



## CMHDARN CONNECT

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Welcome to the fifth edition of CMHDARN Connect.

What a very different world we are in, compared to just two months ago when the last edition was released. Unfortunately, as many of you will know, we have had to cancel the CMHDARN Symposium for 2020. Due to be held on the 15th of May, it was not possible to go ahead with current restrictions due to COVID-19. Whilst this is disappointing, I wanted to keep the theme and the ideas of the Symposium coming through the work of CMHDARN. Thus, this edition of CMHDARN Connect contains more articles on diverse communities and ways to think about conducting research in these important areas.

This edition also has a new 'training' section to provide some relevant (and mostly free) training opportunities.

If you're new to the network or missed previous editions of CMHDARN Connect, you can now access them on the CMHDARN website or by following this [LINK](#).

If you have ideas for future CMHDARN Connect articles or resources you want to share, please get in touch at [info@cmhdaresearchnetwork.com.au](mailto:info@cmhdaresearchnetwork.com.au)

Warm regards,

Jo

CMHDARN Coordinator

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# CMHDARN RESEARCH ETHICS CONSULTATION COMMITTEE

Would you like to engage in ethical research to improve the delivery of services to consumers / clients in the mental health and alcohol and other drugs sectors?

CMHDARN has a committee to support your research!

For more information, please see '[Information for Applicants](#)' or contact the CMHDARN Coordinator at [info@cmhdaresearchnetwork.com.au](mailto:info@cmhdaresearchnetwork.com.au)

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## CMHDARN UPCOMING WEBINARS

**Do you conduct research in the mental health and alcohol and other drugs sectors? How much do you know about conducting research with diverse communities? What is ethical research? What is inclusive research?**

*CMHDARN is hosting a webinar that will explore these questions and more.*

### **CMHDARN Webinar - Ethical and Inclusive Research**

**Date: Wednesday 27th May, 2020**

**Time: 11am to 12pm**

When conducting research in the mental health and alcohol and other drugs sectors, it is important to recognise that our populations are not homogeneous and we therefore need to consider the value and complexities of conducting research with diverse communities. This panel webinar will include voices from communities such as Aboriginal and/or Torres Strait Islander, LGBTIQ+, people with disabilities and people from culturally and linguistically diverse backgrounds. It will explore concepts such as:

- Why it is important to recognise diverse communities in research
- How to conduct ethical research with diverse communities
- What consent may look like for different communities
- How to collect data for / from these communities in a meaningful and ethical way
- How recognising these communities as diverse in research can change service delivery

The webinar will be recorded live with participants able to ask questions throughout.

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To register click [HERE](#)

## CMHDARN Research Skills Webinar Series - Webinar 2 - Developing a Research Question

Date: Thursday 18th June, 2020

Time: 2pm to 3pm

### Are you starting a new research project and want to know how to develop a research question?

Developing a question to answer is fundamental to research. A good question gives the research a framework, can help decide the methods used for undertaking the research and will make the research findings meaningful. Without a good question, research can be useless.

This webinar will cover how to develop a research question in the mental health and alcohol and other drugs sectors, including how to make it meaningful in non-government settings where funding for research is often not the priority.

To register click [HERE](#)

To watch previous CMHDARN webinars - click [HERE](#)

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## CMHDARN RESEARCH SHOWCASE

Have you published recently?

CMHDARN maintains a bibliography of published research by the members of NADA / MHCC / CMHDARN to showcase the important work that is happening in our sectors.

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

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## Care Navigation - A Suicide Prevention Model

In response to local community distress following an uncoordinated community response to a death by suicide in the Northern Beaches area Community Care Northern Beaches resourced a communication protocol in the second half of 2018 that

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involved a number of community agencies working together to reduce suicide deaths in the area and to provide support to those affected by suicide.

The principal active partners in the project were the Northern Beaches Police Local Area Command (NBPLAC), Northern Beaches Council and Lifeline. Partners on the reference group included Northern Sydney Local Health district, Northern Sydney Primary Health Network, and Northern Beaches Hospital.

