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The Honorable John Yakabuski, Minister of Transportation
77 Wellesley Street West
Ferguson Block, 3rd Floor
Toronto, Ontario M7A 1Z8

Subject: MTO Physician Reporting Requirements

We are writing on behalf of members of the Early Psychosis Intervention Ontario Network (EPION). EPION provides training, support, and networking amongst the over 50 early psychosis intervention programs across the province that treat young people experiencing a first episode of psychosis and their families.

We are writing to express our concern regarding the terms of the new MTO Reporting Requirements under Subsection 203(1 or 2) of the Highway Traffic Act. We are concerned that the new requirements for mandatory reporting will have unintended consequences, as follows:

- 1) The over-reporting of people with psychosis. *It is important to note that the majority of patients who experience a first episode of psychosis can attain full recovery from their symptoms and may be 'currently' symptomatic for a short period of time only.*
- 2) Disengagement from early intervention treatment on the part of youth experiencing psychosis once they discover the new reporting guidelines.

The current legislation will mean everyone who seeks treatment who has or appears to have psychosis qualified only by "currently" and "acute" will have their license reported to the MTO.

Regarding the New Requirements for Reporting Psychiatric Illness

'Acute psychosis' is the only condition on the list with no qualifying indicators other than "currently". Patients with dementia have clear qualifying criteria: "Impairment that affects attention, judgment and problem solving, planning sequencing, memory, insight, reaction time or visual spatial perception **and** results in a substantial limitation of the person's ability to perform activities of daily living. Similarly, a patient with substance use disorder must experience "uncontrolled substance use disorder... **and** the person is noncompliant with treatment recommendations." However, the term "uncontrolled" is not an accepted medical term, and it is unclear whether mild or moderate substance use disorders are severe enough to meet the criteria for "uncontrolled."

Patients with "acute" psychosis would benefit from similar qualifying criteria adopted for dementia or substance use disorder.

Regarding the Diagnosis of 'Psychosis'

Psychosis is a vague term, according to the Diagnostic and Statistical Manual IV from the American Psychiatric Association: "The term psychotic has historically received a number of different definitions, none of which has achieved universal acceptance. The narrowest definition of psychosis is restricted to delusions or prominent hallucinations, with hallucinations occurring in the absence of insight into their pathological nature. A slightly less restrictive definition would also include prominent hallucinations that the individual realizes are hallucinatory experiences. Broader still is a definition that includes positive symptoms of schizophrenia... The definition used in earlier classifications was probably far too inclusive and focused on the severity of functional impairment, so that a mental disorder was termed "psychotic "if it resulted in impairment that grossly interferes with the capacity to meet ordinary demands of life"¹ Instead of clarifying the grounds for certification, the current mandatory reporting has vague indicators for conditions involving psychosis. Psychosis can be acute, sub-acute or chronic, but once again, the MTO has not explained what criteria determines "acute" psychosis versus "chronic".

Change in Requirement of Physicians

In the past, the MTO made the decision about the suspension of a license. At the time, the physician's responsibility was to provide the necessary clinical information to the MTO, which then determined whether the license was suspended: "if an individual is reported to have a clinical condition that is well controlled and the individual is under physician care, the ministry generally does not suspend the license. Where stability may be questionable, the ministry may request a follow-up medical information to confirm stability or requests the individual undergo a driving examination or other appropriate assessments." MTO Form for Section 203 of the highway traffic act.

Now, a report from the physicians is all that is required for the MTO to suspend a patient's license. This change in responsibility will contribute to distrust of physicians, disruption of therapeutic alliances and disengagement from treatment. It may take some time, but once the public becomes aware, EPION is concerned that people will refuse to seek care for fear of losing their license.

Finally, the criteria for reinstating a person's license after suspension needs to be outlined by the MTO. Early Psychosis Intervention programs would like to support the recovery of young people experiencing acute psychosis and reinstating a driver's license would be an important recovery goal that these services would like to support. However, the MTO will need to provide information about the processes and timelines for re-instating a driver's license. For example, what is the minimum period of mental stability required before the MTO will reinstate a person's license?

Recommendations

In summary, EPION would like to support clarity around the mandatory reporting requirements for psychosis. Driving privileges are an important contributor to autonomy and recovery for first episode psychosis patients, many of whom work or attend school. We hereby ask that the MTO address the following concerns about the new mandatory reporting related to acute psychosis:

1. The MTO issue additional qualifiers and indicators to prevent over reporting of patients with psychosis. Qualifiers similar to criteria used for substance use disorder and dementia could be applied.

2. The MTO identify additional assessment processes for cases where it is uncertain whether the individual meets criteria for reporting. More than just the physician input may be required in these cases.
3. The MTO provide information about the criteria, processes and timelines needed to help patients get their license back in a timely manner.

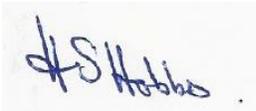
We appreciate this opportunity to advocate on behalf of patients followed at EPI programs.



Dr. Suzanne Archie, FRCP (C), EPION Research Chair



Sarah Bromley, OT, EPION Co-Chair



Heather Hobbs, RN (retired), EPION Co-Chair

1. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.

cc: Ontario Psychiatric Association (OPA)
Schizophrenia Society of Ontario (SSO)