

National Psychiatry Waiting List Survey, 2009

an excerpt from

***Waiting Your Turn: Hospital Waiting Lists in Canada,
2009 Report***

by Nadeem Esmail

*The full report, **Waiting Your Turn: Hospital Waiting Lists in Canada, 2009 Report**, including a complete list of references and a full explanation of the methodology, is available at the Fraser Institute's web site: www.fraserinstitute.org.*

Appendix B: Psychiatry Waiting List Survey, 2009 report

With each passing week, it becomes more obvious that the deterioration in Canada's public health care program is not confined to just the five priority areas now being focused on by governments across the country, nor to the twelve medical specialties examined in the main text of *Waiting Your Turn*. In particular, there has been increasing anecdotal evidence presented in the media about the long waiting times that psychiatry patients experience. Further, many patients and media representatives have come to the Fraser Institute in search of more complete information on waiting times for these services. Such data is typically not available from local or regional governments for this specialty, and where it is available, it is not comparable across jurisdictions. We responded to this absence in 2003 by adding psychiatry to the annual measurement of waiting lists reported in *Waiting Your Turn*, thus creating the first national, comprehensive, and comparable measurement of waiting times for mental health services available in Canada.

Information on the performance of the health care system is rare in Canada, and patients with mental health concerns want the same access to information that is available to those with physical ailments in both *Waiting Your Turn* and through some provinces' health ministries.

Methodology

The psychiatry waiting list survey was conducted between January 12 and April 21, 2009. Surveys were sent out to all of the specialists in the psychiatry category of the Canadian Medical Association's membership rolls who have allowed their names to be provided by Cornerstone List Fulfillment. As is the practice with the traditional 12 specialties surveyed in *Waiting Your Turn*, psychiatrists in Quebec and New Brunswick who indicate that their language of preference is French were sent French-lan-

Table B1: Summary of Responses, 2009

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Mailed	586	328	54	144	1,720	997	41	122	11	41	4,044
Number of Responses	69	53	6	14	202	82	10	12	2	8	458
Response Rates	12%	16%	11%	10%	12%	8%	24%	10%	18%	20%	11%

Table B2: Psychiatry—Median Patient Wait to See a Specialist after Referral from a GP, 2009

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Urgent	2.0	2.3	2.5	1.5	2.0	2.0	1.5	1.5	1.8	1.0	2.0
Elective	6.0	12.0	5.5	6.0	6.0	8.0	10.0	6.0	6.0	8.0	7.0

Table B3: Psychiatry—Median Patient Wait for Treatment after Appointment with Specialist, 2009

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	4.0	6.0	9.0	6.0	8.0	6.0	16.0	5.0	5.5	30.0	6.9
Initiate a course of long-term psychotherapy	8.0	12.0	8.0	12.0	12.0	14.0	27.0	12.0	7.0	51.0	12.4
Initiate a course of pharmacotherapy	3.0	5.0	2.8	6.0	4.0	4.0	7.5	2.0	5.5	12.0	4.1
Initiate a course of couple/marital therapy	7.5	8.0	5.5	7.0	10.0	12.0	18.0	7.0	—	26.0	10.0
Initiate cognitive behavior therapy	6.0	11.0	8.0	6.0	10.0	10.0	18.0	5.0	7.5	42.0	9.6
Access a day program	6.5	8.0	6.0	3.0	6.0	4.0	12.0	18.0	—	12.0	6.1
Access an eating disorders program	14.0	16.0	8.5	4.0	12.0	11.0	1.5	4.0	12.0	8.0	11.6
Access a housing program	12.0	27.0	3.0	14.0	12.0	8.0	14.0	52.0	4.0	8.0	13.3
Access an evening program	5.0	8.0	4.0	8.0	7.0	6.0	14.0	4.0	4.0	16.0	6.6
Access a sleep disorders program	13.0	35.0	52.0	52.0	7.0	24.0	52.0	52.0	—	20.0	18.5
Access assertive community treatment or similar program	4.8	9.0	5.0	12.0	10.0	5.0	40.0	8.0	2.5	12.0	8.2
Unweighted median	7.6	13.2	10.2	11.8	8.9	9.5	20.0	15.4	6.0	21.5	9.8

guage surveys. The response rate to the psychiatry survey was 11 percent overall in 2009, slightly lower than in 2008 (14%), and ranged from 24 percent in New Brunswick to 8 percent in Quebec (table B1).

