



SUMMARY OF FEEDBACK

MENTAL HEALTH, DRUG
AND ALCOHOL FORUMS

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phn
COUNTRY SA

An Australian Government Initiative

Head Office
PO Box 868
NURIOTPA SA 5355

countrysaphn.com.au

SA Rural Health Network Limited trading as Country SA PHN
ABN 27 152 430 914

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Executive Summary

Between early April and mid-June 2016 Country SA PHN conducted extensive community engagement into mental health, drug and alcohol needs to inform its longer term planning. The engagement was undertaken via a series of forums commissioned by Country SA PHN and run by a professional, independent facilitator. A total of 409 participants attended 33 engagement forums across rural South Australia to provide their views on the following three questions:

- 1. What is your knowledge of what is available for mental health, drug and alcohol issues in your area?**
- 2. What is your view on the level of mental health, drug and alcohol services in your area?**
- 3. What are your thoughts on what needs to improve and how for mental health, drug and alcohol issues in your area?**

Consistently across all forums participants' views were focused on answering questions 2. and 3. combining comments on the level and what needed to happen to improve services across rural South Australia.

In particular, in the views of participants, a concerted effort to raise awareness of the availability and how to access services was needed to address a significant deficit that impinges on effective service delivery. A strong correlation was drawn between awareness and the need to have greater collaboration between services to improve efficiencies and remove duplication. Attendees were particularly concerned that the efficiencies of some agencies were lost due to duplication of services and processes.

The above comments link directly into recommendations for central coordinated information about the availability of services (by location and "what" services) for disadvantaged groups.

The rural communities raised concerns about the lack of rural long term rehabilitation services especially as transport to the city and resultant family disruption does not appear to be considered in service provision.

To support local communities, greater education on mental health and the impact of drugs and alcohol, was reinforced consistently across the forums indicating an opportunity to improve a primary health care approach.

The lack of a 24/7 service in rural communities was viewed as highly disruptive and an ineffectual way of providing mental health, and more so drug and alcohol services.

Key drivers of dissatisfaction with the current services were linked to an overall lack of sufficient drug and alcohol services, including a lack of early intervention programmes to prevent the number of crisis acute cases developing, excessive waiting times for intervention contributing to issues escalating, due to delays in treatment commencing.

Across rural South Australia there is a clear perception that overall accessibility to services for mental health and drugs and alcohol is lagging behind metropolitan Adelaide. While there was not an expectation that services should be of equal status to the city, the gap between city services and rural was unacceptable in the minds of the attendees.



Background

Between early April and mid-June 2016 Country SA PHN (CSAPHN) conducted extensive community engagement into mental health, drugs and alcohol needs to inform its longer term planning.

During that time, 409 participants from across rural South Australia attended 33 engagement forums. This was done to ascertain community views and priorities on the subject. Service providers to the primary health care sector represented 79% of attendees while community members represented 21% of attendees.

A total of 895 comments directly related to the questions posed at the forums were collected, summarised and reported back to Country SA PHN.



Methodology

Prior to the forums an online survey was conducted. This online survey was sent to service providers in the sector (mental health, drugs and alcohol) and 78 responses were received.

The results of this online survey were then summarised into a briefing paper for the forums and provided to the participants. To generate awareness and interest in the forums advertising was conducted throughout rural South Australia and people were invited to register via Country SA PHN's website.

The forums utilised a community engagement tool known as the Nominal Group Technique (NGT) which is a structured approach to small-group discussion to develop a set of priorities for action.

This technique was used to generate a lot of ideas and ensure all members were able to participate freely without influence from other participants and to identify priorities or select alternatives for further examination. The process was outlined to participants, so they had a sense of what was going to happen and didn't jump ahead of the process. The stages were:

- **Stage 1:** Silent Generation of Ideas in Writing
- **Stage 2:** Round-Robin Recording of Ideas
- **Stage 3:** Discussion on Ideas
- **Stage 4:** Ranking of Ideas
- **Stage 5:** Tallying of Ranking
- **Stage 6:** Review of Ranking

The forums were run with separate sessions for service providers and the general community in 18 locations across South Australia:

1. Berri
2. Ceduna
3. Clare
4. Jamestown
5. Kingscote (K.I.)
6. Maitland
7. Mount Barker
8. Mount Gambier
9. Murray Bridge
10. Naracoorte
11. Nuriootpa
12. Port Augusta
13. Port Lincoln
14. Port Pirie
15. Roxby Downs
16. Victor Harbor
17. Wallaroo and
18. Whyalla

At these 18 locations, 36 forums were planned (consisting of one service provider and one community forum at each location). Three cancellations occurred, including the community forum at Victor Harbor due to a competing community health meeting and both the community and service provider forums at Maitland due to a competing community health meeting.



