



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

***'Can Do' for Young Mothers  
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 young mothers at risk of or experiencing mental health and substance use issues.

[www.agpncando.com](http://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

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Following are sample attendance lists to record the details of participants attending your 'Can Do' for Young Mothers 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 Young Mothers 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](mailto:lparker@agpn.com.au). The electronic RACGP attendance list can be found at: <http://www.racgp.org.au/qacpd/program/providers/forms#11>

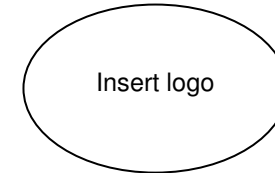
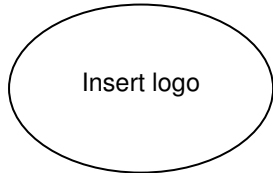
### **Attendance list – Non GPs**

This attendance list is to record the details of your non-GP participants who attend your 'Can Do' for Young Mothers 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 the RACGP/ACRRM. 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 are available in an editable electronic version on the 'Can Do' website: [www.agpncando.com](http://www.agpncando.com).

## Sample attendance list - General Practitioners



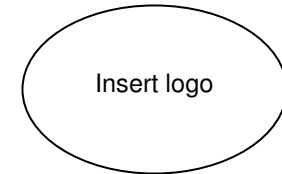
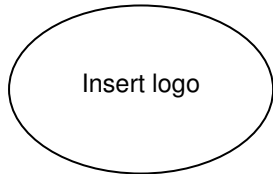
### 'Can Do' for Young Mothers

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 Young Mothers

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***

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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

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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](http://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?

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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?

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*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?

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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

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## 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 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?

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*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

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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:**

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**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):

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**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.**

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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:			
<b>Total</b>			

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***

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The following story vignettes are used to trigger case discussion. The 'Can Do' for Young Mothers unit has two story vignettes to allow participants to explore issues that arise for young mothers 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 this mother and her child through their service and how they would access other relevant services.

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

Story A – Deanne

Story B – Ellie

## Story vignette A – Deanne

*"I've just found out I'm pregnant, I can't believe it. I'm only 20 years old, this wasn't supposed to happen til I was older. I thought I was safe cause we used a condom. My boyfriend Dave is pissed and thinks I should get rid of it. He gets so intense, I feel scared to say no to him, but I'm really not sure what to do.*

*He says the baby will be deformed anyway because of all the drugs we've been doing. I'm really paranoid about what the drugs have done to it. I hope it's ok. We've been into everything lately: E, speed, dope, plus the usual fags and grog.*

*Then Dave says that even if it's not deformed, I'll be no good as a mum... He says I'm depressed all the time anyway. I suppose he's right about me not being able to look after a baby – I haven't got a job, a house, any money, and I can't even see my own family anymore because of what dad did to me when I was a kid. I don't know what I'll do if Dave leaves too.*

*I think I want to keep the baby."*

### Points for discussion

1. What are the important issues here for Deanne and her unborn baby?
2. If Deanne was telling you this story, how would you engage with her?
3. What are the risks and what assessments might you use?
4. How would you prioritise the risks to Deanne and her unborn baby?
5. What interventions would be useful at this consultation?
6. What other therapeutic strategies might be helpful?
7. What support could local health services offer at this point, and how would you access them?

## Story vignette B – Ellie

*"I thought having a baby would make me feel better: someone to love me no matter what. It hasn't turned out the way I wanted. I'm only 15 and I feel terrible all the time.*

*I reckon I've been depressed and panicking since I was 12 years old. I went to the school counsellor but he just said I need to do more homework and then I wouldn't panic as much. Hell! If I could've done any more homework I wouldn't have been panicking in the first place.*

*Luckily I told a friend what was happening to me and she helped me a lot. She gave me some dope and I found it really relaxed me like nothing else could. I've been using it to block out the bad feelings for four years now. Well, that and binge drinking, but the drinking only started when I was 14 years old. That's kind of how I got pregnant with Brittany. Too many drinks I suppose with a guy from my class at school.*

