



Ontario needs psychiatrists

Chronic psychiatry shortage contributing to
Canada's mental health crisis

A report from the Coalition of Ontario Psychiatrists



ONTARIO
PSYCHIATRIC
ASSOCIATION

Executive Summary

Improving mental health care is an issue that has been routinely acknowledged as a priority in the Canadian health care system, and recent commitments to strengthening mental health services have reinforced the need for investment. Unfortunately, the issues within health care provider human resources has not been addressed alongside these service investments. In particular, the understaffing of psychiatrists – medical doctors who are uniquely qualified to assess, diagnose and deliver mental health services across the continuum of illness severity – severely impacts service delivery. The availability of psychiatrists is inter-related with the availability and quality of mental health treatment and must be considered a core component to improving the mental health strategy in Ontario, and nationwide. The psychiatrist shortage, if left unaddressed, will perpetuate a continued lack of access to mental health services.

Delivered on behalf of Ontario's psychiatrists, this report aims to quantify the shortage of psychiatrists and recommend actionable items to address the shortage of psychiatrists. Further, Ontario's Psychiatrists hope to see their further involvement in the development of an overall mental health strategy. We urge the government to strongly consider the recommendations in this report as integral to improving mental health care across the country.

1. **Improving psychiatry exposure in medical school**

Improving recruitment efforts to psychiatry is essential to addressing the shortage of psychiatrists, and this begins with medical students' pre-clerkship exposure to the profession. Reinstating pre-clerkship exposure to at least its previous 6-week length is critical to ensuring that students obtain a comprehensive overview of what a career in psychiatry entails. Furthermore, investing in this experience improves attitudes about psychiatry and increases interest in psychiatry during medical school.

2. **Increasing psychiatry residency spots and reducing residency vacancies**

Psychiatry has the second-highest residency vacancy rate of any specialty – this reality is unacceptable given the demand for psychiatrists, and the number of practicing psychiatrists nearing retirement. It is imperative that all residency spots for psychiatry be filled and that there is an increase in the number of psychiatry residency positions available, to ensure that the growing number of Canadians prioritizing their mental health can access the care they need.

3. **Make psychiatry attractive again**

By making psychiatry competitive with other specialties, Ontario can retain practicing psychiatrists and recruit new ones. More psychiatrists will mean more patients get timely treatment, defraying the costs of untreated mental illness and inappropriate care. Offering fair incentives to all psychiatrists, with particular emphasis on equalizing incentives in rural and underserved areas, will be crucial to retaining talent in psychiatry.

Introduction

Improving mental health care is an issue that has been routinely identified as a priority in the Canadian health care system. Recent investments, including the 10-year, \$5 billion federal commitment to mental health initiatives made in 2017, are significant steps forward to improve the lives of those living with a mental illness. These investments parallel the Ontario Progressive Conservative government's election commitment of \$1.9 billion over 10 years in mental health, additions and housing supports¹ across the province.

The sizeable scope of these investments represents a growing awareness of the need to address the issue of access to mental health care in Ontario, as well as more broadly across Canada, and underscores the importance of ensuring that adequate human resources are available to serve the growing population of Canadians in need of mental health services. Unfortunately, the issue of understaffing in mental health care providers has not been addressed alongside the investments made to mental health initiatives.

The mental health sector has experienced significant difficulties recruiting and retaining talent and improving the stability of the mental health workforce is a priority worldwide. Not only is a fully-staffed front-line workforce essential to ensuring that individuals in need receive care, but it can also impact the quality of care received. A 2016 study assessing the impact of staff turnover on treatment quality in a psychiatric clinic (where care was delivered by psychiatrists, other physicians, and psychologists) found that a higher staff consistency and higher staff density were associated with improved treatment quality.² It's also important to safeguard psychiatrists against factors such as burnout, which are highly likely to impact mental health professionals, particularly those working in a community setting.³ In other words, a system with overburdened and

inconsistent staff leads to less effective mental health treatment.

