WHO IS ACCESSING BOTH MENTAL HEALTH AND DRUG AND ALCOHOL SERVICES? MAPPING THE OVERLAP TO IDENTIFY OPPORTUNITIES FOR IMPROVING SPECIALISED CARE.

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Introduction and Aims: Now, for the first time in NSW, new systems facilitate reporting of data from mental health (MH) and drug and alcohol (DA) services to a central location. The aim of this study was to link these datasets, investigate their overlap, and describe the characteristics and service-use patterns of people who use both services. Interrogating these data may identify opportunities for improving the effectiveness of services for co-occurring conditions.

Design and Methods: Retrospective linkage was conducted on the Minimum Dataset for Drug and Alcohol Treatment Services and the Mental Health Ambulatory, Admitted Patient (ICD-10 Codes F01-F99), Emergency Department, and mortality data collections covering 1 July 2015 to 30 June 2016. Three cohorts were formed: people who accessed, 1) only MH services, 2) both services, or 3) only DA services. A look-back period of five years was applied to examine patterns of service-use.

Results: Preliminary data are currently being analysed. Aggregated characteristics of de-identified individuals in cohorts 1, 2 and 3 will be compared and presented at the APSAD Conference.

Discussions and conclusions: Access to local- and population-level data will assist in the tailoring of state and regional service planning to specific locations rather than relying on state-based estimations and prevalence rates alone. It is anticipated that better understanding of service-use will also increase the capacity to attract specific investment or skills-development to relevant sections of the state, or to those caring for particular subgroups of service-users.

Implications for Practice or Policy: These findings will assist in aligning policies, procedures, skill-development and expenditure with specific locations rather than relying on state-based estimations alone.

Implications for Translational Research: The ability to more accurately target service planning could help services to develop responsive, integrated models that enhance the feasibility of delivering evidence-based care across multiple clinical settings.

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