Salinas-Perez, J et al 2020 An international comparative analysis of the mental health care delivery system in remote areas: the Kimberley (Australia), Nunavik (Canada) and Lapland (Finland). *International Journal of Integrated Care*, 20(S1): A144, pp. 1-8, DOI: doi.org/10.5334/ijic.s4144

CONFERENCE ABSTRACT

An international comparative analysis of the mental health care delivery system in remote areas: the Kimberley (Australia), Nunavik (Canada) and Lapland (Finland)

2nd Asia Pacific Conference on Integrated Care, Melbourne, 11-13 November 2019

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Introduction: Remote areas hold specific local and structural conditions that affect care availability and access, such as geography, population characteristics and service provision. Care in these areas is frequently scarce and fragmented and they are difficult to compare with similar areas in the same country. In order to plan effective integration, it is first necessary to perform a comparative analysis of the delivery system. This study aims to analyse the adult mental health service provision in three remote areas across the world.

Methods: The study areas are the Kimberley (Australia), Nunavik (Canada) and Lapland (Finland) between 2018-2019. These areas are characterised by extremely low population density and high relative rates of indigenous population. DESDE-LTC system was used for the standard description of the service delivery system for mental health care, in combination with socioeconomic and health context analysis along with geographical maps.

Results: The areas are deprived within their national contexts. Kimberley and Nunavik have a similar remoteness and their population centres are mainly connected by plane. Road passage in Kimberley and Lapland varies according to the season. Mental health services are mostly provided from the public sector completed with non-profit organisations. Specific cultural-based services for indigenous people have been identified in Kimberley, while every service is targeted to this group in Nunavik and none in Lapland.

Kimberley has two specialised acute units in a general hospital. The consumers who require medium and long stay are referred outside of the area. There are no community residences in the area. Mobile outpatient services are more developed than in the other areas.

Nunavik has two psychiatric beds in two general hospitals, while severe cases are referred to Montreal. Two psychiatrists visit the hospitals once a month. There are also several community residential settings. The remaining services are not specialised and deliver mental health first aid.

Finally, a general hospital with one acute unit and two medium-long stay units is available in Lapland in addition to community residences. The care profile is completed with day care services, and balanced number of mobile and non-mobile outpatient care services.

Discussions: The mental health care in Lapland is self-sufficient and its care pattern is similar to other Finnish areas, while Kimberley and Nunavik are especial cases in their jurisdictions and depend on external facilities for severe and long-term cases. The nonexistence of day care provision in the latter areas seems to be related to the isolation and dispersion of the population centres.

Conclusions: Local contexts are essential in the study of mental health service provision. The knowledge provided may support decision-making for mental health policy and planning in remote areas.

Lessons Learned: So far, service provision in remote areas has not received much attention even though their especial psychiatric morbidity. It is necessary to take into account local context.

Limitations: Only universal access specialised services for adults have been studied. The results cannot be generalised to other remote areas with different characteristics.

Suggestions for future research: Analysis of relative technical efficiency, geographical accessibility and workforce capacity.