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CREATING BETTER FUTURES

Atlas of Mental Health and AOD Services for Eastern Melbourne

Reading the Atlas – A Guide

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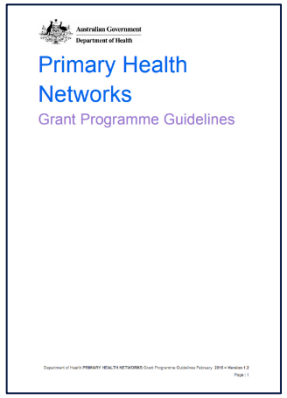
WHY AN ATLAS?

"It is not only important to know the numbers of services in each health area, but also to describe what they are doing and where they are located."

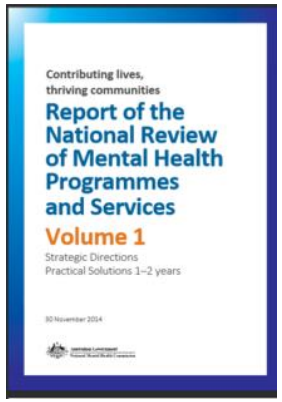
(Health Foundation, 2014)



The Department of Health …

"Description of service availability, gap analysis, and an action plan to address these gaps where needed."

(PHN Grant Programme Guidelines v1.2, 2016)



The National Mental Health Commission …

"Mental Health Networks, in partnership with Local Health Networks, should conduct ***comprehensive mapping of mental health services****, programmes and supports available in regional, rural & remote areas …"*

(NMHC Review, 2015)

EMPHN Atlas – For Comment

Structure

Executive Summary
- Key Findings

Framework
- What are Integrated Atlases?
- Context and Methodology
- DESDE-LTC Taxonomy
- Inclusion Criteria
- Development process

EMPHN Catchment

Description of the factors, indicators and regions examined in the Atlas including:
- Demographics
- Social determinants of health
- Socio-economic indicators
- Health and Mortality Indicators

Population Profile
- Statewide analysis in the areas described above

Australian Prevalence
- Mental health
- AOD

Victorian Prevalence
- Mental health
- AOD

Health Services
- Hospitalisations
- MBS funded services
- MHNIP
- ATAPS
- Local Hospital Networks

Mental Health Services in Eastern Melbourne –
- Stakeholders
- Consortia & partnerships

By Main Type of Care & Basic Stable Inputs of Care:
- MTC by age group
- Children & adolescents
- Transition to adulthood
- Adults
- Older Adults
- Health workforce

Patterns of Care – specific PHN represented as spider diagrams

National Comparisons:
- Western Sydney
- Brisbane North

Comparisons of Beds

– beds/100,000 pop'n

International Comparisons
- Helsinki, Finland
- Verona, Italy
- Hampshire, UK

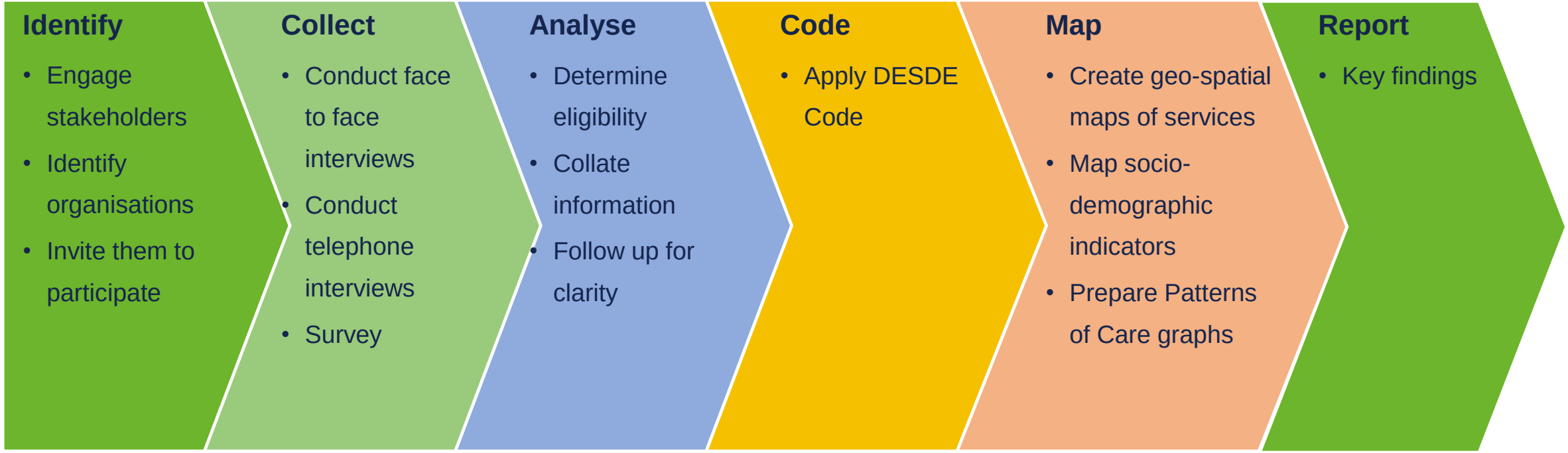
Summary

Limitations
- Organisational engagement
- Data collection in a time of change

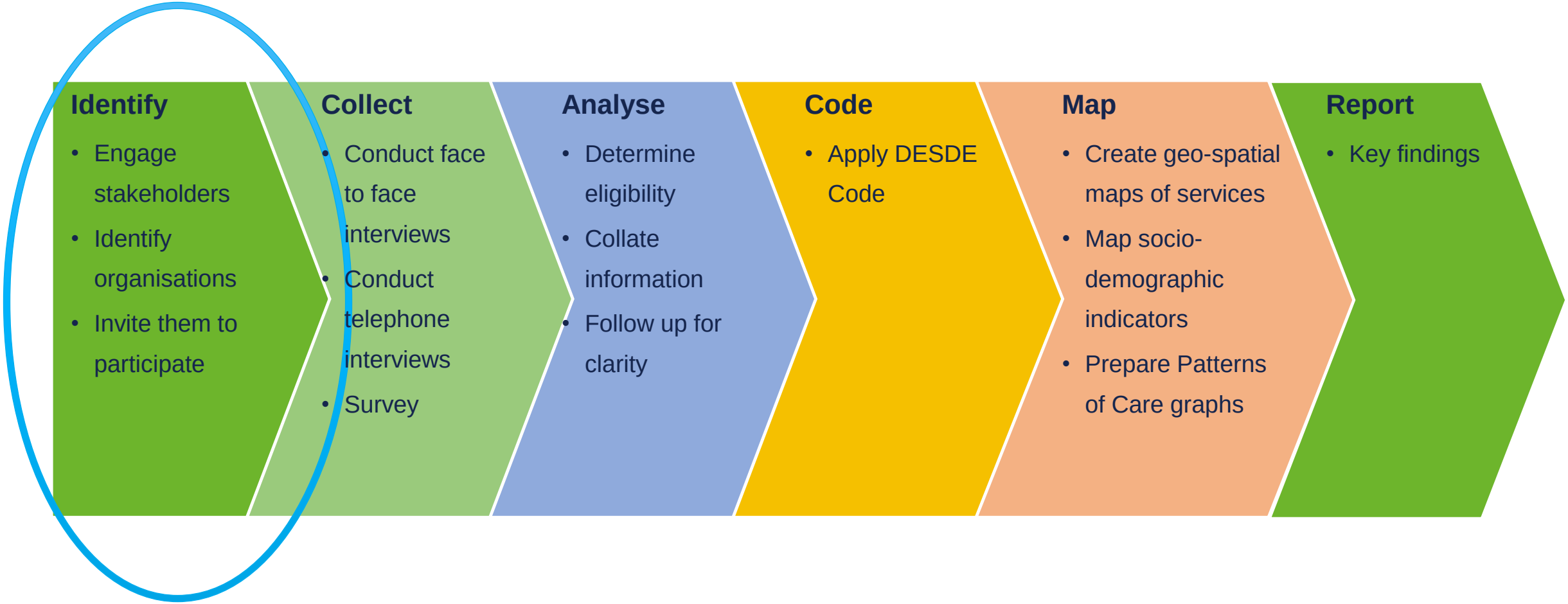
References

Appendix
- Services with insufficient information
- DESDE-LTC Taxonomy
- Participation stakeholders

Atlas Methodology



Atlas Methodology - Identify



Identification, Collection and Inclusion

- Organisations' names and contact details are collected from existing sources.
- Majority sourced from lists and databases held by the PHN/s.
- All identified organisations are invited to participate.
- The PHN/s also advertise on their website that the Atlas is being prepared and invite inclusion.

