Mapping service availability and capacity in rural mental health in Australia
(Global/local MH Atlas Project)

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The Essential Components of Care [ECC] Framework

Strategic goals (Australian Mental Health Service Jurisdictions 2015-2025)

- Rural MH services require *special* consideration and planning approaches
- Wider understanding of the precipitating factors: changing sociodemographics, environmental change and economic variables
- Correct inequities in resourcing of Rural MHS
- Special attention to ensure appropriate policy, planning and service development
- Adequate consultation with expert service users and providers
- Mapping for range of facilities and personnel required, including IT connectivity & eMH services
- Specific Peer Support and bicultural professional positions in workforce for rural communities
- Retention of rural MH workers, including resident psychiatrists
Context Analysis

- Evidence
- Context
- Implementation

Expert Knowledge
Complex health systems: TOOLS & ANALYTICAL TECH.

Health ecosystems
Systems, subsystems, nested systems
Boundaries and Population determinants

Agents
Consumers Professionals, Teams, Organisations

Connections
Networks interactions

Frameworks
Models & Drivers

LOCAL ATLAS OF CARE
Jurisdictions
Context analysis
GIS

Epidemiology
Provision
Use

DSS
Taxonomies
Logic models
Conceptual maps

Interventions
Strategies
Social Networks

GIS
Epidemiology
Provision
Use

Australian National University
Main Problems when Assessing Services

**Commensurability:** Diff. units of analysis, lack of comparison like with like.
We cannot merge:
- Service Providers
- Clinical teams
- Interventions
- Activities

**Transferability and terminological variability:**
- Names of the services do not always reflect their main activity (Hospital – Outreach services - Crisis houses-medical homes)
- Names of same services vary across jurisdictions (Day care)

MH Atlas Solutions

1st We identify the minimal unit of production or care (Basic Stable inputs of Care-BSIC) or TEAMS

2nd We label them according to their Main Type of Care (MTC) they provide
THE INTEGRATED MENTAL HEALTH ATLAS OF WESTERN SYDNEY

RURAL

URBAN

THE INTEGRATED MENTAL HEALTH ATLAS OF THE FAR WEST

THE INTEGRATED MENTAL HEALTH ATLAS OF THE CENTRAL AND EASTERN SYDNEY PHN REGION

ANNEX 2: THE INTEGRATED MENTAL HEALTH ATLAS OF THE SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

The Integrated Mental Health Atlas of Western NSW

The Integrated Mental Health Atlas of Brisbane North

The Integrated Mental Health Atlas of the Capital Health Network

VERSION 1.0 for comment: May 30, 2017
How to read an integrated mental health atlas


OBJECTIVE: Complementary information to available reports and documents, description of the specialised system of public MH care using an international gold-standard, comparisons with other regions in NSW, other cities in Australia, other cities in the World, other models of community MH care. Combine with health indicators for modeling, benchmarking, efficiency and management.

STRUCTURE: Executive summary, Introduction, Method, Results, Discussion, Recommendations.

METHOD: Classification/taxonomy, glossary of terms, procedure, training material, practical examples, usability.

http://www.edesdeproject.eu/

RESULTS: Tables and spider graphs with information on: KEY SOCIAL AND DEMOGRAPHIC INDICATORS, MAPS, CARE AVAILABILITY, BALANCE OF CARE, PLACEMENT CAPACITY, WORKFORCE CAPACITY by target population and care subsystems (General MH, (Child and Adolescent), Older adults, (Drug & Alcohol), Transition, etc.

<table>
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<th>Provider</th>
<th>Name</th>
<th>Main Desde Code</th>
<th>FT (%)</th>
<th>Town/Suburb</th>
<th>Area of Coverage</th>
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<td>Woden area</td>
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</table>
Western NSW

Psychological Distress

Suicide

Disadvantage

Needing assistance
Western NSW

Geolocation of Teams providing different Types of care

Residential Services

Outpatient Mobile Care
Balance of Care

Workforce capacity

Workforce capacity
MENTAL HEALTH CARE

COMPARISON ACROSS RURAL & REMOTE AREAS

Global Rural MH Planning

PATTERNS OF RURAL MENTAL HEALTH CARE IN AUSTRALIA: WESTERN NSW & COUNTRY WESTERN AUSTRALIA

(Main Types of Care per 100,000)
CARE PROVISION BY GROUPS OF MAIN TYPE OF CARE IN THE WESTERN NSW REGION

WNSW (without Far West LHD)
Pattern of MH Care

THE AOD PATTERN OF CARE FOR ADULTS IN WNSW
Availability of MTCs per 100,000 residents (>17 y.o)
RURAL vs URBAN PATTERNS OF MH CARE

THE MENTAL HEALTH PATTERN OF CARE FOR ADULTS
Availability of MTCs per 100,000 residents (>17 y.o.)

- Barcelona
- Bilbao
- Helsinki
- Greater Sydney

R HIGH INTENSITY NON-HOSPITAL (Hostel)
R ACUTE HOSPITAL (acute ward)
R NON-ACUTE HOSPITAL (subacute ward)
R ACUTE NON-HOSPITAL (acute crisis home)
R NON-ACUTE HOSPITAL (non-acute crisis home)
R OTHER NON-HOSPITAL (supported accommodation, group homes)
R ACUTE HOSPITAL (day hospital)
R NON-ACUTE HOSPITAL (day hospital)
R OTHER (other)

[Diagram showing various mental health care patterns in rural and urban settings, with different types of care facilities and accessibility.]
A SYSTEM GAP ANALYSIS DOES NOT IMPLIES SOLUTIONS: IT ONLY GENERATES NEW GUIDED QUESTIONS:

STOOL MODEL
COMMUNITY MENTAL HEALTH CARE

Day Care

Outpatient Care

Community Residential Care

Hospital Residential Care

Robustness of the mental health local system

Care integration at local level

..... AND ADDS KNOWLEDGE ON THE LOCAL SYSTEM FOR DECISION MAKING
- WESTERN SYDNEY: Problem in the structural organisation of service availability
- FAR WEST (rural): Problem in the workforce capacity of the local MH system
GLOBAL STRATEGY ON URBAN MENTAL HEALTH CARE: iCIRCLE
GLOBAL STRATEGY ON RURAL MENTAL HEALTH CARE?
Health ecosystems research is a priority in Rural Health Policy

Rural health care is intrinsically different from Urban health care

An international framework of Rural MH care should be developed including global/local key performance indicators relevant for rural and remote areas

Equity analysis requires benchmarking and international comparisons

Common patterns can be identified in rural health across different countries

Disparities exist even in jurisdictions within the same state

Disparities exist in the patterns of health care in related areas (MH and AOD)

Differences in availability and provision can be quantified and modelled

NEED FOR A GLOBAL STRATEGY ON RURAL MENTAL HEALTH ?
Thanks!

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