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# Evaluating the impact of the COVID-19 pandemic on the provision of physical health interventions to SLHD community mental health consumers

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# Living Well, Living Longer

Integrated Care Program to Improve the Physical Health of People Living with Severe Mental Illness

Screening

Detection

Treatment Initiation

Ongoing Management



ccCHiP Metabolic Assessment Clinic



- Multiple metabolic health specialists: 'one stop shop'
- Three outpatient assessment clinics per week
- Referrals from mental health teams or GPs
- Comprehensive assessment & recommendations



Mental Health Shared Care



- Formalised care agreement between GP & MH Service
- Clear division of roles in shared care of consumer
- Agreement around sharing of information
- Supported by Shared Care Liaison Clinicians (CNCs)



Health Peer Support Workers



- Using lived experience of mental distress & recovery to offer empathic support, empowerment & validation.
- Co-facilitation of community-based exercise groups
- Integrated into community mental health teams



Diet and Exercise Interventions



- Assessment & individualised intervention from dietitians, exercise physiologists & smoking cessation
- Co-facilitation of community-based exercise groups
- Integration with ccCHiP clinic



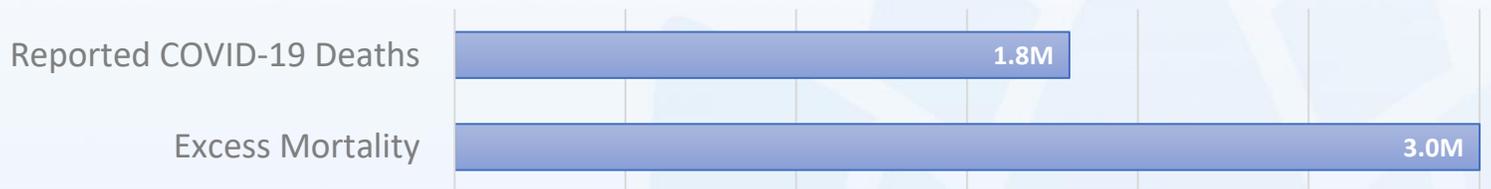
## “Collateral Health Issues” derived from the COVID-19 pandemic

- “There is an equally urgent need to manage all the collateral damage to public health caused by a worldwide pandemic in order to prevent the “cure” being worse than the disease.”

Muniz-Pardos B, Shurlock J, Debruyne A, Steinacker JM, Börjesson M, Wolfarth B, Bilzon JJJ, Löllgen H, Ionescu A, Zupet P, Dohi M, Swart J, Badtieva V, Zelenkova I, Casasco M, Geistlinger M, Bachl N, Tsofliou F, Di Luigi L, Bigard X, Papadopoulou T, Webborn N, Singleton P, Miller M, Pigozzi F, Pitsiladis YP. Collateral Health Issues Derived from the Covid-19 Pandemic. Sports Med Open. 2020 Aug 8;6(1):35. doi: 10.1186/s40798-020-00267-6.



## 2020 Global Mortality



## “The pandemic has likely increased deaths from other causes due to disruption to health service delivery...”

WHO (2021) The Impact of COVID-19 on Global Health Goals.

<https://www.who.int/news-room/spotlight/the-impact-of-covid-19-on-global-health-goals#cms>



Medical Infrastructures around the world:

1. **“Vastly unprepared and ill-equipped”** to manage a pandemic and simultaneously provide general medical/specialist care
2. Needed to adapt rapidly and reorganise services not considered to be first line to increase capacity

Filip, R. *et al.* (2022) 'Global Challenges to Public Health Care Systems during the COVID-19 Pandemic: A Review of Pandemic Measures and Problems.', *Journal of personalized medicine*, 12(8). doi: 10.3390/jpm12081295.

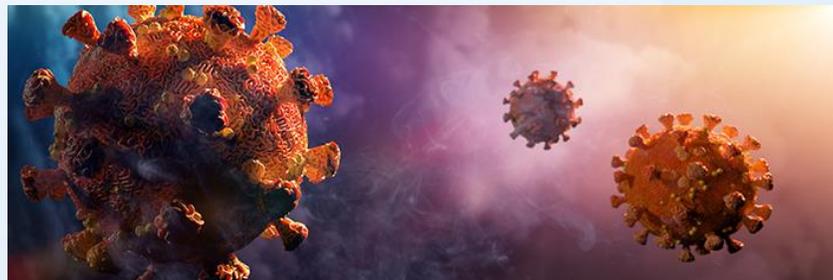
COVID-19 linked with significant decreases in mobility, walking, and physical activity, and increases in sedentary activity.

