**Mental Health and Substance Use Analytic Team**

**Summary of Analysis**

**Introduction:**

The Mental Health and Substance Use (MSHU) Bed database analysis has provided valuable insights into the distribution of beds, population, category of healthcare, and the number of facilities in British Columbia. By analyzing the data from the MSHU across local health areas, authority areas, and the province. This analysis provides a detailed analysis useful for healthcare providers, and other stakeholders to develop strategies to improve access to mental health and substance use services for all British Columbians.

**Discussion:**

The data was merged, manipulated, and categorized to conduct a detailed analysis. Due to the large number of beds not allocated to local health areas (LHA), the data was analyzed considering the beds in known LHAs, with a total of 11,040 beds (751 facilities), both with and without the 11,643 beds (51.3%) in unknown LHAs (16 facilities). However, the proportion of beds in unknown LHAs is distributed proportionally to the beds in known LHAs for each authority area.

Based on the number of beds per 100,000 population, residents of Vancouver Coastal have the highest chance of finding a bed per person, considering the number of beds in known and unknown LHAs. Despite being the second most populated authority area, it has the most facilities. On the other hand, Fraser, the most populous authority, ranks fourth in terms of the number of beds per 100K population.

Regarding the categories of healthcare facilities, community facilities are 66.63% of the total facilities, followed by Supported with 16.43%, Tertiary with 9%, and lastly, Acute with 8.21% and 864 beds. The higher the number of facilities, the higher the number of beds. All categories are similarly distributed in the five authority areas.

A total of 17,931 beds (79.05%) in 472 facilities are not targeted at the general population, and 20.95% of beds in 295 facilities to other priority populations, such as the homeless, pregnant women, indigenous people, and rural areas.

Overall, the facilities are mostly targeted at the general public, including both males and females. A total of 53 facilities (540 beds) are allocated to males and 41 facilities (398 beds) to females. Similarly, 14 facilities (64 beds) are targeted at women and children. It is pertinent to note that facilities are not evenly distributed across all health areas.

The occupancy rate at 48.63% of facilities is between 80% and 100%, while 23.5% of facilities have beds available to provide care. On the other hand, 27.9% of facilities do not have information on their occupancy.

**Recommendation:**

* Based on these findings, it is advisable to prioritize access to mental health and substance abuse in areas with limited resources, where the occupancy has reached 100% or is over its capacity.
* Increase investment in acute care facilities to improve the availability of beds for patients who require intensive medical care. For instance, 32 acute facilities have a 100% occupancy rate. Additionally, increase the number of beds in the Fraser authority area to address the lower availability of beds per 100,000 population compared to other areas.
* Develop a plan to allocate beds in unknown LHA to specific LHA to improve the distribution of resources. Maintain data on occupancy rates for all facilities to monitor and manage bed availability effectively.