

outside in



Mental Health
Coordinating Council



NADA
network of alcohol & other drugs agencies

NSW NGO Conference

‘Outside-In’

*Community Responses to Complex
and Diverse Needs*

**Dockside, Darling Harbour, Sydney
6 - 8 May 2009**

Conference Partners:

*Mental Health Coordinating Council
Network of alcohol and Other Drug Agencies*

Conference Sponsors:

*NSW Health
Industry Skills Council
Mental Health Council of Australia
Transcultural Mental Health Centre
Co-Exist NSW*

Evaluation Report 2009

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Part 1 Background and Objectives

1.1 Synopsis

The Outside In: Community responses to complex and diverse needs conference was held at Dockside, Cockle Bay, Darling Harbour Sydney from the 6th to the 8th of May 2009. For this conference the Mental Health Coordinating Council and the Network of Alcohol and Drug Agencies conceived the idea of combining our usually separate statewide conferences as a single enterprise. This is in recognition that both sectors assist people who often have a range of diverse and complex needs and who often experience too many 'wrong doors' when seeking support.

The title of the conference 'Outside In' expresses the social exclusion felt by many people the organisations in our sector seek to support. It expresses the idea that people outside on the margins, who are different in thought, action or dress and who find difficulties making their way fare better in a society that is able to be inclusive. The conference theme emphasises the idea that dynamic and progressive societies value diversity and difference and are judged on how well they support their most disadvantaged and marginalised members.

The conference was designed to bring workers, managers, clinicians, consumers and carers together to share experiences and ideas, break some common ground and hopefully chart some new ways forward so that 'wrong doors' are a thing of the past and all people are assisted to achieve better health and personal fulfilment.

The conference included a number of symposiums in the program to increase the depth of discussion and debate on key topics and asked session chairs and coordinators to gather major points arising from each session for a final plenary on Day 3 of the conference.

This report reviews the objectives set at the outset and analyses the outcomes of the conference. It also makes comment on future directions for the event.

1.2 Background

MHCC has organised a number of NGO Conferences since 2001 which have been successfully established as major events in the life and work of our sector. These conferences have played a role not only in developing the capacity of organisations in our sector, but also as occasions to identify and lead the debate around effective services and policies to pursue.

In recent years we have been working more closely with the Network of Alcohol and other Drug Agencies (NADA). This has been in line not only with the wishes of the shared funding body in NSW Health – The Mental Health and Drug and Alcohol Office (MHDAO), but also in line with a growing recognition of the importance of dealing with coexisting conditions of mental health and drug and alcohol issues amongst our member organisations. It seemed like a natural progression in this working relationship to organise a joint conference in 2009.

Initially the aim of the joint conference was to broaden the perspective of member agencies from both mental health and drug and alcohol sectors, however as planning progressed and the name of the conference was decided, our aim became to look at the broad range of associated complex and diverse needs found in those presenting at our services in addition to our mental health and drug and alcohol focus.

As in previous conferences, it was important that this conference also continued to raise key issues and promote the work of NGOs, as well as encouraging broad participation in the conference from: consumers and carers, the NGO and clinical mental health sectors, the generalist NGOs working in mental health, and the other human service agencies, all of whom

understand the need to develop better ways to assist people with mental health problems accessing their services.

The benefits of working in partnership with another sector peak body such as NADA in highlighting innovations and profiling each sector remains an important consideration for future mental health NGO conferences.

Keynote Speakers invited were:

John Mendoza - Chair, National Advisory Council on Mental Health

Professor Margaret Hamilton - Chair, Multiple and Complex Needs Panel (Victoria) and University of Melbourne

Janet Meagher AM – Psychiatric Rehabilitation Australia (PRA)

The Hon John Della Bosca - NSW Minister for Health

Tania Major – Former Young Australian of the Year

Jeff Cheverton – CEO Queensland Alliance

David McGrath – Director, Mental Health and Drug & Alcohol Programs, NSW Health

The conference was held over three days (rather than two days as for previous conferences) with an increased number of concurrent sessions and symposiums in the program to reflect the wider range of interest and accommodate over 100 papers.

The conference was formally opened by the Minister for Health, the Hon John Della Bosca and closed by the Minister Assisting the Minister for Health (Mental Health) the Hon Barbara Perry.