The reporting period was from 1st of June 2019 to 31<sup>st</sup> December 2019. Statistics supplied by the NBPLAC, show that compared with the comparable 6 months in the preceding year there was a 37% reduction in deaths by suicide in the area. Support organisations and individuals in the area also reported that support was more coordinated and less confusing. Police reported feeling less distressed as they felt that the people they connected with the program were receiving support that they would not have previously received and that they'd noticed a reduction in suicide re-attempts. This project is an ongoing project in the Northern Beaches and further data will be collected over time to enable stronger findings. The full interim report can be found [here](#).

Click [HERE](#) for the full article

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## CMHDARN's Community Research Mentoring Program

*"The mentoring program can really assist you in identifying the best research questions and methodology" – Mentee*

Applications are open for the Community Research Mentoring Program.

The program is open to MHCC or NADA members who want to develop and conduct research guided by an expert mentor. Designed to support practice-based research, the program helps to build the skills of the mentee and to equip them with knowledge about research processes and measuring impact and outcomes.

- Developing research question/s
- Guidance on how to conduct a literature search
- Advice regarding procedures and measures to include in an evaluation of a service
- Statistical advice to assist with the analysis of data collected by a service
- Advice on quantitative and/or qualitative studies within a service

*What mentees have said:*

"The mentoring program has really helped establish our practice-based research and navigating the many options on clear and relevant research methodology"

*The mentor's experience:*

"It has been fantastic being part of the CMHDARN mentoring program and to facilitate the application of research methods to real-world settings. I have thoroughly enjoyed developed relationships with the fabulous front-line workers

I have been mentoring"

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

## Useful Resources from across the sectors

### Research papers / books / reports

#### *Predictors of work engagement among Australian non-government drug and alcohol employees: Implications for policy and practice*

Duraisingam et al. (2020)

**Background:**The alcohol and other drugs (AOD) workforce faces multiple challenges including stigma, limited resources, ideological conflicts and complex demands. An engaged, supported and stable workforce is essential for optimal service provision, quality care, effective harm reduction implementation and cost efficiency. However little research has examined factors that impact worker engagement in the AOD sector. To inform policy and practice on cost efficient service provision and effective workforce development, this study examined a range of potential predictors of work engagement among Australian AOD non-government workers.

**Methods:** An online, cross-sectional survey of 294 non-government AOD workers measuring demographic, work-related psychosocial, and health and wellbeing variables was conducted in New South Wales, Australia. Multiple hierarchical linear regressions were conducted to identify significant predictors of worker engagement.

**Results:** Most AOD workers demonstrated high work engagement levels. Significant predictors of engagement included role clarity, leadership quality, growth opportunities, resilience and social support, and older age. These workers were likely to be more energised, enthusiastic and dedicated in their jobs.

**Conclusions:** This study is an important initial step in understanding work engagement among AOD workers. It offers valuable insights into ways to foster engagement, which in turn may ensure a more sustainable workforce that can deliver high quality care. Workers with high levels of engagement are more likely remain in their AOD roles over longer periods of time, acquire more skills and experience, and be better equipped to address complex demands. Workforce policies and programs specifically designed to enhance leadership skills and role clarity, while enhancing professional growth, resilience, and social supports, particularly for younger workers, are highlighted as essential strategies to promote engagement among AOD workers.

Click [HERE](#) for full text

#### *Characteristics & wellbeing of the NSW non-government AOD workforce*

In June 2017, the National Centre for Education and Training on Addiction (NCETA) was commissioned by the Network of Alcohol and Other Drugs Agencies (NADA) and Matua Raki to conduct a comprehensive survey of the alcohol and other drugs (AOD) / addictions workforces in New South Wales (NSW) and New Zealand (NZ).

This [REPORT](#) presents results from the NSW survey (findings from the NZ component are presented separately).

