

Wait Time Alliance

Leading Practices

Name of Sponsoring WTA Member Society:

Canadian Psychiatric Association

Name of Project/Program/Initiative:

Mood and Anxiety Program, Centralized Intake and Wait Times Initiative

Location:

Centre for Addiction and Mental Health, Toronto, Ontario

Description of Program:

The **Mood and Anxiety Program** provides outpatient and inpatient services to clients with mood and anxiety disorders. The outpatient program provides services for clients with major depression, bipolar disorder (manic depressive illness), anxiety disorders and obsessive-compulsive disorders. Psychiatrists, social workers, occupational therapists, psychologists, nurses, psychometrists and recreation therapists staff the program.

Anxiety Disorders Clinic (ADC)

The Anxiety Disorders clinic provides assessment, consultation and multi-modal treatment services for adults 18 to 65 with anxiety disorders. Assessments include structured diagnostic interviews and psychiatric consultation with the view toward offering expert pharmacotherapy recommendations. Some clients receive longer term follow-up care with medication based treatments. A second major treatment option offered through the clinic is cognitive behavioural therapy.

Mood Disorders Clinic (MDC)

The Mood Disorders Clinic (MDC) provides multidisciplinary and multi-modal clinical care and, education for patients with diagnoses of depression or bipolar disorder, as well as families and professionals. Services include psychiatric assessment, diagnosis, treatment recommendations, brief follow-up where appropriate and Mindfulness Based Cognitive Therapy (MBCT) program. MBCT is an 8-week group-based program that combines the clinical application of mindfulness meditation –a technique that helps to connect with what is happening in the present moment – with the tools of cognitive therapy. It is a relapse prevention program for patients with previous depression who are currently in remission. Where patients are referred back to the referring physician with recommendations, the clinic physicians will function as a back up and resource to the treating physician in the community and a repeat consultation can be requested. Involvement of non-medical clinical staff in treatment plans is designed to best meet the needs of individual patients.

Cognitive Therapy Clinic (CBT)

The Cognitive Behavioural Therapy Clinic provides short-term treatment of depression. Cognitive Behavioural Therapy, a type of psychotherapy, can help many people struggling

with depression to deal more effectively with this problem. People learn to recognize that their thinking styles can contribute to the sad moods and despair that characterize depression. With time, they come to see alternatives to what their minds habitually tell them.

Early Intervention Clinic (EIC)

Hospital-based clinic that treats people with mood disorders who show signs of the early stages of psychosis.

The team includes psychiatrists, nurses, social workers, and occupational therapists. The focus is to provide rapid service to avoid delay in treatment. There is assessment and management of first episode of psychosis in people with a mood disorder, help clients and their families with the recovery process and prevent relapse.

The service is tailored to each client's needs, and includes consultation, outpatient care, acute inpatient care and referral/linkage to community services. The treatment approach is based on research evidence, and includes education, family support, individual and group therapy, case management, medication management and helping the person return to optimal functioning in all aspects of life.

Evidence to Support Effectiveness of Program:

Objective:

Throughout Canada, concerns about wait times for access to mental health services are widespread. Prior to this quality improvement initiative, complaints from patients and referring clinicians were common. This project was undertaken to reduce wait times, increase access and improve patient and referring clinicians' satisfaction with our ambulatory services.

Approach:

Operations research and process re-design methodologies were used to streamline referral, intake and scheduling processes for separate outpatient mood and anxiety clinics. Mapping the pathways into care, revealed the lack of a standardized referral and intake system and varying data collection across different clinics. Clients and referring physicians' feedback was utilized to determine specific areas for improvement.

