



**Community Responses
to Complex and Diverse Needs**

**Conference co-hosted by the Network of Alcohol and Other
Drugs Agencies (NADA) and the Mental Health Coordinating
Council (MHCC), 6-8 May 2009, Darling Harbour, Sydney**

Conference Report

June 2009



Introduction

On the 6 - 8 May 2009, the Network of Alcohol and Other Drug Agencies (NADA) and the Mental Health Coordinating Council (MHCC) came together for the first time to host a joint conference at Darling Harbour, Sydney. 626 delegates over three days from all over Australia were exposed to speakers, presentations and interactive opportunities that focussed on ways forward in dealing with complex and diverse needs in the community, especially around the issues of mental health and drug and alcohol use. Although the majority of delegates came from NSW, it was a very positive sign that the theme of this conference attracted a wide audience and much interest.

Our aims for the conference were to:

- **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, service users 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.

Conference Preparation

NADA and MHCC released a call for abstracts for the conference in November 2008. We invited presentations in the form of papers, workshops, posters and display table fitting into a variety of themes:

- **Bridging research into practice:** The latest research and its practical applications.
- **Responding to need:** Showcasing effective interventions, innovative approaches and practice wisdom across a range of services including: drug and alcohol; mental health; homelessness; women's health; young people and the criminal justice system; gambling addiction; disability; aged care; childhood abuse; indigenous health; and housing.
- **Demonstrating effectiveness:** Understanding how to use data to demonstrate and articulate outcomes for people accessing services.
- **Workforce development:** Supporting organisations to have the right people, with the right skills and the right attitude, at the right time.
- **Organisational Development:** Building capacity to manage change and be sustainable and relevant into the future.
- **Valuing the lived experience of consumers/clients and carers:** Integrating consumer/client and carer perspectives into individual support and organisational development.
- **Collaboration without borders:** Exploring the implications of working collaboratively with a range of partners across geographic and sector borders.

Based on the high number of abstracts received and the themes that emerged from the abstracts, the conference program was organised into a range of symposiums (3 or more presentations based on a particular theme presented in a 90 minute session) and concurrent paper presentations. We also attracted high profile keynote speakers for plenary sessions.

In order to encourage participation from consumers and carers and smaller non government organisations (NGOs) (particularly rural and remote services), we used the grant funds from the Mental Health Council of Australia to run a travel subsidy program. Subsidies to cover the full costs of attendance (including registration fees) were available for consumers and carers. These subsidies were taken up by approximately 20 consumers including members of the Hearing Voices Choir from the Northern Rivers region of NSW who closed the

conference on the final day. Fixed subsidy amounts ranging from \$250 to \$450 per staff member were also available to support the attendance of staff from rural and remote NGOs and inter-state presenters. Approximately 35 grants were awarded for this purpose.

Key Issues and Recommendations from the Conference

The Conference was opened by the Hon. John Della Bosca, NSW Minister for Health, Minister for the Central Coast and Vice President of the Executive Council and closed by Barbara Perry, Minister Assisting the Minister for Health (Mental Health), who responded to some of the key issues and recommendations summarised in this report.

The Keynote Speakers

All keynote speakers highlighted the commonality of issues for both mental health and drug and alcohol service delivery.

Day 1

John Mendoza, Chair, National Advisory Council on Mental Health – It must be carefully considered if we have the balance right between prevention and response as this relates to both mental health and drug alcohol issues/services.

Tania Major, Young Australian of the Year 2007 - Tania reminded us of the importance of self determination and self responsibility and provided delegates with an insight into the challenges for her community in Cape York.

Day 2

David McGrath, Director – NSW Mental Health and Drug and Alcohol Office - Stressed the importance that both sectors deliberate together and come to a common direction to present a unified front to government. He suggested that the sectors should develop a business case to put to government based on evidence and outcomes.

Professor Margaret Hamilton, Chair, Multiple and Complex Needs Panel, (Victoria), (University of Melbourne) – Stressed the importance of comprehensive and meaningful assessment, care coordination and service matching - the client centred approach.

Jeff Cheverton, Executive Director – Queensland Alliance - Mass media campaigns are effective but must be complimented by local community based activities. Jeff made a clear distinction between health promotion campaigns and effective anti discrimination. He highlighted the need for such campaigns and challenged Australians to catch up to the rest of the world in this area.

Janet Meagher, Divisional Manager - Inclusion, Psychiatric Rehabilitation Association (PRA) – highlighted the iatrogenic affects of medications and the effects of mental illness beyond the illness itself such as metabolic disorders, sexual dysfunctions, incontinence.

Conference Symposiums

Day 1

The First Set of Symposium Sessions

These covered some very controversial and provocative issues such as responses to homelessness, youth, criminal justice, smoking and sexual orientation.

Some recommendations from these presentations:

- The voice of community organisation needs to be heard in the development of the NSW Homelessness Framework
- Collaboration with young people and youth services is critical for achieving prevention, promotion and early interventions approaches and this reorientation requires additional resources as well as new approaches.
- Proactive engagement with the criminal justice system and in providing post release programs.
- Smoking cessation programs must be funded.
- Agencies need to explore ways to meet the needs of the Gay, Lesbian Bisexual and Transgender community.