This left a total of 33 forums conducted, with 25 completed using the nominal group technique as planned and eight conducted as small focused conversations due to low attendee numbers.

Participants were asked to respond to three questions:

- 1. What is your knowledge of what is available for mental health, drug and alcohol issues in your area?**
- 2. What is your view on the level of mental health, drug and alcohol services in your area?**
- 3. What are your thoughts on what needs to improve and how for mental health, drug and alcohol issues in your area?**

Participants could comment on any or all of the questions. All comments were written down and emerging themes posted, catalogued and then voted on to give a priority to their top five themes by location.

All comments made were then entered into raw data sheets collated by location, forum type (service provider or community) and priorities.

The data was then catalogued by the top five priorities at each forum location which generated a total of 125 priorities, 25 being the number one priority by location.

All data was then tabulated by most occurring, themes, count, and summarised.



Results

Number of forums: 33

Number of attendees: 409
(79% service providers / 21% community members)

Number of responses: 895



Top Ten Themes – All Data

The top ten themes that emerged from all recorded responses (listed by most to least responses) showed;

1. A desire for a strategy to **raise awareness of what services are available** and **how to access** these services. This was common between service providers and communities.
2. A strong recommendation for **greater collaboration between services** to improve efficiencies and remove duplication.
3. The **lack of long term rehabilitation facilities in rural SA** was seen to have a direct negative affect on treatment.
4. **Greater education** for both community and agencies (including schools) was encouraged for **greater understanding of mental health** (in particular) and drugs and alcohol and their impacts on society.
5. **24/7 access to services** was cited across rural SA as a high need as current services appear lacking outside “business hours” (i.e. Monday to Friday, 9am to 5pm).
6. Participants believed that the **coordination of services** (including information sharing) **would increase quality** of services, reduce duplication and provide more services overall.
7. **Lack of** drug and alcohol services was a **wide spread criticism** throughout the forums.
8. **A central access point for information**, online as well as paper based that was up to date was seen as a key driver for successful access into the system for getting the right service.
9. **Early intervention programmes** were seen to be **lacking** and a potential source to reduce the number of crisis acute cases developing.
10. **Waiting times** for intervention were considered **too long** and **contributing to issues escalating**, due to delays in treatment.



All Data Compared with Individual Sites

When this data is cross referenced with the number one priority items at **individual sites**, the themes **identified in both sets of data** were:

1. A desire for a **strategy to raise awareness** of **what services are available** and how to access these services. This was common between service providers and communities.
2. A strong recommendation for **greater collaboration between services** to improve efficiencies and remove duplication.
3. The **lack of long term rehabilitation facilities** in rural SA was seen to have a direct negative affect on treatment.
4. **Lack of drug and alcohol services** was a **wide spread criticism** throughout the forums.
5. **Greater education** for both **community and agencies** (including schools) was encouraged for greater understanding of **mental health (in particular) and drugs and alcohol and their impacts**.
6. **24/7 access to services** was cited across rural SA as a **high need** as current services appear lacking in services outside "business hours".
7. **Early intervention programmes** were seen to be **lacking** and a potential source to reduce the number of acute cases developing.

Significantly, 80% of the top ten items identified in the collective data were also cited as top priorities from the nominal group scoring process.



Top Five Priorities by Location

The top five priorities identified at each forum location were recorded and are reported below in order of priority.

Berri

Service Provider Forum

1. The highest priority identified was the domain of increasing psychosocial support services to assist in discharge support services to reduce the likelihood of readmissions. These feelings are in reference to mental health clients. This focus was further supported by a belief that more drug and alcohol services and access to rehabilitation was needed locally, linking the co morbidity of mental health and drugs/alcohol.
2. The forum believed that community education should be a high priority item, with the purpose of raising awareness of what services were available and to improve the understanding of mental health and drug/alcohol issues in the general community.
3. The services forum believed that expertise was needed and broadly spread across both the mental health and drug/alcohol services disciplines to provide continuity of services for the community.
4. There was a general consensus amongst the service providers that coordination between service providers particularly for severe cases of mental health/drugs and alcohol was inhibiting good service delivery and impacting on client outcomes.
5. With an understanding that mental health issues don't fit with an 'office hours' approach, access to realistic after hours services for mental health/drugs and alcohol identified the lack of services outside a Monday to Friday (9am to 5pm) timeframe.

