Standard 9. **Integration**

The MHS collaborates with and develops partnerships within its own organisation and externally with other service providers to facilitate coordinated and integrated services for consumers and carers.

GUIDELINES

The intent of this Standard is to ensure that mental health services are integrated and provide continuity of care for consumers and carers at several levels, from the individual consumer level, to the person coordinating the care, the team and organisational levels, through to that involving other service providers.

Continuity and coordination of care (Criterion 9.1)

The person responsible for coordination of care coordinates services by helping consumers, carers and the service providers to work together by facilitating links with others in and outside the organisation.

Collaborative planning (Criterion 9.3)

The MHS should provide information and inform staff, consumers and carers about the range of health care and related services that are available.

Contacts with internal and external services and providers should be documented.

Links with primary health care providers (Criterion 9.4)

Shared care arrangements between GPs, private psychiatrists, non-government organisations and other relevant agencies should be used to facilitate consumer recovery when appropriate.

Examples of models of shared care arrangements include:

- General practitioners (GP) and other mental health care providers, such as the Better Access Initiative,and the Access to Allied Health Professionals (ATAPS) program which aim to increase community access to mental health professionals.
- Community mental health case manager, the mental health intake and assessment team and the acute mental health unit.

When clinical supervision for the patient is being transferred to another provider information should be given to help the new practitioner to manage the consumer.

Interagency and intersectoral links (Criterion 9.5)

The MHS works in collaboration with other related service providers, such as welfare services, primary care practitioners, disability support services, emergency departments, aged care providers and transcultural and multicultural mental health agencies.

Linkages and partnerships with external services, such as alcohol, tobacco and other drug services, should be supported by formalised service agreements or there should be clear procedures on how to establish and maintain memoranda of understanding (MOUs).

The MHS needs to develop links between child and adolescent, adult and older person programs and other service providers, to ensure a smooth transition to age appropriate services as required.

Examples of linkage and partnership agreements include:

- drug and alcohol services
- youth sector
- housing
- employment
- Centrelink
- aged care services
- health promotion/public health services
- local government
- community services
- churches and religious groups
- schools
- tertiary education sector
- Aboriginal and Torres Strait Islander groups
- divisions of general practice
- multicultural groups
- early childhood services
- maternal and baby health services.

SUGGESTED EVIDENCE

Evidence that may be provided for this standard includes:

- audit of treatment, care and recovery plans
- discharge summaries supplied to other health care providers
- evidence of shared care arrangements
- links and partnerships with other service providers, such as alcohol, drug and tobacco services
- policies and procedures:
  - contact with internal and external services
  - process of transfer between services
  - orientation program
  - supervision and training programs.