



RESEARCH INTO PRACTICE CONFERENCE
MONDAY 6 AND TUESDAY 7 DECEMBER 2010
Novotel Manly Pacific, 55 North Steyne, Manly.

WELCOME TO OUTSIDE IN

It is with great pleasure that we present the 'Outside In' Research into Practice conference, a conference to showcase research into working with people with co-existing mental health and drug and alcohol issues.

It's been almost two years since the Mental Health Coordinating Council (MHCC) and the Network of Alcohol and Drug Agencies (NADA) partnered together to bring you the first 'Outside In' conference. The conference was a great success and brought together speakers, presentations and interactive opportunities that focussed on ways forward in dealing with complex and diverse needs in the community, especially around the issues of mental health and drug and alcohol use.

This time the MHCC and NADA have come together to showcase research driven by both sectors in collaboration with universities and major research institutions. A highlight of the conference is the diverse range of services, population groups and research partners that have been involved in the research.

The conference has been designed to bring workers, managers, clinicians, consumers and carers, policy makers and researchers together to share the findings from NGO driven research. It's also an opportunity share experiences, ideas, network and explore ways to collaborate to meet the needs of people with co-existing mental health and drug and alcohol issues.

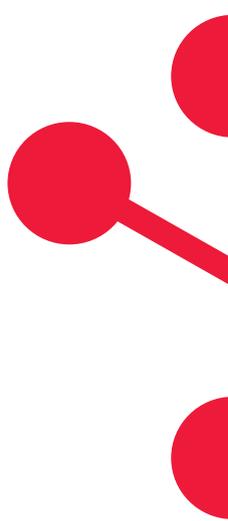
Best wishes to all attending and we hope you enjoy and get a lot out of the 'Outside In' Conference.

JENNA BATEMAN

Mental Health Coordinating Council

LARRY PIERCE

Network of Alcohol and Drug Agencies



The Mental Health Coordinating Council (MHCC) and Network of Alcohol and Drugs Agencies (NADA) welcome you to the Research into Practice conference at the Novotel Manly Pacific.

The conference will be opened by Hon Carmel Tebbutt MP, Deputy Premier and Minister for Health.

Keynote presenters include:

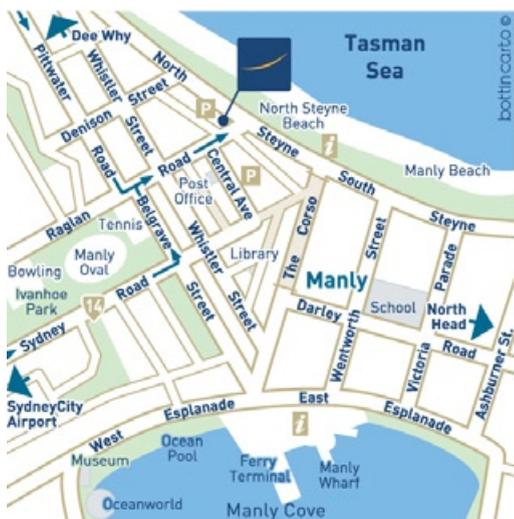
- ✦ Julian Morrow, Executive Producer and co-founder of The Chaser
- ✦ A/Prof Michael Baigent, Department of Psychiatry Flinders University, Clinical Advisor, beyondblue, the National Depression Initiative, Clinical Director, Centre for Anxiety and Related Disorders
- ✦ Dr Katherine Mills, Senior Lecturer and NHMRC Research Fellow, National Drug and Alcohol Research Centre
- ✦ Readings and performance by young artists from the “Speak Out Speak Easy” program at South Sydney Youth Services.

The conference will showcase NGO driven research in the area of working with clients with co-existing mental health and drug and alcohol problems, with a focus on the implications for practice. A highlight of the conference will be the diverse range of services, population groups and research partners that have been involved in the research.

A reception and dinner on the first day of the conference will provide an opportunity to network with both NADA and MHCC members from across NSW.

OUTSIDE IN: RESEARCH INTO PRACTICE CONFERENCE

DECEMBER 6 AND 7, 2010



Co-hosted by the Mental Health Coordinating Council (MHCC) and the Network of Alcohol and Drugs Agencies (NADA)

The Novotel Sydney Manly Pacific is located in the heart of Manly, opposite one of Sydney's most famous beaches. Manly is located approximately 15 minutes by Jetcat and 30 minutes by car to Sydney's CBD.

A: 55 North Steyne, MANLY NSW 2095

P: +61 2 9977 7666

- ✦ Distance from City Centre: 15km
- ✦ Distance from Airport: 35km
- ✦ Distance from nearest train station:
Chatswood Station, 15km

JULIAN MORROW

Julian Morrow: Co-founder of satirical media empire *The Chaser*. Writer, performer, producer, wanker.



KEYNOTE PRESENTATIONS

SOUTH SYDNEY YOUTH SERVICES

Mardi Diles is the Team Leader of the Speak Out Dual Diagnosis Team at South Sydney Youth Services. Mardi is passionate about working therapeutically with young people and engaging in creative intervention. Her work is informed by Narrative Approaches and values the lived experience of young people accessing support. Mardi has a Bachelors Degree in Social Sciences and a Masters in Social Health.

Ronald Valencia provides counselling and family therapy to young people and their families through the Speak Out Dual Diagnosis Program at South Sydney Youth Services. He also maintains a private practice in psychotherapy in Sydney and has a passion for young people rediscovering themselves and their dreams through greater connection with their inner being, their family and community.

Camille Masson-Talansier is a visual artist, art coordinator and a dynamic Trainer. Camille's paintings and transparency installations have been exhibited in Europe and Australia and her works are held in major private collections. Her ongoing personal art practice is essential and informs her different roles. She has organised numerous international public art events and multicultural art programs in France, and in 2007 she was appointed Director of Lockhart River Indigenous Art Centre in Far North Qld. In 2009, she joined South Sydney Youth Services Speak Out Dual Diagnosis Team to facilitate the Arts program within the organisation.



MICHAEL BAIGENT

MBBS, FRANZCP, FACHAM

A/Prof Michael Baigent is a specialist with the Drug and Alcohol Services South Australia where his work has a specific focus on co-occurring substance and mental disorders. He is also the Clinical Director of the Centre for Anxiety and Related Disorders, Flinders Medical Centre and directs the Mental Health Sciences course, part of the Flinders Human Behaviour and Health Research Unit. He is a psychiatrist and addiction specialist who has taught and lectured extensively in the area of co-morbidity and been a member of a number of national and state advisory committees and reference groups to do with substance use disorders and mental illness.

He was the immediate past Chair of the Section on Addiction Psychiatry for the Royal Australian and New Zealand College of Psychiatrists. In 2006, he was invited to be the Clinical Advisor to *beyondblue*, the National Depression Initiative.



