NGO Mental Health & Drug and Alcohol Research Grants Program

FINAL REPORT

March 2012

EJD Consulting & Associates

FINAL REPORT

NGO Mental Health & Drug and Alcohol Research Grants

for

Network of Alcohol and other Drugs Agencies

&

Mental Health Coordinating Council of NSW

August 2011

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Note: Attachments are contained in separate companion report.

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EXECUTIVE SUMMARY

This report, prepared by EJD Consulting and Associates, presents the outcomes of the NGO Mental Health and Drug and Alcohol Research Grants Program administered by the Network of Alcohol and Drug Agencies Inc. (NADA) and the Mental Health Coordinating Council (MHCC) between 2007 and 2011.

The $3 million program, funded by the NSW Department of Health, was to support research lead by non-government drug and alcohol and mental health organisations in NSW, with a specific research focus on improved service delivery for individuals with co-existing mental health and alcohol and other drugs (AOD) issues (termed comorbidity throughout life of project).

Through the direction and support provided by NADA and the MHCC staff, the Program resulted in 19 quality research projects being completed by 2011: 10 of these undertaken by mental health community managed organisations (CMO) and 9 undertaken by AOD CMO.

As required by the Program guidelines, each grant recipient organisation successfully partnered with an established academic or research-focused body. A number conducted the research in collaboration with a consortium partner or partners. These arrangements are listed in the table on pages vii and viii below.

The research topics chosen by the grant recipients covered a broad range of issues related to co-existing mental health and AOD issues and CMO in NSW:

- nine projects focused on reviewing how information, treatment or support was provided to clients experiencing co-existing issues
- five projects focused on identifying issues, needs and barriers faced by clients experiencing co-existing issues when accessing CMO
- five projects focused on attitudes and perception.

The research projects covered a broad cross-section of CMO client groups, with:

- eight focused on young people (7) or children (1)

- three focused on staff and management issues

- eight projects focused on adult clients, including:

    o two on Aboriginal clients

    o one on gay, lesbian, bisexual and transsexual clients

    o one on clients from culturally and linguistically diverse backgrounds.

At least half the projects also investigated issues from the perspective of families and carers of clients affected by co-existing issues.

In terms of the research discussions, all grant recipients successfully convened meetings and discussed their findings with internal stakeholders, including with their CMO colleagues, research organisation and consortium partner staff. Approximately half of all projects also included service users and research subjects in the discussions.

All research grant recipients successfully met the requirement to disseminate the research findings, with all 19 presenting their findings at the *Outside In: Research into Practice* NADA-MHCC Conference held over two days in December 2010. As at end of July 2011, all grant recipients had also successfully presented conference papers or participated in workshops with external parties where their research findings were discussed.

In addition, all grant recipients prepared or were in the process of preparing journal articles for submission to academic or peer-review publications. As at the end of July 2011, 12 journal articles had already been published, with an additional 15 pending. Six project articles had been submitted for publication in a special edition of *International Journal of Mental Health and Addiction* due for release in 2012. The journal will also include an article entitled 'Building research capacity in community organisations in Australia' prepared by the two staff responsible for overseeing the Research Grants Program – Robert Stirling of NADA and Deborah Greene of the MHCC.

As well as these positive Program outputs, the reviewers also identified numerous other benefits. For example, all grant recipients reported their participation in the Program:

- had improved their awareness of co-existing issues within the context of their service
- had had direct benefits to the organisation mostly in terms of:
  - their capacity to engage with complex clients,
  - improved staff awareness and training,
  - improved staff skills and capacity to undertake research, and/or
  - new approaches to data collection and analysis.

In terms of Program compliance, all projects were found to conform to the guidelines, successfully submitting project updates and budget statements in an appropriate and generally timely manner.

Overall, the Program was found to have been efficiently and effectively managed by NADA and the MHCC, with grant recipients universally acknowledging the quality of support and guidance provided by the Program staff. Further, the establishment of the joint NADA and MHCC Community Mental Health Drug and Alcohol Research Network was seen as an important legacy of the Program. It is anticipated this Network will significantly enhance CMO capacity to engage in research and in other ways be more evidence-driven in their approach to clients affected by co-existing issues and service delivery.

Based on the combined outputs and outcomes of the Research Program, the reviewers found it was an ambitious though highly successful initiative. It had resulted in a body of quality research relevant to the CMO sector, as well as to the broader mental health and drug and alcohol sectors as well. It had also increased CMO appreciation of the value of research, along with their capacity and interest to undertake it. All grant recipients indicated they were interested in undertaking further research and that they were keen to have access to further grants to do so.

The reviewers concluded the Program had fully met or exceeded its aims and objectives. The recommendations listed in Section 7 identify practical opportunities for building on the many strengths of the Research Program in the future.

CMO	Research Partner	Consortia Members
Aftercare	School of Psychology, University of New South Wales (UNSW)	• New Horizons
AIDS Council of NSW	National Drug and Alcohol Research Centre, UNSW	
Adults Surviving Child Abuse	Centre for Gender-Related Violence Studies, UNSW	
Baptist Community Services - Lifecare	Illawarra Institute for Mental Health, University of Wollongong (UOW)	
C.A.R.E. Employment - Break Thru People Solutions	Faculty of Health Sciences, University of Sydney	
Drug and Alcohol Multicultural Education Centre	National Cannabis Prevention & Information Centre, UNSW	
Kedesh Rehabilitation Services	Illawarra Institute for Mental Health, UOW	
Lyndon Community	Humanities and Social Sciences, Charles Stuart University	
Manly Drug Education Counselling Centre	National Drug and Alcohol Research Centre, UNSW	
Mental Health Association	Social Justice Social Change Centre, University of Western Sydney (UWS)	• NSW Consumer Advisory Group • ARAFMI
Mission Australia: Triple Care Farm	Centre for Health Service Development, UOW	
Neami	ORYGEN Research Centre, University of Melbourne	
On Track Community Programs Inc	Monash University	
Oolong Aboriginal Corporation	Illawarra Institute for Mental Health (iiMH), UOW	
The Richmond Fellowship of NSW	Social Justice Social Change Centre, UWS	

CMO	Research Partner	Consortia Members
South Coast Medical Service Aboriginal Corporation	Central Clinical School, Discipline of Addiction Medicine, Sydney Medical School, University of Sydney	• Waminda South Coast Women's Health and Welfare Aboriginal Corporation Illawarra Aboriginal Medical Service • Katungul Aboriginal Corporation Community and Medical Services
Ted Noffs Foundation	National Cannabis Prevention & Information Centre, UNSW	
Waverly Action for Youth Services	National Cannabis Prevention & Information Centre, UNSW	
We Help Ourselves	National Drug and Alcohol Research Centre, UNSW	

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REPORT

1.   INTRODUCTION

In 2007 the Network of Alcohol and Drug Agencies Inc. (NADA) and the Mental Health Coordinating Council (MHCC) were funded by the NSW Department of Health to administer a research grants program for non-government organisations (NGO). The aim of the program was to increase the engagement of NGOs in research that contributes to the effectiveness of drug and alcohol and mental health service delivery in NSW. The research was to focus on individuals with co-existing mental health and alcohol and other drugs (AOD) issues. In this report this is referred to as comorbidity.

The program was called the NGO Mental Health and Drug and Alcohol Research Grants Program (hereafter referred to as the Program or the Research Program).

Between 2007 and 2011 NADA and the MHCC successfully distributed and administered 19 grants through the Program, worth a total of $3 million. Each grant recipient organisation partnered with an established academic or research-focused organisation.

The following is a final report on the Program containing the findings of the independent evaluation conducted by EJD Consulting and Associates – a specialist social policy and human services consultancy firm.

The evaluation has utilised information provided by each grant recipient organisation, together with the input of other stakeholders involved in the Program including research partners, and key staff within NADA and the MHCC *(see Section 3 for details of the methodology).*

In this report the terms Research Program or Program refer to the initiative as a whole as administered by NADA and the MHCC; the terms 'research project' or 'project' refer to the individual research endeavours pursued by the grant recipients. The term 'community managed organisation' (CMO) is used in preference to NGO when describing the grant recipients or the NGO sector as a whole as it is more accurately reflects the sector.

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2.   BACKGROUND TO THE PROGRAM

2.1   Origins and Administration of the Program

In 2007, NADA and the MHCC were funded by the NSW Department of Health to jointly administer research grants with the objective of engaging CMO in research that contributes to the effectiveness of drug and alcohol and mental health service delivery.

The initiative was linked to various NSW Government reforms in AOD, mental health, and comorbidity including the 2008 policy document entitled *NSW Mental Health and Illicit Substance Comorbidity Framework for Action.*

A key motive for establishing the Program was a desire for CMO in NSW to increase their engagement in research and to establish a stronger evidence base for how they designed and delivered services to members of the community affected by comorbidity issues.

The two-year Program funding was worth $3 million. Its administration was jointly undertaken by NADA and the MHCC, with each peak body allocated $1.5 million for distribution to their respective sectors. While the funding was dispersed separately, all other aspects of the Program were undertaken as a joint initiative between NADA and the MHCC, with each peak allocating a part-time worker to collaborate on a day-to-day basis and in general support the Program's successful implementation .

2.1.1   About NADA

NADA is the peak organisation for the alcohol and other drug non-government sector throughout NSW. NADA's goal is to support its membership to reduce the alcohol and drug related harm to individuals, families and the community. NADA's membership comprises of approximately 100 agencies ranging from health promotion and early intervention to treatment and after care programs. These agencies are diverse in philosophy and structure and make up approximately one third of the drug and alcohol sector in NSW.

2.1.2   About the MHCC

The MHCC is the peak body for community mental health organisations in NSW. The MHCC membership is around 200 excluding branch membership. The business or activity of member organisations is wholly or in part related to the promotion or delivery of services for the wellbeing and recovery of people with mental health problems and the support of carers and families of people with a mental health problem.

NADA and the MHCC are both governed by a Board of Directors elected from their membership at an Annual General Meeting.

2.2   Program Aims and Objectives

The key aim of the Research Grants Program was to engage CMO in research that contributes to the effectiveness of drug and alcohol and mental health service delivery in NSW. Additional aims of the Program were to build the capacity of non-government drug and alcohol organisations and non-government mental health organisations to engage in research and to participate in the dissemination of their research findings.

The opportunity to strengthen the partnerships and understandings of the two peak organisations was also an important feature of the Program. Objectives related to this included:

- facilitating linkages and sharing knowledge across the sectors, both in their approaches to mental health and drug and alcohol issues, and
- undertaking research on the subject of comorbidity.

2.3   Grant Administration and Allocation Process

2.3.1   Selection Process

In September 2007 NADA and MHCC sent out expressions of interest to their respective member organisations to identify services interested in participating in the Program.

The selection process involved a two-stage process. In the first stage, applicants were required to submit an expression of interest providing a summary of the research proposal, methodology and budget. A total of 34 applications were received: 21 from AOD CMO and 13 from mental health CMO. These were reviewed by an independent section panel comprising NSW Health, plus non-government and academic representation. An assessment was made using a set of defined selection criteria. Those assessed as best meeting the criteria were then invited to partake in the second stage process. This required developing and submitting full research proposals and budgets. In some cases this was largely driven by research partners as many organisations were not accustomed to developing research proposals.

Nine AOD CMO were asked to submit full applications. Initially six mental health CMO were asked to submit full applications. Following two further rounds, and further review and resubmission processes, an additional 4 mental health CMO were asked to submit.

Ultimately, after a final independent assessment process, a total of 19 organisations were recommended and then approved for funding by the Director of Mental Health, Drug and Alcohol Office in NSW Health. In this report these organisations are referred to as grant recipients.

2.3.2   Allocation Process

Of the 19 successful grant recipient organisations, 10 were mental health CMO, and 9 were drug and alcohol CMO. Grants allocated ranged from approximately $36,000 to $300,000.

Table 1 lists the names of each successful grant recipient, the amount of funding received via the Program grant (including GST), and the duration of their research project.

A number of the grant recipients were part of a consortium of organisations who participated in the research. These are footnoted below the table.

The names of the research organisations who partnered with each grant recipient, together with other details of the research process and its outcomes, are described in the individual project profiles included in Attachment 1.

Table 1:   Research Grant Program Recipients, 2008-2011

Note: Mental health CMO are indicated in pink; AOD CMO are indicated in green.

Organisation Name	Grant	Duration
Aftercare[1]	$114,422	1 year
AIDS Council of NSW	$119,130	2 years
Adults Surviving Child Abuse	$61,619	1 year
Baptist Community Services- Lifecare	$88,000	2 years
C.A.R.E. Employment- Break Thru People Solutions	$131,543	2 years
Drug and Alcohol Multicultural Education Centre	$172,829	1 year, 8 months
Kedesh Rehabilitation Services	$290,400	2 years
Lyndon Community	$300,000	2 years
Manly Drug Education Counselling Centre	$36,000	11 months
Mental Health Association[2]	$100,000	1 year
Mission Australia: Triple Care Farm	$130,222	2 years
Neami	$107,050	1 year, 4 months
On Track Community Programs Inc	$151,504	1 year, 11 months
Oolong Aboriginal Corporation	$68,000	1 year
The Richmond Fellowship of NSW	$116,047	1 year, 10 months
South Coast Medical Service Aboriginal Corporation[3]	$165,000	1 year, 3 months
Ted Noffs Foundation	$100,000	2 years
Waverly Action for Youth Services	$55,000	1 year, 4 months
We Help Ourselves	$154,400	1 year, 6 months

1.   New Horizons were a consortium partner to Aftercare.

2.   NSW Consumer Advisory Group and ARAFMI were consortium partners with MHA.

3.   Waminda South Coast Women's Health and Welfare Aboriginal Corporation, Illawarra Aboriginal Medical Service and Katungul Aboriginal Corporation Community and Medical Services were consortium partners with SCMSAC.

2.4   Components of Each Research Project

As part of the NSW Health funding and performance agreement with NADA and the MHCC, each grant recipient was required to complete a number of tasks in relation to their research project. These included:

- partner with a university or research institute and negotiate a suitable working arrangement to undertake the research

- design a detailed research project plan with key milestones to be reported against

- develop a detailed budget proposal and monitor and report on project expenditure

- prepare and receive ethics approval to conduct the research from a suitable authority

- employ or allocate staff and resources to undertake the research

- prepare and submit progress reports and a final report to the appropriate peak – either NADA or the MHCC

- disseminate their research findings.

A short description of each of these components follows. Note: The findings section contains an analysis of the effectiveness of each of these steps, together with recommendations for how some could be improved in the future.

2.4.1   Partner with a Research Organisation

Potential grant recipients were required to partner with a research body with the capacity to undertake joint research for up to two years. One of the first tasks was to identify an appropriate research partner with sufficient expertise and interest in the proposed project. Most grant recipients utilised existing contacts within university based research centres.

For successful grant applicants, formal written agreements were then established between the partner organisations, stipulating the role each partner was to take in the research, together with other financial and governance arrangements.

2.4.2 Design a Research Plan and Budget

In collaboration with their research partner, grant recipients designed formal research project plans, refining and developing their initial research proposals to include clear aims and hypotheses and a robust research methodology.

Agencies needed to ensure that the research project design enabled their research questions to be addressed and that the research was achievable within the given time frame and grant budget. The plans also included key milestones to indicate progress was being met in a timely manner.

As part of this process, detailed budgets were established for the partner agencies.

Both the plan and budget were submitted to NADA or the MHCC as part of the funding process.

2.4.3 Seek Ethics Approval

Ethics clearance from a registered Human Research Ethics Committee (HREC) was required for all of the research projects prior to the allocation of funds. Most commonly agencies put their ethics applications through the appropriate university ethics committee, with many applications being facilitated by the research partner.

The ethics process required that the research design was completed according to National Health and Medical Research Council guidelines for ethical conduct in human research. It applied to all research instruments including surveys and interview schedules.

A few agencies also required ethics clearance to conduct research with NSW Health clients. This required separate applications to be completed.

2.4.4 Employ Staff and Allocate Resources to Undertake Research

Following ethics approval, funding was released to agencies for their research project. This enabled the engagement of research staff, the distribution of funding between the partner agencies and the allocation of support resources.

2.4.5   Report to Peak Agencies

Agencies were required to report on their progress to their peak body at six-monthly intervals using a template provided by NADA and the MHCC.

These reports provided a summary of progress to that point, including any milestones that had been achieved and details of any challenges or delays encountered.

On completion of the project, grant recipients submitted final reports of their project. These reports required that the CMO summarise for public release:

- research achievements and outcomes
- contribution made to the four priority areas of the 'NSW Mental Health and Illicit Substance Comorbidity Framework for Action' (2008).

In addition, grant recipients were required to submit, in confidence:

- details of whether the original research aims were achieved and hypotheses examined
- any additional aims or hypotheses that were developed
- the contribution of the research to the particular research field and the agency's own practice
- impacts of the research
- partnership details
- ethics matters
- contribution to capacity building
- any significant changes to the project.

2.4.6   Disseminate Research Findings

A final key deliverable of the research grant was to disseminate the results of the research, including via academic or peer-reviewed publications.

See Attachment 1 for a description of how each grant recipient approached this component of the Program.

See Section 5 for an assessment of the effectiveness of the approach and ways for research conducted within CMO to be improved in the future.

3.   ABOUT THE FINAL REPORT

3.1   Background to the Final Report

From the outset of the Program it was agreed that the grants administration process, together with its impacts and outcomes, would be reviewed and independently evaluated.

As noted in Section 2.4, grant recipients were required to document how their research was undertaken and provide regular written updates to NADA and the MHCC not only on their research project's progress, but also on any challenges or delays encountered and lessons that could be learnt.

In May 2011, NADA and the MHCC contracted EJD Consulting & Associates to prepare a report on the Program outcomes and conduct an independent evaluation of its processes and achievements.

EJD Consulting & Associates is a Sydney based social policy and human services consultancy firm with expertise in program reviews and evaluations. The firm also has extensive experience in the fields of drug and alcohol and mental health service delivery and policy.

The aim of the independent evaluation was to provide details on the Program's achievements and outcomes, and to provide evidence to support future decision making regarding research grant funding to the non-government sector. It also documented the lessons learnt to further build and promote a culture of research within the AOD and mental health sectors in NSW.

NADA and the MHCC specified that the evaluation report should investigate three levels of the Program:

1)   The nature of the research, the activities undertaken and the dissemination of research by individual grant recipients

2)   The experiences of grant recipients while undertaking research with the aim of building a body of knowledge to assist agencies in planning and undertaking research in the future

3) A review of the impact of the Program as a whole, with a focus on the role, activities and support provided by NADA and the MHCC.

It is hoped the report will guide NADA and the MHCC in future development of projects and research activities. The report will also be used to inform, advocate and provide recommendations to government for future funding to support non-government services engaging in research.

3.2 Methodology

In response to the briefing paper prepared by NADA and the MHCC, EJD Consulting & Associates designed a targeted research methodology to review the Program. Work commenced in May 2011 and concluded in August 2011 and included:

- reviewing the Program documentation including key communications with grant recipients and Program establishment documentation

- analysing all grant recipients' written reports *(see Section 2.4.5)*

- conducting telephone interviews with key contacts in grant recipient organisations. In total 22 interviews were conducted, including seven research partner staff.

  Note: While this qualitative feedback was gathered anonymously, some quotes from respondents have been used in the report. These are indicated through the use of 'single inverted commas'.

- preparing detailed profiles on each research grant drawing on data from all of the above sources *(see Attachment 1)*

- holding discussions with key NADA and MHCC staff

- gathering feedback from the NADA-MHCC Research Network workshop held on 24 August 2011.

These activities were undertaken by two EJD Consulting personnel:

- Edwina Deakin, Principal and project manager

- Dr Anni Gethin, Associate and researcher

All data in the report is current as at the end of July 2011.

A draft final report was submitted in August 2011

The re-edited and revised final report was submitted in early December 2011.

Section 5 of the report contains the report findings, together with the recommendations arising in highlighted boxes. For the reader's convenience all recommendations have been consolidated and relisted under headings in Section 7.

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4.   PROFILE OF GRANT RECIPIENTS

A summary of each of the 19 grants that were distributed under the Research Grants Program is outlined below. This information has been gleaned from the methodology described in Section 3.2.

Included at Attachment 1 is more detailed information on each grant project, its impacts and outcomes. Section 5 describes the findings of all the grant processes, outputs and outcomes.

Note: Mental health CMO are indicated in pink; AOD CMO are indicated in green.