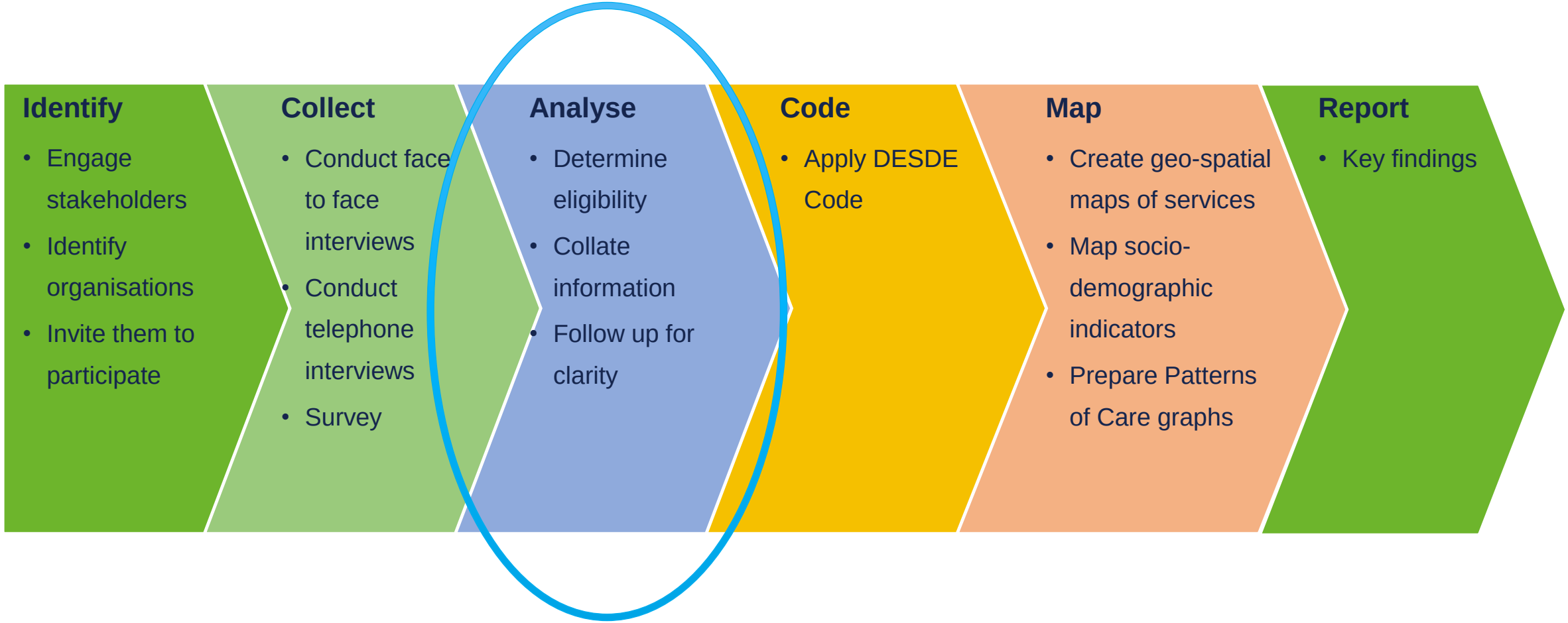
- It is not compulsory to
  - *Agree to be included, and/or*
  - *Provide all the details requested.*
- Why might a service be reluctant?
  - *Too many requests at once.*
  - *Not enough engagement at the start of the project to engender enthusiasm.*
  - *Fear that the information might compromise their situation at commissioning/funding time.*
  - *Concern over confidentiality and how the information will be used.*
  - *Time poor.*

- On average
  - *Of the total number of services in the region, approximately 85% are identified and invited to provide their details.*
  - *The missing 10 – 15% are generally new, small and/or niche and therefore not on the lists provided.*
  - *Of the number invited, approximately 70 – 80% agree to contribute.*
  - *The average number of organisations that provide staffing details = 50 – 60% of those that are included.*

Good news

With the launch, publicity and use of the initial Atlas, rates of inclusion will increase in following versions as the benefits of being included in the Atlas are realised.

ATLAS METHODOLOGY - ANALYSE



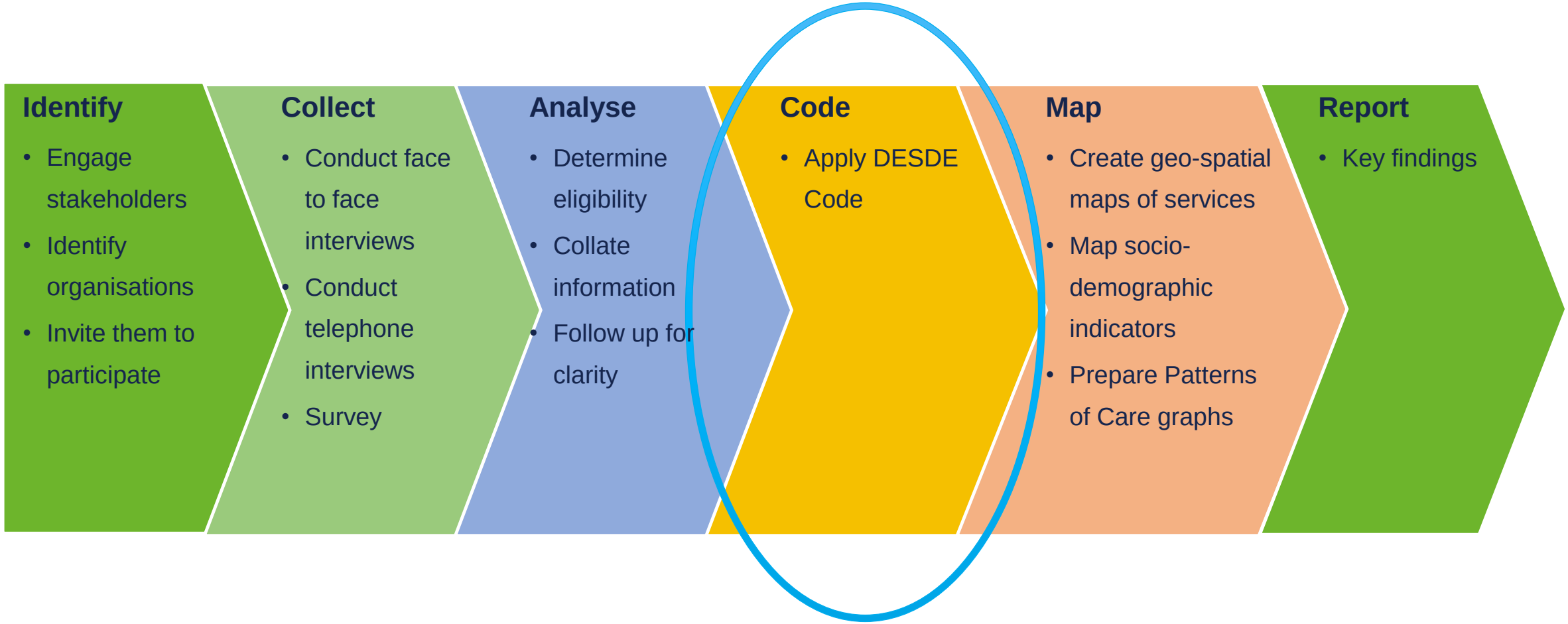
ELIGIBILITY

- **Specialised**
  - *Service must target people with a lived experience of the condition being mapped (Mental health and AOD in the EMPHN Atlases)*
- **Accessible**
  - *Universally accessible services.*
  - *Do not require payments by the consumer*
- **Stable**
  - *Has or will receive funding for three years unless a specific reason for inclusion (Code includes "v" qualifier)*
- **Located within region**
  - *Service must be located within the region being mapped or provides services to population within the region being mapped*
- **Direct care provision**
  - *The service must provide direct care/support to consumers*
  - *There must be some level of direct contact.*

WHY?

