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Backgrounder on Psychiatric Care Wait Times

Importance of psychiatric care wait time benchmarks

- Facilitates system reform in right direction: If services are in place for key sentinel illnesses – especially the serious illnesses – system will be in place to deal with the many other illnesses
- Helps make the system more humane: 'If waiting for health services in general is difficult, waiting for psychiatric service is especially trying. The worrying of losing your mind is likely greatest fear of all health conditions.[1] Having a benchmark in place provides a patient and their family with a guidepost for what they should be able to expect in terms of accessing care.
- Without appropriate targets based on clinical evidence there can be no evaluation of service against good clinical evidence.

Extent to which psychiatric benchmarks are being met or not met in Canada

Not much work has been undertaken to measure or manage waiting times for psychiatric services in Canada. Many clinicians report not maintaining wait lists for a variety of reasons related to the overwhelming pressures within psychiatric care. Some evidence has been gathered by the Fraser Institute[2], a CPA sample survey[3]. This is supplemented by anecdotal reports from psychiatrists.

In addition, the Western Canada Wait Times project developed tools to better manage children's mental health waiting times. [4]

The Fraser Institute study reports median wait time to see a psychiatrist for urgent care after referral from a GP for any condition at 1.9 weeks – with the benchmark being 1-2 weeks depending on the condition; while scheduled or elective care was 7.7 weeks rather than 1-4 weeks as the benchmark for certain conditions. However, the relevant aspect is waiting time for treatment. In this area, the Fraser Institute reports that the median wait time <u>to access treatment</u> is 9.8 weeks. The CPA survey found marginally higher median wait times: to see an urgent

[1] Wait Time Benchmarks for Patients with Serious Psychiatric Illnesses, Canadian Psychiatric Assn. March 2006
[2] Waiting Your Turn 16th edition: Hospital Waiting lists in Canada, The Fraser Institute. Vancouver. 2006, Appendix 1: Psychiatry Waiting List Survey
[3] Access to Psychiatrists' Care. N el Guebaly & MJ Atkinson. CPA Bulletin, March 2001. Pp 9-12
[4] Lining up for Children's Mental Health Services: A tool for prioritizing Waiting Lists, J. AM. Acad. Child Adolesc Psychiatry, 41:4 April 2002.

patient was 2.4 weeks and elective patient was 7.5 weeks. The CPA survey also asked about admittance to acute care for emergencies. Only the Maritimes and Quebec were close to the benchmark of 24 hours, reporting 27 and 26.8 hours respectively. Other regions reported delays from 57 hours to 110 hours, recognizing that emergency cases involve high degree of risk to self and others.

Psychiatrists will criticize these studies because they only measure the patients who actually are recorded on wait lists while there is an inherent discouragement with the system to use wait lists.

There are also anecdotal reports that an increasing number of psychiatrists are no longer accepting patients beyond 8 month wait lists because of liability concerns – hence removing more patients from the lifeline that offers some comfort should the condition worsen. More than 14% of psychiatrists were already reporting that they were not accepting either new urgent or elective patients in 1999.

Difficulties in reaching wait time benchmarks

Human resources and system funding: The lack and maldistribution of psychiatrists especially child psychiatrists will be a key challenge. Equally challenging is the lack of capacity in other disciplines. Psychiatry's operating room is the multidisciplinary treatment and after care team. If these teams are not in place, under-resourced or overtaxed because of human resource shortages of trained social workers, psychiatric nurses or lack of funding for psychology and occupational therapy, the psychiatrist cannot offer the treatment the patient needs. Without access to a multidisciplinary team there is limited access to a range of tests and treatment for patients. This is especially critical for children's mental health needs and early psychosis.

Continuing challenges of having adequate community based services in place based on best practices: Gross under funding of critical mental health care and the obstacles exposed in the Senate Report, *Out of the Shadows at Last, are* at play here.

Revolving door syndrome: Unique to mental is the revolving door syndrome. Unless there are good after care systems in place and treatment is provided according to best practices, it is most likely that a person with a serious psychiatric condition will be in the system again after any initial contact.

Stigma and lack of understanding about the critical importance of paying attention to mental health continue to stand in the way of ensuring mental health care is accorded a higher priority. This hinders access to the needed resources to ensure the population receives the care it needs in the right place from the right provider or mix of multidisciplinary team members. A significant percent of chronicity due to mental illness could be prevented if treatment is initiated in a timely manner.

The Canadian Psychiatric Association (CPA) is the national voice for Canada's 4,100 psychiatrists and more than 600 psychiatric residents. Founded in 1951, the CPA is dedicated to promoting an environment that fosters excellence in the provision of clinical care, education and research.

CPA values

- *accessible and comprehensive care*
- *knowledge transfer through research, professional development, evidence-based practice, and public education*
- *the highest standards of professional ethics and collegial support*
- *policies that promote mental health across the lifespan*
- *respect for cultural diversity*