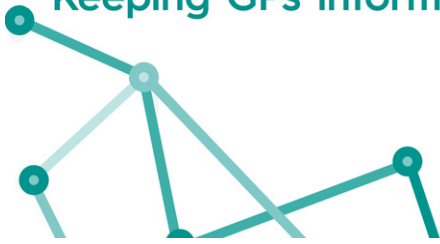


# GP Connect

Keeping GPs informed in the changing primary health landscape



17 November 2022

## Supporting trans, gender diverse and non-binary people to access appropriate and inclusive healthcare

Foreword by Dr Irene Dolan, GP Clinical Editor, HealthPathways WA with personal insights from pathway subject matter experts Lena Van Hale and Dr. Sally Murray.

The [Transgender Health and Gender Diversity HealthPathway](#) is now LIVE.

This ground-breaking new pathway outlines the assessment, management and referral pathways to [specialised services](#) for trans, gender diverse and non-binary (TGDNB) people of all ages.

Based on national and international guidelines, it provides advice on creating welcoming and inclusive clinical environments for TGDNB people, provides details on available supports for TGDNB people and their families, outlines how to assess and manage TGDNB people of all ages and includes local [referral pathways](#) for specialist services, as well as a section on professional support.

Development of the [Transgender Health and Gender Diversity HealthPathway](#) began with a working group of GPs with experience in transgender health, specialists, representatives from the TGDNB community and researchers to discuss local issues relating to TGDNB health.



Further development took place in consultation with a subject matter expert (SME) group including specialists from the Royal Perth Hospital and Perth Children's Hospital Gender Diversity Services and representatives from the TGDNB community. GPs with experience in transgender health were also involved in pathway development and final consultation was undertaken with the Department of Health WA.

This pathway has only been possible thanks to the tireless and continued support of a very dedicated group of SMEs: Dr Uma Ganti, Dr Julia Moore, Dr Sally Murray, Dr Glynis Price, Lena van Hale and Emery Wishart.

In this GP Connect feature, three of these SMEs share their personal insights with you. It is hoped that these articles and the pathway will help you in your work with TGDNB people and support you to provide healthcare that addresses their specific needs.

Visit HealthPathways WA to access the newly launched Transgender Health and Gender Diversity HealthPathway. For login details to HealthPathways, complete the online form available [here](#).

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## Enlightened consent: Going beyond the minimum

By Lena Van Hale, Manager – Magenta WA and  
Secretary – Living Proud Inc

As a long time trans activist and peer supporter, I've watched with delight as informed consent models have surged in popularity within gender affirming care (GAC). When I transitioned, very few of us accessed care at all, and those that did required expert knowledge from our peers. I became "informed" before I ever saw a clinician. Meeting with a trans friend, I learned how she handled herself, and what preoccupied her. I became an expert through a type of field research, because non-experts were guaranteed to fail the assessments required to access GAC.

It is undoubtedly positive that trans patients no longer need to have an encyclopaedic knowledge of gender to access GAC, however it leaves us with big shoes to fill if we are to replace those older methods of information transfer. Now that our models have improved, we must be flexible enough to BOTH adequately educate patients, while also not delaying urgent care for others.

If we are to go beyond our minimum requirements for good care, for a person just questioning their gender, "minimum informed" might simply be knowing that people with gender incongruence exist. Knowing we exist is one thing, knowing our forms and labels is another, and knowing how to work out if any of these forms fit you is another entirely.

Questioning "does my internal gender feel different to my external" vs "would I feel more comfortable with a different external gender," each may return strong feelings for a patient. It is important for a trans person to understand that each of these are valid trans experiences, even if their answers contradict. Other valuable questions include "can I picture myself growing old as this gender," "can you imagine other people in your life perceiving you as another gender" and, "if you had a button that could change your external and/or internal gender instantly, would you press it?"

When acting on gender incongruence, the "minimum informed" is knowing that Hormone replacement therapy (HRT) exists, understanding its side effects, its intended effects and expected time frames, and its reversibility.

For most patients, this is a tiny piece of their puzzle. Acting on it may mean social transition. It may include dealing with other health issues. Understanding what you can and can't change about yourself starts before hormones and goes far beyond them.

