



**The 'Can Do' Initiative:
Managing Mental Health and Substance Use in General Practice**

***'Can Do' for Older People
Coordinator's manual***

Forms and participant handouts

- Mapping local resources survey
- Attendance list templates
- Registration and evaluation forms
- Presentation handouts
- Story vignettes for case discussion
- Certificate templates
- Additional information/handouts

Joint learning module for general practitioners, allied health practitioners and other service providers involved in the provision of care for older people at risk of or experiencing mental health and substance use issues.

www.agpncando.com

Mapping local resources: about your service

This form aims to collect information from each participant's service (and can be sent to interested services that are not able to attend the session). It is best sent to participants with their registration form and completed and returned prior to the training sessions. Forms can then be collated to form a 'directory' for all participants.

Name of service	
Location of service	
Public transport to and from your service	
Service philosophy	
Range of programs available	
Inclusion/exclusion criteria	
Care and support includes family/carer members where appropriate	
Outline of referral protocols and processes	
Opening hours (e.g. business hours/after school hours/24 hour/weekends)	
Key contacts - list names, position, program and telephone numbers (include free call number)	
Emergency contact (include after hours, emergency or crisis intake numbers)	
Cost to client (e.g. standard charges/free service/concession rates/Medicare rebates/possible out of pocket expenses)	
Collaborating agencies/services (key other services you work with routinely)	

Attendance lists

Following are sample attendance lists to record the details of participants attending your 'Can Do' for Older People workshops.

Attendance list - general practitioners

This attendance list can be used by divisions/lead organisations to record the details of the GPs who participate in your 'Can Do' for Older People workshop. These details are necessary when applying to the RACGP/ACRRM for continuing professional development points. Following your final workshop, these details need to be entered into the required RACGP attendance list and emailed to lparker@agpn.com.au. AGPN will submit all attendance lists to RACGP (AGPN is required to as it is the education activity provider).

The electronic RACGP attendance list can be found at:

<http://www.racgp.org.au/qacpd/program/providers/forms#11>

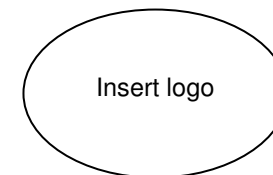
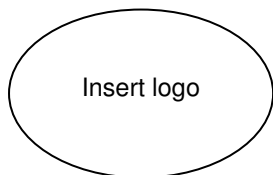
Attendance list – Non GPs

This attendance list is to record the details of your non-GP participants who attend your 'Can Do' for Older People workshops. This may be useful to provide you with the relevant contact details for local agencies and to send out certificates/ other papers after the event. It is suggested that these details are used to update your contact database.

NOTE: Divisions/ lead organisations are responsible for submitting the appropriate CPD information to AGPN who will ensure GPs receive their points. You are **not** responsible for other service providers. All non-GP participants are responsible for applying for their own continuing education and professional development points. To do this, it is imperative that they receive a copy of their attendance certificate to forward to their accrediting professional organisation.

These attendance lists and tips on how to use them are available in an editable electronic version on the 'Can Do' website: www.agpncando.com.

Sample attendance list - General Practitioners



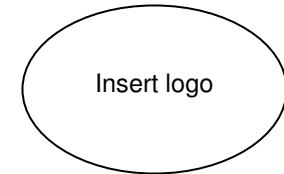
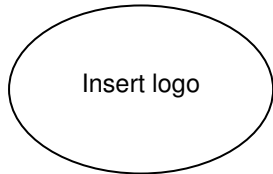
'Can Do' for Older People

Activity number: _____ Provider: _____ Date of activity: _____

Unit number and name: _____ Venue/city/state/postcode: _____ Total points: _____

QA & CPD Reference No. (Mandatory)	First name	Surname (Mandatory)	Full address	Initials	Points

Sample attendance list – Non GPs



'Can Do' for Older People

Unit number and name: _____

Venue/city/state/postcode: _____

Provider: _____

Date of activity: _____

Name	Service/organisation	Position	Postal address	Email address	Phone contact

Registration and evaluation forms

The following forms are to be completed by the participants:

- Registration and evaluation consent form
- Pre-workshop questionnaire
- Post-workshop evaluation

The Coordinator's post workshop feed back form is to be completed by the coordinator from the division/lead organisation.

