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CENTRAL AND
EASTERN SYDNEY

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PRIMARY HEALTH QUARTERLY

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CONTENTS

Central and Eastern Sydney PHN acknowledges the Aboriginal and Torres Strait Islander peoples of this nation. We acknowledge the Traditional Custodians and Sovereign People of the land across which we work. We recognise their continuing connection to land, water and community and pay respect to Elders past, present and emerging.

A MESSAGE FROM OUR

CHAIR &CEO

If you would like to share your news, thoughts, professional perspective or lived experience which is relevant to the primary health care space, please let us know at **editor@cesphn.com.au**

When our previous issue of Primary Health Quarterly was released in June, there were very few cases of COVID-19 in NSW. How things have changed. During July and August, we experienced consecutive days where there were hundreds of new COVID cases being announced daily in NSW. What hasn't changed is our determination to combat this virus and our commitment to support primary health workers who have been relentless with testing, vaccinating and informing our community. And your hard work is definitely paying off on the vaccination front.

Tying into Women's Health Week in September, our feature article is a detailed Q and A with associate Dean, UNSW Medicine, Dr Adrienne Torda. She has responded to ten frequently asked questions regarding the vaccine. To complement this, we have spoken to a range of local women who tell us why they had the vaccine and how they experienced it.

In the last few months, we have focused on informing and simplifying messaging to our culturally and linguistically diverse communities. In July, we reached out to health professionals who shared important video messages about getting tested, getting vaccinated and staying at home. Given 40 per cent of the CESPHN population speak a language other than English, this was highly valued as a strategy to keep our community safe.

Belmore Medical GP Dr Jamal Rifi, has been in overdrive reaching out beyond the Arabic speaking community and vaccinating members from all sectors of our CALD community. Dr Rifi was featured on the ABC's Australian Story on Monday, 13 September.

We are supporting general practices in the Canterbury, Bayside and Georges River LGAs with strategies to increase their capacity to vaccinate more people.

Lockdown measures have intensified and while this has reduced the spread of the virus, it comes with other issues. Domestic violence continues to feature prominently, and we have committed to highlighting ways that primary health can respond through our DFV Assist program. We have an article on domestic violence during pregnancy as well as information on victim services.

Mental health remains a high-priority issue and we have included several articles on mental health in this edition. Two new Head to Health centres opened this month in Hurstville and Lakemba. The aim of these services is to improve access to mental health support for adults in the region. We offer numerous mental health services through cesphn.org.au and we hope all of you, including health workers and our community, feel comfortable reaching out whenever needed.

We welcome the spring and hope it brings more happiness and health to you all so we can keep the central and eastern Sydney region COVID-safe in the lead-up to Christmas.

Dr Michael Wright
Chair

Dr Michael Moore
CEO

Board member Rosemary Bishop MBA, GAICD, BA (Hons), Dip Ed

Q&A

Rosemary Bishop is the Director of Interdependent, which is a change management and community engagement consultancy. Before re-establishing Interdependent, she was the CEO of 3Bridges, an organisation that services the St George, Sutherland, and central Sydney area to enable community connection and support wellbeing from birth to death.

Can you tell us a bit about your career trajectory?

I've enjoyed all stages of my career from leading the first New Opportunities for Women courses, delivering community education during the AIDS outbreak for the Anti-Discrimination Board, leading corporate training functions and setting up my own consultancy, Interdependent in change management and organisation development before taking on various NFP CEO roles.

Does this align with any plans you may have had growing up?

My goal as a child was to help people and I didn't want to be bossed around, so I thought I would become either a doctor or an explorer.

Much of your career has been in 'not for profits', charities and supporting vulnerable communities. Is there something that has driven that?

I'm a strong feminist. I believe in enabling equity and speaking up for social justice. In my own consultancy, a lot of our work was in workplace fairness, improving teamwork and linking the passion between business and community to build capacity in our communities. I believe most people are good and want to do good.

You are now a director at change management and community engagement consultancy, Interdependent. How is COVID affecting change management?

During the last 18 months there have been many impacts on wellbeing, trust and performance. Smaller organisations have been challenged by developing secure online staff connections and changing the way they deliver client services. The urgency of COVID has driven significant, rapid change in service and practice and perhaps one of the most challenging changes will be how we redefine our services and our cultures as we reemerge to live with COVID in a less secure world.

Community engagement has largely gone online. What challenges does this provoke for both management and the community and can we address them?

While many aspects of community engagement have gone online, I've never seen so many people walking in pairs, smiling at strangers and being pleased to wait in spaced out queues outside. While we have done well in connecting online and providing services, the difference for me the second time round with Delta is the knowledge that, while a lot can be achieved virtually, people enjoy being on site and with each other. Performance seems to need that physical connection as much, if not more, than the virtual.

You have previously worked with refugees. Do you have any thoughts on why our CALD communities appear more reluctant than other communities to get vaccinated?

I think the answer to this is as diverse as our many communities and I am also concerned that this 'reluctance' relates to a lack of easily available vaccinations so that people who are already stressed in managing their lives do not become more stressed. Better uptake comes with ease of access and targeted communication to build trust in both the delivery options and the effectiveness of the vaccine.

What are some of the most significant health and welfare challenges women are facing during COVID?

Women experiencing domestic violence are particularly isolated because they have no personal space or ability, for example, to share a friend's phone to call for help. Coercive control is hard to escape in these times. I think teenagers are experiencing loneliness, stress and anxiety and I feel for parents balancing working at home and trying to school young ones. Of course, people living on their own with poor health or fragility are even more isolated. It's hard for everyone!

How can primary health workers improve wellbeing from birth to death?

Primary health workers improve wellbeing every time they genuinely connect with the person that they are providing care for and work alongside them to build a care plan that is evidence based.

Your My Health Record and proof of COVID vaccinations

A patient's **immunisation history statement** is available after they have had their vaccine. You can access this through one of three ways:

☐ Medicare online account or via ExpressPlusMedicareApp

If you have a Medicare card, you can access your **Medicare online account:** Sign in to your **myGov Accoun**t (my.gov.au) and choose **Medicare** > From the **Immunisation history** section click on **View statement** > Choose your name > **View history statement (PDF)**.

To access via the *ExpressPlusMedicareApp*, open the App and Sign in > From the **Services** section choose **Immunisation history** > Choose your name > Click on **View history statement (PDF)**.

☐ My Health Record

Another way to access this information is through a patient's **My Health Record**. Sign into your myGov account and choose **My Health Record** > Choose your name > From the Documents section choose **Immunisations**.

NOTE: If you do not have a Medicare card, you can request an **Individual Healthcare Identifier (IHI)** from **Medicare** to get an immunisation summary through **My Health Record**. Once you have this, link your IHI to your **myGov** account to access your immunisation history statement.

(View this website for an online support tool: **servicesaustralia.gov.au/ihs**).

☐ Australian Immunisation Register

You can contact the **Australian Immunisation Register** on 1800 653 809 between 8:00 AM to 5:00 PM Monday to Friday. Ask them to send your **Immunisation history statement** to you. It can take up to 14 days to arrive by mail. If you need an interpreter, please call the telephone interpreter service on 131 450.

Getting your COVID-19 digital certificate

People can now download their COVID-19 digital certificate to their smartphone digital wallet. You'll be able to see your digital certificate after you've had all required doses of an approved COVID-19 vaccine. Vaccination providers need to report all COVID-19 vaccination information to the AIR before a digital certificate can be viewed. Instructions on how to add your COVID-19 digital certificate to a digital wallet are available on the **Services Australia website**.

For more information or assistance contact: digitalhealth@cesphn.com.au

UNSW Associate Dean in Medicine and Associate Professor, Adrienne Torda (MBBS (Hons), PhD, FRACP, SFHEA, AFANZAPHE, FHERDSA, GradDip Bioethics, GradCert University Learning & Teaching), is a local practicing clinician with specialist qualifications in infectious diseases. She is also a member of the TGA Advisory Committee on Vaccines and is a VACCINE EXPERT. We pose ten questions to Dr Torda.

1. How long do the vaccines last for and maintain protection?

It is difficult to say at this time and depends on many factors, including individual variation. The most recent Pfizer data shows 91 per cent overall efficacy falling to 84 per cent at the six-month mark, but with a steady 97 per cent protection against severe disease, shown in a July preprint that has not yet been reviewed by outside scientists. Many of the recently completed studies do not specify effectiveness against Delta. Wall, et al. found that protection against the delta variant wore off in some participants 3 months after the second dose (Pfizer)[1]. Other studies are looking at antibody levels, which seem to decline slowly and suggest that the mRNA vaccines will be protective for at least a year, if not longer.

If new virus variants circulate or become predominant, a component of the vaccines might need to be changed to reflect that variant, and vaccinated people might be given booster shots to protect them better. A recent study published in NEJM found only modest differences in vaccine effectiveness between alpha and delta variants (67 per cent versus 74.5 per cent effectiveness)[2].

