MINUTES OF THE MEETING OF THE WA MENTAL HEALTH COVID-19 RESEARCH PANEL, HELD VIA ZOOM ON 31 MARCH 2020

PRESENT:
Professor Sean Hood (UWA) Chair
Dr Jacquita Affandi (Curtin University)
Professor Rosa Alati (Curtin University)
Dr Libby Lee-Hammond (Murdoch University)
Professor Christopher Reid (Curtin University)
Justin Manuel (WA Country Health Service)
Professor Megan Galbally (Murdoch University)
Professor Peter McEvoy (Curtin University)
Dr Elizabeth Newnham (Curtin University)
Professor Andrew Lewis (Murdoch University)

Executive Officer (Leanne Hall)

1. WELCOME

The Chair welcomed members, and provided a brief background to the purpose of the meeting.

2. WAHTN COORDINATED RESEARCH RESPONSE TO COVID-19

Professor Hood informed members that the WA Health Translational Network (WAHTN) COVID-19 research response group is seeking to add mental health capacity to their response.

The focus of WAHTN particularly is tracking patients through hospitals, post-ICU syndrome, adjustment disorders, PTSD, bereavements etc. In parallel there is a unique opportunity to look at healthcare staff, i.e: staff burnout and impact, as well as community and medical student impacts.

Discussion of scope regarding mental health research during COVID-19 pandemic, and potential capacity for COVID-19 research, utilising existing teams and networks, whether ongoing existing research projects could dovetail into the COVID-19 research response or be converted across.

Professor Reid informed members of the CIVIC study. The concept of this study is to ensure that community-based research activities are linked in with the acute care sector.
This gives an ability to expand the potential cohort to include people admitted into hospital and managed in the acute care system, and then discharged back into the community.
The important aspect of CIVIC is to set a framework for ongoing observation and the ability to look at what happens after exposure to COVID-19, and exposure to the long term strategy for managing COVID-19 in the community. The structure of CIVIC gives the ability to develop a series of health-related modules so that once an individual has consented to participating, they will receive additional questionnaires, and linking of their information with hospital and administrative datasets. This provides a framework for targeted research initiatives across all health related platforms.

The CIVIC framework could be used to assist in delivering research initiatives to the COVID-19 cohort, and as an umbrella for the post-hospital community activities in the mental health space, and potentially to include in-hospital measurements of patient morbidity from a

mental health perspective. Particularly concerned with including staff, students and volunteers, within both in-patient and community settings, and irrespective of whether they contract COVID-19.

Professor McEvoy commented on developing a brief battery of measures to start triaging and provide referral pathways, without providing unnecessary active interventions to people who are adjusting well on their own. Therefore need to identify people at risk and provide appropriate referral pathways. The plan would be to disseminate general information about where to go for help or support if needed. People who scored high on depression measures/indication of suicidal ideation would be more actively triaged to appropriate services. Query whether resources are available, perhaps use postgraduate student clinics or other health professionals to actively follow-up very high risk people. Monitor service utilisation to track how many people were identified as at risk, or how many triaged to a particular pathway actually followed up, and then assess impact over time.

Professor Alati advised that in the past they have used light on interventions that rely on a slightly more intensive follow-up with people with a higher risk of anxiety & depression. With some projects conducted with at-risk communities this has made a long-term difference.

Professor Hood queried the possibility of dovetailing interventions into CIVIC without affecting ethics approval. Professor Reid responded that the concept is to establish the framework to enable contact with patients/participants both now and into the future. A series of up to 8 or so contacts with participants over the next few months is planned. The content of the contacts will vary on the basis of the modules being developed, and each module will be resubmitted to ethics as an amendment. Will need to establish working groups to focus on the module content, with data elements and follow-up plans needing to be scoped.

Professor Hood requested feedback on what directions to focus on, and how to interface with CIVIC. There is a high level of interest in children's mental health. Need to consider what methodologies to use with regards to capturing data from children and adolescents, especially young children and children in compromised circumstances. Also those identified through early screening as high risk, and also capture data for hospitalised patients and work with the COVID-19 Data Response Team at the Acute Care Centre. Care should be taken to not impact on the workflow of the Emergency Department and Intensive Care Units for hospitalised patients, but to link-in with both acute and community data teams.

Professor Hood mentioned that the Young Lives Matter working group has been mapping process of patient flow through ED. This may fit within the CIVIC project.

Dr Newnham mentioned that her team is currently working on a hospital study protocol looking at the mental health of health care workers post response, and queried whether this would fit under the CIVIC umbrella, and be integrated as a module. Professor Reid agreed it could be added as a target specific population group, as they are already working with the Busselton Study, Raine Study and TKI to use CIVIC as a platform for their cohorts, and to ensure standardised information capture across the COVID response.

Professor McEvoy suggested contact tracing of confirmed cases could provide another source of people acutely affected.

Professor Hood requested members to consider other people to include in the response. Potentially hospital psychologists could be approached; they have already been requested to provide debriefing to staff in hospitals. Consider evaluating interventions being rolled out by Beyond Blue, Life Line and other large organisations. It was also suggested to invite Sophie Davidson who is leading the Mental Health COVID Response in the Department of Health. Professor Hood will extend an invitation for her to attend the next meeting.

Professor Nick Titov was also recommended. He is the Executive Director of Mindspot, a national online assessment and treatment program, and also developed a WA-wide country intervention program, Practitioner Online Referral and Treatment Services (PORTS), in conjunction with the WA Primary Health Alliance (WAPHA). Professor Titov also provides telehealth training to clinicians. .Professor McEvoy will contact him to invite to the next meeting.

Members were also requested to consider what other modules/areas need to be addressed, such as rural and remote communities, and metropolitan aboriginal communities.

ACTIONS:

1. Report back to WAHTN (Professor Hood)
2. Distribute approved module to members (Googledocs) (Chris)
3. Establishing working groups to determine collection instruments, modules, strategies, programs, and pathways.

NEXT MEETING
Tuesday 7th April, 8.30am (via zoom: https://uwa.zoom.us/j/559040219)