The treatments identified in the following tables represent a cross-section of common services carried out by psychiatrists. The list was developed in consultation with the Canadian Psychiatric Association, who also assisted in making adjustments to the standard survey form to reflect differences between psychiatric practices and practices in the other specialties presented in this document.

The major findings from the psychiatry survey can be found in tables B2 through B7. Table B2 reports the median time a patient waits to see a specialist after referral

Table B4i: Comparison of Median Weeks Waited to Receive Psychiatric Treatment after Appointment with Specialist, by Province, 2009 and 2008

	British Columbia			Alberta			Saskatchewan			Manitoba			Ontario		
	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg
Psychiatry	7.6	8.3	-8%	13.2	17.8	-26%	10.2	11.6	-13%	11.8	11.3	4%	8.9	10.0	-11%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

Table B4ii: Comparison of Median Weeks Waited to Receive Psychiatric Treatment after Appointment with Specialist, by Province, 2009 and 2008

	Quebec			New Brunswick			Nova Scotia			Prince Edward Island			Newfoundland & Labrador		
	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg	2009	2008	% chg
Psychiatry	9.5	9.2	3%	20.0	11.0	83%	15.4	19.2	-20%	6.0	48.0	-88%	21.5	21.3	1%

Note: Percentage changes are calculated from exact weighted medians. The exact weighted medians have been rounded to one decimal place for inclusion in the table.

from a general practitioner. Waiting times are presented for both urgent and elective referrals. Table B3 summarizes the second stage of waiting, that between the decision by a specialist that treatment is required and the treatment being received. Table B4 provides the percentage change in median waits to receive treatment after the appointment with a specialist between the years 2008 and 2009.

Unlike other specialties in *Waiting Your Turn* in which the waiting times are weighted by the total number of such procedures that have been done by all physicians, the overall median for psychiatry is presented as an unweighted measure (see the section on *Methodology* in the main document text for a clear description of the Fraser Institute's weighting procedures). All of the median measures that make up the final specialty median are given equal weight. This alteration to the standard methodology results from a lack of data counting the number of patients treated by psychiatrists, separated by treatment. We hope, in the coming years, to develop a weighting system for psychiatric treatments to allow a weighted average for this specialty to be calculated. In the current estimates, national medians are developed through a weighting system that bases the weight of each provincial median on the number of specialists contacted in that province.

Table B5 summarizes clinically "reasonable" waiting times for psychiatric treatments. The times presented here are the medians of physicians' estimates of clinically reasonable lengths of time to wait for treatment after an appointment with a specialist. The methodology for calculating an overall median is described above. Table B6 com-

Table B5: Psychiatry—Median Reasonable Patient Wait for Treatment after Appointment with Specialist, 2009

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	3.0	4.0	5.5	4.0	4.0	4.0	4.0	3.5	6.0	4.0	3.9
Initiate a course of long-term psychotherapy	6.0	5.5	11.0	8.0	6.0	6.0	9.0	8.0	6.0	5.5	6.2
Initiate a course of pharmacotherapy	2.0	2.0	1.3	3.0	2.0	2.0	4.0	2.0	6.0	2.0	2.1
Initiate a course of couple/marital therapy	4.0	4.0	4.0	6.0	4.0	4.0	5.0	4.0	—	6.0	4.1
Initiate cognitive behavior therapy	4.0	4.0	5.5	4.0	4.0	4.0	4.0	4.0	4.0	6.0	4.0
Access a day program	4.0	3.5	4.0	2.3	4.0	2.0	5.0	6.0	—	5.0	3.5
Access an eating disorders program	4.0	3.0	4.0	3.5	4.0	4.0	—	3.5	8.0	4.0	3.9
Access a housing program	4.0	3.8	2.0	5.0	4.0	4.0	5.0	4.0	4.0	4.0	4.0
Access an evening program	4.0	4.0	4.5	4.0	4.0	4.0	5.0	4.0	—	8.0	4.1
Access a sleep disorders program	4.0	4.0	5.0	8.0	4.0	4.0	8.0	9.0	—	8.0	4.4
Access assertive community treatment or similar program	2.0	2.0	4.0	4.0	4.0	3.0	7.0	4.0	1.0	4.0	3.3
Unweighted median	3.7	3.6	4.6	4.7	4.0	3.7	5.6	4.7	5.0	5.1	3.9

compares the actual and clinically reasonable wait times after an appointment with a specialist.