KATHERINE MILLS

BHLTHSC (HONS), PHD

Dr Mills is a Senior Lecturer and National Health and Medical Research Council Research Fellow at the National Drug and Alcohol Research Centre, University of NSW. Her research focuses on the epidemiology and treatment of co-occurring substance use and mental health disorders, in particular, post traumatic stress disorder.

Dr Mills has published widely in the area, and the importance of her research has been recognised by awards from the Australasian Society for Traumatic Stress Studies (2004), the Australasian Professional Society for Alcohol and Other Drugs (2007), and the US College on Problems of Drug Dependence (2009).



Day 1 Monday 6 December 2010

9.00 am	Larry Pierce, NADA CEO and Jenna Bateman, MHCC CEO welcome delegates Welcome to Country – Alan Madden	
9.30 am	The Hon. Carmel Tebbutt MP, Deputy Premier and Minister for Health opening of conference and launch of NGO Research Network	
10.00 am	Keynote I: Julian Morrow, Executive Producer and co-founder of <i>The Chaser</i>	
10.00 am	Keynote II: South Sydney Youth Services: Working Creatively With Young People: Why engagement & process matters	
10.30 am	Morning Tea	
11.00 am	Researching diversity: (Clarendon Room) ACON/NDARC - UNSW: Understanding the treatment and support needs of members in the GLBT community living with coexisting issues and the capacity of services to respond Drug And Alcohol Multicultural Education Centre/NCPIC, NDARC - UNSW: Treatment pathways for CALD clients with coexisting cannabis use and mental health issues South Coast Medical Services Aboriginal Corporation/DAM - USYD: Out of luck and out of town: exploring the needs of Aboriginal women with drug-and-alcohol and mental-health problems in rural and regional NSW	Innovative approaches to working with young people: (Norfolk Room) Triple Care Farm/CHSD - UOW: Integrated Intervention: Treatment Outcomes for Young People with Coexisting Drugs and Alcohol Problems and Mental Health Issues Waverley Action for Youth Services/NCPIC – UNSW: The value of going beyond recognition in a generalist youth service setting to a formal process of screening for coexisting concerns Manly Drug Education and Counselling Centre/NDARC – UNSW: Keep it Simple (KIS) – Online Social Research
12.30 pm	Lunch	
1.30 pm	Researching the protective factors and challenges associated with coexisting issues: (Clarendon Room) We Help Ourselves/NDARC – UNSW: The effects of specific mental illness and substance use on early drop-out, retention and successful program completion Neami/ORYGEN: The impact of co occurring substance use disorders in a young adult sample (<30 years) with severe and persistent mental illness (SPMI), receiving psychosocial rehabilitation services Adults Surviving Child Abuse/CGRVS – UNSW: The experiences of adult survivors of child abuse in drug and alcohol treatment	Reinvesting in what we have – attitudes and perceptions among clients and workers: (Norfolk Room) Break thru/FHS – USYD: Working with Barriers: supporting employment for people with psychiatric diagnoses and additional drug and alcohol problems Aftercare/Psy – UNSW: Illness perceptions, attitudes to substance use and medication adherence. How are these linked with, and what is the rate of, substance abuse in people with a mental illness in two Sydney mental health NGOs? The Lyndon Community/CSU: Unique approaches for engagement of Aboriginal health workers and primary care providers in the delivery of mental health and drug and alcohol interventions in rural NSW
3.00 pm	Afternoon Tea	
3.30 pm	NADA AGM	MHCC AGM
5.00 pm	Welcome Reception	
6.00 pm - 9.00 pm	Social Event/Dinner	

Day 2 Tuesday 7 December 2010

9.00 am	Leonie Crayden, MHCC President and Kerri Lawrence, NADA President to welcome delegates
9.30 am	John Allan, Chief Psychiatrist, Mental Health and Drug and Alcohol Office, NSW Department of Health Keynote I: Associate Professor Michael Baigent, Department of Psychiatry Flinders University, Clinical Advisor, beyondblue, the National Depression Initiative, Clinical Director, Centre for Anxiety and Related Disorders <i>Service Perspectives on Comorbidity</i>
10.00 am	Keynote II: Dr Katherine Mills, Senior Lecturer and NHMRC Research Fellow, National Drug and Alcohol Research Centre <i>Treating traumatised clients: What is the evidence?</i>
10.30 am	Morning Tea
11.00 am	<p>Regional representation in mental health and drug and alcohol services: (Clarendon Room)</p> <p>Kedesh Rehabilitation Services/iIMH – UOW: The evaluation of an Addictions/Comorbidity Counsellor Training Internship Program</p> <p>Oolong Aboriginal Corporation/iIMH – UOW: Evaluation of a residential program for people with psychiatric and substance use disorders</p> <p>Baptist Community Services/iIMH – UOW: Regional and urban boarding house managers capacity to support the mental health and substance abuse needs of residents at risk of homelessness</p> <p>Cross Sector Development Initiatives (10 mins each)</p> <p>The Mental Illness and Substance Use (MISU) Capacity Building Project (NADA, Kedesh & iIMH - UOW)</p> <p>No Wrong Door: The Mental Health Drug and Alcohol Change Management Project (MHCC, NADA & iIMH – UOW)</p>
1.00 pm	Lunch
2.00 pm	Research Network Activity: Introduction and invitation to the network
2.30 pm	Panel Discussion / Wrap Up
3.30 pm	Close

Legend:

CHSD – UOW: Centre for Health Services Development, the University of Wollongong
 CSU: Charles Sturt University
 CGRS – UNSW: Centre for Gender-Related Violence Studies, the University of NSW
 DAM – USYD: Central Clinical School, Discipline of Addiction Medicine, the Sydney Medical School, the University of Sydney
 FHS – USYD: Faculty of Health Sciences, the University of Sydney
 iIMH – UOW: Illawarra Institute for Mental Health, the University of Wollongong

Monash: Monash University
 ORYGEN: ORYGEN Research Centre, the University of Melbourne
 Psy – UNSW: School of Psychology, the University of NSW
 NCPIC, NDARC – UNSW: National Cannabis Prevention and Information Centre, National Drug and Alcohol Research Centre, the University of NSW
 NDARC – UNSW: National Drug and Alcohol Research Centre, the University of NSW
 SJSICC – UWS: Social Justice Social Change Centre, the University of Western Sydney

More innovative approaches to working with young people: (Norfolk Room)

Richmond Fellowship of NSW/SJSICC – UWS: The Journey to recovery: A historical, retrospective analysis of the experience of young people with a mental illness and co-occurring substance abuse in the Richmond Fellowship NSW Young People's Program