Agency	Target Group	Service Type	Research Project	Research Partner
Aftercare *Consortia organisation*: New Horizons	People living with mental illness Support to adults with a mental illness, intellectual disability, acquired brain injury or dual diagnosis and the frail aged	Support services, including residential, living skills, personal development, social, recreational and vocational Accommodation support, disability employment, outreach services	Illness perceptions, attitudes to substance use and medication adherence. How are these linked with, and what is the rate of, substance abuse in people with a mental illness in two Sydney mental health NGOs?	School of Psychology, University of New South Wales
ACON (formerly AIDS Council of NSW)	Gay, lesbian, bisexual, transgender, intersex (GLBTI)	Health promotion, outpatient counselling, case management, and needle and syringe program	Understanding the treatment and support needs of members of the GLBTI community living with comorbidity, and the capacity of services to respond	National Drug and Alcohol Research Centre (NDARC), University of New South Wales

Agency	Target Group	Service Type	Research Project	Research Partner
ASCA (Adults Surviving Child Abuse)	Adult survivors of child abuse	Telephone information support service, information resources and workshops for survivors; education and training for health care professionals	The experiences of adult survivors of child abuse in drug and alcohol treatment	Centre for Gender-Related Violence Studies (CGRVS), University of New South Wales
BCS Lifecare	Aged care services, people with disabilities, families in crisis, people struggling with disadvantage and stress	Residential and community-based services	Regional and urban boarding house managers' capacity to support the mental health and substance abuse needs of residents at risk of homelessness	Illawarra Institute for Mental Health (iiMH), Faculty of Health & Behavioural Sciences at the University of Wollongong
Breakthru People Solutions (formerly C.A.R.E. Employment)	Unemployed people with disabilities	Specialist employment programs and services to support job seekers	Working with barriers: supporting employment for people with psychiatric diagnoses and additional drug and alcohol problems	Faculty of Health Sciences, University of Sydney
Drug and Alcohol Multicultural Education Centre (DAMEC)	Culturally and linguistically diverse	Outpatient counselling, case management and community development	Treatment pathways for CALD clients with co-existing cannabis use disorders and mental illness	National Cannabis Prevention & Information Centre (NCPIC), NDARC, University of New South Wales

Agency	Target Group	Service Type	Research Project	Research Partner
Kedesh Rehabilitation Services	People with co-existing issues	Residential rehabilitation	The evaluation of an addictions/comorbidity counsellor training internship program	Illawarra Institute for Mental Health (iiMH), University of Wollongong
The Lyndon Community	People with substance use issues	Detoxification, therapeutic community, outreach services	Unique approaches for engagement of Aboriginal health workers and primary care providers in the delivery of mental health and drug and alcohol interventions in rural NSW	Humanities and Social Sciences, Charles Stuart University
Manly Drug Education Counselling Centre (MDECC)	Young people, parents and families	Outpatient counselling, case management, peer support and community development	Keep It Simple (KIS) – Online Social Research	National Drug and Alcohol Research Centre (NDARC), University of New South Wales
Mental Health Association *Consortia organisations:* NSW Consumer Advisory Group ARAFMI	People living with mental illness Mental health consumers Relatives and friends of people with mental illness	Information services, education, mutual support and advocacy Support, network, advocacy Mutual support, education and advocacy	'WHAT WORKS?' Research into cannabis use by mental health consumers aged 18-30: Examining the effectiveness of health promotion campaigns	Social Justice Social Change Centre, University of Western Sydney

Agency	Target Group	Service Type	Research Project	Research Partner
Triple Care Farm: Mission Australia	Young people with co-existing issues	Residential rehabilitation	Integrated Intervention: Treatment Outcomes for Young People with Co-existing Drug and Alcohol Problems and Mental Health Issues	Centre for Health Service Development, University of Wollongong
Neami	People with serious mental illness	Rehabilitation and support services, home based outreach, supported housing, health promotion	The impact of co-occurring substance use disorders in a young adult sample (<30 years) with severe and persistent mental illness (SPMI) receiving psychosocial rehabilitation services	ORYGEN Research Centre, University of Melbourne
On Track Community Programs	People living with mental illness	Outreach support, psychosocial rehabilitation, supported accommodation and respite, carers support, mental health promotion	The experience of children living with parents affected by mental illness and substance misuse and addiction: an action research study to identify 'good practice' interventions for community organisations	Monash University

Agency	Target Group	Service Type	Research Project	Research Partner
Oolong Aboriginal Corporation	Aboriginal and non-Aboriginal men with substance use issues	Residential rehabilitation	Evaluation of a residential program for people with psychiatric and substance use disorders	Illawarra Institute for Mental Health (iiMH), University of Wollongong
The Richmond Fellowship of NSW	People with psychiatric and mental health problems	Community-based rehabilitation within an accommodation support framework	A historical, retrospective analysis of presenting issues and outcomes for young people with a mental illness and co-occurring substance abuse, to inform recommendations for targeting early intervention strategies, recovery-focused interventions and future service and workforce planning	Social Justice Social Change Centre, University of Western Sydney

Agency	Target Group	Service Type	Research Project	Research Partner
South Coast Medical Service Aboriginal Corporation *Consortia organisations:* Waminda South Coast Women's Health and Welfare Aboriginal Corporation Illawarra Aboriginal Medical Service Katungul Aboriginal Corporation Community and Medical Services	Aboriginal community Aboriginal women and children Aboriginal community Aboriginal community	Culturally appropriate primary health care and services	Out of luck and out of town: exploring the needs of Aboriginal women with drug and alcohol and mental health problems in rural and regional NSW	Central Clinical School, Discipline of Addiction Medicine, Sydney Medical School, University of Sydney
Ted Noffs Foundation	Young people with substance use issues	Residential rehabilitation	Mental health among young psychostimulant and cannabis users in residential substance use treatment: patterns, treatment needs, and responses to treatment	National Cannabis Prevention & Information Centre (NCPIC), NDARC, University of New South Wales

Agency	Target group	Service type	Research project	Research partner
Waverley Action for Youth Services (WAYS)	Young people	Outpatient counselling, case management, employment services	The value of going beyond recognition in a generalist youth service setting to a formal process of screening for comorbidity concerns	National Cannabis Prevention & Information Centre (NCPIC), NDARC, University of New South Wales
We Help Ourselves (WHOS)	People with substance use issues	Therapeutic community, residential pharmacotherapy stabilisation and reduction	The effects of specific mental illness and substance use on early drop-out, retention and successful program completion	National Drug and Alcohol Research Centre (NDARC), University of New South Wales

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5.   FINDINGS

5.1   Program Outputs and Outcomes

Between June 2007 and 2011 all 19 grant recipients concluded their research and fully expended their research grant as per the terms and conditions of their funding agreement signed with NADA or the MHCC.

5.1.1   Key Deliverables

As described in Section 2.2, the Program was designed to successfully execute a number of key deliverables and processes. The following findings can be made with regard to the grant recipients (10 mental health and 9 drug and alcohol CMO):

- In terms of <u>research partners</u>, all grant recipients successfully:
  - identified a recognised research institution to partner with
  - formed an effective research partnership and collaborative way of working.

  Across the Program a total of 7 different research institutions formed research partnerships under the Program. These included:
  - **ten** research partnerships signed with the University of NSW:
    - 4 with the National Drug and Alcohol Research Centre (NDARC)
    - 4 with the National Cannabis Prevention & Information Centre within NDARC
    - 1 with the School of Psychology
    - 1 with the Centre for Gender-Related Violence Studies
  - five partnerships with the University of Wollongong through the Illawarra Institute for Mental Health
  - two with Charles Sturt University
  - two with the University of Sydney
  - two with the University of Western Sydney
  - one each for the University of Melbourne and Monash University.

  All but one organisation maintained the same research partnership throughout the project.

- In terms of <u>research design</u>, all grant recipients successfully developed and submitted to NADA and the MHCC:

  o an initial detailed research project plan, with timelines and key milestones

  o revised project plans with revised timelines and milestones (reflecting change of circumstances or data collection challenges) as appropriate.

- In terms of <u>ethics approval processes</u>, all grant recipients successfully developed and received formal ethics approval through a registered HREC.

  As discussed in Sections 5.2.2 and 5.6.2, a significant proportion of grant recipients experienced either delays in this process or required modifications to their original plans over the course of the project.

- In terms of use of the <u>grant resources</u>, all grant recipients successfully:

  o oversaw the employment of project focused research staff, though a significant proportion experienced changes in key research personnel over the course of the project *(see discussion in Section 5.5.2)*

  o developed and maintained adequate budgetary and financial management systems and allocated resources in an appropriate and timely manner to complete the project.

  (See Section 5.5 below for discussion of management issues).

- In terms of <u>reporting and accountabilities</u> to NADA and the MHCC, all grant recipients successfully:

  o met their grant obligations, which included providing six-monthly reports containing progress against milestones

  o submitted their Final Project Report with the required information and supporting documentation including verified project financial statement.

  However, some reports were submitted later than expected.

- In terms of the <u>research findings</u>:

  o All grant recipients successfully disseminated and discussed the key findings with direct stakeholders.

    ▪ At the end of July 2011 this included at least 20 presentations with grant recipient staff and management, other consortium partner staff and management, and research organisation staff. In many instances the findings were also discussed with service users and other research subjects.

- o All grant recipients have successfully presented conference papers or participated in workshops with external parties where the research and its findings were discussed.

  - As at the end of July 2011 a total of 34 conference or forum papers had been presented.

  - In addition, all 19 projects were presented by the grant recipients at the *Outside In: Research into Practice NADA MHCC Conference*, held in December 2010.

  - o As at July 2011, all grant recipients had prepared, or were in the process of preparing, articles for submission to academic or peer-review publications:

    - As at end of July 2011, 12 articles has been published with an additional 15 research papers accepted or were pending acceptance for journals.

    - 7 articles had been accepted for publication in a special addition of the *International Journal of Mental Health and Addiction (see Section 5.4.2 and Attachment 3 for details)* due to be printed in early 2012.

- In terms of the <u>relevance and usefulness</u> of the research, all grant recipients reported the project:

  - o had improved their <u>awareness of comorbidity</u> issues within the context of their service

  - o had had direct <u>benefits</u> to the organisation mostly in terms of:

    - their capacity to engage with complex clients,

    - improved staff awareness and training,

    - improved staff skills and capacity to undertake research, and/or

    - new approaches to data collection and analysis.

    (See Section 5.2.1 for further discussion of the benefits to grant recipient organisations).

- In terms of the research <u>project overall,</u> all grant recipients indicated the project:

  - o was of overall value to their organisation

  - o had improved their appreciation of research and data collection in general

- o was likely to lead to:

    - further grant applications to build on the research undertaken to date,

    - ongoing interest in research being taken by other researchers, service providers or through peak bodies, particularly in the area of comorbidity, and

    - ongoing networking with other practitioners interested in research.

    (See Section 5.7.1 below for further discussion of this issue).

- In terms of the Program's <u>management</u>, all grant recipients indicated NADA and the MHCC had:

    - o performed well and assisted them in completion of their research

    - o helped promote access to other relevant research and publications

    - o helped them network with other research practitioners, specifically through the formation of the Research Network.

    (See Section 5.4.1 below for discussion of this issue).

The combination of these outputs and outcomes demonstrates the Program was successful and effectively met its broad aims and objectives. Following are other findings related to key aspects of the Program.

5.1.2   Topics of Inquiry

Across the 19 research topics, a broad range of issues related to comorbidity were investigated. As the profiles at Attachment 1 outline in more detail, many of the research questions spanned a number of interest areas. Nonetheless the following observations can be drawn.

In terms of the primary subjects of the research inquiry:

- eight projects focused on adult clients, including 4 projects focused on specific target groups namely:

    - o Aboriginal women (1) and Aboriginal men (1)

    - o gay, lesbian, bisexual and transsexuals (1)

    - o clients from culturally and linguistically diverse backgrounds (1)

- seven projects focused on young people (less than 30 years) or adolescents

- one project focused specifically on children

- three projects focused primarily on staff, management and working arrangements including one focused on Aboriginal staff.

At least half of all the research also investigated families and carers of individuals affected by comorbidity. In at least half the projects, a component included an investigation of issues in rural and regional communities, or at least outside metropolitan Sydney.

Again, while multiple interests were common in the focus of research, in general terms the following observations can be made about the object of the inquiry:

- nine projects focused primarily on reviewing how information, treatments and support were provided to clients affected by comorbidity, their families and carers, including one focused on internship arrangements

- five projects focused primarily on identifying issues, needs and barriers faced by clients affected by comorbidity, their families and carers

- five projects focused primarily on attitudes and perceptions.

In all cases, the research identified ways in which the effectiveness of dealing with the above issues could be improved.

While there were no prescriptions or quotas in respect to the research supported through the Program, in general the projects were comprehensive in their coverage, both in terms of the cross-section of subjects studied, and in their areas of investigation.

Further, as confirmed in the literature reviews undertaken as part of each research project, in the vast majority of cases the topics had not previously been rigorously studied within the context of community-based NGOs in NSW.

5.1.3   Research Methodologies

Across the 19 research topics, a cross-section of social science research methodologies were designed and implemented. All 19 projects included a literature review as part of the methodology.

As the profiles at Attachment 1 outline, a little over half of all projects (11) used a combination of qualitative and quantitative data gather techniques.

- three projects relied mainly on quantitative data analysis

- seven projects relied mainly on qualitative data analysis.

The most common instruments for generating quantitative data were either staff administered standardised assessment tools or surveys provided to clients, family members and carers.

The most common instrument used to generate qualitative data was face-to-face interviews, and some cases supplemented by focus groups.

5.1.4   Priority Areas Addressed

The 2008 NSW Government policy document entitled *NSW Mental Health and Illicit Substance Comorbidity Framework for Action* outlined four priority areas for attention. These formed the basis of the Research Program's focus, with research proposals required to address one or more than one of the areas.

Included at Attachment 1 is a table that summarises the focus of each of the research grants. In general however:

- all 19 projects included a focus on 'responsiveness in priority settings for priority clients'

- approximately half (9) also focused on 'workforce planning and development'

- slightly less than half (8) had a focus on 'infrastructure and systems development'

- approximately one third (6) included a focus on 'promotion, prevention and early intervention strategies'.

All but 6 research grants made contributions to all four priority areas. Only 1 grant recipient had its focus on only one priority, with 2 focused on two areas.

Overall, the weighting given to the research in terms of the priority areas was found to be very similar for both AOD and mental health CMO, with a 1% difference overall.

- The priority area with the strongest research weighting was 'settings for priority clients', with a weighting of approximately 30%

- The second strongest weighting was 'promotion prevention and early intervention' at approximately 26%

- This was followed by 'workforce planning and development' at 25%

- 'Infrastructure and systems development' had the lowest weighting at approximately 19%.

This spread of interest across the priority areas is a positive outcome of the Program and reflects well on the breadth of the research conducted and the findings overall.

It should also be noted that while the research was classified as having a specific focus (see Attachment 1), nearly all grant recipient staff identified implications of the research for all four priority areas as noted in the 'Outcomes' part of the individual profiles contained at Attachment 1.

5.2   Impacts for Grant Recipients

5.2.1   Strengths and Benefits

All CMO who participated in the Research Program identified that it brought substantial benefits to their organisation. The formation of the partnership with the research organisation was generally found to have worked particularly well for CMO interested in undertaking research. Essentially the Program enabled CMO to research an issue of concern to them in a systematic, robust and ethical manner – and, in most cases, to use the research for the benefit of clients and/or their staff (as detailed in the individual profiles in Attachment 1).

While many of the CMO had previously been involved in some joint research activities, this Program was seen as different in that the CMO had clear ownership of the research design and implementation: in short, the research was primarily for their organisation's benefit.

Other common strengths and benefits identified by the grant recipients included:

- developing a research capacity within the organisation. This included:
  - o enhancing the capacity and confidence of CMO staff to undertake research

- o increasing the appreciation by staff of research and the value of partnerships with research institutions in general, particularly in assisting with research design and data analysis

- o increasing the willingness of non research staff to systematically collect and analyse data and use the outcomes

- developing an understanding of how academic research is undertaken, and the required steps and tasks in implementing a well designed research initiative

- building new relationships with other consortium parties and research bodies that will lead to new partnerships and collaboration

- generating understanding about future research partnerships that could benefit the NGO sector in general

- raising the research profile of CMO through conferences and other research dissemination activities.

In addition, feedback indicated that there was an improved perception (from both internal and external stakeholders) that community-based mental health and drug and alcohol services are interested in quality improvement, and keen to be guided by evidenced-based approaches and techniques.

It was noted however that while these identified benefits were significant, more opportunities and additional mechanisms are needed to support research within NGO settings. There is also an ongoing need to establish structural mechanisms to better link research organisations with the interests and focus of community-based AOD and mental health services *(see Recommendation 1 below)*.

Such research opportunities should not be limited to larger CMO, or those based in major metropolitan centres or proximate to research institutions, but also potentially available to all CMO with an interest and capacity to partner with research bodies, even if facilitated electronically.

The Program also had direct benefits by providing access to research expertise, where the research partner:

- helped manage the ethics approval process

- helped develop clear research questions, research design and appropriate research methodologies

- in most cases also:

  o provided dedicated researchers with expertise in the field and/or research methodologies and data analysis

  o performed the data and statistical analysis

  o assisted with the finalisation of articles and management of the publication process.

Overall, the Program allowed all grant recipient organisations to properly review existing client groups or existing programs and practice and generate evidence to support improved service delivery. Some common opportunities and outcomes noted by grant recipients included:

- having confidence in existing program effectiveness- *'we know what we are doing is good'*- as well as identifying recommendations for how to improve practice in the future

- identifying areas where future research or review is needed

- identifying topics or practices that would benefit from further expert advice or collaborations

- establishing areas for further research application and research partnerships.

R1:→ Provide AOD and mental health CMO, regardless of their size or location, with additional opportunities and mechanisms to facilitate ongoing:

a) partnerships, collaborations and joint investigations with research organisations

b) capacity building, research training and skills transfer to enable CMO staff to lead and manage research in their own right

c) promotion and dissemination of CMO focused research.

The most effective opportunities and mechanisms for achieving the above should be subject of a focused discussion by members of the Research Network *(see Section 5.6.3).* Some other recommendations contained in this report provide a good basis for the discussion- *See Recommendations 4, 5, 13, 17 and 18 in particular.*

5.2.2 Challenges

Generally grant recipients experienced few serious challenges when conducting the research. Of those who did experience difficulties, all were able to overcome these in order to complete the research.

One issue that was common to the majority of projects were delays in meeting the various milestones as stated in the original project plan. The most common challenge resulted from delays in receiving ethics approval. This was a problem for many agencies as funding was not released prior to approval being received, yet a substantial amount of research planning and design was required in order to complete the ethics application.

> **R2:→ Revise future CMO research grant funding processes to include a modest establishment grant component to cover costs associated with ethics approval and staff recruitment.**

(For further discussion related to the ethics approval issue go to Section 5.6.2).

The second most common challenge related to staffing and management issues. In many instances the research experienced various set-backs due to key research personnel changing or resigning; in some instances there were also difficulties in recruiting appropriate staff due to the short term and specialised nature of the project.

In a number of other instances, there were challenges stemming from managing the partnership, including issues associated with resource allocation and supervision and management of research staff. *(For further discussion and recommendations related to staffing see Section 5.5.2).*

In a few instances there was pressure from the research organisation to have the funding managed within the university (due to pre-existing academic performance indicators related to incoming research funding). There were also questions regarding intellectual property of research findings, authorship and attributions on publications, and other issues related to research dissemination and research promotion. On occasions, these issues required the assistance of NADA or the

MHCC staff to resolve. This suggests further guidance and documentation may be preferable in the future.

R3:→   With legal input, draft a model partnership agreement for use by CMO and research organisations covering clauses and options for the management of risks and other complex issues including:

   a)   intellectual property

   b)   staff supervision and management

   c)   authorship and attributions related to research papers and publications

   d)   financial management and budget responsibilities

   e)   dispute and conflict resolution processes.

Another common challenge identified related to recruiting participants for the research – which, it should be noted, is a problem commonly experienced in AOD and mental health research generally. In a number of cases, the research design – or the data gathering instruments – had to be modified to cater for this challenge. In all cases, such modifications did not compromise the investigation of the research questions or substantially reduce the value of the findings and conclusions that could be drawn.

Other challenges identified by grant recipients included:

- understanding of the research process, including the time required to complete each stage in the research design

- the processes of managing the dissemination of the research. This specifically included:

   o the complexity, skills and time required to write a journal article, (including the challenge of no longer having grant funding to support this process once the research was complete)

   o time taken between submission, peer-review and actual publication.

- challenges of balancing the commitment to service delivery and client focused activities with a parallel commitment to data collection and analysis.

   o In some cases management and staff reported these dual roles as 'confusing' or, on occasion, 'in competition'

- o In some cases staff felt they lacked the necessary skills to complete expected roles under the research

  - o In other cases research staff felt 'compromised' by having to perform more client and organisational related duties than they had anticipated in their research role.