Finally, table B7 provides waiting times for diagnostic technologies used by psychiatrists. Though two of these technologies (computed tomography (CT) and magnetic resonance imaging (MRI)) are also used by specialists in the other 12 specialties, the wait times for psychiatrists' access to these services have been presented separately in order to allow for any fundamental differences that may exist in the wait times between physical and mental health services.⁵

5 For comparison, the overall Canadian median waiting time for CT scans was 4.6 weeks in the traditional 12 specialties and 4.1 weeks in the psychiatry survey, with a mean absolute difference (the average of absolute differences between the two measures in each province) of 0.9 weeks for 10 provinces. The overall Canadian median waiting time for MRIs in the psychiatry survey was 10.5 weeks, compared to 8.9 weeks for the other 12 specialties. The mean absolute difference in this case, again for 10 provinces, was 5.4 weeks.

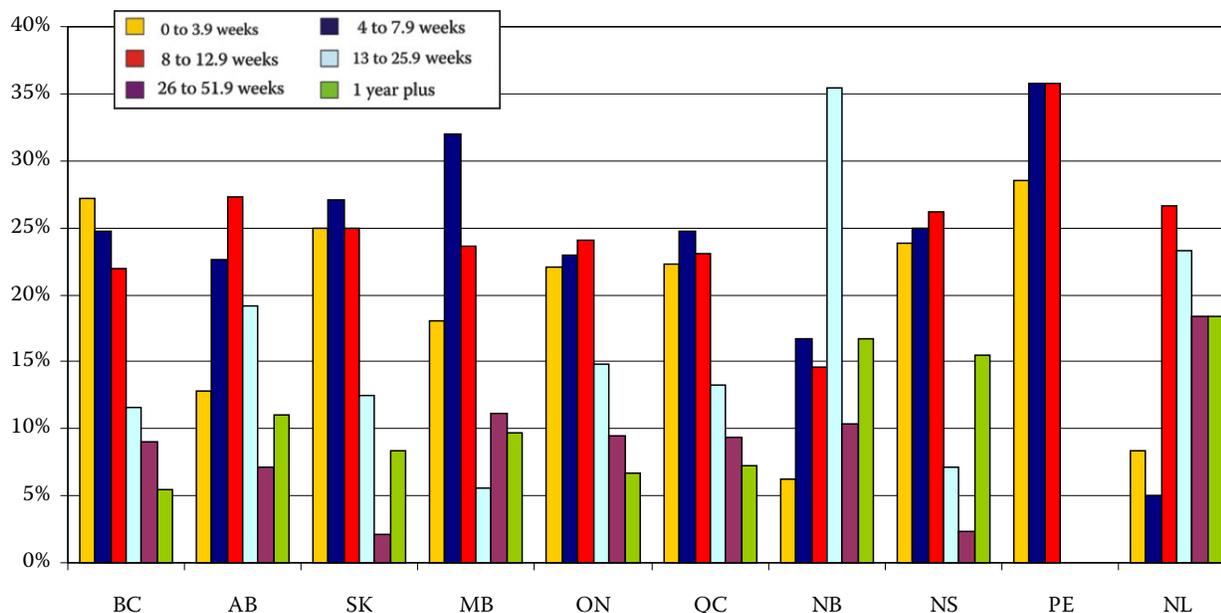
Survey results: estimated waiting in Canada

