



Australian Divisions of **General Practice**



**AER**  
Foundation Ltd

# **National Alcohol and Mental Health Co-morbidity Project**

Funding Guidelines for Interested  
Divisions of General Practice

A Government – Community – General Practice Partnership  
June 2004

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# National Alcohol and Mental Health Co-morbidity Project

## Guidelines for Submissions for Funding

### *Project Partners*

This project is a **government-community-general practice partnership**. A policy partnership has been established between the Australian Divisions of General Practice (ADGP) the Alcohol Education and Rehabilitation Foundation (AERF), the Mental Health Council of Australia (MHCA), the Department of Health and Ageing (Drug Strategy Branch), Department of Veterans Affairs (Younger Veterans and VVCS Branch) and the Department of General Practice, Flinders University (PARC).

### *Partner Contributions:*

All the Project Partners are contributing in-kind and/or financially

**AERF** – is contributing \$2 million over 2 years. This will support national co-ordination, some capacity to Divisions to implement training, support development of consumer/carer resources and an evaluation. It will also provided targeted capacity to a number of Divisions interested in demonstrating innovative local projects in this area within a national framework.

**ADGP** – is contributing overall co-ordination and project and funds management, promotion of linkages with other primary mental health initiatives, developments and networks and showcasing of project models and learnings.

**MHCA** – is contributing advice, consumer and carer input, project management of the development of consumer and carer resources and promotion of linkages to broader mental health care developments and networks.

**DoHA** (Drug Strategy Branch) – is contributing relevant clinical and health promotion guidelines, funding a national workshop to share information about relevant national initiatives and develop ideas for increasing capacity of general practice to prevent and treat alcohol problems and common morbidities.

**DVA** (Alcohol and Mental Health Policy Unit) – is contributing a range of education and self-help resources, and funding the development, testing and accreditation of a skills-based training program applicable to the clinical needs of the general population while incorporating modules relevant to GPs working with veterans.

**PARC** - Primary Mental Health Care Resource Centre, Flinders University – is contributing the use of the PARC website to support access to literature and resources, and will set up a listserv for communication between Divisions with projects and stakeholders. PARC will conduct the overall project evaluation and provide evaluation mentoring to local projects

## **Project genesis**

The project is a response to:

- Community priority placed on alcohol and mental health co-morbidity. *Out of Hospital, Out of Mind*<sup>1</sup>, the MHCA's consultation report on community priorities, identifies co-morbid substance abuse and mental illness as a second highest priority for mental health reform
- Research and population surveys indicating general practitioners (GPs) are the preferred port of call for people with anxiety, depression and substance abuse
- Awareness by consumers, carers and service providers that alcohol and mental health problems are often inextricably linked. Community prevalence is common – about one in four persons with an anxiety, affective or substance use disorder also have at least one other disorder (Andrews et al, 1999)<sup>2</sup>
- A review by PARC<sup>3</sup> (funded by the National Drug and Mental Health Strategies) which found that, in order to strengthen the level and quality of care for people with co-morbidity in the primary care setting, more systematic and integrated shared care programs are needed. Also required are skills development for GPs in the area of addictions and mental health, clinical support for GPs and practice staff to respond to complex co-morbid presentations, and appropriate consumer education resources for use in the GP consultation and/or surgery. These findings have been affirmed in recent consultations with Divisions
- Opportunity to put an enhanced focus on alcohol and mental health co-morbidity in general practice and co-ordinate with current primary mental health care developments, including the *Better Outcomes in Mental Health Care* Initiative

## **Project Objectives**

- To raise awareness of the prevalence and burden of disease associated with alcohol misuse and dependence and common co-morbidities such as depression and anxiety in the general practice community
- To improve the knowledge, skills and capacity of the general practice sector in the prevention and management of high prevalence alcohol and mental health co-morbidities in primary care
- To build a critical mass of GPs and practice staff competent in the prevention, management and referral of alcohol and mental health co-morbidity
- To enhance, develop and promote a range of resources and tools for prevention and treatment in general practice and related settings
- To support GPs and Divisions to disseminate quality resources to consumers and carers.
- To build and/or improve a local co-ordinated, sustainable infrastructure and system for shared care.

<sup>1</sup> Groom G, Hickie I, Davenport T, "Out of Hospital out of Mind", 2003, MHCA

<sup>2</sup> Andrews G, Hall W, Teeson M, Henderson S, 'The Mental Health of Australians', Mental Health Branch, Com DoHA, 1999

<sup>3</sup> McCabe D, Holmwood C, 'Comorbidity in General Practice', Sept 2001, PARC

## ***Project Components***

The project follows a capacity building approach. It has the following three dimensions:

- A. Through Divisions, disseminate information and self-help resources for GPs, practices, and consumer/carers for use in waiting rooms and consultations;

*The resources for GPs and practices are to be developed and produced by the Department of Health and Ageing - Drug Strategies Branch. The consumer / carer resources are to be developed and produced by the Mental Health Council of Australia. There will be a combination of web based and printed material.*

