The Wait for Assertive Community Treatment in Ontario

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In collaboration with The Royal - Community Mental Health Program

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Introduction

Wait times for health services are a growing concern in Canada. According to the Frasier Institute, wait times for medical services have increased by 97% since 1993 (Barua, 2015). Offering timely and appropriate health care is essential to maintain the health of the population and to prevent health issues from deteriorating. Timely service is especially important in mental health care. Mental health can degrade rapidly and long wait times for services can reduce the likelihood of an individual following through with treatment (Canadian Institute for Health Information [CIHI], 2012; Gallucci, Swartz, & Hackerman, 2005; Williams, Latta, & Conversano, 2008). The Canadian Psychiatric Association (2006) has outlined benchmarks for wait times for psychiatric assessments. However, benchmarks for community mental health care are lacking and the provinces have yet to publically report on the wait times for mental health services (CIHI, 2012; Wait Time Alliance [WTA], 2014).

Assertive Community Treatment (ACTT) programs offer comprehensive care to individuals with severe and persistent mental illness. This model has been implemented across Canada, with 79 teams providing services in Ontario. The Ontario ACT Association (OAA) is a voluntary organization of Assertive Community Treatment Teams (ACT), whose purpose is to help identify, develop and advocate for the collective interests of ACT Teams in the Province of Ontario. In the spring of 2015, the OAA completed a survey with teams across the province and then held a follow-up meeting of ACT teams in Barrie, Ontario. Many of the ACT teams in the province have indicated that they are at capacity and have waitlists for services. This prompted a study specifically on waitlists and the demand for ACTT across the province. This report will describe this research into waitlists for ACTT, profiling each Local Health Integration Network (LHIN) and highlighting areas of high service demand.

Assertive Community Treatment

Assertive Community Treatment Teams (ACTT) provide intensive and comprehensive care to individuals with severe and persistent mental illness, helping them remain in the community and out of hospital. ACTT follows several principles, offering individualized services and a collaborative approach to treatment. 75% of interactions are conducted in the community and services are tailored to the individuals` needs. ACT teams include social workers, nurses, occupational therapists, vocational specialists, peer specialists and a psychiatrist. ACTT has been widely researched and evaluated, confirming its effectiveness and cost-benefit in many countries, including Canada. In Ontario, a set of standards has been created along with a fidelity measure to ensure ACTT programs follow the designed model of care.

Although ACTT was originally thought of as a lifetime service, changing views on recovery have prompted a change in perspective. Measures and models of care have now been created to help successful clients transition to less-intensive mental health services. For example, the ACTT Transition Readiness Scale (ATR) was pilot tested in the Champlain LHIN and is used by several ACTT teams to help identify clients who are ready to transition out of the program (Cuddeback, Dare, Farrell, & LeFebvre, 2015). Programs such as Step Down have also been created to help clients with the transition, offering

less-intensive services but using a similar model of care. These efforts have helped improve client flow and opened up space for new clients in need of ACTT services.

Wait Times for Mental Health Care

Defining and measuring wait times for health services is challenging. Start and end dates for wait times can differ by the type of treatment, illness, and administration (CIHI,2015). CIHI defines wait times for specialist care as "The number of days between the date the referral was sent and the date the patient was seen by a specialist" (CIHI, 2015, p31). They have yet to create definitions for mental health service wait times.

Siciliani et al. (2014) suggest wait times can be measured in two ways: retroactively, counting wait times of clients who have been admitted to the program within a certain period of time; or in a census format that measures the wait times for individuals still waiting for services on a particular day. Both measures provide valuable information about waiting times, yet both have limitations. Retroactive measurements could be considered outdated; however, census measurements may underestimate wait times for services. Either method is accepted in the literature (Siciliani et al., 2014). For the purposes of this study, a census approach will be used in order to get a better understanding of current wait times across the province.

There is very little research on wait times for mental health services and even less in Canadian contexts (Kowalewski, McLennan, & McGrath, 2011). One study examined wait times for child and adolescent mental health services across Canada and compared them to the Canadian Psychiatric Association Benchmarks (Kowalewski et al., 2011). They found that wait times for high needs or urgent cases were much shorter than low or moderate need children. Urgent cases were seen within the wait time benchmark 45% of the time but scheduled care (non-urgent) met the benchmark only 11% of the time. Furthermore, wait times for low to moderate level needs was significantly correlated with the ratio of staff to number of individuals on the waitlist. This suggests that lower need referral wait times are significantly impacted by wait list size. Although this study focused on children, it alludes to long waits for non-urgent mental health care in Canada. The literature has yet to examine wait times and wait lists for adult community mental health services or ACTT services.

There are no guidelines or standards to govern waitlists or wait times for ACTT. The Ontario program standards suggest that teams "…will continue to admit new clients if they are not at capacity due to discharges." (Ontario Ministry of Health and Long-Term Care 2005, p.5.). However, there are no guidelines for how referrals are to be addressed when teams are at capacity. This leaves it up to the team to determine how to organize their waitlists. ACTT standards are also silent on wait times for services. They outline general timeframes for the initial and comprehensive assessments, but only once the client has been admitted into the program. There are no guidelines for the wait times between referrals and acceptance into the program.

Studying ACTT Waitlists

This study aimed to determine the demand for ACTT in Ontario by reviewing wait times for services. There is evidence that long waits for mental health services can have a negative impact on patients and may reduce treatment follow-through. However, there are no guidelines for ACTT waitlists or wait times.