Sydney Morning **Herald Walkley** award winning Journalist and author of iconic Opera House book 'The House' Helen Pitt, said: *"I barely felt anything and wasn't sick after I had my Pfizer jabs at all. I got vaccinated to protect my son and the people around me."*

Lawyer and Musician **Sabrina Mobbs** said: *"I chose to have the AstraZeneca vaccine after speaking to my local GP via Telehealth. I am 26 and I had some initial concerns about the risks associated with this vaccine for people under the age of 60. He explained the benefits of the vaccine and the possible risks involved, which allowed me to make an informed decision to get vaccinated."*

2. When will boosters be available?

'Boosters' are essentially available now, as they are just another dose of either the same or different COVID-19 vaccine after the primary course. But in practice, we do not have a recommendation schedule (although these are emerging, particularly for immunocompromised patients). Studies of same and different boosters are underway. Boosters have been offered to adults 'at risk' in Israel and soon in Germany, the US and a number of other countries'. We also need to be cognisant that, in an ideal situation, everyone would have their primary course before we start developing timelines for implementation of boosters. Although boosters will likely be necessary, we have to answer this question with both the national and international situations in mind. Although Australia is now ramping up vaccination, globally less than 10 per cent of the world's population have been fully vaccinated. So, supply may well be an issue here. There may also be the need for annual tweaks to the vaccines, similar to the influenza virus.

3. Can we mix and match vaccines?

This is being investigated around the world and may be very important if a patient has a severe side effect related to one particular vaccine, or just because of variable supply.[3] Trials so far however have been quite small and more extensive studies are needed, both for efficacy and safety. One large current study being run out of Oxford and looking at the Pfizer and AZ vaccines (in both combinations) found that the mix-combination actually resulted in a higher antibody response than that seen after the standard Pfizer combination (and was highest with AZ followed by Pfizer). This study has recently expanded to include a number of other vaccines including Moderna.[4]

Population Child Health Researcher at the School of Women's and Children's Health, UNSW, **Nora Samir** said: *"I had the vaccine with the view to protect my loved ones."*

4. Is the protection higher if you get COVID-19 after having the vaccine and will those people need a booster?

This hasn't been specifically examined in studies, but it is known that natural infection with COVID-19 will generally stimulate the immune system to produce antibodies and activate the immune system. If there has been previous priming (such as from vaccination), natural infection will almost certainly boost this. This is also the reason that infection occurring after vaccination is rarely severe with the rate of cases requiring hospitalisation reduced by 65-90 per cent.[5,6] Another important factor is age. Even though the elderly may not respond to vaccination as well as younger people, it dramatically reduces their risk of hospitalisation and death from COVID-19 infection.

Specialist in community impact and connecting people with causes they care about, **Justine Butler,** said: *"It was a no brainer to have the vaccine. No-one wants to get COVID."*

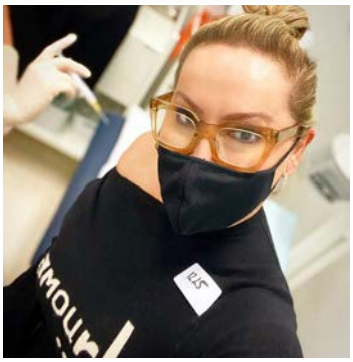
5. How is AZ different in the way it works to Pfizer?

Evaluation of patients with SARS-CoV-2 revealed that binding and neutralizing antibodies primarily target the receptor-binding domain of the S1 subunit of the spike (S) protein of COVID-19. AZ (also known as ChAdOx) is a viral vector vaccine which uses a replication-deficient virus engineered to express the genetic sequence of the antigen of interest in the host cells. This is recognised by our immune system which recognises it doesn't belong there. This triggers our immune system to begin to produce antibodies and activates immune cells.

mRNA vaccines are a new type of vaccine. The mRNA gives instructions for our cells to make a harmless piece of the 'spike protein'. Then the cell displays the protein piece on its surface. Our immune system recognises that protein and the immune response starts (similar to other vaccines).

Neither of these vaccines uses any kind of 'live virus', so they cannot cause COVID-19 infection, although the immune activation can cause local and systemic symptoms soon after vaccination.

The CDC has a great deal of information about a number of the current main COVID vaccines. This article in JAMA also has a comparison table showing the differences between some of the current COVID vaccines.

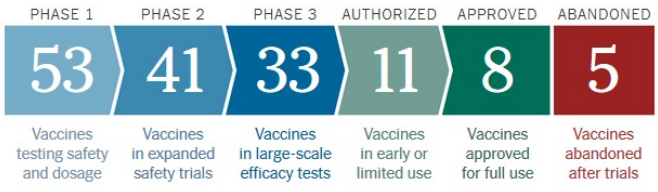


Social commentator and style expert, **Melissa Hoyer** said: *"I got the vaccine because I want to get back out to socialise, travel and get some semblance of normality back into living. It's incredibly important for everyone to get vaccinated so we can, quite simply, ALL keep each other safe and stay out of our hospitals!"*

6. Are any other vaccines being developed?

There are currently 99 vaccines in clinical trials on humans, 33 are in the final stages of testing.

Here is a useful ***link*** which goes through a number of the vaccines and where they are in development.



7. The numbers keep going up. Is there anything else we can do to stop that?

This difficult question touches on social, political and economic measures. From a medical perspective however, the most important message and the best tool we have is vaccination. We need to get more people vaccinated as quickly as possible. Most people now realise that many freedoms hinge on getting our population vaccinated and the safety this will create. Initial calculations of what percentage of the population needed to be vaccinated to stop the spread of COVID were done when we didn't have the Delta virus widely circulating in Australia. Delta is much more transmissible, essentially 60 per cent more contagious, which changes the equation. So, we need to respond with speed and widespread vaccination. Even in countries now experiencing new waves of COVID-19 infection such as Israel and the US, they are not seeing very much severe disease in vaccinated people.

Singer and student **Angel Mitrani** said: *"I had Pfizer and had a sore arm for a day after but that was all. I got vaccinated because I work in an eastern suburbs disability home so wanted to protect myself, the people I care for and their families."*

But it is important to remember that these vaccines are VERY effective in preventing severe disease. A recent US study in over 7,000 participants found that a full course of either current mRNA vaccine was over 90 per cent effective in preventing hospitalisation due to COVID infection in adults aged over 65 years.[7]

Also bear in mind that vaccination is only one facet of what needs to be a multi-faceted response to the complex COVID-19 pandemic. We also need to remember the other elements which include masks, physical distancing, rapid testing and either 'lockdowns' or potentially a much better option, a smarter and more effective quarantine system (including things like real-time COVID-19 antigen testing).

Mathematics teacher **Jasmin Hyde**: *"I had the Pfizer vaccine because I'm about to have a baby and wanted to protect us both. When I go to the Royal Hospital for Women, I will feel safer."*

8. Can the vaccine protect against long COVID?

Long COVID generally refers to symptoms lasting more than 4 weeks after infection. It occurs most commonly in older people and those with impaired immune systems but has been seen even in people who appeared to have mild infection. It is thought that this will be extremely rare in people who do get COVID infections after vaccination, although there are no specific studies published yet. Interestingly, significant numbers of patients with 'long-COVID' have reported improvements in symptoms after vaccination. One, non-controlled study reported that 57 per cent improved (reference not peer-reviewed).[8] The exact mechanism for this is unknown. Some of these 'long-COVID' patients do feel worse after vaccination, but a much smaller percentage (10-15 per cent).

9. How protected are you after one dose?

The overall approximate rates of vaccine efficacy (VE) in the main trials for the 3 currently registered vaccines available in Australia are collated in the table below.

Vaccine	VE after 1st dose	VE after 2nd dose
Pfizer	52%	95%
AZ	76%	82%
Moderna	50.5%	94.5%

Lawyer **Kelly Stratton** said: *"I chose to receive the Pfizer vaccine because I want to do my part in protecting my family, friends and co-workers."*

There is some variability in percentages from other trials which relate to the specific context in which they were conducted, but all these seem to provide at least 50 per cent protection. For AZ, although there was little difference in vaccine efficacy between first and second shots, there is probably significant benefit in terms of the longevity of the response produced by that second dose. Some more recent trials have looked at protection from partial vaccination (one dose) - against symptomatic infection with the delta variant[9] and have still found fairly good responses (Pfizer - 56 per cent, AZ - 67 per cent), as well as against severe infection with the delta variant (Pfizer - 78 per cent, AZ - 88 per cent).

