



**Australian
General Practice
Network**

The '*Can Do*' Initiative: *Managing Mental Health and Substance Use in General Practice*

ANEX Conference - September 2007

What is '*Can Do*'?

'*Can Do*' is:

- A national initiative funded by the Australian Government Departments of Health and Ageing and Veterans Affairs
- A multidisciplinary model of joint learning, networking and peer support
- Delivered at the local level through divisions of general practice

Aims and Objectives of '*Can Do*'

- Improve the capacity of general practice and divisions to recognise and respond to the needs of people with both mental health and substance use issues in the community
- National implementation of structured education and training, focused on multidisciplinary team approaches
- Development, dissemination and uptake of accredited resources for general practitioners and allied health professionals

Key National Stakeholders in 'Can Do'

- The Australian General Practice Network (AGPN)
- The Drug Strategy Branch (DoHA)
- The Mental Health Branch (DoHA)
- The Mental Health Policy Section (DVA)
- The Pharmacy Guild of Australia
- *headspace*: National Youth Mental Health Foundation
- The Alcohol and other Drug Council of Australia
- The Mental Health Council of Australia
- The Australian Injecting and Illicit Drug Users League
- Family Drug Support
- The Chapter of Addictions Medicine, Royal College of Physicians
- Professional organisations for general practitioners, nurses, community pharmacists, social workers, psychologists and occupational therapists

State and Territory Stakeholders

- Divisions of general practice
- State-based organisations of the divisions network
- State and territory health departments
- Alcohol and other drug and mental health services
- Community pharmacy
- Veteran and veteran families counselling services
- Other community service providers

Why Divisions of General Practice?

- Co existing mental health and substance use disorders are common in patients attending general practice and results in considerable disability (*Hickie et al 2001*)
- GPs on average manage 150,000 people with co existing mental health and substance use disorders each year (*BEACH survey 2005 unpublished data*)

Principles

- GPs are experienced in working with people with complex needs
- Primary care settings are accessible and suitable for stable patients with mental health and substance use problems
- GPs do not have to manage patients on their own
- 'Streamed shared care' using a multidisciplinary care approach is a viable option
- Building efficient and strong networks between services and skilled health professionals improves pathways of care for the patient and optimises good outcomes

Scope of '*Can Do*' training

'*Can Do*' Generic Training

- *Teams of Two* networking module
- '*Can Do*' clinical education module

'*Can Do*' for Veterans

'*Can Do*' for Young People, Families and Carers

'*Can Do*' for Indigenous People (in rural and remote communities)

'*Can Do*' for Men in Rural Areas

'*Can Do*' for Young Women with Children

'*Can Do*' for CALD People

'*Can Do*' for the Elderly

Topics

- Alcohol and depression
- Benzodiazepines and anxiety
- Cannabis, mental health and young people
- Amphetamines and psychosis
- Drugs, pain and opioid dependence
- Drugs, sexual health and pregnancy

- Young people, families and carers
 - what do we see?
 - how can we help?
 - how do we support and include families and carers?

Training delivery

- National coordination from AGPN
- Coordination of training through the state based organisations (SBOs) of the divisions network or by nominated lead divisions
- Training delivered at the local level through divisions of general practice
- Orientation (train the trainer) workshops in each state and territory
- Choice of type of training and topics covered

The Training Package

Network Module (*Teams of Two*)

- Joint learning
- Peer discussion
- Case discussion (and story telling)
- Mapping local resources
- Identifying referral pathways
- Compilation of key services, contacts and local information

Participants come together on three occasions or more

Training package

Clinical education

- Clinical presentations
- Multidisciplinary training
- Case studies
- Care planning

Face to face and interactive on-line formats

Teams of Two and Clinical Education Modules

<i>Teams of Two</i> <i>led by one or more skilled facilitators</i>	<i>Clinical Education</i> <i>led by one or more skilled clinical trainers</i>
<ul style="list-style-type: none">▪ Mental health and substance use▪ Joint learning for GPs and allied health professionals▪ Face to face▪ Networking▪ Case discussion▪ Service Mapping▪ Delivered at the local level	<ul style="list-style-type: none">▪ Mental health and substance use▪ Joint learning for GPs and allied health professionals▪ Face to face▪ Interactive clinical education▪ Case discussion and care planning▪ Delivered at local, regional or state/territory levels

Evaluation

- An external evaluator has been appointed.
- Evaluation is conducted at divisional, event and individual levels with follow up evaluation taking place 10-12 weeks after training is completed
- Indicators relate to general practice capacity, quality of training and knowledge and skills uptake and transfer and the extent to which health professionals are aware of and utilise each others services.

