Community-based intermediate mental health care in the country South Australia context

Lee Martinez¹
¹Country Health SA Local Health Network

Purpose: In 2011 the Country Health SA Local Health Network (CHSALHN) established a number of mental health intermediate care services (ICS) whose aim is to support the transition of mental health consumers of services from acute care to a range of sub-acute health service options. The ICS provide sub-acute care options in community settings, including intensive bio psychosocial care in a person’s home, in collaboration with community mental health centres, local health professionals, medical and other specialists, non-government organisations, and supported accommodation services. This study reports the findings of a review of the operational outcomes of the four early adopter ICS sites in Port Augusta/Whyalla, Port Lincoln, Mt Gambier and Kangaroo Island.

Method: A mixed-method approach was used involving document review, key informant and carer interviews, and a consumer survey to assess broad stakeholder perceptions of the ICS service. The choice of approach was influenced by its capacity to enhance the generalisability of findings and to improve the utility of the evaluation in terms of informing future policy development. The project was guided by a project reference group comprising a representative from each service as well as key clinicians, carer representation and CHSALHN managers. The study received ethical approval from SA Department of Health.

Findings: Three different service models have been developed influenced by mainly local contexts. Eligibility criteria for the services are as service outcomes. Consumers and carers describe a number of benefits resulting from their contacts with ICS services. Service enablers include an assertive team approach, interprofessional collaboration, psychosocial support as an integral component of service provision, a community-based facility, interagency collaboration, simple referral systems and a single point of contact for consumers and other stakeholders. Barriers include difficulties recruiting suitably experienced staff, lack of ICS or indeed designated mental health beds in some regional hospitals, problems with data systems, uncertainty of resource allocation, limited promotion of ICS services as well as lack of clarity regarding contractual arrangements with external agencies.