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ADELAIDE PHN

Mental Health and Alcohol and Other Drug (MHAOD) Treatment Service Reform

Population health needs and service usage for mental health
and alcohol and other drugs in the Adelaide PHN region

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Purpose

The Australian Government recently announced bold reforms to primary mental health care in Australia, to be rolled out over a three year period between 2016 and 2019. The reforms included a number of measures, several of which are to be implemented through PHNs. The Australian Government has also developed a comprehensive package of action to tackle the problem of ice (crystal methamphetamine) and other drugs through the delivery of locally-based and targeted solutions. Further information about the Commonwealth Reforms can be found at www.health.gov.au.

In response to these announcements, the Adelaide PHN has conducted a data mapping project to inform the reform process, the findings are detailed in the following pages.

In particular this document brings together information from a range of data sources to help identify local population health needs and current service usage patterns in relation to mental health and alcohol and other drugs across the Adelaide PHN region.

The data and content presented is based on an initial scan of data currently held by the Adelaide PHN. We acknowledge that there are gaps in the information provided, particularly for alcohol and other drugs, and the Adelaide PHN is currently working with stakeholders to identify further data and information sources.

Please contact the APHN if you have access to mental health and/or alcohol and other drug data which you feel would complement this report.

Definitions

ALCOHOL RELATED INJURY RISK – people are considered at risk of having an alcohol related injury, as defined by the National Health and Medical Research Council guidelines¹ if they drank more than four standard drinks on a single occasion.

ALCOHOL RELATED LIFETIME RISK – people are considered as having an alcohol related lifetime risk, as defined by the National Health and Medical Research Council guidelines² if they drank more than two standard drinks on a single occasion.

ACCESS TO ALLIED PSYCHOLOGICAL SERVICES (ATAPS) – The aim of ATAPS is to assist in improving the mental health of people living in communities that would otherwise have little or no access to mental health services, such as Medicare subsidised mental health services (e.g. Better Access). Clients can be referred to an ATAPS provider via a Mental Health Treatment Plan (MHTP) (Department of Health, 2015).

BETTER ACCESS - The purpose of the Better Access initiative is to improve treatment and management of mental illness within the community. The Better Access initiative is increasing community access to mental health professionals and team-based mental health care, with general practitioners encouraged to work more closely and collaboratively with psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists (Department of Health, 2015). Clients can be referred to a Better Access provider via a Mental Health Treatment Plan (MHTP).

ESTIMATED RESIDENT POPULATION (ERP) – is the official measure of the population of Australia, and is based on the concept of usual residence. It refers to all people, regardless of nationality, citizenship or legal status, who usually live in Australia, with the exception of foreign diplomatic personnel and their families. The ERP includes usual residents who are overseas for less than 12 months and excludes overseas visitors who are in Australia for less than 12 months.

HIGH/ VERY HIGH PSYCHOLOGICAL DISTRESS – based on research from population studies, a ‘very high’ level of psychological distress shown by the Kessler Psychological Distress Scale-10 (K10) questionnaire may indicate a need for professional help.

LOCAL GOVERNMENT AREA (LGAs) – a spatial unit which represents the whole geographical area of responsibility of an incorporated Local Government Council.

LOCAL HEALTH NETWORK (LHNs) – manage the delivery of public hospital services and other community based health services as determined by the State Government of South Australia.

MEDICARE BENEFITS SCHEDULE (MBS) – is a listing of the Medicare services subsidized by the Australian Government. Health care providers can claim MBS items dependent on what services are provided to the patient.

MENTAL AND BEHAVIOURAL PROBLEMS – classified in the ABS Australian Health Survey as a behavioural or emotional disorders; dependence on drugs or alcohol; feeling anxious or nervous; and depression, and feeling depressed. A long-term condition was defined as a condition that is current and has lasted, or is expected to last, for 6 months or more

MENTAL HEALTH TREATMENT PLAN (MHTP) – A plan completed by the GP for people with a mental health condition and/or disorder who would benefit from a structured approach to the management of their care needs (Department of Health, 2015).

INDEX OF RELATIVE SOCIO-ECONOMIC DISADVANTAGE (IRSD) – is a general socio-economic index that summarises a range of information about the economic and social conditions of people and households within an area, and is one of the Socio -Economic Indexes for Areas (SEIFA). The IRSD provides a broad measure of disadvantage for geographic areas. It has a base of 1000 for Australia: scores above 1000 indicate relative lack of disadvantage and those below indicate relatively greater disadvantage.

POPULATION HEALTH AREAS (PHAs) – The Public Health Information Development Unit has constructed a set of areas that comprise of a combination of whole Statistical Area Level 2 (SA2s) and multiple (aggregates of) SA2s to ensure that fewer areas need to have data suppressed for to confidentiality due to small population size.

¹ National Health and Medical Research Council. 2009. *Australian guidelines to reduce health risks from drinking alcohol*. Commonwealth of Australia, available at: https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf

² National Health and Medical Research Council. 2009. *Australian guidelines to reduce health risks from drinking alcohol*. Commonwealth of Australia, available at: https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf

PHARMACEUTICAL BENEFITS SCHEME (PBS) – is managed by the Department of Health and administered by Department of Human Services. Under the PBS, the government subsidises the cost of medicine for most medical conditions. PBS Schedule lists all of the medicines available to be dispensed to patients at a Government-subsidised price.

PLACE OF USUAL RESIDENCE – the place where a person usually lives as recorded in the Census.

LOCATION OF PROVIDER – based on the provider's street address within the Adelaide PHN region. Providers which have multiple practice locations will have their activity reported based on each location and may cross different geographic areas. Location recorded as postcode has been aggregated and mapped to larger geography, e.g. LGA, PHA, SA3, to protect confidentiality. ⁱ

LOCATION OF CLIENT RESIDENCE – are based on postcode of residence of the client as recorded at the date the last service event received in the reference period. As clients may receive services in locations other than where they live, this data does not necessarily reflect the location in which services were received. based on postcode of client's residence within the Adelaide PHN region. Location recorded as postcode has been aggregated and mapped to larger geography, e.g. LGA, PHA, SA3, to protect confidentiality.

STATISTICAL AREA LEVEL 2 and 3 (SA2, SA3) – a general-purpose medium-sized area produced by the Australian Bureau of Statistics that represent a community that interacts together socially and economically. In aggregate, they cover the whole of Australia without gaps or overlaps. The SA2 is the lowest level of the Australian statistical geography structure for which Estimated Resident Population (ERP), Health and Vitals and other non-Census ABS data are generally available. Whole SA2s aggregate directly to SA3s.

SOCIO-ECONOMIC INDEXES FOR AREAS (SEIFA) – is a product developed by the Australian Bureau of Statistics that ranks areas in Australia according to relative socio-economic advantage and disadvantage based on a series of attributes including income, education, employment and occupation.

The Adelaide PHN region

Adelaide PHN covers the Adelaide metropolitan region, from Sellicks Hill in the south to Angle Vale in the north and from the beaches in the west to the foothills in the east. This area is home to 1.2 million people³, the majority of the South Australian population.



The maps on the following pages provide further information about the administrative boundaries within the Adelaide PHN region. For more information about our regions see our website: <http://adelaidephn.com.au/who-we-are/our-region/>

³ Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Primary Health Network, November 2014

Administrative boundaries

Map 1: Population Health Area (PHA) and Local Health Network boundaries in Adelaide PHN region

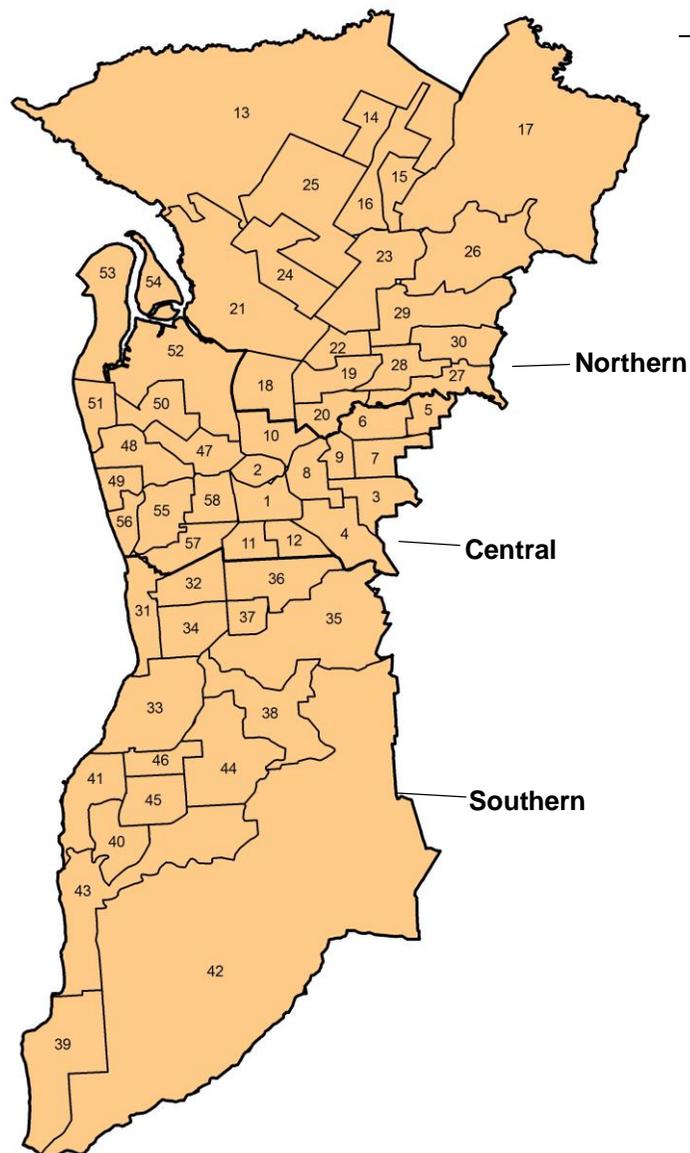
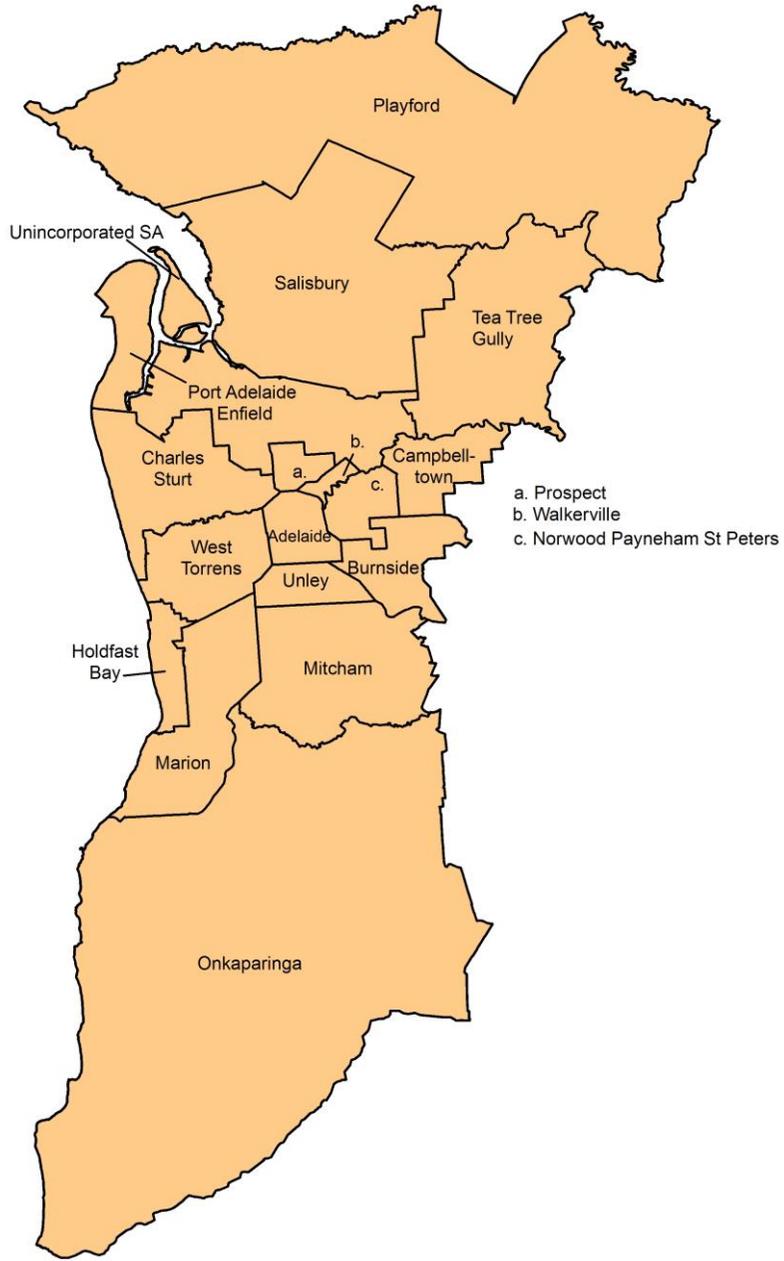


Table 1: Key to Population Health Areas (PHA) within Local Health Networks (LHN) in Adelaide PHN region

