

# Ontario's Chronic Psychiatrist Shortage

A close-up photograph of a healthcare professional, likely a nurse or doctor, wearing a purple stethoscope and a dark blue uniform, holding the hands of an elderly patient. The patient's hands are wrinkled and aged, and they are wearing a blue long-sleeved shirt. The background is blurred, showing a clinical setting with a spiral notebook and other medical equipment. The overall tone is warm and supportive.

# Target Audience

## Federal Government

- Canada Health Act
- Ontario Telehealth Network (OTN)

## Provincial Government

- Ministry of Health and Long-Term Care (LTC)

## Educational Institutions

- Ontario Medical Schools



# What is the problem?

1. Aging population: 65+ adults is projected to almost double from 2.5 million to 4.5 million by 2046.
2. 65% of 65+ adults living in nursing homes develop a mental illness, if they do not already have one.
3. Overall, psychiatrist shortage.



# Current State Analysis

- 448 psychiatrists / 100k people, ages 65+
- Lowest base pay and gross clinical payment

**4.3%** are below  
the age of 35

Of the 448 psychiatrists

**55.7%** are  
over the  
age of 55



LTC  
≠  
Canada Health Act

## Current Approach

¼ OA  
planned

16.7%  
pop.

7% HC  
budget

143  
days,  
34000  
people

2X by  
2046

40%  
needed

4.7%  
received



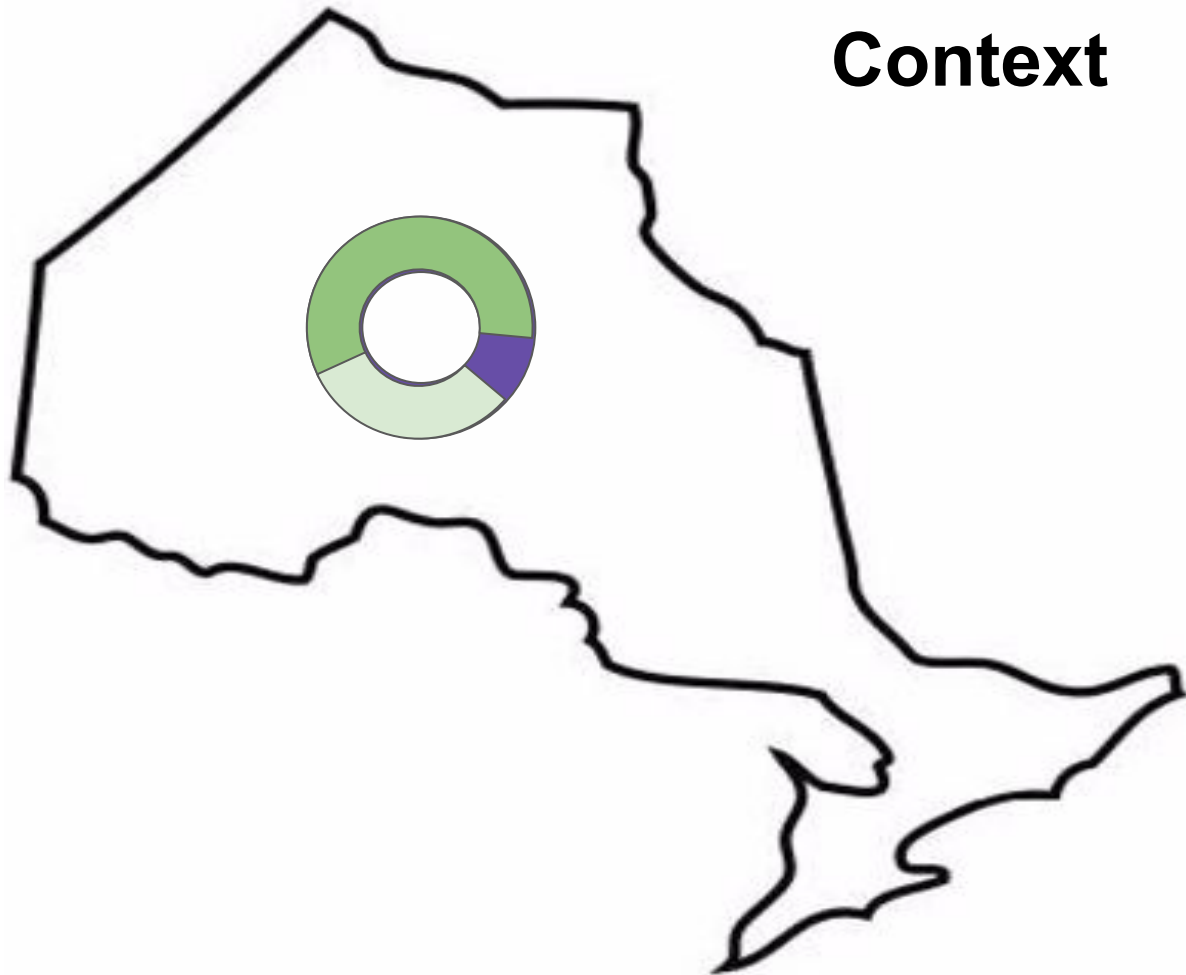
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57% LTC  
private  
for-profit