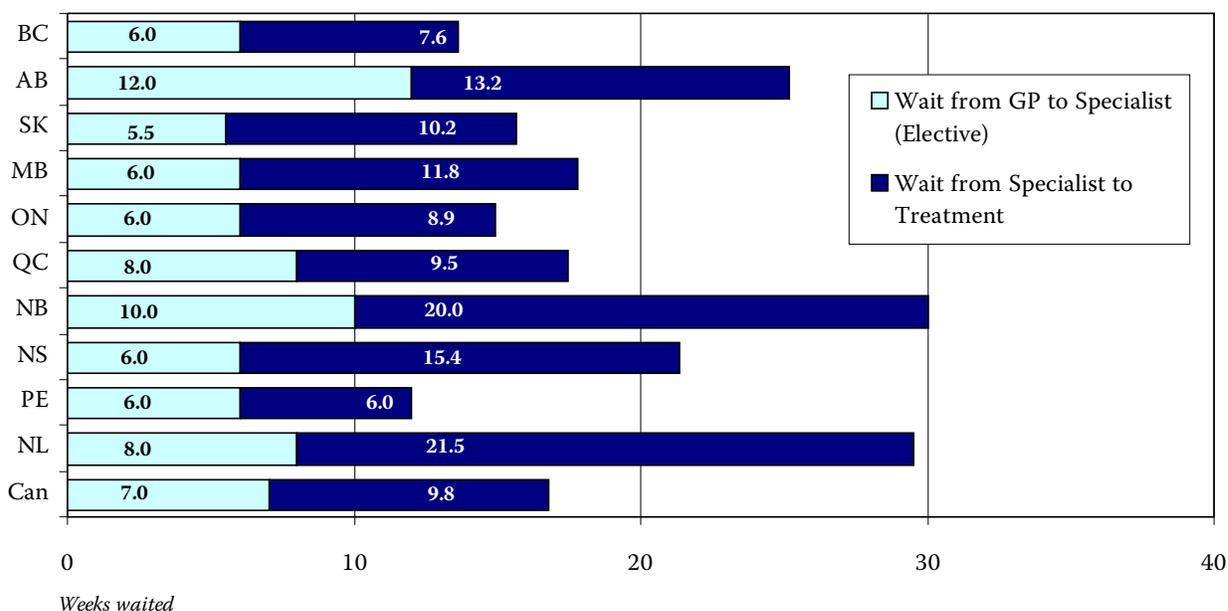
The total waiting time for psychiatric treatment is composed of two segments: waiting after being referred by a general practitioner before consultation with a psychiatrist, and subsequently, waiting to receive treatment after the first consultation with a psychiatrist. The 2009 psychiatry survey provides details of waiting for each segment.

Table B2 indicates the number of weeks that patients wait for initial appointments with psychiatrists after referral from their general practitioners or from other specialists. The waiting time to see a psychiatrist on an urgent basis was 2.0 weeks in Canada, ranging from 1.0 week in Newfoundland & Labrador to 2.5 weeks in Saskatchewan. The waiting time for referrals on an elective basis for Canada as a whole was 7.0 weeks. The longest waiting time for elective referrals was in Alberta (12.0 weeks), followed by New Brunswick (10.0 weeks) and Newfoundland & Labrador and Quebec (8.0 weeks). The shortest wait for an elective referral was in Saskatchewan (5.5 weeks), followed by British Columbia, Manitoba, Ontario, Nova Scotia, and Prince Edward Island (6.0 weeks).

Table B3 summarizes the waiting time for certain psychiatric treatments after an appointment with a specialist. The longest waiting times for this second segment of the total waiting time were in Newfoundland & Labrador (21.5 weeks), New Brunswick (20.0 weeks), and Nova Scotia (15.4 weeks), while the shortest waits were in

Graph B1: Frequency Distribution of Survey Waiting Times from Specialist to Treatment, by Province, 2009



Graph B2: Weeks Waited from Referral by GP to Treatment, by Province, 2009

Prince Edward Island (6.0 weeks), British Columbia (7.6 weeks), and Ontario (8.9 weeks). Among the treatments, patients waited longest to enter a sleep disorders program (18.5 weeks) or a housing program (13.3 weeks), while the wait times were shortest for pharmacotherapy (4.1 weeks), and admission to a day program (6.1 weeks).

Graph B1 presents a frequency distribution of the survey responses by province and by region. In all provinces except New Brunswick and Newfoundland & Labrador, the wait for the majority of treatments is less than 13 weeks. Prince Edward Island performs the highest proportion of treatments within 13 weeks (100 percent) and within 8 weeks (64.3%). Waits of 26 weeks or more are least frequent in Prince Edward Island (0%) and Saskatchewan (10.4%), and most frequent in Newfoundland & Labrador (36.7%).

