# Transition Care

The Transition Care Project aims to improve patient outcomes during the first 28-day period, following discharge from either the hospital or residential care setting.

We aim to support patient flow by facilitating supportive discharge from the psychiatric inpatient unit at the hospital, and to enhance continuity of care during transitions back into community setting (either home based/residential or other service setting). We also aim to reduce readmission rates.

We provide trauma-informed, psychosocial support in both an in-reach and community-based setting and includes person-centred support using a recovery model and within a stepped care framework.

Team HEALTH

TeamHEALTH actively promotes and supports an inclusive and diverse culture. We welcome all people, regardless of age, gender, race, ability, sexual orientation, faith, religion and all other identities represented in our community.

For more information about our program or referral pathways, please feel free to contact us.

This is a non-clinical service for adults.

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