**"Knowing we exist is one thing, knowing our forms and labels is another, and knowing how to work out if any of these forms fit you is another entirely."**

For most people, this includes a long process of picking apart which aspects of the self are a cultural gendered expectation, and which parts may be innate or instinctual. Developing a healthy internal narrative of sex and gender is an important part of living a happy life, even for cisgender people. A trans person who internalises negative gendered stereotypes may attribute these to themselves (from all genders too), and may even intentionally engage in problematic behaviour, having internalised this as a natural part of living as their chosen gender. As an educator I often find it important to push back on this. I often joke that just because my gender is valid, doesn't mean my gender is relevant.

While we may currently lack the perfect informed consent checklist, we need not overcomplicate it. We don't have to quiz patients on gender theory for them to feel safe explaining both what they want and what they think is possible to get from transition. A questioning patient's needs differ from a confident patient who already questioned for years, but each may require urgent care. If a patient has an insecurity or stereotype so extreme it may continue to negatively impact them after transition, we should be able to identify that and even challenge it without requiring assessment by a full multi-disciplinary team.

All patients should know they can change their mind and should not be judged for it, but they should also know that regret is extremely rare. Not all trans people medically transition, and some choose to take lower doses of hormones or only take them temporarily for some small changes. Clinicians and patients must also understand that some people regret not accessing HRT sooner, not pursuing a stronger regime, or not transitioning faster or slower.

A transparent, collaborative, informed consent process is a massive improvement on older models of GAC, positioning patient and clinician as allies rather than adversary and gatekeeper. Foster a collaborative environment, gather a good understanding of their personalised goals for transition, aim to reach a mutual agreement to where you each think they are well informed, create a shared agreement for you both to sign, and document it.

## Care of trans, gender-diverse and non-binary children and adolescents

**Dr. Julia K. Moore MBBS (Hons), FRANZCP, Cert Child Adolescent Psychiatry Consultant Child and Adolescent Psychiatrist, CAHS Gender Diversity Service**

Transgender health care across the life span is a core area of clinical skills for all health professionals.

Trans and gender diverse people have always been around, evident in culture, language and history from around the world, for example Indigenous Brotherboys and Sistergirls, Maori whakawāhine and tangata ira tāne, Samoan fa'afafine and fa'atane, and Indian Hijra people. Medical understanding has progressed from past stigmatizing perceptions of gender diverse people as “disordered” or “confused”, to now recognising the spectrum of gender as a normal part of human diversity. Transgender health care is not new: hormonal and surgical treatments were offered to adults in Berlin in 1918, and the treatment of gender-dysphoric adolescents with puberty suppression and hormone treatments commenced in the Netherlands around 1991. People may first express gender dysphoria or transgender identity at any life stage. The US Transgender Survey (2015) of 27,715 adults found that 15% first told someone that they were transgender under age 15, and 37% between age 16 and 20 – even before social media and increased awareness of gender diversity, “coming out” in adolescence was frequent. Identifying as non-binary is increasingly frequent. It is important to understand that some people are trans, and this is OK. “Conversion therapy”, or efforts to deliberately change gender identity or sexual orientation, is ineffective, harmful, and unethical. Some trans and gender diverse people request medical or surgical gender-affirming treatment, and experience it as medically essential; some do not want treatment. Treatment decisions are led by the person's expressed wishes and needs.

It is normal and healthy for children to have interests, activities and friendships that do not conform to cultural ideas of “masculine” and “feminine”. This doesn't need assessment or diagnosis. Some children are distressed by their sex registered at birth, and make strong statements, wishing to live as their identified gender, at home and school. Observational evidence and clinical experience indicate that this child-led social transition is associated with positive psychosocial outcomes. This is a family decision, which should be led by the child's expressed needs, not imposed by adults. No medical or surgical treatment is indicated for gender dysphoria before puberty commences. Prepubertal children only need love, support, and listening. Some become comfortable with their birth-registered sex and gender during late childhood to early puberty, so it is important that children who socially transition are supported to “change back” at any time they wish. In childhood and adolescence, it is important to facilitate access to mental health care for common problems including social anxiety, depression and suicidality, if present, alongside gender-affirming care.