- the ongoing challenge of having insufficient funding and funding agency support to enable research and evidence-based practice to be part of the service's core deliverables

  - o This challenge stemmed from feedback regarding most performance measures and accountability requirements that were almost exclusively focused on 'client inputs and outputs', and not on processes and reforms related to quality improvement or 'service re-engineering'.

These last challenges – related to the day-to-day pressure to deliver services versus the need for continuous improvement and thorough data collection and analysis – appeared to reflect broader tensions within moderately funded community-based organisations. Within these high demand contexts, the value of research and its application to improved service delivery was often not fully embedded in CMO culture, including among front-line staff and client-centred managers. While feedback regarding this tension appeared stronger in the earlier stages of the Program than at the conclusion of the research, more work remains to be done in terms of defining and supporting quality improvement and evidence-based practices in the NGO sectors.

R4:→   Funding bodies allocate a proportion of their (core) grant funding to CMO to support research, and enable them to:

  a)   **collect and rigorously analyse client data and service delivery outcomes**

  b)   **undertake quality research using robust techniques**

  c)   **form partnerships with research organisations**

  d)   **disseminate their findings and share research outcomes with other CMO and research organisations**

  e)   **in other ways implement a culture of continuous improvement and evidence-based service delivery.**

> **R5:→** **Resource NADA and the MHCC as the peak bodies to support and promote the development of evidence-based cultures within CMO, including with respect to:**
>
> a) **the treatment and support of clients with co-existing mental health and alcohol and drug issues, and**
>
> b) **the inclusion of family and carers in treatment models.**

A number of grant recipients indicated that staff in their organisation, including some who were 'previously disengaged' from the research activities, or 'even suspicious of its merits', were interested to learn about the research findings and their implications for the services at the conclusion of the research. In some cases this has encouraged individual service managers and quality improvement staff to propose additional research that could be conducted in the future.

A number of grant recipients also found the lack of resources to oversee the implementation of the research outcomes, and to disseminate the findings, to be a challenge.

A final though significant challenge experienced by one organisation was the loss of funding for a service program where the research was to be utilised.

5.2.3   Service Delivery Impacts

Most of the research projects were found to provide clear or potential benefits in relation to NGO service delivery. While the focus of the research varied- *see Attachment 1*- the most common identified benefit related to better understanding of the needs of clients and improved awareness of aspects of staff training and workforce development.

A number of grant recipients derived a clear benefit from having the research confirm the efficacy of their treatment program or workforce training. As one respondent summed up: *'we were finally able to see what we were doing was working, and why'*.

Other service delivery impacts included:

- improvements in client engagement, particularly in respect to treatment of clients with comorbidity issues

- improved assessment processes for working with clients with mental health or AOD issues

- improved referral pathways and linkages with other providers in AOD and mental health fields

- staff awareness of the background and issues of the target population

- clearer measurement of client progress using a robust instruments such as standardised assessment tools

- improved or enhanced data collection and analysis

- improved file management and use of documented information

- more targeted workforce development planning and staff training

- improved internship program

- confirmation of current staff's skills, commitment and preparedness

- greater support for the needs of the workers.

5.3 Other Impacts

5.3.1 Research and Sector Issues

While less specific than the benefits listed above in respect to individual grant recipients, the Program was also found to be linked to various other benefits that have broader sectoral and research impacts. These included the Program being responsible for:

- generating a substantial body of quality research, and associated publications and conference papers, that are proving valuable to CMO and other sectors in Australia

- overseeing the development of various successful research methodologies appropriate and beneficial to a complex area of social research

- improving the credibility and professional reputation of both the peak bodies and individual AOD and mental health CMO, including raising the sectors' profile with research bodies and academic organisations

- promoting the sharing of inter-sectoral knowledge and information and raising the value and use of evidence-based research in general

- demonstrating effective mechanisms for partnership research and collaboration

- demonstrating the effectiveness, efficiency and strengths of CMO management of sector development activities in general, and grants administration in particular.

5.3.2   Inter-sectoral Collaboration

While not a primary objective of the Program *(see Section 2.2)*, Program documentation assumed that an outcome of the projects would be improved collaboration between the AOD and mental health NGO sectors.

While a number of projects did link with services from the other sector, overall inter-sectoral collaboration was not as strong as may have been anticipated. For example, only a few organisations volunteered this as a benefit or outcome of participating in the Program and undertaking the research. Further, very few project reports contained specific actions or outcomes that could be defined as primarily focused on improving inter-sectoral collaboration.

However, while the conducting of research per se was not directly linked to this type of collaboration, participation in Program related meetings and workshops was found to have significantly contributed to making linkages with other providers and to promoting a more collaborative approach to comorbidity issues. Further, grant recipients reported that the establishment of the Research Network had the potential to be a major driver of increased joint initiatives and information exchanges. *(See Section 5.6.3 for further information in this regard.)*

Nonetheless more work remains to be done at both the peak and service delivery levels to ensure improved treatment for clients with comorbidity issues. Overall, the reviewers concluded that to effectively drive inter-sectoral collaboration and partnership, funding bodies will need to include directives with inducements as part of their funding programs.

> **R6:→** **Government and non-government agencies initiate new measures to extend collaboration between the AOD and mental health sectors at all levels, including through supporting enhanced:**
>
> a)   **information sharing and referral pathways for clients**
>
> b)   **joint case management and service delivery options especially for clients with co-existing mental health and drug and alcohol issues**
>
> c)   **partnership agreements or memorandums of understanding defining joint processes and procedures**
>
> d)   **cross-sectoral training and staff development opportunities**
>
> e)   **joint service delivery models, treatment and support options.**
>
> *(Also see other Recommendations listed under 'Research Culture Within CMO' in Section 7)*

> **R7:→** **Consider establishing a partnership development stream as part of core mental health and AOD CMO funding to encourage and support formal collaboration and partnerships between mental health and AOD CMO, as well as between CMO and government service providers.**

5.4   Management and Governance

Feedback indicates that the Program's management, and support roles played by NADA and MHCC staff, were effective and particularly significant to the Program's overall success.

5.4.1   Program Management

To oversee the Program's development and implementation, and in addition to the leadership provided by senior staff, both NADA and the MHCC allocated Program resources to employ a part-time Program officer:

- In the case of NADA this was performed initially by Tanya Merinda, before Robert Stirling assumed the role in July 2008.

- In the case of the MHCC Deborah Greene performed this role, between 2007 and mid-2010 followed by Deb Payne.

Throughout the Program NADA and the MHCC staff maintained a strong collaborative relationship. This relationship operated at both formal and informal levels. In respect to formal processes, key initiatives included joint:

- membership of the Program Steering Committee

- preparation and adoption of expression of interest forms and reporting templates

- collation and distribution of Program resources and other e-information to grant recipients

- planning, development and hosting of workshops and meetings

- preparation and distribution of formal reporting to funding bodies

- liaison and outreach to research bodies and other organisations with expertise in comorbidity issues

- scoping, developing and implementing the establishment of the Research Network *(see Section 5.6.3).*

Less formal though very regular collaboration processes used by NADA and the MHCC Program staff included frequent telephone and email contact as well as face-to-face planning meetings. There were also frequent advice and information exchanges regarding grant challenges and problem solving.

While not all of these collaborative roles were evident to other parties, nonetheless grant recipients all reported that overall the Program was well managed and demonstrated clear direction and leadership.

5.4.2   Program Documentation and Research Dissemination

Across the course of the Program NADA and the MHCC prepared and distributed Program information packages and forms including those related to:

- expression of Interest phase

- application phase

- interim and final reporting phase.

These documents were found to be clear in their purpose and design, with users reporting relative ease in completing them based on the instructions, templates and prompts provided.

To further support applicants and grant recipients with their research proposals and designs, NADA and the MHCC prepared and distributed numerous supporting documentation and resources. These included what were termed three 'primer' documents:

- *Thinking Research: Key Concepts*
- *Refining the Research Question*
- *Leading your Research Project.*

In addition, NADA and the MHCC prepared various joint reports on the Program, as well as a number of conference and workshop papers. Key among these was:

- *Interim Program Evaluation Report* submitted to NSW Health
- journal article entitled 'Building Research Capacity in Community Organisations in Australia'.

Due to the efforts of the NADA and the MHCC Program staff, the *International Journal of Mental Health and Addiction* (IJMHA) has agreed to publish a special edition of the journal in early 2012 which specifically focuses on the outcomes of the Research Program. It will include the above mentioned 'Building Research Capacity' article prepared by Robert Stirling of NADA and Deborah Greene from MHCC, along with 5 other articles related to individual research projects. All articles have been peer- reviewed with details of the authors listed at Attachment 3. References to individual papers are also included under 'Research dissemination' in the profiles outlined at Attachment 1.

Overall the project documentation and reporting processes were found to be clear and appropriate, enabling sufficient grant accountability and Program monitoring. The required reporting template forms were particularly useful and provided an opportunity to regularly track the research processes and issues arising. At the same time the reporting forms were not too lengthy or regular to overburden the grant recipient organisation.

The regular reports provided to NADA and the MHCC proved useful as the source of many of the findings and issues documented in this review.

> **R8:→** **Adopt similar reporting templates and periodic feedback processes to that used for the Research Grants Program in order to solicit formal reporting against key milestones and funding accountabilities, together with qualitative feedback on issues and challenges arising.**

5.4.3   Communications Processes

Based on documentation and grant recipient feedback, the communications and feedback processes used by NADA and the MHCC were found to be effective. Grant recipients commented that, from the outset, they were clear of the two stage selection process used for decision making. They also understood their expectations as grant recipients and the documentation required.

In general communication from NADA and the MHCC to grant recipients was regular, and included formal reminders of reporting expectations together with various other resources. These included distribution of journal articles, notices of upcoming events or other funding opportunities, opportunities to disseminate findings, plus the distribution of a Program e-bulletin. All were appreciated by the grant recipients, many of whom reported feeling 'well connected' to other research endeavours, as well as 'well supported' by their respective peak.

Further, grant recipients reported that key Program staff – namely Robert Stirling in the case of NADA and Deb Greene in the case of MHCC – were 'accessible' and 'helpful' throughout the Program and were 'readily available' to assist when queries or challenges emerged in the research project's implementation. On occasion this support included communicating directly with research partners to help resolve specific problems or communication issues. Many grant recipients volunteered praise for the Program staff, specifically commenting on their 'commitment' to make their organisation's project successful, as well as their 'helpfulness', 'patience' and 'understanding' when delays were experienced in meeting project milestones.

In addition to the funded Program staff, it was evident that senior staff within both NADA and the MHCC were strong advocates for the Program, and at various intervals played an active role in promoting its achievements and ensuring its success. In the case of NADA these individuals included Tanya Merinda and Larry

Pierce; in the case of the MHCC these overseeing roles were performed by Jenna Bateman.

5.4.4 Workshops and Conference

At the outset of the Program NADA and the MHCC hosted a number of information sessions for their members aimed at increasing their readiness to engage in research and participate in the Program. Early workshop sessions included topics such as:

- Key concepts in research

- Selecting and refining your research question

- Research methodologies

- Research ethics

- Leading and managing a research project.

Many of these workshop topics were followed up with one-on-one discussions with individual organisations to assist them to hone their proposals, link with appropriate research bodies, and refine their methodologies.

Workshop sessions were also hosted later in the Program and included presentations from experienced researchers and educators, from individual grant recipients discussing their project's progress to date, and from research partners on their experience and findings thus far. Topics included in the workshops included:

- Developing collaborative partnerships

- Disseminating research in partnership

- Consumer involvement and perspectives

- Writing academic publications and presenting findings.

Over the course of the Program NADA and the MHCC hosted two significant research focused events. The first was held on 6-8 May 2009 called *Outside In: Community Responses to Complex and Diverse Needs*. While the event was well attended by grant recipients, only a few presented the preliminary results of their research.

A second two-day conference was held on 6-7 December 2010 in Manly, Sydney. Entitled *Outside In: Research into Practice,* the event was very well attended and included presentations by all 19 grant recipients.

Written feedback was sought from participants at the conclusion of both events. In both cases the comments were very positive with the majority of participants indicating the event was informative, relevant and had contributed to improving their confidence and capacity in undertaking different aspects of research.

In addition to imparting useful information and discussing different approaches to research, participants indicated the events had also provided a valuable opportunity for CMO and research staff to network and discuss research issues, methodologies and experiences in a supportive learning environment. In addition, the events were reported to have helped build the capacity and confidence of AOD and mental health CMO staff to undertake research and to utilise it in their service design and delivery.

Ultimately, the very positive feedback and overall success of the events spawned a strong interest in forming an ongoing mechanism to discuss and support research in the AOD and mental health NGO sectors. This ultimately led to the establishment of the Community Mental Health Drug and Alcohol Research Network *(see discussion in Section 5.6.3).*

5.4.5   Project Management and Partnerships

In general the individual research projects were found to be effectively managed by the grant recipients. Each met their contractual obligations to supply six-monthly reports using the template provided. Each also adequately accounted for grant expenditure using standard accounting techniques. This provided sufficient transparency that the funding had been used consistent with the Program's aims and objectives.

The researchers found merit in the reporting expectations being part of the initial contracts signed between the grant recipients and their respective peak body.

Most grant recipients were satisfied with the effectiveness of the governance processes they had put in place. In most instances this focused on the establishment of a project steering committee comprising representation from:

- grant recipient

- research organisation

- any other consortium partner.

In at least half of the projects, the steering committee also included a consumer representative or service user.

Most grant recipients indicated the Committees met regularly throughout the project. They fulfilled their roles in overseeing the research design, the research process and completion. They were also found to have assisted in providing guidance and direction when the original project proposals and timelines could not be met due to a range of factors.

Most reported challenges related to project governance associated with common logistical issues including:

- identifying and then keeping suitable dates when all members could be present

- managing travel and time issues when the members were a distance apart

- identifying new staff, and then establishing good working relationships, when key personnel changed.

Most organisations also reported use of less formal channels, such as regular telephone contact and email exchanges, as an effective way of managing their partnership arrangements.

The majority of grant recipients reported few problems in terms of the research partnerships, with many commenting on the 'good will', 'commitment' and 'cooperation' underpinning most relationships. Also, as many agencies had existing relationships with their research partner, the Research Program provided an opportunity to continue to develop their capacity to work together.

As noted elsewhere, where partnership issues and challenges did emerge, these tended to relate to cultural and workplace differences between CMO and the research bodies. In a few cases the research partner had assumed greater 'control' over the project than the grant recipient wished; in one case the research partner expressed that they 'owned the project' rather than it being a partnership. These

problems were all resolved in time, in some instances with the intervention of NADA or MHCC staff; in one instance there was a change of research partner.

See Recommendation 3 for ways these issues could be minimised in the future.

5.5 Program Resources

5.5.1 Budget Expenditure

The total NSW Health funding provided for the Research Grants Program was $3 million over two years. $1.5 million of this was allocated to each peak organisation to disperse in grants and to provide the necessary administration and support to the Program to ensure its success.

- $2,461,166 or 82% of total Program funding was dispersed in direct grants.
  - Approximately $1,165,000 was allocated by the MHCC in grants to the 10 successful mental health CMO *(see list at Table 1)*. The smallest grant was approximately $61,600, with the largest being $165,000.
  - Approximately $1,296,000 was allocated in grants to the 9 successful AOD CMO *(see list at Table 1)*. The smallest grant was approximately $36,000, with the largest being $300,000.
- The remainder of the Program funding was used by NADA and the MHCC to:
  - employ part-time Program officers, one based in each peak organisation
  - cover costs associated with administering the grants program, including communication costs, stationery, overheads, and meeting expenses.

As Program costs were less than initially budgeted, in 2010 NADA and the MHCC sought permission from NSW Health to use the surplus funding to establish the Community Mental Health Drug and Alcohol Research Network. This initiative remains an important legacy of the two-year Program *(see Section 5.6.3 for further discussion of the Network)*.

All grant recipients were required to report on how their grants had been expended in each of their progress reports submitted to NADA and MHCC. In their final reports, all but one grant recipient reported that the grant was fully expended, or was due to be fully expended once the remaining aspects of the project were concluded. As each of

these expenditure reports were not required to be independently audited, NADA and MHCC were required to take the financial information at face-value.

In one case, the grant recipient did report a significant under expenditure of the grant. This information was openly declared to the MHCC, together with a request to use the unspent funding to develop a research tool for use by the organisation. As the Program guidelines had contained no provisions for this matter, the reviewers identified two opportunities for improvement.

> **R9:→** **Amend future grant guidelines to include a provision that requires grant recipients to:**
>
> a)   **include the research grant as a separate line item within their organisation's annual financial statement and that this be:**
>
>   i)   **reported against as part of their independently audited, end-of-year financial statement**
>
>   ii) **submitted to the auspicing body as evidence of appropriate grant expenditure**
>
> b)   **notify the auspicing body (on a quarterly basis for example) of any significant over or under expenditure of grant funding based on the budget submitted, together with either:**
>
>   i)   **proposed measures for how to rectify the situation, and/or**
>
>   ii) **requests to modify or extend their research project and allocate the funding to complementary activities, particularly in cases where:**
>
>   a)   **project savings have been made, or**
>
>   b)   **grant under expenditure has occurred for other reasons.**

> **R10:→ Include in future grant guidelines a provision for how the funding body will review and respond to any request to vary grant funding expenditure.**
>
> *Criteria for approving grant expenditure variations might include:*
>
> a) *The proposal is consistent with the aims and objectives of the grants program*
>
> b) *The proposal builds on or complements the initial research project's purpose*
>
> c) *The proposal can be delivered with the funding available, and within an agreed timeframe*
>
> d) *A final report (and where appropriate, also progress reports) on the revised proposal outcome, using the standard reporting template, be submitted to the funding body at the conclusion of the project*
>
> e) *A short project plan is agreed to and signed that stipulates any requirements, including obligations to report on project outcomes and expenditure.*

5.5.2   Project Staffing

The vast majority of grant funding was used to fund one or more research personnel to conduct the research. In some cases, they were employees of the grant recipient organisation, in other cases they were employees of the research organisation. In a number of cases there was staffing allocated by both partners.

Some grant recipients elected to manage their partnership by locating a staff member from the research partner within the agency – having, in effect, a 'joint position'. This seemed to work particularly well in instances where the research had been designed, and the individual primarily went about the data collection and analysis, 'unburdened' by other day-to-day service issues.

In some instances, locating the research personnel primarily in the service posed some challenges including:

- Research staff having two supervisors (one service-based, one research institution-based) at times creating conflicting demands and responsibilities

- Research staff 'distracted' by having to participate in other organisation-wide issues, including in areas such as occupational health and safety training, or accreditation reviews

- On occasions, allocated research staff were expected to contribute to day-to-day service activities, including when other staff were on leave. These duties were considered not 'technically part of their research roles' and responsibilities.

In general these matters were satisfactorily resolved through discussions between the managers in the partner organisation and the research personnel.

All but two of the grant recipients experienced changes in key personnel over the course of the project. In the majority of these cases these related to changes in academic or external researchers employed to support the project. A specific vulnerability was associated with the employment of postgraduate students who frequently left the project at the conclusion of the academic year or when their studies were completed. In a number of instances this left individual projects without research support for periods of up to four months (for example November to February) before a new postgraduate could be recruited.

These personnel changes contributed to delays in completing the project. It also added time and administrative burdens to the partnership as new personnel needed to be recruited and then made familiar with the research to date.

Given how common changes in personnel were, there would be merit in future research projects building in some 'slippage time' into their milestones. There is also merit in planning for how staff changes or absences will be managed.

R11:→ Future grant guidelines include additional provisions for the management of unforeseen delays in project delivery.

This might involve the addition of a standardised 'slippage' clause in the funding contract that would allow, subject to appropriate notification, agreed project milestones to be postponed for a specified number of months without jeopardising the terms of the grant.