Park AH, Zhong S, Yang H, Jeong J, Lee C. Impact of COVID-19 on physical activity: A rapid review. *J Glob Health*. 2022 Apr 30;12:05003. doi: 10.7189/jogh.12.05003. PMID: 35493780; PMCID: PMC8979477.



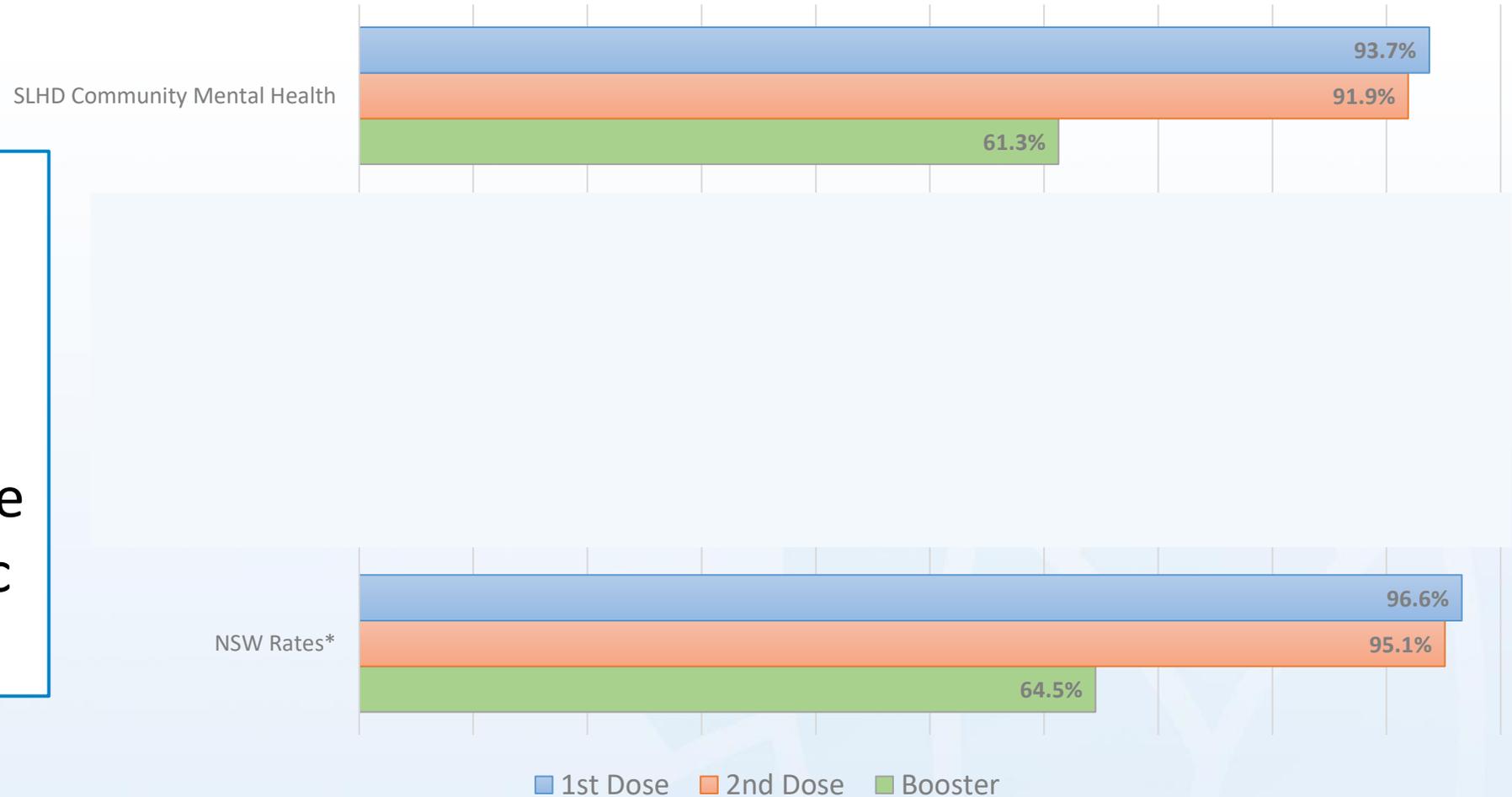
Reviewing the impact of the pandemic within SLHD on provision of:

1. COVID-19 Vaccinations
2. Metabolic Monitoring
3. Mental Health Shared Care
  - encompassing annual physical health checks with GPs
4. ccCHiP cardiometabolic clinic appointments
5. Engagement with dietitians/exercise physiologists



# 1. COVID-19 Vaccinations

People enrolled in shared care received booster vaccinations at a rate higher than the NSW general public (72.7% vs. 64.5%)

