COVERAGE OF MINIMALLY ADEQUATE MENTAL HEALTHCARE OUTSIDE OF URBAN CITIES

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Objectives

The Issues:

- Geographic disparities exist in the Australian healthcare system, with services concentrated in urban cities
- It is unclear whether the quality of mental healthcare varies between urban and non-urban cities

This study examined whether:

- % Prevalence of depression and anxiety disorders in the past year;
- Rates of treatment-seeking;
- Levels of evidence-based care & minimally adequate doses of care
- Varied by urbanicity.

Methodology

Analysed the 2007 National Survey of Mental Health and Wellbeing to examine the relationship between:

Urban Cities 100K +

Versus.

Outside Urban Cities < 100K

(ABS Definition)

- % DSM-IV depression and anxiety disorders in past year
- ANY mental health consult in past year
- ANY EVIDENCED-BASED care:
  - Psychological inc. CBT, Psychotherapy; OR
  - Pharmacotherapy inc. antidepressant/mood stabiliser)
- MINIMALLY ADEQUATE DOSE OF EVIDENCED-BASED care (Based on Treatment Guidelines)
  - ≥ 6 CBT/Psychotherapy sessions of ≥ 30min with GP, Allied or Specialised mental health provider
  - OR
  - ≥ 1month Antidepressant/Mood Stabiliser & ≥4 MH consults

Implications

Rates of treatment seeking, receipt of evidence-based treatment(s); and adequate doses of these treatment is comparable between urban and non-urban cities. This is encouraging. What is not is that,

Treatment seeking rates; prescription of evidence-base treatments; and adherence to these treatments is suboptimal in Australia irrespective of urbanicity. These trends, in part, are responsible for the:

- Persistent morbidity and mortality rates associated with depression & anxiety;
- Unrealistic patient expectations regarding the benefits of seeking-help for their mental health problems; and
- The inefficient allocation of limited public healthcare funds.

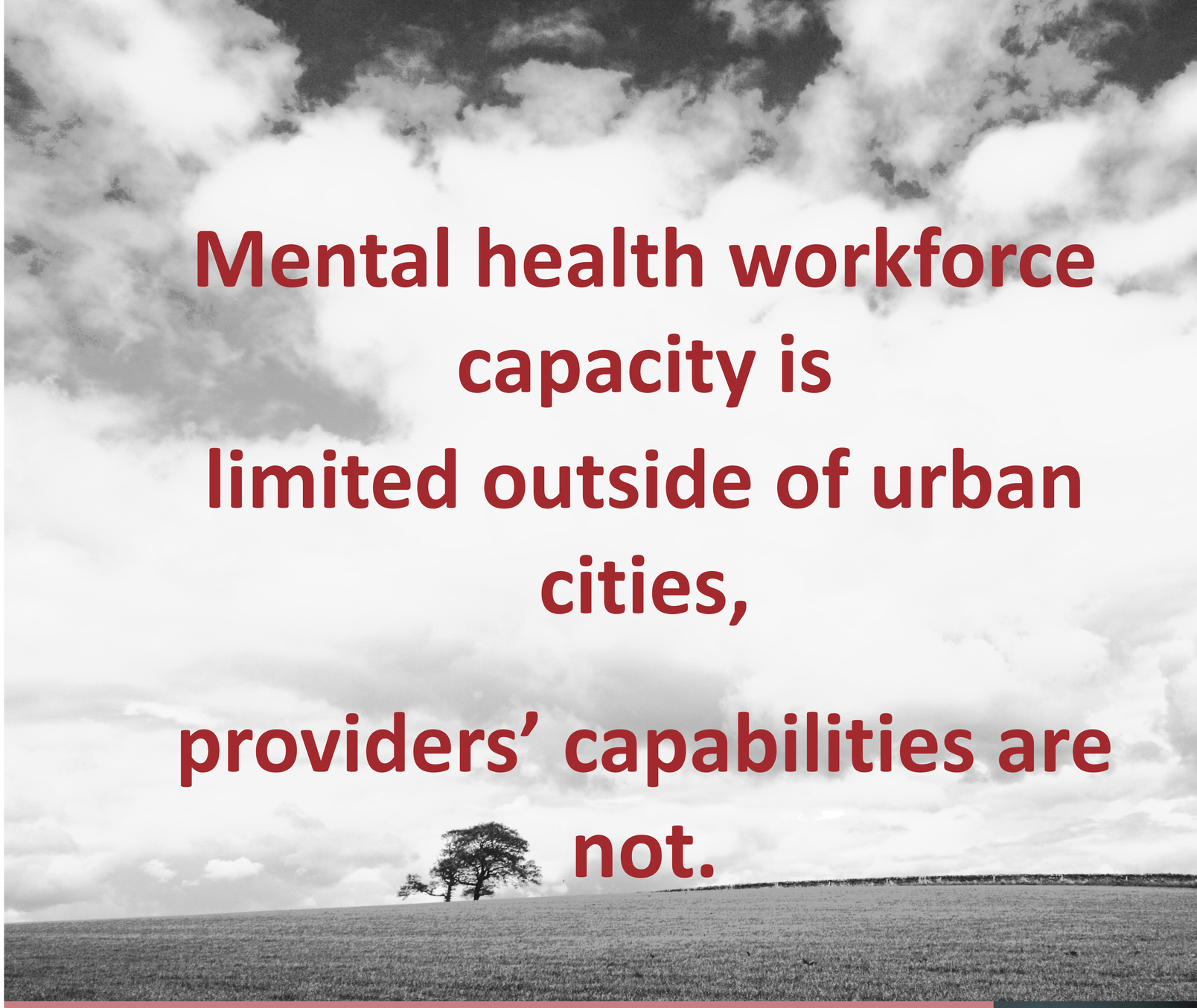
These data show that we need to:

- Recognise that despite geographical disparities in healthcare, providers outside of urban cities are providing evidence-based care of sufficient doses at rates comparable to those in urban cities;
- Increase public and practitioner literacy regarding evidence-based treatments and the need for sufficient doses of treatment; and
- Disinvest in inefficient, non-evidence-based mental healthcare options.

NSW Regional HEALTH PARTNERS

This project was supported by the Australian Government's Medical Research Future Fund (MRFF) as part of the Rapid Applied Research Translation program

Proudly funded by the NSW Government in association with: Central Coast Local Health District; Hunter New England Local Health District; Mid North Coast Local Health District



Mental health workforce capacity is limited outside of urban cities,

providers' capabilities are not.

Lessons Learned

- 14% of Australian adults were clinically depressed or anxious in the past year
- 43% sought help for these mental health problems
- 67% who sought help, received some type of evidence-based care
- 46% who sought help, received a minimally adequate dose of an evidence-based treatment
- Fewer mental health professionals are located outside of urban cities
- Yet rates of treatment-seeking, prescription of evidence-based care & coverage of minimally adequate doses of care are comparable between urban and non-urban cities