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FIVE YEAR EVALUATION REPORT 2020-2025

CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

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CMHDARN also thanks Katy Sam, CMHDARN Project Coordinator who conducted the evaluation and was principal author of the report.

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EXECUTIVE SUMMARY

The Community Mental Health Drug and Alcohol Research Network (CMHDARN) is a cross-sector partnership between Mental Health Coordinating Council (MHCC) and the Network of Alcohol and Other Drugs Agencies (NADA), with funding from the Mental Health Commission of NSW.

Since its establishment in 2010, CMHDARN has enabled research capability, strengthened collaboration, and supported evidence-informed and participatory practice across the community-managed mental health (MH) and alcohol and other drugs (AOD) sectors.

As part of its stated objectives for 2025/2026, CMHDARN set out to evaluate itself, reflect on what it had achieved over the last five years and use its findings to assist in the development of its project proposal for 2026/2027.

In the five years between 2020 and 2025, Sector engagement grew substantially: **membership rose ~90%** (from 275 to ~522), **newsletter readership more than quadrupled**, website engagement surged (with consecutive year-on-year increases), and **grant applications reached a record 18** in 2025–26, evidencing unmet demand for evaluation and translation support.

Member surveys across the five-year period consistently demonstrated capability uplift. With each year, respondents reported increased confidence in using research skills and a strengthened understanding of evidence-based and lived experience-led practice. This underscores CMHDARN's impact on workforce capability, organisational research culture, and service improvement.

CMHDARN's work aligns strongly with the Mental Health Commission's priorities under Living Well and Living Well in Focus, particularly in workforce capability, participatory practice, and evidence-informed reform. The scale and consistency of growth over five years demonstrates that CMHDARN is filling a critical capability gap and delivering tangible value across the MH and AOD sectors. Continued and expanded investment is required to meet rising sector demand and strengthen the translation of community-generated evidence into system reform.

As a cross-sector initiative CMHDARN has been an important vehicle through which it has brought together community organisations, academics, government partners, and lived experience leaders to exchange knowledge and build capacity. This collaboration increases visibility of sector innovations, supports more consistent evidence-informed practice, and reduces fragmentation across parts of the service system that tend to operate in parallel, bringing together organisations working toward similar goals. CMHDARN's work, promotes a culture of partnership, resource sharing, and participatory practice—ultimately strengthening service quality and enabling the sector to better respond to complex, co-occurring mental health and alcohol and other drug needs.

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Research Partner Reflection: Research Capacity Building (RCB) NADA

CMHDARN has been an invaluable partner in NADA's Research Capacity Building (RCB) project and a key supporter since its inception. CMHDARN has been represented on the RCB project advisory group throughout, contributing to the development of project initiatives and the evaluation framework.

This has included the use of the CMHDARN Research Essentials Guide as a foundational resource in the development of NADA's research and evaluation capacity-building eLearning modules (due for publication in mid-2026). CMHDARN has also provided support and accessibility to agencies undertaking research within ethical frameworks, particularly in relation to agencies supporting co-occurring AOD and mental health.

Its involvement has extended to participation in the CMHDARN research network, presentations at RCB Research Showcase webinars which generated direct inquiries from NADA member agencies, and ongoing contributions to the CMHDARN research repository.

Partner Reflection: Mental Health Coordinating Council (MHCC)

MHCC has consistently emphasised CMHDARN as a key element of its collaborative work, describing the network as central to strengthening research capacity and evidence-informed practice across the community-managed mental health sector. MHCC consider CMHDARN has long been a valuable contributor to sector reform and system improvement, providing a key component to research, evaluation and quality improvement, and adding much through its innovation, thought leadership and by promoting evidence-based practice approaches.

For MHCC, CMHDARN stands out nationally as one of the only sustained collaborations emanating from the NGO/CMO human services sectors that meaningfully connects all parts of the service system, including lived experience research activities. Despite operating within an annual funding cycle, and unlike so many short-term project partnerships, CMHDARN has been sustained successfully for more than a decade and a half through shared stewardship between MHCC and NADA. That longevity is unusual in a sector often characterised by short funding cycles. Its durability demonstrates deep organisational trust. Its shared governance embeds collaboration not just in project activity but in its strategic objectives. Few other cross-sector initiatives have survived shifting policy environments and funding models while continuing to grow in relevance.

Partner Reflection: Network of Alcohol and Other Drug Agencies (NADA)

As a longstanding partner in the CMHDARN network, NADA acknowledges the substantial and enduring value that CMHDARN has brought to both the community-managed mental health and alcohol and other drugs (AOD) sectors.

Over more than fifteen years, we have witnessed the network's continued commitment to advancing research capacity through a range of tailored mechanisms designed to meet the unique needs of our sectors. The development of practical guides, sector-specific tools, webinars, and training opportunities, crafted in collaboration with services, has empowered organisations to embrace evidence-informed practice with greater confidence and relevance.

The innovation and evaluation grants have provided vital resourcing, enabling organisations to undertake innovative research projects to address persistent practice challenges and service gaps, while significantly enhancing research capability and contributing to a stronger, more robust evidence base for the sector.

CMHDARN's collaborative approach, bringing together community organisations, research bodies, and academic institutions, has created a dynamic environment where knowledge exchange, resource sharing, and innovation flourish. The accessibility of mentoring, through a partnership with *The Matilda Centre for Research in Mental Health and Substance Use* (the Matilda Centre), has opened doors for many in our sector to engage in research and evaluation, fostering a culture of curiosity and continuous learning.

For NADA, CMHDARN is not just a network, but an essential platform for advocacy, professional development, and service improvement. Its dedication to meaningful research and practical application ensures that the benefits of innovation are felt directly by people and communities impacted by mental health and AOD use. We are proud to be part of a community that champions collaboration, evidence, and positive change.

PURPOSE OF THE EVALUATION

This evaluation reviews CMHDARN's contribution, performance and outcomes from 2020-2025. It assesses growth in membership and engagement, reviews program and resource delivery, evaluates lived experience leadership, and examines CMHDARN's influence on sector capability, collaboration, and evidence generation. It also identifies priorities to guide the next phase of CMHDARN's work.