Label	PHA name	Label	PHA name
<i>Northern LHN</i>		12	Unley - Parkside
13	Playford - West	47	Beverley/ Hindmarsh - Brompton
14	Davoren Park	48	Flinders Park/ Seaton - Grange
15	Elizabeth East	49	Henley Beach
16	Elizabeth/ Smithfield - Elizabeth North	50	Charles Sturt - North West
17	One Tree Hill	51	West Lakes
18	Enfield - Blair Athol	52	Dry Creek - South/ Port Adelaide/ The Parks
19	Northgate - Oakden - Gilles Plains	53	Largs Bay - Semaphore/ North Haven
20	Windsor Gardens	54	Torrens Island
21	Dry Creek - North/ Pooraka	55	Adelaide Airport/ Lockleys
22	Ingle Farm	56	Fulham/ West Beach
23	Para Hills/ Salisbury East	57	Plympton
24	Parafield/ Parafield Gardens/ Paralowie	58	Richmond (SA)
25	Salisbury/ Salisbury North	<i>Southern LHN</i>	
26	Golden Grove/ Greenwith	31	Brighton (SA)/ Glenelg (SA)
27	Highbury - Dernancourt	32	Edwardstown/ Morphettville
28	Hope Valley - Modbury	33	Marion - South
29	Modbury Heights/ Redwood Park	34	Mitchell Park/ Warradale
30	St Agnes - Ridgehaven	35	Belair/ Bellevue Heights/ Blackwood
<i>Central LHN</i>		36	Colonel Light Gardens/ Mitcham (SA)
1	Adelaide	37	Panorama
2	North Adelaide	38	Aberfoyle Park/ Coromandel Valley/ Flagstaff Hill
3	Burnside - Wattle Park	39	Aldinga
4	Glenside - Beaumont/ Toorak Gardens	40	Christie Downs/ Hackham West - Huntfield Heights
5	Athelstone	41	Christies Beach/ Lonsdale
6	Paradise - Newton	42	Clarendon/ McLaren Vale/ Willunga
7	Rostrevor - Magill	43	Hackham - Onkaparinga Hills/ Seaford (SA)
8	Norwood (SA)/ St Peters - Marden	44	Happy Valley/ Happy Valley Reservoir/ Woodcroft
9	Payneham - Felixstow	45	Morphett Vale - East/ Morphett Vale - West
10	Nailsworth - Broadview/ Prospect/ Walkerville	46	Reynella
11	Goodwood - Millswood		

Source: Population Health Area boundary: Public Health Information Development Unit (PHIDU), 2014; Local Health Network boundary: South Australian Department for Health and Ageing, 2013

Map 2: Local Government Area (LGA) boundaries in Adelaide PHN region



Map 3: Statistical Area Level 3 (SA3) boundaries in Adelaide PHN region



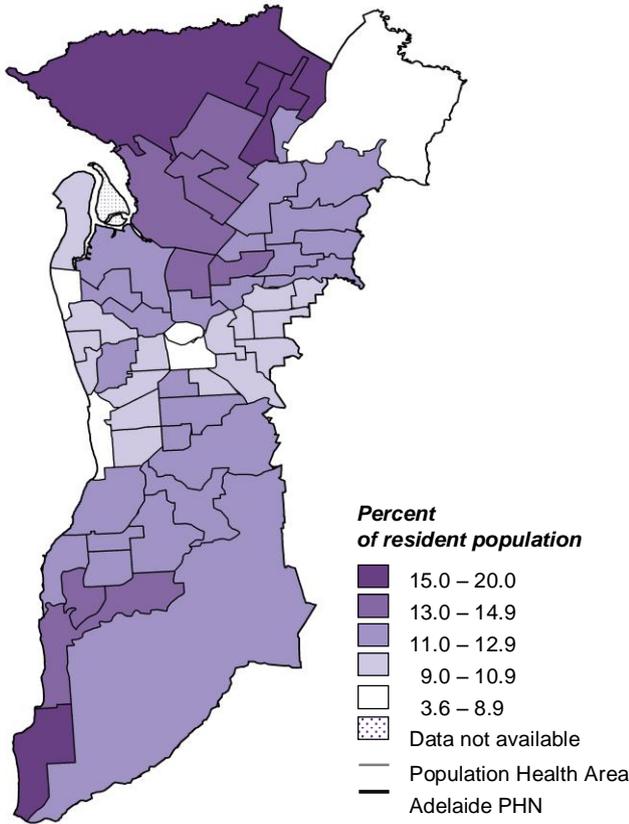
Source: Local government area and Statistical Area Level 3 boundaries: Australian Bureau of Statistics, 2011

Population characteristics

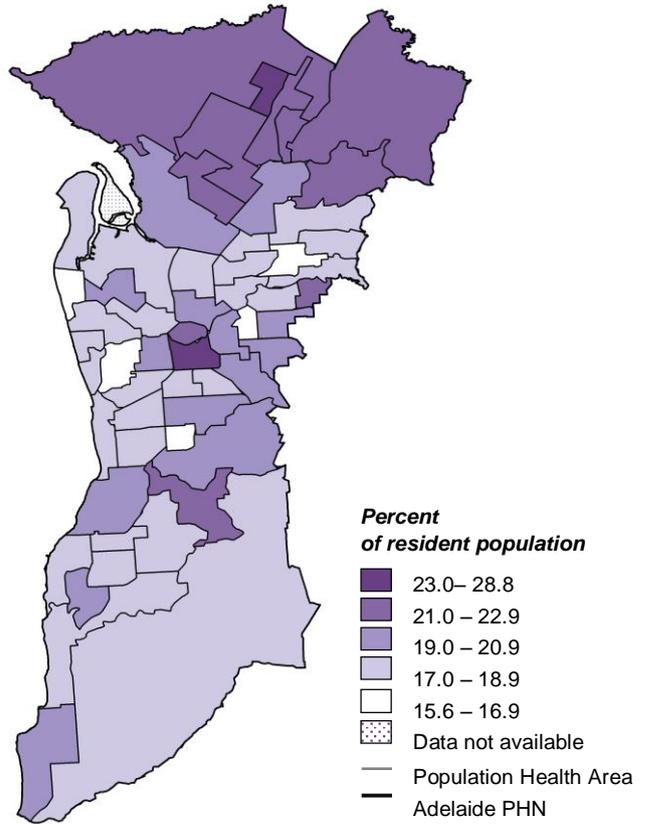
Age distribution

Maps 4 to 7: Proportion of estimated resident population in each age group, by Population Health Area of usual residence, 2014

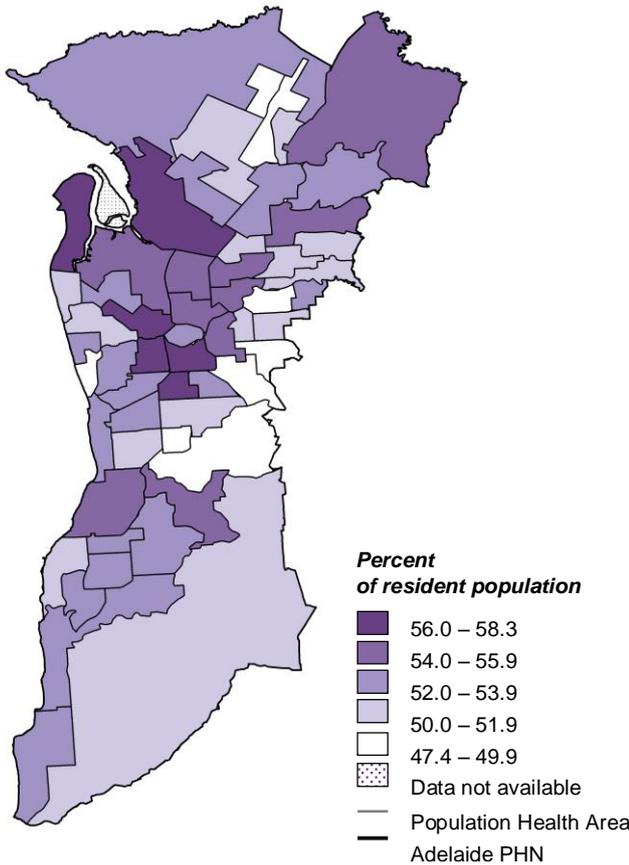
Map 4: Population aged 0 to 9 years old, 2014



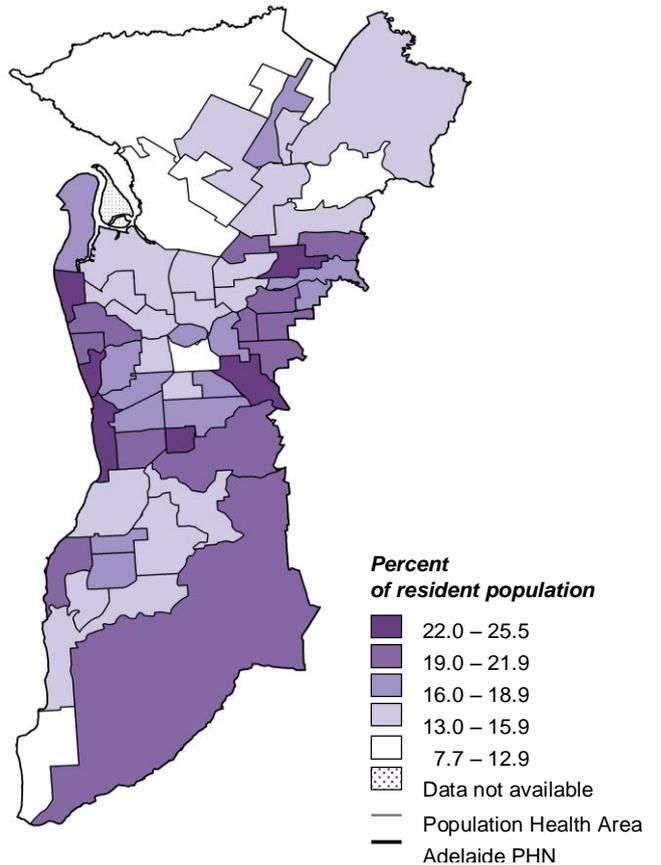
Map 5: Population aged 10 to 24 years old, 2014



Map 6: Population aged 25 to 64 years old, 2014



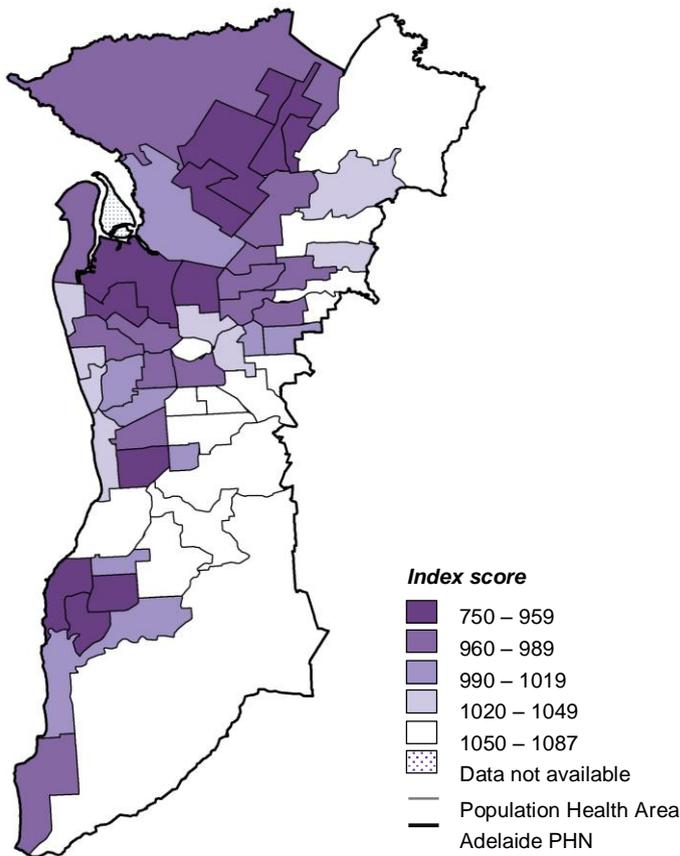
Map 7: Population aged 65 years and over, 2014



Source: Australian Bureau of Statistics, Estimated Resident Population, 30 June 2014

Socioeconomic disadvantage

Map 8: Socio-Economic Index for Areas - Index of Relative Socio-economic Disadvantage (SEIFA IRSD) by Population Health Area of usual residence, 2011



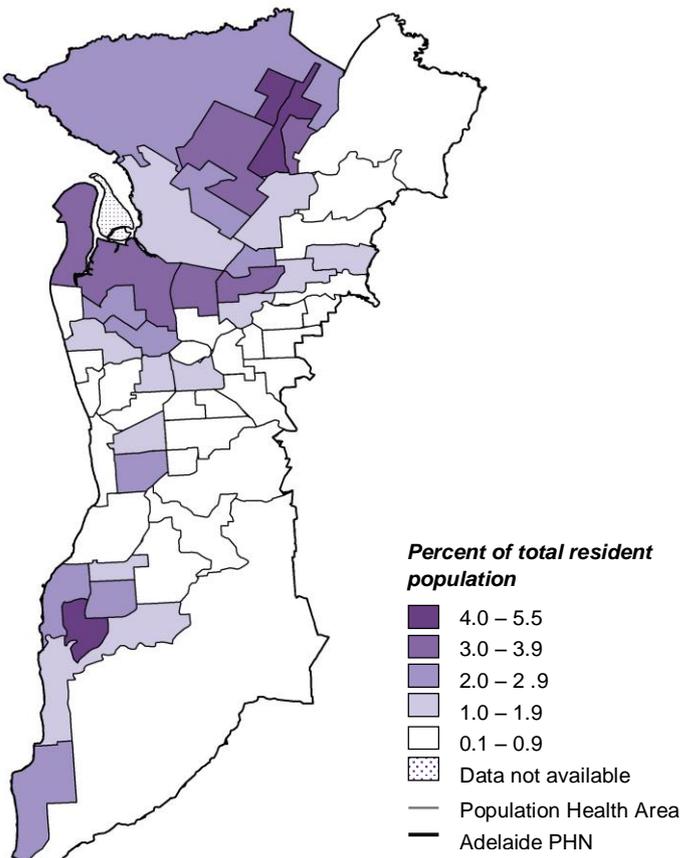
The SEIFA IRSD score for the Adelaide PHN is 989, ranking it 14th out of the 31 PHNs in terms of social disadvantage.

There are pockets of high disadvantage within the APHN with the most disadvantaged areas in the north (Elizabeth/ Smithfield - Elizabeth North (750), Davoren Park (807) and Salisbury/ Salisbury North (864)), in the south (Christie Downs/ Hackham West - Huntfield Heights (856)), and in the west (Dry Creek - South/ Port Adelaide/ The Parks (867) and Enfield - Blair Athol (880)).

