Needs Assessment Report 2016

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Section 2 – Outcomes of the health needs analysis

Outcomes of the health needs analysis		
Identified Need	Key Issue	Description of Evidence
Aboriginal Health ***All needs and issues listed in the following sections also apply to ATSI people and communities, and there are often additional challenges to meeting these needs within these populations***	*High overall burden of disease compared to non-ATSI population, linked with embedded disadvantage and marginalisation* • *Increased rates of chronic disease (CVD, diabetes, CKD)* • *High rates of smoking and substance misuse* • *High rate of hospitalisation, including potentially preventable hospitalisations* • *Increased perinatal and child mortality* • *Decreased life expectancy* • *Health disparities increase with distance from metropolitan areas* *Increased rates of mental illness accounting for 10% of the health gap between Indigenous and non-Indigenous Australians in 2003, an additional 4% attributable to suicide* *Lower immunisation rates amongst Aboriginal children at both 1 year and 2 years of age*	- *Leading issue in priority matrix* - *Consultation with and feedback from Aboriginal communities and health workers.* - *CSAPHN analysis of SA Health inpatient admissions database by LGA and SA3* - *AIHW national reports on ATSI health and welfare (AIHW 2015c, 2015d)* - *ABS Australian Aboriginal and Torres Strait Islander Health Survey* - *AIHW 'Closing the Gap Clearinghouse' Report: Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander People (AIHW 2014b)* - *Wardliparingga Aboriginal Research Unit South Australian Aboriginal Heart and Stroke Plan(SAHMRI 2016)* - *ACIR data (compiled by both SA Health and NHPA) immunisation rates for Aboriginal children by SA3*
Chronic Disease	*Potentially Preventable Hospitalisation rates for chronic conditions are higher than the state average in most regions, with the Outback region almost double the South Australian rate.* *Chronic disease rates in country SA are consistently above the state average* • *High rates of Diabetes and Respiratory Disease in CSAPHN overall, particularly the Mid North, Lower North and Yorke Peninsula.*	- *Leading issue in priority matrix* - *South Australian Monitoring and Surveillance System (SAMSS) survey of residents aggregated by SA3* - *National Diabetes Services Scheme (NDSS) registrations by LGA and SA3* - *Australian Atlas of Healthcare Variation prescription rates for respiratory medication by SA3* - *Public Health Information Development Unit (PHIDU) cancer screening participation and premature mortality by LGA* - *NHPA analysis of cancer screening rates*

Outcomes of the health needs analysis		
	• *High rates of cardiovascular disease in the Yorke Peninsula and Outback* • *High rates of respiratory prescriptions in the Mid North, Lower North and Yorke Peninsula* • *High rates of arthritis and osteoporosis in the Yorke Peninsula and Mid North* *Chronic Kidney Disease – national trends* • *Under diagnosis of chronic kidney disease (estimated 9 out of 10 cases not diagnosed)* • *Prevalence increases with age and level of disadvantage* • *End stage kidney disease (requiring dialysis) prevalence twice as high in remote areas compared to metropolitan areas* *Cancer* • *Prevalence of cancer highest in the Yorke Peninsula* • *Screening rates lowest in the Outback and consistently low in the Murray and Mallee* • *HPV vaccination rates very low in the South Australian Outback region*	- *CSAPHN analysis of SA Health inpatient admissions database by LGA and SA3* - *AIHW Chronic Disease portal (AIHW 2015a)* - *Department of Health Chronic Disease portal (Australian Government Department of Health 2015)* - *AIHW report: 'Mortality from asthma and COPD in Australia' (AIHW 2014c)* - *AIHW report: 'Cardiovascular disease, diabetes and chronic kidney disease – Australian facts: Prevalence and incidence' (AIHW 2015b)* - *AIHW overview of cancer screening by PHN (AIHW 2016b)*
Chronic Disease/Risk Factors Healthy Lifestyles	*Rates of high blood pressure, high cholesterol, insufficient physical activity and unhealthy weight all highest in the Yorke Peninsula, and above SA averages for almost every region.* *Smoking rates and alcohol risk highest in the Mid North and Eyre Peninsula.* *Rates of fruit and, particularly, vegetable consumption are very poor throughout South Australia, including CSAPHN regions.*	- *Leading issue in priority matrix* - *Key theme in stakeholder discussions* - *SAMSS survey of residents aggregated by SA3* - *PHIDU estimates of risk factors* - *AIHW Risk Factor portal (AIHW 2016c)*
Immunisation	*Childhood immunisation rates below national target (95%) in all regions except Yorke Peninsula (5 years only)* • *Rates even lower among Aboriginal children* *HPV vaccination rates among 15 year old girls very low in the South Australian Outback region – one of the lowest rates nationally*	- *Issue of concern in priority matrix* - *NHPA analysis of ACIR data by SA3* - *SA Health reporting of ACIR data* - *NHPA analysis of National HPV Vaccination Program Register by SA4*