After the workshop, all forms are to be returned to APGN at:

The 'Can Do' coordinator
AGPN
PO Box 4308
Manuka ACT 2603

AGPN has contracted an external evaluator who will collate and report on the evaluations. Copies of reports can be requested through AGPN.

'Can Do' Network Training Registration and Evaluation Forms

The forms included in this package are to be used for the following 'Can Do' Network Training Workshops:

Original Teams of Two Network Training

- Alcohol and depression
- Benzodiazepines and anxiety
- Cannabis, mental health and young people
- Amphetamines and psychosis
- Drugs, pain and opioid dependence
- Drugs, sexual health and pregnancy

Population Groups Network Training

- 'Can Do' for Families and Carers
- 'Can Do' for Older People
- 'Can Do' for Men in Rural Areas
- 'Can Do' for Young Mothers
- 'Can Do' for Culturally and Linguistically Diverse People

The forms are **NOT** to be used for:

- 'Can Do' for Indigenous
- 'Can Do' for Young People, Families and Carers (all three units)
- 'Can Do' for Veterans

The evaluation forms for these modules can be found with the packages on the 'Can Do' website:
www.agpncando.com

Contains (in order):

- GP Registration Form
- Community Pharmacist Registration Form
- Mental Health Professional Registration Form
- Drug and Alcohol Professional Registration Form
- Other Health or Community Services Registration Form
- Participant Workshop Evaluation
- Organiser Post-Workshop Feedback Form

GP Registration Form

Evaluation Consent:

We are conducting an external evaluation of the 'Can Do' initiative. We would like your consent to be contacted for a short post-workshop follow-up questionnaire (by mail) in approximately 3 months. All responses are strictly confidential, and no names will be linked to any responses. If you have any questions about the evaluation, please contact Dr Deanna Pagnini on 0403 755 255.

Please tick the box if willing to participate:

- I consent to participating in the 3 month post-workshop follow-up
- I prefer to receive the follow-up by email. Email address: _____

Workshop Registration:

Name: _____ Date: _____

Postal Address: PO Box: _____ Street Address: _____
 Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____

What do you hope to get out of participating in this 'Can Do' networking workshop?

Your experiences and opinions are invaluable and will help ensure that 'Can Do' is able to meet the needs of the participants. We would ask that you complete the following set of questions for our national evaluation. All responses will remain confidential. Thank you.

Question 1. How **confident** do you feel managing patients with mental health and drug/alcohol comorbidities?

extremely confident	confident	somewhat confident	not at all confident
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Question 2. How would you rate your current level of knowledge about the **services** offered by:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 3. How would you rate your level of knowledge about **how to access** the services offered by:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 4. How would you characterize the **current relationship** between local GPs and:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 5. How **confident** do you feel in the ability of the local Mental Health Service to provide care for your patients with mental health problems?

extremely confident	confident	somewhat confident	not at all confident
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Question 6. How **confident** do you feel in the ability of the local Drug & Alcohol Service to provide care for your patients with substance misuse problems?

extremely confident	confident	somewhat confident	not at all confident
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Question 7. In the past 6 months, have you **referred** any of your patients with mental health and/or substance misuse issues to the following services for assistance?

a. the local Mental Health Service	no	yes, approximately how many?
b. the local Drug & Alcohol Service	no	yes, approximately how many?
c. local Community Pharmacists	no	yes, approximately how many?

Question 8. How easy was it for **your patients** to access the following services?

a. the local Mental Health Service	extremely easy	easy	difficult	extremely difficult	don't know	N/A
b. the local Drug & Alcohol Service	extremely easy	easy	difficult	extremely difficult	don't know	N/A

Question 9. If you have referred to the following services, how satisfied have you been with the **follow-up**?

a. the local Mental Health Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
b. the local Drug & Alcohol Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
c. local Community Pharmacists	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A

Question 10. On average, how much **contact** do you currently have with:

a. the local Mental Health Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
b. the local Drug & Alcohol Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
c. local Community Pharmacists	weekly or more	monthly or more	bi-monthly	once or twice a year	none

Please add any further comments you may have on the relationship between local GPs and:

a. the local Mental Health Service	
b. the local Drug & Alcohol Service	
c. local Community Pharmacists	

Thank you for your participation

Community Pharmacist Registration Form

Evaluation Consent:

We are conducting an external evaluation of the 'Can Do' initiative. We would like your consent to be contacted for a short post-workshop follow-up questionnaire (by mail) in approximately 3 months. All responses are strictly confidential, and no names will be linked to any responses. If you have any questions about the evaluation, please contact Dr Deanna Pagnini on 0403 755 255.