Community Forum

1. The community forum believed that a rehabilitation centre and minimal delay entry criteria was critical to its success.

2. The community forum believed that expertise was needed and broadly spread across both the mental health and drug/alcohol services disciplines to provide continuity of services for the community.
3. Community members also felt that ease of access to knowing "what" services for "which" issues (mental health or drugs and alcohol) was a critical community consideration.
4. Similar to priority 2 with the services forum the community forum believed that community education to raising awareness of what services were available and to improve the understanding of mental health and drug/alcohol issues in the general community and improve equity in service delivery.
5. The community forum also made a special mention of the need to utilise community leaders in areas such as local council, sports coaches teachers etc. as a way to spread local knowledge on the pathways to access help for mental health / drug and alcohol issues.

Commentary

There was some convergence in thinking between the community and service providers in Berri, particularly around knowing how to get help and existing services being able to work collegiately with severe cases. The Berri forums demonstrated a high level of convergence on the values of having a clear map of existing services and how to access services in general. Additionally, the need to provide services that collaborated for the client's benefit was a constant theme throughout. Finally, community education (via various media) was identified as key in understanding mental health and drugs and alcohol services availability in the Riverland.



Ceduna

Services Forum

1. The participants at this forum felt that demand was outstripping the available mental health services. While drug and alcohol issues did not appear in this priority they were covered elsewhere.
2. A rehabilitation centre was cited by the service providers as critical to reducing the cost and family disconnection that potentially occurs when long distances to specialised services occur.
3. For similar reasons cited previously in priority two, supported accommodation was linked to the rehabilitation priority by service providers.
4. Interestingly, and not cited in any other of the forums, the need for additional male staff in mental health and drugs and alcohol services was viewed as a high priority at this forum.
5. Early intervention education programmes in schools was identified as a way to intervene in the development of attitudes to drugs and alcohol.

Community Forum

The Ceduna Community Forum did not have sufficient numbers to conduct a Nominal Group Technique exercise. A focused conversation was facilitated with attendees instead.

Commentary

The issue of rehabilitation centres, while not an area in which the Country SA PHN operates, is influencing local communities. Forum attendees had strong views on the value of early intervention in dealing with alcohol and other drugs services.

Clare

Services Forum

1. As with other forums, participants identified a lack of overall resources with drugs and alcohol services in the community. Mental health services did not appear to receive the same priority in the voting.
2. There was a high interest in improving community focus on wellbeing rather than what was termed a 'reactive medical model', i.e. deals with medical issues as they presented themselves.
3. Integration of drugs and alcohol services with mental health services at a State level was recommended as a way to have better service delivery and improve services overall.
4. The forum identified that the waiting times for psychology services were too long and impacted on good outcomes for clients and should be reduced.
5. Finally, the forum noted the need for youth friendly activities that improved wellbeing and increased employment opportunities.

Community Forum

The Clare Community Forum did not have sufficient numbers to conduct a Nominal Group Technique exercise. A focused conversation was facilitated with attendees instead.

Commentary

The forum in Clare focused more on overall wellbeing of the community and supported greater collaboration amongst service providers for the betterment of the community.



Jamestown

Services Forum

1. The need for clinical support to be flexible and accessible in its implementation was identified as key. This also included the need for individuals in more isolated areas to have access to services, particularly where services needed to share their knowledge across disciplines.
2. The difficulty of a part time mental health / drug and alcohol was expressed implying that a more permanent, and full time workforce was preferred.
3. Interestingly, whilst this forum had attendees from Jamestown, Clare, mid and lower north, and Peterborough, a lack of drug and alcohol services was only expressed for the Peterborough area.
4. Gaps in service delivery (as opposed to shortages) were indicated in the lower north and Yorke Peninsula.
5. The forum recommended an increase in promotion of available services as an effective preventative approach in mental health and drugs and alcohol.

Community Forum

1. The idea of the various service providers working in a greater collaboration for the community's benefit was highlighted as a key priority.
2. Health promotion and providing education to the youth about drugs and alcohol was seen to be necessary to dissuade traffickers.
3. Being a smaller community the role of the general practitioner was seen as not being able to deal with all of the drugs and alcohol support work in the community and recommended an increase in supportive services to their (GP) role.
4. The complexity of understanding the referral pathways combined with a perceived 'slowness' in their implementation warranted a more local presence of services according to community members.

5. Advertising of services to the general community to more effectively promote what is available was also identified as being important.

