

Ontario Mental Health Reporting System

Description

The Ontario Mental Health Reporting System (OMHRS) contains data on mental health hospitalizations in hospitals or in psychiatric hospitals. Records in OMHRS are updated at admission, discharge, for significant changes in health status and quarterly. OMHRS contains a broad array of information from scores and scales for assessment of patients' mental health and status.

Data Source(s) Table

<p>Original Source: Ontario Mental Health Reporting System (OMHRS), Canadian Institute for Health Information (CIHI)</p>
<p>Distributed by: Ontario Ministry of Health and Long-Term Care (MOHLTC): IntelliHEALTH ONTARIO (IntelliHEALTH)</p>
<p>Suggested Citation (see Data Citation Notes) Ontario Mental Health Reporting System [years], Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: [date]</p>

Related OPHS Standards

This section cross-links the indicator to related Core Indicators products, by listing all OPHS standards where this data source would be used; these will be linked to the appropriate OPHS Standard pages.

Chronic Disease Prevention and Well-Being

Substance Use and Injury Prevention

Data Notes

General Notes

- OMHRS includes mental health data from Ontario facilities with designated adult inpatient mental health beds and from 3 facilities outside of Ontario that submit data on a voluntary basis. It also includes records from child/adolescent mental health beds from 2 psychiatric hospitals, and it may include records for patients younger than 18 who were admitted to an adult mental health bed.

- Reported mental health data from OMHRS should be complemented by child and youth mental health bed access from the Discharge Abstract Database (DAD) and mental-health related emergency department visits from the National Ambulatory Care Reporting System (NACRS).
- The episode of care in OMHRS begins at the decision to admit to a mental health bed. Time spent in the emergency area after the decision to admit has been made is included in the OMHRS episode.
- For pre-arranged or expected admissions, or admissions to facilities where there is no emergency department, the episode begins upon arrival.
- A Short Stay Assessment is completed whenever the net length of stay is less than or equal to 72 hours (3 days) and includes discharge information. The Short Stay Assessment has fewer mandatory fields than the Admission Assessment. Information for optional items may be collected if available.
- If, during a longer length of stay, an interruption in service occurs such that the person is in the mental health bed for less than or equal to 3 days, a Short-Stay Assessment is required.
- A Discharge (Full) Assessment is completed for all planned discharges where the net length of stay is greater than 6 days and when there is no indication that the person will be returning to continue this episode of care.
- A Discharge (Short) Assessment is completed in two scenarios: 1) The discharge is unplanned and the net length of stay is greater than or equal to 4 days or 2) The discharge is planned or unplanned, and the net length of stay is greater than or equal to 4 days and less than or equal to 6 days. This assessment has a smaller set of mandatory items but should include the clinical items that are available.
- Multiple assessments may occur during the length of a mental health admission.
- Data from OMHRS is limited to patients admitted to adult mental health beds in Ontario, and as such may not accurately reflect the burden of mental health and mental illness in health units. Due to the geographic dispersal of mental health beds, patients from across Ontario may have different likelihoods of being admitted to mental health beds, especially among those in rural and remote communities.

Analysis Checklist

General Checklist for All Associated Indicators

- The IntelliHEALTH licensing agreement does not require suppression of small cells, but caution should be used when reporting at a level that could identify individuals (e.g., reporting at the postal code level by age and sex). Please note that privacy policies may vary by organization. Prior to releasing data, ensure adherence to the privacy policy of your organization.
- Aggregation (e.g. combining years, age groups, categories) should also be considered when small numbers result in unstable rates.
- DSM-IV codes based on ICD-9-CM were replaced with the DSM-5 codes also based on ICD-9-CM starting approximately on April 1, 2016 although the changeover was not precise – when extracting data you may find both codes before and after that date. Similarly, DSM-5 codes based on ICD-10-CA replaced those approximately on April 1, 2019 but you may find both types before and after that date

Diagnostic Codes

- Provisional codes: records in OMHRS are updated at admission, discharge, for significant changes in health status and quarterly. When clients are initially admitted to adult mental health beds, a provisional diagnosis is recorded in their OMHRS record; this is a mandatory field. This provisional diagnosis can be considered a preliminary diagnosis, which is based on information from the patient's psychiatrist or attending physician.
- Provisional diagnostic codes are available in two formats in OMHRS up to 2015-16:
 - OMHRS Assessment, Treatment and Diagnosis>MH Assessments> Section Q – Psychiatric Diagnostic Information>DSM-IV <F2016>DSM-IV Diagnostic Category
 - Cognitive Disorder, Childhood Disorder, etc.
 - Values are:
 - (0)Not one of the three most important diagnoses
 - (1)Most important diagnosis
 - (2)Second most important diagnosis
 - (3)Third most important diagnosis
 - OMHRS Assessment, Treatment and Diagnosis>MH Assessments> Section Q – Psychiatric Diagnostic Information>DSM-IV <F2016>DSM-IV Psychiatric Diagnosis
 - DSM-IV Primary Dx Category
 - DSM-IV Secondary Dx Category
 - DSM-IV Tertiary Dx Category
 - Values include:
 - Disorders of Childhood/Adolescence
 - Dissociative Disorders
 - These fields contain the same data, presented long versus wide.
- Provisional diagnostic codes for 2016-17 onwards are available:
 - OMHRS Assessment, Treatment and Diagnosis>MH Assessments> Section Q – Psychiatric Diagnostic Information>DSM-5 Psychiatric Diagnosis
 - DSM-5 Primary Dx Category
 - DSM-5 Secondary Dx Category
 - DSM-5 Tertiary Dx Category
 - Values include:
 - Disorders of Childhood/Adolescence
 - Dissociative Disorders
- Psychiatric codes: as clients are assessed, and potentially re-assessed throughout their stay (significant change in status, quarterly) or at diagnosis, one or more psychiatric diagnoses should be coded. These are definitive psychiatric diagnoses, recorded as DSM-IV-TR codes (e.g. 300.4: Dysthymic Disorder), up to 2016, at which point the transition to DSM-5 occurred.
- The psychiatric diagnostic codes are available from several fields:
 - Up to 2015/16 OMHRS Assessment, Treatment and Diagnosis>MH Assessments> Section Q – Psychiatric Diagnostic Information>DSM-IV <F2016>DSM-IV Psychiatric Diagnosis:
 - DSM-IV Axis I Primary Dx
 - DSM-IV Axis I Secondary Dx
 - DSM-IV Axis I Tert Dx
 - DSM-IV Axis I Quat Dx
 - DSM-IV Axis II Other Primary Dx