EVALUATION QUESTIONS

- How has CMHDARN grown and engaged its membership?
- What value have CMHDARN's capacity-building activities, events, resources, and grants provided?
- How effectively has CMHDARN promoted and embedded lived experience leadership in research?
- What outcomes have been achieved for individuals, organisations, and the sector?
- What strategic insights emerge from a five-year review of performance?

METHODOLOGY

Approach

A mixed-methods approach was used, including:

- analysis of five years of CMHDARN end-of-year reports and the 2025-26 mid-year progress report; review of membership and communications analytics
- examination of resource uptake
- review of Innovation and Evaluation grants documentation and RECC activity
- synthesis of annual member survey results from 2020-2025
- thematic analysis of qualitative feedback collected for the purpose of this evaluation.

Limitations

- Inconsistent availability of website analytics limits longitudinal comparisons.
- Optional disclosure of lived experience status at sign-up limits demographic reporting.
- COVID-19 disruptions (2020–2022) affected some outputs and outcomes.
- Variations in reporting systems over time created inconsistencies across years.

FINDINGS

Network Engagement

Membership

CMHDARN membership rose from 275 (2020) to 396 (2021), further increasing to 491 (2022) and 523 (2023–24), later stabilising at ~522 (2025). This ~90% growth reflects both increased demand and strong perceived value. Members characterise CMHDARN as a practical tools hub, a cross-sector connector, and a source of emerging evidence.

This combination of growth and positive member sentiment indicates sustained demand and sector trust. At December 2025, **CMHDARN had 522 active subscribers**, reflecting a diverse and cross-sector audience spanning government, academia, community-managed services, and individual sector stakeholders.

Strong Public Health Representation: Analysis of membership data indicates significant engagement from the public health system. In particular, at least 79 subscribers are affiliated with NSW Health, demonstrating meaningful access within NSW Health. This suggests that CMHDARN's has succeeded in promoting its work and is reaching Local Health Districts, specialty services, and policy and planning teams. Such representation reinforces CMHDARN's relevance to public mental health and AOD NGO/CMO reform and system-level improvement.

Robust Academic Engagement: University-affiliated members represent a substantial proportion of the network. Members linked to major NSW institutions, including the University of Sydney, UNSW, the University of Wollongong, University of Technology Sydney, University of Western Sydney, Swinburne University, Black Dog Institute and TAFE NSW account for more than 55 subscribers. This strong academic presence highlights CMHDARN's role as a research-to-practice and practice-to-research bridge, supporting knowledge translation and collaboration between researchers and frontline services.

Community-Managed MH and AOD Sector: Member data also demonstrates meaningful representation from a wide range of community-managed mental health and AOD organisations, including peak bodies and large service providers. The presence of several staff from many organisations demonstrates that CMHDARN is embedded within the CMO sector it seeks to support. This cross-sector engagement strengthens opportunities for collaborative research, practice improvement, and sector-wide dissemination of findings.

Individual and Lived Experience Engagement: Approximately one-fifth of members (105 members) engage beyond formal organisational roles and identify as independent practitioners, lived experience advocates and researchers, students, consultants, and emerging professionals. This diversity broadens CMHDARN's reach and reflects its accessibility as a sector-wide learning and networking platform.

The breadth and diversity of its membership positions CMHDARN as a uniquely placed liaison between research, policy and practice, with established credibility across multiple parts of the mental health and AOD ecosystem.

> *The newsletter is always interesting and a great source of information about research activities across the two sectors. I look forward to reading it."* – CMHDARN member