Quality

- *Teams of Two* is accredited by the RACGP, ACRRM and GPMHSC as an *Active Learning Module Category One* accruing 30 CPD points for general practitioners
- The '*Can Do*' clinical education module is accredited for general practitioners as an *Active Learning Module Category One* by RACGP and ACRRM and as a *Level One Mental Health Skills Training Program* by GPMHSC
- Both modules accrue continuing education points through the Royal College of Nursing Australia, the Pharmacy Guild, OT Australia, Australian Association of Social Workers and the Australian Psychological Society

Availability

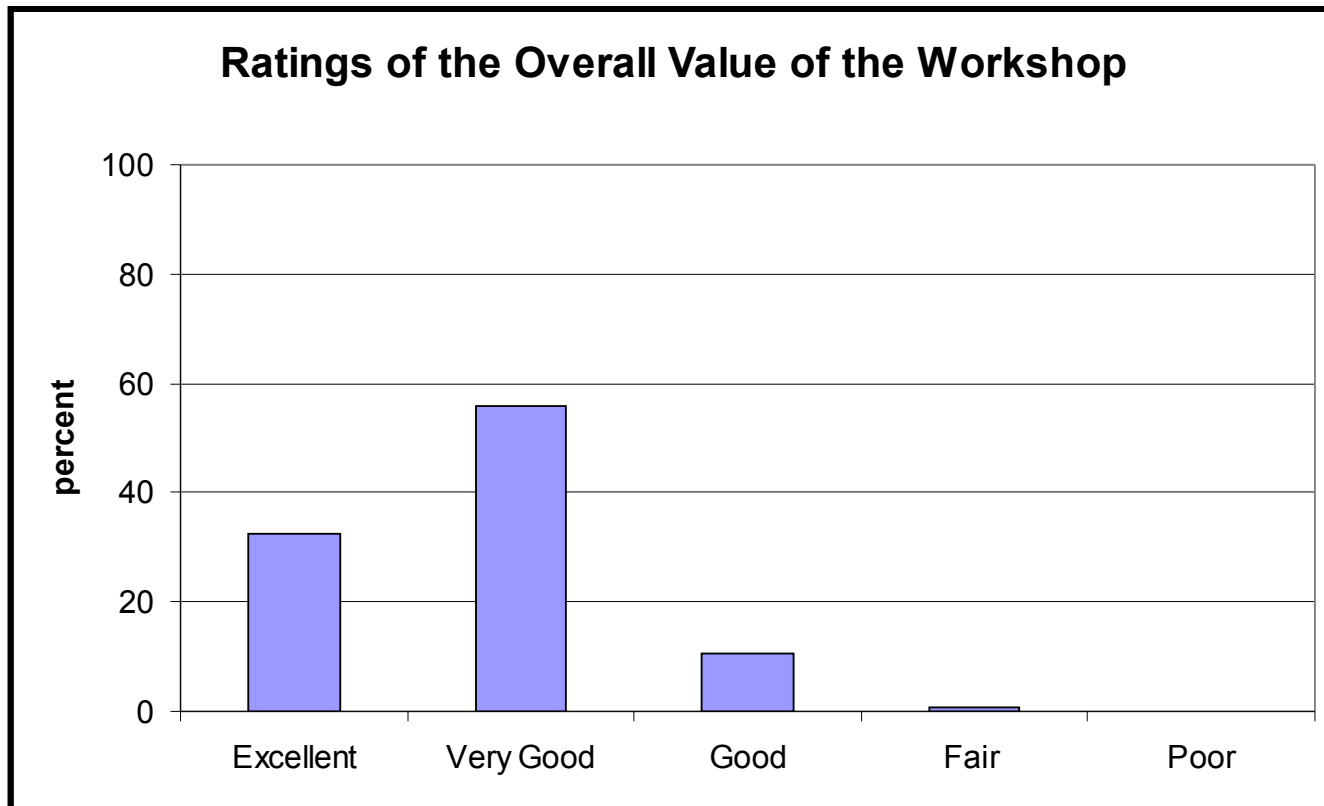
- '*Can Do*' resources are produced in CD and are available in easy to download form on the web
- Funding is provided from AGPN to divisions of general practice
- Other organisations are welcome to use the resources

