

**MINUTES OF THE MEETING OF THE WA MENTAL HEALTH COVID-19 RESEARCH  
PANEL, HELD VIA ZOOM ON 5 MAY 2020**

**PRESENT:**

Professor Sean Hood (The University of Western Australia) Chair  
Professor Rosa Alati (Curtin University)  
Dr Danielle Bartlett (Edith Cowan University)  
Ms Zoe Carter (RANZCP)  
A/Professor Wendy Cumming-Potvin (Murdoch University)  
Dr Travis Cruickshank (Edith Cowan University)  
Ms Evenda Dench (The University of Western Australia)  
Dr Salam Hussain (The University of Western Australia/Sir Charles Gairdner Hospital)  
Ms Rolee Kumar (The University of Western Australia)  
Dr Libby Lee-Hammond (Murdoch University)  
Dr Judy MacCallum (Murdoch University)  
A/Professor Caroline Mansfield (Notre Dame University)  
A/Professor Dorit Maor (Murdoch University)  
A/Professor Nahal Mavaddat (The University of Western Australia)  
Professor Peter McEvoy (Curtin University)  
Professor Vera Morgan (the University of Western Australia)  
Dr Elizabeth Newnham (Curtin University)  
Dr Michelle Olaithe (The University of Western Australia)  
Professor Andrew Page (The University of Western Australia)  
Professor Christopher Reid (Curtin University)  
Professor Anna Waterreus (The University of Western Australia)

Executive Officer (Leanne Hall)

**APOLOGIES:**

Professor Jo Badcock (The University of Western Australia)  
A/Professor Shelley Beatty (Edith Cowan University)  
Professor Suzanne Robinson (Curtin University)  
Professor Flavie Waters (The University of Western Australia)  
Professor Osvaldo Almeida (The University of Western Australia)

Previous minutes: accepted

**1. WELCOME**

The Chair welcomed members.

**2. WAMH-CORP – RELEVANCE & LOBBYING**

Professor Hood advised that while there is funding available for projects looking into COVID-19 responses, including looking into mental health related issues, none has been awarded specifically to initiatives the group is working on.

Therefore, the task for the group going forward is how to remain relevant, and to consider how to best contribute to mental health research in this space.

Professor Page advised that it may be a useful strategy for the WAMH-CoRP group to approach the State Government and invite them to outline ideas and/or aims that this group

could assist with. Would need to consider who would be the relevant people to make contact with, and to this end perhaps identify links that members have and collate into a list. There are two possible ways to achieve this; usually each individual would put together a capability statement, however it may be more advantageous to construct a capability statement/capacity of the group as a whole, including broad statements on the areas of expertise that the group covers.

Professor Morgan commented that depending on the feedback from the State Government, it would then be possible to create more focused sub-groups that could provide the expertise required.

Professor McEvoy commented that a group put together by Dr Daren Gibson, to devise a strategy for WA Mental Health Research capitalising on strengths within WA, has been put on hold due to COVID-19, and until the future fund becomes available. The plan involved creating a WA Mental Health Research 'Institute', bringing together streams of strength within the State e.g.: psychotherapy research, youth mental health, epidemiology & policy, and so on, to facilitate collaboration within & between each stream. Suggested that the general capability statement could be combined with a structure to illustrate the streams of strength within the WAMH-CoRP group, and how this framework could help facilitate collaboration across the streams.

Ms Kumar and Ms Dench indicated they are available to assist with putting together a capability statement/matrix. Ms Kumar also commented that it would be worth tailoring the statement towards the issues the Government is currently addressing.

**ACTION:**

Professor Hood, Ms Kumar and Ms Dench will commence on preparing a capability statement.

Professor Hood also updated members on the recent WAHTN meeting. Items discussed included: Lotterywest have withdrawn their offer of funding; discussion of CIVIC and Detect (TKI-led); Biobanking; and Professor Rob Newton's telehealth discussions with SAP.

**3. DIRECTORY OF MEASURES (INCLUDING DETECT TRIAL OVERLAP)**

Professor McEvoy advised that the Week 2 measures are currently being reviewed by Ethics. The measures that made it in were: PHQ9, GAD7, sleep condition indicator (8 item version), COVID status (in quarantine, self-isolation, in hospital, tested), range of physical health measures, exercise, smoking, alcohol use, caffeine, wellbeing scale, and also a digital health resources list that will be provided to participants.

Moving forward need to determine how best to use the CIVIC questionnaires, either as a study of mental health and wellbeing in itself, or as a way to identify subgroups to target with various interventions etc. Unsure whether there is a capacity within the CIVIC framework to run mini-RCT's to evaluate. However, if someone has an intervention they would like to evaluate, please contact Professor McEvoy to determine what measures are needed to identify/capture.

