

Education and training resources

Background

Patient target population: alcohol and common mental health problems

The specific target population for this comorbidity project is young people and adults who most commonly present to GPs with co-existing mental health problems and unsafe use of alcohol. This group do not have serious mental illnesses and as a consequence may not have access to, or find acceptable, referral to specialist mental health and alcohol and drug services.

In most cases these patients will be seeking advice, care and ongoing support from their GP, community services and primary care workers including nurses, allied health, counsellors and youth workers. They will include adolescents and adults 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 National Health and Medical Research Council (NHMRC) Guidelines, and may be episodic, binge or regular.

Serious mental illness and alcohol dependence

Comorbidity of serious mental illness (psychoses, bipolar affective, eating disorders, severe personality disorders) and dependent use of alcohol are already the target populations for several projects being undertaken by specialist mental health and alcohol and drug services. For this reason this training instead focuses on the identification, care and ongoing support of the general practice population with comorbid alcohol and mental health problems who are unlikely to be eligible for these services.

However, the training also included consideration of improved consultation and shared care arrangements with specialist services for the more complex population. This is also mirrored in the Managing the Mix projects more generally, as divisions worked with a range of services when considering local care pathways.

Development of training package

The Australian Government Department of Veterans' Affairs provided funding for the development of an education package for Managing the Mix.

The education was devised by two psychologists: Associate Professor John Pead from the Australian Centre for Post-traumatic Mental Health and Kellie Marshall from the Illawarra Division of General Practice.

The package was designed as six hours of face-to-face education, supported by pre-and post-education activities. The education was approved as Level 1 Mental Health Skills training by the General Practice Mental Health Standards Collaboration (GPMHSC). The package also attracted 30 Quality Assurance and Continuing Professional Development (QA&CPD) points from Royal Australian College of General Practitioners (RACGP) and 10 Professional Development Points (PDP) from the Australian College of Rural and Remote Medicine (ACRRM).

Managing the Mix comorbidity training took place over three phases:

- train-the-trainer workshops
- delivery of education in divisions
- online training package.

Train-the-trainer workshops

John Pead and Kellie Marshall delivered three train-the-trainer workshops in April and May 2005, in Perth, Melbourne and Sydney. The train-the-trainer workshops were attended by 22 GPs and 19 other clinicians. A total of 28 non-clinicians also participated, who were not engaged as trainers in divisions. This non-clinical group represented divisions, state-based organisations, and other interested parties. A consumer, carer and clinical peer review participant also provided workshop feedback.

Participants were provided with materials to hold the workshops locally, with the opportunity to make some alterations to fit the information into their local contexts.

Learning objectives

In addition to observing the criteria for Level 1 Mental Health Skills training, the learning objectives also reflect the aims of the Managing the Mix project more broadly. The learning objectives were to:

- ***Increase knowledge*** including epidemiology, nature and features, of unsafe alcohol use and the common comorbidities of anxiety and depression. Attention was also given to comorbidity of alcohol with problems of physical and social health.
- ***Increase identification*** of comorbidity and related needs and the means for achieving this, including clinical assessment and screening measures.
- ***Promote advice and brief interventions*** that are evidence-based where available, and can be readily implemented by GPs. This includes advice for GPs about other professional development resources and further training available.
- ***Promote patient self-care resources*** to support screening, advice and intervention for comorbidity in general practice setting. These include use of the consumer resources developed by the Mental Health Council of Australia.
- ***Improve referral and shared care arrangements*** for comorbidity including markers indicating needs that will usually fall outside the scope of general practice interventions alone and expectations and mechanisms for shared care with specialist services.
- ***Communicate outcomes*** that can reasonably be anticipated from the identification, advice and interventions delivered in general practice settings.
- ***Promote service system development*** through a module examining the implications of the training for practices, by encouraging the participation of allied health practitioners in the training and the development of their relationships with divisional projects.

Training resources format

The content of the training was problem/case-oriented and encouraged interaction between participants. In its rollout in divisions, the education could be adapted for delivery through a variety of modalities including:

- as a single one-day workshop
- in separate sequential 2-hour modules, each progressively building on the previous one.

The train-the-trainer education resources comprised:

- pre-reading, case study preparation and evaluation questionnaire conducted by PARC
- the train-the-trainer workshops
- trainer's folder containing PowerPoint slides, trainer's notes, exercises, case studies, participant's workbook and feedback forms
- CD containing all the resources in the trainer's folder, for the purposes of photocopying for dissemination, together with additional resources, measures and website details
- Post-workshop evaluation questionnaire by PARC.

Workshop program

The workshops reflected the BOiMH program, which observes a three-step approach to patient management and treatment: assessment, mental health plan and review. Under this system, a GP may make a diagnosis (or possible diagnosis) and discuss this with the patient. Together they map a course of treatment, which may include referral for focussed psychological strategies (at subsidised cost) with an allied health professional. The patient returns to the GP at a later date for a review of the treatment to date and to discuss progress. At this point the GP can claim an incentive payment.

The train-the-trainer workshop program was as follows:

- Pre-workshop preparation (reading and preparation of case studies)

- Introductions, rationale, overview and evaluation

- **Module 1:** The Mental Health Assessment – identifying, assessing and advising about comorbidity

- **Module 2:** The mental health plan – interventions and care planning

- **Module 3:** Reviewing, referring and co-ordinating services

- **Module 4:** Development of divisional education initiatives

- **Module 5:** Feedback and reflections on the education workshop

- The program was similar when the education took place in divisions, though modules 4 and 5 were omitted.