Please tick the box if willing to participate:

I consent to participating in the 3 month post-workshop follow-up

I prefer to receive the follow-up by email. Email address: _____

Workshop Registration:

Name: Mr/Mrs/Ms _____ Date: _____

Postal PO Box: _____ Street Address: _____

Address: Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____

What do you hope to get out of participating in this 'Can Do' networking workshop?

Your experiences and opinions are invaluable and will help ensure that 'Can Do' is able to meet the needs of the participants. We would ask that you complete the following set of questions for our national evaluation. All responses will remain confidential. Thank you.

Question 1. How **confident** do you feel working with clients with mental health and drug/alcohol comorbidities?

extremely confident confident somewhat confident not at all confident

Question 2. How would you rate your current level of knowledge about the **services** offered by:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local GPs	excellent	good	fair	poor

Question 3. How would you rate your current level of knowledge about **how to access** the services offered by:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local GPs	excellent	good	fair	poor

Question 4. How would you characterize the **current relationship** between local Community Pharmacists and:

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local GPs	excellent	good	fair	poor

Question 5. In the past 6 months, have you **suggested** any clients with mental health and/or drug & alcohol issues attending your pharmacy contact the following services for assistance?

a. the local Mental Health Service	no	yes, approximately how many?
b. the local Drug & Alcohol Service	no	yes, approximately how many?
c. local GPs	no	yes, approximately how many?

Question 6. Have you developed any **policies or protocols*** within your pharmacy for working with:
*(eg. Home Medicine Review, care plans, case conferences, etc...)

a. the local Mental Health Service	no	yes, please describe:
b. the local Drug & Alcohol Service	no	yes, please describe:
c. local GPs	no	yes, please describe:

Question 7. On average, how much **contact** do you currently have with:

a. the local Mental Health Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
b. the local Drug & Alcohol Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
c. local GPs	weekly or more	monthly or more	bi-monthly	once or twice a year	none

Question 8. How would you rate the availability of each service for **communication** with you?

a. the local Mental Health Service	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local GPs	excellent	good	fair	poor

Please add any further comments you have on the relationship between local Community Pharmacists and:

a. the local Mental Health Service	
b. the local Drug & Alcohol Service	
c. local GPs	

Thank you for your participation

Mental Health Professional Registration Form

Evaluation Consent:

We are conducting an external evaluation of the 'Can Do' initiative. We would like your consent to be contacted for a short post-workshop follow-up questionnaire (by mail) in approximately 3 months. All responses are strictly confidential, and no names will be linked to any responses. If you have any questions about the evaluation, please contact Dr Deanna Pagnini on 0403 755 255.

Please tick the appropriate boxes if willing to participate:

- I consent to participating in the 3 month post-workshop follow-up
- I prefer to receive the follow-up by email. Email address: _____

Workshop Registration:

Name: Mr/Mrs/Ms _____ Date: _____

Postal PO Box: _____ Street Address: _____

Address: Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____

Type of Service: public community-based mental health service public in-patient mental health service
 NGO mental health service private practice

What do you hope to get out of participating in this 'Can Do' networking workshop?

Your experiences and opinions are invaluable and will help ensure that 'Can Do' is able to meet the needs of the participants. We would ask that you complete the following set of questions for our national evaluation. All responses will remain confidential. Thank you.

Question 1. How **confident** do you feel working with clients with mental health and drug/alcohol comorbidities?

extremely confident confident somewhat confident not at all confident

Question 2. About what percent of your clients also have a **drug and/or alcohol comorbidity**?

