



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

***'Can Do' for Young People, Families and Carers
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 people at risk of or experiencing mental health and substance use issues.

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 (include age range and genders accepted in programs)	
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 for young people)	
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 Young People, Families and Carers 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 People, Families and Carers 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 and ACRRM attendance list and emailed to lparker@agpn.com.au. The electronic RACGP attendance list can be found at: <http://www.racgp.org.au/qacpd/program/providers/forms#11>

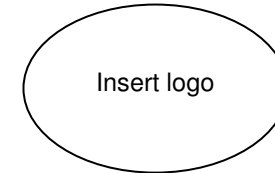
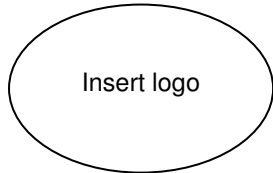
Attendance list – Non GPs

This attendance list is to record the details of your non-GP participants who attend your 'Can Do' for Young People, Families and Carers 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.

Sample attendance list - General Practitioners



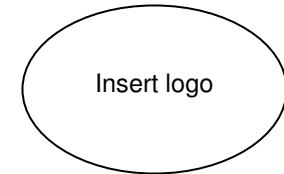
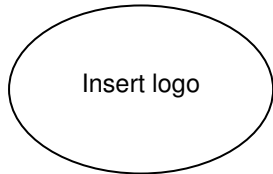
'Can Do' for Young People, Families and Carers

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 People, Families and Carers

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

All registration and evaluation forms are available on the 'Can Do' for Young People, Families and Carers website: www.agpncando.com

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' for Young People, Families & Carers Registration and Evaluation Forms

Contains (in order)

- GP Registration Form & Evaluation Consent
- GP Pre-workshop Questionnaire
- Community Pharmacist Registration Form & Evaluation Consent
- Community Pharmacist Pre-workshop Questionnaire
- Mental Health Professional Registration Form & Evaluation Consent
- Mental Health Professional Pre-workshop Questionnaire
- Drug and Alcohol Professional Registration Form & Evaluation Consent
- Drug and Alcohol Professional Pre-workshop Questionnaire
- Other Health, Community, Youth, and Family Services Registration Form & Evaluation Consent
- Other Health, Community, Youth , and Family Services Registration Form & Evaluation Consent
- Participant Workshop Evaluation
- Organiser Post-Workshop Feedback Form

GP

Registration Form and Evaluation Consent

Dr Name: _____

Practice Postal Address: _____

Postcode: _____

Phone: _____

Fax: _____

What do you hope to get out of participating in 'Can Do' for Young People, Families & Carers?

EVALUATION CONSENT

The 'Can Do' for Young People, Families & Carers Program focuses on enhancing relationships and increasing collaboration between local Mental Health Professionals, Drug and Alcohol Professionals, GPs, Other Health & Community Services for Young People, Families & Carers, and Community Pharmacists. Evaluating whether the program is able to meet those goals requires an understanding of current practices and relationships and a follow-up after the program ends.

Your experience and opinions are invaluable, and we would ask that you complete the following set of questions for our national evaluation of the program. Because we are interested in changes over time, it is important that you use your name on all the forms. Your responses are strictly confidential, and no names will be linked to any responses. We would also ask for your consent to be contacted for a 10 week post-workshop follow-up questionnaire (by mail).

Please tick the applicable boxes:

- I consent to filling out the pre-workshop questionnaire
- I consent to participating in the 10-week post-workshop questionnaire
- I understand that my contact details and my responses will be kept strictly confidential

Signature: _____

Date: _____

GP Pre-workshop Questionnaire

Name: _____ Date: _____

Practice Location: _____ Post Code: _____

Number of 'Can Do' workshops previously attended: _____

Please fill out the following questions by circling your response and return, along with your evaluation consent form, to the coordinator of this workshop.

Question 1.

In the past 6 months, approximately how many young people (aged 12 - 24) have you seen:

- a. with Mental health issues? _____
- b. with Drug/alcohol issues? _____
- c. Who presented with both mental health & drug/alcohol issues? _____

Question 2.

How would you rate your current level of knowledge about the services offered by:

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. the Local Drug & Alcohol Service	excellent	good	fair	poor
c. Local Community Pharmacists	excellent	good	fair	poor
d. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 3.

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

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. the Local Drug & Alcohol Service	excellent	good	fair	poor
c. Local Community Pharmacists	excellent	good	fair	poor
d. Other Health & Community Services for Young People, Families & Carers	excellent	good	fair	poor

Question 4.

How would you characterise the current relationship between local GPs and local:

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. the Local Drug & Alcohol Service	excellent	good	fair	poor
c. Local Community Pharmacists	excellent	good	fair	poor
d. Other Health & Community Services for Young People, Families & Carers	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 aged 12-24 with mental health problems?

extremely confident confident somewhat confident not at all

Question 6.

How confident do you feel in the ability of the local Drug and Alcohol Service to provide care for your patients aged 12-24 with drug and/or alcohol problems?

extremely confident confident somewhat confident not at all

Question 7.

