

# CMHDARN

Community Mental Health, Drug & Alcohol  
RESEARCH NETWORK



## CMHDARN CONNECT

*Welcome to the seventh edition of CMHDARN Connect.*

As we continue into 2020-2021, here's a quick CMHDARN Update:

- Applications have closed for the CMHDARN Innovation and Evaluation Grants 2020-2021 - successful recipients will be announced soon.
- New webinars in the Research Skills Webinar Series will be coming shortly
- The Community Research Mentoring program is open for applications
- The Research Ethics Consultation Committee is here to support you to conduct ethical research
- CMHDARN Connect will continue on a bi-monthly basis
- A new CMHDARN website is coming
- AND... there are some exciting new CMHDARN projects coming in 2020-2021 so keep reading your CMHDARN Connect to find out more.

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](mailto: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](mailto:info@cmhdaresearchnetwork.com.au)

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## How first-hand research is shaping youth service's programs and practices

Youth Solutions Research and Design Coordinator Emily Deans uses the phrase "formative evaluation" a lot. *"My role is everything research and everything evaluation, but it's less about statistics and numbers and more about voices, experiences and attitudes,"* she says.

Emily joined the health promotion and youth drug and alcohol prevention charity in 2018 and immediately and enthusiastically set to work on a research project. The project, talking to young people aged 12 to 25 about their drug use, will contribute invaluable insights to the programs Youth Solutions delivers to the community.

*"If we want to effectively deliver these programs to young people, then we need to hear their voices, listen to their experiences,"* Dr Deans says.

The project has been conducted under the auspices of an Academic Advisory Group, comprising a Wollongong University academic experienced in social work and juvenile justice and two academics from Western Sydney University with experience in youth homelessness and CALD and marginalised communities...

Follow this [LINK](#) to read more

**GREAT NEWS!** Youth Solutions are excited to share that the findings from their first qualitative research study have been accepted for publication in the Health Promotion Journal of Australia.

Deans E, Ravulo J, Blignault I, Conroy E. *Understanding the needs of local youth to inform drug and alcohol prevention and harm reduction services: a qualitative study.* Health Promot J Austral. 2020;00:1-9

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# 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](mailto:info@cmhdaresearchnetwork.com.au)  
or visit the CMHDARN website at [cmhdaresearchnetwork.com.au](http://cmhdaresearchnetwork.com.au)

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## CMHDARN Communities of Practice

CMHDARN is developing 2 online / digital Communities of Practice to support you in your research. These Communities of Practice will enable members of the network to share skills and experiences in new ways.

Each Community of Practice will hold 2 events over the coming year. These events may be in the format of a facilitated webinar with an expert on the topic of interest or a breakout zoom meeting to explore specific questions related to the topic of interest or a simple zoom get together to discuss the specific topic of interest.

The Communities of Practice are being designed for you, so we want to know your thoughts on 'topics' or areas of interest. Please complete [this very short survey](#) to let us know more.

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If you have any other thoughts or ideas and would like to get in contact, please email [info@cmhdaresearchnetwork.com.au](mailto:info@cmhdaresearchnetwork.com.au)

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

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### **Barriers and enablers associated with access and equity in alcohol and other drug treatment in NSW**

This research project was undertaken to better understand the enablers to accessing Alcohol and Other Drug (AOD) services in NSW.

As you know, a key issue for the AOD sector is the difficulty that clients have to access and stay engaged in treatment. To enhance our understanding of this issue and gain insights into how we can better support clients navigating treatment, NADA commissioned the Centre for Social Research in Health (CSRH UNSW) to conduct research into the barriers and enablers for access and equity in specialist AOD treatment in the non government sector.

Consumers of NADA member services, and sector stakeholders, including frontline AOD workers, were asked their views about ways to support people to access and stay engaged in treatment, and how to help maintain positive outcomes after completing treatment.

Using qualitative research strategies, interviews were conducted with 20 clients of AOD services and 15 sector stakeholders during 2019-2020. The project was organised around three key periods in the treatment experience: the period leading up to treatment and the factors that support clients to get there; the treatment period and the factors that help to sustain clients' engagement with treatment; and the post-treatment period and the factors that support the maintenance of positive treatment outcomes. Within this, we sought to explore how issues of access and equity impact each of these periods differently, in order to identify factors that maximise treatment outcomes for clients and ensure equity in such outcomes.

