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primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE

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An Australian Government Initiative

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Cover image: (L to R) Dr Sarah Shepherd, Dr Deepak Sidhu and Wayne Frost

Primary Health Matters is produced by Primary Health Tasmania twice a year. It shows how innovation in primary health and social care is making a difference and contributing to healthy Tasmanians, healthy communities, and a healthy system. It focuses on the work of Primary Health Tasmania's member and partner organisations, as well as our own activities.

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Primary Health Tasmania ABN 47 082 572 629

From the CEO

COVID-19 has changed the world.

The virus has claimed an enormous number of lives; pushed health systems to the brink; and changed the way people live, meet, and work.

At the time of writing, Australia has reclaimed a sense of relative calm after getting the upper hand on the outbreak in Victoria. On our side of the Strait, we've come through a challenging situation in the north west to see the total active case count whittle down to zero.

But even if Tasmania has enjoyed comparative stability in recent months, the ongoing threat of COVID-19 has posed considerable difficulties for our community and the hardworking healthcare professionals who serve it.

That's why we decided to dedicate a large part of our 13th edition of *Primary Health Matters* to exploring and documenting the primary health response to COVID-19. In these pages, you'll find insights from a cross-section of our commissioned service providers who found innovative and practical ways to continue to support their clients — from Aboriginal and Torres Strait Islander people living with chronic health conditions, to young Tasmanians in need of mental health support — during a fast-moving pandemic.

You'll also hear about the team of volunteers who helped get face shields out to health workers across the state with Primary Health Tasmania's support, as well as the experience of a GP on the COVID-19 testing frontline as part of a GP-led respiratory clinic.

By reflecting on these initiatives, it's hoped we can take collective stock of a significant juncture in public health history, and the lessons it may yield for future emergencies. For our team, the arrival of COVID-19 meant sidelining some of our day-to-day work to urgently dispatch personal protective equipment from the Australian Government's national emergency stockpile, develop educational events on infection control and caring for people with COVID-19, and generate news alerts and easy-to-use resources to help local health workers efficiently access the information they needed.

They're skills and practices we will take with us into the next trying juncture, whatever form it takes.

Like so much of what we do, it's all about trying to make it as easy as possible for healthcare professionals to do their jobs. We want to identify, tackle, and remove any unnecessary hurdles that get in their way. Because if 2020 has taught us anything, it's that the heart of our health system isn't a matter buildings or beds: it's the hardworking individuals who put their communities first in trying times, and provide high-quality care to those who need it most.

This edition of *Primary Health Matters* is dedicated to Tasmania's health workforce frontline. ■

Phil Edmondson
CEO
Primary Health Tasmania

GP-led respiratory clinics: A key piece of the COVID-19 puzzle

GENERAL practitioner (GP) led respiratory clinics are facilities dedicated to clinically assessing people with mild to moderate COVID-19 symptoms.

More than 140 GP-led respiratory clinics have been set up across Australia as part of the national COVID-19 response, notching up more than half a million consultations and more than 440,000 tests by the end of August.

In Tasmania, clinics in Launceston, Hobart, St Helens, and Devonport established with Primary Health Tasmania's support have been able to alleviate pressure on state-run testing clinics by providing additional COVID-19 testing options and supporting people with cold and flu-like symptoms.

GP Dr Meg Creely from the southern region's GP-led respiratory clinic in Derwent Park says becoming a key piece of the COVID-19 response in an urgent time frame was a steep learning curve.

> **"Working in this clinic has made me realise how important all the 'links in the chain' are."**
>
> **Dr Meg Creely**

"None of us are experts in viral pandemics — we haven't done this before," Meg says.

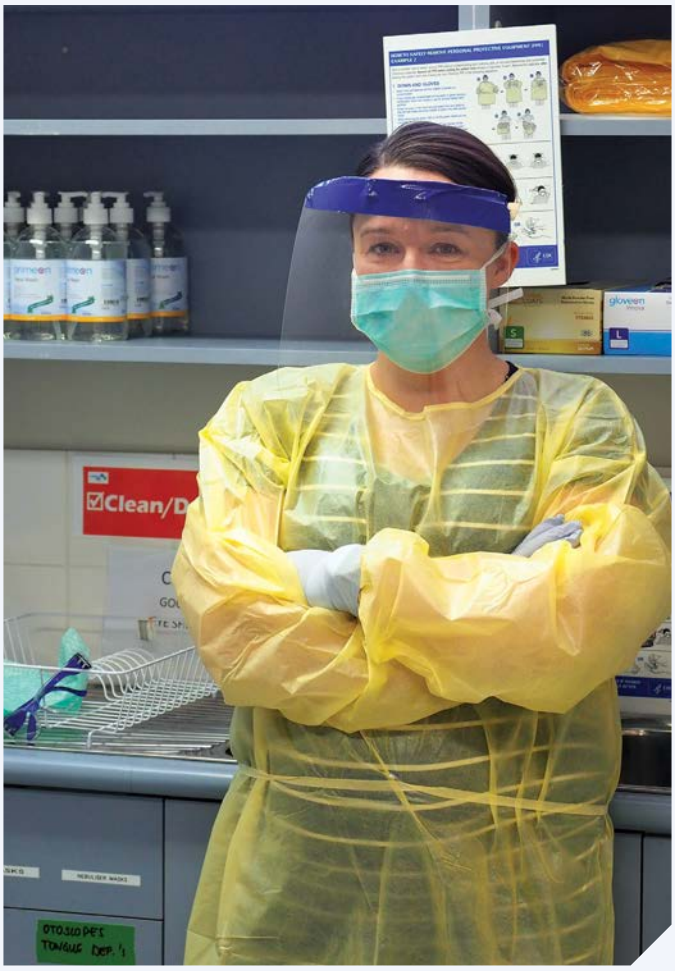
"From an infection control perspective, we quickly went to a paperless system in all clinical areas.

"If you've ever seen an office of mine, you'll realise the challenge this represented!"

From a practitioner point of view, she says working in the respiratory clinic setting has made her more targeted in her clinical examination approach, partly to avoid unnecessary personal protective equipment (PPE) contamination.

But staying hypervigilant about the risk of COVID-19 throughout her entire working day was a test of mental endurance, Meg admits.

"Maintaining enthusiasm for such strict infection control and PPE measures was, and is, a challenge," she says.



Dr Meg Creely

"It's easy when you work in the same environment every day to become complacent about what you do, so remembering to maintain the level of energy and awareness around PPE required a different kind of prolonged concentration and effort."

Meg says the strong sense of teamwork in her general practice team reinforced the importance of everyone playing their part, and looking after each other's welfare at a trying time.

"We work in a team of reception staff, nurses, doctors and management staff: each role in the team is vital and we couldn't function without any one of them," she says.

"Working in this clinic has made me realise how important all the 'links in the chain' are.

"We do this properly and safely by all working together. In my usual job I will never again take for granted or overlook the importance of feeling safe, and to speak up, no matter your role."

And — on a lighter note — being part of the Australian Government-funded clinic also sped up her typical morning ritual.

"When you wear scrubs, a mask, a hair cover and face shield all day there really isn't any point in doing your hair and make-up before work," Meg jokes.

"It made the morning routine much simpler!" ■

Want to know more? Go to primaryhealthtas.com.au/respiratory-clinics/

(L to R) headspace Launceston's Wayne Frost, Dr Deepak Sidhu and Dr Sarah Shepherd

Primary Health Tasmania's commissioned providers and COVID-19

THE COVID-19 pandemic affected all kinds of workplaces, all over the world. Primary Health Tasmania's commissioned service providers were no exception, and for some, it meant quickly adapting to local restrictions, mastering new technologies, and trying to stay connected with colleagues while working from home.

Here, a few of our commissioned providers explain how they navigated these challenges.

Impact on . . . a new exercise treatment program for older and at-risk north west locals

The timing of the COVID-19 pandemic was particularly inconsiderate for the team at HBP Group.

The provider was commissioned by Primary Health Tasmania in March 2020 to provide a free, strength-based exercise program to boost the quality of life for north west Tasmanians living with chronic health conditions.

The Exercise Treatment Program is a 14-week course designed to improve activity levels and health outcomes of older people who have a long-term health condition, such as arthritis, osteoporosis, heart disease, Parkinson's disease or depression.

But within weeks of the program being unveiled, the emergence of the COVID-19 threat meant providing face-to-face sessions to older people, as well as those with compromised immunity, wasn't going to be feasible.

HBP Group's Jason Molann says he and a colleague had just wrapped up a roadshow to promote the program to general practices throughout the north west when travel restrictions were put in place.

"I think I was one of the last cars coming back to Hobart before the restrictions were announced," he says.

"After that, referrals were very limited, because that demographic wasn't getting out and about given they were at risk."

Jason says he and the team behind the Exercise Treatment Program had no choice: they had to quickly "pivot" to design a version of the program that could be delivered in a telehealth format.

But, as a quick literature scan revealed, no one had recently attempted a telehealth model of care delivery for an older client group.

This meant HBP Group had to come up with safety protocols from scratch, reducing class numbers so the instructor could see enough of the person through their computer screen to monitor them properly.