Because commissioning and planning decisions must be made on the basis of data that is long-term and represents the current and possibly future state of the region.

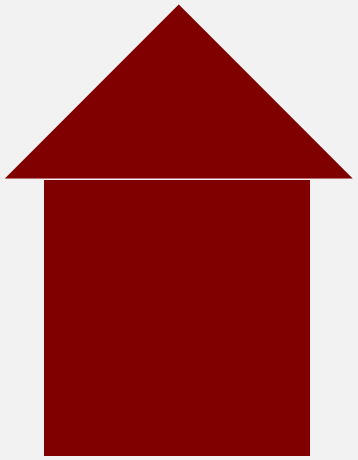
ATLAS METHODOLOGY – CODE



WHY CODE? WHY USE DESDE-LTC?

Because there is a problem with nomenclature…

1. Look at this shape



2. What do you see?

- A House?
- Cabin?
- Arrow?
- Rocket?
- Building?
- Pointer?

Let's say you see a House…

3. Is it….

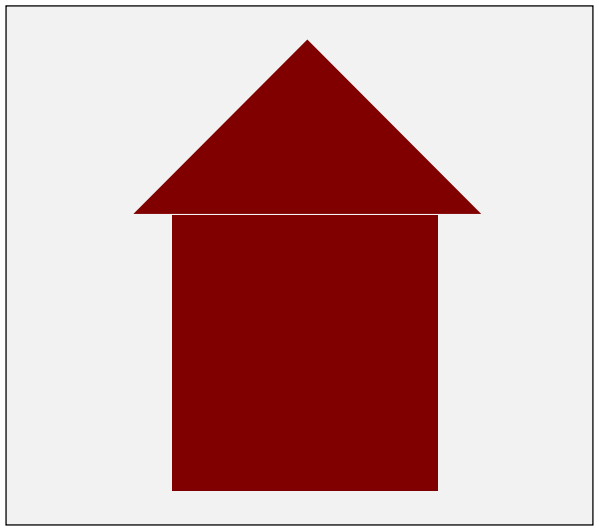
- 2, 3, 4 Bedrooms?
- 1, 2 Bathrooms?
- Wood, Fibro, Brick?
- On street parking, Single/Double garage?
- Single/Double storey?
- New?? Renovators delight?
- etc…

The example shows that if you do not have the right amount of information you really cannot say what this is

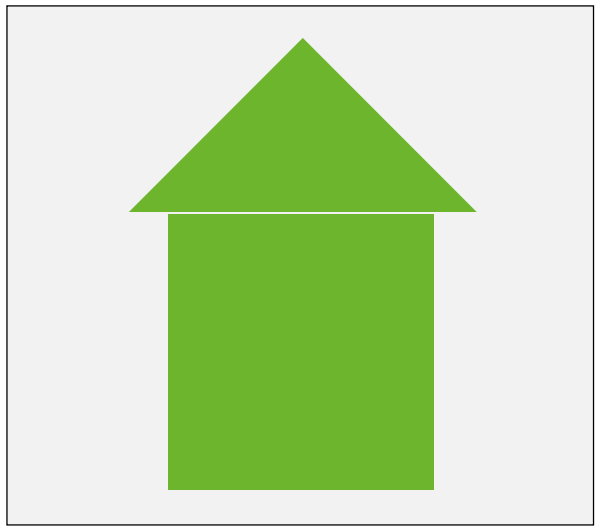
e.g. House? Arrow? Rocket? Size? Location? Purpose?

WHY CODE? WHY USE DESDE-LTC?

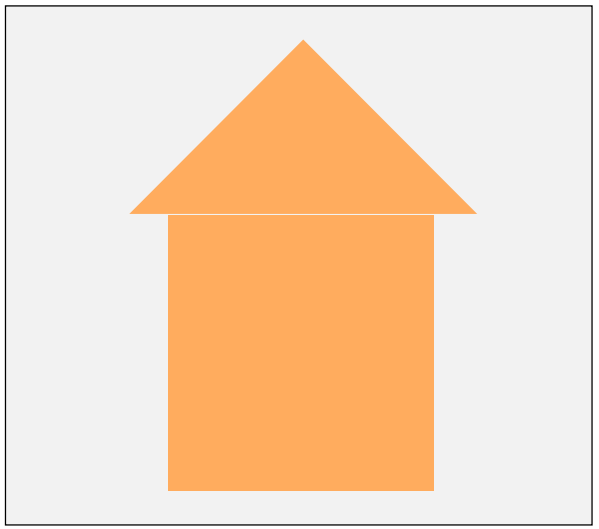
Although the description is different – these may all be the same.



Single storey brick house with 2 bedrooms



Home to suit a small family with low maintenance construction and ease of access



Solid renovators delight with opportunity to add bedrooms to suit large family

Imagine if this shape was a service and you had a name and a website with a description

1. On the website….

We care for anyone with mental illness.

Contact us for more information at

1234 1234

2. Perhaps ….

They are premises where children, adults and the aged who have a mental illness can go to receive treatment or support, such as case management or psychological support.

OR

They may offer activities that you can join with others.

OR

They offer residential services where care is provided by clinicians.

3. However…

In completing the interview and coding, it is identified that Hopeful Houses is:

- A group of volunteers that arrange coffee mornings at their homes with people with a mental illness
- It is primarily a service for people over 75 years of age
- There is no central location
- No professionals are engaged by this service.

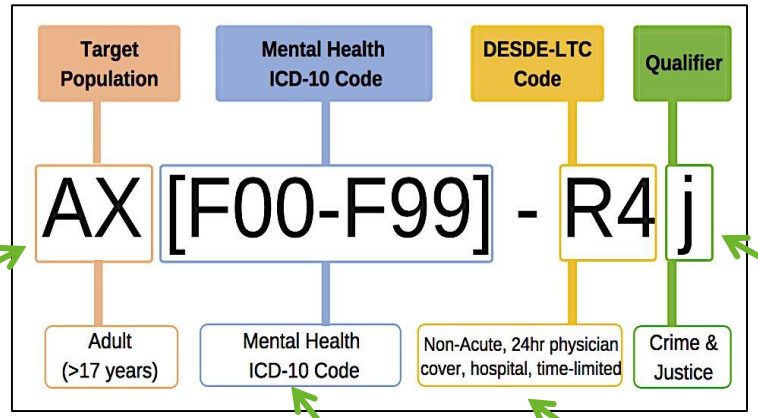
That is why the DESDE-LTC Taxonomy is applied to service mapping.

THE DESDE-LTC CODE

Description and Evaluation of Services and Directories in Europe for Long Term Care

- International taxonomy and coding system
- Analyses services based on:
  - Teams, and
  - Main Types of Care being delivered
- Each team's main care type is coded following comprehensive practices to ensure that patterns of care can be recognised and the function of the team is understood.

