



Caring for diverse populations

A resource for GPs supporting the LGBTQIA+ community

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LGBTQIA+ is an acronym that represents lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and other people with diverse gender identities, sexual orientations or sex characteristics.

This resource can be used in conjunction with a Mental Health Treatment Plan (MHTP) and may help you identify inclusive, respectful questions to ask LGBTQIA+ patients, how best to ask them and which topics particularly require an empathic and kind approach.

While this resource relates specifically to the LGBTQIA+ community, Australia is a culturally diverse nation and intersectionality is common. Every patient brings unique experiences, identities and perspectives to their care. While guides and resources such as this can be valuable, they should only ever complement person-centred, individualised care. Many patients hold multiple identities that shape their health experiences and views of the healthcare system and deserve care that respects their culture, language, beliefs and lived experience.

The questions and statements in this resource are suggestions only; use your clinical judgment to determine what to ask and when, and feel free to navigate the guide in whatever order is appropriate.

This resource has been developed by an expert working group consisting of a GP representative, a lived experience consumer representative and lived experience carer representative. It has been reviewed by external organisations and RACGP Specific Interest Group chairs. This is an example model of care presenting the opinion and experience of the authors, and GPs are encouraged to do their own critical appraisal, exercise clinical judgment, and adapt the information to the individual needs, preferences and circumstances of their patients.

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Trauma-informed care – an overview

Trauma-informed care (TIC) is an approach that recognises the widespread impact of trauma and understands potential paths for healing. It emphasises safety, trust and empowerment in service delivery, acknowledging that trauma – whether from abuse, neglect, violence, discrimination or other experiences – can deeply affect an individual's physical, emotional, and psychological wellbeing.

TIC is not about treating trauma directly but about creating an environment that supports recovery and avoids re-traumatisation, and is applicable across all systems, including health. The below TIC principles should be considered when working with any person.

Top five principles of trauma-informed care¹

Safety	Ensure physical and emotional safety for clients and staff. This includes creating spaces and interactions where individuals feel secure and not at risk of harm or re-traumatisation.
Trustworthiness and transparency	Build and maintain trust through clear, consistent and transparent communication and decision-making.
Peer support	Promote healing through mutual support from people with lived experience of trauma. Peer relationships foster understanding, empathy and hope.
Collaboration and mutuality	Value shared power between providers and clients. Recognise that healing happens in relationships and through meaningful collaboration.
Empowerment, voice and choice	Prioritise individuals' strengths and support their autonomy. Encourage clients to make their own decisions and be active participants in their care.

The role of the GP

- **Build trust through genuine connection:** Recognise that LGBTQIA+ individuals may have experienced stigma, discrimination or systemic disadvantage in healthcare settings. Use active listening, empathy and kindness to create a safe, affirming space. Validate their identity and experiences and acknowledge that they are the expert in their own life.
- **Consent is contextual:** In some communities, topics like suicide or sexual identity may be taboo, mental illness is not recognised, and LGBTQIA+ terminology is restricted or not used at all. Consent may not be valid if the patient doesn't understand where the conversation is heading or if discussing the issue is culturally unthinkable. Move slowly and check in often.
- **Be curious, not assumptive:** Every person's story is unique. Avoid assumptions about gender identity, sexual orientation, relationships or experiences. Ask open, respectful questions and use inclusive language. If you're unsure about terminology or pronouns, ask politely and transparently.
- **Use affirming, inclusive language:** Speak clearly and respectfully, avoiding judgmental terms or heteronormative language. Use the patient's chosen name and pronouns consistently. Avoid reducing the person to their LGBTQIA+ identity; instead, affirm their strengths and individuality.
- **Address stigma and shame sensitively:** Mental health concerns, substance use and suicide risk can be heightened by experiences of discrimination or rejection. Be mindful of language that may feel judgmental or triggering. Frame discussions around wellbeing, coping, and support rather than deficits, and explain concepts in a way that feels safe and affirming.
- **Community and support networks matter:** LGBTQIA+ individuals may have chosen families or community supports that are central to their wellbeing. Explore these networks as part of holistic care planning and ask who they would like involved in decisions.
- **Prioritise safety and choice in care:** Asking unnecessary details about identity or relationships can risk discomfort or re-traumatisation. Focus on what is clinically relevant and always give the patient the option not to answer. Offer choices about care planning and respect privacy, especially around disclosure.
- **Explain confidentiality clearly:** Discuss what confidentiality means and its limits early, in plain language. This reassurance helps build trust and encourages open communication, especially where fear of discrimination or outing may exist.
- **Plan for crisis and safety:** If a situation escalates or the patient is in crisis, prioritise safety and know LGBTQIA+-affirming referral pathways, including mental health supports and community organisations. Communicate options calmly and respectfully.