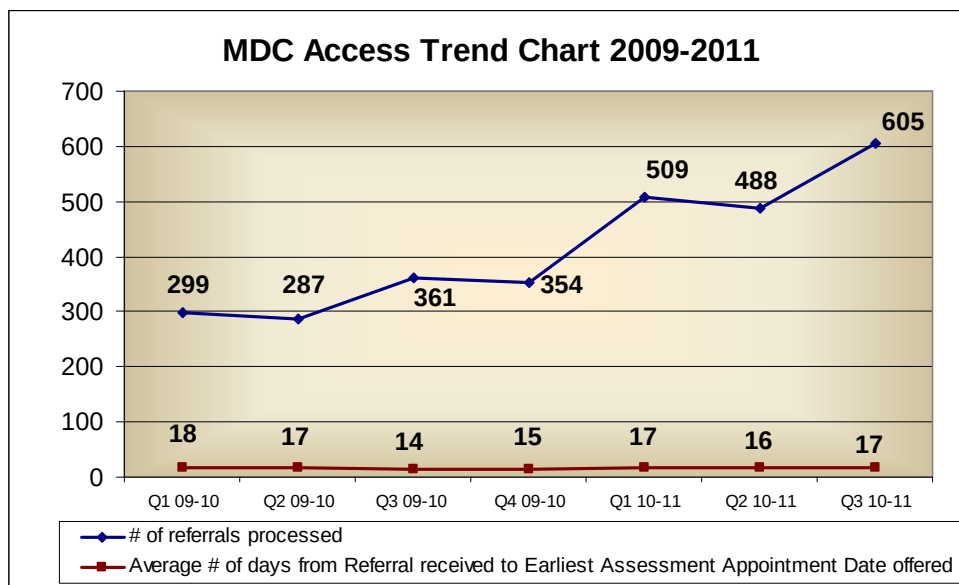
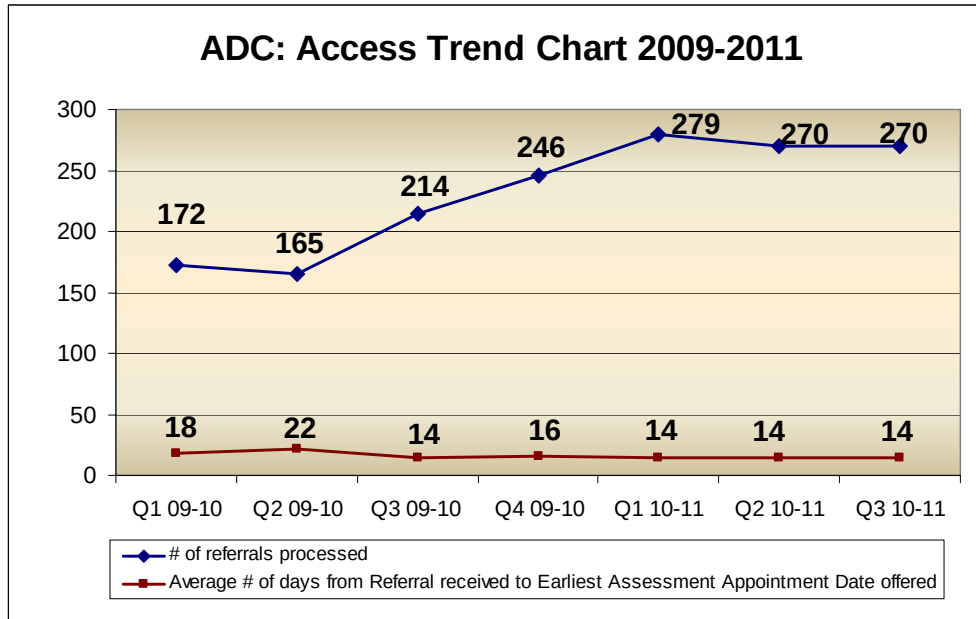
A centralized intake database was created and change management with staff was undertaken. A continuous improvement model was adopted by the team, with quarterly reporting and discussion on performance measurement indicators, in order to sustain and enhance the reduction in wait times.

Results:

Prior to this initiative, the wait time for an assessment, at the Mood or Anxiety Disorders clinic, for an external referral was 3-6 months. After implementing our new process the wait time was reduced to an average of 14 days for the Anxiety Disorders Clinic and 16 days for the Mood Disorders Clinic. The streamlined intake process allows in some cases for an assessment appointment to be offered within 1 to 2 days of receiving the referral. After an assessment is complete the wait time from that assessment to treatment (e.g. CBT), has been

reduced from 3-12 months down to an average of 24 days. Referrals for the Early Intervention Clinic are assessed and clients are offered an assessment appointment on the same day as when the referral is received. After the assessment, treatment is offered within an average of 10 days. All clinics experienced a reduction in process variation and wait times. These benchmarks have been maintained for over two years. The increased access has resulted in a 50% increase in referrals.

The score on our client satisfaction surveys has improved by 25% over the last two years. Referring clinicians reported increased satisfaction with access to care.



Conclusion:

The Mood and Anxiety program of CAMH have sustained wait times that are well below the national wait times for psychiatric services¹. The processes re-design and change management methodologies used, have great potential for replication in other setting of care, both mental health and non-mental health, across Ontario and Canada.

¹ National Psychiatry Waiting List Survey, 2009, Fraser Institute, November 2009