The need for a study on waitlists was brought forward by the Ontario ACTT Association (OAA). Through discussions with various teams across the province, long waitlists for ACTT services were identified as a concern. Discussions amongst members of the Technical Advisory Committee of OAA, suggested that research into wait times for ACTT was needed to help determine the areas in high demand. The Community Mental Health Program at The Royal offered to oversee this research.

This study aimed to:

1. Explore how waitlists are managed and addressed by ACT teams in Ontario
2. Summarize waitlist data for each LHIN
3. Determine the demand for ACTT services across Ontario and identify areas with high demand

Wait list information was collected using a census approach; wait times and wait list data was collected from each team for January 1st, 2016. ACTT teams across the province were asked to send their waitlist information from the specific date to contribute to the study. This information was then reviewed and organized by LHIN.

Methodology

The 79 ACT Teams across Ontario were contacted by email or phone from January to March 2016 to supply information about their team and waitlists. 74 Teams (94%) voluntarily participated in the research. All information collected was under the discretion of the teams and no client information was collected.

Teams were asked to provide the following information:

- The number of FTE staff on the team (not including the program administrators or psychiatrists)
- Approximate program funding for the year
- The number of active clients supported by the team
- The number of referrals on the waitlist as of January 1st, 2016
- The number of days waiting as of January 1st, 2016
- A list of programs that teams discharge clients to

Any additional information that would help qualify the collected data was recorded by the project coordinator.

Limitations of Data

Although all efforts were made to standardize data collection, the data showed variation in calculations and interpretation. It was the responsibility of the teams to provide the information and calculations for this research. This created some variation in how data was calculated and interpreted. More specifically, there were variations in how wait lists and wait times were calculated by each team. Although teams were asked to provide their waitlist information for January 1st, 2016, some teams were unable to access that information retroactively and instead provided their most recent waitlist numbers. This means that waitlist data could be reflective of data from January to March, 2016. Also, wait time averages were calculated by the teams themselves, potentially causing variations in the reported data.

Funding information was initially collected from teams; however, there was significant variability in how this information was calculated. 24% of teams were unsure of their funding and did not provide this information. Some teams provided a general estimate of their funding without specific calculations. Teams that calculated their funding may or may not have included the physician sessional fees, making it difficult to compare amounts. Due to this variability, funding information was excluded from the results.

Although these limitations make it difficult to compare each team's data, this information still provides a general picture of waitlists across the province and can suggest areas of high demand for ACTT services.

Data Analysis

Results were organized by LHIN and averaged across the province. Totals, averages (means, medians, and modes), and ranges were used to calculate information for each LHIN and to summarize Ontario-wide information. If two teams shared a waitlist, the waitlist numbers and times were divided between the two teams to calculate averages. Six pairs of teams shared waitlists and the Champlain LHIN had a centralized waitlist that included 5 teams. Some teams provided ranges rather than exact data. If exact calculations could not be reached, the average of the two numbers given was used. For all other varying data points, qualifying information was used to help determine the best choice for analysis.

Discharge locations were recorded verbatim and organized into categories of similar services. They were then listed by the number of teams that reported each service.

Province-Wide Results

Team Demographics

Province-Wide Team Information	
Total Number of Teams	79
Percentage of Teams Responded	94%
Mean Number of Teams per LHIN	6
Mean Average FTEs per Team	9.8
Median Average FTEs per Team	10
Mode Average FTEs per Team	11
Mean Average Number of Clients per Team	79
Median Average Number of Clients per Team	80
Mode Average Number of Clients per Team	95
Average Client to Staff Ratio	8:1

Teams are organized to offer services to specific cities and regions. Six teams were an exception, offering specialized services for clients with specific needs in their LHINs. These teams were still identified by the Ontario ACT Association as offering ACTT programming.

- Mount Sinai Hospital ACTT (Toronto Central LHIN) offers culturally-sensitive services for Asian, South East Asian and Aboriginal clients
- The Psychogeriatric ACTT (Central LHIN) offers services for clients ages 55 and over
- The ACT for Persons Dually Diagnosed (South East and Champlain LHINs) offers services to clients with both intellectual disabilities and mental illness
- The Community Assistance and Stabilization Team [CAST] (North West LHIN) is an intensive service for a smaller number of clients to support the transition from inpatient care to community living.
- There are two Equipe Communautaire de Traitement Intensif (Champlain LHIN) that offer services in French to Francophone clients.

Province-wide Wait Lists Results

Province-Wide Wait Lists	
Total Number of Referrals on Waitlists in Ontario	495
Mean Average Number of Referrals on Waitlists per Team	8
Median Average Number of Referrals on Waitlists per Team	5
Mode Average Number of Referrals on Waitlists per Team	0
Mean Average Wait Time	128 days
Median Average Wait Time	40 days
Mode Average Wait Time	0 days
Range of Team Average Wait Times	0 – 1261 days
Percentage of Teams Waiting over 180 days (6 months)	22%
Percentage of Teams Waiting over 365 days (1 year)	11%
Percentage of Teams that Do Not Keep a Wait List	14%
Percentage of Teams Reporting 0 Days Waiting	15%

Teams used a variety of methods to organize and coordinate their waitlists. Here are some examples:

I. 14% of teams chose not to keep a waitlist for their services. They used these alternative approaches:

- Several teams were linked to other mental health programs and used a central intake system to coordinate all referrals to the agency (e.g. Canadian Mental Health Association offers both Intensive Case Management and ACTT in some regions). Instead of using a waitlist, referrals were discussed with all programs to determine availability of services within the agency and the services that best fit the clients` needs.
- Some specialized teams took referrals on a case-by-case basis due to the specific services they offer. (e.g. ACTT for Persons Dually Diagnosed)
- Niagara Region ACTT chose not to keep a waitlist while they were at capacity. The community was informed so that they would not refer clients during that time.