### *Association Between Patterns of Alcohol Use and Short-Term Risk of Suicide Attempt Among Patients With and Without Reported Suicidal Ideation*

Richards, J. et. al. (2020)

doi: 10.1097/ADM.0000000000000637

Click [HERE](#)

**Objective:** To evaluate the association between patterns of alcohol use and short-term risk of suicide attempt among patients with and without reported suicidal ideation. **Methods:** Kaiser Permanente Washington electronic health record data were used to identify mental health visits (1/1/2010-6/30/2015) with documented assessments for unhealthy alcohol use (AUDIT-C) and suicidal ideation (PHQ-9 ninth question). Logistic regression fit using generalized estimating equations were used to conduct visit-level analyses, accounting for correlation between individuals' assessments. Separate models evaluated the association between (1) level of alcohol consumption and (2) frequency of heavy episodic drinking (HED), in combination with suicidal ideation (any vs none), with suicide attempt within 90 days following each visit. Primary models adjusted for age, gender, race/ethnicity and visit year. **Results:** Of 59,705 visits (43,706 unique patients), 372 (0.62%) were followed by a suicide attempt within 90 days. The risk of suicide attempt was significantly higher for patients reporting suicidal ideation across all levels of alcohol consumption compared to patients reporting low-level alcohol use and no suicidal ideation, particularly high-level use (OR 9.77, 95% CI, 6.23–15.34). Similarly, risk of suicide attempt was higher for patients reporting suicidal ideation across all levels of HED relative to those reporting no HED or suicidal ideation, particularly HED monthly or more (OR 6.80, 95% CI 4.77–9.72). Among patients reporting no suicidal ideation, no associations were observed. **Conclusions:** Findings underscore the potential value of offering alcohol-related care to patient reporting suicidal ideation. Additional strategies are needed to identify suicide risk among those reporting no suicidal ideation.

### *Computerised emotional well-being and substance use questionnaires in young Indigenous and non-Indigenous Australian adults*

Belinda Davison, Robyn Liddle, Joseph Fitz & Gurmeet R Singh. (2019)

**Background:** Mental health disorders rank among the most substantial causes of morbidity and mortality worldwide. Almost half of Australian adults experience mental illness at some point in their lifetime, with Indigenous Australians disproportionately affected. Thus, it is imperative that effective, acceptable screening tools are used, which are tailored to the target population.

**Objectives:** This research investigates the methodology of computerised questionnaires in assessing the emotional wellbeing and substance use in Indigenous and non-Indigenous young adults. **Methods:** Cross-sectional data from young

adults (21–28years) in the Life Course Program, Northern Territory, Australia, are presented. Through an extensive consultation process, validated questionnaires were adapted to a computerised format suitable for both remote and urban residing Indigenous and non-Indigenous adults.

Results: Of the 576 participants (459 Indigenous, 117 non-Indigenous) available for assessment, high consent rates were seen, with completion rates >86%. One in three young adults in this cohort were highlighted as 'at risk' of psychological distress, and one in five as 'at risk' of suicidal ideation or self-harm.

Conclusion: The target population of this study were at a critical age with high levels of psychological distress and suicidal ideation reported, particularly in Indigenous young adults. This simple, user-friendly, pictorial programme allowed assessment of a sensitive topic anonymously, while simultaneously collating data and identifying those at high risk, irrespective of literacy level or cultural background.

Click [HERE](#) for the full article

### *Understanding ambivalence in help-seeking for suicidal people with comorbid depression and alcohol misuse*

Heinsch M, Sampson D, Huens V, Handley T, Hanstock T, Harris K, et al. (2020)

Help-seeking prior to a suicide attempt is poorly understood. Participants were recruited from a previous research trial who reported a history of suicidal behaviours upon follow-up. Qualitative interviews were conducted with six adults to understand their lived experience of a suicide attempt and the issues affecting help-seeking prior to that attempt. Participants described being aware of personal and professional supports available; however, were ambivalent about accessing them for multiple reasons. This paper employs an ecological systems framework to better understand the complex and multi-layered interpersonal, societal and cultural challenges to help-seeking that people with suicidal ideation can experience.