Research, Evaluation and Evidence

- Importance of the community sector research evidence base in informing policy and practice
- Importance of research networks to disseminate evidence, build expertise and assist translation into practice.
- Alongside considerations: People with problems/consumers are not “data” or “evidence.”

Some recommendations from these presentations:

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

Creativity in Recovery (also explored Day 3)

- 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 is undervalued.

Some recommendations from these presentations:

- These approaches should be adequately funded and evaluated.

Understanding Cultural Diversity (Aboriginal Issues Day 1 and Cultural Diversity on Day 3)

- Cultural differences must be recognised and acknowledgement of cultural similarities can assist greater interaction and mutual exchange of ideas and support.
- Engagement and relationship, both between individuals and with the broader community, are central to social and emotional wellbeing and facilitating recovery oriented approaches in service delivery.

Some recommendations from these presentations:

- Pursue opportunities to strengthen community sector skills in the areas of engagement and relationships to increase service access and effectiveness for people with culturally diverse backgrounds.

Day 2

Data Development and Use

- Both the mental health and drug and alcohol sectors are developing systems for information sharing and building the evidence base of outcomes achieved in the community sector

Some recommendations from these presentations:

- Enhanced and continued government funding for sector data system development and implementation is required

Recovery Oriented Workforce Development

- It is evident that both sectors have increased their focus on workforce development and training. .
- “Lived experience must inform all aspects of services and service delivery”

Some recommendations from these presentations:

- 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.

Iatrogenic Effects

- Consumers need to be assisted to articulate those areas which are silenced because of their uncomfortable or embarrassing nature.
- A more open, honest and transparent discussion of the use of pharmacotherapies needs to be strongly pursued (i.e., medications may be helpful but also have many negative health and social effects)

Some recommendations from these presentations:

- Punitive approaches to treatment and medication informed by social control agendas need to be reduced and/or eliminated to achieve maximum client and community outcomes.

Improved Services Initiative

- A number of drug and alcohol community organisations have received funds to develop or build their capacity to meet the mental health needs of their clients or consumers.

Some recommendations from these presentations:

- A capacity building approach should incorporate individual or workforce, organisational and broader environmental factors (such as the current policy/political environment) and it should be recognised that these processes should be accompanied by sustained longer term funding rather than pilot or demonstration funds.

Leadership and Organisational Development

- Training needs to be specifically designed to build leaders in our sectors.

Some recommendations from these presentations:

- NGO grants must be enhanced to attract and retain a qualified workforce and strengthen senior management capacity and leadership.

Day 3

Consumer Participation and Leadership

- Both sectors recognise that discrimination/stigma is a major barrier to meaningful consumer participation.

- The symposium highlighted that community organisations are well placed to enable consumer participation but the rhetoric of consumer participation still exists.

Some recommendations from these presentations:

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

Key Ethical Issues

- The civil liberties of clients have been seriously encroached upon.
- Punitive approaches with a social control focus do not facilitate recovery.

Some recommendations from these presentations:

- Mindfulness of human rights issues MUST inform all aspects of service delivery.

Family and Carers

Some recommendations from these presentations:

- 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.

Lived Experience and Peer Support

- Improvements need to be made to peer support worker vocational roles and working conditions.
- Differing consumer and service provider opinions as to whether mental health worker training is appropriate for the diversity of peer support worker vocational roles (ie, AOD, respite, disability, etc).

Some recommendations from these presentations:

- There needs to be a space where the differing views of workers with and without lived experience can be discussed and explored.
- Community organisations are extremely well placed to lead the way with regard to consumer/peer support workforce development and need to actively pursue opportunities to do so.

Concurrent Sessions

Numerous presentations were made in concurrent sessions on a range of topics including:

- Strengthening client access to psychosocial talking therapies in community organisations (e.g. Dialectical Behaviour therapy)
- Clients as leaders in service planning and delivery.
- Strengthening involvement of consumer and carers in worker and community education.
- Media involvement in mental health issues.
- The impact of trauma on people with complex and diverse needs (eg, childhood sexual abuse, violence, in response to abusive/coercive service delivery, etc).

- Responding to domestic squalor in community living.
- The community living needs of people with Alcohol Related Brain Injury
- Addressing the physical health needs of people with complex and diverse needs
- Approaches for health and community service providers in working better with GPs.
- Promotion, prevention and early intervention programs and approaches
- Problem gambling.

The broad issues arising from these concurrent sessions validated the themes of the keynote addresses and recommendations arising from the symposia.

Conference Attendance and Statistics

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 were received which is a response rate of 15%

Overall comments from the respondents

Most respondents thoroughly enjoyed the conference finding it well organised and informative. With comments such as, “Great inaugural MHCC and NADA conference. Well done group”, “the best conference I have attended. Quality of speakers was exceptional. The variety of topics outstanding” and “This conference was great – NADA and MHCC working collaboratively to highlight issues in MH, AOD, Indigenous health, homelessness, child abuse etc is fantastic – should do it every year.”

