



Manitoba Centre for Health Policy

# Planning Care: Health Services Use Among Manitobans with Mental Health and Substance Use Disorders

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Summary Written By: Hannah Owczar

**A summary of the report:** *Administrative Data to Inform a Needs-Based Planning Model for Mental Health and Substance Use Disorder Services and Supports in Manitoba*

Report by Dahl L, Hnatiuk J, Prior HJ, McCulloch S, Koseva I, Soodeen R, Leggett S, McLean A, Bromley C, Nickel NC.



University  
of Manitoba

Rady Faculty of  
Health Sciences

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Having a mental health or substance use (MH/SU) disorder can significantly affect how someone thinks, feels, or acts, often leading to stress and challenges in managing daily life. To ensure people receive the care they need, it is important to understand how they use healthcare services in Manitoba and where these services are available.

Researchers at the Manitoba Centre for Health Policy (MCHP) partnered with the provincial government's Department of Housing, Addictions and Homelessness to explore Manitoba's mental health and substance use services. The analysis draws in part on administrative data stored at MCHP. The findings presented in this summary are based only on the information found in those administrative records.

The data includes people who received a MH/SU disorder diagnosis or saw providers whose services are recorded, like family doctors. It does not include people who use services that are not recorded, such as nursing stations, crisis lines, or other community programs. The data are also limited in their ability to examine how structural factors like systemic anti-Indigenous racism shape both mental health outcomes and mental health service delivery and workforce planning.

Using information from 2022–2023, we looked at:

- Which MH/SU disorders are most common in Manitoba among those aged 15 years and older.
- How frequently people use health services for MH/SU disorder reasons.
- Where people live compared to where they receive MH/SU disorder care.

## Common MH/SU Disorders Among Manitobans

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Anxiety and depression are the most common mental health disorders affecting Manitobans in all regional health authorities. Around 20% of Manitobans aged 15 and older experience anxiety, while approximately 16% are affected by depression. These rates include individuals who may be struggling with both anxiety and depression at the same time.

Alcohol and prescription opioid use disorders are the most common substance use disorders among Manitobans aged 15 years and older. Alcohol use disorder affects 1.8% of the population, and prescription opioid use disorder impacts 0.7% of the population.

Rates of MH/SU disorders are highest in the Winnipeg Regional Health Authority and in Prairie Mountain Health, home to the province's two largest cities, Winnipeg and Brandon.

The patterns of MH/SU disorders in Manitoba [mirror global trends](#), with anxiety and depression affecting hundreds of millions of people, and alcohol use disorder being common in many countries.

## How Often Manitobans Access MH/SU Services

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Among the services that were measured with the administrative data, people with MH/SU disorders are most likely to receive care from family doctors or psychiatrists. Health services for MH/SU disorders are also provided through emergency departments and hospitals, or through urgent care centres. In the Northern Health Region, people use emergency departments and hospitals for care more than in any other region, which may reflect the types of services available in that region.

Other research shows that people with MH/SU disorders tend to use acute care services, like hospitals or emergency departments, more often than those without a MH/SU disorder, even when factors like age, gender, income, and other health conditions are taken into account. These healthcare visits are not just for MH/SU disorder care but for any kind of healthcare need. The results of the present study support broader evidence showing that when community-based supports are hard to access or limited, people tend to rely more on emergency rooms and hospital care.

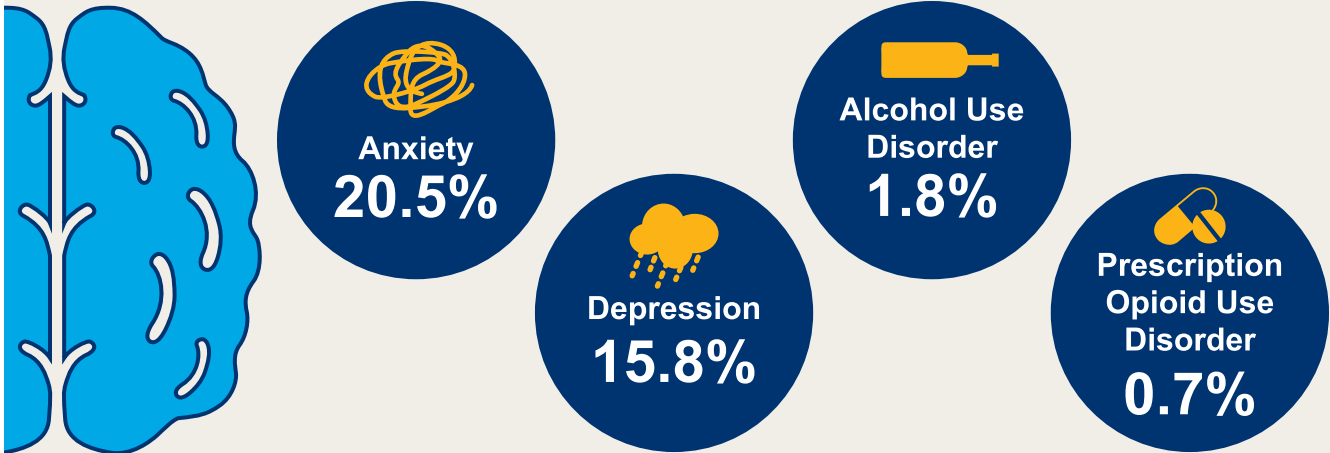
## Where Manitobans Receive MH/SU Services