Source: Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Population Health Area, June 2015

Aboriginal and Torres Strait Islander people

Map 9: Estimated number of people identifying as Aboriginal and/or Torres Strait Islander, as a proportion of total resident population, by Population Health Area of usual residence, 2013



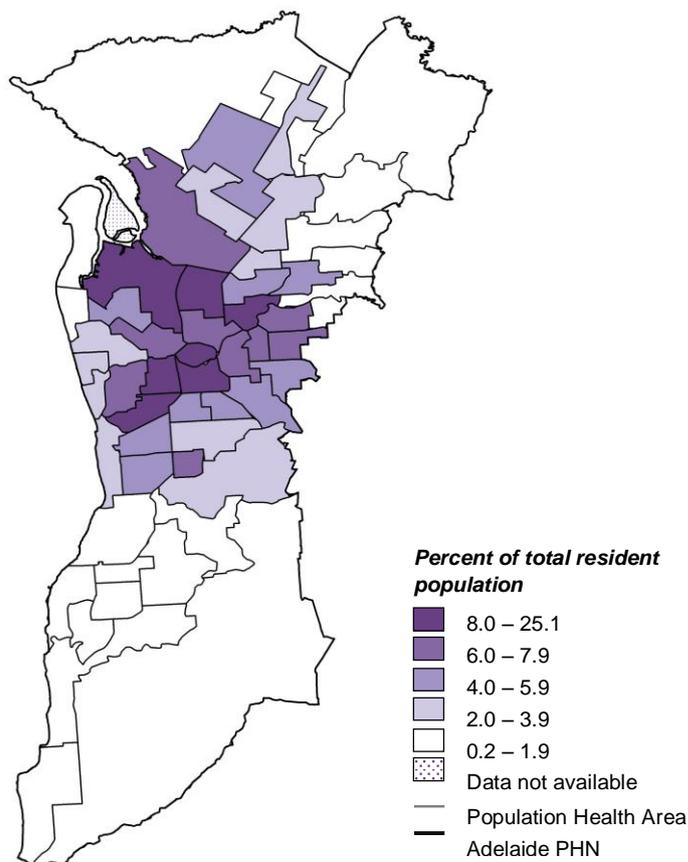
Population estimates from the Australian Bureau of Statistics suggest there were 17,851 Aboriginal and Torres Strait Islander people living in the Adelaide PHN region in 2013.

The highest proportion of people identifying as Aboriginal and/or Torres Strait Islander reside in the following APHN population health areas: Davoren Park (935 people, 5.5%), Elizabeth/ Smithfield - Elizabeth North (1,205 people, 5.3%) and Christie Downs/ Hackham West - Huntfield Heights (677 people, 4%).

Source: Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Population Health Area, June 2015

Culturally and linguistically diverse (CALD) communities

Map 10: People born in a predominantly non-English speaking (NES) country resident in Australia for less than five years, by Population Health Area of usual residence, 2011

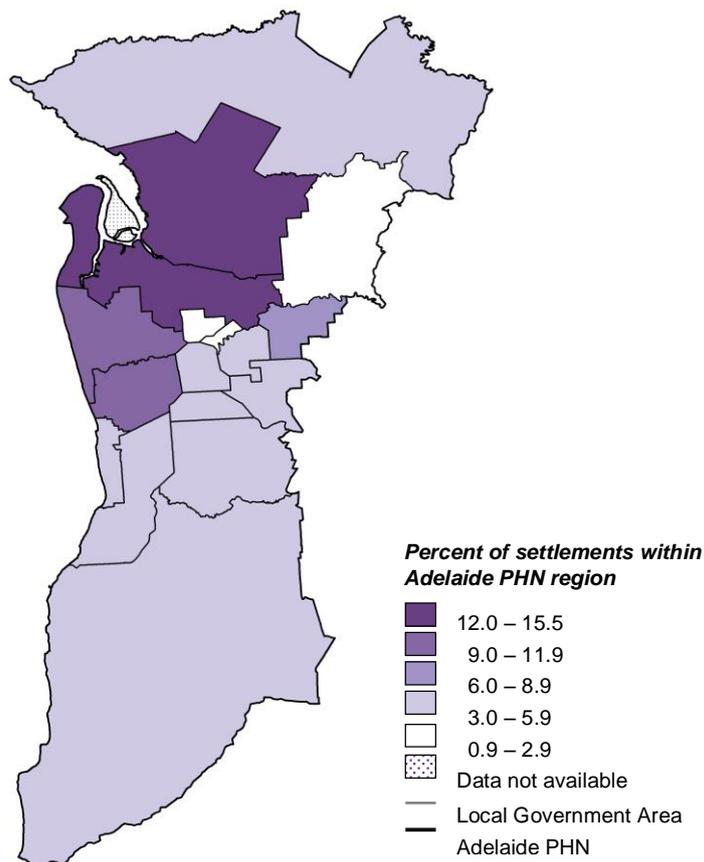


According to the 2011 Census of Population and Housing, 47,282 people living in the Adelaide PHN region were born in a predominately non-English speaking country and had lived in Australia for less than five years.

Adelaide (3,251 people, 25.1%), Enfield - Blair Athol (2,701 people, 12.5%), Windsor Gardens (1,760 people, 9.5%), Plympton (2,164 people, 9.5%) and Dry Creek - South/ Port Adelaide/ The Parks (2,378 people, 8.5%) were the population health areas with the highest proportions of NES born residents who had lived in Australia for less than five years. The high proportion in Adelaide city is likely indicative of high numbers of international students living in the area.

Source: Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Population Health Area, June 2015

Map 11: Recent migrant arrivals by Local Government Area of initial settlement, 1 September 2014 to 31 August 2015



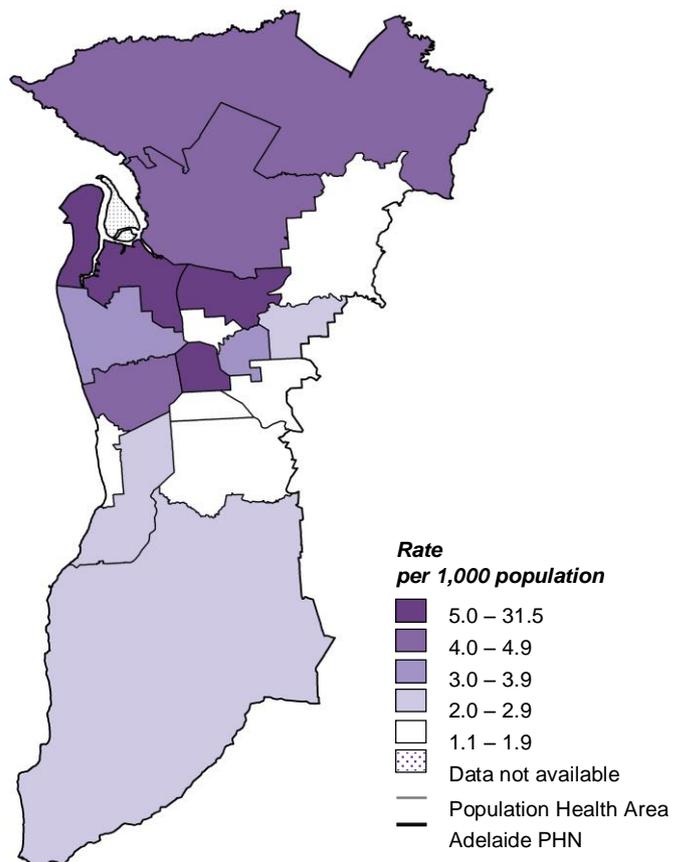
Between 1 September 2014 to 31 August 2015, 6,854 migrants settled in the Adelaide PHN region. Family visa stream settlements accounted for 28% of arrivals, 1,903 people, and 8% of arrivals were through the Humanitarian stream, 914 people.

Port Adelaide – Enfield and Salisbury local government areas had the highest proportion of settlements in the Adelaide PHN region, with 1,061 and 1,060 people respectively.

Source: Settlement Reports, Australian Government Department of Social Services. Arrivals from 1st September 2014 to 31st August 2015

Homelessness

Map 12: Homeless persons by location on Census night, 2011



According to the 2011 Census of Population and Housing, 4,048 people in the Adelaide PHN region were homeless on Census night, the 9 August 2011.

Adelaide City had the highest number and rate, 619 homeless people, at a rate of 31 per 1,000 resident population. Port Adelaide – East and Port Adelaide – West had the next highest rates with 6 people per 1,000 resident population (398 people) and 5 people per 1,000 resident population (285 people), respectively.

Source: Australian Bureau of Statistics, Census of Population and Housing: Estimating homelessness, 2011, December 2013

Mental health

Summary of findings from the 2014-15 Comprehensive Needs Assessments

Below is a summary of mental health and service needs and issues identified in the Comprehensive Needs Assessments undertaken by the three Medicare Locals⁴ that previously operated across the Adelaide PHN region. Mental health was identified as a priority area by all three Medicare Locals. The findings below are based on qualitative data collected through stakeholder analysis, health provider and consumer surveys, and targeted focus groups of consumers. The needs and issues are separated by sub-regions to align with initial northern, central and southern Adelaide data collection boundaries.

Northern region

Health needs and issues:

- High prevalence of mental health issues across the region, particularly anxiety and depression
- Stigma and lack of social acceptance of mental health issues

Service needs and issues:

- Barriers related to accessibility
- Lack of knowledge about mental health, services available and where to access them
- Navigating through the mental health system is complex and clients can be repeatedly referred to inappropriate services, there needs to be assistance to system navigate.
- Building more awareness of what and how mental health clients can access the services, and how other mental health services can refer

Central region

Health needs and issues:

- High prevalence of mental health issues across the region, particularly anxiety and depression
- Vulnerable populations need special consideration: Aboriginal and Torres Strait Islander people; people in the criminal justice system; children; young families and youth with mental health issues; CALD communities including refugees and new arrivals; Older populations, particularly those who live alone or are socially isolated; Low socio-economic groups/unemployed
- Prevention and screening for psychological issues relating to chronic disease is seen as important

Service needs and issues:

- Issues with timely access, affordability, transport, after hours access, carer support
- Need for holistic service provision
- Reported issues with navigating the mental health system
- Reported need for supported transition from hospital to primary care
- Need for greater service flexibility, reduced criteria and less gate-keeping
- Lack of services and reduced access to children's and youth mental health services
- Low rate of referral to mental health services given the prevalence of mental health issues
- Availability of services and long waiting times are barriers to mental health care, requirement of GP referral seen as time-consuming
- Services are fragmented across region, with a lack of coordinated care being reported for complex cases.
- Mental health services were reported as crisis driven with more emphasis on hospital beds, rather than community support and quality supported accommodation.

⁴ The three Medicare Locals -Northern Adelaide, Central Adelaide and Hills, Southern Adelaide-Fleurieu-Kangaroo Island.

Southern region

Health needs and issues:

- Anxiety and depression is high among adults and young people
- Vulnerable populations need special consideration Aboriginal and Torres strait Islander people; homeless people; people with a disability
- Social isolation of older persons with mental illness

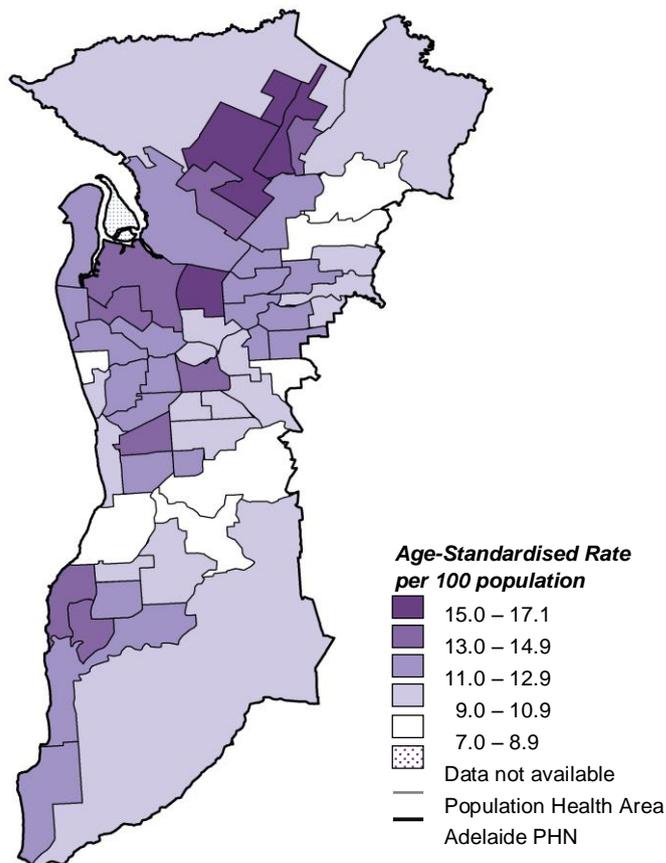
Service needs and issues:

- Needs to be greater capacity of general mental health services, specialised drug and alcohol service in the Marion region, counselling for refugee children
- Services are not easy to access or affordable for ongoing use
- Gaps in mental health services included provision of mental health services for older people, suicide prevention, more community-based specialists, sexuality support, support between hospitals and home, not enough support, psychiatry support to compliment private services, timely access for mental health care including assessment and treatment options
- Lack of after-hours support for people with mental health conditions was identified as a major gap
- Access to mental health services being linked to the person's primary diagnosis resulted in people in need being excluded
- No support for young carers of parents with a mental health condition
- Lack of support for mental health of mothers when parenting became too demanding
- Mental health services have to be attractive to young people, available after-hours, and not linked to school. A youth drop-in centre that provided social activities as well as counselling was identified as important by both the retirees and older people, and the young people's focus group.
- Young people identified social media as the best means of providing mental health information to their peers
- Other issues raised included support for young people, community wellness drop-in centres, more support for new parents, more supported community housing, greater clarity in the patient pathway, better community education, more services to handle difficult patients, distribution of information, better coordination of case management, more Aboriginal staff.

What need exists across our region for mental health support and services?

