

'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.

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: _____