

# More psychiatrists will not improve access to mental health care, Canadian study suggests

August 22 2016

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Increasing the supply of psychiatrists in Ontario, Canada has not significantly improved access to psychiatric care, according to a new study from the Centre for Addiction and Mental Health (CAMH) and the Institute for Clinical Evaluative Sciences (ICES).

The study, published today in the *Canadian Journal of Psychiatry*, found that despite a 17 per cent increase in the number of practicing [psychiatrists](#) between 2003 and 2013, and increases in the number of patients seen, demand for services continues to outpace supply.

"When it comes to [psychiatric care](#) in Ontario, we cannot maintain the status quo," says lead author Dr. Paul Kurdyak, psychiatrist and scientist with CAMH's Institute for Mental Health Policy Research, who is also the lead scientist for the ICES Mental Health and Addictions Research Program.

"We know our system isn't meeting existing demand. We need to rethink how psychiatrists can integrate more efficiently within the broader [mental health](#) care system to provide better access to care."

The researchers evaluated changes in demographic, geographic, and practice patterns of all clinically active Ontario psychiatrists between 2003 and 2013. In particular, the study identified two emerging demographic trends that the authors say will lead to further [mental health care](#) shortages if nothing is done to radically change how psychiatrists in Ontario practice.

First, many psychiatrists operating in rural areas of the province are nearing retirement. "This is worrisome because these older practitioners are seeing high volumes of patients in areas with very low psychiatrist supply, and few younger psychiatrists are moving to these areas," says Dr. Kurdyak, who notes that the regional per capita distribution of psychiatrists is troubling.

"For example, the Toronto Central Local Health Integration Network (LHIN) has the highest number of psychiatrists, at 61 psychiatrists per 100,000 people compared to just 4 per 100,000 in the Central West LHIN - a 15-fold difference. So what happens when these rural psychiatrists retire?"

Second, the data showed that more women have entered the field of psychiatry in the last decade, and, while they saw their patients more frequently, on average female psychiatrists saw fewer unique patients than their male counterparts. The researchers say this finding highlights the need for more thoughtful planning and policy development.

"Having more female psychiatrists in the system is a welcome change, correcting the imbalance of male psychiatrists in the Ontario workforce," says Dr. Kurdyak. "The key is to look at these demographic trends in the context of the growing gap between the number of patients who need care and the capacity of all psychiatrists to help meet that need."

The current research did not evaluate the quality of care provided or patient outcomes—important areas which require further study, notes Dr. Kurdyak.

"We have an opportunity here to rethink the entire system. Instead of simply calling for more psychiatrists, we need to redefine the role of all psychiatrists with a view to maximizing equitable access to evidence-

based mental [health care](#)," says Dr. Kurdyak.

The authors point to other publicly-funded jurisdictions such as the United Kingdom and Australia that have successfully improved access to care by integrating the services of psychologists and social workers into the publicly funded systems to provide evidence-based therapy, with psychiatrists adopting the role of specialist consultants.

There are also ways to leverage the expertise of academic centres to help build clinical capacity in underserved regions, Dr. Kurdyak says. Project ECHO, led by CAMH and the University of Toronto is using multi-point live video conferencing to connect mental health experts at the Toronto-based hub to multiple primary care providers across the province, allowing for real-time case consultation and feedback.

"The bottom line is that without major changes in how we practice, patients' ability to access psychiatric care in Ontario will not improve," says Dr. Kurdyak.

Provided by Centre for Addiction and Mental Health

Citation: More psychiatrists will not improve access to mental health care, Canadian study suggests (2016, August 22) retrieved 19 April 2024 from <https://medicalxpress.com/news/2016-08-psychiatrists-access-mental-health-canadian.html>

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