



CMHDARN

Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

CMHDARN CONNECT

Welcome to the sixth edition of CMHDARN Connect.

This edition contains an exciting announcement about a CMHDARN grant, information about recent CMHDARN webinars and where to watch them and some really interesting articles on a range of topics. There are new worker wellbeing resources and treatment guidelines as well. We hope you find something here of interest!

If you're new to the network or missed previous editions of CMHDARN Connect, you can now access them on the CMHDARN website or by following this [LINK](#).

If you have ideas for future CMHDARN Connect articles or resources you want to share, please get in touch at info@cmhdaresearchnetwork.com.au

Warm regards,

Jo

CMHDARN Coordinator

CMHDARN RESEARCH ETHICS CONSULTATION COMMITTEE

Would you like to engage in ethical research to improve the delivery of services to consumers / clients in the mental health and alcohol and other drugs sectors?

CMHDARN has a committee to support your research!

For more information, please see '[Information for Applicants](#)' or contact the CMHDARN Coordinator at info@cmhdaresearchnetwork.com.au

CMHDARN WEBINARS

Now available on the CMHDARN Website - click [HERE](#)

Over the past year, CMHDARN has developed a number of webinars on research skills and related topics in the mental health and alcohol and other drugs sectors. The CMHDARN webinars aim to build the capacity of practice-based research.

All the webinars have now been uploaded to the CMHDARN website for you to view when you've got a moment. Please also feel free to share amongst your networks.

For more information about the webinars, click the link above but for now, here are some very brief descriptions:

CMHDARN Research Skills Webinar Series:

- Webinar 1 – “Why Research?”. This webinar, presented by a panel of experts in the mental health and AOD sectors, explores why research is important in the mental health and AOD sectors, considers the difference between evaluation and research and provides some practical steps to get started.
- Webinar 2 – “Developing a research question”. Two presenters explore how to develop a research question from academic and practice-based points of view.

Other CMHDARN webinars:

- Ethical and Inclusive Research webinar – a panel of representatives from different communities who are involved in the AOD and mental health sectors came together to discuss the considerations necessary when conducting research with diverse communities.
- Evaluating service changes due to COVID-19 – this webinar introduced an impact framework to systematically document how services have changed since the COVID-19 pandemic began and how services can use current data collection practices to evaluate the impact of these changes.

More webinars will be coming soon!

CMHDARN's Community Research Mentoring Program

"The mentoring program can really assist you in identifying the best research questions and methodology" – Mentee

Applications are open for the Community Research Mentoring Program.

The program is open to MHCC or NADA members who want to develop and conduct research guided by an expert mentor. Designed to support practice-based research, the program helps to build the skills of the mentee and to equip them with knowledge about research processes and measuring impact and outcomes.

- Developing research question/s
- Guidance on how to conduct a literature search
- Advice regarding procedures and measures to include in an evaluation of a service
- Statistical advice to assist with the analysis of data collected by a service
- Advice on quantitative and/or qualitative studies within a service

What mentees have said:

"The mentoring program has really helped establish our practice-based research and navigating the many options on clear and relevant research methodology"

The mentor's experience:

"It has been fantastic being part of the CMHDARN mentoring program and to facilitate the application of research methods to real-world settings. I have thoroughly enjoyed developed relationships with the fabulous front-line workers I have been mentoring"

To apply email info@cmhdaresearchnetwork.com.au
or visit the CMHDARN website at cmhdaresearchnetwork.com.au

CMHDARN Innovation and Evaluation Grant - 2019/2020 - Round 2

We are excited to announce that the CMHDARN Innovation and Evaluation Grant - 2019/2020 - Round 2 was awarded to a partnership project between the University of Wollongong and Mission Australia (Triple Care Farm). The project titled *Assessing mental health in young people attending residential substance use treatment programs: trialling an online approach* is designed to respond to the changes in service delivery due to COVID-19 by utilising current technologies to collect data online that would be otherwise collected in face-to-face assessments. This project will evaluate the impact of this change in collection method and explore whether the new medium allows for increased access to the service.