"We introduced extra questionnaires before we started too, in terms of confidence in their balance and mobility, just to make sure we weren't taking on really high-risk people and asking them to do the session when we're not there in person to monitor them," Jason says.

"We also asked for there to be someone with (the participant) at the same time they were doing the session, in the house, just in case something did happen, so they'd have some support."

Other practical measures included posting an iPad to a Burnie resident and signing up for a healthdirect VideoCall pilot supported by Primary Health Tasmania.

And while it wasn't a perfect start for the Exercise Treatment Program, Jason stresses it hasn't all been doom and gloom.

"Since restrictions have lifted there has been a fairly decent number of referrals coming through," he says.

"But also it's allowed us to think about things in a different way, and learn to not be so strict and structured in what we're doing and how we're doing it."

Impact on . . . mental health services for young people

For most health services and their clients, the arrival of COVID-19 meant quickly mastering telehealth platforms — a skill one would presume comes naturally to anyone under 25.

But headspace Launceston manager Wayne Frost says even though the provider's digital native clients were quick to adapt to new, telehealth-supported consults, it wasn't always in the way one would expect.

"For many young people, they actually preferred the phone (to video)," he says.

"Overall, it did take some time to move to telehealth, and not every young person felt comfortable moving to a digital platform."

Likewise, COVID-19 meant the headspace team itself had to make quick, agile changes to their daily practice: for Dr Sarah Shepherd, who has been a GP with headspace Launceston since 2015, the emergence of the virus in Tasmania meant changing her normal work habits "practically overnight".

"We converted all possible appointments to telephone or telehealth modalities, to help keep our patients, community and staff members safe," she says.

And while some organisations may have experienced a drop-off in workload during the pandemic, Sarah personally found the opposite was true.

"I have found I have been busier during the pandemic than during other times, as high patient satisfaction with telemedicine and telephone consults led to a decrease in did-not-attend rates," she says.

"There has also been an increase in COVID-19 related presentations during this time.

"Initially these presentations were due to stress from the rapid loss of job security that impacted young people significantly, but now I am now seeing more anxiety around returning to a 'new normal' after the significant collective trauma event of a lockdown period, and anxiety related to the continuous newsfeed exposure that has dominated our lives for the last few months."

Sarah's experiences are shared by Dr Deepak Sidhu, whose GP registrar placement at the Brisbane Street facility began one week after the provider transitioned to a largely work-from-home model.

But despite a lack of "hallway chats", Deepak says he's found the placement an enriching and educational experience.

"It's definitely a wonderful learning opportunity," he says. "I've learned a lot about things like borderline personality disorder and trauma, separate from the pandemic, but (also) speaking to people via telehealth."

Deepak says he learned a few telehealth tips and tricks from Sarah, such as maintaining good eye contact even when you're taking notes, so the person on the other end of the computer screen doesn't misinterpret it as a lack of interest.

Building rapport with young people — some of whom were speaking on the phone in their car, on a break from a work shift — was another skill he learned to master.

"It's been a very positive experience," Deepak says of his placement. "And teaching-wise, everyone's been great."

Impact on . . . after hours services for vulnerable people

The importance of establishing trust with one's client group was thrown into sharp relief by the arrival of COVID-19, Moreton Group Medical Services managing director Robert Moreton says.

Primary Health Tasmania commissions Moreton Group to provide a mobile health clinic to improve access to after-hours medical care for vulnerable clients of community service providers in the Greater Hobart area.

"Our cohort of patients are already in a situation of stress and anxiety, whether that's situational because of how they find themselves or an ongoing mental health problem. They may already be in a fight or flight mode," Robert says.

"So, adding the COVID-19 restrictions and concerns on top of that took a lot of people to the next level of stress.

"The rapport we've built up over the last six years with our community meant a level of trust was there, so that if we said to someone 'you need to be tested for

COVID', they would understand we are there to help and would work with us to be tested."

While Robert says it was difficult to convey to clients the importance of physical distancing at first, the Moreton Group team ultimately found ways to safely support their cohort without appearing prescriptive or heavy-handed.

For Robert, the Australian Government's expansion of Medicare Benefits Schedule telehealth services has also been key to tackling the pandemic's prospective impact on service continuity.

"The Australian Government's provision for telehealth during COVID-19 has been fundamental in our ability to support our patients," Robert says.

"Without telehealth, we would have been hamstrung, and our patients would've been without primary health care: the resulting minor ailments may have become chronic, and chronic may have become emergent, and then the only choice is triple-zero and ambulance and attendance at the emergency department.

"The ED is not the appropriate place for primary health care, our service aims to reduce unnecessary burden on the ED — primary health care is where we need support most patients.

"We need to save the ED for emergencies."

For the team at All Round Health and Community Care, who Primary Health Tasmania commissioned to deliver free 2020 flu shots to homeless and other vulnerable people through a variety of community organisations, it was a challenge to keep up with the usual pace of immunisations while staff were decked out in gowns, masks, and plastic face shields.

"Where other providers might have been able to offer a drive-through (flu shot), we were the ones providing the mobility to the patient," nurse practitioner Ange Patras says.

"It was challenging, but this pandemic has given all of us, in multiple industries, a whole new way of having to do things — it's become the new normal."

Robert Moreton

Impact on . . . care coordination for Aboriginal and Torres Strait Islander people

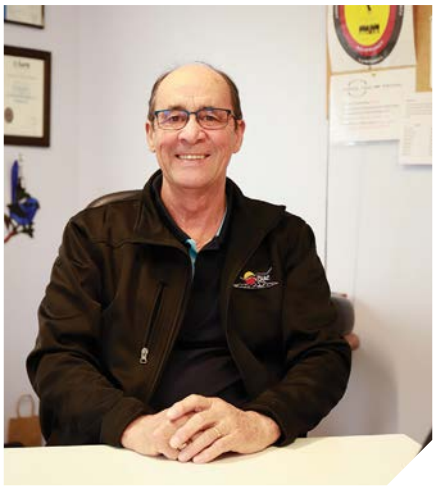
Circular Head Aboriginal Corporation general manager Tony Smart has one word to describe the challenge of delivering services during the COVID-19 outbreak in the state's north west.

Huge.

"It's definitely been a challenge logistically, when we've got to have separate staff and have them working away from the office, as well as with our clientele," he says.

The provider is one of a number of organisations Primary Health Tasmania has commissioned to provide social and emotional wellbeing and chronic health condition support to Aboriginal and Torres Strait Islander people.

When the north west cases started to rise, Tony says the team was naturally concerned about its clients, who qualify as especially vulnerable to the virus — as well as the mental health burden of being in a national coronavirus 'hotspot'.



Tony Smart

"The most testing time was when the whole north west coast was in lockdown," he says.

"Our community was part of that, and the lockdown did frighten a lot of the elderly people to the point where some of them actually cut back some their services for a little while."

But the team at the Circular Head Aboriginal Corporation was able to find ways to keep its clients engaged and connected — often with practical things, such as telephone check-ins, where time spent on the line wasn't an issue.

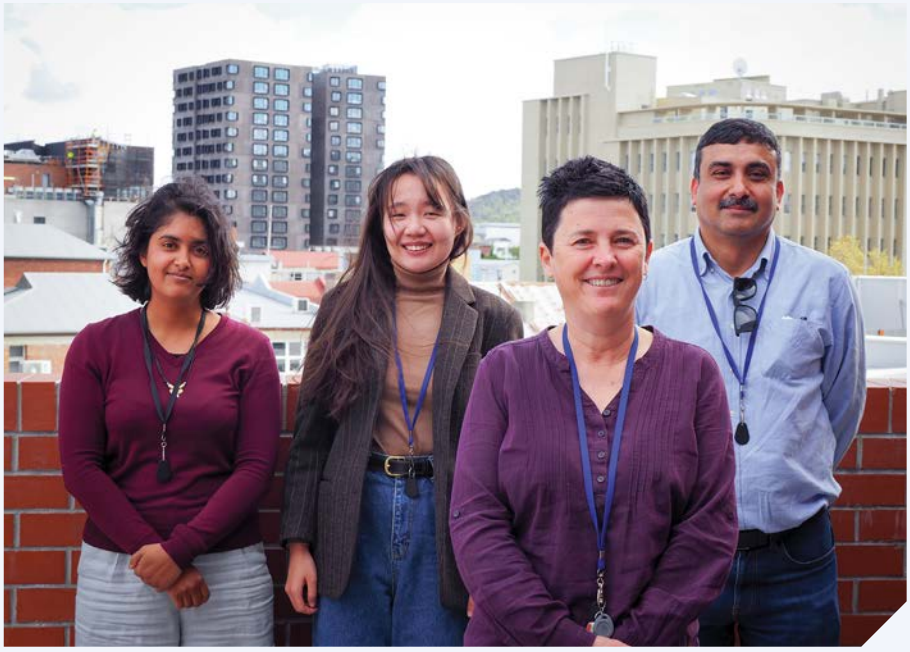
"Some of those calls lasted an hour or so, and the idea was not to rush them, because we found that (some clients) just needed somebody to talk to," Tony says.

Likewise, the team took shopping lists over the phone and delivered groceries, collected medicines and, in the case of care coordinator and registered nurse Krista Mills, talked people through their regular health checks, such as blood sugar monitoring.

