

## **EMHSCA Membership**

Access Health & Community Services

Anglicare

Campbell-Page

Carrington Health & Community Services

Department of Health

Dual Diagnosis Consumer and Carer Advisory Council & Working Group

,

Eastern Community Legal Centre

Eastern Health Mental Health Services

Eastern Health Turning Point

Eastern Homelessness Service System Alliance

Eastern Melbourne PHN

EMR Regional Family Violence Partnership

Foundation House

Independent Mental Health Advocacy

Inner East Primary Care Partnership

Inspiro

JobCo.

Latrobe Community Health Service

Knox, Maroondah and Whitehorse City Councils

MIND Australia

Mullum Mullum Indigenous Gathering Place

**NEAMI** National

Outer East Health and Community Support Alliance

The Salvation Army

Services Australia

Uniting

Wellways

Wise employment

YSAS

## **Shared Care Practices**

The EMHSCA Shared Care Protocol is an agreement between services across the Inner- and Outer - Eastern areas of Melbourne to work together in the delivery of the best possible service responses and outcomes for people, their carers/families and children. The EMHSCA members promote the following practices and these are the expectation when working collaboratively to support people along their mental health journey:

Know who is involved

•Taking a holistic view, identify all of the person's existing supports at intake assessment and seek consent to collaborate, being mindful of potential safety issues for all concerned.

Take care when you share

•Respect the rights of the person and their family and children, including that of privacy and confidentiality. Know when you can share, when you cannot, and when you must. Always put safety first and check in with your colleagues when making decisions.

Look at the whole picture

• Seek existing information about the person in order to develop a holistic view of their individual circumstances, resilience factors and relapse signature. Gather a longitudinal history and seek to avoid unnecessary duplication and misunderstandings.

Work as a shared care team

•Work collaboratively with all relevant formal and informal supports involved as a shared care team, providing timely and relevant access to information. The person must have opportunity to be an active participant of this team and information should be provided in an accessible format. Keep carers in the loop.

Keep the person and their family at the centre

•Ensure that the identification of the person's recovery, safety and support needs and the identification of personal goals is a collaborative process and that the person and their needs, and the needs of any dependents, are at the centre of all processes and activities. Acknowledge the role of carers (including young carers) and provide clear and timely information and advice.

Always remember that relationships matter and keep them in focus.

Keep things simple! Speak with people and their supports about making a shared care plan together.