Outcomes of the health needs analysis		
Remoteness	*Financial and time costs borne by patients to attend regular/recommended appointments* *Increasing rates of morbidity and mortality with increasing remoteness*	- *AIHW report on rural, regional and remote health system performance indicators (AIHW 2008)* - *Proportion of region classified as outer regional, remote or very remote by ABS classification of remoteness* - *Issue of concern in priority matrix* - *CSAPHN analysis of SA Health inpatient admissions database by LGA and SA3*
Potentially Preventable Hospitalisations	*Potentially preventable hospitalisation rates are above the state average in all regions except the Lower North and Adelaide Hills. Rates in the Outback are almost double the state and national rates.*	- *NHPA analysis of the Admitted Patient Care National Minimum Data Set*
Ageing Population	*Increased risk of age-related hospitalisation* • *Increased risk of falls* • *Increasing rates of Dementia* • *Increased rates of chronic disease and multiple comorbidities* *Social isolation* *RACF residents at high risk of transfer to an acute facility for 'low level' health events*	- *Leading issue in priority matrix* - *Government aged care portals and publications (AIHW 2016a, Australian Government Department of Social Services 2015)* - *My Aged Care website* - *CSAPHN analysis of SA Health inpatient admissions database by LGA and SA3*
CALD Populations	*Ageing CALD population in the Riverland.* *Increasing number of humanitarian visa recent arrivals in the South East and Murray Bridge, primarily from Africa and the Middle East.* *Stigma around illness – especially Mental Health – in some CALD populations.* *Low level of health service utilization* *High risk of hospital readmission for CALD patients*	- *Issue of concern in priority matrix* - *PHIDU analysis of ABS Census 2011: persons born overseas reporting poor proficiency in English, by LGA* - *CSAPHN analysis of Department of Immigration and Citizenship Settlement Reports by LGA* - *Health Performance Council Scoping Study (Principe 2015)* - *FECCA review of Australian Research on Older people from CALD backgrounds (FECCA 2015)*

Outcomes of the health needs analysis		
	Language and cultural barriers to effective use of health services in general and medications in particular	
Child development	*Developmentally vulnerable children are at risk of poor health outcomes over the life span* • *Over 2/3 of children in the APY lands are vulnerable on 2 or more domains of the AEDC* • *Communities in the Eyre and Western region more likely to be above the state and national average of children developmentally vulnerable in 2 or more domains* • *Port Augusta and Murray Bridge both have a very high proportion of children developmentally vulnerable on one or more domains* *Early childhood development is perceived to be an issue across the CSAPHN region*	- *Australian Early Development Census – 2015 results by communities* - *Issue of concern in priority matrix* - *Stakeholder consultation and feedback*
Other Population Health Factors	*Socio-demographic disadvantage* • *High rate of single parent families in the Mid North, Yorke Peninsula and Riverland* • *Homelessness is not well recognised or documented throughout the region* • *Affordability of health care for disadvantaged people* • *Health literacy is perceived to be an issue across the entirety of the CSAPHN catchment. Of particular concern are those areas identified as being of low English proficiency and where there are high rates of disadvantage.* • *Concentration of disadvantage in Peterborough, Coober Pedy, Port Pirie, the APY lands and other remote Aboriginal communities* *Perinatal health* • *Infant death rates very high in the APY lands, followed by Port Augusta and Murray Bridge*	- *PHIDU analysis of ABS Census 2011* - *PHIDU analysis of births and deaths registry data* - *PHIDU analysis of DSS data* - The Kirby Institute, 2015 - *Stakeholder consultation and feedback* - *Issues of concern in priority matrix*

