

# Providing inclusive HIV care for overseas-born gay, bisexual, and other men who have sex with men:

# A PRACTICE GUIDE

## Summary Flowchart

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### INCLUSIVE HIV CARE

## CONVERSATION PATHWAYS: HIV CARE WITH OVERSEAS-BORN GBMSM

This conversation pathway is a practical tool for clinicians engaging with overseas-born gay, bisexual, and other men who have sex with men (GBM) recently diagnosed with HIV. It provides a flexible, person-centred framework for early interactions, supporting clients by addressing common emotional, cultural, and structural challenges that may shape their care journey.

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GUIDE HERE

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Two support tools have been embedded throughout the guide:

### CONVERSATION PROMPTS



These are evidence-informed suggestions to guide compassionate and culturally sensitive conversations. They help clinicians simplify complex ideas, build trust, and open up meaningful dialogue, especially when clients are overwhelmed or navigating unfamiliar systems. These prompts were shaped by real examples and peer-based expertise highlighted during focus groups.

### QUOTES FROM REAL CLIENTS AND HEALTHCARE WORKERS



These direct insights from focus group participants provide lived context and underscore the importance of a trauma-informed, empathetic response. They reflect the actual barriers and enablers identified by both clients and professionals when engaging in HIV care.

<p>“We don’t have to go through everything today. Let’s take it step by step.”</p> <p>“Are there any things you are most worried about?”</p> <p>“Think of this like learning to drive... soon, it will just be part of your routine.”</p> <p>“In six months’ time, you might feel very different from how you do today.”</p>	<p>“It’s impossible unloading all that information at once.” – FG1, P6</p> <p>“[Newly diagnosed clients] need a more gentle, slower approach.” – FG3, P5</p>
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**STEP A**

**Begin with a Compassionate Diagnosis Discussion**

Receiving a diagnosis can be overwhelming. Allow time for the person to process. Avoid overloading them with medical facts early on.

**Question: Is the client overwhelmed or emotional?**

Refer to **Recommendation 1** in the full guide

**USING THIS GUIDE**

The numbered recommendations serve as reference points to the summary and are not intended as linear steps

<p>“What do you know about HIV?”</p> <p>“Can you tell me what you understand so far?”</p>
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**STEP B**

**Clarify HIV Understanding and Correct Misinformation**

Ask clients what they understand about HIV to clarify misconceptions. This builds trust and shared decision-making.

**Question: Does the client understand what undetectable means?**

Refer to **Recommendation 4 and 9** in the full guide

<p>“Most people today live long and healthy lives with HIV.”</p> <p>“Undetectable means zero risk. You can’t pass it on.”</p> <p>“With treatment, your immune system will recover, and you won’t transmit HIV to others.”</p>	<p>“I didn’t know what undetectable means really.” – FG1, P5</p> <p>“I check that the patient understands what I’m saying.” – FG3, P5</p>
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<p>“A peer is someone living with HIV too, they will have a few more years experience about this”</p> <p>“Talking to someone who has been through this before can be really helpful.”</p> <p>“If you like, I can connect you to a peer organisation.”</p> <p>“Peers have different perspectives than health professionals.”</p> <p>“They also offer counselling if you prefer to talk first.”</p>	<p>“The workshops I attended with ACON... were very helpful.” – FG2, P5</p>
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**STEP C**

**Offer Peer Support Early**

Peers with lived experience can help reduce stigma and provide comfort. Referrals can be made early or later.

**Question: Do they have someone in their personal networks to talk with or are they open to a peer?**

Refer to **Recommendation 2** in the full guide

<p>“That’s okay. I’ll give you a website—you can explore when ready.”</p>
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<p>“Speaking to a mental health professional could help you adjust to your diagnosis.”</p> <p>“If you like, I can refer you to someone you can talk to.”</p>	<p>“It was too much having that blast of information.” – FG1, P2</p>
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**STEP D**

**Address Mental Health Needs**

Mental health support is essential and should be offered alongside other care, especially after diagnosis.

**Question: Is the client showing signs of distress or worry?**

Refer to **Recommendation 5** in the full guide

<p>“Is there anything else on your mind? Finances? Housing? Visa?”</p>	<p>“Sometimes the visa is more pressing than HIV.” – FG3, P2</p>
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**STEP E**

**Create Time and Space for Ongoing Dialogue**

Provide additional time during consults to explore broader health and social issues like housing, visas, or language barriers.

**Question: Is there time to explore broader concerns?**

Refer to **Recommendation 6 and 7** in the full guide

<p>“Let’s book more time to talk through this properly.”</p>
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<p>“Your medical records are protected by law. No one can access them without your consent.”</p> <p>“Even immigration authorities can’t see them.”</p> <p>“If you have questions about disclosure to partners or health workers, we can talk about that.”</p>	<p>“He was convinced the government would read my notes.” – FG4, P1</p>
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**STEP F**

**Reassure about Confidentiality and Disclosure**

Assure clients their HIV status won’t be shared. Many worry about privacy especially due to past experiences.

**Question: Does the client worry about privacy or disclosure?**

Refer to **Recommendation 10 and 11** in the full guide

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<p>“HIV might complicate migration, but many people still get permanent residency.”</p> <p>“There are legal experts that can support you early on—like HALC.”</p> <p><a href="http://www.halc.org.au">www.halc.org.au</a></p>	<p>“It’s important... the referral pathways.” – FG1, P6</p>
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**STEP G**

**Address Migration Concerns and Refer to Legal Support**

HIV can complicate but not block migration. Early referrals to legal services like HALC can help manage stress.

**Question: Is the client on a temporary visa?**

Refer to **Recommendation 3** in the full guide

<p>“There are free sexual health clinics that don’t require Medicare.”</p> <p>“Let me show you where you can find HIV care providers.”</p> <p><a href="http://www.emen8.com.au/partner-network">www.emen8.com.au/partner-network</a></p>	<p>“You come to Australia, and those names mean nothing.” – FG1, P6</p>
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**STEP H**

**Guide through the Australian Healthcare System**

Explain Medicare, s100 prescribers, and free clinic options. Show clients how to navigate the system confidently.

**Question: Does the client know how to access care without Medicare?**

Refer to **Recommendation 12** in the full guide

<p>“That’s great — building that ongoing relationship is important.”</p>
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**STEP I**

**Promote Continuity of Care and Follow-Up**

Long-term relationships with providers improve trust and reduce repeated disclosure. Encourage continuity of care.

**Question: Does the client have a regular provider?**

Refer to **Recommendation 8** in the full guide

<p>“It helps to see the same doctor—it builds trust and saves you repeating things.”</p>
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