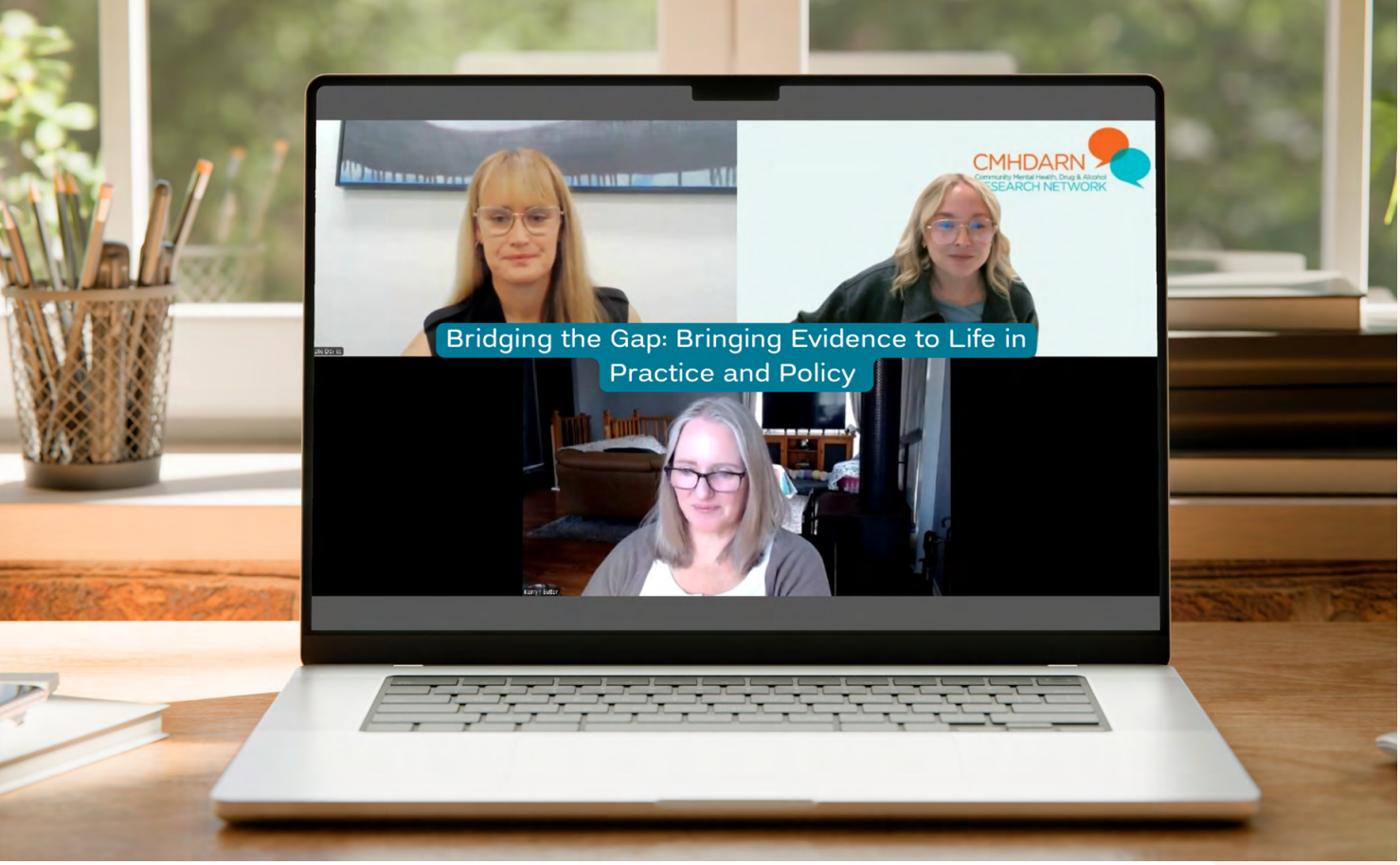
Web and Digital Reach

CMHDARN's website has supported rapid growth in sector engagement since analytics became available in 2022. Across the period there were 17,357 active users and 100,241 pageviews. Year-on-year trends show strong momentum: pageviews increased +348% from 2022–23 to 2023–24 and a further +80% in 2024–25. Usage patterns align directly with CMHDARN's purpose. The Resources hub is the most visited section, and the Co-design Kickstarter is the most accessed resource overall. The Grants page grew sharply (notably 822 views in Jul 2025–Feb 2026), mirroring record application numbers. The Raising the Bar hub increased +219% year-on-year after launch, reflecting strong interest in lived-experience leadership.

Communications

CMHDARN Connect readership rose from an average 70 readers per issue (2020–21) to 128 (2021–22), 130 (2022–23), 185 (2023–24), and 276 (2024–25). Mid-year 2025–26 analytics indicate ~289 average readers per issue. This trajectory shows that CMHDARN's communications model of relevant, targeted, and accessible, works well for the NGO workforce.

Period	Pageviews	Active users
Apr 2022–Jun 2023	6,795	2,775
Jul 2023–Jun 2024	30,448	4,729
Jul 2024–Jun 2025	54,918	6,822
Jul 2025–Feb 25, 2026 (partial)	8,137	6,613
Cumulative (Apr 2022–Feb 2026)	100,241	17,357



Partnerships and Visibility

CMHDARN's impact over the past five years has been supported by a broad network of strategic partnerships across community-managed organisations, academic institutions, peak bodies, and lived experience leaders. These partnerships have strengthened cross-sector collaboration, expanded CMHDARN's reach, and enhanced the quality and relevance of resources and activities delivered to the MH and AOD sectors.

Cross-Sector Engagement and Visibility: CMHDARN maintained a strong and consistent presence across partner communication channels, including MHCC's FYI newsletter and CEO presentations, NADA's Advocate and Frontline publications, and sector networks such as the ACI – AOD Network. CMHDARN also engaged with learning and professional networks, including TAFE NSW and TheMHS Conference, supporting broader dissemination of research literacy and participatory practice principles.

One of the most significant cross-sector events, the Collaborative Connections Symposium (April 2024), co-convened by MHCC and NADA, attracted over 100 in-person and 300 online participants. The strong turnout highlighted significant interest in research-informed and integrated practice across mental health and AOD services.

Following the event meetings were held between the Ministry of Health, MHCC and NADA to enhance responses to co-occurring mental health and AOD needs, highlighting the increased collaboration and communication that now occurs across policy teams, stemming from our joint event.

Partnership with the Matilda Centre: The Matilda Centre has been a key academic partner across the evaluation period. The mentoring partnership was formally re-established in 2021–22, leading to the relaunch of the Matilda Centre Research Mentoring Program. Since then, collaboration has extended beyond mentoring to include:

- ongoing representation on the CMHDARN Reference Group
- joint development of resources such as the Research Essentials Guide
- CMHDARN's advisory support for Matilda Centre projects, including their co-morbidity guidelines.

This long-standing partnership has strengthened connections between academic research and community-based practice, enhancing the rigour and accessibility of sector tools.

Raising the Bar: A major initiative supported by CMHDARN has been Raising the Bar, a co-produced capacity-building project led by lived experience researchers and academics from the University of Technology Sydney (UTS). The project responded to a community-identified gap: the absence of evidence-based guidance and training for participatory research in mental health and AOD contexts. In 2025, Raising the Bar was recognised as a finalist in the Australian Consumer Partnership in Research Awards, reflecting the quality and leadership of the collaboration.

Broader Collaborative Landscape: In addition to formal partnerships, CMHDARN collaborated extensively with a wide range of organisations and experts. These collaborations enriched CMHDARN's resource development, events, and research translation activities, reinforcing the network's role as a cross-sector connector.

Reporting and Internal Performance

Over the five-year period, CMHDARN consistently delivered or exceeded all funded KPIs. Operational delivery aligned with the CMHDARN Strategic Plan (2024–27), and administrative processes remained strong. Member surveys across 2020–2025 report consistent improvements in research literacy, confidence, evidence use, and endorsement of lived experience leadership. Website and newsletter analytics show growing awareness and reach.

CMHDARN's specific project and activity relationships include:

Black Dog Institute	Inside Out & Associates Australia	Northern Sydney Local Health District
Community Restorative Centre	Independent lived experience researchers and consultants	CESPHN
Deakin University	Lived Experience Australia	Youth Solutions
Law and Justice Foundation of NSW	The Penington Institute	Consumer Led Research Network
Lived Experience Australia	CMHDARN	
Sydney Local Health District	NDARC	University of Sydney
University of NSW	University of Technology Sydney	Salvation Army

> *CMHDARN plays a pivotal role in fostering innovative research collaborations between the mental health, and alcohol and other drug (AOD) sectors. CMHDARN works closely with academic researchers, such as myself, to develop and provide essential resources that support health workers to embed best-practice evaluation and improve service delivery. This also provides academic researchers a unique opportunity to engage with services, learn what is needed and improve research to better ensure translatable outcomes into the sector – ultimately improving the outcomes for people accessing services. CMHDARN is a leader in this sector and I often promote their resources, especially to people with living and lived experience who want to become involved in research."* **– Academic Stakeholder**

Since 2020, I have had the privilege of partnering with CMHDARN to develop knowledge and resources to support participatory research across the community mental health and AOD sectors. As such, I know firsthand the value and impact of CMHDARN's work.

