The major focus of this project is developing the services, policy and partnerships of The Bridge Program to better support people with co-existing substance misuse and mental illness (otherwise known as comorbidity).

Consultants from the University of Tasmania are collaborating with The Salvation Army Bridge Program (Hobart, Launceston, & Burnie) to do the capacity building. The project is financed and governed by a 3 year grant from the Australian Government Department of Health & Ageing.

**Capacity Building Activities**

- Develop the policy and procedures of the Bridge Program
- Strengthen referral pathways and capacity for collaborative case management
- Network within and across the mental health and alcohol and other drugs sectors to develop partnerships and work towards formal recognition of these links (e.g. MOU’s)
- Facilitate new training and professional development opportunities for staff
- Promote meaningful mechanisms for consumer participation & advocacy at the individual level (treatment planning) and the organisational level (quality improvement activities)
- Improve IT systems, security mechanisms, and data collection
- Develop new comorbidity specific resources for staff, consumers and their families
Building Linkages and Partnerships

There is a clear need to strengthen existing collaborations and forge new inter-agency links between services who work with people with co-existing mental illness and substance misuse. The rationale is because this is a diverse group with complex needs. Comorbid individuals often need support from a few service providers for issues that impact across multiple areas of their life (social, physical, financial, legal). Therefore, inter-agency communication is a necessity.

Collaborative case coordination and integration of service provision have been shown to result in beneficial outcomes for individual consumers, practitioners and agencies involved. As a part of this project, the Bridge Program is seeking to form new non-binding formal partnerships. This involves working together with other agencies (with whom staff already communicate, collaborate or make referrals) to develop a Memorandum of Understanding (MOU). One of the benefits of this is formal recognition of the work done by staff in both agencies, with consensus about areas such as information sharing protocols, referral pathways and service provision.

Developing Skills, Promoting Empowerment

For Practitioners: staff training and professional development will occur across 2008 – 2010. The aim is that Bridge Program staff gain confidence in using the tools and skills necessary to support comorbid clients towards recovery, in the context of an AOD service setting. Evidence based practice will be promoted; and therapeutic staff will receive external clinical supervision.

For Comorbid Consumers: various different types of consumer empowerment activities are planned throughout the project, including: forums for advocacy and participation in treatment and service planning; inclusion of consumer support networks through family sensitive practice; and exploration of opportunities for skills development and help with finding employment.

Designing New Practical Resources

Comorbidity resources will be produced and, where possible, made available across the ATOD and mental health sectors. For example, reports, kits, posters, directories, or pro forma’s.

Ongoing evaluation of the capacity building project will be conducted by independent evaluators. The project consultants will be primarily based in the School of Sociology & Social Work, UTAS.

For more information about the project, please contact:

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