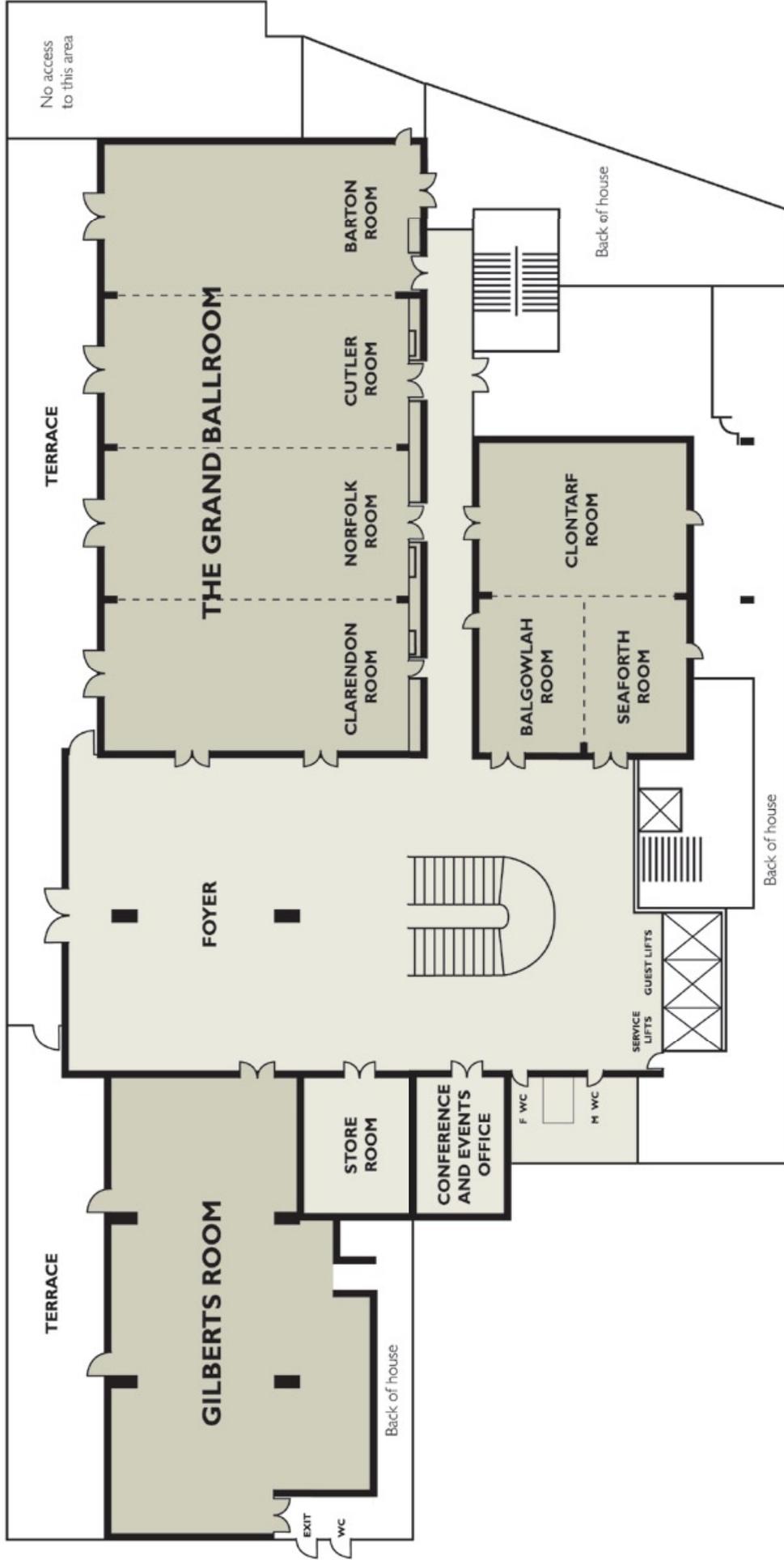
Mental Health Association NSW/SJSICC UWS: 'WHAT WORKS?' Research into cannabis use by mental health consumers aged 18-30. Examining the effectiveness of health promotion campaigns

Ted Noffs Foundation/NCPIC, NDARC – UNSW: Mental health among young psychostimulant and cannabis users in residential substance use treatment: patterns, treatment needs, and responses to treatment

On Track Community Programmes/Monash: The experience of children living with parents affected by mental illness and substance misuse and addiction: an action research study to identify 'good practice' interventions for community organisations

VIEW TO MANLY BEACH

Not to scale



NGO MENTAL HEALTH DRUG AND ALCOHOL RESEARCH NETWORK

While there has been little research looking at research networks that address the needs of the community sector, there is an increasing body of evidence advocating the value of research within human services e.g. research that influences primary care practice and is undertaken in primary care situations. This research is recognised as essential for the development of high quality, evidence based health care for populations. Correspondingly there is growing body of evidence recognising the role of research networks in translating research into service development initiatives. Additionally, recent studies by NCETA on effective dissemination of research in the alcohol and drug field have found interactive educational meetings and educational outreach visits to be amongst the most successful of the 16 strategies under investigation in influencing practitioner's behaviour. These activities are essential components of research networks.

The NGO Mental Health Drug and Alcohol Research Network would be open to all organisations in both sectors. This will ensure that the large majority of services within both sectors that currently do not have the capacity to participate in research are also engaged. The network would involve a range of activities that could include: Information and education sessions, workshops, forums, electronic exchange mechanisms and other activities aimed at building the capacity of the sectors to undertake research. A variety of research bodies and researchers will be engaged to assist in building a sustainable network that will facilitate the development of a culture of research by providing opportunities and promoting exchange of ideas, sharing of resources, and support and collaboration between NGOs.

As part of the network, a seeding grants scheme will operate. Seeding grant schemes are a tool commonly used by the research sector to enhance

and build research capacity. They are used to support and provide opportunities for emerging and novice researchers and to provide an avenue for smaller organisations to undertake research. Grants are most commonly used to support collaborations between groups, explore new research directions, develop project plans, and to undertake preparatory work towards applications for larger research funding.

The operation of a seeding grants scheme in conjunction with the research network will serve to strengthen both initiatives and better support the establishment of a culture of research within the sectors. The seeding grants scheme will provide greater incentive for organisations to engage in the network as an accessible source of funding targeting novice and practitioner based research. The network will serve a complementary purpose by supporting practitioners in developing and implementing their research, and providing opportunities for skills development and a vehicle for dissemination.

While the research network and seeding grants scheme will be a partnership project, it is anticipated that there will also be opportunities to conduct sector specific activities to further build services capacity to engage in research and respond to the unique characteristics of and needs of each sector.

The ultimate aim of the research network is to increase capacity for research: *"Collaborative research practice through the forming of networks and collaborative partnerships between service providers and research bodies"*.