Introductions and finding out why the patient has come to see you

Purpose	Why	Suggested ways to enquire
<p>Introducing yourself, learning about your patient and the way they choose to identify</p>	<p>When getting to know an LGBTQIA+ patient, it's important for a GP to create a safe, respectful and inclusive environment from the very beginning. Sharing your own pronouns helps signal to the patient that it's safe for them to share theirs if they wish.</p> <p>In all cases, a GP should avoid making assumptions about a person's gender, sex, race, partners or significant others, and instead allow them to describe how they view themselves. Start by asking what name they would like to be called, as some patients may go by a name different from their legal or Medicare name. This small but significant gesture helps affirm their identity and comfort. Asking for and correctly using someone's pronouns is one of the most basic ways to show respect for their gender identity.</p> <p>It's also important to ask for consent before discussing topics like gender or sexuality, as these conversations can be distressing for some individuals, particularly those who have experienced discrimination in healthcare settings.² Offering choices and respecting autonomy by allowing patients to say yes or no to questions supports trauma-informed care. If a patient expresses uncertainty about their gender or sexuality, acknowledge that it's okay and provide a supportive space.</p> <p>Finally, offering to connect the patient with another clinician if they would feel more comfortable reinforces that their wellbeing and comfort are your priority.</p>	<p>Identify yourself as the GP, share the pronouns you use and discuss confidentiality and its limitations.</p> <p>Before we start, are you feeling comfortable with me as your GP, or would you like me to help you find someone of a different gender or race identity?</p> <p>What's your name?</p> <p>I'd like to ask some questions to get to know you – is that okay?</p> <p>What are your pronouns?</p> <p>Is it okay if I ask about your gender?</p> <p>What gender do you identify as?</p> <p>Are these details different to your Medicare details?</p> <p>Are you a member of the LGBTQIA+ community or priority populations, and where do you fit in there?</p>
<p>Asking about faith and cultural identity</p>	<p>Asking about language spoken at home or faith background can further inform culturally sensitive care and help you understand factors influencing their health and beliefs, as well as help you provide effective communication and identify health risks.</p> <p>Asking your patient about faith gives them the option to share any religious or faith information that they deem may be relevant. Faith origin, for example, may impact a patient's current beliefs, even if they don't align with it currently.</p> <p>Asking about Aboriginal or Torres Strait Islander, or Pasifika heritage respectfully communicates that culture matters in healthcare, and acknowledges that Aboriginal and Torres Strait Islander peoples, for example, experience higher rates of chronic illness and barriers to accessing care due to historical and ongoing impacts of colonisation, racism, and intergenerational trauma. Pasifika patients also experience different health risks, such as higher rates of diabetes or cardiovascular disease, and can have experiences of different identities.³</p>	<p>What language do you speak at home?</p> <p>Should I know anything about your cultural identity, faith alignment or faith origin?</p> <p>I'd like to ask about your cultural background. Do you identify as Aboriginal or Torres Strait Islander, or Pasifika? Is there anything else about your cultural identity that's important to you?</p>