Puberty suppression with gonadotropin releasing hormone agonists can be indicated when gender dysphoria continues through to adolescence, with distress at the body changes of early puberty. Puberty suppression is ideally commenced at Tanner stage 2 – 3, early enough to provide long-term benefit by preventing breast development or voice deepening and facial masculinisation.

Some young people first experience gender dysphoria peripubertally; this is common, and puberty suppression may still be appropriate to provide relief of distress and allow time for clarification of identity and wishes. A person can decide to stop puberty suppression at any time, and its effects are largely reversible. Most people who start puberty suppression remain stable in their gender identity, and decide to commence testosterone or oestrogen gender-affirming treatment in later adolescence or young adulthood.

Oestrogen/anti-androgen and testosterone treatment can be provided to more mature adolescents with long-term stable gender identity, who have developed the capacity to give informed consent to these treatments, including appreciation of the risk of regret.

This requires repeated consultations, and specific counselling regarding fertility. Many do not have preceding puberty suppression. Masculinising chest reconstruction is sometimes done under age 18, but is not provided in the public health system in WA. Genital surgery is not done under age 18 in Australia. Many trans people do not want genital surgery, but for some it is extremely important.

**"There is a pressing need to develop capacity in WA for gender-affirming care of adolescents and young adults outside of the single hospital specialist setting."**

The treating medical practitioner must obtain the active informed consent of all legal guardians before providing gender-affirming puberty suppression, oestrogen, testosterone, or surgical treatment for a person under age 18, regardless of whether the young person is Gillick competent, according to the Family Court of Australia judgement *Re: Imogen* [2020]. The risks of any treatment need to be weighed against the risks of having no treatment. Withholding treatment against a young person's wishes is not a neutral option.

The CAHS Gender Diversity Service (GDS), based at Perth Children's Hospital, is a multidisciplinary team that provides information, support, links to other services, assessment, and (where wished-for and appropriate) gender-affirming medical treatment with puberty suppression, oestrogen and testosterone in liaison with the adolescent's general practitioner.

There is a pressing need to develop capacity in WA for gender-affirming care of adolescents and young adults outside of the single hospital specialist setting. Models exist in other states for treatment in primary care with collaboration between GPs and psychologists, with other specialist consultation as appropriate. GPs can help to support open communication and improve understanding between parents and young people. Providing accurate information often helps relieve family anxieties. Peer support from other parents, through TransFolk of WA or Transcend Australia, is very helpful.

## Old skills, new patients: Caring for gender diverse patients

By Dr. Sally Murray FACHSHM, FAFPHM, MPHTM, MHScPHP, MBBS Sexual Health Physician and Public Health Physician

The new HealthPathways WA Transgender Health and Gender Diversity Pathway is the management site I wish I'd had seven years ago. One place that summed up the pieces in the puzzle and how to put them together, in my context.

Caring for gender diverse patients doesn't have to be hard. You just have to care, listen, ask, drop your assumptions, and then use skills you already have in general medicine. Same stuff, different context.

If I asked you to start the oral contraceptive pill or perimenopausal oestrogen patches you wouldn't think twice, you know the contraindications, who you'd ask a second opinion for, which people you might think about doing a clotting profile on. If you had a hypogonadal male you'd look up the andrology guidelines and be happy to start testosterone with a specialist referral in the next 12 months as required by the PBS. Transhealth care is special because of the patients, not because of the medicine.

This pathway helps to map that out. It shows how to help patients as they start their journey, ensuring they have adequate support to explore their gender identity (if needed); and to explore the expected changes (social and physical) of their transition, making sure they can make competent decisions, and understand the risks and benefits of hormone and/or surgical intervention. This can be done using an informed consent process in your rooms as per the AusPath Australian standards, or you (or the patient) might appreciate the support of one of the increasing number of experienced clinical psychologists in Perth. If there is a lot of comorbid psychiatric illness, get help. Just like you usually would.

**"Trans health care is special because of the patients, not because of the medicine."**

Once you feel your patient is in a position socially and medically to move on with hormones (assuming they want them!) the pathway outlines the preferred (and familiar) ways of doing this. Want to start oestrogen? In a trans patient I would advise patches to reduce VTE risk, like I would for a post-menopausal woman. Your patient doesn't like needles but needs testosterone? Use topical. Aim for cisgender ranges of hormones.

