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Training and professional development

Divisional training overview

All divisions of general practice involved in Managing the Mix held the six-hour training package designed specifically for the project.

Divisions also conducted a number of other education and professional development activities which often involved divisions and GPs working with other services and professional groups.

While the activities covered issues relating to common mental health conditions and alcohol comorbidity, they frequently expanded the agenda to encompass illicit drugs and more serious mental health problems.

Case studies

This section features three case studies of divisional programs which may be useful for adaptation to other areas:

- Westgate and Western Melbourne Clinical Attachment Program
- Eastern Goldfields Education Program
- NSW Outback Alcohol and Other Drug/Mental Health Forum.

Westgate and Western Melbourne Clinical Attachment Program

Westgate and Western Melbourne Divisions offered clinical attachments to GPs to enhance their skills in the treatment of patients with comorbid substance misuse and mental health problems.

Through this program GPs attracted Continuing Professional Development points and were involved in a shared care process with a drug and alcohol psychologist within their own practice setting. The idea appeared attractive as GPs could ask their dual diagnosis patients to sit in a consultation with themselves and a representative from the drug and alcohol agency, Turning Point.

Ten clinical attachment sessions were organised once a *Building Bridges – Dual Diagnosis Training and Supervision Proposal* was formulated (see below). The project officer extended the opportunity for local GP champions/consultants (with special interest in comorbidity) to run small group and individual sessions with GPs within a practice setting and the other at a Drug and Alcohol clinic. GPs were required to have 10 hours contact with their supervisor over several weeks.

An example of a clinical attachment with a GP champion is as follows:

1	GP consultant meets with GP participant to observe the systems and resources required in a general practice environment to support patients with comorbidity issues. This entailed time away from the practice and service delivery, discussion about case conferences, EPC items, care plans, resource materials and referral pathway mapping.
2	Participating GP observes the GP consultant with a patient who has comorbidity issues. After consultation, participating GP and GP consultant discuss the case utilising action learning strategies.
3	Participating GP prepares case discussions from their own practice and presents these at follow up meetings with the GP consultant.

This arrangement provided opportunity for observation and to practice new models of effective health care delivery (including use of EPC items), to integrate and coordinate

within services, to seek ongoing support and advice and help with the identification of service pathways.

GPs are being surveyed six and twelve months after their clinical attachment process to measure the impact of the attachment and whether skills and knowledge have been retained. If desired, GPs will be welcomed to join another program if funding permitted, once again GPs will be able to attract CPD points.

Building Bridges – dual diagnosis training and supervision

Developed by: Dr Kate Hall

Outline

The training and supervision encompasses advanced principles in dual diagnosis assessment, formulation and treatment. The target audience is GPs with Level 1 Mental Health Skills training under the BOiMH initiative.

The training and supervision is designed to address the following:

1	The complexities of assessment and diagnosis when faced with dual diagnosis.
2	The necessity for integrated formulation driven treatment when dealing with complexity.
3	Evidenced-based practice when treating dual diagnosis.

The training components are outlined on the following page.

	Unit	Element
1	Introduction to Advanced Principles in Dual Diagnosis	■ What are the differing paradigms of comorbidity? ■ Application of Harm Minimisation philosophy in general practice. ■ Principles of Addiction in Dual Diagnosis. ■ Understanding concepts of Withdrawal, Tolerance, and Intoxication. ■ Application of Stages of Change Model
2	Interactions Between Drug Use and Mental Health	■ What are the effects of drug use in psychosis? ■ What are the effects of drug use in depression? ■ What are the effects of drug use in anxiety? ■ What are the neurocognitive implications of drug use and mental health issues? ■ Case examples
3	Comprehensive Assessment and Case Formulation	■ What components are included in a comprehensive assessment? ■ What constitutes an holistic case formulation?
4	Dual Diagnosis Treatments and Strategies	■ Applying the bio-psycho-social model of treatment? ■ Managing resistance to behaviour change. ■ Understanding concepts underlying relapse prevention.

Structure

The structure outlined below incorporates an initial training session, covering dual diagnosis assessment, formulation and treatment, prior to commencing supervision, in order to establish a general baseline of 'assumed knowledge'. The supervision focuses on case-based learning and is informed by adult learning principles. The breakdown of supervision hours is flexible and allows for GPs to express their preferential forum to discuss cases. Both group and individual supervision are offered in order for GPs to benefit from shared experience and the opportunity for in depth case review.