To give some context, while government agencies recommend partnership with people with lived experience in research to support health system reform – with strong evidence that lived experience involvement improves the relevance and quality of research priorities – it is still the case that people with lived experience are marginalised within research processes. People with lived experience are often excluded entirely or included in tokenistic ways without meaningful influence over the design, conduct, or dissemination of research.

The result is a substantial body of mental health and AOD research that does not adequately reflect the priorities, knowledge, or perspectives of the communities it is intended to serve, with associated negative impacts on mental health and AOD service delivery. A major barrier to lived experience involvement is the lack of adequate resources and training for recovery-oriented and trauma-informed participatory research, as well as research cultures that maintain the status quo of exclusion and tokenism.

CMHDARN addresses an evident gap in programs to promote lived experience inclusion in research. It brings together people with lived experience, academics, and researchers from across community mental health and AOD sectors to collaborate and share expertise. Together they build mutual capacity, and under the careful stewardship of CMHDARN, they work together to produce high-quality and practical resources, training, and events that make research concepts and methods accessible to diverse community members and services, which in turn supports a positive shift in the norms of research practice and improves the available evidence for system reform.

CMHDARN has had considerable success. To give a concrete example, CMHDARN partnered with our team of lived experience researchers and academic researchers from across UTS, Black Dog Institute, UNSW, the Consumer Research Network, and inside out & associates. Together we produced the widely known and disseminated Co-design Kickstarter guide. The Co-design Kickstarter, is freely available on the CMHDARN site and has been downloaded over a thousand times. It has also been used as a guideline for grant funding rounds, conference submissions, and educational programs. It has also been referenced in international research publications, Australian government reports, and policy and practice recommendations, including the Sydney Policy Lab, University of Sydney, Illuminating Lived Experience Report and the Mental Health Commission NSW, BEING Mental Health Consumers, and Mental Health Carers NSW Leading the change Toolkit.

CMHDARN has developed a strong reputation for providing credible, accessible, and quality resources to promote inclusive research across the community mental health and AOD landscape. Looking ahead, sustained investment is vital to strengthen and deepen lived experience partnerships and leadership in research to address the gap in contemporary mental health and AOD research that informs service provision." **– Academic Stakeholder**

Opportunities and Offerings

Research Ethics Consultation Committee (RECC)

The RECC provides a supportive mechanism for ethical guidance at design, data collection, and dissemination stages. The RECC functions as both a quality assurance mechanism and a capacity-building intervention, strengthening ethical literacy among NGOs as well as academic institutions seeking to work with people accessing MHCC and NADA member services. Across the review period, the RECC typically reviewed 5–9 applications per year (2020–21: 9; 2021–22: 6; 2022–23: 5; 2024-25:6 ; 2025-26 to Dec: 3). Applications spanned from government, universities, peak bodies and community-managed organisations, demonstrating breadth of its reach.

Feedback indicates that CMHDARN's support for early-stage research design is highly valued, particularly for organisations beginning or strengthening evaluation activities. Members described CMHDARN as effectively "supporting early research endeavours across mental health and AOD," suggesting that the RECC and associated guidance reduce barriers to undertaking ethical and rigorous research.

The RECC provides an informal way of testing the grounds for a research idea. Helping potential researchers to reflect on their identified research project and explore the purpose and impact of what they are considering with experienced researchers. This is frequently a valuable first stage prior to conventional research ethics processes such as a Human Research Ethics Committee (HREC) application.

Innovation and Evaluation Grants

CMHDARN has funded a strong portfolio of applied research and evaluation projects during the evaluation period. Member feedback directly reinforces quantitative evidence of demand. Respondents called for "more grant funding for translation research projects," aligning with the record 18 applications received in 2025–26. The qualitative feedback and application data indicates an unmet sector need. Organisations are seeking structured support to move from evaluation to translation and advocacy. Expanded investment in the grants program would respond directly to identified demand and strengthen the production of community-generated evidence for service improvement and reform.

The NADA Research Capacity study: NGO services report found that, 'the three most common barriers to conducting research for NGO participants were other work roles taking priority (75.0%), a lack of time for research (61.5%) and a lack of funds for research (47.9%) (2021)".

Innovation and Evaluation Grants: Evidence of Findings and Learnings

SMART Recovery Australia – Understanding Participant Experiences in Online and Face-to-Face Groups (2020)

Key Findings

The study found considerable similarities between online and face-to-face SMART Recovery groups in their ability to support participant recovery. Mutual support, self-management, and short-term goal focus were central benefits across both formats.

Online delivery expanded access and participant choice, allowing individuals who could not attend face-to-face meetings to join groups and maintain continuity of recovery supports.

Participants also identified limitations of online settings, including distractions, reduced access to non-verbal cues, challenges with social etiquette, and occasional impacts on group cohesion. These issues sometimes affected communication depth and interpersonal connection

For some participants, online groups were a better fit, reducing anxiety associated with in-person interactions and offering a private and flexible engagement option. For others seeking deeper relational connection, online groups felt more limited.

Learnings

Hybrid group models offer the strongest value, enabling participants to choose the setting that best meets their needs at different stages of recovery. Online facilitation requires adapted approaches, including better management of technology, use of chat functions, and stronger moderation to support engagement.

The RECC process substantially improved the study design, ensuring recovery-focused language, clear communication of study expectations, and strengthened consent processes. The project significantly built internal organisational research capability, including skills in qualitative interviewing, coding, data analysis and interpretation, and preparation for academic dissemination.

Practice Implications

SMART Recovery will use findings to refine:

- online facilitator training,
- participant and facilitator resources, and
- program evaluation methods.

The evidence supports ongoing investment in online delivery to enhance accessibility, especially for people with mobility, location, or privacy constraints.

