**Abstract submitted for the 4th Rural Health and Research Congress**

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**Congress Stream:** No.5 Rural health research in practice – connecting for change

**Alternate Stream:** No.4 Partnerships and integrated care – connecting rural people and services

**Abstract Title:** Collaborating on an integrated model of care for the treatment of co-occurring mental health and substance use disorders: An innovative approach designed by clinical services.

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**Background:**

Co-occurring mental health and substance use problems are common, have a marked impact on wellbeing and social functioning, and are associated with high costs to the health system. The challenges arising from co-occurring disorders are amplified in rural areas where access to services is limited. Better outcomes may result from integrated treatment compared to parallel treatment, but the process of integration is challenging for services that have historically been seen as separate. How do you bring the two together?

**Approach**

Clinicians from separate mental health and drug and alcohol services in Coffs Harbour, NSW, developed a partnership with researchers and used Participatory Action Research to build a culture of collaboration and design a shared model of integrated care. Thematic analysis of surveys, observations and focus groups with clinicians and managers was conducted.

**Outcomes/Results**

Initial data analysis shows clinical services have the capacity to challenge long-standing practices and be open to a new way of working. Clinicians were motivated by desire for improved patient outcomes and belief in integrated care. Participation was sustained by creating opportunity for genuine collaboration and input into the planning, implementation and review of a creative, service-specific model. This innovative approach made the model relevant, practical and feasible to implement because it embedded research into clinical practice and it was driven by clinicians with the support of managers and researchers

**Take Home Message**

1. Change from parallel to integrated treatment first requires time and commitment to the process of building purposeful partnerships between services.

2. The connections created by this process are the crucible for ongoing change.