www.primarymentalhealth.com.au

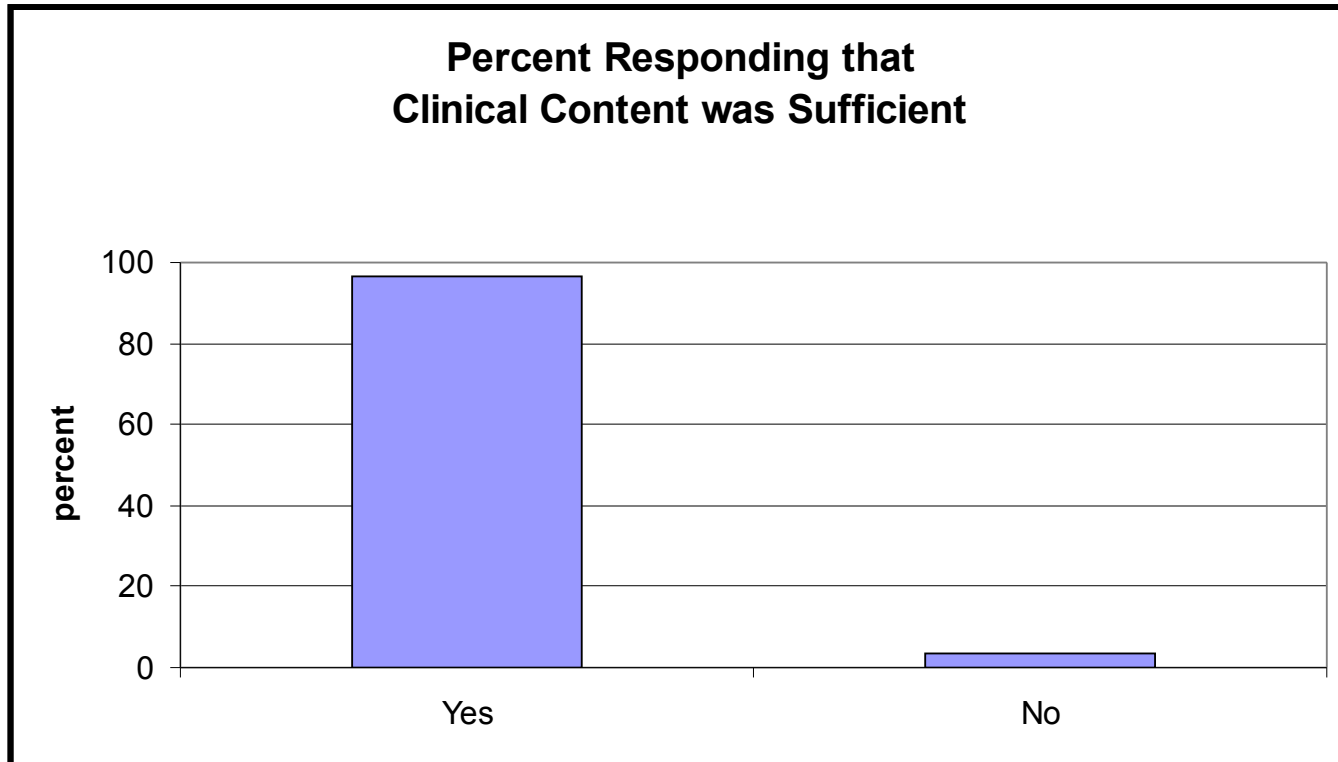
Number of Divisions Participating

- States - All states and territories are participating
- 61 divisions have completed core training = 183 *Teams of Two* workshops and 61 (minimum) Clinical Education programs
- 18 divisions are undertaking '*Can Do*' for Veterans delivering 54 additional *Teams of Two* workshops and up to 18 Clinical Education programs.
- Urban/rural mix - approximately one third of divisions are rural - training is also being delivered in remote locations - Alice, Tennant Creek and Gove NT