Click [HERE](#) for the full article

### *Substance use, affective symptoms, and suicidal ideation among Russian, Somali, and Kurdish migrants in Finland*

Salama, E. et. al. (2020)

Comorbidity of substance use with affective symptoms and suicidality has been well documented in the general population. However, population-based migrant studies about this association are scarce. We examined the association of affective symptoms and suicidal ideation with binge drinking, daily smoking, and lifetime cannabis use among Russian, Somali, and Kurdish migrants in comparison with the Finnish general population. Cross-sectional data from the Finnish Migrant Health and Wellbeing Study (Maamu, n = 1307) and comparison group data of the general Finnish population (n = 860) from the Health 2011 Survey were used. Substance use included self-reported current binge drinking, daily smoking, and lifetime cannabis use. Affective symptoms and suicidal ideation were measured using the Hopkins Symptom Checklist-25 (HSCL-25). We performed multivariate logistic regression analyses, including age, gender, and additional socio-demographic and migration-related factors. Suicidal ideation (OR 2.4 95% CI 1.3–4.3) was associated with binge drinking among Kurds and lifetime cannabis use among Russians (OR 5.6, 95% CI 1.9–17.0) and Kurds (OR 5.5, 95% CI 1.9–15.6). Affective symptoms were associated with daily smoking (OR 1.6, 95% CI 1.02–2.6) and lifetime cannabis use (OR 6.1, 95% CI 2.6–

14.5) among Kurdish migrants. Our results draw attention to the co-occurrence of suicidal ideation, affective symptoms, and substance use, especially among Kurdish migrants. These results highlight the variation of comorbidity of substance use and affective symptoms between the different populations. This implies that screening for substance use in mental healthcare cannot be neglected based on presumed habits of substance use.

Click [HERE](#) for the full text

### *Mental Health Issues and Complex Experiences of Abuse Among Trans and Gender Diverse Young People: Findings from Trans Pathways*

Cook, A. et. al. (2020) - Click [HERE](#) for full article

**Purpose:** Trans and gender diverse (TGD) young people have reported high levels of mental distress in research studies, specifically depression, anxiety, self-harming, and suicidal behaviors. Rates of abuse are also high in TGD populations, but little is known about how this relates to mental health in populations of TGD young people. This study sought to examine associations between experiences of abuse and mental health outcomes.

**Methods:** A cross-sectional study design was used. An anonymous online questionnaire was conducted to determine rates of abuse among Australian TGD young people (N = 859) and the potential association with poor mental health. Primary outcomes of interest were self-reported psychiatric diagnoses, self-harm and suicidal behaviors, and current anxiety and depressive symptoms.

**Results:** Exposures to six forms of abuse are reported in this article: extrafamilial physical abuse, familial physical abuse, extrafamilial sexual abuse, familial sexual abuse, abuse within an intimate relationship, and other familial abuse (including emotional or verbal abuse and neglect). All six forms of abuse measured were associated with poor mental health overall; risk estimates for some forms of abuse were much stronger than others.

**Conclusion:** The current findings have wide-ranging implications for clinical practice. Those working in TGD health care need to be aware of the high prevalence of violence and abuse among TGD young people and the association with poor mental health outcomes. The findings also have implications for broader societal change and interventions targeting increasing parental support to reduce familial violence against TGD young people.

### **Alcohol Use Disorder and Risk of Suicide in a Swedish Population-Based Cohort**

Edwards, AC. et. al. (2020)

**Objective:** The authors examined the association between alcohol use disorder (AUD) and risk of suicide, before and after accounting for psychiatric comorbidity, and assessed the extent to which the observed association is due to a potentially causal mechanism or genetic and familial environmental confounding factors that increase risk for both.

**Methods:** Longitudinal population-wide Swedish medical, criminal, and pharmacy registries were used to evaluate the risk of death by suicide as a function of AUD history. Analyses employed prospective cohort and co-relative designs, including data on 2,229,880 native Swedes born between 1950 and 1970 and observed from age 15 until 2012.

**Results:** The lifetime rate of suicide during the observation period was 3.54% for women and 3.94% for men with AUD, compared with 0.29% and 0.76% of women and men, respectively, without AUD. In adjusted analyses, AUD remained robustly associated with suicide: hazard ratios across observation periods ranged from 2.61 to 128.0 among women and from 2.44 to 28.0 among men. Co-relative analyses indicated that familial confounding accounted for some, but not all, of the

observed association. A substantial and potentially causal relationship remained after accounting for a history of other psychiatric diagnoses.