<10% 10-24% 25-49% 50-74% 75-100%

Question 3. How confident do you feel in the **ability of the local GPs** to provide mental health care for your clients with mental health problems?

extremely confident confident somewhat confident not at all confident

Question 4. Is your Mental Health Service co-located with the Drug & Alcohol Service? yes no

Question 5. How would you characterize the **current relationship** between your local Mental Health Service and:

a. the local GPs	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 6. How would you rate the availability of each service for **communication** with you?

a. local GPs	excellent	good	fair	poor
b. the local Drug & Alcohol Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 7. Are you aware of any **policies or protocols*** within your service for working with:

*(eg. follow-up forms, care plans, case conferences, etc...)

a. local GPs	no	yes, please describe:
b. the local Drug & Alcohol Service	no	yes, please describe:
c. local Community Pharmacists	no	yes, please describe:

Question 8. In the past 6 months, have you **referred** any of your clients to:

a. local GPs	no	yes, approximately how many?
b. the local Drug & Alcohol Service	no	yes, approximately how many?
c. local Community Pharmacists	no	yes, approximately how many?

Question 9. How easy was it for your clients to **access** the following services?

a. local GPs	extremely easy	easy	difficult	extremely difficult	don't know	N/A
b. the local Drug & Alcohol Service	extremely easy	easy	difficult	extremely difficult	don't know	N/A
c. local Community Pharmacists	extremely easy	easy	difficult	extremely difficult	don't know	N/A

Question 10. If you have referred to the following services, how satisfied have you been with the **follow-up**?

a. local GPs	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
b. the local Drug & Alcohol Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
c. local Community Pharmacists	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A

Question 11. On average, how much **contact** do you currently have with:

a. local GPs	weekly or more	monthly or more	bi-monthly	once or twice a year	none
b. the local Drug & Alcohol Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
c. local Community Pharmacists	weekly or more	monthly or more	bi-monthly	once or twice a year	none

Please add any further comments you have on the relationship between your Mental Health Service and other local services:

Thank you for your participation

Drug & Alcohol Professional Registration Form

Evaluation Consent:

We are conducting an external evaluation of the 'Can Do' initiative. We would like your consent to be contacted for a short post-workshop follow-up questionnaire (by mail) in approximately 3 months. All responses are strictly confidential, and no names will be linked to any responses. If you have any questions about the evaluation, please contact Dr Deanna Pagnini on 0403 755 255.

Please tick the appropriate boxes if willing to participate:

- I consent to participating in the 3 month post-workshop follow-up
- I prefer to receive the follow-up by email. Email address: _____

Workshop Registration:

Name: Mr/Mrs/Ms _____ Date: _____

Postal Address: PO Box: _____ Street Address: _____
 Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____

Type of Service: public drug & alcohol service NGO mental health service private practice

What do you hope to get out of participating in this 'Can Do' networking workshop?

Your experiences and opinions are invaluable and will help ensure that 'Can Do' is able to meet the needs of the participants. We would ask that you complete the following set of questions for our national evaluation. All responses will remain confidential. Thank you.

Question 1. How **confident** do you feel working with clients with mental health and drug/alcohol comorbidities?

extremely confident confident somewhat confident not at all confident

Question 2. About what percent of your clients also have a **mental health comorbidity**?

<10% 10-24% 25-49% 50-74% 75-100%

Question 3. How confident do you feel in the **ability of the local GPs** to provide mental health care for your clients with drug & alcohol problems?

extremely confident confident somewhat confident not at all confident

Question 4. Is your Drug & Alcohol Service **co-located** with the Mental Health Service? yes no

Question 5. How would you characterize the **current relationship** between your local Drug & Alcohol Service and:

a. the local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 6. How would you rate the availability of each service for **communication** with you?

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. local Community Pharmacists	excellent	good	fair	poor

Question 7. Are you aware of any **policies or protocols*** within your service for working with:

*(eg. follow-up forms, care plans, case conferences, etc...)

a. local GPs	no	yes, please describe:
b. the local Mental Health Service	no	yes, please describe:
c. local Community Pharmacists	no	yes, please describe:

Question 8. In the past 6 months, have you **referred** any of your clients to:

a. local GPs	no	yes, approximately how many?
b. the local Mental Health Service	no	yes, approximately how many?
c. local Community Pharmacists	no	yes, approximately how many?

