

## GPA South Gippsland

### Can Do Comorbidity Project

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## About Us

- GPA South Gippsland encompasses the geographical area bounded by Phillip Island in the West, Lang Lang, Mirboo North and Boolarra to the North, Yarram to the East and Wilson's Promontory in the South, an area of approximately 41,000 square kilometres.
- The Division encompasses Bass Coast and South Gippsland Shires and a small area of Cardinia, and Wellington Shires.
- The South Gippsland Division of General Practice is Commonwealth funded and part of a nationwide network of Divisions with associated State Based Offices.
- In July 2006 the South Gippsland Division of General Practice changed it's identity and is known today as General Practice Alliance South Gippsland (GPA South Gippsland).

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## About Us

- GPA South Gippsland works with 13 GP Practices within the region which includes three hospitals.
- We are co-located with South Coast Primary Care Partnerships and work closely on health promotion and service development projects with them.

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## GPA South Gippsland Programs

- Can Do Comorbidity Project Gillian Ashton
- Mental Health and Drought Program Judy Tiziani
- Allied Health, Diabetes, Workforce, Continuing Professional Development, Aged Care and Get GP Rhett McLennan
- Clinical Risk Management Dot Humphrey Lesque
- Home Medicine Review Roger Kilpatrick
- Immunisation and Nursing in General Practice Jo Hillbrick
- Palliative Care Julie Bernardson

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## Mental Health Program

- The role of the mental health program co-ordinator is to ensure GP's are up to date on their knowledge of all things mental health
- This incorporates the Better Access, Better Outcomes and ATAPS programs as well as general mental health training for GP's
- Judy acts as a 'consultant' for GP's and Practice Nurses on mental health services, Medicare rebates and incorporating other health services into working with GP's
- Most recently Judy has been conducting Mental Health First Aid courses, a refugee mental health conference, Young Minds and the National Perinatal Initiative.
- Whilst some training is specific to GP's, for the most part training is offered to a wide range of professionals in the local area.
- GPA South Gippsland and South Coast PCP have been involved in the provision of training since its inception. Staff at BCCrHS currently sit on Reference Groups for projects with GPA and PCP and work collaboratively with us on achieving best outcomes for individuals in the community.

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## Nature of the area

- Particularly in Bass Coast, there is a high turnover of GP's, Registrar Rotation programs and a high number of Internationally trained GP's.
- The 2007-08 annual survey of General Practice Divisions estimated that the Division region had 82 practicing GPs (29 of whom were female) and a ratio of full-time GPs to population of 1:1118.
- Health care services are scarce, particularly following the closure of Warley Hospital, in Cowes
- The population of the area is heavily biased towards those over the age of 60 years.

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**Local facts**



- According to the South Coast Primary Care Partnership Community Wellbeing Profile 2009, Bass Coast Shire residents experience a poorer health status than either South Gippsland residents or Victoria as a whole.
- In the South Coast PCP region in 2006, residents were generally more likely to be earning a low income and less likely to be earning a high income, compared to the Victorian average.
- In 2006, most South Coast PCP region residents were born in Australia. The next most common countries of birth were United Kingdom, New Zealand, Netherlands, Italy and Germany.
- In 2001, according to the Burden of Disease study, Bass Coast Shire males and females had higher DALY rates than South Gippsland Shire males and females.

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**Local facts**



- High risk alcohol consumption has been defined by the PHIDU as “average daily consumption of more than 75ml (three standard drinks) for males and 50ml (two standard drinks) for females.” The estimates indicate that the rate of high health risk alcohol consumption was highest in Bass Coast -Balance SLA, followed by South Gippsland - East SLA. Most of the SLAs had a higher rate of high risk alcohol consumption than the Victorian average.

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**Local facts**



- In 2006/07, there were 412 hospital admissions for South Coast PCP region residents where “mental diseases and disorders” was the major diagnostic category. This represented approximately 1.8% of all admissions for residents of that region, compared to approximately 3.4% of all hospital admissions for Victoria.
- Burden of disease data from 2001 indicates that the Bass Coast Shire had a higher DALY rate for overall mental disorders for females compared to the Victorian average. Bass Coast Shire males and South Gippsland Shire males and females had a lower DALY rate for overall mental disorders, compared to Victoria.
- Bass Coast Shire had a higher DALY rate for depression in females, compared to the Victorian average and South Gippsland Shire had a higher DALY rate for alcohol abuse/dependence for males, compared to the Victorian average.
- The estimates indicate that Bass Coast - Balance SLA had the highest rate of population with high or very high psychological distress levels and this rate was higher than the Country Victorian and Victorian averages.
- In 2007/8, Bass Coast Shire had a higher rate of family incidents reported compared to Victoria and South Gippsland Shire. Compared to Victoria, Bass Coast Shire also had a much higher rate of incidents where charges were laid and where an IVO was applied for. The rate of reported family incidents in Bass Coast Shire increased between 2006/7 and 2007/8. The rate of incidents where charges were laid and where an IVO was applied for also increased by a greater percentage in Bass Coast Shire than in South Gippsland Shire or the Victorian average. South Gippsland Shire also recorded a greater increase in family incidents and family incidents where charges were laid, compared to the Victorian average.

