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Improving Hepatitis C Care for Mental Health Inpatients: a pilot implementation trial

Dr. Judith Byaruhanga

Project Officer, HIV and Related Programs (HARP)

Population Health, Hunter New England Local Health District

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Acknowledgement of country

I acknowledge the Traditional Custodians of the lands on which I live and work.

I pay my respect to Elders past, present and emerging.

I extend that respect to Aboriginal and Torres Strait Islander peoples here today.

Background of Hepatitis C in mental Health settings

Pilot study : A case of Hunter New England Local Health District

Methods and data collection

Findings

Conclusion

Background

Hepatitis C is an infection of the liver caused by the hepatitis C virus that causes inflammation of the liver.

Infection is acquired when the blood of a person living with the virus enters the bloodstream of another person.

No vaccine for the hep C virus to date

Past infection does not provide immunity to hep C, meaning that even after being cured, people can be re-infected.

People with a mental illness are at greater risk of hepatitis C virus (HCV) infection and hospitalization.

HCV affects 10-20% of people who have a mental illness

HCV testing and treatment is not routinely offered to patients of mental health inpatient services

Background

Recognising the importance of mental health settings in Hepatitis C care

Priority settings



Geographic locations with high prevalence and/or incidence of hepatitis C



Other services that support priority populations, including peer-based services, homelessness services and mental health services



Community, primary health and other health services, including Aboriginal Community Controlled Health Services/ Aboriginal Medical Services



Needle and syringe programs



Places where priority populations live, work and socialise



Alcohol and other drug services



Custodial settings

Key Settings



Aboriginal Community Controlled Health Services



Homelessness services and social housing



Alcohol and Other Drug services



Mental Health services



Custodial settings (including community corrections and parole services)



Multicultural and community settings



General Practice



Needle and Syringe Program services

Fifth National Hepatitis C Strategy 2018-2022

NSW Hepatitis C Strategy 2022-2025

Study Objectives

To determine:

1. The effectiveness of a clinical practice change initiative in improving:
 - Routine testing of mental health inpatients for hepatitis C
 - Linkage of mental health inpatients with hepatitis C into treatment
2. The prevalence of hepatitis C among mental health inpatients
3. The acceptability of hepatitis C testing and treatment models to mental health inpatients and staff

Methods

A pre-post pilot study:
March to September
2021 & 2022

Participants included
mental health staff,
viral hepatitis
specialists and
mental health patients

Participating units



Unit A: is a 20-bed acute Mental Health In-Patient Unit within a Rural Referral Hospital.



Unit B: is a 22-bed acute Mental Health In-patient Unit located within a hospital campus in a metropolitan area.

Testing and treatment module

Request

- Doctors offer HCV testing to all patients routinely
- Order all required HCV tests (two tests)

Review

- Review results with patient
- Facilitate additional testing if required
- Determine appropriate care pathway

Refer

- Link into care via nurse-Led remote prescribing model
- Facilitate treatment access for inpatients via GP or Specialist

Implementation Strategies

Mandate Change

- Leadership support from a Steering Group

Access new funding

- Fund nurse referrer/champion and pathology

Build coalition

- Implementation meetings with ward clinicians, pathology and research team

Conduct Educational Meetings

- Training sessions for Clinicians

Develop and organize quality monitoring systems

- Systems for nurse referrer to monitor testing by admission and quality assurance

Reminders/Prompts

- Posters, badges, prompt cards

Audit and Feedback mechanism

- Laboratory reports of hepatitis c tests used as performance feedback for clinicians

Data collection



Participant characteristics

Medical records



Testing and treatment

Medical records



**Staff acceptability,
barriers/enablers of the HCV
model of care**

Survey

Focus group discussions



**Consumer acceptability and HCV
awareness**

Facilitated survey on mental health
inpatients

Participant Characteristics

Age: 18 to 85 years

Median age: 40 vs 39 post test

Most common diagnosis

Schizophrenia: 62(43.97%) vs
181(36.79%) post intervention

Substance use disorder: 50 (35.46%)
vs 158 (32.11%)

Suicide ideation:16 (11.35%) vs 57
(11.59%)

Trauma and stress related disorder
diagnosis 17(12.06%) vs
97(19.72%)

Findings

Total patients admitted:

- 633 (141 vs 492)

HCV tests ordered:

- 48 vs 221
 - 8 vs 24 Reactive **HCV** Antibody Tests
 - 4 (8%) vs 10 (5%) Detected **HCV** RNA Tests

Treatment:

- 0 vs 5 People initiated treatment remotely
- 3 referrals (1 GP and Specialist, 1 interstate)
- 2 **Lost to follow up**

Findings

- Overall, 11% increase in HCV testing 34.0% vs 45.0% ($p=0.022$).
 - Unit A: 17% and Unit B: 8% increase testing
- Overall, 50% HCV treatment prescribed
 - Unit A: 33.3% and Unit B: 75% increase in treatment

Acceptability of mental health inpatients N=12

- 92% strongly agree would accept treatment whilst at the unit¹
- 83.3% strongly agree that hepatitis C testing should be part of routine tests on admission
- 83.3% confident would complete the 8-12 weeks of medication
- 83.3% strongly agree to being comfortable talking to a nurse or other staff about hepatitis C ¹
- 67% strongly agree are supported by friends/family to complete treatment and confident would know how to get treatment

¹ One participant did not respond to this question.