The Code-Components



Age Codes

GX All age groups
NX None/Undetermined
CC Only children (0-11 years)
CA Only adolescent (12-16 years)
CX Child & adolescents (<18 years)
CY* Adolescents and young adults (12-25 years)
TA Period from adolescent to adult (16-24 years)
AX Adults (18-65 years)
TO Period from adult to older adult (60-70 years)
OX Older adult (>64 years)

In analysis section, age codes are grouped as follows:
Children and adolescents (including young adults) - Codes CC, CA, CX, CY and TA
Adults (including services with no age specification) - Codes AX and GX
Older adults - Codes TO and OX

* CY is a new DRAFT code utilised in this Atlas based on the unique service characteristics in Victoria

Diagnostic Groups

F00-F99 All types of mental disorders
F10-F19 Alcohol and other drug disorders
Z59 Problems related to housing and economic circumstances
F5 Delirium due to known physiological condition
F20-F29 Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F39 Unspecified mood disorder
F43 Acute stress reaction
F50 Eating disorders
F59 Unspecified behavioural syndromes associated with physiological disturbances & physical factors
F63 Impulse disorders
F64 Gender identity disorders

Over 140 individu

R - RESIDENTIAL
The person sle
B20-B24 Human i
Z04.71/2 Enco
observation follo
Z20-Z29 Persons
Z65 Problems re

D - DAY CARE
The person spe

O – OUTPATIENT
Contact with the
Z70 Counselling
behavi

A – ACCESSIBILI
Access to care
access to employm
ICD-T Used where t

I – INFORMATION
Guidance/ infor
availability)

S - SELF CARE/V
Non-paid staff *(e.g. Alcoholic Anonymous)*

Qualifiers

a - Acute care (complimentary) - Used where acute care is provided within a non-acute, non-residential setting but does not fit the criteria for the addition of a second MTC

d - Domiciliary care - Denotes this service is provided wholly at the home of the service user

e - eCare - Includes all care services relying on telephone, modern information and communication technologies (ICTs) (e.g. telecare/telemedicine, teleconsultation, teleradiology, telemonitoring)

g* - Group - This DRAFT qualifier is applied to outpatient services that provide predominantly group activities and do not meet the criteria for a Day Care service (Typically 80% of their activity is through the provision of groups)

h - Hospital (Care provided in a hospital setting) - Describes non-residential MTCs ("O" or "D") provided within the hospital setting

j - Justice care - Describes BSICs whose main aim is to provide care to individuals in contact with crime and justice services

l - Liaison care - Describes liaison BSICs where specific consultation for a subgroup of clients from another area within the facility, e.g. mental health care to a cancer ward of a hospital

m - Management – Describes an MTC where management, planning, coordination or navigation of care a core part the provision of their outpatient care

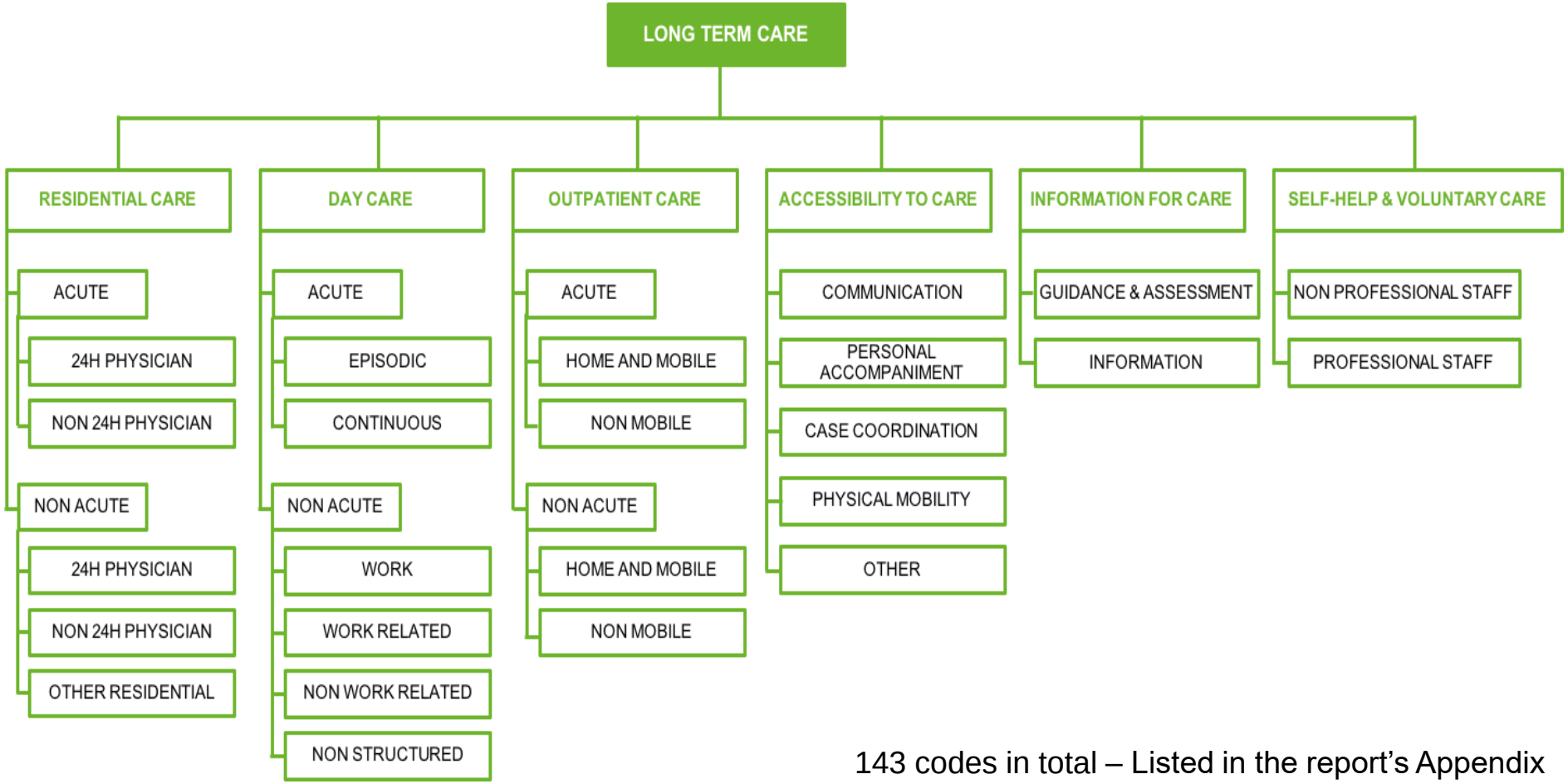
r - Reference – describes a MTC which operates as the main intake or referral point for the local area

s - Specialised care - Describes BSICs for a specific subgroup within the target population of the catchment area (e.g. eating disorders service)

t - Tributory – Describes an MTC that is a satellite team dependant on another main care team

v - Variable – Service is subject to strong limitations of capacity or fluctuations in demand