- B. Through Divisions, deliver a skills-based training program for GPs in the management and prevention of alcohol and mental health co-morbidity;

*A National skills based training program is to be developed by the Department of Veterans' Affairs. It is expected that this training and education program will be accredited both by the Royal Australian College of General Practice and the General Practice Mental Health Standards Collaboration for use under the Better Outcomes in Mental Health Care Initiative. The education model will be delivered using a 'train the trainer' approach. It will be deliverable as a single workshop or in separate sequential modules each of which can stand alone, and each progressively building on the previous one.*

- C. Through a number of demonstration Divisions or clusters of Divisions working together, support additional activities such as local systems of collaborative care, peer support initiatives, and strengthened referral pathway arrangements with local health and other providers.

*Up to 15 Divisional sites will be funded and supported by ADGP. A full-time senior project officer will be based at ADGP to support Divisions and coordinate the overall project components. PARC will conduct the evaluation of the overall project. Divisions will be expected to work in collaboration with PARC in order to contribute to the project evaluation. The PARC evaluation officer will be a resource for Divisions submitting funding applications.*

## ***Divisional Projects***

Funding will be provided to 15 Divisional sites to develop, demonstrate and embed additional initiatives such as models of shared care or improved referral pathways. These would not necessarily be single Divisions. It would be the aim of ADGP to involve many more Divisions by encouraging those with similar geographic areas to co-operate and collaborate. Funding would support the Division or group of Divisions to augment their capacity in order to develop, negotiate and embed improved systems of referral and shared care.

This may not necessarily mean the employment of new project officers dedicated to this project but, rather, would allow existing infrastructure to be augmented over a period of 18 months in order to develop and embed enhanced systems and models of care depending on the Division's local situation. Funds could be used to supplement existing Divisional staff for a period of time (eg. boost a 0.6 FTE to full-time), pay GP or other expert advisers, convene planning committees, develop protocols, Memoranda of Understanding and other tools to promote co-operation between systems, or conduct local consultations in order to plan and deliver the outcomes. Divisions could work towards increasing the community's capacity to address co-morbidity issues, or towards improving integration with relevant non government organisations, or target specific patient groups eg. veterans, homeless etc.

It is understood that Divisions will be at differing stages of readiness depending on the extent to which alcohol and mental health features in their business plan and in pre-existing initiatives in this area.

Divisions will be required to address issues of sustainability and 'life beyond' the project in their submissions.

## ***Project Scope***

The priority target population for the alcohol and mental health co-morbidity project is young people and adults who most commonly present to general practitioners with coexisting mental health problems and unsafe use of alcohol. The target population will include people with the most common mental health problems of adjustment (to life events and trauma), anxiety (panic disorder, generalised anxiety, social phobia, agoraphobia) and depression (major depressive episode, dysthymic disorder). Their unsafe alcohol use may be at the low, medium or high risk levels, as defined in the NHMRC Guidelines, and may be episodic, binge or regular.

This project focuses on the identification, care and ongoing support of the general practice population with co-morbid alcohol and mental health problems who are unlikely to be eligible for specialist mental health and drug and alcohol services. Project proposals may however include consideration of improved consultation and shared care arrangements with specialist services for the target population provided their care principally occurs in general practice.

Project proposals should be for improving identification, advice, brief interventions and care of the target population by the existing primary care providers. Proposals may consider the following activities: awareness raising, education, training, dissemination of relevant patient and practitioners resources, and service development and coordination initiatives. They should include a consideration of methods for improving coordination with other primary care and specialist services serving this population. Evidence of joint proposals and support by other primary care providers together with Divisions will be considered favourably. Proposals should not be for funding direct service delivery.

## ***Selection Criteria***

Divisional Projects will receive time limited funded for period of 18months. The key areas of focus for selecting Divisions to receive funding will include but not be limited to the following:

- Adoption of the objectives of the overall project
- Local systems development in line with the overall project aims.
- Capacity to conduct education sessions for GPs and allied health and build a critical mass of informed and capable primary health care service providers
- Value for money
- Sustainability of improved community and/or general practice capacity beyond the life of the project
- Consortia / collaboration with other Divisions and /or buy in from other stakeholders such as state health, drug and alcohol service, and non-government organisations.
- The project's focus on alcohol misuse and high prevalence mental health disorders such as depression and anxiety
- The capacity to evaluate, including demonstration of community needs and assessment of local co-morbidity problems.
- A mix of urban and rural projects and a geographical spread across the nation.

## ***Available Funding***

The ADGP will administer a capacity fund to the total value of \$1,125,000 to be made available to Divisions to establish an **Alcohol and Mental Health Co-morbidity Project**. Based on this total fixed amount, \$55,000pa (\$82,500 over 18 months) is available for up to 15 Divisional sites with discretion to vary this amount depending on submissions made.

