

community mental health drug and alcohol research network

**RESEARCH NETWORK**

**CMHDA**



2<sup>nd</sup> Biennial Australian Implementation  
Conference 17/18 September 2014

‘Research into Practice – lessons from a  
network approach to the challenge of  
implementation’

CMHDARN is a collaborative project between NADA and MHCC.  
We work in partnership with the NSW Mental Health Commission,  
which provided financial support for 2013/14.

# Background to CMHDARN

- *Arose from ongoing collaboration between NADA and MHCC 2005-2010*

## **Mental Health Coordinating Council (MHCC)**

- Peak body for community managed Mental Health Services in NSW

## **Network of Alcohol & other Drug Agencies (NADA)**

- Peak body for community managed Alcohol and Other Drug services in NSW

*Note: Little overlap in membership (ie, structural separation despite integrated services being known as Evidence Based Best Practice)*

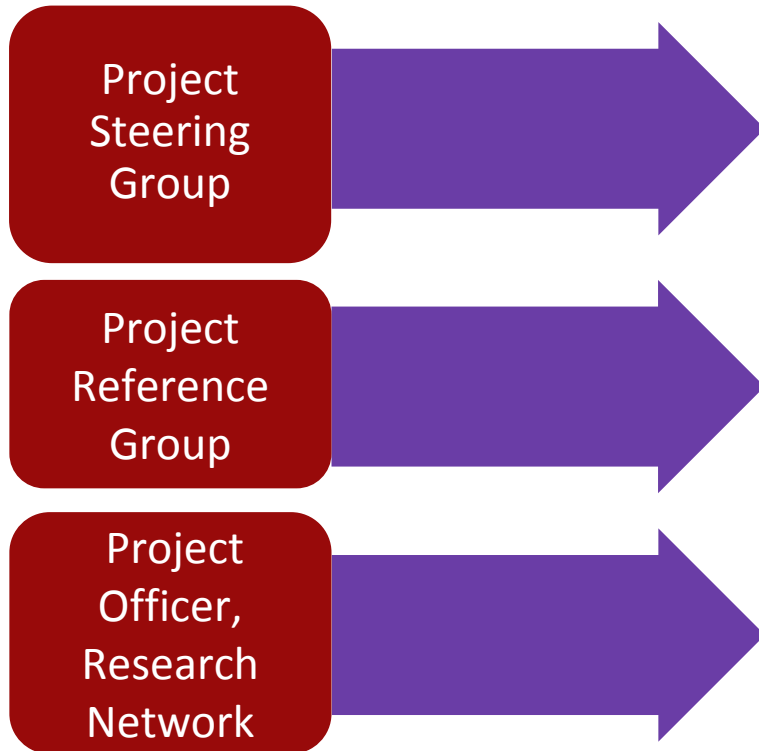
# CMHDARN AIM

*The Community Mental Health Drug and Alcohol Research Network (CMHDARN) was established to broaden involvement of drug and alcohol and mental health community organisations in **practice-based research**, to **promote the value of research** and to increase the **application of research evidence** to everyday practice.*

# CMHDARN - Why?



# CMHDARN Key Components



## PROGRAM OF QUALITY ACTIVITIES

- Research Forums
- Reflective Practice Webinars
- Website
- Mentoring project
- CMHDARN Yarn e-newsletter
- Research Seeding Grants Program
- Relationships development
- Information provision
- Resources and links

# CMHDARN Activities

## *Outputs December 2010 to June 2014*

- **13 research related events:**

- 646 total registrations
- 8 research forums
- 5 reflective webinars



- **5 CMHDARN–Yarn e-newsletters**

- **Website developed** (live September 2012)

- 3,241 unique visitors
- 5,800 visits
- 23,964 page views

# CMHDARN Activities

- **2012-13 Research Seeding Grant Program**
  - 16 recipients for range of projects across NSW
  - External evaluation
- **Community Research Mentoring Project**

Developed with CREMS (the NHMRC Centre for Research Excellence in Mental Health and Substance Use)

  - 8 mentors support 11 mentees

# CMHDARN Outcomes

- Enhanced **research capacity** of staff and organisations
- **Relationships** with academic researchers (64 instances of academic researcher involvement from 11 universities)
- **Impact on practice** through utilising research findings
- Improved **cross sector knowledge** about MHDA
- Improved knowledge and understanding of importance of and process of **engaging consumers** in research process



# Challenges of implementation

- Diversity of sectors – different expertise; size of organisations;
- Geography- NSW wide – rural , regional, urban context
- Time for staff to build into their work research and evaluation activity (non-core business).
- Finding common language between practitioners across sectors and researchers.
- Confidence of CMO staff in undertaking research and building relationships with academic researchers.
- Funding to do research.
- Cultural differences across MH & DA sectors.

# CMHDARN Feedback

*“Greater understanding of the ‘consumers’ issues- reminded me that research is about people, and that consumers have a very different focus on issues compared to workers.”  
(CMHDARN participant)”*

*“The new research learned from the webinar helped me to update staff training packages on mental illness and AOD problems.”  
(Webinar participant)*

*“I think this day was probably the single best day of training/networking/conferencing that I have attended in my 8 years of attending such events. Brilliant work, amazing speakers, beautifully organised.”  
(Research Forum attendee)*

*“It was a hugely beneficial project. University collaboration has been important in establishing a culture of research in our organisation.”  
(Research Seeding Grant Project recipient)*