The only reason we need a tertiary service for gender management is for the really complicated patients (think psychiatric/medical/social) - these are the same patients you would refer for support in a different context. That, and for approvals for testosterone as the PBS currently require this for Authority scripts. But you can write them! Your patients can be on testosterone for 12 months before we see them and they'll thank you for those 12 gender-affirmed months, a lot.

I understand that it can be hard to keep up in primary care – but you already have these skills and you have a population that's crying out for caring, interested, able providers. Please consider stepping into this space and start with your first patient, be honest you're using the guideline (just like I did seven years ago) and soon you could have a skill and some of the most rewarding clinical work you've done.

## Hospital Liaison GP Updates

### OPH Good Living Arthritis Denmark Program

The Osborne Park Hospital (OPH) Musculoskeletal Outpatient Department, is pleased to reintroduce the Good Living Arthritis Denmark (GLA:D) program to its outpatient services. The program strongly endorses exercise, education and weight control in the seven-week program, which consists of 2 x 60-minute education sessions and twelve group exercise sessions.

The program is now available to those living with knee and hip osteoarthritis, who are keen to pursue conservative management of their symptoms. To be eligible for GLA:D, patients need to have a clinical diagnosis of hip or knee osteoarthritis (or imaging supporting this diagnosis) and be:

- Fluent in English
- Able to understand and retain the education given
- Able to commit to attendance
- Not suffering from fibromyalgia or other chronic pain disorders
- Living within the [OPH catchment area](#)

The GLA:D program is available at no cost, with a valid GP referral.

Referral into the program can be via CRS (Physiotherapy Dept OPH – GLA:D program) or by fax (6457 8466).

For more information, visit [gladaustralia.com.au](http://gladaustralia.com.au)

Dr Cori Lei  
Hospital Liaison GP  
Osborne Park Hospital  
Email: [Cori.Lei@health.wa.gov.au](mailto:Cori.Lei@health.wa.gov.au)

### Shared antenatal care at RGH

Women within the [Rockingham General Hospital \(RGH\) catchment area](#) can choose to have their antenatal care provided within a shared care arrangement. This arrangement means that joint care is provided for the pregnant woman by both the birthing hospital and another maternity care provider including a:

- GP
- GP Obstetrician (GPO) and/or
- Endorsed midwife (EM)

All women who elect to birth at RGH need a [Maternity Booking Form](#) completed by the GPO/EM/GP.

The RGH maternity leadership team at would like to emphasise it is essential to refer the patient as soon as the pregnancy has been confirmed, even though MBS item number 16591 can only be claimed at 28 weeks.

If a woman opts for shared care with a GPO/EM or GP/EM the woman will have one antenatal appointment at RGH with a midwife at around 30 weeks gestation. The booking visit will be done in the community with an endorsed midwife or GPO.

If a woman opts for shared care solely with a GP, the woman will have two appointments with a midwife. The first is a booking appointment at RGH at 18-22 weeks and the second is an antenatal appointment occurring at 36 weeks gestation.

For women who have not birthed by 40 weeks, the GP/GPO or EM will need to phone the Clinical Midwifery Specialist on 9599 4524 to discuss induction options and management of prolonged pregnancy. Increased surveillance is recommended after 41 completed weeks which includes CTG monitoring +/- ultrasound scans.

View the full schedule of visits by gestation [here](#). The Rockingham Peel Group Antenatal Shared Care Guidelines provide further useful additional information for referring General Practitioners and can be found [here](#).

**Dr Michelle McNamara**  
Hospital Liaison GP  
Rockingham General Hospital  
Email: [michelle.mcnamara@health.wa.gov.au](mailto:michelle.mcnamara@health.wa.gov.au)

## Clinical Updates

### Infection prevention and control guidelines

To protect against COVID-19, the Department of Health WA suggests GPs and practice managers may wish to adapt WA Health's updated [COVID-19 Infection Prevention and Control guidelines for Western Australian Healthcare Facilities](#) for their own clinic needs as appropriate.