II. Some ACT teams shared waitlists, using a central intake approach to manage referrals. Multiple teams covering the same city or region used these shared waitlists to allow clients to be picked up by the first available team.

III. Some teams prioritized clients within their waitlists to ensure the highest need clients were being accepted sooner. Referrals for hospital inpatient clients and clients who were relocating from a different region were often prioritized by teams. In Ottawa, a shared waitlist of 4 teams kept separate referral lists for priority and general referrals.

Discharging Clients

Although ACTT was created to be a service "for life", newer perspectives on mental health recovery and limited community services has shifted the focus to helping clients stabilize and move on to less-intensive services. New measures, such as the ATR and transitional programs such as Step Down are being implemented in some areas to help with this process. Teams were asked to list the less-intensive services they discharged clients to in their region.

Teams listed the following types of services that clients were connected to upon discharge:

Discharge Locations	Number of Teams Referring to Program	% of Teams Referring to Program
Case Management	49	66%
Other ACT Teams	23	31%
Hospital Outpatient Care	21	28%
Other Community Mental Health Services	20	27%
General Practitioner	18	24%
Within Agency Programs	13	18%
Step Down Program	10	14%
Stepped Care	8	11%
Primary Care Teams/Family Care Teams	7	9%
Death of Client	6	8%
Community Psychiatrist	5	7%
Long-term Care	5	7%
Mental Health Clinic	4	5%
Addiction Services	3	4%
Transitional Support Program	2	3%
Community Integration Program	1	1%
Developmental Services	1	1%
Probation	1	1%
Residential Treatment Facilities	1	1%
Supported Living Program	1	1%

Considerations

Discharging clients was noted to be difficult for many teams. Many teams reported limited community mental health programs in their regions and less-intensive services were not always offered or available. Waitlists for community mental health services was another barrier that prevented teams from discharging clients from ACTT. One of the biggest challenges for teams was finding a community psychiatrist that was available to monitor medication compliance, which was considered essential for client success. It was especially difficult for clients who were taking Clozapine.

Teams affiliated with community agencies sometimes had internal services they could connect clients to. Some agencies offered both ACTT and ICM, which allowed clients an easier transition between the services as their needs changed. Step down and Stepped Care programs also helped with the transition, offering clients less intensive services within a similar model.

Clients that relocated to other cities or regions were connected to ACT teams in their new region. This was a common way that clients were discharged from a specific team and opened up space for new clients in the area. Teams also spoke of client deaths as a reason for closing a file and the opening of a new space.

Results By LHIN

1. Erie St. Clair

Erie St. Clair	
Number of Teams	4
Mean Number of FTEs per Team	11.3
Mean Number of Clients per Team	91
Client to Staff Ratio	8:1
Total Number of Referrals on Waitlist in LHIN	3
Mean Wait Time	6 days
Range of Average Wait Times	0 – 12 days
Number of Teams Without a Waitlist	1

Considerations

- Chatham/Kent ACTT did not keep a waitlist for services.
- Due to a change in staffing and procedures, Essex ACTT I and II (shared waitlist) were only able to report referrals and wait times since November 2016. Anyone placed on the waitlist before that date was not included. This data underestimates the waitlists and wait times for those teams and this LHIN.

Discharge Locations

- Other ACT Teams (relocation)
- Case Management

2. South West

South West	
Number of Teams	9
Mean Number of FTEs per Team	10
Mean Number of Clients per Team	81
Client to Staff Ratio	8:1
Total Number of Referrals on Waitlist in LHIN	77
Mean Wait Time	426 days
Range of Average Wait Times	0 – 1261 days
Number of Teams Without a Waitlist	1

Considerations

- Elgin ACT Teams I and II kept a shared waitlist to manage referrals.
- Grey Bruce ACTT did not keep a waitlist. They meet with all agency programs once a week to review referrals and determine best fit for the client with the services available.
- Wait times varied extensively across the region. Strathroy-Middlesex ACTT had no wait time for service while London ACTT II reported wait times exceeding 3 years.

Discharge Locations

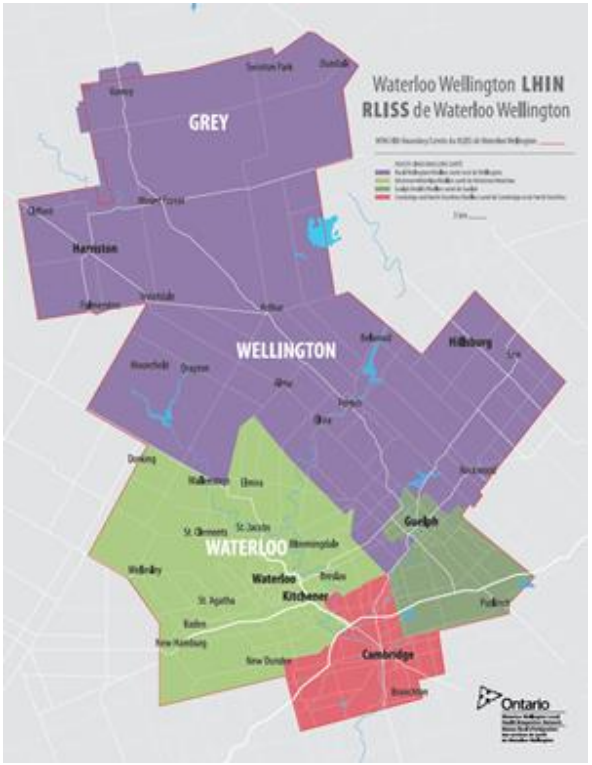
- Case Management (including ICM, Aftercare Program)
- Community Mental Health Services
- Within Agency Programs (including Flexcare Program)
- Outpatient Psychiatrist