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

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

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## Useful Resources from across the sectors

### Research papers / books / reports

#### *Key findings from the 'Australians' Drug Use: Adapting to Pandemic Threats' (ADAPT) Study*

Sutherland, R., Baillie, G., Memedovic, S., Hammoud, M., Barratt, M., Bruno, R., Dietze, P., Ezard, N., Salom, C., Degenhardt, L., Hughes, C. & Peacock, A -

Click [HERE](#)

The [Australians' Drug Use: Adapting to Pandemic Threats \(ADAPT\) Study](#) is exploring the short and long-term impact of the COVID-19 pandemic on the experiences of Australians who use illicit drugs. Findings will be used to ensure drug-related issues during COVID-19 are better understood and more accurately represented, so as to better inform drug treatment and harm reduction in Australia.

Australians who regularly (i.e. at least once a month) used illicit drugs in 2019 were invited to complete an online survey initially and follow-up surveys in 2 months, 4 months, 6 months, 12 months, 2 years and 3 years. Participants could opt to complete the Wave 1 survey only.

This bulletin describes changes in drug use and behaviours, harm reduction behaviours, health ratings and drug/mental health treatment access and engagement pre- and post-COVID-19 restrictions (i.e., since March 2020) among a sample of Australians who regularly use illicit drugs.

#### *Initial impacts of COVID-19 on mental health in Australia*

Edwards, B., Biddle, N., Gray, M & Sollis, K. (2020) - Click [HERE](#)

This paper presents data on the initial impacts of COVID-19 on psychological distress among the Australian population and compares these data to a nationally representative sample in the United States. The Australian survey is based on interviews with 3,155 Australians over the period 14-27 April 2020, with many of these respondents linked at the individual level to survey responses obtained prior to the spread of COVID-19. We find a substantial increase in the levels of psychological distress between February 2017 and April 2020 for the Australian population, increasing from 8.4 per cent reporting a serious mental illness in 2017 to 10.6 per cent during the COVID-19 pandemic. These increases in severe psychological distress are largely concentrated in young Australian adults aged 18 to 34 years. Compared to the survey in the United States of over 10,000 respondents, Australia does not appear to have as high levels of distress on average. However, the levels of psychological distress reported by younger Australian adults are similar to those being reported by Americans of the same age. While a substantial minority of Australians are experiencing higher rates of psychological distress as a result of the COVID-19 pandemic, there were some positive findings. In Australia, 61 per cent of people were

very hopeful about the future, higher than the rate in the US of 52 per cent. These high levels of hope for the future were also found to be protective against some of the negative mental health impacts during this time.

### *Summary of methamphetamine use among Aboriginal and Torres Strait Islander people*

The Summary of methamphetamine use among Aboriginal and Torres Strait Islander people is a plain language publication that provides summarised and updated information from the [Review of methamphetamine use among Aboriginal and Torres Strait Islander people](#) (2019). It provides key information about methamphetamine use among Aboriginal and Torres Strait Islander people in a style that is easy to engage with. It is particularly useful for health workers and those studying in the field as a quick source of general information about:

- the physical and mental impacts of methamphetamine
- historical and social factors of use
- how common methamphetamine use is
- responses to use
- prevention and education
- harm reduction strategies and treatments
- related government policies and strategies.

Click [HERE](#) for full text

### *Peer support workers in substance abuse treatment services: A systematic review of the literature*

du Plessis, C., Whitaker, L. & Hurley, J. (2019)

Background: Peer support has long featured in substance abuse treatment. A recent international shift has taken place toward a recovery-orientated approach to treatment which promotes the incorporation of peer support workers and thus highlighting the need for evidence-based knowledge in this area.

Method: A systematic literature review was conducted using ProQuest and Ebsco databases, Academic Search Premier, PsycARTICLES, Psychology and Behavioral Sciences Collection, PsycINFO. The search terms included peer support (and related terms) and lived experience (and related terms) and addiction (and related terms). Reference lists and personal referrals to specific papers were also incorporated.

Results: A total of 618 papers were identified. Of that total, 24 papers were selected as relevant through reflecting on the stated aim of the review.