Further updates on the project will be provided in the coming months.

CMHDARN RESEARCH SHOWCASE

Have you published recently?

CMHDARN maintains a bibliography of published research by the members of NADA / MHCC / CMHDARN to showcase the important work that is happening in our sectors.

Please email info@cmhdaresearchnetwork.com.au if you have published recently and would like your work to be included in this great [resource](#).

Evaluation of ACON's Substance Support Service

This project was a mixed methods evaluation of ACON's Substance Support Service, an outpatient, alcohol and other drug (AOD) counselling service for lesbian, gay, bisexual, transgender and intersex (LGBTI) people, with clinics in Sydney, Newcastle and Lismore. The service is one of the few AOD services in Australia that is specifically tailored for LGBTI people (known as a LGBTI-specific service). The evaluation included three components: (i) a retrospective quantitative analysis of treatment and related outcomes among clients attending the service; (ii) in-depth interviews with clients of ACON and mainstream AOD services, ACON staff and key external stakeholders; and (iii) a cost analysis.

For the full report - click [HERE](#)

Useful Resources from across the sectors

Research papers / books / reports

Rapid increase in the prevalence of cannabis use among people with depression in the United States, 2005–17: the role of differentially changing risk perceptions

Pacek, L.R., Weinberger, A.h., Zhu, J. & Goodwin, R.D. (2019) - Click [HERE](#)

Aims: To estimate trends in the prevalence of cannabis use and risk perceptions of cannabis use from 2005 to 2017 among United States people with and without depression.

Design: Linear time trends of the prevalence of any, daily and non-daily past 30-day cannabis use and perceived great risk associated with regular cannabis use (outcome variables) among people with and without past-year depression were assessed using logistic regression with survey year as the predictor. All analyses were adjusted for gender, age, race/ethnicity and income; models assessing time trends of cannabis use prevalence were also adjusted for perceived risk.

Setting: The United States: National Survey on Drug Use and Health, an annual cross-sectional survey, 2005–17 public use data files.

Participants: A total of 728 691 people aged ≥ 12 years.

Measurements: Self-report of any, daily and non-daily past 30-day cannabis use and perceived great risk associated with regular cannabis use.

Findings: The prevalence of any, daily and non-daily cannabis use in the past month was higher among those with depression versus those without [e.g. 2017 for any use: 18.94 versus 8.67%; adjusted odds ratio (aOR) = 2.17 (95% confidence interval (CI) = 1.92, 2.45)]. Any, daily and non-daily cannabis use increased among people with and without depression from 2005 to 2017, yet the increase in any (aORs = 1.06 versus 1.05; $P = 0.008$) and daily (aORs = 1.10 versus 1.07; $P = 0.021$) cannabis use adjusted for socio-demographic characteristics was more rapid among those with depression. Perception of great risk associated with regular cannabis use was significantly lower among those with depression ($P < 0.001$) and decreased significantly more rapidly over the study period among people with depression, compared with those without (aORs = 0.89 versus 0.92; $P < 0.001$).

Conclusions: The prevalence of cannabis use in the United States increased from 2005 to 2017 among people with and without depression and was approximately twice as common among those with depression. People with depression experienced a more rapid decrease in perception of risk, which may be related to the more rapid increase in any and daily past-month cannabis use in this group.

Transgender mental health and suicide risk during the COVID-19 pandemic: Preliminary findings from the 'Resilience and support in the trans community during the COVID-19 pandemic' survey

The Trans Medical Research Group based at the University of Melbourne, in partnership with Austin Health, Thorne Harbour Health and ACON have recently launched TRANSform: An Australian Longitudinal Gender Health Study. The goal of TRANSform is to improve the health and wellbeing of the Australian transgender community.

As part of TRANSform, the 'Resilience and support in the trans community during the COVID-19 pandemic' was released 1 May 2020. This survey is designed to explore the impact of COVID-19 on the mental health of transgender Australians and understand resilience factors and strategies to best support transgender Australians during this time.

