Eastern Mental Health Service
Coordination Alliance

Collaboratively supporting personal recovery for people who experience mental ill-health in the east

Collaboration is an essential element of a person-centred recovery oriented approach to mental health service provision. Historically service sectors have been siloed leaving consumers and carers to navigate a complex system.

In the eastern region the Dual Diagnosis Service commenced in 2002. In the first few years it became clear that in order to support people with Mental Health and Substance Use issues effectively, the service sectors needed to be networked and better integrated. The Eastern Dual Diagnosis Linkages emerged out of this need in late 2007 and continue to meet monthly with over 100 members from a wide range of health & community services across the region. This group is the ground level linkage for Eastern Mental Health Service Coordination Alliance (EMHSCA) partners and supports the collaborative work at the coal face.

In 2008 Mental Health alliances were funded across the state to improve service coordination and reduce the burden on consumers and carers. They were variously supported by the regional Dual Diagnosis Services and initiatives.

✅ Critical success factors and ❌ inhibitors

When MH Alliance funding ceased in 2010 so did many of these alliances. In the east we were fortunate to have local departmental support to continue as a funded alliance (EMHSCA) and our focus broadened to include a wide range of health and social services. Funding for the project officer role (0.4 of RPN 4) is sought annually from partners identified by DHS. Past funding has been sourced from Primary Care Partnerships, Medicare locals and more recently the Eastern Melbourne Primary Health Network.

Enablers

The recipe for a successful mental health service coordination alliance includes agency buy-in, an agreed shared agenda, working groups and champions, consumer and carer input, government support, and it is built upon the already successful relationships and work of the dual diagnosis initiative. The Eastern Dual Diagnosis Response has been linked to EMHSCA more formally since 2013 and provides the consumer and carer advisory capacity for the alliance.

The key challenges of the EMHSCA model have been:
- Meeting the needs of such a broad range of service sectors
- No formal Evaluation
- Competitive tendering
- Changing sectors
- Achieving shared understandings across services/sectors
- Committee membership changes as staff move about
- Developing useful and effective mechanisms for peer engagement (Consumers and carers).

Focus on consumers

EMHSCA promotes a Recovery Oriented approach to service provision. Person-centred care is modelled in parallel process with consumer and carer participation being central to the Alliance activity.

Implementation ideas for other organisations

An effective service coordination alliance starts with consideration of a shared agenda. Once this is established via focused forums and stakeholder surveys a strategic group can develop a plan for key pieces of work to be initiated. An MOU, a regional shared care protocol or similar containing principles of mental health service coordination and mechanisms to measure shared care practices all contribute to a strong mental health service coordination alliance. Consumer and Carer advisory capacity needs to be established at the outset. Our advisory recommends consumer and carer representation on all subcommittees to ensure they are involved at the planning stages of new activities. Consumer and carer advisors are not isolated but rather coordinated as a group who meet independently of EMHSCA and maintain their peer representation. Advice provided at EMHSCA meetings is intended to represent the DD CCAC more broadly unless stated by the member.

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