On average, how much contact do you currently have with;

a. Local Mental Health Services for Young People	weekly or more	monthly	bi-monthly	once or twice a year	none
b. the Local Drug & Alcohol Service	weekly or more	monthly	bi-monthly	once or twice a year	none
c. Local Community Pharmacists	weekly or more	monthly	bi-monthly	once or twice a year	none
d. Other Health & Community Services for Young People, Families & Carers in your area	weekly or more	monthly	bi-monthly	once or twice a year	none

Question 8.

In the past 6 months, have you referred any of your patients aged 12-24 with mental health or drug/alcohol issues to:

a. Local Mental Health Services for Young People	no	yes, how many?
b. the Local Drug & Alcohol Service	no	yes, how many?
c. Local Community Pharmacists	no	yes, how many?
d. Other Health & Community Services for Young People, Families & Carers in your area	no	yes, how many?

Question 9.

If you have referred young people to the following local services, in general how satisfied have you been with the follow up?:

a. Local Mental Health Services for Young People	very satisfied	satisfied	unsatisfied	very unsatisfied
b. the Local Drug & Alcohol Service	very satisfied	satisfied	unsatisfied	very unsatisfied
c. Local Community Pharmacists	very satisfied	satisfied	unsatisfied	very unsatisfied
d. Other Health & Community Services for Young People, Families & Carers in your area	very satisfied	satisfied	unsatisfied	very unsatisfied

Question 10.

Do you have any further comments on the relationship between local GPs and local Mental Health Services for young people?

Question 11.

Do you have any further comments on the relationship between local GPs and the local Drug and Alcohol Service?

Question 12.

Do you have any further comments on the relationship between local GPs and Other Health & Community Services for Young People, Families & Carers?

Community Pharmacist Registration Form and Evaluation Consent

Name: _____

Pharmacy Postal Address: _____

Postcode: _____

Phone: _____

Fax: _____

What do you hope to get out of participating in '*Can Do*' for Young People, Families & Carers?

EVALUATION CONSENT

The '*Can Do*' for Young People, Families & Carers Program focuses on enhancing relationships and increasing collaboration between local Mental Health Professionals, Drug and Alcohol Professionals, GPs, Other Health & Community Services for Young People, Families & Carers, and Community Pharmacists. Evaluating whether the program is able to meet those goals requires an understanding of current practices and relationships and a follow-up after the program ends.

Your experience and opinions are invaluable, and we would ask that you complete the following set of questions for our national evaluation of the program. Because we are interested in changes over time, it is important that you use your name on all the forms. Your responses are strictly confidential, and no names will be linked to any responses. We would also ask for your consent to be contacted for a 10 week post-workshop follow-up questionnaire (by mail).

Please tick the applicable boxes:

- I consent to filling out the pre-workshop questionnaire
- I consent to participating in the 10-week post-workshop questionnaire
- I understand that my contact details and my responses will be kept strictly confidential

Signature: _____

Date: _____

Community Pharmacist Pre-workshop Questionnaire

Name: _____ Date: _____

Pharmacy Location: _____ Post Code: _____

Number of 'Can Do' workshops previously attended: _____

Please fill out the following questions by circling your response and return, along with your evaluation consent form, to the coordinator of this workshop.

Question 1.

In the past 6 months, how many young people (aged 12 - 24) attending your Pharmacy have you seen with:

- Mental health issues? _____
- Drug/alcohol issues? _____
- How many of these young people presented with both mental health & drug/alcohol issues? _____

Question 2.

How would you rate your current level of knowledge about the services offered by:

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. the Local Drug & Alcohol Service	excellent	good	fair	poor
c. Local GPs	excellent	good	fair	poor
d. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 3.

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

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. the Local Drug & Alcohol Service	excellent	good	fair	poor
c. Local GPs	excellent	good	fair	poor
d. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 4.

How would you characterise the current relationship between local Community Pharmacists and:

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. the Local Drug & Alcohol Service	excellent	good	fair	poor
c. Local GPs	excellent	good	fair	poor
d. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 5.

In the past 6 months, have you suggested any young people with mental health or drug/alcohol issues attending your pharmacy contact:

a. Local Mental Health Services for Young People	no	yes, how many?
b. the Local Drug & Alcohol Service	no	yes, how many?
c. Local GPs	no	yes, how many?
d. Other Health & Community Services for Young People, Families & Carers in your area	no	yes, how many?

Question 6.

Have you developed any policies or protocols* within your community pharmacy for working with:

*(eg. Home Medicine Review, care plans, case conferences, etc. . . .)

a. Local Mental Health Services for Young People	no	yes, please describe:
b. the Local Drug & Alcohol Service	no	yes, please describe:
c. Local GPs	no	yes, please describe:
d. Other Health & Community Services for Young People, Families & Carers in your area	no	yes, please describe:

Question 7.

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

a. Local Mental Health Services for Young People	weekly or more	monthly	bi-monthly	once or twice a year	none
b. the Local Drug & Alcohol Service	weekly or more	monthly	bi-monthly	once or twice a year	none
c. Local GPs	weekly or more	monthly	bi-monthly	once or twice a year	none
d. Other Health & Community Services for Young People, Families & Carers in your area	weekly or more	monthly	bi-monthly	once or twice a year	none

Question 8.

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

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. the Local Drug & Alcohol Service	excellent	good	fair	poor
c. Local GPs	excellent	good	fair	poor
d. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 9.