Question 9. How easy was it for your clients to **access** the following services?

a. local GPs	extremely easy	easy	difficult	extremely difficult	don't know	N/A
b. the local Mental Health Service	extremely easy	easy	difficult	extremely difficult	don't know	N/A
c. local Community Pharmacists	extremely easy	easy	difficult	extremely difficult	don't know	N/A

Question 10. If you have referred to the following services, how satisfied have you been with the **follow-up**?

a. local GPs	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
b. the local Mental Health Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
c. local Community Pharmacists	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A

Question 11. On average, how much contact do you currently have with:

a. local GPs	weekly or more	monthly or more	bi-monthly	once or twice a year	none
b. the local Mental Health Service	weekly or more	monthly or more	bi-monthly	once or twice a year	none
c. local Community Pharmacists	weekly or more	monthly or more	bi-monthly	once or twice a year	none

Please add any further comments you have on the relationship between your Drug & Alcohol Service and other local services:

Thank you for your participation

Other Health or Community Services Registration Form

Evaluation Consent:

We are conducting an external evaluation of the 'Can Do' initiative. We would like your consent to be contacted for a short post-workshop follow-up questionnaire (by mail) in approximately 3 months. All responses are strictly confidential, and no names will be linked to any responses. If you have any questions about the evaluation, please contact Dr Deanna Pagnini on 0403 755 255.

Please tick the appropriate boxes if willing to participate:

- I consent to participating in the 3 month post-workshop follow-up
- I prefer to receive the follow-up by email. Email address: _____

Workshop Registration:

Name: Dr/Mr/Mrs/Ms _____ Date: _____

Service: _____

Postal PO Box: _____ Street Address: _____

Address: Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____

What do you hope to get out of participating in this 'Can Do' networking workshop?

Your experiences and opinions are invaluable and will help ensure that 'Can Do' is able to meet the needs of the participants. We would ask that you complete the following set of questions for our national evaluation. All responses will remain confidential. Thank you.

Question 1. Please briefly describe your position/role:

Question 2. How would you describe your clients (eg. pregnant women, young people at risk, etc...)?

Question 3. How **confident** do you feel working with clients with mental health and drug/alcohol comorbidities?

extremely confident confident somewhat confident not at all confident

Question 4. How would you rate your current level of knowledge about the **services** offered by:

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. the local Drug & Alcohol Service	excellent	good	fair	poor
d. local Community Pharmacists	excellent	good	fair	poor

Question 5. How would you rate your level of knowledge about **how to access** the services offered by:

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. the local Drug & Alcohol Service	excellent	good	fair	poor
d. local Community Pharmacists	excellent	good	fair	poor

Question 6. How would you characterize the **current relationship** between your Service/Organisation and:

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. the local Drug & Alcohol Service	excellent	good	fair	poor
d. local Community Pharmacists	excellent	good	fair	poor

Question 7. In the past 6 months, have you referred any of your clients to:

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. the local Drug & Alcohol Service	excellent	good	fair	poor
d. local Community Pharmacists	excellent	good	fair	poor

Question 8. If you have referred to the following services, how satisfied have you been with the **follow-up**?

a. local GPs	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
b. the local Mental Health Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
c. the local Drug & Alcohol Service	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A
d. local Community Pharmacists	very satisfied	satisfied	unsatisfied	very unsatisfied	N/A

Question 9. How would you rate the availability of each service for communication with you?

a. local GPs	excellent	good	fair	poor
b. the local Mental Health Service	excellent	good	fair	poor
c. the local Drug & Alcohol Service	excellent	good	fair	poor
d. local Community Pharmacists	excellent	good	fair	poor

Please add any further comments you have on the relationship between your Service/Organisation and other local services:

Thank you for your participation

Participant Workshop Evaluation

Name: _____ Date: _____ Postcode: _____

Are you a:

- | | |
|---|---|
| <input type="checkbox"/> GP | <input type="checkbox"/> Mental Health Professional |
| <input type="checkbox"/> Drug & Alcohol Professional | <input type="checkbox"/> Community Pharmacist |
| <input type="checkbox"/> Other, please specify: _____ | |

