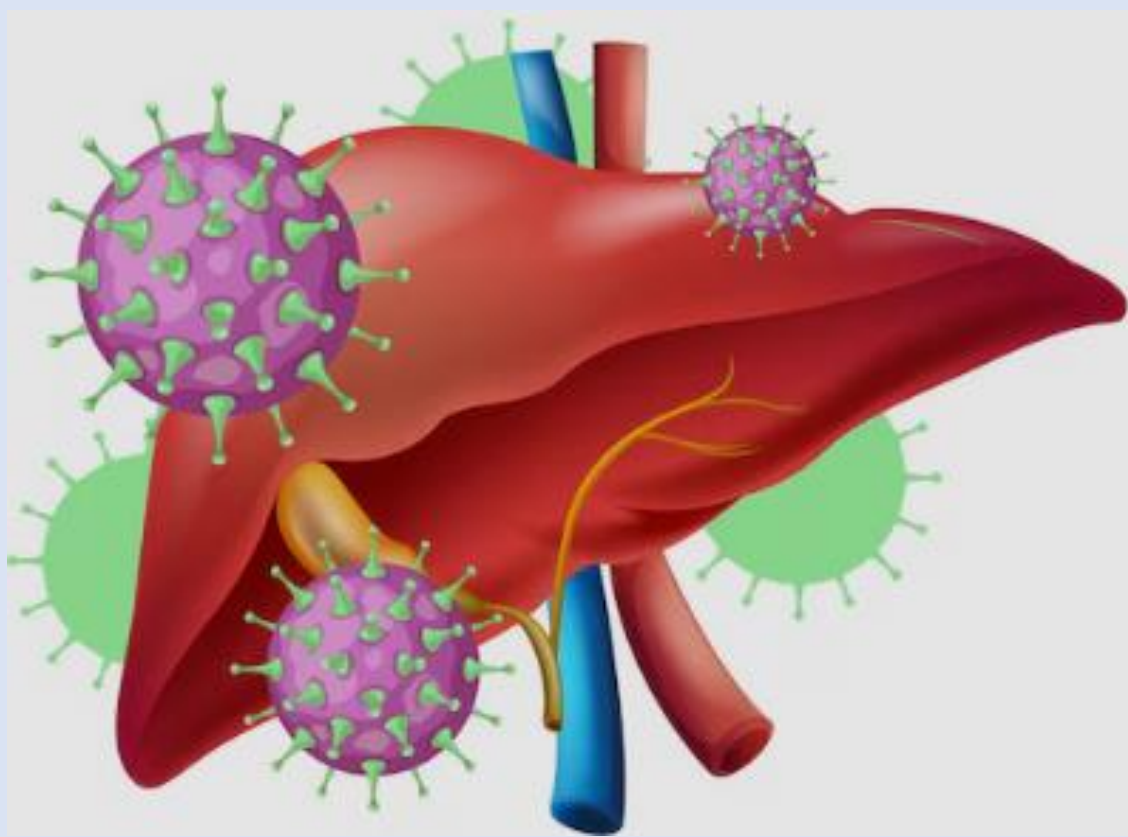


Abstract

People living with serious mental illness experience a disproportionate burden of hepatitis C and face barriers to accessing screening and treatment. Mental health inpatient admissions may provide an important opportunity to integrate physical and mental healthcare. A retrospective descriptive service evaluation was undertaken among consumers prescribed hepatitis C treatment by a nurse practitioner (NP) between January 2021 and December 2024. Eighteen consumers were prescribed hepatitis C treatment upon discharge from an acute mental health inpatient unit.

- Background**
- Hepatitis C can lead to life-threatening conditions such as liver cirrhosis and hepatocellular carcinoma
 - Mental health consumers have higher rates of hepatitis C than the general population in Australia
 - NPs can follow the "Decision Making in Hepatitis C" (ASHM, 2024) guideline and treat hepatitis C



Aim

To describe and review a NP-led treatment model to assess and treat consumers with hepatitis C in a mental health inpatient unit within metropolitan Melbourne.