*I tried not to drink so much when I was pregnant, but I couldn't give up the dope. I knew it was bad, but I just got so anxious. Somehow I made it through the pregnancy.*

*Brittany's 10 weeks old now and even though she's cute and everything I don't see how I can finish school and still look after her. A lot of my friends have really backed off, I don't reckon they can really understand what it's like for me at the moment – they just don't get it. All they think about is what party is happening this weekend, what they're going to wear tomorrow and stuff. Mum and dad are good, but they both have to work just to make ends meet. Sometimes I just feel like I can't do it anymore and that everything's hopeless. I don't know where to turn anymore. I don't know how this is all gonna work out"*

### Points for discussion

1. What are the important issues for Ellie and her baby?
2. What additional information would you seek from Ellie?
3. What is the problem that carries the most risk?
4. What interventions are possible, and who might coordinate these?
5. How can you ensure effective follow-up?
6. Would you involve Ellie's family? If so, what factors would you need to consider and how would you do this?
7. How could Ellie be effectively managed using the services and resources in your local area?

## Certificates

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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](http://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 Young Mothers**

\_\_\_\_\_  
(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 Young Mothers

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 young mothers. 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)	<a href="http://www.adac.org.au">www.adac.org.au</a>
Australian Drug Information Network	<a href="http://www.adin.org.au">www.adin.org.au</a>
Australian Government Department of Health and Ageing	<a href="http://www.aihw.gov.au">www.aihw.gov.au</a>
Australian Institute of Health and Welfare	<a href="http://www.aihw.gov.au">www.aihw.gov.au</a>
Australian Prescriber	<a href="http://www.australianprescriber.com">www.australianprescriber.com</a>
DrugInfo Clearinghouse	<a href="http://www.druginfo.adf.org.au">www.druginfo.adf.org.au</a>
National Drug & Alcohol Research Centre	<a href="http://ndarc.med.unsw.edu.au">ndarc.med.unsw.edu.au</a>
Therapeutic Advice and Information Service	1300 138 677
The Royal Women's Hospital, Victoria	<a href="http://www.thewomens.org.au/AlcoholDrugsDuringPregnancy">www.thewomens.org.au/AlcoholDrugsDuringPregnancy</a>

### Help lines, agencies and resources for clients

Alcohol and Drug Information Service	1300 13 1340
Children, Youth, and Women's Health Service	1300 364 100 <a href="http://www.cyh.com">www.cyh.com</a>
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 <a href="http://www.familyrelationships.gov.au">www.familyrelationships.gov.au</a>
Kids Helpline	1800 55 1800
Lifeline	13 11 14 <a href="http://www.lifeline.org.au">www.lifeline.org.au</a>
Parent Helpline	South Australia: 1300 364 100 New South Wales: 13 20 55 Victoria: 13 22 89 Queensland: 1300 301 300 Tasmania: 1800 808 178 Western Australia: 1800 654 432 ACT: 02 6287 3833
Pregnancy Counselling Link	1800 777 690 <a href="http://www.pcl.org.au">www.pcl.org.au</a>
SANE Australia Helpline	1800 187 263 <a href="http://www.sane.org">www.sane.org</a>
Tresillian 24-Hour Parents Help Line	1800 637 357 <a href="http://www.cs.nsw.gov.au/tresillian/helpline.htm">www.cs.nsw.gov.au/tresillian/helpline.htm</a>
Violence Against Women Helpline	1800 200 526 <a href="http://www.australiasaysno.gov.au">www.australiasaysno.gov.au</a>