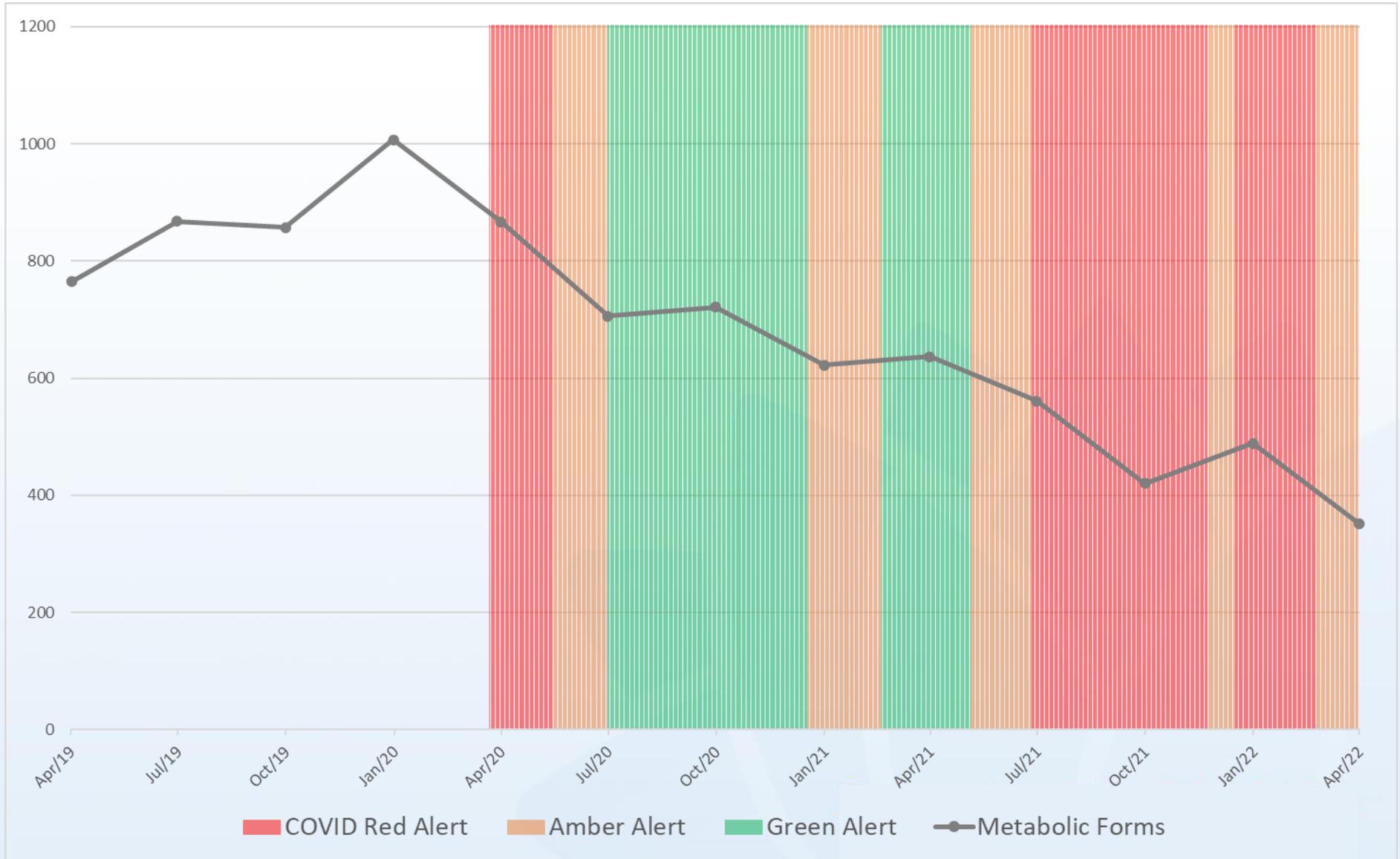


\*NSW Rates as at 30/6/22. SLHD data captured between June & September 2022

## 2. Metabolic Monitoring

Pre-pandemic average was 900 Metabolic Monitoring Forms per quarter.

This dropped to 564 per quarter - a 37.3% reduction.