In particular, Canada has a critical shortage of psychiatrists, physicians who are uniquely qualified to assess, diagnose, and deliver mental health services across the continuum of illness severity. Equipped with specialized medical education, the ability to diagnose a mental illness and prescribe medications, and extensive training in providing psychotherapy, psychiatrists are fundamental to the treatment of mental illnesses. As medical doctors, psychiatrists have a unique understanding of comorbid mental and physical health conditions – an important consideration given that the existence of a chronic physical condition is associated with lower levels of mental wellbeing.⁴ Furthermore, as psychiatric services are covered by Ontario Health Insurance Program (OHIP), the services are structured to be widely accessible to all individuals who require their care. Unfortunately, the shortage of psychiatrists has largely limited the accessibility to these necessary services.

The psychiatry shortage is pervasive in Ontario, and more widely across Canada, and is set to continue. As the majority of Canadian psychiatrists approach retirement, the body of practicing psychiatrists will diminish, impacting wait times and disproportionately impacting remote and rural areas. There are several factors that contribute to this shortage, including a shift in the demographics of practicing psychiatrists, recruitment challenges, and lacking incentives within the practice. The availability of psychiatrists is inter-related with the availability and quality of mental health treatment and must be considered a core component to bolstering the nationwide mental health strategy. The psychiatrist shortage, if left unaddressed, will perpetuate a continued lack of access to mental health services.

1 <https://www.stancho.ca/mentalhealth>

2 <https://www.frontiersin.org/articles/10.3389/fpsyg.2016.00457/full>

3 <https://www.ncbi.nlm.nih.gov/pubmed/8879720>

4 <https://digital.nhs.uk/media/29489/APMS-2014-Chapter-13-Comorbidity-in-Mental-and-Physical-Illness/Any/apms-2014-comorbidity>

Quantifying the shortage of psychiatrists

The shortage of psychiatrists is a reality that has been widely acknowledged throughout government, health care associations, and providers alike. Capacity issues are rampant despite psychiatrists increasing the number of patients seen and the number of hours worked per week – and the need gap is expected to worsen in upcoming years.

A 2010 provincial needs-based physician resource forecasting model estimated that Ontario currently has a shortage of 200 psychiatrists, a number which is forecasted to increase to 350 by 2030 (see Figure 1).⁵ Even further, the growth in the supply of Ontario psychiatrists since 2001 has remained unchanged relative to population growth over this same period, and the supply of psychiatrists in this same time frame is less than half that other physicians (see Figure 2).

In 2017, the *Canadian Journal of Psychiatry* assessed the practice characteristics of clinically active Ontario psychiatrists between 2003 and 2013 to evaluate the implications of the shortage on patient access. Across Ontario, psychiatrists are rated the most challenging specialist to access by patients and primary care physicians alike – a key indicator of access as primary care providers are most often the first to be consulted for mental health concerns.⁷ A case study in Vancouver, British Columbia found that only six out of the 230 clinically active psychiatrists were readily able to accept a referral, with wait times ranging from four to 55 days.⁸ A similar study conducted in Ontario found that expansive wait lists perpetuated a lack of access to psychiatric services by family physicians and thus their patients.

Psychiatrists are well-aware of the wait list concerns and have made substantial changes to their practices to accommodate the growing

need. The average annual number of outpatients seen by psychiatrists in Ontario has increased between 2003 and 2013, from 208 to 249 – nearly a 20% increase.⁹ Further, Ontario psychiatrists are working on average eight hours more per week – the equivalent increase of one full workday – than in 2007. Despite these increases, the demand for care continues to exceed the supply of clinically active psychiatrists.