Clinician acceptability N= 10

100% Clinicians
agreed that
HCV-testing was
important

100% welcomed
routine HCV
testing as usual
care

90% indicated
that HCV testing
and treatment is
implementable

Clinician barriers to HCV care N=18

Workload burden

Lack of knowledge to complete the care tasks

Perceived low importance

Low self-efficacy- low confidence with prescribing

Competing medical priorities

Complicated care process-associated requirements are challenging and time-consuming

Clinician facilitators to HCV care N=18

 Clinicians' personally value HEP-C testing and believe it is important

 Reminders and prompts by program champion

 Champion organising care

 Effective education/training

 Performing the HEP-C blood test alongside other routine blood tests

 Clear instructions

Conclusion



Routine HCV care in MHS is feasible and acceptable.



Implementation support increased HCV testing and treatment in MHS units.

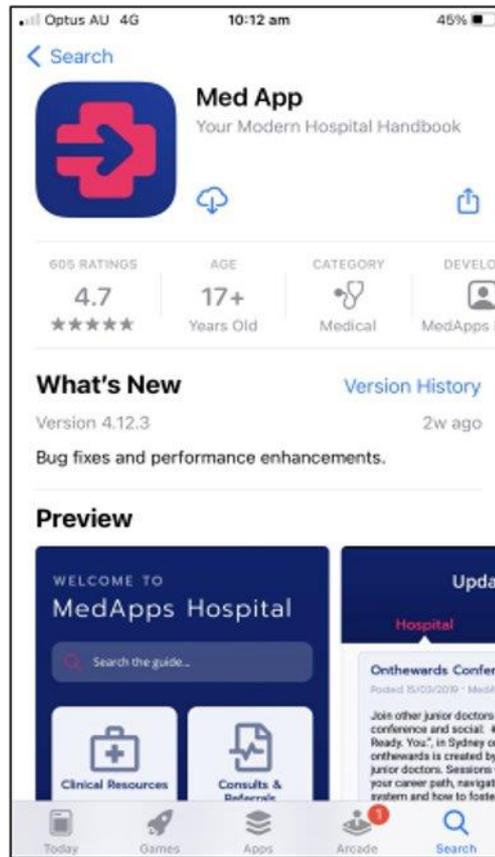
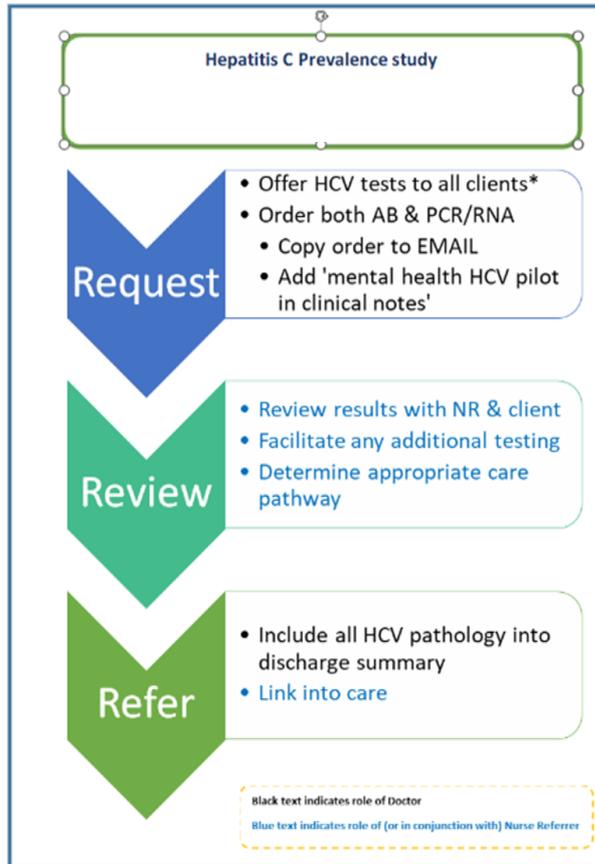


Data on barriers and facilitators to HCV care may be used to refine implementation strategies to better support mental health clinicians.



These strategies should be tested using more robust evaluation methods and should inform local, state and national policy and practice.

Posters and prompts



Here are some tips for introducing hep C testing to patients in your clinic...

Starting the conversation

→ "WE HAVE A FOCUS ON LIVER HEALTH AT THE MOMENT AND ARE OFFERING EVERYONE TESTING FOR HEP C"

THE MOST COMMON WAYS YOU CAN GET HEP C ARE:



"DO YOU THINK YOU MIGHT BE AT RISK AND WOULD YOU LIKE A TEST TO FIND OUT?"

"HAVE YOU BEEN TESTED BEFORE?"

Things to cover before a test:

- Previous testing
- Information on testing, treatment and prevention
- Allow the person to be in control of their disclosure of risk – they don't have to tell you how they got hep C.
- What does the person think the result will be? Do they have someone they could talk to about it if it was positive?
- Reason for why a positive test result requires notification to DHHS (public health purposes)
- Has the person given consent to be tested?

eligibility.

#treatme

OLD



STRICT
REQUIREMENTS

NEW



ANY ADULT
WITH A MEDICARE CARD

new hep c treatment
things have changed.

Ask your doctor about starting hep c treatment now.

For more information:

www.hep.org.au or call 1800 803 990



cure rate.

#treatme

OLD



0-50%
SUCCESS

NEW



95-98%
SUCCESS

new hep c treatment
things have changed.

Ask your doctor about starting hep c treatment now.

For more information:

www.hep.org.au or call 1800 803 990



duration.

#treatme

OLD



6-12 MONTHS

NEW



8-24 WEEKS

new hep c treatment
things have changed.

Ask your doctor about starting hep c treatment now.

For more information:

www.hep.org.au or call 1800 803 990



Acknowledgements



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Thank you!