- DSM-IV Axis II Other Sec Dx
 - 2016/17 to 2018/19 OMHRS Assessment, Treatment and Diagnosis>MH Assessments> Section Q – Psychiatric Diagnostic Information>DSM-5 Psychiatric Diagnosis>DSM-5 (Retired 2019)
 - DSM-5 Psychiatric Dx A (Retired 2019)
 - DSM-5 Psychiatric Dx B (Retired 2019)
 - DSM-5 Psychiatric Dx C (Retired 2019)
 - DSM-5 Psychiatric Dx D (Retired 2019)
 - DSM-5 Psychiatric Dx E (Retired 2019)
 - DSM-5 Psychiatric Dx F (Retired 2019)
 - 2019 onwards OMHRS Assessment, Treatment and Diagnosis>MH Assessments> Section Q – Psychiatric Diagnostic Information>DSM-5 Psychiatric Diagnosis>DSM-5
 - DSM-5 Psychiatric Dx A
 - DSM-5 Psychiatric Dx B
 - DSM-5 Psychiatric Dx C
 - DSM-5 Psychiatric Dx D
 - DSM-5 Psychiatric Dx E
 - DSM-5 Psychiatric Dx F
- The folder of diagnostic codes labeled DSM-5 (Retired 2019) uses DSM-5 with ICD-9-CM codes, while those labeled DSM-5 use ICD-10-CA codes.
- Diagnostic codes in OMHRS are string values containing the DSM-IV or DSM-5 code and description. OMHRS does not include decimal places in DSM codes, for example: 308.30 - Acute Stress Disorder would be reported as (30830)ACUTE STRESS DISORDER.
- Up to three provisional diagnostic categories and/or several psychiatric diagnostic codes may be applied to a client during assessment, however, for the purpose of developing mental health indicators, generally only the primary or most-responsible diagnosis should be considered.
- The psychiatric diagnostic codes should be considered a true diagnosis. Where diagnostic codes are not available for a record, which might be the case for a short admission, or for a patient who has not yet been discharged, provisional diagnostic categories can be considered a best guess for psychiatric diagnosis and can be used as a suitable reference for diagnosis.

Data Quality and Caveats

- OMHRS includes mental health data from Ontario facilities with designated adult mental health beds and from 3 facilities outside of Ontario that submit data on a voluntary basis. It also includes records from child/adolescent mental health beds from 2 psychiatric hospitals, and it may include records for patients younger than 18 who were admitted to an adult mental health bed.
- OMHRS may include data on admissions to non-mental health designated beds where the person was admitted primarily to receive a service related to mental health and/or addictions (e.g., treatment of a mental health and/or addictions-related condition, forensic assessment, detoxification).
- Hospitals that reported on patients in psychiatric beds under the DAD were required to report through both the DAD and the OMHRS for the period October 1, 2005 to March 31, 2006. As of April 1, 2006 all remaining patients in adult mental health beds were discharged from the DAD and admitted into OMHRS.

- OMHRS is admissions-based, meaning open or non-discharged cases which are still being treated at the time of reporting are part of the data, allowing for corrections and updates of records to be made at any time.
- The admission date of April 1, 2006 has a much higher frequency than any other date. This is due to the complete migration from DAD to OMHRS on April 1, 2006. Admission dates of April 1, 2006 should be treated as “artificial”, as they actually represent the entry data into OMHRS.

Resources

Canadian Institute for Health Information. Ontario Mental Health Reporting System Resource Manual, 2023–2024. Ottawa, ON: CIHI; 2023.

IntelliHealth Ontario: Inpatient Mental Health User Guide, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario.

Acknowledgements

<p>Lead Authors Kayley Selcuk, Peel Public Health</p>	<p>Reviewers Jeremy Herring, Public Health Ontario Suzanne Fegan, South East Health Unit</p>
<p>Contributing Authors Nicole Bradley, Simcoe Muskoka District Health Unit</p>	<p>Other Acknowledgements</p>

Revision History

This Core Indicator Product webpage is maintained by the [Mental Health Subgroup](#).

Date	Review Type	Author	Changes	PDF
May 23, 2025	New Data Source	Mental Health CIWG		