Outcomes of the health needs analysis		
	• *Child mortality rates are generally well below the metropolitan rates, but not reported for many areas due to low numbers* • *High proportion of both low birthweight babies and mothers who smoked during pregnancy in Port Augusta, followed by the Outback region. Pregnancy smoking rates also very high in Peterborough and Ceduna* *Disability and carers* • *Higher proportion of people with a disability living in country SA than Adelaide* *Sexual Health* • *ATSI people have higher rates of blood borne virus and sexually transmissible infections, including HIV, Hepatitis C, Hepatitis B, gonorrhoea, chlamydia and syphilis*	

Mental Health ***General Mental Health*** *The statistics and issues reported throughout this section are heavily influenced by socio-economic disadvantage and population structure, especially where there is a high proportion of ATSI residents*	*High rates of people reporting a mental health condition throughout the region, particularly in the Lower North, Mid North and Yorke Peninsula* • *Highest percentage of current mental health conditions is the Lower North followed by the Mid North, Yorke Peninsula, and Limestone Coast, which were also above the state average* • *Psychological distress can have significant impact on people's lives and is linked to anxiety and affective disorders. The highest percentage of current psychological distress was in the Lower North followed by the Eyre Peninsula and Mid North which were all above the overall SA average* *Potentially high rate of undiagnosed mental illness in the Outback region, possibly combined with limited understanding of mental health issues within communities.* • *Supported by evidence of high rates of mental health hospitalisation, yet self-reported (SAMSS) mental health conditions in the Outback region are very low.* *Lack of mental health support for young people* • *Youth-specific mental health programs and practitioners limited in reach throughout CSAPHN.* • *Long waiting times to access CAMHS services.* *<u>Mental Health Related Hospital Separations</u>* *Mental health hospitalisations are used as a proxy for <u>unmet</u> health need because those with <u>met</u> needs are only visible in measurements of current prevalence. This, combined with current service levels, is a proxy indicator of current met need. If client needs escalate beyond service availability or appropriateness, they become visible as acute hospital admissions (and potentially also drug and alcohol, and self-harm hospitalisations).* • *For all Mental Health related admissions in the CSAPHN, the highest average annual rate was in Outback – North and followed by Murray and Mallee and Yorke Peninsula*	- *Leading issue in priority matrix* - *Key area of concern in stakeholder consultation and feedback* - *SAMSS survey of residents aggregated by SA3* - *Characteristics of people using mental health services and prescription medication, 2011 ABS* - *SA Health Hospital Separations data 2013-14 and 2014-15* - *Estimated resident population 2014.* - *ATAPS MDS data 2014-15*