Click [HERE](#) for full text

Treatment Barriers Among Individuals With Co-Occurring Substance Use and Mental Health Problems: Examining Gender Differences

Agterberg, A. et. al. (2020)

Background: Despite the narrowing gender gap in the prevalence of substance use disorders, women continue to be vastly underrepresented in substance use services. Relational factors, family responsibilities, mental health, and stigma may present unique barriers encountered by women.

Aims: The aims of this study were to examine: (1) gender differences in substance use treatment barriers, (2) gender differences in perceptions of stigmatization for seeking substance use treatment, and symptoms of depression, anxiety, and trauma-related stress, and (3) whether perceived stigmatization and mental health symptoms are associated with greater

barriers among women.

Methods: One hundred adults (50% self-identified women) from a substance use and concurrent disorders program in Ontario, Canada, completed a questionnaire package containing measures of sociodemographic information, substance use, mental health, perceived stigma, and substance use treatment barriers.

Results: Women reported more barriers related to family responsibilities, relational factors, and mental health ($p < .01$), and higher levels of perceived stigma ($p < .01$) compared to men.

Conclusions: Findings from this study contribute to our understanding of treatment barriers and perceived stigmatization among women. This knowledge may be used to aid in the development and delivery of accessible, gender-responsive services that address these barriers and challenge the stigma attached to substance use among women.

Click [HERE](#) for full text

Summary of Aboriginal and Torres Strait Islander health status 2019 - click [HERE](#)

The *Summary* is useful for health workers and those studying in the field as a quick source of general information. It provides key information regarding the health status of Aboriginal and Torres Strait Islander people across the following topics:

- social and cultural determinants
- chronic conditions
- health behaviours
- environmental health
- alcohol and other drugs.

The *Summary* is based on HealthInfoNet's comprehensive publication [Overview of Aboriginal and Torres Strait Islander health status 2019](#). It presents statistical information from the *Overview* in a visual format that is quick and easy for users to digest.

Prediction of attempted suicide in men and women with crack-cocaine use disorder in Brazil

Roglio, V.S. et. al. (2020) - Click [HERE](#) for full text

Background: Suicide is a severe health problem, with high rates in individuals with addiction. Considering the lack of studies exploring suicide predictors in this population, we aimed to investigate factors associated with attempted suicide in inpatients diagnosed with cocaine use disorder using two analytical approaches.

Methods: This is a cross-sectional study using a secondary database with 247 men and 442 women hospitalized for cocaine use disorder. Clinical assessment included the Addiction Severity Index, the Childhood Trauma Questionnaire, and the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, totalling 58 variables. Descriptive Poisson regression and predictive Random Forest algorithm were used complementarily to estimate prevalence ratios and to build prediction models, respectively. All analyses were stratified by gender.

Results: The prevalence of attempted suicide was 34% for men and 50% for women. In both genders, depression (PRM = 1.56, PRW = 1.27) and hallucinations (PRM = 1.80, PRW = 1.39) were factors associated with attempted suicide. Other specific factors were found for men and women, such as childhood trauma, aggression, and drug use severity. The men's

predictive model had prediction statistics of AUC = 0.68, Acc. = 0.66, Sens. = 0.82, Spec. = 0.50, PPV = 0.47 and NPV = 0.84. This model identified several variables as important predictors, mainly related to drug use severity. The women's model had higher predictive power (AUC = 0.73 and all other statistics were equal to 0.71) and was parsimonious.

Conclusions: Our findings indicate that attempted suicide is associated with depression, hallucinations and childhood trauma in both genders. Also, it suggests that severity of drug use may be a moderator between predictors and suicide among men, while psychiatric issues shown to be more important for women.