"I found there was an increased demand for me to provide support and information because they weren't getting into specialist appointments as easily," Krista says.

"Now lockdown has passed, I think it's going to take quite a while to get through the backlog." ■

Want to know more about our commissioned services? Go to Our Services Portal at services.primaryhealthtas.com.au



(L to R) Dr Sarah Ahmed, Luna Lin, Dr Kelly Shaw and Shamsir Ahmed of Primary Health Tasmania's health intelligence team

Preparing for COVID-19 with reliable health intelligence

DATA is king.

It's a phrase that gets bandied around from time to time. And while there's undoubtedly truth to the sentiment, it's also important to acknowledge that, in a pandemic, health data acts more like a servant than a king: a vital support, but not an absolute authority on what to expect.

That's what Dr Kelly Shaw, public health physician and leader of Primary Health Tasmania's health intelligence team, found when she was asked to prepare modelling in early 2020 to predict the likely impact of COVID-19 on Tasmania's health system.

Kelly and her team decided to create practically applicable data models to help support pandemic preparedness and resourcing plans, instead of pursuing a single, worst-case scenario 'forecast' for how COVID-19 in Tasmania might unfold.

"There are too many variables to be able to accurately forecast," Kelly explains.

"The way we got around that was to not forecast how bad COVID was going to be in Tassie, because no one could have predicted that.

"What we did was to say if COVID is *this* bad — this many thousand cases — then *this* is how many people we will need to hospitalise, and *this* is how many people in intensive care, and *this* is the workforce you're going to need to support that.

"That meant that, at any one time, the (Tasmanian Department of Health) could look at that and project where they were up to, in that demand challenge."

Beyond the immediate impact on the state's health system, Kelly and her team also explored how the virus would likely alter Tasmania's disease burden in the longer term, aligning with a Primary Health Network's key objectives of keeping people well and out of hospital and improving chronic condition care.

"When a pandemic happens, it changes the caseload of sick people because the disease itself creates new illness that wasn't there before," Kelly says.

"It creates new cardiovascular illness, because COVID causes lung and heart damage in a bunch of people that otherwise wouldn't have ended up with cardiovascular illness."

Beyond these conditions, the virus also elevates the proportion of the population who need support and treatment for mental illness, in part because of the psychological distress wrought by living through a time of global turbulence.

The end result is a new factor for the health intelligence team — a group that includes public health physicians, clinical epidemiologists, biostatisticians and health research officers — to absorb into all current and future assessments of the health and wellbeing of Tasmanians.

"When a pandemic happens, it changes the caseload of sick people because the disease itself creates new illness that wasn't there before."

Dr Kelly Shaw

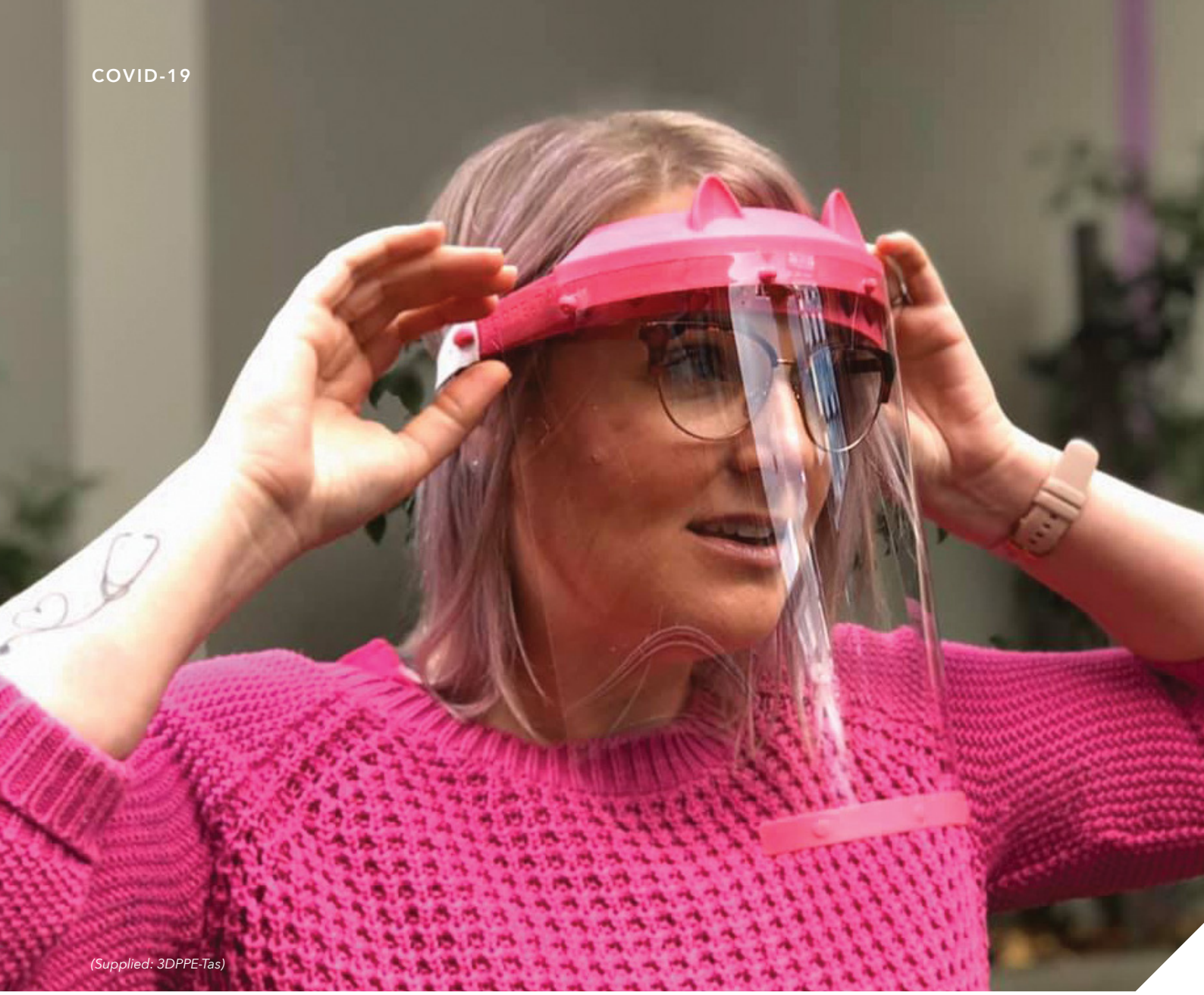
"We have to now factor in this new variable," Kelly says. "And with that, there's a tendency for people to make assumptions about what the disease burden is going to be from this new variable, from COVID, based on what other populations are experiencing.

"With COVID, we made assumptions, early on, based on what was happening in China, and in Italy — but we're not China or Italy, and the disease presented very differently here.

"So we had to follow up those projections with actuals.

"In the end, we mapped intensive care, hospital, paediatric and paediatric intensive care needs should COVID-19 numbers increase to different levels in Tasmania." ■

Want to know more? Go to bit.ly/3kyXP47



A 3DPPE-Tas volunteer trials a face shield

Equipping primary healthcare providers with Tasmanian face shields

"IF you wouldn't give it to a nurse, don't let it through."

That was the simple rule maintained by 3DPPE-Tas: a group of Hobart volunteers who mobilised to provide additional personal protective equipment (PPE) to frontline health workers during the COVID-19 pandemic.

The group formed in March with a mission of creating 3D-printed face shields that could be used to supplement other forms of PPE, and was supported by Primary Health Tasmania to source 3D printing materials and deliver the face shields to primary health organisations across the state.

Ultimately, more than 2000 face shields were distributed — a tally that started ticking when University of Tasmania staffer Tim Lennard, typically tasked with printing 3D-printed tools for medical research, thought he'd try an impromptu test run.

"Around the middle of March, I was in the printing lab and I thought I'd print off a face mask and see what happens," he says.

"At the same time, Jen Rayner (Clinical Research Facility Manager at the University) had discussed the idea of 3D-printing face shields with Marcia Breen, a concerned nursing friend.

"So we started a group."

Understandably enough, things got busier after that. Between March and June, 3DPPE-Tas delivered 3625 items across Tasmania, Victoria, and parts of Queensland, and brought in more than $19,000 in donations.

Jen says the output was a true group effort, with parts of the university pitching in along the way to help the volunteers keep up with the pace of orders.

University College chief executive Lee Whiteley led staff from the University College, Engineering, Australian Maritime College, Architecture and Design, Creative Arts and the College of Health and Medicine who came together to produce close to 700 shields for the cause.

Eventually, the operation got so big that Hobart Lord Mayor Anna Reynolds offered the 3DPPE-Tas team use of the city's town hall.

"We set up all the printers (in the city)," Tim recalls.

"I was there six days a week, manning up to 13 printers that were printing up to 100 items a day."

And, as Jen explains, the hard work paid off as soon as they handed over the sought-after equipment to Tasmania's hardworking health professionals.

"We were hearing these reports of healthcare workers feeling so vulnerable, so to feel that we could make something for them just made us feel a bit more in control of an uncontrollable situation," she says.

"It's given us a feeling of empowerment."

One grateful recipient was the Latrobe Family Medical Practice.

Practice manager Janine Harding says the practice was thrilled to get its hands on an extra layer of protection for its GPs and nurses.

"They added that extra bit of protection," she says. "In the very first stages of the COVID-19 outbreak our nurses and doctors needed to consult with patients who presented with symptoms in the carpark.

"Having access to the high-quality face shields made things easier and safer for everyone."

It was a similar experience for physiotherapist Scott Willis at Coastal Physiotherapy on the Tasmanian north west coast, who appreciated the extra equipment during a changeable and stressful time for the region.

> **"I was there six days a week, manning up to 13 printers that were printing up to 100 items a day."**
>
> **Tim Lennard**

"It's been an emotional rollercoaster, especially when we had the outbreak at the hospital," he says.

"It was really hard, because we were pretty much in a forced lockdown."

Perhaps more than other primary healthcare counterparts, the role of the physiotherapist involves getting physically close to a person, Scott says — a unique challenge in a time of enforced social distancing.

But being able to don additional PPE helped offset both practitioner and patient anxieties about staying safe during a consultation.

"At first it was a bit confronting and weird, even for staff members," he says. "But I think people got used to it because they could see that it was an extra protection."

Scott says it was a challenge to keep regular clients engaged with their ongoing therapy, given some assumed it wasn't safe to come in for an in-person appointment at all.

"We had to really attempt to try to keep in touch with them, and educate the public quite significantly with social media, phone calls, that kind of thing," he says. "Our admin staff had to explain the rules, as well as the therapists."

And now, a new kind professional challenge is emerging: how to treat people who have recovered from COVID-19.

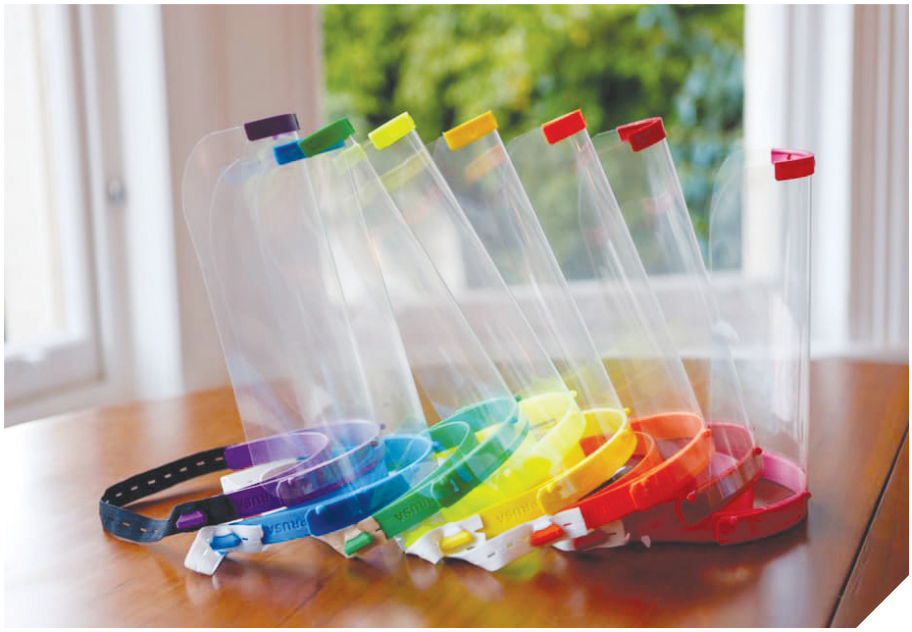
"We're actually seeing people who were COVID positive that are now negative, and are in need of respiratory rehab," he says.

"I'm in the process of doing a COVID-19 online course through the University of Melbourne just to learn more about it and the long-term effects, because I don't think it's going to be going away in the short term."

The learning curve extends to Tim, Jen, and the rest of their 3DPPE-Tas volunteer team. While local COVID-19 infections may have tapered off, they say they've got the skills and procedures in place to swing back into action if need be.

"We have the recipe now," Tim says. ■

Want to know more? Go to facebook.com/groups/3DPPETAS/about



Streamlining COVID-19 information with Tasmanian HealthPathways

WHEN COVID-19 was first confirmed in Australia in late January, no one knew exactly how far, or fast, the disease would spread throughout the country.

But as the global picture sharpened and local case numbers started to rise, it became clear that providing timely, evidence-based information to Australia's health workforce would be critical to slowing that spread.

In Tasmania, one way of getting that information to the people who need it has been Tasmanian HealthPathways — an online information portal developed and maintained by Primary Health Tasmania that's designed to help clinicians plan local patient care through primary, community, and secondary healthcare systems.

Since its launch in 2014, Tasmanian HealthPathways has been used to provide local health practitioners with succinct and specific information about a huge array of conditions, from atrial fibrillation and asthma, to suicide risk and diabetes care.

All up there are more than 800 different Pathways, each breaking down a wide array of clinical concerns into easy-to-follow steps, such as assessment, management, and how to make a request or referral.

When COVID-19 started to spread, it became clear a new, virus-specific set of Tasmanian HealthPathways would be a vital tool for health professionals in their encounter with a new and high-risk medical foe.

Tasmanian HealthPathways clinical editor Dr Sue Shearman says she started working on an initial COVID-19 Pathway in February, collaborating with Primary Health Tasmania colleague Dr Saman Farahangiz and the broader Tasmanian HealthPathways team.

The first COVID-19 Pathway covered basic aspects of assessment and management of the infection, and built on the good work done by a fellow HealthPathways team in western Victoria.

"The initial Pathway was very much a basic one, but we were very keen to get it up as soon as possible so health professionals knew what to do, where people could get tested, how to refer, and so on," Sue says.

"From there, the Pathways just evolved."

Soon enough, the COVID-19 suite expanded to include a dozen different Pathways, each covering an important and distinct aspect of the pandemic response.

Clinicians were able to consult Pathways tailored to providing care in residential aged care facilities during the pandemic, explaining the rapid expansion of Medicare Benefits Schedule items with the marked increase in telehealth appointments, outlining local social and financial support options for vulnerable people, and more.

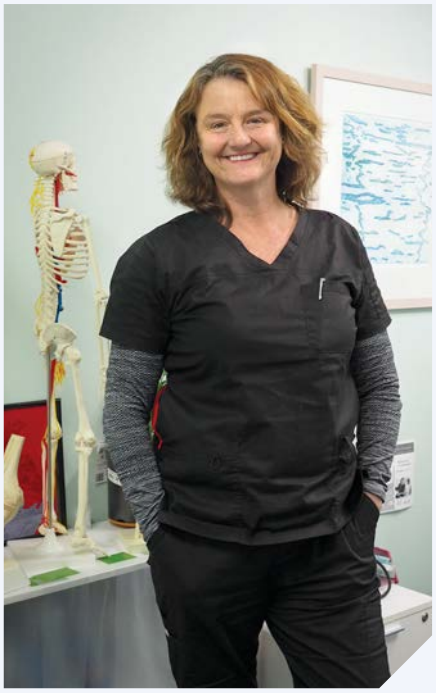
> **"At times, changes were being made on a daily basis."**
>
> **Dr Sue Shearman**

It was a challenge keeping up with the evolving testing regime adopted in Tasmania given it differed from the mainland states, Sue admits.

"We've had our own specific criteria here, so each Pathway needed to have the information just for Tasmania," she says.

"At times, changes were being made on a daily basis."

But analytics drawn from New Zealand-based content managers Streamliners suggest frontline Tasmanian health workers appreciated the effort.



Dr Sue Shearman

From March to June, the COVID-19 Assessment and Management Pathway alone was viewed almost 9000 times — a figure that easily eclipses the highest-ranking Pathway for the previous financial year, which tallied 360 views in total.

The other COVID-related Pathways also notched up close to 4000 views each for the same March to June period.

Such strong uptake didn't go unnoticed. The company responsible for building and maintaining 40-odd HealthPathway portals across Australia, New Zealand, and parts of the UK was able to provide statistical insights in April suggesting, at that time, the Tasmanian database was the most engaged-with in the world.

And, just as hearteningly, feedback from the local primary health workforce suggests the 'one-stop-shop' nature of the Tasmanian HealthPathways portal was hugely helpful during a fast-moving pandemic.

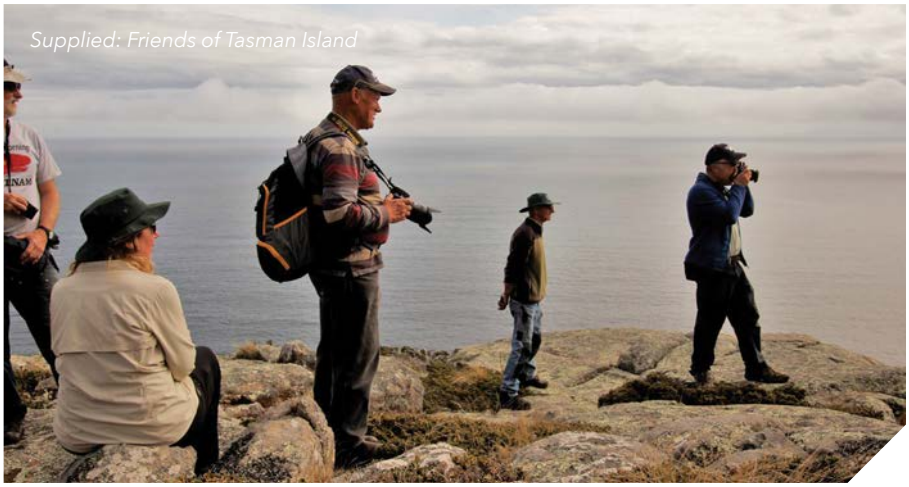
"Great work on the HealthPathways and keeping us up to date with the COVID-19 information," one clinician wrote.

Another needed capitals to sum up their appreciation.

"LOVE the HealthPathways program." ■

Want to know more? Go to primaryhealthtas.com.au/for-health-professionals/tasmanian-healthpathways/

Helping Tasmanian community organisations stay safe, and connected


Supplied: Friends of Tasman Island

How do you stay connected when you have to stay at home?

It's a question a lot of us have asked ourselves in 2020, as the requirements of COVID-19 restrictions meant we couldn't socialise, work, and exercise the way we used to.

And for Tasmanian non-profit groups, clubs, and community organisations that rely on members meeting in person, it was a particularly tough one to answer.

In April, Primary Health Tasmania invited applications for grants of up to $230 towards the purchase of an annual videoconferencing subscription, such as a Zoom licence.

It was a simple idea borne from discussion among our Community Advisory Council members about the issue of how to help Tasmanians stay socially connected as the COVID-19 pandemic escalated, putting new and challenging pressures on a wide array of community organisations.

Mel Knuckey

But simple ideas can often have a big impact.

The Friends of Tasman Island Wildcare group was one of more than 150 successful applicants, and is described by president Carol Jackson as a big, 15-years-strong "family".

"I knew that there would be some people in our group who would really miss our monthly meetings, and that social connection," she says.

"I thought it was fabulous when Primary Health Tasmania offered the grants, because all our money goes on Tasman Island.

"We fundraise every single cent that's spent on the island, so every cent counts to us."

Carol says the group's 20-30 core members quickly adapted to the videoconferencing format, allowing them to host other online events, such as a presentation on "all the little natural critters", as well as a photographic history of the island.

"The other really good thing about Zoom is that because we have people all around Tasmania in our group, there are only a number who regularly travel down for meetings," she says. "But with Zoom we had people we hadn't seen in years joining in."

And while the group itself isn't health-focused, Carol says she could see the wellbeing benefits of being able to see each other's faces during the height of social restrictions — even if it was through a computer screen.

"I could tell from people's faces and the conversations we had that they really looked forward to the meetings," she says.

Mel Knuckey says a videoconferencing licence grant helped the West Moonah Community House move their counselling sessions, craft groups, team meetings — even one-on-one learner driver lessons — online.

"When COVID hit, we thought we've got to do things differently — we haven't got a choice," she says.

"Going online was a big part of that, and still being able to connect to people and with each other."

Mel says being able to connect with clients of the community organisation was vital to soothing sincere fears about the virus's spread, both on the mainland and at home.

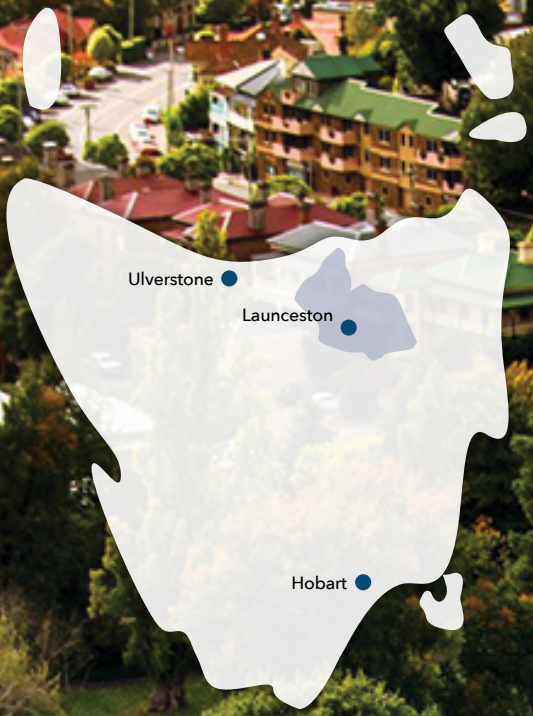
"A lot of people were frightened, so for us, keeping connected was so important." ■

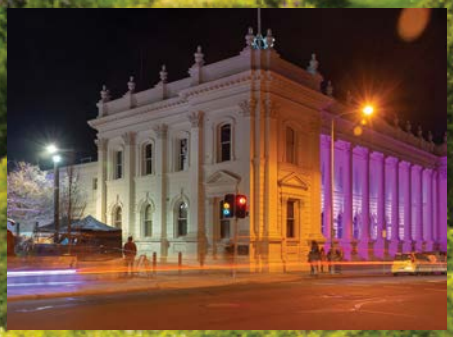
Want to know more? Go to engagepht.com.au/community-access

Videoconferencing support grants were awarded to:

- 67 sport and recreation clubs
- 21 Neighbourhood Houses and community centres
- 21 health and/or care-giving organisations
- 43 other (cultural, environmental, community advocacy and support groups).

Launceston





Geography

Located in Tasmania's north

Spans 1411 square kilometres

Established in 1852

Encompasses localities such as Lilydale, Targa, and through to Swan Bay on the eastern side of the Tamar River

Population

67,914 people – 51.5% female, 48.5% male

Median age 39 (state average 42.5)

People aged 65 and over make up 18% of population (state average is 19.4%)

Aboriginal and Torres Strait Islander people make up 3.5% of the population (state average is 4.6%)

Health risk factors

58.7% of the population are overweight or obese according to body mass index (state average 58.5%)

33.7% of the population rate their own health as excellent, or very good (state average 37%)

Images supplied: City of Launceston

Illness

Cancer, circulatory disease and heart disease were the leading causes of death in the Launceston LGA in 2017–18

Adults in the Launceston LGA are just as likely to experience high or very high levels of psychological distress compared with Tasmania overall

92% of children in the Launceston LGA are fully immunised by the age of five (state average 93%)

Workforce

323 GPs

215 nurses

255 allied health professionals

149 specialists

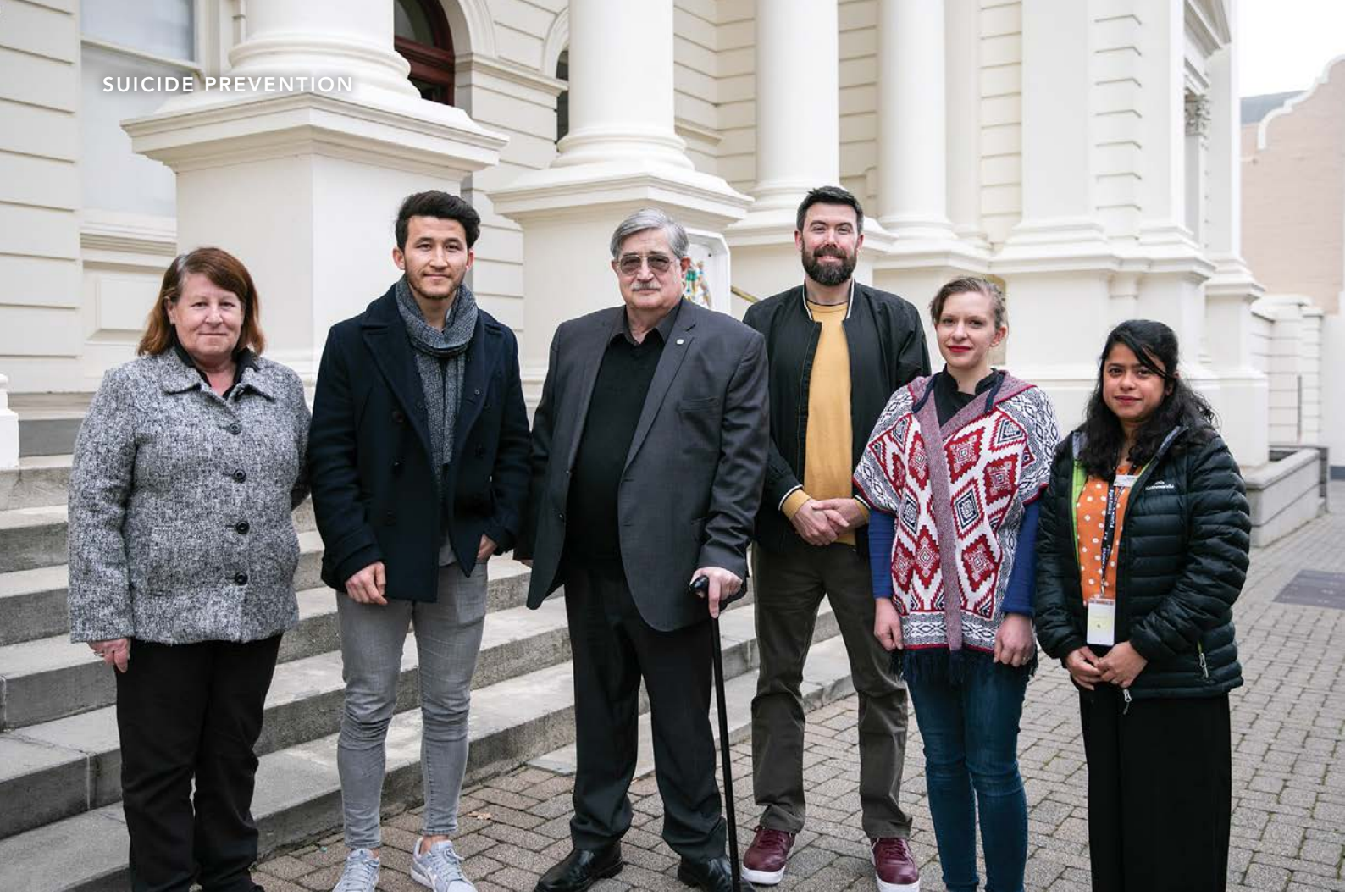
For the full list of local health services, go to **bit.ly/3fJT7O2**

Primary Health Tasmania supporting Launceston

Commissioned services and other activity including:

- after hours medical support
- services for people with chronic health conditions
- diabetes education and support
- alcohol and other treatment drug services
- mental health and wellbeing services
- suicide prevention activity, including as a trial site for the National Suicide Prevention Trial (read more on pages 14 – 15)
- health and wellbeing services for Aboriginal people.

Community health checks for every Tasmanian local government area, including references for the information on these pages, are available at **www.primaryhealthtas.com.au**. Just search on the full LGA name.



Some of the storytellers behind Launceston's Seven Stories of Hope

Finding hope in the stories of others

A good story can inspire strong emotion, change someone's mind, and give a new perspective on the world.

Please be aware this story contains reference to suicide, which might be distressing for some, particularly those with lived experience.

If you need help or would like to talk to someone, please call Lifeline on 13 11 14 or the Suicide Call Back Service on 1300 659 467.

A great story can save lives.

That's why seven Launceston locals involved in the National Suicide Prevention Trial decided to share their lived experience of suicide.

By sharing their stories, the authors of *Seven Stories of Hope* sought to help others who may be going through a tough time themselves, or grieving the loss of a loved one, by reinforcing that support is available — sometimes in the most unexpected places.

Launceston suicide prevention trial site coordinator Samina Alam says the project felt like a natural next step after the site hosted Roses in the Ocean training, which champions the safe sharing of people's lived experience of suicide.

"We wanted to focus on people's lived experience because they are the experts, and they know what's what," she says.

"We need more voices to be heard and make them stronger in our community, and what better way to do that than have Launcestonians — not celebrities, but real people with real stories — share their stories.

"We thought that would be really, really powerful."

To that end, Samina enlisted seven participants with vastly different stories to tell. There's a former policeman who experienced such severe mental health impacts as a result of the role that he was eventually "unable to do my job, unable to take part in family life and unable to think at all". Another story by Marcus begins with him remembering his own father's suicide when he himself was aged only 12, while Chaya's story opens by introducing the reader to "three women", only to artfully reveal the trio is one person's experience, capturing different circumstances over the years.

While the initial impetus was to get the stories written and released for 2019 Mental Health Week, Samina says the individual testimonials ended up being published on the City of Launceston's website, one by one, over a period of seven weeks.

In doing, the trial site was able to align the activity with the Black Dog Institute's LifeSpan model — the framework guiding many of the country's various National Suicide Prevention Trial sites — which enshrines the value of lived experience and community engagement.

Importantly, Samina says the project was as much about dispelling unhelpful myths — themselves another kind of story, with an unfortunate tendency to stick — as it was showcasing real, inspiring stories of survival.

"Sometimes people think you 'fix' mental health," Samina explains.

"This project was about showing that anyone can be impacted, but also that there's so many different ways that we can begin to look after each other and ourselves."

Excerpts from the Seven Stories of Hope:

"When I was living in India, I was away from my family and everyone I knew, and it was the first time in my life that I found myself thinking about suicide. I struggled to meet people who were interested in similar things to me, and had trouble communicating with my roommate and other classmates, and it was a really difficult first year. After that I joined a soccer team and found some mates from Afghanistan, and people from many other countries and I started feeling less alone and more comfortable in this environment." – Yousef's story

"When I was in my mid-twenties, after what I now accept as several years of alcohol misuse and unhealthy silence, I worked past the invisible, internal force that was stopping me from reaching out. It began when I accessed a psychologist through my GP. From the very first conversation, despite my nervousness and reluctance, she made me feel understood. She let me know that I could speak about my experience of suicidal thoughts and that feelings of depression can be managed. She allowed me to express my voice." – Rick's story

"I love being a Dad. I'm 40 with three sons aged 8, 10 and 13. And I'm something that I always wished for . . . I'm happy." – Marcus's story

"One weekend at a group camp I turned to a dear friend and said, 'I do not want to be here any more'. My friend said she understood, and I finally felt the lifetime of anguish and pain might finally have a chance of being sorted out. That conversation, those few words spoken to me by my friend, started a three-year journey of being able to start to look at the pain and the hurt, and step-by-step — or even three steps forward one step back — move ahead." – Rob's story

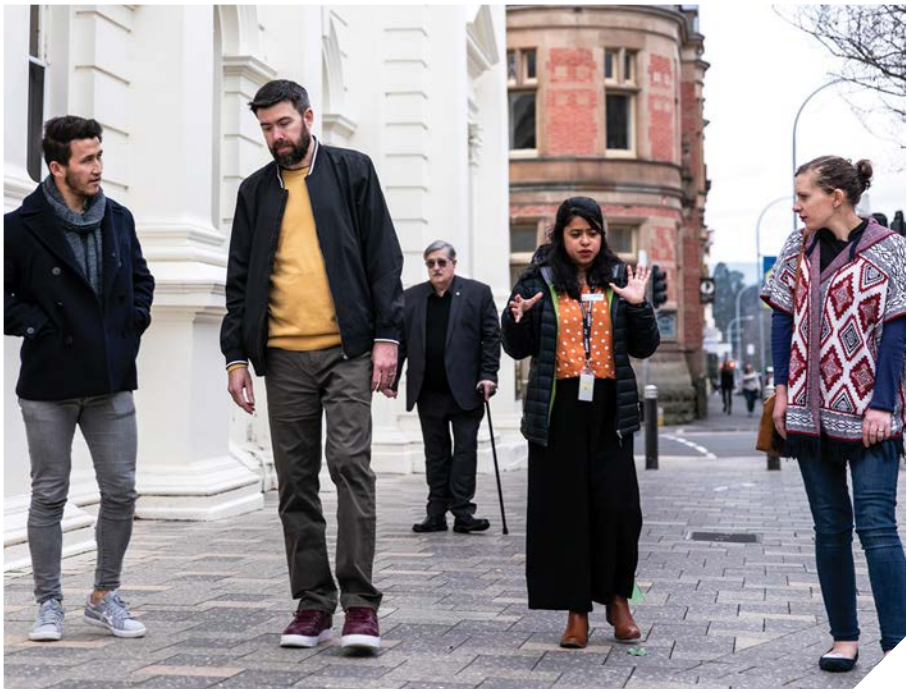
"From the outside I may look like I have it all together; I have a husband of close to 10 years, three beautiful children, a blooming career, a smile, a sarcastic sense of humour and the youthful skin of a 19-year-old. Behind all that are three women making the choice to work together; to heal, to live and to speak about the journey we have been on." – Chaya's story

"Through chance, choice and commitment I have reclaimed my life and suddenly I have hope and a way out of the darkness. I found a sense of purpose in helping others who are going through similar situations that I myself have experienced. I have met many consumers, workers, professionals who have inspired and supported me. My life changed because I had family support and people who believed that I could reclaim my life and grow." – Kathy's story

"I so very nearly became one of those eight people each day who take their lives. However I did not. Now I lead a happy and fulfilling life, giving and receiving love, engaged in worthwhile and demanding work, and feel satisfaction and accomplishment. There is nothing special about me, and no miraculous 'cure'. I am who I am today though competent medical treatment and the personal support of those around me." – Mark's story ■

Want to know more? bit.ly/319dgZK

Do you need help? Go to bit.ly/2NL8P00



Christine Timms

> "It was a real recognition that we are coming into contact with people that may have mental health issues."
>
> Christine Timms

Strengthening suicide prevention in Tasmanian pharmacies

Please be aware this story contains reference to suicide, which might be distressing for some, particularly those with lived experience.

If you need help or would like to talk to someone, please call Lifeline on 13 11 14 or the Suicide Call Back Service on 1300 659 467.

RED-nosed and bleary-eyed, seeking out a blister pack of cold and flu tablets.

Sleep-deprived with a baby on your hip, asking for nappy rash advice. Filling a script for one kind of contraceptive pill, then another, then another after that.

Pharmacists see it all. They get to know us. And sometimes, they can tell if something's changed, or doesn't seem quite right.

That's why last year, Primary Health Tasmania supported an Australian-first pilot training program tailored to strengthen pharmacists' suicide prevention skills.

