	\$14.0
Manitoba	\$16.0	\$0.3	\$97.4	\$6.7	\$79.4	\$69.1	\$15.9
Saskatchewan	\$14.7	\$0.3	\$93.6	\$6.2	\$64.4	\$69.6	\$14.2
Alberta	\$23.3	\$0.4	\$104.7	\$7.0	\$119.2	\$80.0	\$7.6
British Columbia	\$12.0	\$0.4	\$92.3	\$5.5	\$82.1	\$70.7	\$13.2

*(cont'd on next page)*

## Per capita direct healthcare costs of mental disorders in Canada, by province and service category (2010)



Sources: Public Health Agency of Canada. *Economic burden of illness in Canada, 2010*. Ottawa (ON): Public Health Agency of Canada; 2018.  
Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research/economic-burden-illness-canada-2010/economic-burden-illness-canada-2010.pdf>.



Information on population in 2010 obtained from: Statistics Canada [Internet]. Table 3: Population, by province and territory, Canada, 2010. Ottawa (ON): Statistics Canada; [updated 30 Nov 2015; cited 24 May 2019]. Available at: <https://www150.statcan.gc.ca/n1/pub/89-503-x/2010001/article/11475/tbl/tbl003-eng.htm>.

Source information: Direct healthcare costs for mental disorders include hospital inpatient, physician care, emergency department visits, day surgery, prescription drugs, clinic services, and other direct healthcare expenditures. Per capita direct cost was estimated using population estimates for 2010.

Note: According to *Economic burden of illness* (EBIC), "direct costs include all transactions for which some form of payment was made. The National Health Expenditure Database (NHEX) contains summary expenditure data from public and private sources broken down by the following categories: hospitals and other institutions, physicians and other professionals, drugs, public health, and other health spending. Note that while NHEX also reports expenditures on capital formation, EBIC only focuses on current expenditures to be consistent with the [Organisation for Economic Cooperation and Development (OECD)] and [System of Health Accounts (SHA)] guidelines." "EBIC employs a top-down approach where total health expenditures are allocated across diagnostic categories (based on [International Classification of Diseases 10<sup>th</sup> revision (ICD-10)] and [International Short List for Hospital Morbidity Tabulation (ISHMT)]), age, sex, and province/territory. In a top-down approach, actual health expenditures, often taken from national health accounting data, are used as the starting point, and expenditures are allocated across disease groups, using an allocation or utilization key...One of the benefits of this approach is that expenditures can only be allocated once, avoiding instances of double counting." Public Health Agency of Canada (2018).

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