	• *Overall, females were generally admitted to hospital for mental health issues more than males.* • *The highest LGA rate for CSAPHN was for males in Peterborough and females in Coober Pedy* • *The highest average annual rate for ATSI hospital separations was in the Murray and Mallee followed by the Eyre Peninsula and South West. The Yorke Peninsula was also above the state average.* *Specific conditions* • *Schizophrenia and other psychotic disorders rates were highest in Outback North and East followed by Murray and Mallee and Fleurieu and Kangaroo Island* • *Depressive Disorders – rates were highest in Murray and Mallee followed by Yorke Peninsula and Outback North and East* • *Post-Traumatic Stress Disorder and other Stress Disorders – highest in Mid North followed by Yorke Peninsula* • *Anxiety Disorders – rates were overall highest in females, with Mid North, Yorke Peninsula and Outback North and East the highest* *<u>Access to mental health services</u>* *ATAPS* • *The state average service capacity (per annum) for ATAPS is 4.2 sessions per client.* • *Lowest service capacity for ATAPS was Yorke Peninsula with an average of 2.2 sessions for each client, followed by the Mid North with 2.8 sessions per client. Eyre Peninsula and South West (3.7), Lower North (3.6), Murray and Mallee (3.8), and Outback and North East (4.0) were also below the state average.*	

	Better Access (MBS) • *The state average service capacity for MBS Psychiatry is 5.8 sessions per client.* • *For the CSAPHN, only the Adelaide Hills (6.6 sessions per client) was above the state average. All other regions in CSAPHN are below the state average.* *The lowest service capacity for MBS Psychiatry services was Eyre Peninsula and South West (average 2.9 sessions per client), followed by Outback North and East (3.1 sessions per client), and Murray and Mallee (3.2 sessions per client).* • *The state average service capacity for MBS Clinical Psychology was 4.3 sessions per client. For CSAPHN, access to MBS Clinical Psychology services ranged between an average of 3.5 sessions per client in Outback North and East to an average of 4.4 sessions per client in Adelaide Hills.* • *Regions with the lowest access were Limestone Coast, Yorke Peninsula, Murray and Mallee, and Outback North and East.* • *The state average service capacity for MBS Allied Mental Health was 4.1 sessions per client. For CSAPHN, average capacity ranged between 3.2 sessions per client in the Mid North to an average of 4.5 sessions per client in Fleurieu Kangaroo Island.* • *Regions with service capacity below the state average were Eyre Peninsula, Mid North, Outback North and East, Lower North and Yorke Peninsula.* • *Access to General Practitioner for mental health item numbers was lowest in Outback North and East (1.3 sessions per client), followed by Yorke Peninsula (1.4 sessions per client) and Mid North (1.4 sessions per client).*	

	PBS Prescriptions • *In 2014-15, 12.7% of the CSAPHN population accessed PBS subsidised mental health-related medication.* • *61.4% were female.* • *72% of the CSAPHN accessing mental health medication were from the most disadvantaged areas (IRSD Quintiles 1 & 2)* • *The proportion of the CSAPHN population accessing mental health-related medication increases with age.*	

Outcomes of the health needs analysis		
Alcohol and other Drugs	*Hospital Separations* • *The highest average annual rate of separations for Drug and Alcohol as the primary diagnosis was Outback North and East for both males and females* • *Rates of drug and alcohol separations were also high in Yorke Peninsula and Murray and Mallee.* • *For females, the highest rates were in Murray and Mallee and Eyre Peninsula and South West* • *Some high SA3 rates were driven by specific Local Government Areas. Coober Pedy had the highest rate of female drug and alcohol separations and Peterborough had the highest rate of male drug and alcohol separations* *Aboriginal and Torres Strait Islander Drug and Alcohol* • *The highest average annual rate of separations for Aboriginal and Torres Strait Islander Drug and Alcohol as the primary diagnosis, was Yorke Peninsula* • *High rates of drug and alcohol separations were also in Murray and Mallee, Lower North and Eyre Peninsula and South West* • *Lack of services on the lands. Lack of continuity of care from acute to community.* • *High comorbidity with mental health.*	- *Drug and Alcohol Stakeholder Survey* - *SA Health Hospital Separations 2013-14 and 2014-15* - *Estimated resident population 2014.* - *Estimated resident population ATSI 2011*
Mental Health **Suicide Prevention**	*Intentional Self-Harm* • *Mortality data from Intentional Self-Harm is not reported for regions within the CSAPHN area. Cells counts would also be too small as to be identifiable and inadequate to make meaningful interpretations.* • *ABS statistics (2001-2010) show males in South Australia completed suicide at a rate (1.8 per 10,000) three times*	- *ABS - Suicides, Australia, 2010* - *SA Health Hospital Separations 2013-14 and 2014-15* - *Stakeholder consultation*

