Rural intermediate care in South Australia: a perspective on the first 12 months

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Intermediate care has become an established mechanism in South Australia for providing sub-acute levels of psychiatric care to clients during the transition from hospital to community settings, as well as providing an alternative to hospitalisation for clients who prefer home-based care or non-hospital treatment. Facility-based intermediate care services have been operational in metropolitan Adelaide for approximately two years, but a further challenge arises when considering such a service in rural and remote locations. In particular, funding restrictions and a sparsely spread rural population have not allowed for facility-based services. The teams were established in the context of a state-wide rural population of approximately 475,000, managing with only one resident psychiatrist (0.2 FTE) currently practising in rural South Australia. The current model relies on visiting psychiatric clinics and a videoconferencing network of 106 sites, providing a consultation-liaison model of care to the rural population.

The Rural and Remote Mental Health Service in South Australia has aimed to meet this need via the development of five regionally based intermediate care teams with a model similar to that of existing metropolitan hospital-at-home services. The first of the five teams was established in Mt Gambier, in the south-eastern region, with a population of 24,000, but servicing a region of 65,100. The larger regional centres—Mt Gambier, Whyalla, Port Lincoln, Berri and Kangaroo Island—have been allocated funding to provide a total of 30 packages of care for clients appropriate for intermediate care. Capital works are currently in process to add approximately 14 facility-based intermediate care beds, attached to four of the major regional hospitals in this state.

The success of this service, in terms of providing an improved level of capacity for the mental health service, as well as achieving its goal of reducing the need for inpatient admissions, has been underpinned by a number of examples of positive feedback via clients and mental health staff alike. This paper aims to give a qualitative description of the experience of the team involved in establishing the service in Mt Gambier during its first 12 months and to give a perspective of its place in the wider network of mental health care across rural South Australia.