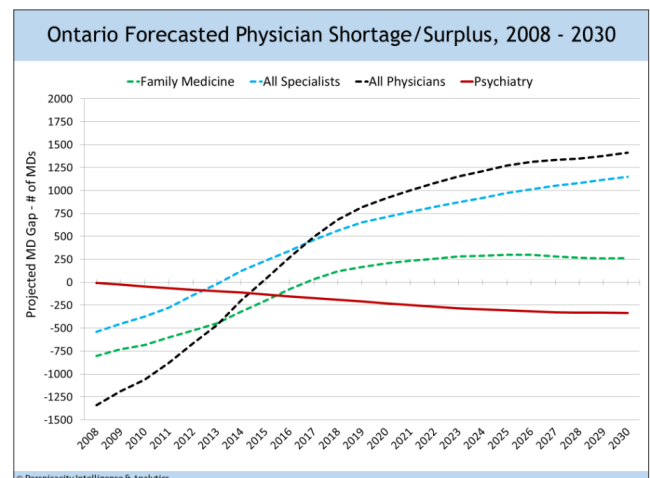


Figure 1: Ontario Forecasted Physician Shortage/Surplus, 2008-2030⁶

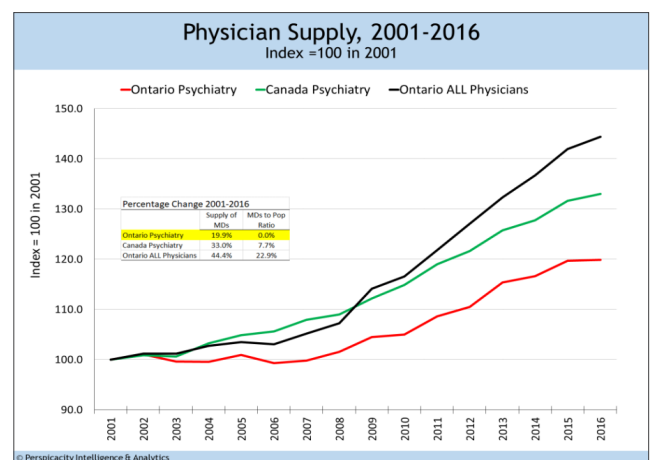


Figure 2: Physician Supply across Ontario and Canada, 2001-2016⁶

5 <http://www.ontla.on.ca/library/repository/mon/25011/314074.pdf>
 6 Krajil, B (2018): Relativity – The Quest for Fair and Equitable Physician Compensation
 7 <http://journals.sagepub.com/doi/pdf/10.1177/0706743716661325>
 8 <http://journals.sagepub.com/doi/abs/10.1177/070674371105600805>
 9 <http://journals.sagepub.com/doi/pdf/10.1177/0706743716661325>

A study conducted by the Ministry of Health and Long-Term Care and the Ontario Medical Association estimated that Ontario alone will need 300 new psychiatrists by 2030 to fill the growing need. This number will only be further exacerbated by the anticipated national decline in the number of psychiatrists. The number of psychiatrists per population is expected to decrease by 15% by 2030, from 1 psychiatrist per 7,210 people in 2010 to 8,435 in 2030.¹⁰

The shortage becomes even more apparent when considering subsections of the psychiatrist population. The acute shortage of community-based psychiatrists, who provide psychiatric services in an outpatient setting, has contributed to overcapacity issues in emergency rooms and hospitals where psychiatrists are relatively more available. Strengthening the base of community-based psychiatrists will be crucial to reducing inappropriate usage of emergency room and hospital care for psychiatric care as demand for services continues to increase. And while these shortages are even greater when rural or specialized psychiatric areas are considered, managing supply is difficult within urban areas as well. For example, a family health team in the city of Guelph has lobbied for \$1.2 million to bring 10 psychiatrists to the area. Presently, Guelph has a ratio of one psychiatrist to 30,000 people, with over 400 people waiting to see a psychiatrist.¹¹ In addition, the Erie St. Clair LHIN indicated that Chatham-Kent and Sarnia-Lambton required 11-15 psychiatrists – among which include specialists such as child and geriatric psychiatrists – to service the growing need for psychiatric care.¹²

