Implementation of the Riverland Integrated Mental Health Inpatient Unit (IMHIU)

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Flinders University School of Medicine 2014

Background

The Riverland is a rural community located in South Australia that comprises of five major towns with a population totalling approximately 33,000. Last year there were 725 hospitalisations in the Riverland, with 352 of these being for mental health issues. 1

In July 2014 the 6 bed IMHIU was opened as part of the Mental Health Act to ensure that people with serious mental health issues:

(i) receive a comprehensive range of services of the highest standard for their treatment, care and rehabilitation with the goal of bringing about their recovery as far as is possible; and

(ii) retain their freedom, rights, dignity and self-respect as far as is consistent with their protection, the protection. 2

‘A better way of treating patients than just medicating them’

Aims

This study aims to explore the benefits and concerns of the new IMHIU to the consumers, staff and wider community. This is the first stage of a longitudinal evaluation of the Integrated Mental Health Inpatient Unit which opened in Renmark in July 2014 to provide acute inpatient mental health care for the Riverland community.

Methods

This study used mixed methods – qualitative and quantitative.

Qualitative – 12 semi-structured interviews with mental health care providers from throughout the Riverland area and SA Health. This included GPs, clinical employees of the unit and health administrators.

Quantitative – data collected by Country Health SA regarding separations, length of stay and diagnosis.

Results

As illustrated on the following graphs, it appears there was an increased length of stay and a decreased number of separations. Statistical analysis included t test. (p value <0.05) which is statistically relevant. Unfortunately no Glenside transfer figures were available for comparison.

Figure 1: Breakdown of the total number of mental health admissions in the Riverland based upon their diagnosis.

Figure 2: Average length of stay at the IMHIU since opening in July 2014 compared with the length of stay at Bern Hospital.

‘It was the first time in 10 years that my client received useful help’

Discussion

The health professionals interviewed provided a positive impression of the IMHIU in the three months since the initial opening, with participant feedback implying the unit is meeting the goals set out in the Mental Health Act 2009. This impression seems to be supported by the emerging quantitative data.

As with last year, this study was limited by the lack of consumer interviews. However the previous year’s concerns about staffing the unit appear to have been resolved with a very competitive recruitment process reported by participants of the study.

Consensus supports continuation and expansion of services to include focused programs for youth, the elderly, specific cultural groups (eg. Muslim women) and remote patients.

Due to the very recent opening of the IMHIU the comparisons made in the quantitative data of this study, are limited to admissions to the general hospital for 2013 and admissions to the IMHIU in 2014. It is likely that more severe presentations would have been transferred to Glenside Rural and Remote in Adelaide causing it to appear that the length of stay has increased while the separations have decreased. Future comparisons should be made regarding the length of stay and the number of separations from the IMHIU in the Riverland. Evaluation in the future will provide a more accurate representation of the IMHIU and be comparing more similar statistics of the Riverland unit.

Acknowledgements

The authors thank Claire Smith, Manager CHSA, Professor Jannene Greenhill, Janet Richards, Flinders University Rural Clinical School and all participants of this study.