High psychological distress

Map 13: Estimated population, aged 18 years and over, with high or very high psychological distress based on the Kessler 10 Scale, by Population Health Area of usual residence, 2011-13



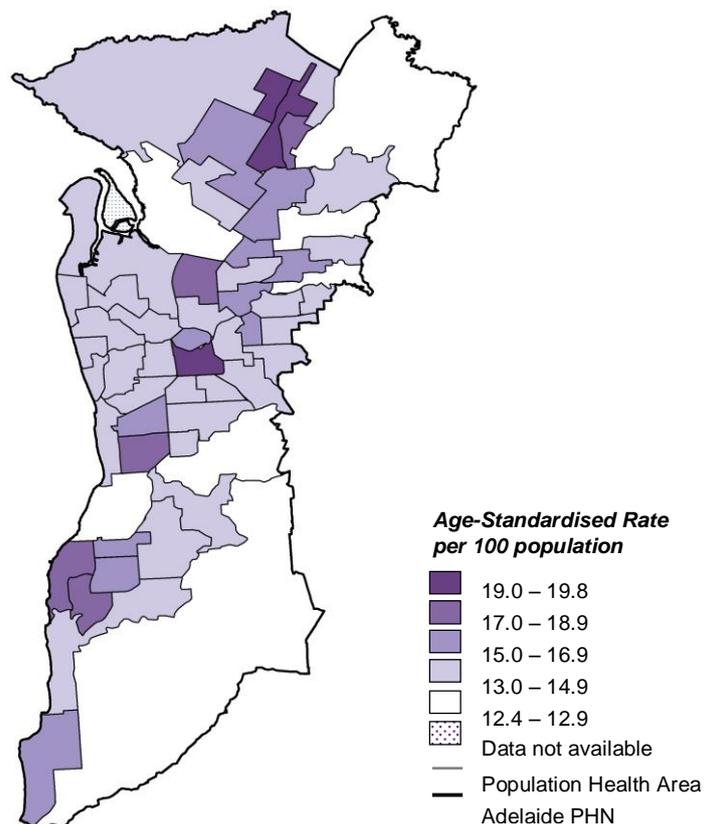
Results of the 2011-13 Australian Health Survey estimate that 103,592 people aged 18 years and over living in the Adelaide PHN region have high or very high psychological distress (based on the Kessler 10 Scale (K10)). This is equivalent to 11 out of every 100 people.

Elizabeth/ Smithfield - Elizabeth North (2,870 people, 17.1 per 100 population), Davoren Park (1,808 people, 16.3 per 100 population), Salisbury/ Salisbury North (3,736 people, 15.2 per 100 population), and Enfield - Blair Athol (2,610 people, 15 per 100 population) were the population health areas with the highest rates in the Adelaide PHN region.

Source: Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Population Health Area, June 2015

Prevalence of mental and behavioural problems

Map 14: Estimated population, aged 15 years and over, with mental and behavioural problems, by Population Health Area of usual residence, 2011-13



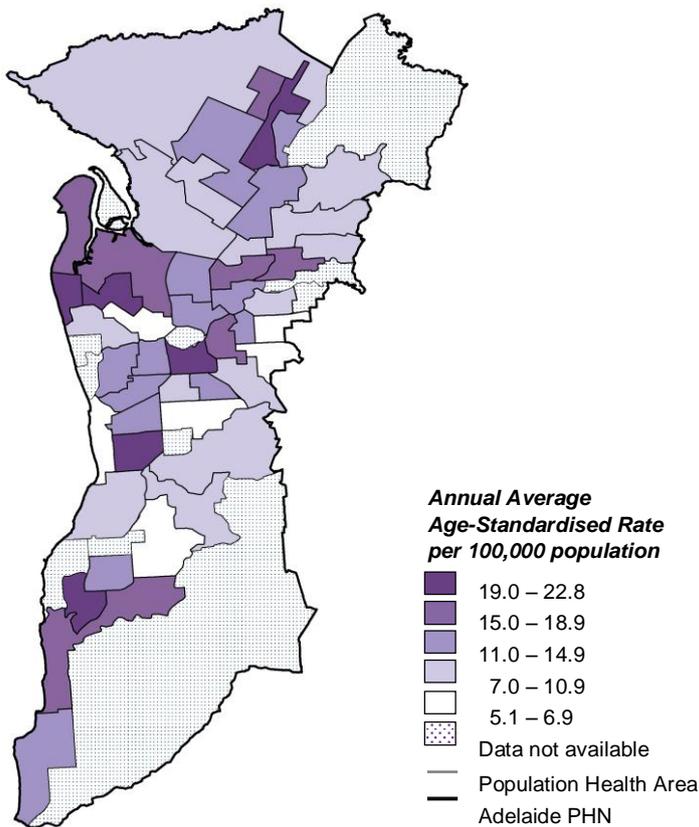
Results of the 2011-13 Australian Health Survey estimate that 169,635 people aged 15 years and over living in the Adelaide PHN region have a long-term mental or behavioural problem. This is equivalent to 14 out of every 100 people.

Davoren Park (2,909 people, 19.8 per 100 population), Elizabeth/ Smithfield - Elizabeth North (4,321 people, 19.8 per 100 population), and Adelaide (2,467 people, 19.2 per 100 population) were the population health areas with the highest rates in the Adelaide PHN region.

Source: Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Population Health Area, June 2015

Suicide

Map 15: Deaths from suicide and self-inflicted injuries, 0 to 74 years, by Population Health Area of usual residence, 2009 to 2012



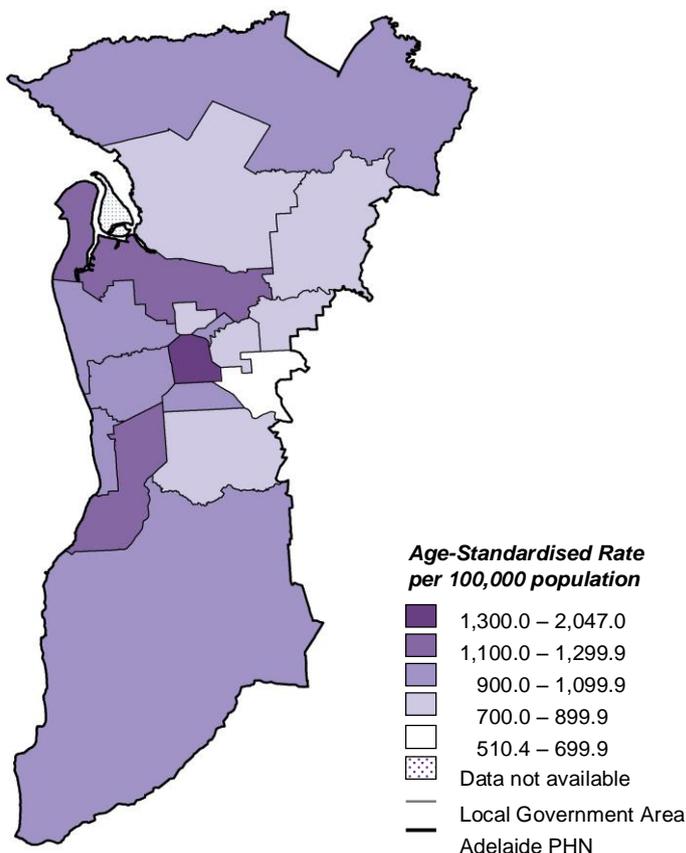
In the Adelaide PHN region from 2008 to 2012, there were 718 deaths of people aged 0 to 74 years from suicide and self-inflicted injuries, an annual average rate of 13.3 deaths per 100,000 population.⁵

Between 2009 and 2012, the population health areas with the highest annual average rates of deaths from suicide and self-inflicted injuries in the Adelaide PHN region were Elizabeth/ Smithfield - Elizabeth North (18 deaths, 22.8 per 100,000 population per year), Adelaide (9 deaths, 22.2 per 100,000), Christie Downs/ Hackham West - Huntfield Heights (12 deaths, 20.7 per 100,000 population per year) and West Lakes (11 deaths, 19 per 100,000 population per year).

Source: Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Population Health Area, June 2015

Hospital admissions

Map 16: Public hospital admissions due to mental health related conditions, by Local Government Area of usual residence, 2011-12



In 2011-12, there were 11,350 admissions to public hospitals due to mental health related conditions, a rate of 949.5 admissions per 100,000 population for residents of the Adelaide PHN region.

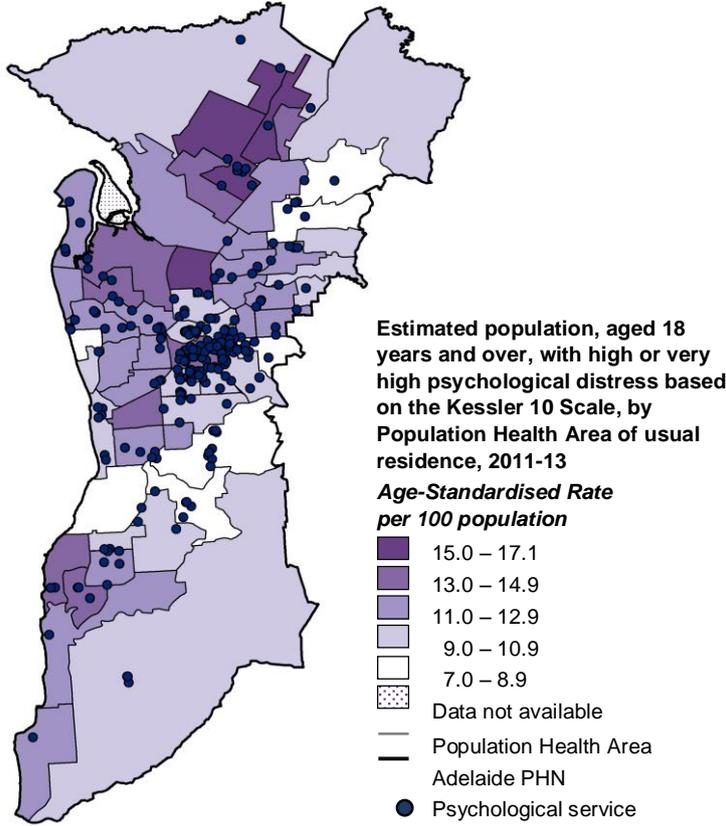
The local government areas in the Adelaide PHN region with the highest admission rates were Adelaide (494 admissions, 2,047 per 100,000 population) and Port Adelaide Enfield (1,528 admissions, 1,254.3 per 100,000 population).

Source: Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Local Government Area, June 2015

⁵ Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Primary Health Network, November 2014

How are mental health services distributed across the region?

Map 17: Location of psychological services in Adelaide PHN region, November 2015



The locations of psychological service providers are mapped using the street address of the provider sourced from the National Health Services Directory (NHSD).

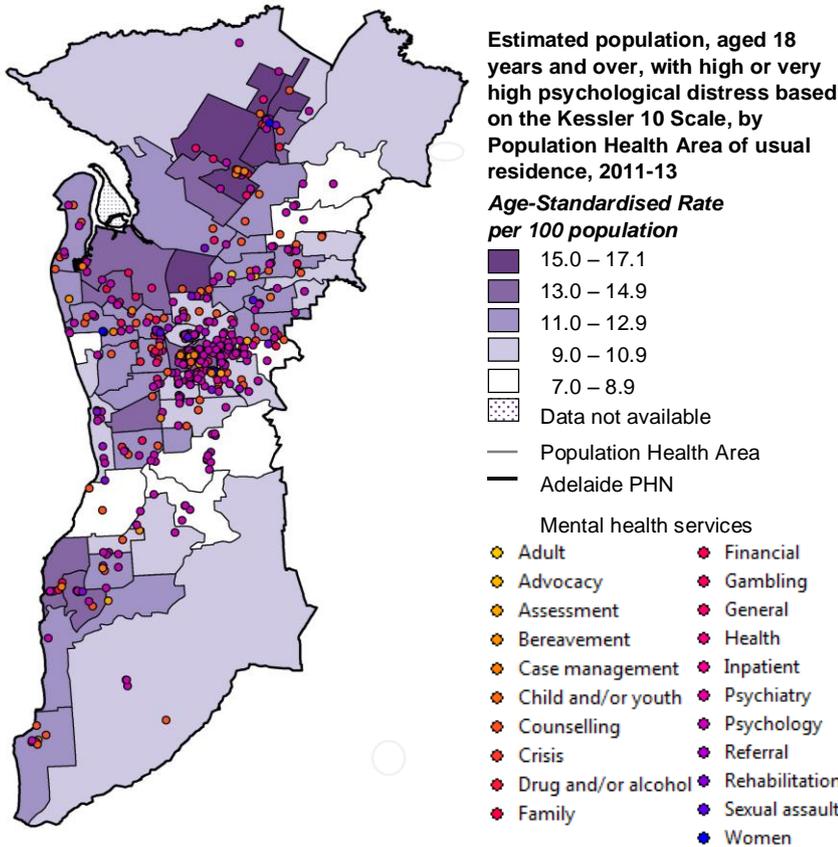
Psychological services were identified from the 'psychology' service type category in the NHSD.

The base map shows proportions of high or very high psychological distress as compared to service distribution.

Approximately two thirds of providers listed on the NHSD are located in the Central Local Health Network.

Source: National Health Services Directory (NHSD), November 2015; Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Population Health Area, June 2015

Map 18: Location of mental health services, November 2015



The locations of mental health service providers are mapped using the street address of the provider sourced from the National Health Services Directory (NHSD).

Mental health service providers have been grouped based on their service type in the NHSD.

The base map shows proportions of high or very high psychological distress as compared to service distribution.

