



POSITION PAPER

Wait Times for Psychiatric Services

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Background

Mental illness is the leading cause of adult disability worldwide (CMHA, 2010). Generally, mental illness is characterized by alterations in thoughts, emotions, behavior, and/or relationships with others, which produce clinically significant distress or impairment in daily functioning (CMHA, 2010). In addition to the direct consequences of mental illness, affected individuals often have higher rates of disease burden and death associated with co-morbid conditions such as cancer, cardiovascular disease, and diabetes (WHO, 2013). The World Health Organization (WHO) estimates that between 35 and 50 percent of individuals with mental illness in high-income countries are untreated or undertreated (WHO, 2013). Furthermore, across the Organization for Economic Co-operation and Development (OECD) countries, the employment rate for people with mental illness is approximately 10 to 15 percent lower when compared to individuals without mental illness (OECD, 2011).

In Canada, nearly 20 percent of our population suffers from mental illness in any given year (Smetanin et al., 2011). This creates a high demand for psychiatric services, and a large cost to our economy. The economic impact of mental illness in Canada has been estimated at greater than \$50 billion per year (Lim et al., 2008). In Ontario alone, costs associated with mental illness have been estimated at \$39 billion per year (Ontario Ministry of Health and Long Term Care, 2009). This includes direct costs to fund community-based providers and programs, estimated at \$683 million in 2009-2010 (Office of the Auditor General of Ontario, 2010) as well as indirect costs including services not covered by OHIP and loss of work productivity. The high prevalence of mental illness resulting in decreased quality of life for patients, coupled with the high financial costs to all Canadians, highlights the importance of a focused effort to improve treatment.

Wait Times

Reducing wait times for psychiatric services is an important part of improving treatment. Early intervention has been shown to be highly beneficial in the treatment of multiple mental illnesses, including psychosis, depression, and mania. Timely intervention reduces length and frequency of hospitalizations, reduces risk of suicide, and has been shown to be an important factor in altering a patient's course of illness (Canadian Psychiatric Association, 2006). Unfortunately, Ontario wait times for psychiatric services remain high. In the 2012-2013 fiscal year, the average wait for counseling and treatment was 45 days, and the average wait for inpatient treatment was 37 days (ConnexOntario Database, 2014). These current statistics fall short of the Canadian Psychiatric Association's recommendations regarding access to mental health care. Current recommendations include:

- a) Access to care within 24 hours for emergency cases, such as active suicidal ideation, and acute mania or psychosis;
- b) Access within one week for urgent cases, including first episode psychosis, mania, and severe postpartum mood disorder or psychosis; and
- c) Access within 2-4 weeks for scheduled care for stable symptoms (Canadian Psychiatric Association, 2006).

Furthermore, when asked what they believe is a reasonable wait time for treatment after a first appointment, Ontario psychiatrists reported a median reasonable wait time of 2 weeks for pharmacotherapy, 4 to 6 weeks for psychotherapy, and 4 to 5 weeks for special programs (Fraser Institute, 2013). This is in contrast to current median wait times for treatment following a first appointment with a specialist. The wait is another 4 weeks for pharmacotherapy and 10 to 12 weeks for psychotherapy (Fraser Institute, 2013). In addition, wait times for eating disorder programs, assertive community treatment, or housing range from 12 to 30 weeks (Fraser Institute, 2013). The inability to meet access recommendations has a negative impact on patient care and must be addressed.

Action To Date

The Ontario Government recognizes the importance of ensuring all Ontarians have timely access to an integrated system of excellent and efficient early intervention, community support, and treatment. This is reflected in the Open Minds, Health Minds report that was commissioned by the Ontario government (Ontario Ministry of Health and Long-Term Care, 2011). The report outlines Ontario's current comprehensive mental health and addictions strategy, which includes strengthening existing services, enhancing capacity for integrated services, and improving transitions between services. A stated goal of focusing on these key areas is to address wait times (Ontario Ministry of Health and Long-Term Care, 2011).

The provincial government's plan does not include provisions for mandatory reporting of wait times and the creation of benchmarks for psychiatry (Wait Time Alliance, 2014). In the 2004 Health Accord, evidenced based benchmarks for medically acceptable wait times for cancer, diagnostic imaging procedures, joint replacement, and sight restoration were created in an effort to achieve "meaningful reductions" in wait times. Now in 2014, Ontario has shown substantive and sustained progress to reduce wait times in these areas (Wait Time Alliance, 2014). Although there has been an increase in reporting for a much broader range of specialty areas, psychiatry still does not have provincial reporting standards or benchmarks. This is in despite of the fact that in 2007, the Canadian Psychiatric Association, in conjunction with the Wait Time Alliance (WTA), developed benchmarks based on clinical evidence. In their 2014 report, the WTA noted that Ontario "has made no progress in publicly releasing wait times for psychiatric services" (Wait Time Alliance, 2014). Unfortunately, this failure to publish wait times has the potential to put psychiatry at a disadvantage compared to other specialties as it works to improve access to care for its patients.

Principles

The Ontario Political Advocacy Committee (OPAC), which is the advocacy branch of the Ontario Medical Students Association (OMSA), puts forward two principles to guide psychiatric services recommendations:

1. All Ontarians have a right to timely and high quality psychiatric care.
2. Close tracking and publishing of wait time information can be used to improve timely access to psychiatric services.