1.3 Conference Steering Committee

The steering committee comprised the following members, and was supported by other staff from both Mental Health Coordinating Council (MHCC) and Network of Alcohol and Other Drug Agencies (NADA)

Jenna Bateman	MHCC
Larry Pierce	NADA
Rod West	MHCC
Jo Khoo	NADA
Edi Condack	MHCC
Gwen Scotman	Consumer Representative

1.4 Funding and Sponsorship

The Outside In Conference received its income from conference registrations and sponsorship funding.

We received sponsorship funds from the following sources:

- The Mental Health and Drug and Alcohol Office;
- Community Services & Health Industry Skills Council
- Mental Health Council of Australia
- Transcultural Mental Health Centre & Co-Exist NSW

1.5 Objectives

It was anticipated that the Outside In conference would achieve the following objectives:

- Explore innovative and creative ways to engage and assist people with complex and diverse needs.
- Highlight different community sector approaches, challenges and areas for development.
- Create a space to network with a diverse range of providers, policy makers, researchers, consumers/clients and carers.
- Celebrate community sector achievements and leadership in working with people who have complex and diverse needs
- Inspire by exposing delegates to speakers and workshop presenters who will provoke and motivate with challenges, brainstorming opportunities, new thinking and strategies
- Inform with the latest on policy directions and new approaches at state and national level.
- At the end of the conference a report would be written to summarise keys areas for development and highlight ways forward for the community sector.

Symposiums on current innovative, challenging and controversial topics were scheduled as a feature of the conference in order to focus information sharing and debate on important topics for both sectors:

- Iatrogenic effects – what happens matters
- Exploring criminal justice issues
- Talking youth
- Lifting the burden of smoking
- Progress in the Improved Services Initiative
- The road to better data use
- Sexual orientation reflections
- Social and emotional health and wellbeing: Aboriginal issues
- Talking change: DBT
- Families and carers upfront
- Leadership and organisational development
- Where's the commitment? Consumer participation in mental health and drug and alcohol
- Researching community based approaches
- Pathways out of homelessness
- Understanding cultural diversity
- Recovery oriented workforce development
- Creativity in recovery
- Lived experience and peer support

1.6 Attendance

The aim of the conference was to bring together a mix of people involved with NGO, mental health issues and drug and alcohol issues as well as including the broader interested public. Registration brochures identified the following groups as those who should attend:

- NGO workers and managers from across Australia and new Zealand
- Mental health consumers
- Drug and alcohol consumers
- Family and carers of people living with a mental health or drug and alcohol problem
- NSW Health and other human service departments

- Area Health Service clinicians and managers
- Community organisations staff and volunteers
- General Practitioners
- Community members
- Sector and area mental health and mainstream services
- Community organisations

Of the **626 registrants**:

- 41% were MHCC Members;
- 17% were from other non government organisations;
- 14% were NADA Members;
- 11% were MHCC and NADA Members;
- 10% were from government departments;
- 6% were from other organisations
- 1% were students

This information is based on feedback required during the registration process.

Part 2 Participant Feedback

2.1 Evaluation Questionnaire Responses

Evaluation forms were handed out to attendees on each day of the conference. All participants were asked to complete the form and return to a box on the registration table as they left the conference.

Of the 626 registrants (598 where registered prior to the conference with a further 28 registering at the conference) 92 feedback forms have been received which is a response rate of 15%

2.1.1. The respondents

Of the 92 respondents:

- 50 were NGO Staff
- 17 were MHCC Members
- 9 were NADA Members
- 7 were Consumers/Clients
- 5 were Academic/Researchers
- 4 were Carers
- 3 were NSW Health Staff
- 2 were Other Govt agency staff
- 1 was Area Health Service Staff
- 11 were other (Housing/Homeless, Disability Employment Network, DEN Consultant, Youth for Christ, Dance Movement therapist, Clinician, MHCC Staff, Centre for Rural and Remote MH, Docs Staff)

