ISSUE TWELVE
COLLABORATIONS
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IN THIS ISSUE

Collaboration underpins the very fibre of the Centre of Research Excellence in Mental Health and Substance Use (CREMS). The Centre brings together researchers from seven universities, from across three continents, to study the prevention, treatment and epidemiology of co-occurring substance use and mental health disorders, and challenge single disorder models and treatment silos. However, collaboration between researchers is not enough. In this edition of the CREMS newsletter, researchers and their collaborators explain how the Centre engages with consumers, educators, parents, clinicians, policymakers and the media, and why it’s so important.

Dr Lexine Stapinski opens the edition with an in-depth explanation of parents’ and teachers’ contribution to the development of the Positive Choices drug education portal. Associate Investigator Leonie Manns provides an overview of why researchers must collaborate with mental health consumers. Dr Louise Thornton highlights her learnings from the November 2015 Consumer Led Research Forum. Dr Joanne Ross shares how researchers collaborated with service providers to bring the Suicide Assessment Kit to life. Prof Katherine Boydell shares the Integrated Knowledge Translation model employed by researchers at the Black Dog Institute. Dr Emma Barrett offers tips for early career researchers considering international collaborations. Angela Argent outlines how a mentoring program connects researchers and community managed mental health organisations. Finally, A/Prof Frances Kay-Lambkin summarises the partnership embarked upon by the Society for Mental Health Research and the ABC to bring the 2015 ‘Mental as...’ campaign to our screens and radios.

ABOUT

Funded in 2012 by the Australian National Health and Medical Research Council, the Centre of Research Excellence in Mental Health and Substance Use aims to increase the knowledge base regarding the effective prevention and treatment of comorbid mental health and substance use disorders. The research centre is a world first, bringing together the largest concentration of internationally recognised comorbidity researchers from around the world.

The CREMS newsletter is just one of the ways you can learn more about our work. Connect with us on Facebook, Twitter and via our website to keep up to date with the latest research in comorbid mental health and substance use.

This issue of the CREMS Newsletter was edited by Katherine Mills, Erin O’Loughlin and Louise Mewton.
WORKING TOGETHER WITH TEACHERS & PARENTS TO PREVENT DRUG-RELATED HARMs AMONG YOUNG PEOPLE

It may not feel like it sometimes, but parents and teachers have a significant influence on teenagers and their risk of harmful drug and alcohol use [1].

Teenagers spend a large part of their waking hours at school, and research trials show that delivering the 6-lesson Climate Schools Health and Wellbeing program as part of the secondary school curriculum significantly reduces teenagers’ risk of using alcohol and cannabis over a 2-year period [2]. In addition, there’s evidence that interactions with parents and teachers can have a protective effect: parent-child closeness, rule-setting and parental monitoring (i.e. setting curfews, rule-setting about alcohol use), and talking with teachers about personal problems are associated with reduced risk of teenage alcohol and other drug use [1, 3]. These findings highlight the importance of involving teachers and parents in efforts to reduce the considerable harms associated with teenage alcohol and other drug use.

Positive Choices is a national online portal that brings together in one central location information and resources that parents and

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DR LEXINE STAPINSKI

Dr Stapinski is a Clinical Psychologist and Research Fellow based at the National Drug and Alcohol Research Centre (NDARC). She currently manages a collaborative project to develop and disseminate illicit drug resources for Australian teachers, parents and students.
teachers can use to begin these conversations with young people and protect them against alcohol and drug-related harms. The project was funded by the Australian Department of Health and led by a team of researchers at the CREMS (Dr Lexine Stapinski, Dr Nicola Newton, Prof Maree Teesson, Dr Catherine Chapman, A/Prof Frances Kay-Lambkin, Mr Bill Reda, Ms Siobhan Lawler) in collaboration with the National Drug Research Institute (Prof Steve Allsop, Dr Nyanda McBride) and Netfront (web design). The success of this project depended upon teachers and parents, and so we consulted and collaborated with teachers and parents to inform and guide the development and refinement of the online portal [4].

What did teachers tell us?

The starting point for the Positive Choices project was feedback from teachers that a centralised resource was needed to “pull together” trustworthy information and resources that could be used in the classroom to educate teenagers about the effects and potential harms of alcohol and other drugs. Interviews with teachers in the early stages helped to guide planning and identify features to include within the portal. Key themes that emerged from these discussions were:

- Teachers and parents wanted up-to-date and credible information about drugs so they feel equipped to have these discussions and appropriately respond to questions from young people;
- The selection of resources needed to be tailored for the specific teaching context: age of students, time-constraints, and fit with the prescribed curriculum;
There is a lot of information on the internet but not all of it can be trusted... therefore, there is a need for quality-control so that teachers can find and incorporate accurate information and programs that are proven to reduce drug and alcohol use (i.e. “evidence-based” resources).

In order to structure the online portal in the most useful way, teachers were asked what strategies they used to find educational resources online, and how they selected and integrated them into their lessons.

**Teacher perspectives:**

“As teachers we struggle with getting the most up-to-date information. Parents also want up to date information as well as statistics. There is a perception among young people that drug use is more common than it is.... Showing statistics helps to compare perception with reality, and show that it is not that common”.