27% LTC  
private  
non-for-profit

17% LTC  
public

## Context



# Policy Analysis: A Visual

Our policy has two tenants:

Mandated **screening** protocols & psychiatric consults for all older adults experiencing poor mental health and/or symptoms of mental illness

Improving access to geriatric services through **telehealth** and the incorporation of alternative mental health **professionals**

# Standardized Screening Protocols

The province needs to implement a standardized protocol to screen older adults for mental illness

## Why?

- Older adults display positive attitudes towards mental health services, but lack access
- Physicians often misattribute symptoms of mental illness in older adults



## Pros

- Improves access to geriatric mental health services
- Older adults suffering from poor mental health will not go unrecognized
- Preventative & cost-effective

## Cons

- Due to intersectionality between different divisions of health care, it may be difficult to enforce policy changes



# Improving Access: Telehealth

Use of electronic information and telecommunications technologies to support long-distance health communication.

OTN, a telemedicine hub that allows:

- Consultations with specialists
- Video/phone conferences
- Schedule/manage appointments
- Funded by the Government of Ontario

## Pros

- Cost effective
- Reduces travel time
- Addresses remote locations
- Increases collaboration between the individual's patient care team

## Cons

- Adoption of a new form of communication
- Integration time delay



# Improving Access: Expanding to other HCPs

## Nurse practitioners

- Conduct diagnoses
- Order and interpret tests
- Prescribe medications/treatment

## Psychiatric nurses

- Receive additional certification and training
- Focus on
  - Mental health development
  - Psychotherapeutic interventions

## Pros

- Addresses shortage
- Cost effective
- Interdisciplinary perspectives

## Cons

- Coordination between different HCPs can be difficult



# Alternate Policy Option

## Increase in-house psychiatrists

Recruitment efforts into psychiatry may help to overcome shortage.

The following strategy would help to fill the void of understaffing.

## Increasing psychiatry residency spots

Increase in the number of residency positions available to students and ensure that all the residency spots are filled.

## Raising payments

Offer financial incentives to retain existing talent and increase student's interest during residency.