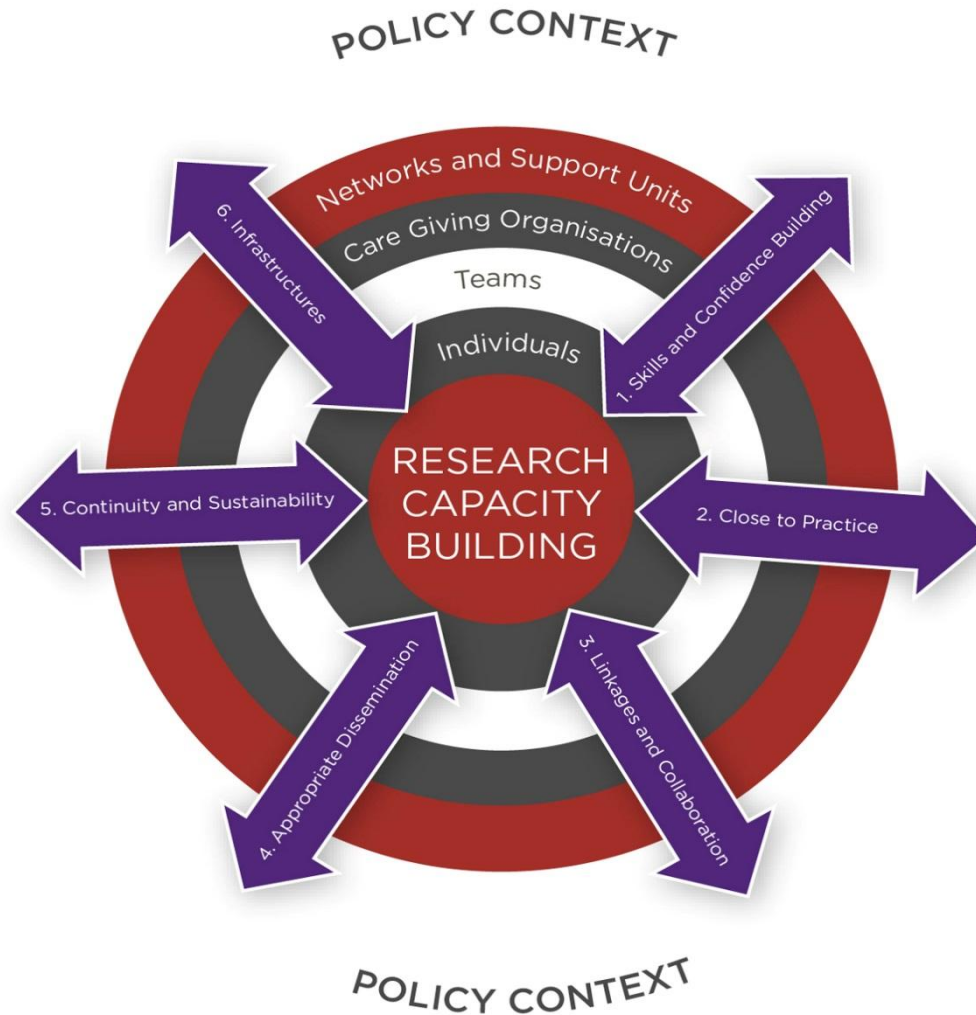
# CMHDARN – Lessons learned

- There can be **considerable resistance** within organisations, but this can be **overcome** when benefits are demonstrated.
- **Important practice knowledge** can be gained from small research projects.
- Implementation is possible with **few resources**, so long as there is commitment.
- Developing a **common language** amongst stakeholders takes time, but is critical.
- There are considerable **differences in knowledge, understanding and skills** relating to implementation within the community managed sectors.
- There is a **great willingness of many academic researchers** to engage with CMOs, and there is a **shared learning** involved.

# CMHDARN – Where to next?

- Secure **ongoing funding**
- Continue regular **research forum activities**
- Special projects – develop **best practice resources**: e. g. Ethical practice; Enhancing organisational processes for engaging with consumer and carers
- Expanding **Mentoring Project**
- **External evaluation** of CMDHARN, utilising CMHDARN Evaluation Framework

# CMHDARN Evaluation Framework



Adapted from Cooke, Jo A  
*framework to evaluate research  
capacity building in health care,*  
BMC Family Practice 2005, 6:44

# CMHDARN Achievements

AUSTRALIA AND NEW ZEALAND  
MENTAL HEALTH SERVICE

## Achievement Award 2014

### Community Mental Health Drug and Alcohol Research Network (CMHDARN)

*Has been awarded this*

### Tom Trauer Research and Evaluation Award

In recognition of excellence in research  
supporting the advancement of mental health services.



TheMHS Learning Network

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MENTAL  
HEALTH  
*matters*

AWARDS

*Certificate of Commendation*

awarded to

*Community Mental Health Drug and  
Alcohol Research Network  
Mental Health Coordinating Council,  
Network of Alcohol and Other Drugs*

in the category of

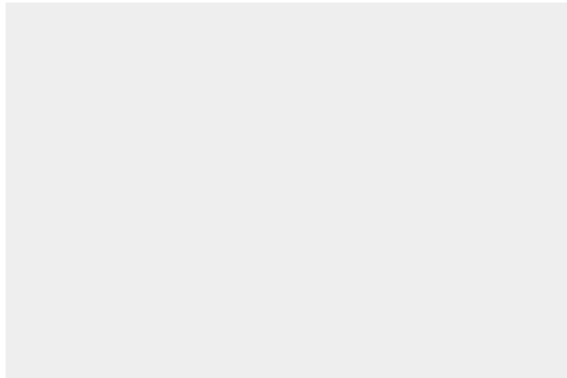
*Cross Sector Collaboration*

for

Mental Health Month October 2013



# Some of the Many Faces of CMHDARN



# Thankyou!

*For further information or to join us at CMHDARN:*

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