1. Please rate the overall value of the workshop

- Excellent
- Very Good
- Good
- Fair
- Poor

2. What aspect(s) of the workshop did you find most valuable? Please comment:

3. Given that collaboration was the workshop focus, was there sufficient clinical content to hold your interest?

- Yes
- No

4. How helpful was the clinical content for your work?

- Very helpful
- Somewhat helpful
- Not helpful

5. Would you recommend this workshop to others?

- Yes
- No
- Not sure

If no/not sure, please provide reason(s):

6. Are you interested in attending further 'Can Do' workshops?

- Yes
- No

7. To what degree were the learning objectives met?

- | | | | |
|---|----------------------------------|--|---------------------------------------|
| a. increase the capacity of general practitioners, allied health professionals and other service providers to work with people with mental health and substance use issues | <input type="checkbox"/> Not met | <input type="checkbox"/> Partially met | <input type="checkbox"/> Entirely met |
| b. increase awareness of the different needs of the population groups in their local area and how to access services specific to those needs | <input type="checkbox"/> Not met | <input type="checkbox"/> Partially met | <input type="checkbox"/> Entirely met |
| c. increase knowledge and skills in recognition, management and care of people with mental health and substance use issues and the issues that are specific to each population group | <input type="checkbox"/> Not met | <input type="checkbox"/> Partially met | <input type="checkbox"/> Entirely met |
| d. increase understanding of the role of families and carers in treatment of people with mental health and substance use issues and the support and understanding required by families and carers | <input type="checkbox"/> Not met | <input type="checkbox"/> Partially met | <input type="checkbox"/> Entirely met |
| e. increase knowledge about health and community services at the local level and referral pathways for people with mental health and substance use issues. | <input type="checkbox"/> Not met | <input type="checkbox"/> Partially met | <input type="checkbox"/> Entirely met |

8. To what degree were your learning needs met?

- Not met Partially met Entirely met

9. To what degree is this activity relevant to your practice?

- Not relevant Partially relevant Entirely relevant

10. Please add any further comments or suggestions you may have for improving the workshop.

Thank you – your feedback is greatly appreciated. Please return this form to the workshop organiser.

Organiser Post-Workshop Feedback Form

Please complete this form for EACH workshop you run and return it together with the participant registration and evaluation forms to:

'Can Do'
Australian General Practice Network
PO Box 4308
Manuka ACT 2603

Your feedback is extremely important to us and will be included in the national evaluation of the initiative. If you have any questions, please contact Meriel Schultz or Leah Parker at AGPN on 02 6228 0800. Thank you.

Organiser Information:

Name: _____ Date: _____

Position: _____

Division/
Service: _____

Postal Address: PO Box: _____ Street Address: _____
Suburb/Town: _____ State: _____ Postcode: _____

Contact: Phone: _____ Fax: _____
Email: _____

Workshop Information:

1. 'Can Do' workshop unit: _____ 2. Date of workshop: ___/___/___

3. Location of workshop: _____

4. Workshop facilitators (tick all that apply):

- GP Mental Health Professional Drug & Alcohol Professional
 other, please specify: _____

5. Participation:

Professional Group	Number Registering	Number Attending	Comments
General Practitioners			
Mental Health Professionals			
Drug & Alcohol Professionals			
Community Pharmacists			
Others, please specify:			
Total			

6. Did you face any challenges in recruiting facilitators? No Yes, please describe:

7. Did you face any challenges in recruiting participants? No Yes, please describe:

8. What do you consider to be the measurable or noteworthy outcomes of the workshop?

9. Would you recommend the 'Can Do' networking workshop to another Division or AHS?

Yes No, please explain:

10. Was there representation from Drug & Alcohol Services or Mental Health Service Management?

No Yes, please specify position:

11. If you were running this or another 'Can Do' workshop again, what would you do differently?

12. Please write any further comments you have regarding the 'Can Do' initiative and its implementation.

13. Would you be willing to be contacted via telephone or email to discuss your experience of 'Can Do'? Yes No

Thank you again for your feedback.

Story vignettes

The following story vignettes are used to trigger case discussion. The 'Can Do' for Older People unit has two story vignettes to allow participants to explore issues that arise for older people with mental health and substance use issues from various perspectives.