Approximately two thirds of providers listed in the NHSD are located in the Central Local Health Network

Source: National Health Services Directory (NHSD), November 2015; Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Population Health Area, June 2015

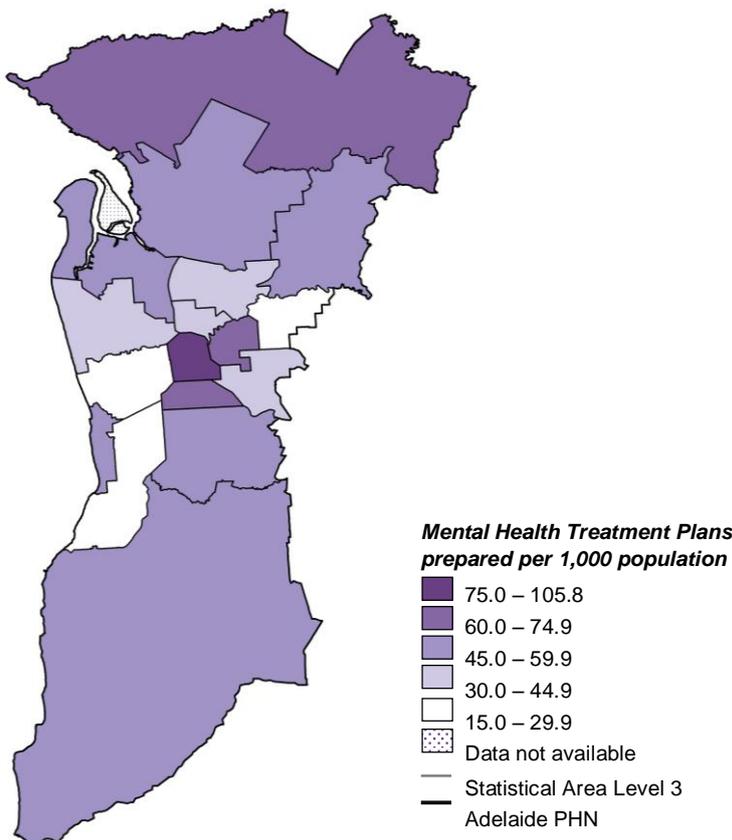
Provision of mental health support and services across the region

The following points demonstrate how primary mental health treatment services are currently being provided in metropolitan Adelaide:

- 55,665 Mental Health Treatment Plans (MHTP) prepared by General Practitioners within the Adelaide PHN region in 2014-15 (not including MHTP reviews).
- 57,075 people accessed Medicare Benefits Schedule (MBS) funded psychological services under the *Better Access* initiative, with 239,442 services delivered by providers within the Adelaide PHN region in 2014-15.
- 3,335 people living within the Adelaide PHN region accessed Access to Allied Psychological Services (ATAPS) funded psychological services with 9,899 services delivered by ATAPS providers in 2014-15.
- Mental Health services largely clustered in the central Adelaide metropolitan region.
- Higher prevalence of people experiencing high or very high psychological distress in outer northern, southern and north-western metropolitan areas.
- Comparatively high rates of people accessing MBS funded psychological services under the *Better Access* initiative, in outer metropolitan areas, coupled with low service provision in the same areas.
- Higher prevalence of people experiencing psychological distress in north-western metropolitan areas, coupled with comparatively low service provision and low rates of people referred to MBS funded psychological services in the same areas.

Mental Health Treatment Plans

Map 19: Mental Health Treatment Plans prepared for clients, by Statistical Area 3 of the general practitioner's location, 2014-15



In 2014-15, 55,665 Mental Health Treatment Plans were prepared by General Practitioners located within the Adelaide PHN region.

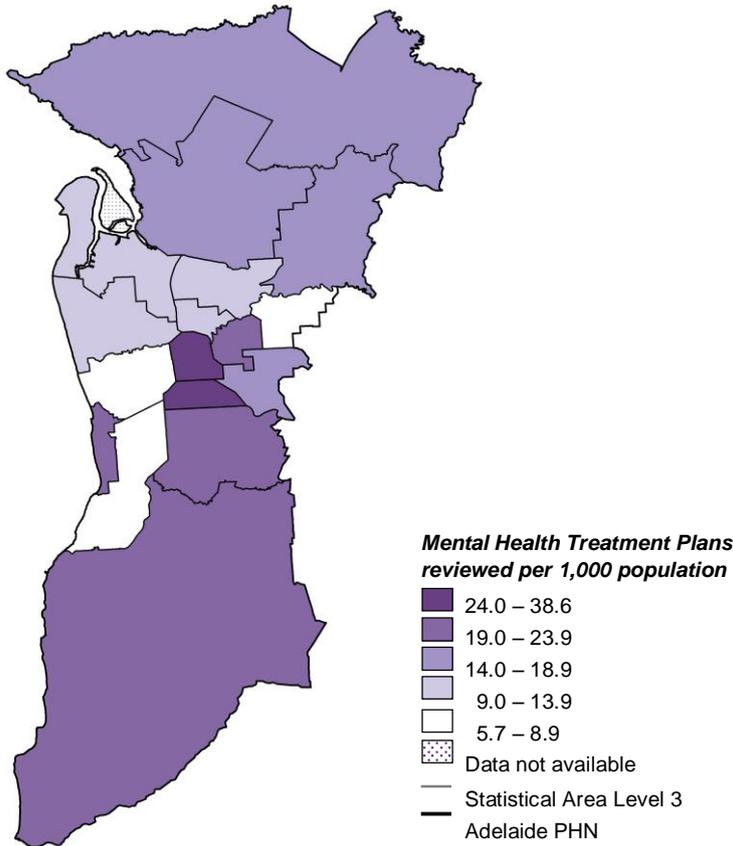
Onkaparinga had the highest number of services with 9,700 plans prepared, 17.4% of total services, followed by Salisbury with 6,217 plans prepared, 11.2% of total services.

The highest rates per 1,000 population were in the SA3s of Adelaide City (105.8 per 1,000, 2,400 services), Unley (74.8 per 1,000, 2,918 services) and Norwood-Payneham-St Peters (61.1 per 1,000, 2,266 Services)

This data is captured using the MBS Item Numbers 2700, 2701, 2715 and 2717. For more information on how this item is used by General Practitioners, please refer to the MBS website <http://www9.health.gov.au/mbs/search.cfm>

Source: Department of Health, Medicare Benefits Schedule data by Statistical Area Level 3, January 2016

Map 20: Mental Health Treatment Plans reviewed for clients, by Statistical Area 3 of the general practitioner's location, 2014-15



In 2014-15, 20,304 Mental Health Treatment Plans were reviewed by General Practitioners located within the Adelaide PHN region.

Onkaparinga had the highest number of services with 4,005 plans reviewed, 19.7% of total services, followed by Salisbury with 2,064 plans reviewed, 10.2% of total services.

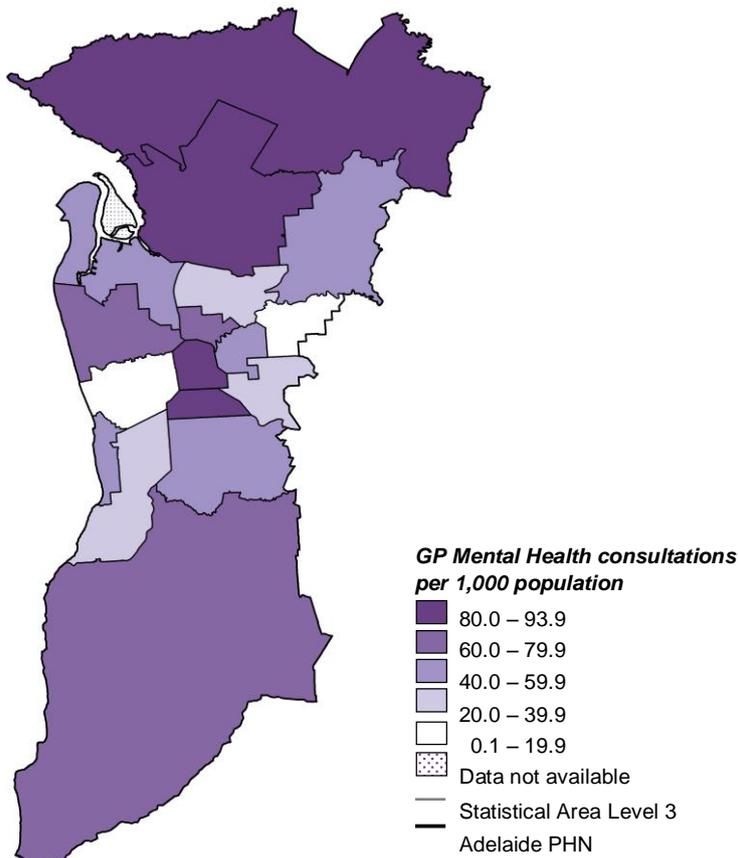
The highest rates per 1,000 population were in the SA3s of Adelaide City (38.6 per 1,000, 876 services), and Unley (30.1 per 1,000, 1,174 services).

This data is captured using the MBS Item Number 2712. For more information on how this item is used by General Practitioners, please refer to the MBS website <http://www9.health.gov.au/mbs/search.cfm>

Source: Department of Health, Medicare Benefits Schedule data by Statistical Area Level 3, January 2016

General Practitioner Mental Health Consultations

Map 21: GP Mental Health consultations provided to clients, by Statistical Area 3 of the general practitioner's location, 2014-15



In 2014-15, 68,479 Mental Health Consultations occurred with a General Practitioner located within the Adelaide PHN region.

Salisbury had the highest number of services with 11,354 consultations, 16.6% of services, followed by Onkaparinga with 10,872 consultations, 15% of services.

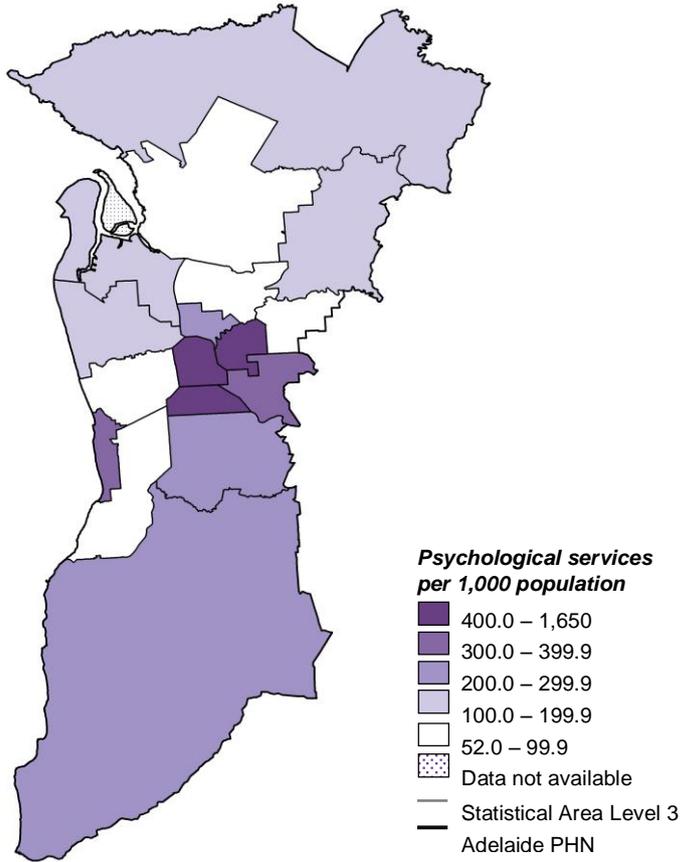
The highest rates per 1,000 population were in the SA3s of Unley (93 per 1,000, 3,629 consultations), Playford (92 per 1,000, 8,146 consultations) and Adelaide City (92 per 1,000, 2,098 consultations).

This data is captured using the MBS Item Number 2713. For more information on how this item is used by General Practitioners, please refer to the MBS website <http://www9.health.gov.au/mbs/search.cfm>

Source: Department of Health, Medicare Benefits Schedule data by Statistical Area Level 3, January 2016

Better Access psychological services

Map 22: Better Access psychological services provided to clients, by Statistical Area 3 of the provider's location, 2014-15



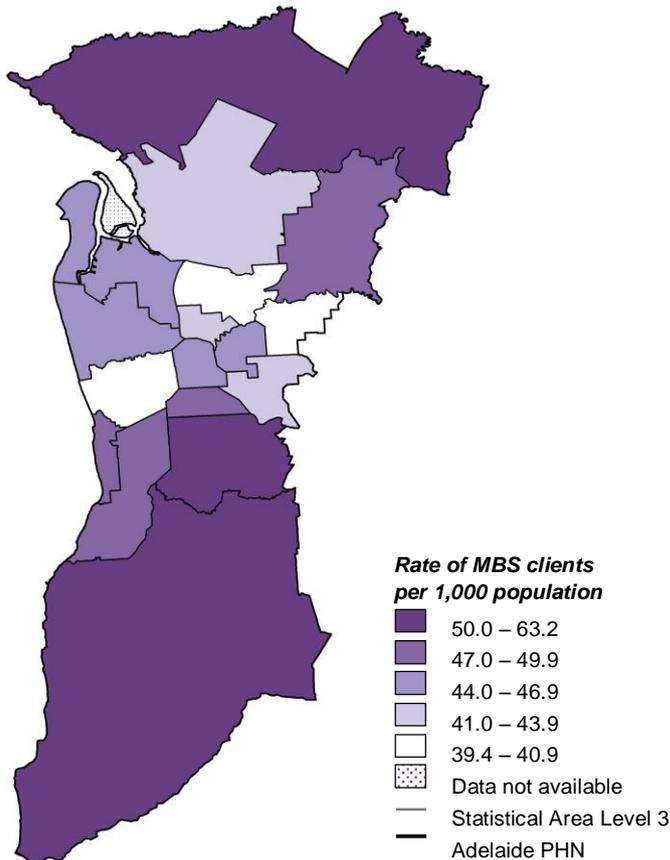
In 2014-15, 239,442 Better Access psychological services were provided to clients by providers in the Adelaide PHN region.

Adelaide City had the highest number with 37,444 services, 15.6% of services, followed by Onkaparinga with 34,819 services, 14.5% of services.

The highest rates per 1,000 population were in the SA3s of Adelaide City (1,650 services per 1,000 population), Norwood-Payneham-St Peters (653 services per 1,000 population, 24,239 services) and Unley (478 services per 1,000 population, 18,680 services).

Source: Department of Health, Medicare Benefits Schedule data by Statistical Area Level 3, January 2016

Map 23: Better Access psychological services provided to clients, by Statistical Area 3 of client's usual residence, 2014-15



In 2014-15, 57,075 clients who resided in the Adelaide PHN region were provided a psychological service.