Do you have any further comments on the relationship between local community pharmacists and:

a. Local Mental Health Services for Young People	
b. Local GPs	
c. the Local Drug & Alcohol Service	
d. Other Health & Community Services for Young People, Families & Carers in your area	

Thank you for your participation

Mental Health Professional Registration Form and Evaluation Consent

Name: _____
Work Postal Address: _____ Post Code: _____
Mental Health Service: _____
Position: _____
Phone: _____ Fax: _____
Email: _____

How long have you been in your current position? _____

Is your position based in: *(Please tick the appropriate box)*

the community an in-patient unit other, please specify _____

What do you hope to get out of participating in 'Can Do' for Young People, Families & Carers? _____

EVALUATION CONSENT

The 'Can Do' for Young People, Families & Carers Program focuses on enhancing relationships and increasing collaboration between local Mental Health Professionals, Drug and Alcohol Professionals, GPs, Other Health & Community Services for Young People, Families & Carers, and Community Pharmacists. Evaluating whether the program is able to meet those goals requires an understanding of current practices and relationships and a follow-up after the program ends.

Your experience and opinions are invaluable, and we would ask that you complete the following set of questions for our National Evaluation. Because we are interested in changes over time, it is important that you use your name on all the forms. Your responses are strictly confidential, and no names will be linked to any responses. We would also ask for your consent to be contacted for a 10 week post-workshop follow-up questionnaire (by mail).

Please tick the applicable boxes:

- I consent to filling out the pre-workshop questionnaire
- I consent to participating in the 10 week post-workshop questionnaire
- I understand that my contact details and my responses will be kept strictly confidential

Signature: _____ Date: _____

Mental Health Professional Pre-workshop Questionnaire

Name: _____ Date: _____

Mental Health Service: _____ Post Code: _____

Number of 'Can Do' workshops previously attended: _____

Please fill out the following questions and return this questionnaire along with your registration form to the coordinator of this workshop. If you prefer, you may return the questionnaire in a sealed envelope marked Pre-Quiz along with your registration form.

Question 1.

About what percentage of your clients are young people (aged 12-24)?

<10% 10 - 24% 25 - 49% 50 - 74% 75-100% don't know

Question 2.

About what percentage of your clients aged 12-24 also have a drug and/or alcohol comorbidity?

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

Question 3.

About what percentage of your clients aged 12-24 have GPs who are actively involved with you in managing the client's care?

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

Question 4.

How many local GPs do you feel comfortable referring your clients aged 12-24 to?

None 1 2-3 4-5 6 or more

Question 5.

How many local Community Pharmacists do you feel comfortable referring your clients aged 12-24 to?

None 1 2-3 4-5 6 or more

Question 6.

How confident do you feel in the ability of the local GPs to provide mental health care for your clients (aged 12-24) with mental health problems?

extremely confident confident somewhat confident not at all

Question 7.

Is your Mental Health Service co-located with the Drug and Alcohol Service? yes no

Question 8.

How would you characterise the current relationship between your Mental Health Service and:

a. the Local Drug & Alcohol Service	excellent	good	fair	poor
b. Local Community Pharmacists	excellent	good	fair	poor
c. Local GPs	excellent	good	fair	poor
d. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 9.

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

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

a. the Local Drug & Alcohol Service	no	yes, please describe:
b. Local Community Pharmacists	no	yes, please describe:
c. Local GPs	no	yes, please describe:
d. Other Health & Community Services for Young People, Families & Carers in your area	no	yes, please describe:

Question 10.

In the past 6 months, have you referred any of your clients who are young people to:

a. the Local Drug & Alcohol Service	no	yes, how many?
b. Local Community Pharmacists	no	yes, how many?
c. Local GPs	no	yes, how many?
d. Other Health & Community Services for Young People, Families & Carers in your area	no	yes, how many?

Question 11.

If you have referred young people to the following local services, in general how satisfied have you been with the follow up?

a. the Local Drug & Alcohol Service	very satisfied	satisfied	unsatisfied	very unsatisfied
b. Local Community Pharmacists	very satisfied	satisfied	unsatisfied	very unsatisfied
c. Local GPs	very satisfied	satisfied	unsatisfied	very unsatisfied
d. Other Health & Community Services for Young People, Families & Carers in your area	very satisfied	satisfied	unsatisfied	very unsatisfied

Question 12.

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

a. the Local Drug & Alcohol Service	weekly or more	monthly	bi-monthly	once or twice a year	none
b. Local Community Pharmacists	weekly or more	monthly	bi-monthly	once or twice a year	none
c. Local GPs	weekly or more	monthly	bi-monthly	once or twice a year	none
d. Other Health & Community Services for Young People, Families & Carers in your area	weekly or more	monthly	bi-monthly	once or twice a year	none

Question 13.

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

a. the Local Drug & Alcohol Service	excellent	good	fair	poor
b. Local Community Pharmacists	excellent	good	fair	poor
c. Local GPs	excellent	good	fair	poor
d. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 14.