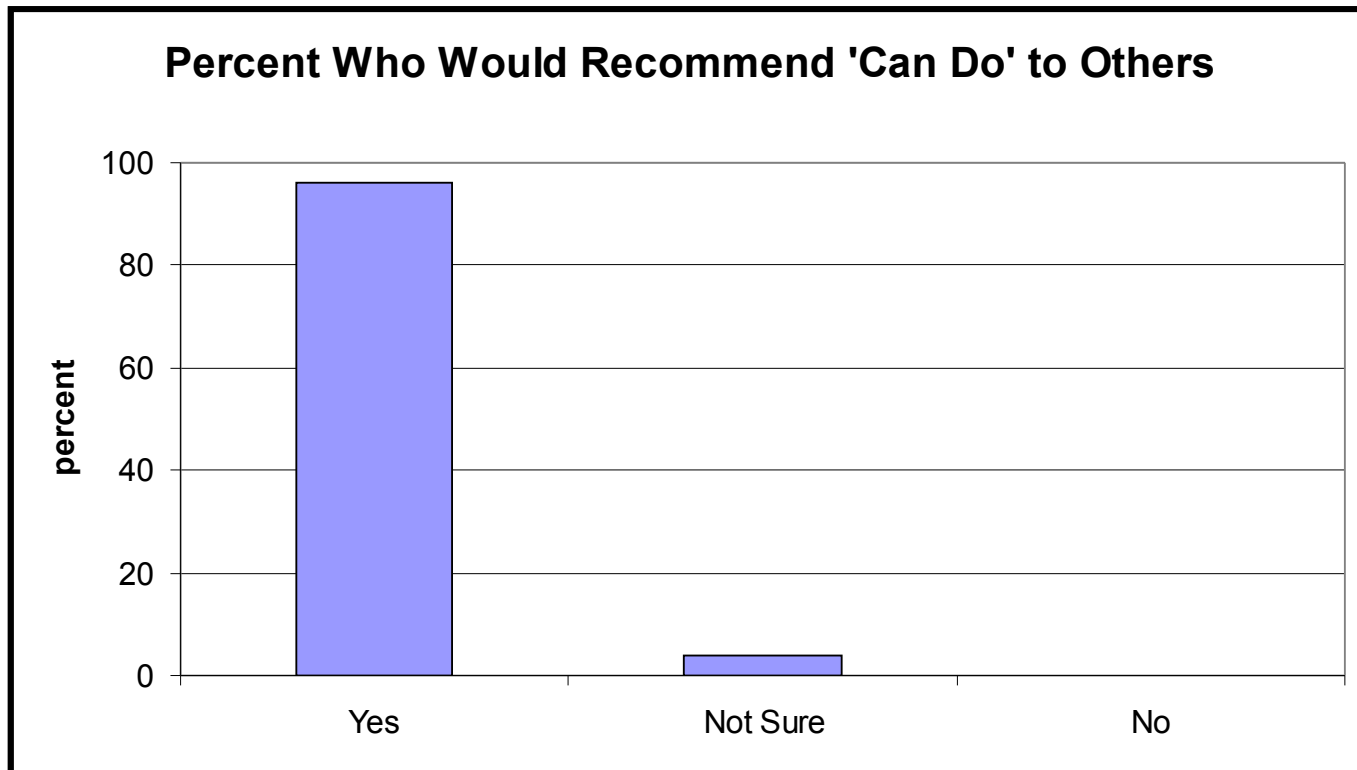
'Can Do' External Evaluation Results (in progress - 34 workshops included)