Conclusion: Benefits and challenges were identified as co-existing within the peer support work role. The results of the literature review indicate benefits of increased confidence, stability, structure, income, and an opportunity to gain workplace skills. The challenges identified are integration into the workplace, triggers, and unclear job descriptions and boundaries. A gap in the literature has been revealed with regards to peer support workers in substance abuse treatment services and how their role impacts their recovery.

Click [HERE](#) for full text

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## *Understanding the client characteristics of Aboriginal residential alcohol and other drug rehabilitation services in New South Wales, Australia*

James, B. et. al. (2020) - Full [TEXT](#)

**Background:** Aboriginal alcohol and other drug residential rehabilitation (residential rehabilitation) services have been providing treatment in Australia of over 50 years. However, there are no studies in Australia or internationally that document characteristics of clients attending Indigenous residential rehabilitation services worldwide. This is the first multi-site paper to describe key client characteristics of six Indigenous (hereafter Aboriginal Australians as the term recommended by the Aboriginal Health and Medical Research Council of New South Wales) residential rehabilitation services in Australia.

**Methods:** All recorded client admissions between 1 January 2011 to 31 December 2016 were considered from six operating services in the Australian state of New South Wales. Data collected were classified into categories based on demographics, treatment utilisation, substance use, mental health and quality of life characteristics. Means, median and percentages were calculated (where appropriate).

**Results:** There were 2645 admissions across the six services in the study period, with an average of 440 admissions per year across all services. Participants were aged between 26 to 35 years, with fewest participants aged 46 +. Program length ranged from 12 to 52 weeks (mean of 12 weeks). The completion rates and length of stay for each service ranged from less than two to more than 12 weeks. The principal drug of choice was alcohol and amphetamines in half of the services. Not all services used them, but a range of tools were used to measure treatment, substance use and mental health or quality of life outcomes.

**Conclusion:** This study is the first internationally to describe the key features of multiple Aboriginal residential rehabilitation services. The variation in tools used to collect client data made it difficult to compare client characteristics across services. Future research could explore predictors of treatment completion, identify opportunities for standardisation in client assessments and validate cultural approaches of care. These efforts would need to be guided by Aboriginal leadership in each service.

## *Feasibility of a Mobile Health App for Routine Outcome Monitoring and Feedback in Mutual Support Groups Coordinated by SMART Recovery Australia: Protocol for a Pilot Study*

Kelly, P. J. et. al. (2020)

**Background:** Despite the importance and popularity of mutual support groups, there have been no systematic attempts to implement and evaluate routine outcome monitoring (ROM) in these settings. Unlike other mutual support groups for addiction, trained facilitators lead all Self-Management and Recovery Training (SMART Recovery) groups, thereby providing an opportunity to implement ROM as a routine component of SMART Recovery groups.

**Objective:** This study protocol aims to describe a stage 1 pilot study designed to explore the feasibility and acceptability of a novel, purpose-built mobile health (mHealth) ROM and feedback app (Smart Track) in SMART Recovery groups coordinated by SMART Recovery Australia (SRAU) The secondary objectives are to describe Smart Track usage patterns, explore psychometric properties of the ROM items (ie, internal reliability and convergent and divergent validity), and provide preliminary evidence for participant reported outcomes (such as alcohol and other drug use, self-reported recovery, and mental health).

**Methods:** Participants (n=100) from the SMART Recovery groups across New South Wales, Australia, will be recruited to a nonrandomized, prospective, single-arm trial of the Smart Track app. There are 4 modes of data collection: (1) ROM data

collected from group participants via the Smart Track app, (2) data analytics summarizing user interactions with Smart Track, (3) quantitative interview and survey data of group participants (baseline, 2-week follow-up, and 2-month follow-up), and (4) qualitative interviews with group participants (n=20) and facilitators (n=10). Feasibility and acceptability (primary objectives) will be analyzed using descriptive statistics, a cost analysis, and a qualitative evaluation.

Results: At the time of submission, 13 sites (25 groups per week) had agreed to be involved. Funding was awarded on August 14, 2017, and ethics approval was granted on April 26, 2018 (HREC/18/WGONG/34; 2018/099). Enrollment is due to commence in July 2019. Data collection is due to be finalized in October 2019.