10. Why do people need to get vaccinated even after they have had COVID?

Vaccination is still beneficial, as the antibodies decline after natural infection and vaccination will significantly improve immunity and prevent subsequent infection.[10] Vaccination can be even more effective in this patient group, who have been naturally 'primed'.[11] One dose of AZ vaccine ➔ significantly higher antibody titres in those with previous COVID-19 symptoms.[12] Another recent study, found increases in specific memory cells as well as a significant boost in specific neutralising antibody levels in people who were vaccinated after natural COVID-19 infection.[13] A number of studies have shown higher levels of neutralising antibodies in people vaccinated with a dose of an mRNA vaccine after having COVID infection than after either infection or vaccination alone. This phenomenon is now being called 'hybrid immunity'.[12] In time, it is likely that vaccines will also contain modifications to best protect against currently circulated variants, like influenza vaccination.

Musician and ESL teacher **Olympia Karanges** said: *"I had the vaccine to protect myself and the people around me and also so that I can go out again and feel safe. We are very lucky to have access to a vaccine."*

In reading each of these responses on the COVID-19 vaccination, please bear in mind that currently there are:

- Many COVID-19 publications each day with >100,000 articles published last year. It's thought to be about four per cent of the world's research output in this space.
- Most of the study data we have for the three registered vaccines in Australia (including Moderna) is less than one year old (and still being collected). We really don't have very good data about long term immunity from vaccines or the place of boosters.
- We also have very little data about mix and match vaccines – many studies currently underway.
- We have new and existing variants, against which vaccine efficacy data is only a few months old.
- Much of the newly published data is published as 'preprint' so may change slightly in publication (after peer review).
- We also have much less data in our groups of concern, such as the elderly and those with co-morbidities, and children.

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COVID-19 vaccination in CALD communities

A recent study conducted by the NSW Council of Social Science (NCOSS) ***Issues, barriers and perceptions about the COVID-19 vaccine among CALD communities in NSW*** has highlighted areas of concern contributing to vaccine uptake within CALD communities.

The results highlight that, like the general population, NSW residents from CALD backgrounds are mixed in their responses to, and confidence in having, the COVID-19 vaccine.

At CESPHN we are ramping up our efforts to ensure effective communications strategies are employed to reach into the local community groups that may need extra assistance. CESPHN have worked in collaboration with community leaders, GPs, practice nurses, pharmacists and allied health professionals in our CALD regions to ascertain how to support general practice to address vaccination concerns within the local community and identify opportunities for working better together.

CESPHN have developed a suite of videos from local GPs and health workers in the central and eastern Sydney region to convey the message to stay home, get tested and get vaccinated.

We currently have videos in **English, Arabic, Korean, German, Tamil, Bengali, Serbian, Mandarin, Greek, Afrikaans and Uyghur,** with more videos to be added over the coming weeks. *You can view the videos here*.

For more information on this campaign, *please read our media release here*.

The Department of Health is committed to making information about COVID-19 vaccines available to everyone in Australia, including culturally and linguistically diverse communities. They have released a ***stakeholder pack*** which includes in-language communication resources on the latest COVID-19 vaccine information in various languages.

It includes resources explaining what to expect at your vaccination appointment, reasons to get the COVID-19 vaccine, how to find out when you can have your COVID-19 vaccination, how to book, and information on updates to the COVID-19 vaccine rollout.

Do you work with victims of violent crimes?

Victims Services helps people who are victims of a violent crime in NSW. Sitting within the Department of Communities and Justice, Victims Services provides counselling and financial assistance to help victims of violent crime in NSW, through the *Victims Support Scheme*.

The Victims Support Scheme allows eligible victims of violent crime to access four pillars of support:

- **Free counselling**
- **Financial assistance for immediate needs, including the Immediate Needs Support Package for domestic violence victims**
- **Financial assistance for economic loss**
- **Recognition payments**

Information sessions

Victims Services also runs information sessions with mental health, crisis, domestic violence and other health service providers to inform you on eligibility and how your clients can access our services.

If you are interested having a session held for your organisation, please contact Kha Huynh, Community & Stakeholder Liaison Officer on *kha.huynh@justice.nsw.gov.au* or 02 9393 1439.

How can you help your client?

Victims of a violent crime can submit an application for the Victims Support Scheme online. As a service or health provider, you can assist their application. For more information, read the *Quick Guide*.

You can also find more information on Victims Services on our website: *victimsservices.justice.nsw.gov.au*

Reproductive coercion and domestic and family violence in pregnancy

Domestic and family violence (DFV) often begins or escalates during pregnancy. It can be linked to poor birth outcomes such as low birth weight and postnatal depression, and research is emerging on the long-term effects of DFV in utero. As engagement with health services increases during pregnancy with regards to antenatal care, it is an opportune time for intervention.[1]

Health care providers have an important role in identifying DFV, supporting patients who disclose and referring appropriately to specialist services. GPs and other antenatal services may be the only services a victim survivor engages with and therefore the only opportunity to access support. GPs engaging in Antenatal Shared Care are required to screen for DFV during the 28-week check, as part of item number 16591 under the Medicare Benefits Schedule, however if there are red flags prior to this, GPs can start the conversation earlier. While GPs may feel that asking about DFV may offend a patient, studies show that women are supportive of being asked about DFV. [2]

As a GP, knowing the signs to look out for is the first step to providing holistic care for patients experiencing DFV. The following are some signs that may indicate a patient in the perinatal period is experiencing DFV :

- Miscarriages
- Unwanted pregnancy
- Antepartum haemorrhage
- Lack of prenatal care
- Low birthweight of infant

Research from the World Health Organization demonstrates that “abused pregnant women are twice as likely to miscarry than non-abused pregnant women”, particularly as breasts, the stomach and genitals are often the direct target of violence.[3]

Other indicators include:

Table 2. Potential presentaions of intimate partner abuse[35] [4]

Psychological	Physical
• Insomnia	• Obvious injuries (especially to the head and neck)
• Depression	• Bruises in various stages of healing
• Suicidal ideation	• Sexual assault
• Anxiety symptoms and panic disorder	• Sexually transmitted infections
• Somatiform disorder	• Chronic pelvic pain
• Post-traumatic stress disorder	• Chronic abdominal pain
• Eating disorders	• Chronic headaches
• Drug and alcohol abuse	• Chronic back pain
	• Numbness and tingling from injuries
	• Lethargy

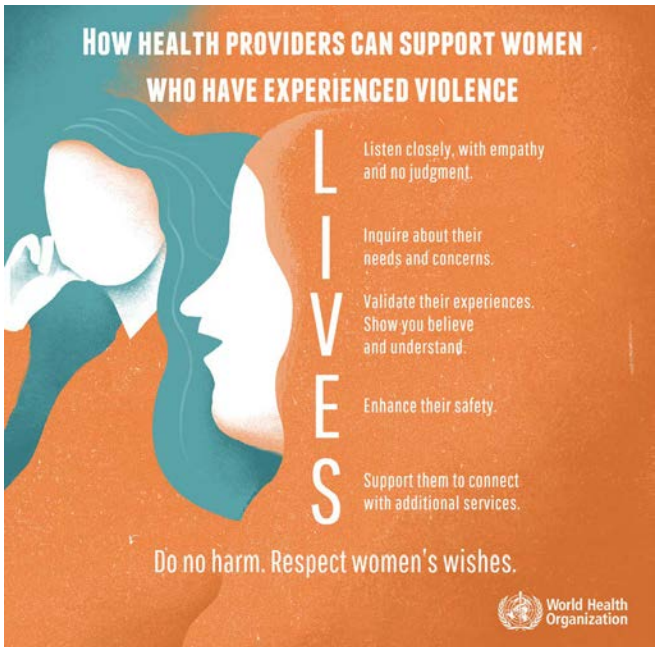
DFV is not only physical or sexual in nature. Coercive control can also significantly impact a victim survivor's physical and mental health regardless of whether they are pregnant or not. It can include any of the following behaviours:

- Intimidation (e.g. Displaying weapons, destroying property, abusing pets)
- Emotional abuse (e.g. Gaslighting, humiliating, putting them down)
- Isolation (e.g. Preventing them from seeing family or friends)
- Financial abuse (e.g. Preventing them from getting a job)
- Threats (e.g. Threatening to suicide if they leave, threatening to keep the children from them)

Reproductive coercion is one example of DFV which is a "public health issue that negatively impacts on mental health, sexual and reproductive health and maternal and child health"[1] and looking out for it with perinatal patients is key. It is unlikely to occur in isolation, but rather within the context of other DFV. It can include any of the following:

- forcing a termination of pregnancy
- forced contraception use
- contraceptive sabotage (deliberately tampering with a condom or oral contraception to decrease effectiveness)
- forcing a continuation of an unwanted pregnancy [6]
- Coercing a person into sterilisation [7]

When a GP receives a disclosure, their response can greatly influence a patient's decision to engage in support services in future. However, it can be really challenging to hear a disclosure and know what to do. In fact, a recent survey and consultations conducted by CESPHN found a number of GPs identified confidence to start the conversation and provide appropriate support as key areas for improvement.