Practices requiring support with transition to business as usual are encouraged to contact [Practice Assist](#), call 1800 2 ASSIST or email [practiceassist@wapha.org.au](mailto:practiceassist@wapha.org.au). Visit the [WA Health website](#) for up to date COVID-19 information for health professionals.

### COVID-19 testing reminder

Murdoch drive-through remains the only metropolitan public COVID-19 testing clinic. PCR testing is also available via private providers. A GP referral is required for testing at private clinics. Learn more at [HealthyWA: COVID-19 testing](#). Where local testing clinics are no longer available, patients can be directed to private pathology or [GP Respiratory clinics](#).

## Post COVID-19 Clinic for patients in the EMHS catchment now accepting referrals



The East Metropolitan Health Service (EMHS) has commenced a Post COVID-19 Clinic, based at Bentley Health Service for patients in the EMHS catchment, over 16 years of age who are:

- Still experiencing non-urgent significant symptoms at least twelve weeks from the date of positive SARS-CoV-2 diagnosis; and
- GP screen does not detect conditions more suitable for direct referral for sub-specialty medical review or Community Rehabilitation.

More information and referral criteria is available [here](#).

## Reminder to general practice - It's time to register for training support payments

As part of the transition of the Australian General Practice Training program, training support payments will now be paid through the Services Australia payment system.

The new support payments will commence from semester 1 2023.

The new support payments will be available to accredited training practices, supervisors and registrars. More information is available [here](#).

## Screening Saves Lives – LGBTIQA+ cancer screening



**Bowel screening saves lives**



**Cervical screening saves lives**

Australia is a world leader in the prevention and early detection of cancer. Survival rates for breast cancer at 5 years are 92%<sup>1</sup>, bowel cancer 99%<sup>2</sup> and almost all cervical cancer can be prevented through regular screening. Improving participation in cancer screening programs is vital to ensure better health outcomes for all Australians. Unfortunately, cancer screening rates in the LGBTIQA+ community are lower than the general population. Fear of discrimination and a belief that the services are irrelevant to them often result in cancers being diagnosed at a later stage.

WA cancer screening programs for breast, bowel and cervical have joined forces to develop campaign resources to raise awareness in the LGBTIQA+ community that 'Screening Saves Lives'. Members of the WA LGBTIQA+ community embraced the concept and volunteered to be the 'heroes' of the campaign, lending their images and personal quotes to reflect diversity and inclusion.

The campaign resources highlight eligibility criteria and key messages for each screening program, and include posters, flyers and social media content. The free resources can be [ordered and downloaded](#) by key stakeholders and allies to be used in waiting areas, at significant events and dates in the LGBTIQA+ community calendar.

Use these resources to support conversations about the importance of regular cancer screening with your LGBTIQA+ patients.

## Syphilis is on the rise in WA: What GPs need to know

Western Australia is experiencing increasing syphilis notifications. From 2012 to 2021, the annual number of infectious syphilis notifications increased elevenfold.

Advice for GPs from the Department of Health WA Communicable Disease Control Directorate

If a person has an ulcer(s) in the anogenital region or oral cavity, consider syphilis. Swab the lesion (dry swab) and order a syphilis PCR test, in addition to regular testing e.g. for herpes simplex virus (HSV) and varicella-zoster virus (VZV). Syphilis serology should be ordered.

The first line treatment is long-acting penicillin (benzathine penicillin, bicillin L-A). This can be ordered through the Doctor's Bag so that it is available at your practice. See [www.pbs.gov.au/browse/doctorsbag](http://www.pbs.gov.au/browse/doctorsbag).

All pregnant women in WA should be offered syphilis testing (serology) at the first antenatal visit, 28 weeks and 36 weeks gestation so syphilis can be detected and treated early to prevent congenital syphilis stillbirths and life-long disability. Additional testing is advised if clinically indicated and in regional outbreak areas. WA Health urges doctors to consider that infectious syphilis is possible in their sexually active patients and offer opportunistic testing.

