

Wait-times and Mental Health Service Delivery: The Impact of Shared Care on Waiting for Mental Health Services

Janelle Jarva¹

John Haggarty^{1,2}

¹ St. Joseph's Care Group, ² Northern Ontario School of Medicine

Zack Cernovsky, Kim Karioja, Lynn Martin

Wait Times in Mental Health

- Wait list information became available in the 2003 *Waiting Your Turn: Hospital Waiting Lists in Canada* report from the Fraser Institute.
- Prior to this, data had not been available from local or regional governments for the psychiatry specialty and where it was available, it was not comparable across jurisdictions.

Wait Times are important:

- key to understanding how any system works
- are used to identify where a system contains problems
- key to finding solutions
- a component of the debate on the Canadian health care system
- However, mental health wait times have not received the attention that medical services have been receiving

Shared Mental Health Care

- A model of care based in primary care settings
- Collaborative management
- Direct and indirect consultation
- Primary care practitioner skill development
- Backup support

- Shared mental health care was first introduced in Thunder Bay in July 2001
- The service was comprised of two counsellors with social work backgrounds, and a psychiatrist providing consultations for ½ day per week

Objective

- To determine if the addition of shared mental health care services decreased the waiting times for pre-existing mental health services.
- This is the first study to examine changes in wait time with the introduction of a shared mental health care service

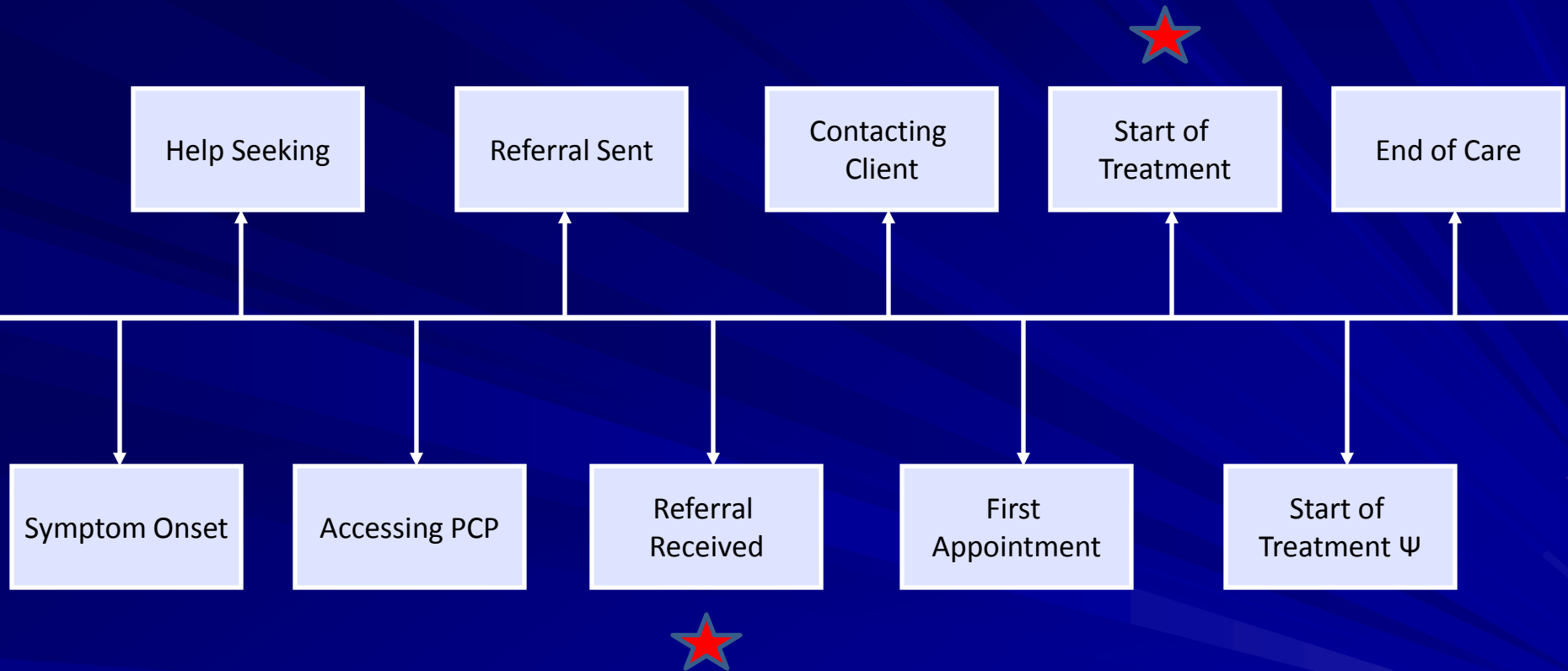
Method

- Five pre-existing mental health services were approached to take part in this study, one declined
- Of the four that participated, two provided counselling services only, one provided psychiatric consultation only, and one provided both types of service
- Naturalistic approach, no controls for changes in programs

Data Collection

- Retrospective chart reviews were used to collect referral data
- Variables collected included: the date of the referral, reason for the referral, date of intake, date of first treatment appointment, age, and sex

Mental Health Care and Wait Time



The Sample

- Data from a total of 5986 referrals were collected
- For the purposes of this presentation, we will focus on the referrals made from January 2001 to the end June 2004
- 3589 referrals to one of five services (1 shared care, 4 pre-existing, non-shared care)

The Sample Continued

- 64% women
- Mean age 37.9 years
- The most common reason for referral was symptoms of depression (50.8%) and anxiety (25.7%)
- 30.6% did not receive services and therefore not included in analysis of wait times
- The shared care service accounted for 29.6% of the referrals, the largest service accounted for 32.7%

Results

- Shared Care wait times were compared to those of the pre-existing services
- Across the study period, the mean shared care wait time was 41.8 days (SD 28.7, Median 36) compared to 84.2 days (SD 64.5, Median 73), $t(2162.1)=20.9$, $P<.001$
- Median test also significant ($P<.001$)

Pre-Post Wait Times

- Baseline wait time for pre-existing services was 97.6 days (SD 73)
- In the following 12 month period, the wait time decreased significantly to 84.2 days (SD 64.5), $t(601.3) = 2.3$, $P = .022$
- The following 3 year period also significantly decreased to a mean of 81 days (SD 62.3), $t(352.1) = 3.6$, $P < .001$

- When the entire sample (both shared care and non-shared care) was analyzed, the wait times decreased by almost 30%, from the baseline of 97.6 days (SD 73) to 70 days (SD 59.6) in the following year, $t(498.3)=5.6$, $P<.001$.

Discussion

- The shared care service was able to offer treatment 40 days sooner than the 4 pre-existing services
- Pre-existing services experienced a decrease of 13 days
- The decreased wait times persisted throughout the 3 years, suggesting that the shared care service is relieving the burden to other mental health care providers

Limitations

- Individuals were not tracked
- Not all mental health service providers were included (Such as EAP providers)
- Cannot attribute change solely to introduction of shared care, other factors, such as staffing changes, may have had an affect

In Conclusion

- Shared care appears to have a favourable impact on wait times for mental health services
- And also maintained lower wait times than the pre-existing providers

Questions?