

## GETTING ON TRACK AND DOING WHAT WE SHOULD:

### ADDRESSING GAPS IN HEPATITIS C TREATMENT WITHIN MENTAL HEALTH SERVICES

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#### **Background/Approach:**

People engaged with Specialist Mental Health Services (SMHS) who inject drugs are a recognised priority population for hepatitis C virus (HCV); however, screening and treatment rates remain persistently low. Despite HCV being 95-99% curable and supported by national policy, clinical silos, concerns regarding adherence, and perceived service complexity continue to limit equitable access. This abstract addresses clinical practice gaps and describes a nurse led, integrated model of care informed by quality improvement activities, policy alignment and supported by community based harm reduction services in Ōtautahi Christchurch.

#### **Analysis/Argument:**

A registered nurse working across mental health services and a community harm reduction service identified opportunities to integrate HCV care. Analysis of service pathways highlighted missed screening opportunities, unclear treatment responsibility, and limited understanding in harm reduction approaches.

A case study of a 37-year-old man with schizophrenia and long-standing untreated HCV demonstrated how tailored adherence support, delivered in partnership, enabled successful engagement and treatment. Using international and local evidence, alongside national action plan objectives, supported a nurse led service redesign.

#### **Outcome/Results:**

In the initial six months, sixteen SMHS service users were identified through this nurse led initiatives. Eight commenced treatment, with three achieving sustained virologic response and five currently undergoing treatment. System level outcomes included incorporation of blood borne virus screening into inpatient admission processes and annual metabolic screening in community services. Early findings demonstrate high engagement and improved access for a population historically underserved.

#### **Conclusions/Applications:**

This analysis demonstrates that integrating HCV care into mental health services is feasible, improves equity, and aligns with evidence based practice. This nurse led model, supported by simplified pathways and community partnerships, can address gaps in care and improve quality improvement across mental health and addiction services.

#### **Disclosure of Interest Statement:**

The author declares no conflicts of interest relevant to this work.