

# DocLIST

# Health Professionals Newsletter



ISSUE 4 July 2020

## Welcome to the 4th edition with a focus on the impact of Covid-19

DocLIST is an online list of doctors, dentists and mental health professionals recommended by lesbian, bisexual, same sex attracted and queer women in Australia. It is a project of the Australian Lesbian Medical Association (ALMA).

This issue contains two recent articles which identify how Covid-19 is having an impact on health and health care for lesbian bisexual and queer (LBQ) women, as well as transgender and gender diverse (TGD) people's health (noting that some TGD people identify as lesbian, bisexual or queer women). One article focuses on the impacts on youth mental health and another on end of life care during a pandemic.

We also present brief descriptions of a case study on self HPV screening and cervical cancer in same sex attracted women and mental health for Bisexual and gender diverse people. The Resource of the Quarter is The Trans GP Module developed by North Western Melbourne PHN a link to the module can be found on the health professionals page of the DocLIST website at [www.doclist.com.au/health-professionals](http://www.doclist.com.au/health-professionals). We hope you find the newsletter engaging and useful in your practice.

Feedback and suggestions for articles which may be of interest for future editions can be sent to the DocLIST team at [alma@doclist.com.au](mailto:alma@doclist.com.au)

**Dr Nahlia Bell**  
ALMA Member



# \*From the Literature



Australian Journal of General Practice. 2020 July 49:7. doi: 10.31128/AJGP-09-19-5073

## Bisexual mental health and gender diversity

Taylor J, Power J, Smith E, Rathbone M.

<https://www1.racgp.org.au/ajgp/2020/july/bisexual-mental-health-and-gender-diversity>

Additional findings from the “Who I am” study. Bisexual transgender or gender diverse people have much higher rates of psychological distress, suicidality and poorer mental health than cisgender and LGBTIQ people. There is a significant difference in mental health and social experiences for cisgender bisexual people when compared with transsexual and gender diverse bisexuals. This group is vulnerable and under-identified. It can be helpful to ask about a patient's gender and sexuality without assumptions in a non-judgmental and open way.

J Adolesc Health. 2020 Jun 23;S1054-139X(20)30311-6. doi: 10.1016/j.jadohealth.2020.06.002. Online ahead of print.

## "I'm Kinda Stuck at Home With Unsupportive Parents Right Now": LGBTQ Youths' Experiences With COVID-19 and the Importance of Online Support

Fish J, McInory L, Pacey M, Williams N, Henderson S, Levine D, Edsall R.

<https://pubmed.ncbi.nlm.nih.gov/32591304/>

A US based study with data analysis of 31 transcripts from an anonymous national online LGBTIQ+ chat-based support group facilitated by professionals. Findings identified LGBTIQ specific challenges related to Covid-19 including exacerbation of ongoing mental health concerns, poor sleep, boredom, rumination over sexuality/gender. This particularly included being required to isolate at home with homophobic parents and the loss of “safe spaces” at school and with friends and reduced ability to access community based LGBTIQ youth organizations. Conversely some did describe freedom from “homophobic people in real life”. Many described the benefits of online services during social distancing particularly text based options which align well with how young people currently build and maintain communities via social media and other platforms which provide mutual support.

J Pain Symptom Manage. 2020 May 11;S0885-3924(20)30373-0. doi: 10.1016/j.jpainsymman.2020.04.155. Online ahead of print.

## LGBTQ+ Inclusive Palliative Care in the Context of COVID-19: Pragmatic Recommendations for Clinician

Rosa E, Shook A, Acquaviva K.

<https://pubmed.ncbi.nlm.nih.gov/32437946/>

A reminder that LGBTIQ people will be impacted by COVID-19 and will require end of life care. Barriers identified include unwanted disclosure of sexual orientation or gender identity by medical staff, difficulty around surrogate decision makers and previous negative interaction with health carers. Strategies suggested to improve outcomes include using inclusive language and questions, early identification of surrogate decision makers and family of origin dynamics.

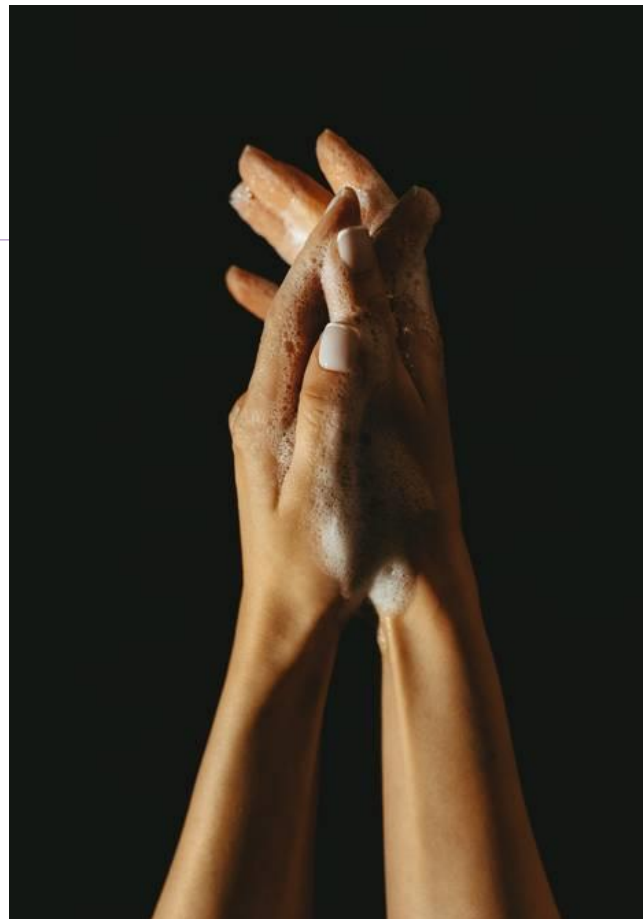
Med J Aust. 2020 Feb;212(3):106-107.e1. doi: 10.5694/mja2.5045

## HPV swab self-collection and cervical cancer in women who have sex with women

McGauran M.F, Pendlebury A

<https://pubmed.ncbi.nlm.nih.gov/31872876/>

This is a clinical review identifying an otherwise healthy 39 yo woman who had a positive HPV16 infection on self collected vaginal swab while asymptomatic and went on to have diagnosis and removal of stage 1b1 cervical adenocarcinoma. Salient findings are that women who have sex with women (WSW) are at similar risk of contracting HPV as heterosexual women while also have reduced uptake of screening due to a variety of factors. These included 10% being told they did not need screening by a health professional as they did not have sex with men, perceived lower level of risk of contracting HPV, and provision of care that was not sensitive or inclusive to non-heterosexual women. It was also identified that transsexual men and non-binary people are also at risk and require regular cervical screening.





# \*Resource of the month

## The Trans GP Module

North Western Melbourne Public Health Network

<https://nwmpnhn.org.au/health-systems-capacity-building/lgbtiq-primary-care/>

This module - the first in Australia - is designed for general practitioners, practice nurses and medical students to 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 (TGDNB) clients. The overarching purpose is to promote more inclusive and responsive services for TGDNB people in primary health care settings. It takes 60 minutes to complete and is approved by RACGP for 2 Category 2 Points of CPD.

*The transgender flag was designed by Monica Helms and first displayed at pride parade in Pheonix, Arizona in 2000. Monica is quoted as describing the flag "The light blue is the traditional colour for baby boys, pink is for girls, and the white in the middle is for those who are transitioning, those who feel they have a neutral gender or no gender, and those who are intersexed. The pattern is such that no matter which way you fly it, it will always be correct. This symbolizes us trying to find correctness in our own lives".*

