



How can I access care coordination?

All mental health consumers within EMHS will have access to care coordination through appropriate specialist services which will support their care from the point of entry or re-entry through to discharge.

Entry to the service will be based on referral, triage and assessment.

“Care Coordination meant I was able to have all my supports including primary care and community mental health team work together on my recovery goals. For me this meant my community mental health team which consisted of a care coordinator, psychiatrist and support worker, working collaboratively with my GP, community psychologist and a women’s centre. This collaborative approach has resulted in supporting my recovery and allowing me to be discharged from the community mental health service back into primary care with ongoing and community-based support.”

~ Janine, Consumer ~

Specialist community mental health services

- Armadale Community Mental Health Service
- Bentley Community Mental Health Service
- City East Community Mental Health Service
- Midland Community Mental Health Service
- Wungen Kartup Specialist Aboriginal Mental Health Service

More Information on care coordination and mental health services provided at East Metropolitan Health Service can be accessed via the website.

<https://emhs.health.wa.gov.au/Hospitals-and-Services/Mental-Health>

or scan here



Other contacts

For mental health emergencies call the Mental Health Emergency Response Line (MHERL) on 1300 555 788

Care Coordination

Connecting care and recovery

Information for consumers, carers, families and personal support persons (PSPs)



About care coordination

Care coordination is the process of helping a person experiencing mental health issues to access services which will promote recovery.

- Is consumer centred, individualised, recovery focused and evidenced based.
- Care coordinators' are health professionals that are a part of a mental health team, that will provide mental health care, advocacy and assistance.
- Your care is consumer driven and directed, tailored to your needs and preferences to support engagement and recovery.
- All care is socially inclusive and supportive of culture and diversity, including sexual, gender and / or body diversity.
- There is a high priority of respect for your privacy, dignity, independence, and your right to consent to treatment and the release of information.

Benefits of a care coordinator

- Coordination reduces the need to repeat information with different professionals or other services.
- Evidence shows that care coordination improves consumer experience, promotes recovery from illness, improves quality of life and delivers better health outcomes.



Working together

On engagement with the service a care coordinator will be identified to work with you and will be your main point of contact with the service.

Collaboratively:

- They will work alongside you and your mental health team to assess, plan and review your mental health recovery.
- Engage with your family, carers, and PSPs to support your recovery.
- Collaborate with your GP and other care providers to ensure you access the right services and supports as required.

What can family/carers/ personal support persons expect from care coordination?

- Care coordination recognises, respects, values and supports the importance of family, carers, personal support persons, and the support they provide for the recovery of consumers experiencing mental illness.
- The rights of the consumers confidentiality and privacy will be respected when involving family and personal support persons in recovery planning and the delivery of care.