Table B4 compares the 2008 and 2009 waiting times for treatment. This year's study indicates an overall increase in the waiting time between consultation with a specialist and treatment in 4 provinces, with decreases in British Columbia (8%), Alberta (26%), Saskatchewan (13%), Ontario (11%), Nova Scotia (20%), and Prince Edward Island (88%). At the same time, between 2008 and 2009, the median wait increased by 4 percent in Manitoba, 3 percent in Quebec, 83 percent in New Brunswick, and 1 percent in Newfoundland & Labrador.

The data on these two segments of waiting time convey only partial impressions about the extent of health care rationing. A fuller picture is provided by the sum of these two segments, the total waiting time. This overall wait records the time between

Table B6: Psychiatry—Difference Between Actual and Reasonable Patient Waits for Treatment after Appointment with Specialist, 2009

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	CAN
Initiate a course of brief psychotherapy	33%	50%	64%	50%	100%	50%	300%	43%	-8%	650%	79%
Initiate a course of long-term psychotherapy	33%	118%	-27%	50%	100%	133%	200%	50%	17%	827%	100%
Initiate a course of pharmacotherapy	50%	150%	120%	100%	100%	100%	88%	0%	-8%	500%	97%
Initiate a course of couple/marital therapy	88%	100%	38%	17%	150%	200%	260%	75%	—	333%	143%
Initiate cognitive behaviour therapy	50%	175%	45%	50%	150%	150%	350%	25%	88%	600%	137%
Access a day program	63%	129%	50%	33%	50%	100%	140%	200%	—	140%	76%
Access an eating disorders program	250%	433%	113%	14%	200%	175%	—	14%	50%	100%	199%
Access a housing program	200%	620%	50%	180%	200%	100%	180%	1,200%	0%	100%	234%
Access an evening program	25%	100%	-11%	100%	75%	50%	180%	0%	—	100%	63%
Access a sleep disorders program	225%	775%	940%	550%	75%	500%	550%	478%	—	150%	322%
Access assertive community treatment or similar program	138%	350%	25%	200%	150%	67%	471%	100%	150%	200%	146%
Weighted Median	104%	265%	120%	151%	123%	154%	257%	225%	20%	319%	147%

the referral by a general practitioner and the time that the required treatment is begun. For Canada as a whole, the total waiting time in 2009 for psychiatry fell from 18.6 weeks in 2008 to 16.8 weeks in 2009 (Graph B2). The shortest waiting times were recorded in Prince Edward Island (12.0 weeks), British Columbia (13.6 weeks), and Ontario (14.9 weeks). The longest total waits were found in New Brunswick (30.0 weeks), Newfoundland & Labrador (29.5 weeks), and Alberta (25.2 weeks).

Finally, physicians responding to the survey are asked to provide a clinically reasonable waiting time for the various treatments. Specialists generally indicated a period of time substantially shorter than the median number of weeks patients were actually waiting for treatment (see tables B5 and B6). Table B5 summarizes the reasonable waiting times for psychiatric treatments and is based on the same methodology used to create table B3. Table B6 summarizes the differences between the median reasonable and actual waiting times across Canada, and shows that in 93 percent of cases, the actual waiting time for treatment (in table B3) is greater than the clinically reasonable median waiting time (in table B5). For the psychiatry specialty, Prince Edward

Island and British Columbia came closest to meeting the standard of “reasonable,” in that the actual overall median specialist-to-treatment waits only exceeded the corresponding “reasonable” values by 20 and 104 percent respectively, a smaller gap than in the other provinces.

Finally, patients would also prefer earlier treatment, according to this year’s survey data. On average, only 4.4 percent of patients are on waiting lists because they have requested a delay or postponement of their treatment. Conversely, the proportion of patients who would have begun their treatment tomorrow if it were available is 74.8 percent (Fraser Institute, national hospital waiting list survey, 2009).

