



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

***'Can Do' for Veterans  
Case stories and discussion points***

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

## ***Unit 1: Alcohol and depression***

---

### **Case study part A - Frank**

*"I keep getting heartburn"*

Frank is 61 years of age and has been drinking heavily for years, as it helps him get a few hours sleep each night. He sees his GP on and off for general health problems and to get his blood pressure checked. He frequently asks the advice of his local community pharmacist, getting over-the-counter medications for his heartburn. Frank's colour is not too good and he looks generally unwell and overweight. The pharmacist has suggested it might be a good idea to have a check up with the GP.

Frank tells his GP he is feeling crook and is 'back on the bottle' a bit and the heartburn is interfering with his sleep and tends to make him irritable at the slightest thing. Frank's marriage has recently broken down, mainly due to his drinking habit, and he has been keeping himself to himself lately and doesn't feel like going out or catching up with his friends any more as he says all they ever do is argue. He looks very tired, seems jumpy and is overweight.

#### **Points for discussion**

- The GPs ability to engage with Frank is a vital first step. How might you go about this?
- What questions might you ask to get a good history of Frank's health?
- What are the risks and what assessments might you use?
- What is the diagnosis or problem that carries the most risk?
- What interventions would be useful at this consultation?

## ***Unit 1: Alcohol and depression***

---

### **Case study part B - Frank**

Frank was taken to the emergency department this week. He had been drinking and says he "lost it" at work with one of his colleagues, ending up with cuts and bruises and a black eye. The hospital noted that he was a Vietnam veteran. He was kept in overnight and as part of his assessment completed a routine alcohol AUDIT (score 16). He was discharged next day with the advice to go back to his GP in a weeks' time to get his stitches out and to get some help with his drinking.

Frank returns to the GP early as his stitches are infected. He tells the GP that life's hopeless – he's lost his wife, can't get on with his friends, probably lost his job and still has nightmares about Vietnam. He feels there's no point in going on and he has thought about "ending it all".

### **Points for discussion**

- What particular challenges might there be for this case?
- What additional information would you be seeking from Frank?
- How might this change your management?
- How could Frank be effectively managed using the services and resources in your area?
- What role would VVCS play at this point in time?

## ***Unit 1: Alcohol and depression***

---

### **Facilitator's notes –**

#### **Part A**

- Emphasise the importance of establishing rapport with Frank as a vital first step.
- Ensure Frank's physical health is checked.
- Reassess his drinking - refer to AUDIT in participant handouts (discuss how to/why conduct an AUDIT)
- What is Frank's drinking history?
- What does Frank mean by 'back on the bottle' – What is he drinking, how much and how often?
- Is his mental health affected by his time in Vietnam?
- Consider known health risks for Vietnam veteran population ie PTSD, alcohol abuse, hypertension, diabetes, heart disease
- Possible assessment for PTSD
- What is the best way to identify veteran status and how important is it in Frank's case?
- Discuss the importance of social support (Frank is isolating himself from his friends)
- Other drug use - what over the counter medication has Frank been buying?
- Discuss signs of depression (doesn't feel like going out any more, tired, not sleeping).
- Discuss the need to identify what support people may be involved and whether they have access to information and support themselves.

#### **Part B**

- Discuss discharge planning from Emergency Department and the role of the GP in patient management.
- Discuss the risk of suicide and possible interventions
- Map the local services and support available locally and plan a pathway of care for Frank at this time.
- Consider Frank's veteran status and identify the services available through VVCS, including the way they could be incorporated in Frank's ongoing care.

#### **General**

Provide local contact details to participants for:

- VVCS
- Veterans Line
- Lifeline
- ADIS

Refer participants to the 'Can Do' clinical education resources, especially the powerpoint slides and facilitators notes, for more in depth clinical information on alcohol and depression. Resources can be viewed at [www.primarymentalhealth.co.au/cando](http://www.primarymentalhealth.co.au/cando)

## ***Unit 2: Benzodiazepines and anxiety***

---

### **Case study part A - Steve**

*"I thought I'd had a heart attack"*

Steve worked late last Thursday, drove home and had a sudden attack of chest pain. He felt he couldn't breathe and thought he must be having a heart attack. He remembers something similar happened a few times when he was on a duty tour in East Timor a few years back but thought it was just to do with the stress of the job at the time. He saw lots of his mates go through the same thing. On this occasion, Steve was treated at home by paramedics who said he'd had a panic attack. They told to see his GP the next day or go up to the hospital if he had another attack.

