A Tale of Four Cities: Analysis of mental health services across four Australian cities using the Integrated Atlas of Mental Health

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AUSTRALIAN ATLASES

URBAN

RURAL
Melbourne – South Eastern, Eastern

Sydney – Western, South West, Central & Eastern, North,

Perth – North & South Metro

Brisbane – North

Acknowledgements to Janet Hopkins, Alex Stretton, Mary Hackett, Marion Wands, Tanya Bell, Larisa McLoughlin, Allanah Byrne, Ana Fernandez, Calin Maas, Jim Gillespie, Danny Rock, et al
## Socioeconomic Factors in SEMPHN

<table>
<thead>
<tr>
<th>LGA</th>
<th>Single parent families* (%)</th>
<th>Homelessness (per 1,000)</th>
<th>Needing Assistance* (%)</th>
<th>Early School Leavers† (ASR per 100)</th>
<th>Unemployment‡ (%)</th>
<th>Income &lt;$400/wk† (%)</th>
<th>IRSD Score (Decile)†</th>
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**BRISBANE NORTH — PSYCHOLOGICAL DISTRESS — PERCENTAGE OF ESTIMATED POPULATION**

Areas of High/V High Psychological distress are areas with low IRSD scores.
SUMMARY OF SERVICE TYPES AND AGE GROUPS IN SEMPHN

414 Main Types of Care:
- 204 (49.2%) MH
- 79 (19%) Alcohol & Other Drug
- 131 (31.6%) Homelessness

Child & adolescent teams N=73 (18.0%)
Adults (and general) N=312 (76.8%)
Older adults, N=20 (4.9%)
Adult Residential Services

Eastern Melbourne Primary Health Network
Victoria

Sourced from: PHIDU 2017, ABS 2011, Service Location Data 2017 - ConNetica
BRISBANE NORTH — PLACEMENT OF RESIDENTIAL CARE SERVICES
Mental Health Services
Perth North PHN
Western Australia

A = Adult
C = Child, Youth and Adolescents
O = Older Adults

Sourced from: PHIDU 2018, LGA 2014, PHA 2016, Service Location Data 2016 - ConNetica
Adult Outpatient Services

Eastern Melbourne Primary Health Network
Victoria

Sourced from: PHIDU 2017, ABS 2011, Service Location Data 2017 - ConNetica
Mental Health Services
Non-Mobile Non-Acute Outpatient Services

Perth South PHN
Western Australia

A = Adult
C = Child, Youth and Adolescents
O = Older Adults

Source: PHIDU 2016, LGA 2014, PHA 2016, Service Location Data 2016 - ConNetica
Residential Capacity – 9 metro regions across Sydney, Melbourne, Brisbane and Perth

EMPHN (23.18)  (7.49)  (5.15)  (10.65)

Residential beds by Type per 100,000 Adults
PATTERN OF ADULT MENTAL HEALTH CARE IN BRISBANE NORTH

RESIDENTIAL CARE
- HIGH INTENSITY - e.g. CHIP Hostel
- OTHER (supported accommodation, group homes)

ACCESSIBILITY
- A Accessibility (Employment)
- A Accessibility (others)

OUTPATIENT CARE (SOCIAL)
- ACUTE NON-MOBILE e.g. social emergency room
- NON ACUTE MOBILE e.g. PHaMS program
- NON ACUTE NON MOBILE e.g. outpatient mental health centre

OUTPATIENT CARE (HEALTH)
- ACUTE NON-MOBILE e.g. emergency room
- NON ACUTE MOBILE e.g. assertive community treatment, home visits

HOSPITAL
- ACUTE e.g. acute ward
- NON-ACUTE e.g. subacute ward
- ACUTE e.g. acute crisis homes
- NON ACUTE - e.g. non-acute crisis homes

DAY CARE
- OTHER e.g. social club
- ACUTE MOBILE e.g. crisis home teams
- NON ACUTE MOBILE e.g. social enterprise

NUMBER OF MTC PER 100,000 INHABITANTS (ADULTS)
PATTERN OF ALCOHOL AND OTHER DRUG CARE IN BRISBANE NORTH
Pattern of AOD Care SEMPHN
Pattern of Adult Homelessness Services in SEMPHN

Pattern Of Homelessness Care
South Eastern Melbourne

RESIDENTIAL CARE

A: ACCESSIBILITY (Housing)

R: ACUTE (Hospital Ward)
R: NON ACUTE (Sub-acute Hospital Ward)
R: ACUTE Non Hospital (Crisis Accommodation)
R: NON ACUTE Non hospital

ACCESSIBILITY

A: ACCESSIBILITY (Care Coord)
A: OTHER (e.g. Rental Access Programs)

O: ACUTE Mobile
O: ACUTE Non Mobile

O: NON ACUTE Mobile (Outreach, Transitional Support)
O: NON ACUTE Non Mobile (onsite case management)
O: NON ACUTE Non Mobile HS (Health Clinics)

OUTPATIENT CARE

D: ACUTE Health Service (HS) (Day Hospital)
D: NON ACUTE HS (Day Health Centre)
D: WORK RELATED (Social Firm)
D: OTHER (Meals Programs)

O: ACUTE Health Services (HS) MOBILE
O: NON ACUTE Mobile HS (ED, ECT, Liaison)
O: NON ACUTE Mobile HS (Health Services)
Access to MBS mental health care: *those with the greatest capacity to pay & the least need, have greatest access*
SOME OVERALL TRENDS IN AUSTRALIA

**Mental Health:**
- **High reliance on**
  - Acute inpatient care
  - Non acute outpatient care (mostly mobile, low intensity in nature)
  - Accessibility – assessing and then trying to find services

- **Very low provision of**
  - Day programs – recovery, work, T&E
  - Other options for inpatient care out of hospitals
  - Child services
  - Transition to adulthood (headspace or nothing)
  - Older persons

**Alcohol & other Drugs**
- Less services for AOD than Mental Health – zero in outer metro
- Very few residential options
- Single digit AOD services for young people
- Very small AOD teams generally

**Other Observations:**
- Service utilisation data - inaccessible
- Outcome Blind – v poor outcomes data
- Poorly defined transitions to/from acute care
- Minimal regional or sub-region planning
- Short term funding of many community programs (> poor integration & variable quality)
Notable Similarities & Differences

Similarities

No national model of care evident
Services are concentrated in inner urban areas
Regions & sub-regions with greatest need have fewer residential services
High pop’n growth areas lack almost all types of services – chaos in areas like Casey, Caboolture, Rockingham
Lack of stable community managed services
The concentration of MBS service provision in areas of higher IRSD adding to pressures on acute & community care

Differences

Quality of care – where we can
Perth North & South have significant differences re accessibility
Sydney regions have a greater number of non-mobile outpatient teams – more efficient use of resources
The alignments of boundaries for acute & community MH teams
SYSTEMS THINKING IN HEALTH PLANNING

Source: Salvador-Carulla
An Ecosystem Transition Model – One system, one team

Collaborative Governance
LHD
PHN
VicPol
VAS
Hanover
DHHS
NGOs
Themes of Charles Dickens’ classic & the Atlas?

1. Resurrection and Death
2. Water
3. Darkness and Light
4. Social Justice – a warning to the aristocracy

“Crush humanity out of shape once more, under similar hammers, and it will twist itself into the same twisted forms. Sow the same seeds of rapacious license and oppression over again, and it will surely yield the same fruit according to its kind”
It is the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us … in short, the period was so far like the present

Charles Dickens, Book one, Ch 1, 1859.
In Mental Health Reform ...
Obsessive Optimism Disorder

Optimism

"Be Realistic"