MAIN TYPES OF CARE - TAXONOMY

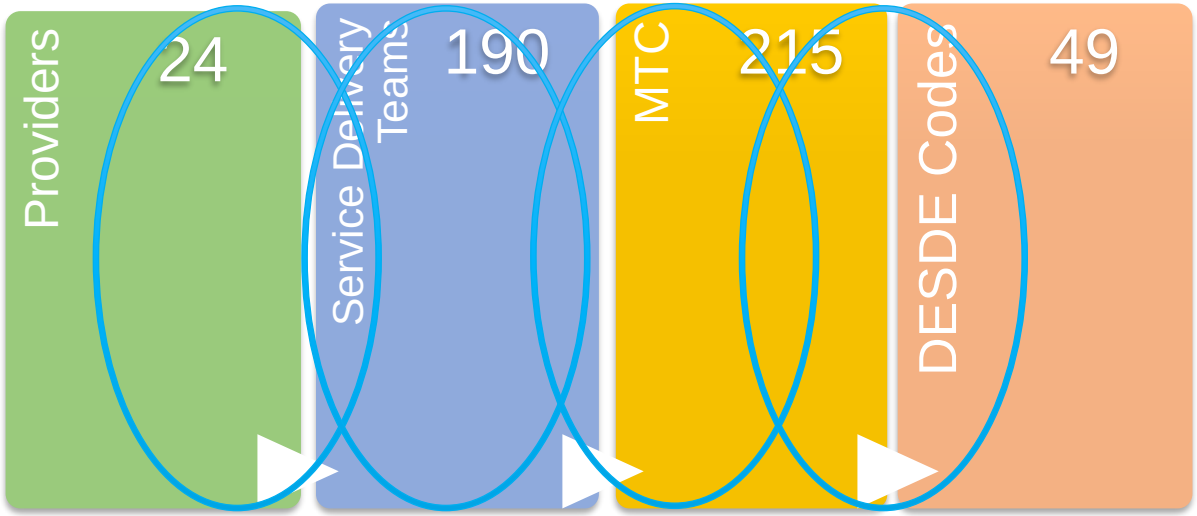


143 codes in total – Listed in the report's Appendix

EXAMPLES FROM THE ATLAS

Example	Age	Diagnostic Group	DESDE-LTC Classification	Qualifier
AX(F00-F99) – R2	Adults 18-65 years	All type of mental disorders	• Residential • Acute • 24 hour physician cover • Hospital based • Medium intensity	N/A
CY(F10-F19) – O7.2	Adolescents and Young Adults (12-25 years)	Alcohol and other drugs disorders	• Outpatient • Non-acute – Home and mobile • Low intensity • Other care	N/A
OX(F00-F99) – O5.1a	Older adult > 64 years	All type of mental disorders	• Non-acute • Home and mobile • High intensity • Health related care	Acute care is provided within a non-acute setting
GXIN(F00-F99) – O2.1e	All age groups IN = Indigenous	All type of mental disorders	• Acute • Home and Mobile • Limited hours • Other care	Care service relying on telephone, modern information ad communication technologies

THE REGIONAL SUMMARY



24
Number of Organisations identified whose teams are included in this Atlas

190
Number of Service Delivery Teams

(BSICs)

215
Number of Main Types of Care that these teams deliver

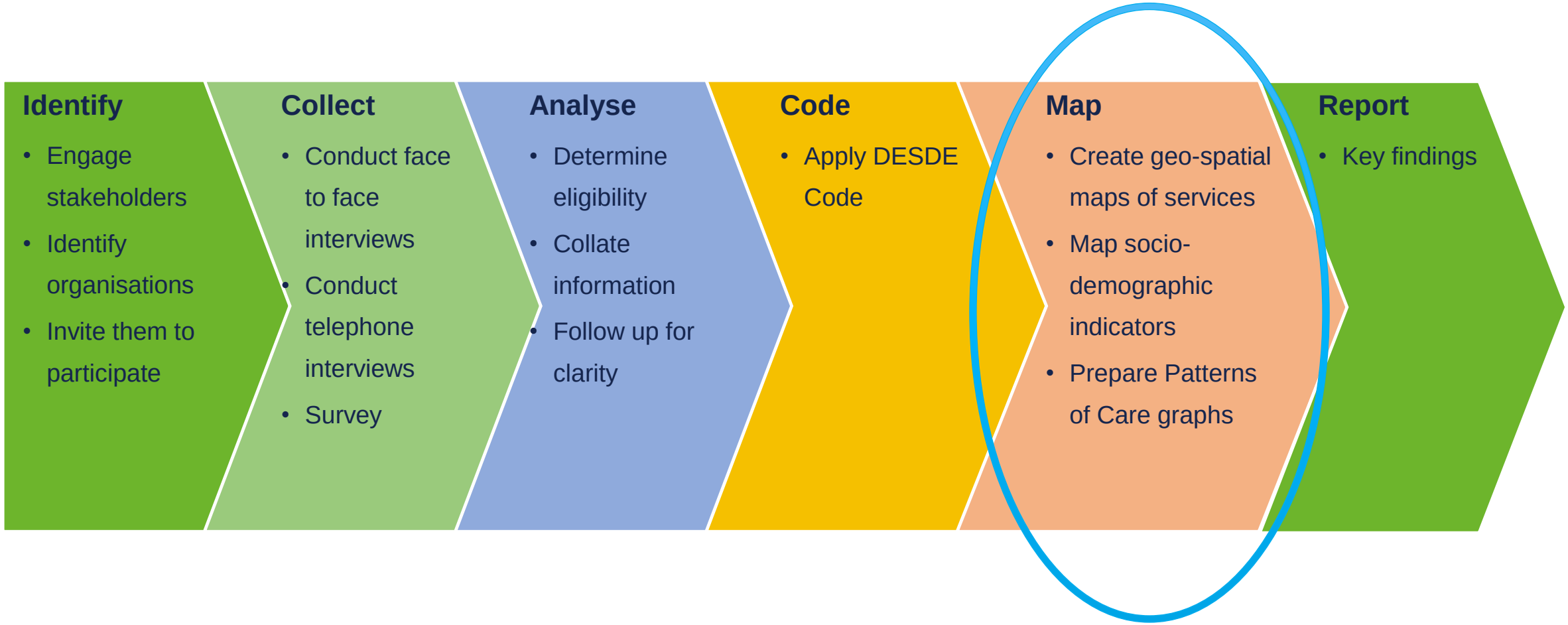
In this case, 87.9% of teams deliver only one main type of care

49
Number of different DESDE codes delivered by all the teams.

This is a measure of Diversity.

The higher the number, the more different types of services offered.

