

Identifying Hep B and C in Mental Health Inpatients: Liverpool NSW, Australia

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Background/Approach: Liverpool Hospital Liver Clinic piloted a screening service in Mental Health (MH) inpatients at risk of viral hepatitis. Following guideline based serological assessment, we provided appropriate treatment or linkage to care for patients with evidence of viral hepatitis infections.

Analysis/Argument: The project provided *in-reach* to admitted MH patients through guideline-based screening serological testing. Electronic medical record (EMR) were assessed for risk factors for viral hepatitis infections. We included a history of non-prescribed drug use, incarceration, Aboriginal or Torres Strait Islander background or birth outside of Australia.

Outcome/Results: During July 2019 – January 2021, 777 MH inpatients were found to have a risk factor for BBV. Of these, 598 underwent serological screening; two patients did not provide consent for the testing and did not participate in the project. In 102 (17%) patients had Hepatitis C Virus (HCV) antibodies; 35 viraemic patients (5.9%) had CHC (Chronic hepatitis C) confirmed. Antiviral therapy was embarked upon in each case, utilising careful planning and support from the MH and Liver Clinic teams. Patients were frequently noted to have barriers to outpatient care, including limited access to primary care providers, inconsistent accommodation and limited social supports. Sustained Virological Response (SVR) occurred in 26 patients (74%). Serological markers for CHB (Chronic Hepatitis B) were detected in 19 patients; appropriate management was continued through the Liver team where indicated.

Conclusions/Applications: The collaboration of the Liver and Mental Health teams to screen for and manage MH patients with BBV infections was highly effective, despite the significant barriers to care. Efficient and effective CHC and CHB care was achieved in a hard-to-reach patient cohort. CHC antiviral therapy was mostly completed after discharge; despite this, a relatively high SVR rate was achieved. This model could be implemented in other mental health facilities if collaborative channels are established between the liver clinic and mental health teams.

Disclosure of Interest Statement: There were no disclosures of Interest for this project