

# Self-Harm Hospitalizations

Name	Self-Harm Hospitalizations
Short/Other Names	Not applicable
Description	Age-standardized rate of hospitalization in a general or psychiatric hospital due to self-harm, per 100,000 population For further details, please see the <a href="#">General Methodology Notes (PDF)</a> .  Lower rates are desirable as they signal less frequent severe self-harm.  This indicator includes both suicidal and non-suicidal self-harm within the hospitalization data.
Interpretation	The indicator captures only cases within the hospitalization data where intentional self-harm was noted in the medical chart or abstract by a physician. Injuries coded as accidental or undetermined are not included in this indicator, even though a portion of these injuries may have been intentional. As such, this indicator underestimates the true number of hospitalizations for self-harm and should be considered a minimum rate of self-harm.
HSP Framework Dimension	Health System Outcomes: Improve health status of Canadians
Areas of Need	Not applicable
Geographic Coverage	All provinces/territories
Reporting Level/Disaggregation	National, Province/Territory, Region, Neighbourhood Income Quintile, Sex
Indicator Results	<a href="#">Accessing Indicator Results on Your Health System: In Depth (PDF)</a>

Identifying Information

Name	Self-Harm Hospitalizations
Short/Other Names	Not applicable
Indicator Description and Calculation	Age-standardized rate of hospitalization in a general or psychiatric hospital due to self-harm, per 100,000 population
Description	For further details, please see the <a href="#">General Methodology Notes (PDF)</a> .
Calculation: Description	$(\text{Total number of discharges for self-harm for patients age 10 and older} \div \text{Total mid-year population age 10 and older}) \times 100,000$ (age-adjusted)
Calculation: Geographic Assignment	Place of residence
Calculation: Type of Measurement	Rate - Rate: per 100,000
Calculation: Adjustment Applied	Age-adjusted
Calculation: Method of Adjustment	Direct Standardization <b>Standard Population:</b> Canada 2011
Denominator	<b>Description:</b> Total mid-year population age 10 and older

**Description:**

Total number of self-harm hospitalizations for patients age 10 and older

**Inclusions:**

1. Admission to hospital with self-harm diagnosis (diagnosis type 9, ICD-10-CA codes X60 to X84) for those age 10 and older, sex recorded as male or female
2. Analytical Institution Type Code = 1 (general hospital) or 5 (psychiatric hospital) from the Discharge Abstract Database (DAD)
3. Ontario Mental Health Reporting System (OMHRS) records for cases where the OMHRS stay was from an initial emergency department (ED) visit for intentional self-harm (X60 to X84 in the National Ambulatory Care Reporting System [NACRS]) within 7 days

Numerator

*Additional notes on the inclusions:*

- Episode building was performed to accommodate multiple abstracts within a single episode of care.
- At this time, we are unable to determine the rate for those not identified as male or female in the data.

**Exclusions:**

1. Cadaveric donor or stillbirth records (Admission Category Code = R or S)
2. Patients with an indication of medical assistance in dying

**Background, Interpretation and Benchmarks**

Self-harm is defined as a deliberate bodily injury that may or may not result in death. This type of injury is the result of either suicidal or self-harming behaviours, or both. Self-harm can be prevented, in many cases, by early recognition, intervention and treatment of mental illnesses. While some risk factors for self-harm are beyond the control of the health system, high rates of self-harm hospitalizations can be interpreted as the result of a failure of the system to prevent self-harms that are severe enough to require hospitalization.

Lower rates are desirable as they signal less frequent severe self-harm.

This indicator includes both suicidal and non-suicidal self-harm within the hospitalization data.

**Interpretation** The indicator captures only cases within the hospitalization data where intentional self-harm was noted in the medical chart or abstract by a physician. Injuries coded as accidental or undetermined are not included in this indicator, even though a portion of these injuries may have been intentional. As such, this indicator underestimates the true number of hospitalizations for self-harm and should be considered a minimum rate of self-harm.

**HSP**

**Frame work** Health System Outcomes: Improve health status of Canadians

**Dimension**

**Areas of Need** Not applicable

**Targets/Benchmarks** Not applicable

**References** Not applicable

**Availability of Data Sources and Results**

**Data Sources** DAD, HMDB, NACRS, OMHRS

**Type of Year:**

Fiscal

**Available Data Years** **First Available Year:**

2016

**Last Available Year:**

2019

**Geographic Coverage** All provinces/territories

**Reporting Level/Disaggregation** National, Province/Territory, Region, Neighbourhood Income Quintile, Sex

**Result Updates**

**Update Frequency** Every year

**Web Tool:**

Your Health System: In Depth

**Indicator Results****URL:**

[Accessing Indicator Results on Your Health System: In Depth \(PDF\)](#)

**Updates** Not applicable

**Quality Statement**

**Caveats and Limitations** This indicator does not include cases of self-harm that are not admitted to hospital. Self-harm where no medical care is sought (including deaths by suicide in the community), or where a patient visits only a primary health care provider or emergency department, will not be captured. Thus this indicator cannot be used to estimate the prevalence of all self-harm in the general population.

**Trending Issues**

Beginning in 2020, this indicator replaced the Self-Injury Hospitalization indicator. Results for the 3 fiscal years 2016–2017 to 2018–2019 were calculated, with annual updates planned for future years.

**Comments** Patients in the Discharge Abstract Database–Hospital Morbidity Database (DAD-HMDB) and OMHRS with invalid postal codes will not be included in the numerator of any province but will be included in the all-Canada numerator. An exception to this is patients who are identified as homeless (DAD-HMDB: diagnosis code = Z59.0 or postal code = XX; OMHRS: residential status code = 8); these patients will be assigned to the province of the facility.