ATLAS METHODOLOGY - MAP

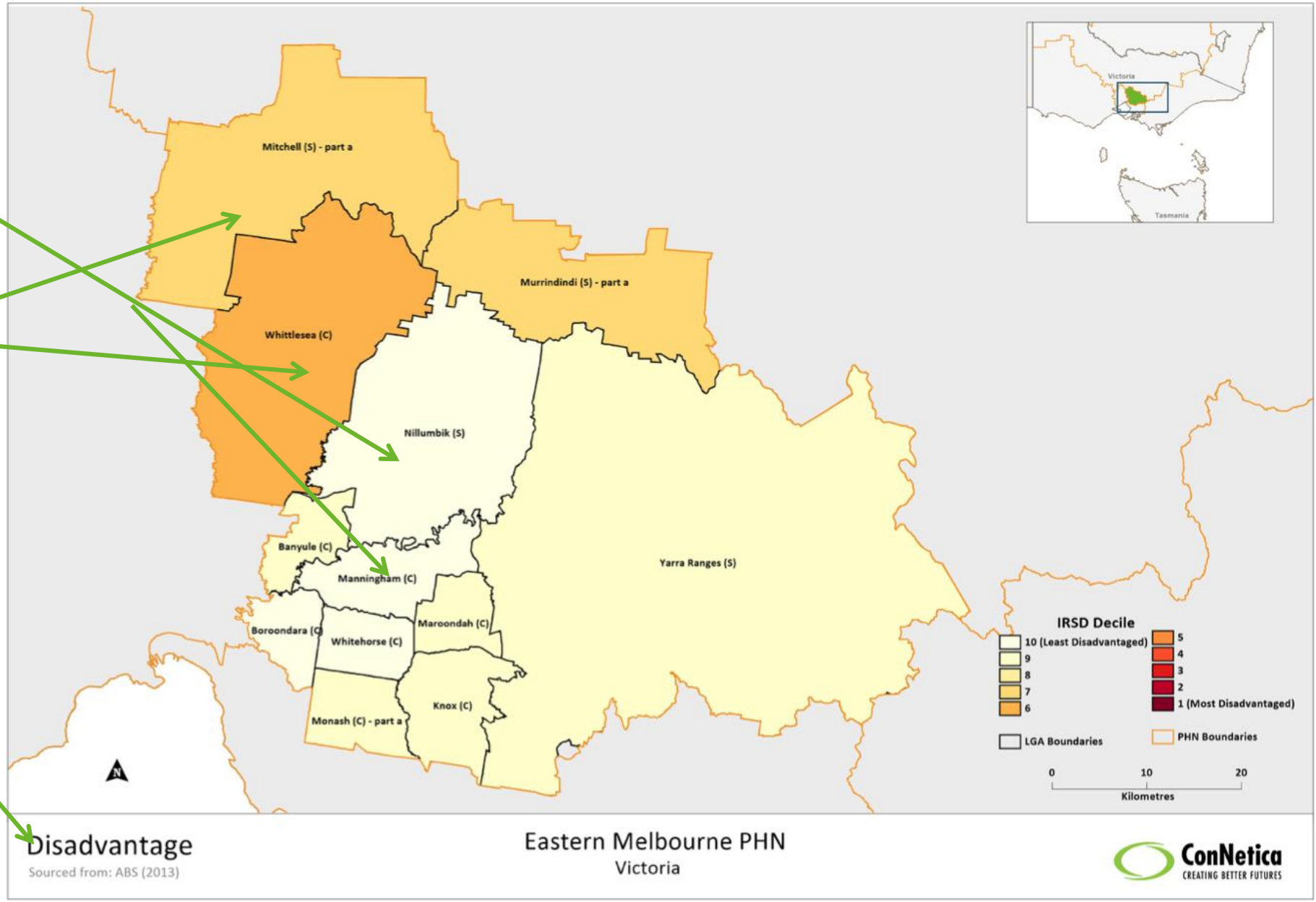


UNDERSTANDING MAPS – SOCIO-DEMOGRAPHIC

All maps use a consistent colour convention:

- Lighter area – less disadvantage/lower levels recorded
- Darker – More disadvantage

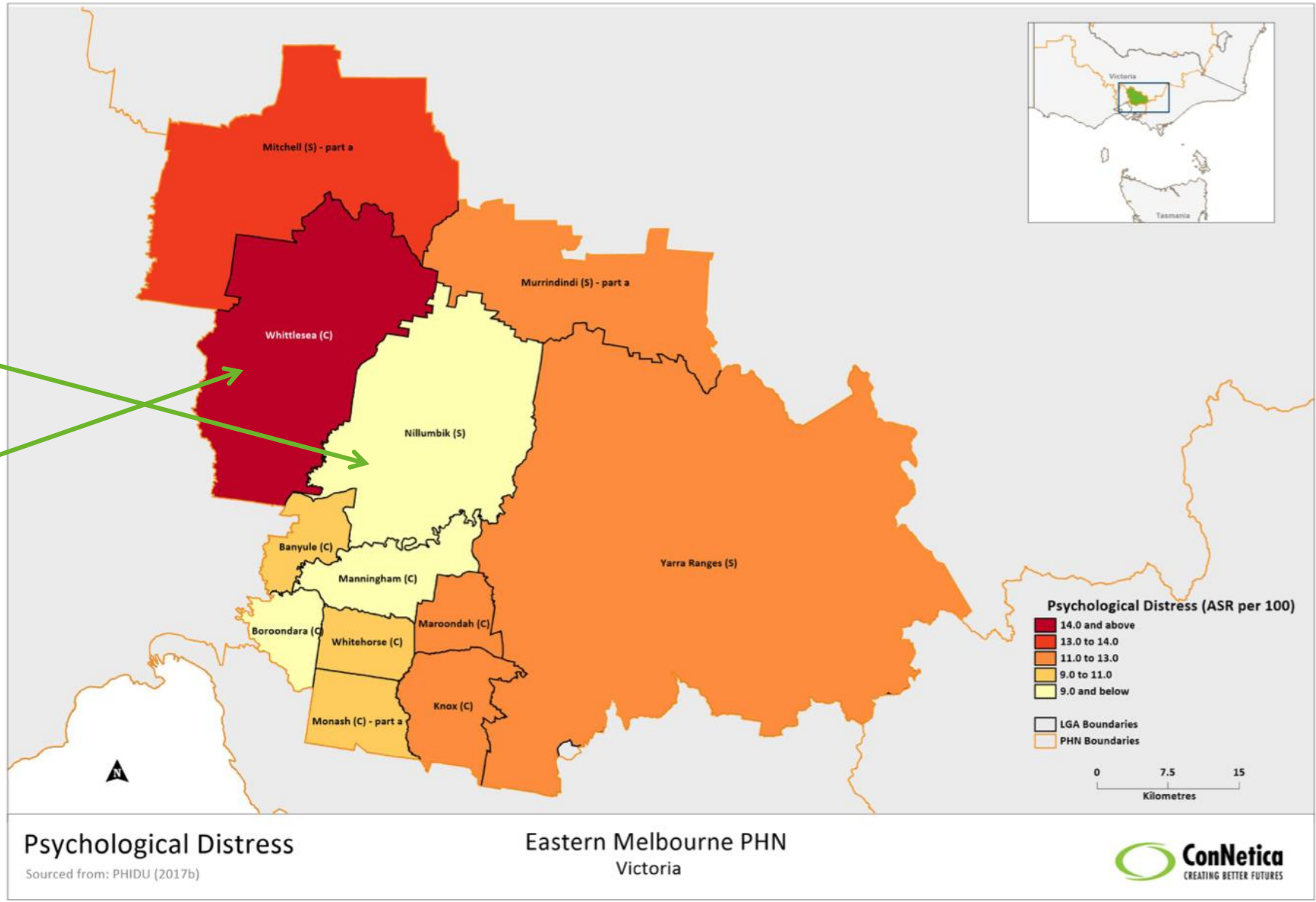
Sources of data are shown under the title.



UNDERSTANDING MAPS - HEALTH AND MORTALITY

As for socio-demographic maps. These maps use a consistent colour convention:

- Lighter area – less disadvantage/lower levels recorded
- Darker – More disadvantage



UNDERSTANDING MAPS – SERVICES

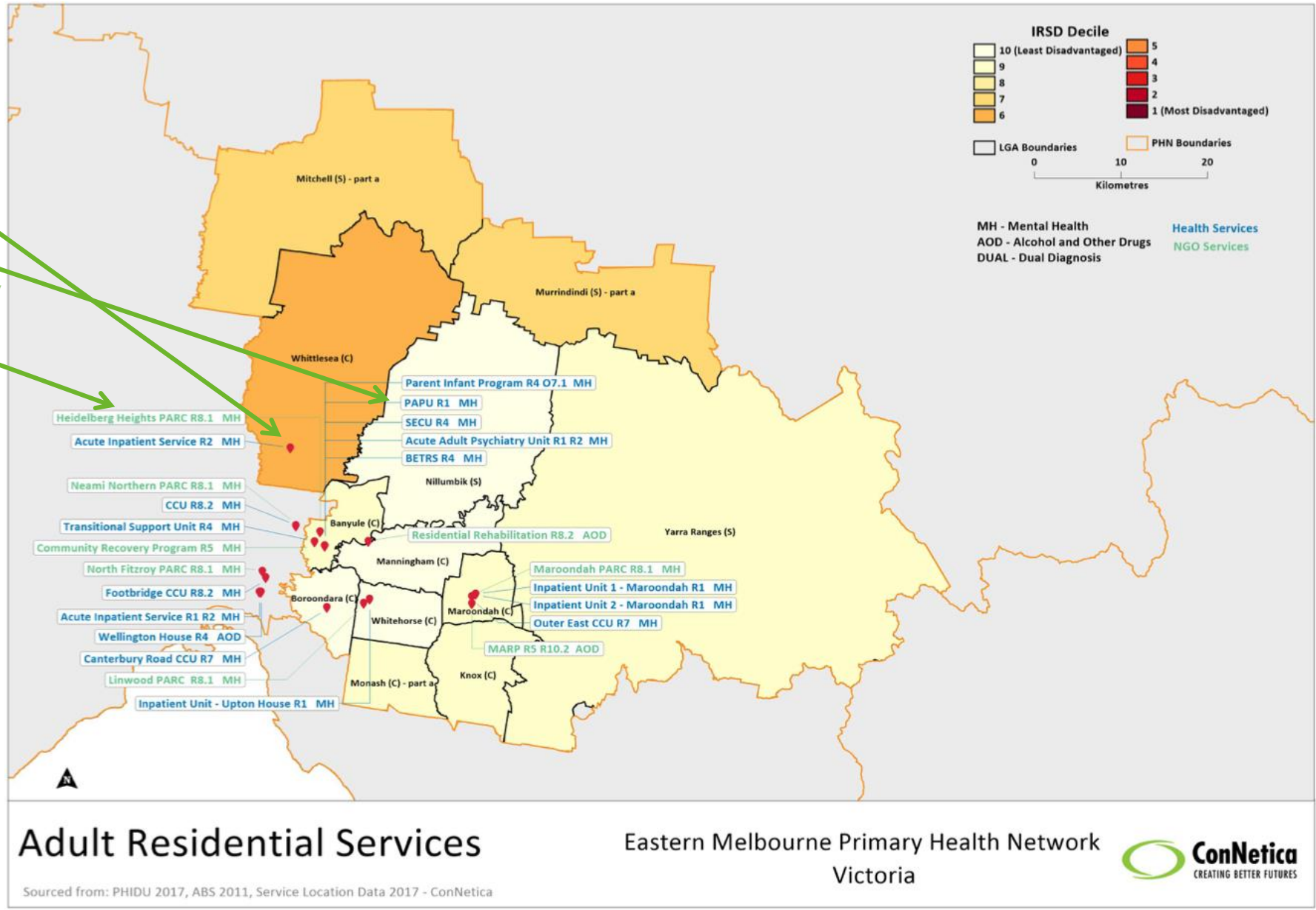
Each Red Pointer marks the location of the service