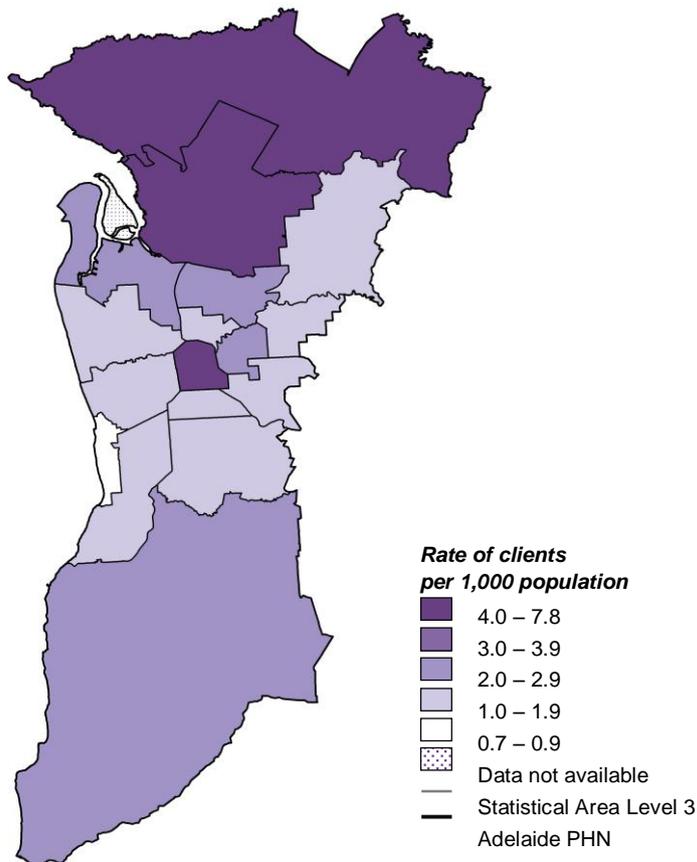
Onkaparinga had the highest number with 10,677 clients, 19% of total clients, followed by Salisbury with 5,673 clients, 10% of total clients.

The highest rates per 1,000 population were in the SA3s of Onkaparinga (63 clients per 1,000 population), Mitcham (50 clients per 1,000 population, 4,214 clients) and Playford (50 clients per 1,000 population, 4,390 clients).

Source: Department of Health, Medicare Benefits Schedule data by Statistical Area Level 3, January 2016

Access to Allied Psychological Services (ATAPS)

Map 24: Clients provided a service by an ATAPS provider, by Statistical Area 3 of client's usual residence, 2014-15



In 2014-15, 3,335 clients who resided in the Adelaide PHN region were provided an ATAPS service.

Salisbury SA3 with 772 clients had the highest number, 24% of total clients, followed by Playford SA3 with 686 clients, 21% of total clients.

The highest rates per 1,000 population were in the SA3s of Playford (8 clients per 1,000 population), Salisbury (6 clients per 1,000 population) and Adelaide City (6 clients per 1,000 population, 130 clients).

Source: Combined Country SA and APHN ATAPS MDS database for the 2014-15 financial year. Data extracted 18 November 2015.

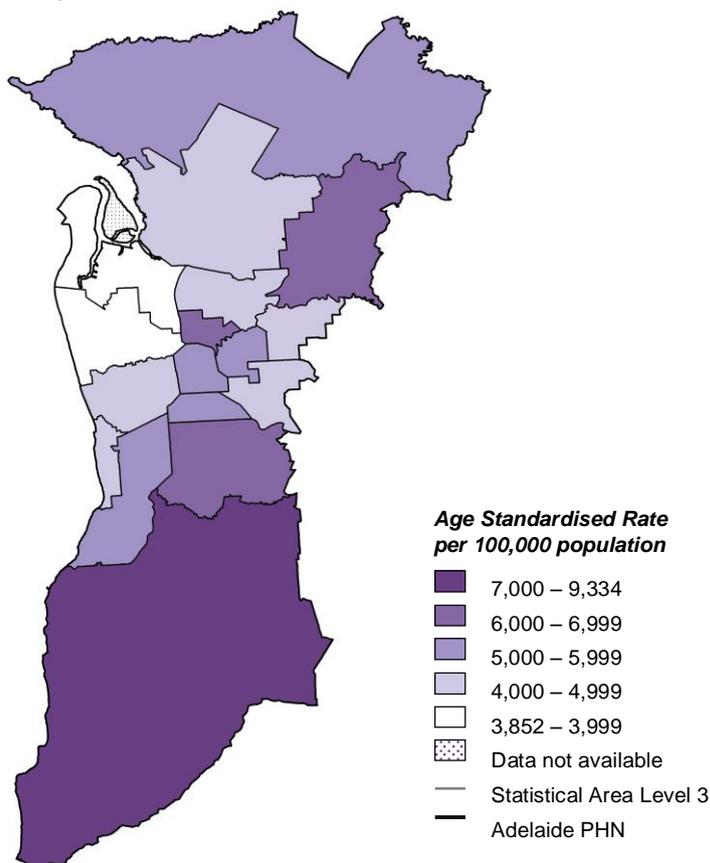
Patterns of dispensing for psychotropic medicines

Analysis of Pharmaceutical Benefits Scheme data highlights patterns of psychotropic medicines dispensing across the Adelaide PHN region:

- The northern and southern metropolitan regions, primarily the SA3s of Onkaparinga and Playford, had the highest rates of dispensing for antidepressants across all age groups.
- Playford SA3 had the 4th highest rate in Australia of anxiolytic medicines dispensing for people aged 18 to 64 years, 2nd highest rate in Australia of anxiolytic medicines dispensing for people aged 65 years and over.
- Patterns of antipsychotic medicines dispensing varied by aged group – rates were high in all age groups in the northern metropolitan region; the southern metropolitan region had high rates for people aged 17 years and under; and in the west, rates were high for people aged 65 years and over. Adelaide city SA3 had the 4th highest rate in Australia for antipsychotic medicines dispensing for people aged 18 to 64 years.
- The northern and southern metropolitan regions, primarily the SA3s of Onkaparinga, Playford and Salisbury, had the highest rates of dispensing for Attention Deficit Hyperactivity Disorder medicines in people aged 17 years and under.
- Six SA3s in the Adelaide PHN had some of the lowest rates of dispensing for Attention Deficit Hyperactivity Disorder medicines in people aged 17 years and under in Australia. They were Norwood-Payneham-St Peters (106 prescriptions, 1,767 per 100,000), Unley (128 prescriptions, 1,777 per 100,000), Burnside (218 prescriptions, 2,240 per 100,000), Campbelltown (268 prescriptions, 2,590 per 100,000), Mitcham (386 prescriptions, 2,893 per 100,000) and Charles Sturt (592 prescriptions, 2,952 per 100,000).

Antidepressant medicines

Map 25: PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 17 years and under, by Statistical Area 3 of usual residence, 2013–14



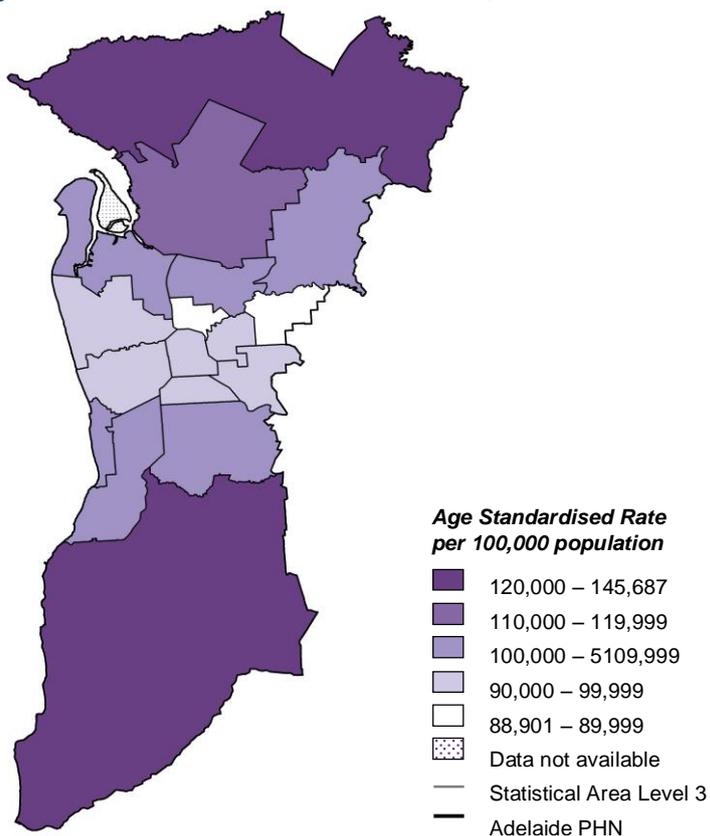
In 2013-14, 14,031 PBS prescriptions for antidepressant medicines were dispensed to people aged 17 years and under living in the Adelaide PHN region.

Onkaparinga had the highest number and rate of prescriptions dispensed, 3,581 prescriptions, a rate of 9,334 per 100,000 population. Salisbury (1,322 prescriptions), Tea Tree Gully (1,321), and Playford (1,248) also had high numbers of antidepressant medicines dispensed.

After Onkaparinga, the SA3s with the highest rates per 100,000 population were Mitcham (6,588 per 100,000 population, 917 prescriptions), Prospect-Walkerville (6,584 per 100,000, 356 prescriptions) and Tea Tree Gully (6,302 per 100,000 population).

Source: Australian Commission of Safety and Quality in Health Care, 2015. (National Health Performance Authority: analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013).

Map 26: PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 18 to 64 years, by Statistical Area 3 of usual residence, 2013–14



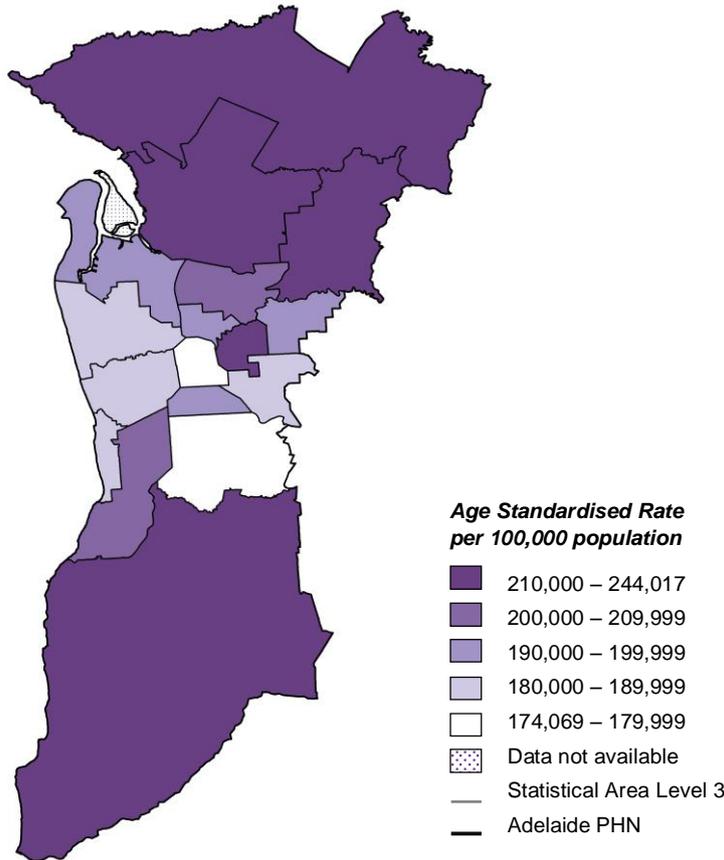
In 2013-14, 812,906 PBS prescriptions for antidepressant medicines were dispensed to people aged 18 to 64 years living in the Adelaide PHN region.

Onkaparinga had the highest number of prescriptions dispensed, 136,314 prescriptions, a rate of 127,037 per 100,000 population. Salisbury (95,218 prescriptions) and Playford (74,055 prescriptions) also had high numbers of antidepressant medicines dispensed.

Playford SA3 had the highest rates with 145,687 per 100,000 population, followed by Onkaparinga with 127,037 per 100,000 population.

Source: Australian Commission of Safety and Quality in Health Care, 2015. (National Health Performance Authority: analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013).

Map 27: PBS prescriptions dispensed for antidepressant medicines per 100,000 people aged 65 years and over, by Statistical Area 3 of usual residence, 2013–14



In 2013-14, 394,605 PBS prescriptions for antidepressant medicines were dispensed to people aged 65 years and over living in the Adelaide PHN region.

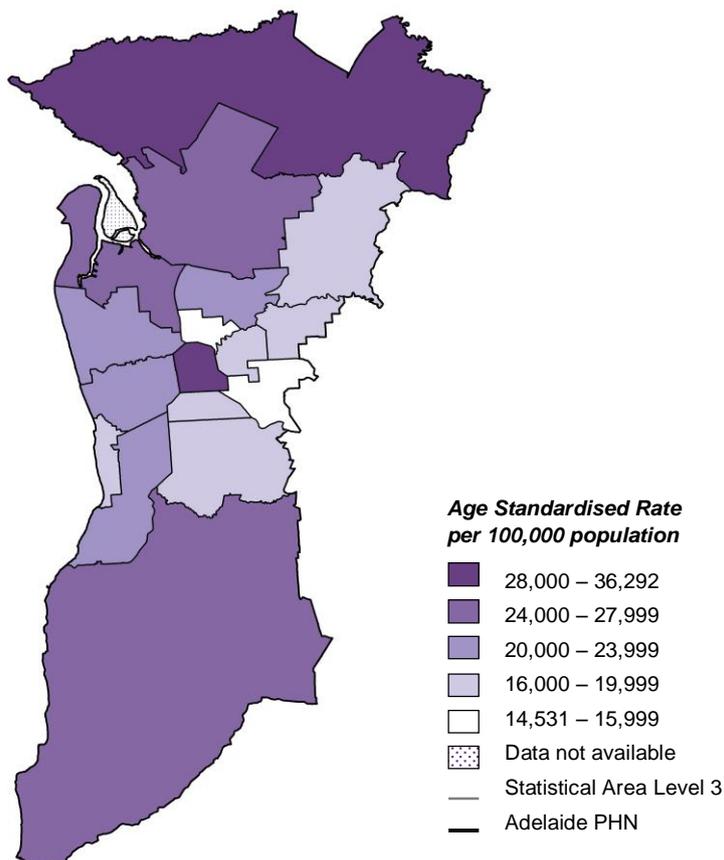
Onkaparinga had the highest number of prescriptions dispensed, 54,664 prescriptions, a rate of 217,803 per 100,000 population. Charles Sturt (37,231 prescriptions) and Salisbury (37,072 prescriptions) also had high numbers of antidepressant medicines dispensed.

