

Summaries

All divisions of general practice involved in Managing the Mix delivered the comorbidity education package and distributed the consumer and carer resources.

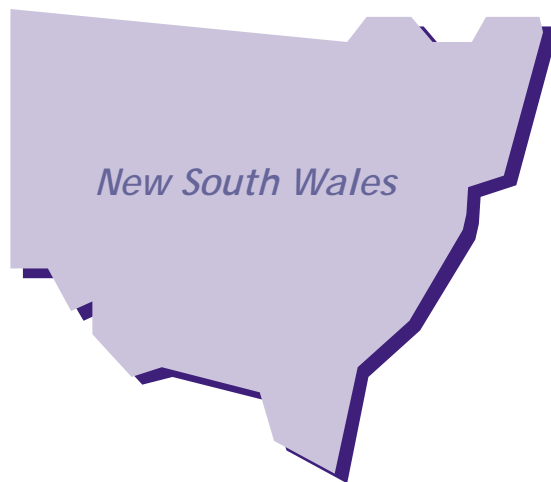
Divisions also conducted a diverse range of activities to meet the project's objectives.

This section highlights aspects of the different divisional projects as at the local level. More information on these activities and outcomes can be obtained by contacting the relevant divisions. Divisional contact details can be found at Appendix 2.

Projects

<i>New South Wales Divisions</i>	<ul style="list-style-type: none">■ Central Sydney-Canterbury■ Illawarra-Shoalhaven■ NSW Central Coast■ NSW Outback
<i>Northern Territory Divisions</i>	<ul style="list-style-type: none">■ Top End
<i>Queensland Divisions</i>	<ul style="list-style-type: none">■ Capricornia■ Townsville
<i>South Australian Divisions</i>	<ul style="list-style-type: none">■ Adelaide Northern■ Yorke Peninsula Mid North Barossa
<i>Tasmanian Divisions</i>	<ul style="list-style-type: none">■ GP North
<i>Victorian Divisions</i>	<ul style="list-style-type: none">■ Bendigo-Murray Plains■ Dandenong-Greater South Eastern-Monash-Central Bayside■ Eastern Ranges-Whitehorse-Inner Eastern Melbourne-Knox■ Mallee■ Westgate-Western Melbourne
<i>Western Australian Divisions</i>	<ul style="list-style-type: none">■ Canning■ Eastern Goldfields■ GP Coastal-Osborne-Mid West■ Pilbara

New South Wales



Central Sydney-Canterbury

- Established Comorbidity Collaborative Committee, with broad local agency representation to steer the project.
- Worked in partnership with the Network of Alcohol and Drug Agencies and the Mental Health Coordinating Council to produce GP resource directory of local non-government organisations (NGO) treatment and support services for people with mental health and alcohol problems.
- Recruited clinicians with skills in the treatment of comorbidity for the Access to Allied Psychological Services (ATAPS) program. This has opened a new referral pathway for GPs as part of an early intervention strategy.
- Translated consumer and carer resources into several community languages, available on the Central Sydney Division website.

Illawarra-Shoalhaven

- Researched and documented information about the prevalence, management of and resources available for the care of comorbidity.
- Conducted publicity campaign to raise awareness of comorbidity in young people. This was delivered to the community, young people, parents and service providers through television, radio, newsletter articles and training activities.
- Networked carer and service referral pathways for young people with mental health and substance use comorbidity.
- Delivered family counselling interventions through the Salvation Army.
- Developed service directories and a child and adolescent service referral form.

NSW Central Coast

- Developed web-based resources, including consumer support agency directory, pathway to care, accessing EPC items to managing comorbidity, directory of relevant health services.
- Conducted focus groups for GPs covering comorbidity related issues.
- Linked the project with other key initiatives, such as Better Outcomes in Mental Health Care (BOiMH). For example, Comorbidity issues have been incorporated into familiarisation training for GPs for this program.
- Held community education – for example, parent education evenings that include mental health and substance misuse comorbidity content.
- Provided follow-up support to GPs participating in the training, including information, patient resources and assessment tools.
- Highlighted local care pathway protocols at comorbidity workshops.