Do you have any further comments on the relationship between your Mental Health Service and:

a. Local GPs	
b. the Local Drug & Alcohol Service	
c. Local Community Pharmacists	
d. Other Health & Community Services for Young People, Families & Carers in your area	

Thank you for your participation

Drug and Alcohol Professional Registration Form and Evaluation Consent

Name: _____
Work Postal Address: _____ Postal Code: _____
Drug and Alcohol Service: _____
Position: _____
Phone: _____ Fax: _____
Email: _____

How long have you been in your current position? _____

Is your position based in: *(Please tick the appropriate box)*

the community an in-patient unit other, please specify

What do you hope to get out of participating in '*Can Do*' for Young People, Families & Carers? _____

EVALUATION CONSENT

The '*Can Do*' for Young People, Families & Carers Program focuses on enhancing relationships and increasing collaboration between local Mental Health Professionals, Drug and Alcohol Professionals, GPs, Other Health & Community Services for Young People, Families & Carers, and Community Pharmacists. Evaluating whether the program is able to meet those goals requires an understanding of current practices and relationships and a follow-up after the program ends.

Your experience and opinions are invaluable, and we would ask that you complete the following set of questions for our National Evaluation. Because we are interested in changes over time, it is important that you use your name on all the forms. Your responses are strictly confidential, and no names will be linked to any responses. We would also ask for your consent to be contacted for a 10 week post-workshop follow-up questionnaire (by mail).

Please tick the applicable boxes:

- I consent to filling out the pre-workshop questionnaire
- I consent to participating in the 10 week post-workshop questionnaire
- I understand that my contact details and my responses will be kept strictly confidential

Signature: _____ Date: _____

Drug and Alcohol Professional Pre-workshop Questionnaire

Name: _____ Date: _____

Drug & Alcohol Service: _____ Postal Code: _____

Number of 'Can Do' workshops previously attended: _____

Please fill out the following questions and return this questionnaire along with your registration form to the coordinator of this workshop. If you prefer, you may return the questionnaire in a sealed envelope marked Pre-Quiz along with your registration form.

Question 1.

About what percentage of your clients are young people (aged 12-24)?

<10% 10 - 24% 25 - 49% 50 - 74% 75-100% don't know

Question 2.

About what percentage of your clients who are young people also have a mental health comorbidity?

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

Question 3.

About what percentage of your clients aged 12-24 have GPs who are actively involved with you in managing the client's care?

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

Question 4.

How many local GPs do you feel comfortable referring your clients who are young people to?

None 1 2-3 4-5 6 or more

Question 5.

How many local Community Pharmacists do you feel comfortable referring your clients who are young people to?

None 1 2-3 4-5 6 or more

Question 6.

How confident do you feel in the ability of the local GPs to manage your clients' (age 12-24) drug and alcohol issues?

extremely confident confident somewhat confident not at all

Question 7.

Is your Drug and Alcohol Service co-located with the Mental Health Service? yes no

Question 8.

How would you characterise the current relationship between your Drug and Alcohol Service and:

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. Local GPs	excellent	good	fair	poor
c. Local Community Pharmacists	excellent	good	fair	poor
d. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 9.

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 Mental Health Services for Young People	no	yes, please describe:
b. Local GPs	no	yes, please describe:
c. Local Community Pharmacists	no	yes, please describe:
d. Other Health & Community Services for Young People, Families & Carers in your area	no	yes, please describe:

Question 10.

In the past 6 months, have you referred any of your clients who are young people to:

a. Local Mental Health Services for Young People	no	yes, how many?
b. Local GPs	no	yes, how many?
c. Local Community Pharmacists	no	yes, how many?
d. Other Health & Community Services for Young People, Families & Carers in your area	no	yes, how many?

Question 11.

If you have referred young people to the following local services, in general how satisfied have you been with the follow up?

a. Local Mental Health Services for Young People	very satisfied	satisfied	unsatisfied	very unsatisfied
b. Local GPs	very satisfied	satisfied	unsatisfied	very unsatisfied
c. Local Community Pharmacists	very satisfied	satisfied	unsatisfied	very unsatisfied
d. Other Health & Community Services for Young People, Families & Carers in your area	very satisfied	satisfied	unsatisfied	very unsatisfied

Question 12.

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

a. Local Mental Health Services for Young People	weekly or more	monthly	bi-monthly	once or twice a year	none
b. Local GPs	weekly or more	monthly	bi-monthly	once or twice a year	none
c. Local Community Pharmacists	weekly or more	monthly	bi-monthly	once or twice a year	none
d. Other Health & Community Services for Young People, Families & Carers in your area	weekly or more	monthly	bi-monthly	once or twice a year	none

Question 13.

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

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. Local GPs	excellent	good	fair	poor
c. Local Community Pharmacists	excellent	good	fair	poor
d. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 14.

Do you have any further comments on the relationship between your Drug & Alcohol Service and:

a. Local Mental Health Services for Young People	
b. Local GPs	
c. Local Community Pharmacists	
d. Other Health & Community Services for Young People, Families & Carers in your area	

Other Health, Community, Youth, Families & Carers Services Registration Form and Evaluation Consent

Name: _____ Date: _____
Work Postal Address: _____ Post Code: _____
Name of Organisation/agency/department: _____
Position: _____
Phone: _____ Fax: _____
Email: _____

How long have you been in your current position? _____

Is your position based in: *(Please tick the appropriate box)*

the community an in-patient unit other, please specify _____

What do you hope to get out of participating in 'Can Do' for Young People, Families & Carers?

