



Mood Disorders Society of Canada

La Société Pour **Les Troubles de L'Humeur** du Canada

TAMING OF THE QUEUE V: IN SEARCH OF EXCELLENCE

Psychiatric wait times in the emergency department



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PRINCIPLE MANDATE

- The Mood Disorders Society of Canada is a national, registered, not for profit, consumer driven, volunteer health charity committed to ensuring that people affected by mood disorders enjoy the fullest, most productive lives possible, within a healthy, stigma-free environment



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MDSC IN THE COMMUNITY

- Virtual, web-based, project managers
- www.moooddisorderscanada.ca
- phil@moooddisorderscanada.ca
- Web visits
- Advice and guidance – from web, Shoppers Drug Mart, others
- Collaborations – Provincial; Report on Mental Illnesses
- Product reach – Quick Facts; Bipolar Brochure
- Project Management – MIAW; CCMHI
- Funding – private and public
- Research – PG, Stigma, ER Wait Times, Common Drug Review
- Expert Panels – Stats Can; CIHI; PHAC



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A Quick Overview of Mental Illness in Canada

- 1 in 4
- Cost to Business and Economy \$51,000,000,000
- Cost to Hospitalize (CIHI 2008)
- Suicide
- Incarceration
- Homelessness
- Discrimination – health care professionals, hospitals, federal and provincial governments, CADTH, Health Council, media
- For more – see **Quick Facts**



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Perspective of the presentation

- Consumer, family, caregiver
- People not numbers
- Stigma and Discrimination – four national consultations from various perspectives – Citizens for Mental Health; Canadian Collaborative Mental Health Initiative; Stigma Research Workshop; Mental Health Literacy Consultations; and now MHCC



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Comparison of ER options – physical health and mental health

Paramedics	Police
No criminal record	Record
Caring Words	Taser
Physical access (ramps, Wheelchairs; braille; Interpretation)	Handcuffs



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What We Don't Get

- disability accesses to the workplace, education, etc. – compare curb cuts, ramps, braille; etc.
- Caregiver support
- Supports – wheelchairs, crutches
- National advocates – compare cancer, heart and stroke, diabetes, etc.
- Air lifts for treatment
- Patience – compare victims of car accidents with patients in psychosis



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The Five Tier System for Mental Health Care

- Provincial health
- EAP providers
- Peer Support and Self Help providers (NGOs)
- Street nurses
- Correctional facilities
- Charity – soup kitchens and the like



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BACKGROUND TO MDSC WAIT TIMES INITIATIVE

- CIHI 2006 Report
- Current Government's Wait Times Strategy excluded mental illnesses
- MDSC Wait Times Report - 2007



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FUNDERS

- Health Canada
- CIHI
- MHCC
- Mood Disorders Society of Canada



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The MDSC ER Wait Times Work Shop – January 2008

- Attendees
- Discussion
- Outcomes
- Next Steps – Accreditation; Triage
- Other steps – better access to primary care; better training of healthcare providers including paramedics; early intervention



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Areas for Recommendation

Delegates raised numerous issues and possible solutions throughout the day, however, by the conclusion of the Roundtable it was apparent that most of the ideas and suggestions could be grouped into five thematic areas for recommendation.

- Standards for assessment
- Data collection
- Addressing perceived stigma
- Clearinghouse for information
- System coordination



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PROCESS

Delegates agreed to address each recommendation by considering the following questions:

- What is the problem that we are trying to solve with the recommendation?
- How do we describe the recommendation itself?
- What are the key characteristics of the recommended solution?
- What are the main barriers to implementing it?
- What are the linkages and processes that can help it become a reality?



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Recommendation #1: Standards for Assessment

The Problem

There was a strong consensus that one of the central challenges involves inconsistent approaches to the assessment of psychiatric patients, post ED triage, and the ability to direct them to the appropriate resources in a timely manner.

The Recommendation

Characteristics

Barriers

Process & Linkages



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Recommendation # 2: Data

The Problem

- There is presently no central body responsible for the identification, collection and standardization of data which makes comparisons among organizations and jurisdictions challenging.

The Recommendation

Characteristics

Barriers

Process & Linkages



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Recommendation # 3: Dealing with Stigma

The Problem

- the challenges with respect to wait times - from a patient perspective - is often interpreted as being evidence of discrimination caused by stigma (i.e., many psychiatric patients feel that patients with other medical conditions wouldn't have to wait as long and wouldn't be treated the same way). Perception of stigma remains a significant problem across the whole system and may include not only hospital-based, but also community services.
- *All* health professionals, including mental health professionals, can hold potentially stigmatizing attitudes towards psychiatric clients.

The Recommendation

Characteristics

Barriers

Process & Linkages



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Recommendation #4: Clearinghouse for Information

The Problem

- there were a number of leading practices and positive experiences from across the country that most delegates were not aware of. This highlighted the need to share best/better practices and clinical models more effectively so that more people could benefit from positive developments.

The Recommendation

Characteristics

Barriers

Process & Linkages



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Recommendation # 5: System Coordination

The Problem

There were a number of generalized “systems” problems that were identified throughout the Roundtable discussion, which delegates agreed could all be grouped together under the heading of System Coordination. This includes issues such as:

- Interaction between the police and emergency departments:
- Access to beds:
- Allocation of scarce resources and limited coordination of those that do exist:
- Dealing effectively with aggression

The Recommendation

Characteristics

Barriers

Process & Linkages



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Conclusion

There was broad consensus that the session had been worthwhile, that delegates had learned from each other, and that there were a number of areas of agreement that will help advance the issue of psychiatric patient waits in Canada's Emergency departments.