The World Health Organisation's *Health care for women subjected to intimate partner violence or sexual violence*: A clinical handbook encourages the use of the LIVES model which provides helpful guidance on responding to disclosures of DFV.

LISTEN	Listen to the woman closely, with empathy, and without judging
INQUIRE ABOUT NEEDS & CONCERNS	Assess and respond to her various needs and concerns - emotional, physical, social and practical (e.g. childcare)
VALIDATE	Show her that you understand and believe her. Assure her that she is not to blame.
ENHANCE SAFETY	Discuss a plan to protect herself from further harm if violence occurs again.
SUPPORT	Support her by helping her connect to information, services and social support.

COVID-19 has seen an increase in the incidence and severity of DFV. In the Women's Sexual and Reproductive Health COVID-19 Coalition's A Consensus Statement on Reproductive Coercion, it is recommended that primary care organisations mandate DFV training, including training on reproductive coercion, to ensure the safety and wellbeing of patients experiencing DFV.

CESPHN's new DFV Assist service provides free training and guidance for primary care providers on responding to DFV. The team can help you identify the signs of DFV, start the conversation, respond appropriately and make appropriate referrals should the patient request further support. Please visit our *website* or email **dfvassist@cesphn.com.au** for more information.

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6. Tarzia, L., Hegarty, K. A conceptual re-evaluation of reproductive coercion: centring intent, fear and control. Reprod Health 18, 87, 2021.
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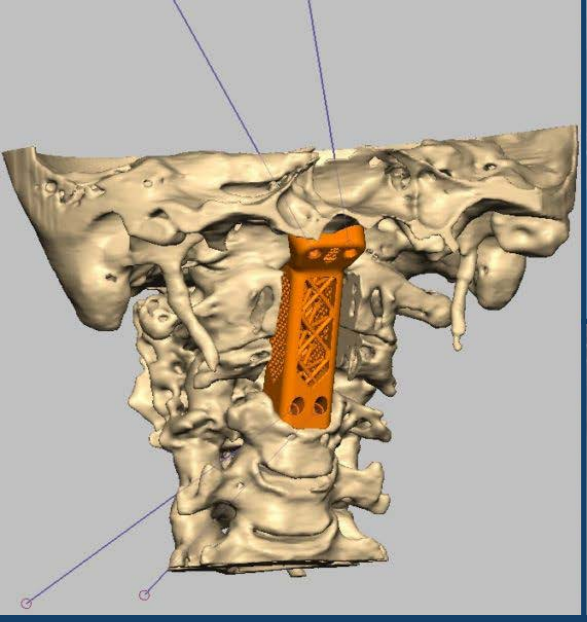
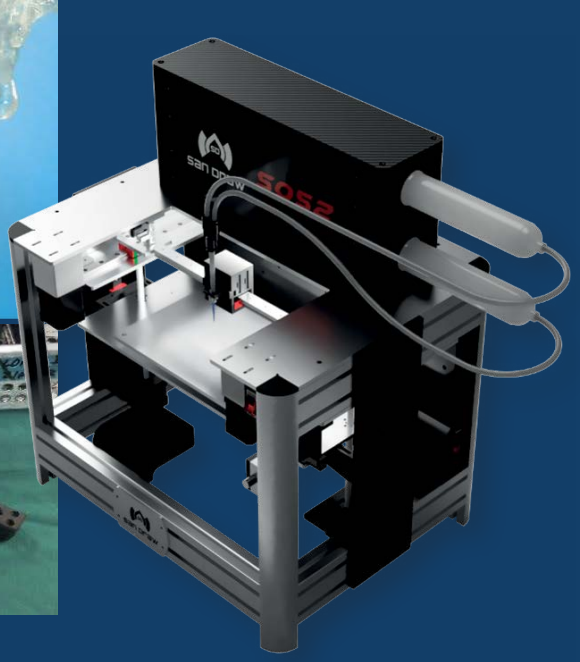




3D into healthier freedom

With 3D printers becoming cheaper and able to print more diverse materials, this technology is increasingly popular in medicine and has been extensively drawn upon during COVID-19.

Australia is at the forefront of this technology – exemplified when Prince of Wales Hospital brain surgeon, Professor Ralph Mobbs, created the world's first 3D printed upper spinal part and inserted it during a 15-hour operation, saving a man's life.

Another local to the CESPHN region, Biomedical engineer Stephanie Weiss, who is the CEO of Arula, has invented and designed fully customizable 3D printed breast prosthetics. She said: "We came upon this issue when realising the current products only come in a limited range of sizes. However, women are all different sizes. Breast cancer affects one in seven women in Australia, so this is a huge issue".

Australia's CSIRO is paving the way for a new era of manufacturing with silicone with its just announced development of their 'next-generation' silicone resins for making 3D printed medical parts.

Evolving out of Chippendale is 3D Printing Studios. 3D Printing Studios, which now operate internationally, was called upon by state health departments at the start of the pandemic to supply PPE and other coronavirus health products.

Sudden disruption in the global supply chain due to COVID-19 resulted in a shortage in the supply of test swabs to Australia. In response, 3D Printing Studios worked rapidly with the state government and health departments to produce reliable medical nasal and throat swabs for use in COVID-19 test kits.

Quoted on their website, 3D Printing Studios say: "The medical industry is the most interesting application of 3D technologies. The promise that soon we will be able to scan and print replacement body parts is a tantalising proposition."

Some projects 3D Printing Studios has completed include:

- Projects to improve the oxygen delivery for a respirator
- Various implements used in dentistry and surgery
- 3D scanning and reverse engineering of femoral component.

Taiwan based 3D printing engineer Michael Lu believes one of the most important materials to 3D print for medical applications is silicone. Lu, who is the joint founder and CEO of San Draw has produced one of the world's first printers that can 3D print silicone.

"Silicone is one of the most popular elastomers because of its flexibility, biocompatibility, and wide temperature range. It is commonly seen in medical devices," said Lu. "Most of our printers are powered by our patented FAM technology.

Providing **Culturally Responsive** Care

The Cross Cultural Workers in Maternity and Child & Family Health Services for women and families from migrant and refugee communities in south eastern Sydney

The Cross Cultural Workers (CCWs) in Maternity and Child & Family Health Services is an initiative unique to South Eastern Sydney Local Health District (SESLHD). The CCW service supports women and families from migrant and refugee backgrounds, and international students, to navigate maternity, child and family health (CAFH), and community-based services, enabling early and ongoing engagement across the first 2000 days of life; the continuum of pregnancy up to a child being five years old.

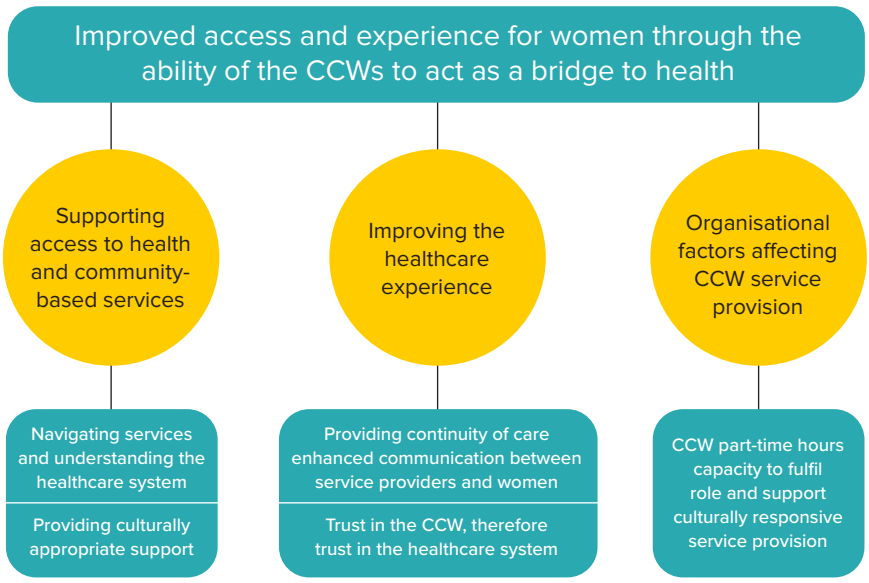
The service grew out of increasing numbers of women from migrant and refugee backgrounds accessing maternity care late in pregnancy, higher rates of mental health issues, caesarean section, low birthweight, and admission to newborn care. Women from migrant and refugee backgrounds are at increased risk of suboptimal perinatal outcomes and experience inequities in access. The importance of services meeting the needs of women and families from migrant and refugee communities to improve perinatal outcomes, experiences of care and overcome barriers to access, is recognised internationally as a public health priority. SESLHD responded with the implementation of the CCW service in late 2017 in response to community consultations and data review.

The service employs two part-time CCWs with lived experience of the migration and settlement journey.