Conclusions: To the best of our knowledge, this study is the first to use ROM and tailored feedback within a mutual support group setting for addictive behaviors. Our study design will provide an opportunity to identify the acceptability of a novel mHealth ROM and feedback app within this setting and provide detailed information on what factors promote or hinder ROM usage within this context. This project aims to offer a new tool, should Smart Track prove feasible and acceptable, that service providers, policy makers, and researchers could use in the future to understand the impact of SMART Recovery groups.

Full text is available [HERE](#)

### *A qualitative exploration of SMART Recovery Meetings in Australia and the role of a Digital Platform to Support Routine Outcome Monitoring*

Grey, R.M. et. al. (2020) - click [HERE](#)

Previous research has reported on the benefits of mutual support groups. However, such groups do not routinely collect data on participant outcomes. Moreover, the effect of collecting outcomes measures on these groups is unknown. The objective of this mixed methods study was to elicit participant views on using a novel, purpose built digital platform for routine outcome monitoring (ROM) as a standard component of a mutual support group. SMART Recovery, or the Self-Management and Recovery Training program, is group-based and uses professional clinicians to facilitate discussion and foster mutual support for a range of addictive behaviours, alongside Cognitive Behavioural Therapy and Motivational Interviewing techniques. This paper reports on the qualitative component of this study and how participants perceive ROMs, and the potential shift to technological resources. Twenty semi-structured telephone interviews were conducted with participants from SMART Recovery groups across New South Wales, Australia. Participants discussed their use of mutual support within group meetings to manage their recovery, including: naming their goals in front of peers; learning from clinicians and group discussion; and developing reciprocal and caring relationships. They also described any previous experience with routine outcomes measures and how digital technologies might enhance or hinder group function. Participants valued mutual support groups and reported that digital technologies could be complementary to physical, weekly group meetings. They were also concerned that the introduction of technological resources might pose a threat to physical meetings, thereby risking their access to mutual support. Findings have implications for the implementation of ROM when delivered via digital mechanisms, and indicate threats and opportunities that warrant consideration for future initiatives.

### *Systematic review of addiction recovery mutual support groups and Indigenous people of Australia, New Zealand, Canada, the United States of America and Hawaii*

Dale, E. et. al. (2019) - Click [HERE](#) for access options

Background: Addictions contribute significantly to the overall disease burden for Indigenous peoples of colonised countries.

Mutual support groups are one of the most common addiction recovery resources, however their effectiveness for Indigenous peoples is unclear.

Methods: A PRISMA-informed search was performed to retrieve empirical studies on addiction recovery mutual support groups for Indigenous peoples of Australia, New Zealand, Canada, United States of America and Hawaii. Databases searched were: MEDLINE, CINAHL Plus, PsychINFO, PsychARTICLES, SocINDEX, Cochrane Database of Systematic Reviews, PubMed, Scopus and UlrichsWeb, Informit Collections, Australian Indigenous HealthInfonet and Lowitja Institute electronic databases. Exclusion criteria were: 1) not an Indigenous focus; 2) not an addiction focus (i.e. including alcohol, other drug, gambling); 3) not a mutual support group focus; 4) not an original study; 5) not a complete study; 6) not published in English language.

Results: Four studies published between 2001 and 2006 met review criteria. All studies were conducted in the United States of America with Native American Indian peoples ( $n = 1600$ ) and featured Alcoholics Anonymous only. Study designs were: a retrospective analysis of survey data, a cross-sectional survey report, a clinical case study and an ethnographic study.

Methodological differences precluded meaningful translation of results.

Conclusion: There is a lack of empirical knowledge on the acceptability and outcomes of addiction recovery mutual support groups for Indigenous peoples of Australia, New Zealand, Canada, United States of America and Hawaii. This review suggests recommendations for future research.

**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](mailto: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

### *Early intervention and innovation fund - Webinar series*

Hosted by the Network of Alcohol and other Drugs Agencies (NADA) in partnership with NSW Health, this webinar series will showcase the research undertaken by non government AOD treatment services and their research partners, as part of the AOD Early Intervention and Innovation Fund (EIIF) grant rounds.

Funded as part of the NSW Drug Package, the purpose of EIIF was to help build the evidence base for early intervention models and support people at risk of problematic AOD use, particularly young people.

The fund consisted of the NGO Evaluation Grants Scheme (EGS), and the AOD Innovation Grants Scheme (IGS). Fourteen projects were funded through these schemes, and we look forward to their findings being presented as part of this series.