Conclusions: AUD is a potent risk factor for suicide, with a substantial association persisting after accounting for confounding factors. These findings underscore the impact of AUD on suicide risk, even in the context of other mental illness, and implicate the time frame shortly after a medical or criminal AUD registration as critical for efforts to reduce alcohol-related suicide.

Click [HERE](#)

**SHARE WHAT YOU READ:** If you read a research paper / article or visit a website that you think is relevant to share with other CMHDARN members, send it to the CMHDARN Coordinator at [info@cmhdaresearchnetwork.com.au](mailto:info@cmhdaresearchnetwork.com.au). We are looking for papers / articles and websites that cover co-occurring mental health and alcohol and other drugs and also mental health and alcohol and other drugs sectors separately. I will collate the articles and develop a series of categories, to develop a resource that will sit alongside and complement the "CMHDARN Research Showcase".

## Webinars

### *CMHDARN Research Skills Webinar Series - Webinar 1 - "Why Research"*

Mental health and alcohol and other drugs experts explored why research is integral to the mental health and alcohol and other drugs sectors; what research means to them and what defines evaluation.

Click [HERE](#) to watch and find associated resources

### *Experiences of Aboriginal and Torres Strait Islander people in primary healthcare when speaking about substance use and depression*

The Alcohol and Other Drugs Knowledge Centre has released the recording of our recent webinar titled: Experiences of Aboriginal and Torres Strait Islander people in primary healthcare when speaking about substance use and depression. This webinar is presented by Dr. Sara Farnbach from the [National Drug and Alcohol Research Centre](#) (NDARC).

The webinar contains information about:

- why we need to think about substance use and mental health in primary healthcare
- Aboriginal and Torres Strait Islander clients' experiences speaking about substance use
- staff and Aboriginal and Torres Strait Islander primary care patients' views speaking about mental health.

Click [HERE](#) to watch

### [NCCRED Webinar Series](#)

Hosted by St Vincent's Alcohol & Drug Service, NCCRED is coordinating a series of webinars with a range of guests on Fridays 2pm AEST.

NCCRED is hoping to explore some of the unique challenges currently being experienced by the Alcohol and other Drugs sector amidst the necessity of social distancing and the threat of infection. It's a great opportunity to share these challenges and reflect on some of the things we're learning. We hope this will be a useful resource as we step forward into uncertain times.

This series will be held Fridays 2pm-2:30pm AEST including a Q&A and include in depth discussions with clinicians, consumers and others. We'll dive into some of the immediate problems, research endeavours, and new clinical practices that are emerging during the time of COVID-19 and what life might look like after the pandemic.

#### *Smoking among disadvantaged and vulnerable groups*

The Alcohol and Other Drugs Knowledge Centre has released the recording of our recent webinar titled: [Smoking among disadvantaged and vulnerable groups](#). This webinar is presented by Dr. Veronica Boland from the [National Drug and Alcohol Research Centre](#) (NDARC) at the University of New South Wales (UNSW).

The webinar contains information about:

- how disparity in smoking prevalence between the most and least advantaged Australians contributes to health inequalities
- the experiences of quitting smoking from the perspectives of smokers from socioeconomically disadvantaged backgrounds
- the key insights into the factors that inhibit and promote quitting behaviours
- research findings conducted with socioeconomically disadvantaged smokers from a national randomised controlled trial (RCT) and a feasibility study into the use of e-cigarettes for smoking cessation.

This webinar aims to inform healthcare workers and researchers about key barriers to quitting and future directions for quit smoking support.

### **Useful websites / resources**

#### *Turning Point - Webinars / videos and other*

The Turning Point YouTube channel contains a wealth of resources on many different topics in multiple formats.

Click [HERE](#) to discover more.

## *The YAWG Project*

The YAWG (Young Aboriginal Women and Girls) research, formally known as Fighting, Alcohol and Offending: Interventions Targeting Aboriginal Girls, was funded by Healthway and conducted by the National Drug Research Institute, Curtin University, in collaboration with Wungening Aboriginal Corporation (2015-2019). The research investigated the experiences of young Aboriginal women and girls (10-18 years). Thirty eight young women participated in one-on-one interviews for the YAWG project, and a further six took part in a one-day intensive workshop. Participants were asked to speak about their experiences around drinking, fighting and offending as well as their experiences of accessing services for support around these and other issues. A resource combining the findings from the data was then developed with the aim of helping service providers better support this group of young women. This [WEBSITE](#) is the result.