Example workshop slides



*The four common mental health clusters

- Anxiety cluster: social phobia, generalized anxiety, PTSD, agoraphobia, panic disorder, obsessive-compulsive
- Depression cluster: mood, syndrome, disorder eg., major depressive disorder, dysthymia (not psychotic depression or bipolar affective disorder)
- Somatic cluster: somatorm disorders, hypochondriasis, conversion disorder, somatization disorder, undifferentiated somatoform disorder, functional somatic syndromes eg., non-cardiac chest pain, chronic fatigue
- Alcohol cluster: problem drinking, abuse, dependence

25

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Prepared for the ADGP Your Mental Health and Alcohol: Managing the Mix initiatives



Standard Drinks Guide

One drink isn't always one drink - different types of alcoholic drinks contain different amounts of alcohol and are sold or served in different sized glasses or containers. It is important that you know what a standard drink is when you are cutting down or trying to stick to a limit. All standard drinks have approximately 10 grams of pure alcohol, regardless of their volume. All alcoholic beverages, by law, state on the label the number of standard drinks in the container.

Below you will see the number of standard drinks found in typical serving containers.

425ml Schooner Full Strength Beer 4.9% ALC/VOL	285ml Middy/Pot Full Strength Beer 4.9% ALC/VOL	285ml Middy/Pot Low Alcohol Beer 2.7% ALC/VOL
		
1.5	1	0.5
375ml Full Strength Beer 4.9% ALC/VOL	375ml Full Strength Beer 4.9% ALC/VOL	170ml Average Serve of Sparkling Wine/Champagne 11.8% ALC/VOL
		
1.5	1.5	1.5
30ml Spirit Nip 40% ALC/VOL	100ml Standard Serve of Wine 12% ALC/VOL	60ml Port/Sherry 18% ALC/VOL
		
1	1	1

42

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*Reviewing & making an effective referral

- Recommend rather than direct
- Explain the rationale and advantages
- Stress the complementary rather than substitute role of the other practitioner
- Ask the patient about possible barriers, time, money, transport, stigma ...
- Ask the person what the chances are that they will attend
- Don't ask the person to commit themselves to something they are unlikely to do

108

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Education in divisions

The participating divisions held their local education sessions between June 2005 and April 2006. Forty workshops took place, either as single day events or as a combination of shorter sessions.

A total of 351 GPs participated in the workshops held by divisions. Therefore, including the train-the-trainer workshops, a total of 373 GPs completed the workshops.

A total of 220 non-GPs participated in the workshops. In some cases participants attended for the entire program, in others for only a section of the workshop. Including the train-the-trainer workshops, a total of 239 non-GPs participated.

The online training

An online training package was developed in 2006. As with the face-to-face training, the content was principally developed by John Pead and Kellie Marshall. Funds were provided by DVA and the AER Foundation. An Online Training Clinical Reference Group further advised and provided feedback as the package developed. The technical work was managed by Educational Health Solutions.

The training comprises six self-directed, interactive one-hour sessions, presented online in PowerPoint style slides. This is complemented by newly produced case study video vignettes and health professionals' roundtable discussions. To enhance the sense of interactivity, slides are accompanied by voiceovers. In addition, the sessions conclude with interactive-style quizzes. Where a participant enters an incorrect answer, a pop-up box explains *why* the answer is false.

Additional activities are recommended for participants to perform in the general practice setting. These activities seek to reinforce the objectives of the education, encourage working with other service providers, and help GPs to apply their skills in working with consumers and carers.

While GPs are the primary audience for this training, it is also relevant for other health and social care professionals. The Australian Psychological Society and the Royal Australian College of Nursing have both endorsed the education for their members.

Online training program

The online education follows the same objectives of the original face-to-face training. The program of online education is indicated in the following table.

■ **Session 1:** Pre-test and recommended pre-reading

■ **Session 2:** Introduction – overview, policies and guidelines, screening tools, case studies

■ **Recommended activity:** Visit nominated websites for more information

■ **Session 3:** Mental Health Assessment and Alcohol Screening – tools, techniques, case studies

■ **Recommended activity:** Audit a screening tool with a patient

■ **Session 4:** Mental Health Plan Part A: treating alcohol problems – motivation decision tree, approaches for ready to change/not ready to change, alcohol withdrawal treatment, relapse prevention, alcohol and mental health comorbidity guidelines

■ **Session 5:** Mental Health Plan Part B: treating mental health comorbidities – common mental health problems, interventions

■ **Session 6:** Mental Health Plan Part C: treating mental health comorbidities – general principles, what can go wrong, integrating interventions, case studies, scenarios

■ **Recommended activity:** Map local systems of support

■ **Session 7:** Reviewing, referring and co-ordinating – reviewing plan and progressing measures routinely, making an effective referral, different models of care, mapping existing systems, maximising the BOiMH program, three step mental health process, additional learning resources

■ **Session 8:** Post test

Case vignettes

Three filmed case vignettes appear in the sessions illustrating common variants of alcohol comorbidity with anxiety, depression and somatic concerns. Alcohol consumption is illustrated at risk levels that result from episodic, hazardous and dependent drinking. Motivation levels vary across the three cases from committed to unsure and limited. The cases are shown at initial presentation, screening, assessment, psychoeducation, treatment planning and review. Interviews are shown with family members illustrating case finding for mental health problems and their engagement in supporting the plan. Participants are prompted for their observations about each scene, what they agreed with or would do differently, and what they would do next.

Roundtable discussions

Roundtable discussions were also filmed, with the participation of the following “real life” health professionals: two GPs (one metropolitan, one rural), psychiatrist, psychologist, nurse and social worker. Their views were gauged on a range of issues relating to alcohol and mental health comorbidities. The roundtable discussions feature an interactive component, asking participants to consider the views expressed by the real life practitioners, and their own responses to these issues.

Accessing the training

The training is free of charge!
Access the training online at www.adgp.com.au
and
www.therightmix.gov.au