The key roles of the CCWs include:

- Provide assistance to navigate services
- Provide cultural, psychosocial and practical support
- Link women and families to pregnancy, CAFH services, and community supports
- Provide culturally appropriate information and education
- Support client advocacy
- Collaborate with local communities, health, and community-based services to provide culturally responsive services.

The effectiveness and acceptability of the service is evaluated from the perspective of women, their partners, service providers, and impact on maternal and infant health outcomes. Findings to date highlight a high degree of satisfaction and improved care experience from the perspective of service users and service providers. Pregnant women (n=111) reported a positive impact on their



maternity experience (95 per cent), increased understanding of pregnancy, birth and parenting (100 per cent), service satisfaction (95 per cent), and would recommend the service to family/friends (98 per cent).

Service providers perceived the CCW service to be integral to culturally responsive care (83 per cent), service integration and transition between maternity, CAFH and community-based services. Service providers reported the CCW service provided culturally appropriate support (94 per cent), supported client engagement with services (87 per cent), linked clients to supports and networks (91 per cent), and provided access to health information (85 per cent). Service providers perceived the service improved care for women 'a great deal' (83 per cent) and was critical to improving women's experience and satisfaction with care, reducing barriers to access through the ability of the CCWs to act as a bridge to health, with the potential to improve perinatal outcomes.

For further information, please contact:

Helen Rogers Early Parenting Program Coordinator, South Eastern Sydney Local Health District

Mobile: 0437 212 887

Cross Cultural Workers to contact

St George and Sutherland

Galuh Sapthari
Thursday and Friday
0405 505 275

Galuh.Sapthari@health.nsw.gov.au

Rubina Huq
Monday and Tuesday
0439 465 517

Rubina.Huq@health.nsw.gov.au

The Royal Hospital for Women and Sydney Children's Hospital Randwick

Galuh Sapthari
Monday – Wednesday
0439 510 697

Galuh.Sapthari@health.nsw.gov.au

Women with persistent pelvic pain consider physiotherapy

Polly Levinson, who is a physiotherapist in continence and women's health at the Royal Hospital for Women (RHW), tells us about a recent pilot study looking to determine which women were more likely to respond to physiotherapy and not need medical intervention.

The Royal Australian College of General Practitioners estimates the prevalence of persistent pelvic pain among Australian women at somewhere between 15 and 25 per cent.

Over the past five years at the Physiotherapy Department of the Royal Hospital for Women, they have received an increasing number of referrals for women with persistent pelvic pain and female sexual pain. Almost all these referrals are coming from within the hospital, (gynaecology outpatients) and very few directly from the wider GP community.

The RHW recognise the important role a specialist gynaecologist has for many of these women, however, if treatment can start early and certain criteria can be excluded, the first option to consider is conservative management and may well include referral to a continence and women's health physiotherapist.

How can physiotherapy help women with persistent pelvic pain?

With a strong emphasis on understanding a woman's pain experience, beliefs, concerns, goals and expectations of treatment, physiotherapists undertake a thorough physical examination to determine the mechanism involved in a woman's pain experience.

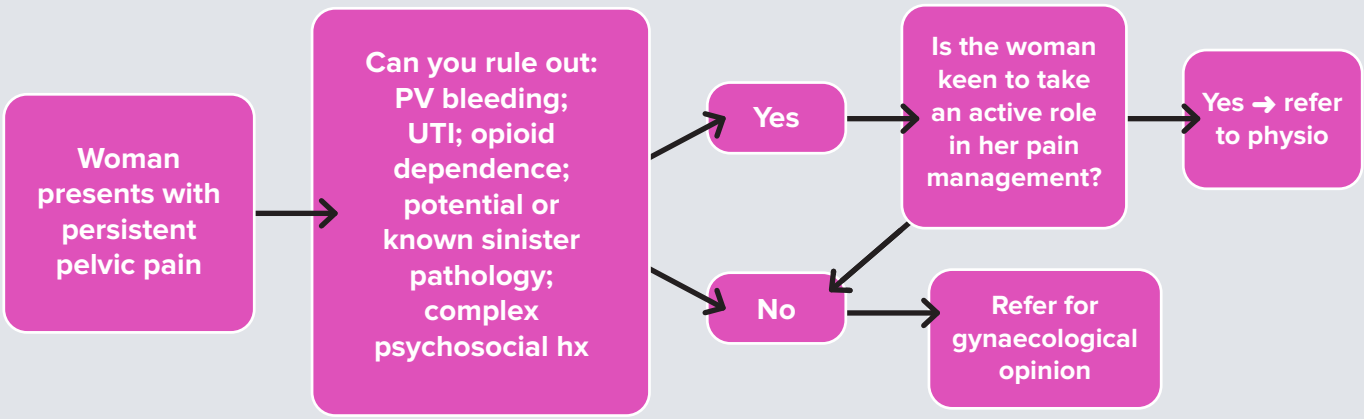
Physiotherapy treatment then focusses on addressing the mechanism or input involved using a pragmatic approach to developing pain relieving, functional, cognition-targeted or preventive based strategies to improve their pain, function and approach.

These strategies may include pain neuroscience education, lifestyle changes (e.g. pacing, sleep and recognising and managing stress), relaxation techniques and stretches, breath work, exercise, better movement patterns, pelvic floor muscle 'downtraining' and more.

Using a biopsychosocial model of care, women are better equipped to understand and manage their pain and feel more confident to engage wholly in life.

Our study

RHW started a pilot study, looking to determine which women were more likely to respond to physiotherapy and not need medical intervention. They made copies of GP referrals that were sent to the gynaecology outpatients department and began phoning women to offer them a physiotherapy appointment while they remained on the waitlist for an



appointment with a gynaecologist.

The team spoke to 11 women and six of them attended at least one physiotherapy session. The duration of pelvic pain ranged from six months to more than five years, with a median of two years.

Of the six women who attended physiotherapy, two were successfully treated and discharged within four sessions over four months. They were seen by a gynaecologist part way through this process but did not have any medical intervention as part of their management.

These two women made significant improvements in outcome measures (Pelvic Pain Impact Questionnaire, Female Sexual Distress Scale and the Central Sensitization Index) and provided very positive feedback to the hospital about the experience of taking part in the study.

What did we learn?

The best results were seen in women who were very engaged in physiotherapy and prepared to take an active role in their treatment plan.

The list of exclusion criteria was:

- PV bleeding
- Recurrent or persistent UTI
- Opioid dependence
- Vulval skin conditions
- Known/potential gynaecological pathology
- Complex psychosocial history

RHW would love to expand the program by encouraging GPs to refer women with persistent pelvic pain (including dysmenorrhea, IBS and functional gastrointestinal pain disorders, bladder pain, dyspareunia and genito-pelvic pain/penetration disorder) to physiotherapy. They would like to see if they can get even better outcomes by seeing women early, before the nervous system becomes centrally sensitised.

Referrals can be faxed directly to the Physiotherapy Department at the Royal Hospital for Women on 02 9382 6561 or emailed to *SESLHD-physioRHW@health.nsw.gov.au*.

This Way Up

In an Australian-first, This Way Up has launched a suite of resources with multilingual coping tools to support the mental health and wellbeing of CALD communities.

For over a decade, This Way Up has been a leading Australian provider of accessible, evidence-based online mental health tools and internet-delivered Cognitive Behavioural Therapy (iCBT) interventions for stress, anxiety, and depression.

Based at St. Vincent's Hospital, the online service supports people to take an active part in their mental health care and supports clinicians to embed evidence-based digital tools into routine care.

This Way Up regularly surveys its service users and clinicians to optimise the digital mental health service. This feedback clearly showed a need for digital psychoeducation resources for Culturally and Linguistically Diverse (CALD) communities. With support from the New South Wales Ministry of Health and in collaboration with the New South Wales Multicultural Health Communication Service, This Way Up has recently launched a range of psychoeducation resources for CALD communities which are freely available in Arabic, Chinese, Filipino, Greek, Hindi, Italian, Korean, Spanish and Vietnamese.

According to the 2016 ABS Census, 27.6 per cent of the NSW population were born in mainly non-English speaking countries. This Way Up's multilingual resources aim to reduce barriers to accessing mental health support and increase mental health literacy in CALD communities.

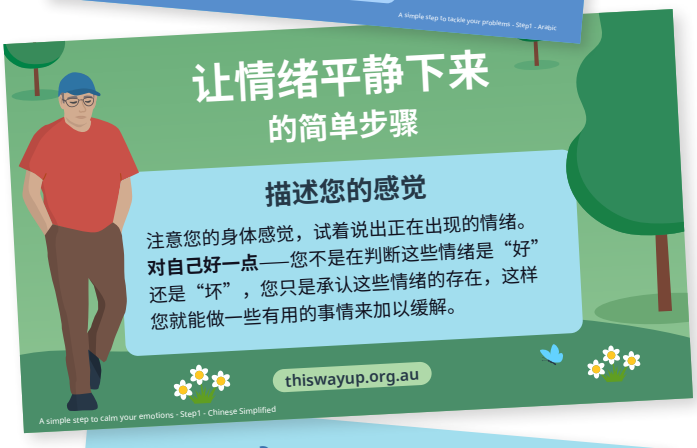
The translated and culturally adapted range of digital resources can be accessed anonymously and immediately by the public and clinicians alike. These resources include translated worksheets as well as coping tools infographics which can be accessed online or printed and shared.