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Most people in Manitoba receive emergency care for MH/SU issues close to home, but there is some travelling between regions for services, especially from the Interlake-Eastern Region to the Winnipeg Regional Health Authority. Interlake-Eastern Region residents made more than half of their emergency department visits in Winnipeg.

Three health regions in Manitoba have hospitals with psychiatric wards: Winnipeg Regional Health Authority, Northern Health Region, and Prairie Mountain Health. Nearly all residents who live in these areas receive MH/SU services in hospitals in their own regions. However, many residents from

## Percentage of Manitobans Living with Common Mental Health and Substance Use Disorders (15 years and older)



## Three Health Regions in Manitoba Have Hospitals with Psychiatric Wards



Winnipeg Regional Health Authority (WRHA)



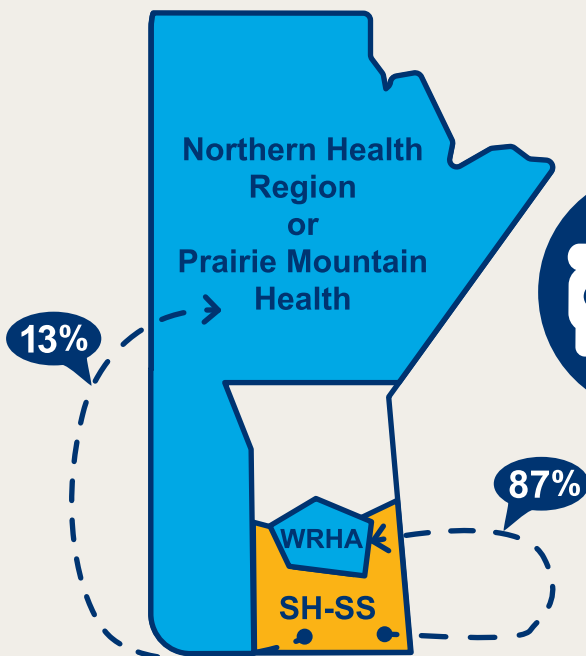
Northern Health Region



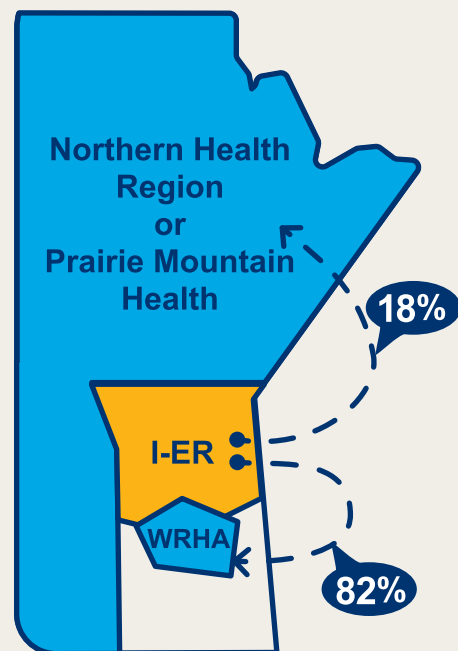
Prairie Mountain Health

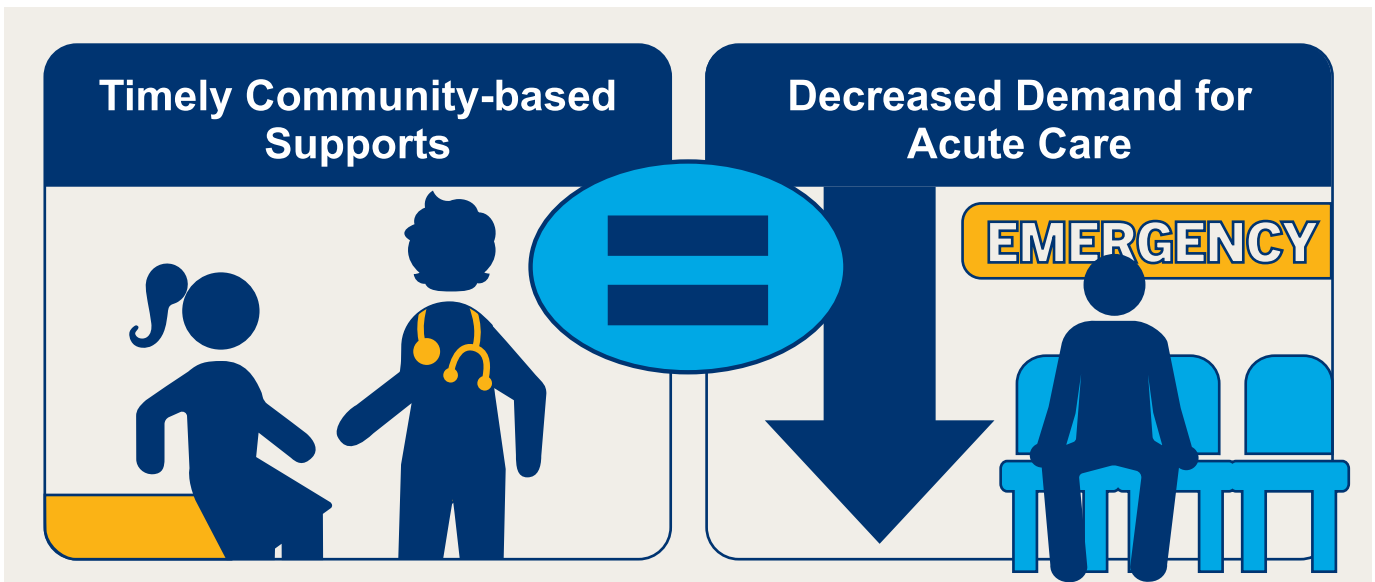
## Percentage of Manitobans in Regions without Hospitals with Psychiatric Wards Who Travel to Recieve Care

### Southern Health-Santé Sud (SH-SS)



### Interlake-Eastern Region (I-ER)





regions that do not have hospitals with psychiatric wards travel to Winnipeg, which has one acute care hospital and two major tertiary hospitals that provide specialized MH/SU services. Among the two tertiary hospitals, a larger share of patients from outside Winnipeg are admitted to the Health Sciences Centre compared to St. Boniface Hospital.