Ontario's shortage is uniquely difficult to manage and continues to persist and deepen despite continued increases in psychiatrists' number of hours worked and number of patients seen. Ontario experiences a high burden of illness related to mental health and addictions relative to other provinces – Ontario's mental health and addictions burden is an unparalleled 1.5 times higher than that of cancer and seven times higher

than that of chronic disease. Further, between 1996 to 2010, Ontario had the highest age-standardized prevalence rate for the use of health services for mental illness (tied with Nova Scotia).¹³ Indeed, *The 2017 Scorecard of Mental Health of Children and Youth in Ontario* reported sharp increases in youth visits to doctors (by 25%), emergency departments (by 53%), and hospitalizations (by 56%).¹⁴ This could help explain why Ontarians wait an average of 20.3 weeks to access services – 25% longer than smaller provinces such as British Columbia, which maintains a 16.3-week waitlist, yet has less than half of the number of psychiatrists as Ontario.^{15, 16}

200
Ontario currently has a shortage of 200 psychiatrists.

20%
The average annual number of outpatients seen by psychiatrists in Ontario has increased nearly 20% between 2003 and 2013.

15%
The number of psychiatrists per population is expected to decrease by 15% by 2030.

7X
Ontario's mental health and addictions burden is seven times higher than that of chronic disease.

10 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4422873/>

11 <https://www.guelphmercury.com/news-story/8102612-guelph-health-care-team-tackling-psychiatrist-shortage/>

12 <http://www.theobserver.ca/2014/08/14/lambton-and-chatham-kent-short-on-psychiatrists>

13 <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/report-canadian-chronic-disease-surveillance-system-mental-illness-canada-2015.html>

14 <https://www.ices.on.ca/Publications/Atlases-and-Reports/2017/MHASEF>

15 <https://www.fraserinstitute.org/sites/default/files/waiting-your-turn-wait-times-for-health-care-in-canada-2016.pdf>

16 <https://www.cma.ca/Assets/assets-library/document/en/advocacy/01-physicians-by-specialty-province-e.pdf>

The trends in prevalence of mental illness and increased usage of mental health care services – which has occurred in conjunction with a sociocultural shift toward increased awareness of and decreased stigma for mental health issues – underscores the unique urgency to address the shortage in Ontario. When it comes to subspecialist psychiatrists, the shortage is even more complex. Child psychiatry experiences even deeper gaps between the supply of psychiatrists and demand for services. An estimated 70% of mental health problems are onset during childhood, and early intervention is key to preventing their condition from exacerbating and leading to poorer health, social, and economic outcomes in later life.

The number of children who see a child psychiatrist has sharply increased, up 43% between 2003 to 2014. Canada needs approximately 1,500 child psychiatrists to serve

this growing population, but there are only about 500 active.¹⁷ In Ontario, there are fewer than 100 active child psychiatrists: only 26 of these psychiatrists practice in Toronto, with areas of the province entirely unserved.¹⁸ This shortage has perpetuated long wait times, with the most recent estimates in 2013 indicating an average wait times for child psychiatry of 67 days; however, more recent estimates from community youth mental health services have documented wait times ranging from three to eight months.

No matter what perspective is taken, it remains clear that there are pervasive accessibility problems perpetuated by a provincial shortage in psychiatrists relative to growing service use. To service the growing need of Canadians prioritizing their mental health, Canada needs to prioritize building system capacity to service these needs through addressing the shortage of psychiatrists.



17 <https://www.ctvnews.ca/health/health-headlines/nobody-could-do-anything-chronic-shortage-of-youth-psychiatrists-persists-1.2753532>

18 <http://www.lfpres.com/2017/08/23/health-care-shortage-of-psychiatrists-in-london-hits-wait-times-for-kids>

The shifting demographics of practicing psychiatrists

Alongside an increased need for psychiatric services is a shift in the current and future availability of services perpetuated by a shift in the demographics of the practicing psychiatrists. A fundamental reason cited for the shortage of psychiatrists is the large number of psychiatrists who are nearing retirement. In a national survey conducted by the Canadian Medical Association, 55.7% of psychiatrists surveyed were above the age of 55 (compared to 49.5% across all medical specialties): in Ontario, 56% were above the age of 55.^{19, 20, 21}

Virtually all psychiatric care will be impacted by this demographic shift as over half of practicing psychiatrists approach retirement. These statistics are particularly concerning for rural communities, which are notoriously difficult to recruit new

doctors to. A disproportionate number of near-retirement psychiatrists currently serve these areas, and often see high volumes of patients to compensate for the access issues.

