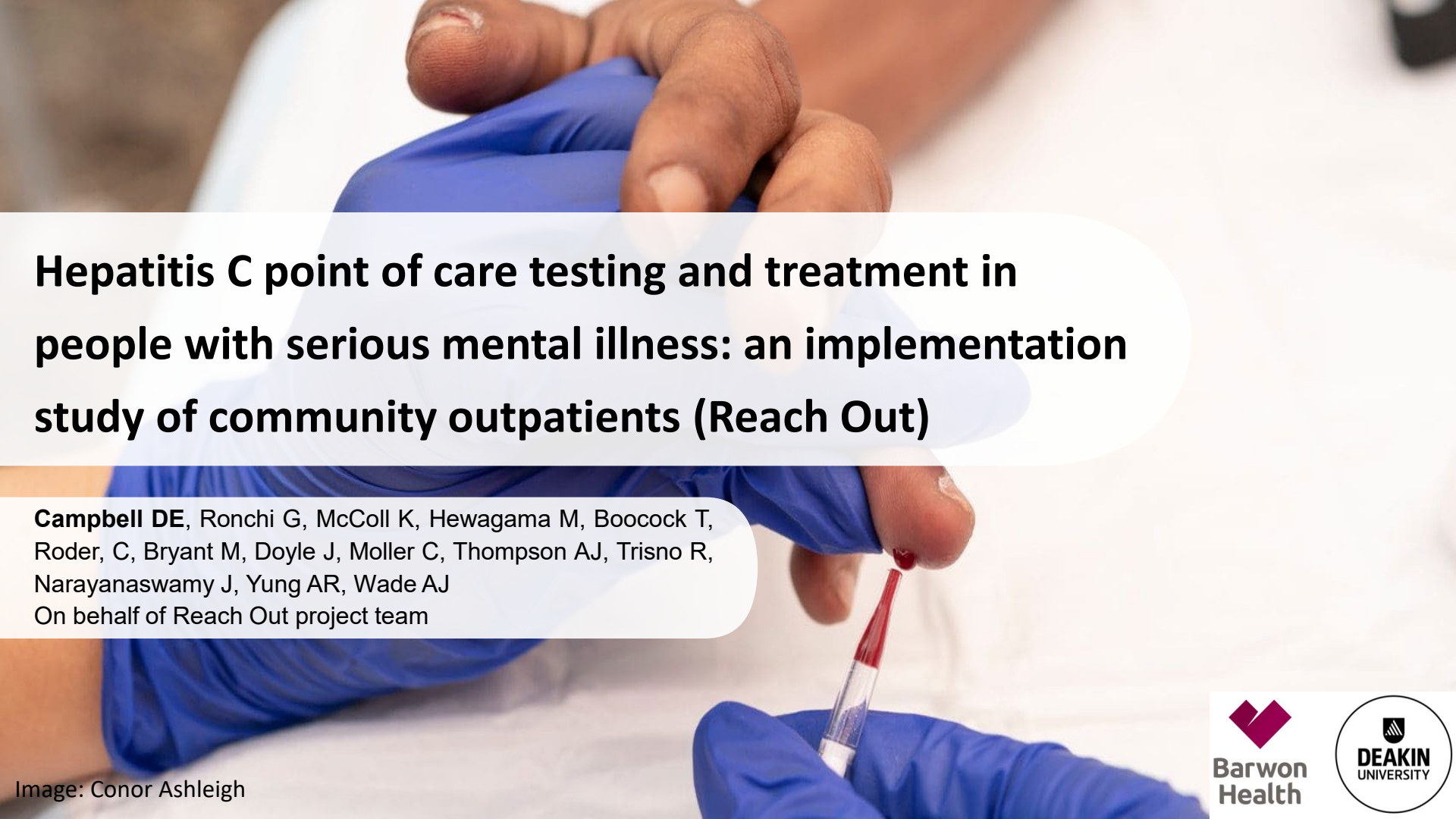




Hepatitis C point of care testing and treatment in people with serious mental illness: an implementation study of community outpatients (Reach Out)

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On behalf of Reach Out project team

Introduction

- People with **serious mental illness** are a key population for HCV testing
- RANZCP recommends HCV testing on ‘entry to the [mental health] service, and regular screening for patients who have ongoing risk’¹
- But testing in **mental health services** is **not routine**

Professional Practice Guideline 21
Treating hepatitis C
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Authorising Body:	Board
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Purpose

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) provides this information and guidance to psychiatrists to facilitate care for people living with mental illness who are also living with or at risk of hepatitis C. Given recent advances in the treatment of hepatitis C, the RANZCP recognises the need to improve knowledge about hepatitis C treatment among psychiatrists.

