Shared Care Practices

EMHSCA Membership

Anglicare
Australian Government Department of Human Services
Campbell-Page
Connect 4 Health (Community Health Services)
Delmont Private Hospital
Department of Health & Human Services – Eastern Metropolitan Region
Dual Diagnosis Consumer and Carer Advisory Council & Working Group
EACH
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
EMR Dual Diagnosis Response
Independent Mental Health Advocacy
Inner East Primary Care Partnership
Inspiro
JobCo.
Latrobe Community Health Service
Maroondah and Whitehorse City Councils
Mentis Assist
MIND Australia
Mullum Mullum Indigenous Gathering Place
NEAMI National
NEXTT
Outer East Primary Care Partnership
Salvocare Eastern
Uniting Prahran
Wellways
Yarra Valley Psychology
YSAS

EASTERN MENTAL HEALTH SERVICE COORDINATION ALLIANCE

EMHSCA

The EMHSCA Shared Care Protocol is an agreement between services across the Inner and Outer Eastern areas of Melbourne to work together to help deliver people, their carers/families and children the best possible service responses and outcomes. 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 an 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.