GP LINK Lunches | Isabella Sierra

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/ political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.

Isabella Sierra

Dr Ken McCroary

Ken McCroary - Welcome everybody to a further edition of GP Link Lunches. Today I am with Isabella Sierra the Physical Health Coordinator for South West Sydney Local Health District Mental Health Services.

Our Deputy Chair Dr Michael Tam, who is the acting Director of the Primary Integrated Care Unit at South Western Sydney Local Health District, has a special interest and long term commitment to those with significant mental health issues. He was kind enough recently to introduce me to Isabelle Sierra who has an interest in raising communication between community general practitioners and the public mental health system in South Western Sydney. She is keen to gather interest at general practices in the region to assist with managing her organisation's consumers. This year it has been particularly noted the poor connection people living with severe mental illness have with primary care services and significant metabolic and other health risks they have contributing to this significant morbidity and early mortality experienced by this cohort.

Isabella is an Accredited Exercise Physiologist, employed by the mental health service in South Western Sydney Local Health District to develop, implement and evaluate the provision of physical health care for mental health consumers. She has worked in both private practice and community charity organisations to provide physical activity programs to individuals living with mental illness prior to moving into the public sector. She has a passion for improving the quality of care and quality of life for people living with mental illness, firmly believing in holistic, person-centred approaches and multi-disciplinary care. Isabella is developing a physical health service for South Western Sydney LHD Mental Health Service and has completed an extensive gap analysis and business plan. Isabella works closely with business teams to establish links to the current community including, strengthening the communication with general practitioners within South Western Sydney.

I thought this would be a great opportunity to highlight the significant needs for this group in our community and look at continuing to improve the communication and relationships between the local health services and primary care in our South West Sydney region.

Ken McCroary - Isabella tell me about how exercise physiology has been fairing throughout this COVID pandemic?

Isabella Sierra - Look we are pretty fortunate in that we are now seeing exercise physiology as more and more of an important service so we didn't really halt services too much especially in the inpatient capacity we tried to keep in going as much as possible

We don't really have a robust community service yet, but to my knowledge, which I should have all of that knowledge because I do oversee it, exercise physiology was a mainstay actually of our COVID plan because most of our consumers and inpatients were not allowed out regularly so we needed to provide them with some sort of regular activity which is where exercise physiology came into it.

Ken McCroary - Excellent and you guys have had issues with face-to-face and tele -onferencing and telehealth treatment during the pandemic or have you been mainly still on site at the hospital?

Isabella Sierra - It is something the district definitely looked at implementing really quickly, what we found part of my role is I also co-manage a GP clinic here with South West Sydney mental health. We put all those GP services online so the GP either offered a range of consults whether by virtual care which is offered by the LHD, we offered phone consults and then for some consumers who needed it we did offer face-to-face. What we found was the highest uptake for our consumers was phone contact and it has kind of continued even though we are not post-pandemic phone contact has still become quite popular in terms of needs of communication at the moment, but we are mostly back to regular functioning.

Ken McCroary - That makes a bit of sense with the way we have adjusted throughout the pandemic and how things are still adjusting with changes to the way we do things. You mentioned the mental health connection you have with general practice, we are seeing more and more papers with studies published with more and more obvious benefits regarding exercise in not just the physical health issues the diabetes, the heart disease, and the weight epidemic we have seen but particularly the advantages with mental health can you tell me a bit about that please?

Isabella Sierra - We think there is maybe a traditional perception that exercise is for the purpose of healthy living which as a EP point of view it is chronic disease management that first comes to mind and I am sure it does for a lot of GPs as well. But for mental health consumers, for a lot of them their regular way of living including their wellbeing is dis-regulated so exercise in itself if we are talking about mental illness for depression is being proven to be as beneficial as medication.

The challenge is actually getting mental health consumers to exercise but there is a real mood lift that happens at particular intensities of exercise so it can be used as an adjunct therapeutic process by itself for mental illness. With the more severe mental health illness like psychosis sedation lethargy we know is a huge problem, exercise can help to boost energy levels and create more regularity around structuring somebody's day so they are not in that lethargic state for the entire day and overall those types of benefits that exercise can have can indirectly improve a person's function which I think is a benefit that we kind of know instinctively that exercise can have but not really use it in a more prescriptive way. So what we are trying to gear the mental health service here towards doing is understanding that yes it is important for somebody's physical healthcare but it is really also it should be used as a mainstay of the way it provides interventions and treatment.

Ken McCroary - Yes so, we know the exercise programs are going to be beneficial to physical issues and we are now learning it is going to be beneficial to mental health issues and one of the other significant challenges we are facing particularly with more significant mental health disorders is the very high incidence of other health co-morbidities with that cohort and their significant decreased mortality. We spend a lot of time and money with closing the gap for our Aboriginal and Torres Strait Islander populations but interestingly their life expectancy is greater than people with chronic significant mental health disorders so how are you guys attacking that significant issue?