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Purpose	Why	Suggested ways to enquire
Asking about experiences with a MHTP	Asking this can suggest to a patient that it's common to have more than one care plan and introduces the idea that working through mental health issues can take a while.	I'd just like to check with you, is this your first MHTP?
Exploring what has brought the patient in to see you, including what a MHTP is if they haven't done one	<p>When a patient comes in for a MHTP, you could explain what the process involves if the patient hasn't completed one before. This helps them feel informed, comfortable, and in control, reducing anxiety and encouraging open, honest discussion.</p> <p>Some patients may have had previous diagnoses that they don't agree with or wish to discuss, and asking about these experiences gives them space to share their perspective. Others may want to include certain issues in their MHTP without going into detail; in such cases, it's appropriate to use general terms like 'trauma history' in the referral if the patient doesn't want specifics recorded. Similarly, some patients may wish to disclose sensitive information but prefer that it not be written in their notes or plan. Offering this option empowers them and helps build trust.</p> <p>When discussing substance use, it's best to raise the topic early in a neutral, routine way to reduce stigma, as language and timing are critical. This is especially important because people in the LGBTQIA+ community can be at higher risk of alcohol, tobacco and other drug issues due to factors such as stigma, discrimination and lack of support.</p>	<p>Explain what a MHTP is.</p> <p>Explain the questions you will ask.</p> <p>Are there things you want to tell me that you don't want me to write in the notes?</p> <p>Do you have any diagnoses that you'd like me to know about?</p> <p>Is there anything from your past that you'd like me to put in your plan, but would rather not discuss today? You don't have to give me specific details, and I don't want to cause you harm by talking about these things.</p> <p>I ask everyone this question; do you have any coping mechanisms that you're worried might be unhealthy? Drugs, alcohol etc? Remember, there's no shame in saying yes.</p> <p>What has brought you in to get a MHTP today, or what do you think I should know?</p> <p>What would your ideal situation look like, and how can we get there?</p>

Asking about your patient's physical and emotional health

Purpose	Why	Suggested ways to enquire
Beginning with consent	<p>Asking about body image and food can be extremely triggering for some patients.</p> <p>Move slowly and empathetically through these questions, using appropriate language.</p>	<p>If it's okay with you, I'm going to ask about physical and emotional symptoms/experiences, as well as about food.</p> <p>I'll also be completing a mental state examination throughout, which is a structured way we assess a patient's current psychological functioning during a consultation.</p>
Understanding your patient's sleep patterns	<p>Asking about your patient's sleeping patterns is important because sleep is closely linked to mental health.</p> <p>Difficulties such as insomnia, oversleeping, or disrupted sleep can be symptoms of conditions like depression, anxiety or trauma, while poor sleep can worsen mood, concentration and overall functioning.⁴</p>	<p>How is your sleep?</p> <p>How long does it take you to fall asleep? Do your worries keep you awake at night?</p> <p>Does something stop you falling asleep?</p> <p>Are you having any nightmares? How frequent or severe are they?</p> <p>Are you having interrupted sleep? What's interrupting it?</p> <p>Are you waking up feeling refreshed?</p>
Understanding your patient's energy and how they're feeling day to day	<p>Asking about your patient's energy levels can help you assess how their mental health is affecting daily functioning. Low energy or fatigue can be a common symptom of depression, anxiety or stress, while unusually high or fluctuating energy may indicate other mental health conditions.</p>	<p>How is your energy – high or low?</p> <p>Are your energy levels making it difficult to do your normal activities?</p>
Understanding your patient's physical symptoms	<p>Physical symptoms like a racing heart can be important indicators of underlying mental health conditions such as anxiety or panic disorders. These symptoms can reflect the body's stress response and may occur even without a clear physical cause, highlighting the close connection between mental and physical health.</p> <p>It's important to recognise that a patient may have been dismissed in the past for their physical symptoms due to a mental health diagnosis.⁶ Sometimes symptoms of physical and mental health issues can be similar. Doctors need to be careful not to overlook physical causes. Asking a patient their opinion on their symptoms is a way to involve them and rebuild trust.</p>	<p>Are you having any aches or pains, or any other physical symptoms you think I should know about?</p> <p>What about things like a racing heart or feeling dizzy?</p> <p>Do you feel these symptoms are a result of your mental health, or do you feel there's also something going on physically that you'd like to discuss?</p> <p>Do you have any major medical issues or past surgeries you'd like me to know about?</p>