**4. WORKGROUP UPDATES**

**a. CIVIC**

Professor Reid provided an update on the CIVIC program. Over the past week or so the main focus has been on the FIFO workforce. The Health Minister will shortly be announcing a screening program that will be implemented. Have been attempting to work with industries

so at least one commonality can be provided at the outset, i.e.: individuals participating in the screening program are provided with the opportunity to participate in the CIVIC program.

The second week follow-up questionnaire has been developed and ethics approval granted, and will be released shortly.

The focus on children and adolescents is being conducted in collaboration with WAHTN and TKI – testing in schools program. Have been trying to get in contact with Professor Peter Gething regarding commonality in testing in any mental health/non COVID-19 monitoring-based activities being conducted in schools.

Professor Hood commented that one of the challenges to address is the reluctance of industries etc to focus on mental health issues; this is partly due to stigma of mental illness, but also that if problems detected, how they would be addressed. Professor McEvoy agreed and advised that for this reason the Ethics applications include a statement around participation in longitudinal studies confirming that no information is provided back to companies (completely confidential).

Dr Cruickshank queried whether there is an ability add existing clinical conditions/medical history into the demographics question i.e.: diabetes, cardiovascular etc; as these would have an impact on mental health already, compounded by self-isolation. Chris – yes, part of the baseline survey.

#### **b. Digital Telehealth**

Dr Olaithe advised that the Digital Telehealth group met yesterday and will meet again on the 18<sup>th</sup> May. Discussing a seed idea using CIVIC to feed into information and modules to put into an application targeting Allied Health.

Professor Hood commented that the temporary MBS items for telehealth are set to auto-expire in September. Potential to advise discussion on whether it should continue, how, and for specific patient cohorts.

#### **c. Workforce**

Dr MacCallum updated members on the Education & Health Workforce Working Group. There have been discussion on how to connect in to CIVIC, whether to use the same questions or create a subset once a particular cohort has been identified. Murdoch University Human Research Ethics Committee has indicated they would be happy to grant reciprocal ethics approval.

Also a query regarding terminology, i.e.: use of the general term “health professionals” and who does this encompass; doctors, nurses, health professionals in other areas? Is there a need to more specific in some instances, or use generic terms for occupational/professional groups?

Professor Reid commented that CIVIC assistance with activities is certainly available, and would definitely work for the specific targeting of groups.

Professor McEvoy advised that there is a question in the baseline survey that asks about the participant's usual occupation. The categories are broad: healthcare/medical; education & training.

The Working Group has also discussed the aspect of investigating positive areas related to the current situation, and have sourced a measure suggested by A/Professor Mansfield on

adaptability (developed Andrew Martin, originally for students but has also used with teachers).

## **5. PROJECT UPDATES**

### **a. Serious Mental Illness**

Professor Waterreus informed members that although they have no specific funding, they are looking at working with NMHS in regarding to service delivery, both positive & negative issues for staff with regards to caring for patients with severe mental illness, and in particular with those receiving depot medications which requires face-to-face contact. Have determined that this could be done online via the Clinical Research Centre based at Graylands Hospital. Will be meeting again with NMHS to discuss what they are most interested in finding out about their staff. If funded is sourced, will also pursue telephone contact to determine the lived experience of isolation.

## **6. SURVEY OF HEALTH AND WELLBEING: MONITORING THE IMPACT OF COVID-19**

Professor Hood, on behalf of Professor Badcock, reminded members of the survey being conducted by Swinburne University. Could members please disseminate to networks/contacts where it may be of interest, using the text below.

*Email:*

*Dear XXX,*

*Leading scientists have launched a global study on the impact of COVID-19 on health and wellbeing. The study will monitor people from around the world to understand how self-isolation and quarantine affects how we relate to each other, and look at impacts on health, wellbeing and quality of life. If you would like to be involved, click the [link](#).*

## **6. NEW BUSINESS**

A/Prof Mavaddat advised that she has applied for funding to conduct interviews with GPs in order to assess their adaptation to using telehealth.

Professor Hood enquired about the frequency of meetings going forward. Members agreed to move to fortnightly meetings, with subgroups to continue to meet weekly.

Dr Cruickshank suggested establishing a project log, and agreed to coordinate. Ms Dench commented that the second and third tabs of the contact sheet are templates to capture this information, if members wish to complete via the version in Dropbox, otherwise please email your information direct to Dr Cruickshank or Leanne Hall.

[https://www.dropbox.com/scl/fi/8vpqnllly31kpz6vl6mart/WAMH-CoRP-Contact-Details-22\\_Apr\\_2020.xlsx?dl=0&rlkey=yt4vukzjc0tq09b0dult60w8b](https://www.dropbox.com/scl/fi/8vpqnllly31kpz6vl6mart/WAMH-CoRP-Contact-Details-22_Apr_2020.xlsx?dl=0&rlkey=yt4vukzjc0tq09b0dult60w8b)

## **NEXT MEETING**

19 May 2020