Clinical Director consultant psychiatrist, Dr Mike Millard, said: "*We know the barriers people face in accessing timely and appropriate mental health care can be compounded for people from CALD communities. We hope these multilingual coping tools support clinicians and communities to have these conversations together.*"

This Way Up's eighteen online treatment programs can be accessed at any time, with no referral, as self-help. Alternatively, consumers can complete a This Way Up program supported by a clinician of their choice in the community (GP, psychologist, medical specialist, social worker or mental health nurse). Registering as a clinician with This Way Up is free and allows clinicians to prescribe the courses to service users at no cost.

THIS WAY UP

To share your feedback or to request a demo, please contact the team at ***contact@thiswayup.org.au***.



NewAccess - Coaching people through tough times

With the extended lockdown in Sydney and ongoing anxiety over COVID, mental health is suffering. CESPHN commissions many mental health services and one of these is NewAccess.

Developed by Beyond Blue and provided by PCCS, NewAccess is a free, confidential coaching service aimed at assisting people with a mild mental illness or anyone finding it difficult to manage life stressors. These could be work, study, relationships, health or life in general which can cause your patients to feel overwhelmed, stressed or anxious.

Using Low Intensity Cognitive Behavioural Therapy, NewAccess coaches work alongside participants on a problem, develop an understanding of what is causing distress, and guide with tools and strategies that can be used in day-to-day life.

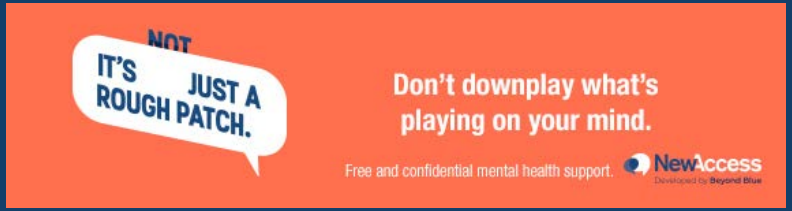
It is marketed as a 'personal trainer for the mind'. NewAccess coaches give people the skills and knowledge to improve their health and are there to motivate and offer support along the journey to better wellbeing. The service aims to help people break the cycle of negative or unhelpful thoughts.

A participant in the NewAccess program said: *"My coach was extremely understanding and easy to talk to. I always looked forward to our meetings and am very glad I stuck with it. The best thing is I feel 100 times more confident in myself than I did a few months ago and I'm excited about the future rather than nervous about it".*

The program is easy to access and is delivered in person (outside of lockdown), by phone or by video call.

People can access support by calling 1800 010 630 or by visiting the Beyond Blue website: www.beyondblue.org.au/get-support/newaccess

NewAccess
Developed by Beyond Blue



PSS: Sydney Mind Health

Sydney Mind Health has been providing mental health services to the CALD population for the last four years under the PSS program run by CESPHN.

One consumer said: *"I got to expand my perspective that filters my worldview and check with my emotions. There were many moments that Ying helps me see alternative responses that are existing, and I should give them a try".*

To overcome some of the language barriers, there are a range of providers that speak different languages including Mandarin, Cantonese, Malay, Thai, Korean and Japanese. There is active engagement in the community, with Lois Li planning to present a talk to Chinese lesbian women.

PSS Psychologist Jeff Lai, said: *"PSS provides the opportunity to reach out to minority groups who may not be able to access counselling."*

The ageing Chinese population is complex and the social isolation, particularly during COVID-19, is evident. Sydney Mind Health have also provided support to people in residential aged care facilities including Bernard Chan Nursing Home (Burwood), Chow Cho Poon (Earlwood), Ashfield Presbyterian aged care and Lucy Chieng Aged Care Centre (Hurstville).

PSS psychologist Natalia Yee, said: *"It has been a heartwarming experience for me to have been involved in the provision of psychological care and support to RACF residents. I still remember being warmly greeted by the many residents, often with their smiles and enthusiasm in response to merely seeing a familiar face or hearing a voice speaking a familiar language.*

"Whilst memories might have been a distant past for some, their narrative of the present was not short of vigour, spirit and meaning. Working with RACF residents and staff has also provided me with a better understanding and appreciation of the importance of holistic care and quality of life for this stage of life that will one day confront us. I wish to thank all the residents, families and staff that I have met during my RACF experience."

Andrew Wong and Wai-Leng Boh have recently joined the team and the goal is to grow the number of services provided to the Chinese community.

If you are interested in the service and how it can help your clients, please go to the CESPHN website **https://www.cesphn.org.au/pss** or **www.sydneymindhealth.com.au** or email **sydneymindhealth@gmail.com.**

Head to Health: 10 new mental health Pop-Up services to support people in NSW during pandemic

Head to Health Pop-Up services have been developed to support the mental health of people in NSW struggling during extended lockdown.

If you need to talk to someone, call 1800 595 212. A trained professional will take your call, give you advice and if you need it, connect you to the best support or service for you.

"Head to Health is designed to provide easy access to relief for mental health concerns. With one call, people can get the mental health support they need," Michael Moore, CEO of Central and Eastern Sydney PHN said.

Head to Health is not a crisis service (call 000 of you need immediate help) and is designed to help people of all ages who may be struggling during this time. Anyone can contact Head to Health Pop-Up services. This includes referrals from GPs and other mental health providers, friends or family members. COVID-safe face-to-face appointments are available, if needed, at the Head to Health Pop Up mental health hub in Hurstville or Lakemba. These Pop-Up mental health hubs are two of 10 across NSW.

Visit the *CESPHN website* for more information.

Mental health services assisting older people living in aged care facilities and in the community

Anglicare's Emotional Wellbeing for Older Persons (EWOP) program provides mental health services for older people who reside in Residential Aged Care facilities. The program began in the CESPHN region in 2020 and since then, the EWOP team has supported many residents by engaging them in counselling sessions. The EWOP workers liaise with the residents' GP to review and revise their treatment plan, and with the family and aged care staff to build on their understanding of mental health issues.

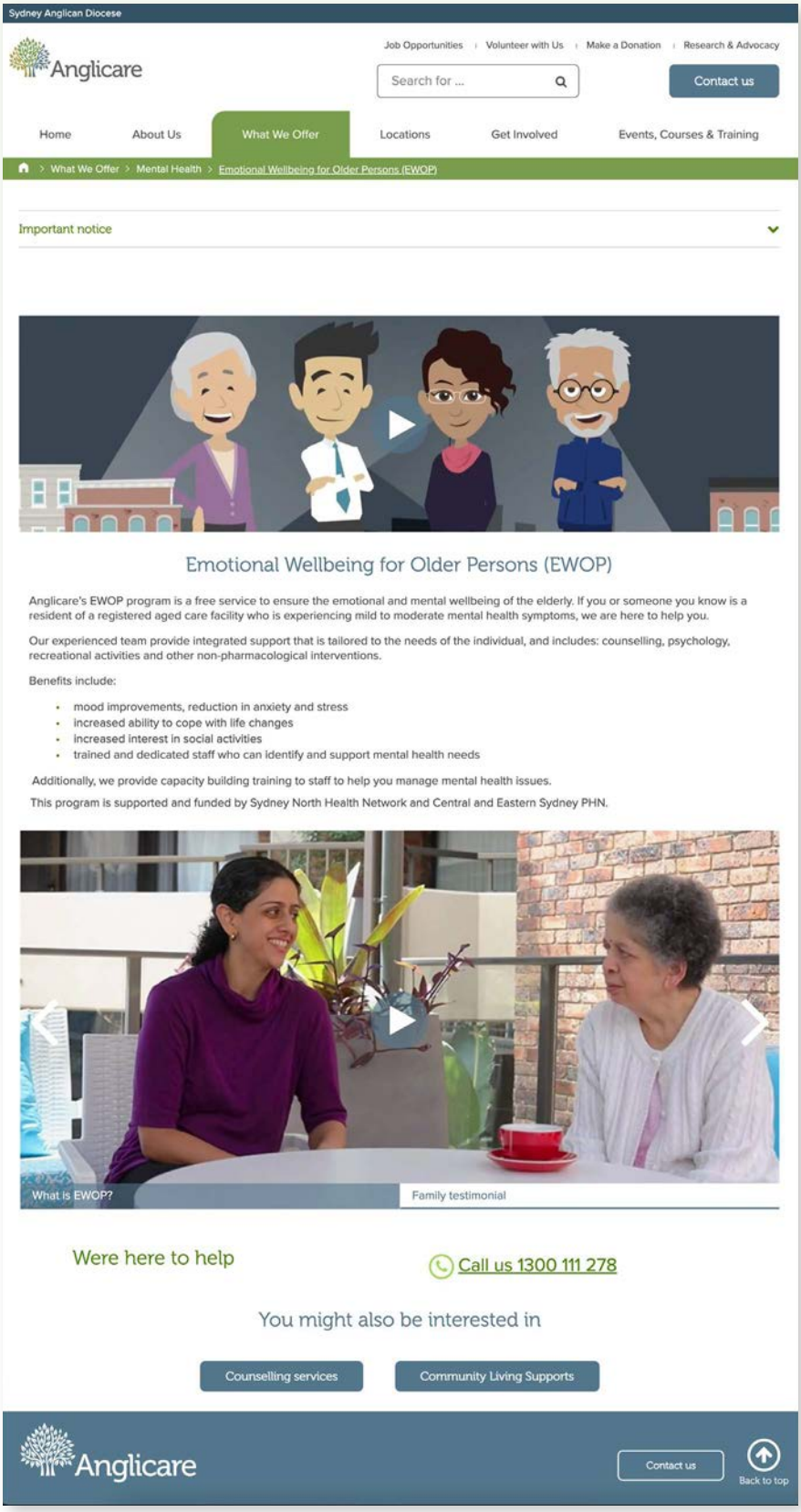
The care ranges from providing individual clinical interventions for residents dealing with anxiety, depression and adjustment issues as well as group programs. The groups aim to address the emotional wellbeing of residents and, where possible, link with EWOP workers from the same cultural background.