Outcomes of the health needs analysis		
	than that of females (0.5 per 10,000). With slightly higher rates for males in 'Rest of SA' (1.9 per 10,000) and slightly lower rates for females in 'Rest of SA' (0.4 per 10,000) *Hospital Separations for Intentional Self-Harm* • *Females are more likely to be hospitalized than males. This difference is likely due to males being more than three times more likely to complete suicide than females. This is not a difference in need for suicide prevention, but a reflection of lethality of mechanism.* • *Areas above the CSAPHN annual average rate were, Eyre Peninsula and South West, Yorke Peninsula, Limestone Coast, Lower North and Outback North and East* • *Most common mechanism was self-poisoning, than sharp/blunt objects.* *Aboriginal and Torres Strait Islander Suicide Prevention* • *Aboriginal and Torres Strait Islander South Australians completed suicide at a rate more than twice that of non-Indigenous South Australians, at 2.7 deaths per 10,000 population compared to 1.1 per 10,000 for non-Indigenous South Australians.* • *There are no suicide statistics (attempted or completed) available at the small area level for ATSI populations due to low numbers* • *Stakeholders report very high levels of suicide in Aboriginal communities*	

Section 3 – Outcomes of the service needs analysis

Outcomes of the service needs analysis		
Identified Need	Key Issue	Description of Evidence
Aboriginal Health ***All needs and issues listed in the following sections also apply to ATSI people and communities, and there are often additional challenges to meeting these needs within these populations***	*Concentration of population in remote locations and the need for cross-border care provision and coordination in the Anangu Pitjantjatjara Yankunytjatjara lands and the Western Australian Central Desert* *Transient flows of Aboriginal people to and from different communities – often without health records - add to the challenges of care coordination* *Disadvantage and marginalisation exacerbates challenges in coordinating and managing chronic diseases conditions, especially in remote locations. Individuals whose conditions are poorly managed then become frequent users of the acute care health system.* *Communities struggle to respond appropriately to individuals with mental health episodes, especially in the after-hours period.* *Lack of culturally appropriate service provision* • *No operational ACCHO in the Riverland, Mallee, Mid North, Lower North or Yorke Peninsula* • *ACCHOs and AMS need support to operate effectively and become more sustainable* • *Existing GPs (including RFDS), pharmacists and other mainstream services may require ongoing cultural competency training and facilitation to engage with ATSI-specific providers*	- *Leading issue in priority matrix* - *PHIDU analysis of ABS Census 2011 and ERP 2013* - *AIHW 'Closing the Gap Clearinghouse' Report: Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander People reports significant rates of poor social and emotional wellbeing outcomes.(AIHW 2014b)* - *Consultation with and feedback from Aboriginal communities and health workers* - *CSAPHN service mapping – geographic distribution of ACCHOs* - *RDWA Indigenous Medical Outreach programs ((RDWA undated c, undated d)* -