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### Local facts

- VAED data from 2006-07 indicates that, compared to the Victorian average, Bass Coast Shire residents had the same proportion of admissions where the person was treated for an alcohol problem and a higher proportion of admissions where the person was treated for a drug problem. South Gippsland Shire, compared to the Victorian average figures, had a lower proportion of admissions where the person was treated for an alcohol problem or for a drug problem.

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### Can Do Project

- Funded through Department of Health and Ageing and AGPN
- 12 month project
- Two objectives;
  - To enhance local professionals understanding and awareness of comorbidity issues in young people
  - To enhance local service coordination and continuity of care for patients with comorbid mental health and drug/alcohol conditions

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### Can Do Project – Objective One

Aims

- Establish the current knowledge level of local service providers in relation to comorbidity in young people
- Identify the training needs of local service providers related to young people and comorbidity
- Enhance local service providers knowledge of the comorbidity issues relevant to young people
- Build capacity of local services to identify, manage and support young people with comorbid mental health and drug/alcohol conditions

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## Can Do Project – Objective Two

### Aims

- Establish the current local issues related to care and management of patients with comorbid mental health and drug/alcohol issues, including current referral pathways and protocols between services
- Develop a regular, consistent interdisciplinary network of service providers involved in the care and management of patients with comorbid mental health and drug and alcohol issues
- Enhance service co-ordination among service providers via a range of support strategies
- Build capacity of local service to identify, manage and support people with comorbid mental health and drug/alcohol conditions

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## The state of play – What we found out

- A significantly varied degree of knowledge about comorbidity amongst different professionals and sectors
- A belief from professionals that some services 'do' comorbidity better than others
- GP's have a good level of mental health knowledge and feel confident in working with presentations of mental illness.
- GP's have a poor level of Alcohol and Drug knowledge and do not generally feel confident in working with such presentations.
- School staff feel they do not have the skills to adequately deal with a young person whom they suspect may have comorbid AOD use
- That we are flooded with projects in the region on Dual Diagnosis and that most AOD and MH services are actively involved in upskilling staff on comorbid issues
- All professionals were interested in further training around Comorbidity.
- As part of the VDDI, referral protocols and working agreements were being developed between AOD and MH services in the region – but the GP's were not to be included in this process – yet!

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## Our plan of action

- Given the findings of the needs analysis and discussions with professionals it became obvious that the focus of the training needed to be two fold;
  - Upskilling staff in the area that they were not trained in – before learning about the management of comorbidity
  - Networking

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## Our plan of action



- GP's needed to be further trained in working with AOD presentations, needed to be encouraged to be proactive about alcohol use and become more familiar with the AOD services operating in their local area.
- Referral pathways for GP's to AOD and MH services needed to be developed as an adjunct to the work done by the VDDI
- Relationships between service providers and GP's needed to be improved

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## What we have come up with so far!



- [Referral pathways](#)
- [South Coast Comorbidity website](#)
- GP Referral Feedback Form
- [Guidelines for working with GP's for AOD and MH workers](#)
- [Alcohol Withdrawal Guidelines for GP's](#)
- Alcohol early intervention posters for GP Clinics
- Training package

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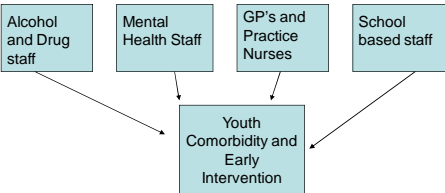
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## Training



- In light of the findings from the needs analysis, it was decided to conduct the training in a five stream model



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## Where to from here?



- Funding for Can Do projects ceases in June 2010 and was not considered for refunding by DOHA
- Sustainability?
- Integration with Mental health providers forum – run by South Coast PCP
- Website and integration with VDDI

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