## Waiting-List Care for Depression

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# Learning objectives

You will better understand the issue of long wait times for depression treatment.

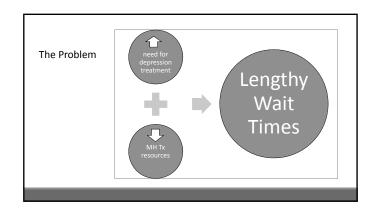
You will be familiar with the benefits of mood self-management.

You will be utterly convinced that standard depression care should incorporate self-management into waiting list protocols.

#### Disclosure

Dan: Nothing, really. I wish deep-pocketed organizations would tempt me with generous funding, but they don't.

Doug: Not accepting new patients, otherwise nothing to disclose.



### "Mind the Wait?"

2007: Canadian Psychiatric Association joins the Wait Time Alliance (WTA) to improve access to psychiatric care

2014: WTA reports no progress in provincial governments releasing waiting times for  $\,$  psychiatric care

## Access to psychiatrists

 $\hfill \square$  35% of Canadian family physicians rated access to psychiatry to be poor (vs. 4% for access to internal medicine and 2% for pediatricians)

☐Worse than all other specialists addressed in the survey

☐ Efforts to document information about access to and waiting times for psychiatrist services in Canada has been limited by the use of survey methods with low response rates

□An adult male patient with depression was referred for psychiatric assessment by a family physician. Consecutive calls were made to all registered psychiatrists in Vancouver. 3% of the 230 psychiatrists contacted offered timely appointments, with wait times from 4 to 55 days.

Goldner et al (2011)

### Access to MH clinics

Wait time for a MH clinic in one Ontario community: Without Coll. Care: 97 days With Coll. Care: 42 days

Haggarty, J, Jarva J (2012). Wait-time impact of co-located mental health services.



# Access to Psychiatry in Ottawa

No statistics available

Anecdotally, perception amongst family doctors is that access is very poor

Standard belief is that wait time is 6-8 months to see a psychiatrist

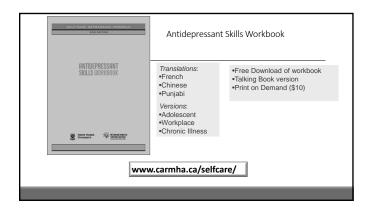


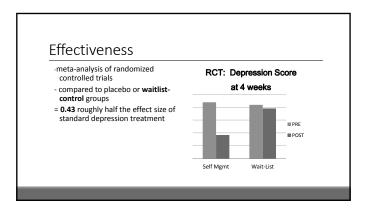
#### Part of the answer:

Deliver a self-management intervention to all individuals awaiting depression treatment

#### The Intervention

- Patient given self-management tool
   workbook or online program
- 2. Knowledge & skills for coping with mental health problems
- 3. Based on cognitive behavioural therapy
- 4. Provider supports use of the self management tool = coach rather than psychotherapist





# Appropriateness

"For patients with mild depression, healthcare professionals should consider recommending a guided self-help programme based on cognitive behavioural therapy (CBT)... Antidepressants are not recommended for the initial treatment of mild depression, because the risk-benefit ratio is poor."

-National Institute for Clinical Excellence,  $\mathsf{UK}$ 

 $\label{eq:NOTE:evidence} \textit{NOTE: Evidence shows equivalent efficacy for severe as mild depression.}$ 

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