Playford SA3 had the highest rate with 244,017 per 100,000 population (24,910 prescriptions), followed by Onkaparinga with 217,803 per 100,000 population and Tea Tree Gully, 217,739 per 100,000 population (32,802 prescriptions).

Source: Australian Commission of Safety and Quality in Health Care, 2015. (National Health Performance Authority: analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013).

Anxiolytic medicines

Map 28: PBS prescriptions dispensed for anxiolytic medicines per 100,000 people aged 18 to 64 years, by Statistical Area 3 of usual residence, 2013–14



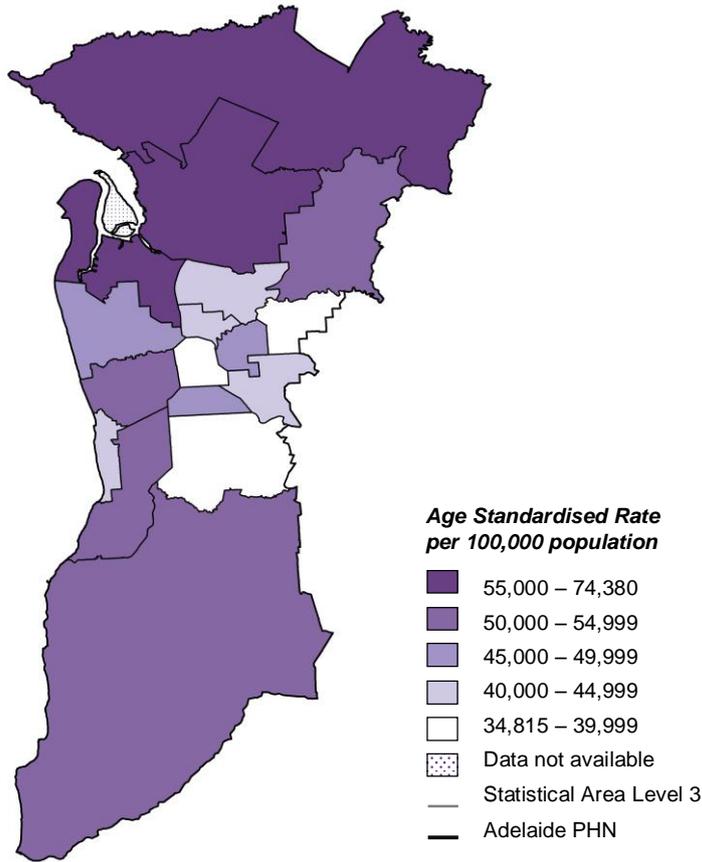
In 2013-14, 165,678 PBS prescriptions for anxiolytic medicines were dispensed to people aged 18 to 64 years living in the Adelaide PHN region.

Onkaparinga had the highest number of prescriptions dispensed, 25,443 prescriptions, a rate of 24,026 per 100,000 population. Salisbury (21,687 prescriptions) and Playford (17,974 prescriptions) also had high numbers of anxiolytic medicines dispensed.

Playford SA3 had the highest rates with 36,292 per 100,000 population, followed by Adelaide City with 29,137 per 100,000 population (3,462 prescriptions).

Source: Australian Commission of Safety and Quality in Health Care, 2015. (National Health Performance Authority: analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013).

Map 29: PBS prescriptions dispensed for anxiolytic medicines per 100,000 people aged 65 years and over, by Statistical Area 3 of usual residence, 2013–14



In 2013-14, 100,377 PBS prescriptions for anxiolytic medicines were dispensed to people aged 65 years and over living in the Adelaide PHN region.

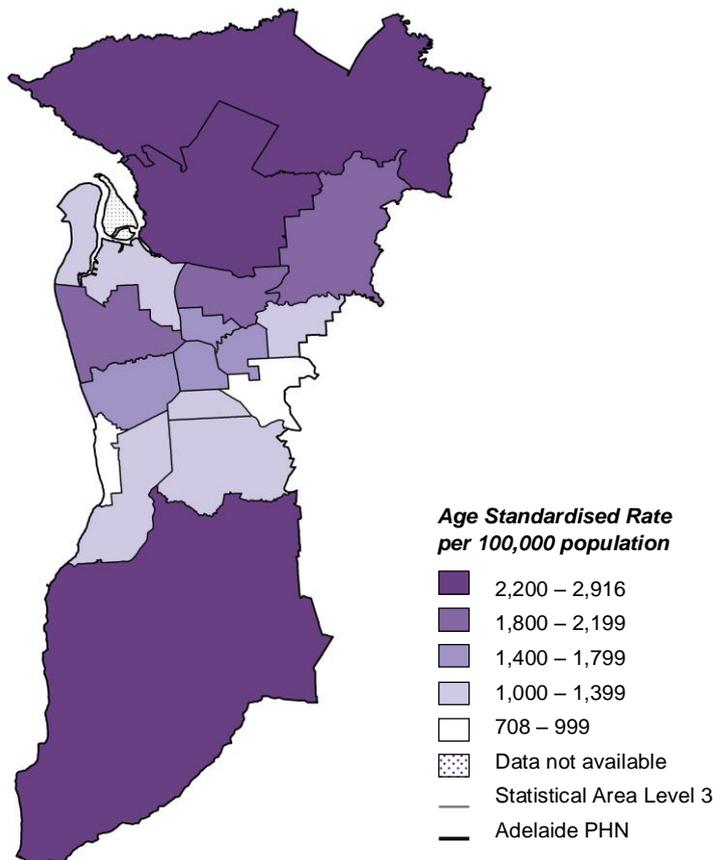
Onkaparinga had the highest number of prescriptions dispensed, 12,636 prescriptions, a rate of 51,035 per 100,000 population. Charles Sturt (10,386 prescriptions) and Salisbury (9,845 prescriptions) also had high numbers of anxiolytic medicines dispensed.

Playford SA3 had the highest rates with 74,380 per 100,000 population (7,647 prescriptions), followed by Port Adelaide-West 59,011 per 100,000 population (5,576 prescriptions).

Source: Australian Commission of Safety and Quality in Health Care, 2015. (National Health Performance Authority: analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013).

Antipsychotic medicines

Map 30: PBS prescriptions dispensed for antipsychotic medicines per 100,000 people aged 17 years and under, by Statistical Area 3 of usual residence, 2013–14



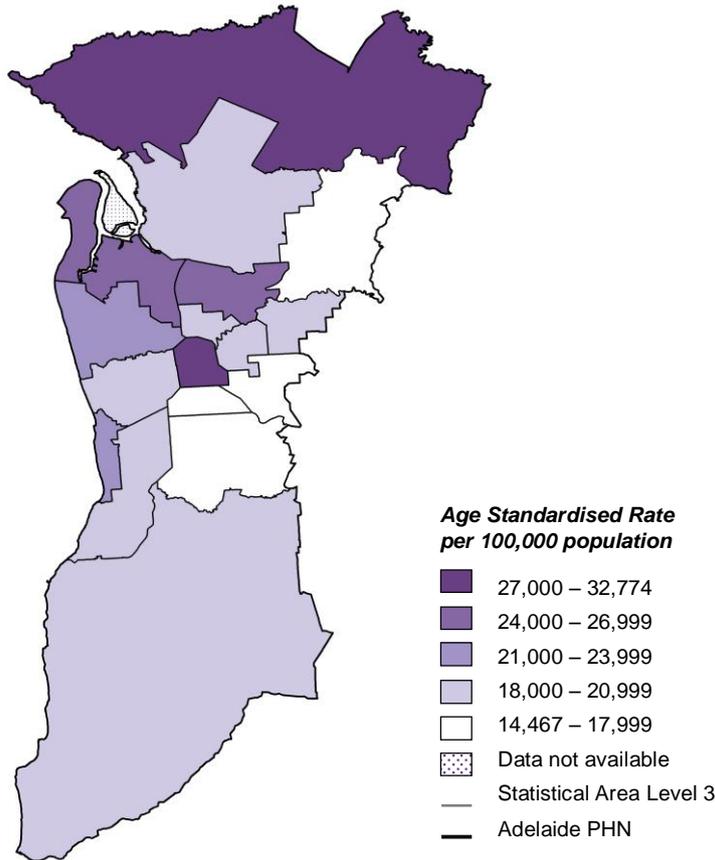
In 2013-14, 4,626 PBS prescriptions for antipsychotic medicines were dispensed to people aged 17 years and under living in the Adelaide PHN region.

Onkaparinga had the highest number of prescriptions dispensed, 963 prescriptions, a rate of 2,524 per 100,000 population. Salisbury (735 prescriptions), and Playford (634) also had high numbers of antipsychotic medicines dispensed.

Playford SA3 had the highest rate with 2,916 per 100,000 population, followed by Onkaparinga (2,524 per 100,000) and Salisbury (2,458 per 100,000 population).

Source: Australian Commission of Safety and Quality in Health Care, 2015. (National Health Performance Authority: analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013).

Map 31: PBS prescriptions dispensed for antipsychotic medicines per 100,000 people aged 18 to 64 years, by Statistical Area 3 of usual residence, 2013–14



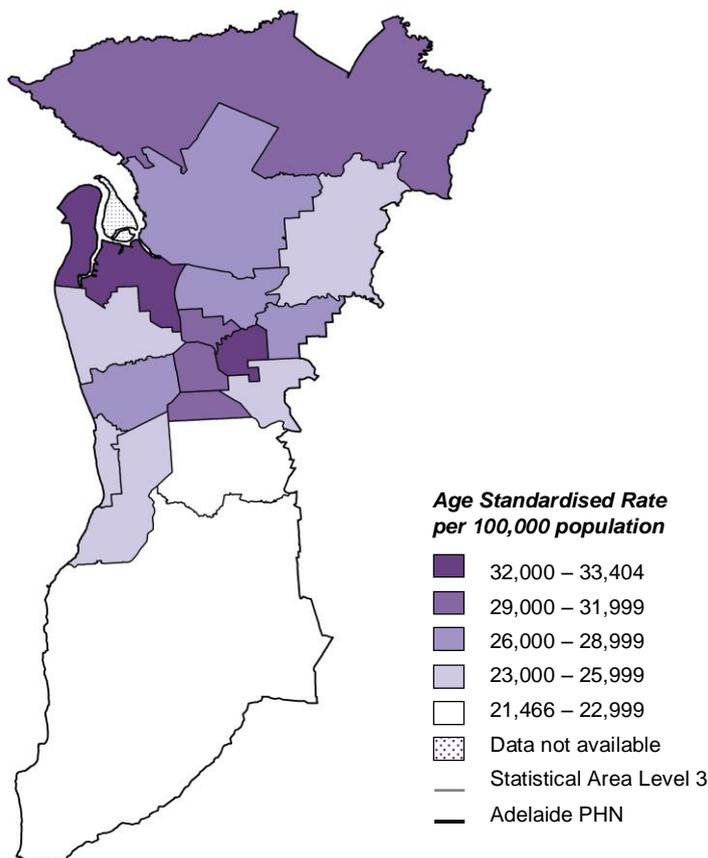
In 2013-14, 147,706 PBS prescriptions for antipsychotic medicines were dispensed to people aged 18 to 64 years living in the Adelaide PHN region.

Onkaparinga had the highest number of prescriptions dispensed, 19,016 prescriptions, a rate of 18,404 per 100,000 population. Salisbury (15,148 prescriptions), Charles Sturt (14,339) and Playford (14,188) also had high numbers of antipsychotic medicines dispensed.

Adelaide City SA3 had the highest rate with 32,774 per 100,000 population, followed by Playford (28,230 per 100,000 population).

Source: Australian Commission of Safety and Quality in Health Care, 2015. (National Health Performance Authority: analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013).

Map 32: PBS prescriptions dispensed for antipsychotic medicines per 100,000 people aged 65 years and over, by Statistical Area 3 of usual residence, 2013–14



In 2013-14, 52,793 PBS prescriptions for antipsychotic medicines were dispensed to people aged 65 years and over living in the Adelaide PHN region.

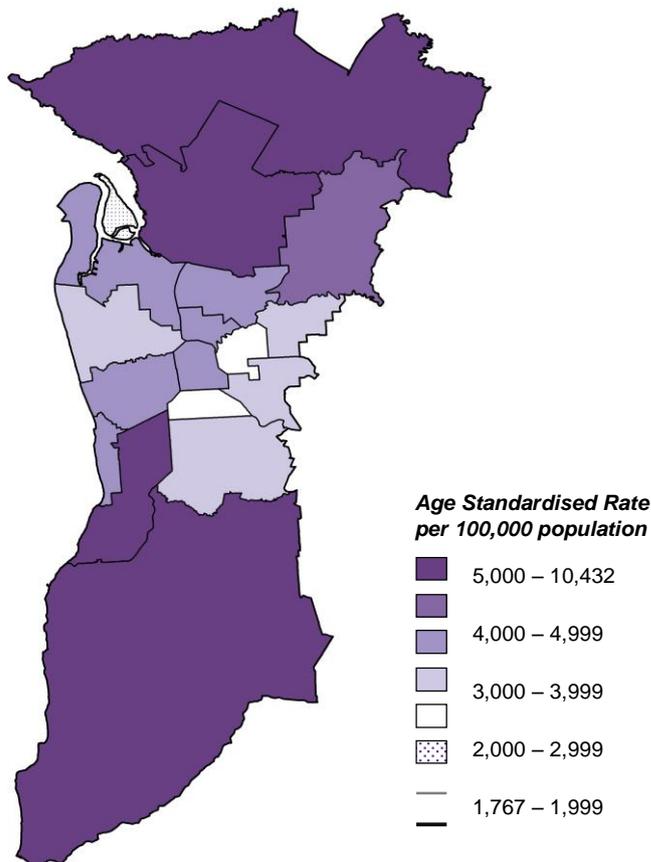
Onkaparinga had the highest number of prescriptions dispensed, 5,728 prescriptions, a rate of 22,328 per 100,000 population. Charles Sturt (5,423 prescriptions) and Salisbury (4,627) also had high numbers of antipsychotic medicines dispensed.

