RIGSREVISIONEN

Extract from the report to the Public Accounts Committee on adults' access to psychiatric treatment

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I. Introduction and results

1. This report is about adults' access to psychiatric treatment, and it addresses ambulatory treatment as well as hospitalization. The report is also dealing with the Danish Regions' planning of and initiatives taken in the psychiatric area. (The Danish Regions are responsible for health-care in Denmark.)

Rigsrevisionen took the initiative to conduct the examination in January 2009.

2. Many Danes are in contact with the psychiatric services, either as patients or relatives to patients. According to the Danish National Board of Health, the frequency of mental health problems is in line with that of cancer and heart diseases. On the basis of several studies, the Danish National Board of Health estimates that approximately 10 – 20 per cent of the Danish population will develop a mental illness at some point. Many of these patients will be treated by their own General Practitioner or a medical specialist, but some will require psychiatric treatment in a hospital.

3. The overall objective of the examination is to assess adults' access to psychiatric treatment and the Regions' planning and initiatives taken in the psychiatric area.

The report answers the following four questions:

- Do adult psychiatric patients have access to ambulatory treatment in the Regions?
- Do adult psychiatric patients have access to psychiatric hospitalization in the Regions?
- Do the Regions have access to relevant information for the planning of the treatment capacity in the psychiatric area?
- Have the Regions introduced initiatives to reduce waiting times and overcrowding in the psychiatric facilities?

4. The examination concerns the period from the establishment of the Regions on 1 January 2007 to the end of 2009. With respect to the year 2009, it has only been possible to include data relating to the first quarter of the year.

Ambulatory treatment does not require hospitalization and is primarily planned. The ambulatory psychiatric treatment is provided by outpatient clinics, the community psychiatry, the outreach psychiatry and private practising medical specialists.

Patients are **admitted** into psychiatric wards. Most admissions are acute (with the consent of the patient or under coercion), but can also be planned.

Treatment capacity refers to the number of patients that the psychiatry can treat. The capacity is estimated in different manners, i.e. on the basis of staffing (i.e. number medical specialists, doctors and psychologists). Hospital capacity generally refers to the number of beds.

MAIN FINDINGS AND CONCLUSIONS

According to the Danish Health Act the Regions are responsible for ensuring the necessary and relevant offers for psychiatric treatment and the citizens' access to treatment by General Practitioners and medical specialists. The Health Act also states that the requirements of the individual patient for assessment and treatment must be evaluated professionally by the respective Region, including where and how the requirements of the patient can be met within the existing framework.

Rigsrevisionen's examination shows that the patients have access to both ambulatory psychiatric treatment and psychiatric hospitalization, but that many of the patients experience waiting time and overcrowding. Overcrowding in the sense that there is less staff to care for the patients than planned and/or the psychical environment is not up to the intended standard.

Rigsrevisionen considers it important that the Regions continuously adjust their planning and initiatives within the psychiatric area, among other things, in order to minimize waiting times and overcrowding in the psychiatric wards.

Rigsrevisionen finds it positive that the Regions have taken a number of initiatives to reduce the waiting time and overcrowding in the psychiatric wards.

This overall assessment is based on the following factors:

The access to ambulatory psychiatric treatment is being reduced for many of the adult psychiatric patients due to waiting time for the first appointment where either the patient assessment or patient treatment is started. Data provided by two of the Regions indicate that the psychiatric patients may also experience long waiting times in the course of treatment. The Ministry of the Interior and Health is expecting to start monitoring of the waiting time for psychiatric treatment through the National Hospital Discharge Register in the course of 2011.

- On a country-wide basis 29 per cent of all psychiatric patients had as per 1 March 2009 been waiting for more than two months for their first appointment, where patients are either being assessed or treatment is started. Seven per cent of the patients had waited for more than six months. The waiting time indicated represents a snapshot of the situation as per 1 March 2009 and the length of time the psychiatric patients have been on the waiting list for their first appointment up to that date. The waiting time is not a reflection of the length of time that the patients are in actual fact waiting for their first appointment.

- In two Regions, the psychiatric patients also experienced long waiting times in the course of treatment either after the patients had been assessed (their illness had been diagnosed) or when they had completed the first part of their treatment. The three remaining Regions have not estimated the waiting times occurring in the course of treatment.

- Adult psychiatric patients' right to treatment was extended on 1 January 2010. According to the extended right to treatment, adult psychiatric patients are entitled to choose to have treatment at another hospital, with which the Regional Council has an agreement, when the waiting time for treatment in the patient's region of residence exceeds two months after receipt of the referral, and if the waiting time at the hospital of choice is shorter than the waiting time in the region of residence.

- The Regions do not have any data on waiting times for patients that have been referred to private practicing psychiatrists or psychologists. The extended right to treatment does not comprise referrals to private practicing psychiatrists or psychologists. The regional board responsible for agreeing and approving salaries for employees in the five Regions has concluded an agreement, according to which patients in the future will be informed of the estimated waiting times for appointments with psychologists and psychiatrists on the website sundhed.dk. Provided that these waiting times are reflecting the actual waiting times, they will indicate to the Regions whether the length of waiting times is acceptable and thereby also, if the treatment capacity in the area is adequate. Information on the waiting times can also assist the patients and the doctors making the referrals in their choice of psychiatric facility.

