**Introduction:** Alcohol dependent patients have a significantly increased risk of depression1, contributing a cycle of relapse and attendance at acute hospital services seeking help. Care is often focused on the alcohol dependence treatment with little consideration of concomitant psychiatric disorders. **Aim:** To help bridge this gap in care planning and aim toward multidisciplinary long term support.

**Method**: We collected data on all patients referred to our alcohol complex patient MDT. We investigated the range of disciplines involved in patient care. We spoke to our patients about why they had chosen to attend hospital. We then developed a referral system to our alcohol MDT where a bespoke pathways of care was developed with all current and future care providers.

**Results**: Our patients were often being cared for by multiple services, however much of this work was happening in isolation and was at times conflicting. Importantly, the patients were unclear where to go for what, and were utilising the ED as a failsafe when they were troubled.

Of 15 patients referred to MDT 7 (50%) had a diagnosis of depression (DSM-IV). These patients had an average of 5.1 hospital attendances and 2.2 hospital admissions in the 3 months prior to MDT. At 3 months post MDT we were able to demonstrate a reduction in hospital admissions and attendances (average 2.2 & 1.4 respectively).

**Conclusions**: An MDT for alcohol dependent patients with depression facilitates effective and collaborative working for the benefit of patients and services.