Recommendations

1. Creation of mandatory, standardized, wait time reporting and benchmarks for psychiatric services

Ontario monitors wait times by service and region through Connex Ontario. Unfortunately, there is a lack of common indicators being utilized to accurately capture how long Canadians are waiting to access psychiatric services (Wait Time Alliance, 2014). It is pertinent that the Ontario government mandate and standardize up to date waitlist reporting in order to ensure consistency, transparency, and accessibility of data. Such an approach would facilitate a “race to the top” where jurisdictions could learn from one another and measure their success through a framework of directly comparable measurements (Wait Time Alliance, 2014).

Since 2005, mandatory publication of wait times and the creation of benchmarks for Ontario surgical, emergency room, and diagnostic procedures has contributed to monitoring and appropriate funding allocation, leading to a reduction of wait times in priority areas (Ontario Ministry of Health and Long-Term Care, 2013). This approach has also been shown to work for psychiatric wait times at St. Joseph’s Health Centre in Toronto. By setting benchmarks and improving accountability and service, St. Joseph’s Health Centre was able to significantly decrease its wait times while increasing patient volume (Ontario Ministry of Health and Long-Term Care, 2011). This example highlights the potential for psychiatry to benefit from standardized wait time reporting and benchmarks. Improved public access to wait time data will allow for more accurate evaluation of strategies to increase access to mental health services. Careful and mandated monitoring and public publishing of wait time data by region would serve to address several recommendations including monitoring and accountability outlined in the 2010 Auditor General Report (Office of the Auditor General of Ontario, 2010). Based on psychiatric wait time reporting that is available, time to access mental health services is highly variable between different regions (Ontario Ministry of Health and Long-Term Care, 2009). Closer tracking and publication of wait time information can quantify efficacy of initiatives and create public and professional awareness that can be used to galvanize a collaborative approach to systems improvement for mental health care.

Conclusion

Ontario has been remarkably successful in tracking and publishing wait times for other medical fields and is capable of doing the same for psychiatry. We propose that closer tracking and publication of wait time information for psychiatric services is an important step to improving timely access to mental health services. This information will create the public and professional awareness necessary for systems improvement for mental health care.

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Competing Interests

The authors declare that they have no actual or potential conflicts of interest.

References

Canadian Mental Health Association (2010). *Mental Health for All Fact Sheet: Mental Health is Everyone's Concern*. Retrieved June 24, 2014 from http://mentalhealthweek.cmha.ca/files/2013/03/CMHA_MHW2012_Everyones_Concern_ENG_Final.pdf

Canadian Psychiatric Association (2006). *Wait Time Benchmarks for Patients With Serious Psychiatric Illnesses, A series of recommendations made by Canada's psychiatrists*. Retrieved July 1, 2014 from <http://www.cpa-apc.org/browse/documents/76>

ConnexOntario. *Average, Median, and 90th Percentile of Wait (in days) of Mental Health Services in the ConnexOntario Database*. Data extracted from the ConnexOntario Database on February 4, 2014.

Fraser Institute (2013). *Waiting your turn: Wait times for health care in Canada, 2013 report*. Retrieved October 4, 2014 from <http://www.fraserinstitute.org/publicationdisplay.aspx?id=20516&terms=waiting+your+turn>

Lim, K., Jacobs, P., Ohinmaa, A., Schopflocher, D., & Dewa, C.S. (2008). A new population based measure of the economic burden of mental illness in Canada. *Chronic Diseases in Canada*, 28(3), 92–98

OECD (2011). *Sick on the job? Myths and realities about mental health and work*. Retrieved June 22, 2014 from <http://www.oecd.org/els/soc/49227189.pdf>

Office of the Auditor General of Ontario (2010). *Community mental health: Follow-up on VFM Section 3.06, 2008 Annual Report*. Chapter 4, section 4.06. Retrieved June 24, 2014 from http://www.auditor.on.ca/en/reports_en/en10/406en10.pdf

Ontario Ministry of Health and Long Term Care (2009). *Every door is the right door: Towards a 10-year mental health and addictions strategy*. Retrieved June 23, 2014 from http://www.health.gov.on.ca/en/public/programs/mentalhealth/advisorygroup/docs/rep_everydoor.pdf

Ontario Ministry of Health and Long-Term Care (2011). *Open minds, healthy minds: Ontario's comprehensive mental health and addictions strategy*. Retrieved January 29, 2014 from http://www.health.gov.on.ca/en/common/ministry/publications/reports/mental_health2011/mental_health_rep2011.pdf

Ontario Ministry of Health and Long Term Care (2013). *News release: Ontarians getting faster access to surgical and diagnostic procedures*. Retrieved June 22, 2014 from <http://news.ontario.ca/mohltc/en/2013/08/ontarians-getting-faster-access-to-surgical-and-diagnostic-procedures.html>

Smetanin, P., Stiff, D., Briante, C., Adair, C.E., Ahmad, S. & Khan, M. (2011). The life and economic impact of major mental illnesses in Canada: 2011 to 2041. RiskAnalytica on behalf of the Mental Health Commission of Canada

Wait Time Alliance (2014). *Time to Close the Gap: Report Card on Wait Times in Canada*. Retrieved June 2014. Retrieved July 1, 2014 from <http://www.waittimealliance.ca/wait-times-in-canada-2014/>

World Health Organization (2013). *Mental Health Action Plan 2013 – 2020*. Retrieved June 24, 2014 from http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf?ua=1