Flourish Australia – “Behind the Scenes” Co-Designed Inquiry into Co-Occurring MH and AOD Needs (2021)

Key Findings

Interviews with people with lived experience of co-occurring mental health and alcohol use provided rich insight into the nuanced and highly individual nature of alcohol use journeys. Participants described the subtle progression of alcohol use, the influence of life events, and the importance of non-clinical supports. The project identified gaps in current service approaches, particularly around early recognition of alcohol-related concerns, communication safety, and meaningful engagement outside clinical structures. The analysis produced three foundational values for future service design:

- the right to tell one’s story,
- empowerment and self-advocacy,
- creating hope and safety.

Five overarching themes emerged that now underpin Flourish Australia’s developing co-occurring MH–AOD support framework, including the essential role of peer workers and peer-to-peer social support.

Learnings

The project demonstrated that co-design strengthens research quality, even when it extends timelines. Lived experience involvement enriched every phase, from ethics and recruitment to theme development and strategic recommendations.

Recruitment challenges during COVID-19 highlighted the need for multi-channel recruitment strategies, internal

communication processes, and flexible options for participants.

The process deepened the organisation's understanding of co-occurring needs, particularly the value of relational safety, early conversations, and peer-led support in alcohol use contexts. The project built substantial internal capability for qualitative research and co-design, particularly within the Community Research Advisory Committee, who gained practical experience across ethics, data collection, analysis, and dissemination.

Practice Implications

Findings directly informed a new co-occurring mental health and alcohol use strategy for Flourish Australia, including:

- embedding peer workers with lived experience of alcohol use,
- strengthening staff capability to recognise emerging concerns,
- integrating storytelling frameworks into service relationships, and
- designing safer, more responsive support environments.

Dissemination across the organisation and sector networks will support the development of improved alcohol support pathways.

Glebe House – Evaluation of Stage 1 Residential and Stage 2 Outreach AOD Rehabilitation Programs (2022)

Key Findings

The evaluation engaged 22 clients and staff, exceeding the recruitment target, and collected survey data at two time points from seven residential clients. Client feedback was consistently positive, highlighting improvements in:

- ability to talk about feelings
- connection with family, peers, and staff
- capacity to recognise and manage triggers
- confidence in independent living skills

These outcomes reflect the strengths of the program's therapeutic community model. The evaluation identified opportunities to further strengthen outcomes, including:

- more deliberate integration of staff lived experience with clinical expertise
- a dedicated Stage 2 worker to support transition to community
- streamlined workplace procedures and automation

Learnings

Lived experience plays a central role in therapeutic engagement. The evaluation reinforced that staff with lived experience are critical to rapport, safety, and trust in residential rehabilitation. Leveraging this more intentionally could enhance impacts across program stages.

Continuity of care is essential. Client perspectives highlighted the need for consistent, proactive Stage 2 outreach to maintain treatment gains post-residential stay. Small residential services face inherent research challenges (e.g., attrition affecting longitudinal data), but combining mixed methods and consultations helped generate robust findings.

RECC involvement improved ethical clarity and supported appropriate reimbursement for participants.

Practice Implications

The findings provide a clear evidence base to support advocacy for additional staffing and integrated practice models. Glebe House now has an evaluation-informed agenda for program strengthening, enabling the Board to pursue strategic improvements and future funding.

Youth Solutions / UOW / Stride – Co-Production Research on Young People's Perspectives of Recovery (2022)

Key Findings

The project embedded five lived experience researchers (four young people and one parent) and adopted an arts-based, photovoice-informed methodology to explore how young people conceptualise recovery.

Young people emphasised that recovery is:

- non-linear, involving ongoing daily choices
- deeply relational, supported by peers, family, schools, teams, and community
- holistic, with mental health and AOD needs understood as intertwined rather than separate

These findings challenge siloed approaches to youth treatment services. The project produced:

- two academic papers
- multiple conference abstracts and presentations
- new insights into co-production methods and accessibility
- foundations for a future co-production toolkit (supported through new funding)

Learnings

Co-production requires time, flexibility, and safe structures. Building trust with lived experience researchers, navigating competing priorities, and ensuring their wellbeing required more time than traditional research timelines. An extension granted by CMHDARN allowed the integrity of the co-production model to be maintained.

Ethics in co-production requires additional layers of reflection. The team undertook two ethics amendments to improve recruitment pathways and ensure safety for lived experience researchers.

RECC input improved trauma-informed approaches, clarity of recruitment processes, remuneration, and protocols related to mandatory reporting. The project highlighted structural barriers to lived experience participation, including payment system complexities, varying levels of research literacy, and the need for ongoing debriefing and peer support.

This was Youth Solutions' first fully co-produced research project, leading to major organisational learning around power-sharing, accessibility, and inclusive research governance.

Practice Implications

Findings reinforce the need for integrated youth service models that address mental health and AOD concerns together, rather than separately, and recognise the role of social ecosystems (family, friends, sport, schools, community).

The project established a sustainable partnership between Youth Solutions, UOW, and lived experience researchers, positioning the organisation for further co-produced research and securing new funding opportunities. The learnings will inform future co-production initiatives, including a planned co-production toolkit for the sector.

ICLA – Bondi Prevention and Recovery Centre (PARC) Evaluation (2023)

Key Findings

Strong recovery outcomes: Guests demonstrated improvements across all RAS-DS domains, with an average increase of +8.23 points, most notably in psychological outlook and self-management.

High guest satisfaction: 93% of guests reported always feeling safe; 98% rated staff as supportive and respectful; and the majority preferred PARC over hospital for non-acute support.

Hospital avoidance and reduced acute service use: SESLHD data showed a 33% reduction in emergency mental health presentations and 44% reduction in inpatient admissions in the six months after a PARC stay.

The CMHDARN grant was instrumental in enabling Independent Community Living Australia (ICLA) to undertake a rigorous, independent evaluation of the Bondi Prevention and Recovery Centre (PARC). As a community-managed organisation delivering an innovative, peer-led Step Up Step Down service in partnership with South Eastern Sydney Local Health District, we understood the importance of building a strong evidence base to demonstrate impact — but we did not have the internal research capacity or dedicated funding to do so at the required depth.