## *Yarns Heal*

Yarns Heal is a suicide prevention campaign for the Aboriginal and Torres Strait Islander and LGBTIQ+ Sistergirl and Brotherboy community, it's about sharing our stories and reaching out to our loved ones and Community Cultural Connectors when times are tough. Yarns Heal will help us learn how to better support one another and aims to strengthen our peer support systems so we can access help in culturally safe ways that nurture cultural healing, love and hope.

## *Cultural Safety for Health Professionals Portal*

The portal aims to support teaching health professionals to critically reflect on the concept of cultural safety and to deliver safe, accessible and responsive healthcare that is free from racism. Links are provided here to Aboriginal and Torres Strait Islander health and cultural safety resources, relating to the five capabilities of a refreshed [Aboriginal and Torres Strait Islander Health Curriculum Framework](#).

For each profession you will find available links to resources and publications in relation to the five capabilities as well as general information that is relevant across all disciplines.

The capabilities are:

1. Respect: Recognise Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing in the context of history, culture and diversity, and affirm and protect these factors through ongoing learning in health care practice.
2. Communication: Engage in culturally appropriate, safe and sensitive communication that facilitates trust and the building of respectful relationships with Aboriginal and Torres Strait Islander peoples.
3. Safety and quality: Apply evidence and strengths-based best practice approaches in Aboriginal and Torres Strait Islander health care.
4. Reflection: Examine and reflect on how one's own culture and dominant cultural paradigms, influence perceptions of and interactions with Aboriginal and Torres Strait Islander peoples.

5. **Advocacy:** Recognise that the whole health system is responsible for improving Aboriginal and Torres Strait Islander health. Advocate for equitable outcomes and social justice for Aboriginal and Torres Strait Islander peoples and actively contribute to social change.

The links to these resources have been provided by the Griffith University First Peoples Health Unit and are curated by the HealthInfoNet.

Click [HERE](#) to go to the portal

## Other publications you might want to check out

### *NADA Advocate*

Published quarterly, the Advocate raises significant issues relating to the non government AOD sector in NSW. Subscribe to develop your knowledge about, and be connected to, the sector. Click [HERE](#) for the latest issue.

### *Newsletter from the Mental Health Commission of NSW*

Updates from the Mental Health Commission. Click [HERE](#) for the latest issue

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## Training / Events

### Training

#### *Applied Cultural Proficiency Workshop*

The Aboriginal Health and Wellbeing Clinical Academic Group is facilitating 2 online Applied Cultural Proficiency Workshop which will provide support to researchers and health care professional to engage in an Applied Model of Cultural Proficiency

Upcoming dates include

- 1st of May from 10:00am to 11:30am
- 12th of May from 12:00pm to 1:30pm

Both sessions are repeat sessions

The purpose of these workshop are to support attendees to

- Identify an applied model of cultural competency to use in Indigenous health
- Use a progressive model of health interaction within Indigenous peoples
- Develop skills in engaging with Indigenous peoples

The workshops will be facilitated by the Research Lead of the AH&W CAG Aunty Kerrie Doyle.

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Once you register for the workshops you will receive a link to access the online workshops.

For further information about this event please contact the AH&W CAG Project Officer Chris Pitt at 0448 655 557 or through email at [c.pitt@unsw.edu.au](mailto:c.pitt@unsw.edu.au)

## *Creating, capturing and communicating research impact*

May 12th, 13th, 19th & 20th

7pm - 8.30pm AEST

### **In 2020, if you are a researcher, you need to understand impact!**

This live and online workshop will introduce you to the fundamentals of research impact and help you understand what it is, how you can plan for it, and how to easily create more opportunities to take your research to the next level. You will gain the skill and understand tools to capture meaningful information that you can use when writing about your impact in grant applications and in assessment case studies. This workshop will help you articulate your impact in a clear, logical and convincing way.