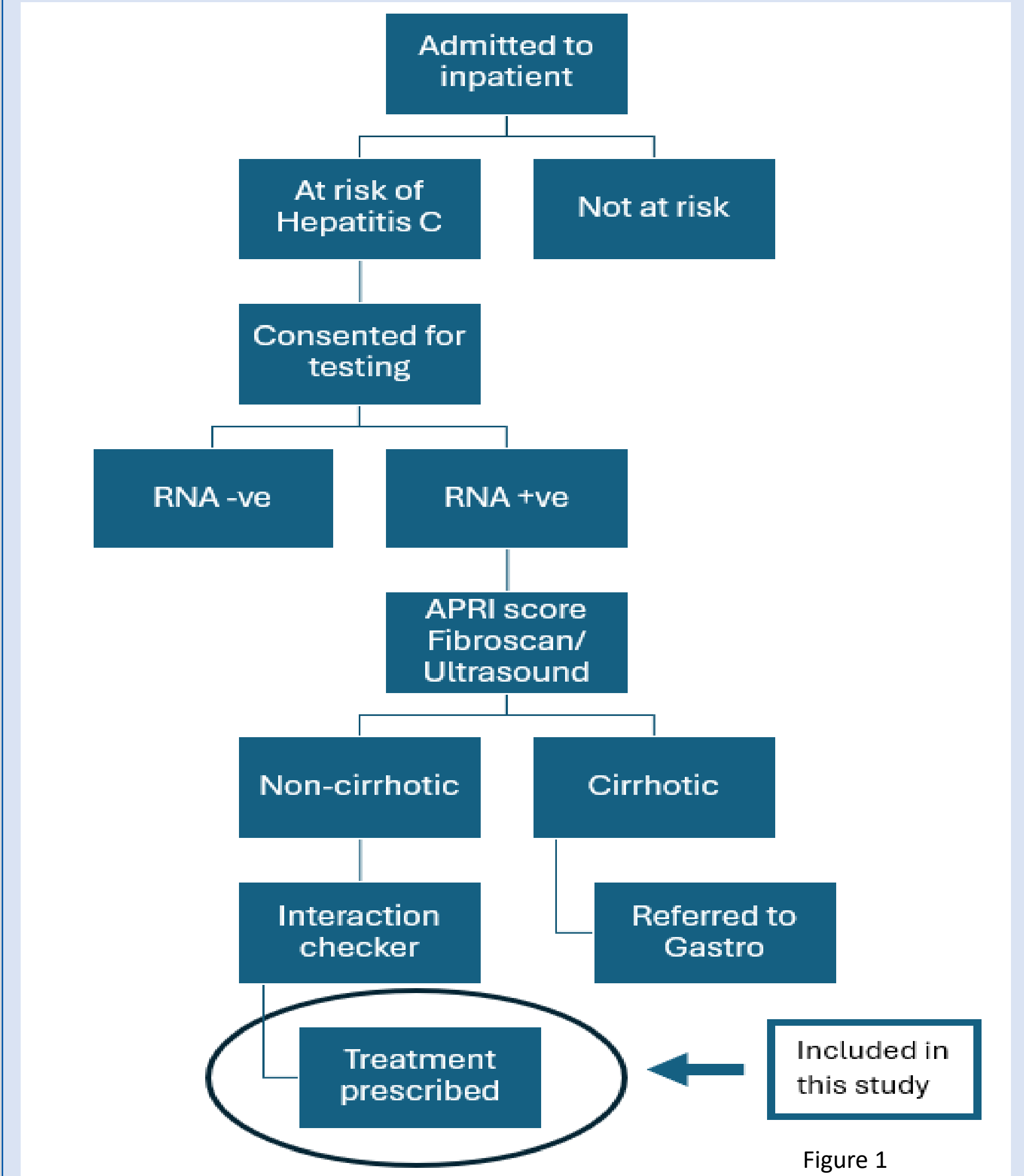
- Objectives**
- To outline the treatment pathway and processes for hepatitis C delivered by the NP at the health service
 - To summarise the outcomes of de-identified consumers who received hepatitis C treatment delivered by the NP within the service
 - To identify practical enablers and barriers that may inform future service improvement

Contact Information



Methods

A retrospective descriptive service evaluation incorporating a clinical pathway description (Figure 1) and treatment outcomes was undertaken to understand the implementation and observed outcomes of a NP-led hepatitis C treatment pathway among consumers admitted to a mental health inpatient setting.



Results

18 consumers were prescribed treatment for hepatitis C by the nurse practitioner.