Commentary

Remoteness and the over reliance on limited resources, namely general practice in the provision of drugs and alcohol services, was a common theme amongst the community and service providers

Kingscote

Services Forum

1. A central source of mental health and drugs and alcohol services was identified as a priority
2. This forum identified that mental health services on the island were good overall, but that maintenance of these services was a high priority.
3. The need for a 24-hour service rather than a Monday to Friday 'office hours' model was preferred.
4. Psychosocial support was seen as important to both mental health and drugs and alcohol services and needed to support existing services.
5. The forum also identified that a specific service in family counselling was warranted.

Community Forum

The Kingscote Community Forum did not have sufficient numbers to conduct a Nominal Group Technique exercise. A focused conversation was facilitated with attendees instead.

Commentary

It appears that in general terms mental health services are adequate on the island. However, support services appear to be warranted to keep services functioning.



Mount Barker

Services Forum

1. A need for local and immediate crisis intervention was identified as the highest priority.
2. The need for fast and effective responses that are localised was also identified as being an important priority
3. Psychosocial approaches for clients was suggested (e.g. in the family situation) as being worth considering.
4. The need for seamless transition for clients through all levels of mental health care and, in particular, choice of provider was identified as being important.
5. Areas of improvement to services were recommended including better integration of state, federal and philanthropic funding, along with improved consultation, planning, partnering and service design.

Community Forum

The Mount Barker Community Forum did not have sufficient numbers to conduct a Nominal Group Technique exercise. A focused conversation was facilitated with attendees instead.

Commentary

The need for better linkages across service providers and improved communications was a prominent theme from the local community.

Mount Gambier

Services Forum

1. The need for more government funding was identified as the utmost priority.
2. Specialist service affordability (and cost in general) were identified as major issues for the community.
3. General consensus identified that most services were only responding to symptoms, and that root causes of the problems in drugs and alcohol needed to be identified.
4. Detoxification services for clients wishing to recover and reform, and family support (through the Mount Gambier Hospital) reflected high value for this issue.
5. Increasing the number of detoxification beds in the local hospital was also identified as being important.

Community Forum

1. The need for a high level of community and school education was identified as the highest priority.
2. This education should be extended to include the areas of mental health and drugs and alcohol specifically to support general health awareness education.
3. Specific reference was made to the need for face-to-face contact when clients are in crisis not just teleconferencing.
4. The introduction of a crisis centre for early intervention was identified as being critical to local needs.
5. Limited ongoing support and understanding for families and/or those experiencing mental health and drugs and alcohol problems was identified.

Commentary

The cost of services in this region and a perceived low level of service availability overall were two common themes identified by both service providers and the community.



Murray Bridge

Services Forum

1. It was identified that the sharing of information needed to improve, with various databases of client information not interacting and creating ineffective processes cited as examples as to why this is a priority
2. Centralising services was identified as being a beneficial approach to client needs.
3. The current funding model is seen as problematic and it was suggested that there should be a refocus on community health, mental health, and a withdrawal from the rigid activity based funding models.
4. Development of more community based support and broader long term collaboration across NGOs was highly valued in moving forward.
5. Too many 'little' services were seen as hard to find and problematic in the absence of a central health service precinct.

Community Forum

1. Attendees identified the fact that they believed not a lot of services are available, noting the gap between detoxification and rehabilitation services.
2. The one stop shop model of health care was seen as a very high priority.
3. Connected with priority 2. was the notion of reducing community costs for such a service.
4. The community felt the need for more funding specifically in the areas of health promotion, culturally appropriate services and collaborative approach to service delivery in general.
5. The lack of transport options between Adelaide and Murray Bridge was raised as a potential block to seeking appropriate city-based services.

Commentary

Greater collaboration amongst service providers and refining funding models were identified as being important by both the community and service providers. Centralised information systems and location for health care were also highly valued.

Naracoorte

Services Forum (in order of priority)

1. A higher level of prevention activities was identified as being a good investment, along with an increase in support workers to meet demand.
2. An increase in mental health community support was recommended.
3. A lack of drug and alcohol services in the upper South East was cited and linked to the closure of a previous rehabilitation centre in 2014. Subsequently, reinstatement of the facility was recommended.
4. The need for an increase in support for smaller towns in the South East entailing physical and telehealth services was identified to support existing services.
5. General Practice services were seen as expensive in the absence of any bulk billing clinics, and bulk billing was recommended as valuable to the community.

