

The Telegram (St. John's)

Tuesday, November 20, 2007, p. A4 - Health

Association addresses mental health wait times

By Tara MULLOWNEY

A system in which psychiatrists are active consultants to others in the health-care field would go a long way to reducing wait times for mental-health patients in this province, the local branch of the Canadian Mental Health Association says.

Newfoundland and Labrador was named as the province with the longest wait time for psychiatric treatment in a report released by the Fraser Institute Monday. Patients in this province wait about 39.2 weeks to be seen by a psychiatrist, compared to a national average of 18.5 weeks.

Waiting time for urgent cases is three weeks, while it's 19 weeks for elective (non-urgent) cases, also the longest in the country. Waiting time for certain psychiatric treatments after an appointment with a specialist was 20.2 weeks.

Ontario and Quebec were among the provinces with the shortest wait times in each of the categories, well below the national averages.

Among specific treatments surveyed, patients waited longest to enter a housing program (18.8 weeks) or a sleep disorders program (16.6 weeks). The waiting times were shortest for treatment by medication (3.9 weeks) and admission to day programs (seven weeks).

"I'm sure for hip and knee replacements it's a very big issue, but for folks that are having serious mental-health problems, it's way too long," said Geoff Chaulk, executive director of this province's division of the Canadian Mental Health Association.

Chaulk noted severe mental-health problems are just as debilitating and dangerous as physical ailments - and patients aren't nearly as likely to seek help for them because of the stigma associated with them.

"If people are finally reaching out in terms of their mental health problems, then having to wait that long, one doesn't know what happens in the meantime," he said.

Chaulk said a health-care system which saw psychiatrists working with nurses, social workers, and family doctors - who are usually patients' first point of contact in terms of dealing with mental-health issues - would help alleviate long wait times.

Each of these professionals has a scope of practice that allows them to intervene and get backup help from a psychiatrist, he said.

"Primary care renewal was supposed to bring about the introduction of other disciplines into primary care practice, so that if you were diagnosed with depression, your doctor could say, 'All right, I can give you some medication, but at the same time, you're in a very stressful home environment and I'd like you to go into this group for support twice a week.' That hasn't really happened.

"We know the evidence and the best practice, and in a lot of communities, it should really be the case that psychiatrists are consulting to other disciplines. If we wait for the psychiatrist to intervene, we're going to be waiting a lot longer."

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