> **R12:→ Future research guidelines (and related forms and processes) include a risk mitigation section in relation to project plans.**
>
> *This might include risk management measures such as:*
>
> a) *agreements and processes for managing the replacement or back-filling of key personnel when extended sickness, leave or resignations occur mid-project*
>
> b) *communication protocols between partners for how significant problems or changes in project plans or milestones will be managed.*
>
> *One option might be to formally nominate 'shadow' or 'back-up' personnel within the grant recipient organisation or research body who would be involved in key aspects of the project and thus potentially available to assume responsibility should the need arise.*

5.6 Research Issues Arising

5.6.1 Research Interests

When grant recipients and other stakeholders were asked to provide feedback on future research plans or needs, there was great similarity in the feedback provided. For example, grant recipients expressed interest in additional opportunities to undertake the following types of activities:

- undertake further research focused on comorbidity issues relevant to CMO service delivery

- mechanisms for accessing the findings of quality research relevant to CMO mental health and drug and alcohol service providers in NSW

- (with appropriate approvals) mechanisms to share client data that supports research by other providers, and/or improves their service design and delivery

- processes to network and exchange information with other mental health and drug and alcohol CMO interested in research

- mechanisms to build partnerships between mental health and alcohol and drug sectors that support both joint research, but also other forms of collaboration and joint activities specifically related to clients with comorbidity issues. *(See Section 5.7.1 below.)*

The researchers found that most grant recipients believe the NADA and MHCC Research Network is a positive first step in meeting some of these interests, but that there is scope for more extensive activities, including through the establishment of web-based systems including chat rooms, together with additional forums and workshops.

R13:→ NADA and the MHCC investigate further options to support CMO through:

a)   **commissioning joint research focused on co-existing mental health and drug and alcohol issues relevant to CMO service delivery**

b)   **promoting the findings of quality research relevant to CMO including via web-based systems**

c)   **(with appropriate approvals) promoting mechanisms to share client data that supports service design, service delivery and/or research by other providers**

d)   **expanding networking opportunities and information exchanges between CMO interested in research**

e)   **building partnerships between mental health and alcohol and drug sectors including through supporting:**

   i) joint research endeavours

   ii) other forms of collaboration and joint activity specifically related to clients with co-existing mental health and drug and alcohol issues.

(Also see other Recommendations listed under 'Research Culture Within CMO' in Section 7)

5.6.2   Ethics Approval Processes

As noted in the profiles in Attachment 1, and at Attachment 1, a majority of the research projects experienced either delays or other challenges in completing their ethics approval processes. In most instances challenges related to clearances through university bodies and/or Local Health Districts' (formerly Area Health Services) ethics processes.

Challenges encountered throughout these ethics processes included:

- administrative formalities regarding the time required to submit and be granted approval

- unfamiliarity with the type and level of detail required to gain approval, requiring some organisations to resubmit, thereby experiencing further delays

- a perceived unfamiliarity on behalf of some ethics committee members about how CMO operate, particularly in regard to their approach to client engagement, services delivery and also processes used for data collection. This included:

  o concerns regarding the perceived vulnerability of the research subjects and perceived risks to their individual health and safety as a result of participating in the research, including the risk of self harm

- confusion related to different regulations and research governance requirements. For example:

  o each Local Health District having different ethics approval processes and having a different procedure, requiring some grant recipients to submit multiple applications.

In addition, organisations were unable to receive funding to commence the research until after ethics approval was granted.

These challenges, together with some suggestions raised by stakeholders, lead to the following recommendations:

R14:→ Provide CMO with more training and information to specifically up-skill staff in:

a) **relevant health and social sciences research techniques, methodologies and their appropriate applications to CMO service settings**

b) **ethics approval processes and required ethics documentation**

c) **report writing and research dissemination.**

(Also see other Recommendations listed under 'Research Culture Within CMO' in Section 7)

> **R15:→ Establish a simplified and streamlined research ethics approval process in NSW suited to NGO contexts and specifically including processes for managing:**
>
>   **a)   working with vulnerable clients and other common though complex health related issues**
>
>   **b)   research involving multiple locations and potentially involving more than one Local Health District.**

> **R16:→ NADA and the MHCC investigate establishing a new peak ethics approval process (in partnership with an established research body) specifically tailored to AOD and mental health CMO in NSW.**

5.6.3   Research Network

As noted elsewhere, a significant legacy of the Research Program was the establishment of the joint NADA and MHCC Community Mental Health Drug and Alcohol Research Network.

NSW Health approval to establish the Research Network using surplus funding from the Research Grants Program was received in June 2010. Resourced by a part-time Network Coordinator based at the MHCC – Deb Payne – the aim of the Network is to build research capacity in the CMO mental health and drug and alcohol sectors in NSW. It also aims to facilitate a culture of research by providing opportunities to exchange ideas, share resources and support collaboration between the two sectors.

Planned activities of the Network include:

- hosting information and education sessions
- running research related workshops and forums
- providing electronic information exchanges.

A seeding grants program is also an expected outcome of the Network.

The Network was launched in December 2010. While NADA and the MHCC convened various workshops and meetings involving grant recipient staff, the first formal Network meeting did not occur until 24 August 2011. During the intervening

time however, staff were focused on preparatory activities such conducting intensive consultations with the CMO mental health and drug and alcohol staff, undertaking a literature review, and linking with research bodies to better inform the focus of the network.

As noted elsewhere, the majority of respondents reported that their organisation had actively participated in these events and found them both informative and constructive. Many respondents expressed interest that the Research Network was now formally convened and were keen to see its work program focus on providing CMO with additional support and encouragement in undertaking research. They were also keen for the Network to facilitate opportunities for CMO to access new research relevant to the NGO sector and to assist in forging partnerships and linkages between CMO and established research bodies and individuals. Many respondents also indicated there was potential for the Research Network to consider broadening its focus beyond comorbidity.

R17:→ Make sufficient funding available to enable the MHCC-NADA Research Network to be an ongoing vehicle for the:

    a)   support, encouragement and dissemination of research relevant to CMO in NSW

    b)   establishment of partnerships with research bodies and individuals with an interest and capacity for research relevant to CMO in NSW

R18:→ NADA and the MHCC enhance the current activities of the Research Network in order to more intensively pursue activities listed at Recommendation 6, as well as:

    a)   enhancing inter-sectoral activities including via:

        i)   more face-to-face meetings and networking opportunities

        ii)   electronic exchange of members' contact details and research interests

    b)   enhancing the web-based information available on current:

        i)   research relevant to AOD and mental health CMO

        ii)   research skills and development training opportunities

        iii)   research grant and research partnership opportunities

        iv)   upcoming conferences, forums and workshops.

R19:→ Government funding bodies investigate ways to fund NADA and the MHCC to continue to support, sponsor, and disseminate quality research being undertaken by CMO throughout NSW.

The box below summarises some key roles and topics that could form part of a future revised Research Network Program. It should be noted that many of these suggestions indicate an interest in the Network focusing on peer support and information exchanges between AOD and mental health CMO. They also indicate a strong interest in ensuring there are adequate opportunities for participants to discuss – in a 'safe and supportive environment' – research processes, challenges and lessons learnt, rather than only 'facts and figures type issues' related to research findings and results.

- Future Research Network Issues -	
Roles	**Topics**

• Network with other NGO interested in research
 	
• Learn about other researchers and research projects
 	
• Facilitate collaborations and joint research initiatives between AOD and mental health CMO
 	
• Facilitate opportunities to link with other research initiatives
 	
• Minimise the prospect of unintended research duplications and overlaps
 	
• Share research findings as well as challenges and solutions within the context of community-based organisations
 	
• Learn about the latest local and international research related to:
    o client engagement in mental health and AOD service settings
    o comorbidity in general.
	➢ How to manage ethics application processes
	
	➢ How to manage client focused research including issues of client confidentiality and privacy
	
	➢ Uses (and misuses) of SPSS software
	
	➢ Practical ways to establish and manage effective partnerships between CMO and academic research organisations
	
	➢ Basic qualitative and quantitative research techniques appropriate to NGO settings
	
	➢ Research funding sources and tips for submitting successful research applications.

5.7 Broader Issues Arising

One of the dominant themes emerging from the Research Grants Program was a widespread recognition that more work remained to be done to improve outcomes for NGO clients with comorbidity issues. In addition to the need for the two sectors to be better supported to undertake research in this area and implement evidence-based findings *(see Recommendations 5, 6 and 7)*, the other two issues arising were the need for:

- greater collaboration and joint ventures between the CMO AOD and mental health sectors in general *(see 5.7.1)*

- improved policy and program responses to the issue of comorbidity *(see 5.7.2).*

5.7.1 Ongoing Sector Collaboration

While additional research and better individual service responses were commonly identified needs, various stakeholders also highlighted the need for the mental health and drug and alcohol CMO sectors to work better together in general.

Some suggestions for what this might entail included:

- better understanding of the other sector's approaches, both in terms of treatment and support but also in terms of client engagement
- improved information sharing
- more joint case management
- more integrated service models.

Some stakeholders expressed a hope that the success of the NADA and the MHCC collaboration in the administration of the Program, and the formation of the Research Network, can be further expanded to support some of the above activities, even if only as pilots or at some individual service levels.

As summarised at Recommendations 13, respondents were keen to encourage NADA and the MHCC to investigate ways to expand their current collaborative efforts, and support activities aimed at better integrating how the mental health and drug and alcohol CMO sectors in NSW engage with and support clients with comorbidity issues.

- Policy, Program & Funding Implications -	
➢ There is insufficient government policy, program and funding recognition of the number of individuals with comorbidity	➢ Flexible yet evidence-based client-driven practices provide a sound basis on which service responses can be built for individuals with comorbidity
➢ Comorbity covers a large range of issues including type, level and combination of substance use and specific mental illness issues or states. The condition may also be impacted by other variables such as age, gender, Aboriginality or culturally diverse backgrounds, smoking habits, as well as family and carer support options	➢ Well-designed, inclusive practices, with ongoing feedback and review mechanisms involving both clients and staff, help create a service culture that is outcomes-orientated and supportive of clients with comorbidity
➢ Different cohorts of people with comorbidity, and individuals within each cohort, have different issues, needs and profiles. There is no one-size-fits-all solution when working with people with comorbidity	➢ Quality client assessment processes and trust between staff and client are key components to effective services and support for people with comorbidity
➢ A significant number of people with comorbity face compounding issues such as unstable or unsuitable accommodation, broken educational or employment histories, behavioural issues or intellectual impairment, and/or some with involvement in the criminal justice system either as a victim or an offender. Each of these client issues requires a tailored intervention and a considered response.	➢ The current government and funding system is based on the diagnostic assumption that individuals generally have either an AOD or mental health issue and therefore can be channelled into one or another separate service systems. This approach creates structural anomalies for people with comorbidity, as well as for the services focused on delivering integrated approaches.

5.7.2   Policy, Program and Funding Issues

As identified by the grant recipients (*see sections of profiles called 'Sector and Research Impacts')*, the Research Grants Program succeeded in highlighting a number of policy, program and funding issues that raise potential impacts not just for individual AOD and mental health CMO, but also for peak bodies and government decision makers. While a diversity of issues were raised by the Program, some key themes and policy issues are listed in the table above:

R20:→ Decision makers at all levels work towards policy, funding and accountability systems that are first and foremost client-driven, and facilitate effective, 'joined-up' responses to clients with co-existing mental health and drug and alcohol issues.

*　　*　　*　　*

6. CONCLUSION

Overall, the evaluators concluded that the Research Grants Program was a successful initiative that had met its aims and objectives.

Between June 2007 and 2011 the Program had successfully administered and supported the completion of 19 distinct comorbidity related research projects hosted by CMO AOD and mental health organisations across NSW. The research covered a broad range of topics, all focused on the priority areas of the *NSW Mental Health and Illicit Substance Comorbidity Framework*, and specific ways to improve the responsiveness to: priority clients; promotion, prevention and early intervention; and workforce planning and development.

The working partnership established between the two peak bodies – NADA and the MHCC – to manage the Program was effective, with the administration of the grants found to be well planned, transparent and generally efficient in terms of required documentation. Grant recipients were clear about their roles and responsibilities regarding grant funding and reported being well supported by the respective peak body at all stages of the Program. This included receiving appropriate support and direction in aspects from the refinement of the research design and securing appropriate research partners, to assisting with modifications to research plans and submitting the interim and final reports.

The findings of the research were considered highly valuable to all host organisations with each reporting it has contributed in some ways to improving the effectiveness their service, as well as improving their staff members' knowledge, skills or awareness of comorbidity issues. Further, grant recipient organisations reported that they valued having participated in research as it had provided them with a sound evidence base regarding specific aspects of their service, their clients or treatment and support options. They also reported numerous benefits of participating in a partnership with a credible research organisation, with most noting the relationship was likely to continue in some way.

In all 19 cases, the research findings were found to have implications for other community-based mental health or AOD providers, as well as other providers and decision makers working with individuals, families and carers, and communities affected by comorbidity issues. Taken together, the Program had significantly added to the body of literature available on community-based responses to comorbidity and to the profile and needs of individuals affected by both AOD and mental health issues in NSW.

The Program succeeded in forging links and collaborative partnerships between CMO organisations and research organisations as a combined result of the individual grants, the Program related workshops and forums, and the formation of the Community Mental Health Drug and Alcohol Research Network. At the individual organisation level, the Program helped forge – or in some cases strengthen – links between, and interest in, CMO and specific research bodies. This in turn had helped build the CMO appreciation of the value of research and their capacity to either undertake, or to partner in, further formal investigations. All grant recipients identified future research topics or areas of inquiry in which they would be interested.

At the sector level, the Program was also found to have had a strong role in capacity building. Particularly through the Research Network and through the dissemination and promotion of the research findings and outcomes, the Program is attributed with raising awareness of the importance of research, and with establishing a community of researchers and CMO staff interested in participating in further joint initiatives and collaborative efforts.

While the Program did successfully link CMO and their peak bodies to research organisations, more work remains to be done to design and implement more 'joined-up' approaches to supporting clients with comorbidity issues within the NGO sector. This was identified as a potential useful extension of the work of the Research Network.

The Program succeeded in disseminating the research findings. All 19 grant recipients had presented their findings to various internal and external stakeholders. As at the end of July 2011, at least 12 journal articles on the research had been published with an additional 15 pending. Key among those pending are the 7 articles

to be included in the special edition of the *International Journal of Mental Health and Addiction* due to be published in 2012.

As a result of the Program, NADA and the MHCC have enhanced their capacity to support and promote evidence-based approaches to service delivery. They have also demonstrated a capacity to efficiently and transparently administer a significant grant program, while ensuring that grant recipients are well supported and able to utilise the resources in a way that is directly beneficial to community-based AOD and mental health service delivery.

While overall the Program was successful and produced some impressive research and sector outcomes, there are clear opportunities for the initiative to be built on. This should include not only strengthening the partnerships between CMO and research organisations, but also between the AOD and mental health sectors in general. While a continuing focus on furthering understanding and responses to comorbidity remains a pressing issue, other joint topics and areas of enquiry should also be considered and planned for by NADA and the MHCC.

*   *   *   *

7.   RECOMMENDATIONS

The following recommendations have been drawn from Section 5 of this report.

The recommendations have been grouped under a set of sub-headings to assist with any future discussion or implementation process. As the report contains useful explanatory details, it is recommended that the reader refer to the relevant section of the report for further information.

Research Culture Within CMO

R5:→   Resource NADA and the MHCC as the peak bodies to support and promote the development of evidence-based cultures within CMO, including with respect to:

    a)   the treatment and support of clients with co-existing mental health and alcohol and drug issues, and

    b)   the inclusion of family and carers in treatment models.

R1:→   Provide AOD and mental health CMO, regardless of their size or location, with additional opportunities and mechanisms to facilitate ongoing:

    a)   partnerships, collaborations and joint investigations with research organisations

    b)   capacity building, research training and skills transfer to enable CMO staff to lead and manage research in their own right

    c)   promotion and dissemination of CMO focused research.

R4:→   Funding bodies allocate a proportion of their (core) grant funding to CMO to support research, and enable them to:

    a)   collect and rigorously analyse client data and service delivery outcomes

    b)   undertake quality research using robust techniques

    c)   form partnerships with research organisations

    d)   disseminate their findings and share research outcomes with other CMO and research organisations

    e)   in other ways implement a culture of continuous improvement and evidence-based service delivery.

R13:→ NADA and the MHCC investigate further options to support CMO through:

    a)   commissioning joint research focused on co-existing mental health and drug and alcohol issues relevant to CMO service delivery

    b)   promoting the findings of quality research relevant to CMO including via web-based systems

    c)   (with appropriate approvals) promoting mechanisms to share client data that supports service design, service delivery and/or research by other providers

    d)   expanding networking opportunities and information exchanges between CMO interested in research

    e)   building partnerships between mental health and alcohol and drug sectors including through supporting:

        i)   joint research endeavours

        ii)   other forms of collaboration and joint activity specifically related to clients with co-existing mental health and drug and alcohol issues.

R14:→ Provide CMO with more training and information to specifically up-skill staff in:

    a)   relevant health and social sciences research techniques, methodologies and their appropriate applications to CMO service settings

    b)   ethics approval processes and required ethics documentation

    c)   report writing and research dissemination.

R20:→ Decision makers at all levels better promote policy, funding and accountability systems that are first and foremost client-driven, and facilitate effective, 'joined-up' responses to clients with co-existing mental health and drug and alcohol issues.

Future Research Grant Administration

R2:→ Revise future CMO research grant funding processes to include a modest establishment grant component to cover costs associated with ethics approval and staff recruitment.

R3:→   With legal input, draft a model partnership agreement for use by CMO and research organisations covering clauses and options for the management of risks and other complex issues including:

a)   intellectual property

b)   staff supervision and management

c)   authorship and attributions related to research papers and publications

d)   financial management and budget responsibilities

e)   dispute and conflict resolution processes.

R8:→   Adopt similar reporting templates, and periodic feedback processes to that used for the Research Grants Program in order to solicit formal reporting against key milestones and funding accountabilities, together with qualitative feedback on issues and challenges arising.

R9:→   Amend future grant guidelines to include a provision that requires grant recipients to:

a)   include the research grant as a separate line item within their organisation's annual financial statement and that this be:

i)   reported against as part of their independently audited, end-of-year financial statement

ii)   submitted to the auspicing body as evidence of appropriate grant expenditure

b)   notify the auspicing body (on a quarterly basis for example) of any significant over or under expenditure of grant funding based on the budget submitted, together with either:

i)   proposed measures for how to rectify the situation, and/or

ii)   requests to modify or extend their research project, and allocate the funding to complementary activities, particularly in cases where:

a)   project savings have been made, or

b)   grant under expenditure has occurred for other reasons.

R10:→ Include in future grant guidelines a provision for how the funding body will review and respond to any request to vary grant funding expenditure.

Criteria for approving grant expenditure variations might include:

a) *The proposal is consistent with the aims and objectives of the grants program*

b) *The proposal builds on or complements the initial research project's purpose*

c) *The proposal can be delivered with the funding available, and within an agreed timeframe*

d) *A final report (and where appropriate, also progress reports) on the revised proposal outcome, using the standard reporting template, be submitted to the funding body at the conclusion of the project*

e) *A short project plan is agreed to and signed that stipulates any requirements, including obligations to report on project outcomes and expenditure.*

R11:→ Future research guidelines include additional provisions for the management of unforeseen delays in project delivery.

This might involve the addition of a standardised 'slippage' clause in the funding contract, that would allow, subject to appropriate notification, agreed project milestones to be postponed for a specified number of months, without jeopardising the terms of the grant.

R12:→ Future research guidelines (and related forms and processes) include a risk mitigation section in relation to project plans.

This might include risk management measures such as:

a) *agreements and processes for managing the replacement or back-filling of key personnel when extended sickness, leave or resignations occur mid-project.*

b) *communication protocols between partners for how significant problems or changes in project plans or milestones will be managed.*

One option might be to formally nominate 'shadow' or 'back-up' personnel within the grant recipient organisation or research body who would be involved in key aspects of the project and thus potentially available to assume responsibility should the need arise.

Research Partnerships

R6:→ Government and non-government agencies initiate new measures to extend collaboration between the AOD and mental health sectors, at all levels, including through supporting enhanced:

  a)   information sharing and referral pathways for clients

  b)   joint case management and service delivery options especially for clients with co-existing mental health and drug and alcohol issues

  c)   partnerships agreements or memorandums of understanding defining joint processes and procedures

  d)   cross-sectoral training and staff development opportunities

  e)   joint service delivery models, treatment and support options.

R7:→ Consider establishing a partnership development stream as part of core mental health and AOD NGO funding to encourage and support formal collaboration and partnerships between mental health and AOD CMO, as well as between CMO and government service providers.

Ethics Processes

R15:→ Establish a simplified and streamlined research ethics approval process in NSW suited to NGO contexts and specifically including processes for managing:

  a)   working with vulnerable clients and other common though complex health related issues

  b)   research involving multiple locations and potentially involving more than one Local Health District.

R16:→ NADA and the MHCC investigate establishing a new peak ethics approval process (in partnership with an established research body) specifically tailored to AOD and mental health CMO in NSW.