## Useful clinical resources, guidelines, and information

1. Australian Research Alliance for Children & Youth. (2006). The impact of drug and alcohol misuse on children and families. Available online:  
<http://www.aracy.org.au/AM/Common/pdf/Topical%20Papers/Impact.pdf>
2. Loxley, W., Toumbourou, J. W., Stockwell, T., Haines, B., Scott, K., Godfrey, C., et al. (2004). The prevention of substance use, risk, and harm in Australia: a review of the evidence. Retrieved 18 November, 2007, from  
[http://www.healthconnect.gov.au/internet/wcms/publishing.nsf/Content/health-publth-publicat-document-mono\\_prevention-cnt.htm/\\$FILE/mono\\_prevention.pdf](http://www.healthconnect.gov.au/internet/wcms/publishing.nsf/Content/health-publth-publicat-document-mono_prevention-cnt.htm/$FILE/mono_prevention.pdf)
3. National Drug and Alcohol Research Centre. (2003). Treating alcohol problems: guidelines for alcohol and drug professionals. Available online:  
[http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-publicat-document-metadata-alc\\_treatingprof.htm/\\$FILE/alc\\_treatingprof.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-publth-publicat-document-metadata-alc_treatingprof.htm/$FILE/alc_treatingprof.pdf)
4. National Health and Medical Research Council. (2007). Australian alcohol guidelines for low-risk drinking: draft for public consultation. Available online:  
[http://www.nhmrc.gov.au/consult/ files/draft\\_australian\\_alcohol\\_guidelines.pdf](http://www.nhmrc.gov.au/consult/ files/draft_australian_alcohol_guidelines.pdf)
5. NSW Department of Health. (2006). National clinical guidelines for the management of drug use during pregnancy, birth, and the early development years of the newborn. Available online:  
[http://www.health.nsw.gov.au/pubs/2006/pdf/ncg\\_druguse.pdf](http://www.health.nsw.gov.au/pubs/2006/pdf/ncg_druguse.pdf)
6. South Australian Alcohol and Other Drug Nursing and Midwifery Statewide Action Group. (2003). Alcohol, tobacco, and other drugs guidelines for nurses and midwives: clinical guidelines (version 2). Available online:  
[http://www.dassa.sa.gov.au/webdata/resources/files/ATOD\\_Clinical\\_Guidelines-book2.pdf](http://www.dassa.sa.gov.au/webdata/resources/files/ATOD_Clinical_Guidelines-book2.pdf)
7. South Australian Alcohol and Other Drug Nursing and Midwifery Statewide Action Group. (2003). Alcohol, tobacco, and other drugs quick clinical reference (version 2). Available online:  
[http://www.alcohol.sa.gov.au/webdata/resources/files/ATOD\\_Nursing\\_Quick\\_Clinical\\_Reference.pdf](http://www.alcohol.sa.gov.au/webdata/resources/files/ATOD_Nursing_Quick_Clinical_Reference.pdf)

## Relevant articles

1. DrugInfo Clearinghouse. (2007). Prevention and early intervention of coexisting mental health and substance use issues. *Prevention Research Quarterly: Current Evidence Evaluated* November 2007. Retrieved 20 November, 2007, from  
[http://www.druginfo.adf.org.au/downloads/Prevention\\_Research\\_Quarterly/IP\\_No2\\_07Nov\\_Prev\\_sub\\_abuse\\_mental\\_health.pdf](http://www.druginfo.adf.org.au/downloads/Prevention_Research_Quarterly/IP_No2_07Nov_Prev_sub_abuse_mental_health.pdf)
2. Finkelstein, N. (1994). Treatment issues for alcohol- and drug-dependent pregnant and parenting women. *Health & Social Work*, 19(1), 7-15.
3. NSW Department of Community Services. (2006). Parental alcohol misuse and the impact on children. *Research To Practice Notes* October 2006. Retrieved 12 November, 2007, from  
[http://www.community.nsw.gov.au/docswr/ assets/main/documents/researchnotes\\_alcohol\\_misuse.pdf](http://www.community.nsw.gov.au/docswr/ assets/main/documents/researchnotes_alcohol_misuse.pdf)