



Shared Care Relationships with Primary Care and Non-Government Providers – Ambulatory Care Setting Procedure

Effective: 5 September 2016

1. Guiding Principles

Mental Health Shared Care within ambulatory care setting refers to the philosophy of and arrangements for managing a client's journey as they enter and exit both public health and non-government services.

Care is to be delivered at different points in the journey by:

- primary care providers (general practitioners, primary care mental health practitioners, private psychologists and counsellors) and specialist mental health services
- non-government providers (e.g. headspace, drug and alcohol services, psycho-social rehabilitation services, welfare services) and specialist mental health services.

Shared models of care within the WA Country Health Service (WACHS) Great Southern Mental Health Service (GSMHS) is underpinned by the principles of right care, right time, right person, and right place - in partnership.

2. Procedure

Models of Shared Care between GSMHS and other Providers

There are two different models of shared care that may be adopted in the treatment / management of mental health clients in the ambulatory setting:

1. Primary Client of GSMHS
2. Primary Client of another service provider with specialist input from the GSMHS.

Factors that determine whether client is to be a primary client of GSMHS:

Diagnosis - The client has a primary diagnosis of psychosis or Bipolar Affective Disorder.

Involuntary status - The client is receiving mandated treatment e.g. Community Treatment Order.

Risk - The client's mental state and circumstances involve a significant number of risks (static and dynamic) and few protective factors (e.g. significant risks of harm to self, harm to others or harm from others)

Complexity - There are systemic issues contributing to the client's presenting problem (e.g. evidenced by multi-agency involvement) or the client has a difficult to treat condition that requires specialist multi-disciplinary team involvement or requires a complex treatment regime (e.g. Clozapine therapy).

Model 1: Primary Client of GSMHS

Active client GSMHS

Primary duty of care rests with GSMHS

Case management, psychotherapy and/or medication management provided by the GSMHS

Other provider operates as 'key worker' contributing to the 'care plan' in place with the GSMHS.

Key worker role could involve:

- social / vocational
- drug and alcohol
- general health
- welfare

Model 2: Primary Client of Other Provider

Active client of other provider

Primary duty of care rests with other provider in their area of core business, may include service such as:

- counselling / psychotherapy (e.g. headspace, private providers)
- social / vocational (e.g. personal helpers and mentors)
- drug and alcohol (e.g. Palmerston, Holyoake)
- general health / medication management (e.g. GP, Population Health)
- welfare

Triage team GSMHS provides either planned or unplanned role in any crisis plans developed by the other provider and their clients

3. Definitions

Shared Care	Duty of care for a client's treatment and management is shared between the other services or providers and Specialist Mental Health Service WACHS Great Southern.
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4. Roles and Responsibilities

Clinical Director and Manager GS Mental Health: To develop systems to ensure that all WACHS GS staff (medical and allied health) are provided with an orientation to the shared care model.

Clinical Director GS Mental Health: To provide overall clinical governance for the management of GSMHS clients and for the clinical services delivered by employees of the Great Southern Mental Health Service.

5. Compliance

It is a requirement that this model of care be provided in the context of the National Standards for Mental Health Services (2010).

6. Evaluation

Monitoring of compliance with this document is to be carried out by Manager, Great Southern Mental Health Service with assistance from Team Managers and Nurse Unit Manager, Authorised Psychiatric Unit, Albany Hospital.

7. Standards

[National Safety and Quality Health Care Standards](#) (6.2.1, 6.3.3, 6.5.1, 9.7.1)

[EQulPNational Standards](#) (11.2.1, 11.3.1, 11.4.1, 11.5.1, 11.6.1, 11.7.1, 11.7.2, 12.1, 12.3, 12.4)

[National Standards for Mental Health Services](#) Standards 1, 3, 4, 6, 7, 8, 9, 10)

[National Standards for Disability Services](#)

8. Legislation

[Mental Health Act 2014](#)

[Mental Health Act 2014 Clinicians Practice Guide](#)

9. Related Policy Documents

Clinical Risk Assessment and Management in WA Mental Health Services

- WACHS GS [Referral and Admission - Ambulatory Mental Health Services Procedure](#)
- WACHS GS [Mental Health Shared Care Relationships – Ambulatory Care Setting Procedure](#)
- WACHS GS [Mental Health Consultation and Liaison Service Albany Hospital Procedure](#)
- WACHS GS [Community Mental Health Triage Procedure](#)

10. WA Health Policy Framework

WA Health [Mental Health Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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