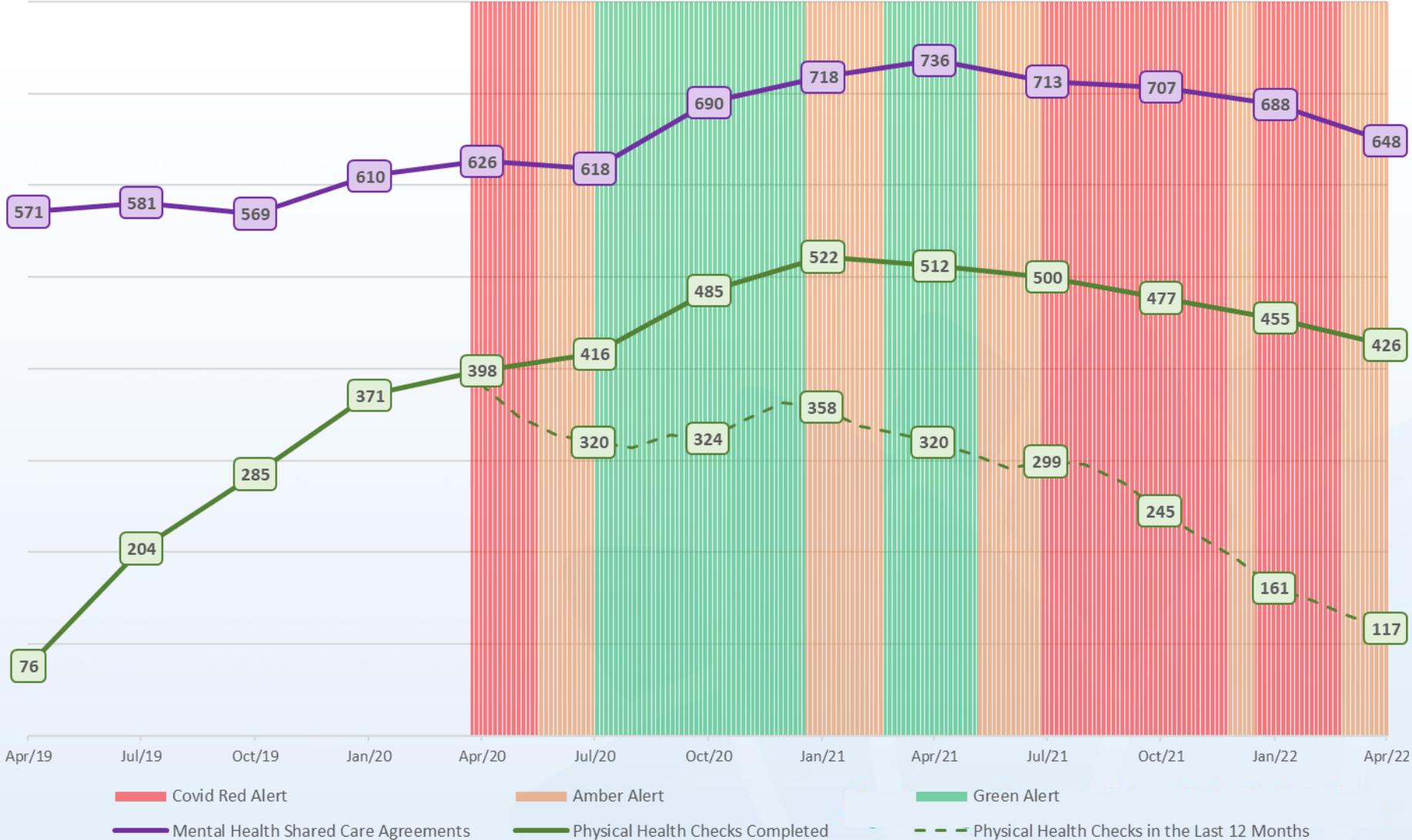
### Contributing Factors:

1. Requirement to maintain physical distance – PPE restrictions
2. Limiting of face-to-face contacts
  - *'Where clinically possible, limit face to face contact with consumers' (30/6/21)*
  - *'Minimise consumer attendance at CHC and where possible move to virtual models of service delivery' (7/9/21)*
3. Staffing shortages & turnover
4. Redeployments (CNEs) & changes of leadership