**What did parents tell us?**

Interviews with parents similarly identified a need for accurate information to guide discussion about alcohol and other drugs with young people. Key themes that emerged from these discussions were:

- Parents said they actively seek information about parenting and adolescent substance use, predominately from the Internet and discussions with other parents and friends;
- All parents interviewed believed it was important to discuss with their child the consequences of alcohol/drug use and how to say no;
- However, parents also reported uncertainty regarding their ability to prevent their child from using alcohol and other drugs, and voiced a need for strategies and advice.

**Parent perspectives:**

“I’m glad this [the Positive Choices portal] is coming. I really feel it’s necessary to speak to kids openly and frankly about this stuff. I want to know EVERYTHING that’s happening out there. Ecstasy was emerging when I was in my late teens. There are so many more drugs out there now. I don’t want to be in the dark. This is going to be a fantastic place for us all to go, to get what we need to keep kids as safe as we can. It’s all about information. Nothing preachy, and straight out truth. Kids know when you’re being condescending. This site certainly is NOT that.”

**What did teachers and parents think of the final product (the Positive Choices portal)?**

Drawing from discussions with teachers and parents, and consultation with external experts and the project advisory group, the Positive Choices portal was developed (see development process chart on page 7).
Positive Choices makes it simple to find evidence-based drug and alcohol information and prevention programs that help principals, teachers and parents guide young people towards positive and informed choices. Key features are:

- Access to prevention programs that have been rigorously tested and are proven to improve student wellbeing;
- Accurate and up-to-date information about alcohol, tobacco and illegal drugs, guides for when and how to intervene across the school years, and information about how to talk to young people about drugs and alcohol;
- User-specific links guide teachers, students and their parents to appropriate and relevant content;
- Powerful search filters assist users to refine information according to their needs;
- Teaching resources are placed within the context of the Australian Curriculum.

Once development of the portal was complete, further consultation with teachers and parents was conducted to review and provide feedback. Thirty participants (20 school teachers; 10 parents) completed a series of tasks using the Positive Choices portal, followed by a comprehensive online survey and phone interview. Two Sydney-based teachers were also invited to complete observed beta-testing. Overall, the feedback was overwhelmingly positive (see box, page 8). Participants identified the Positive Choices portal as a comprehensive, accessible, informative, well-designed, and much-needed resource.
General feedback from beta-testing the Positive Choices online portal:

**Sample Comments:**

“I found it useful being able to search for resources and refine the search according to different criteria. I particularly liked the inclusion of the evidence base for each program and the link to peer-reviewed publications.” — Teacher #10

“I found it had extensive information. It addressed so many aspects of drug and alcohol usage - facts and information that I may not have thought about addressing myself.” — Parent #8

“The whole portal is honestly one of the best, most informative, wide ranging and also easiest to use sites that I have encountered. I shall be sharing this site with my whole school staff and also my friends to help them with their parenting issues. Overall...10/10!” — Teacher #20

Beta-testing and consultation with teachers and parents was invaluable for identifying additional points for improvement, and the portal was revised accordingly. The Positive Choices portal was officially launched on Sunday 6th December 2015, and is currently available for use by parents, teachers and students at: www.positivechoices.org.au

The Positive Choices team would like to extend our sincere thanks to the parents and teachers who contributed their time and ideas to this project. Thank-you! The project would not have been possible without your valuable input.

References

CLIMATE SCHOOLS UPDATE

Climate Schools is another school-based prevention program developed by the CREMS. Since its launch three years ago, it has become one of the most widely used and proven online resource for drug and alcohol education in Australia, currently utilised by over 250 schools.

In line with the CREMS’ focus on continuing to improve and refine Climate Schools, researchers have recently updated the Climate Schools website to include exciting new features requested by schools, teachers and students. These new features assist schools to meet Physical Development, Health and Physical Education (PDHPE) requirements and include tracking student progress online and achievement certificates for students as they complete modules.

CREMS is excited that so many schools have chosen to use Climate Schools courses over the past three years. To continue to make the best program possible and to respond to changing teacher needs, from the 1st of January 2016 CREMS will be introducing a small subscription fee for Climate Schools courses.

A yearly subscription will give all teachers and students at a school or organisation unlimited access to the course material, free professional training webinars on health education, newsletters and technical support from the Climate Schools team.

Go to the Climate Schools website
(www.climateschools.com.au) to find out more and register your school or organisation.
The partnership between researcher and consumer: Who? How? Why?

LEONIE MANNS

Ms Mans is a well-known and respected consumer advocate. She has been a member of Australian national committees such as the Australian Health Ministers Working Group for Mental Health, and is co-author of resources on comorbidity with members of CREMS.

Working closely with researchers in mental health and substance use has long been very important to me. For those of you who don’t know me I am a consumer and I have been working with Maree (Teesson that is!)

I recently addressed a group of young researchers from CREMS on the importance of collaborating with consumers, and I share here a little of what we discussed that day.

It has been National Health and Medical Research Council (NHMRC) policy since 2002 that consumers should be involved in research. In 2002 they combined with the Consumer Health Forum (CHF) to develop and issue the NHMRC/CHF Statement on Consumer and Community Participation in Health and Medical Research.

Probably the consumer group most powerful in the Australian landscape are Cancer Consumers, but Mental Health Consumers began to be involved in research in the late 90s (during the first National Mental Health Strategy).
there are isolated examples in the US and NZ but the best long term programs have been in the UK.