1	Initial training session – 3 hours
2	Group supervision – 3 hours
3	Individual supervision – 4 hours (accounting for one hour per GP)

Accessibility

Training and supervision will be provided in the GP's practice to maximise accessibility, and where feasible on site at the general practice.

Eastern Goldfields Education Program

Eastern Goldfields division implemented a comprehensive education program that included:

- delivering the education package being in both Esperance and Kalgoorlie
- delivering additional dual diagnosis themed events
- establishing the Better Outcomes in Mental Health Care program (BOiMH) in Kalgoorlie
- establishing a peer support group.

This section outlines that program of work.

Education package and other comorbidity training

The Managing the Mix education package was delivered in the major regional centres of Kalgoorlie-Boulder and Esperance. The education sessions attracted a high proportion of local GPs and health professionals from other fields.

The decision was made to hold the education as a series of three evening events. An average of 36 health professionals attended each of the three sessions in Esperance, with nine GPs attending all three sessions. Significantly, there are only 11 GPs in Esperance, and one of these was the trainer.

In Kalgoorlie, an average of 30 health professional attended each of the three sessions, with 11 GPs attending all three sessions.

This training was complemented by relevant topics presented by local and visiting specialists including:

- marijuana and psychosis
- motivational interviewing
- early intervention in psychosis.

This training was very well received by participants.

Link to the Better Outcomes in Mental Health Care program (BOiMH)

An unplanned outcome of the Managing the Mix program was the development of the BOiMH program in Kalgoorlie. Prior to Managing the Mix, Better Outcomes was running only in Esperance in the Goldfields region. Throughout the Managing the Mix education process in Kalgoorlie, some discussion was focussed on the successful Esperance program and many GPs requested such a service in Kalgoorlie. Completing the Managing the Mix education allowed the Kalgoorlie GPs to become registered for Level 1 Better Outcomes in Mental Health. This progression encouraged the Division to investigate funding opportunities and eventually led to the recent launch of BOiMH in Kalgoorlie.

Peer support

The division commenced a structured peer support program, providing sustainable support for GPs within the Esperance area by the end of the program. The division utilised Managing the Mix funding in order to bring an experienced Perth-based psychiatrist to Esperance on a monthly basis to:

1	Provide a breakfast presentation on a pertinent topic (Indigenous Comorbidity, Somatisation, Marijuana and Psychosis).
2	Meet with referred patients during the day, often in conjunction with the referring GP in order to assist with patient treatment and provide support.
3	Provide an evening education session focussing on case-study discussions based on the patients who had been seen during that day.

This particular model allowed feedback, support and suggestions to GPs. This model of peer support has been a great success and the division are currently investigating future funding options to continue this service. The psychiatrist has also provided ongoing teleconference support for the GPs in this region between visits also.

Although only two peer support sessions have been conducted to date, 100% of the GPs based in the Esperance region attended, with five GPs referring patients to the program and eight patients providing case studies. Feedback from the GPs has indicated that they would like to see this service continued, with comments such as:

“Please run this service every three months” and

“The most important part of this service is the ongoing support for remote GPs.”

This model is strongly recommended for the more rural/isolated GPs with less access to Mental Health services/support.

NSW Outback alcohol and other drug / mental health Forum

Introduction

The Walgett Community Drug Action Team (CDAT) in conjunction with the NSW Outback division held a one-day Forum funded by NSW Drugs and Community Actions Strategy (DCAS) on 19 January 2006. The Forum's primary objectives were to :

- identify and investigate local issues that impact on those in the community affected by alcohol, substance use and mental health problems
- identify challenges and barriers to addressing these issues
- make appropriate recommendations to improve the AOD/MH infrastructure and plan a sustainable service delivery model across the Walgett and Bourke regions.

The Forum program details the specific agenda.

Forum overview

Overall, the Forum and workshop was successful, with participant numbers far exceeding expectations. Presenters on the day included Dr Rod MacQueen, AOD interventionist with Lyndon Community, a consumer, a carer, and representatives from the Area Mental Health Service – Greater Western Area Health Service (GWAHS).

All participants found the Forum informative and useful with many opportunities to contribute and interact among the focus group.