Community Forum

The Naracoorte Community Forum did not have sufficient numbers to conduct a Nominal Group Technique exercise. A focused conversation was facilitated with attendees instead.

Commentary

A strong sense of increasing community support and reducing costs for mental health and drugs and alcohol costs in general practice was indicated. Utilising telehealth technology was also seen as improving services in smaller towns.

Nuriootpa

Services Forum

1. The creation of a single point of entry to access mental health and drugs and alcohol services was identified as the priority cited as a 'clearing house' with knowledge to link patients to the right services the first time, and not a 'call centre'.
2. A lack of social work support to assist vulnerable people to navigate the system was identified as an issue.
3. Prevention strategies indicated by these participants included areas such as the development of safe communities, and education on mental health and drugs and alcohol.
4. Resourcing drugs and alcohol workers was a high focus noting that position vacancies in State Health were not being filled in what was deemed a timely manner.
5. Funding for the purposes of more counsellors and increased local training, and therefore removing the restrictions on the number of sessions for clients, was identified as being preferable.

Community Forum

The Nuriootpa Community Forum did not have sufficient numbers to conduct a Nominal Group Technique exercise. A focused conversation was facilitated with attendees instead.

Commentary

A single point of entry, and a no 'wrong door' approach to service provision along with adequate resourcing of staff were the main concerns identified at this forum.

Port Augusta

Services Forum

1. The provision of after-hours services (after 5pm weekdays and on weekends) was identified as a key priority.

2. The need for more specialists to be attracted to the area – both to ensure continuity and maintenance of services, was also identified as being important.
3. The provision of supportive accommodation was another area of need raised by participants.
4. Workforce was also listed as a priority, particularly general practitioners and additional support for general practitioners working in mental health.
5. The provision of sustainable funding across all sectors ranging from clinical to community was raised as another priority

Community Forum

1. The hours of service provision (after 5pm weekdays and on weekends) was seen as the top priority. The need for flexible and culturally sensitive services was also identified as an equal top priority.
2. Social supports for the community to reduce mental health and drugs and alcohol issues were suggested, including improving training opportunities for youth and expanding sporting facility hours of operation – the rationale being that these initiatives can positively impact on an individual's mental health.
3. Keeping the community mental health rehabilitation service open in Whyalla held a high value for this forum.
4. The need for a drugs and alcohol rehabilitation centre on the west coast was strongly supported.
5. Improving staffing levels for child mental health services was identified as an important asset for the community.

Commentary

After hours services was highly valued by both forums and seen as the highest priority. Workforce supply also featured highly for both groups and collectively has a direct impact on service provision to the local community.



Port Lincoln

Services Forum

1. The forum's highest priority was focused on affordable and bulk billed services for the community.
2. Sharing of information between service providers before, during and after treatment was identified as important to the effective delivery of services.
3. The need for early targeted intervention for high risk families, in particular for youth, was also identified as a priority.
4. Establishing a 'no wrong door' approach, while also raising awareness of available services and collaborating with community organisations was seen as an integrated way to improve services.
5. The concept of a services directory for services providers to streamline processes overall was suggested by the participants.

Community Forum

The Port Lincoln Community Forum did not have sufficient numbers to conduct a Nominal Group Technique exercise. A focused conversation was facilitated with attendees instead.

Commentary

This forum recommended a higher level of bulk billed services, linked to early intervention and the adoption of a 'no wrong door' approach to services delivery.

Port Pirie

Services Forum

1. The need for greater collaboration in systems integration to assist clients to receive more equitable treatment was identified as the key priority.
2. Early intervention targeted at schools and individuals was seen as the second highest priority.
3. The participants indicated their concerns that existing staff levels (DASSA referenced) were too few to meet demand and as a consequence many clients cannot be seen.
4. The need to undertake extensive service mapping was seen as a way to improve access for clients.
5. Participants indicated that current services are too stretched, activity based programmes are limited and that the need for clients to be able to self-refer where ever practical exists.

Community Forum

The Port Pirie Community Forum did not have sufficient numbers to conduct a Nominal Group Technique exercise. A focused conversation was facilitated with attendees instead.

Commentary

The attendees at this forum viewed greater collaboration as a preferred way to improve service delivery. However, it was also indicated that current staffing levels in general would challenge the ability to undertake such collaboration.



Roxby Downs

Services Forum

1. Drugs and alcohol contributing directly to domestic violence, and therefore a need for crisis accommodation and group support formation to deal with the issue, was identified as the top priority.
2. The need to increase visiting psychologists and establish a regular visiting schedule for mental health issues was raised.
3. Continuity of care was identified as still requiring attention particularly in having open disclosure between service providers.
4. A lack of funding for community based education and support programmes, particularly youth mental health and suicide prevention, was viewed as needing attention.
5. Linkages between services and widely available information sources with advice on accessing services was also identified as being important.