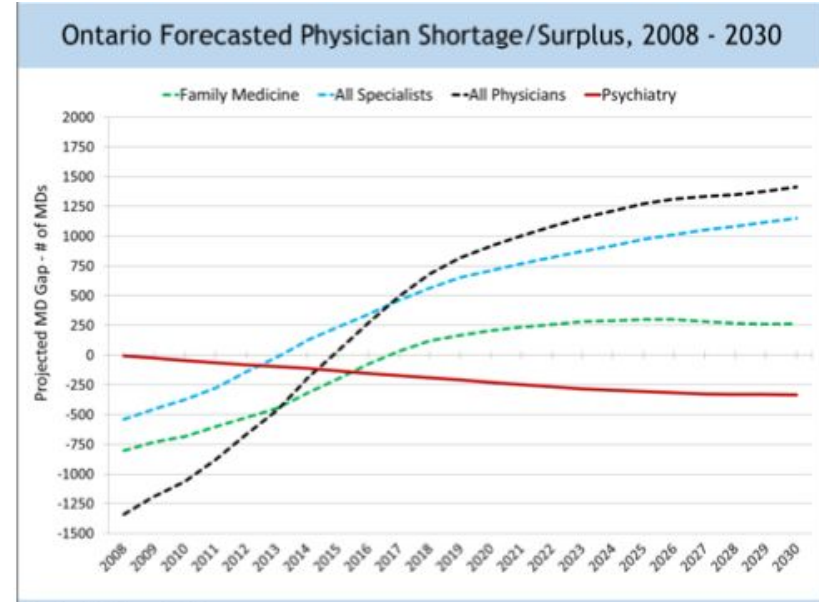


Figure 1: The demand for care continues to exceed the supply of clinically active psychiatrists. Retrieved from: [Ontario Psychiatric Association](#)



# Limitations

## Need for “Better Access”

- Increase in psychiatry residency does not guarantee improved access to therapy care
- Unpredictability and uncertainty of pandemics, associated with distancing measures, lockdowns etc., calls for an efficient and sustainable delivery of care

## Resource Allocation

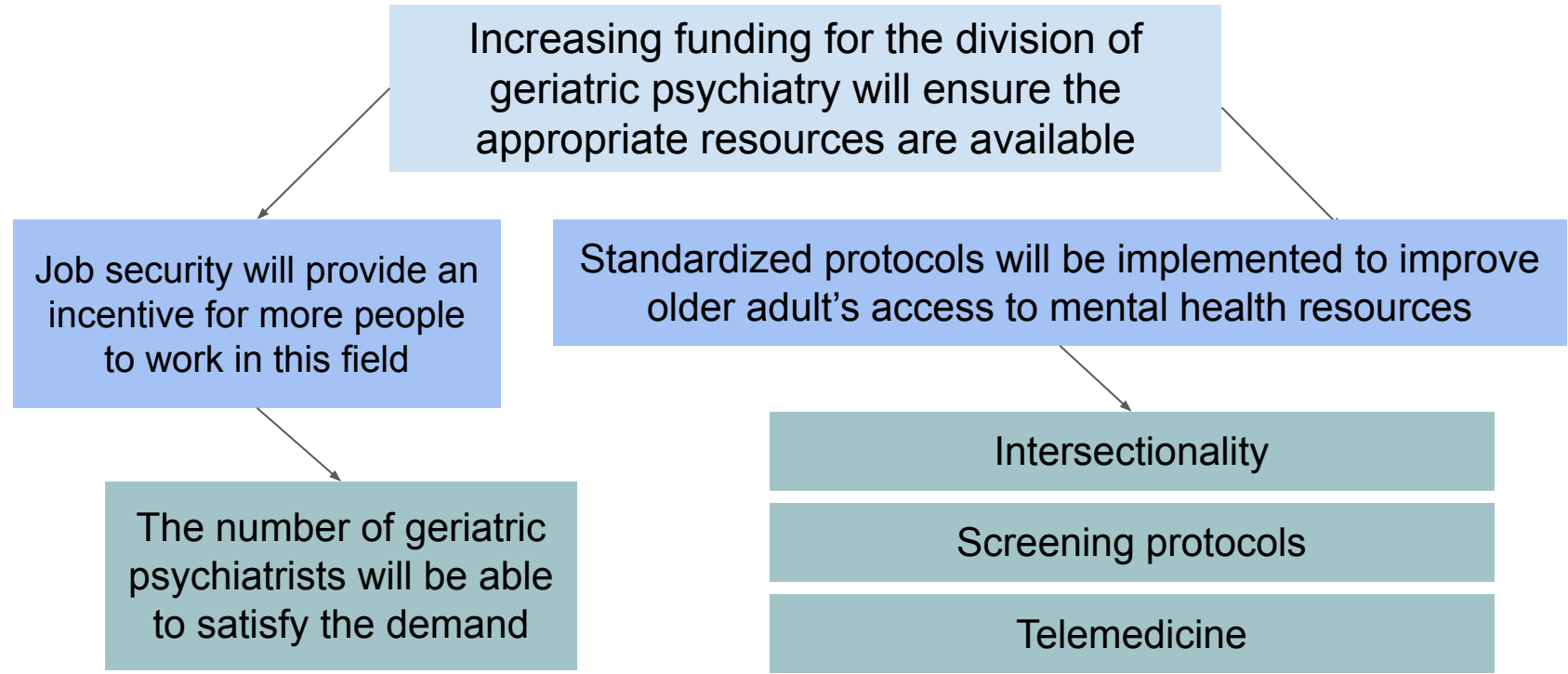
- It is too expensive to contain increased psychiatrist
- Time consuming model; people with mental illness cannot wait