3. Waterloo Wellington

Waterloo Wellington	
Number of Teams	4
Mean Number of FTEs per Team	9
Mean Number of Clients per Team	74
Client to Staff Ratio	8:1
Total Number of Referrals on Waitlist in LHIN	97
Mean Wait Time	335 days
Range of Average Wait Times	21 – 1095 days
Number of Teams Without a Waitlist	0

Considerations

- Grand River Hospital ACT and Waterloo Regional Homes ACTT shared a waitlist for services



Discharge Locations

- Step Down Program
- Within Agency Programs (including Housing Support Services)
- Case Management
- Other ACT Teams (relocation)

4. Hamilton Niagara Haldimand Brant

Hamilton Niagara Haldimand Brant	
Number of Teams	6
Mean Number of FTEs per Team	9
Mean Number of Clients per Team	83
Client to Staff Ratio	9:1
Total Number of Referrals on Waitlist in LHIN	77
Mean Wait Time	146 days
Range of Average Wait Times	45 – 522 days
Number of Teams Without a Waitlist	0

Considerations

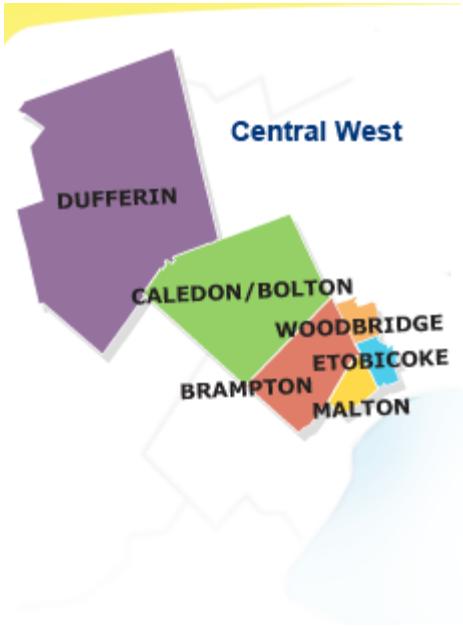
- Hamilton area teams shared a waitlist. Recent changes in referral protocols has helped reduce their waitlist and removed those who are not appropriate for ACTT services
- Niagara ACTT notified the community in 2012 that they were at capacity and not able to take any new clients. Their wait list underrepresents the number of individuals in need of ACTT services in the region.

Discharge Locations

- General Practitioner
- Hospital Outpatient Care (including Centre for Addiction and Mental Health, Schizophrenia Outpatient Clinic)
- Other ACT Teams (relocation)
- Intensive Case Management
- Long-term Care

5. Central West

Central West	
Number of Teams	3
Mean Number of FTEs per Team	8.7
Mean Number of Clients per Team	74
Client to Staff Ratio	9:1
Total Number of Referrals on Waitlist in LHIN	33
Mean Wait Time	228 days
Range of Average Wait Times	112 – 338 days
Number of Teams Without a Waitlist	0



Considerations

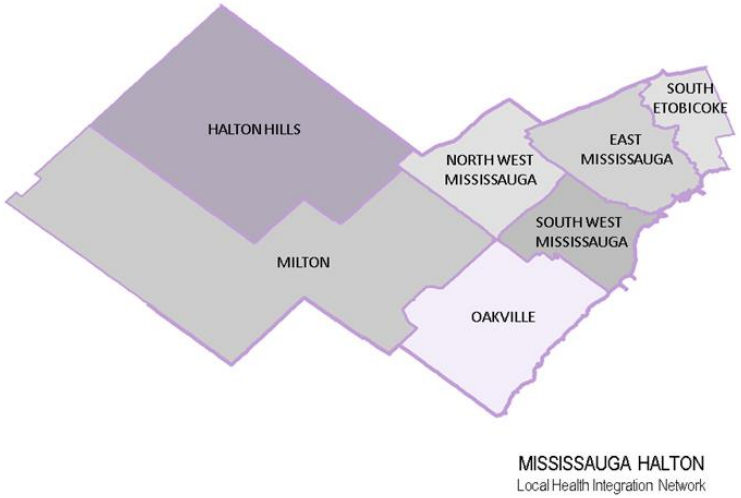
- All three teams kept waitlists for services, ranging from 112 to 338 days waiting.

Discharge Locations

- Intensive Case Management
- Hospital Outpatient Care
- Within Agency Programs (including other CMHA services, Residential Multi-service Team)

6. Mississauga Halton

Mississauga Halton	
Number of Teams	3
Mean Number of FTEs per Team	9.8
Mean Number of Clients per Team	97
Client to Staff Ratio	10:1
Total Number of Referrals on Waitlist in LHIN	33
Mean Wait Time	105 days
Range of Average Wait Times	17 – 270 days
Number of Teams Without a Waitlist	0