NSW Outback

- Identified local services and disseminated information to GPs.
- Implemented a program to encourage the use of the K10 Psychological Distress Scale and the AUDIT to enhance identification of patients with comorbidities of anxiety and depression and alcohol problems.
- Built relationships with the Area Mental Health Service and Aboriginal Medical Services.
- Endeavoured to reduce service fragmentation through specific strategies, including a Forum strategy to look at addressing issues surrounding the shared care and better treatment and management of people with comorbidity of substance misuse and mental health problems.
- Successfully negotiated/collaborated to build on existing infrastructure and capacity to operate a model that will integrate health services and health professionals and long-term care for people (shared care) with these comorbidities.
- Held multi-partner comorbidity Forum.
- Established a wide project partnership of interdisciplinary members as an outcome of the Forum.

Northern Territory



Top End

- Provided education in both urban and rural/remote areas.
- Established a Quality Community Capacity Building Framework that identifies and is able to guide capacity building across the whole program area. The framework identifies the Aboriginal Mental Health Worker (AMHW) Program and integrates within it services for the community population in relation to alcohol misuse and mental health where the role of the AMHW is pivotal to providing culturally safe care.
- Conducted intervention in Borroloola, resulting in a new patient notes system for the visiting AMHW. The AMHW in this community is now able to make notes from patient consultations and attach these to patient files at the health centre. The AMHW is now included in routine staff meetings where patient care is discussed.

Queensland

Capricornia

- Raised awareness of comorbidity through various activities, including radio, presentations to consumer/carer groups and public expositions, and the development of local consumer resources.
- Developed a number of local resources, embodied in the division's Better Mental Health web pages. These web pages include a health service directory, clinical pathways, tools and resources, information on Mental Health MBS items, information on the BOiMH program and training requirements, and consumer and clinician links.
- Established Comorbidity Taskforce with representation from 25 key organisations and the general community, which help standardise interagency communication and develop regionally agreed clinical pathways. The communication tools, which were standardised between primary, secondary and tertiary care sectors, included the GP Referral Form and the Agency Feedback Form.



Townsville

- Developed a Memorandum of Understanding outlining the working relationships between the Integrated Mental Health Service (IMHS), Alcohol, Tobacco and other Drugs Service (ATODS) and GPs in relation to working with patients who have alcohol and mental health comorbidities. Also developed a draft protocol between IMHS and ATODS for the care of consumers with co-occurring substance use and mental health problems.
- Enhanced networking opportunities between GPs and other clinicians, through workshop participation from local agencies.
- Developed a resource kit to assist GPs the preliminary diagnosis and treatment of alcohol and mental health comorbidities. It features information and screening tools for mental health and alcohol problems, resources to use with patients, and a directory of alcohol and mental health support services in the region.

South Australia

Adelaide Northern

- Increased communication between Drug and Alcohol Services South Australia (DASSA), the division and Mental Health Services.
- Implemented standardised assessment procedures in primary care, (DASSA), and Vietnam Veterans Counselling Service (VVCS).
- Developed pathways of care for patients presenting with comorbid alcohol and mental health problem.
- Developed a resource directory.
- Produced a Memorandum of Understanding (MoU) and Service Agreement between the division and DASSA.
- Implemented comorbidity treatment services through existing programs (Northern Wellbeing and shared care) at the division.



Yorke Peninsula-Mid North-Barossa

- Conducted GP needs analysis and awareness survey.
- Implemented program of comorbidity education, information and resource provision to GPs across the region.
- Developed resource packages for GPs and their practices to assist and enable better management of alcohol and mental health comorbidity.
- Created networking opportunities to enable better formal and informal relationships between GPs and allied health workers.

Tasmania



GP North

- Distributed consumer resources to GPs, other health professionals and the community.
 - Held additional substance misuse education activities.
 - Commenced comorbidity shared care trial. Although the trial was abandoned because GPs had difficulty recruiting patients, a number of benefits flowed from the initial experience, including improved links between GPs and the drug and alcohol service.
- Developed a GP/mental health service Referral and Intake Protocol, which has been finalised with the inclusion of a comorbidity referral flow chart and information on comorbidity issues.