### Who is at increased risk of infectious syphilis?

Historically, most syphilis cases occurred in Aboriginal people from regional and remote communities and gay, bisexual and, other men who have sex men in the Perth metropolitan area. While these groups continue to be at increased risk, syphilis notifications are occurring across all populations in WA. Other populations that testing should be prioritised for include:

- People experiencing homelessness
- People who use methamphetamine and/or inject drugs
- Culturally and linguistically diverse (CaLD) people
- People aged 16 - 35 years

## Syphilis is on the rise in WA: What GPs need to know (cont)

- Women of childbearing age (currently 24% of all infectious syphilis notifications in metropolitan Perth and 48% of notifications in regional WA).

Of concern are the increasing infectious syphilis notifications among pregnant women. From 2014 to 2021, notifications increased from one to 29 cases, with 10 congenital syphilis cases (five regional and five metropolitan). Three of the congenital syphilis cases resulted in stillbirth.

### More information

Resources such as a video on benzathine penicillin injection technique and a quick guide to syphilis testing and treatment are available from the [WA Syphilis outbreak response](#)

For WA guidelines about STI testing, management and contact tracing, please see [WA Guidelines for Managing Sexually Transmitted Infections \(Silver Book\)](#).

Visit [Healthy WA](#) to contact your local Public Health Unit:

## Register to provide access to voluntary assisted dying to regional patients

The Regional Access Support Scheme (RASS) provides funds to support regional patients to access voluntary assisted dying when a local provider is not readily available in the necessary timeframe.

Recent changes to the RASS now allow eligible medical practitioners and nurse practitioners who care for regional patients to receive a payment of \$1500 upon completion of the mandatory online training required to become a VAD provider.

If you meet the eligibility requirements to access the [WA VAD Approved Training](#) you may also be eligible for this payment. Further information is available from the WA VAD Statewide Care Navigator Service which manages the RASS. For more information, phone 9431 2755 or email [VADcarenavigator@health.wa.gov.au](mailto:VADcarenavigator@health.wa.gov.au)

## Triple P - Positive Parenting Program now free to access



The Australian Government is providing free, online parenting education and mental health support to Australian parents and carers of children under 12.

The free Triple P Parenting Program offers a suite of parenting resources to enable parents and carers to develop the confidence, skills, and strategies required to better support child mental health and wellbeing as infants and children progress through the key development milestones and help them identify potential problem behaviours early.

The current program offering includes Triple P online under 12, Fear-less Triple P online and the new Triple P online for Babies. Patients can be directed to find out more [here](#)

## HealthPathways WA: Shut down period 24 December 2022 – 2 January 2023

The HealthPathways WA team wishes to thank everyone who has contributed to and accessed HealthPathways WA this year.

During the WA Primary Health Alliance festive season closure, the HealthPathways WA website will not be updated from Saturday 24 December 2022 - Monday 2 January 2023 (inclusive).

The site will remain accessible to users. Please be advised [healthpathways@wapha.org.au](mailto:healthpathways@wapha.org.au) will not be monitored during this period.



## Providing younger people in the residential aged care system with greater choice



The Younger People in Residential Aged Care (YPIRAC) System Coordinator Program aims to give people under 65 years living in residential aged care (as well as those in hospital or in the community who are at risk of entering permanent residential aged care) greater choice and control in understanding their options where they would like to live and what age appropriate supports they need.

With the consent of the younger person and/or their guardian, the team works collaboratively with government, local community and welfare organisations and service providers to help explore alternate home and support options.

Download an [information sheet](#) or contact WA/SA Regional Manager Isabelle Currie on 0407 241 187 or email [Isabelle.Currie@abilityfirstypirac.org.au](mailto:Isabelle.Currie@abilityfirstypirac.org.au)

YPIRAC is a national initiative funded by the Commonwealth Government and operated by Ability First Australia.

## Help your patients with depression find the right antidepressant medication

The George Institute for Global Health, St Vincent's Hospital Sydney, and collaborating institutions across Australia are seeking participants for a new study looking at whether tailored antidepressant therapy based on individual patient's genetic makeup can improve remission rates in depressed patients initiating antidepressants by mitigating trial-and-error iterations.

The ALIGNED study is an investigator-initiated, double-blind randomised-controlled trial of pharmacogenomics-guided therapy versus standard care for people with moderate to severe depression initiating pharmacotherapy.