Residents from Southern Health-Santé Sud receiving MH/SU hospital care outside their region made 87% of visits to Winnipeg, and 13% to hospitals in the Northern Health Region or Prairie Mountain Health. Similarly, residents from the Interlake-Eastern Region who received MH/SU hospital care outside their region made 82% of their visits to Winnipeg, and 18% to hospitals in the Northern Health Region or Prairie Mountain Health.

## Planning for MH/SU Services

Mental health and substance use services are just one part of our overall healthcare system, where

people are often competing for access to services like emergency rooms, hospital beds, and doctor visits. As Manitoba's population ages and more people need care, knowing where most MH/SU disorder services are located, and how these services are being used, can help guide future planning.

People seeking services for MH/SU disorders often go wherever they can find care, which may not always be the best option for them. It is critical that services be planned and developed with a focus on creating a culturally safe environment that considers how factors like racism shape mental health outcomes and the care that Manitobans receive.

Research shows that when timely community-based supports are more accessible, the demand for acute care services tends to be lower. Looking at Manitobans' use of health services for MH/SU disorder reasons within the broader health system helps show where demand is highest and guides planning to ensure people receive services in the most appropriate setting.

# Manitoba Centre for Health Policy

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Tel: (204) 789-3819

Fax: (204) 789-3910

Email: [info@cpe.umanitoba.ca](mailto:info@cpe.umanitoba.ca)

[www.mchp.ca](http://www.mchp.ca)

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