Considerations

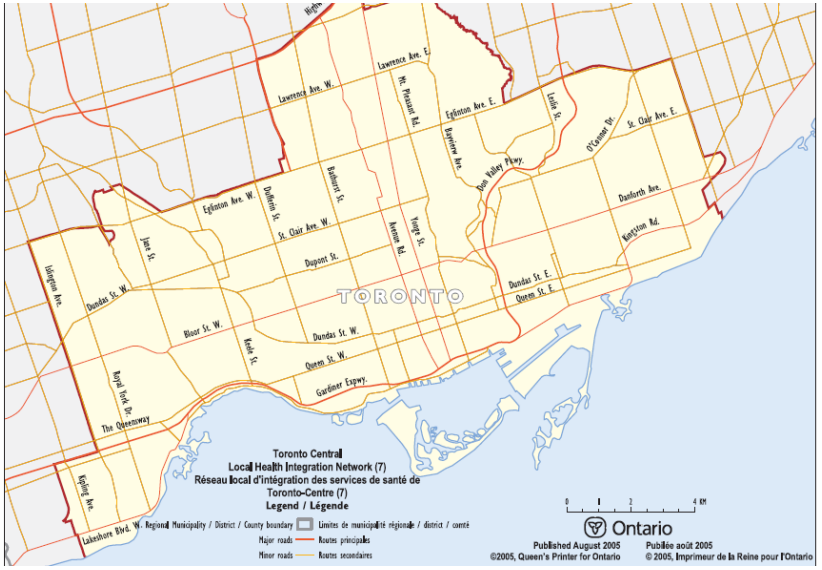
- South Central Etobicoke keeps priority and general waitlists. There was no wait for the priority list but there was a wait for services when placed on the general wait list

Discharge Locations

- Step Down Program
- Case Management (including ICM)
- General Practitioners
- Community Mental Health Services
- Local Mental Health Clinics
- Other ACT Teams (relocation)

7. Toronto Central

Toronto Central	
Number of Teams	8
Mean Number of FTEs per Team	11.3
Mean Number of Clients per Team	101
Client to Staff Ratio	9:1
Total Number of Referrals on Waitlist in LHIN	40
Mean Wait Time	39 days
Range of Average Wait Times	0 - 105 days
Number of Teams Without a Waitlist	1



Considerations

- The Reconnect and FOCUS teams are now Flexible ACT teams (FACTT) with both ICM and ACTT services offered from the same team.
- The Reconnect ACTT did not keep a waitlist. Instead, it manages referrals with two other community mental health teams.
- The FOCUS team is new and has not reached capacity
- Mount Sinai Hospital ACT offers culturally-sensitive services for ethno-racially diverse clients, with services focused towards Asian, South East Asian, and Aboriginal Communities.

Discharge Locations

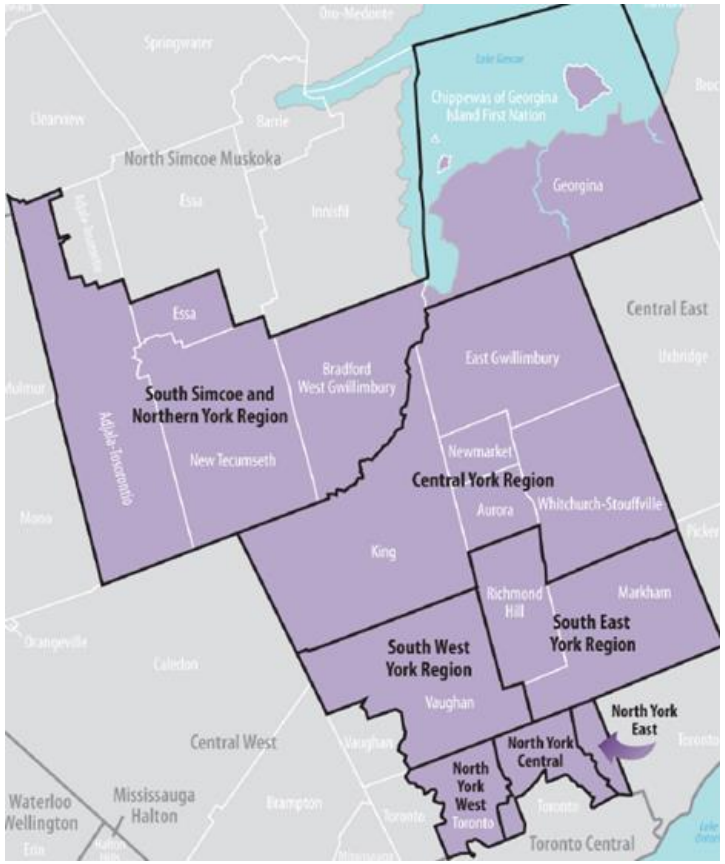
- Step Down program
- Intensive Case Management
- Community or Outpatient Psychiatrist
- General Practitioner
- Long-term Care
- Another ACT Team (relocation)
- Community Mental Health Services
- Hospital Outpatient Care (including Depot Clinic)

8. Central

Central	
Number of Teams	6
Mean Number of FTEs per Team	8.6
Mean Number of Clients per Team	76
Client to Staff Ratio	9:1
Total Number of Referrals on Waitlist in LHIN	38
Mean Wait Time	80 days
Range of Average Wait Times	30-135 days
Number of Teams Without a Waitlist	0

Considerations

- The Southwest CMHA York ACTT had yet to reach capacity at the time of the study and continued to take on clients.
- The Psychogeriatric ACT team was at capacity since October 2015 and has been referring their waitlist to other services.
- The Southeast CMHA York ACTT used a central intake process for all referrals in the agency. Clients are assessed by the larger organization for best fit and availability of programs. The ACT team notifies central intake when there is a space available and referrals are then offered to the team.



Discharge Locations

- Intensive Case Management
- Hospital Outpatient Care (including Schizophrenia clinic)
- General Practitioners
- Probation
- Addiction Services
- Long-term Care

9. Central East

Central East	
Number of Teams	8
Mean Number of FTEs per Team	9.9
Mean Number of Clients per Team	88
Client to Staff Ratio	9:1
Total Number of Referrals on Waitlist in LHIN	10
Mean Wait Time	24 days
Range of Average Wait Times	0 – 70 days
Number of Teams Without a Waitlist	1

Considerations

- Eight of the teams kept waitlists for services, ranging from 0 to 70 days waiting.