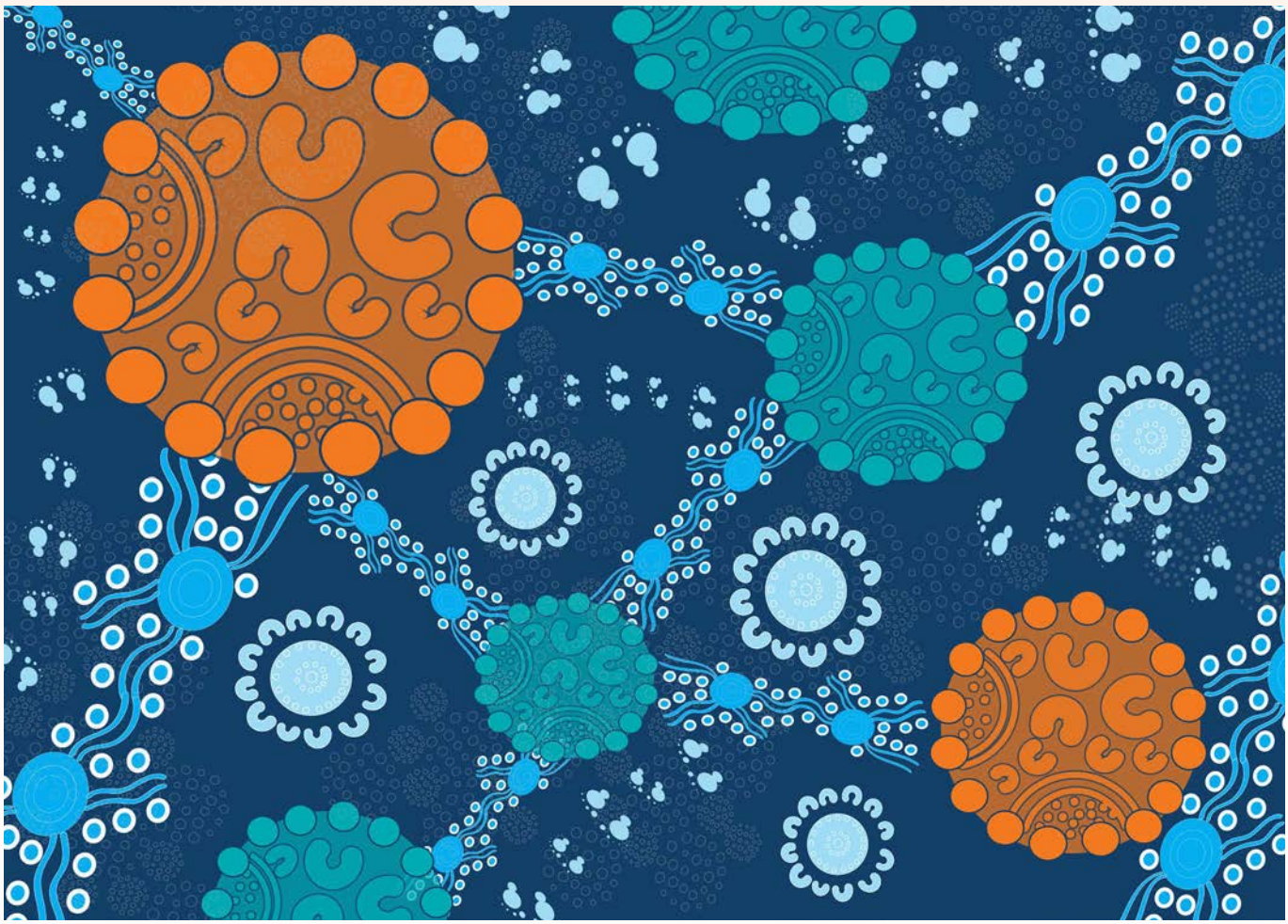
Mr Ryan (not his real name) who was working with the EWOP team to deal with his anger and anxiety issues expressed his thanks at the opportunity to reflect on his life. As a result, his goals are to try to be a *"better man"* who is *"not so selfish"* and he is working on being assertive, without using aggression. He reports that he is managing his anger and talking to staff with better understanding and sensitivity. His reflection on his life has also led him to apologise to family members.

The residential aged care manager said she is *"very excited to be a part of a new wellness group"* as various residents have given the positive feedback that they are benefiting from the contact with the EWOP worker.

If you would like your residents or staff to work with the team, please visit https://www.anglicare.org.au/what-we-offer/mental-health/emotional-wellbeing-for-older-persons-ewop/.

For further questions, contact Ann Gaffney on 1300 111 278 or email at cesphnmhracs@anglicare.org.au





Aboriginal health assessments and telehealth

People generally do not see the need to visit a GP when they are feeling well. However, any consultation with Aboriginal and or Torres Strait Islander patients is an opportunity to promote the benefits of a 715 health check as a method of early detection of potential chronic diseases and how the results of an assessment can ultimately help the patient maintain optimum health and wellness.

The aim of the Aboriginal and Torres Strait Islander Health Check (MBS item 715) is as a preventative tool to help ensure that Aboriginal and Torres Strait Islander people receive primary health care matched to their needs. It enables early identification, diagnosis and intervention for common and treatable conditions that cause morbidity and early mortality. The health assessment is an annual service and covers the full age spectrum providing a benchmark to track an individual patient's health and wellbeing.

Did you know?

- The 715 Health Check has been tailored for Aboriginal and Torres Strait Islander people of all ages.
- Having a 715 will also give patients access to additional bulk-billed allied health services (including podiatry, physiotherapy, dietitians and more) where required.

Within the practice setting

- Ensure you have asked the question of Aboriginality and record in the patient file
- Audit your practice software of RACGP active Aboriginal and Torres Strait Islander clients
- Export list to Excel
- Check eligibility for a 715 on HPOS or call Medicare
- Invite patient to come in for 715 health check (their birthday is always a good time)
- Register them for PIP IHI/CTG PBS- upload via HPOS and CTG PBS national register
- Set reminder in patient file for 10-12 months' time.

Once all components of the health assessment are completed, it can then be claimed through Medicare. This is a payment of $220.85 for every 715 health check claimed (if not already done so for the client within the preceding 9 - 12month period).

The item numbers for 715 telehealth

Title	MBS number	Phone	Video
715 assessments	715	92016	92004
Nurse/AHP Follow Up:	10987	93202	93200

Have you considered?

- Do you offer multiple repeats on scripts? Can these be shortened so the patient must come back in? While they are with you, can a GPMP/TCA review be done?
- Have you considered holding specific Aboriginal health check days?
- Do you know your Aboriginal patients and how many Aboriginal patients you have registered?
- Do you keep a list/checklist of these patients and specific requirements like the PIP IHI and health check?
- Do you utilise a reminder system?
- Have you considered offering an incentive to have a health check done?

National statistics on gender and age: More women getting Indigenous-specific health checks

In 2019-20, 28 per cent (238,700) of Aboriginal and Torres Strait Islander people had an Indigenous-specific health check. Around 4 per cent (9,900) of health checks were conducted at least partly via phone or videoconference (noting that telehealth options were only available during the final 3-4 months of 2019-20).
The rate of Indigenous-specific health checks was higher for Indigenous females than males (30 per cent compared with 26 per cent). Across age groups, the difference between males and females in the rate of checks was largest for those aged 25-34 (30 per cent of Indigenous females, compared with 19 per cent of Indigenous males). Among total health check patients of each sex, females engaged with telehealth services slightly more than males (4.4 per cent of female patients compared to 3.9 per cent of male patients).