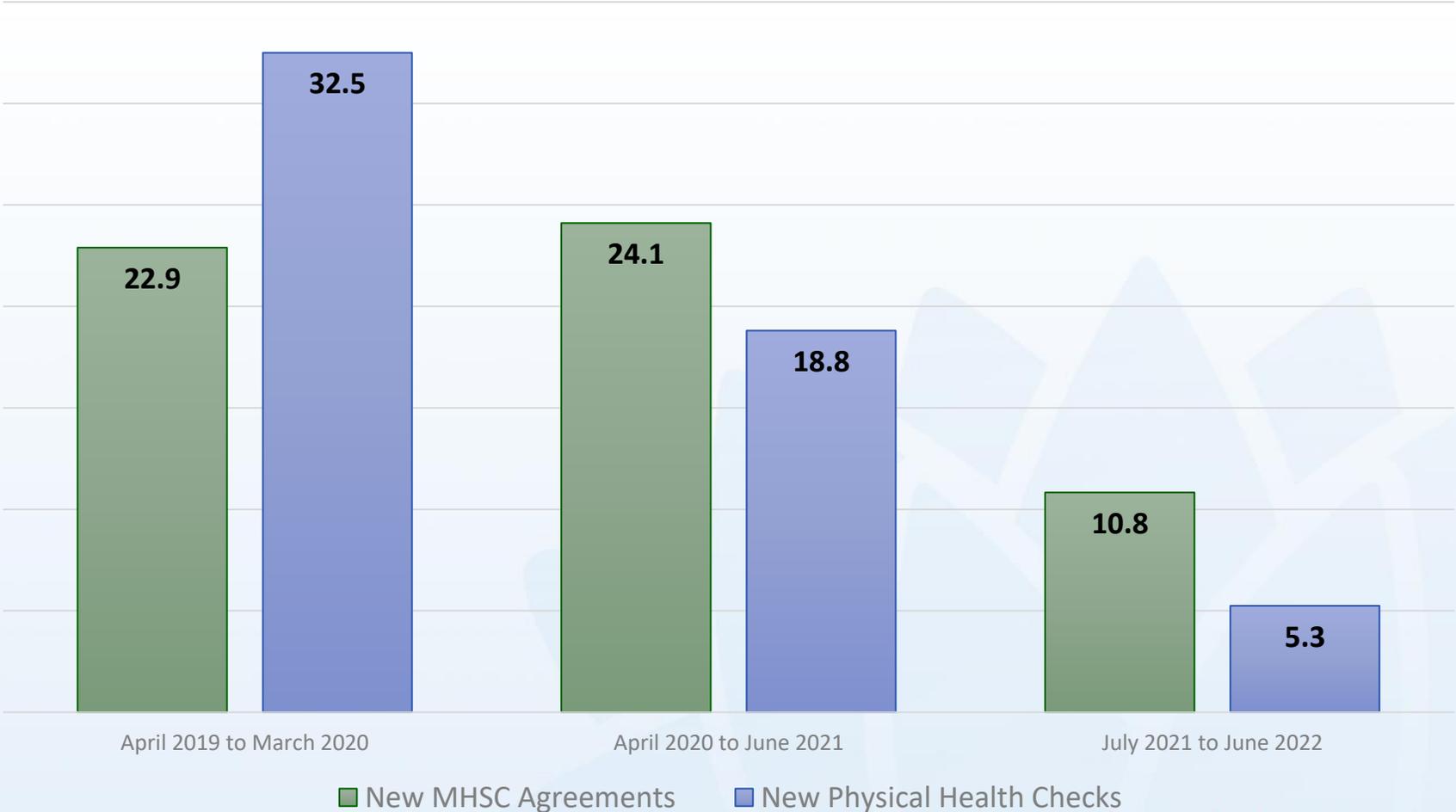
# 3. Mental Health Shared Care

Physical Health Checks 'within 12 months' reduced during the 2 years of the pandemic, accelerating during Delta & Omicron Outbreaks



### 3. Mental Health Shared Care

Overall, a 20.1% reduction in agreements, and a 60.6% reduction in physical health checks