It is important to realise that many organisations won’t fund projects that don’t involve consumers so there is something in it for everyone!

Who are consumers?

- Consumers are those with personal experience of particular conditions – in our case people with lived experience of mental illness and/or substance misuse.

What is consumer participation in research?

- Consumer participation in research is involving consumers in all aspects of a research program (not just as subjects).

Consumer participation in research can:

- Ensure that consumer issues are identified and prioritised;
- Ensure that the research measures outcomes that consumers consider relevant to them, their fellow consumers and their families;
- Enhance the recruitment of good quality participants in the project;
- Assist with implementation of results.
- *(The career boost to the researcher is a lucky and well-deserved by-product).*

Why do I have to involve consumers?

- The best reason I have ever heard was that as the consumers are the ultimate users of the research it is therefore beneficial for everyone to have consumers involved in all aspects of the project.
- Further evidence for the “Why?” can be found in the NHMRC/CHF Statement on Consumer and Community Participation in Health and Medical Research.

References:

- Primary Health Care Research and Information Service – How to Get Consumers Involved in Research.
Funding organisations are increasingly recognising the importance, and value, of involving consumers in research as equal partners in the development of research goals, questions, strategies, methodologies and dissemination, rather than simply involving them as the subjects of research. Out of a desire to learn about working more closely with consumers as a part of my own research, I recently attended the Consumer Led Research Forum run by the Community Mental Health Drug and Alcohol Research Network (CMHDARN) and the Consumer Led Research Network (CLRN), supported by the Mental Health Commission of NSW.

The CLRN is a new network of consumers, clinicians and academics that has been set up to promote, support and undertake consumer led research activities in NSW. The goal of the network is to build capacity for consumer led research across the state by helping to build opportunities for networking and mentoring, and facilitate access to expertise.

The Consumer Led Research Forum was a whole-day workshop...
4 November 2015. It was attended by almost 100 mental health and/or drug and alcohol consumers, clinicians and academics and was the first large event organized by the CLRN. There was an overwhelming mood of excitement in the room that was summed up nicely by Bradley Foxlewin, the leader of the CLRN and Deputy Commissioner of the Mental Health Commission of NSW, who was ‘flabbergasted that there could be almost 100 people in a room to discuss consumer led and co-production research!’

The day was filled with a number of interesting and informative speakers and panel discussion. as well as a number of ‘open-mic’ sessions that allowed audience members to share their experiences with research, both good and bad, as well as suggestions for possible ways forward.

For me, the two key-note presentations were the highlight of the day. Dr Mary Harrod, CEO of the NSW Users & AIDS Association, highlighted the importance of honest and genuine community engagement and the development of consumer research capacity at multiple levels (e.g. engaging communities and consumer organisations and not just individual consumers). She was followed by Cath Roper, a consumer academic at the Centre for Psychiatric Nursing at the University of Melbourne, who outlined some key points to consider when undertaking co-produced research. First, she highlighted the importance of involving consumers from the outset of a project so that they can be involved in setting the agenda of the research and their services can be included within the budget for the project. Secondly, she discussed the fact that consumers sometimes get sidelined in expert advisory committees and there is a need for open and honest conversations regarding the power dynamics of any research team. She suggested a possible solution could be placing a standing item on any meeting agendas to discuss power dynamics and ensure consumers involved have a voice and feel comfortable expressing their opinions.

It was also extremely interesting to hear Jules Kim from Scarlet Alliance, the peak national peer sex worker organisation, discuss a project where a peer led approach to research was key to the project’s success. Using peers (migrant sex workers) to conduct the research solved a number of problems encountered by previous researchers in the area, and allowed for greater engagement and recruitment. Additionally it created a pool of peer educators who are likely to continue to have a positive impact on the health of that community.

As an academic, one of the key things I took away from the day was the role I might play in facilitating consumer led research. It was discussed that academics could help consumers learn how to navigate traditional research systems such as ethics and publishing. One open mic session highlighted that in order to change the system, and to allow consumer led and co-produced research to be seen as more acceptable and mainstream, we need to get these types of research into traditional research spaces.

While in its infancy, the CLRN is a really exciting initiative. Please email Bradly Foxlewin at foxlewin@aapt.net.au if you are interested in joining the Network’s Facebook group or getting in touch.
The Suicide Assessment Kit (SAK) was developed by the National Drug and Alcohol Research Centre (NDARC) in partnership with the Network of Alcohol and other Drug Agencies (NADA), to provide alcohol and other drug workers with evidence based resources to assist in the assessment and management of suicide risk [1].

While the development of resources to assist clinical practice is a worthy aim, their utility and uptake is dependent on having service providers closely involved throughout the development process. The concept of the SAK came directly from interviewing staff and managers of residential rehabilitation services across Australia about their current suicide risk assessment practices (Ross et al, 2012). This process enabled gaps in current practice to be identified, and based on evidence from the literature, the key components of the SAK were drafted. These include a suicide risk screener, a risk formulation template and a policies and procedures proforma. NADA was then invited to provide feedback on the SAK.
Organisations like NADA are critical in providing an interface between research and clinical practice. They understand the need for research and evidence based practice, whilst being attuned to the challenges and practicalities of treatment delivery.