Aims



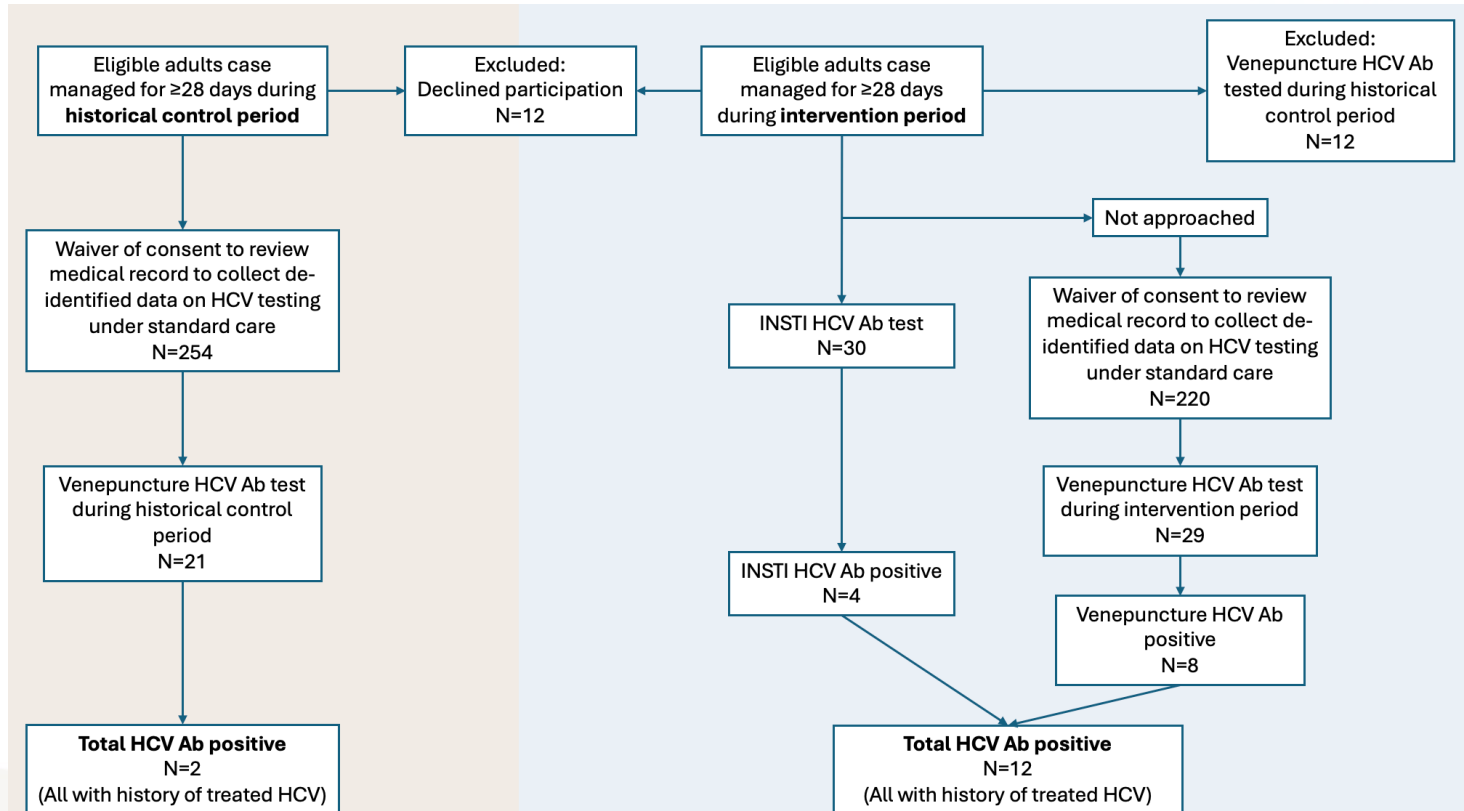
- To determine if **point-of-care INSTI®** HCV antibody testing at a **community mental health centre** increases **testing** among people with serious mental illness
- To **describe the cohort** of community outpatients with serious mental illness and determine **risk factors** for HCV
- To determine **HCV prevalence** in people with serious mental illness attending a community mental health centre