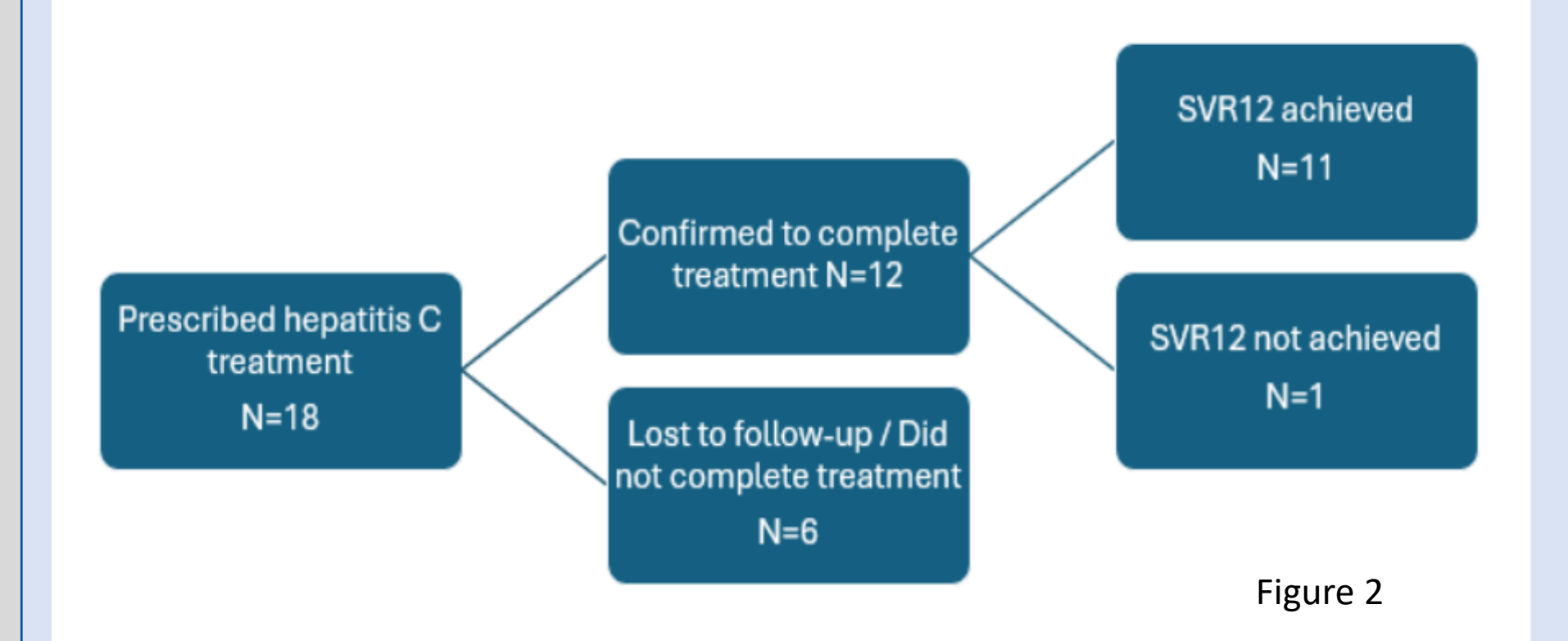
Table 1 reports on demographic variables:

Demographic Variables	Number (n)	Percentage (%)
Age (in years):		
18-25	0	0
26-35	4	22.2
36-45	7	38.9
46-55	5	27.8
> 55	2	11.1
Gender:		
Male	11	61.1
Female	7	38.9
Other	0	0
Not specified	0	0
Mental Health diagnosis:		
Acute Psychosis	4	22.2
Schizophrenia	10	55.6
Schizoaffective disorder	4	22.2

Table 2 reports on clinical variables:

Clinical Variables	Number (n)	Percentage (%)
(Eligibility and staging information before the treatment of hepatitis C by NP)		
APRI Score:		
Less than 0.5	13	72.2
0.5 to 1.0	4	22.2
More than 1.0	1	5.6
FibroScan/Ultrasound result:		
FibroScan/Ultrasound not-done	9	50
FibroScan/Ultrasound completed	9	50
• Cirrhotic	0	0
• Non-cirrhotic	9	50
Treatment provided by NP (Medication)		
Epclusa (1 tab daily / 12 weeks)	4	22.2
Maviret (3 tabs daily / 8 weeks)	14	77.8

Figure 2 presents the service cascade, including the total number of consumers prescribed treatment, those confirmed as completing treatment, those lost to follow-up, and those who achieved or did not achieve SVR12.



Discussion

Principle findings
This pathway supports treatment commencement among this type of population. An inpatient admission permits completion of hepatitis C treatment preparation. Treatment outcomes are encouraging.

Comparison with prior research
Findings are consistent with previous research identifying mental health inpatient admissions as an important opportunity for hepatitis C screening and treatment. Integrating hepatitis C treatment within mental health services will play an important role in reducing hepatitis C.

Mental health nursing contribution
Therapeutic engagement during an acute admission was an important feature of this pathway. Mental health nurses are well positioned to provide continuity across fragmented pathways.

Mechanisms and context
Providing medication at discharge enables treatment to begin immediately. If the funding constraints were removed then treatment could even begin prior to discharge.

Limitations
Focused on a single metropolitan health service. Small number of treated consumers limits interpretation of treatment outcomes.

Conclusion

This retrospective descriptive evaluation indicates that a NP-led pathway can support hepatitis C assessment, prescribing and confirmation of SVR12 for some consumers admitted to an acute mental health inpatient service. A clear enabler is the ability to prepare consumers for treatment while they are in an inpatient setting. The main identified barrier was the lack of treatment availability during the inpatient stay because of the cost of treatment within the Australian hospital setting.

Reference

Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM). (2024). *Decision making in hepatitis C*. ASHM Health, Sydney.