

TECHNICAL BRIEF | VERSION 1.0.0

GMHCAAB 2027 and WHO Mental Health Atlas 2024

A patient-pathway measurement framework grounded in a 48-variable technical crosswalk

48

VARIABLES MAPPED

6

PATIENT-PATHWAY
DIMENSIONS

OPEN

CITABLE TECHNICAL
RECORD

PROPOSED CONTRIBUTION

WHO Mental Health Atlas 2024 provides the authoritative system baseline. GMHCAAB develops a complementary patient-pathway layer asking whether a defined person can begin a defined outpatient treatment pathway under specified eligibility, waiting-time, residual-price, geographic and digital-access conditions.

Why the distinction matters

National policies, resources and service activity can coexist with barriers at the point where a person seeks care. A pathway layer can make those conditions visible while retaining WHO indicators as the authoritative description of the health system.

5

EQUIVALENT

19

PARTIALLY
OVERLAPPING

24

DIFFERENT
OPERATIONAL LEVEL

Publication record

Publisher	Author	Chief Editor	Persistent identifier
AIHEM	Therapy Near Me Research Team	Dr Benedict de St Amatus ORCID 0009-0006-0552-8308	10.5281/zenodo.22167163

The measurement opportunity

The Atlas describes national system arrangements. GMHCAAB specifies additional observations at the point where a defined person attempts to enter and begin outpatient treatment.

Patient-facing question	WHO system baseline	Proposed GMHCAAB observation	Added analytical value
Can a defined person enter covered care?	Scheme inclusion and patient-contribution bands	Scheme-specific eligibility, referral route and treatment limits	Separates formal coverage from a usable entry pathway
How long until treatment begins?	Resources and service use; no harmonised pathway-time series	Request-to-triage, assessment and treatment-start intervals	Locates delay at the stage where it occurs
What price remains after an eligible benefit?	Contribution bands and expenditure context	Matched residual patient price for a defined service and vignette	Makes pathway-specific price exposure visible
Who forgoes care because of cost, wait or distance?	Selected service-use, coverage and survey context	Barrier-attributed unmet need with a compatible need denominator	Connects a specific barrier to non-receipt of care
Can people outside major centres reach care?	National workforce and facility rates	Subnational distribution, travel time and transport barriers	Separates national capacity from geographic reachability
Is telehealth practically obtainable?	National availability and use	Eligibility, residual price, wait, language, connectivity and appointment supply	Separates nominal availability from pathway usability

CENTRAL RESEARCH CONTRIBUTION

A reproducible patient-pathway layer linking formal system arrangements to the eligibility, elapsed time, residual price and geographic or digital conditions under which a defined person can initiate a defined outpatient treatment pathway.

Compatibility by design

- WHO-derived indicators remain attributed system context rather than rebranded GMHCAAB findings.
- Pathway measures remain distinct from treatment coverage and WHO household financial-protection indicators.
- Formal entitlement, listed price, residual patient price, price burden and realised access are treated as separate constructs.
- Domain profiles and evidence bands are preferred whenever a single ranking would exceed the precision of the evidence.

Method and open technical record

The crosswalk is designed so each decision can be traced, challenged and corrected before patient-pathway measurement begins.

Control	Implementation
1. WHO-first source hierarchy	Official WHO publications, indicator metadata, programme pages and data repositories form the controlling reference layer.
2. Indicator-level definitions	Each GMHCAAB variable is mapped to the relevant WHO construct, definition and operational scope.
3. Row-level correspondence	All 48 variables are classified as equivalent, partially overlapping or different, with the reason recorded.
4. Actionable disposition	Each variable receives a specific treatment: WHO context, retain, refine, optional module or source-level evidence.
5. Explicit evidence handling	Missingness, source conflict, exclusions and corrections remain coded and visible.
6. Reproducible release	The PDF, machine-readable crosswalk, source ledger, workbook, audit logs, citation files and checksums are versioned together.

Open record components

Review object	Format	Research use
Technical brief and full crosswalk	PDF	Concise proposition plus full 48-variable mapping
Crosswalk and data dictionary	CSV / XLSX	Machine-readable definitions, classifications and decisions
Source and audit record	CSV / XLSX	Source ledger, verification, conflict, exclusion, correction and version logs
Integrity and citation files	TXT / CFF / Python	Licence, citation metadata, manifest, checksums and repeatable release checks

Development pathway

Stage	Focus	Output
Stage 1 - complete	WHO crosswalk	Definitions, correspondence and source architecture
Stage 2 - next	Pilot specifications	Common pathway clocks, patient/service vignettes and evidence rules
Stage 3 - conditional	Comparable estimates	Country evidence packages where validation and comparability criteria are met

RELEASE BOUNDARY

Version 1.0.0 establishes the methodological crosswalk and open evidence architecture. Country estimates are separate empirical outputs, keeping conceptual mapping and country inference clearly distinguished.

Invitation for WHO technical input

Before pilot measurement begins, GMHCAAB seeks focused input on whether the terminology, indicator boundaries and correspondence decisions are compatible with WHO's current measurement architecture.

PRIMARY REQUEST

Would you be willing to identify any incorrect WHO terminology, misclassified equivalence or overlooked WHO indicator in the crosswalk - or refer us to the colleague best placed to do so?

Why this feedback would be useful

- Prevent duplication or unintended relabelling of WHO indicators.
- Improve compatibility between proposed pathway observations and established WHO definitions.
- Help prioritise variables that are technically suitable for pilot measurement.

Project status and materials

Item	Status
Publisher	AIHEM
Author	Therapy Near Me Research Team
Chief Editor	Dr Benedict de St Amatus - ORCID 0009-0006-0552-8308
Current release	Version 1.0.0 - 10.5281/zenodo.22167163
Available materials	Four-page brief, full 48-variable crosswalk, workbook, source ledger, data dictionary and audit CSVs
Funding and interests	Therapy Near Me staff time and publication infrastructure; organisational interest is disclosed in the open record

Independent global-health interest

On 24 August 2026, the NIH Fogarty International Center included GMHCAAB on its Funding News page and linked to the project. This is noted only as evidence that the work has attracted external global-health interest.

Open record and contact

Version DOI: <https://doi.org/10.5281/zenodo.22167163>
Research page: therapynearme.com.au/global-mental-health-care-access-and-affordability-benchmark-2027/
Research contact: admin@therapynearme.com.au

INDEPENDENCE

Independent project. WHO endorsement is neither claimed nor implied. Technical feedback may be limited to a single term, indicator boundary or crosswalk row.