* https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-checks-follow-ups/contents/rate-of-health-checks/national-rates-by-sex-and-age

Local data on gender

From de-identified data sourced from data extraction tools from a number of practices in our region, it indicates there were 7,530 Aboriginal and Torres Strait Islander people registered in the practices, 4,156 identifying as female.

1,067 had their 715 health assessment completed in the past year with 572 of them being female. The total Aboriginal and Torres Strait Islander population in the CESPHN region is 18,771.

For assistance and more information contact Karina Crutch: Aboriginal Health and Wellbeing Program Officer, cesphn.org.au

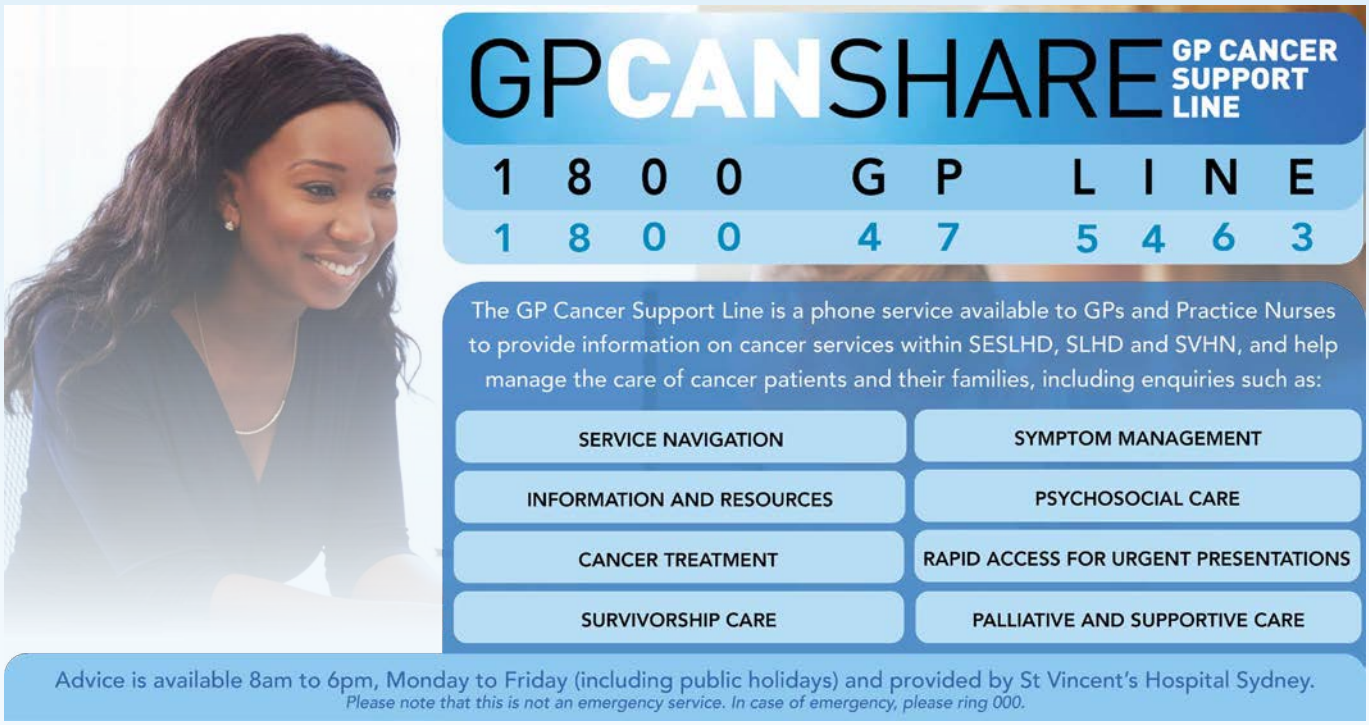
Deadly Choices Program Coordinator - Rachal Allan

"I'm Rachal Allan and I'm an Aboriginal health practitioner. I am the Indigenous Programs Coordinator for the Cronulla Sharks through the Deadly Choices program.

An important part of my role is promoting healthy lifestyle education and health checks in partnership with the Deadly Choices program. I visit schools and community groups to deliver 8-week health and wellbeing programs to Aboriginal and Torres Strait Islander students where we cover topics such as healthy eating, smoking and other harmful substances, leadership, chronic disease, mental health and healthy relationships. These programs highlight the importance of taking care of our health and wellbeing, accessing our local health care services and having our annual 715 as a way to keep on top of our health.

I also promote the importance of health checks in the community by hosting health check days and events at Pointsbet Stadium, offering incentives such as Deadly Choices shirts, meet and greets with players and tickets to Sharks games to reward our community for taking care of their health."

Photo of Deadly Choices Program Coordinator Rachal Allan and Community member Aunty Deanna Schrieber



Central and Eastern Sydney PHN launches the **GPCanShare GP Cancer Support Line** to assist GPs and practice nurses access timely cancer advice

Central and Eastern Sydney PHN has funded a support phone line to link GPs and practice nurses with a cancer nurse specialist based at The Kinghorn Cancer Centre at St Vincent's Hospital Sydney.

The GP Cancer Support Line will provide information on cancer services within South Eastern Sydney Local Health District, Sydney Local Health District and St Vincent's Hospital Sydney and general clinical advice on cancer related care such as management of symptoms, psychosocial care, survivorship care and palliative care. The support line is also an important resource for GPs seeking assistance with rapid access for urgent presentations.

The line is in operation from 8.00 am to 6.00 pm Monday to Friday, including public holidays.

The GP Cancer Support Line will also be an access point for GPs wanting to link their patients into GPCanShare project, which focuses on enhancing communication and the transfer of information between hospital cancer centres and general practices. This shared care approach to cancer management aims to boost the capacity of general practice to enhance the care of people with cancer and cancer-related palliative care needs across the continuum of their cancer journey.

For further information on the GPCanShare project please visit the CESPHN website and search under Cancer Management. To access cancer related support, call Simone Ray (St Vincent's cancer nurse specialist) on 1800 GP LINE (1800 475 463).

Primary Care Enhancement Program: **Project GROW**

Supporting primary care providers to ensure the 13,000 people with intellectual disability in the central and eastern Sydney region receive the right care, in the right place at the right time.

Spotlight: Women with intellectual disability

Women with intellectual disability experience high rates of undiagnosed and poorly treated health conditions.

The evidence suggests that women with intellectual disability:

- Do not access cervical screening or breast screening at the same rate as women without disability
- Have poorer reproductive and sexual health outcomes than women without disability
- Have lower levels of human papillomavirus (HPV) vaccine coverage compared to adolescents without disability.

Women with intellectual disability experience a lack of education and support in relation to menstrual management, contraception, and cervical screening. This has implications for access to contraception, cervical screening and STI testing, prenatal care, and places them at risk of worse health outcomes compared to the general population.

Primary care providers have a key role in addressing these disparities and ensuring women with intellectual disability receive appropriate education and preventative health care.

In 2018, Family Planning and the Cancer Institute of NSW joined forces to develop the **Just Checking** project. Just Checking aims to increase cervical, breast and bowel screening rates among people with intellectual disability and autism.

Family Planning NSW worked alongside people with disability, health professionals and support people such as parents, carers, and family members to develop the free Just Checking resources. The project builds the capacity of clinicians, disability workers and other support people to support increased screening rates among people with intellectual disability and/or autism. Just Checking offers a free online training module for parents, carers and disability workers and an updated supported decision-making tool. The tool provides easy-to-use guidelines to support people with intellectual disability and/or autism to make decisions about their reproductive and sexual health.

Just Checking has a range of Easy English resources, including glossaries and videos with closed captions. These can be used with patients with low literacy to talk about the different screening tests, when they need occur and how they work. There is also a suite of engaging videos starring people with intellectual disability answering questions and sharing stories about cancer screening.

For more information about the project, or to access the free resources, go to: www.fpnsw.org.au/justchecking

This article is developed as a part of CESPHN's Project GROW: Strengthening the skills of GPs and other health professionals to provide effective and efficient healthcare for people with intellectual disability.

Project GROW provides:

- Information, tools and resources for primary care providers to support people with intellectual disability
- Whole of practice education sessions and CPD training
- Navigation support to improve coordination of care
- Advocacy for equitable access to health services for people with intellectual disability.

For more information visit the Project GROW website or contact the Intellectual Disability Navigators via:

Email: IntellectualDisability@cesphn.com.au

Phone:

02 9304 8637 for the Sydney LHD region within CESPHN

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