Outcomes of the service needs analysis		
Health Workforce	*Difficulty of getting GPs and allied health professionals to work in rural and remote areas* • *All of region except Port Augusta, Port Pirie and areas of the Barossa, Hills and Fleurieu is considered a GP district of workforce shortage* • *GPs often responsible for ED and acute hospital services as well as primary health care via General Practice* • *Many localities with limited or no services* • *Rates of Podiatrists, Psychologists, Registered Nurses, Optometrists, Physiotherapists below state averages in all CSAPHN regions, despite higher rates of chronic disease and mental illness* • *Rates of GPs, Pharmacists and Dentists below state averages in nearly all CSAPHN regions.* • *Long wait times to see a practitioner* • *Ageing of the rural and remote health workforce* *All of region apart from a few metropolitan periphery locations is considered a district of workforce shortage for Medical Specialists* *Challenges in accessing business improvement and professional development opportunities for rural and remote practitioners* *Prescribing practices and medication management – especially for patients with chronic and complex conditions* *Lack of connection and communication between various health providers both within and between rural communities* *Difficulty of acquiring accurate, comprehensive service data around allied health – particularly level and quality of outreach services*	- *Leading issue in priority matrix* - *HWA rates of health practitioners* - *DoH District of Workforce Shortage mapped via DoctorConnect* - *Key theme in all stakeholder engagement and feedback* - *NHSD and CSAPHN internal service mapping* - *SA Health inpatient data* - *HWA report: National Rural and Remote Health Workforce Innovation and Reform Strategy (HWA 2013)* - *RDWA Medical Outreach programs by specialty and location (RDWA undated a, undated b, undated c)*
Chronic Disease Prevention and Mitigation	*High rates of chronic disease, high rates of potentially preventable hospitalisations due to chronic conditions, low rates of allied health professionals practicing in rural and remote areas.*	- *Leading issue in priority matrix* - *Key theme in all stakeholder engagement and feedback* - *HWA rates of health practitioners*

Outcomes of the service needs analysis		
	Need for more sub-acute care options (e.g. nurse led clinics, support groups), especially outside of the major population centres *Education and awareness of risk factors and preventative measures for chronic disease must be maintained and improved in all communities, but especially those that are identified as being at higher risk* *Support for rural and remote residents after an acute event to prevent relapse and/or rehospitalisation* *Communities may not support 'healthy lifestyles' – built environment, community programs, information and resources*	
Health Service Coordination and Integration	*Referral pathways can be unclear. Practitioners may not be aware of all referral options* *Having to travel long distances to access multiple consultations/treatment, patients are often unable to coordinate appointments and/or face hardship in affording transport, accommodation, absence from home, etc.* *Gaps identified in discharge planning* *Patients with complex conditions require care input from multiple practitioners, which is currently difficult to coordinate effectively in many regions* *Palliative care* - *Palliative care options are perceived to be limited in smaller communities* - *Limited information available about current services and care pathways throughout the region*	- *Issue of importance in priority matrix* - *Key theme in ML and PHN stakeholder consultations* - *Issue highlighted by CHSA LHN*
After Hours Services	*No/limited after hours sites in the Tintinara and upper South East regions.*	- *CSAPHN internal service mapping database and listing of PIP practices.* - *After hours clinics and hospital ED locations mapped*

Outcomes of the service needs analysis		
	Reliance on country hospital EDs for after-hours treatment in many country locations. *Many country hospital EDs do not have a doctor readily available for consultation* *PIP scheme inadequate to fully resource some practices for necessary after hours operations* *Difficulty in distinguishing need from service availability through MBS after hours billing rates*	- *Issue of importance in priority matrix* - *Key theme in stakeholder consultations*
Ageing Population	*Concentration of population in outer regional locations where age-specific services are more limited, especially the Fleurieu Peninsula, Yorke Peninsula and Mid North* *Projected increases in aged population throughout the region, but particularly in the Riverland, Mallee and South East* • *Projected increasing demand for both home based and residential aged care services throughout the region* • *Projected increase in dementia diagnoses* *RACF places* • *No RACF places in Robe or Mallala* • *Very low rate of RACF dementia specific places in the Outback, Adelaide Hills and Gawler* *Requests for domestic assistance often related to social isolation* *Gap in timely primary care services to RACFs leading to increased ED presentations of residents* *Inadequate nursing workforce to support both in-home and residential aged care needs*	- *Leading issue in priority matrix* - *ABS Census 2011 and ERP 2013 (via PHIDU)* - *CSAPHN service mapping* - *Stakeholder consultation and feedback* - *Department of Health Aged Care Data Warehouse* - *Feedback from LHN Community Home Support staff*