Discharge Locations

- Stepped Care
- Hospital Outpatient Care
- Case Management
- Other ACT Teams (relocation)

10. South East

South East	
Number of Teams	6
Mean Number of FTEs per Team	10.5
Mean Number of Clients per Team	88
Client to Staff Ratio	9:1
Total Number of Referrals on Waitlist in LHIN	10
Mean Wait Time	24 days
Range of Average Wait Times	7 – 70 days
Number of Teams Without a Waitlist	0

Considerations

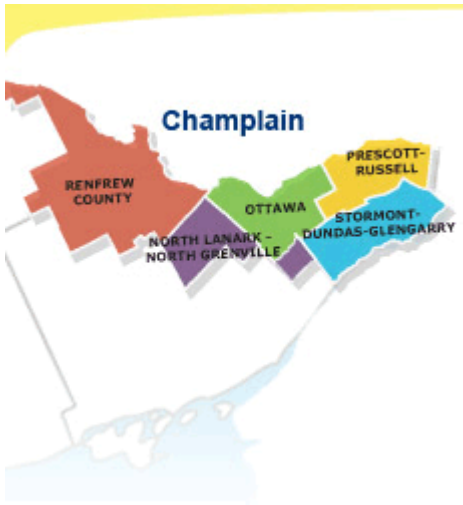
- Frontenac and North Shore teams shared a waitlist
- All wait times are estimated for this LHIN. Teams were not able to calculate average wait times.

Discharge Locations

- General Practitioner
- Family Health Teams
- Community Mental Health Services (including Addiction and Mental Health Services)
- Other ACT Teams (relocation)
- Intensive Case Management
- Within Agency Programs
- Addiction Services
- Long-term care
- Residential Treatment Facilities

11. Champlain LHIN

Champlain	
Number of Teams	9
Average Number of FTEs per Team	10.5
Average Number of Clients per Team	70
Client to Staff Ratio	7:1
Total Number of Referrals on Waitlist in LHIN	41
Average Wait Time	68 days
Range of Average Wait Times	0 – 296 days
Number of Teams Without a Waitlist	1



Considerations

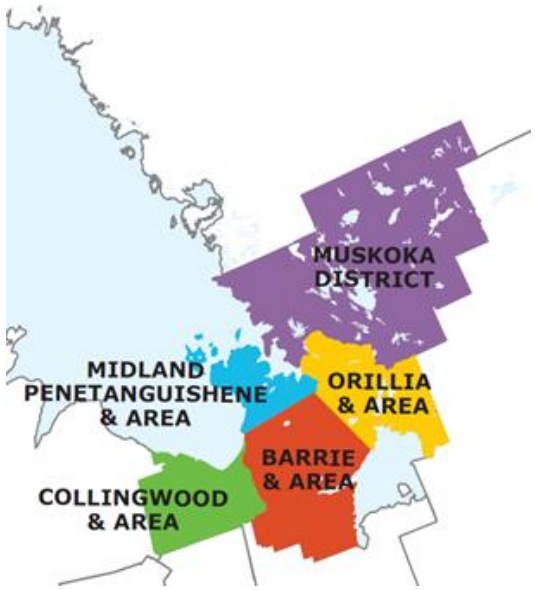
- Five teams in the Ottawa area used a central intake waitlist to combine their referrals: The Bank team, the Catherine Team, ACT for Persons Dually Diagnosed, and Pinecrest-Queensway ACTT. The Equipe Communautaire de Traitement Intensif Ottawa Est also uses the central intake and receives Francophone client referrals.
- The Ottawa central intake waitlist was divided into priority or general waitlists. Priority referrals are individuals who have spent more than 90 days in hospital or have been referred from another ACT team.

Discharge Locations

- Step Down Program
- General Physician
- Community Mental Health Services (including CMHA)
- Other ACT teams (relocation)
- Case Management (including Clozapine Case Management Program)
- Developmental Services

12. North Simcoe Muskoka

North Simcoe Muskoka	
Number of Teams	3
Mean Number of FTEs per Team	13.3
Mean Number of Clients per Team	74
Client to Staff Ratio	6:1
Total Number of Referrals on Waitlist in LHIN	5
Mean Wait Time	75 days
Range of Average Wait Times	30 – 120 days
Number of Teams Without a Waitlist	1



Considerations

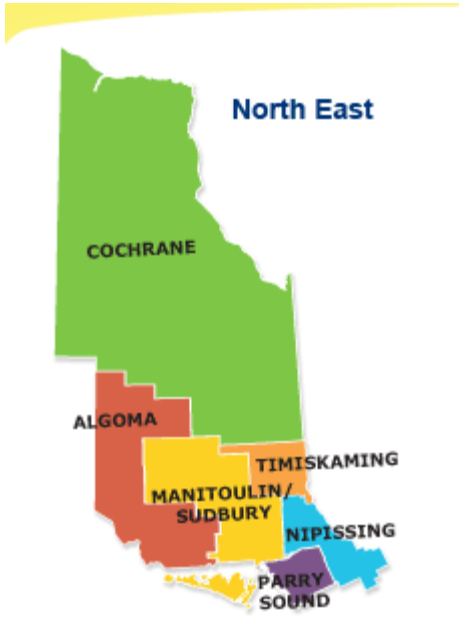
- CMHA North Simcoe ACTT did not keep a waitlist because they are at full capacity
- The Muskoka/Parry Sound Team was divided into three smaller teams that cover specific areas
- Muskoka/Parry Sound Team had a backlog of referrals that had yet to be entered into the system and are missing from this waitlist count