FOR FURTHER DETAILS, CONTACT:

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Support by:



“IT’S DIFFERENT FOR EACH INDIVIDUAL”: GLBT COMMUNITY ATTITUDES TOWARDS DRUG TREATMENT

Angela Matheson¹, Amanda Roxburgh², Prof. Louisa Degenhardt³, Dr. John Howard²

¹ ACON (formerly the AIDS Council of NSW), Sydney, New South Wales, Australia

² NDARC, University of New South Wales, Sydney, New South Wales, Australia

³ Burnet Institute, Melbourne, Victoria, Australia

Background: Convenience samples of urban, community-attached gay, lesbian, bisexual and transgender (GLBT) people in Sydney indicate elevated rates of methamphetamine use compared to the broader population. There is growing awareness that GLBT people experience particular barriers to drug treatment and other health services.

Methodology: ACON partnered with NDARC to interview 116 regular methamphetamine users who identified as gay, lesbian or bisexual. Recent drug use and dependence were assessed and

mental health histories were taken. Qualitative questions prompted for past experiences and current beliefs about drug treatment. Twelve drug treatment services were also interviewed regarding workers’ skills, experience and attitudes around provision of services to GLBT people.

Results: Study results indicated high rates of dependence, including poly drug dependence, and elevated rates of having a mental health disorder among the community sample. Study participants were more likely to be getting assistance for mental health problems than for drug use issues. There were very mixed views about whether mainstream services were appropriate for GLBT people. Service providers indicated varying levels of expertise regarding GLBT clients.

Conclusions: There is a role for both GLBT-specific drug services and mainstream agencies to meet the varied treatment needs of GLBT people with problematic substance use. There is also a need to promote the value of these services among GLBT people. The study also suggests continued opportunities for developing the capacity of mainstream health services to offer culturally appropriate services to GLBT people.

ENGAGING WITH CULTURAL AND LINGUISTIC DIVERSITY (CALD) IN DRUG AND ALCOHOL AND MENTAL HEALTH SERVICE SETTINGS

Ian Flaherty¹, Connie Donato-Hunt¹, Anthony Arcuri² and John Howard²

¹ The Drug and Alcohol Multicultural Education Centre, Sydney, New South Wales, Australia.

² The National Cannabis Prevention and Information Centre, Sydney, New South Wales, Australia.

ABSTRACT

Introduction: This qualitative study examines the experiences of those with co-existing issues engaging with mental health or alcohol and other drug services.

Methods: Qualitative in-depth interviews were conducted with 56 current clients of mental health or drug and alcohol services in Sydney and Wollongong and 23 workers. Thematic analysis was used to identify themes and analyse narratives.

Results and discussion: Results found that engaging with specialist services was challenging for nearly all the clients interviewed, yet it appeared even more so for those from CALD backgrounds. This was largely due to additional challenges and pressures relating to their migration experiences, language barriers and not understanding the Australian healthcare system. Despite the challenges, clients spoke highly of the services and workers they were currently engaged with, identifying what they had found helpful and providing recommendations for addressing co-existing issues and working with clients from CALD backgrounds.

Conclusion: Engaging with CALD within these health service settings often involved a complex interplay between organisational or systemic structures and the agency of individual works. Workers were able to overcome perceived deficits by offering resistance through alternative, and often creative, approaches.

Key words:

Drugs, ethnicity, mental health, services.

THE WOMEN'S HEALING PROJECT

¹ The project was conducted by: South Coast Medical Service Aboriginal Corporation (lead agency), South Coast Women's Health and Welfare Aboriginal Corporation (Waminda), Illawarra Aboriginal Medical Service, Katungul Aboriginal Corporation Community and Medical Service, University of Wollongong and the University of Sydney.

ABSTRACT

Aim: The Women's Healing project sought to understand the service needs of Aboriginal women with mental health and drug and alcohol abuse problems. The project also explored the experiences of families and carers of these women, and of the mental health and drug and alcohol staff currently working in the area.

Method: An Aboriginal Women's Healing Project Officer conducted 38 semi-structured interviews face-to-face with three groups of interviewees (women, their families/carers and Aboriginal Health Workers), comprising 44 interviewees in total. Interviews were conducted from June to November 2009, either individually or in small groups, depending on the preference of interviewees. Women interviewed for

this project were aged between 20 and 61 years and experienced variety of mental health conditions, ranging from mild anxiety to severe psychoses. Their use of alcohol and other drugs also varied, including alcohol, cannabis and heroin.

Results: The impact of living with co-morbidity was considerable and personally devastating, often leading to a loss of social networks, ill health, unemployment and financial instability. Some women had their children removed and taken from their care, which led to feelings of shame, guilt, withdrawal and depression. Others were estranged from their families, or had difficulty maintaining relationships with people other than fellow users.

Conclusion: The outcomes of the Women's Healing project will provide valuable information to NSW Aboriginal Women's and Children's Rehabilitation Service Feasibility Study project and to drug and alcohol and mental health service delivery aimed at women in the South Coast and Far South Coast region of NSW.

Keywords:

Aboriginal women, mental health, drugs and alcohol.

TRIPLE CARE FARM: EFFECTIVE AND RESPONSIVE INTEGRATED INTERVENTION FOR YOUNG PEOPLE WITH CO-OCCURRING SUBSTANCE MISUSE AND MENTAL HEALTH ISSUES

Jody S. Chandler, Robert Gordon², Nicholas Marosszeky²
Triple Care Farm, Mission Australia, Robertson, N.S.W., Australia
² *The Centre for Health Service Development, University of Wollongong, N.S.W., Australia*

ABSTRACT

Services for the treatment of substance misuse in young people have seen recent developments toward a more flexible, youth-focussed approach to treatment. With a particular focus on the high incidence of co-occurring mental health issues within this population, the provision of services increasingly incorporating understandings of the adolescent's developmental needs and challenges often

enmeshed within a range of complex psychosocial issues associated with the substance misuse.

This research examines treatment progress and post-treatment outcomes (3 months post-treatment) in substance use, psychopathological symptomatology, and psychosocial measures for young people participating in Triple Care Farm's integrated intervention program. Overall, results indicate significant outcomes at 3 months post-treatment, with reductions in substance use and dependence, and improvements in psychological symptomatology and psychosocial measures.

This paper presents a discussion of the current findings and implications for service delivery, along with a description of the treatment model of Triple Care Farm's integrated intervention program.

Keywords:

Integrated Intervention, youth, substance misuse, mental health, treatment outcomes, treatment model.

BETTER RECOGNITION OF AND RESPONSE TO MENTAL HEALTH AND AOD ISSUES FOR YOUNG PEOPLE WITH MULTIPLE AND COMPLEX NEEDS

Jaime Smith, Karen Mclaughlan, John Howard

Youth workers are frequently described as “gatekeepers” between young people and specialist services. To better assist them to fulfill this role there must be a greater acceptance among them of the importance for screening for both mental health and substance use difficulties, and for more effective responses, including referral. This study explores the value of going beyond mere recognition of the more complex needs of young people in a generalist youth services setting and moving toward a more structured approach, utilizing a formal screening

tool specifically designed to identify co-morbidity concerns in young people.