Community Forum

1. Education and support around drugs and alcohol for youth was raised as the top priority
2. Referral processes were identified as being confusing and needed to be streamlined and made clearer for community members.
3. A lack of the necessary support staff was noted as an area in need of redress.
4. Advertising was identified as being required to be undertaken to raise community awareness of available services and to provide education on the issue.
5. Better case management is required for acute and severe mental health.

Commentary

Community education was raised as a key priority by both community members and services providers, as is the need to improve access to the numbers of visiting specialists to the area.

Victor Harbor

Services Forum

1. The need to increase drug and alcohol services in the area was identified as an absolute necessity.
2. Specialist services rated second in priority, particularly in the areas of child psychology, psychiatry, drugs and alcohol, and the elderly.
3. A central point of entry staffed to direct and inform consumers, carers and others to services was recommended.
4. A specific recommendation was made for psychosocial recovery packages for the people in the tier 1 and tier 2 category to prevent escalation into acute care.
5. Crisis support was another area identified as being important to consider. This support was recommended as psychosocial support for people experiencing distress that may not be associated with mental illness at the time.

Community Forum

The Victor Harbor Community Forum did not have sufficient numbers to conduct a Nominal Group Technique exercise. A focused conversation was facilitated with attendees instead.

Commentary

The attendees at this forum indicated an overall lack of resources to meet demand, particularly specialist services along with centralised referral systems to assist access. Psychosocial support services were also indicated as being required.



Wallaroo

Services Forum

1. Early intervention, harm prevention and group training for communities were raised as the highest priority areas.
2. The need for community education, particularly around health promotion and early intervention, were listed as high priorities for consideration.
3. Services for specialised mental health fields, such as autism specific psychology services, are needed in the community.
4. Improved and coordination discharge planning again was seen as a priority to ensure on-going support in the local community.
5. A focus on harm prevention was recommended for parents and carers to increase their capability in such circumstances as they emerged.

Community Forum

1. Increases in funding and staffing at local health services and the hospital were identified as critical.
2. Integration of mental health with drugs and alcohol services so that comorbidity clients only need to tell their story once, was an important view raised.
3. Participants identified that help in the region is limited and as a result there are often delays in accessing care.
4. It was noted that the community should lead the recovery process in regards to drugs and alcohol issues.
5. Attendees also identified how difficult it is to get clients into mental health services unless there was a crisis.

Commentary

The need for the community in general to take more of a role in recovery was noted as part of these forums.

Whyalla

Services Forum

1. The need for an after-hours solution to the provision of mental health and drugs and alcohol services was identified as the top priority.
2. Furthermore, services and assistance in this area should extend past the addict to include families and carers.
3. Current treatment programmes are seen as being too short and long-term programmes were recommended.
4. The funding cycle and overall processes were challenged, with attendees believing that a tender process that changed service providers every three years was not efficient. It was also recommended that the community should be involved in identifying outcomes to be achieved.
5. The forum also observed that the region is desperate for a long-term rehabilitation and recovery service for those struggling with addiction, and that up to a year in this treatment may be necessary.

Community Forum

1. A range of support services were noted as being the top priority for this region, including support for rehabilitation, families and friends and grandparents as well as more funding for group sessions.
2. Improvements in raising awareness of the drugs and alcohol issue as well as financial support to get through the process of recovery and rehabilitation were highly valued.
3. Attendees articulated strongly that treatment and care should be provided at a local level.
4. The need for a long-term rehabilitation and recovery service to engage with recovering addicts for longer than 12 weeks was identified.
5. Assistance for the children of addicts to explain what is happening to their parent or parents was also identified as being necessary.

Commentary

Drugs and alcohol issues dominated the discussion at these forums.



Summary

This report has provided a snapshot of service and community attitudes through the collection of significant data expressed through opinions.

In providing the open ended questions requesting knowledge and awareness of local services and their current capacity, Country SA PHN has provided the opportunity for more than 400 participants to express their opinions and offer advice on a difficult topic in an open and respectful environment.

Country SA PHN will make this data available to all of the commissioned service providers within the regions covered to assist with enhancing the delivery and quality of care in the mental health and drugs and alcohol sector. Country SA PHN will also incorporate the results into its next Needs Assessment to assist with future planning.