Discharge Locations

- Intensive Case Management
- Hospital Outpatient Care
- General Practitioners
- Community Mental Health Services
- Within Agency Programs (including Consumer Support Group)
- Long-term Care

13. North East

North East	
Number of Teams	7
Mean Number of FTEs per Team	10.5
Mean Number of Clients per Team	68
Client to Staff Ratio	7:1
Total Number of Referrals on Waitlist in LHIN	10
Mean Wait Time	91 days
Range of Average Wait Times	0 – 365 days
Number of Teams Without a Waitlist	2



Considerations

- Nipissing ACTT I and 2 did not keep waitlists. They assessed for suitability and then find an opening or refer to other community services

Discharge Locations

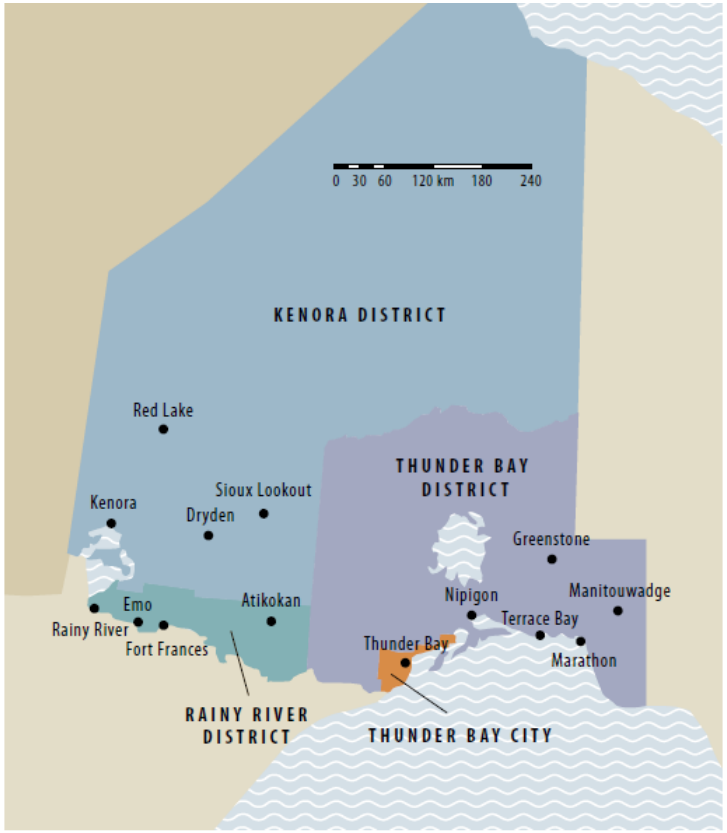
- Step Down Program
- Intensive Case Management
- Community Mental Health Services (CMHA programs, Supported Living Program, Peer Support Program)
- Within Agency Programs
- Outpatient Clinic
- Community Psychiatrist
- Other ACT Teams (relocation)

14. North West

North West	
Number of Teams	3
Mean Number of FTEs per Team	9.3
Mean Number of Clients per Team	59
Client to Staff Ratio	6:1
Total Number of Referrals on Waitlist in LHIN	2
Mean Wait Time	4 days
Range of Average Wait Times	N/A
Number of Teams Without a Waitlist	2

Considerations

- Only the PATH team kept a waitlist for services.
- The Community Assistance and Stabilization team (CAST) is an intensive service for a small number of clients to support the transition from inpatient care to community living. They did not keep a waitlist for services.



Discharge Locations

- Case Management
- Nurse Practitioners
- Primary Care Teams/Family Care Teams
- Hospital Outpatient Care (including Challenge Club)
- Community Mental Health Programs (including Peer Support Program)
- Older Adult Program

Overall Findings and Demand for ACTT

Although there is currently little research on mental health service wait times, the importance of reducing wait times has been acknowledged. This study provided a snapshot ACTT wait times across Ontario and offered a glimpse into the current demand for ACTT services. The following section highlights the areas where large waitlists and long waitlists suggest areas where ACTT is in high demand.

LHINs with High Demand for ACTT

There are 79 ACTT teams across Ontario to serve clients within the 14 LHINs. 74 (94%) of these teams participated in this study. The wait list results were organized by LHIN catchment areas. Future advocacy efforts for new teams will require discussions with the individual LHINs.

The Waterloo Wellington LHIN reported the highest number of individuals waiting for ACTT services of any LHIN at 97 referrals in total across the region. That averages to approximately 24 clients waiting for services per team. Referrals had waited on the list an average of 335 days. These findings suggest that the demand for ACTT in the region surpasses the capacity of these teams. Looking at specific teams, the Waterloo Regional Homes ACTT and Grand River Hospital ACTT have a shared waitlist of 70 clients with approximate wait times of 1095 days (3 years). Discharging clients to other community programs was a challenge for the teams in this LHIN. For example, Guelph & South Wellington found discharges to be generally unsuccessful because of a lack of community psychiatrists to monitor client medications. This lack of flow to other services combined with a high number of individuals needing ACTT has contributed to the high demand for ACTT in this LHIN.

