





Divisions of General Practice addressing the gap experienced in service delivery for Mental Health and Substance Use comorbidity

Providing local health solutions

MHCC NSW/ NADA Conference
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Divisions Network

- 111 Divisions
 - ½ urban and ½ rural
- 8 State-Based Orgs
- AGPN – peak body
- All incorporated and accredited to ISO (or equivalent) standards
- Cover the whole of Australia



RESPONSIVE TO LOCAL COMMUNITY NEEDS

The image shows a map of Australia divided into numerous small, multi-colored regions representing the Divisions Network. The colors include shades of yellow, orange, green, pink, and red. The map is set against a dark blue background with decorative wavy lines at the top and bottom.

The Network has **multiple levels**:

- local, state and national **configuration**
- nationwide reach – **Coverage** across Australia and across different sectors.

Divisions:

- support and link primary health care with the wider health system – **collaboration**, integration and partnerships
- bring together Australian Government, state and territory programs for integrated service delivery, building **confidence** of our funders

Although there is great diversity in Australian communities, the Network has the **capacity** to deliver services **responsive to local community needs** in a nationally **consistent** manner

Divisions of General Practice

The largest division by population is GP Partners, in Brisbane with approximately 800 GPs
Covers an area of 1,287 square kilometres
(population 540,000)



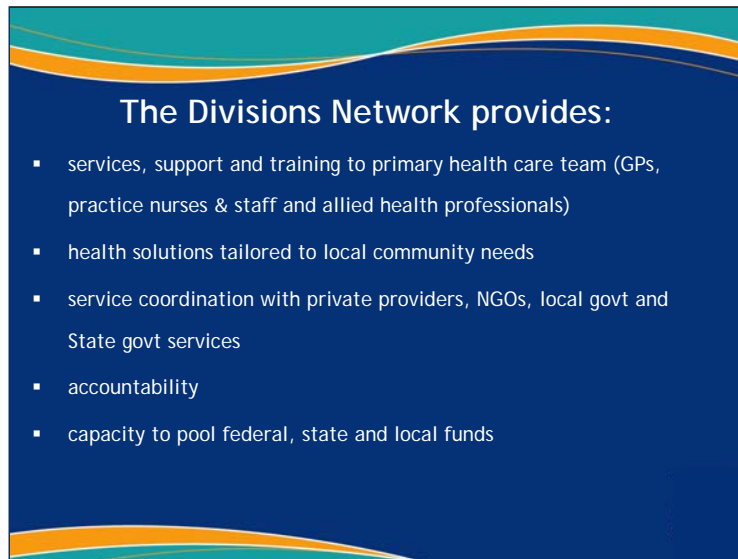
Divisions vary greatly in their structure, their size, their program delivery, their focus and the communities they serve.

The smallest is Barrier Division NSW with 24 GPs
Covers an area of 120,000 square kilometres
(population approx 24,500)



The message is that some have huge geographical spread and serve huge areas.

Some divisions have small numbers of staff and clinical providers, others like North and West Qld are the largest primary health care providers in the region



Part of their uniqueness is this ability to pool funding from different sources such as federal, state, and local sectors as well as the private sector and partnering with other NGOs

While originally divisions were set up to provide a structure to support communication between isolated GPs, divisions are no longer regarded as just special interest groups of GPs – they are an integral part of **local service delivery** and linkages between general practice and the rest of health system.

No other organisation in the health system plays this role.

Divisions are also working to improve **access** to general practice and primary care services for their **local communities:**

- establishing after hours GP cooperatives
- contracting allied health services to work with local GPs
- supporting practice nurse uptake
- assisting practices to establish electronic clinical and business information management systems.

General practice environment



The Past

- Solo “family doctor”
- Isolated cottage industry
- Episodic, reactive care
- One-way referral processes

The Present

- Integration and shared care
- Prevention and early intervention
- Structured chronic disease management
- Multidisciplinary primary care teams
- Establishment of super clinics

We are seeing a major change in the way general practices operate.


Where GPs previously worked in an isolated environment, we are now seeing a shift to integrated, shared care that has a focus on preventing illness, intervening early when illness occurs, and providing care for people with chronic health problems in a structured manner.

We are seeing a shift from the ‘family doctor’ to the ‘primary health care’ team with GPs as essential members and general practice as the foundation of an integrated health system.

In the same way, the Divisions Network is evolving from a GP-service orientation to encompass community health and social support services in addition to the more traditional activities



Supporting the General Practice Team

- Information & communication flow
 - Services: division programs & links to others
 - Connectedness & advocacy
 - Education & Training
- 

Divisions core work.

Today we will talk about Can Do – the comorbidity education and training program and the comorbidity network and grants program which has a focus on service linkage, connectedness and information and communication flow.

'Can Do' - the model

- A national initiative funded by DoHA and DVA
- A multidisciplinary model of joint learning, networking and peer support
- Delivered through divisions of general practice (2006 - 2009) and through *headspace* sites.
- Approx 80 of 111 divisions involved

Can Do is one example of education and training

National Initiative

Federal Government Funding to approximately \$2,500.00

Funded for 2006 – mid 2009

Focus on bringing different teams, services and disciplines together including GPs, practice nurses, other nurses. Psychologists, community pharmacists, social workers, occupational therapists and community service providers.