NADA convened a SAK advisory panel, involving representatives from NADA and six treatment services, to review the SAK and ensure its utility for residential rehabilitation staff. This panel provided recommendations based on reading the document and using it in their services. This involved reviewing policies and procedures using the SAK and having staff trial the screener and risk formulation template with clients.

Feedback regarding general impressions of the SAK was also sought from rehabilitation services across Australia, using self-completion questionnaires.

Key benefits of obtaining this feedback were that it:

i. highlighted the importance of allowing flexibility in how the SAK is used
ii. indicated the need to demonstrate how levels of risk are identified using the screener
iii. showed how treatment providers benefit from hearing how other services have integrated the SAK, and
iv. revealed a demand for a screener that could be completed online.

The SAK is not copyrighted and is not intended to be used as a stand-alone document. Rather, services are encouraged to incorporate whatever aspects of the SAK are needed to improve current suicide risk assessment practice. This flexibility acknowledges that services differ widely in the extent to which they already have documented policies and procedures around suicide risk management.

To help staff understand the levels of risk identified using the screener, a roleplay video has now been produced and can be accessed via the SAK webpage on the NDARC website. Also available is a video of treatment providers talking about their experience in integrating the SAK at their service (pictured above) and an electronic version of the screener that can be completed online.

These additions have made the SAK a richer resource than it would have been had NDARC researchers worked in isolation. As an organisation that advocates for the non-government treatment sector, NADA helped improve the clinical utility of the SAK and ensured its relevance for frontline AOD workers.


Partner Engagement and Integrated Knowledge Translation at the Black Dog Institute

Knowledge translation (KT) is a multidimensional concept and emerging discipline that focuses on closing the gap between what we ‘know’ from research evidence and what we ‘do’ in real world health and social care (CIHR, 2014).

Costly research with the potential to advance the quality of healthcare and improve patient outcomes often fails to be implemented in practice or policy in a timely manner. This results in suboptimal care and reduced quality of life. KT examines the multiple processes impacting how evidence is generated, communicated and used as well as barriers to transfer and uptake of this knowledge (Barwick, Boydell, Stasiulis et al., 2005). By identifying the particular needs and issues of potential knowledge users, more applicable and effective ways of researching, communicating and measuring health activities can be developed. KT comprises multiple activities that are simultaneously ongoing, interactive, nonlinear, and impact-oriented (Graham, Logan, Harrison et al., 2006). This includes multidirectional engagement between

PROF KATHERINE BOYDELL
Dr Boydell is Professor of Mental Health at the Black Dog Institute, UNSW. She is also Adjunct Senior Scientist with the Child and Youth Mental Health Research Unit, Research Institute, Hospital for Sick Children and an Adjunct Professor at the University of Toronto.
researchers and a range of knowledge end-users such as policy-makers, health care providers, educators, and the general public (Lee & Garvin, 2003).

Integrated knowledge translation (iKT) acknowledges this multidirectional engagement and commands active collaboration and participation between researchers and knowledge users throughout the research process; an essential strategy to address the problem of underutilisation of research-derived knowledge (Kothari & Wathen, 2013). This involves engaging stakeholders at the beginning of the project and keeping them intimately involved throughout.

The iKT model at Black Dog is based on the Knowledge to Action Framework (Graham et al., 2006), one of the most widely cited conceptual frameworks in the KT field (Field, Booth, Ilott et al., 2014). It represents a useful planned action approach for researchers at the outset of a research project, clinicians attempting to effect change at an individual practice or organisational culture level, educators planning programs and policy makers working at the level of population health. The model incorporates knowledge creation (the core circle) and the action cycle (represented by the 6 outer circles) representing the activities required for knowledge application. Knowledge creation includes the creation of new knowledge in response to identified gaps in the knowledge base as well as the creation of knowledge syntheses (e.g. systematic reviews) and knowledge translation tools.
Integrated knowledge translation ... commands active collaboration and participation between researchers and knowledge users throughout the research process; an essential strategy to address the problem of underutilisation of research-derived knowledge.

translated. The ultimate goal of iKT is to bridge the gap between research and practice and ensure, that by working closely with our stakeholder partners at all stages, that evidence is linked to action.

References


Collaboration across nations

Tips for early career researchers

As mental health and substance use researchers we’re encouraged to forge collaborations with other like-minded researchers situated in institutions outside Australia. This is based on the notion that international collaborations are essential to producing internationally relevant research and ultimately to improving treatment accessibility and efficacy worldwide. International collaboration is therefore particularly important for research into comorbidity. This has continually been recognised by the CREMS, as evidenced by the number of pioneering research projects lead by teams of CREMS members located across the globe.

The necessity of highlighting the significance and impact of our research becomes clear early on in our careers. As Early Career Researchers (ECRs) we are required to communicate this in fellowship applications, grant applications, career development awards, and for promotion. International collaboration can play a key role in enhancing research impact and promoting professional development for ECRs, however, it can be hard to know where or how to start.

With guidance from our mentors, we have formed a productive...
International collaboration can play a key role in enhancing research impact and promoting professional development for ECRs, however, it can be hard to know where or how to start.