The CMHDARN funding provided more than financial support; it created the conditions for meaningful collaboration with the Social Policy Research Centre at UNSW. This partnership strengthened the methodological design, ensured ethical rigour, and gave credibility to the findings. It enabled us to systematically examine recovery outcomes, guest experiences, and hospital utilisation data, rather than relying solely on anecdotal feedback. Importantly, the grant supported evaluation at a critical stage in PARC's development. The findings now provide tangible evidence of improved recovery outcomes and reduced acute service use, which is essential for policy influence, service sustainability, and future expansion. For ICLA, this project has enhanced our organisational capability in data-informed practice and strengthened our confidence in advocating for peer-led, community-based alternatives to hospital care. The value of the CMHDARN project lies in its role as a catalyst — enabling community providers to contribute robust evidence to the mental health reform agenda and to demonstrate that lived experience-led models can deliver measurable, system-level impact." **– Grant Recipient**

Peer-led models are a core strength: Lived experience leadership and peer workers were central to promoting autonomy, normalising distress, validating experiences, and modelling everyday wellbeing strategies.

Valued step-up access: PARC provided a safe early-intervention option for guests noticing early warning signs, preventing deterioration that would otherwise lead to hospitalisation.

Learnings

Recovery-oriented, non-clinical environments work: The home-like, least restrictive setting combined with peer-led support, enabled personal agency, improved self-efficacy, and reduced internalised stigma.

Continuity of care is critical: Integration with SESLHD Care Coordinators was central to transition support, though variability in involvement highlighted a need for clearer expectations and structured engagement processes.

Clear intake criteria ensure model fidelity: Criteria around housing, safety, and non-acute AOD needs are important for maintaining a safe and therapeutic environment, though they may also limit access for some.

Peer workforce needs structured support: The intensity of peer work underscores the need for training, supervision, and wellbeing supports to prevent burnout.

Demand signals a system gap: PARC fills a major gap in NSW's mental health service system, offering a scalable model for community-based, least-restrictive care for people with complex mental health needs.

Implications for the Sector

The evaluation provides a strong evidence base for expanding step-up/step-down services, strengthening peer-led recovery models, and integrating community-based alternatives to hospital care into mental health system planning in NSW. Evidence also supports the refinement of referral pathways and increased workforce development for peer and clinical staff.

Grant Projects in Progress

One Door Mental Health – Understanding AOD Use Among CALD Communities (2024)

This two-phase study aims to build evidence around alcohol and other drug (AOD) use among culturally and linguistically diverse (CALD) service users, and to co-adapt an AOD intervention for people engaged with the BH2H program. Key progress includes:

- CMHDARN RECC review completed, with two rounds of feedback significantly improving safety and project design, and final internal approval granted on 12 June 2025.
- Formal ethics application submitted to WSLHD and currently under full review (progressed 18 December 2025).
- Survey design and project infrastructure are in development, with project commencement contingent on ethics approval.
- Due to external ethics delays, the project has requested a four-month extension to October 2026.

Once approved, Phase 1 will include an online survey (n=50) and focus groups, followed by a pilot intervention in Phase 2. This project is expected to build sector capacity in working with CALD populations and adapting AOD interventions using co-design and culturally informed processes.

> *In December 2024, the Bilingual Hospital to Home (BH2H) Project at One Door Mental Health (part of the Mid Australia Group) received funding from CMHDARN to lead an AOD initiative designed to better understand and ultimately strengthen AOD supports for our service users. From the moment the grant was awarded, the CMHDARN team has been an invaluable partner, guiding us through project setup and offering thoughtful, constructive feedback on our ethics documents through their structured peer-review process.*
>
> *Based in Western Sydney, the BH2H service occupies a unique and vital space. We support people with bilingual backgrounds in their preferred language, making mental health care accessible, culturally attuned, and responsive to community needs. This positions our service as one of the few equipped to truly engage this diverse population. However, our staff are not AOD specialists, and initiating AOD-related conversations with service users can sometimes feel challenging.*
>
> *This CMHDARN-funded project is helping bridge that gap. Through this work, our team will develop a deeper understanding of the AOD challenges faced by bilingual individual, particularly as these intersect with migration-related stressors and settlement experiences.*
>
> *We aim to learn what supports are meaningful within this context and build practical capability so staff can confidently and effectively engage service users on AOD matters.*
>
> *The insights from this research will contribute to the broader literature on AOD use among bilingual communities and offer valuable learnings for similar services across the Mind Australia Group. We are sincerely grateful to CMHDARN and their team for their ongoing support and partnership in making this work possible."* **– Grant Recipient**

Royal Flying Doctor Service – Mapping Cultural Safety Frameworks in Far West NSW (2025)

The Royal Flying Doctor Service (South-Eastern Section) is conducting a systematic literature review to identify, analyse, and synthesise evidence on First Nations cultural safety frameworks relevant to MH and AOD service delivery in regional and remote NSW. The project focuses on establishing an evidence base to inform future cultural safety systems within RFDS and across the sector.

Key planned activities include:

- A rigorous, staged systematic review process, guided throughout by the RFDS First Nations Community Advisory Group (FNCAG) to ensure cultural integrity.
- Identification of best-practice frameworks, gaps, and evaluation tools for cultural safety within MH and AOD contexts.
- Development of resources and culturally grounded evidence to strengthen workforce cultural capability.
- Significant lived experience involvement, including FNCAG input into protocol design, interpretation of findings, and culturally appropriate dissemination

> *As a recipient of the CMHDARN Innovation and Evaluation Grant in 2025, our organisation has greatly valued the professionalism, reliability, and clarity demonstrated by CMHDARN throughout our engagement. The processes and expectations associated with the grant were communicated in a structured and accessible way, and CMHDARN consistently demonstrated an approach that was easy to work with. Their responsiveness to our operational context, particularly the unique challenges of delivering mental health and AOD services in rural and remote settings, ensured that the grant was feasible to implement and aligned with our broader service commitments.*
>
> *A defining feature of our experience has been CMHDARN's professionalism committed to transparent, open, and honest communication. At all stages of the project, their team provided timely guidance, constructive feedback, and a genuine willingness to understand the practical realities influencing research activity in our region. This clarity supported informed decision-making and enabled our project team to progress methodological refinements with confidence, grounded in a shared understanding of sector needs and expectations.*
>
> *CMHDARN's flexibility and agility have been valued, especially as academic advice led to adjustments in the research methodology and timelines. Their ability to adapt to changes, support revised approaches, and remain solution-focused contributed significantly to the continuity and quality of the project. The grant has provided meaningful benefit to our organisation by strengthening our evidence-informed practice, supporting capability development, and contributing to broader sector knowledge. We regard the CMHDARN as a highly valued partner that enhances research capacity across the mental health and AOD sectors."* **– Grant Recipient**