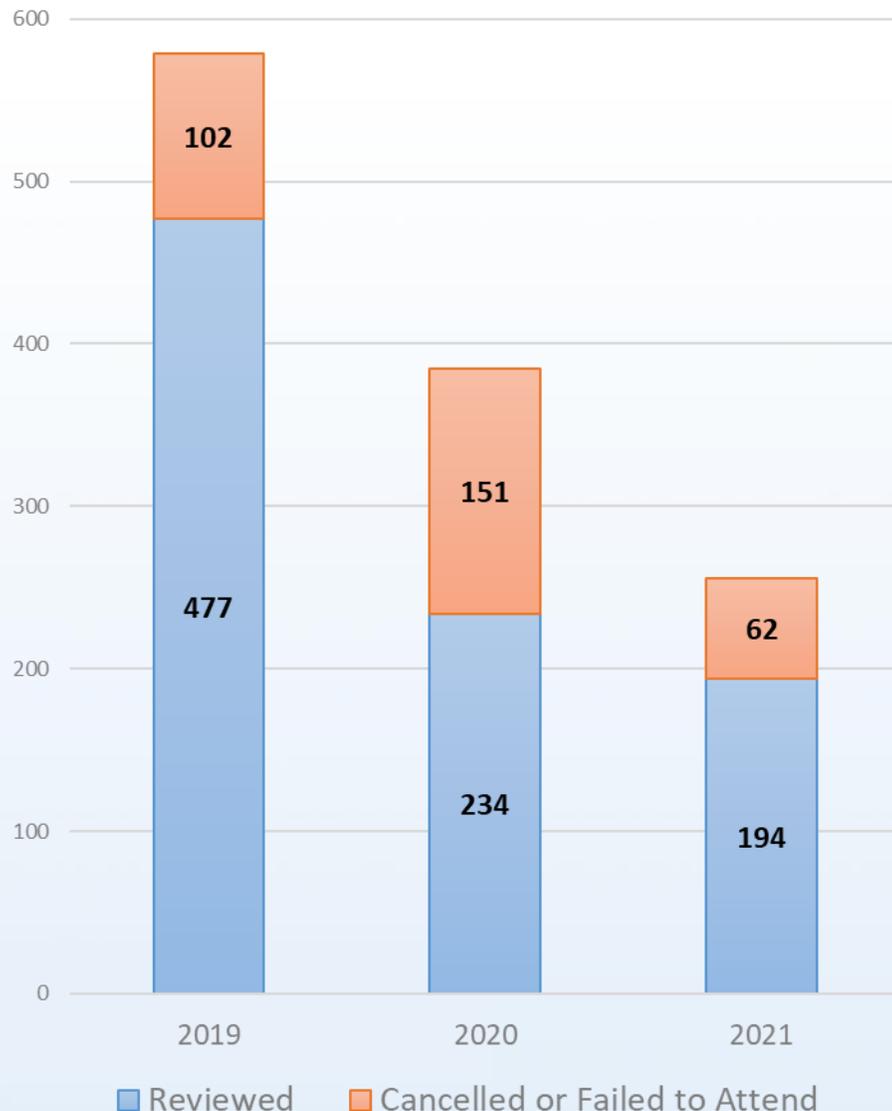


### Contributing Factors:

1. Reduction of face-to-face contacts
2. Redeployments = reduced orientation
3. Staffing shortages & turnover
4. GP capacity / Telehealth
5. Changes in Medicare billing



## 4. ccCHiP Cardiometabolic Clinic Assessments



**There was a 55.1% reduction of ccCHiP clinic reviews during the pandemic**



### Contributing Factors

1. Closure of clinics (April – July 2020, July to October 2021, and January to March 2022).
2. Reopening at 50% capacity
3. Reduced referrals from community teams
4. Loss of key ccCHiP liaison staff

# 5. Engagement with Dietitians & Exercise Physiologists

Overall, there was a 19.8% reduction in contacts with dietitians and EPs during the two years of the pandemic



## Contributing Factors:

1. Redeployments effectively closing the service during red alerts
2. Cancellation of community based physical health groups
3. Reduction of referrals from care coordinators
4. Turnover of staff