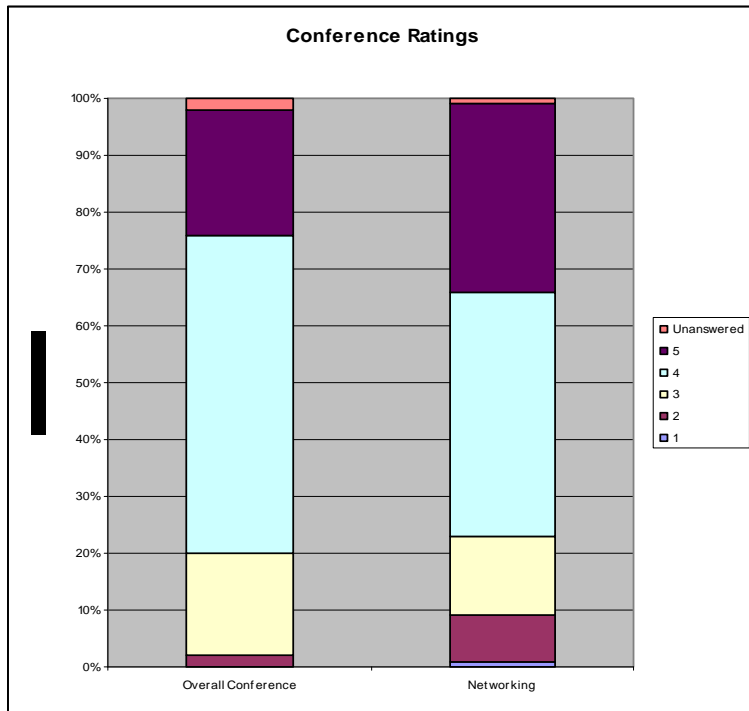
2.1.2 Most commented on sessions

We asked respondents what they most enjoyed about the conference. The 5 sessions most commented on are listed below:

- Jarrah House – DBT
- Tania Major
- The Hearing Voices Choir
- Creative Workshops
- Iatrogenic Effects

2.1.3 Overall response to the conference

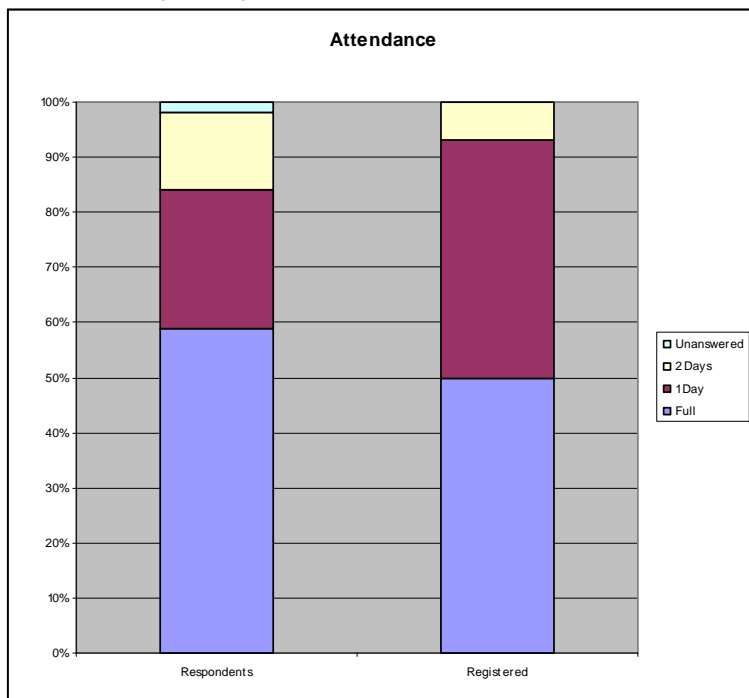
We asked respondents to rate their response to the overall conference as well as its usefulness as a networking event. The following chart summarises the response received.



Overall over 75% of respondents gave the conference a rating of 4 or 5 for both the overall rating as well as the usefulness of the conference for networking purposes.

2.1.4 Attendance of the conference

Registrants were able to register for either 1, 2 or the full 3 days of the conference. 50% of all registrants registered for the full 3 days of the conference. 43% of registrants attended only 1 day of the conference



2.1.4.1 Location of the registrants

Data was collected on where registrants were located. Below is a summarised list:

- 406 were from NSW
- 68 were from VIC
- 11 were from QLD
- 7 were from SA
- 6 were from ACT
- 5 were from NT
- 4 were from TAS
- 1 was from WA

2.1.4.2 Location of the respondents:

Respondents were asked about where they are located. 83% of respondents noted that they were from within NSW. Responses are summarised below:

2.1.5 How registrants heard about the conference

In the registration form registrants were asked how they heard about the conference. These responses show that the majority of registrants heard about the conference either through work or word of mouth. The responses are summarised below:

- 223 heard of the conference through work
- 104 heard of the conference via word of mouth
- 89 heard of the conference through the conference brochure
- 42 heard of the conference on either MHCC's or NADA's website
- 25 heard of the conference through the newsletter
- 18 heard of the conference through NADA
- 3 heard of the conference through a colleague
- 2 heard of the conference via e-fax
- 2 heard of the conference via e-mail
- 2 heard of the conference through MHCC
- 1 heard of the conference through VAADA
- 1 heard of the conference through their youth worker
- 116 did not provide this information

2.1.6 Overall comments

Some respondents felt that maybe we tried to put too much into the conference and whilst they enjoyed the conference found it very tiring and a little overwhelming at the amount of information provided.

Feedback was received from 5 respondents that the conference was too Sydney / NSW focused and that they would have liked to have known that prior to registering.

2.1.6.1 General Comments

- Congratulations on taking the step to meet together – can only help breakdown barriers and silos – needs to continue
- Many of the presentations seemed more about the presenter promoting their program rather than the actual topic. The homelessness and carer were well presented, the creativity stream was well presented, some presenters in other streams were lacking in presentation skills
- Smoking on balcony (2)

2.1.6.2 What attendees got out of the conference?

- The beginning of linking between AOD and Mental Health (1).
- Recognition that the industry faces complexity and that there are no quick fixes (1).
- The Diversity within the presentations (5).
- Networking (20).

- Hearing about available services from consumer perspectives (2).
- Having the flexibility to attend the sessions they were interested in (8).

2.1.6.3 Suggestions for next time:

- Chair's need to be adequately guided to be able to chair with confidence and ensure that sessions / presenters start on time and run on time (2).
- Preview papers being presented to avoid information being repeated (3).
- Be more interactive. More discussion / debate time allocated in sessions (10).
- Having days themed to create a greater focus on topics (6).
- Drop to 2 days (3)
- Greater communication with presenters leading up to the conference (3)
- Some way of encouraging networking (4), perhaps make contact email lists available
- Joint conference approach fantastic, in future maybe combine with other NGO's (2)
- Suggest get participants in all the symposiums together before hand to discuss linkage / synergies and overlap of issues (3).
- Increase consumers involvement in planning and service delivery (2)
- Have speakers who have experienced these issues. Real life stories / case studies less statistics (5).

2.1.6.4 Suggested next step for complex and diverse issues

- Closing the gap between Health and NGO's in terms of treatment options AND Funding
- Lets budget for regular meetings to work towards partnerships with other like minded NGO's
- A new approach like Victoria, with legislation on special panel – well funded
- Interagency work
- More joint training and easy access to training for rural sector
- Continued focus on recovery model
- Increased coordination across sectors and at state and federal level. Replication is frustrating. Improved service delivery through many avenues, including use of best practice
- Let the consumers, have their own forum also
- Lobbying state gov's to recognising the needs of complex and diverse needs
- Increasing training in creativity, body inclusive modalities in workers in the field

2.1.7 Staff Feedback

The staff of both organisations were asked to provide feedback on the conference. The feedback received is summarised below:

2.1.7.1 MHCC Staff Feedback

- Would like to have more contact with partner agency prior to conference
- Would like to have seen venue prior to conference to aid in set out and directions
- Meeting between coordinators and chairs prior to conference to discuss each others role and conduct potential trouble shooting
- Have sessions more tightly framed around what each session is about. – Where was the discussion, what would it be about
- Abstract design could have been better informed to identify the conversation planned for the audience to engage in
- Shorten presentations to 10 minutes to allow 20 minutes for discussion / debate
- Repeat 3 day conference however have a different focus on each day
- If using the Dockside venue again have presenters projected onto the screens in the Plenary sessions
- Further investigate IT options and support
- Potentially film keynote speakers to download onto website (in full or abstracts)
- The culture clash between the sectors was apparent; however the conference didn't deal with this or even address it.

- The similarities and differences between the sectors need to be better articulated and discuss what this means for future collaborations
- The consumer voice was only heard from a few who seemed to come with a bullying approach. Need to look at ways of have greater consumer input
- Look at how we support Mental Health workers whilst still validating the consumers
- Very few consumers submitted papers. Therefore we need to have particular focus on them and find another way to get them involved so they can be heard
- Have a meeting with the chairs prior to the conference to discuss their role and the importance
- Smoking issues
- Venue space and signage relating to venue geography.