The Relationship Between Early Risk-Taking Behavior and Mental Health Problems Among a Nationally Representative Sample of Australian Youth

Smout, A. et. al. (2020)

Background: Earlier engagement in risk-taking behaviors has been associated with more severe mental health problems across development. However, sex differences in risk-outcome relationships remain underexplored and mental health outcomes spanning both ends of the internalizing and externalizing spectra are rarely considered within the same sample. The present study examined associations between age at initiation of alcohol use, illicit drug use, and sexual intercourse, and symptoms of internalizing, externalizing, depression and self-harm, for males and females.

Methods: The present study analyzed self-report survey data from a nationally representative sample of Australian adolescents (N=2,950). Logistic regression models were conducted separately for males and females to test the association of early (age 15 or younger) and concurrent (age 16-17) initiation of alcohol use, illicit drug use and sexual behavior with symptoms of internalizing, externalizing, depression and self-harm at age 16-17.

Results: Risk-taking behaviors were associated with all mental health outcomes. Generally, earlier initiation of risk-taking behaviors demonstrated stronger associations with mental health outcomes than concurrent initiation. Associations between risk-taking behaviors and mental health outcomes varied by participant sex and mental health outcome.

Limitations: Mechanisms underlying the relationship between risk-taking behaviors and mental health problems were not tested and the sample had not yet reached early adulthood.

Conclusions: Risk-taking behaviors, particularly when initiated early, share links with multiple mental health problems in adolescence. Public health strategies to delay the onset of risk-taking behaviors may therefore incur multiple benefits as might an integrated approach to mental health prevention programs for youth.

Click [HERE](#) to access full text

Self-Reported Patterns of Use of Alcohol and Drugs After Suicide Bereavement and Other Sudden Losses: A Mixed Methods Study of 1,854 Young Bereaved Adults in the UK

Pitman, A., Stevenson, F., King, M. & Osborn, D. (2020) - click [HERE](#)

Background: Bereavement, particularly by suicide, is associated with an excess risk of mortality and of physical and psychological morbidity. Use of alcohol as a coping mechanism is suggested as a contributing factor. However, studies describing substance use after bereavement rely on diagnostic data, lacking a more fine-grained understanding of patterns of substance use when grieving. We aimed to use mixed methods to compare patterns of substance use after bereavement by suicide and other sudden deaths among young adults in the UK.

Methods: Using an online survey throughout 37 UK higher education institutions we collected free text responses from 1,854 young adults who had experienced sudden bereavement. We conducted content analysis of free text responses to an open question about patterns of alcohol and drug use following the bereavement, measuring frequencies of coded categories. Collapsing these categories into binary outcomes reflecting increased use of alcohol or drugs, we used multivariable logistic regression to quantify the associations between mode of bereavement and increased post-bereavement substance use.

Results: Of 1,854 eligible respondents, 353 reported bereavement by suicide, 395 by accidental death, and 1,106 by sudden natural causes. The majority of the sample reported no increase in their use of alcohol (58%) or unprescribed drugs (85%) after the bereavement. Overall 33% had increased their alcohol use at some point after the bereavement, whilst 12% had increased their use of drugs. People bereaved by suicide were significantly more likely to describe an increase in substance use (adjusted OR = 1.29; 95% CI = 1.00–1.66; $p = 0.049$) than people bereaved by sudden natural causes, as were people bereaved by non-suicide unnatural deaths (adjusted OR = 1.32; 95% CI = 1.03–1.68; $p = 0.026$).

Conclusion: Just under half of young UK adults who experience sudden bereavement increase their alcohol use afterwards, and very few increase their use of drugs. People bereaved by suicide or non-suicide unnatural deaths may be more likely than people bereaved by sudden natural causes to use substances as part of the grieving process, and may have a greater need for monitoring of potential harms. Understanding the reasons for substance use will help primary care and bereavement practitioners screen and address needs appropriately.

SHARE WHAT YOU READ: If you read a research paper / article or visit a website that you think is relevant to share with other CMHDARN members, send it to the CMHDARN Coordinator at info@cmhdaresearchnetwork.com.au. We are looking for papers / articles and websites that cover co-occurring mental health and alcohol and other drugs and also mental health and alcohol and other drugs sectors separately. I will collate the articles and develop a series of categories, to develop a resource that will sit alongside and complement the "CMHDARN Research Showcase".