- The Ministry of the Interior and Health monitors the waiting times for adults' access to psychiatric treatment through estimated waiting times presented on the website venteinfo.dk and through the snapshots of waiting times within the psychiatric area provided by the Regions.

- Rigsrevisionen has established that Bill no. L 178 of 26 March 2009 on the extended right to treatment for adults with mental health problems does not include any mention of the monitoring of the new right. The Minister has in a Government response of 16 April 2008 to Rigsrevisionen's report on maximum waiting times for cancer treatment stated that the comments to all new bills issued within the remit of the Ministry and establishing new rights for the citizens should include mention of the potential monitoring of the area. According to the Ministry this information could have been included as a supplement to the other information presented in the comments to Bill no. L 178.

- According to the Ministry, the data available on waiting times for psychiatric treatment, from time of referral to start of treatment, are at present not of a standard that can be used to produce reliable estimates of the waiting times and assess whether the objective of the right to treatment for adults with mental health problems is being achieved. In the course of 2011, when the quality of data is expected to warrant such a step, the Ministry will start monitoring the waiting times for psychiatric treatment through the National Hospital Discharge Register.

Psychiatric patients are generally hospitalized acutely. The patients have access to psychiatric hospitalization, but often under conditions characterized by overcrowding, meaning that the number of hospitalized patients exceeds the hospital's treatment capacity. Beds occupied by fully treated patients and unavailable beds have contributed to the overcrowding.

- Rigsrevisionen has established that generally the Regions are fulfilling their obligation with respect to compulsory admissions (i.e. admission of patients without their consent). Six per cent of all patient admissions were compulsory in 2007.

- In the period January 2007 – March 2009, all the Regions had treatment facilities that were overcrowded for at least one month. Furthermore, all the Regions have had treatment facilities that were overcrowded for more than six months and treatment facilities that have been overcrowded for more than three consecutive months.

- On a country-wide basis, treatment facilities were overcrowded for 18 per cent of the time that the patients were hospitalized in 2007 and 2008, which meant that there was less staff to care for the patients and/or the psychical environment was not up to the intended standard in these periods.

- In 2007 and 2008 some hospital beds were unavailable due to, for instance lack of personnel. The total number of unavailable beds in 2007 and 2008 corresponded to three and four per cent, respectively of the total bed capacity. Other beds were occupied by fully treated patients who were waiting for an offer from the municipal sociopsychiatry, for instance for supported accommodation. In 2007 and 2008, five per cent of all beds were occupied by fully treated patients and could therefore not be used for acute patients. These factors have contributed to overcrowding.

- Rigsrevisionen has established, cf. the agreement on the Regions' economy for 2009, that a committee is assessing the possibilities of promoting the municipal incentive to speed up reception of discharged patients. Having fewer fully treated patients in the Regions' treatment facilities will reduce overcrowding.

The information available to the Regions for the planning of treatment capacity within the psychiatric area is relevant, and the Regions should continue to adjust their planning of the psychiatric area on the basis of analyses and monitoring of the need for treatment.

- All the Regions have worked out a psychiatry plan setting the overall framework for planning and adjustment of the Regions' treatment capacity. The Regions have in various ways translated the psychiatry plans into strategies, objectives and action plans for the psychiatric area. The Regions' planning is, for instance based on knowledge of the development in available treatment resources and the future need for treatment.

- Rigsrevisionen finds it important that the Regions continue to use various forward-looking tools of analysis for the adjustment of the treatment capacity in the psychiatric area.

- The majority of the Regions estimate regularly the number of patients on waiting list and the number of patients that have been waiting for more than two months for their first appointment. In addition, all the Regions monitor or are expecting to monitor the actual waiting time from receipt of the referral to the patient's first appointment. Finally, the Regions also monitor the monthly occupancy rate in wards with inpatients on a regular basis.

- Rigsrevisionen considers it important that the monitoring of the patients' waiting time and the occupancy rates in treatment facilities with inpatients remain a priority for the Regions. The knowledge derived from the monitoring will provide the Regions with an opportunity to anticipate problems and implement actions to avoid long waiting times and overcrowding.

The Regions have introduced several initiatives to reduce waiting times and overcrowding in the psychiatric facilities.

- With respect to the adjustment of the treatment capacity in the psychiatric area, the Regions have introduced several initiatives to develop and expand the ambulatory psychiatry, including the outreach psychiatric programme. The development and expansion of the ambulatory psychiatry may contribute to reducing waiting times as well as the need for hospital beds in the psychiatric facilities. Besides, the Regions have converted general beds into specialized beds and established new standards for the treatment of the psychiatric inpatients, which may, among other things, reduce the length of time that patients need to stay in the hospitals.