Each service is identified as follows:

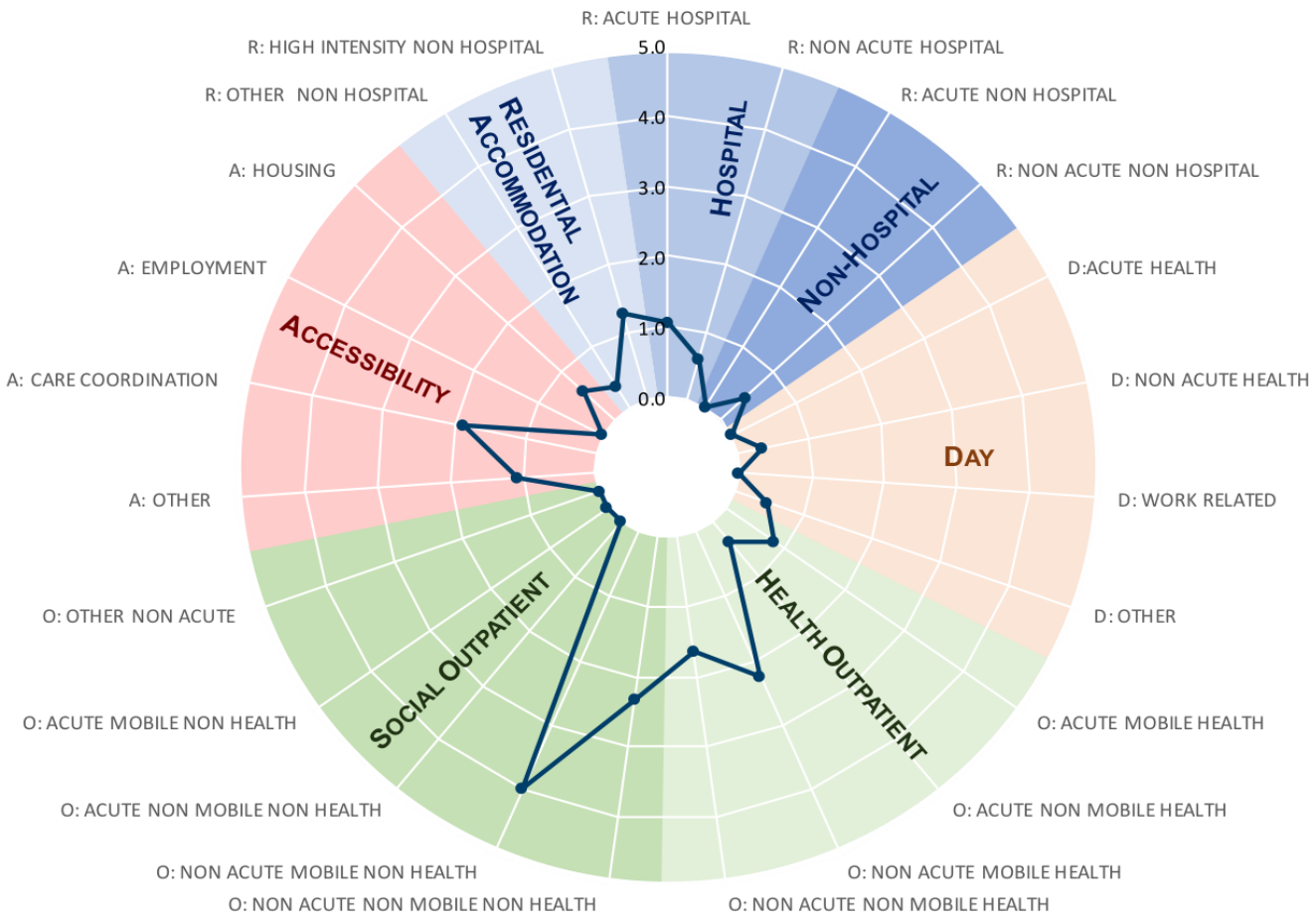
1. Type in colour:
   - **Health service** (Department of), or
   - **Other,** e.g. NGO, Community, Voluntary
2. Service/Team name
3. Level 2 DESDE code
4. Age group:

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

IRSD is represented on this map also to show where there is disadvantage and the services to support those with mental illness.



Understanding Spider Diagrams - Patterns of Care



Mental Health, AOD and Dual Diagnosis Pattern of Care for Adults in EMPHN (MTC per 100,000)

Why use a spider diagram?

It supports fair and equal comparisons of care types by presenting the type of care as a rate per 100,000 adult population rather than using other counts.

Can be used to show types of care both within the region and between regions.