A note on technology

The wait to see a specialist and the wait to receive treatment are not the only waits that patients face. The psychiatry portion of the national waiting list survey also examines the wait that mental health patients experience for various diagnostic technologies across Canada. Table B7 displays the median number of weeks patients must wait for access to a CT or MRI scanner, or an electroencephalogram (EEG). Compared to 2008, the national waiting time for MRI scans and CT scans fell in 2009, while the waiting time for EEGs increased. The median wait for a CT scan across Canada was 4.1 weeks,

Table B7: Waiting for Technology: Weeks Waited to Receive Selected Diagnostic Tests in 2009, 2008, and 2007

Province	CT-Scan			MRI			EEG		
	2009	2008	2007	2009	2008	2007	2009	2008	2007
British Columbia	4.0	4.0	6.0	12.0	12.0	12.0	3.8	3.0	3.0
Alberta	4.0	4.0	4.0	10.0	10.0	12.0	4.0	4.0	4.0
Saskatchewan	8.0	4.5	4.0	18.0	8.5	12.5	8.5	3.0	3.0
Manitoba	4.5	4.5	3.5	5.0	7.0	6.3	2.8	4.5	1.9
Ontario	4.0	4.0	5.0	8.0	10.0	10.0	4.0	3.5	4.0
Quebec	4.0	8.0	5.5	14.0	12.0	12.0	4.0	4.0	4.0
New Brunswick	4.5	4.0	4.5	8.0	7.0	6.0	6.5	4.0	3.0
Nova Scotia	2.3	4.0	2.5	4.0	3.0	7.0	4.0	4.5	3.0
P.E.I.	7.5	4.0	4.3	14.5	12.0	13.0	3.0	4.0	2.3
Newfoundland & Labrador	6.0	5.3	4.5	46.0	52.0	38.0	4.5	3.5	3.0
Canada	4.1	5.0	5.0	10.5	10.9	11.0	4.0	3.7	3.7

Note: For wait times data published by provincial government agencies pertinent to this table, see Chart 19.

ranging from a high of 8.0 weeks (Saskatchewan), to a low of 2.3 weeks (Nova Scotia). The median wait for an MRI across Canada was 10.5 weeks. Patients in Newfoundland & Labrador waited the longest (46.0 weeks), while patients in Nova Scotia waited the least amount of time (4.0 weeks). Finally, the median wait for an EEG across Canada was 4.0 weeks. Residents of Manitoba faced the shortest waits for an EEG (2.8 weeks), while residents of Saskatchewan waited longest (8.5 weeks).

Conclusion

The information documented here suggests that patients seeking mental health treatment are likely to be disappointed with their access to it. With waiting times nearing 17 weeks from a general practitioner to treatment, and with wait times from a meeting with a specialist to treatment that are nearly 150 percent longer than specialists feel is appropriate, it is clear that a great many patients in need of psychiatric attention are facing the effects of rationing in our health care system and experiencing a deterioration of their condition before they get the care they need.

Government and Government Agency Maintained Wait List Web Sites

British Columbia Ministry of Health

<www.healthservices.gov.bc.ca/cpa/mediasite/waittimes.html> and

<<http://www.health.gov.bc.ca/waitlist/>>

Alberta Health Services <<http://www.albertahealthservices.ca/750.asp>>

Saskatchewan Surgical Care Network <www.sasksurgery.ca>

Manitoba Ministry of Health

<www.gov.mb.ca/health/waitlist/index.html>

Ontario Ministry of Health and Long-Term Care

<www.health.gov.on.ca/transformation/wait_times/wait_mn.html>

Cardiac Care Network of Ontario <www.ccn.on.ca>

Cancer Care Ontario—Radiation Treatment

<www.cancercare.on.ca/index_waittimesRadiation.asp>

Cancer Care Ontario—Systemic Therapy (Chemotherapy)

<www.cancercare.on.ca/index_waittimesystemic.asp>

Quebec Ministry of Health and Social Services

<<http://wpp01.msss.gouv.qc.ca/appl/g74web/default.asp>>

New Brunswick Department of Health

<<http://www1.gnb.ca/0217/surgicalwaittimes/index-e.aspx>>

Nova Scotia Department of Health

<http://www.gov.ns.ca/health/waittimes/wt_treatment_service/default.htm>

Prince Edward Island Department of Health

<<http://www.gov.pe.ca/health/index.php3?number=1023554&lang=E>>

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