Run by the Black Dog Institute, the training session was specifically designed to help strengthen their confidence and skills to start a conversation with someone they think might be at risk and better understand how to respond to people in distress.

These principles align well with the National Suicide Prevention Trial's focus on developing the ability of local communities to recognise and respond to the risk of suicide.

Across Australia, many trial sites are using the Black Dog Institute's LifeSpan approach to suicide prevention — a model that combines nine evidence-based strategies to develop a 'safety net' for vulnerable people in a community.

Further training has been held since the inaugural session in November 2019, with a view to acknowledging and boosting the unique role pharmacists play within their communities, and the key contributions they can make to suicide prevention within their professional capacity.

For experienced pharmacist Christine Timms, the free training opportunity was a natural next step in her professional development after completing a mental health first aid course.

"I felt like it was a real recognition that we are coming into contact, in the pharmacy, with people that may have mental health issues, and there was a desire to best help them in a constructive fashion," Christine, who owns TerryWhite Chemmart Prospect Vale, says.

"I think it also helped take away some of the anxiety that you may make things worse rather than better, by giving us information about the best way to communicate with people."

Christine says her takeaway message from the training session was that it's better to act on a suspicion that someone may be struggling than to ignore it out of fear of putting a foot wrong.

"It reinforced that we shouldn't be afraid to speak quite directly to people about mental health and suicide and we're not going to do more harm because of that," she says. "I think we're very much a society that likes to beat around the bush, and use euphemisms for things.

"But when you've got someone who may be at risk, it's important to be direct and to actually give them the sense that it's okay (to talk about it).

"It also takes some of that stigma out of it."

Notably, the training emphasises the significance of a pharmacist's approachability, and how their regular interactions and often long-standing relationships with various members of the community can yield vital information about people's lives and wellbeing.

In this respect, pharmacy assistants who aren't working behind a prescription partition are especially well-placed to act as a first point of contact and pick up on any signs a person may be in distress.

But, as Christine notes, these staff members are often younger and have less direct experience of dealing with such situations — meaning that good, evidence-based training and support is vital.

"I think it's very important that a pharmacy assistant, while they need to be approachable to everybody, also has got enough skills to detect when someone may be in a bad way, and triage that on some level," she says. "They need to be able to pass them off to the pharmacist.

"That said I also think in pharmacy we do have a white coat syndrome a bit — a pharmacy assistant can give all the advice in the world but until the pharmacist says it, no one is going to believe it."

Ultimately, there are plans to offer the training in an online format to around 100 pharmacists from the approximately 160 community pharmacies registered with in Tasmania.

It's all thanks to the partnership between the Black Dog Institute and Primary Health Tasmania, supported by the Pharmaceutical Society of Australia, the Pharmacy Guild of Australia and Curtin University.

Primary Health Tasmania chief executive Phil Edmondson says the training program is one of a number of statewide activities sitting alongside community-led activity at the three Tasmanian trial sites, including educational resources for GPs and a short online suicide prevention module called QPR (Question, Persuade, Refer) that is free to all Tasmanians.

"Pharmacists are seen as approachable and are well-respected service providers in the community," he says.

"Their regular interactions and often long-standing relationships with various members of the community can yield vital information about people's lives and wellbeing." ■

Want to know more? Go to bit.ly/3cfsVuC

Helping people help themselves overcome substance dependence

Until recently, Sam* was stuck in a spiral. In and out of jail for drug-related crimes, his desire to turn his life around and reconnect with his family led to his lawyer offering a suggestion: contact Youth, Family and Community Connections.

Up against a deadline stipulated by the court, Sam decided to take his lawyer's advice. He had three months to address his criminal behaviour and make changes to his lifestyle, or risk a more severe sentence as punishment for a slew of outstanding drug and driving charges.

"To (his) credit, he attended all appointments and committed to reducing contact with all his old friends by changing his phone number and deleting his Facebook account," Youth, Family and Community Connections notes say.

"Additionally, he spent the majority of his time with his uncle cutting firewood in the bush. This gave him the opportunity to withdraw from ice and cannabis use and now he is consistently providing clean urine samples."

And, when Sam was recently stopped by police and asked to do a lick test, the result came back clean.

As his case illustrates, the seemingly ceaseless carousel of someone's life — drugs, jail, court, and back around — can be halted, especially if community institutions and healthcare organisations work together.

In fact, team leader Damian Collins says about 10 per cent of the Primary Health Tasmania-supported provider's clients are referred via legal practitioners, with a larger cohort coming in from streams such as Corrective Services and the Court Mandated Diversion Program.

> **"We often say that our counsellors provide the inspiration and the client brings the perspiration."**
>
> **Damian Collins**

He says it's important that social institutions like the justice system link in with healthcare providers, in order to provide a more holistic and supportive care response to a client's needs.

"Treating substance misuse as a health problem, as opposed to a judicial problem, is more cost-effective and likely to lead to long-term, sustainable change for the client," he says.

"We work closely with our partners in the justice system to provide education and understanding around substance misuse and trauma."

(L to R) Youth Family and Community Connections' Damian Collins and David Burger

As Damian explains, substance misuse is often the symptom of more complex issues such as childhood trauma, mental illness or chronic pain, and so addressing the root causes holistically requires skillful case management and teamwork with other health professionals and service providers involved in a client's care.

And while high-level collaboration with institutions such as the courts is crucial, Damian says it's equally important that the client themselves stays in the proverbial driver's seat.

Just like Sam.

"We often say that our counsellors provide the inspiration and the client brings the perspiration," Damian says.

"The client is the expert in their own life and circumstances and without their direction and input, little change will come about."

**Name changed for privacy reasons*

Want to know more? Go to bit.ly/3eOEGsA

Youth, Family and Community Connections' alcohol and other drug service

Youth, Family and Community Connections provides a free private counselling and support service for people who are having trouble with alcohol, tobacco or other drugs. The service also provides support and counselling to family and friends impacted by someone else's substance dependence.

Their services are available right across north west Tasmania, including the West Coast and King Island.

Along with Youth, Family and Community Connections, Primary Health Tasmania also commissions the Salvation Army, Anglicare, South East Tasmanian Aboriginal Corporation and Holyoake Tasmania to provide alcohol and other drug support in Tasmania.

Bringing referrals back from 'fax heaven' with Tasmania's eReferral system

Electronic referrals, otherwise known as 'eReferrals', allow health professionals to electronically send and receive referrals using their practice management software.

Dr Virginia Baird

By banishing blurry faxes, the use of eReferrals has the potential to make patient care more efficient by streamlining patient communication and kickstarting the triage process with a clear acknowledgement of receipt.

On a local level, Primary Health Tasmania is spearheading the effort to establish an eReferral system throughout the state by coordinating a proof of concept supported by the Tasmanian Department of Health and the Tasmanian Health Service.

The project kicked off in April 2020 and since then, more than 300 eReferrals have been sent to participating Tasmanian health services by 70 GPs from 25 general practices.

Starting with a select group of general practices, the project now includes all computerised Tasmanian general practices that want to send eReferrals to the Royal Hobart Hospital's cardiology and gastroenterology departments, as well as the Launceston General Hospital's renal clinic.

These are the early steps towards the eReferral project's long-term vision: a statewide expansion encompassing the full range of hospital departments, allied health professionals, and community specialists.

Dr Virginia Baird from the Sorell Family Practice says she jumped at the chance to be part of the eReferral project and try out a new, streamlined communication method.

"The thing about fax referrals is I'm never quite confident that it's gotten where I wanted it to go," she says.

In the worst cases, Virginia says patients report back that they haven't heard anything about next steps and, when practice staff chase it up, find the correspondence wasn't even received.

"And that's more work for our office administration," she says. "It's just a lot more work, and clunkiness and frustration.

"The idea that I can still sit at my computer and it can attach all of the documents that I want, and then you can get an acknowledgement of a referral almost immediately, is really attractive, rather than having to tell the patient in two weeks if you haven't heard, let us know, because it might have gone to fax heaven.

"That's not happening — you get immediate recognition that the referral's been received."

Summerdale Medical Practice GP Dr Donald Rose, who is eagerly awaiting the expansion of the eReferral functionality across all hospital departments, agrees the acknowledgement of receipt element built into the system is a massive timesaver.

"We haven't got a clue what happens to the referral once it's faxed," he says.

"Secure messaging is an okay system, but it's got a lot of limitations. When the eReferral process was demonstrated, it was clear it would solve a lot of those problems.

"You'd get acknowledgement your referral was received, and you could attach comments and reports."

It's a two-way communicative stream that specialists like cardiologist Nathan Dwyer, at the Royal Hobart Hospital, also hopes will make patient information processing — and, by extension, patient care — more efficient.

"We've explored every opportunity to try and streamline (our) process, to get the patients who need to be seen, seen at the right time," he says.

"So I see eReferral as one of the important parts of our plan of attack.

"Hopefully we can provide a bit of education and feedback about good-quality referrals and patients who we'd like to get into the clinic in a timely fashion.

"We'd like to speed up the process and make it better for patients, and referrers."