Methods

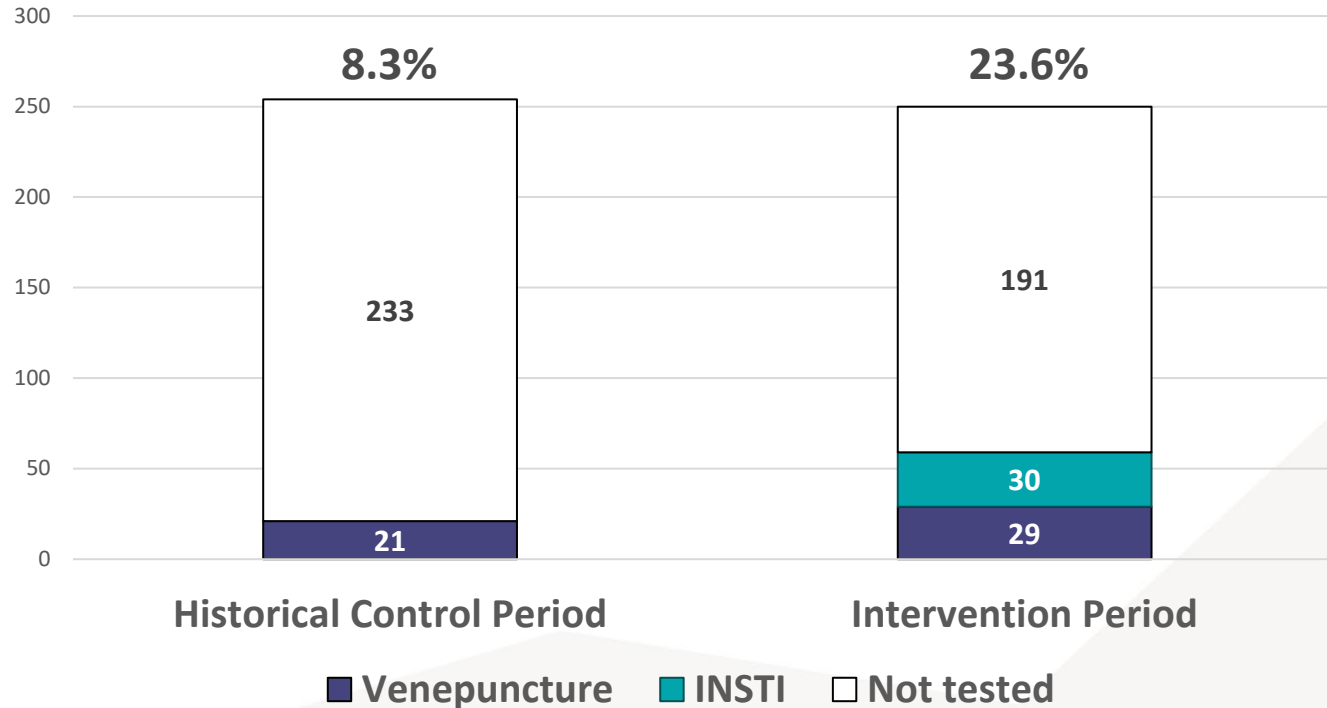
- **Implementation study:** pre/post design, collaboration between clinicians and researchers
- **Study population:** adult outpatients case managed for ≥ 28 days
- **Setting:** Corio Community Mental Health Centre
- **24-week historical control period:** outpatients referred for venepuncture HCV Ab at discretion of medical staff
- **24-week intervention:**
 - Mental health nurse-led **INSTI** and **behavioural questionnaire**
 - **Venepuncture HCV Ab** at discretion of medical staff
- **Prevalence data:** waiver of consent to access medical record of **entire cohort** to collect de-identified data on **any previous HCV testing**



Study flow chart



Hepatitis C antibody testing



Baseline characteristics

Entire Cohort (N=377)

Median Age
44 (35-53)

Birth sex
(female)
193/377 (51%)

Behavioural Questionnaire Cohort (N=30)

Mental illness ICD-10 diagnosis

Schizophrenia or related psychotic disorder	10 (33%)
Bipolar affective disorder	6 (20%)
Major depressive illness	5 (17%)
Borderline personality disorder or cluster B personality	5 (17%)
Drug-induced psychosis	5 (17%)