2.1.7.2 NADA Staff Feedback

- The conference organisation was very professional
- I found the system of being note taker and having to have the points all ready to go one minute past the end of the presentation difficult, annoying and in the case where I was also chair, distressing. I did not like been hounded 15 mins after the conclusion of a presentation and the note taking also stopped you networking
- AV (venue staff and our own) was done very well.
- Five concurrent sessions was too much- although I understand this would be hard to balance with the amount of abstract applications received. Too many presentations and too much in the plenary sessions
- Presentation highlights were Queensland Alliance, Kedesh's presentation on their internship program, NUAA's consumer perspective and the criminal justice symposium, especially in relation to the new TC in the ACT prison. Great to see the profile of peer support organisation like NUAA and SWOP raised
- There was quite a bit of mental health content in contrast to D&A. I did feel that the consumer voice overpowered that of services during question time in presentations. Comments from several NADA members indicated that it seemed more like a mental health conference, and that the consumer focus was not balanced with drug and alcohol 'clients' or 'users' or broader D&A issues in the community.
- I had NADA members volunteer to me they prefer it when it is just a NADA conference.
- The design and colour of the conference program did not really match NADA corporate image. It looked good. Professional. Could compete with other conference programs.
- The A-Z by presenter for the abstracts in the program was a little frustrating. It meant flicking from the calendar to the abstracts and back – would have been simpler to have them organised by session/room
- The 2 organisations, NADA and MHCC, have very different operating cultures and ours was lost a bit.
- Overall a good experience, I think NADA had to change our way of doing business more than MHCC did.
- For future events, we could consider hiring an external conference organiser to reduce the administrative burden and a conference plan should be negotiated between the 2 organisations before planning commences so that the structure and program can be more focussed.
- Networking with some of the MHCC staff was very useful and will prove fruitful for further workforce development projects / reference groups / etc.
- Would have been good to have met all MHCC staff prior to the conference, to get an idea of who was who, and which roles each staff member played. However, this was achieved by the end of the conference.
- Edi was great. Responded to my requests quickly and efficiently, e.g. Kerri commented on the smokers at tea breaks. I asked Edi to speak to venue staff. Signs were put up by the next break.

2.1.8 Venue Specific feedback

Throughout all the feedback received some very venue specific feedback was received which should be considered prior to us using the same venue for the next conference.

- The venue staff were very attentive and helpful. No request was too big or small and was done with minimum fuss and no attitude.
- Was a little annoyed from the noise made by venue staff in Gold Room in preparation for lunch at the back of the room
- The location was great. I heard many people commenting on the great the location, but a few people found it difficult to find.
- Sessions in the Gold room may have missed out on attendees because of its location (maybe an A4 map separate to the program might have been useful).
- I think the venue layout was great for streams, but for the plenary sessions I would not have liked to have been to the far left or right.
- The venue was good apart from a lack of seating in some sessions and complaints about the air conditioning.
- Food and drinks were fabulous. Of particular note was how the food didn't run out at the opening night drinks.

Part 3 Outcomes and Future Directions

3.1 Outcomes and recommendations

PLENERYSESSION

To overview and make recommendations from the sessions throughout the conference to government and to inform our approach.

Our key note speakers

- What did they have to say?
- Commonalties of the issues for both mental health and drug and alcohol service delivery.
- John Mendoza
- Tania Major
- Margaret Hamilton
- David McGrath
- Jeff Cheverton
- Janet Meagher

The first set of Symposiums Session

- We covered some real controversial and provocative issues.
- Such as homelessness, criminal justice, smoking and sexual orientation.

SOME RECOMMENDATIONS FROM THESE ISSUES

- Smoking cessation programs must be funded.
- Agencies need to explore ways to meet the needs of Gay, Lesbian Bisexual and Transgender community.
- The voice of community organization needs to be heard in the development of the NSW Homelessness Framework.
- Proactive engagement in the criminal justice system and providing post release programs.

Research, Evaluation and Evidence

RECOMMENDATIONS

- Maintain funding for NGO led research.
- Approve the establishment of Mental Health and Drug and Alcohol Research Networks.