Upcoming webinars - visit the NADA [events](#) page to register

### **An evaluation of ACON's substance support service**

Presenters: Ms Sarah Lambert, ACON and Dr Toby Lea, Prof. Martin Holt, Dr Loren Brener, UNSW

*Tuesday 15 September 2020, 3-3.30pm*

### **Presentation 1: Feasibility of adolescent AOD interventions in headspace centres**

Presenters: Dr Julaine Allan and Ms Nicole Snowdon

### **Presentation 2: An Evaluation of Cognitive Remediation Therapy for people in residential treatment for substance dependence**

Presenter: Dr Molly Carlyle

*Friday 25 September 2020, 10-11am*

## *The Matilda Centre for Research in Mental Health and Substance Use*

The Matilda Centre brings together world-leading researchers, clinicians, people with lived experience and community to share skills, synergise data, harness new technologies and trial innovative programs to prevent and treat mental and substance use disorders. They also have a youtube channel full of videos / webinars / information about their projects.

Click [HERE](#) to watch!

## **Useful websites / resources**

### *Managing AOD use in times of crisis – what the sector can do to support our workforce*

In this edition of Drug and Alcohol Research Connections, NCETA, NDARC and NDRI have endeavoured to provide people working in the AOD sector with information and resources about what we can do to support each other and our clients at this time.

Find out more [HERE](#)

### *TEN - The Essential Network for health professionals*

'TEN' is a mobile app that connects and provides fast, easy, anytime access to evidence-based tools, resources, programs and specialists.

Developed by health professionals for health professionals, it's a one stop resource and help centre, providing self-assessment, self-management and treatment for stress, anxiety and symptoms of depression. At the core is an online clinic screening tool designed to recommend relevant resources and online tools based on report outcomes.

The app will also facilitate a streamlined online referral process for telehealth consultations with specialist clinicians.

Delivered by world leaders in IT, mental health research and public health, the app is fit for purpose and robust in both functionality and evidence base.

Working collaboratively with the partners below, our aim is to deliver the app as soon as possible and potentially in phases, starting with the online clinic for immediate assessment and access to resources and digital self- help/management tools before implementing full scale telehealth consultations.

Click [HERE](#) for more information

### *A guide to Working Collaboratively with Australia's First Nations People*

The Mental Health Coordinating Council's latest resource is a handy two-page guide for service organisations that support Aboriginal and Torres Strait Islander people. This co-designed guide covers the importance of acknowledging history, sensitive listening, outreach, creating welcoming environments, aiming for a representative workforce and removing barriers to service. Find the consultation report that informed the guide

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

### *AOD National Workforce Survey*

NCETA is pleased to release the findings of the AOD National Workforce Survey.

The report '**Australia's Alcohol & Other Drug National Workforce: National Survey Results 2019-2020**' can be downloaded from [NCETA's website](#).

The National Survey addressed a wide range of workforce development issues in the AOD sector, including workforce diversity, professional development, working conditions and worker wellbeing.

NCETA has created a range of user-friendly resources that highlight key findings from the survey and support the uptake of the survey protocol in future AOD workplace and workforce surveys.

Visit [NCETA's website](#) to download:

- The **National Report** summarising major trends and insights
- A series of **Infographics** highlighting key data on the workforce profile, employment conditions and worker wellbeing
- A comprehensive **User Manual and Survey Protocol** including the full survey protocol and comparative data (coming soon).

**Save the date:** NCETA are offering a 30 min lunchtime webinar on Wednesday October 14<sup>th</sup> to discuss the findings in more depth. More details will be available closer to the date.

## *Journey of Wellbeing - A Preliminary Aboriginal Model of Care based on documented examples of best practice across NSW*

Mental Health Commission of NSW - click [HERE](#)

Aboriginal and Torres Strait Islander people experience significantly higher rates of mental health issues and suicide than any other group in Australia. There are also many Aboriginal people<sup>1</sup> involved in supporting the social and emotional wellbeing of Aboriginal people and Aboriginal Service Providers play a crucial role. Much more must be done to work with Aboriginal communities and organisations to improve outcomes for Aboriginal people. This document contributes to the ongoing conversation about good practice in supporting Aboriginal social and emotional wellbeing. It lays out an approach that will be familiar to many because it is drawn from what is happening in our communities each day. Rather than presenting old knowledge as new, we aim to draw together the diverse strengths of many organisations across NSW into a coherent principle-based model of care. For those already applying these principles, we hope that it will provide a common reference point and means of communicating to partners the valuable work already being done. For those looking to learn from others with similar challenges, we hope that this document provides the inspiration and practical guidance to clear a path forward.

