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

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Background:
Integration of Mental Health (MH) and Drug and Alcohol (D&A) Services in delivering care to patients with comorbid conditions has been attempted across services for many years, but few have been successful and/or sustainable. South-Eastern Sydney Local Health District (SESLHD) has developed a model that works, is sustainable and transferrable.

Through meetings, focus groups and a co-design process with executives, managers, clinicians and consumer workers, 120 ideas were generated into the top 10 recommendations to improve collaboration and care for people with co-morbid MH and D&A conditions. Implementation of the recommendations and ongoing collaboration has resulted in changes, innovation and improvements.

Description of Model of Care/Intervention:
A District D&A and MH Service (DAMHS) Committee was established which oversees the collaboration between the services. Three local DAMHS meetings across the district focus on collaboration within their local services, to provide the best care and outcomes for patients. The regular meetings provide an opportunity to review processes, escalate issues, discuss complex cases, and further develop relationships.

A Collaborative Care procedure was developed to guide staff in providing care to people with co-morbid conditions, with regular file audits to assess effectiveness in achieving the desired outcomes, and planning for the future.

Many other initiatives have also been implemented within existing resources, due to the commitment from both services e.g. shared training, service exchange, and peer worker shadowing.

All achievements will be discussed in the presentation.

Effectiveness/Acceptability/Implementation:

Staff have engaged and found it a valuable process to address gaps in services, identify opportunities for improvement, and develop a plan or resolution for complex situations. The ongoing collaboration continues to improve the experience for consumers, with improved pathways to treatment, and less replication.

Conclusion and Next Steps:
The collaboration between MH and D&A Services in SESLHD has been successful and continues to develop. Building on, and ensuring the sustainability of the achievements is a major focus moving forward. This model is transferable to other organisations to develop and enhance collaboration within their services.

Implications for Practice or Policy:
The model demonstrates how Drug & Alcohol and Mental Health Services can work effectively together to bridge service gaps, avoid replication, reduce costs, and improve the patient experience, through true collaboration between the services and staff who deliver the care. This contributes to reducing the stigma and shame experienced by many people with comorbid MH and D&A conditions, particularly those from diverse backgrounds and priority populations.

Disclosure of Interest Statement: