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A new voice for primary health care



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Acknowledgments

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Editor: Jeremy Kennett

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Welcome to issue seven of Primary Pulse, our quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.

ONE OF THE BEST THINGS about working at a Primary Health Network is the sheer breadth of health areas that we get to be involved in. Chronic disease, immunisation, blood-borne viruses, potentially preventable hospitalisations – wherever primary care touches on people's health, we are there trying to improve their quality of care, the experience of everyone involved, and the efficiency of how health services are delivered.

Despite this diversity, there is one area that rightly takes up the lion's share of our funding and focus: mental health. To describe it as 'one area' is almost certainly a misnomer. Mental health covers a huge range of conditions, presentations and life experiences, and as a society we've certainly come a long way in recognising the complexity of mental health and the need for an empathetic, flexible response.

Where we perhaps haven't come quite so far is in the way we conceptualise mental health, as opposed to physical health. When we think of physical health, we may think of feeling well, of being physically fit and active, of being able to take part in daily activities without pain or restriction.

"Mental health is about more than mental illness."

On the contrary, mental health is often defined by its absence. We talk about stress and pressure, about conditions like depression and anxiety, schizophrenia – the list goes on. It's important that we understand these conditions and that we help make people who are living with a mental illness feel safe and supported to talk openly and to seek help when they need it.

But mental health is about more than mental illness. It's about all the things that we can do to keep ourselves and the people we love happy, connected and content. It might be about making lifestyle changes, like exercising more or drinking less, that can make us feel better in our minds. It might be reaching out to an old friend or joining a social group or activity that links us in with our community. Or it might be about reaching out to a health professional when we need help.

World Mental Health Day is on 10 October, and this year we are all being

In this issue

asked to make a promise to shed a more positive light on mental health. In this issue we look at the role of primary care in mental health and highlight some of the things we are doing to make the system more welcoming, positive and effective.

Most importantly, we talk to the people who make the system what is today, and explore how all of us – doctors, nurses, counsellors, organisations and everyday people – can play a role in making mental health better.

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Francis Acquah.

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Photos: Mike Keating



A general mindset

GPs play a crucial and growing role in mental health, but is enough being done to ensure general practice is fully integrated into the broader mental health system? Jeremy Kennett reports.



NOT A DAY GOES BY WHERE Moonee Ponds GP Dr Dina Georgeopolous doesn't see at least one patient with a mental health concern. On most days it's a lot more than just one.

"My experience has been that if I ask, then it is possible to do mental health intervention with many people that come in for appointments," she said.

Dr Georgeopolous has always had an interest in mental health, and since 2004 has split her time between her general practice and working with her local mental health service in Moonee Ponds, helping to provide a GP perspective.

While her background makes her proactive in asking patients about mental health issues, she says greater community awareness and understanding of mental health issues is leading more patients to ask for help themselves.

"It's not only GPs asking but it's also patients through the community campaigns and through need, they will come in for a physical health issue and then end up disclosing that there is something else going on."

Dr Georgeopolous is far from the only GP seeing a large cohort of patients with mental health concerns. According to the Royal Australian College of General Practitioners, mental health issues are now the number one reason people go to see their GP.

President of the RACGP Dr Bastian Seidel said in a recent media release that mental health issues, including depression, mood disorders and anxiety, now dominate GPs' time.

"It is not musculoskeletal problems patients are presenting with most often, or cardiovascular disease – the stock standard medical presentations we always hear about," Dr Seidel said.

"It is psychological issues GPs are dealing with most of the time."

MBS data shows there has been a steady increase in both the number of patients claiming GP mental health items and the number of services being provided in every part of the North Western Melbourne Primary Health Network (NWMPHN) region. The growth areas of Sunbury and Melton/Bacchus Marsh have the highest figures with over 200 services claimed per 1000 people in 2014, but

high figures and rapid growth can also be found in inner city and suburban areas.

It's clear that mental health is now core business in general practice. But Dr Georgeopolous said the reality is that not all GPs have the interest or the confidence in their own abilities when it comes to mental health.

"Some GPs will say 'I'm too scared to ask, it opens a can of worms, I won't be sure what to do next'. There are definitely GPs out there who acknowledge that's it's not for them. If that happens to be your regular GP then it's absolutely fine to seek out another GP who is interested, comfortable and able to allocate the time required."

But she said that GPs still need to be able to support their patients, if and when they present with mental health concerns.

"It's important not to split GPs into those who do mental health work and those who don't and that's where having access to resources comes in."

One set of resources being developed are new mental health pathways to assist GPs to assess, treat and refer for common mental health conditions.



VMIAC CEO Maggie Toko is pushing for mental health consumers to have a stronger voice in their own care.

Photo: Mike Keating

Both HealthPathways and the system of care aim to increase awareness of the mental health services GPs can access for their patients, helping to them to better integrate with the broader mental health system.

Of course, integration is about more than just knowing what services are available. The Australian College of Mental Health Nurses is looking to boost collaboration and engagement through a greater role for nurses in general practice mental health.

CEO Adjunct Associate Professor Kim Ryan (pictured below) says the College has just developed standards for general practice nurses around what their role is in mental health, helping them better engage with people who are seeking mental health care at a general practice. The standards are also aimed at increasing the number of specialist mental health nurses working in general practice.

"My goal would be that every general practice has a mental health nurse in it to support the general practice and the GP and practice nurses," A/Prof Ryan said.

The college is also looking at opportunities for mental health nurses to work in both primary and tertiary care.

"We have some nurses that are currently working for example within the hospital setting, or in a community mental health team, but they are also doing two days a week in a general practice.

"The good thing about looking at how we straddle that workforce across those two sectors, I think it may actually provide us with better mechanisms of collaboration and integration of patient care as they move between primary care and the tertiary setting."



A less fragmented system means better support for general practice and more coordinated care for people using the system. But for the system to be truly effective, mental health

ACMHN CEO Kim Ryan wants a mental health nurse in every general practice.

consumers need to have a greater voice in their own care, according to Victorian Mental Illness Awareness Council (VMIAC) CEO Maggie Toko (main picture).

"That is a common thread, that you're just not listened to," Ms Toko said. "Our consumers come to VMIAC or ring us up, and they haven't been listened to at all, at any time.

"The other thing is that they just label you and just put you in a box, that you can't do this and you can't do that and you are unable to make your own choices."

"Some GPs will say 'I'm too scared to ask, it opens a can of worms, I won't be sure what to do next.'"

Ms Toko said that engaging consumers is beneficial not only for their own care, but also by empowering them to become advocates and role models for other people with mental health issues.

"It's really powerful to have that consumer voice. It's certainly worked for me working with young people, being able to role model wellness to the young people that I work with, because they listen to me where they wouldn't listen to someone who doesn't have a mental illness."

Dr Dina Georgeopolous agrees that improving the connection between doctor and patient is the most important step of all when it comes to primary mental health care.

"Patients don't mind if you say you don't have the skills in this area- what they notice and remember is how you respond to them and what you are prepared to do."

To find out more about our mental health services, visit nwmpnh.org.au/health-systems-capacity-building/system-of-care/

Anxiety and depression pathways are set to be released soon through HealthPathways Melbourne.

NWMPHN Executive Director Jagjit Dhaliwal said the new pathways will help give all GPs the confidence and knowledge to take an active role in their patient's mental health.

"These new pathways are just one of the ways we are trying to improve care access, quality and experience within the local mental health system," Mr Dhaliwal said.

"Another key activity is our system of care approach to mental and emotional wellbeing, which aims to improve access to quality services and supports across mental health, suicide prevention, and alcohol and other drug treatment services.

"Our recently launched system of care webpage makes it easy for health professionals and consumers to find and access the right type and level of service they need at each point of their care journey, all at no cost to the patient."

Our local mental health system

North Western Melbourne Primary Health Network covers an extremely diverse region, from the teeming streets of inner city Melbourne to the green foothills of Mt Macedon and everything in between.

BUT BENEATH THE SURFACE differences, all of our Local Government Areas have many things in common – which unfortunately includes high rates of psychological distress among their residents.

This is why improving mental health services – and especially the integration of those services – is such a priority for us, and why we work closely with mental health professionals to offer a wide range of services in our community.

But how easy is it for mental health

professionals and general practitioners to work collaboratively and support each other to gain the best outcomes for their patients? We asked three people working in our local mental health system to have their say.

Kaye Francom

I've been a psychologist for 30 years and have spent more than half of my career working in the western suburbs of Melbourne. The first half of my professional life was in an environment where there were no Medicare item numbers for psychological treatment, so all the treatment that I provided as a private practitioner was paid for by the client. This made psychological treatment a very private matter and that in turn created more stigma around the profession than what we see these days.

When psychology was included in the Medicare scheme [2006], it revolutionised the profession. Nowadays, patients are much more likely to ask their general practitioner for a referral to a psychologist and more patients will tell their doctor they are suffering from a mental health condition.

I think general practitioners are pragmatists. They're private practitioners themselves so they know

that their role with mental health is to play the gatekeeper between patients and mental health professionals. They are very quick to try and find something that might help their patients and they understand that family health these days is a much more complicated exercise than it used to be.

The relationship between the GP and the mental health practitioner is about being able to talk freely. It is a partnership for me. You have to work with GPs who are seeing the patient more frequently than you are, who will care for them in the future in terms of their overall health and you just have to say "we are in this together. I will do what I can, but I need your help."

In terms of the work NWMPHN are doing with mental health, I think the process of eliciting feedback from patients through the CAREinMIND program 'You Said' is one of the most exciting client engagement strategies I have come across. It is something that has been co-designed by patients, clients and peak bodies and I think it is absolutely amazing. It will really revolutionise what is happening with mental health services.

Rhiannon Hartney

I have worked in mental health for about three years and am currently a team leader at a Prevention and Recovery Care Service (PARC). The PARC program is a national service from community mental health service provider Neami, in collaboration with Melbourne Health. The service we provide is recovery focussed where we support patients to identify recovery goals through a short-term residential stay.

I think my overall experience in mental health has been really rewarding. It is a real pleasure to work with people who have been through a lot in their lives and to see their resilience and commitment to recovery.

We don't refer to general practitioners and they don't refer to our service, but we collaborate with them if we are working with a patient and are trying to achieve the best outcomes for them. I don't think it's true that GPs don't communicate well with mental health professionals, but I do think that it really comes back to whether the GP is in a person-

Kaye Francom has seen great changes in the mental health sphere, and expects more to come.
Photo: Kim Tonelli



centred collaborative relationship with a consumer and then whether the consumer identifies that GP as someone who is a supportive person in their community and support networks. The best GPs we work with, or have spoken with, are doctors for whom communication and collaboration are important, and who want the best outcomes for their patient.

I believe that at the heart of good mental health practice and working with people living with mental health issues is language, communication and accessibility. I think that is something that all services can strive towards, empowering people in their own experience rather than playing an expert role in someone's recovery. From my experience working in mental health, people who are empowered by their support networks achieve better outcomes.

Francis Acquah

I am a credentialed mental health nurse and have been working in mental health for the past 30 years. Over these years I have developed a practice and now work mostly as a private mental health nurse for the Intensive Support Service program run by NWMPHN's CAREinMIND team. My favourite thing about the work is getting good outcomes for my patients. My role is to advocate for my patients and assist them with a range of services for their wellbeing, such as helping them set achievable goals and then achieve those goals.

I always encourage my patients to find a mental health friendly general practitioner, as I have found that not all have a strong interest in mental health. I used to work in a practice where one of the GPs was very interested in Botox. Of course, he never referred any patients on to me. The other GPs at the practice that had some interest in mental health however began referring to me, and I found that when GPs witness good outcomes for their patients they are impressed and they want their patients to see you.

It is about educating the GPs and giving them an understanding of what we, mental health nurses, do. If you can explain this to the GPs, they are then very supportive and understanding when they know their difficult patients are being seen and

supported. It is about how we work together in a multidisciplinary team in the community.

NWMPHN has also been very supportive of mental health nurses. The level of support we have received from them is unprecedented. When you work in isolation, you want to know that when you need something, your needs will be met. Fortunately for us, we are getting that required support.

To find out more about our mental health services, visit nwmpnhn.org.au/health-systems-capacity-building/system-of-care/

Mental health nurse Francis Acquah advises his patients to seek out a sympathetic GP.

Photo: Mike Keating





Shining a light on LGBTIQ health barriers

North Western Melbourne Primary Health Network is fortunate to have such a proud and visible LGBTIQ community in our region, adding to the cultural richness and diversity that gives our home its unique strength.

AS AN ORGANISATION NWPHN stands with our LGBTIQ community members and works hard to ensure they have access to the services and support they need to maintain their health and wellbeing.

But as a powerful new video produced by NWMPHN reveals, many people in this community still face barriers when trying to access health services, putting their long-term health and wellbeing at risk.

Watch the video at nwmphn.org.au/priority-area-topic/LGBTIQ

The video was produced as part of a ground-breaking trial of programs and services aimed at preventing suicide in the local LGBTIQ community and was presented at the National Suicide Prevention Conference in Adelaide this year. It shows a range of negative experiences, from doctors making



L-R: Kian, Nunzio and Roz have all faced discrimination from health care providers due to their sexuality and gender identity.

Photos: Matt Jasper

incorrect assumptions about their patients through to outright discrimination.

In one case Roz, who identifies as bisexual, was having her first pap smear when her GP began to question her about her sexuality and sexual history.

"(The doctor) began giving me quite a lecture about morals and about what was right and wrong to do with sex, and about letting down my parents," Roz said. "All right in the middle of the procedure, which was a really traumatic experience."

Nunzio spoke about how doctor's assumptions affected the quality of the health care they received when they were diagnosed with polycystic ovarian syndrome.

"The doctors wanted to treat me as if I was a cis-gendered woman who wanted to have kids and didn't really

take into account that's not really the way I identified or what I wanted," Nunzio said.

Kian related his experience of being admitted to an adult psychiatric facility, where doctors refused to acknowledge him as trans and deliberately used incorrect pronouns to describe him.

"It made me feel like I couldn't trust doctors, it made me feel like I had to very much bury who I am, and just pretend to be normal I guess," Kian said.

While many of the experiences described caused serious trauma, there are relatively simple things health care providers can do to make things better for their LGBTIQ patients, and themselves.

"I've had one really good experience with a neurologist that I saw, she noticed that I'd ticked 'Mr' on the box but my doctor had put the referral as female," Kian said. "She just asked what pronouns I preferred, and when she had to write a letter again she checked what I wanted to have on it, and that was fantastic."

NWMPHN CEO Adjunct Associate Professor Christopher Carter said listening to LGBTIQ people is a crucial step towards creating a better health system.

"When a person has a negative experience with a health provider, it can make them less likely to seek care the next time they need help," A/Prof Carter said.

"Improving that first experience puts LGBTIQ people on the right track to protecting their ongoing health, giving them the best chance of avoiding more serious and costly health outcomes."

To help make primary care a more welcoming and inclusive environment NWMPHN has supported the development of *Primary Health Care for Trans, Gender Diverse & Non-binary People*,

Australia's first online training module covering the topic for GPs, practice nurses and medical students.

It helps practitioners become familiar with and sensitive to the diverse terminology, experiences, health issues, standards, and referral pathways with respect to trans, gender diverse, and non-binary clients.

Brenda Appleton, chair of Transgender Victoria, said the new resource would be a welcome support for medical providers, who generally receive little or no training on understanding these issues.

"I hope GPs and other medical providers will access this informative resource and meet the needs and expectations of those whose gender identity does not meet society's expectations," she said.

"We do not expect special treatment but we do want to be treated with dignity and respect."

GPs and other health practitioners can also improve their knowledge and skill in treating LGBTIQ patients through specialised clinical pathways available via HealthPathways Melbourne.

Pathways include LGBTIQ-focused mental health, alcohol and other drugs, and sexual health, as well as an overview of medical treatment and psychological support for people of all ages who experience difference or diversity in sexual orientation, sex and gender identity.

Local GPs can access the LGBTIQ pathways through the HealthPathways Melbourne website at melbourne.healthpathways.org.au, and can access more information about the transgenderv training module at nwmpnh.org.au/health-systems-capacity-building/trans-gp-module

Another training video spreading the awareness message to allied health providers has also been funded and is currently in development, due to be released later in the year.

"It made me feel like I couldn't trust doctors ... like I had to very much bury who I am."

Connecting a community



On a sunny winter's morning in late August, Melton's new headspace centre is a warm, bright and welcoming place.

DECKED OUT IN THE SERVICE'S distinctive green and grey, but still not fully furnished, it is a week away from opening. Dr Teresa Sedgley, the Centre/Clinical Manager, is showing it off with the enthusiasm of a new homeowner.

She has much to be proud of. In a few short months since her appointment, she has watched it transform from an echoing, empty office space to a functioning facility ready to play a much-needed role in helping the young people of one of Melbourne's fastest growing regions.

It will need to hit the ground running. The young people of Melton report the highest rate of anxiety and distress of any council area in Victoria, with nearly 21 per cent affected, and before it even opened its doors the centre had 100 referrals.

"There's 30,000 young people in the area and if we've got a need of 20 per cent that's a huge number of people who need some support," Dr Sedgley says.

"When I've done any consultations or talked with people in the community they're all so excited and I guess grateful that funding has been provided for this service. The community has been asking for a headspace for a couple of years, and I think that's a very big part of us coming to this area."

Melton City Council has been a strong supporter of a local headspace and

Mayor Bob Turner said he was "really looking forward" to having the service open.

"We're a fast growing, young municipality and we know that high rates of young people in our city face a number of mental health risks," Cr Turner said.

"The care that headspace provides for young people experiencing mental health issues, substance abuse, family breakdown and unemployment will make a real difference to the lives of so many in our community, by providing them with a safe space and the support they need."

Like all headspace centres, its brief is to deal with four key areas of young peoples' wellbeing: mental health; physical and sexual health (the centre has its own GP room); drugs and alcohol; and, vocation and employment. The recent sharp rise in homelessness across many parts of Melbourne means it will also focus on accommodation issues.

The consortium operating the centre is composed of lead agency Odyssey House Victoria, along with Djerriwarrh Health Services, MacKillop Family Services, Cohealth Ltd, Youth Projects, Hope Street Services, and The North West Area Mental Health. Managing such a large number of partners presents a juggling act, but Dr Sedgley believes it will help the service.

With each organisation bringing a strong and distinct skill set, it means better outcomes for clients, Dr Sedgley says. And Odyssey House's experience in the drug and alcohol field makes it ideally suited to the challenges of the area.

"Our clinicians come from Djerriwarrh Health Services, who've been in Melton a long time, so they have expertise in the area. Our community awareness and engagement worker is under Cohealth, our family engagement worker is from McKillop and we have a really good partnership with Hope St, so that covers homelessness."

The new headspace has been commissioned by North Western Melbourne Primary Health Network, and will be the sixth centre in its catchment area.

"I know we'll be able to work with the PHN closely in the future, too. I like the fact it's saying 'we're not just a funding body', we're here to be part of the process."

Chairing the consortium is Dennis Armfield, a long-time Odyssey House ambassador and former AFL footballer. He says Dr Sedgley has done amazing things to get the service up and running so quickly, and that he can't wait to see it playing its part.

"My job will be to be the fresh face that can link all parties," he says. "There's



Dr Teresa Sedgley, right, Dennis Armfield, second from right, and members of the Melton headspace team in their new office.

Photo: John Donegan

many great organisations coming together, and my role is making sure that everyone gets listened to.

“My wife has a dance studio in Bacchus Marsh, and I understand the lay of the land,” he says. “It’s very welcome to have a headspace...the rates of dramas for young people are definitely a concern, and a headspace will definitely help alleviate this.”

Community engagement is a priority for Dr Sedgley, and the centre is forging strong links with schools, the local council and the youth centre. Two advisory groups, one made up of young people and the other family and friends, will provide input. The work has given her a preliminary sense of Melton’s particular needs.

“There’s general areas of support needed for anxiety and depression, family relationships, drug and alcohol and trauma. There’s a huge amount of trauma in this area because we have a high refugee population.”

If the challenge is great, Dr Sedgley’s career has equipped her for it. Her

PhD thesis was on post-traumatic stress disorder, she has a background in educational developmental psychology and is a practising clinical psychologist. She has worked in five states in roles including the clinical manager of an allied health team in the Pilbara, a lecturer at Queensland University of Technology and clinical director at the Veterans and Veterans Families Counselling Service.

As well as managing the service, she hopes to spend a day a week in practice. “The reason for coming to headspace is I just think it’s a wonderful, wonderful set-up and it allows me to get back to working with young people,” she says.

“I’ve covered from mums and bubs to palliative care, and I just love the energy the enthusiasm of that stage from early adolescence to 25, where you are transitioning into what you’re going to do with your life. I just think it’s an incredible space where you can be part of supporting young people to shape their futures. It’s incredibly

rewarding and I feel incredibly privileged to be involved.”

She sees success as forging connections, both between the service and the community it serves, and between the young people it helps and their families and support networks.

“Our role is to make sure that people can be well and utilise their strengths independently,” she says. “It’s not only about giving young people the tools, it’s about making connections and helping them find purpose. We know from studies that wellness comes out of utilising strengths to have purpose, to feel connected.

“Success, for me, will be having a really cohesive team that has the values of supporting young people to be well, that it’s a family-inclusive practice and that we really are listening and have really strong connections with the community, and that young people and their families don’t fall through the cracks.”

Find out more at headspace.org.au/headspace-centres/melton/



It's time to immunise Melbourne

Childhood immunisation figures are increasing across Australia, ensuring more children are protected from a host of vaccine-preventable diseases. But while overall trends are moving in the right direction, immunisation rates for two-year-olds are still lagging behind. Jeremy Kennett reports.

WITH 19-MONTH-OLD twins Heidi and Jasper, Brunswick mother Amanda Hunter gets so busy that some days, as she puts it, "I forget my own name in the chaos of early motherhood."

She says it with a wry smile, but any parent of toddlers would know just how busy it can get trying to keep on top of everything. It's easy to let things slip, and statistics show that one of those things is vaccinations.

Fully immunised rates for five-year-olds in the North Western Melbourne Primary Health Network area increased to 94.6 per cent in March 2018, mirroring rises nationwide. This provides a good level of community protection against infectious diseases, just short of the overall target of 95 per cent. Rates for one-year-olds also increased to 93 per cent.

Emily Vosko is proud her daughter Mikayla is helping to promote such a worthy cause.

Photo: Icon Agency

But fully immunised rates for two-year-olds, covering vital vaccines given at 12 and 18 months, fell below 90 per cent, the bare minimum required to create a level of 'herd immunity' in our community. Coverage for two-year-olds actually dropped slightly from the previous year, down to 89.9 per cent.

"I totally get it, if it wasn't for the health care workers reminding me and providing me with great information, the dates to vaccinate would totally get lost on me," Amanda said.

"And it's such an important thing to do, not just for the health of your babies but for the overall health of our community."

Immunisation expert and Royal Children's Hospital paediatrician Dr Margie Danchin agreed that the increase in workload as children hit the toddler years, coinciding with many parents going back to work and children starting childcare, has a lot to do with the lower figures.

"There may be a new baby in the house and with the busyness of life or intercurrent illness, such as frequent colds, these vaccines can be forgotten or postponed," she said.

Many Australian parents are also confused about whether to delay vaccines when a child has a minor illness, with nearly half incorrectly saying vaccination should be delayed in a well child on antibiotics and one in five in a child who has had a local reaction to a previous vaccine, such as swelling or redness.

While confusion over vaccinating unwell children or simply being too busy may help explain some of the discrepancy, it's not the whole story for all parents. A recent study published in the *Journal of Paediatrics and Child Health* showed that while 98 per cent of parents with children under five supported vaccination, nearly half also expressed at least some concerns about vaccines.

Concerns ranged from the number of vaccines given in the first two years, to vaccine ingredients, allergies and weakening of the immune system. Despite any link being thoroughly disproven by multiple large-scale studies, 11 per cent of parents were

still concerned about a connection between childhood vaccines and autism.

"We know about 43% of parents have some concerns about vaccines - this is on the vaccine hesitancy spectrum from mild concerns to vaccine refusal," Dr Danchin said. "About 8-12% parents are more highly vaccine hesitant."

"Parents with concerns should talk to their healthcare provider, such as their GP or maternal and child health nurse."

The study also shed some light on why some parents might be hesitant around vaccines, with nearly a quarter saying they didn't know enough about vaccines to make good immunisation decisions.

North Western Melbourne Primary Health Network CEO Adjunct Associate Professor Chris Carter said this was an opportunity for governments, health care organisations and individual health care professionals to boost immunisation rates through supporting better vaccine education.

"Many parents are looking for quality information about vaccines to help them make good decisions," A/Prof Carter said. "If they can't find it easily through normal health channels then they are likely to turn to less reliable sources like internet searches or anecdotes from friends and family."