There is a deeper problem underlying this trend. The issue of an older-skewed demographic is concerning, but is a reality across all specialties, in part due to the length of time it takes to complete medical training – which includes medical school and residency. The unique problem within psychiatry is that there are not nearly enough young psychiatrists being trained to take the place of these retiring doctors. Only 4.3% of psychiatrists surveyed were below the age of 35, and the efforts made to recruit students to psychiatry are abysmal.

Recruitment into the practice of psychiatry

Recruitment efforts into psychiatry are insufficient to meet the need for mental health services and replace the current cohort of practicing psychiatrists. Psychiatry experiences the second-highest medical school residency vacancy rate, second only to family medicine. In Canada, the percentage of medical school applicants choosing psychiatry is declining, though medical school enrollment is increasing. A 2015 study of psychiatry vacancies in Canadian schools found that seven out of 17 psychiatry residency programs had vacancies, with vacancy

rates ranging from 5% to 100%, with a mean vacancy of 43%.²² In 2017, psychiatry had the second-highest residency vacancy rate of all specialties during the first iteration of main residency match with 10 unmatched spots: 20% of the vacancies were reported at the University of Ottawa, and 10% at the Northern Ontario School of Medicine. A whole-system recruitment strategy must be created to address the shortage, provide opportunities to develop an interest in the profession, and foster a new generation of psychiatrists.

19 <https://www.cma.ca/Assets/assets-library/document/en/advocacy/02-physicians-by-specialty-age-e.pdf>
20 <https://www.cma.ca/Assets/assets-library/document/en/advocacy/03-spec-age.pdf>
21 <http://www.ophrdc.org/wp-content/uploads/2016/08/2015-Annual-Report-Physicians-in-ONTARIO-PIO.pdf>
22 <https://link.springer.com/article/10.1007/s40596-014-0269-6>

Canadian medical student recruitment

Recruiting medical students to choose psychiatry is a crucial element in increasing the base of young doctors entering the psychiatric workforce. There are numerous issues underlying the recruitment difficulties, including improving pre-clerkship exposure, reconsidering incentives relative to other specialties, overcoming mental health stigma, and increasing the number of domestic residency positions to reflect growing need. These core issues must be addressed in parallel to solve the pervasive recruitment issue.

Pre-clerkship exposure

The role of a medical student's exposure to a specialty in their pre-clerkship years (years one and two of medical school) is a critical component in their eventual decision to choose a specialty. Not only does this provide the student with a better understanding of what work in psychiatry looks like, but it also challenges the stigmas surrounding mental illness and preconceptions about the profession. It is also imperative to foster positive views of psychiatry broadly within the medical profession, such that other physicians do not perpetuate negative views of psychiatry.

A 2015 study investigating the factors affecting psychiatry recruitment found that pre-clerkship exposure is decreasing.²³ One medical school

surveyed reduced its psychiatry clerkship from six weeks to four weeks, and subsequently had no students match to a psychiatry residency position in the following year. Fortunately, the opposite was also true: increased exposure to psychiatry was found to positively impact a student's consideration to choose psychiatry, especially where effort was made to enhance the quality of patient interaction.

It is clear that enhancing and maintaining a robust pre-clerkship program in Canadian medical schools is vital to recruit new talent to psychiatry. Investing in this experience improves attitudes about psychiatry and attracts medical students to the profession.