ACON – M3THOD Program Co-Evaluation (2025)

ACON's project will co-design and pilot an evaluation framework for the M3THOD program, a peer-led intervention supporting gender- and sexuality-diverse people who engage in sexualised drug use (chemsex). Now in its fifth year, M3THOD has expanded into a multi-component program but has never been formally evaluated.

The project aims to:

- Develop a revised program logic, integrating CHIME and behaviour-change theory.
- Co-design evaluation measures that capture outcomes meaningful to participants including connection, belonging, sexual wellbeing, harm reduction literacy, and mental health, not just clinical or abstinence-based indicators.
- Pilot the evaluation with program participants and refine the framework through lived-experience review groups.
- Strengthen sector capacity by producing a transferable, strength-based evaluation approach for peer-led AOD/MH interventions.

> *For us as researchers within the School of Psychology, University of Wollongong, the grant created a valuable opportunity to partner with a local community organisation and undertake research embedded directly within service delivery. This collaboration enabled the University to contribute meaningful evaluation expertise to the AOD sector while generating practical insights to inform treatment and assessment approaches for young people with complex mental health and substance use needs."* **– Grant Recipient**

Research Showcase

The CMHDARN Research Showcase is a curated, practice-focused bibliography featuring over 180 research outputs (2020–2025) from community-managed MH and AOD organisations, academic partners, and lived-experience researchers. Updated annually, the Showcase is organised across 11 thematic categories from co-existing MH–AOD needs and Aboriginal and Torres Strait Islander research to LGBTIQ+, homelessness, rural communities, and young people. Unlike academic databases, the Showcase captures practice-generated, applied research directly relevant to NGO service delivery, evaluation, and innovation, making it a unique evidence resource for the NSW community sector.

Mentoring Program

Mentoring activity was disrupted during COVID-19; two mentees participated in 2020–21 and reported increased knowledge, skills, and translation confidence The Matilda Centre formally took over responsibily for the program in 2021 to broaden access, with CMHDARN supporting through active promotion through CMHDARN channels.

Outputs Snapshot

'Why research' webinar (Feb 2020)	'Using program logic in evaluation & translational research: a short guide' resource (March 2022)	'Ethics & lived experience in research' workshop (May 2023)	'Towards trauma-informed research: a brief overview & practice guide' resource (July 2024)
'Ethical & inclusive research' webinar (May 2020)	'Co-production Kickstarter' resource (April 2022)	'Co-design Kickstarter' resource (June 2023)	'Research essentials for the community sector' resource (August 2024)
'Evaluating service changes due to COVID-19' webinar (June 2020)	'Co-production Kickstarter' webinar (April 2022)	'Example of excellence: showcasing the Community Restorative Centre's Advocacy & Research Unit' webinar (July 2023)	'Safe research partnership with people with lived & living experience – checklist & reflective guide' (April 2025)
'Developing a research question' webinar (June 2020)	'The benefits of mentoring for emerging & established researchers' webinar (June 2022)	'Co-design Kickstarter' workshop (August 2023)	'Bridging the gap: bringing evidence to life in practice & policy' webinar (May 2025)
'Why research ethics' webinar (October 2020)	'How to use research to address knowledge gaps in your practice' workshop (Oct 2022)	'Why Surveys' resource (Jan 2024)	'Showcasing your research: good practices for conference & seminar presentations' webinar (June 2025)
'Co-production in research' webinar (November 2020)	'Highlights from the NGO Research Capacity Study' webinar (March 2023)	'Unpacking the annual overdose report with the Penington Institute' webinar (Feb 2024)	'Evaluation Essentials' workshop (June 2025)
'What is an evidence base?' webinar (Feb 2021)	'Using program logic in research & evaluation' webinar (March 2023)	'What is participatory research?' resource (April 2024)	'Knowledge in practice: transforming AOD support through collaboration' webinar (August 2025)
'Research methodologies' webinar (March 2021)	'Acknowledgement matters: a guide to lived experience engagement' resource (April 2023)	'Collaborative Connections: Mental Health & AOD Symposium' (April 2024)	'What do we mean by co-design research?' resource (Sept 2025)

Lived Experience Advocacy and Leadership

CMHDARN demonstrates a structural and non-symbolic commitment to lived experience leadership, with representation embedded in governance, grant decision-making, and resource development. Lived experience (LE) leadership is embedded in CMHDARN governance (Reference Group and RECC); the design and delivery of resources and events; as well as supporting sector initiatives (Raising the Bar). Major outputs, including the co-production/co-design guides, trauma-informed research guidance, and safe partnership resources were co-developed with people with lived experience and their peak organisations.

Member feedback reflects strong recognition of CMHDARN's strengths-based and inclusive approach. Respondents noted that CMHDARN "engages a diverse range of voices" and supports progress toward integrating lived experience into research design. The emphasis on co-design and participatory practice was particularly valued. In the survey Members highlighted the benefit of resources focused on co-design in translational research, suggesting that CMHDARN has contributed to a cultural shift toward participatory methodologies.

Feedback also identified opportunities for growth in this area, including increased First Nations representation and expanded lived experience leadership. These insights provide constructive direction for the next funding phase and demonstrate that members view CMHDARN as a platform capable of deepening inclusive practice.

