
Mental Health Endocrine Clinic

Initiative Type

Model of Care

Status

Deliver

Added

02 October 2019

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URL

<https://clinicaexcellence.qld.gov.au/improvement-exchange/mental-health-endocrine-clinic>

Summary

This project team embedded an endocrinology clinic into a mental health outpatient clinic. This led to within a year, much higher rates of clinic attendance and improvement in metabolic markers among attendees.

Key dates

Jul 2017

Implementation sites

Princess Alexandra Hospital

Partnerships

Metro South Addiction and Mental Health Service and the Princess Alexandra Hospital Department of Endocrinology

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Aim

This project aims to improve access to tertiary physical health services for people with schizophrenia, leading to improved metabolic health.

Benefits

Improved metabolic health outcomes, and more efficient use of tertiary resources through lower rates of clinic non-attendance.

Background

People with schizophrenia die 18 years earlier than the general population, mostly due to avertable cardiometabolic diseases. Engagement with primary and tertiary health services can be challenging for this population.

Solutions Implemented

By embedding the endocrinologist in an environment familiar and acceptable to people with schizophrenia, the community mental health clinic, failure to attend rates were reduced and metabolic health markers were improved.

Evaluation and Results

Metabolic data were collected retrospectively through electronic records from 48 consecutive patients with schizophrenia, reviewed in the integrated metabolic clinic over a 12 months period. Data from baseline, first follow up and last follow up within 12 months from the initial visit were analysed. Attendance rates at the integrated clinic and those at the general endocrine clinics by a similar mental health patient population were also compared. Compared with baseline, there was significant improvement in mean \pm SEM total cholesterol (5.5 ± 0.3 , 5.5 ± 0.3 and 4.9 ± 0.3 mmol/L, $p=0.003$) and triglyceride (3.0 ± 0.3 , 3.1 ± 0.3 and 2.2 ± 0.2 mmol/L, $p=0.001$). Attendance rate was significantly better in the integrated clinic compared to the that in general endocrine clinics for both initial consult (80.0% versus 51.2%, $p<0.001$) and review appointment (64.3% vs 47.6%, $p<0.001$).

Lessons Learnt

Embedding physical health services within a mental health outpatient clinic improves the efficiency of resource usage and leads to improved patient health outcomes. This project has the potential for replication in other mental health services in Queensland.

References

1. Tso G, Kumar P, Jayasooriya T, Kisely S, Siskind D. Metabolic monitoring and management among clozapine users. *Australasian Psychiatry*. 2017;25(1):48-52.
2. Gami AS, Witt BJ, Howard DE, Erwin PJ, Gami LA, Somers VK, et al. Metabolic syndrome and risk of incident cardiovascular events and death: a systematic review and meta-analysis of longitudinal studies. *J Am Coll Cardiol*. 2007;49(4):403-14.
3. De Hert M, Cohen D, Bobes J, Cetkovich-Bakmas M, Leucht S, Ndeti DM, et al. Physical illness in patients with severe mental disorders. II. Barriers to care, monitoring and treatment guidelines, plus recommendations at the system and individual level. *World Psychiatry*. 2011;10(2):138-51.
4. Alberti KG, Zimmet P, Shaw J. Metabolic syndrome--a new world-wide definition. A Consensus Statement from the International Diabetes Federation. *Diabet Med*. 2006;23(5):469-80.
5. O'Callaghan CJ, Rong P, Goh MY. National guidelines for the management of absolute cardiovascular disease risk. *Med J Aust*. 2014;200(8):454.
6. Putz JW, Sapir HE, Macy JT, Lieberman TE, Forster SE, Reece M, Mathes KA, Sheese M, Andry JM, Frasure, KA. Integrated Healthcare in a Community-Based Mental Health Center: A Longitudinal Study of Metabolic Risk Reduction. *Journal of Social Service Research*. 2015;41:584-93.
7. Coates D, Woodford P, Higgins O, Grover D. Evaluation of a general practitioner-led cardiometabolic clinic: Physical health profile and treatment outcomes for clients on clozapine. *Int J Ment Health Nurs*. 2018;27(1):303-10.
8. De Hert MA, van Winkel R, Van Eyck D, Hanssens L, Wampers M, Scheen A, et al. Prevalence of the metabolic syndrome in patients with schizophrenia treated with antipsychotic medication. *Schizophr Res*. 2006;83(1):87-93.
9. Tso G, Kumar P, Jayasooriya T, Kisely S, Siskind D. Metabolic monitoring and management among clozapine users. *Australas Psychiatry*. 2017;25(1):48-52.
10. Siskind D, McCartney L, Goldschlager R, Kisely S. Clozapine v. first- and second generation antipsychotics in treatment-refractory schizophrenia: systematic review and meta-analysis. *Br J Psychiatry*. 2016;209(5):385-92.

Further Reading

In process to publish in peer reviewed journal.

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