Research Agenda

R17:→ Make sufficient funding available to enable the MHCC-NADA Research Network to be an ongoing vehicle for the:

    a)   support, encouragement and dissemination of research relevant to CMO in NSW

    b)   establishment of partnerships with research bodies and individuals with an interest and capacity for research relevant to CMO in NSW

R18:→ NADA and the MHCC enhance the current activities of the Research Network in order to more intensively pursue activities listed at Recommendation 6, as well as:

    a)   enhancing inter-sectoral activities including via:

        i)   more face-to-face meetings and networking opportunities

        ii)   electronic exchange of members' contact details and research interests

    b)   enhancing the web-based information available on current:

        i)   research relevant to AOD and mental health CMO

        ii)   research skills and development training opportunities

        iii)   research grant and research partnership opportunities

        iv)   upcoming conferences, forums and workshops.

<p align="center">*   *   *   *</p>

GLOSSARY

ADHC	Ageing, Disability and Home Care, NSW Department of Family and Community Services
AOD	Alcohol and other drugs
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and linguistically diverse
Carer	Someone who provides care and assistance to another person without payment, except in some cases a pension or benefit. They may be a family member, a partner, a friend, or a neighbour or other community member.
Co-existing	Preferred to comorbidity- *see below*
CMO	Community managed organisation(s), used in preference to NGO
Comorbid/ comorbidity	Co-existing mental health and drug and alcohol issues
DoHA	Commonwealth Department of Health and Ageing
FaHCSIA	Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs
GLBTI	Gay, lesbian, bisexual, transgender, intersexual
HREC	Human Research Ethics Committee
IJMHA	International Journal of Mental health and Addiction
MHCC	Mental Health Coordinating Council of NSW
NADA	Network of Alcohol and other Drugs Agencies

NCHSR	National Centre in HIV Social Research at the University of NSW
NCPIC	National Cannabis Prevention and Information Centre
NDARC	National Drug and Alcohol Research Centre
NGO	Non-government organisation(s)
NHMRC	National Health and Medical Research Council
OH&S	Occupational Health and Safety
Respondents	Includes all stakeholders who provided feedback to the evaluation *(See Section 3.2 for a summary of the methodology)*
SPMI	Severe and Persistent Mental Illness
UOW	University of Wollongong
UNSW	University of New South Wales
UWS	University of Western Sydney

*   *   *   *

NOTE:

ALL ATTACHMENTS ARE CONTAINED IN A

SEPARATE COMPANION REPORT

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EJD-NADA-MHCC Research Grants FINAL REPORT

EJD Consulting & Associates

ATTACHMENTS
for Final Report

NGO Mental Health & Drug and Alcohol Research Grants

for

Network of Alcohol and other Drugs Agencies

&

Mental Health Coordinating Council of NSW

August 2011
Re-edited and submitted February 2012

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CONTENTS

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ATTACHMENT 1: PROFILE OF GRANT RECIPIENTS

What follows is a profile of the 19 grant recipients that were funded through the Research Grants Program. This information has been gathered from the methodology described in Section 3.2. As such the profiles relate to information available as at the end of July 2011. Some additional actions and outcomes, including in terms of conference papers and journal articles, are anticipated in the six months following this date.

Organisations in pink are MHCC members; organisations in green are NADA members.

Section 5 describes the common findings that can be drawn from each of the grant recipients' processes and outcomes.

* * * *

ADULTS SURVIVING CHILD ABUSE	
PROFILE	
Research Partner:	Centre for Gender-Related Violence Studies, University of NSW
Research Topic:	The experience of adult survivors of child abuse in drug and alcohol treatment *Are the needs of adult survivors of child abuse with drug and alcohol problems and comorbid mental health concerns being met, and is there a role for community-based organisations in addressing these needs?*
Grant Amount:	$61,619 (1 year)
RESEARCH MODEL	
Research Description:	The research involved interviews with adult survivors of child abuse about their experiences of drug and alcohol treatment. It also involved interviews with drug and alcohol workers about their experience of treating adult survivors of child abuse. A comparison of views was also undertaken.
Research Findings:	As the experiences of adult survivors in treatment has been rarely studied, the research produced some valuable findings including: • There are various strengths and shortfalls in the current AOD treatment programs for adult survivors, however the lack of a linked integrated approach was a dominate theme. • There are identified needs for improvements to service provision and treatment options for adult survivors as well as: 　○ better referral pathways 　○ more integrated and 'linked-up' approaches 　○ improved information sharing 　○ more specific workforce development and training. • More community-based support provided by NGOs is a positive option for the treatment of abuse-related mental health problems and AOD issues.
Partnering Arrangements:	Senior ASCA staff and Dr Jan Breckenridge and her research team from the University collaborated closely on the research and stayed connected through regular email exchange, telephone calls and face-to-face meetings.

ORGANISATIONAL IMPACTS	
Key Benefits:	• The research documented, for one of the first times in Australia, the feedback of adult survivors of child abuse and identified how their 'lived experience' can assist staff and survivors work towards improved treatment and support options. • It assisted ASCA's connection to and understanding of the AOD sector (which was under-formed prior to the research). • It developed ASCA's appreciation of and commitment to further qualitative research. • The project also benefited ASCA through transference of the research and practice expertise of Dr Breckenridge and the establishment of an ongoing commitment to a partnership with the Centre.
Challenges:	• The research ran overtime due to the workload of the research partner.
Lessons Learned:	• The research findings are of potential benefit to AOD services and workers who frequently lack access to appropriate resources and training related to adult survivors of child abuse. • ASCA has since developed a research protocol that outlines to prospective researchers the kinds of projects the organisations are interested in supporting and how ASCA can facilitate research participant recruitment.
OUTCOMES	
Research Dissemination:	Michael Salter of ASCA presented the preliminary findings to the 2009 *Creating Synergy* Drug and Alcohol Conference. Michael Salter also spoke to students attending the University of NSW Social Work course, 2010. The executive summary and full research report is currently being printed and will be distributed to relevant agencies in hard copy and online. A launch event is planned for the research report. Currently each member of the research team is working on a journal article based on the project for publication and peer review. ASCA also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010. A journal article will also be included in a special edition of the *International Journal of Mental Health and Addiction* (pending) entitled 'Use and Abuse: Understanding the intersections of childhood abuse, alcohol and drug use and mental health'*.*

Service Changes:	ASCA is seeking further funding to implement a number of recommendations arising from the findings including: • developing core training packages for AOD and mental health workers on the relationship between child abuse and AOD issues • establishing a web-based directory of services and workers for use by services and staff when referring adult survivors of child abuse • establishing a web-based service for adult survivors of child abuse • developing and introducing a community-based group work model for adult survivors of child abuse exiting AOD services.
Sector Impacts:	The research identified the need for a coherent conceptual framework for clinical practice to be developed and implemented that assists in explaining how AOD are used by adult survivors to manage the effects or symptoms of child abuse in later life. The recommendations are useful to AOD and mental health providers and staff as well as policy makers and funding bodies.
Research Impacts:	The research identified the need for further research by treatment services particularly in the areas of: • factors that can better differentiate between adult survivors of child abuse with AOD problems and those without AOD problems • the medium and long term recovery needs of adult survivors who use AOD • the specific needs of men who use AOD and their children.
Opportunities & Next Steps:	Since undertaking the research ASCA and Dr Breckenridge have collaborated on three grant applications, two of which were focused on the findings of the initial research grant. At the time of printing these applications had been unsuccessful, although there is a strong commitment to continue the relationship and undertake joint work in the future.

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AFTERCARE

PROFILE

Consortia Organisation:	New Horizons
Research Partner:	School of Psychology, University of NSW
Research Topic:	Illness perceptions, attitudes to substance use and medication adherence. How are these linked with, and what is the rate of, substance abuse in people with a mental illness in two Sydney mental health NGOs? *What are the relationships between substance abuse, medication adherence and self-perceptions of illness for mental health consumers in NGOs?* *What attitudes do both staff and clients of two large NSW-based NGOs have towards substance use, and are there attitudinal differences between the two NGOs? How do these factors interact?*
Grant Amount:	$114,422 (1 year)

RESEARCH MODEL

Research Description:	The research involved staff and clients of two mental health NGOs being surveyed using a tailored instrument to identify their attitudes towards those with comorbidity. The instrument included investigating implicit attitudes, namely attitudes the subject may not be consciously aware of or which may be suppressed. A small number of members of the public were also included in the survey sample. UNSW administered and analysed the former research; a private market research company conducted the latter.
Research Findings:	Based on a comparison of staff and client responses, the research found that staff had significantly less stigmatising attitudes than clients towards those with comorbidity. Public attitudes were also compared with results indicating similar attitudes to those of service clients.
Partnering Arrangements:	• A Steering Committee involving senior staff from Aftercare, New Horizons and the University was formed and met regularly through the process.

Issues Arising:	• For some attitude surveys the researcher found no suitable survey models and thus needed to adapt some mental health models for the purpose. The Social Distance Scale was found to be statistically useful and relevant in particular. • It was identified that the researcher needed to develop further skills in Structural Equation Modelling in order to properly analyse the data and generate useful relational analysis. This occurred through self-education with the use of manuals and textbooks, attending training and the purchase of appropriate software. • The principal university researcher, with expertise in private sector market research, required time and assistance to adapt the approach to suit the NGO context and the topic.
ORGANISATIONAL IMPACTS	
Administrative Arrangements::	The funding was used to cover the costs of a full-time research manager. When needed, extra research assistants were used to undertake specific research tasks.
Internal Processes:	The research manager was based at Aftercare but travelled as required.
Key Benefits:	• The collaborations between the two NGO providers were described as an enriching experience. • The research generated valuable data on the nature and extent of comorbidity within the client groups. The scale of the problem had not been previously understood. • The research has demonstrated the need for additional staff training in comorbidity.

Challenges:	• There were two changes in research assistants over the course of the project – one at Aftercare and one at New Horizons. • The questionnaire that was designed by the research manager needed to be substantially reviewed following feedback from members of the Steering Committee. It would have been preferable to gather this input earlier in the process. • Initially there were some challenges for the consortium partner in translating the research findings into action within the service, though this was overcome over time. • Timeframes needed to be extended as NGO-based research assistants were sometimes distracted with other organisational duties and responsibilities including organisation-wide OH&S and evaluation activities. • Hosting research in service and client focused organisations can pose challenges as service delivery must come first.
Lessons Learned:	• While the relationship with the University was strong, some increased involvement – particularly in the design stages – may have streamlined the implementation process. • It would be preferable if more skilled researchers were employed within the NGO sector to minimise the need to adapt conventional models and approaches common to academic and private research contexts.
OUTCOMES	
Research Dissemination:	There have been two academic conference presentations on the research findings: • 11th Social Research Conference UNSW, 11 December 2009 • The Mental Health Services Conference, 17 September 2010 Two other papers have been drafted and will be submitted to peer review journals in the second half of 2011: • Consumer Evaluation paper • Paper on the drug and alcohol results The results of the study have also been presented to Aftercare and New Horizons staff. • Aftercare also presented at the NADA/MHCC *Outside In: Research into Practice* Conference, December 2010.

Service Changes:	• There are plans for the predictors of recovery arising from the research to be incorporated into staff training so that staff may deliver more effective support to clients. This had not occurred at the time the interviews were conducted. • A report on other issues arising from the research has been submitted to the organisation's management for consideration and future action.
Sector Impacts:	• The models of stigma developed have the potential to inform future policy regarding attitudes for the care and treatment of people with comorbidity. • The high rates of comorbidity in the two mental health services highlight the need for additional research and methods of treatment for those with these conditions. There is also policy implications arising from the research, including the need for more strategies to address stigma associated with individuals with comorbidity.
Research Impacts:	• The research survey was able to incorporate some implicit attitude measures that were being investigated as part of a separate and ongoing Aftercare partnership with the National Centre in HIV Social Research (NCHSR) at the University of NSW. The results from these measures are contributing to the design of a further research project being undertaken through NCHSR and the University of Queensland.
Opportunities & Next Steps:	• There is potential for other NGO providers in NSW to conduct a similar survey of staff, clients and members of the public. Regardless, a number of services would benefit from reading the findings.

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AIDS COUNCIL OF NSW (ACON)

PROFILE

Research Partner:	National Drug and Alcohol Research Centre (NDARC) University of NSW (UNSW)
Research Topic:	Understanding the treatment and support needs of members of the gay, lesbian and bisexual and transsexual (GLBT) community living with comorbidity and the capacity of services to respond *What is required to enhance treatment uptake and service provision to members of the GLBT community that are living with comorbidity?*
Grant Amount:	$119,130

RESEARCH MODEL

Research Description:	The research examined the health issues, health risks and barriers to services experienced by GLBT people who are regular users of methamphetamine. Interviews were conducted with a sample of the target population to identify the range of issues experienced. Data was provided about the complexity of needs of an under-researched population and information was developed to assist in providing culturally competent treatment services to GLBT people using methamphetamine.
Research Findings:	The research found that the following issues are experienced in the target population: • high dependency rates / low rates of treatment • high rates of mental illness / one third had attempted suicide • blood borne virus risks • risky practices in injecting drug users • low rate of knowledge of hepatitis C transmission in women. The following service issues were identified: • lack of appropriate treatment services for GLBT people • lack of understanding in mainstream treatment services of needs of GLBT people • homophobia, stigma and confidentiality are barriers to treatment • need for increased information and services for: people with substance dependence but not currently motivated to stop using; people transitioning to injecting; female injectors.

Partnering Arrangements:	• Initial planning meetings, and regular face-to-face and progress updates between partners: *'Very positive'*
Issues Arising:	• Delays in securing funding and recruiting project staff reduced the time available to recruit study participants • Insufficient sample size to meaningfully compare treatment and non-treatment groups • Difficulties recruiting women and transgender people • Difficulties obtaining ethics approval from NSW Health Research Governance Offices • Difficulties gaining access to interested AHS treatment service providers
ORGANISATIONAL IMPACTS	
Administrative Arrangements:	• Proceeded in a straightforward manner – no major issues
Internal Processes:	• ACON AOD Program Manager increased involvement in project at one point to overcome any potential difficulties arising from staffing changes.
Key Benefits:	• Establishing ACON as an agency • Further developing the existing relationship with NDARC • Opportunities to establish new relationships with treatment services • Developing research skills in ACON staff
Challenges:	• As above – see partnering issues arising
Lessons Learned:	Needed to recruit the research assistant earlier as the burden of research planning and preparation was on ACON staff not funded for this work
OUTCOMES	
Research Dissemination:	• Three Research feedback workshops • Two Conference papers, including two conference posters • Research report (available online) (see ACON final report for details) • ACON also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010

Service Changes:	The research provided an empirical basis to provide: • improved support for GLBT people in accessing appropriate treatment services • improved information and training for mainstream service providers to better meet the needs of the target population.
Sector Impacts:	• A wider contribution to the improved inclusivity of the sector • Sharing of the research findings with a wide range of treatment services, including AHS providers • Providing information to policymakers
Research Impacts:	• Identifying the needs of an under-researched population • Identifying barriers to service access for target client group
Opportunities & Next Steps:	• A need to undertake further research was identified with regard to same-sex-attracted women, transgender people and the motivations for continuing or ceasing drug use

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BAPTIST COMMUNITY SERVICES- LIFECARE

PROFILE	
Research Partner:	Illawarra Institute for Mental Health Faculty of Health and Behavioural Sciences, University of Wollongong (UOW)
Research Topic:	Regional and urban boarding house managers' capacity to support the mental health and substance abuse needs of residents at risk of homelessness *What are the unmet needs of people with mental illness and AOD problems who reside in boarding houses?* *What is the potential for managers, operators or caretakers in these boarding houses to be able to meet some of those needs? How are managers to support these needs?* *What information or other resources are needed to support managers?* *What opportunities are there for Baptist Community Services (BSC) staff to support managers or clients directly to address these needs?*
Grant Amount:	$88,000 (2 years)

RESEARCH MODEL	
Research Description:	The research had a number of components: • engaging with boarding house managers and gaining valuable information about their experiences, tensions and challenges in their role, including when dealing with tenants with mental health issues • interviewing boarding house residents in Sydney and the Illawarra to identify their significant unmet needs • conducting an analysis of literature identifying what has been shown to assist residents • consulting with a group of service providers, boarding house managers and researchers regarding the implications of the findings • reviewing the outcomes of the research and identifying measures that may improve outcomes for boarding house residents with comorbidity issues.

Research Findings:	• In terms of boarding house managers, the research revealed they often struggle to effectively manage and respond to the needs of residents with mental health and/or substance abuse issues. More training and structured assistance in how to improve the situation is needed.
	
	 • In terms of boarding house residents, they were found to have higher psychological distress than the general population. It was also found that residents experienced many day-to-day challenges including:
	
	    ○ distress and discomfort at unpredictable boarding house managers' management styles and methods
	
	    ○ unmet needs in terms of their access to activities and opportunities for social relationships
	
	    ○ dissatisfaction with current circumstances in regard to money, food and health
	
	    ○ insufficient access to information, services and support they need, including those to assist them exit boarding houses.

Partnering Arrangements:	BSC and the UOW research team formed a steering committee for the project. They met regularly with planned agendas, meeting notes plus good inter-meeting communication via telephone and emails. The research partners collaborated on the research components: • UOW was responsible for analysing the quantitative data • BSC provided qualitative input and combined these into a comprehensive set of findings.
ORGANISATIONAL IMPACTS	
Administrative Arrangements::	A three-days-per-week researcher was employed by BSC who worked alongside BSC permanent research staff. The UOW Professor and two of his post-graduate students were also involved.
Internal Processes:	A Steering Committee was formed involving BSC and UOW. In the early part of the project the Committee meet more frequently.
Key Benefits:	• BSC and UOW worked well together, paving the way for future collaboration. Both organisations developed their research expertise and understanding of boarding house resident issues as a result of the project.

Challenges:	• The two research partners were situated some distance apart, making face-to-face meetings – including longer project planning meetings – slightly challenging to organise given travel constraints.
	• The project involved two UOW honours students. At times there were tension regarding their study obligations and the needs of completing the project.
	• The project had a number of personnel changes over its life. One BSC staff member resigned, with a new research assistant recruited for the duration of 2010. A second UOW honours student joined the project in the second phase.

OUTCOMES	
Research Dissemination:	The research report is current posted on Australian Policy Online. The findings have also been widely disseminated including via:
	• 4 sector organisational brainstorming and feedback sessions with various BSC staff and other NGO staff representatives; these took place in Petersham, Kings Cross, Port Kembla and Wollongong
	• 4 boarding house manager brainstorming sessions: 2 held in Port Kembla and 2 held in Petersham
	• MHCC 2011 Conference
	In addition, Adele Horin from the *Sydney Morning Herald* has referred to the BSC research in a recent article concerning boarding house residents.
	• Lifecare also presented at the NADA/MHCC *Outside In: Research into Practice* Conference, December 2010.
	• A journal article has also been contributed to a special edition of the *International Journal of Mental Health and Addiction* (pending) entitled 'Unlicensed Boarding House Managers' Experiences and Perceptions of Need in Residents with Mental Health and Substance Use Problems'.
Service Changes:	• The research capacity of BSC was expanded as a result of the project, along with the collaborative relationship with UOW.
	• Ongoing coaching of the BSC research assistant is continuing to assist with further interviewing and research techniques.

Sector Impacts:	• As a result of the BSW research and the discussion of its findings there appears to be a greater awareness that boarding house residents are among the most disadvantaged in the community and comprise a 'hidden homelessness' in our suburbs. • There has been a useful documentation of the unmet needs of boarding house residents and managers that will have implications for creating policy, providing resources and implementing training. These need to be examined if better service and support options are to be developed for this highly marginal sector of society. • BSC have been involved in ongoing work with Marrickville Council regarding how to ensure boarding house owners in their area are aware of their responsibilities. • BSC also understands that the NSW Government's proposed amendments to boarding house regulations have been influenced by the research findings.
Research Impacts:	• An effective survey tool was developed to use in interviewing boarding house residents regarding their perceptions and experience of unmet needs. • Both BSC and UOW personnel involved in the research expanded their understanding and research capacity in respect to boarding house and resident issues. Two psychology students from UOW remain interested in the area as a research topic.

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C.A.R.E EMPLOYMENT- BREAK THRU PEOPLE SOLUTIONS

PROFILE	
Research Partner:	Faculty of Health, University of Sydney
Research Topic:	Working with Barriers: supporting employment for people with psychiatric diagnoses and additional drug and alcohol problems *What are the additional barriers to obtaining and maintaining employment associated with AOD problems among people with psychiatric diagnosis?* *What are the most effective strategies for overcoming the barriers to obtaining and maintaining employment that are associated with AOD problems among people with psychiatric diagnoses?*
Grant Amount:	$131,543 (2 years)

RESEARCH MODEL	
Research Description:	The research involved a number of components: • a literature review on the impact of co-existing mental health and substance use disorders on employment • surveys of job seekers with psychiatric diagnoses, including some with additional substance use issues.
Research Findings:	• At the time there was a limited body of evidence as to what defines an effective employment related system for individuals with psychiatric diagnoses or comorbidity issues. • There were both similarities and differences in the perceptions of jobseekers, their families/carers and employment services staff regarding what the current barriers to employment are and what support strategies might assist. However, all stakeholders agreed on the value of individualised assistance based on a relationship of mutual trust and respect. • Jobseekers were found to have a range of perception and unmet needs issues that needed to be considered in employment strategies including those related to other health and behavioural matters. • The findings overall have implications for staff training and how employment services staff work with jobseekers in this cohort.