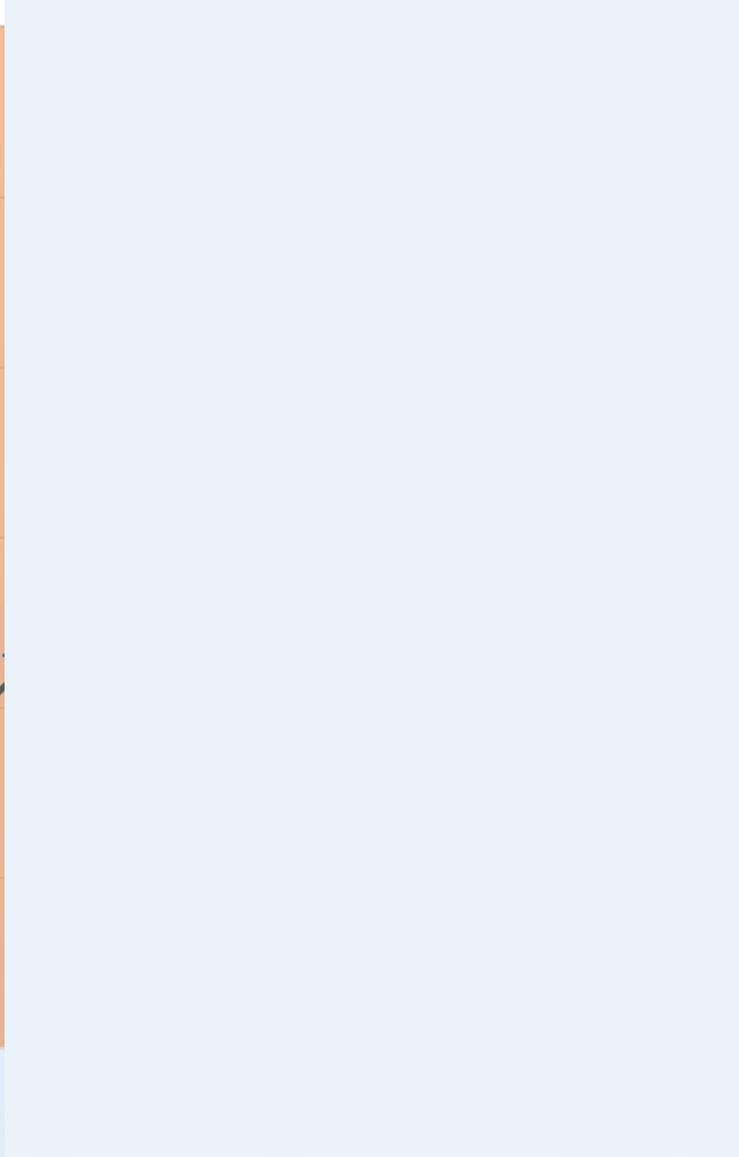
### **The good news:**

91.9% of community mental health consumers received at least two COVID-19 vaccinations and 61.3% received a booster

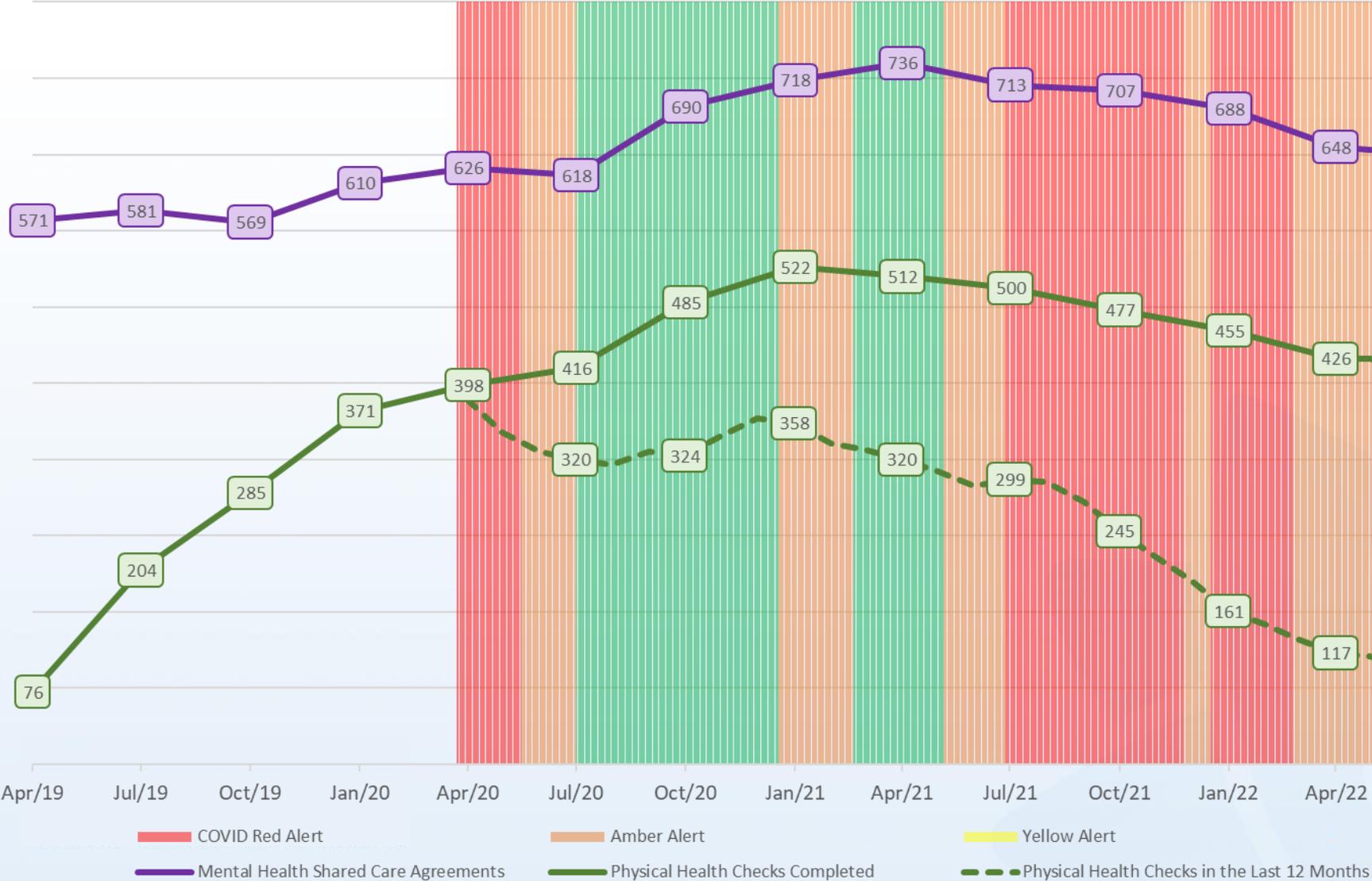
### **The bad news:**

- 37% reduction in rates of metabolic monitoring across community mental health
- 20% reduction in Mental Health Shared Care agreements
  - 61% reduction in physical health checks with GPs for those in shared care agreements
  - 57 fewer GPs involved in providing shared care agreements (16% reduction)
- 55% reduction in ccCHiP reviews (cardiometabolic assessment clinic)
- 20% reduction in interventions from community dietitians & exercise physiologists