Forty three young people aged 16 to 26, seventeen youth workers, and eighteen key stakeholders including GPs, mental health and AOD providers were interviewed.

Findings revealed that there was an openness to use of screening tools by both young people and youth workers, there was a need to build the capacity of youth workers in both increasing their mental health literacy, including treatment and medication options, and their ability to facilitate referrals and reduce the burden on young people with multiple and complex needs negotiating access to services.

THE RISK OF PSYCHOTIC SYMPTOMS ASSOCIATED WITH RECREATIONAL METHAMPHETAMINE USEDAR_1

Rebecca McKetin¹, Karina Hickey^{1,2}, Kristina Devlin² and Kerri Lawrence²

¹National Drug and Alcohol Research Centre, University of New SouthWales, Sydney, Australia,

²Manly Drug Education and Counselling Centre, Sydney, Australia

ABSTRACT

Introduction and Aims: To determine whether recreational methamphetamine use is associated with an increased risk of psychotic symptoms.

Design and Method: A cross-sectional survey of 157 people attending dance events in Sydney, Australia. Participants were assessed for psychotic symptoms in the past year using items from the Psychosis Screen. Participants with and without psychotic symptoms were compared on methamphetamine use, polydrug use and other demographic factors.

An ordinal logistic regression was used to determine the probability of psychotic symptoms by methamphetamine use and level of polydrug use.

Results: Psychotic symptoms in the past year were predicted by methamphetamine use and heavier polydrug use in the past year, and a

history of a psychotic disorder (schizophrenia, schizoaffective or bipolar affective disorder). After removing participants with a history of a psychotic disorder (n = 16) and adjusting for polydrug use, methamphetamine use increased the probability of two or more psychotic symptoms (indicative of psychosis risk) from 9% to 21%. There was a non-significant increase in the risk of psychotic symptoms with higher levels of polydrug use. Methamphetamine use was typically monthly or less often (83%), and most users described their use as recreational (85%).

Discussion and Conclusions: Within the context of polydrug use, recreational methamphetamine use is associated with a twofold to threefold increase in the probability of psychotic symptoms.

Keywords:

Methamphetamine, psychosis, mental health, stimulant, recreational drug use.



EFFECTS OF CLIENT CHARACTERISTICS AND MENTAL HEALTH ON TREATMENT COMPLETION AND RETENTION IN A THERAPEUTIC COMMUNITY

A key predictor of treatment outcome is retention in treatment. However, much of the research attempting to identify factors that influence treatment retention has been inconsistent. A reason given for the inconsistent findings is that previous research combined different service and client types and as such contained too much variability. In order to rectify the issue of variability, the current research was undertaken to examine

client characteristics that influence retention and completion in residential drug –free services and residential opioid-based treatment services. It was of particular interest to determine if there was an effect of mental health status either past or present on a clients retention. A total of 249 clients were recruited from WHOS therapeutic services, 191 from the drug-free services and 58 from the opioid-based treatment services. Clients completed an extensive face to face interview that incorporated demographics, criminal history, lifetime and current drug use, mental health history and current mental health, and readiness to change. Treatment cessation data was collected once the clients had left the service. This presentation will outline the process and findings of this recent study.

THE IMPACT OF SUBSTANCE USE IN ADULTS RECEIVING PSYCHOSOCIAL REHABILITATION SERVICES AT NEAMI

Adam Zimmermann, Merrilee Cox

Research within clinical treatment settings identifies high rates of co-occurring substance use problems in individuals with mental health disorders. However, few studies have examined the rates and impact of co-morbid substance use within community based psychosocial rehabilitation services, nor the confidence and competence of staff to address these concerns.

In recognition of this, the research design involved collecting data on the prevalence and impact of substance use and the facilitation of an organisation wide audit of policies and procedures to assess readiness to provide effective co-morbidity services.

This study of 120 consumers aged 30 and under receiving Neami support services found that only 23% met the criteria for abuse and 18% met criteria for dependence of alcohol, tobacco and illicit drugs. High rates of tobacco smoking were however identified, with 68% of respondents found to be daily smokers. Excessive caffeine use was also identified as an area of concern, with approximately 77% of respondents placed in a moderate risk category based on their reported patterns of use.

The consumption of nicotine and caffeine is often characterised by concurrent use; a finding replicated in this study, with a positive relationship identified between frequency of use of both nicotine and caffeine. This study has provided evidence of the need for further exploration of illicit substance use in consumers of community based psychosocial rehabilitation services to enable more accurate reporting on co-morbidity rates in individuals with a mental illness.

‘USE AND ABUSE’: UNDERSTANDING THE INTERSECTIONS OF CHILDHOOD ABUSE, ALCOHOL AND DRUG USE AND MENTAL HEALTH.

Jan Breckenridge¹, Michael Salter¹ and Elisabeth Shaw¹

¹ *The Centre for Gender-Related Violence Studies (CGRVS) University of New South Wales, Australia.*

ABSTRACT

The ‘Use and abuse’ research project was a qualitative study designed to explore the adequacy of service provision to adult survivors of child abuse with alcohol or drug (AOD) problems. Adult survivors of child abuse who had accessed AOD services in the previous five years in New South Wales were interviewed about their experiences of treatment, and AOD workers were interviewed about their experiences of working with this client population. ▶

The project complements existing research on the relationship between child abuse, AOD use and mental health however it uniquely explores these issues from the perspectives of clients and workers.

This article will present a selection of the key research findings. In particular the discussion will focus on skills and strategies which better facilitate building a platform of care and treatment

for adult survivors of child abuse within and across AOD and mental health sectors.

Keywords/phrases:

Adult survivors of child abuse, alcohol and drug use, AOD abuse, mental health

WORKING WITH BARRIERS: UNDERSTANDING THE EXPERIENCES OF JOBSEEKERS WITH MENTAL ILLNESS WITH AND WITHOUT ADDITIONAL DRUG OR ALCOHOL USE ISSUES

Ashraful Alam, Alison Jaworski, Lynne Harris, Lynda Matthews, Jonine Penrose-Wall & Simon Fairall

ABSTRACT

About one in five, or more than three million Australians aged 16 – 85 experienced mental illness in 2007.¹ Whilst work is viewed as an important part of recovery for people with a mental illness², a disproportionate percentage of people with psychiatric disability are unemployed when compared to other disability groups and to the general population³. Furthermore, the employment prospects for those with mental illness have declined in recent years.

⁴Individuals with both mental illness and substance-use problems are likely to experience even higher rates of unemployment.⁵This presentation will firstly discuss the findings of semi-structured interviews with job seekers with mental illness and drug and alcohol problems, support persons and disability employment service staff concerning the barriers to employment associated with mental illness and drug and alcohol problems. Following this, quantitative results comparing the needs and employment outcomes of jobseekers with and without additional drug and alcohol problems will be presented.

