

A true collaboration between Drug & Alcohol and Mental Health Services - is achieving sustainable outcomes



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Acknowledgement of Country and Lived/Living Experience



We would like to acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands on which we meet. We pay our respects to Ancestors and Elders, past and present.

We would like to acknowledge people with lived/living experience in the room, and the contributions of people with lived/living experience to the work that will be presented.

Background



- Comorbidity – a challenge facing the health system
- Despite work in this area – single disorder treatment remains dominant
- South Eastern Sydney Local Health District – Drug & Alcohol Service and Mental Health Service were separate services with limited collaboration.
- District Drug & Alcohol Mental Health Services (DAMHS) Committee established
- Mindgardens Comorbidity Project – to optimise eMR to improve communication



eMR Comorbidity Project



- Optimise use of electronic medical record (eMR) – streamline care and information,
 - reduce duplication,
 - increase coordination across services,
 - enhance identification and response to co-occurring conditions
- Co-design process addressed – how staff interact and build relationships
 - how to streamline treatment
 - how to embed systems for service collaboration

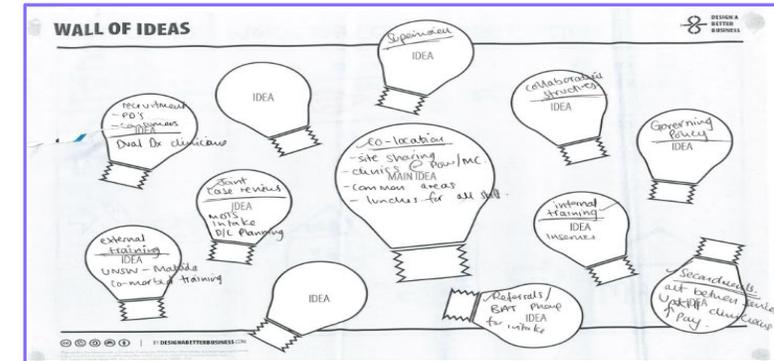
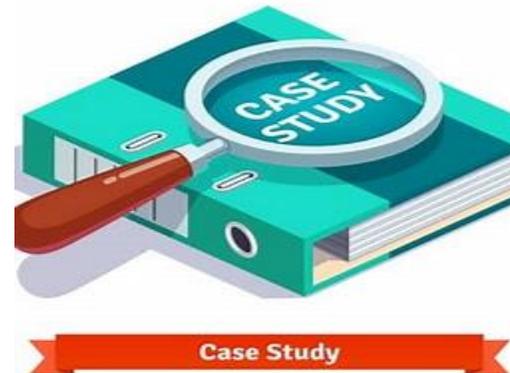
eMR Comorbidity Project

139 Participants;

MH and D&A clinicians, managers, executives, lived experience workforce, researchers, and data managers/analysts

Methods:

- 6 - Data mapping activities
- 2 - Shared case studies
- 15 - Focus groups
- 21 - Design Thinking labs
- 25 - Workshops and meetings



Project funded by Mindgardens CTRP grant

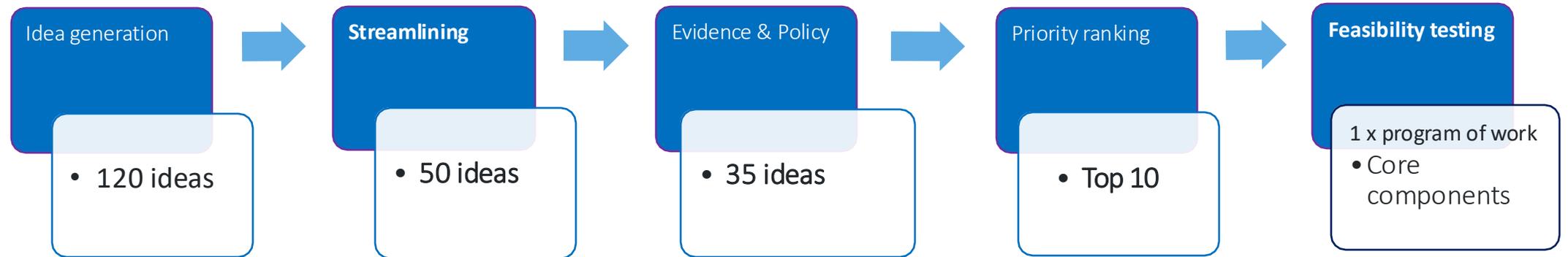
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Director's comment at Design Thinking Lab

“it's the first time that I've seen....., collaborative, intersectoral work like this.”

eMR Comorbidity Project

From 120 broad ideas to a formal program of work with identified priorities and resource requirements