Need Better access to mental health care. Image by Jun Cen, 2018.  
Retrieved from: [NBC news](#)



# Policy Recommendation



# Policy Roles & Sustainability

## Federal

Provide adequate funds for policy implementation based on varying needs, as demonstrated by policy evaluation reports.

## Provincial

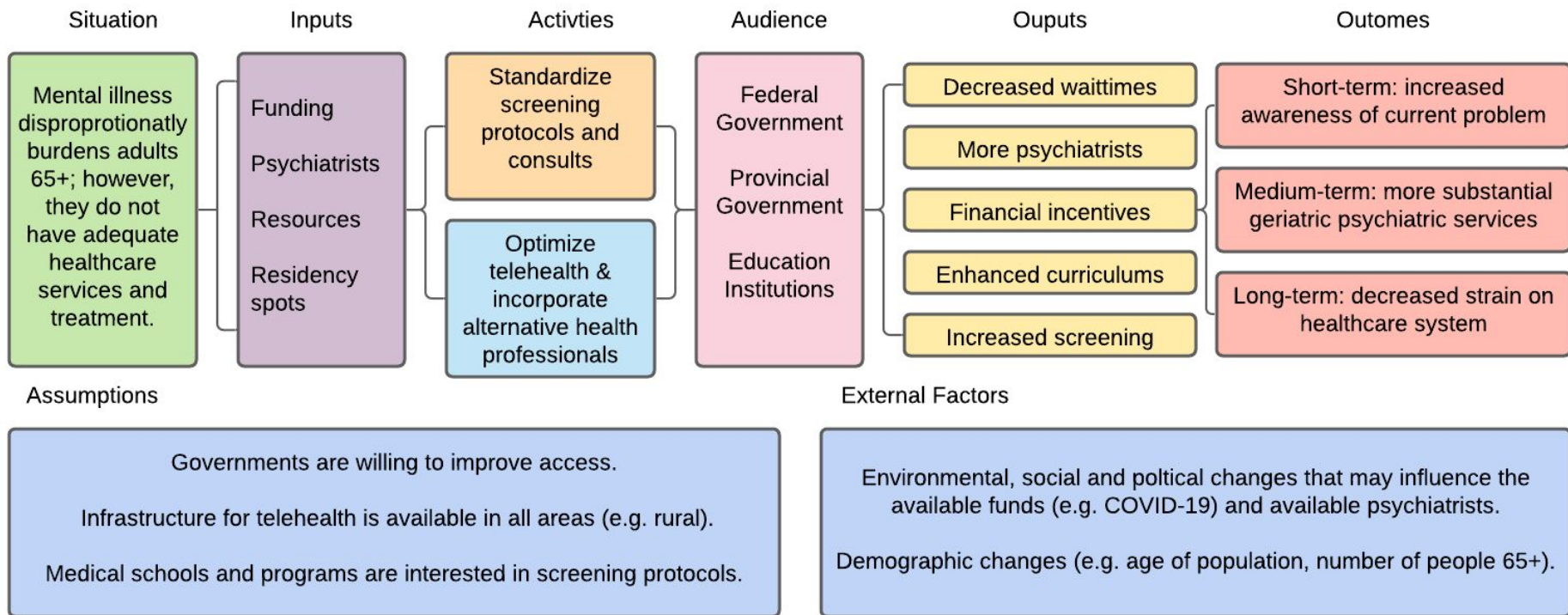
Ministry of Health and Long Term Care of Ontario can form a committee to oversee this program.

- Committee will:
  - Monitor changes in demographics
  - Evaluate the success of the policy



# Logic Model

Visual statement of how our policy will change access to psychiatrists in long-term care



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