Steve feels older than his 39 years. He was an army officer but now works for an insurance company that pays him good overtime for extra hours of work. Steve is married with two children (Tom 7 and Kylie 5). He travels a lot for work and is often away from home. His sleep patterns are poor. He has visited a number of doctors in various States during his work travel and been given a variety of different medications including Valium, Normison and Xanax. He's not sure which works best and in fact has been increasing doses and changing what he uses to get any effect. He finds he sleeps better if he has a few drinks as well.

The attack scared Steve and his family and he is worried it might happen again when he is away on work trips and that he may not get the help he needs.

#### **Points for discussion**

- The GPs ability to engage with Steve is a vital first step. How might you go about this?
- What are the important issues here?
- What are the risks and what assessment might you use?
- What is the diagnosis or problem which carries the most risk?
- What interventions would be useful at this consultation?
- What support could local health services offer at this point?
- Are there any services he could contact when he's travelling?
- What supports are there for the family?

## ***Unit 2: Benzodiazepines and anxiety***

---

### **Case study part B - Steve**

Steve's work load has increased and he has been travelling constantly for the past month. Steve and his wife go straight to his GP on return home.

He says he has been to four different emergency departments in three States with similar symptoms to those he described on his last visit to the GP. He has now increased his benzodiazepine use and is drinking more to try and get some sleep at night. A psychologist at one of the hospitals suggested that once he goes home he should have a full mental health assessment.

Steve and his family are now worried about the level of benzodiazepine use and Steve feels it's a catch 22 situation – he can't stop work because the family need the money, he can't sleep at all without increasing doses of pills and alcohol and the panic attacks are getting more frequent and more frightening. He is exhausted and feels really out of control with the situation.

### **Points for discussion**

- What particular challenges might there be with this case?
- What additional information would you be seeking from Steve and his family?
- How might your management change?
- How can Steve be effectively managed using the services and resources in your local area?
- What impact has his military service had on him and his family
- What role could VVCS play at this point?
- Family support services – what considerations are there for Steve's wife and children during treatment?

## ***Unit 2: Benzodiazepines and anxiety***

---

### **Facilitator's notes**

#### **Part A**

- Emphasise the importance of establishing rapport with Steve as a vital first step.
- Discuss symptoms of anxiety and brief interventions for acute anxiety episodes.
- What is the history of anxiety – how long, severity, onset and other treatments?
- Does Steve's veteran history make a difference to his management?
- What is the impact of his military service?
- Discuss work schedules, sleep hygiene and diet
- Benzodiazepine use – how much, how often, how long etc?
- Are doctors in different States prescribing different medications and regimes? Or is Steve intentionally seeking medication through a number of sources? How might this be prevented?
- Discuss Prescription Shoppers Hotline 1800 631 181 and whether there is a need for registering Steve with the Health Insurance Commission (HIC) Prescription Shoppers database. Take care – is this a question of prescription shopping or a genuine attempt by Steve to find a solution to his panic attacks?
- Discuss the need to identify what support people may become involved and whether they have access to information and support themselves.

#### **Part B**

- Discuss continuity of care between service providers – what processes can be put into place to improve the handover of patients in situations where frequent interstate travel occurs?
- Discuss discharge planning from Emergency Departments and the role of the GP in patient management
- Identify the role and linkages between the GP and veteran services.
- Note warning of life threatening synergistic effects of benzodiazepines and alcohol, especially given Steve's long work trips.
- Map the services that can support the GP in the local area. How are these services accessed?
- Identify the best pathway of care for Steve and his family at the present time.

## **Unit 3: Cannabis, young people and mental health**

### **Case study part A - Dave**

*"Life's pretty pointless anyway"*

Dave is 19 years old. He does some part time work for a local landscape supplier and some occasional labouring jobs but has quite a lot of time on his hands. He comes to see his GP with a shoulder injury which happened when he was helping to repair a car for a mate at the weekend.

Dave has forgotten his Medicare card and hasn't got any money on him. He says he had a heavy weekend with friends, drinking and smoking a bit. He seems listless and vague. He gets out of home as often as possible as he says his Dad is a 'problem drinker' and goes on endlessly about his time in the army and how Dave ought to pull himself together and get a decent job. Dave would like to move out but can't afford it and also thinks it would be hard on his Mum if she was left to look after his younger brother and cope with his Dad.

On questioning Dave admits he smokes to 'get out of it', spends quite a lot of time sleeping and might have anything up to 25 cones a day. Dave says that his Dad is constantly on his back. Dave has reacted on several occasions with anger, smashing things in the house. He says he can't seem to help it but doesn't like the fact it upsets his Mum. He hates his Dad drinking and sees his younger brother is starting to stay away from home as much as possible and is getting into trouble. "Life's pretty pointless anyway" he says "and we're stuck."

