



News Release

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Ontario Lacks Comprehensive Provincial Mental-Health Standards: Auditor General

(TORONTO) The number of people going to hospital emergency rooms with mental-health issues rose 21% in the five years to 2015/16, but Ontario does not have provincial mental-health standards for admission, treatment, and discharge for use by all hospitals, and currently there is no set timetable to create them, Auditor General Bonnie Lysyk says in her *2016 Annual Report*.

“Each specialty psychiatric hospital has created its own standards, which can differ from other hospitals in Ontario,” Lysyk said today after the Report was tabled in the Legislature.

“Most specialty psychiatric hospitals are implementing new treatment methods to better treat certain mental illnesses. However, there is no formal process to share these new treatment methods with other specialty psychiatric and general hospitals,” she added.

The four specialty psychiatric hospitals in Ontario are the only ones that primarily provide mental-health services, and they have about half the long-term mental-health beds in the province to treat people with the most severe or complex forms of mental illness.

“Wait times at specialty psychiatric hospitals increased between 2011/12 and 2015/16, with some patients waiting over three months to obtain treatment. People with the most severe forms of mental illness who do not receive timely and proper treatment are at a higher risk of harming themselves or others,” Lysyk added.

Other significant findings in the Report include:

- Unlike most other hospitals, specialty psychiatric hospitals are not funded based on the volume of demand for their services, and the Ministry does not collect or analyze relevant information on these hospitals to help them make funding decisions.
- Our review of patient files at two psychiatric hospitals showed that care plans were not always completed and updated on a timely basis.
- There were 134 fewer beds across the province between 2011/12 and 2015/16 for those with the most severe and complex forms of mental illness, including 32 fewer beds at specialty psychiatric hospitals. During this time, the percentage of repeat emergency visits within 30 days for substance abuse grew by 18% and for mental health issues by 9% provincially.
- About 1 in 10 patients in specialty psychiatric hospitals between 2011/12 and 2015/16 did not actually need specialty care, but these patients could not be discharged because accommodation was unavailable in community-based supportive housing or long-term-care homes.
- The shortage of available care across the province led to the province spending almost \$10 million in that period to send 127 youth to the U.S. for treatment.

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