Victoria



Bendigo-Murray Plains

- Held training events across both divisions.
- Conducted AUDIT Research Project. The divisions incorporated alcohol screening into their Better Outcomes in Mental Health Care (BOiMH) program. The divisions analysed the data from this activity, with the findings demonstrating a need for

alcohol treatment for a significant proportion of BOiMH clients. A number of recommendations from the research subsequently informed the rollout of the project.

- Established special interest group.
- Developed draft partnership agreement between the division and the local hospital.

Dandenong-Greater South Eastern-Monash-Central Bayside

- Held multidisciplinary forum to discuss and review referral pathways and protocols.
- Reviewed and distributed service referral guide to all GPs.
- Developed generic template for GP initiated team care arrangements (Medicare item 723) for specific usage with South East Alcohol & Drug Service (SEADS) in consultation with key service providers.
- Held clinical attachments for GPs at Southern Health Area Mental Health Service and South East Alcohol & Drug Service.

Eastern Ranges-Whitehorse-Inner Eastern Melbourne-Knox

- Held a comprehensive education series, with over 100 GP attending across all events.
- Offered GP mentoring to participants at local education events.
- Developed and distributed referral pathways, information on motivational interviewing, tools for use in general practice, such as a Standard Drinks Guide.

Mallee

- Developed a GP Comorbidity Guide, that documents the comorbidity assessment/treatment and referral pathway, and includes a directory of mental health and drug and alcohol services and relevant assessment tools.
- Established links with other initiatives. The project has enabled GPs to be involved in many activities including support of a Mental Health carers forum, school programs and a parenting program.
- Enhanced relationships between GPs and allied mental health, created in part through shared education and the refinement of care pathways.
- Enhanced GP recognition of comorbidity issues in young people and higher utilisation of referral pathways between GPs and the school psychologist for comorbid issues.
- Raised awareness through GPs presentations in schools, and for parents and teachers.

Westgate-Western Melbourne

- Developed a schools educational package, Feel Good?
- Developed web resources.
- Established basis for e-referral program between GPs and other service providers for future use.
- Conducted clinical attachment program to enhance GP confidence in treating comorbidity issues.

Western Australia

Canning

- Provided education participants with comprehensive resources, including screening tools and service directories.
- Developed Memorandum of Understanding between the division and Alcohol and Other Drugs Services, covering access to AOD services, communication, collaboration and shared care.
- Established peer support group for interested GPs.
- Linked project with other programs, bringing the “comorbidity” message to other initiatives.



Eastern Goldfields

- Held comprehensive education program that included the Managing the Mix training package and presentations from local and visiting specialists. The majority of GPs in the regional centres participated.
- Created and distributed a Comorbidity Kit to GPs.
- Linked the project with other programs, including the establishment of the BOiMH program in Kalgoorlie.
- Facilitated clinical attachment program.
- Planned education event in conjunction with local Aboriginal Medical Services, focusing on indigenous comorbidity issues.
- Implemented a sustainable peer support network, including the utilisation of a visiting psychiatrist in Esperance.
- Initiated the updating of memorandums of understanding between the division and local mental health services in Esperance and Kalgoorlie.

- Provided input on local community committees focussing on local alcohol and mental health issues – for example, Investing in Our Community, Kalgoorlie Alcohol Action Program.

GP Coastal-Osborne-Mid West

- Held six local workshops for GPs and other clinicians. This maximised opportunities to participate and enhanced networking and inter-service understanding.
- Linked the project with the ATAPS component of BOiMH, with the participation of all ATAPS clinicians contracted or employed by the three divisions in the workshops.
- Worked with the WA Network of Alcohol and Drug Agencies (WANADA) and the WA State Government Drug and Alcohol Office (DAO). This relationship allowed access to both government and non-government AOD services and led to the development of a number of locally-specific resources, including alcohol and drug articles for publication in division newsletters and a referral options sheet.
- Developed online database of WA alcohol and drug services.

Pilbara

- Engaged in consumer awareness strategies to promote responsible drinking.
- Produced and distributed support services directory for GPs with relevant referral forms attached.
- Updated division website to include relevant comorbidity documents and links.