EVALUATION CONSENT

The 'Can Do' for Young People, Families & Carers Program focuses on enhancing relationships and increasing collaboration between local Mental Health Professionals, Drug and Alcohol Professionals, GPs, Other Health & Community Services for Young People, Families & Carers, and Community Pharmacists. Evaluating whether the program is able to meet those goals requires an understanding of current practices and relationships and a follow-up after the program ends.

Your experience and opinions are invaluable, and we would ask that you complete the following set of questions for our National Evaluation. Because we are interested in changes over time, it is important that you use your name on all the forms. Your responses are strictly confidential, and no names will be linked to any responses. We would also ask for your consent to be contacted for a 10 week post-workshop follow-up questionnaire (by mail).

Please tick the applicable boxes:

- I consent to filling out the pre-workshop questionnaire
- I consent to participating in the 10 week post-workshop questionnaire
- I understand that my contact details and my responses will be kept strictly confidential

Signature: _____ Date: _____

Other Health, Community, Youth, Family & Carer Services Pre-workshop Questionnaire

Name: _____ Date: _____

Position: _____ Post Code: _____

Organisation/Service: _____

Number of 'Can Do' workshops previously attended: _____

Please fill out the following questions and return this questionnaire along with your registration form to the coordinator of this workshop. If you prefer, you may return the questionnaire in a sealed envelope marked Pre-Quiz along with your registration form.

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.

In the past 6 months, how many clients who are young people (aged 12-24) have you seen:

- a. With Mental health issues? _____
- b. With Drug/alcohol issues? _____
- c. Who presented with both mental health & drug/alcohol issues? _____

Question 4.

How would you rate your current level of knowledge about the services offered by:

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. Local GPs	excellent	good	fair	poor
c. the Local Drug & Alcohol Service	excellent	good	fair	poor
d. Local Community Pharmacists	excellent	good	fair	poor
e. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 5.

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

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. Local GPs	excellent	good	fair	poor
c. the Local Drug & Alcohol Service	excellent	good	fair	poor
d. Local Community Pharmacists	excellent	good	fair	poor
e. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 6.

How would you characterise the current relationship between your Service/Organisation and:

a. Mental Health Service:	excellent	good	fair	poor
b. Drug & Alcohol Service:	excellent	good	fair	poor
c. GPs:	excellent	good	fair	poor
d. Community Pharmacists:	excellent	good	fair	poor
e. Other Health & Community Services for Young People, Families & Carers in your area	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 Mental Health Services for Young People	no	yes, please describe:
b. Local GPs	no	yes, please describe:
c. the Local Drug & Alcohol Service	no	yes, please describe:
d. Local Community Pharmacists	no	yes, please describe:
e. Other Health & Community Services for Young People, Families & Carers in your area	no	yes, please describe:

Question 8.

In the past 6 months, have you referred any of your clients aged 12-24 with mental health or drug/alcohol issues to?:

a. Local Mental Health Services for Young People	no	yes, how many?
b. Local GPs	no	yes, how many?
c. the Local Drug & Alcohol Service	no	yes, how many?
d. Local Community Pharmacists	no	yes, how many?
e. Other Health & Community Services for Young People, Families & Carers in your area	no	yes, how many?

Question 9.

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

a. Local Mental Health Services for Young People	excellent	good	fair	poor
b. Local GPs	excellent	good	fair	poor
c. the Local Drug & Alcohol Service	excellent	good	fair	poor
d. Local Community Pharmacists	excellent	good	fair	poor
e. Other Health & Community Services for Young People, Families & Carers in your area	excellent	good	fair	poor

Question 10.

Do you have any further comments on the relationship between your Service and:

a. Local Mental Health Services for Young People	
b. Local GPs	
c. the Local Drug & Alcohol Service	
d. Local Community Pharmacists	
e. Other Health & Community Services for Young People, Families & Carers in your area	

Thank you for your participation

Participant Workshop Evaluation

Date: _____ Name: _____ Post Code: _____

Are you a:

- GP
- Mental Health Professional
- Drug and Alcohol Professional
- Community Pharmacist
- Other Health, Community, or Youth Services Staff Member
- 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' for Young People, Families & Carers workshops? Please tick below.

- Unit 1
- Unit 2
- Unit 3

7. Do you have any further comments?

Participant Workshop Evaluation

8. To what degree where the learning objectives met?

a) Demonstrate an increase in confidence, capacity and understanding of general practitioners, allied health professionals and other service providers when working with young people with mental health and substance use issues

- Not met
- Partially met
- Entirely met

b) Demonstrate an increase in awareness of the risks and protective factors associated with common mental health problems and substance use in young people

- Not met
- Partially met
- Entirely met

c) Demonstrate increase understanding of the role of families and carers in treatment of young people with mental health and substance use issues

- Not met
- Partially met
- Entirely met

d) Demonstrate increased confidence in providing support and understanding required by families and carers of young people with mental health and substance use issues

- Not met
- Partially met
- Entirely met

e) Identify health and community services at the local level, particularly those that engage with young people, their families and carers

- Not met
- Partially met
- Entirely met

f) Demonstrate an increase in ability and confidence in developing appropriate pathways of referral and care for young people with mental health and substance use issues and their families and carers

- Not met
- Partially met
- Entirely met

9. To what degree were your learning needs met?

- Not met
- Partially met
- Entirely met

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

- Not met
- Partially met
- Entirely met

Thank you, your feedback is greatly appreciated. Please return this form to the workshop organiser, along with your pre-workshop questionnaire and registration form.