The trigger questions for each story are to direct discussion and lead participants to think how they would include and support these men through their service and how they would access other relevant services.

Facilitators have additional discussion questions and notes for each story vignette.

Story A – Diane

Story B – Ted

Story vignette A – Diane

"Lately I've got so much pain and I can't seem to get on top of it. It's the arthritis. It's like as soon as I hit 75, my body just said to itself: 'that's it Diane, you've had a good run but you're old now.' I hate to think of myself like this.

It's not like me to stay in bed. You know, I've always been a morning person and when you live by yourself, you can't lie around. If you don't get things done, no one else will. But now it takes me ages just getting up and some days, I can't even think about walking the dogs. I've got the breathlessness too, that's been worse but I think that's probably because of the smoking and I know I should give that up. But the main thing is the back pain.

The pain killers don't work like they did. I've got a few sorts. I went around to the other Medical Centre last time because you were very busy and I was given something else. New, he said. So I take that too and also some herbal things. My daughter, you know she lives in the US now, she's been sending me some tablets that apparently her mother-in-law swears by.

So I'm rattling but it's all making me very dopey. And I'm worried all the time. I worry about having a fall when I'm out with the dogs and I worry about driving the car. But if I don't drive, what's going to happen to me?"

Points for discussion

1. What are the important issues for Diane?
2. If Diane were telling you her story how could you and your service help?
3. What are the risks and what assessments might you make?
4. How would you prioritise the risks that Diane presents with?
5. Does Diane's age (75+) make a difference to her management?
6. What interventions might be useful at this consultation?
7. What other longer term strategies could be considered and how would you ensure effective follow up?
8. What support could other local health and community services offer at this point and how would you access them?

Story vignette B – Ted

"I can't talk to that other young doctor any more. She doesn't listen. I don't know. I don't seem to have much luck with women full stop. The wife went off years ago and my daughter's not much help – always telling me I've forgotten something, nagging me to clean up my place, have a decent meal and to stop the drinking and calling me a silly old fool. Last time I tried cooking, I left the stove on and nearly burned the place down. Safer not to cook these days I'd say. I know she can't be bothered any more - she just wants to put me away in a home. I think she thinks it'll be like it was with my Mum – she had Alzheimer's you see. I don't know why I bother really – not much to look forward to in life these days except the drink and most of my mates seem to have been put away in nursing homes or popped off. Only good bit of my day is driving down to the pub for a beer or two.

But I don't feel so good today, don't even feel like a drink. I've got this reflux pain back again and I've had another fall – my ribs hurt when I breathe. And I'm getting dizzy a lot – perhaps its my blood pressure again? Can you fix it?"

Points for discussion

1. What are the important issues here for Ted?
2. If Ted were telling you his story how could you and your service help?
3. What are the risks and what assessments might you make?
4. How would you prioritise the risks that Ted presents with?
5. How would you go about estimating Ted's current and lifetime alcohol consumption and its consequences?
6. What interventions might be useful at this consultation?
7. Could you involve his family? How?
8. What other longer term strategies could be considered and how would you ensure effective follow up?
9. What support could other local health and community services offer at this point and how would you access them?

Certificates

Following are sample attendance certificates to be given to participants (either on the night or posted out after the workshop). It is imperative that all participants receive a certificate of attendance. Non-GP participants require this certificate to apply for education points from their accrediting agency.

For GP's certificates, it is best to wait until all three workshops have been run in order to determine whether they are eligible to receive Active Learning Module (ALM) points (40 Category 1 points) or category two ongoing learning points (2 points per hour).

Accreditation details, activity numbers and other helpful information are available in the 'Can Do' website: www.agpncando.com.

The provider name to be listed on the certificates should state:

Australian General Practice Network and
<name of division/organisation coordinating event>

This ensures the AGPN is recognised as the national provider, while also acknowledging the division/organisation that coordinated the event and provides the GP with a record of attendance.

These certificates are available in an editable electronic version on the 'Can Do' website.