Partnering Arrangements:	• A steering committee – comprising Break Thru research staff and relevant university staff, plus one independent community member with an interest in NGO research capacity development – was formed and met on average every 1-2 months throughout the project. • Regular teleconferences, telephone calls and emails were exchanged between meetings, maintaining good communication flow.
Issues Arising:	• The relationships between Break Thru staff and the university researchers were productive throughout the two years.
ORGANISATIONAL IMPACTS	
Administrative Arrangements::	Break Thru allocated a manager to provide in-kind internal oversight of the research and other day-to-day assistance and guidance. A full-time research coordinator was employed, with support provided by a part-time research assistant.
Internal Processes:	A steering committee was formed, with members including Break Thru staff, representatives from University of Sydney plus an independent consultant with experience in NGO engagement. The Committee met monthly on average.
Key Benefits:	• The findings of the research will be used internally and lead to reforms in how the organisation delivers services. • The partnership with the Facility of Health Science gave Break Thur staff access to the University of Sydney libraries and databases which proved invaluable for the development of the literature review and other research queries. • University staff shared their skills and up-skilled Break Thru personnel. This enabled NGO staff to analyse the data and take on a lead role in preparing the documentation related to the two phases of the project. • The project also benefited from the University's ethics committee processes which ensured the probity of the research and the protection of participants. • As the organisation had not previously conducted research or formed research-based partnerships, the project has helped Break Thru pursue other research initiatives *(see below).*

Challenges:	- A number of staffing and structural changes impacted on the project. These included: - merger of CARE with Break Thru People Solutions - delays in recruiting a suitable research coordinator at Break Thru - departure of one of the Faculty of Health Sciences researchers. - A depressed employment market in the early stages of the project affected the employment outcomes in general. - The project did not fully examine the question relating to effective strategies for overcoming barriers to employment due to: - changes in Government policy that meant a number of the initial cohort exited the Break Thru employment program - the small numbers of respondents who provided feedback after they had gained full employment - the proportion of the initial cohort who no longer were seeking employment.
Lessons Learned:	- In the future some risk mitigation strategies need to be thought through to deal with staff changes and absences. - Further discussion and defining of the roles, responsibilities and accountabilities of academic researchers as well as NGO-based staff would be highly beneficial to future collaborations.
OUTCOMES	
Research Dissemination:	The research outcomes and milestones within it were widely disseminated though a total of seven conference presentations including: - NADA/MHCC *Outside In: Research into Practice Conference*, December Sydney 2010 - Mental Health Services Conference, Sydney 2010 - International Congress of Applied Psychology, Melbourne 2010 - Australia's Disability Employment Network Conference, Hobart 2010 - Australia's Disability Employment Network Conference, Gold Coast 2010 - The MHS 2009 Annual Conference, Perth 2009 - International Mental Health Conference, Gold Coast 2009

Research Dissemination: (cont.)	Three NGO communications were also prepared: • May 2010 Alcohol and Other Drugs forum sponsored by Oasis • February 2011 newsletter to study participants, Break Thru staff and other stakeholders • Various web postings on the Break Thru website In addition, three journal manuscripts were prepared on various stages of the research: • one based on the Stage 1 study was submitted to a special edition of *International Journal of Mental Health and Addiction.* This is currently at the peer review stage • a second containing the literature review is being submitted to the *Journal of Dual Diagnosis* • an abstract for the third article is being finalised for submission to the *International Journal for Studies in Social Justice* who have an upcoming special edition on the politics of resilience related to mental health care.
Service Changes:	• The research resulted in Break Thru adopting a new toolkit for assessing job seeker functioning and unmet needs. There is also a proposal for the model to be implemented at a service site before being replicated as a Blueprint Project for roll-out across the organisation. • In 2009 Break Thru members of the research team and Break Thru employment consultants participated in initial training on outcome measurement tools and data collection and analysis. This resulted in the incorporation of new outcome measures by the organisation including in therapeutic engagement and jobseeker participation areas. • In 2011 Break Thru and researchers at the Facility of Health Sciences collaborated to produce a training session for Break Thru's employment consultants. • Overall Break Thru staff reported more confidence and understanding of the value and use of outcome measurement, as well as the value of research more broadly. • Two of the Break Thru research staff attended Applied Suicide Intervention Skills training to improve their ability to assess and respond to the issues of suicide.

Sector Impacts:	• The barriers identified by jobseekers with comorbidity issues highlight the need for more effective employment intervention strategies. They also highlight the need for the development of employment services workforce education and training that supports a coordinated and effective response to comorbidity. • While there were no significant differences in the needs and perceptions of jobseekers with or without comorbidity issues, there were differences in respect to age and difficulties with impulsive behaviour. These differences need to be considered when designing future vocational assistance.

Research Impacts:	• As a result of the project, Break Thru is investigating two other research partnerships:
	
	    o one with the University of Western Sydney on emerging communities and barriers to employment
	
	    o one with the University of NSW on employment support services for pre and post release offenders.
	
	• Given the shortage of a solid evidence base, more employment focused social research is needed to address employment disadvantage among people with both comorbidity issues.

Opportunities & Next Steps:	• The project was the inaugural project of Break Thru's newly formed 'Centre for Excellence'. The Centre's goal is to explore best practice in employment assistance for jobseekers with a disability and undertake research in partnership with other institutions. The project produced many benefits in terms of establishing these processes and building the organisation's capacity to co-manage and undertake further research initiatives.

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DAMEC Incorporated	
PROFILE	
Research Partner:	National Cannabis Prevention and Information Centre (NCPIC) University of NSW
Research Topic:	Finding the right help: Treatment pathways for cultural and linguistic diversity (CALD) clients with co-existing cannabis use and mental health issues *What are the experiences and pathways to specialist mental health and AOD treatment for CALD clients with co-existing cannabis use disorders and mental illness?*
Grant Amount:	$172,829
RESEARCH MODEL	
Research Description:	This project sought to build on the limited evidence available in Australia regarding how cultural and linguistic diversity (CALD) impacts on the receipt of assistance for co-existing drug use and mental health issues. The focus was to investigate the experiences of clients when accessing assistance for co-existing drug use (including cannabis) and mental health issues. The research involved qualitative in-depth interviews with 56 clients of mental health or drug and alcohol services in Sydney and Wollongong (52 usable interviews), with 26 clients self-identifying as CALD. Twenty-three workers from these services were also interviewed.
Research Findings:	• Successful service engagement appeared largely contingent on clients' capacity to engage with services and navigate the system themselves, regardless of the referral source. • The most common referral source was self-referral. • While all the participants' service use history was largely fragmented and disjointed, it appeared even more so for the CALD clients. • The role of hospitals was more significant for CALD clients, and residential drug and alcohol rehabilitation was accessed less frequently compared with clients of solely Anglo-Australian background. • For the CALD participants, family featured prominently in relation to attitudes towards seeking help.

Research Findings: (cont.)	• Many recommendations made by participants related to not making assumptions, understanding where people are coming from (both in relation to cultural background and life experience), and having a respectful and empathetic approach.
Partnering Arrangements:	• Project advisory group with representatives from both partners met five times during the project. Partners co-authored the research and worked together on reporting and dissemination. The principal author was hired by the NGO. The academic partner provided input including supervision, input into the analysis framework, report structure, reviewing, editing and making amendments to written output.
Issues Arising:	• A significant amount of time was spent on the process of gaining, or attempting to gain, ethics approval from several AHS' in order to work with AHS sites. There were a variety of experiences when it came to gaining access to these sites, particularly related to timeframes. These processes were complex and lead to disruption of the original project timeline.
ORGANISATIONAL IMPACTS	
Administrative Arrangements::	DAMEC engaged a research officer and research assistant. These staff were supervised by the Senior Research Officer at DAMEC. The project was supervised by the Comorbidity Research Advisory Group which was convened for the duration of the project.
Key Benefits:	• This project provided further knowledge and experience in research project management and qualitative research skills for the DAMEC based researchers involved. • The experience of obtaining approvals to conduct research across Area Health Service sites also provided valuable organisational knowledge for future research regarding the protocols and challenges involved across different Area Health Services.
Challenges:	The key challenges in this project related to gaining ethics approvals to conduct this research across multiple sites in multiple government and non-government services.

Challenges: (cont.)	The first challenge was gaining initial ethics approval from the HREC in order for project funds to be released. This presented a challenge to the organisation in relation to human resources as the project's full-time research officer couldn't be hired until the organisation received funds for the grant program.
	As described above once HREC approval was granted it became clear that additional processes were required to work with those services located within the governance of Area Health Services. Specifically this was via the lodgement of Site Specific Assessments for each site (or site type) within each AHS, with processes differing across areas.
	These challenges extended the time frame for ethics approvals from the 4 months initially planned for to 13 months. The potential impact of this was mitigated through managing multiple project activities concurrently, resulting in a 3-month delay in the end of the project.
Lessons Learned:	• Experience in gaining ethics approval from Area Health Service processes
OUTCOMES	

Research Dissemination:	• Conference papers:
	    o Outside In, May 2009, Sydney
	    o NCPIC Conference, Sept 2009, Sydney (poster)
	    o APSAD Conference, Nov 2009, Darwin
	    o The MHS, Oct 2010, Sydney
	    o Creating Synergy, Nov 2010, Wollongong
	    o APSAD Conference, Nov 2010, Canberra (poster)
	• Research reports – Title: 'Finding the Right Help'
	    o Full report (164 pages)
	    o Summary report (12 pages)
	    o Summary sheet
	    o Summary sheet – Arabic
	    o Summary sheet – Chinese
	    o Summary sheet – Vietnamese

Service Changes:	• Further understanding of the challenges faced by CALD people experiencing comorbidity disorders in accessing services • Highlighted importance of understanding people's individual contexts and backgrounds and responding appropriately • Improved understanding of changes required by services to address the needs of the target population
Sector Impacts:	• It is hoped this research will continue to motivate and assist services to address identified difficulties through the application of the recommendations made in the report. • The grant program improved the research capacity of the sector through: developing strengthened partnerships between NGOs and research institutions; creating linkages between researchers in NGOs; and building sector skills and creating supportive research environments.
Research Impacts:	• Contribution of knowledge to inform quality improvement in current service delivery to CALD clients with co-existing issues. It is hoped this will also then have positive implications for CALD clients through increased equitable access to services and smoother pathways to engaging with specialist services, which in turn will benefit CALD communities and the general community at large.
Opportunities & Next Steps:	• Continued partnership between DAMEC and NCPIC, including the creation of a DAMEC Research Sub-Committee with representatives from NCPIC • Pursuing future funding opportunities to build on the evidence base for strategies to engage clients from CALD backgrounds in treatment, effective treatment approaches and suitable outcome measures

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KEDESH REHABILITATION SERVICES

PROFILE	
Research Partner:	Illawarra Institute for Mental Health, University of Wollongong
Research Topic:	The evaluation of the Addictions/Comorbidity Counsellor Training Internship Program *How effective is the Kedesh Rehabilitation Services' (KRS) internship program in preparing interns to work effectively with people with comorbid substance misuse and mental health disorders?*
Grant Amount:	$290,400

RESEARCH MODEL	
Research Description:	The research examined the KRS's internship program in terms of: • interns' experiences of how well the program prepared counsellors to work with the study's clinical population • the effect of the program on interns' attitudes and clinical skills • the significance of the program in preparing interns to gain employment and work in the comorbidity field • further enhancing the program through developing a set of core competencies and training standards.
Research Findings:	• The study confirmed that the internship program is effective in preparing interns to work with the study's clinical population. • Likewise, knowledge gained during training is transferred into treatment practices, as measured by the Comorbidity Clinical Competency Assessment Tool.
Partnering Arrangements:	• Joint location of research officer and regular meetings between research partners
Issues Arising:	• N/A

ORGANISATIONAL IMPACTS	
Administrative Arrangements::	• Collaborative meetings were held regularly between partners.

Key Benefits:	• While KRS has an established history of collaborative research, having a designated research officer within the research partner brought significant benefits. These included:
	   o integration of the KRS project with other priorities of the research partner
	   o a structured and consistent approach to the research process
	   o effective and efficient data collection and analysis
	   o regular access to the same research personnel.

Challenges:	N/A
Lessons Learned:	• KRS internship program is effective in achieving its aims
OUTCOMES	
Research Dissemination:	• Journal article manuscripts x 5 • Kedesh also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010
Service Changes:	• Confirmation of the effectiveness of the internship program: *"psychologists are skilled and prepared".* • Some refinement in content and improvements in structure. Organisational issues such as improved file management were able to be applied across the service.
Sector Impacts:	• The KRS evaluation provides an evidence-based internship model for other services which could inform their training programs. • It also raises the issue of the need to address and develop clinical competencies in relation to comorbidity - and that these skills can now be audited through a robust assessment tool. • There may be additional impacts on integrating in-service vocational based training with university training programs.

Research Impacts:	• The research has been submitted to a range of journals. Publication of the findings will contribute to knowledge about effective practice in competency based training interns to work with particular clinical populations.
Opportunities & Next Steps:	• Continuing research partnership and projects with iiMH

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THE LYNDON COMMUNITY	
PROFILE	
Research Partner:	School of Humanities and Social Sciences, Charles Sturt University
Research Topic:	Unique approaches for engaging Aboriginal health workers and primary care providers in the delivery of mental health and drug and alcohol interventions in rural NSW *Describe unique models of engaging primary care workers to provide AOD and mental health interventions in rural and remote communities.*
Grant Amount:	$300,000
RESEARCH MODEL	

Research Description:	• The research investigated two approaches providing community-based drug and alcohol services in rural NSW:
	  o examining the perceptions of primary health care workers in performing drug and alcohol work as part of routine care
	  o examining 'soft entry' approaches to providing AOD services through community groups and activities.

Research Findings:	• Factors that were effective within each approach / sustainability of each approach • Identifying worker skills sets for both generalist and specialist workers • Improved understanding of who the clients are and their backgrounds • A better understanding of the challenges primary health workers experience when undertaking AOD work • The importance of the mentorship of primary health care workers of AOD workers
Partnering Arrangements:	• Research advisory committee met three times over the course of the project

Issues Arising:	• Needed to change partners due to ownership/control issues with the partner – the change was readily facilitated by NADA • Recruiting participants • Aboriginal workers already have many demands placed upon them • Working in over-researched communities
ORGANISATIONAL IMPACTS	
Administrative Arrangements::	• The researcher was co-located between Lyndon and CSU, moving between the two sites and the field as necessary.
Key Benefits:	• Enhanced skills in using data for service planning and improvement • Validation of the two approaches for engaging clients into community-based AOD treatment • Improved research and research presentation skills in staff • The Lyndon Community is now developing and leading several other research projects that were informed by this project.
Challenges:	• Insufficient project and agency resources to investigate all the original project aims
OUTCOMES	
Research Dissemination:	• Conference papers x 4 • Journal articles x 5 • Lyndon also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010
Service Changes:	• A potential impact on services through improving accessibility to clients and ensuring appropriateness to their needs
Sector Impacts:	• Understanding factors that influence program retention in community-based interventions
Research Impacts:	• A contribution to research into primary health work and AOD work in rural areas
Opportunities & Next Steps:	• The Lyndon Community will continue to evaluate and develop the service access models investigated in the research. • To continue the enthusiasm for research generated by the grants program.

MANLY DRUG EDUCATION COUNSELLING CENTRE (MDECC)

PROFILE

Research Partner:	National Drug and Alcohol Research Centre (NDARC) University of NSW
Research Topic:	Keep it Simple (KIS): The impact of amphetamine use on mental health *Does methamphetamine use have an impact on the mental health of a consumer?*
Grant Amount:	$36,000

RESEARCH MODEL

Research Description:	The research investigated the impact of recreational methamphetamine use on the mental health of young people. Young people attending dance events were assessed for symptoms of psychosis and data was collected about their patterns of drug usage, both methamphetamine and poly-drug.
Research Findings:	• Recreational methamphetamine use in the study population was associated with a two to three times increased probability of psychotic symptoms, after adjusting for poly-drug use. • There is a need to caution recreational drug users about the potential risks of psychosis. • Confirmation of the 'psychosis message' developed by peer educators prior to the research study – demonstrating that this group has an awareness of the issues impacting on their peers.
Partnering Arrangements:	• Both partners developed clearly defined goals. • Regular meetings were held between the parties to ensure progress and to provide feedback.
Issues Arising:	• It was not possible to recruit participants for Part 2 (interviews) of the study. • University ethics committees are not appropriate for capacity building seeding grants.

ORGANISATIONAL IMPACTS

Administrative Arrangements:	See above

Key Benefits:	• Research training for peer educators • The opportunity to develop research-based peer education • Working with a highly committed researcher who appreciated the opportunity to work closely with an NGO in field settings
Challenges:	• N/A
Lessons Learned:	• The value of social action research in developing credible peer education information • The value of a highly committed research partner
OUTCOMES	
Research Dissemination:	• R McKetin, K Hickey, K Devlin and K Lawrence, 'The risk of psychosis symptoms associated with recreational methamphetamine use', *Drug and Alcohol Review* (in press) • Conference papers x 2 • MDECC also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010
Service Changes:	• Developments in the peer education model – specifically, targeted peer education messages concerning the risks of low level methamphetamine use, and raising awareness of actions to take if a friend was displaying symptoms of psychosis
Sector Impacts:	• For services working with young people (and those utilising peer education models), the study provides important findings that can be used in providing evidence-based information and advice to recreational drug users • Information to be used in developing early intervention approaches
Research Impacts:	• The study made an important finding in demonstrating the relationship between recreational stimulant use and increased risk of psychotic symptoms in functioning young adults. There is a need for further research to confirm these findings and to further investigate the impacts of poly-drug use combined with methamphetamine use.
Opportunities & Next Steps:	• Using the findings in drug education / peer education models • Further research – as above

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MENTAL HEALTH ASSOCIATION	
PROFILE	
Consortia Organisations:	NSW Consumer Advisory Group ARAFMI
Research Partner:	Social Justice Social Change Centre, University of Western Sydney
Research Topic:	What Works? Research into cannabis use by mental health consumers aged 18-30 – examining the effectiveness of health promotion campaigns *How does an effective general or specific health promotion campaign inform and help people with a mental illness who have a co-occurring substance abuse problem?* *In particular, what health promotion strategies to reduce cannabis use work with people who have a mental illness and who regularly use cannabis?*
Grant Amount:	$100,000 (1 year)
RESEARCH MODEL	
Research Description:	The research involved various components including: • conducting a literature review • widely advertising and running focus groups for young people with mental health issues • administering a short questionnaire and conducting some telephone interviews. Over the course of the project, four workshops were conducted by the project academics / researchers for the staff of the three partnering NGOs. The workshops covered research methods, data collection and project findings.
Research Findings:	The research established: • the effectiveness of cannabis interventions and campaigns deteriorate over time and have different impacts with different parts of the community • the need for new health promotion initiatives in the area of cannabis use, particularly targeted to younger age groups given the early onset of both mental illness and initiation of cannabis use

Research Findings: (cont.)	• multi-layered campaigns which address a range of issues are needed, including those targeted to the individual, their families, and educational outlets • messages need to be communicated in ways that resonate with young people and be targeted, sophisticated and comprehensive • early intervention, ensuring the support of family and carers, and finding ways to weaken ties to situations conducive to drug use all contributed to assisting young people to discontinue their cannabis usage.
Partnering Arrangements:	• A seven-person Project Steering Committee comprising the three NGOs and University research partners oversaw the project.
ORGANISATIONAL IMPACTS	
Administrative Arrangements::	MHA employed various researchers to conduct the research. One position assisted with the literature review and report writing; a second individual conducted the bulk of the interviews.
Internal Processes:	The steering committee met throughout the duration of the process. While staff were generally collated, board members needed to be engaged through meeting processes to remain connected to the project.
Key Benefits:	Having three mental health organisations involved in the project was a major strength as it allowed a broad spectrum of carers and consumer and staff perspectives to be reflected in the project design. Conducting the research assisted MHA and other consortium partners to learn more about the research process including: • how to apply for ethics approval with regard to research endeavours • how to conduct a focus group • how to collect and analyse data • how to write journal articles based on data collected • how to design and produce effective communication about the research.