Webinars

Alcohol and the social determinants of health: an equity lens on interventions

Information provided in the webinar includes:

- patterns of alcohol use among Aboriginal and Torres Strait Islander people
- inequity and social determinants of health
- why alcohol use is associated with a disproportionate amount of harm and burden of disease among Aboriginal and Torres Strait Islander people
- impact of equity on alcohol-related interventions
- impact of inequity on Aboriginal and Torres Strait Islander alcohol and other drugs (AOD) workers and how it can be addressed.

Dr. Jane Fischer is a Research Fellow at NCETA and has worked in the AOD field for over 20 years in both Adelaide and Brisbane. Prior to her current position, Dr. Fischer was the Program Manager for the Centre for Drug and Alcohol Studies located at Biala, Queensland (Qld) Health.

Click [HERE](#) to watch and find associated resources

[NCCRED Webinar Series](#)

Hosted by St Vincent's Alcohol & Drug Service, NCCRED is coordinating a series of webinars with a range of guests on Fridays 2pm AEST.

NCCRED is hoping to explore some of the unique challenges currently being experienced by the Alcohol and other Drugs sector amidst the necessity of social distancing and the threat of infection. It's a great opportunity to share these challenges and reflect on some of the things we're learning. We hope this will be a useful resource as we step forward into uncertain times.

This series will be held Fridays 2pm-2:30pm AEST including a Q&A and include in depth discussions with clinicians, consumers and others. We'll dive into some of the immediate problems, research endeavours, and new clinical practices that are emerging during the time of COVID-19 and what life might look like after the pandemic.

[What do we know about the impacts of cannabis in Aboriginal and Torres Strait Islander communities?](#)

The Alcohol and Other Drugs Knowledge Centre has released the recording of our recent webinar titled: *What do we know about the impacts of cannabis use in Aboriginal and Torres Strait Islander communities?* presented by Dr. Julia Butt from the [National Drug Research Institute](#) (NDRI) at Curtin University, Western Australia (WA).

Information provided in the webinar includes:

- health risks associated with cannabis
- prevalence of cannabis use
- what we know about patterns of cannabis use
- impacts on individuals' health and wellbeing
- impacts on communities
- impacts on workforce and organisations
- what else we need to know.

Dr. Julia Butt is a Clinical Psychologist and Senior Research Fellow at NDRI and a member of the Aboriginal Research Team. Dr. Butt is currently a Healthway Senior Fellow looking at the co-use of tobacco and cannabis.

Useful websites / resources

Worker Wellbeing

Taking care of your health is important no matter what you do for a living. But when it comes to AOD work it's all the more important. Working in the AOD sector can be very rewarding but the passion and dedication that drives many who work in

AOD sector can potentially lead to stress, burnout and even 'compassion fatigue' if not accompanied by solid self-care strategies.

Designed for the non government AOD sector, NADA's worker wellbeing resources ask workers to invest as much time and care looking after their health as they do others.

Find out more [HERE](#)

Trauma informed care for alcohol and other drug (AOD) practice - toolkit

This toolkit has been developed by Insight Centre for Alcohol and Other Drug Training and Workforce Development (Insight) to enhance Alcohol and Other Drug (AOD) practitioners knowledge and skills in trauma informed care. The toolkit accompanies Insight and Dovetail's Trauma informed care for AOD practice workshop.

The toolkit contains:

- short videos
- filmed webinars
- tools and resources
- guidelines
- relevant websites
- upcoming training dates and locations across Queensland (Qld).

Click [HERE](#) for access

Alcohol and other drugs treatment guidelines for working with Aboriginal and Torres Strait Islander people – in a non-Aboriginal setting

While we know that Aboriginal Community Controlled Health Organisations are essential in the provision of specialist AOD treatment for Aboriginal people, it is important that non-Aboriginal service settings are safe and accessible for Aboriginal people who access these services.