Please complete this form for EACH workshop you run
and email/fax to the Australian General Practice Network
PO Box 4308, Manuka ACT 2603
Ph: 02 6228 0800 | Fax: 02 6228 0899
Email: reception@agpn.com.au
Web: http://www.agpn.com.au

Organiser Post-Workshop Feedback Form*

1. Division of General Practice: _____

Mental Health Service: _____

Drug and Alcohol Service: _____

Other: _____

2. Date of workshop: _____

3. 'Can Do' for Young People, Families & Carers Unit: _____

4. Workshop facilitators (please tick)

Local GP

Mental Health Professional

Psychiatrist/Registrar

Drug and Alcohol Professional

Other (please specify) _____

5. Attendees:

Professional group	Number	Comment
General Practitioners		
Mental health Professionals		
Drug & Alcohol Professionals		
Local psychiatrist(s)		
Community Pharmacists		
Other Health, Community, Youth, or Family and Carer Services		
Other (please specify)		

6. Measurable/noteworthy outcomes of workshop: (Please describe) _____

7. Would you recommend 'Can Do' for Young People, Families & Carers to another Division/AHS?

Yes

No (please give reasons below)

Not sure (please give reasons below) _____

8. How many workshop participants returned their evaluation forms? _____

Of these, what number of the participants were interested in further 'Can Do' for Young People, Families & Carers workshops?

9. Was there representation from D&AS +/- MHS management?

Yes (please specify position): _____

No

10. Further comments: _____

Yes, I am happy to be contacted via telephone to discuss our experience of 'Can Do'

Name _____ Contact number: _____

Your feedback will be included in a report about the National implementation of 'Can Do' joint learning initiative. This report will provide recommendations for future GP/Community Pharmacist/Mental Health Service & Drug and Alcohol Service joint learning initiatives and will be widely circulated.

Story vignettes

The following story vignettes are used to trigger case discussion. Each unit has two story vignettes to allow participants to explore issues that arise for young people with mental health and substance use issues and their families and carers from various perspectives.

The trigger questions for each story are to direct discussion and lead participants to think how they would help this person through their service and how they would access other relevant services.

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

- Unit one:
 - Story A: Eloise
 - Story B: Jake

- Unit two:
 - Story A: Darren
 - Story B: Sean

- Unit three:
 - Story A: Gillian
 - Story B: Michael

Unit one

Story vignette A – Eloise

"When I wake up, it's just black. Life's just black. But I don't want to tell Mum about that or other things. If I tell her what's really going on, I know she's going to panic and go off and try to do stuff to fix it. Like, even though I'm 16, she's still into making appointments for me with her doctor and then she gets cut when I don't turn up. I try to tell her that I didn't ask her to do it and there's no way I want to get grilled by someone.

Mum doesn't listen to that. And she doesn't listen when you tell her that everything's under control. She just goes off and loses it and then the whole thing spins out and she'll end up crying and begging me to be like I was and then Dad comes home and he loses it with me for upsetting Mum. And then he starts fighting with her, himself. And then I just feel as guilty as shit.

I knew Mum was reading my diary because she was watching me all the time. And crying at the sink when she did the washing up. I write everything in my diary, so all the drug and sex stuff would have been a bit of a shock. I used to tell Dee, my best girlfriend, all those things but she OD'd and died and left me. Mum's so scared that this is going to happen to me. But I'm not scared 'cause when you OD, you don't feel anything. You don't know you're dying..."

Points for discussion

1. What are the important issues here for Eloise and her parents?
2. How would you identify and prioritise the risks that Eloise faces?
3. If Eloise was telling YOU this story, how would you engage with her?
4. What interventions are possible and who would be best to coordinate these?
5. What support could local health and community services offer at this point?
6. Could you involve the parents? How?

Unit one

Story vignette B – Jake

"I was diagnosed when I was 17. That was more than five years ago now. We were told to just accept that I'd be on meds for life and to forget about me ever being 'well'. It was pretty heavy, not just for me, but for Mum and Dad too.

One of the hardest parts is after I've had an episode. I come out of hospital with a change in my medication but not really with much information about it. Or what the side effects might be. So I go home and Mum and Dad have to deal with the new 'me' and it's guesswork for them and they basically have to play it by ear and just keep doing the stuff they know works with me. Or works best, anyway.

They're really into me keeping routines going like say, I have to get up every morning at a normal time and do something with my day. And I have to exercise. They can see the difference in me when I come back from walks, so they push all that. I hate it though. I'd do anything just to stay in bed. I volunteer three days a week in an op shop which I think is important because you're doing something of value. And you're learning how to get on with other people. If you sit at home doing nothing, you don't know how to socialise at all.

It's lonely when you're sick. You don't see many of your old friends - they don't get what's happening for you. And you miss being able to do all the stuff that other people your age do. I think that's why when I start to do well I sort of think I'm doing better than I am, and I start feeling okay about seeing my old friends again. Problem is that they all do a bit of grass and they drink and stuff and so I party with them. And I think it's all going to be okay. And then, before long, I'm not taking my meds and it always crashes down and I go backwards and it's like, 'Here I go again.'