#### **Points for discussion**

- The GPs ability to engage with Dave is a vital first step. How might you go about this?
- What are the important issues here?
- What are the risks and what assessments might you use?
- What is the diagnosis or problem that carries the most risk?
- What intervention would be useful at this consultation?
- What support could health services offer at this point?
- What extra support could VVCS provide at this point?

## **Unit 3: Cannabis, young people and mental health**

### **Case study part B – Dave**

Dave's Dad Mike sees the GP for a blood pressure check. He is currently trying AA for his drinking but has missed quite a few sessions because he's started up the drinking again. The GP asks how Dave is getting on. Mike says "He's a complete no hoper. Can't do anything with him – he just stays in his room, smoking that dope. I used to smoke a bit myself in the Gulf but not like this. His girlfriend can't stand it – she's left - and his Mum's going mental with worry and doesn't know what to do. If I get stuck into him he just flies off the handle and to tell you the truth he's bigger than me and can get really agro so we just back off. Just yesterday – for no reason – he started yelling and screaming at us, smashed a window and threatened to kill himself. It really scared his brother and it's just not safe at home anymore. But I ask you, What can we do? He won't listen to anyone".

### **Points for discussion**

- What particular challenges might there be with this case?
- What additional information would you seek from Mike?
- How would this change your management?
- How could Dave be effectively managed using the services and resources in your area?
- What role could VVCS play with this family?

## **Unit 3: Cannabis, young people and mental health**

### **Facilitator's notes**

#### **Part A**

- Emphasise the importance of establishing rapport with Dave as a vital first step.
- What does Dave mean by a 'heavy' weekend?
- Is Dave using other drugs as well as cannabis and alcohol?
- Recommend taking a full drug history
- Dave is using heavy landscaping equipment – what Workcover and OHS issues are there? Is this a case for mandatory reporting or is there a privacy issue here?
- Explore the family history. Discuss the health issues that are known to affect children of veterans.
- Discuss drug language – how much is 25 cones? How expensive is 25 cones? How could you ask Dave these questions?
- What family information services and supports are available for Dave's Mum and his younger brother?
- Is there a suicide risk here? What action could you take?

#### **Part B**

- Discuss cannabis use and psychosis
- What services are available to help the family manage Dave when he 'gets really agro'?
- Can VVCS assist at this time and if so, how? (Note: Son not eligible, father eligible, VVCS to establish eligibility)
- What family information services and support are available to Mike?
- How do Mike and his family contact these services?
- What other options are there for Mike to try to better manage his drinking?
- Discuss the procedures for voluntary and involuntary scheduling under the Mental Health Act or State /Territory equivalent.

## ***Unit 4: Amphetamines and psychosis***

---

### **Case study part A - Ben**

Ben is a 29 year old who works in the hospitality industry. He works long and irregular hours and says that he and his mates use 'speed' to keep up the pace. He says he's used it ever since he was serving in Timor. Lately though he finds his concentration is going and even though he is increasing the doses he uses and now injects, he just isn't keeping up as well as he used to. He thinks there's a conspiracy at work to get rid of him and his friends seem to have turned against him. He is taking frequent sick days and using cannabis to come down from the speed.

His girlfriend has been at him to cut down 'using' because she has noticed changes in his behaviour and it is affecting their relationship. She is concerned because he has become emotionally withdrawn and suspicious of what she does.

Ben sees his GP to ask about his weight loss and headaches. He says he's tried a number of pharmacies but the stuff they give him doesn't work. He also can't sleep. Ben does not think he has a problem with taking amphetamines, it's just part of his lifestyle.

### **Points for discussion**

- The GPs ability to engage with Ben is a vital first step. How might you go about this?
- What are the important issues here?
- What are the risks and what assessments might you use?
- What is the diagnosis or problem that carries the most risk?
- What interventions would be useful at this consultation?
- What support could local health services, including VVCS offer at this point?

## ***Unit 4: Amphetamines and psychosis***

---

### **Case study part B - Ben**

Ben comes back to the GP saying "Legal Aid told me to see you". Ben was recently charged by the police for assault and possession of an illegal substance. As it's a first offence, he is bailed until the case comes up in a few months time. He has to report to the police station once a week until that time. The courts noted his good record in the services and the time he served in Timor and noted that he was discharged suffering from symptoms of operational stress and subsequently treated for PTSD. The magistrate told him to get medical help for his drug use and to see a counsellor.