Comorbidities

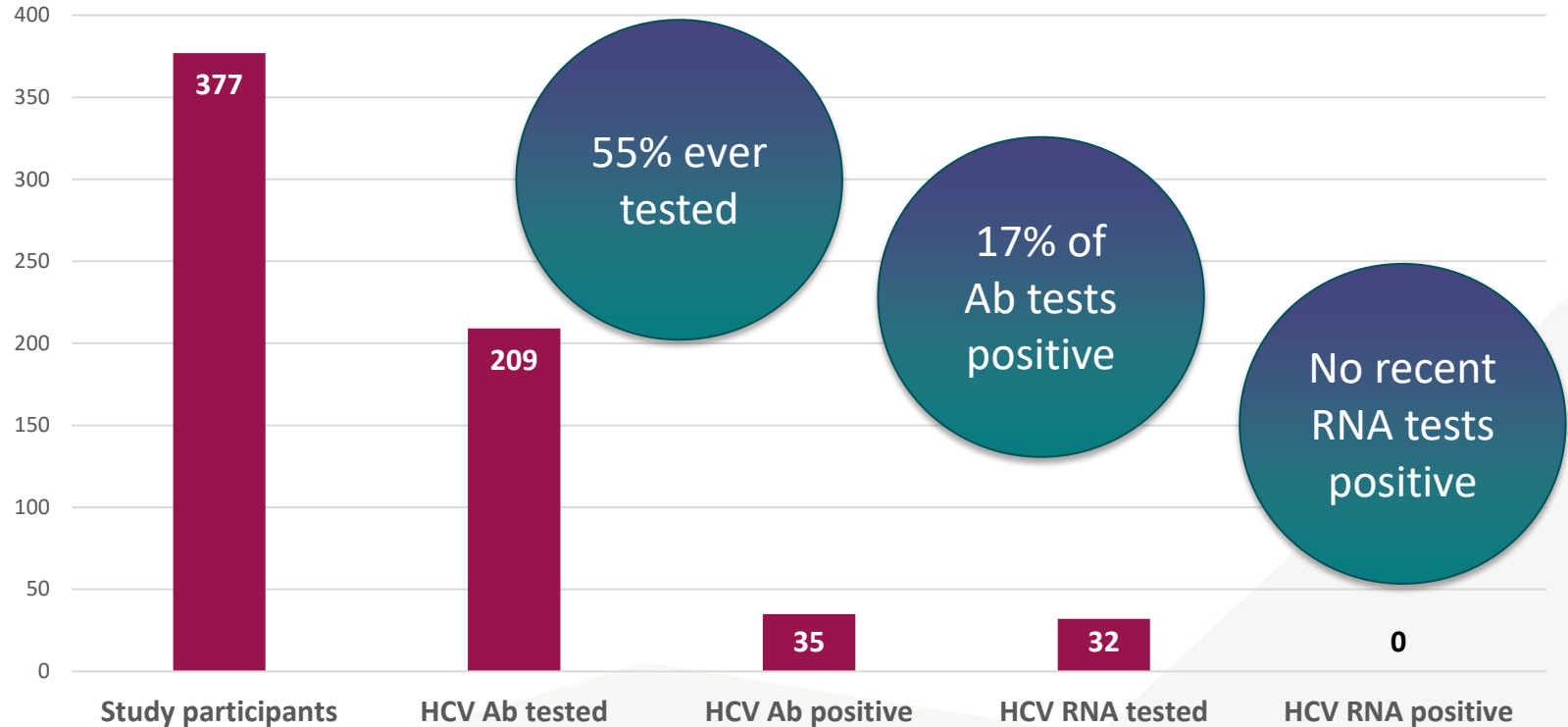
Obesity	10 (33%)
Diabetes	6 (20%)
Substance use	5 (17%)

Hepatitis C risk factors

Behavioural Questionnaire Cohort (N=30)		HCV Ab positive (N=5)	HCV Ab negative (N=25)
Ever injected drugs	12 (40%)	5 (100%)	7 (28%)
Ever experienced homelessness	13 (43%)	4 (80%)	9 (36%)
Ever incarcerated in prison	12 (40%)	4 (80%)	8 (32%)
One or more of the above	18 (60%)	5 (100%)	13 (52%)

Hepatitis C risk factors among study participants

Hepatitis C prevalence



Conclusions

- Hepatitis C antibody testing **increased from 8.3% to 23.6%** during the intervention period
- We did not find any new cases of hepatitis C
- HCV **Ab positive test rate 17%** among participants case managed at the community mental health centre
- All individuals with a **positive** INSTI had **at least one** known **risk factor** for HCV
- Data from this study will contribute to **new guidelines** to improve hepatitis C care in **mental health settings**

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