Challenges:	• The project experienced difficulties with recruiting and retaining a senior researcher through UWS. The initial researcher left after six months and there were delays in finding a replacement. • There were difficulties experienced with managing the ethics approval processes, particularly the time and effort required. • There were also changes to key personnel in one of the consortia partners, with an associated decline in the level of commitment to and engagement with the project. • There were also some challenges relating to supervision and connection arrangements, with the researcher being based at MHA yet employed by UWS. • While generally the partnership arrangements with the other two NGOs were considered a positive attribute, engaging all partners over the length of the project proved challenging. • There were also difficulties recruiting the required number of focus group participants.
Lessons Learned:	• If the project was to be repeated, greater transparency and working arrangements would need to be addressed regarding the host organisation and the employer of the researcher.
OUTCOMES	
Research Dissemination:	The research findings were formally launched at the MHA Annual General Meeting in September 2010. As noted above there have also been various efforts to widely disseminate the findings to all the NGO partner agency staff. The results were published in the MHA newsletter- *Mental Health Matters.* Other dissemination opportunities have included: • College of Arts UWS Research Conference paper, 2008 • Rural Mental Health Conference, Hunter 2008 • PHAA Conference, Canberra 2008 • National Cannabis Conference, Sydney 2009 • The MHS Conference, Perth 2009 • Langton Centre (meeting of Minds), Sydney 2010 • The MHS Conference, Sydney 2010 • Rural and Remote Mental Health Symposium, Sydney 2010 • Mental Health Promotion Conference, Washington DC, USA, 2010

Research Dissemination: (cont.)	An academic paper has been prepared, and efforts made to see it published. MHA also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010.
Service Changes:	• The research has been primarily used to influence MHA and other consortium partners' health promotions and other activities. • A two-day writing course was held for members of the Project Steering Committee. The focus was on preparing journal articles on the research findings. These were submitted to various publications. • One staff member produced a poster on the research project that was accepted as part of a health promotions conference in Washington DC.

Sector Impacts:	• The findings should help those in mental health, general health and drug and alcohol services to better understand the motivations of clients with a diagnosed mental illness to use cannabis and how that risk can be managed.
	
	• The research gathered will be useful for developing health promotion programs aimed at young people living with mental illness who are at risk of developing cannabis or other substance abuse problems.
	
	• The research also suggests the need for:
	   o NGO mental health and drug and alcohol staff to be better trained in comorbidity issues and to develop further models of treatment and support
	   o new integrated models of counselling and treatment that are able to deal with mental health and substance use issues simultaneously.

Research Impacts:	• There is strong interest in MHA undertaking a much larger study into what works and doesn't work in terms of health promotion with young people. • The challenges experienced with the ethics approval process raised the prospect of a peak body such as MHCC establishing its own credible ethics committee to support research into mental health.

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MISSION AUSTRALIA: TRIPLE CARE FARM	
PROFILE	
Research Partner:	Centre for Health Service Development, University of Wollongong
Research Topic:	Integrated Intervention: Treatment outcomes for young people with co-existing drugs and alcohol problems and mental health issues *What are the characteristics of young people in residential AOD treatment who have comorbid mental illness?* *What is the relationship of comorbidity to:* *- retention in residential treatment* *- treatment processes* *- post treatment outcomes?* *Is there a significant difference in program treatment effectiveness for young people presenting with comorbid AOD problems and a mental illness compared to young people presenting with AOD and a psychotic illness compared to young people presenting with comorbid AOD problems and an affective illness?*
Grant Amount:	$130,222 (2 years)
RESEARCH MODEL	
Research Description:	The research involved various components: • literature review • data collection via a standardised treatment outcomes measures – on entry to the program, at 8 weeks and 3 months post-program.
Research Findings:	• Triple Care Farm has adopted an ongoing monitoring of client outcomes using a number of standardised treatment outcomes measures including psychometric measures. These are administered on entry to the program, at 8 weeks and then 3 months post-program. • The electronic client reports are then forwarded to the relevant treatment team and used to inform treatment planning and review processes.
Partnering Arrangements:	• University of Wollongong was responsible for the design and analysis of data

ORGANISATIONAL IMPACTS	
Administrative Arrangements::	• A full-time project officer was employed by MA. This role was supervised by the Service Manager. Both were part of the Counselling and Case Management Team. • All other staff were involved with the clients and in data collection.
Key Benefits:	• The data collection increased staff knowledge of support needs by enhancing the identification of individual client treatment needs. It has become an important aspect of treatment planning and review for all young people in the Triple Care Farm program. • The consistent use of a standardised assessment tool and the generation of robust outcome measures has strengthened the services' client review processes. • Data collection and dissemination process has proven a good communication tool for use with clients and assists in their monitoring of their progress. It is also a good communication tool for various staff working with clients, including those in other agencies, as it supports the multidisciplinary approach. • A resources file for use by services staff has been established.
Challenges:	• There were an insufficient number of clients participating in the follow-up data collection process. This meant the sample size was smaller than planned and therefore the results less reliable and able to be generalised. An extension to four months' follow-up was instigated in an attempt to address this issue. Follow-up contact remains an ongoing challenge that is difficult to resolve. • There were some difficulties in administering the 8-week data collection as clients were often off-site. Some flexibility with this date was adopted. • The project officer's analysis of the data raised some questions about the methodology related to using Brief Symptoms Inventory measures for group participants. External advice was sought and some of the measures were modified to make them more appropriate and valid to the research and the field context. • Some university staff had to juggle the Triple Care Farm research project with other commitments. This delayed the completion of the analyses and finalisation of the draft research paper.

OUTCOMES	
Research Dissemination:	• Triple Care Farm and UOW are yet to finalise the data analysis, though considerable work has been usefully undertake by MA. • A research paper has been drafted but is yet to be submitted for peer review. • Triple Care Farm staff have been presented with the first and second biannual data collection results and have used these to help review the program's effectiveness as part of their group training and planning processes. • Triple Care Farm also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010.
Service Changes:	• A research and evidence-based policy was drafted by the research officer and is being considered at MA state policy level. • The data collection (for both comorbid and non-comorbid clients) has increased staff knowledge of support needs and enabled staff to better tailor their multidisciplinary interventions based on the identified measure outcomes. • The project has highlighted areas for improvement in service delivery – for example, working more collaboratively and efficiently with families and carers of young people. • The project has helped provide an evidence base to support funding applications to implement new projects addressing areas such as working with families and carers. To date one such application has been successful. The data from the project has also been used in reporting to funding bodies. • In June 2009 Triple Care Farm was awarded the National Drug and Alcohol Award for 'Excellence in Services for Young People'.

Sector Impacts:	• The *Outside In* Conference in 2010, attended by the project officer, highlighted other tools and methods being used by other services in NSW. It has lead to some additional networking and discussions that could result in some collaborative research in the future. • New developments in assessment tools, particularly in the area of dual diagnosis, has meant that new approaches are needed to be added to the assessment process. As six tools are already being used, both clients and staff have indicated some reluctance to further expand data collection if the benefits are not immediately evident. A review of all tools is also scheduled.
Research Impacts:	• The research grant has increased Triple Care Farm's interest and capacity to undertake further research. The organisation is committed to contributing to professional peer-reviewed research with the aim of impacting on the development of services that meet current best practice treatment of young people. This includes a specific focus on the individual, and working within a broader framework of services and support networks. • The data from the project contributed to a larger research project that was commenced in July 2011. • Triple Care Farm is in the process of establishing additional research partnerships with Monash University and University of Western Australia.
Opportunities & Next Steps:	• Triple Care Farm is keen to remain connected to further research and learning, including via the MHCC-NADA Research Network. • The service is also keen to receive newsletters and other information relating to new resources and professional training opportunities, including upcoming conferences.

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NEAMI

PROFILE	
Research Partner:	ORYGEN Research Centre, University of Melbourne
Research Topic:	The impact of co-occurring substance use disorders in a young adult sample (30 years and younger) with severe and persistent mental illness (SPMI) receiving psychosocial rehabilitation services *What are the rates of co-occurring substance use among young adults with SPMI currently accessing mental health support services from Neami?* *What is the impact of co-occurring substance use in young adults experiencing SPMI who are currently accessing mental health support services from Neami?* *How competent and confident are direct service staff in managing co-occurring substance use in young adults experiencing SPMI who are currently accessing mental health support services from Neami?*
Grant Amount:	$107,050 (1 year 4 months)

RESEARCH MODEL	
Research Description:	The research involved approaching all consumers at Neami aged 30 years and younger to participate in the study. A sample of 120 people (68 male and 52 female) agreed to participate (55% response rate). • Consumers participated by completing a range of assessment tools – some self administered, for example the K-10; others undertaken by staff members as part of the assessment process. • Consumers were also interviewed about their AOD usage and other factors. • Neami staff also participated in a focus group and were part of a Comorbidity Program Audit and Self Survey (COMPASS). The research was one of the first studies of its kind conducted in a non-clinical psychiatric rehabilitation setting.

Research Findings:	The research provided a clear profile of substance use within the Neami consumer group, particularly in relation to smoking attitudes and behaviours. The data revealed those in the sample had: • high levels of cigarette smoking and caffeine consumption • low level AOD usage, with only a small proportion reporting frequent use in the past three months • lower levels of dual diagnosis than reported in clinical populations. The data also revealed that: • the majority of smokers were interested in cutting down or quitting • Neami staff were found to be interested in supporting consumers quit smoking • a relationship existed between frequency of alcohol, tobacco and cannabis use and various types of anti-social and self care problems.
Research Findings:	As smoking and its consequences can make physical and mental health problems worse, the prevalence of cigarette use is a concerning issue. The research also highlighted a number of organisational capacity issues and recommendations that should lead to improvements in staff effectiveness with consumers.
ORGANISATIONAL IMPACTS	
Administrative Arrangements::	• The research involved the employment of a full-time research project worker, supported by a manager who provided project management and oversight. • In addition, Orygen provided two youth health specialists: one to assist in the research design, the other to assist in the data analysis.
Internal Processes:	No formal steering committee for the research was established. Communication occurred regularly between the partners on an as needs basis. The relationship was considered close and workable.

Key Benefits:	• The use of the screening tools and data arising provided a much clearer understanding of substance use among Neami consumers.
	
	• Administering the screening tools has assisted staff to better identify issues and respond to young adult consumers, particularly those with problematic substance use.
	
	• The follow-up interviews with clients, using the results of the screening tool, have assisted staff to:
	   o better understand the extent and nature of substance use issues
	   o refine their motivational interviewing skills in order to better assist clients
	   o better support consumers, particularly through assisting them to reduce their substance use as a matter of priority.
	
	• The research is assisting Neami to further develop and implement its Smoke Free and Well Being Program thought the organisation.
	
	• The recommendations arising from the focus groups are being used to improve staff and organisational capacity to support consumers with dual diagnosis or problematic substance use issues.

Challenges:	• The ethics committee-approved consent form was found to be too long for the participants to read and use. A negotiation process was needed with the ethics committee to modify the form for the target group. • Prior to granting approval, the ethics committee also required some additional information to be provided regarding the study design and involvement of direct support staff. This was provided and the study proceeded without any major problems. • Neami's Service Development Manager changed during the course of the project.

Lessons Learned:	• Agreeing to make changes to some of the initial research design elements – for example:
	   o the initial consent form
	   o some of the measures (changing from CODECAT to COMPASS)
	– was beneficial to the organisation and the research project as a whole.

OUTCOMES	

Research Dissemination:	• The results of the research have been widely disseminated and discussed with Neami staff and consumers. An article for the Neami newsletter was distributed to each site and a summary of results distributed to all staff
	
	• Two peer-reviewed journal articles have been prepared and are expected to be published in 2011/early 2012 in:
	
	   o a special edition of the *International Journal of Mental Health and Addiction* entitled 'Tobacco, caffeine, alcohol and illicit substance use among consumers of a national psychiatric disability support service'
	
	   o *Mental Health and Substance Use Dual Diagnosis Journal.*
	
	• Discussions are also occurring with *Advances in Mental Health Journal* to identify if a third article on another aspect of the project is appropriate to the readership.
	
	• A draft journal article has been prepared and distributed to the Neami Board of Directors. It is proposed that this will be used as the basis of formal journal articles.
	
	• Conference presentations have been delivered to:
	
	   o The MHS Conference, September 2010
	
	   o Western Australian Drug and Alcohol Symposium, August 2010
	
	   o Bendigo Dual Diagnosis Conference, November 2010
	
	• Neami also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010.

Service Changes:	• Staff are now well trained in the administration of the screening tools and are confident in their role of collecting and using the data. As a result of the training received through the project, they have a good understanding of data collection and management as well as privacy and confidentiality issues. • Neami has adopted ASSIST as part of its routine screening tools. This has contributed to the development of staff skills in identifying and responding to problematic substance use. • The Brief Intervention delivered to consumers after the completion of ASSIST has also enabled staff to further develop and put into practice their motivational interviewing skills.

Service Changes: (cont.)	• Neami staff now have more advanced ability to support research activities and take part in the research process. This is a result of their participation in a training course delivered by the research project worker regarding the design, conduct and management of ethical research projects. • Following the younger consumers' research, Neami extended use of the assessment tools to consumers aged 31 and over. This was made possible through Neami investing resources to cover the research project worker's salary and travel costs.
Sector Impacts:	• The research reinforces the importance of comprehensive screening for consumers of CMO services to ensure that issues and problems are accurately identified (and not assumed), and the support and treatment offered are appropriate. • The findings showing a high correlation between smoking rates and high K10 scores provide evidence of a relationship between smoking and the incidence of depressive and anxiety symptoms. This information should be noted by mental health service providers and others as it potentially challenges the position of the majority of consumers that smoking helps them cope with life and loneliness. • The research findings also challenge the wide-held belief that substance misuse is widespread among people with mental illness. On the contrary, the research shows AOD usage was an issue in only a minority of individuals with a serious mental illness accessing a community-based mental health agency.
Research Impacts:	• The findings in regard to smoking and caffeine use among young adult consumers are of potential relevance to the Neami Research Committee along with other researchers. It suggests options for further research on the issue including pilot studies or trials aimed at reducing consumption rates. • The research should assist organisations to design their own research and evidence-based programs to support individuals to stop smoking. • The research suggests the need to compare whether the low rates of substance use found in young adult consumers accessing a community-based, non-clinical service is the same or different to clinical mental health settings. • Following the Neami research, a detailed national dual diagnosis strategy is being developed in response to the recommendations arising from the initial COMPASS reports.

NORTHERN KIDS CARE- ON TRACK COMMUNITY PROGRAMS

PROFILE	
Research Partner:	Monash University
Research Topic:	The experience of children living with parents affected by mental illness and substance misuse and addiction: an action research study to identify 'good practice' interventions for community organisations *Does parental comorbidity impact on child development and children's perceived wellbeing?* *What strategies and/or activities facilitate protective family dynamics for their children in middle childhood and adolescence?* *How can mental health and drug and alcohol NGOs use this knowledge to improve service delivery?*
Grant Amount:	$151,504 (1 year, 11 months)

RESEARCH MODEL	
Research Description:	The two-year action research model investigated the impacts of an early intervention model on families and children with comorbid mental health and substance abuse issues. The model was an adaption of the Northern Kids Care On Track Community Program (NKC-OTCP). • The study focused on families with a parent with comorbidity issues as well as those with just mental illness issues. • An ethnographic perspective was used that included field observations. • An ongoing literature review was also conducted and distributed by the principal researcher.
Research Findings:	Across both types of families, children participating in the NKC-OTCP showed good progress towards goals, though children of a parent with comorbidity made more progress than children whose parent just had a mental illness.
Partnering Arrangements:	A comprehensive memorandum of understanding was developed between NKC and Monash University that clearly articulated the expectations of both partners.

ORGANISATIONAL IMPACTS	
Administrative Arrangements::	• NKC-OTCP nominated a Manager to oversee and coordinate the project. They worked with a principal researcher and an assistant researcher from Monash University.
Internal Processes:	• An internal NKC-OTCP committee was formed to ensure processes were supporting the research.
	• In addition three Advisory Committees were formed – Coffs Harbour, Lismore and Tweed Heads – to provide local advice and information. Advisory Committees included local NKC-OTCP staff plus other local stakeholders involved with the target group including local Area Health Service staff, local GPs, members of community organisations and care givers.
Key Benefits:	• The project lead the service to ensure a family care plan was the central plank of the NKC-OTCP case management approach. This approach:
	o improved family knowledge about mental illness
	o provided an opportunity to discuss needs and for the parent to develop new skills
	o identified appropriate external supports for the family – both formal and informal.
	• This care plan was further developed and implemented as an effective way in which treatment and intervention goals can be identified, regularly monitored and evaluated from the perspective of family members and case managers.
	• Crisis plans were incorporated as effective ways to address the needs of all family members and not only in times of crisis. Plans were developed with input from all members of the family. These provided an alignment between both a strengths-based approach and a family and case management perspective.
	• Staff were trained in data management and given additional experience and knowledge in research interviewing techniques.
	• The research staff have assisted NKC staff on an ongoing basis with the supply of useful references and successful techniques that may assist specific families and children.

Challenges:	• Data entry and data control was a challenge initially, however this was overcome with time. • Staffing changes at NKC lead to additional time and resources being devoted to training, including in data entry. • At times the nature and value of an ethnographic research approach to the study of a community managed service was not fully understood by some stakeholders, including Area Health Service clinicians. • The principal researcher changed employment settings early in the project. This required negotiations with another tertiary institution to ensure continuity of the research and researcher.
Lessons Learned:	• Family care plans are essential to all areas of practice when working with families. • Working with the family as a whole is required rather than working with individual members in isolation.
OUTCOMES	
Research Dissemination:	• A project report describing the features and outcomes of the NKC-OTCP model of care for families and parents was finalised at the end of 2010 and distributed to interested parties. • A formal launch of the project report was held in December 2010. The launch was jointly conducted by NKC and the Regional Director of Child and Adolescent Mental Health, Department of Community Services. All families involved in the project attended the event. Since that time staff at NKC have also presented a number of conference papers *(details of which were not available at the time of printing).* • NKC-OTCP also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010.
Service Changes:	• Family care plans, including crisis plans are now central to the work of the service and used to guide all aspects of practice and engagement with families and other services and staff. • The findings have been used to drive how services are delivered, with holistic family assistance approaches now central to how FaHSCIA funding is being used. • The research has provided the evidence base and credibility for the early intervention and prevention programs valued by the service.

Sector Impacts:	The project highlighted the need for workers engaging with parents, families and children to better:
	• recognise parents who have a mental illness and/or substance use issues and their potential impacts on their children
	• recognise that parents with comorbidity face multiple stressors including poverty, domestic violence, and relationship breakdown; this requires additional time to engage and support
	• learn the ability to *"see double"* especially when the needs of children compete with the needs of their parents.
Research Impacts:	There is a need for additional research on parents and families experiencing comorbidity issues. This includes:
	• long term impacts of interventions such as NKC-OTCP, specifically on children, parental capacity and family functioning. Such evaluations need to consider the relative impact of the various services provided and different types of mental illness diagnoses and substance use
	• more accurate prevalence estimates of children with a parent with comorbidity. This research needs to identify specific subgroups according to parental mental illness/substance type, their severity and chronicity
	• cost benefit analyses of different types of interventions offered.

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OOLONG ABORIGINAL CORPORATION

PROFILE

Research Partner:	Illawarra Institute for Mental Health
Research Topic:	Evaluation of a residential program for people with psychiatric and substance use disorders *What are the most important features of the treatment program from the perspectives of the clients and the staff, and in terms of predicting client outcomes?*
Grant Amount:	$68,000

RESEARCH MODEL

Research Description:	The research examined outcomes for predominantly Aboriginal men involved in treatment in a residential treatment centre. Outcomes measured included psychological distress, emotional empowerment and confidence in resisting their drugs of choice.
Research Findings:	• Clients made significant improvements during the first 8 weeks of treatment on all study measures. • During the last 8 weeks, emotional empowerment showed significant improvement, but not the other variables. • At intake clients with a mental illness scored lower than clients without a mental illness, but at the end of the program no differences were found between groups. • Group work was the treatment component rated most highly by graduating clients.
Partnering Arrangements:	• Partners met regularly and there were staff members dedicated to the project within both organisations. • The partnership was generally very positive – *"we couldn't have done the project without a research partner."*
Issues Arising:	• Some issues regarding responsibility for write up and authorship for peer-reviewed journals • Pressure on NGO staff member to undertake research along with normal clinical responsibilities • Due to time constraints it was only possible to examine program outcomes from the client perspective, not also from the staff perspective as originally intended.