35 PROPOSED SOLUTIONS

Workforce & Governance	Clinical Care	Clinical Pathways	Electronic information systems	Team Connections
Shared training: in-services, dynamic severity assessment (quadrant), + orientation module	Joint case review meetings	Set up a group to review & streamline referral process/pathways	Orientation eMR training (collaborative functional + clinical) + mandatory annual refresher	Regular peer worker get-togethers
Comorbidity Clinical Governance Group (to oversee/streamline 'areas for action' & tasks)	Co-located clinics (use Euroa as a trial for a demonstration model)	Employ a dedicated worker (comorbidity care coordinator) – cost shared by MH and AOD	A process for using eMR data for writing care plans and collaborating with consumers/staff	Service Exchange package (staff, training, BAT phone, Comorbidity CNC)
Create a shared 'intern' position: 12 months for dedicated roles (social work, registrar).	Buddy & Mentoring program, identify comorbidity champions	Create a combined referral process	Electronic referral pathway & allocation (ERPA)	Shared intranet page for staff. Provides Info about services offered and staff roles, profiles
Review models of care against comorbidity guidelines. Write MOU/ procedure	Staff exchange (short-term shadowing initially, potential for more complex opportunities)	Co-design a framework for clinical decision making	Shared BAT phone for general information and/or brief consultation between MH and AOD	Develop a process to bring the teams together (link to COP? Or MDT? Or Cultural Exchange?)
Create resources to prioritise and promote collaboration between staff: posters, flow charts	Develop an Interactive Care Plan, led by consumer/client	Create resources: videos, flow charts, posters, info for shared staff intranet page	Ready access (front page eMR) to information about which specialist/s are involved (colour codes, flags, orders, videos)	Bi-annual fun/sports family day for MH and AOD workforce
Review PDs: to increase comorbidity and collaboration focus in new PDs (tasks/duties)	Electronic landing page for consumers, SESLHD site, with fact sheets (peer worker-led)	Create resources: videos, flow charts, posters, for consumer landing page (by consumers)	Internal referral through Census task list	A staff photo board (electronic and/or on walls in staff rooms): role and interests
Develop a list of shared terms and phrases, strengths based: align language in note-keeping	My Way Self Leadership package (consumer-led meetings, meds, plans)	Create a process for collaboration at assessment, develop comorbidity workflows	Use a chat app such as my beeper (instant, secure) to enable quick consultation/questions	Survey on Teams (identify staff ideas about how to improve connections)

TOP 10- combined

Rank	Solution
1	Joint case review meetings
2	Shared training: in-services, dynamic severity assessment (quadrant), + orientation module
3	Co-located clinics
4	MHDA Collaboration Leadership Group (to oversee/streamline 'areas for action' & tasks)
5	Orientation eMR training (collaborative functional + clinical) + mandatory annual refresher
6	Regular peer worker get-togethers
7	Set up a group to review and streamline referral process and pathways
8	Review models of care against comorbidity guidelines. Write MOU/ procedure
9	=9 Co-design a framework for clinical decision making
10	=9 Service Exchange package (staff, training, BAT phone, Comorbidity CNC)

Note. Rankings reflect collated scores from participants (n = 49) across 4 groups: eCIS Working Group comprised of clinicians, lived experience workers, health managers and researchers (n=16); the Lived Experience workforce (n=7); the Drug and Alcohol Governance Group (n=18); and the Mental Health Service Development and Innovation Committee (n = 8).

CALL TO ACTION

“If not you... who?”

If not this... what?”

If not now... when?”

Final Design Lab



Implementation of solutions and Achievements to date

1. JOINT CASE REVIEW MEETINGS



- D&A and Mental Health Service (DAMHS) monthly meeting – at three sites (and District meeting)
- D&A and Community Mental Health Case Reviews
- D&A attend Mental Health Multi-Disciplinary Team (MDT) meetings (as required)
- D&A attend Mental Health Emergency Department meetings (with Mental Health - cases discussed)
- Clinical Pathways meeting (case reviews)
- Mental Health attend D&A Multi-Disciplinary Team meetings (as indicated)

2. SHARED TRAINING



Achievements

- D&A education workshops attended by Mental Health staff
- D&A and Mental Health face to face district-wide workshop (annual)
- Monthly comorbidity education sessions (alternate presentation by D&A and MH)
- Mental Health staff attend OTP sites to observe S8 medication administration/handling
- D&A and Mental Health GradStarts/Junior Nurses – face to face training days & OTP site visit (observe s8 medication administration)
- Train the trainer program developed for Mental Health staff on D&A.
- Co-joint webinars and Morbidity & Mortality meetings
- Planning for shared education e.g. high risk s8 medications, polydrug use, onsite observational learning etc.

3. CO-LOCATED CLINICS



Challenges

- No co-located clinics implemented
(were awaiting Ministry of Health – Ice Inquiry funding for LHD HUBs – did not proceed)



Opportunities

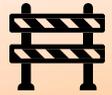
- Discussions re potential co-located clinic at one site. Additional resources required.
- Integrated Mental Health HUBs – Primary Health Network funding

4. MH AND D&A COLLABORATION LEADERSHIP GROUP



- Leverage existing leadership group - District DAMHS Committee
- Oversight of ongoing work by District DAMHS Committee – Planning at Executive level
- Executives/Managers from both services committed to planning and implementation of strategies and initiatives identified by the workforce and other sources.