In particular, we describe steps to get started and some challenges you may experience along the way. We also discuss the benefit of applying for opportunities to travel. In 2014 Dr Flanagan was awarded an International Visiting Research Fellowship from Macquarie University and in 2016 Dr Barrett will spend a year at the Medical University of South Carolina on a Fulbright Scholarship. These opportunities undoubtedly enrich and strengthen our collaborative relationships.

In November this year Dr Flanagan reflected on our experiences and inspired other researchers to build international collaborations as a panellist at the Association for Behavioral and Cognitive Therapies (ABCT) Annual Convention in Chicago. We hope to continue to encourage ECRs to pursue international collaborations as they can be extremely rewarding. Our experience has enabled us not only to produce impactful and meaningful research, but also to develop a sense of autonomy and confidence in our work. Most importantly in this process we have become strong professional colleagues and good friends.

Access the articles:


Citation: Flanagan JC & Barrett EL (2015). Developing international collaborations for Early Career Researchers in trauma psychology. American Psychological Association Division 56 *Trauma Psychology Newsletter*, Spring Special Issue, 10(1), 29-32.

and enjoyable international collaboration of ECRs based at academic institutions in Australia (Dr Emma Barrett, Dr Erica Crome, Dr Miri Forbes) and the U.S. (Dr Julianne Flanagan). To assist other ECRs in this pursuit we recently published two articles (below) describing our experience and the methods we used to develop the collaboration and safeguard its longevity.
Providing community managed organisations a path to develop their research knowledge and skills

The Community Mental Health Drug and Alcohol Research Network (CMHDARN) was established in 2010 to broaden the involvement of the community mental health and alcohol and other drugs sectors in practice-based research and to promote the value of research and the use of research evidence in practice. Its overall aim is to improve the quality of service delivery and correspondingly, the outcomes for consumers of community managed services. CMHDARN is a partnership project between the Mental Health Coordinating Council (MHCC) and the Network of Alcohol and other Drug Agencies (NADA) (both of which are NSW peak organisations for community managed organisations in mental health and alcohol and other drugs sectors), and the Mental Health Commission of NSW.

CMHDARN is continually exploring ways to develop research capacity in community organisations. One of our most exciting recent collaborative projects has been developing a mentoring

ANGELA ARGENT

Dr Argent is the Project Officer for the Community Mental Health Drug and Alcohol Research Network (CMHDARN).
scheme with the NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS).

The project has been running very successfully since 2014. Mentees comes to the program with a research question or issue and are linked with an academic (generally a CREMS Postdoctoral Research Fellow) with interest and expertise in their area. Mentoring partnerships are available for approximately six months to build or consolidate research capacity and confidence. Mentees from the 2014 cohort rated their relationship with their mentor as ‘excellent’ and reported that their mentors were accessible, easy to talk to and a fantastic source of advice.

The broad aim of this project is to provide workers in MHCC and NADA member organisations (CMOs) who have an interest in research, with academic mentoring support. It also aims to facilitate an increase in worker confidence, knowledge and skills in the area of research and evaluation and to develop a research culture within community managed organisations. As one mentee reported ‘it is a fantastic program. The role of research and evaluation is so important but can be daunting. The program empowers small organisations like ours to take on big projects.’

Mentors in turn are provided with an opportunity to engage with workers in the field, gain mentoring experience and enhance their understanding of community managed organisations. In the longer term, these lines of communication between researchers and mental health and drug and alcohol services have the potential to guide and inform the design and implementation of future research projects.
“...it is a fantastic program. The role of research and evaluation is so important but can be daunting. The program empowers small organisations like ours to take on big projects.”

Program feedback indicated that mentors had gained an increased understanding of the operational issues, priorities and challenges for workers in the field, and found it highly satisfying to collaborate with mentees and bridge the gap between research and service delivery. As one mentor commented, it was rewarding to ‘help my mentee gain research skills, and provide valuable resources she may not have been able to access elsewhere.’

A new round of mentoring relationships will begin in 2016. Applications from mentors and mentees are welcome before 1st March, 2016. Interested mentees can contact Angela (angela@mhcc.org.au) and mentors can contact Lexine (l.stapinski@unsw.edu.au) for application forms or more information.

See also the CMHDARN website for more detail about the mentoring program:

The Mentoring Project is a very significant collaborative partnership with enormous potential for shared learning. CMHDARN is delighted to continue working with CREMS in 2016 and beyond.

The Community Mental Health Drug and Alcohol Research Network (CMHDARN) is a collaborative project between NADA and MHCC, in partnership with NSW Mental Health Commission.
The mental health sector came out in force on World Mental Health Day, 10 October 2015, to celebrate the achievements of the ABC’s Mental As... national campaign to reduce the stigma associated with mental illness in Australia, and to encourage the corporate and public sectors to donate to mental health research.

The Mental As... initiative started in 2014 as a partnership between the ABC and the Society for Mental Health Research, as a way to engage the Australian community in a national conversation about mental health and wellbeing. In 2015, across the whole of mental health week, all media platforms associated with the ABC banded together and aired programs, interviews, special features with a mental health theme. CREMS has been intimately involved with the Mental As... initiative in both years, via Frances Kay-Lambkin (Director, Translation) who is also on the Secretary of the Society for Mental Health Research. Several Translation Stream members, including Maxine Robinson, Kathryn Woodcock and Sally Hunt, worked with Frances to promote Mental As... and attract sponsorship and donations for the campaign.

