RAPIDS

Making the case for change in the diagnosis and treatment of mental illness in Canada: Executive summary.

Abstract

The growing awareness of the impact of mental illness on individual health and its significant cost to society and employers has not been accompanied by increased access to early diagnosis and effective treatment. Ongoing deficiencies in timely access to appropriate care are seen at the primary care level, where most mental health issues are diagnosed and treated. Unfortunately, the lack of availability of family physicians and the increasing pressures on these practitioners, highlighted by the recent pandemic, underlines the urgent need to address the situation. The use of technology, at the point of care, has proven effective in ensuring an early, accurate diagnosis of mental health conditions and selecting appropriate and effective treatments. Expanding the use of innovative technology can transform the patient journey and reduce the burden on primary care practitioners, while improving the quality of the care they provide.

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Impact of mental illness

Prior to the COVID-19 pandemic, an estimated 1 in 5 Canadians experienced symptoms of mental illness annually; during the pandemic, the number of people with anxiety and depression symptoms increased significantly. All psychiatric disorders are associated with emotional distress, functional impairment and a reduced quality of life.

The toll of mental illness is also reflected in its cost to society. In Canada, the annual economic burden of mental illness is $51 billion, due to health care costs and lost productivity. Globally, common mental disorders—such as major depressive disorder (MDD) and anxiety disorders—are estimated to result in at least 12 billion days of lost productivity per year, with an associated cost of approximately $US925 billion.

The high prevalence of mental illness in Canada has been accompanied by steadily declining access to timely psychiatric care. Data from 2014-2016 showed that 1 in 4 Canadians had to wait more than seven months to receive care from a psychiatrist after being referred from a primary care clinic. The situation is even more dire for children. A 2020 report from Children's Mental Health Ontario found that children under 18 in that province waited up to 2.5 years to receive mental health treatment. The evident suffering associated with such an unacceptably long wait is exacerbated by the clear evidence supporting the value of early intervention, which reduces both morbidity and mortality.

Because of limited investment in public mental healthcare, driven by stigma and a lack of understanding regarding the substantial return on investment associated with high-quality, accessible care, a large gap has developed between the need for clinical care for mental illness and its availability. This treatment gap has important socioeconomic consequences, related to reduced labour force participation and productivity at work.

Even for people with the most serious mental illnesses, maintaining or gaining employment can improve mental health, while unemployment worsens mental health. Yet, even in high-income countries, less than 15% of those diagnosed with a severe mental illness are working.

Workplaces are being called upon to play an increasingly essential role in maintaining the positive mental health of their employees. Shifting cultural norms, educational support and improving mental health benefits are just some of the ways employers are stepping up to meet an important need. And for the two-thirds of adult workers in Canada with extended health benefits, their employer plays an indispensable role in the provision of care.

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Diagnostic **inaccuracy**

Untreated or under-treated mental illness can result in poor health outcomes and stems from a lack of timely access—or no access—to high-quality care, diagnostic inaccuracy, and ineffective treatment.

For most psychiatric disorders, the accuracy of a clinical diagnosis is poor, particularly if the diagnostician is not a psychiatrist. In Canada, misdiagnosis rates for psychiatric disorders in primary care range from 66% to 98%.

Several factors can serve as barriers to making a correct diagnosis of mental illness:

Lack of provider experience and preparedness.

PCPs are the providers responsible for much of the coordination and provision of mental healthcare. Yet only 61% of PCPs in Canada report being well prepared to appropriately care for patients with mental health conditions.

Symptom variation and overlap.

Every psychiatric diagnosis has multiple clinical presentations. For example, while some patients with major depression present with classic depression symptoms, such as depressed mood, others deny feeling sad, instead describing feeling numb or feeling nothing at all, but have lost their interest or pleasure in activities they previously enjoyed.

Psychiatric comorbidity.

Many patients have comorbid psychiatric conditions, which means they meet the criteria for two or more psychiatric disorders simultaneously and they may require different treatment approaches for each disorder. The lifetime prevalence of psychiatric and medical comorbidities in adults with bipolar disorders is estimated to be approximately 90% and 50% of individuals with bipolar disorders are affected by polymorbidity (i.e., have three or more comorbid conditions).

Physical and psychiatric symptom overlap.

Can lead to diagnostic confusion. Some common physical disorders, such as dementia or thyroid dysfunction, can present with psychiatric symptoms, leading to their misdiagnosis as a psychiatric disorder.

Lack of objective diagnostic testing.

The diagnosis of psychiatric disorders relies on identifying typical symptom profiles and is dependent on the reliability and use of psychometric instruments, the utilization of up-to-date clinical guidelines and a clinician's subjective clinical experience. The lack of objective diagnostic tests, such as diagnostic imaging or lab findings, significantly contributes to diagnostic and treatment inaccuracy and delays, increasing the cost and suffering associated with psychiatric conditions.

Treatment **effectiveness**

Determining the most appropriate treatment for a mental illness requires careful consideration of many factors.

A number of studies have shown the value of psychotherapy (AKA talk therapy), particularly cognitive-behavioral therapy (CBT), especially for MDD, anxiety, and insomnia. However, psychotherapy can be costly, challenging to access, and laborious.

While medication is not required for every person diagnosed with a mental illness, for some conditions, especially when severe, medication is a crucial aspect of achieving and maintaining full functional recovery.

Unfortunately, the high rate of psychiatric misdiagnosis means the approach to treatment is frequently suboptimal. Challenges to determining and delivering the correct treatment for mental illnesses are many and include:

Treatment selection.

