<table>
<thead>
<tr>
<th>Number and Name of Original Issue</th>
<th>Issue (7): Continuity of care</th>
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<tbody>
<tr>
<td>Original Description of Issue</td>
<td>Continuity of care in the community and hospitals for people with a mental illness</td>
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<td>Suggested change to description of Issue</td>
<td>Nil</td>
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<tr>
<td>Prepared by</td>
<td>Michael Appleton &amp; Paula Hanlon and finalized by the working group on 13/04/2012</td>
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**The MHS Consumer Day 2010 Original Recommendations from group 7**

**Rec No 1:** One recovery plan that has authority and you take with you and your case worker linked to what you need (in line with recovery plan)

**Rec No 2:** Focusing on Relationships instead of service (Relationships aid recovery)

**Rec No 3:** When in hospital education about what you need to live independently when out of hospital

To be clarified with note taker David Duval and/or group members who was the Recovery Bus Coordinator for the group

**Feedback since the Consumer Day:**

Since the 2010 Sydney TCD 60 people have responded through survey monkey 12 people agreed and 0 people disagreed with the recommendations put forward by the working group. 4 people made comments on the recommendations

**Comments from working group**

The working group has reviewed the 4 comments supplied through Survey Monkey and suggests that this issue is relevant because consumers are still having issues with getting continuity of care.

**Rewording suggestions for Recommendations:**

**Rec No 1:** Encourage all consumers to implement a recovery plan/advanced directive/advanced agreement/consumer wellness plan.

**Rec No 2:** Involve the consumer in all decisions, respecting the consumer’s personal choice and ensuring the least restrictive care,

**Rec No 3:** Consumers’ plans to include their support network (including mental health clinicians, GP, family, carers, friends, and other significant people)

**Rec No 4:** When in hospital, having access to information, programs and education about what is available in the community, assisting people to live independently

**Rec No 5:** Ensuring that any referrals, appointments and any information including medication advice is discussed and provided to the consumer, carer or appropriate service provider prior to transfer of care in plain language

**Rec No 6:** Transfer of care (from inpatient to community or from Mental Health Service to GP care) processes to be implemented with the principles of inclusion, partnership, dignity and respect


Are there other examples that we could use (people to add)