Outcomes of the service needs analysis		
	As people age, the often have reduced access to private transportation *Lack of access to geriatricians throughout country SA* *Community health allied health providers only able to support the most complex clients* *Community Home Support Program* • *No HCSP places in many LGAs in the Mid North, Eyre Peninsula, Mallee and Fleurieu-Kangaroo Island* • *Referrals are affected by operation of MyAgedCare portal* • *Increase in complex clients requiring higher level of care than their current package can support* • *Increased numbers on waiting lists*	
CALD Populations	*High rates of non-English speaking migrants in the Riverland, Mallee (specifically Murray Bridge) and South East regions.* *More recent arrivals clustered in the regional cities plus Naracoorte & Tintinara. Humanitarian visa holders most likely to settle in the South East* *Presence of discrete communities with different cultural backgrounds in dispersed locations throughout the region* • *Lower level of health service utilisation* • *Populations ageing with lack of cultural specific services* *Language barriers* • *Varying levels of health literacy* • *Difficult to access interpreters outside of the metro area* *New arrivals – particularly humanitarian visa holders – need support to settle and integrate. Refugee experiences and cultural*	- *Issue of importance in priority matrix* - *PHIDU analysis of ABS Census 2011* - *Department of Immigration and Citizenship Settlement Reporting* - *Health Performance Council scoping study (Principe 2015)*

Outcomes of the service needs analysis		
	norms may result in poorer physical and mental health and form barriers to accessing and engaging with mainstream health services *CALD needs often not considered in service planning*	
Transport	*No public transport throughout most of the region. Some local bus services operate with varying regularity.* *Residents of areas with no or limited public transport options face significant barriers to accessing timely primary health care and can have difficulty coordinating appointments* *Services provided from centralized locations create a burden of cost, time and lost income on clients and client support or carers. The great majority of specialist services are accessed from Adelaide and, to a lesser extent, regional centres which are remote from populations in need.* *Significant travel cost (time and financial) is often required to facilitate simple follow up appointments of short duration. The issue is felt across the region, but accentuated the further the travel demand from Adelaide*	- *Issue of importance in priority matrix* - *Extensive community engagement done via MLs and within PHNs* - *Report on transport options within the former Country South SA ML region*
Immunisation	*Lack of coordination between different providers (e.g. GP, local council, ACCHO clinic)* *Uncertainty around the validity of ACIR data*	- *Issue of importance in priority matrix* - *Concerns raised by immunisation nurses throughout the region*
Health Information and Technology	*Very low uptake of 'My Health Record' by providers throughout the region despite a high level of GP registration and a moderate level of consumer registration*	- *Issue of concern in priority matrix* - *DoH eHealth statistics*
Oral/Dental Health	*Low rate of dental practitioners in country SA*	- *Issue of concern in priority matrix* - *HWA rates of health practitioners*
Mental Health ***General Mental Health***	*Limited availability of practitioners in most areas, especially those working within programs designed to minimise costs for eligible patients. Large gap payments charged by many private providers*	- *Leading issue in priority matrix* - *Recurring themes in ATAPS provider needs assessments* - *DoH District of Workforce Shortage* - *Drug and Alcohol Stakeholder Survey*