Isabella Sierra - This is something I am trying, this is the key focus of my job put it that way. Something I have started here in the South West is I really want to try and understand at a local level how does that impact physical co-morbidities affect morbidities and the mortality of mental health patients here, and when I say that I don't just mean the patients that are tied in with the LHD but at large as well.

Something I have started is looking at the incidence that we have we are trying to collect any incidence that occur that is of a nature of physical healthcare usually if somebody had passed away quite unexpectedly from a suspected heart attack for instance that really would be investigated in the same way as a concern around their mental illness would so we have started to look at that more seriously and try to collate that data together to look at how big the problem actually is. We have gotten quite a file in the two-and-a-half years I have been here. We now have two-and-a-half years' worth of data that is looking like in south west the morbidity rate for our mental health consumers is actually larger than what our national figures are predicting which is quite scary stuff. I am looking at compiling a greater list to have more robust data about what it is like in the south west, what we have found is when we have reported on those numbers it leans a lot more to our clinicians and it is being more of a driver to actually change things now that we have some sort of local data but it is incredibly scary stuff.

Part of my role is developing a physical health service we can directly tackle morbidity and mortality that occurs with this population group what that looks like is having a clinic model we have a GP a Exercise Physiologist a Dietitian peer support where we try and tackle some of those really prominent cardio metabolic risk factors because what we have found is that whilst it would be great if our consumers could access it out in the community sometimes it is really hard for them to access services at a cost that they just don't have access to so there are financial barriers we find are really quite prominent in getting those consumers to effective interventions that can actually change that statistic.

Ken McCroary - I agree with the comments about the statistics in South West Sydney being leaders in terms of the significant disorder burden that is here and that applies to most conditions in our region unfortunately due to many reasons as you would understand. Now how together can the general practice population and the rest of primary health and the exercise physiologist integrate better to achieve better outcomes? Let's get some personal best outcomes, let's not be last in the state for everything. How can we work together to improve these co-morbidities and these poor outcomes?

Isabella Sierra - That is a good question, probably what we have been thinking more and more is how we can connect better with primary care because there is an expectation at least from mental health point of view that anything that is not mental health can be managed outside in the community by a GP where as most of the time that is quite unreasonable. What we are trying to encourage clinicians to do is have that first appointment conversation with a GP that looks like, how can we work together effectively to bring the person's physical and mental health to a better point even in that journey of recovery.

I think sometimes we just expect the consumer will bridge that gap for us where as if they are seeing us for their mental health we know that is needing a lot of assistance it is not reasonable that they won't need that same level of assistance with their physical healthcare as well. That collaborative approach I think at times has worked better than others, but we are really looking towards how can we make that the main stay of care in south west versus just something that is only done for really critical consumers or around the incident response.

Ken McCroary - Yes, nice thoughts. Now we run programs as a team with our GPs, our allied health, our registered nurses etc to look at holistic management of patients we have an issue and I think that you do as well with the clients you see in the more significant mental health bracket tend to be somewhat disconnected and disengaged with regular general practice, evidence continually comes back showing us that having a regular GP seeing the one regular GP with continuity of care has a significant benefit for both your physical and mental health long term and for your longevity and decreasing hospital admissions etc. How do you think we could work together to improve engagement of your clients with traditional general practice and the services that we can work together to provide for them?

Isabella Sierra - Something that actually clinicians have brought to me that is where is the list of GPs in the south west who are very interested in mental health. It is almost like if we could engage the GPs that have that interest then things might magically fall into place buy I definitely agree with you that a lot of it is consumer factors that really influence the way they engage with primary care and how meaningful that then is. I see a lot of help here as we try to build this into our model as peer support or just almost like a middle ground between primary care and the service and the consumer who gets brought along and partly their appointments there is an assistance with coordinating that for them.

I think we need to establish a routine with consumers of what engagement looks like with a GP before we can expect them to have that regularity and consistency with the one GP we have seen this on a very local level with the GP service we have engaged with so they are part of the LHD at the moment as primary community health and it has been running for nearly two years now and it is something that is a little bit unexpected with the newer consumers that get involved in service is seeing the GP now is part of their initial battery of care that get with the mental health service so it sets up an expectation then that the GP is part of your mental health care.

They may not be tackling mental health but it is part of the treatment package you receive with mental health service and part of that has looked like we might not be providing the care for you here with the area ongoing but connecting you up to someone who is more accessible in your area there is a lot of consumers because we are just based here at Liverpool who are a little bit further along in Carramar for instance coming to Liverpool is actually convenient via public transport and the GP has helped facilitate that care with somebody else in the community and same thing has happened it is an expectation that the GP is now involved as part of their regular mental health care and we find that when it is done like that were we have that almost like facilitated pathway to care results are a lot more consistent which has helped some of those consumers who may not have otherwise engaged in that consistent way that you are talking about it has helped them to actually achieve that.