> *When I think about what is important to say about my experiences with the*
>
> *CMHDARN team, it is natural to focus on the work we have done together: the creation and publication of the Co-design and Co-production kickstarters, the co-design research introduction video, and our several webinars, workshops, and conference presentations, all of which are deserving of recognition.*
>
> *But what I value even more is the way that CMHDARN works: with care and attention to process, a willingness to try new things, a commitment to working in partnership, and taking the time to do that properly, while supporting high-level collaborative research and elevating lived experience. I think this is where the work' really happens, and where the change we all hope to see begins.*
>
> *It has been a privilege to work alongside CMHDARN, and I am excited by the prospect of continuing to do so, so that we can challenge the status quo and create space for more inclusive, impactful research."*
> **– Lived Experience Researcher**

MEMBER-REPORTED OUTCOMES

Across survey responses, members identified several consistent outcomes of engagement with CMHDARN:

- Increased confidence undertaking research and evaluation
- Improved understanding of translational and participatory research
- Stronger integration of lived experience perspectives
- Enhanced connection to sector peers

Members also report reduced isolation when undertaking research and value CMHDARN as a trusted bridge to evidence-informed practice.

> *I have been part of CMDARN for over 10 years and have appreciated its commitment to cross sector collaboration. For too long AOD & MH have been siloed, but CMHDARN has consistently supported bringing the two sectors together - to jointly undertake important work and develop a best practice framework."* **– CMHDARN member**

IMPACT ANALYSIS

The analysis below synthesises quantitative trends, qualitative feedback, and system-level contributions to articulate what has changed because of CMHDARN, and why these matters for sector capability and reform.

Workforce Capability Uplift

CMHDARN has strengthened the sector's ability to undertake, understand, and apply translational research. Survey data from 2020–2025 consistently shows increases in:

- confidence using research methods,
- understanding of evidence-based and participatory practice,
- ability to apply research tools in day-to-day service delivery,
- capacity to lead or collaborate on evaluations.

This uplift is not superficial knowledge gain. Multiple members reported direct application of resources and tools to improve project design, embed lived experience into evaluation processes, and strengthen ethical considerations. This demonstrates a shift from awareness to behavioural change, enabling NGOs to generate, interpret and act on their own evidence.

Improved Quality and Safety in NGO-Led Research

The Research Ethics Consultation Committee (RECC) provides unique, early-stage ethical support rarely accessible outside academia. Across 2020–2025, the RECC reviewed 5–9 applications annually, consistently strengthening:

- ethical safety,
- inclusiveness and accessibility,
- rigour of methodology,
- quality of participant protections,
- meaningful lived experience involvement.

This early-intervention advisory model reduces risk for organisations, improves the ethical conduct of community-based research, and ensures projects align with best-practice approaches to working safely with people with mental health and substance use needs

Practice-Ready Evidence for Service Improvement

The Innovation and Evaluation Grants program has funded research projects directly relevant to service gaps and community needs. These projects generate practice-ready evidence that informs service design, and system reform. Record application numbers in 2025–26 confirm high demand and the continued relevance of this mechanism. Many organisations reported that the grant opportunity allowed them to conduct research that would otherwise be out of reach.

Embedding Lived Experience Leadership

CMHDARN's governance and outputs demonstrate strong commitment to lived experience leadership. Co-developed resources, participatory guides, and trauma-informed research tools have normalised lived experience-led practice and expanded the sector's understanding of safe, equitable research participation. External validation through the 2025 Australian Consumer Partnership in Research Awards further confirms CMHDARN's sector leadership in championing lived experience led research.

Bridging the Gap Between Community Services, Academia and Policy Reform

CMHDARN plays a unique role as a translator and connector across traditionally siloed systems. Through its online events, collaborations with academic partners, and partnerships with lived experience networks, CMHDARN has strengthened:

- cross-sector collaboration,
- research to practice translation,
- sharing of applied evidence,
- opportunities for community organisations to influence policy and systemic reform.

Members describe CMHDARN as reducing the isolation felt when conducting research in resource-constrained NGO environments.

RECOMMENDATIONS

- Funding for CMHDARN – 5-year funding cycles in line with Secure Jobs Funding Certainty, to stabilise grants administration, enable longitudinal evaluation of funded projects, and reduce administrative precarity that limits strategic planning.
- Expand the grants program to ensure more organisations are afforded the capacity to evaluate their projects and research what they deem is a gap in service provision.
- Strengthen the translation and advocacy loop: require a translation plan for each grant/resource.
- Dissemination Support: Funding for services to access academic journals to support literature reviews and keeping up to date with emerging evidence and capacity to provide conference bursaries for organisations to present their work to the sector.
- Continue to strengthen lived experience-led research support, with focus on priority populations such as First Nations peoples, CALD peoples, LGBTQIA+SB, etc.

CONCLUSION

Across 2020–2025, CMHDARN cemented its role as a practical, and trusted supporter and enabler for research and evaluation within the community-managed mental health and AOD sectors. The combination of sustained membership growth; increased digital engagement, and consistently positive feedback from the Network and our collaborative partners, demonstrates that CMHDARN delivers meaningful support, guidance and opportunities.

Members not only access resources but report applying them in practice, strengthening evaluation quality and participatory approaches across NSW.

The cumulative impact of CMHDARN's work extends beyond individual organisations, contributing to system-level reform by strengthening the capability, confidence, and connectedness of the sector. As one of the few enduring cross sector collaborations bridging mental health, AOD, academia, and lived experience, CMHDARN represents a unique and vital platform for shared learning, capability uplift and sector cohesion.

With rising demand for research literacy, participatory practice, and evidence translation, CMHDARN is well placed to lead the next phase of capability development, supporting organisations to navigate increasing complexity and drive meaningful service innovation.

The consistent growth in membership, uptake of resources, and positive feedback from practitioners and partners affirms CMHDARN's role as a reliable, relevant and valued source of support.

By reducing the isolation often experienced by NGOs undertaking research, CMHDARN has created a collaborative ecosystem where knowledge, tools and relationships can flourish. With a demonstrated impact and a clear mandate from the sector, CMHDARN now stands at an important juncture — ready to consolidate its achievements, expand its reach, and continue building the evidence - base that strengthens community mental health and AOD practice across NSW.

With this solid foundation, CMHDARN is well positioned to deliver the next phase of capacity-building, community-generated evidence, and system reform.

Corinne Henderson
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The Network of Alcohol and other Drugs Agencies (NADA)

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RESEARCH NETWORK