Outcomes of the service needs analysis		
	Area of workforce shortage (psychologists) *ATAPS service provision rates all lower than the state average, indicating an imbalance with service provision in the metropolitan area despite equal or greater need in many areas. Service is not provided at all in some areas. Neither ATAPS nor MHNIP services are consistently provided within all regions, despite most having some level of need.* *High ATAPS waiting lists* *Areas with high rates of hospitalisation for mental health and low service capacity need resources to minimise the risk of both 'well' populations and 'at risk' populations, from requiring higher level services through unmet lower level need.* *Client needs go unmet while waiting for services.* *Areas with high rates of hospitalisation for mental health and low service capacity need further analysis to determine if the service capacity needs to increase, or is inappropriate.* *Range and coordination of services needed to better address different stages and severities of mental illness along the continuum.* *Treatment needs outstrip the services available for both metro and rural providers and patients* *Service appropriateness* • *Areas with high female mental health admissions, and/or high Indigenous female mental health issues require more specific services for females and Indigenous females.*	- *ATAPS referral rates* - *CSAPHN ATAPS Provider evaluation report, 2016*

Outcomes of the service needs analysis		
Alcohol and Other Drugs ***General***	*For rural patients, there is lack of coordination for drug and alcohol comorbid conditions such as mental health and suicide prevention.* *There is also lack of coordination and continuity of care for rural patients from acute to community care to facilitate a Stepped Care Model.* *Little access, lengthy waiting times, and travel means Stepped care models for more rural and remote patients are near impossible.* *For residential treatment, rural patients are left with no option but to relocate to metro areas for treatment.* *Service gaps and comorbidity of Mental Health conditions with drug and alcohol is evident in the hospital separations for each region, correlating as high for both.* *Client needs go unmet while waiting for services.* • *Stakeholder consultation indicated extensive waiting times – clients are unlikely to be re-motivated after waiting. Clients left with little option but to continue using in the meantime.* • *Extensive waiting lists indicate service capacity unable to meet need.* *If provided additional funding for drug and alcohol services 100% of respondents identified the money would be put towards counselling and rehabilitation as first preference followed by brief intervention and withdrawal management.* *Stakeholder consultation indicated a need for an immediate action plan for clients who are motivated to engage in treatment.*	- *Drug and Alcohol Stakeholder Survey, CSAPHN - 2016* - *SA Health Hospital Separations 2013-14 and 2014-15* - *Estimated resident population 2014.* - *MBS mental health providers* - *ATAPS – DoH*

Outcomes of the service needs analysis		
	Areas with low service capacity and/or no outreach service, require additional hours or more providers to bring waiting times down, especially in areas where there are higher rates of drug and alcohol admissions, as well as mental health admissions.	
ATSI Specific	*Aboriginal and Torres Strait Islander clients in more remote, dry zones have to travel to regional areas which aren't dry to withdraw/sober up. Stakeholders indicate this can cause issues. Clients are then lacking in follow-up and outreach back in the community.* *Eleven percent of services contributing to the Drug and Alcohol Stakeholder Survey identified as Indigenous organisations including ACCHOs and Indigenous specific drug and alcohol treatment services.* *Brief intervention, withdrawal management and counselling were offered by 75% of organisations, while 25% provided rehabilitation and/or pharmacotherapy services. The treatment ranged from moderate to high, with the main treatment gaps/needs being centred around alcohol (100%) and amphetamines (75%).*	
Further ongoing consultation	*Currently, five locations have been consulted in the South East region including Mt Gambier, Naracoorte, Kingscote, Victor Harbor and Nuriootpa equating to 10 sessions in total. Consultations are currently being held in Mount Barker and Murray Bridge before moving to the Riverland and Northern regions to consult Port Lincoln, Ceduna, Whyalla, Berri, Clare, Roxby Downs, Port Augusta, Jamestown and Port Pirie. Thus far, an average of 15 service providers have attended each session (estimated 75 in total) while community participants have varied.* *Of the sessions conducted thus far, two priorities have been repeatedly raised identifying the need for skilled DOA professionals*	

Outcomes of the service needs analysis		
	and psychosocial support services. The overall suggestions regarding psychosocial support were the need for services accompanying consumers through detox to rehabilitation to reduce the likelihood of relapse.	

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