The findings of semi-structured interviews reveal a number of mismatches between perceptions of job seekers, support persons and employment

consultants in barriers to employment in job seekers with mental illness with and without additional drug and alcohol issues. The findings have implications for practice among employment service providers in Australia and for employment outcomes for clients experiencing psychiatric disability and additional drug and alcohol problems.

¹Australian Bureau of Statistics, (2008). National Survey of Mental Health and Wellbeing: Summary of Results 2007. Commonwealth of Australia, Canberra.

²Provencher, H.L., Gregg, R., Mead, S., & Meuser, K.T., (2002). The role of work in the recovery of persons with psychiatric disabilities. *Psychiatric Rehabilitation Journal*, 26, 132-144.

³Marwaha, S., Johnson, S., Bebbington, P., Stafford, M., Angermeyer, M.C., Brugha, T., Azorin, J.M., Killan R., Hansen, K. & Toumi, M. (2007). Rates and correlates of employment in people with schizophrenia in the UK, France and Germany, *British Journal of Psychiatry*, 191, 30-37.

⁴Department of the Prime Minister and Cabinet (2009) *A Stronger, Fairer Australia: National Statement on Social Inclusion*, Commonwealth of Australia, Canberra.

⁵Biegel, D. E., L. D. Stevenson, et al. (2009) "Predictors of Competitive Employment Among Consumers With Co-Occurring Mental and Substance Use Disorders", *Research on Social Work Practice*.

ILLNESS PERCEPTIONS, ATTITUDES TO SUBSTANCE USE AND MEDICATION ADHERENCE. HOW ARE THESE LINKED WITH, AND WHAT IS THE RATE OF, SUBSTANCE ABUSE IN PEOPLE WITH A MENTAL ILLNESS IN TWO SYDNEY MENTAL HEALTH NGOS.

Dr. Grenville Rose¹, Dr. Ivan Beale², John Malone¹, Stephen Kinkead³, Ryan Reynolds³.

¹ *Aftercare, Sydney, New South Wales, Australia*

² *University of NSW, Sydney, New South Wales, Australia*

³ *New Horizons, Sydney, New South Wales, Australia*

Staff and clients in two non-government mental health services were surveyed in relation to their attitudes towards those with comorbidity as well as towards the mentally unwell. Staff and client attitudes towards those with comorbidity were then compared to those of the general public.

A total of 333 clients and 81 staff of the two services were surveyed and 547 members of the general public. Parametric and Non-parametric Analysis of Variance, Chi Square, Structural Equation Modelling and Partial Least Squares

Regression were used to find mean, frequency differences and models of comorbidity stigma and recovery, respectively.

A Single Category Implicit Attitudes Test was used to investigate implicit staff attitudes towards those with mental illness. The results showed that there was no strong relation between drug and alcohol comorbidity and the recovery measures used in this population, and that amongst this client group a mental illness model of stigma was more applicable to comorbidity attitudes than a drug and alcohol stigma model.

Staff at the services do not show evidence of explicit negative attitudes towards those with comorbidity or the mentally ill, but there is some indication that there is a negative implicit attitude towards those with mental illness. Factor analyses of the scales revealed that one scale, the Social Distance Scale would be useful as a brief tool to investigate the level of stigma surrounding drug and alcohol comorbidity with mental illness.

Rates of problematic drug and alcohol use amongst clients were also found to be higher than was found at either NGO when clients were being screened at entry to the service.

WHAT YOUR DATA CAN DO FOR YOU: HOW THE LYNDON COMMUNITY (AND THEIR QUALITATIVE RESEARCHER) USED THE AGENCY'S DATA COLLECTIONS FOR MONITORING AND EVALUATION

Dr Julaine Allan

Monitoring and evaluation are important for reviewing the quality and impact of D&A service delivery. NGOs are required to collect information for funding, peak and regulatory bodies; and to inform and support client interventions. The Lyndon Community collects a huge amount of information about the services they provide and who receives them but was not using the information effectively. Available data included the National Minimum Data set, assessment details, client files, case notes and outcome measures. The NADA funded research project that commenced in 2008 investigated D&A service models provided by

Lyndon and other agencies in western NSW. The project methodology included statistical analysis of client demographics, referral sources and treatment interventions represented in agency data. Results identified who used Lyndon's services, where they came from and what factors affected treatment completion. An example from the admissions data analysis is used to highlight the way the results influenced practice and service planning.

EVALUATION OF AN ADDICTIONS COUNSELLOR INTERNSHIP PROGRAMME

Crowe, T.P., Kelly, P., Pepper, J., McLennan, R., Bennett, E., Petrolo, A., Deane, F.P., Billingham, D., & Buckingham, M.

Integrated treatment approaches for co-occurring substance misuse and mental health issues which clearly encompass contemporary views of recovery, are rare in the Australian context.

The provision of recovery-oriented approaches requires staff to have both mental health and substance use treatment knowledge and skills, as well as recovery focussed attitudes. One of the most effective training methods is an internship programme, which employs both self-directed learning and involved learning.

This study evaluated the counsellor internship of Kedesh Rehabilitation Services (KRS) using a survey with a battery of self report measures to assess participants' perceived knowledge, skills, attitude, confidence, and competency as well as job outcomes and their significant learning events. Measures included: a) Co-morbidity Problems Perceptions Questionnaire (CMPPQ), b) Recovery Knowledge Inventory Questionnaire (RKI), c) Counseling Practices Questionnaire (CPQ); d) Significant Events/Experiences Questionnaire, and e) Internship Components Rating Scales including employment outcomes.

Participants were 48 past and present interns. Measures were collected at the start of the

internship training programme and repeated at 3, 6 and 12 months.

Results showed that recovery knowledge, skills, competency and attitude increased significantly. Recovery knowledge, attitude and confidence were significantly associated with each other suggesting that as knowledge increased so too did the interns' attitudes regarding clients' recovery prospects and their confidence to support these clients on along their recovery journeys.

The analysis of significant training components and experiences from the interns' perspectives indicated that mentoring by more experienced staff, the process of the formal intern training sessions and direct observation of implementation of clinical skills and real time feedback were considered to be helpful to very helpful in terms of their learning experience as a training counsellor.

The significant training events that were categorised as 'critical' (e.g. incidents, client suicidality), 'therapy' (e.g. practicing therapy skills) and 'self-identity' (e.g. events that challenged the interns' sense of personal or professional identities) were rated as significant most often.

Overall Interns rated the internship favourably and indicated positive views regarding the link between participation in the internship and prospects for future employment. The results of the study suggest that the internship programme is effective at developing the necessary skills, attitudes, confidence and knowledge required to work with people with co-occurring substance abuse and mental health disorders. Recommendations to improve practitioner training are also discussed.