Ben has lost his job as a result of the assault and is now injecting speed several times a day for a number of days at a time to help him cope. He is showing signs of mild psychosis and says he thinks Timorese soldiers are shadowing him.

### **Points for discussion**

- What particular challenges are there with this case?
- What additional information would you seek from Ben?
- How might this change your management?
- How could Ben be effectively managed using the services and resources in your local area?
- What particular help can VVCS provide?

## ***Unit 4: Amphetamines and psychosis***

---

### **Facilitator's notes**

#### **Part A**

- Emphasise the importance of establishing rapport with Ben as a vital first step.
- Discuss 'speed' – what forms of 'speed' are there and what is Ben using?
- What is the significance of Ben's cannabis use?
- How would you assess Ben for both his mental health and drug use?
- Does Ben want to quit using?
- Discuss safe injecting practices and safe injecting equipment to minimise the risk of hepatitis C and HIV transmission through sharing of needles.
- What needle syringe services are available in your area. How can Ben access them? What other options might there be (eg Narcotics Anonymous, other peer support groups)?
- What advice can be offered to Ben about his physical health?
- What support services are available for Ben's girlfriend? Inform participants of Family Drug Support (national contact number 1300 368 186)

#### **Part B**

- What significance does Ben's service history have? Discuss PTSD.
- What services can VVCS offer at this time – is it possible (with Ben's permission) to obtain previous health records?
- What would the role of local health service providers be in treating Ben?
- Encourage participants to identify immediate treatment for Ben AND to map a pathway for longer term care.
- Discuss the procedures for voluntary and involuntary scheduling under the Mental Health Act or State/Territory equivalent.
- Discuss the impact Ben's legal issues will have on his ongoing health care.
- VVCS unable to provide Court Report

## ***Unit 5: Drugs, pain and opioid dependence***

---

### **Case study part A - Carol**

Carol is 35 and lives alone in her own house in a metropolitan area with her three cats. She was in a serious motor vehicle accident overseas a few years ago and suffered a major spinal injury. Carol has been unable to work since and has few friends. She suffers from depression, had a brief period of counselling soon after the accident and has been treated since then by her medical specialist with antidepressants.

Carol had trouble with the increasing amounts of opioids (oxycodone) she took after the accident (for back pain). At the pain clinic she attended, she was prescribed physiotherapy for opioid dependence but finds now that she needs more to help manage the pain. She has been doing the rounds of the local GP's to get more prescriptions of analgesics and at times also antidepressants. The community pharmacist, who dispenses the physiotherapy notices Carol is also buying a lot of over the counter analgesics and that she is becoming increasingly less mobile and appears very depressed.

The pharmacist calls the medical specialist who suggests Carol go back to her GP for a general review of her health.

#### **Points for discussion**

- The GP's ability to engage with Carol is a vital first step. How might you go about this?
- What are the important issues here?
- What are the risks and what assessments might you use?
- What is the diagnosis or problem which carries the most risk?
- What interventions would be useful at this consultation?

## ***Unit 5: Drugs, pain and opioid dependence***

---

### **Case study part B - Carol**

*Three months later.....*

Carol has found a GP with whom she feels comfortable and she tells her a bit more of her story than she usually would. She says that she was in the Army for 15 years and engaged at the time of the accident. She was medically discharged two years ago with the back injury. Her relationship broke up at that time and most of her friends are either still in the forces or married with kids. She can't get out much because of the back pain and her only escape is through taking a cocktail of medication. Nowadays even that's not working and several times recently she has thought about taking every medication in the house and 'escaping' for good.

On examination you note old IV sites on Carols' arms and more recent bruises and puncture marks on her stomach.

#### **Points for discussion**

- What particular challenges might there be in this case?
- What additional information would you seek from Carol?
- How might this change your management?
- How could you work with Carol to effectively manage her issues, using the services and resources in your local area?
- What particular services could VVCS offer to Carol and how would they link to the rest of the GPs case management plan?