Divisions of General Practice are the coordinators and brokers of training and are funded to deliver training

Strong emphasis on local delivery targeted to meet local needs.

Aims and Objectives of *'Can Do'*

- Improve the capacity of general practice and divisions to recognise and respond to the needs of people with both mental health and substance use issues in the community
- National implementation of structured education and training, focused on multidisciplinary team approaches
- Development, dissemination and uptake of accredited resources for general practitioners and allied health professionals

Key Points

Focus is on co existing mental health and substance use rather than one or the other.

Central strategy is education and training using joint learning, face to face in the local setting.

Backed by quality resources

Training delivery

- National coordination from AGPN
- Brokered through the state-based organisations
- Delivered by divisions

Clinical training for health professionals

Network training for health and community service providers

Key Points

Top down and bottom up approach with SBOs as the central broker for training

Participation

- General practice teams
- alcohol and drug
- mental health
- youth services
- pharmacy health professionals
- Police
- school counsellors
- VVCS
- consumer groups
- family and carer support groups



Core Training topics

- 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

Topics for the core units are substance and mental health specific and represent some of the most prevalent types of comorbidity seen in Australia.

Topics for the other units are broader in focus and intended to 'set the scene' for population groups and link to later delivery of topic specific units.

Each of these topics has a networking (teams of two) unit and a clinical education unit.

Targeted training for specific population groups

- 'Can Do' for Veterans
- 'Can Do' for Men in Rural Areas
- 'Can Do' for Young Women with Children
- 'Can Do' for CALD People
- 'Can Do' for the Elderly
- 'Can Do' for Indigenous People
- 'Can Do' for Young People, Families and Carers
- 'Can Do' for Families and Carers (general population)

Population specific training units provide information on the specific needs of people from these population groups in relation to their mental health and substance use

These units can be mixed and matched with the core 'network' units. eg Take a focus on 'older people' and then add units for alcohol and depression and benzodiazepines and anxiety.....

What is 'network' training?

- Aim is to *improve coordination of pathways of care* for people with mental health and substance use issues
- Brings together a mix of local health and community service providers to share knowledge, skills and information about their services through:
 - Joint learning
 - Peer discussion
 - Case discussion (and story telling)
 - Mapping local resources
 - Identifying referral pathways
 - Compilation of key services, contacts and local information

Participants come together on three occasions or more

Key Points

Teams of Two commenced in NSW as a well evaluated training package delivered by NSW Health and the Alliance of NSW divisions and has been adapted with permission from NSW Health for national roll out as part of Can Do.

This type of training is usually held over a meal to promote discussion and interaction. Presentation, case study, question and answers, service mapping, swapping of details – location, contact numbers, referral criteria etc



A photo of a typical 'teams of two' network session.

Has led to the establishment of formal and informal network meetings.

Can Do – online clinical education module. Free and available to all professionals working in the area of comorbidity. Even had GPs from Dubai and Mexico take up this training.

The training units emphasise the importance of clinicians working with their patients to:

- Understand high prevalence co-occurring disorders
- Complete thorough history taking and assessment
- Provide common explanations for co-occurrence of mental health and substance use disorders
- Recognise and treat co-occurring disorders
- Develop appropriate referral pathways and regular review opportunities.

Website on the end slide

The National Comorbidity Network

- AGPN has been funded by the Department of Health and Ageing, Drugs Strategies Branch to:
 - implement the Primary Health Care Comorbidity Network Pilot Program (the 'Network')
 - administer the 'Building on Can Do Grants Program' for the Divisions' Network.

Why a National Comorbidity Network?

The purpose of the Network is to:

- build partnerships with the alcohol and other drug (AOD) sector at national and state levels
- encourage multi-disciplinary approaches to the management of people with comorbidity through
 - outreach
 - liaison
 - negotiation with allied health professionals.

Expected outcomes of the Network

- The expected outcomes of the Network are
 - improved liaison and collaboration between:
 - state AOD services
 - state mental health services
 - the non government health service sector
 - community support groups
 - community services; and
 - consumer and carer organisations.
 - improved service delivery to patients with mental health and substance use comorbidity as a result of the above.

Aim of the Grants Program

- To enhance the capacity of Divisions of General Practice to develop and sustain delivery of quality mental health and substance use programs and services at the local level.

Building on '*Can Do*' Grants Program

- Guidelines and applications for the Grants Program were sent out during January 2009
- Requests for applications were for four (4) categories
 - Prevention, early intervention and education
 - Maintenance of multidisciplinary networks at the local level
 - Enhanced Skills Development
 - Consumer Support

Comorbidity Grant Applications progress

- AGPN initially received 166 grant applications
- AGPN shortlisted 62 applications and sent these to the National Comorbidity Grants Advisory and Assessment Panel
- Of these projects around 30-40 will be funded and notified by May 2009.

Thank you and questions

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- Karen Blake: National Comorbidity Coordinator

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- Useful Websites

www.primarymentalhealth.com.au

www.agpnCanDo.com

Key Points

Resources are produced in a number of formats to assist ease of access and to accommodate those in the rural and remote areas who may not have such ready access to computer generated programs.