Most of the respondents also enjoyed having the ability to choose which sessions they sat in on – although some felt “conflicted at times as to which session to sit in on”. As a result of wanting to participate in more than one session at a time, a number of respondents suggested having handouts and summaries available to all conference attendees.

Whilst most of the respondents found the presentations informative a common theme through the feedback was that they wanted the sessions to be more interactive and focused on case studies and human experience rather than just statistics. This recommendation will be considered by both NADA and MHCC in planning for future events.

Overall the top 5 presentations commented on for the conference were:

- Jarrah House – Dialectical Behaviour Therapy workshop
- Tania Major, Keynote speaker
- The Hearing Voices Choir
- Creative Workshops
- Iatrogenic Effects

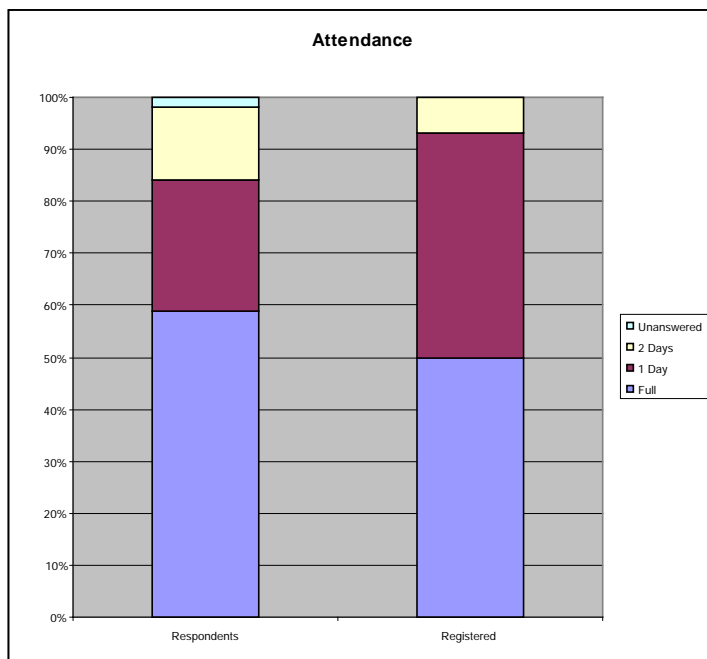
Feedback was received from a few respondents that the conference was too Sydney / NSW focused and that they would have liked to have known that prior to registering.

Conference Ratings:

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.

Attendance:

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



Of the respondents:

- 76 were NGO Staff
- 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)

Of the registrants:

- 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

Of the respondents:

76 came from within NSW

56 from Sydney

20 from Outside Sydney

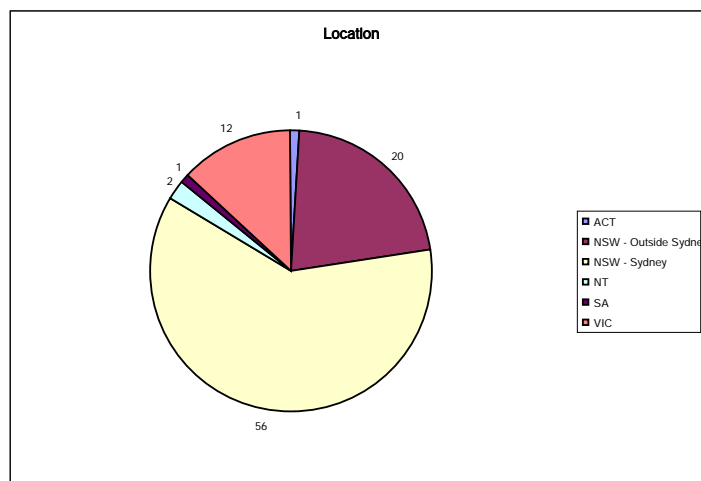
16 came from outside NSW

12 from VIC

2 from NT

1 from ACT

1 from SA



What attendees got out of the conference

- The beginning of linking between AOD and Mental Health
- Recognition that the industry faces complexity and that there are no quick fixes
- The diversity and range of the presentations - flexibility to attend the sessions they were interested in
- Networking
- Hearing about available services from consumer perspectives

Suggestions for next time:

- Preview papers being presented to avoid information being repeated
- Be more interactive. More discussion / debate time allocated in sessions
- Having days themed to create a greater focus on topics
- Drop to 2 days
- Greater communication with presenters leading up to the conference
- Some way of encouraging networking, perhaps make contact email lists available
- Joint conference approach fantastic, in future maybe combine with other NGO's
- Increase consumers involvement in planning and service delivery

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 likeminded 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 consumers have their own forum as well
- Lobbying state governments to recognising the needs for better responses to complexity
- Increasing training in creative therapeutic approaches

Conclusion

Overall, the feedback from NADA and MHCC's joint conference was overwhelmingly positive and bodes well for continued interaction and collaboration between the sectors. At a peak body level, NADA and MHCC will continue to work together and share knowledge on a number of projects involving research, data and information management systems and workforce development.