Sample GP participant certificate



This is to certify that

(GP's full name)

(QA&CPD Reference Number)

attended

'Can Do' for Older People
'Can Do' network training

(Activity Number)

Held by

<name of division coordinating event>

And

the Australian General Practice Network

On

(Date)

*Allocated 40 Category 1 points when run as part of an ALM
OR 5 Category 2 points when run as a stand alone unit
in the RACGP QA & CPD Program for the 2008-2010 triennium*

Sample Non-GP participant certificate



This is to certify that

_____ (Participant's full name)

attended

'Can Do' for Older People
'Can Do' network training

Held by

_____ <name of division coordinating event> .

and

the Australian General Practice Network

On

_____ (Date)

Speaker details:

Name: _____ Credentials: _____

Additional resources

The following are some resources and contacts that participants may find useful when working with CALD people. You are more than welcome to include other handouts that you feel are relevant to the topic and services represented.

Useful agencies and websites

Aboriginal Drug and Alcohol Council (SA)	www.adac.org.au
Aged and Community Services Australia	www.agedcare.org.au
Aged Care Association Australia	www.agedcareassociation.com.au
Alcohol in older people	www.bmj.com/cgi/content/full/327/7416/664
Alzheimer's Australia	www.alzheimers.org.au
Australian Drug Information Network	www.adin.org.au
Australian Government Department of Health and Ageing	www.aihw.gov.au
Alcohol and other Drug Council of Australia	www.adca.org.au
Australian Institute of Health and Welfare	www.aihw.gov.au
Australian Prescriber	www.australianprescriber.com
Beyondblue: The National Depression Initiative -	www.beyondblue.org.au
DrugInfo Clearinghouse	www.druginfo.adf.org.au
Drug and Alcohol Clinical Advisory Service (DACAS) <i>Advice for health and welfare professionals on the clinical management of alcohol and drug issues.</i>	ACT/NSW: 1800 023 687 (Drug & Alcohol Specialists Advisory Service) NT: 1800 111 092 Queensland: (07) 3636 7098 (Queensland Drug Information Service) SA: 1300 131 340 Tasmania: 1800 630 093 Victoria: 1800 812 804 WA: (08) 9442 5042
Family Drug Help (Vic) - <i>Support, information and treatment options for friends and family members caring for an individual with alcohol or other drug use.</i>	www.familydrughelp.sharc.org.au
Mental Health Services	see State directories
National Drug & Alcohol Research Centre	ndarc.med.unsw.edu.au
National Prescribing Service Therapeutic Advice and Information Service	1300 138 677
NHMRC guidelines	www.nhmrc.gov.au/publications/synopses/ds9syn.htm
Palliative Care Australia	www.palliativecare.org.au
Therapeutic Advice and Information Service	1300 138 677
'The Right Mix' - Australian Government Department of Veteran's Affairs	www.therightmix.gov.au/professionals.asp
Website Guide to alcohol in older people	www.alcohol.org.nz/OlderPeople.aspx

Help lines, agencies and resources for clients

Alcohol and Drug Information Service (24 hour, 7 day a week telephone counselling service for consumers)	ACT: 02 6205 4545 NSW - country: 1800 422 599 - Sydney: 02 9361 8000 NT: 1800 131 350 QLD - country: 1800 422 599 - Brisbane: 07 3837 5989
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	SA: 1300 131 340 Tasmania: 1800 811 994 Victoria: 1800 888 236 WA: - country: 1800 198 024 - Perth: 08 9442 5000
beyondblue info line (<i>information on depression, anxiety and related substance-use disorders, available treatments and where to get help (local call)</i>)	1300 22 4636 www.beyondblue.org.au
Commonwealth Carer Resource Centre	1800 242 636
Crisis Care	13 16 11
Domestic Violence Helpline	1800 800 098
Family Drug Support Australia Helpline	1300 368 186
Family Relationship Advice Line	1800 050 321 www.familyrelationships.gov.au
Gambling Helpline	1800 060 757
Kids Helpline	1800 55 1800
Keeping the blues away - <i>a treatment program aiming to reduce severity and relapse of depression (University of Adelaide)</i>	www.keepingthebluesaway.com
Lifeline	13 11 14 www.lifeline.org.au
MoodGYM - <i>Provides an online CBT program.</i>	www.moodgym.anu.edu.au