In 2015, 5.5 million TV viewers were reached, with 23% of Australians having viewed Mental As... content on television. There were over half a million iView plays of the Mental As... content, over 100,000 visits to the Mental As... ABC website, and 4 programs trended nationally on Twitter that week.
1.9 million Australians watched *Australian Story: All in the Mind* during the week, the highest rating Mental As... program of all, and one of the highest rating *Australian Story* episodes for the year. Importantly, 41% of those reached were aged under 50 years – a new demographic for the ABC. These results are testament to the fact that mental health problems do not discriminate, with their effects felt regardless of background or status. Australians seem to have felt a true unity with this important issue. For those who are interested in seeing any of this important content, it is still available online at [http://www.abc.net.au/mentalas/](http://www.abc.net.au/mentalas/) or on iView.

Not only did the Australian community donate almost $2 million over 2014-2015, but many of our CREMS members reported involvement in daily conversations about mental health and help seeking over the week at schools, shopping centres, and in their other dealings with the general public. That the public sought out our researchers for these important conversations is testament to the sensitive and engaging program content aired during Mental As..., and that the message about seeking help was well and truly received. This is a major battle won for us in mental health, and we hope that this can continue as the years roll on.

The donations received via Mental As... will be distributed to early career researchers to realise their vision for mental health into the future. Together, we hope to answer the burning questions for the mental health field to significantly improve our knowledge about and response to mental health problems. CREMS will receive three fellowships from the Mental As... donations:

- Christina Marel: Trajectories of heroin dependence: improving service responses among people with complex needs.
- Nicola Newton: An innovative response to improving the prevention of substance use and mental health problems among young Australians.
- Lexine Stapinski: Making INROADs: Interrupting the cycle of Anxiety and Drinking.
Positive Choices
Positive Choices is an online portal that facilitates access to interactive evidence-based drug education resources for school communities. It was funded by the Australian Government Department of Health and launched in December 2015.

Pregnancy fact sheet
Part of a series of fact sheets published in 2014, this publication provides up to date, evidence-based information for the public about different drugs and their effects during pregnancy.

CREMS webinars
The first webinar for 2016 will explore ‘Predictors and patterns of long-term mental health and heroin dependence’ and will be held at 11am on 24th of March. Register, watch past webinars and view the 2016 webinar schedule on CREMS’ website.

Partners In Depression
Partners in Depression is a group education program designed to address the information and support needs of those who care for or love a person experiencing depression. It is a six session program run by two facilitators in community settings.
A/Prof Katherine Mills has worked at the National Drug and Alcohol Research Centre (NDARC), UNSW since 2001. She is Program Director and Director of Treatment Research at the CREMS. Her research focuses on the epidemiology and treatment of co-occurring mental health and substance use disorders, in particular, post traumatic stress disorder (PTSD). A/Prof Mills has published widely in the area and has been an investigator on grants totalling close to $10 million.

As co-editor of the CREMS newsletter I have asked several people to contribute to this section, but it is only now as I attempt to write about myself, that I can fully appreciate how difficult it is. There are no rules about what can be written, no predetermined structure, something that we are so accustomed to in academia.

My first attempt looked something like an application for a grant, fellowship or promotion, as I attempted to sum up my career and my research: “I lead an internationally recognised and award winning program of research investigating the treatment of co-occurring substance use and post traumatic stress disorder... My research has been presented far and wide across the lands... I have published lots of papers in awesome journals and attracted millions of dollars in research funding... blah blah blah.” Apart from finding that boring, I felt that it really didn’t give any insight into who I am or how I came to be where I am today, which is fundamental to what I do.

So... this is my second attempt. Like many people working in the field, I was not introduced to substance use and mental health issues through my role as a researcher. For a brief time prior to entering research I was a service provider, and for a longer period of time I have been a carer and consumer (so many labels!).
When I was a growing up, I used to read newspaper articles, books and basically anything I could get my hands on that might help me find a way to help my father (this was pre-internet mind you, I even had to use microfiche). I kept coming across references to Paul Dillon from the National Drug and Alcohol Research Centre (NDARC). When I grew up I wanted to work there and do what he did. Little did I know that in the not too distant future I would come to occupy his old office.

I didn’t know what you needed to study to become a Paul Dillon, so I completed a Bachelor of Health Science (Honours) at the University of Western Sydney, with the idea of potentially becoming a PD/H/PE teacher. I was lucky enough to do my Honours year under the supervision of Dr Anne Fry, a mental health nurse and researcher. She happened to have worked with the “wonderful and incredibly bright” Maree Teesson who was at NDARC, and encouraged me to apply for my first Research Assistant role on the Australian Treatment Outcome Study (ATOS), a longitudinal study of treatment outcomes for heroin dependence. That was in 2001. I have been at NDARC ever since. I completed my PhD under the supervision of Maree and Dr Joanne Ross and I have gone on to build my own program of research (and ATOS is now up to its 11th year of follow-up!).

Not many people are lucky enough to be able to do what they always wanted to, although, I doubt there are too many people out there who always dreamed of doing substance use and mental health research. Unusual as it may be, I have a very genuine desire to be in this field. Unfortunately, none of my work has, or ever will, help my father. He passed away 5 years ago due to complications related to his substance use, aged only 62. But I nonetheless hope that the work that I do will in some small way help others.