Purpose	Why	Suggested ways to enquire
<p>Exploring body and food relationships with your patient, if relevant</p>	<p>You may want to ask about eating during a MHTP. Three in four (74.5%) LGBTQIA+ people have experienced a mental disorder at some time in their life (compared with 41.7% of heterosexual people).⁵ The questions provided may open a conversation relevant to developing a MHTP and help uncover body image or eating concerns that may be more common or complex for LGBTQIA+ patients due to experiences of stigma, identity-related stress, or societal pressures.⁷</p> <p>Language used when discussing eating disorders is important. Review the 'Talking about eating disorders: A guide for GPs' found in the resources section of this guide for more information.</p> <p>Note that weight is not an accurate indicator of overall health and weight cannot indicate whether someone has an eating disorder. Everyone's experience of an eating disorder or body image issue is unique, and it's imperative to keep an open mind.</p> <p>There are many evidence-based strategies a GP could draw on when discussing weight. One approach is "Health at Every Size," which emphasises health and wellbeing for people of all body sizes. It encourages respect for all body shapes, works to reduce weight stigma and promotes health-enhancing behaviours such as mindful eating and regular physical activity. This approach also recognises the importance of addressing eating disorders, such as anorexia and binge eating, by supporting a balanced relationship with food, body image and overall wellbeing.</p> <p>Additionally, it's important to be mindful of using body mass index (BMI), as it's not a perfect measure of a person's health and can be misleading. It doesn't differentiate between muscle and fat, doesn't account for fat distribution, doesn't consider other health markers and can be inaccurate for certain populations.</p>	<p>I'd like to ask you some questions about your relationship with food and how you feel about your body. Is that okay?</p> <p>Do you like your relationship with food?</p> <p>Do you have a happy relationship with your body?</p> <p>Do you feel that a lot of your thought processes are taken up thinking about weight/food?</p> <p>Are you worried about your relationship with food?</p> <p>Are you anxious about or around eating, or thinking more about eating or not eating than usual?</p> <p>Are you worried about your weight?</p>

Purpose	Why	Suggested ways to enquire
<p>Asking about emotional wellbeing and thoughts</p>	<p>Asking about a patient’s emotional wellbeing and thought processes is essential to understanding their current mental state and identifying any underlying conditions. These questions can help you assess how a person is feeling emotionally, as well as whether their thoughts or perceptions are affecting their daily functioning, relationships or sense of reality.</p> <p>While such questions might seem unusual to someone with ordered or typical thought patterns, they can be deeply relevant for someone experiencing distressing or unusual thoughts.</p> <p>Asking about focus and preoccupation can flag symptoms of ADHD or OCD, while exploring whether thoughts feel disjointed or externally controlled may indicate psychotic features or emerging mental health concerns. Questions about perception, such as seeing or hearing things others don’t, can also help identify early signs of psychosis.</p> <p>It’s important to remember that not every question needs to be asked; rather, GPs should be guided by the clinical context and the patient’s comfort. Approaching these topics with care and sensitivity allows patients to share their experiences safely, and tools like the Headspace Early Psychosis Referral Checklist can be helpful if there are concerns about psychosis or related conditions.</p>	<p>Are you able to focus your thoughts?</p> <p>Do these thoughts change your behaviour from how it normally is?</p> <p>Do you find yourself preoccupied with subjects in a way that distresses you? Is it impacting work or relationships?</p> <p>Do you feel your thoughts are disjointed, or maybe that they’re not like other people’s?</p> <p>Are there things you see or hear, that you think other people might not?</p> <p>Do you sometimes feel like your experience of reality is different from other people’s?</p> <p>Do you feel like someone is controlling your thoughts?</p> <p>Do you worry or feel fearful about your thoughts?</p> <p>Do you think your thoughts are coming from somewhere else?</p>
<p>Asking further about potentially unhealthy coping mechanisms</p>	<p>It can be helpful to ask your patient what makes them feel good, or better, when feeling down or not themselves. It can uncover substance use issues, as well as other problematic coping mechanisms such as gambling, shopping etc.</p> <p>Substance use can be more common in queer communities, often linked to experiences of minority stress, marginalisation and discrimination. However, treatment approaches should prioritise the substance use issue at hand, based on individual needs and without making assumptions about a person’s identity. Here are some recommended AOD screening tools that could be used:</p> <ul style="list-style-type: none"> • Alcohol Use Disorders Identification Test (AUDIT) • Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) • e-Assist Lite (University of Adelaide, online portal) • Severity of Alcohol Dependence Questionnaire (SADQ) • Severity of Dependence Scale (SDS). 	<p>What helps you feel good?</p> <p>If the patient answered yes to using substances earlier in the session: Are you worried that you use alcohol or drugs to cope?</p>

