

Your Mental Health & Alcohol: Managing the Mix



Issue 5, October 2005

THE NEWSLETTER OF MANAGING THE MIX

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This bi-monthly newsletter is designed to inform Divisions of General Practice, general practitioners, policy makers, and other health and community stakeholders about developments in *Your Mental Health and Alcohol: Managing the Mix*. The newsletter highlights the activities of this project, in particular the work of Divisions. To submit an article, contact Slade Carter on scarter@adgp.com.au; tel. 03 8480 4616.

ABOUT THE PROJECT

Managing the Mix is a government-community-general practice collaboration involving 33 Divisions of General Practice. Funding and in-kind contributions are provided by the Alcohol Education and Rehabilitation Foundation and the Australian Government Departments of Health and Ageing and Veterans' Affairs. The project is coordinated by the Australian Divisions of General Practice.

PROJECT UPDATE

Recent project activities:

- **Most Divisions have conducted their education at least once and are now proceeding with the implementation of post-education activities. These activities include trialling shared care protocols, finalisation of local resources, dissemination of newly-developed referral protocols, and the rollout of additional GP support and mentoring programs.**
- **Division visits by ADGP and PARC. These visits aim to:**
 - **Enhance understanding of project progress**
 - **Give Divisions further opportunity to make comments and enquiries about the project at a national level**
 - **Provide opportunities to meet those involved in Managing the Mix at a local level, including GPs and service providers**
 - **Conduct evaluation work.**

Using GP Mentors to Manage the Mix

**Lisa Paulin,
Eastern Ranges GP Association**

The Eastern Ranges-led Managing the Mix project is a consortium involving four Divisions, covering a large part of outer Eastern Melbourne. GP mentors are acting as advisors to the project, working in conjunction with the project officers representing each of the four Divisions. An impressive range of education activities have enabled this project to capture the interest and involvement of a large number of GPs. This has helped the Divisions fulfil their aims to increase awareness of comorbidity, enhance the knowledge and capacity of GPs, and provide relevant supportive resources. Managing the Mix has worked very well for this consortium as a model of inter-Divisional collaboration.

The Eastern Region Divisions Network consists of four Divisions from the eastern suburbs of Melbourne. The network was successful in receiving funding under the National Alcohol and Mental Health Co-morbidity project. Eastern Ranges GP Association is the lead agency in the Managing the Mix project, with Inner Eastern Melbourne, Knox and Whitehorse Divisions also involved. With a collaborative that covers a vast population which includes urban, suburban and rural practices, it is often difficult to engage GPs across all divisions, and all Divisions have found this particularly true in the area of mental health.

The project is led by a part-time coordinator from the lead agency and supported by part-time project officers from each of the other three divisions. The first step in the project was to employ four GP Mentors, one from each Division. GPs with an interest in alcohol and mental health co-morbidity were invited to apply for the position, and there was a reasonable amount of interest. Each Division selected their GP Mentor and a steering group, consisting of the project officers and GP Mentors was formed. Various other stakeholders have been brought into meetings when appropriate, but it was decided that the core group would consist only of the project staff and GPs, in order to keep the GPs' interest as the main focus.

The GP Mentors employed for the project are:

- Dr Larry Osborne, Inner Eastern Melbourne Division;
- Dr Edward Ogden, Whitehorse Division of General Practice;
- Dr Jane Heath, Knox Division of General Practice; and
- Dr Tony Balint, Eastern Ranges GP Association.

The GP Mentors decided it would be a valuable addition to the Managing the Mix project to hold a CPD evening for GPs in the region as a lead up to the training. The main intention was to whet the appetite of GPs and use this 2-hour workshop to introduce the project to them, while hopefully encouraging GPs to attend the full training. The CPD was titled *Alcohol, Cannabis, Anxiety and Depression* and was very successful. 37 GPs (including one who had travelled for more than an hour both ways) enjoyed the hypothetical case study and panel discussion. The panel included a psychologist, carer/consumer, drug and alcohol GP, drug and alcohol services representative, pharmacist and a dual diagnosis representative. It was a great opportunity to introduce the project and various services to the GPs in attendance

In May the GP Mentors and project staff from each division attended ADGP's Train-the-Trainer workshop in Melbourne. The GP Mentors then took the training package and adapted it to suit the network's audience. Adapting the training was interesting, as the GP Mentors each have different levels of experience in the subject. It ensured that it would be pitched at

the right level for the training sessions, according to the needs of participants. The GP Mentors worked very well together and regularly reported back to the steering committee.