The South West LHIN reported the longest wait times in the province. Their referrals had been waiting for services for over a year (426 days). They reported a total of 77 clients waiting for ACTT services across the LHIN. The wait times for services was highly varied, depending on the team; the three London teams reported wait times of over a year, with London ACTT I exceeding a 3 year wait (1261 days). These teams had 20 (London ACTT I and II) and 25 (London ACTT III) individuals on their waitlists. Elgin ACTT I and II also reported wait lists over six months (220 days) with 7 individuals waiting for services. However, within the same LHIN, the Strathroy-Middlesex team reported no one on their waitlist. Further exploration into these discrepancies would provide a better understanding of the factors that influence the demand for ACTT.

Teams with Waitlists Over 20 Referrals

Ten teams reported having 20 or more referrals on their waitlists. These teams are all located within Southern Ontario (Hamilton Niagara Haldimand, Brant LHIN; Mississauga Halton LHIN; South West LHIN; and Waterloo Wellington LHIN). Waterloo Regional Homes and Grand River Hospital ACTT report the highest number of referrals on their waitlists. Although they share a waitlist, these teams would still have the largest waitlists if it were divided into separate teams. The Hamilton ACT teams 1 and 2 report the second-largest waitlist at 31 clients. However, this averages to 15.5 clients per team. Niagara had the second-largest waitlist at 30 referrals. The number of referrals waiting for services is one indicator of high demand for ACTT.

Teams with Waitlists over 20 referrals	Number of Referrals on Waitlist
Waterloo Regional Homes ACTT & Grand River Hospital ACTT* Waterloo Wellington LHIN	70*
Hamilton ACTT 1 & 2 * Hamilton Niagara Haldimand Brant LHIN	31*
Niagara Region ACTT Hamilton Niagara Haldimand Brant LHIN	30
Guelph & South Wellington ACTT Waterloo Wellington LHIN	26
London ACTT III South West LHIN	25
London ACTT I South West LHIN	20
London ACTT II South West LHIN	20
Mississauga ACTT Mississauga Halton LHIN	20
* Teams with combined waitlists	

Teams with Wait Times over 365 Days

Teams with Wait Times over 365 Days	Average Wait Time in Days
London ACTT I South West LHIN	1261
Waterloo Regional Homes & Grand River Hospital ACTT* Waterloo Wellington LHIN	1095
London ACTT II South West LHIN	953
London ACTT III South West LHIN	526
Hamilton ACTT 1 & 2* Hamilton Niagara Haldimand Brant LHIN	522
Sault Ste. Marie North East LHIN	365
* Teams with combined waitlists	

The longest wait times for ACTT are again in the South West, Waterloo Wellington, and Hamilton Niagara Haldimand Brant LHINs. London ACTT I reports the longest average wait time at 1261 days (3 years, 6 months). London's two other ACTT teams are also on this list with average wait times at 953 days (2 years, 7 months), and 526 days (1 year, 5 months). Waterloo Regional Homes and Grand River Hospital are the second-highest, with an average wait of 3 years. Long wait times are another indicator of high demand for ACTT.

Outside of Southern Ontario, Sault Ste. Marie ACTT also reports long wait times. Interestingly, it is the only team in the North East LHIN that reported having any wait times for ACTT (two teams did not keep waitlists and three teams reported 0 days waiting). The information collected does not offer an explanation for these results but proposes an area for further exploration.

Demand for ACTT in Ontario

There is considerable overlap between the teams that report waitlists over 20 referrals and wait times over 365 days. These combined statistics may suggest a high demand for ACTT services in these areas as teams are not able to keep up with the number of referrals they are receiving. In particular, the South West, Waterloo Wellington, and Hamilton Niagara Haldimand Brant LHINs have teams that are experiencing high demand for ACTT.

Strategies for Reducing Wait Times

Several teams have discussed the steps they have taken towards reducing their waitlists and wait times. Although Hamilton ACTT 1 and 2 have maintained a high wait time for ACTT services, they have taken steps to reduce their waitlists considerably. They conducted a research project with St. Joseph's Healthcare Hamilton's Quality Improvement and McMaster University that helped remove non-appropriate individuals from the waitlist. From this research, they created new referral guidelines that help referring sources determine if individuals are appropriate for ACTT. Another approach used in the same LHIN was to stop taking referrals when at capacity. Niagara Region ACTT identified that they were unable to offer service to their referrals within an appropriate amount of time and therefore stopped taking referrals. They had let the community know they were unable to accept referrals for a period of time but have recently opened up their waitlist to new referrals again.

Several teams have used combined waitlists as a way to reduce wait times. This works well for teams who cover the same region or are connected to other mental health services within the same agency. It allows clients to be picked up faster and can connect them to alternative services if one team is at capacity. Five teams in the Champlain LHIN have a combined central intake, which includes both priority and general waitlists for ACTT services. This helps them prioritize the clients in most need of services and again allow them to be picked up as soon as there is an opening on any of the 4 English teams or Francophone team. Other teams may have additional strategies for reducing their wait times that were not reported in this study.

Conclusions

In conclusion, ACTT is an important program to support community mental health. However, some areas in Ontario are experiencing high demand for ACTT and have waitlists and long wait times for services. This study shows a snapshot of wait times for ACTT in each LHIN and highlights the areas in which demand for services is exceeding capacity. This study is also the first to consider wait times for ACTT services in Canada.

Further research into ACTT waitlists would give a better understanding of why some regions are experiencing significant waits for services. Exploration into teams with high demand may highlight the factors that influence waitlists and offer suggestions for reducing wait times. For example, some of the data implied rural and urban differences in waitlists. Exploring these differences was beyond the scope of this study but would provide a better understanding of how location can influence demand for ACTT. In addition, further research is needed to assess the impact of waitlists on individuals experiencing severe mental illness and to identify reasonable wait times for community mental health services.

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