## *National Drug Strategy Household Survey 2019*

The 2019 National Drug Strategy Household Survey report released 16/7/2020 showed that:

- fewer Australians are smoking tobacco daily, while the use of e-cigarettes is increasing
- more Australians are giving up or reducing their alcohol intake, driven by health concerns
- rates of substance use are falling among younger generations (less likely to smoke, drink and use illicit drugs)
- non-medical pharmaceutical use is down, driven by a fall in the use of pain-killers.

For more information and to view the report click [HERE](#)

## *Mental health services in Australia*

Mental health services in Australia (MHSA) provides a picture of the national response of the health and welfare service system to the mental health care needs of Australians. MHSA is updated progressively throughout each year as data becomes available.

This [WEB REPORT](#) provides the most recent data available on the national response of the health and welfare system to the mental health care needs of Australians. Data are progressively published as it becomes available throughout the year. As well as the information presented on the web pages, readers can find detailed data for current and previous years in the Microsoft® Excel workbooks downloadable from each section.

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## 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

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## Miscellaneous

### 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.

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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.

## *2020 Mental Health Super Summit*

For the 6th consecutive year Mental Health Academy and Act for Kids are co-hosting the [Mental Health Super Summit](#) online conference.

Over the past 5 editions, 10,000+ mental health professionals have attended the Summit, helping raise \$632,754.00 to prevent and treat child abuse and neglect in Australia.

This year our target is to **raise an inspiring \$200,000.00**.

[Register now](#) for the 2020 Mental Health Super Summit and you'll learn directly from an international who's who of renowned experts, including:

- Dr. Judith S. Beck, Ph.D. (Beck Institute for CBT)
- A/Prof. Richard Schwartz, Ph.D. (Harvard Medical School)
- Prof. Pat Dudgeon, Ph.D. (University of Western Australia)
- Prof. Louis Cozolino, Ph.D. (Pepperdine University)
- Dr. Sally Spencer-Thomas, Ph.D. (United Suicide Survivors International)
- Dr. Jonathan Baylin, Ph.D. (Author & Clinical Psychologist)
- Prof. Amanda Richdale, Ph.D. (La Trobe University)
- Prof. Harry Blagg, Ph.D. (University of Western Australia)
- Dr. Vanessa Lee, Ph.D. (University of Sydney)
- Michael Burge, OAM (Australian College of Trauma Treatment)
- Prof. Robert Schweitzer, Ph.D. (The University of Queensland)
- Dr. Justin Coulson, Ph.D. (Happy Families)
- Prof. Louise Sharpe, Ph.D. (University of Sydney)
- Sunny Dhadley, FRSA (TEDx Speaker & Consultant)
- Prof. Sunil Bhar, Ph.D. (Swinburne University of Technology)

The Summit is delivered **entirely online**, with all sessions accessible in real-time and on-demand, from the comfort and safety of your home.

If you're a mental health professional, **this event is not to be missed**.

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Learn more and register here: [www.mentalhealthacademy.com.au/summit](http://www.mentalhealthacademy.com.au/summit)

## Invitation to participate in the update of the National Comorbidity Guidelines

The Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney has been funded by the Australian Government Department of Health to update and revise the '**Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings**' (second edition).

Originally published in 2009, with the second edition released in 2016, this hugely popular resource aimed to provide alcohol and other drug (AOD) workers with evidence-based information on the management of comorbid mental health conditions in AOD settings. Since publication of the second edition in July 2016, 15,000 hard and electronic copies have been distributed to clinicians and treatment services across Australia.

Subsequent funding from the Australian Government Department of Health enabled the development of an accompanying online training program and interactive online copy of the second edition. Since the website and online training program were launched in November 2017, close to 3,500 people have begun using the program and more than 650 people have completed the full training program. The website has attracted a monthly average of approximately 3,000 visitors (>5,650 per month in 2020).