CHANGES IN RESIDENT DRUG REFUSAL CONFIDENCE AND SOCIAL AND EMOTIONAL WELLBEING IN OOLONG HOUSE, AN INDIGENOUS RUN RESIDENTIAL REHAB FOR MEN, IN RURAL NEW SOUTH WALES, AUSTRALIA.

Martin Billingham and Yana Bhageerutty

Oolong House is an Indigenous managed men's drug and alcohol residential rehabilitation therapeutic community in Nowra, on the south coast of New South Wales, Australia. The four month program is based around CBT groups, one

on one therapy sessions and cultural activities along with fitness activities, drug free fun and weekly in-house AA and NA meetings. Recent estimates show that up to 95% of Oolong House residents have, or have had, mental health concerns.

This paper reports on changes in the residents' ability to resist their drug of choice, psychological distress and social and emotional wellbeing during their residence at Oolong House. In addition, the resident identified, significant recovery events are reported. Finally, the implications of the results for Indigenous residential rehabilitation best practice are discussed.

NEEDS OF RESIDENTS IN UNLICENSED BOARDING HOUSES: RESIDENTS AND MANAGERS' PERSPECTIVES.

Shivani Ganesan Raju², Meredith Whittington¹, Frank P. Deane¹ and Rosemarie Tweedie²

¹ University of Wollongong, New South Wales, Australia

² Baptist Community Services

Boarding house residents are a vulnerable group who often live in unregulated and substandard accommodation on the margins of society; many of whom have mental health and alcohol issues and often live day to day, with little assistance and substantial unmet needs.

This study sought to understand further the extent of unmet needs of boarding house residents and develop strategies to address these. The first stage of the project involved interviews with twenty-one boarding house managers so as to more fully understand their roles. In the second stage, interviews were conducted with

eighty-seven residents from unlicensed boarding houses in the Sydney and Wollongong regions. The interview structure was derived from the Camberwell Assessment of Needs and explored the range of unmet needs and mental health issues of residents. The Kessler-10 psychological distress scale was also administered along with measures of comparative distress.

Understanding gained from interviews with boarding house managers provides the background to this presentation which focuses upon the range of unmet needs of boarding house residents, and the "lived experience" and meanings of their unmet needs. Approximately 30% of boarding house residents reported a history of co-morbid mental health and substance-use problems. Participants had substantially higher levels of psychological distress that were likely to require treatment compared to the general population. Twenty-two percent wanted but had not received help for psychological distress from formal services. Potential strategies for meeting some of the needs identified by boarding house residents are suggested.

NO WRONG DOOR: THE MENTAL HEALTH DRUG AND ALCOHOL CHANGE MANAGEMENT PROJECT

Tina Smith¹

¹ Mental Health Coordinating Council, Sydney, New South Wales, Australia

ABSTRACT (200 WORDS)

Since mid-2008, the Mental Health Coordinating Council (MHCC) and the NSW Network of Alcohol and Other Drug Agencies (NADA) have worked in partnership to plan and implement "No Wrong Door: The Mental Health Drug and Alcohol Change Management Project".

Early consultation identified that NGO community mental health workers and services need basic drug and alcohol training as a necessary platform upon which later competencies might be developed to better respond to the needs of people affected by both mental health and substance use problems.

The project used organisational change management approaches to learning and development for up to 20 people at each of

six locations across NSW throughout 2009 to: facilitate workforce development in responding to co-existing problems; increase the knowledge, skills and confidence of Mental Health Workers and workplaces in responding to AOD problems; and, to ensure robust evaluation of the project to maximise learning outcomes for all stakeholders.

The training content and delivery and its alignment with nationally recognised qualifications is discussed. The project evaluation methodology was developed and is being implemented in partnership with the University of Wollongong – Illawarra Institute for Mental Health. Project evaluation findings to date will be presented along with other thoughts regarding project outcomes and learning.

Biography

Tina Smith is Senior Policy Officer/Workforce Development with MHCC. She has worked in the mental health sector both in Australia and overseas in a variety of direct service, management and policy roles in both government and community managed services for more than 20 years. She has a Masters Degree in Counseling Psychology.

THE JOURNEY TO RECOVERY: A HISTORICAL, RETROSPECTIVE ANALYSIS OF THE EXPERIENCE OF YOUNG PEOPLE WITH A MENTAL ILLNESS AND CO-OCCURRING SUBSTANCE ABUSE IN THE RICHMOND FELLOWSHIP NSW YOUNG PEOPLE'S PROGRAM

Sharyn McGee¹ & Andrew O'Brien²

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For over 10 years the Richmond Fellowship NSW (RFNSW) Young Peoples' Program (YPP) has provided a unique program, offering accommodation and high-level support, to young people aged 17-25 with co-occurring mental health and drug/alcohol issues. In 2007, funding was sought to identify the benefits and limitations of the program for the client group over the period of its existence and to use these findings to plan for and inform staff recruitment, training and workforce development strategies within RFNSW and the broader sector. The Social Justice & Social Change Research Group at the University of Western Sydney was engaged to develop and carry out the research in partnership with the Richmond Fellowship NSW.

The research partners identified four mutually informing aims:

1. To identify trends in the data concerning co-morbidity presentations & their predicative ability for recovery

2. To identify specific interventions, contextual factors or other indicators that influence individual recovery & service outcomes
3. To use the findings to plan for and inform future service planning for the RFNSW YPP and related services
4. To use the findings to plan for and inform staff recruitment, training and workforce development within RFNSW, tertiary education providers and the broader sector.

The project was developed as mixed-method research, combining documentary analysis with qualitative interviews and focus groups. The first stage of the research was a historical, retrospective analysis of case-based data for the total client population throughout the period of continuous service delivery of the RFNSW Young People's Program (YPP).

This was followed by interviews with current and former clients and focus groups with key stakeholders. Annual reports and other relevant documents were also collected and analysed for historical themes.

This paper will focus on the outcomes of the research and the implications for organizations providing for young people with co-morbidity issues (mental illness and drug problems).

The emergence of the YPP occurred in the context of a close and collaborative working relationship with local mental health services and given the retrospective nature of the research, the changes within the sector during its existence will be briefly outlined and the problems associated with retrospective analysis will be discussed.

WHAT WORKS? RESEARCH INTO CANNABIS USE BY YOUNG MENTAL HEALTH CONSUMERS AND IMPLICATIONS FOR HEALTH PROMOTION

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¹ Social Justice & Social Change, University of Western Sydney

² The Mental Health Association NSW INC

³ NSW Consumer Advisory Group Association of Relatives and Friends of the Mentally Ill NSW

Introduction: People living with mental illness are known to have high rates of substance use. A high proportion of young prisoners have mental health issues and a history of substance use. The implications of illicit drug use by vulnerable young people thus extend beyond health concerns alone.

The voices of people living with mental illness who use drugs such as cannabis are, however, less heard and less understood.