The Guidelines are intended to support services to establish better relationships and linkages with Aboriginal organisations and in Aboriginal communities. The Guidelines also provide practical guides and resources to support workers and organisations to improve their service delivery when working with Aboriginal service users.

For more information and to download the resource, click [HERE](#)

Emergence Collective: How can we use evaluation to support decision-making and reflection in this time of community crisis?

Over the past few weeks our Emergence Collective team has talked with project partners and colleagues in our communities

about the challenges of adapting quickly to our changing environments, personally and within organizations. Our partners are making changes quickly, often with little time to reflect or gather feedback. We're all doing the best we can under tough circumstances.

In many cases we're finding that nontraditional evaluation approaches can be helpful to strengthen decision making and reflection in complex circumstances. We offer the following examples of supportive evaluation activities for organizations and leaders managing COVID-19 response efforts.

To find out more, click [HERE](#)

[Health Consumers NSW](#)

As a membership-based, independent, not-for-profit organisation, we promote and practise consumer engagement in the NSW health sector. We create meaningful partnerships between consumers, the health sector and policy-makers.

Our mission: Consumers shaping health in NSW.

We promote the best quality, appropriate health outcomes for consumers of health care services.

We believe that all perspectives are important and necessary to create better health outcomes for people.

Consumer engagement leads to better health outcomes, more efficient and effective services, consumer-centred care and happier patients and staff.

We work to ensure that health consumers are involved in the design and delivery of health care in NSW.

Other publications you might want to check out

MHCC - View from the Peak

Published throughout the year, View from the Peak is the Mental Health Coordinating Council's publication about all things mental health. Click [HERE](#) for the latest issue.

NADA - Advocate

Published quarterly, the Advocate raises significant issues relating to the non government AOD sector in NSW. Subscribe to develop your knowledge about, and be connected to, the sector. Click [HERE](#) for the latest issue.

Newsletter from the Mental Health Commission of NSW

Updates from the Mental Health Commission. Click [HERE](#) for the latest issue

Training / Events

Training

Comorbidity Training

Is comorbidity on your CPD calendar this year? The Australian Government Department of Health-funded National Comorbidity Guidelines Online Training Program is a free, evidence-based program on the management and treatment of co-occurring alcohol or other drug and mental health conditions. Developed by researchers at The University of Sydney's Matilda Centre for Research in Mental Health and Substance Use in collaboration with clinicians, consumers, carers and alcohol or other drug workers, the online training can be accessed here; comorbidityguidelines.org.au

Asking the question: Recommended gender and sexuality indicators

Learn how to be LGBTI inclusive, and be guided on gender and sexuality indicators that can be implemented to meet the specific needs of all clients. [Learn online.](#)

Events

Research Impact Summit 2020 - Free & online

August 24 2020

Register [HERE](#)

The 2020 Research Impact Summit features over 20 speaker sessions led by knowledge translation and research impact experts, researchers, proven practitioners and influencers from government, policy and business.

The Summit, now in its fifth year, consists of content across the themes of:

- Translation
- Implementation Science
- Collaboration & Engagement
- Dissemination
- Research Impact

The Summit is for researchers, research support and administrators, research funders and anyone wanting to learn more about research impact.

This Summit will transform the way you plan for and deliver on your impact endeavours – whether you are new to research impact or have years of experience.

Research impact has become a globally expected norm! Academics have to demonstrate that their research has impact and provide evidence showing their publicly funded research is making a difference to society in some way. This ever-expanding

requirement to show impact has caused some confusion, despair, and even mild panic among the academy. This Summit is here to help remove the stress and help you on your impact journey.



The Community Mental Health Drug and Alcohol Research Network (CMHDARN) is a collaborative project between Network of Alcohol and Other Drugs Agencies (NADA), Mental Health Coordinating Council (MHCC) and the Mental Health Commission of NSW.

[Visit the CMHDARN website here](#)