Asking your LGBTQIA+ patient about their strengths and support networks

Purpose	Why	Suggested ways to enquire
Understanding what support networks your patient has and what strengths get them through tough moments.	<p>Asking any patient about their strengths and support networks can help you understand the protective factors that can buffer against mental health challenges and foster resilience.</p> <p>Exploring who or what helps the patient cope during tough times – such as supportive relationships, meaningful activities or cultural identity – provides valuable insight into their existing coping mechanisms and sources of stability.</p> <p>Questions about who the most supportive people in their life are, or whether they have individuals who affirm and support their identity, help identify safe and affirming connections that can be central to recovery.</p> <p>Similarly, asking where the patient feels safe or able to be themselves can highlight important community spaces or environments that nurture wellbeing.</p> <p>Encouraging patients to reflect on what they like about themselves, even small things, can help them reconnect with their self-worth and remind them of their inherent strengths. This process not only informs treatment planning but also empowers the patient to recognise and build on their own resilience and support systems.</p>	<p>What and who helps you cope when you're going through a tough time?</p> <p>What are the things that make you feel good, even if it's for two seconds?</p> <p>Who are the most supportive people in your life?</p> <p>What are the positive relationships you have in your life? This can include pets.</p> <p>Do you have people or a supportive person in your life who affirm and support your identity?</p> <p>Are there places where you feel safe or feel you can be yourself?</p> <p>Are you able to dig deep and look inside and tell me something you like about yourself, or something you have liked in the past?</p>

Trauma disclosure

Purpose	Why	Suggested ways to enquire
While it is not your role to unpack a patient's trauma, it is your role to ask in the right way.	<p>Asking about the patient's experiences is relevant for a MHTP, and asking gives them an opportunity to discuss if they would like to.</p> <p>Similarly, identifying if the patient has symptoms of PTSD is relevant for the development of the MHTP. Symptoms include intrusive thoughts, flashbacks, hypervigilance, insomnia with nightmares, distress and anxiety triggered by reminders of the trauma avoidance of people, places or objects that trigger memories of the trauma. You should only ask about the symptoms the patient is experiencing, not what caused the symptoms. The details of the trauma should only be discussed in therapeutic context by a mental health clinician trained in trauma therapy.</p>	<p>Sometimes people have been through some difficult events in their life, that severely impact their mental health. I don't need to know the details about what you've been through but has anything happened to you that could be affecting your health or the way you're feeling now?</p> <p>Are you having any memories that intrude into awareness without an obvious prompt?</p> <p>Are you having any memories of things that have happened in the past?</p> <p>Are the memories so strong you feel like it's happening now?</p> <p>Do they make you feel startled or jumpy?</p> <p>Do they make you avoid thinking about certain things?</p>

Enquiring with your LGBTQIA+ patient about self-harm, suicide and safety

Purpose	Why	Suggested ways to enquire
Asking your LGBTQIA+ patient about safety or harm from others	<p>These questions help identify the patient's safety in their day-to-day situations. They can open a conversation about discrimination and racism, the possibility of family violence, and whether the patient feels safe within their community and at home. It can also help you understand if the patient is physically, emotionally or spiritually unsafe.</p> <p>Remember that one in two (49%) LGBTQIA+ people have experienced sexual assault. Three in five (61%) have experienced violence from an intimate partner. It's also important to note that queer people have a much broader range of family and intimate partner structures, and their significant other/s may be different from their sexual intimates. Keep an open mind when asking these questions.</p> <p>Sometimes a patient who has experienced trauma might struggle to answer questions in depth. In these instances, you could ask yes/no questions or suggest they write down their story instead.</p>	<p>I ask everybody these same questions, and I want to acknowledge that you may not be comfortable answering them with me. If you are, great, I'm here with you to listen. If not, we can find someone you feel comfortable with. You're in control of what information you give me.</p> <p>Can I ask about safety within your personal relationships, such as with friends or at home?</p> <p>Who lives at home with you?</p> <p>Are there times when you feel unsafe, whether at home, work or in the community? Would you like to disclose those to me now or at another time? You can tell me as much or as little as you like.</p> <p>Are you experiencing, or have you experienced, threats of violence or discrimination based on your identity?</p> <p>Are there people you wouldn't share this stuff with?</p> <p>Would you like to talk about your sexual health or safety today, or another time?</p>
Asking your LGBTQIA+ patient about safety or harm from themselves	<p>Asking about suicide risk is imperative. Understanding whether a patient is experiencing suicidal thoughts, intent or has a plan is critical in determining next steps and ensuring safety. Assessing suicidality with these questions helps identify severity and intensity. It can reveal whether thoughts are fleeting, constant, overwhelming or accompanied by distress, and whether they are chronic or new, with new thoughts often posing a higher risk.</p> <p>Asking about a patient's self-perceived ability to manage these thoughts, their intent and any identified method provides further insight into their risk level and immediate danger, informing whether safety planning or urgent intervention is required. It also highlights existing support systems and strengths that can be built upon in care planning.</p> <p>Even if you think they may be okay, if a patient expresses that they don't feel safe leaving the clinic, then they're not safe to leave and there must be further intervention.</p>	<p>I'm going to ask you about suicide and self-harm, if that's okay. These are questions I ask everyone.</p> <p>For people who have a lot on their mind, or who have been through very difficult things, it can cause thoughts around wanting to hurt yourself or end your life.</p> <p>Have things ever felt so bad that you wanted to hurt yourself?</p> <p>Have you wanted to end your life?</p> <p>How bad are the thoughts?</p> <p>Are they affecting your work or personal life?</p> <p>Are they new or have you had them before?</p> <p>Have you made any plans to harm yourself?</p> <p>How close have you come to doing something?</p> <p>Are you able to tell me if you've had any past attempts of suicide?</p> <p>Have you shared these thoughts with anyone else?</p> <p>What helped you get through that moment?</p> <p>Do you feel safe enough to leave this room today?</p>