The first training sessions were held over two nights in August. They were a big success with 26 GPs attending in total. As part of the adaptation to the training, participants were required to do homework in between the two sessions and it was surprising that nearly all participants completed the homework and faxed it to the Division as requested. GP Mentors, Dr Ogden and Dr Osborne presented the training. All GPs who attended the first session returned two nights later to attend the second, which is a great testament to the quality of the presenters and the training content.

The second round of training was held in September in Wantirna, which is central to Knox and Eastern Ranges Divisions, but again GPs from each of the four Divisions attended. The numbers were not as high, but it was still pleasing to see 19 GPs in attendance – an excellent result for such a commitment of time. Only one GP did not return for the second session, and in his place another person attended who had missed the first night. This time three GP Mentors, with the addition of Dr Heath, delivered the training to a very different group of GPs. The training was tailored according to the different needs of this group, and again was very well received.

As part of the training GPs were offered numerous resources to take with them. This included materials from DoHA, the consumer resources and various resources from the Division. The GPs made good use of the availability of these and suggested new resources they would like. The project is currently working to provide these resources to all GPs who have attended training.

Interestingly, the GPs who attended the training sessions were not the same GPs who attended the Alcohol, Cannabis, Anxiety and Depression CPD. We had hoped to use this as a lead in to the training, but instead captured a different group of GPs. By capturing this different group the Managing the Mix message has been spread to a far greater audience than originally anticipated.

The steering committee has decided to conduct one more CPD event in 2005 to reinforce the message to GPs who attended the training, those who attended the previous CPD evening and those who haven't been able to attend either. It will be held in the first week of December and will focus on a case study presentation, delivered by the GP Mentors. A pharmacist and motivational interviewing expert will be in attendance to enhance the presentation and answer any questions that arise through the evening.

Overall, it is felt the project has been a great success from two perspectives. The first is the project message itself – increasing awareness of alcohol and mental health co-morbidity and assisting GPs in dealing with this difficult area of general practice. The second has been modelling a highly successful collaborative effort between the four Divisions. The project is currently short listed for an award in the Improving Division Performance category of the ADGP Awards. We will also be presenting at the Primary Mental Health Conference in Perth in November on GP Mentors leading a regional approach to Managing the Mix.

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Managing the Mix at Canning Division of General Practice – Western Australia

Wendy Rose,
Canning Division of General Practice

The Canning Managing the Mix project features a number of collaborative aspects which are fostering joint working among GPs and other service providers. Alongside GPs, local agencies are directly involved in the delivery of comorbidity training, and the design and implementation of project materials and systems improvements, such as referral pathways and shared care protocols. In Canning, participating agencies are taking part in an innovative model of shared care: a multidisciplinary team from project partner agencies will visit GPs and practice staff, offering support and upskilling on site. The Division also has strategies in place to promote awareness of alcohol and mental health comorbidity in the local community.

The Canning Division of General Practice encompasses two area health services and seven local government areas across the south east corridor of metropolitan Perth. It borders the CBD and extends to outer-urban areas. The Division works with 87 general practices and 291 GPs who service a very diverse population of 289,638.

The Division has conducted a mental health program since 1996. Over the years we have developed very strong relationships with the mental health sector and have in place a memorandum of understanding and shared care protocols with one of the area mental health services, viz Bentley Mental Health Service. In this region mental health services are predominantly provided by the public health sector, whilst alcohol and drug services are provided chiefly by non-government agencies. There has never been a seamless referral path for patients with comorbidity issues.

The Division sees the Managing the Mix project as an ideal opportunity to not only provide tools and resources for GPs to improve the management of their patients with comorbidity issues, but also to develop sustainable partnerships with local support agencies.

Key objectives of the project include:

- The provision of ongoing education and support to GPs and practice staff on mental health and alcohol comorbidity issues
- The development of governance arrangements, shared care and referral protocols and clinical pathways
- The set up of multidisciplinary practice teams to provide counselling, medical treatment and support for the target population within the general practice setting
- The provision of resources for patients and their carers.

Steering group

When Managing the Mix commenced the Division already had a reference group in place for its mental health program. Rather than set up a separate steering committee, the existing group was expanded to include expertise from the alcohol and drug sector. The membership of this group includes two GPs, one with an extensive background in mental health, the other having a close working relationship with both the mental health and alcohol and drug sectors. The other participants are two consumers, an allied health professional from the Division's Access to Allied Health Service, ARAFMI Mental Health Carers and Friends Association, and South East Metropolitan Community Drug Services Team (SE Metro CDST). A representative from Community Link and Network (CLAN) has also been invited to join the steering group.

Collaboration

When developing the proposal for Managing the Mix, the Division approached two key community agencies in the region and invited them to participate. These agencies work with the majority of general practice patients who may have substance use issues, and are committed to working with the Division on the development and implementation of this project. The two agencies are the SE Metro CDST (Mission Australia) and the Drug and Alcohol Withdrawal Network (DAWN - St John of God Healthcare).