"The good news is that parents frequently access and report high trust in health care professionals generally. So there is a real opportunity for GPs and other primary care practitioners to help parents who might be hesitant become educated and confident about vaccinating their children."

NWMPHN is helping to raise community awareness and knowledge around immunisation through the relaunch of its long-running Immunise Melbourne campaign. After great success in previous years, the campaign is now focusing specifically on improving vaccination rates for two-year-olds in our region.

First time mum Emily Vosko (main picture), from Fraser Rise in Melbourne's northwest, jumped at the chance to be part of the campaign with her one-year-old daughter

Mikayla, who is featured on campaign posters for GP clinics and social media.

"It's such an important campaign and I love it that Mikayla is a part of it," Emily said.

"She doesn't know it now but when she grows up I am sure she will be very proud of the fact that she played a role in trying to encourage people in her community to focus on an important health issue."

"It's such an important thing to do, not just for the health of your babies but for the overall health of our community."

"As a parent I take the responsibility of ensuring Mikayla is as healthy as she can be before she goes to childcare and I hope other parents feel the same. That's another reason why I love the campaign because it's there to help us all play a vital role."

As well as personal stories from local parents like Emily and Amanda, the Immunise Melbourne website also provides links to clear and reliable information about vaccination and immunisation from trusted sources. Practitioners and practice staff can also download posters and other campaign material to display in their practice – visit www.immunisemelbourne.org.au for more.

Practitioners seeing highly vaccine hesitant parents can also refer them to the Royal Children's Hospital Immunisation Clinic, which provides both vaccinations and immunisation advice for families. Find out more at rch.org.au/info/az_guide/Immunisation_Clinic

Out & about

NWMPHN CEO Christopher Carter (right) was on hand to help launch the new module.

Trans GP Training Module Launch

General practitioners, health professionals and LGBTIQ community members came together recently to support the launch of the Trans GP Training Module.

The module - the first of its kind in Australia - was funded by NWMPHN and the Australia and New Zealand Professional Association of Transgender Health (ANZPATH), to assist GPs and practice nurses in becoming familiar with and sensitive to the diverse terminology, experiences, health issues and referral pathways with respect to trans, gender diverse and non-binary clients.

The content was developed by Associate Professor Ruth McNair, Chairperson of the ANZPATH Education Subcommittee, and Dr Cal Andrews, Department of General Practice, University of Melbourne, who were among the speakers at the launch and showcased key elements of the module.

Other speakers included Brenda Appleton, CEO of Transgender Victoria, who highlighted the perspective of trans and gender diverse patients on their primary care needs.

Alcohol and other Drug forum



Alcohol and other Drugs (AOD) experts and stakeholders enhanced their knowledge and insight on referral processes and support available at our recent AOD forum.

The forum focused on identifying the challenges and rewards when working with patients with AOD issues. Attendees said they left feeling engaged and comfortable in navigating the AOD referral system.

Braybrook Doctors in Secondary Schools Launch



Staff, students and a local general practice came together to celebrate the launch of the Doctors in Secondary Schools Clinic at Braybrook Secondary College.

The Doctors in Secondary Schools initiative provides school-based health services for Victorian secondary schools most in need, with NWMPHN implementing the program in 21 of its catchment schools.

Dr David Nguyen (Maidstone Family Clinic) works from the school one day a week, providing free and direct access to health care for all students.

Braybrook Secondary College Principal Kelly Panousieris (second from left) and Dr David Nguyen (far right) at the launch of the Doctors in Secondary Schools clinic.

Spirometry training course



Respiratory scientists Danny Brazzale and Manesh Dharmakumara, along with asthma educator Bernadette Flanagan, took GPs and registered nurses through the role of spirometry (a common lung function test) in primary care at a recent training session.

This workshop was highly interactive and included a hands-on component in which attendees were able to apply their newfound knowledge in a practice setting.

Attendees had the chance to get hands on experience with spirometry.

She may be **picture perfect**,
but she's not **immune**.



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If your child is between 12 to 18 months and hasn't had their shots on time, they're not immune and they're at risk from a range of life threatening and disabling diseases. Talk to your GP or child health nurse to vaccinate on time and protect your little angel.

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