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Conference Abstract

Recovery in Mental Health in Western Sydney: Use of the Integrated Atlas of Care for context analysis and planning

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Abstract

Introduction: Evidence-informed services imply the use of evidence-based approaches, taking into account local factors. Within this context, Atlases of Health are essential tools for decision making and quality assessment. They include detailed information on social and demographic characteristics and health-related needs, as well as data on services availability and care capacity. Atlases of Health allow comparison between small health areas, highlighting variations of care, and detecting gaps in the provision of services. The 'integrated care model' is also changing the way health care should be assessed and planned. Hence, it is important to have a global picture of all the services available, regardless of which sector is funding them (i.e. Health, Social Welfare and Family, Employment, Criminal Justice). The holistic service mapping produced allows policy planners and decision makers to make bridges between the different sectors and to better allocate services.

Research Question: What is the mental health care gap in Western Sydney?

Methods: To map all the services for mental health in Western Sydney, we used the "Description and Evaluation of Services and Directories in Europe for long-term care" model (DESDE-LTC) (Salvador-Carulla et al., 2013). This is based on a taxonomy tree and coding system that allows the classification of services in a defined catchment area according to the main care

structure/activity offered as well as their level of availability and utilisation. We also used Geographical Information Systems (GIS) to inform locally relevant and equitable solutions for targeting health resources and services.

Highlights: A total of 113 services providing care were identified, 46% from the Public Health Sector and 54% from the Public Social Sector and the NGOs. Three main care gaps were found: 1) absence of high intensity day care; 2) absence of acute and non-acute residential care provided outside the hospital but with 24-h physician cover; and 3) absence of non-acute, 24 h support (but not medical support) residential care.

Conclusions: The analysis of the pattern of care provided in Western Sydney suggested that this is a reactive system, mainly based on short term programs, rather than a proactive system based on long term planning. A deep structural reform is needed.

Keywords

recovery; mental health; western Sydney

PowerPoint presentation

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