For all patients enrolled in the study, you as a prescriber will be provided with a blinded and individualised treatment guide to inform initiation and prescription of antidepressant therapy for your patient. Prescribers for patients randomised to the intervention arm will receive a blinded treatment guide that had been informed by patient's pharmacogenomic results, whereas prescribers in the control arm will receive a blinded treatment guide that had been developed in line with best practice (not informed by their patient's pharmacogenomics). Each individualised treatment guide is prepared by practising psychiatrist and/or geneticist investigators with treatment recommendations that are in line with current RANZCP practice guideline.

At week 12 of the study, unblinding will take place, where both prescribers and participants will be informed of treatment allocation. All prescribers of participants will then receive a direct copy of the participant's pharmacogenomic report issued by a NATA-accredited laboratory. The report contains pharmacogenomics information for psychotropic as well as other medications that can be used in the future.

The study comprises 11 teleconference sessions with participants and will take approximately 52 weeks.

If you have any questions or would like to register a patient for possible study participation, please contact the Central Coordinating Centre at [ALIGNED@georgeinstitute.org.au](mailto:ALIGNED@georgeinstitute.org.au)

Find out more about the study at [www.alignedstudy.org.au/](http://www.alignedstudy.org.au/)



## Free infant and child mental health resources for parents, families and practitioners

Free infant and child mental health resources for parents, families and practitioners  
Emerging Minds has recently launched Emerging Minds Families – a brand new range of resources for parents and families looking for information and support about infant and child mental health.

The free videos, factsheets, animations and podcasts have been developed in collaboration with families, practitioners and researchers. They are designed for practitioners to share and use with the parents and families they work with, or for parents and families to access directly.

Topics include:

- Supporting parents and families living with mental illness
- Responding to and managing the impact of natural disasters including floods, bushfire and drought
- Understanding and managing anxiety in children and young people, and
- Infant mental health and wellbeing.

Visit the [Emerging Minds website](#) to access the resources and [subscribe to the Emerging Minds Families newsletter](#) for the latest updates and releases.

**Check out the GP education events on page 8 or visit [wapha.org.au/events](http://wapha.org.au/events)**

## World Antimicrobial Awareness Week 18 to 24 November 2022

Tomorrow marks the start of World Antimicrobial Awareness Week, a global campaign to improve awareness and understanding of antimicrobial resistance and encourage best practice.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) supports AAW in Australia by providing a [range of resources and coordinating initiatives](#) to support the effective use of antimicrobials in preventing and containing antimicrobial resistance and local activities across the week.

The ACSQHC Antimicrobial Use and Resistance in Australia Surveillance Systems (AURA) 2021 report also offers many key findings on antibiotic use. Read the report in full [here](#)

## National Cervical Cancer Awareness Week



This week's National Cervical Cancer Awareness Week (7-13 November 2022) provides a strong platform to raise continued awareness of cervical cancer and unite Australians to take action to help Australia make cervical cancer history.

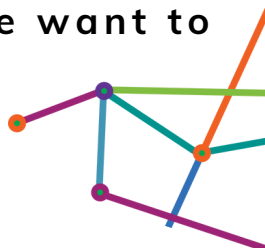
General practice can play a role in helping make cervical cancer history. This includes:

By ensuring all women and people with a cervix aged 25-74 are:

- Are enrolled in the National Cervical Screening Program and screened every five years
- Advised speak to a healthcare provider if any symptoms arise between screenings.

For further information visit the [Australian Cervical Cancer Foundation website](#).

## What does it take to provide culturally competent and safe health care services? We want to hear from you!



Given our vision of better health together, WA Primary Health Alliance (WAPHA) is working with communities, primary health care providers and partners across the health system in Western Australia to ensure everyone has access to culturally competent and safe health services.

Through our strategic planning process, WAPHA identified the need for an organisational cultural competency framework for multicultural Western Australia.

The Framework will:

- build capability and measure the performance of internal and commissioned activities, to ensure cultural competency and safety for staff and people accessing WAPHA commissioned services.
- be accompanied by a range of supporting materials including an Implementation Plan and a Commissioning Toolkit.
- assist WAPHA in the provision of training and resources to support General Practice in the delivery of culturally safe care and services to culturally and linguistically diverse patients.
- be a companion to the WAPHA Aboriginal and Torres Strait Islander and LGBTQIA+ frameworks, implementation plan and commissioning guidelines for cultural competency, equity and inclusion currently in development.