Port Adelaide - West SA3 had the highest rate with 33,404 per 100,000 population (3,214 prescriptions), followed by Norwood-Payneham-St Peters with 32,932 per 100,000 population (2,324 prescriptions).

Source: Australian Commission of Safety and Quality in Health Care, 2015. (National Health Performance Authority: analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013).

Attention Deficit Hyperactivity Disorder (ADHD) medicines

Map 33: PBS prescriptions dispensed for ADHD medicines per 100,000 people aged 17 years and under, by Statistical Area 3 of usual residence, 2013–14



In 2013-14, 12,726 PBS prescriptions for ADHD medicines were dispensed to people aged 17 years and under living in the Adelaide PHN region.

Onkaparinga had the highest number of prescriptions dispensed, 3,240 prescriptions, a rate of 8,541 per 100,000 population. Salisbury (2,265 prescriptions), and Playford (2,248) also had high numbers of ADHS medicines dispensed.

Playford SA3 had the highest rate with 10,432 per 100,000 population, followed by Onkaparinga (8,541 per 100,000 population) and Salisbury (7,648 per 100,000 population).

Source: Australian Commission of Safety and Quality in Health Care, 2015. (National Health Performance Authority: analysis of Pharmaceutical Benefits Scheme (PBS) statistics 2013–14 (data supplied 15/04/2015) and Australian Bureau of Statistics Estimated Resident Population 30 June 2013).

Alcohol and other drugs

Summary of findings from the 2014-15 Comprehensive Needs Assessments

Below is a summary of alcohol and other drug health service needs and issues identified in the Comprehensive Needs Assessments undertaken by the three Medicare Locals⁶ that previously operated across the Adelaide PHN region. Alcohol and other drugs were not identified as a stand-alone priority area however they were recognised by all three Medicare Locals as important issues and risk factors to poorer mental health outcomes.

The findings below are based on qualitative research undertaken by the Medicare Locals, collected through stakeholder analysis, health provider and consumer surveys, and targeted focus groups of consumers.

Across metropolitan Adelaide, the health needs and service barriers for alcohol and other drugs identified were:

- There are pockets throughout metropolitan Adelaide that have high rates of 'risky' alcohol consumption, higher than national rate in some areas
- In some areas 'risky' alcohol consumption rates are found to closely correlate with high prevalence of psychological distress and suicide
- CALD communities experience difficulty accessing allied health services, drug and alcohol services and mental health services.
- Concerns for youth mental health and drug addiction in CALD focus groups, culturally appropriate services and language barriers restrict ability to get help.
- Modal exposure factor for newly acquired hepatitis B cases cited was injecting drug use
- Injecting drug use continues to be the primary risk factor for acquisition of hepatitis C.

What need exists across the region for alcohol & other drug support and services?

Illicit drug use

- Key findings from the 2014 Australian Institute of Health and Welfare *National Drug Strategy Household Survey 2013*⁷:
 - In 2013, 15.7 % of people (18.3% of males, 13.2% of females) aged 14 years and older in South Australia used an illicit drug in the previous 12 months; this proportion increased to over a quarter, 28.6%, for South Australians aged 20-29 years old
 - Cannabis was the most commonly used illicit drug (11% of people aged 14 years or older), followed by misuse of any pharmaceuticals (4.7%), pain-killers/analgesics (3.5%), ecstasy (2.2%) and meth/amphetamine (2.2%)
 - 63.9% of meth/amphetamine used in 2013 was in crystal or ice form, a statistically significant increase from 38.1% in 2010.
 - By SA4 region, the highest proportion of people using an illicit drug in the past 12 months was in Adelaide – South⁸ with 20.2%, followed by Adelaide – West⁹ (17.4%), Adelaide - Central and Hills¹⁰ (15.9%) and Adelaide – North¹¹ (10.4%).

⁶ The three Medicare Locals -Northern Adelaide, Central Adelaide and Hills, Southern Adelaide-Fleurieu-Kangaroo Island.

⁷ Australian Institute of Health and Welfare. 2014. National Drug Strategy Household Survey 2013: State and territory comparisons chapter, Online data tables - <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549643>

⁸ Includes SA3s Holdfast Bay, Marion, Mitcham, Onkaparinga

⁹ Includes SA3s West Torrens, Charles Sturt, Port Adelaide – West

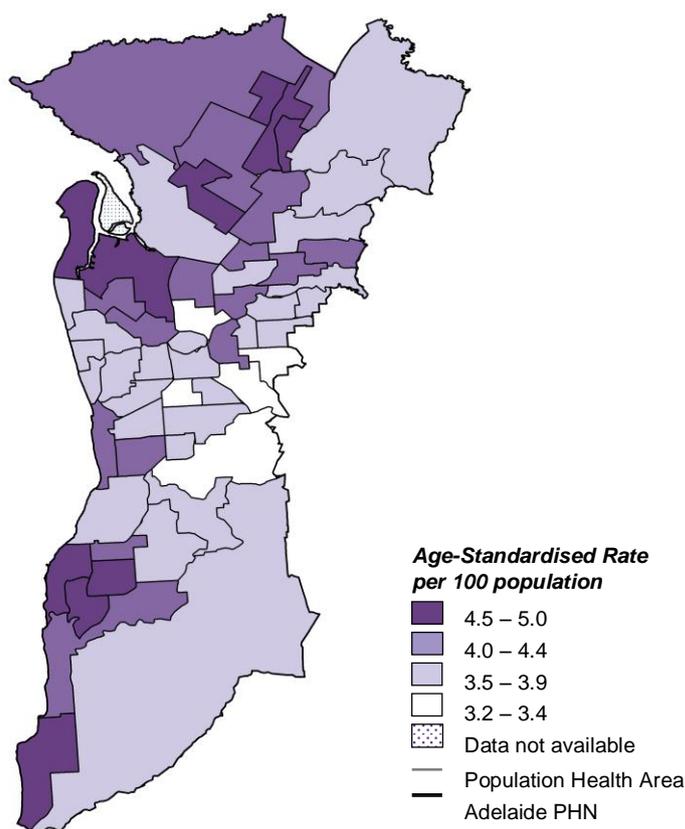
¹⁰ Includes SA3s Adelaide City, Adelaide Hills, Burnside, Campbelltown, Norwood-Payneham-St Peters, Prospect-Walkerville, Unley

¹¹ Includes SA3s Gawler-Two Wells, Playford, Port Adelaide – East, Salisbury, Tea Tree Gully

Alcohol consumption

- Key findings from the 2014 Australian Institute of Health and Welfare *National Drug Strategy Household Survey 2013*¹²:
 - In 2013, 18.5% of people (28.1% of males, 9.0% of females) aged 14 years and older in South Australia consumed 'risky'¹³ levels of alcohol in the previous 12 months; this proportion increased to over a quarter, 25.2%, for South Australians aged 35-44 years old
 - By SA4 region, the highest proportion of people consuming alcohol at 'risky' levels in the past 12 months was Adelaide – West¹⁴, with 22.3%, followed by Adelaide – South¹⁵ (18.7%), Adelaide - Central and Hills¹⁶ (15%) and Adelaide – North¹⁷ (14.3%).

Map 34: Estimated population, aged 18 years and over, consuming alcohol at levels considered to be a high risk to health, by Population Health Area of usual residence 2011-13



Results of the 2011-13 Australian Health Survey estimate that 35,756 people aged 18 years and over living in the Adelaide PHN region consume alcohol at levels considered to be a high risk to health.

Approximately 5 per 100 population, were consuming alcohol at levels considered to be a high risk to health in the six population health areas with the highest rates in the Adelaide PHN region.

They were Elizabeth/ Smithfield - Elizabeth North (5.0 people per 100 population), Christies Beach/ Lonsdale (4.8 people per 100 population), Davoren Park (4.7 people per 100 population), Elizabeth East (4.7 people per 100 population), Largs Bay - Semaphore/ North Haven (4.7 people per 100 population) and Morphett Vale - East/ Morphett Vale – West (4.6 people per 100 population).

Source: Public Health Information Development Unit (PHIDU), Social Health Atlas of Australia, Data by Population Health Area, June 2015

¹² Australian Institute of Health and Welfare. 2014. National Drug Strategy Household Survey 2013: State and territory comparisons chapter, Online data tables - <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129549643>

¹³ On average, had more than 2 standard drinks per day, which increases their risk of alcohol-related harm over a lifetime

¹⁴ Includes SA3s West Torrens, Charles Sturt, Port Adelaide – West

¹⁵ Includes SA3s Holdfast Bay, Marion, Mitcham, Onkaparinga

¹⁶ Includes SA3s Adelaide City, Adelaide Hills, Burnside, Campbelltown, Norwood-Payneham-St Peters, Prospect-Walkerville, Unley

¹⁷ Includes SA3s Gawler-Two Wells, Playford, Port Adelaide – East, Salisbury, Tea Tree Gully

Provision of drug and alcohol services across South Australia

- Key findings from *Alcohol and other drug treatment services in Australia 2013–14*¹⁸, reports alcohol and other drug services currently operating in South Australia:
 - In South Australia, 93 publicly funded alcohol and other drug treatment agencies provided 13,085 treatment episodes completed in 2013–14
 - 12,979 treatment episodes provided to 9,282 people (71% male, 29% female) seeking treatment for their own drug use across South Australia in 2013-14.
 - Alcohol was the most common principal drug of concern across South Australia (56% of episodes in 2009-10 to 36% of episodes in 2013-14) and amphetamines the second most common principal drug of concern (11% of episodes in 2009-10 to 27% of episodes in 2013-14).
 - Most common types of treatment across South Australia in 2013-14 included assessment (44% of episodes), counselling (22% of episodes) and withdrawal management (13% of episodes).
 - In South Australia in 2013–14, just over 1 in 10 clients were Indigenous Australians (11%), which is lower than the national results (14%)

Table 2 below outlines the state level data for the Drug and Alcohol Services South Australia quality, safety, activity and state population data as at April 2015.

Table 2: DASSA quality, safety, activity and state population data, 2011-12 to 2013-14 - as at April 2015

Activity indicator	Program Type	2011-12	2012-13	2013-14
Inpatient Separations	Withdrawal Services	1,186(a)	1,106(a)	1,204
	Rehabilitation Services	77	93	112
Outpatient Attendances	Drug and Alcohol Services SA (DASSA)	33,228	3,5647	36,827(b)
	City Watch House attendances (Adelaide)	4,547	3,646	3,540
Alcohol & Drug Information Service Calls	Alcohol & Drug Information Service calls	22,148	20,590	20,819
	Other support service calls	8,834	9,386	9,070
Indigenous clients	Indigenous clients (per cent)	11.3 %	11.2 %	11%
	All DASSA clients (number)	6,889	6,526	6,522

(a) 22 beds allocated during this reporting period.

(b) 2013-14 includes Aboriginal Clinical Service activity.

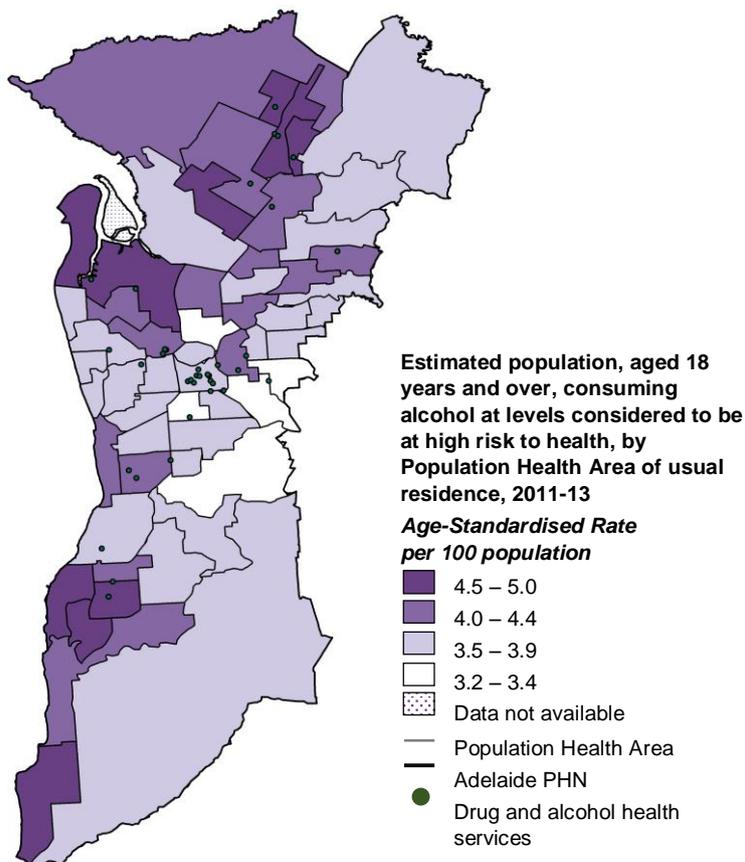
Source: Drug and Alcohol Services South Australia (DASSA) quality, safety, activity and state population data - April 2015,

http://www.sahealth.sa.gov.au/wps/wcm/connect/f5d10680484228eda244ebd5ae66e927/DASSA+quality+safety+activity+and+state+population+data_April+30+2015+final.pdf?MOD=AJPERES

¹⁸ Australian Institute of Health and Welfare. 2015. Alcohol and other drug treatment services in Australia 2013–14: state and territory summaries report

How are alcohol and other drug services distributed across the region?

Map 35: Location of alcohol and other drug services in Adelaide PHN region, January 2016



The locations of drug and alcohol service providers are mapped using the street address compiled from the resources of the South Australian Network of Drug and Alcohol Services (SANDAS) and SA Health, Drug and Alcohol Services (DASSA).

The base map shows proportions of high risk alcohol consumption as compared to service distribution.

Alcohol and other drug services are distributed sparsely across the Adelaide metropolitan area. The majority of providers are located in the Central Local Health Network

Source: South Australian Network of Drug and Alcohol Services (SANDAS) viewed 28 January 2016; SA Health, Drug and Alcohol Services (DASSA) viewed 28 January 2016