



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

Re-edited and submitted February 2012

Prepared by

Edwina Deakin, Principal

EJD Consulting and Associates

ABN 24 826 042 610

Tel/Fax: 02 9590 4601

Mobile: 0418 480 151

Email: ejdconsulting@optusnet.com.au

CONTENTS

EXECUTIVE SUMMARY	iv
REPORT	1
1. INTRODUCTION.....	1
2. BACKGROUND TO THE PROGRAM.....	3
2.1 Origins and Administration of the Program	3
2.1.1 About NADA.....	3
2.1.2 About the MHCC	4
2.2 Program Aims and Objectives.....	4
2.3 Grant Administration and Allocation Process	4
2.3.1 Selection Process	4
2.3.2 Allocation Process	5
2.4 Components of Each Research Project	7
2.4.1 Partner with a Research Organisation	7
2.4.2 Design a Research Plan and Budget	8
2.4.3 Seek Ethics Approval.....	8
2.4.4 Employ Staff and Allocate Resources to Undertake Research	8
2.4.5 Report to Peak Agencies	9
2.4.6 Disseminate Research Findings	9
3. ABOUT THE FINAL REPORT.....	10
3.1 Background to the Final Report	10
3.2 Methodology	11



4.	PROFILE OF GRANT RECIPIENTS	13
5.	FINDINGS	20
5.1	Program Outputs and Outcomes	20
5.1.1	Key Deliverables	20
5.1.2	Topics of Inquiry.....	23
5.1.3	Research Methodologies	24
5.1.4	Priority Areas Addressed	25
5.2	Impacts for Grant Recipients.....	26
5.2.1	Strengths and Benefits.....	26
5.2.2	Challenges	29
5.2.3	Service Delivery Impacts	32
5.3	Other Impacts	33
5.3.1	Research and Sector Issues.....	33
5.3.2	Inter-sectoral Collaboration	34
5.4	Management and Governance.....	35
5.4.1	Program Management	35
5.4.2	Program Documentation and Research Dissemination	36
5.4.3	Communications Processes.....	38
5.4.4	Workshops and Conference	39
5.4.5	Project Management and Partnerships.....	40
5.5	Program Resources	42
5.5.1	Budget Expenditure	42
5.5.2	Project Staffing.....	44
5.6	Research Issues Arising	46
5.6.1	Research Interests.....	46



5.6.2 Ethics Approval Processes47

5.6.3 Research Network49

5.7 Broader Issues Arising52

5.7.1 Ongoing Sector Collaboration53

5.7.2 Policy, Program and Funding Issues54

6. CONCLUSION56

7. RECOMMENDATIONS59

GLOSSARY65

Note: Attachments are contained in separate companion report.

* * * *

- Acknowledgements-

The Principal and Associates of EJD Consulting wish to acknowledge and thank all those who participated in the evaluation of the NGO Mental Health & Drug and Alcohol Research Grants Program.

Thanks to all grant recipient organisation staff for submitting progress and final reports on their projects, and for documenting the process and outcomes achieved. Special thanks to those who also participated in interviews and provided additional feedback.

Sincere thanks to Robert Stirling from NADA, and Jenna Bateman, Deb Payne (and before her Debbie Greene) from the MHCC for their guidance and support throughout this report’s preparation.

Edwina Deakin & Anni Gethin

August 2011

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:
 - two on Aboriginal clients
 - one on gay, lesbian, bisexual and transsexual clients
 - 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)	<ul style="list-style-type: none"> • 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)		<ul style="list-style-type: none"> • 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
<p>South Coast Medical Service Aboriginal Corporation</p>	<p>Central Clinical School, Discipline of Addiction Medicine, Sydney Medical School, University of Sydney</p>	<ul style="list-style-type: none"> • Waminda South Coast Women's Health and Welfare Aboriginal Corporation Illawarra Aboriginal Medical Service • Katungul Aboriginal Corporation Community and Medical Services
<p>Ted Noffs Foundation</p>	<p>National Cannabis Prevention & Information Centre, UNSW</p>	
<p>Waverly Action for Youth Services</p>	<p>National Cannabis Prevention & Information Centre, UNSW</p>	
<p>We Help Ourselves</p>	<p>National Drug and Alcohol Research Centre, UNSW</p>	

* * * *

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.

* * * *

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.