The Mental Health Association NSW Inc., NSW Consumer Advisory Group and the Association of Relatives and Friends of the Mentally Ill NSW formed a working partnership with the Social



Justice and Social Change Centre at UWS to undertake an investigative research project on co-occurring mental illness and substance use among young mental health consumers.

The focus of the research was to find out what young people knew about cannabis and what health promotion messages could influence usage of cannabis and enable young people living with mental illness to avoid cannabis use and the concomitant legal, social and economic costs of illicit drug use.

Methods: Young people living with mental illness were recruited throughout metropolitan and rural NSW. Those who were regular users of cannabis, occasional users and those who had never used cannabis were included in order to elicit insight into why people start, stop, continue or never use cannabis.

Drawing on a qualitative methodology, focus groups were employed to encourage natural interpersonal conversation about cannabis use providing data on the norms and differences in opinions of the drug and related health experiences. Data was qualitatively analysed using a thematic analysis framework.

The results of the study will be discussed in the context of the health, social and economic effects of cannabis use for young people living with mental illness.

The implications for health promotion messages about cannabis use are that messages need to be simple, not focused on vague health consequences of cannabis use and positive messages about recovery from mental illness and substance abuse.

MENTAL HEALTH OF YOUNG PEOPLE IN RESIDENTIAL REHABILITATION FOR CANNABIS AND PSYCHOSTIMULANTS MISUSE

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ABSTRACT

Both cannabis and psychostimulant use are associated with a variety of mental health difficulties, yet it remains unknown if youth-focused drug treatment has a positive impact on co-occurring psychiatric problems. Therefore, the purpose of the current study was to assess the mental health difficulties of young people before and after participation in a residential drug treatment centre.

One thousand and thirty four young people, aged 14-18 years, completed instruments to assess drug use, mental health, and psychological well-being prior to admission and approximately three

months after their departure from the residential unit. Clients were divided into three groups based on their primary drug of concern: Cannabis Group, Psychostimulants Group, and Combined Group (both cannabis and psychostimulants were the drugs of primary and/or secondary concern).

The Combined Group reported poorer mental health and psychological well-being than the Cannabis and the Psychostimulant Group at pre-treatment. All the groups showed significant improvement in mental health and psychological well-being at follow-up and there were no significant differences between the groups at follow-up.

SERVICE MODEL FOR IMPROVING FAMILY RESILIENCE AND FUNCTIONING FOR FAMILIES WITH MENTAL HEALTH AND DRUG AND ALCOHOL ISSUES.

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Monash University in partnership with Northern Kids Care – On Track Community Programs conducted a research to identify how an integrated, family centred home visiting program and group work for their children improved family well being and connectedness.

The results indicate that retention rates for DD families were similar to those of parents with mental illness. The intensive case management using FOPMI (Families of Parents with a Mental

Illness) plans decreased household conflict and crisis through child and adult interpersonal skill education and emotional management skills. Research identified the rate of change was increased for children of parents with DD versus children of parents with MI.

Children and young people interviews highlighted the need for case managers need to find the balance of being an advocate for the children and establishing a therapeutic parent relationship. Children of DD families were more inclined to experience hopelessness versus children of parents with mental illness.

- ✦ DD families - Children’s needs
- ✦ Family focused case management
- ✦ Integrated program development
- ✦ Care plan goals
- ✦ Retention rates in case management

OFFICIAL LAUNCH REFRAMING RESPONSES STAGE II: SUPPORTING WOMEN SURVIVORS OF CHILD ABUSE: AN INFORMATION RESOURCE GUIDE AND WORKBOOK FOR COMMUNITY MANAGED ORGANISATIONS

In 2006, MHCC secured a grant from the Victims of Violent Crime Grant Program (VOVCGP) to conduct a research project: **Reframing Responses: Improving service provision to women survivors of child sexual abuse who experience mental health problems.**

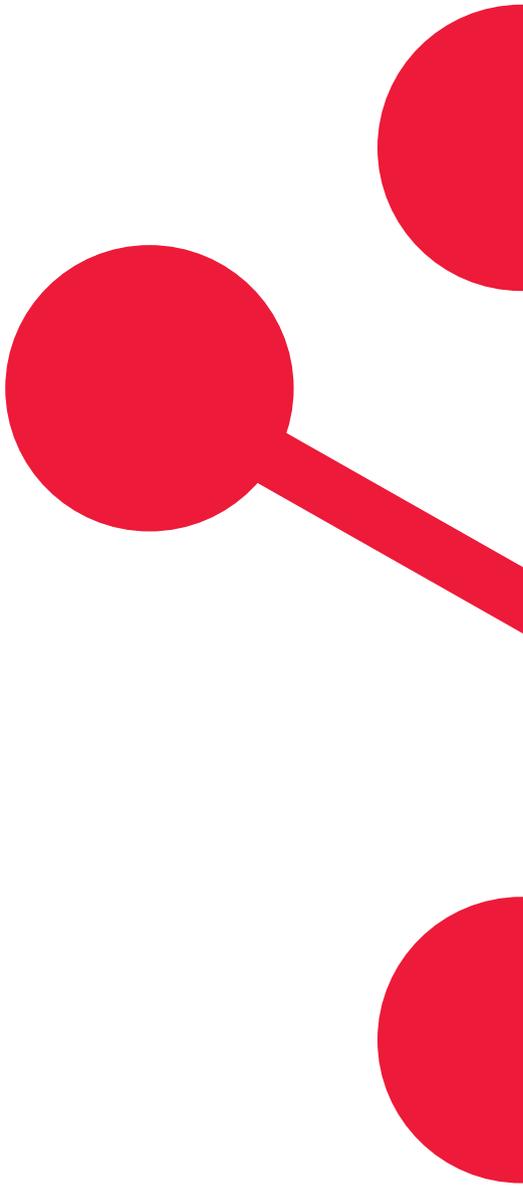
This project undertook to study access and equity to service provision for women survivors presenting to a multitude of service providers with complex psychosocial needs; evaluating existing targeted services and providing recommendations for future action. The project was recipient of a Mental Health Matters Award in 2006.

Subsequently, VOVCGP funded stage two of the project: **Reframing Responses Stage II: Supporting Women Survivors of Child Abuse: An Information Resource Guide and Workbook**

for Community Managed Organisations. The project set out to assist workers across a broad range of community services understand the dynamics of childhood abuse, and make sense of the context in which problems affecting their clients developed.

The Information Resource Guide and Workbook provides some theory and current thinking around childhood abuse and the development of mental illness; practical guidelines and referral pathways. However, most often suitable services for referral do not exist – and this publication will serve as an invaluable resource for a wide range of CMOs as well as medical practitioners and allied health professionals; school teachers; volunteers; carers and anyone in contact with survivors in their work.

Survivors themselves may also find the resource a useful tool which both acknowledges and validates their experience and to assist them in their role as consumer advocates.



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