In line with the objectives, participants identified a number of barriers hindering the service responses to the community, particularly in the area of communication and referral protocols and processes, management planning, after care and rehabilitation options and transport for people with AOD/MH issues. Education and training were also identified as crucial parts of AOD/MH care.

Participants at the Forum voiced serious concern about the existing unsatisfactory level of care provided to people in the local area with AOD/MH issues. Recommendations will assist in bringing about positive change by improving care options and services

available thereby addressing the range of issues and concerns identified by stakeholders.

The Forum comprised two main sessions:

1	**The What** ■ What do clinicians and health care workers need to create better shared care pathways for clients/patients with mental health and drug and alcohol issues? ■ What services are available in the Upper Western Sector of NSW?
2	**The How** ■ How can we make our work more effective and fulfilling while creating better outcomes for our patients with mental health and drug and alcohol issues? ■ Identify key issues. ■ Develop action plan.

The main outcomes

1	Specialist AOD/MH clinics need to be established (for visiting psychologist or other AOD/MH specialist). Specialist services need to be standardised. Aboriginal Community Working Parties and the GWAHS are key partners in developing any service provision changes.
2	Training in AOD/MH issues for service providers must be available with ongoing support and mentoring for both GPs and other workers.
3	Client case management issues: ■ One standardised referral tool needs to be developed and implemented with one standardised communication tool for use by GPs and other workers. ■ Review options using a patient password system so records can be accessed when a patient is at a different medical service – ensuring confidentiality and access to records out of hours anywhere. ■ Encourage GPs to inform pharmacist when a patient's medication has been changed.
4	AOD/MH needs to be a public health issue and not an individual issue. Raise community awareness of AOD/MH issues to help remove the stigma attached to these conditions through the development of community education awareness campaigns.

Priority areas identified for long-term improvements in service delivery

- Long-term care beds for clients with alcohol, substance use and mental health problems.
- Post rehabilitation care and support services for clients with alcohol, substance use and mental health problems.
- Improved service collaboration, particularly between alcohol, substance use and mental health services through development and implementation of formal policies at a local level.
- Increased accessibility to and appropriateness of services for clients with alcohol, substance use and mental health problems, especially adolescents and Aboriginal clients.

Action plan to address priority areas

1	Seek representation on the GWAHS working group to progress recommendations from the AOD/MH Forum for the implementation of specialist clinics.
2	Support the implementation of initiatives and objectives from the Managing the Mix Project.
3	Seek representation on working groups on Bourke and Walgett Shire Health Forums, Aboriginal Community Working Parties and GWAHS to advocate for treatment beds (acute/long term/adolescent/adult) for patients with AOD/MH problems.
4	Seek the urgent attention of GWAHS in addressing strategies to improve service collaboration between AOD/MH services and accessibility and appropriateness of service.
5	Walgett CDAT to provide a copy of the Forum Report including recommendations and actions to local Members of Parliament and other key stakeholders to seek their support.

Connecting to Managing the Mix PROGRAM

Thursday 19 January 2006

2.00: Registration (Tea & Coffee will be served throughout the day)

2.20: Project Officer, DCAS/CDAT: Purpose & Outline of the Day *Geraldine Brenton*

2.30: *The Drug & Alcohol Perspective*
Dr Rod McQueen FRACGP, FAChAM, MHS & Addiction Specialist

2.45: *The Mental Health Perspective:*
Elvie Purkiss, Acting Team Leader, Area Mental Health & D&A Walgett and Bourke

3.00: *Consumer/Carer Perspective:*
Mr Greg Mason

3.15: *The Managing the Mix Project:*
Virginia Robinson, Project Manager

3.30: *Afternoon Tea*

3.45- 4:30: **THE WHAT**

- What do clinicians and health care workers need to create better shared care pathways for clients/patients with mental health and drug and alcohol issues?
- What services are available in the Upper Western?

5:00 – 6:00: *Buffet Dinner*

6.00: *Dr Rod McQueen to feed back from Session 1*
THE HOW

- How can we make our work more effective and fulfilling while creating better outcomes for our patients suffering with mental health and drug and alcohol issues?
- Identify key issues
- Develop action plan

7.30: Questions & Answers – Discussion Time

8.30: Evaluation to be handed out & completed prior to departure