## **Process for selection of Divisional sites**

- a) All Divisions of General Practice are invited to submit in writing to ADGP a proposal to establish an Alcohol and Mental Health Co-morbidity Project. Divisions have the option of submitting either a single submission or a submission developed jointly with a neighbouring Division.
- b) Successful Divisions will be provided with separate and additional funds to attend two workshops in Canberra in November 2004.
  - a. **A Project Orientation Workshop**, which will provide the opportunity to discuss elements of the project such as the evaluation, the resources for consumers and carers, and the training and education packages for GPs and practice staff.
  - b. **A National Alcohol and Mental Health Co-morbidity in General Practice Workshop** which will bring together clinicians, researchers, and policy makers to share information about relevant national initiatives and to develop ideas for increasing the capacity of general practice to prevent and treat alcohol problems and common co-morbidities
- c) Divisions will be expected from their project funds to nominate and support a GP leader to attend a 'Train the Trainer' workshop in Canberra in early 2005. The GP leader will be trained in the delivery of the General Practice Education & Training Package.
- d) Divisions will be expected from their project funds to deliver a General Practice Education & Training session for GPs, practice staff and allied health workers using the Education & Training Package developed by the Project Partners.
- e) Proposals will be considered by a selection panel, which will make recommendations, including funding, to the National Alcohol and Mental Health Co-morbidity Project Reference Group.
- f) Divisions of General Practice may be contacted to provide further information
- g) Successful and unsuccessful Divisions who submit proposals will be advised in writing at the completion of the process by the end of October 2004.
- h) Proposals must be forwarded by email or mail to:**

Ms Jane Westley / Mr Slade Carter  
Senior Project Officer  
National Alcohol and Mental Health Co-morbidity Project  
Australian Division of General Practice  
PO BOX 4308  
Manuka ACT 2603  
Ph: 02 6228 0844  
Email: [Comorbidity@adgp.com.au](mailto:Comorbidity@adgp.com.au)
- i) Proposals from Divisions are required to be lodged with ADGP by **5pm on 10<sup>th</sup> September 2004**.

## **Summary of Timeframes**

<b>DUE DATE</b>	<b>ACTION</b>
By 10 September 2004	Applications for funding due with ADGP
Before end of October 2004	Successful and unsuccessful Divisions notified by ADGP
November 2004	Successful Divisions receive service agreements for signature
23 November 2004	<b>National Alcohol and Mental Health Comorbidity in General Practice Workshop</b> to be held in Canberra. Divisions awarded projects will receive additional and separate funding to attend workshop.
24 November 2004	<b>Divisions Orientation Workshop.</b> Divisions awarded projects will receive additional and separate funding to attend workshop
January 2005	Project activity commences in successful Divisions

## **Evaluation**

The Primary Mental Health Care Resource Centre (PARC), Flinders University of South Australia has been commissioned to conduct the evaluation of the overall project. The role of the evaluators will be to ensure that the intent, goals and major strategies used in the project are consistent, logically connected and capable of being measured. PARC will, in collaboration with other project partners, evaluate the effectiveness and impact of the Carer and Consumer Resources, the Education and Training Package, the General Practice Resources, and the Divisional Projects. Several questions relating to the collection of baseline data are addressed in the funding application. Divisions will be expected to provide an evaluation plan for their projects. The evaluation officer at PARC, Mr Peter Drake (*contact details page 10*) is available to assist Divisions in constructing their plans.

## **Further Advice**

### **From ADGP:**

If you require further information or assistance in developing your proposal you can contact;

Ms Jane Westley or Mr Slade Carter (after 23 August)  
Senior Project Officer  
Alcohol and Mental Health Co-morbidity Project  
Australian Divisions of General Practice  
Phone: 02 6228 0800  
Email: [comorbidity@adgp.com.au](mailto:comorbidity@adgp.com.au)

### **From State Based Organisations of General Practice:**

There are Primary Mental Health Care Development and Liaison Officers currently located in most States and Territories. You may wish to consult them in the development of your proposal.

Lesley McBride  
**GP Divisions Northern Territory**  
Phone: 08 8952 3881

Anne Diamond  
**GP Divisions - Victoria**  
Phone: 03 9341 5213

Jane Westley  
**SA Divisions of General Practice Inc**  
Phone: 08 8271 8988

Irene Matthews  
**Tasmanian GP Divisions**  
Phone: 03 6224 1114

Nick Hillman  
**ACT State Based Organisation**  
Phone: 02 6287 8504

Elvessa Marshall  
**Alliance of NSW Divisions**  
Phone: 02 9239 2900

Lynne Fergusson  
**Queensland Divisions of General Practice**  
Phone: 07 3552 5426

Anna Roberts  
**Western Australia**  
Phone: 08 9330 4422

### **From Primary Mental Health Care Resource Centre, Flinders University:**

For assistance with your Division's evaluation plan

Peter Drake  
**PARC**  
Phone: 08 8204 6166  
Email: [peter.drake@flinders.edu.au](mailto:peter.drake@flinders.edu.au)