Creativity in Recovery

- These symposiums highlighted the creativity and innovative approaches used by NGOS in both sectors to assist individuals in recovery through alternative processes.
- The efficacy of these approaches are undervalued.

RECOMMENDATION

- These approaches should be adequately funded and evaluated.

Understanding Cultural Diversity

- The importance to see the similarities between cultures not always focus on the difference.
- Social and Emotional Well Being are central to addressing Aboriginal Mental Health and Drug and Alcohol Issues.

Data Development and Use

- Both sectors are developing compatible systems for information sharing and building evidence bases.

RECOMMENDATION

- Enhanced and continued government funding for sector data system development and implementation immediately.

Workforce Development

- It is evident that both sectors have increased their focus on workforce development and training.

RECOMMENDATIONS

- Higher level vocational graduate certificates and diplomas in mental health require development and financial support. Ongoing peak funding is necessary to progress development of both sectors workforces.
- Consumer or peer workers need to be supported with resources and a change in work force composition. "Lived experience must inform all aspects of services and service delivery".

Leadership

- The need for development of leaders in community organizations.
- Training needs to be specifically designed to build leaders in our sectors.

RECOMMENDATION

- NGO GRANTS must be enhanced to attract and retain a qualified workforce.

Consumer Participation

- Both sectors recognize that discrimination/stigma is a major barrier to meaningful consumer participation.
- The symposium highlighted that community organizations are well placed to enable consumer participation but the rhetoric of consumer participation still exists.

RECOMMENDATION

- Community organisations need to recognize the value of consumer participation and identify appropriate consumer roles and employ consumers in them.

Family and Carers

- Maximize opportunities for engagement of families and carers in the recovery journey.

RECOMMENDATIONS

- Continued funding to build sustainable family involvement that is imbedded in service practice.
- Recognition that the needs of both the carer and the care recipient must be considered when developing models of respite care and support.

3.2 Future Directions

There were many ideas and priorities generated by the conference, and the outside in – community responses to complex and diverse needs theme inspired much discussion and food for thought.

The conference highlighted many possible future directions for MHCC as an organisation, as well as for the NGO mental health sector and everyone involved in improving mental health in NSW.

- It is important to be clear on what we mean by outside in – community responses to complex and diverse needs, and keynote speaker
- 'Outside In' conference theme to be repeated by MHCC in 2011. Consideration to be made whether to co-host conference with NADA or another organisation.
- 'Outside In' Logo to be trademarked for use in future conferences
- Provide a greater number of lived experience presentations
- Hold a planning session for presenters and chairs to minimise duplication of information between sessions.
- Increase training in creativity, body inclusive modalities in workers in the field
- Continue lobbying state gov's to recognise the needs of complex and diverse needs

Appendix A

Delegate Evaluation Questionnaire



Feedback Form

I attended: DAY 1 DAY 2 DAY 3 Whole Conference

Are you: Male Female

What age range are you:

18-25 26-35 36-45 46-55 56-65 66-75 76-85

Are you:

MHCC member	<input type="checkbox"/>	NADA member	<input type="checkbox"/>
A staff member of another NGO	<input type="checkbox"/>	Area Health Service staff	<input type="checkbox"/>
NSW Health staff	<input type="checkbox"/>	Other Govt agency staff	<input type="checkbox"/>
Consumer/Client	<input type="checkbox"/>	Carer	<input type="checkbox"/>
Academic/researcher	<input type="checkbox"/>	Other _____	

Are you from?

NSW – Sydney	<input type="checkbox"/>	NSW – Outside Sydney	<input type="checkbox"/>
VIC	<input type="checkbox"/>	QLD	<input type="checkbox"/>
SA	<input type="checkbox"/>	WA	<input type="checkbox"/>
TAS	<input type="checkbox"/>	ACT	<input type="checkbox"/>
NT	<input type="checkbox"/>	Other country _____	

How would you rate the conference overall? (1 Being poor – 5 Being excellent)

1 2 3 4 5

Any comments about the overall conference organization?

How would you rate this joint conference approach as a useful event for networking? (1 Being poor – 5 Being excellent)

1 2 3 4 5

What did you get out of or enjoy most about the conference?

Do you have a suggested next step in addressing complex and diverse issues?

What suggestions do you have for future events?

Any other comments you would like to make?
