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Putting the focus back on the patient

IWK hopes to whittle down wait for youth mental health services

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Health Reporter

Add value and keep it simple.

It sounds like a business marketing pitch but actually it sums up an increasingly popular system for treating young mental health patients.

Two child psychiatrists from Britain have been working with staff at the IWK Health Centre in Halifax this week to see if the Choice and Partnership Approach will work there.

About 1,100 people are on the waiting list for child and adolescent mental health services at the IWK Health Centre in Halifax. That wait can be as long as 18 months, compared with the standard acceptable wait of about a month.

"They've noticed some of their systems haven't helped users as well as they would like," Steve Kingsbury, a

child and adolescent psychiatrist based in London, said in an interview Tuesday during a break in the training session at a Halifax hotel.

"How you organize services (and) the paperwork you have to do? And I don't think they could see any way of doing it better until they heard about this."

Kingsbury and Ann York, who also works in London, have taken the "reduce bureaucracy and focus on the patient" message to 11 countries in the past six years. They and other clinicians came up with the system as a way of tackling long wait times and unacceptable outcomes, York said.

"The central premise is how to design services to make things better for the young person and their

family, a better experience and more effective for them. All the things we then do organizationally and clinically are around having them at the heart of it."

The usual treatment approach would see a doctor do a thorough assessment of the patient. But recommendations are often made based solely on such assessments, without finding out what makes sense to the family or the child or what they want, the doctors said.

The question of wants, not needs, is crucial to the Choice and Partnership Approach. If the patient is asked what they want, the list is usually short and can be addressed right away by giving the patient and family goals to work on at home.

"They wouldn't be put on a waiting list for something," York said. "They would go away with an appointment in their hands to see somebody with

the right skills to help them with the goals they wanted."

This method has reduced wait times at their London clinics from a year to several weeks. Similar successes have been reported in the countries where they have trained staff and managers. Those countries include the United Kingdom, Australia, New Zealand and Belgium.

York and Kingsbury came to Nova Scotia on the recommendation of a doctor now working in Halifax who underwent the training in New Zealand.

The IWK couldn't provide an exact cost of the three-day session, but York and Kingsbury said they don't charge full consultant's rates. Rather they are paid the equivalent of what they would earn as clinicians in London. It is their first visit to Canada and they combined the working sessions with their vacation.

"It's not our day job," joked York, who said they continue to work full-time as

psychiatrists and devote an average of one day a month to their consultant work.

Sharon Clarke, clinical leader for mental health services at the IWK, said she was impressed by the Choice and Partnership Approach just from reading the material on the website.

"The exciting part for me is that they're taking a business approach, in the sense of lean thinking, and using these ideas of demand and capacity to really be able to have an accurate assessment of what the needs are in the system — to put people in the right places, to do the right job at the right time."

The IWK will begin using the system in wait list interventions in January and it will be fully implemented by April.