Every patient has a different set of symptoms, comorbidities, previous treatment experiences and psychosocial circumstances. Personalizing treatment is time intensive and requires effective communication between the prescriber and their patient, ongoing education, and access to different treatment options. Finding the best treatment often requires a trial-and-error approach, as each individual has a unique brain with unique needs. While every Health Canada and FDA approved antidepressant works, it won't work for every person.

Special populations.

Drug manufacturers rarely seek regulatory approval for the use of their products in children, adolescents, pregnant or breastfeeding women, or the elderly. This means when a patient is pregnant or isn't between the ages of 18 and 65, prescribing becomes more challenging, especially for clinicians who lack confidence and experience.

Side effects and non-adherence.

The side-effects of medication can become increasingly burdensome with time and significantly impact medication adherence. Prescribers must consider treatment sustainability when selecting a medication, as most mental illnesses require long-term treatment to maintain wellness.

Treating with a sense of urgency.

Patients diagnosed with a psychiatric disorder benefit from early, effective treatment, which should be approached with a sense of urgency.

How did we get here?

Many factors have contributed to Canada's failure to provide timely access to high-quality mental healthcare, including:
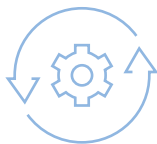
Lack of access to a primary care provider (PCP).

The majority of mental healthcare services in Canada are provided by non-psychiatrists, usually PCPs. International studies show that roughly a third of PCP consultations involve individuals with a diagnosable mental illness. According to a study published in September 2022, one-half of Canadians either can't find a PCP or are unable to get a timely appointment. Among physicians providing clinical care, burnout nearly doubled during the pandemic, with more than half (53%) reporting they're experiencing high or very high levels of burnout. The challenge accessing primary care is compounded by the near impossibility of obtaining a timely psychiatric consultation: family doctors describe psychiatrists as the most difficult specialists to access.

Inadequate PCP training.

The lack of comprehensive psychoeducation for non-psychiatric clinicians is a major factor behind unacceptably high rates of misdiagnosis by non-mental health practitioners. Many Canadian family medicine residency programs require little or no psychiatric training. Yet, psychiatry has evolved, with significant advances in the understanding of the genetic and inflammatory bases of many DSM-5 disorders. Despite advances, the training of PCPs and other health professionals is outdated, rarely including scientific advances or newer treatments.

Comprehensive psychoeducation directed at non-psychiatric physicians and earlier access to psychiatric expertise have been shown to improve clinical outcomes in patients with a mental illness.

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Barriers to effective collaboration.

Accessing psychiatric guidance from a specialist colleague is challenging—if not impossible—for most PCPs. In a Quebec study looking at the collaboration between PCPs and mental healthcare professionals, numerous factors were identified as hindering shared care: a lack of resources (either professionals or programs), long wait times, lack of training, time and incentives for collaboration and inadequate payment for PCP services.

Stigma.

Mental illness-related stigma exists within the healthcare system and among healthcare practitioners, which creates significant barriers to access and care quality. This stigma can include negative attitudes and behaviours, lack of knowledge, skills and awareness, and therapeutic pessimism. Without strong medical leadership and ongoing high-quality education, such stigma will continue to pervade healthcare workplace culture.

Lack of access to psychiatric expertise at the point of care.

Unlike most medical disorders, psychiatry lacks biological markers (laboratory and imaging tests) that reliably support a diagnosis and help determine the best treatment. This means making an accurate diagnosis and finding an effective, tolerable treatment is inexact, more complex and takes longer. Robust clinical decision support systems could provide healthcare practitioners with best-practice information at the point of care, but these tools are currently lacking.

Guidelines developed for mental illnesses are often out-of-date, challenging to access and utilize, and thus, rarely followed. However, rigorous implementation of guideline-directed approaches to psychiatric care, utilizing standardized therapeutic decision-making programs and providing sequential treatment strategies, have been shown to improve clinical outcomes and have also demonstrated cost-effectiveness.
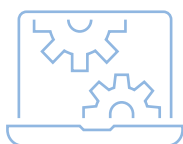
Lack of technology at the point of care.

Despite the availability of empirical evidence demonstrating its value, few clinicians can access or utilize standardized therapeutic decision-making programs. All areas of medicine, including psychiatry, have validated the importance of algorithm-based care, which is more accurately defined as evidence-based guidance for clinical decision making. Findings from the German Algorithm Project (GAP) demonstrated that employing a highly structured algorithm-guided treatment for depression was associated with a shorter time to remission and the need for fewer medications to achieve remission, compared with treatment-as-usual or less specific computerized medication guidance.

Overcoming these barriers require scalable, sustainable solutions that will make a meaningful difference.

It's time for change.

Mental healthcare urgently requires transformation with technological advances that support access to mental healthcare that is timely, accurate and effective.

Through a rigorous design process, considering the needs of patients, practitioners, and payers, in terms of quality as well as privacy, security and future innovation, technology will improve access to the highest quality care.

PCPs are partners in care. Yet, they face overwhelming barriers as they work to deliver an accurate diagnosis, formulate an effective treatment plan and guide their patient on the path to recovery. Better supporting PCPs will reduce burnout and foster higher-quality healthcare delivery, while strengthening compassion and respect for patients.

By transforming a patient's journey we can reduce suffering, improve functioning, increase hope and maintain dignity.

It's time to create a more effective, patient-centered and economically sustainable mental healthcare system.

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