ORGANISATIONAL IMPACTS	
Administrative Arrangements::	• Weekly meetings to review progress and determine future directions • Ethics clearance organised by the research partner
Key Benefits:	• Staff developed skills through selecting and being trained in new screening and assessment tools. • Staff were able to see that clients' progress through the program in a consistent way. • Provided a basis for extending research at Oolong House into an ongoing process.
Challenges:	• Failure to appreciate the length of time involved in writing up – *"it is a long way from getting the numbers to writing up"* • Publication delays
Lessons Learned:	• Would ensure a bigger sample size to accommodate drop-out
OUTCOMES	
Research Dissemination:	S Berry and T Crowe, 'A review of engagement of Indigenous Australians within mental health and substance abuse services', *Australian e-journal for the Advancement of Mental Health,* 8 (1) 2009. There were two conference presentations. Oolong Aboriginal Corporation also presented at the NADA/ MHCC *Outside In: Research into Practice Conference*, December 2010. A journal article is also to be included in a special edition of the *International Journal of Mental Health and Addiction* (pending) entitled 'Growth and empowerment for Indigenous Australians in substance abuse treatment'*.*
Service Changes:	Results of the study and follow-up research are being incorporated to maintain areas of greatest treatment gain and to strengthen areas as required. Findings are being used to inform referral processes – best referral pathways.
Sector Impacts:	• The results of this study can potentially inform other practitioners with an interest in supporting Indigenous people in treatment.

Research Impacts:	• Upon dissemination, an important contribution to the evidence base concerning treatment outcomes for Indigenous people
Opportunities & Next Steps:	• Further examination of the impact of Indigenous cultural activities on treatment engagement and outcomes – to continue to develop an evidence base for improving treatments for Indigenous people

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TED NOFFS FOUNDATION	
PROFILE	
Research Partner:	National Cannabis Prevention and Information Centre (NCPIC) University of NSW
Research Topic:	Mental health among young psychostimulant and cannabis users in residential substance use treatment: patterns, treatment needs and responses to treatment *What are the mental health difficulties of young people presenting for residential substance use treatment with problematic psychostimulant and/or cannabis use?* *What barriers to treatment for their substance use and mental health difficulties have these young people faced in the past, and what do they find most helpful in their current treatment?* *How do young problematic cannabis users and young problematic psychostimulant users in residential substance use treatment differ in terms of mental health and related issues at pre-treatment assessment, during treatment and following treatment?*
Grant Amount:	$100,000
RESEARCH MODEL	
Research Description:	The research investigated the mental health issues of young people with problematic psychostimulant and/or cannabis use presenting for residential treatment. It aimed to compare the mental health challenges between groups with different drug use patterns, both before and after treatment.
Research Findings:	• Young people who used both cannabis and psychostimulants had poorer mental health than those who used either, but not both substance types. • Following treatment, the best predictor of good outcomes was moving in with a well-functioning family; the next best predictor was time spent in treatment.
Partnering Arrangements:	• Regular meetings between research partners – there was a good relationship between partners
Issues Arising:	• Lead researcher left NCPIC delaying project by two months

ORGANISATIONAL IMPACTS	
Administrative Arrangements::	• The project responsibilities were divided between the two agencies, with the quantitative elements conducted at Ted Noffs and the qualitative element conducted at NCPIC.
Key Benefits:	• Confirmation of the efficacy of Ted Noffs programs • Opportunity to assess the needs of major client groups and the impacts of services provided • Understanding that length of stay had a positive impact on treatment outcomes
Challenges:	• Departure of lead researcher
Lessons Learned:	• Planning for possible change of research personnel
OUTCOMES	
Research Dissemination:	• One Conference paper • Ted Noffs also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010
Service Changes:	• Research has a number of potential service impacts, in particular utilising the findings about predictors of positive outcomes such as length of stay, achievement of action goal plans and moving into a functioning family on completion • Examining ways of improving retention in Ted Noffs services
Sector Impacts:	• Sharing information has a number of potential positive impacts for the sector, particularly for residential services working with young people about the predictors of positive outcomes for young people
Research Impacts:	• A contribution to knowledge about the effects of poly-drug use on young people's mental health and social functioning, and of predictors of positive treatment outcomes
Opportunities & Next Steps:	• Disseminating the procedures used by Ted Noffs

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THE RICHMOND FELLOWSHIP OF NSW	
PROFILE	
Research Partner:	Social Justice Social Change Centre, University of Western Sydney
Research Topic:	A historical, retrospective analysis of presenting issues and outcomes for young people with a mental illness and co-occurring substance abuse, to inform recommendations for targeting early intervention strategies, recovery focused interventions and future service and workforce planning *What trends are evidenced in the demographic, mental health diagnosis, drug use and service activity data for this program?* *Which factors (demographic, clinical or intervention-based) indicate or influence recovery, and the time to recovery, from early psychosis?*
Grant Amount:	$116,047 (22 months)
RESEARCH MODEL	
Research Description:	The research involved a review of case-based qualitative and quantitative data for a total client population (n= 150) throughout the 10 years of continuous service delivery of the Richmond Fellowship NSW (RFNSW) Young People's Program (YYP). The research included a number of components: • review client files and extract and analyse relevant data • interviews with current and ex-clients to develop consumer narratives • interviews with clinical case managers and staff in partner AOD services • two focus groups with families, carers and clinicians. (Note: Due to difficulties in contacting ex-clients, the research was modified to focus on a representative sample of individuals using adjusted time periods.)
Research Findings:	The results indicated: • the overall effectiveness of the YPP, though areas for improvement were noted • a need for a continuous improvement cycle where outcomes for young people, funders & other stakeholders are reviewed

Research Findings: (cont.)	• The need for a stronger focus on social and recovery focused interventions was evident.
	• Reflective practices need to become an ongoing and standard approach of staff, rather than be used only as a point in time exercise. This has the potential to enhance quality improvement processes used in the service as well as ensuring the service is more responsive to client's needs.
	• Further work on staff development and training and workforce planning was also needed.
ORGANISATIONAL IMPACTS	
Administrative Arrangements::	• A Project Steering Committee was formed which included members of the TRF research team, UWS, and representatives of community mental health services in western Sydney.
Key Benefits:	• RFNSW staff were up-skilled in both the merits and processes of undertaking research relevant to the service. This included skills in data analysis as well as some members developing skills in research design.
	• Staff and management were assisted to discuss and identify different types of data that could be collected to help demonstrate the program's outcomes.
Challenges:	The project's major challenge was a recurring health problem for the principal researcher. This resulted in various delays in meeting milestones, including the completion of the final report. This issue was also linked to some communication issues arising between the partner organisations, and also between the grant recipient and the MHCC.
	Other challenges included:
	• RFNSW had to contribute unfunded staff time and resources to perform administrative support for the project.
	• Difficulties locating ex-clients and then obtaining their consent to participate in the research. The process proved very labour intensive and beyond the scope of the grant funding.
	A modification to the ethics proposal and the introduction of a $50 gift voucher assisted in dealing with this process.

OUTCOMES	
Research Dissemination:	Noting the first challenge above, the research has been disseminated through channels such as : • 2010 THEMS Conference • NADA/MHCC *Outside In: Research into Practice Conference*, December 2010
Service Changes:	• The results of the research are seen as significant for the development of YYP, its recovery-focused interventions, and future service and workforce development. • The research is being used to improve services for clients. It is also being used to improve practitioners' interactions with clients, TRF workforce planning and development.
Sector Impacts:	• The findings have potential impact for other services for young people, and particularly for non-medical, non-clinical practitioners and policy makers.

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SOUTH COAST MEDICAL SERVICE ABORIGINAL CORPORATION

PROFILE

Consortia Organisation:	Waminda South Coast Women's Health & Welfare Aboriginal Corporation Illawarra Aboriginal Medical Service Katungul Aboriginal Corporation Community and Medical Services
Research Partner:	Initially University of Wollongong, Centre for Health Initiatives (May 2009 contract terminated) Then University of Sydney, Indigenous Substance Misuse Program within the Discipline of Addiction Medicine
Research Topic:	Out of luck and out of town: exploring the needs of Aboriginal women with AOD and mental health problems in rural and regional NSW *What are the service needs & experiences of Aboriginal women with comorbid AOD and mental health issues in rural & regional NSW?*
Grant Amount:	$165,000 (1 year 3 months)

RESEARCH MODEL

Research Description:	The research involved face-to-face interviews with 44 different stakeholders including: • Aboriginal women (aged 20- 61 years) with various comorbidity issues • their families and carers • Aboriginal health workers. (Some interviews were undertaken in small groups)
Research Findings:	The finding revealed that women in the study had experienced or lived with a variety of mental health conditions, ranging from mild anxiety to severe psychoses. Their AOD uses also varied and included alcohol, cannabis and heroin. Some suffered from more than one mental illness; some were poly-drug users. Many had experienced trauma (including physical and sexual abuse, domestic violence or the death of a loved one) that was related to their comorbidity issues.

Research Findings: (cont.)	Key findings were: • Informal support through family members, carers or significant others was important to recovery. • Help was usually sought only when in crisis, as feelings of fear and shame prevented earlier contact with services. • Barriers to accessing services also included lack of awareness of what were available, transportation issues and perceptions that their mental health disorders impeded access to AOD support. • Services able to recognise their individual needs, and able to provide recreational activities and social opportunities were valued. • Services known to have long waiting times, and which had limited opening hours and few staff, were difficult to access and found to be of little assistance especially when in crisis. • Opportunities to 'keep busy', 'feel normal' and to relax were effective coping and recovery strategies. Women with comorbity problems can place significant strains on families and significant others including having to provide accommodation, financial help and assistance with raising children.
ORGANISATIONAL IMPACTS	
Administrative Arrangements::	• An Aboriginal Women's Health Project Officer from the University of Wollongong was initially funded to undertake the research. She was briefly supported by a research assistant. Both were based at the UOW. • Up until May 2009, regular communication (at least once per week) was held between the AMS Manager and the Project Officer. The Officer also attended regional staff meetings and training events in order to familiarise herself with the study communities. At this point UOW withdrew their involvement from the project. • University of Sydney was approach to complete the project. This occurred through the Indigenous Substance Misuse program within the Discipline of Addiction Medicine.

Key Benefits:	• The research was linked to various staff training activities dealing with working with clients with dual diagnosis. The training was offered in collaboration with NSW Institute of Psychiatry and Aboriginal Health College. It was well attended by Aboriginal and non-Aboriginal staff from mainstream and Aboriginal specific agencies in the region. • Under difficult conditions (see challenges below) a successful partnership was established with the University of Sydney.

Challenges:	• Identifying a suitable project officer was difficult at the outset. After one was recruited, UOW agreed to provide additional support through a research assistant. Shortly after, however, UOW withdrew support from the project. This was a real set-back as the majority of funds had already been expended.
	
	• Due to the changes above:
	   o New ethics approval process had to be organised through the University of Sydney
	   o Timelines were significantly delayed.

OUTCOMES	
Research Dissemination:	Research was extensively discussed with staff and services during the data collection phase. There were also discussions at various workshops held as part of the Creating Synergy Conference, July 2009. Other dissemination of the research included: • Urbis (South Coast) Roadshow, 2010 • *VFP Magazine*, 2010 • South Coast Medical Service Aboriginal Corporation also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010
Service Changes:	• The research provides valuable information relevant to all Aboriginal health services and AOD and mental health specific services aimed at women in the South Coast and Far South Coast of NSW (see below). • The findings (see above) are also relevant to GPs and Aboriginal health workers working in non-government and government organisations.

Sector Impacts:	• Services need to adopt more flexible working practices, including extended hours, and be better promoted not only to potential clients but also to families and carers and other community members. • Providing more family group work and opportunities to support the individual and their families and carers is important. • Staff, including Aboriginal Health Workers, need additional training and supervision including to minimise prospects that clients might perceive interactions as judgemental. • More funding is needed for dual diagnosis services as well as for family centred service models that support women together with their families and carers.
Research Impacts:	Further investigation of Aboriginal women's health issues is needed as is more research on service models best suited to those with comorbidity.

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WAVERLEY ACTION FOR YOUTH SERVICES

PROFILE

Research Partner:	National Drug and Alcohol Research Centre (NDARC), University of NSW
Research Topic:	The value of going beyond recognition in a generalist youth service setting to a formal process for comorbidity concerns *How would the introduction of formal screening for comorbidity enhance outcomes for clients in a generalist youth service?*
Grant Amount:	$55,000

RESEARCH MODEL

Research Description:	The study explored screening and referral processes with the aims of: • providing information to enhance the capacity of front line staff • determining if service operations should be changed to include a screening instrument, improved referral mechanisms and further staff professional development.
Research Findings:	• There is support for the development of an integrated and collaborative approach to providing mental health and AOD services for young people. • Young people need information about issues around medication and side effects. • Staff professional development should include education about mental disorders and medication referral processes and strategies that will improve engagement.
Partnering Arrangements:	• A good relationship with research partner
Issues Arising:	• Loss of possible study participants due to loss of funding to the agency and restructure • Difficulties accessing NSW Health staff to contribute to the research

ORGANISATIONAL IMPACTS	
Key Benefits:	• The development of an integrated and collaborative approach to providing mental health and AOD services for young people that the service could utilise at some point.
Challenges:	• Program that the findings were going to feed into was defunded – this led to structural and staffing changes impacting upon the running of the research project, recruitment of study participants and implementation.
Lessons Learned:	• Take up of program findings will be difficult if the capacity of the agency is affected by lack of program funding or other impediments. • Young people are willing to complete screening tools.
OUTCOMES	
Research Dissemination:	• Report to key stakeholders • Waverly Action for Youth Services also presented at the NADA/MHCC *Outside In: Research into Practice Conference*, December 2010
Service Changes:	• Potential use of the model of integrated and collaborative service provision that was developed in the study / and also potential use of the findings concerning medication issues, referrals and professional development
Sector Impacts:	• Emphasis on the importance of information sharing • Highlighting the need for better information about medication issues, mental health issues and medication, and developing effective referral pathways • Insights into developing effective referral pathways for young people • Highlighting the need for professional development around mental health literacy and competence
Opportunities & Next Steps:	• Determine how the research is to be used

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WHOS (We Help Ourselves)	
PROFILE	
Research Partner:	National Drug and Alcohol Research Centre (NDARC) University of NSW
Research Topic:	The effects of specific mental illness and substance use on early drop-out, retention and successful program completion *How do specific types of comorbidity and substance use affect a client's progress through residential treatment?* *Is there a relationship between drug use and comorbidity that significantly affects retention?* *In particular, is early drop-out related to different types of comorbidity, drug use and gender, and the interactions between pathology, drug use and gender?*
Grant Amount:	$154,400
RESEARCH MODEL	
Research Description:	• The research investigated the effect of client characteristics (including demographic, drug use history, criminal history, and mental health status) on treatment retention and completion in two different treatment settings. • Two single gender drug-free residential therapeutic communities were compared to a mixed gender opioid-based residential therapeutic community.
Research Findings:	• It was found that client characteristics have a limited impact on drop-out and completion regardless of setting. • Due to substantial differences in client groups within types of treatment services, the findings from one service should not be generalised to another. • Treatment services should provide a non-discriminatory and non-judgemental approach to new admissions, applying equal effort to all new admissions.
Partnering Arrangements:	• Researcher was based at NDARC, allowing access to analytical software. WHOS provided the client data and input into research design.

Issues Arising:	• The research occurred during service disruption for WHOS, creating some problems with consulting in the initial stages. After this, the project partnership ran very well.
ORGANISATIONAL IMPACTS	
Administrative Arrangements::	• The project was managed by an officer within WHOS – and with the research officer located at NDARC.
Key Benefits:	• Locating the research officer off-site with the research partner had some benefits for this type of project (analysis of client outcome data rather than field work) as the researcher was placed in a setting that supported the analysis of data.
Challenges:	• Timing of the completion of data collection did not allow sufficient time for writing up by the researcher – this meant an extension was necessary.
Lessons Learned:	• As above
OUTCOMES	
Research Dissemination:	G Campbell, S Darke, and G Popple (2010) *Project Report: National Drug and Alcohol Research Centre Technical Report*. • WHOS also presented at the NADA-MHCC Outside *In: Research into Practice Conference*, December 2010. Also a journal article for a special edition of the *International Journal of Mental Health and Addiction* (pending) entitled 'The effect of client characteristics and mental health status on treatment completion among clients from an opioid-based therapeutic community'.
Service Changes:	• Review of WHOS new admission and assessment criteria; development and confirmation of usefulness of current outcome measurement tools • Knowledge of the effectiveness of treatment being offered by WHOS
Sector Impacts:	• Fostering a non-discriminatory approach to clients entering treatment. The understanding that in particular setting individual client characteristics do not have as substantial impact on client outcomes indicates that an inclusive approach should be taken to all those entering treatment.

Research Impacts:	● Contribution to knowledge about factors that may influence retention and completion of treatment
Opportunities & Next Steps:	● Further research on client outcomes – tracking of WHOS outcomes for clients

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ATTACHMENT 2: FOCUS OF RESEARCH GRANTS

The following tables show the results of grant recipient feedback on what percentage of their research project was focused on the four priority areas specified in the NSW *Mental Health and Illicit Substance Comorbidity Framework for Action*, released in 2008.

Table A: **Mental Health Grant Recipients: Average percentage of grant activity directed towards priority areas listed in the *NSW Mental Health and Illicit Substance Comorbidity Framework for Action, 2008***

Grant Recipients	Workforce Planning & Development	Infrastructure & Systems Development	Responsiveness in priority settings for priority clients	Promotion, Prevention & Early Intervention Strategies
Mental Health Grant Recipients				
Aftercare	30%	10%	30%	30%
Adult Surviving Child Abuse	40%	0%	50%	10%
BCS Lifecare	10%	10%	40%	40%
Break Thru People Solutions	50%	0%	0%	50%
Mental Health Association	10%	75%	0%	15%
Neami	25%	15%	25%	35%
On Track Community Programs	10%	20%	30%	40%
Triple Care Farm	33%	33%	33%	0%
The Richmond Fellowship	30%	10%	50%	10%
South Coast AMS	20%	20%	50%	10%
Average Mental Health Grants (n= 9):	*25%*	*18%*	*30.5%*	*26.5%*

Part 2 over page

Table B: **AOD Grant Recipients: Average percentage of grant activity directed towards priority areas listed in the** *NSW Mental Health and Illicit Substance Comorbidity Framework for Action, 2008*

Grant Recipients	Workforce Planning & Development	Infrastructure & Systems Development	Responsiveness in priority settings for priority clients	Promotion prevention & early Intervention Strategies
AOD Grant Recipients				
ACON	15%	35%	35%	15%
DAMEC Incorporated	20%	0%	75%	5%
Kedesh Rehabilitation Services	60%	0%	40%	0%
Lyndon Community	20%	20%	50%	10%
MDECC	0%	0%	0%	100%
Oolong Aboriginal Corporation	30%	60%	10%	0%
Ted Noffs Foundation	20%	10%	0%	70%
WAYS	25%	25%	25%	25%
We Help Ourselves	30%	30%	30%	10%
Average AOD Grants (n=9)	24%	20%	29%	26%

Combined Grant Averages (n= 18):	25%	19%	30%	26%

Source: Individual percentages drawn from Research Grant Recipients' Final Reports.
Total averages calculated by EJD Consulting and Associates.

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ATTACHMENT 3: ARTICLES FOR INCLUSION IN SPECIAL EDITION OF IJMHA (pending)

The following articles have been submitted for publication in a forthcoming special issue of the *International Journal of Mental Health and Addiction* due for release in 2012:

- **Unlicensed boarding house managers' experiences and perceptions of need in residents with mental health and substance use problems**

Frank P Deane[1], Rosemarie Tweedie[2], Chantelle van der Weyden[1] & Feona Cowlin[2]

[1] University of Wollongong

[2] Baptist Community Services

- **Building research capacity in community organisations in Australia**

Robert Stirling[1] & Debbie Greene[2]

[1] Network of Alcohol and Other Drugs Agencies (NADA)

[2] Mental Health Coordinating Council (MHCC)

- **Growth and empowerment for Indigenous Australians in substance abuse treatment**

SL Berry,[1 & 2] TP Crowe[1], FP Deane[1], M Billingham[2] & Y Bhagerutty[2]

[1] Oolong Aboriginal Corporation Incorporated

[2] Illawarra Institute for Mental Health, University of Wollongong

- **The effect of client characteristics and mental health status on treatment completion among clients from an opioid-based therapeutic community**

C Campbell[1], S Darke[1] & G Popple[2]

[1] National Drug and Alcohol Research Centre, University of New South Wales

[2] We Help Ourselves (WHOS)