The revision of the second edition will bring the Guidelines up to date with the most current evidence. The project is being undertaken by Dr Christina Marel, Prof Katherine Mills, Dr Alana Fisher, Ms Erin Madden, Prof Maree Teesson, Dr Mark Deady, Prof Frances Kay-Lambkin, Prof Amanda Baker, Prof Andrew Baillie, and Prof Kevin Gournay.

The revision team would be delighted if members of the alcohol and other drugs sector would be interested in participating in the revision through one (or more) of the following:

1. Attending one of online two discussion forums;
2. Completing a short online survey;
3. Emailing feedback about the Guidelines directly to our team.

### **Online discussion forums**

The revision team are holding two online discuss forums open to anyone, and hope that that these forums will be attended by a variety of interested stakeholders including alcohol and other drug workers, clinicians, healthcare workers, consumers and people with lived experience of mental health and substance use, family members, carers as well as academic experts. Additional discussion forums may be made available depending on demand.

The discussion forums will be held online on

**Discussion Forum 1: Tuesday 8 September 2020, from 1 to 4pm AEST, and**

**Discussion Forum 2: Thursday 10 September 2020, from 9am to 12pm AEST.**

During the forums, discussion will include the content of the Guidelines with a particular focus on how the existing resource

can be improved. A copy of the current edition of the Guidelines is available for download on the Comorbidity Guidelines website: <https://comorbidityguidelines.org.au/pdf/comorbidity-guideline.pdf>

If you are interested in participating as a discussion forum member in either forum, please register below.

Register for Discussion Forum 1: Tuesday 8 September 2020, from 1 to 4pm AEST

<https://bit.ly/cgl-discussion-forum-1>

Register for Discussion Forum 2: Thursday 10 September 2020, from 9am to 12pm AEST

<https://bit.ly/cgl-discussion-forum-2>

### **Online survey**

The online survey will take around 5 minutes to complete, and will focus on the current (2<sup>nd</sup> edition) Guidelines, and areas for improvement. The survey will remain open until **5pm (AEST) 30<sup>th</sup> September 2020**.

Click here to complete the online survey: <https://bit.ly/cgl-second-ed-feedback>

### **Send feedback directly to us**

We also welcome any other form of feedback that can be sent directly to our team.

Please email [erin.madden@sydney.edu.au](mailto:erin.madden@sydney.edu.au) before **5pm (AEST) 30<sup>th</sup> September 2020**

## **Call for papers**

### *Journal of Substance Abuse Treatment*

The Editors of the *Journal of Substance Abuse Treatment (JSAT)* are deeply saddened and condemn the recent murders of George Floyd, Breonna Taylor, Ahmaud Arbery, and countless other Black individuals who have lost their lives as a result of police brutality and structural racism. Racial and ethnic inequities are prevalent throughout our society, including the social context surrounding substance use treatment and recovery. In an effort to improve health equity and eliminate racial disparities, *JSAT* seeks original research, systematic reviews, and meta-analyses for a recurring section on the role of racial and ethnic disparities and discrimination in the assessment and treatment of substance use disorders, including alcohol, cannabis, illicit and prescription drugs, and nicotine. We also seek manuscripts that highlight the impact of social determinants of health, such as racism, socioeconomic conditions, and other systemic injustices on access to addiction treatment and addiction treatment outcomes among racial and ethnic groups. The goal of this recurring section is to amplify research that promotes health equity in substance use assessment and treatment.

Articles should follow the outline provided in the guide for authors below and be submitted via *Editorial Manager* (link below), selecting as article type "Health Equity". We will accept articles on a rolling basis. Please also indicate in your cover letter that your manuscript should be considered for the recurring section on "Health Equity". The review process for articles submitted for this recurring section will follow the standard review process.

<https://www.elsevier.com/journals/journal-of-substance-abuse-treatment/0740-5472/guide-for-authors>

<https://www.editorialmanager.com/josat/default.aspx>

## Award nominations

### *APSAD Awards*

Do you know someone who has made a significant contribution to the alcohol, tobacco and other drug sector? Particularly in research? Why not acknowledge them and nominate them for an APSAD Award?

Recipients of the APSAD Awards will be recognised as having made an outstanding contribution to reducing the harms associated with alcohol and other drug use in Australasia.

Download the [Information Pack](#) and the [Nomination Form](#)

**Nominations are now open and close 7th September 2020**



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](#)