
Mental Health Endocrine Clinic

Initiative Type

Model of Care

Status

Deliver

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<https://test.clinicalexcelsence.qld.gov.au/improvement-exchange/mental-health-endocrine-clinic-0>

Summary

This Metro South Hospital and Health Service (MSHHS) project team embedded an endocrinology clinic into a mental health outpatient clinic, leading within a year to much higher rates of clinic attendance and improvement in metabolic markers among attendees. This means the endocrinologist sat alongside the psychiatrist, psychologist and the social worker when assessing the patient. This is an excellent example where collaboration of endocrine and mental health services drastically

improves the outcomes for mental health patients and this project has the potential for replication in other mental health services in Queensland.

Key dates

Jul 2017

Implementation sites

Mental Health Mental Health facilities and PA Endocrine Clinic

Partnerships

Mental Health Mental Health facilities and PA Endocrine Clinic

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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

One of the challenges facing people with severe mental illness such as schizophrenia is that they die on average 15 to 20 years younger than the general population. This is not due to suicide, but to avoidable diabetes and heart disease. There are several risk factors for people with severe mental illness such as genetic, lifestyle and the medications increase their metabolic risk. A challenge clinicians face is that people with severe mental illness don't attend primary care or tertiary endocrine clinics. In fact, half of the patients will fail to attend a first assessment at endocrine clinic.

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 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.

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