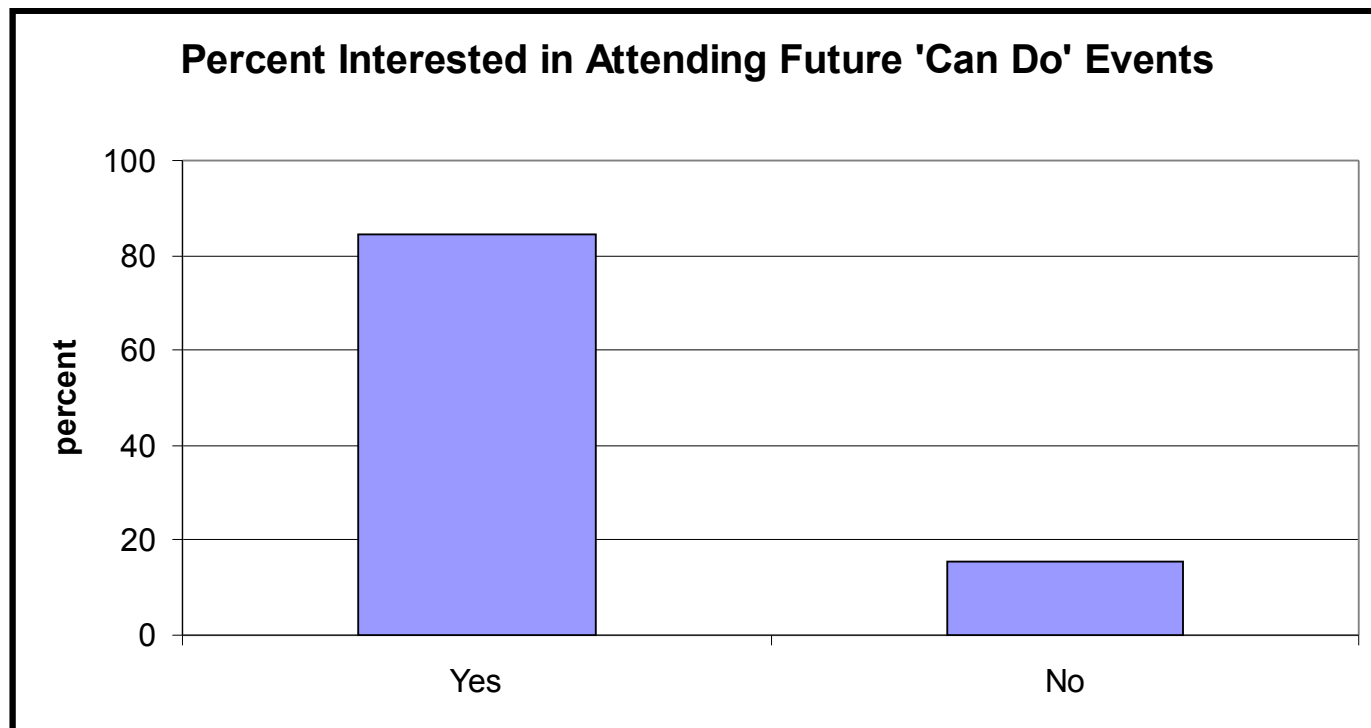
In progress evaluation results, continued..



In progress evaluation results, continued..



In progress evaluation results, continued...



Most Valuable Aspects of the Workshop

- Case Study/Multidisciplinary Approach

“The case study approach – find it interesting to interact with other health professionals and ‘case conference’ together

“Liaising and conversing with other health professionals on a case study. They provided a different perspective in the approach & intervention on the case & makes me appreciate our different roles in treatment”

“Listening to different views expressed by mixture of expertise”

“Multidisciplinary discussion of case”

Most Valuable Aspects of the Workshop

- **Networking**

- “Meeting new people”*

- “Meeting others and learning about local services”*

- “To have the opportunity to network with workers in different fields”*

- “Putting faces to names of workers in D&A and Mental Health”*

- **Clinical information**

- “As a psychologist, information on medications is helpful as this is not our field of expertise”*

- “Information on drugs in pregnancy”*

- “Protocols for screening in pregnancy”*

Most Valuable Aspects of the Workshop

- Information on local services & how to access
 - “Learning what resources are available”*
 - “Agencies for referral, pathways”*
 - “Information re different services available”*
 - “Introduction to other services/people”*
 - “What services are available – didn’t know much about mh services for older people”*
 - “Services provided and how to access them”*

Application of 'Can Do' model to other health topics

- *Deeply appreciate the efforts of all involved in these*

excellent workshops, very rewarding

- *Would love to do workshops like this on managing some chronic diseases*

Critical Success Factors

- Background research /fit with existing programs
- Ongoing consultation with divisions and their key stakeholders

- Complete package of resources and training guides
- Accreditation/ongoing education points
- Promotion and regular information/web based discussion forum

- National, state and local 'buy in'
- MOUs + brokerage at state level
- Funds for support as well as training

- Free multidisciplinary training for mix of disciplines
- Choice of training modules and type of training
- Flexibility in delivery

- Comprehensive external evaluation
- Constant feedback and support from national level

Summary

- The '*Can Do*' Initiative builds on current programs and activities at local, state and national levels
- Targets a complex area of health care which is frequently encountered by a range of health and community services
- Fosters partnerships and multidisciplinary team approaches at the local level
- Is not rocket science
- Is easy to deliver, funded and comes as a package deal
- May have application to other areas of health care