## ***Unit 5: Drugs, pain and opioid dependence***

---

### **Facilitator's notes**

#### **Part A**

- Emphasise the importance of establishing rapport with Carol as a vital first step.
- What is Carol's full mental, physical and social history? Discuss how this would be obtained.
- Do you know the mix of drugs that Carol is taking?
- Carol should be screened for substance use that may be exacerbating her condition.
- Consider the possibility of life threatening interactions between the substances that Carol is using.
- Discuss how you would attempt to reduce her mix of drugs – discuss the benefits of home medicine review. Would Carol accept a review? What particular issues would the pharmacist have to be aware of in reviewing Carol's medications?
- Is physeptone (in tablet form) the most suitable medication for Carol? Consider safety issues – especially overdose, diversion and or opportunity to use for injecting purposes.
- Discuss Prescription Shoppers Hotline 1800 631 181. Is Carol "doctor shopping"? Should she be registered on the Health Insurance Commission (HIC) Prescription Shoppers data base?
- Discuss Carol's isolation and identify opportunities for regular support and contact for Carol. Can VVCS help with this?

#### **Part B**

- Ongoing substance use and Carol's service background are major risk factors for suicide – discuss.
- What suicide prevention strategies might be useful at this time?
- What mix of services will best support Carol at this time. Discuss immediate treatment and ongoing longer term pathways of care and support for Carol.
- Can peer support groups play a role here? (eg State-based organisations of the Australian Illicit and Injecting Drug User's League; mental health peer support groups)
- Discuss the role that VVCS can play in Carol's care and the services offered. Identify local contact details for VVCS services and the ways in which GPs can access the services.

## ***Unit 6: Drugs, sexual health and pregnancy***

---

### **Case study part A - Julie**

Julie is a 30 year old woman. Julie was in the navy and deployed overseas a couple of times during her early career. She was discharged from the navy at the time of her diagnosis of bipolar disorder. Her psychiatrist has prescribed different regimes of medication over that time and she is currently on sodium valproate.

Julie presents to her GP because she is finding urinating painful. She thinks she might have some sort of infection and is worried it may have something to do with several occasions of unprotected sex she has had recently. On further discussion it becomes apparent that Julie loves to go out and drink, take party drugs and dance the night away. She does not have a regular partner and says she would find that 'boring'. She likes her independence. She goes to local clubs whenever she has time, saying it's a distraction from her current job with a local insurance company.

### **Points for discussion**

- The GPs ability to engage with Julie is a vital first step. How might you go about this?
- What are the important issues here?
- What are the risks and what assessments might you use?
- What is the diagnosis or problem which carries the most risk?
- What impact from overseas deployments and military service
- What interventions would be useful at this consultation?
- What support could local health services offer at this point?

## ***Unit 6: Drugs, sexual health and pregnancy***

---

### **Case study part B - Julie**

*"I don't know if I can be a good mother – is it fair to the baby to go on with this".*

Julie returns to her GP ten weeks later. She has not taken much notice of the advice given to her on the previous occasion and is still into clubbing and continues on and off to have unprotected sex with different partners.

On this visit she is feeling nauseated several times a day, has missed a period and is finding it harder and harder to get to work on time and concentrate on the job. She is not sleeping well. She doesn't think her medication is working as well as it has in the past.

Her GP confirms she is pregnant. Julie is distressed by this, thinks she would like to keep the baby but is very concerned about the way her bipolar disorder may affect this decision and says "I don't know if I can be a good mother" and asks "Is it fair to the baby to go on with this?"

#### **Points for discussion**

- What particular challenges might there be with managing Julie's health care?
- What additional information would you be seeking?
- How might this change your management?
- How could Julie be effectively managed using the services and resources in your local area?
- Can VVCS play a role in Julie's care?

## ***Unit 6: Drugs, sexual health and pregnancy***

---

### **Facilitator's notes**

#### **Part A**

- Emphasise the importance of establishing rapport with Julie as a vital first step.
- Discuss the co occurrence of risky drug taking and risk taking sexual behaviour.
- Explore what drugs (including alcohol) Julie is taking when she is out partying, how much, how often and in what combinations. How could the local pharmacist help with this?
- Discuss mood disorders and Julie's current patterns of behaviour.
- Don't forget to treat the urinary tract symptoms! Discuss how treatment of this physical health problem may allow for discussion of her mental health, drug use and lifestyle.
- Explore the signs that Julie is exhibiting – going out all night and working all day, keeping up by using drugs. What do these say about her mental health.
- Identify the best information to be given to Julie about her sexual practices and her sexual health.
- Discuss the need to identify what support people may be involved and whether they have access to information and support themselves.

#### **Part B**

- Discuss pregnancy and the options that are available to Julie at this time. How would you respond to her questions?
- Discuss drug related harm to foetal development – what are the risks of amphetamine use, alcohol and other drugs?
- Discuss Julie's current medication and the safest options for treating bipolar disorder during pregnancy.
- Outline pathways of care (including VVCS involvement) for Julie now and for the longer term.