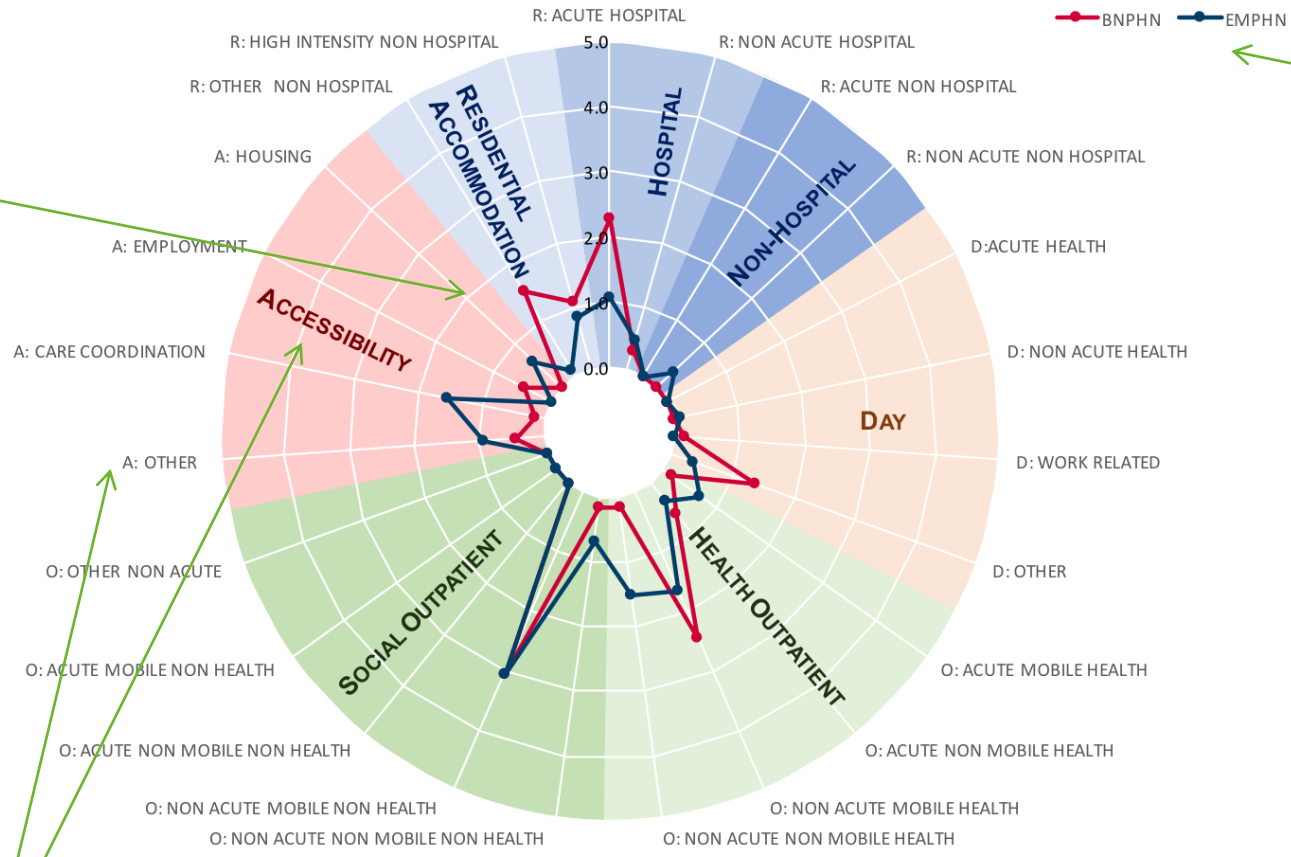
Understanding Spider Diagrams - Patterns of Care

Scale

Rate per 100,000 population of each care type

Near the Centre – Less teams/services of that type

Further out – More teams/services of that type



Legend

Indicates the areas being compared

Main Types of Care

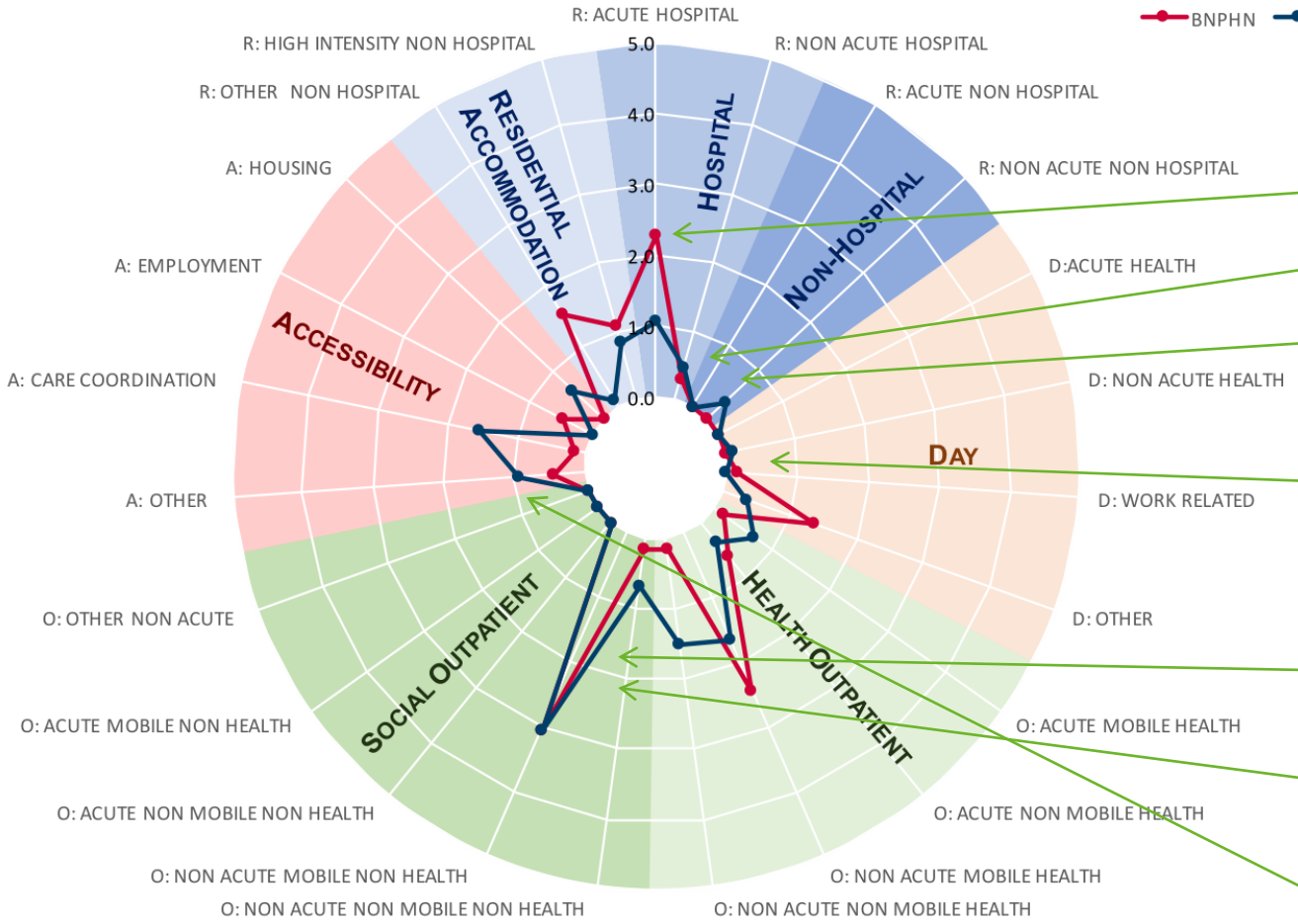
Levels 1 and 2

Each type of care has a specific colour

Patterns of Care - EMPHN & BNPHN

Name of the spider

WHAT DOES THIS SPIDER TELL US?



PATTERNS OF CARE FOR MENTAL HEALTH – BNPHN & EMPHN

- We are comparing the Patterns of Care in Brisbane North PHN (Red) with Eastern Melbourne PHN (Blue)
- Residential Care
  - Both regions deliver care in Acute Hospital Wards
  - Both regions have limited sub-acute and non-hospital residential care services
  - Very low levels of Non Acute & Non Hospital services
- Day Care
  - Almost no Day Care services identified in both PHN regions
- Outpatient Care
  - Highest type of care delivered in the region per 100,000 population
  - High delivery of Non Acute, Non Mobile and Mobile services in both regions
- Accessibility to Care
  - Greater levels of care coordination, housing and other accessibility services identified in EMPHN

The Atlas – Context

The Atlas itself is not an opinion piece – it represents ***a snap shot in time*** of the services and associated indicators that pertain to a chosen region.

The terminology used in the Atlas may not perfectly match Australian terminology – this is because of the nature of using an international coding system.

Patterns of care are not right or wrong – they just are a snapshot of data reflected as a spider.

The number of teams and types of care are not right or wrong – they are also a snapshot.

The Atlas does not provide an answer – it is a source of information to inform.

It is a building block in a knowledge base for planning – toward ***a decision support system.***

It will inform plans, assessments, other listings, new models of care and identification of change over a period of time.

However it needs to be utilised in context with other key planning information such as

- service utilisation
- resource availability
- future trend analysis
- financial analysis and forecasting
- political and organisational priorities, and most importantly
- ***Regional outcomes measures***.

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ANY QUESTIONS?

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THANK YOU