The DAWN patient base is reliant predominantly on GP referrals. They need to work closely with GPs and have seen this project as an opportunity to not only promote their services but also to become part of the multidisciplinary care team within the general practice.

The SE Metro CDST provides a range of services not only to clients but also to family and significant others. One of their counsellors, who is also one of the Division's trainers, provides counselling one day a week at the Bentley Mental Health Service to patients with mental health and substance use comorbidity issues. This agency had originally approached the Division two years ago to discuss the possibility of providing counselling for patients within the general practice setting. We saw this project as an ideal opportunity to progress these ideas.

As the project was being developed it became apparent that the West Australian Network of Drug and Alcohol Services (WANADA) should be invited to be a partner. This agency has a state-wide brief and it is in the best possible position to promote the implementation of the shared care protocols to its member organisations. They have also set up a GP Liaison Working Party to address barriers to accessing services for general practice patients. They are also interested in providing regular up-to-date information on relevant issues for GPs and their patients.

Education

As part of the collaboration process, a GP from the Division and a counsellor from both SE Metro CDST and DAWN have been trained to deliver the education to GPs, practice staff and allied health providers. The three trainers have made themselves available for all the training sessions offered by the Division.

The Division has just completed the first round of training for GPs. GPs had the option of attending either three two-hour sessions spread over three weeks or a six-hour workshop on a Saturday. Practice nurses and staff from local agencies were also invited to attend. Agency staff elected to attend the third evening session. Agencies represented included the Bentley Mental Health Service and the local Public Health Unit. Agency staff and practice nurses also attended the Saturday workshop. All attendees were provided with an information pack that included screening tools, a directory of local services and resources for patients and carers. By having all three trainers present at the training sessions, each was able to explain his/her role in supporting practices as a member of the proposed multidisciplinary care team. All GP participants have indicated a strong interest in the proposed shared care arrangements and are willing to participate in the trial.

A number of practice nurses expressed an interest in attending training but were unable to attend on the day. As a result a workshop specifically targeting practice nurses has been arranged for mid-November. Staff from the Division's Aboriginal Primary Health Care Team will also attend the training. This team works closely with GPs and their aboriginal patients. Local service providers will also be invited to attend this workshop, providing an opportunity to promote their services, share information and network. As a follow-up to the GP training, the GP Presenter will be facilitating a session for GPs and staff in a general practice. That practice will also have a special display on Managing the Mix in their waiting area for a set

period of time. Should there be enough interest another training session for GPs and allied health professionals will be arranged for early in the new year.

Shared care

A draft memorandum of understanding and shared care protocols have been developed in consultation with the project partners. Once this document has been signed, a shared care model will be trialled, in the first instance, with those GPs who have completed the Managing the Mix training. The model includes a service whereby project partners will actively support GPs within their practices. A multidisciplinary team from the agencies will visit GPs and practice staff to provide information and upskilling, as well as individual client counselling on-site. We believe this model will add value to general practice, improving capacity and capability to better managing patients with mental health and alcohol comorbidity issues within the primary care setting and offers long term sustainability.

Some general practices have already benefited from visits from a psychiatry consultant and community mental health nurse as part of shared care arrangements with the Bentley Mental Health Service. The shared care arrangements for this project is seen as an extension of what is already in place. WANADA as a project partner will become the 'vehicle' for promoting the model to other regions in the State.

Resource promotion

A series of newsletter articles have been planned to coincide with the dissemination of resources. Over the next two months the Division's practice nurse support team will deliver resources to general practices. This will provide an opportunity to promote the role of the multidisciplinary care team in supporting patients who have mental health and alcohol comorbidity issues and their carers. The Division's Aboriginal Primary Health Care Team will also promote the resources to their clients on a needs basis.

Once training has been completed and the shared care arrangements are in place an article will be placed in the local community newspapers promoting the service and encouraging patients and carers to discuss issues of concern with their GPs. The Division participates in two local agency networks one in the northern and the other in the southern half of the corridor. These networks will also be used to disseminate patient and carer resources.

Adding value to general practice

The Division has additional staff expertise than can be extended to provide specialist on-site support to GPs in the management of co-occurring mental health and alcohol-related issues. These Divisional services include the InFocus Counselling Program (Access to Allied Health), the Aboriginal Primary Health Care Team, and a clinical psychologist with specialisation in alcohol and drug issues, who is currently employed by the Division.

The project will be sustainable beyond the project funding because it builds on existing expertise and current links with project partners and accesses core Divisional services.

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