5. ORIENTATION eMR TRAINING/ANNUAL REFRESHER



Challenges

- D&A - standard eMR training, training specific to D&A data collection, medico-legal etc. Nothing specific to Mental Health information in eMR
- Mental Health - standard eMR training, upskilled in relation to items specific to MH
- Resourcing and time barriers



Opportunities

- For consideration - cross-sector training when Single Digital Patient Record is to be implemented

6. REGULAR PEER WORKER GET-TOGETHERS



Challenges

- No regular get-togethers at District level



Achievements

- D&A Consumer Worker shadowing Mental Health Peer Worker – two sites
- D&A Consumer Workers attend and present at Mental Health Carer's forums
- D&A Consumer Worker providing training D&A, and gambling – Mental Health Recovery College

7. SET UP GROUP TO REVIEW AND STREAMLINE REFERRAL PROCESSES



Achievements

- Decision made to leverage existing leadership groups.
- Referral processes discussed at local DAMHS meetings – 3 sites
- Clinical Stream meeting – referrals can be made by D&A to Mental Health via the meeting rather than through Acute Care team
- Drop-in nursing clinic – one D&A site. No appointment required.
- Drop-in D&A counselling clinic at 3 D&A sites – Mental Health staff walk patient to the service. No appointment required.

8. REVIEW MODELS OF CARE AGAINST COMORBIDITY GUIDELINES – WRITE MOU/PROCEDURE



SESLHD Collaborative Care Procedure

- Published – May 2023
- Launch - emails sent to all staff in D&A and MH, discussed at local DAMHS meetings, managers discussed with staff
- Audit eMRs - patients with co-morbid Mental Health and D&A - evaluate implementation of the procedure, and inform further actions

SESLHD PROCEDURE COVER SHEET	
 Health South Eastern Sydney Local Health District	
NAME OF DOCUMENT	Collaborative care planning for consumers/clients experiencing both mental health and alcohol and other drug use conditions
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/752
DATE OF PUBLICATION	May 2023
RISK RATING	Medium
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 1 – Clinical Governance Standard 2 – Partnering with Consumers Standard 5 – Comprehensive Care Standard 6 – Communicating for Safety
REVIEW DATE	May 2026
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Executive Director Operations, SESLHD
AUTHORS	Dr Nicholas Babidge, Clinical Director, Mental Health Service SESLHD Dr Sandra Sunjic, A/Deputy Director, Drug and Alcohol Services
POSITION RESPONSIBLE FOR THE DOCUMENT	Alison McInerney, Policy & Document Development Officer, Mental Health Service Alison.McInerney@health.nsw.gov.au Professor Nicholas Lintzeris, Director, Drug and Alcohol Services Nicholas.lintzeris@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Drug and Alcohol Mental Health
KEY TERMS	Drug & Alcohol, Alcohol and Other Drugs, Mental Health, Co-existing encompasses Co-morbid and Co-occurring
SUMMARY	This document aims to provide a pathway for collaborative care planning and provision of care for consumers/clients with moderate to severe mental health and alcohol and other drug conditions.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
 This Procedure is intellectual property of South Eastern Sydney Local Health District.
 Procedure content cannot be duplicated.

Feedback about this document can be sent to SESLHD.Policy@health.nsw.gov.au

9. CO-DESIGN A FRAMEWORK FOR CLINICAL DECISION MAKING

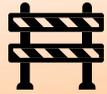
Challenges

- Development of a framework requires resourcing and allocated time: continue to seek funding

Achievements

- Processes in place at local sites for clinical decision making (no formal framework)

10. SERVICE EXCHANGE PACKAGE



Challenges

- A formal package requires resourcing to plan, develop and implement, including practical considerations - staff time.

Continue to seek funding to determine if a feasible package can be developed



Achievements

- MH staff observe opioid treatment medication administration at two OTP clinics
- Peer/Consumer Worker shadowing

Further Achievements

- ✓ Two additional Comorbidity CNC positions (total 3 FTE – 1FTE at three sites)
- ✓ Resource package on co-morbid MH and D&A online and telephone resources developed for staff to use or provide to clients
- ✓ Resource package for staff – online training for comorbidity, mental health and drug & alcohol
- ✓ Inclusion of D&A staff in MH Serious Adverse Events reviews, and work together implementing recommendations
- ✓ QII project – D&A and MH – Improve collaboration by increasing staff knowledge, confidence and skills.
- ✓ QI project – development of training video for inpatient staff on administration of OTP s8 medications
- ✓ Warm referral of MH inpatients (with approved leave) to D&A drop-in counselling clinic

Summary and Next Steps



- Achievements have far exceeded what was expected.
- Ongoing buy-in and commitment by both services, at all levels (including clinicians, managers, executives, peer workers etc.) sustains collaboration.
- New opportunities for working together continue to be identified due to established relationships and commitment to collaboration (considering involvement of other service has become a natural way of working)
- Additional funding/resources required to progress some solutions e.g. co-located clinics

Achieving Change

- **Contributions of Mental Health and Drug & Alcohol staff across the district, with the support and commitment of Executives from both services, has resulted in these great achievements.**
- **The ideas and solutions can be translated to other organisations where there is strong commitment, engagement and buy-in from both Mental Health and Drug & Alcohol Services.**

Thank you!