Want to know more? Go to bit.ly/3gyWW9u

The Tasmanian eReferral project:

- The project began after research conducted by Primary Health Tasmania identified low awareness of available referral pathways among providers and a lack of standard tools to support electronic communication between providers.
- The proof of concept stage began in April 2020 and in October, the system expanded to include community healthcare providers, allied health and further specialist functionality.
- HealthLink, in partnership with local Tasmanian software developer Health Care Software, has been engaged to develop the eReferral solution.

Director of the Wicking Dementia Education and Research Centre James Vickers and Glenview chief executive Lucy O'Flaherty

The Tasmanian dementia village that's an Australian first

Tucked away in the northern suburbs of Hobart, Australia's first-ever residential aged care facility designed for people with dementia is championing an innovative and person-centred approach to care.

"It takes a village to raise our children, and it takes a village to care for our elders."

They're the words of Glenview Community Services chief executive Lucy O'Flaherty, and capture the guiding principle underpinning southern Tasmania's highly anticipated 'dementia village', Korongee.

The village follows dementia-inclusive ideals that support a peaceful, calm atmosphere for residents — all while evoking a communal, as opposed to institutional, environment.

There's a grocer, café, community centre, and hair salon scattered throughout the village's four cul-de-sacs, which are designed to mimic Tasmanian suburbia.

The entire built environment is coded with visual cues to make it easier for residents to orient themselves, including differently coloured houses with distinctive painted doors and planter boxes.

Each of the village's 12 houses contains eight private bedrooms for residents, plus its own living and dining area, as well as a kitchen for preparing and serving up meals. But there are other details too, like glass-panelled 'memory boxes' at the entrance of each room for storing important personal effects, meant to make each resident feel at home.

The same staff members are also assigned to each household so that residents see the same familiar faces every day, and the households rigged with lighting systems that emulate the pattern of the sun.

Lucy says there are eight people living in the village after its official unveiling

in July, with plans to add more from the waiting list over time as part of a staggered approach to filling the facility's 96 beds.

And while many media reports about the village have rightfully showcased the inventive design and household set-ups, Lucy says Korongee's tailored matching process for curating which residents live together in each household is just as critical to the site's innovative approach.

The process is built on a questionnaire developed in collaboration with the University of Tasmania that helps Korongee staff match prospective residents to the most appropriate household according to their shared values.

"In traditional aged care, you will get the first room that's available, and there's no guarantee that you will get along with the people around you," Lucy explains.

"By working with the university on the questionnaire and getting input from the resident and their loved ones, we were able to identify six typologies that represent someone's way of life before they came to residential care.

"If you mix some of these household types — people who are 'nurturers', or people who don't want routine and are more independent — it's not going to work.

"We believe that people are best placed with others who have shared values, and so far, the data is proving us correct."

As with everything about the village, it's all about trying to enhance the resident's quality of life by reducing unnecessary stress — something Lucy says she and her team recognise as a social determinant of health.

"We know that if you are well and fully cognisant, and have no impairment, the more stress you live with, the more your health is impacted," she says. "It's no different living with dementia."

Likewise, helping to shoulder the "exhausting challenge" of caring for someone with dementia will ideally improve the health and wellbeing of the resident's carers and loved ones, Lucy says.

The eventual plan is to generate enough evidence around these interventions that broader lessons can be shared with the wider Australian aged care sector.

Lucy is hopeful that if solid, reliably drawn data and analysis suggests changing someone's environment substantially improves their quality of life, at the end of their life, there will be a greater appetite to invest in village-based models of care.

"This stuff costs more, there is no doubt about it," she says.

"But we made the decision to do this, regardless, partly because Tasmania has the fastest-ageing population out of all the states.

"We have to get this right." ■

Want to know more? Go to glenview.org.au/korongee

Quick facts about dementia

- About 459,000 Australians are living with dementia, with almost 1.6 million Australians involved in their care.
- Dementia describes a collection of symptoms that are caused by disorders affecting the brain. It is not one specific disease.
- Dementia affects thinking, behaviour, and the ability to perform everyday tasks. Brain function is affected enough to interfere with the person's normal social or working life.
- Dementia can happen to anybody, but it is more common after the age of 65 years. People in their 40s and 50s can also have dementia.
- The most common types of dementia are Alzheimer's disease, vascular dementia, dementia with Lewy bodies, fronto temporal lobar degeneration (FTLD), Huntington's disease, alcohol-related dementia (Korsakoff's syndrome) and Creutzfeldt-Jakob disease.

Source: Dementia Australia

Get to know: Associate Professor Louise Stone

Associate Professor Louise Stone is a GP and medical educator who has provided mental health courses across Australia. In the past, she's acted as a senior medical adviser for the Australian General Practice Training program, and held national roles in mental health standards and curriculum, research capacity development and ethics.

Clear-eyed about policy challenges and passionate about prospective solutions, Louise shared her insights about a range of issues pertinent to mental health, GP training, attitudes to illness, and more.

You've written about 'disease prestige', but for someone who hasn't heard the term before, how would you explain it?

Disease prestige is the idea that diseases have social kudos. It doesn't mean that you can't suffer more or less at the top or at the bottom of the hierarchy, but the way I see it, the diseases that are highly valued in our culture tend to have money and resources thrown at them.

The way the hierarchy tends to operate is that anything below the waist has lower prestige than diseases above the waist. Breast cancer is, at the moment, at the very top in terms of community and government support.

In your view, how does it affect our attitudes to mental illness?

In mental health, some mental illnesses have moved up the hierarchy. Depression has moved up the table, but it's nice, white, middle-class depression. Personality disorders linger at the bottom.

We know that the poorer you are, the more mental health disorders you're likely to get, and the fewer services you're likely to receive, whereas the richest members of our society have about a fifth of the mental health disorders and get about five times the resources. Inequity is rife.

What is trauma, and how does it differ from other clinical concepts?

As GPs, we're taught a critical reasoning method that thinks in categories. This is a broken leg, this is not. This is *this* kind of fracture, not *this* kind of fracture.

These categories are important because they're the start of an evidence base. But in psychiatry, diagnoses are more like a watercolour than stained glass: they all bleed into each other. There's a lot of overlap.

The other thing is that the experience of mental illness is a very subjective one, and it's not just biological because mental illness affects who we think we are, and our sense of self. And of course, our sense of self isn't just biological — it's existential, spiritual, sociocultural.

So you could have two people with broken wrists — someone old, and someone young — but the break is effectively the same.

But in psychiatry, if I take a refugee who has experienced all sorts of discrimination and oppression, and they have depression, and then I take a privileged white person from Canberra, I don't think those two experiences are the same.

Trauma changes the way mental illness is experienced, and yet our disease categories really don't take this into account.

Taking the above into account, what do you think needs to change in terms of general practice training?

I think we need to pay GPs what they're worth in mental health so they can afford education and supervision. I have had a supervisor for 30 years and she's able to help me manage complex care without burning out. Some people use Balint groups or a peer support network.

Having said that, though, I think we need mental health care to be respected enough in the Medicare Benefits Schedule. Personally, I could earn six times my income doing skin cancer medicine.

In terms of training, I do think registrars have got so much to master by the time they finish their training. I don't think we can shove more into the curriculum — they only have 125 hours of tutorials and 125 hours of face-to-face teaching with supervisors, so there's no time.

What we need to do instead is focus on supporting the first five years after the fellowship, especially for the women, because whether we like it or not, the community has a different view of women doctors.

The community see 'lady doctors' as more interested in mental health, and unfortunately, many people seek out women doctors because they have experienced trauma from men in their lives. This means women doctors do more of this complex care in mental health that is poorly funded.

What is the potential impact of that?

My worry is that young female doctors go into practice and they get flooded with difficult patients. I respect my male doctors and their capacity for care and empathy — it's stupid to say women have more empathy, but it is not always about skills, it´s about community choice and assumptions.

We'd also be stupid not to recognise that women have been socially guided from babyhood to take on more of the emotional labour in our culture, so we have to work against that.

Medicine is also very gendered. Even with benevolent sexism, there is a push for women to be valued for their warmth and empathy, where their male colleagues are encouraged to be more goal-oriented. It's hard to change this at a system level. ■

Associate Professor Louise Stone's top 10 tips for patients seeking mental health support from a GP

1	If you can, make a longer appointment. Mental health consultations take time.
2	Choose a GP carefully. You need to feel comfortable with them.
3	Consider taking a supportive friend or relative with you.
4	If waiting rooms are stressful for you, consider timing your appointment at the beginning or end of the day.
5	Have a list of medications and therapies you've tried, and whether you found them helpful.
6	If you have any reports from previous doctors, bring them with you.
7	Your GP will want to know your family history, including physical and mental health disorders, so find out what you can.
8	Be as honest and open as you can. Your GP can help you more effectively if they know what's going on. This includes drug and alcohol issues which commonly accompany mental illness.
9	If you need an interpreter, let the practice know in advance.
10	Be patient. It may take a few consultations for your GP to really understand what you need.

Source: Louise Stone, Your first point of contact and your partner in recovery: the GP's role in mental health care, The Conversation (December 2019)

Primary Health Tasmania

Primary Health Tasmania (Tasmania PHN) is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital.

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Your feedback matters

If you have feedback about this magazine or story ideas for future issues, we'd like to hear from you. Please email us at **comms@primaryhealthtas.com.au**

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