Northern Ontario School of Medicine students

Residency spots

The discrepancy between the number of residency spots compared to both the number of students in Canadian medical schools and need for doctors has been well-documented, and psychiatry is no exception to this trend. Since 2014, the number of residency positions in psychiatry has remained stagnant, despite a growing need for psychiatric services driving greater demand for psychiatrists. In 2017, 323 Canadian medical students applied to a psychiatry residency program, with 55% of these students listing psychiatry as their first choice, yet only 181 spots were available. Paradoxically, though 11% of Canadian medical students (21 students) that listed psychiatry as their first choice were not matched into the specialty, eight of the 181 spots across Canada offered remained vacant.

A record-breaking 115 medical students failed to secure a residency placement this year, up from 99 in 2017 and 77 in 2016.²⁴ The province has acknowledged the need for these vacancies to be filled, with a recent commitment of \$23 million over six years to create more residency positions – including those in specialist areas such as psychiatry. However, there is competition amongst all specialties for funding, and psychiatry has long been neglected for increases to the number of residency positions. It will be important to make concerted efforts to ensure that the number of new psychiatry positions addresses both the increasing demand and historical lack of investment in this specialty.²⁵

There are two core issues that must be addressed. Firstly, we need to ensure that all psychiatry residency spots are filled. The need for psychiatric services is too great, and the effects of a psychiatry shortage are too severe, to fail here year over year. In addition, we need to increase the number of psychiatry residency spots in response to the current shortage and help to offset the future decline that is to come as the majority of Canadian psychiatrists approach retirement. The recent provincial investment in recruitment is a positive step forward, indicating that the government recognizes the need for increased investment, and will need to be monitored for continued progress.

Incentives

For medical students facing an average of \$158,728 in debt during their residency,²⁶ it is a reality that the students will consider the relative incentives between specialties they are considering, with compensation being where students often begin.

Psychiatrists have the lowest gross clinical payments in the medical profession, with an average gross annual pay that is 25% lower than the across-specialty average.²⁷ Not only do psychiatrists experience lower base pay than other medical specialties, but they are also significantly more likely to lose billable hours to no-show patients, and to put in more hours into non-billable indirect care, including one-on-one case discussions with family physicians or members of the interdisciplinary teams. For these reasons, reconsidering psychiatrists' compensation has been routinely cited as a tactic to improve recruitment to the specialty, particularly in light of the expected shortage.

Beyond this, reviewing incentives would help to equalize psychiatry among other specialties, accounting for the five additional years (or six for subspecialties) of psychiatry training following medical school, as well as the unique effects of burnout associated with the profession.²⁸ Notwithstanding an interest, skills and expertise needed for a career in psychiatry, the attraction of another speciality, that a student may also be interested and able to pursue, where remuneration may be as high as four times that of psychiatry can play a large role in a medical student's residency decision.

It is particularly important for incentives to be considered for improving recruitment to underserved areas, including rural and remote communities, and for subspecialties. Creating incentives for psychiatrists to specialize, in order to serve the growing demand for child psychiatric services and the growing aging population, will help address the ongoing shortage of subspecialists. As psychiatrists are in-demand all across Ontario, including urban areas such as Toronto, the choice to serve rural communities must be strongly supported, particularly as

24 <https://www.theglobeandmail.com/canada/article-more-canadian-medical-school-graduates-than-ever-failed-to-secure/>
25 <http://www.lfpres.com/2017/08/23/health-care-shortage-of-psychiatrists-in-london-hits-wait-times-for-kids>
26 <https://www.newswire.ca/news-releases/changes-to-canada-student-loans-program-dont-help-medical-residents-or-the-doctor-shortage-536578111.html>
27 https://secure.cihi.ca/free_products/Summary_Report_2015_EN.pdf
28 <https://www.ncbi.nlm.nih.gov/pubmed/27310237>

retirement is anticipated to disproportionately impact these communities in coming years. Not only are these areas dealing with largely underserved population, but it is also the case that these psychiatrists will be part of smaller staffing teams compared to urban areas, making the transition more independent and often less smooth.²⁹ All of these factors must be considered when evaluating remuneration for psychiatrists in these areas.