To help inform development of the Multicultural Cultural Competency Framework we would value your input via a [short 3-question survey](#). Please ensure to submit your responses by Monday 19 December. For more information, please contact [Susan Kay, WA Primary Health Alliance Senior Advisor – Strategy and Policy](#) or visit our [Cultural Competency and Capability Frameworks Customer Voice page](#).

## GP Education & Training

### WA Ear and Hearing Health Forum

Following the 2021 WA Ear and Hearing Telehealth Forums, health professionals are invited to join Rural Health West at this one-day event to engage and network and to:

- Learn and identify culturally-inclusive practices for Aboriginal people and families.
- Hear from local planning forums and providers about successful collaborations.
- Identify intersectoral partnerships and initiatives in improving ear and hearing health outcomes.
- Learn from leading WA researchers supporting ear and hearing health.
- Participate in hands-on interactive upskilling and education on current guidelines and protocols.

**Date:** Friday 18 November 2022

**Time:** 7:30am -5.00pm

**Venue:** The University of Notre Dame, Fremantle

More information and register [here](#)

### Watch on demand: EMHS Virtual Forum on Improving Aboriginal Cultural Security during virtual appointments

A recording of the EMHS Virtual Forum on Improving Aboriginal Cultural Security during virtual appointments (19 October 2022) is now available on Youtube to view and share

Watch the virtual forum [here](#)





This WA Primary Health Alliance Masterclass presented in partnership with Deloitte and Youth focus, is an opportunity to hear from preeminent clinicians and researchers about the latest evidence, research and best practice for working with young people with mental health concerns.

Topics include: clinical complexity, early psychosis, alcohol and substance abuse, self-harm and suicide prevention. The event will also feature Deloitte's GovLab on developing the mindset, skillset and toolkit to innovate in a mental health setting.

Only 60 seats available to allow for the opportunity to connect and have valuable dialogue in an intimate setting. Presenters include:

- Associate Professor Elizabeth Scott, Brain and Mind Centre
- Professor Nick Titov, Mindspot and Mindspot GP
- Dr Shane Cross, Orygen
- Professor Bronwyn Myers-Franchi, Curtin University enAble Institute

**Date:** Friday 25 November 2022

**Time:** 8.30am - 4.00pm

**Venue:** Deloitte Perth, Tower 2, Level 9,  
Brookfield Place, 123 St Georges Tce

More information and register [here](#)

*Proceeds go to Youth Focus in support of mental health and wellbeing for young people living in regional WA*

## Register your interest for the HealthPathways Gender diversity and transgender health webinar series- 2023

WA Primary Health Alliance; HealthPathways WA in collaboration with the WA Primary Health Alliance Training and Communities of Practice team and the Hospital Liaison GPs at Royal Perth Hospital and Perth Children's Hospital are pleased to announce a three part webinar series on trans, gender diverse and non-binary (TGDNB) health in 2023. The sessions can be attended individually or as a series as follows:

### Session 1

**Date:** Tuesday 7 March 2023

**Time:** 6.00pm - 8.00pm

Trans, gender diverse and non-binary health-general overview including definition of terms and language, introduction to TGDNB health and creating welcoming clinical environments. Open to all practice staff including GPs, practice nurses, Aboriginal health workers, Aboriginal health practitioners and practice managers.

### Session 2

**Date:** Tuesday 21 March 2023

**Time:** 6.00pm - 8.00pm

Trans, gender diverse and non-binary (TGDNB) child and adolescent health including supporting TGDNB children, adolescents and their families in general practice, a GP perspective and clinical case studies- targeting GPs.

### Session 3

**Date:** Tuesday 4 April 2023

**Time:** 6.00pm - 8.00pm

Trans, gender diverse and non-binary adult health including an overview of gender affirmation and clinical case studies- targeting GPs.

[Click here](#) to register your interest- you will be contacted by email when registration opens.

#### Disclaimer

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