* * * *

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
<p>Aftercare</p> <p><i>Consortia organisation:</i> New Horizons</p>	<p>People living with mental illness</p> <p>Support to adults with a mental illness, intellectual disability, acquired brain injury or dual diagnosis and the frail aged</p>	<p>Support services, including residential, living skills, personal development, social, recreational and vocational</p> <p>Accommodation support, disability employment, outreach services</p>	<p>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?</p>	<p>School of Psychology, University of New South Wales</p>
<p>ACON (formerly AIDS Council of NSW)</p>	<p>Gay, lesbian, bisexual, transgender, intersex (GLBTI)</p>	<p>Health promotion, outpatient counselling, case management, and needle and syringe program</p>	<p>Understanding the treatment and support needs of members of the GLBTI community living with comorbidity, and the capacity of services to respond</p>	<p>National Drug and Alcohol Research Centre (NDARC), University of New South Wales</p>

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 <i>Consortia organisations:</i> 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
<p>South Coast Medical Service Aboriginal Corporation</p> <p><i>Consortia organisations:</i> Waminda South Coast Women’s Health and Welfare Aboriginal Corporation</p> <p>Illawarra Aboriginal Medical Service</p> <p>Katungul Aboriginal Corporation Community and Medical Services</p>	<p>Aboriginal community</p> <p>Aboriginal women and children</p> <p>Aboriginal community</p> <p>Aboriginal community</p>	<p>Culturally appropriate primary health care and services</p>	<p>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</p>	<p>Central Clinical School, Discipline of Addiction Medicine, Sydney Medical School, University of Sydney</p>
<p>Ted Noffs Foundation</p>	<p>Young people with substance use issues</p>	<p>Residential rehabilitation</p>	<p>Mental health among young psychostimulant and cannabis users in residential substance use treatment: patterns, treatment needs, and responses to treatment</p>	<p>National Cannabis Prevention & Information Centre (NCPIC), NDARC, University of New South Wales</p>

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

* * * *

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 research partners, 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 research design, all grant recipients successfully developed and submitted to NADA and the MHCC:
 - an initial detailed research project plan, with timelines and key milestones
 - revised project plans with revised timelines and milestones (reflecting change of circumstances or data collection challenges) as appropriate.

- In terms of ethics approval processes, 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 grant resources, all grant recipients successfully:
 - 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*)
 - 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 reporting and accountabilities to NADA and the MHCC, all grant recipients successfully:
 - met their grant obligations, which included providing six-monthly reports containing progress against milestones
 - 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 research findings:
 - 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.

- 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.
- 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 relevance and usefulness of the research, all grant recipients reported the project:
 - had improved their awareness of comorbidity 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.

(See Section 5.2.1 for further discussion of the benefits to grant recipient organisations).
- In terms of the research project overall, all grant recipients indicated the project:
 - was of overall value to their organisation
 - had improved their appreciation of research and data collection in general

- 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 management, all grant recipients indicated NADA and the MHCC had:
 - performed well and assisted them in completion of their research
 - helped promote access to other relevant research and publications
 - 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:
 - Aboriginal women (1) and Aboriginal men (1)
 - gay, lesbian, bisexual and transsexuals (1)
 - 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:
 - enhancing the capacity and confidence of CMO staff to undertake research

- 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
- 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:
 - provided dedicated researchers with expertise in the field and/or research methodologies and data analysis
 - performed the data and statistical analysis
 - 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:
 - 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)
 - 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.
 - In some cases management and staff reported these dual roles as ‘confusing’ or, on occasion, ‘in competition’

- In some cases staff felt they lacked the necessary skills to complete expected roles under the research
- 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
 - 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:
 - 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:
 - 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
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ client engagement in mental health and AOD service settings ○ comorbidity in general. 	<ul style="list-style-type: none"> ➤ 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 -	
<ul style="list-style-type: none"> ➤ There is insufficient government policy, program and funding recognition of the number of individuals with comorbidity ➤ Comorbidity 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 ➤ 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 ➤ A significant number of people with comorbidity 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. 	<ul style="list-style-type: none"> ➤ Flexible yet evidence-based client-driven practices provide a sound basis on which service responses can be built for individuals with comorbidity ➤ 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 ➤ Quality client assessment processes and trust between staff and client are key components to effective services and support for people with comorbidity ➤ 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.

* * * *

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- <i>see below</i>
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**

* * * *

Prepared by Edwina Deakin
EJD Consulting and Associates
ejdconsulting@optusnet.com.au

EJD-NADA-MHCC Research Grants FINAL REPORT