I see a lot different doctors and services so I'm telling my story a lot and sometimes I feel like I've had enough of talking. And I don't want to talk about it anymore. I don't even know how therapy is that useful for me anyway."

Points for discussion

1. What are the important issues here for Jake?
2. What are Jake's strengths and when is he at risk?
3. If Jake was telling YOU this story, how would you engage with him? Would you involve his parents?
4. What strategies could you suggest to Jake to prevent the 'here I go again' situations?
5. What role can the general practitioner play in Jake's health care?
6. What support could other local health and community services offer at this point?

Unit two

Story vignette A – Sean

"I thought it was normal for teenagers and that everybody would go through it at some stage. It started in about Year 10. I'd always been in the top classes and then my schoolwork started going down hill and the effort of keeping it all together was just so exhausting. I'd get home and slam my bedroom door and just let it all out and howl and howl. It was like I was two people. One on the outside and one on the inside.

I guess my teachers must have noticed that things were a bit weird but because I'd always done so well, they probably expected that I'd muddle through. And no-one talked to me or Mum from memory. Mum did take me to a counsellor because she was worried that I wouldn't talk to her but I didn't open up to him either. He said it was normal teenage rebellion and told me to be more considerate because my mother was worried about me.

When I think about it now, I think that if only I'd got a diagnosis earlier then things would have turned out a lot better. I would have been more realistic about what I could achieve in the HSC for example. And maybe I would have found other ways to get to Uni or TAFE.

But after I crashed in the exams, I spun out and started pushing the physical boundaries: late nights, stressful relationships, cannabis, a bit of e, a bit of speed. And all of these things have made my recovery so much harder. I'm on this merry-go-round of uppers and downers and I'm sick of it."

Points for discussion

1. What mental health and substance use issues is Sean describing in this story?
2. Discuss how communication blocks affected Sean and how these might be avoided in the future.
3. Is Sean ready to change his current pattern of behaviour?
4. If Sean were telling YOU this story, what history and assessment steps would you take?
5. What opportunities would there be to assist Sean in seeking help through a GP?
6. What interventions might be helpful and which local services could you draw on to help Sean?

Unit two

Story vignette B – Darren

"Ordinary kids don't know about sex or drugs or stuff until later. But I already knew all that when I was still in primary. There was nothing new to me about it.

Mum's friends came around all the time: people I didn't even know, just walking in, straight through our house, past us, into her room. And this isn't no good for the little ones. When babies and little kids see someone they don't know, they get scared. They'll be staring and they'll be thinking, 'Who's that? I don't know him?'

...And then they're looking at me, their eyes asking, 'Is it all right?' They're looking at me to make sure. And to them it is because I'm there. They're thinking, 'My brother's here. I'm all right.' That's what they're thinking. But I've got no-one to look up to, to feel safe with, except Mum, and after she let those blokes in, she was with them. Not me.

With drugs, you know your Mum cares for you and stuff but she doesn't show it anymore. With drugs, Mums care more about what's to come, than for what they've already got.

I'm 17 now and sometimes I've got too much in my head and I get pretty spun out. And I feel myself getting depressed – and angry. Sometimes I think I'll use the drugs too – there's plenty lying around at home. So I just try to get away by myself. I go to the community centre. That's like another life for me. I go into the gym and do weights and some of the volunteers, the adults, they help me out. The other kids still run after me and stuff. They're always saying, 'Where's Darren? Where's Darren?' And that's good. But I need space for myself too. To work it out...".

Points for discussion:

1. What are the risks to Darren's mental and physical health? Especially given he is still seen as a carer by the younger kids?
2. How might further risk be averted and some of the current problems be resolved or alleviated?
3. If Darren told you this story, what would YOUR response be?
4. What health care would benefit Darren? What particular role could a GP play?
5. What issues does this story raise in terms of duty of care and confidentiality?
6. What support could other local health and community services provide?

Unit three

Story vignette A – Gillian

"I keep trying to get help from a variety of people but there doesn't seem to be any systematic approach because the resources aren't out there and the few services that do exist have such tight criteria about who fits into the groups they service.

So for me, it's been like 'hang on, you don't understand. I am one person looking after this kid.' I feel like I've got this child who's in trouble and why won't anyone in the system help me? This is the case even with the Department of Health because there just aren't the children's psychiatric facilities.

There was one place where I took Luke to get assessed but they said, 'No, he has a drug problem so he doesn't fit our criteria.' There are only eight adolescent psychiatric beds in the state so during one episode he was sent to an adult assessment place where they put people who are in psychosis. These are adults who are seriously ill and my child was there with them. And they just said, 'Oh, we'll look after him. And we'll give him his own room. That makes it sort of different.' I stayed with him until 10 pm that night and when I came back in the morning they just went 'He can go home now.'

No one had dealt with him the night before and I was like 'Hang on a minute, what if I take him home and it happens again?' And they said. 'Just take him back to hospital.'

During these psychotic episodes we're sent away from hospitals with a tablet and bounced from one service to another. You feel totally responsible and totally helpless. Who can you turn to who'll sit with you and actually listen? And offer ideas?"