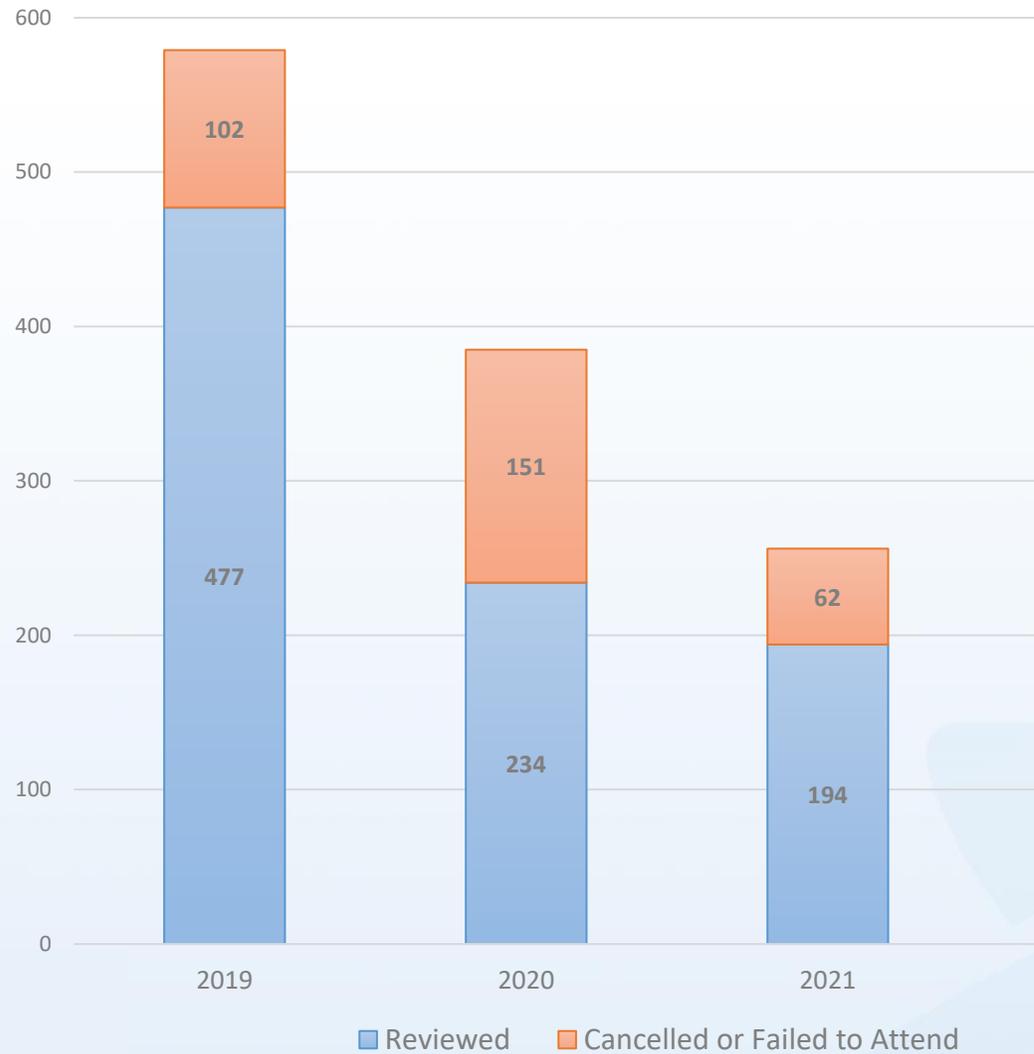
# Latest Data: Metabolic Monitoring



# Latest Data: Mental Health Shared Care



# Latest Data: ccCHiP Cardiometabolic Clinic



# Latest Data: Dietitian & Exercise Physiology Contacts



1. The pandemic contributed to a dramatic reduction of physical health interventions for PLWSMI in Sydney LHD
2. Other service providers should look at their own interventions to understand the local impact
3. Services must now redouble their efforts to improve rates of screening, detection & treatment of chronic disease in PLWSMI

Thank you for listening!

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