Why did I not become a clinician? Because I worked out quickly that I wasn’t particularly good at it. I am a very good researcher, but clinical work requires a whole different set of skills and I really admire and appreciate the people who possess them. As I said, I have been a long term consumer of mental health services and I have had the good fortune to have been provided with exceptional care from most service providers. I would like to finish by thanking them, as well as all the wonderful people I work with. I couldn’t be where I am today, or do what I do, without your support.
Online prevention portal Positive Choices launched
A one stop portal for drug prevention resources and information is now available for teachers, students and parents following its launch by the Australian Government on 6 December, 2015.

Positive Choices provides a central access point for evidence-based information and prevention resources about alcohol, cannabis, psychostimulants, crystal methamphetamine and ecstasy. The portal allows users to search by drug type, by resource type, such as fact sheets, games or videos, and by age appropriateness. The resources can be used to develop lesson plans which align with the Australian Curriculum.

The portal was developed by researchers at the Centre for Research Excellence in Mental Health and Substance Use (CREMS) at the National Drug and Alcohol Research Centre (NDARC), and the National Drug Research Institute (NDRI).

To learn more about Positive Choices, see page four of this newsletter or visit: positivechoices.org.au

Success in 2016 NHMRC funding round
CREMS enjoyed a number of successes in the latest round of National Health and Medical Research Council (NHMRC) funding, with CREMS researchers to lead and participate in projects and fellowships totalling more than $4.5 million.

A.Prof. Frances Kay-Lambkin had outstanding success with both a prestigious NHMRC Research Fellowship and a TRIP (Translating Research into Practice) fellowship. Only 13 TRIP fellowships were awarded nationally.
The Centre was also awarded multiple project grants. A/Prof. Tim Slade, Dr Wendy Swift and Dr Louise Mewton will lead an international team searching for early warning signs that foreshadow the development of alcohol dependence.

Prof. Paul Haber and Dr Kirsten Morley will lead an international research team evaluating an innovative personalised approach to the treatment of alcohol dependence. The results will facilitate the identification of heavy drinkers who are likely to respond well to treatment.

Dr Emma Barrett will join a team led by Prof. Tony Butler at the Kirby Institute to run a trial of a violence prevention program targeting mental health, substance use and violence among Aboriginal and non-Aboriginal women in prison. The program is called Beyond Violence.

Finally, A/Prof. Tim Slade will join a team led by Prof. Peter Butterworth at the Australian National University to investigate the patterns and trajectories of mood and anxiety disorders from early adulthood to midlife, with the aim of estimating the social, personal and economic consequences of mental disorders.

Congratulations to all NHMRC grant recipients.

2015 Grant Development Workshop
CREMS researchers prepared for 2016 grant funding rounds at the Centre’s third Grant Development Workshop, held on 28 October.

The workshop is an opportunity for researchers to present grant proposals or fellowships to colleagues for feedback, as well as to simply learn more about the grant process. The workshop is invaluable, especially for early and mid career researchers, and is one of the key ways CREMS invests in staff professional development.

2016 webinar schedule now available
The first CREMS webinar for 2016 will be held on Thursday 24 March. Dr Christina Marel will present on 'Exploring predictors and patterns of long-term mental health and heroin dependence'. Register here.

The CREMS webinar series provides information on the latest research into mental health and substance use disorders, as well as on resources that are available to support the prevention and treatment of co-occurring disorders.

Additional upcoming webinars include:

The final webinar for 2015, on 'Locating free resources to support evidence based practice', is now available to watch on demand. Go to comorbidity.edu.au/training/webinars to view the video and download the accompanying handout.

**Webinar on care for those with comorbidity**

Those interested in treatment models for co-occurring substance use and mental health issues are invited to attend a webinar on the topic to be held on Thursday 11 February at 11am AEDT. Organised by the Community Mental Health Drug and Alcohol Research Network (CMHDARN) and to be presented by CREMS researcher A/Prof. Frances Kay-Lambkin, the webinar will address 'Effective Models of Care for Comorbid Mental Illness and Illicit Substance Use'.

Register here.

The content will be based on the findings of a NSW Health evidence check review, which argues for more coordinated and efficient approaches to working with people with mental health and alcohol and other drugs issues.

Researchers at CREMS are developing a new online toolkit to provide up-to-date, evidence-based information about crystal methamphetamine (‘ice’). Supported by the Australian Government Department of Health, the toolkit will include information about the drug’s effects and harms, as well as information on services and advice for people seeking help.

This follows the recommendation in the National Ice Taskforce Report to develop an “online curated toolkit of information and resources to support families and communities to better understand and respond to the problems caused by ice”.

“The toolkit will raise awareness about the potential harms and mental health problems associated with methamphetamine use, and provide information about how to access services and/or support,” said project leader Dr Newton.

The target audience for online toolkit includes consumers, carers, parents, local councils, Parents and Citizens Groups, community organisations, and anyone seeking support or information relating to methamphetamine use. Consideration will be given to the specific issues and services relevant for Australians living in regional and rural areas.
Winners at Mental Health Matters Awards

Congratulations to A/Prof Tim Slade and Dr Cath Chapman on receiving a 2015 Mental Health Matters Award from WayAhead (formerly the Mental Health Association of NSW).