Trainees in rural-based programs such as the Northern Ontario School of Medicine are a group to target for recruitment. Canadian studies have shown that medical graduates who complete residency in rural or remote communities – or have some exposure to these areas during their residency training – are more likely to consider practicing in these communities upon graduation. Focusing on improving retention of psychiatry graduates within these communities, in conjunction with incentivizing usage of digital tools such as OTN e-Visits and telepsychiatry to address distribution issues, can address shortage issues in rural and remote areas. Furthermore, along with the anticipated relocation allowance for psychiatrists moving to these communities,

offering benefits such as medical school loan repayment, return-in-service grants and increases to base compensation can incentivize recruitment. The rural Ontario community of Goderich implemented a recruitment plan to retain physicians, with money going towards incentives such as daycare and spousal support for job search.³⁰ An optimal recruitment model would include a mix of each of these incentives.

Though remuneration incentives can help to financially equalize specialties, encouraging students to choose psychiatry goes beyond remuneration – students also want to choose a specialty that is personally and professionally rewarding. Unfortunately, the field of psychiatry is wrought with stigma and misconceptions of the practice being at best, unfulfilling or at worst, unsafe.³¹ Addressing these misconceptions is essential to improving medical students' attitudes about the profession. Furthermore, emphasizing the rewarding aspects of the profession – including meeting the clinical needs of a vulnerable population, and the uniquely interdisciplinary nature of the profession – can help to attract more talent to the profession.



Northern Ontario School of Medicine at Lakehead University

29 <http://www.cbc.ca/news/canada/prince-edward-island/pei-psychiatrist-recruitment-dalhousie-university-1.4531701>
30 <http://www.cbc.ca/news/canada/nova-scotia/physician-recruitment-goderich-ontario-success-1.4538925>
31 <https://www.emeraldinsight.com/doi/abs/10.1108/MHRJ-03-2017-0015>

Conclusion and Recommendations

Progress is being made to improve mental health care in Ontario, and more broadly across Canada. Addressing the current and projected shortage of psychiatrists is imperative to efforts made to improve the provision of mental health services.

With a number of challenges and areas for growth outlined, the following recommendations encompass the imperatives for change to address the shortage of psychiatrists in Ontario:

- 1. Improving psychiatry exposure in medical school**
Improving recruitment efforts to psychiatry is essential to addressing the shortage of psychiatrists. This begins with increasing the duration of medical students' pre-clerkship exposure to the profession. Reinstating pre-clerkship exposure to at least its previous 6-week length is critical to ensuring that students obtain a comprehensive overview of what a career in psychiatry entails. Furthermore, investing in this experience improves attitudes about psychiatry and increases interest in psychiatry during residency.
- 2. Increasing psychiatry residency spots and reducing residency vacancies**
The reality that psychiatry has the second-highest residency vacancy rate of any specialty is unacceptable given the demand for psychiatrists, and the volume of practicing psychiatrists nearing retirement. In order to address the current shortage of psychiatrists and to meet current and future demand, there must be an increase in the number of residency positions available to students. Furthermore, it is imperative that all residency spots for psychiatry be filled moving forward and to ensure that the growing number of Canadians prioritizing their mental health can access the care they need.
- 3. Make psychiatry attractive again**
By making psychiatry competitive with other specialties, Ontario can retain practicing psychiatrists and recruit new ones. More psychiatrists will mean more patients get timely treatment, defraying the costs of untreated mental illness and inappropriate care. Offering fair incentives to all psychiatrists, with particular emphasis on equalizing incentives in rural and underserved areas, will be crucial to retaining talent in psychiatry.

Ontario's Psychiatrists hope to see their further involvement in the development of an overall mental health strategy. We urge the government to strongly consider the recommendations in this report as integral to improving mental health care across the country.