Impact knowledge and communication skills are vital to most grant applications, and applications for promotions and tenure within universities. In addition, we are seeing more and more emphasis on the assessment of impact and there is an increasing need to understand how to structure and to communicate impact within case studies.

### **Workshop structure & modules**

This workshop will consist of two sessions of approximately three hours duration. The sessions will be live online so that you have the opportunity to fully participate in the same way you would in a traditional face to face workshop. We will be using Zoom for the sessions and participants will have the ability to ask questions using their microphones.

Click [HERE](#) to register (please note: costs are associated with this training)

## *Comorbidity Training*

Is comorbidity on your CPD calendar this year? The Australian Government Department of Health-funded National Comorbidity Guidelines Online Training Program is a free, evidence-based program on the management and treatment of co-occurring alcohol or other drug and mental health conditions. Developed by researchers at The University of Sydney's Matilda Centre for Research in Mental Health and Substance Use in collaboration with clinicians, consumers, carers and alcohol or other drug workers, the online training can be accessed here; [comorbidityguidelines.org.au](http://comorbidityguidelines.org.au)

## *Measuring Social Impact - UTS - Taster course*

Click [HERE](#)

The NFP sector is a significant sector, with many businesses offering life-changing services . But how do we know whether these programs are successful? What's the impact of these programs? And how do we measure their impact and success?

In this course, you will be empowered with the knowledge of what to measure and how to measure your social impact. You will be equipped with all the tools you need to apply to the task of conducting evidence-based and methodologically rigorous program evaluation. You might even walk away challenging the way you think about measuring program outcomes!

Associate Professor, Dr Bronwen Dalton of UTS Business School, will share her expertise helping you navigate your way towards evaluation best practice.

You will develop a Theory of Change and complete a Logic Model outlining best approaches to the intervention and details regarding resources, activities, outputs, short & long-term outcomes and impact in the Logic Model template provided.

You will walk away with a practical Logic Model that describes the sequence of activities to bring about change, and how these activities are linked to the results of the program connecting the planned work and intended results.

### *Insight - Centre for alcohol and other drug training and workforce development*

If you haven't already checked out the Insight [WEBSITE](#), please do. Insight has a range of webinars, e-learning modules, resources and more to help support your work.

### *Orientation to Telephone Counselling for Alcohol and Other Drug Workers*

Click [HERE](#)

This online training module aims to assist alcohol and other drug (AOD) workers to increase their knowledge, confidence and capacity to use telephone counselling as part of their treatment and support for clients, as well as preparing workers for the opportunities and challenges associated with this counselling modality.

This module has been developed as a collaboration between Insight Centre for Alcohol and Other Drug Training and Workforce Development, ADIS 24/7 Alcohol and Drug Support (Queensland) and Lives Lived Well.

### *Asking the question: Recommended gender and sexuality indicators*

Learn how to be LGBTI inclusive, and be guided on gender and sexuality indicators that can be implemented to meet the specific needs of all clients. [Learn online.](#)

## **Events**

### *2020 Suicide Prevention Summit*

The purpose of this Summit is to equip practicing mental health professionals in Australia with the most up-to-date, advanced knowledge and treatment options on suicide prevention.

To achieve that, we've assembled 10 highly respected experts on suicide into one online specialised Summit.

Over 2 days, May 16 & 17, you'll have free access to all Summit sessions, live online. You will then have on-demand streaming access for an additional three weeks, from May 18 to June 7.

One of the most powerful resources we have to reduce suicide is our frontline mental health workforce. We believe that by providing every mental health practitioner in Australia with global best-practice knowhow and skills, we can tangibly reduce suicide rates in Australia.

We see our role as bringing global best-practice education to Australian practitioners – for free. Your role is taking the time to learn and apply.

To register - click [HERE](#)

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The Community Mental Health Drug and Alcohol Research Network (CMHDARN) is a collaborative project between Network of Alcohol and Other Drugs Agencies (NADA), Mental Health Coordinating Council (MHCC) and the Mental Health Commission of NSW.

[Visit the CMHDARN website here](#)