Points for discussion

1. What are the important issues here for Gillian?
2. How do you think she is coping?
3. If Gillian was telling YOU this story, how would you engage with her? Would you involve Luke?
4. What role might the general practitioner play in supporting Gillian?
5. Are there strategies that could be put in place to prevent Luke from being bounced from one service to another?
6. What support could other local health and community services offer at this point?

Unit three

Story vignette B – Michael

"I don't know for certain all the ways that Steve's addiction has affected me but I do know I'm a different person to who I was. And professionally, it has been difficult. I'm normally a very open person and that has been quite damaging to me.

Many people who I work with have been horrified to learn that I would have a son like that and it's made it very difficult for me to continue to do business with them. There's been no support and a lot of negativity. The assumption is that I haven't done a good job as a father, that I must be a bad parent and yet they know me well, we've worked side by side for a long time. These are very smart, highly qualified people and yet their level of compassion is non-existent. Just terribly judgemental.

I have one dear friend, a barrister, who has been wonderful. He persuaded me to talk to our GP about it. Having a child in the throes of addiction, wears you down. You get desperate. And I know that sometimes I've been scratching around for meaning and I've been almost suicidal myself. You think you're going mad.

My GP told me I have to take anti-depressants. But there was no way I wanted to. I didn't think I needed them because how would that solve Steve's problem? But he convinced me.

So I have been taking them and it has given me some breathing space while I continue to live with the chaos and try to find help..."

Points for Discussion

1. Discuss the effect that social stigma connected with mental health and substance use is having on Michael.
2. What does the story tell you about Michael and his family?
3. If Michael was telling YOU this story, how would you engage with him?
4. Discuss the use of anti depressants for Michael.
5. What other support strategies might the general practitioner offer Michael?
6. What support could other local health and community services offer at this point?

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 (30 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 Young People, Families and Carers

(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 People, Families and Carers

Held by

_____ <name of division coordinating event> .

and

the Australian General Practice Network

On

_____ (Date)

Speaker details:

Name: _____ Credentials: _____

Additional resources

Participant handouts

Each unit has several handouts that participants might find helpful to both support the information they have received from the presentation and to use during encounters with young people with mental health and substance use issues and/or their families. These can all be found online at www.agpncando.com/ypfc_ah.htm

- Unit one
 - Handout 1.1 - Common drug types, their prevalence, use and effects
 - Handout 1.2 – What's grog got to do with it?
 - Handout 1.3 – What's pot got to do with it?
 - Handout 1.4 – What's speed got to do with it?
 - Handout 1.5 – What's smack got to do with it?
 - Handout 1.6 – Understanding adolescents and their health needs
 - Handout 1.7 – Conducting a youth-friendly consultation
 - Handout 1.8 – Culturally sensitive practice
 - Handout 1.9 – Enhancing compliance
 - Handout 1.10 – Creating a youth friendly practice

- Unit two
 - Handout 2.1 – Conducting a psychosocial risk assessment
 - Handout 2.2 – Negotiating a management plan
 - Handout 2.3 – Risk taking and health promotion
 - Handout 2.4 – Treating substance use
 - Handout 2.5 – Sexual health
 - Handout 2.6 – Adolescent mental health
 - Handout 2.7 – Substance use – stages of change model

- Unit three
 - Handout 3.1 – FDS facts – Drug Services
 - Handout 3.2 - FDS facts – Supporting someone through Detox
 - Handout 3.3 - FDS facts – Minimising harm: a practical guide
 - Handout 3.4 - FDS facts – Communicating with the Drug user
 - Handout 3.5 – Understanding feelings of guilt and mental illness
 - Handout 3.6 – Recognising the grief response and mental illness
 - Handout 3.7 – Developing helpful communication skills with the person who is unwell and agitated.

Useful websites and links (in alphabetical order)

Association of Relatives And Friends of the Emotionally and Mentally Ill	www.arafemi.org.au
Australian Drug Foundation	www.adf.org.au
Beyond Blue	www.beyondblue.org.au
Carers Australia	www.carersaustralia.com.au
Centre for Adolescent Health	www.rch.org.au/cah

Centre for Youth Drug Studies	www.cyds.adf.org.au
Dual Diagnosis Services South Western Sydney Area Health Service	www.swsahs.nsw.gov.au/areaser/Midas/default.asp
Family Drug Support	www.fds.org.au
headspace: Youth Mental Health Foundation	www.headspace.org.au
Kids Help Line	www.kidshelp.com.au
Lifeline	www.lifeline.org.au
Make a Noise – Youth Voice Portal	www.makeanoise.ysp.org.au
Mental Health Council of Australia	www.mhca.org.au
Mood Gym	http://moodgym.anu.edu.au
NSW Centre for the Advancement of Adolescent Health	www.caah.chw.edu.au
Reach Out!	www.reachout.com.au
SANE Australia	www.sane.org
Ted Noffs Foundation	www.noffs.org.au
The Black Dog Institute	www.blackdoginstitute.org.au
The Network for Carers of people with a mental illness	www.carersnetwork.org
Ybblue – Youth beyond blue	www.youthbeyondblue.com

You are more than welcome to include other handouts that you feel are relevant to the topic and services represented.