Ken McCroary - Yes and that is very exciting those collaborations you are talking about now you mention treatment plans and one of the dilemmas we have always had with mental health to is that some of our treatment plans involve an increasing burden of metabolic dysfunction with our significantly mental health affected patients in terms of weight, diabetes etc, hypertension, hyperlipidaemia are you running specific programs trying to target the effects of treatment on your clientele and the benefits that the exercise physiologist can bring to them?

Isabella Sierra - Definitely, so by the end of this year what we will have up and running at the one pilot site of Liverpool is I guess you could call it the lifestyle program where consumers are triaged based on their cardio metabolic risk to see both a dietitian and a GP. Within that care package they will also get access to either a GP within the LHD or they will have that like I just mentioned that assisted care to provide them out in the community hoping to establish better ways of communication with community GPs so the medical side is managed as well as the lifestyle intervention side is managed. You probably know very well that with some aspects of care like mental health siloed into particular boxes and those silos don't communicate very well and we just can't have that for physical health care it is not something that is our bread and butter and it is something we need primary care in order to achieve very well. When we developed this model of physical healthcare, we really hope that addressing those risk factors looks like a collaborative approach within the community. We also recognise that long term our consumers will not solely exist with us in the LHD they will move their lives out in the community.

Ken McCroary - Indeed, now Sydney South West GP Link is a local organisation in the region. Are you aware of any other issues and challenges facing GPs working in South West Sydney?

Isabella Sierra - Oh probably something similar to what we are dealing with to it is a very large geographical area very multicultural each of those cultures may have a different understanding of what their health needs and how they can improve it. I am going to hazard a guess and say it is probably an issue for you guys as well?

Ken McCroary - Oh yes, definitely we share the same patient load really a lot of our day is dealing with mental health and physical inactivity and the consequences of degenerative disease in an ageing population as well. Now being local and your working in the Local Health District do you think there are ways that your services can help general practice and general practitioners in South Western Sydney?

Isabella Sierra - Yes, look we are very happy to collaborate with GPs and identify what they would actually like from us. We have I guess our own ideas in terms of training workshops or regular feedback points I know there has been various things that have come and gone that the LHD have done for GPs in South West Sydney and nothing has really stuck.

One thing that is happening at the moment is there is a regional program with the PHN that the LHD is connected into we have a GP Dr Michael Tam on that working group and part of the action points we are addressing is how to engage GPs a bit better within all aspects of mental health care and then again some of those ideas like communities of practice have come up around training and educational needs but we are also very happy to hear directly from GPs around what they think might work?

Ken McCroary - Yes I agree and it sounds like your thoughts are similar to ours as well that improving the communication between the various services in the wide gamut of primary care is going to be beneficial for everyone moving forward particularly with time as I said before our population ages our mental health burden skyrockets particularly during the pandemic and what is coming after that and our other unique sort of qualities out here with our diversity and our aged and our young and our increasing dementias and increasing heart disease increasing cancer burdens and everything so I think moving forward it is about trying to work better together don't you think?

Isabella Sierra - I agree definitely with that and I think trying to work better together in a sustainable way that will actually be long lasting.

Ken McCroary - Exactly short sharp bursts of services that disappear isn't going to help anyone in the long run is it?

Isabella Sierra - No it is not and that I guess we really are hoping that actually having a physical health service will be that long lasting connection we need with primary care I think it is because when and I am not to sure if this is the mental health LHD at the standing I have gained over being here but we see GPs as really assisting with that physical health side. I think there is a real hope that we will aim to establish some sort of regular connection with primary care whatever way that looks like and ends up working and that there will almost be a connection through and I guess we haven't really gotten that idea from nowhere there are various LHDs not only within Sydney metropolitan but I think in wider NSW and it has had like a GP liaison position and that has worked quite well to engage primary care so we are very willing at looking at how something like that would work for south west and what does that look like.

Yes, I agree, and I am aware of that pilot program happening with emergency departments with their liaison officers and the general practice and I think that it is really very important we all work together to improve communication. So, I was going to wrap it up now and was wondering if you have any other final thoughts or comments that you would like to add?

Isabella Sierra - Look probably I think one of the things we struggle with is the perception that GPs really don't have a lot of time because you guys see so many patients in and out every single day and how to better help you in the time you have.

With our consumers we are really encouraging our case managers to get involved with the patients so I think there is one last thing that I can say is if there is a case manager involved or we are just not to sure who it is please reach out to the LHDs through the mental health service to try and find out if there is somebody else who can help coordinate that care case managers are more than willing but get lost in that mix a little bit of the time so use them as a resource if we can.

Ken McCroary - Excellent, I just want to thank you so much for spending time with me this afternoon it has been really enlightening listening to your thoughts and plans but also inferring that passion you have with trying to improve the outcomes for your clients in terms of their physical which will fall back to there mental health it has been great talking to you so thanks once again and good luck with everything and we hope that we see some improved communication with our general practioner cohorts and you and your team throughout the LHD.

Isabella Sierra - Thank you so much Ken.

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