The award was for 'Future proofing: Mapping the changing landscape of anxiety, depression and substance use problems among young Australians' and was presented by NSW Minister for Mental Health the Hon. Pru Goward MP at a ceremony held to mark Mental Health Month in October 2015. The Award was accepted on the day by Prof. Maree Teesson and Dr Louise Mewton (pictured).

CREMS' online communications were recognised with a Mental Health Matters Awards Certificate of Commendation. Congratulations to Stephanie O'Donnell and A/Prof Katherine Mills who have led this work.

CREMS staff win at 2015 SMHR Awards

The achievements of a number of CREMS researchers were celebrated at the 2015 Society for Mental Health Research (SMHR) Awards.

CREMS director Prof. Maree Teesson took home the 2015 SMHR Oration Award, which recognises an SMHR member who is prominent in the Australian and New Zealand psychiatric research community. Selection is based upon nominees' publications, grants, and research impact. Prof. Teesson delivered the 2015 SMHR Oration, highlighting the importance of both prevention and treatment of comorbid disorders.

Prevention of Mental Disorders Awards. Dr Newton won the Early Career Researcher prize while Ms Champion took home the 2015 PhD Candidate prize.

PhD candidate Louise Birrell won the prize for Best Oral Presentation of the conference, and Katrina Champion and Kathryn Woodcock each won a Grants-in-Aid prize, available to students and early career researchers to facilitate their attendance at the SMHR conference.

Congratulations to all five award winners.
Dr Barrett wins Dean’s Award

Dr Barrett joined CREMS in 2013 as a postdoctoral Research Fellow and carries out research into innovative treatments for individuals with co-occurring substance use and mental health disorders. Her PhD, completed in 2012, examined relationships between substance use, post traumatic stress disorder and aggression.

In 2016, Dr Barrett will spend 10 months at the Medical University of South Carolina, U.S. on a prestigious Fulbright Postdoctoral Scholarship. Here she will collaborate with CREMS’s chief investigators Prof Sudie Back and Prof Kathleen Brady to develop and evaluate treatments for adolescents exposed to trauma.

Congratulations Dr Barrett!

UPCOMING CONFERENCES

THEMHS 2016 SUMMER FORUM: ILLICIT DRUGS AND THE MENTAL HEALTH IMPACT ON OUR COMMUNITIES
MERCURE HOTEL, SYDNEY
18 FEBRUARY

BRAIN SCIENCES UNSW SYMPOSIUM
UNSW, SYDNEY
21 APRIL

ATDC 2016 CONFERENCE - RETHINKING PREVENTION: A BROADER AGENDA
HOTEL GRAND CHANCELLOR, HOBART
12 MAY

NADA CONFERENCE 2016 - INTEGRATED CARE: WORKING TOGETHER TO RESPOND TO COMPLEXITY
THE GRACE HOTEL, SYDNEY
6 JUNE


OUR PEOPLE

CHIEF INVESTIGATORS

* Prof Maree Teesson
* Prof Amanda Baker
* A/Prof Katherine Mills
* A/Prof Frances Kay-Lambkin
* Prof Paul Haber
* A/Prof Andrew Baillie
* Prof Helen Christensen
* Prof Max Birchwood
* Prof Bonnie Spring
* Prof Kathleen Brady

ASSOCIATE INVESTIGATORS

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* Mr Trevor Hazell
* Prof Robyn Richmond
* Dr Cath Chapman
* A/Prof Tim Slade
* Prof Brian Kelly
* Dr Brian Hitsman
* A/Prof Leanne Hides
* Dr Pete Kelly
* Ms Marion Downey
* Prof Michael Farrell
* Dr Glenys Dore

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* Ms Sandi Steep

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* Dr Sharlene Kaye
* Dr Nickie Newton
* Dr Joanne Ross
* Dr Wendy Swift

RESEARCH FELLOWS

* Dr Emma Barrett
* Dr Ali Beck
* Dr Erica Crome
* Dr Christina Marel
* Dr Louise Mewton
* Dr Lexine Stapinski
* Dr Matthew Sunderland

POSTDOCTORAL RESEARCH FELLOWS

* Dr Tonelle Handley
* Dr Rosemary Kingston
* Dr Kirsten Morley
* Dr Louise Thornton

RESEARCH PSYCHOLOGISTS

* Ms Kellie Cathcart
* Ms Jenny Gedes
* Ms Sally Hunt
* Ms Julia Rosenfeld
* Dr Alyna Turner

RESEARCH OFFICERS

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* Ms Natasha Nair
* Mr Brad Shaw
* Ms Beth Turner

PHD CANDIDATES

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* Ms Katrina Champion
* Ms Vanessa Clark
* Ms Miriam Forbes
* Ms Clara Fritchley
* Ms Katrina Hammall
* Ms Erin Kelly
* Mr Warren Logge
* Ms Sonja Memdovic
* Ms Katrina Prior
* Ms Mikki Subotic
* Ms Zoe Tonks
* Ms Kris Tulloch

ASSOCIATE MEMBERS

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* Dr Lucy Burns
* Dr Danielle Florida
* Dr Julianne Hellmuth
* Prof Michelle Moulds
* Ms Jaelea Skehan
http://comorbidity.edu.au/