Exploring the patient's preferences for mental health support moving forward

Purpose	Why	Suggested ways to enquire
Ensuring the patient feels supported in their care now and in the future	<p>Finish off your session by asking what kind of care your patient sees for themselves in the future. This helps ensure that their treatment is collaborative, respectful and tailored to their individual needs. It also affirms the patient's right to choose the type of care that feels most supportive and safe for them.</p> <p>Asking about their ideal practitioner or psychologist allows the GP to understand any preferences the patient may have regarding gender, culture, therapeutic approach or lived experience, which can make a significant difference to engagement and trust in therapy. It also reassures the patient that if the match isn't right, they can return to the GP for help to find someone more suitable.</p> <p>Additionally, inviting patients to share what they might want to avoid in therapy acknowledges that some may have had negative experiences in the past. This conversation empowers LGBTQIA+ patients to have agency in their care and helps build a foundation of safety, trust and respect in the therapeutic process.</p>	<p>What kind of care are you looking for moving forward?</p> <p>Are there any concerns or goals you'd like support with – like anxiety, gender dysphoria, relationships or self-esteem?</p> <p>Do you have any preferences for the type of practitioner/psychologist you would like to see, eg gender or cultural background?</p> <p>Is there anything you want to avoid in therapy based on past experiences?</p> <p>I'm here to help you find the right person to talk to.</p>

Administration considerations for your LGBTQIA+ patient

Medicare item numbers

Medicare item numbers	Time	What you need to know
2715	20–40 min	Development of a MHTP
2717	40+ min	Development of a MHTP
2725	Up to 40 min	Completion of Focused Psychological Strategies (FPS) session. For training, please click here
2727	Up to 40 min	Completion of FPS session. For training, please click here
Consultation 23	Lasting at least six min and less than 20 min	General attendance items are claimed for a professional attendance when no other specific Medicare Benefits Schedule (MBS) item applies
Consultation 44	Lasting at least 40 min	General attendance items are claimed for a professional attendance when no other specific MBS item applies
90250	20–39 min	Development of an Eating Disorder Plan (EDP) for GPs without mental health training
90251	40 min or more	Development of an EDP for GPs without mental health training
90252	20–39 min	Development of an EDP for GPs with mental health training
90253	Consultation of 40 min or more	Development of an EDP for GPs with mental health training
90264		Review of an EDP for GPs without mental health training
90265		Review of an EDP by a GP with Mental Health Skills Training (MHST)
90271–90274		For GPs with MHST providing FPS
90275–90278		For other medical practitioners providing FPS

Interpreters

Interpreter support: when using the Translating and Interpreting Service (TIS), record the patient's preferred language and the TIS job number for each consultation. Keep your practice's TIS code and phone numbers readily available.

- Doctors' priority line: 1300 13 14 50
- TIS booking line: 1300 655 070

Comorbidities

Comorbidities can be shaped by:

- discrimination, racism, and socio-economic disadvantage⁸
- intersectionality and the compounding impact it has on mental health.⁹

The General Practice Mental Health Standards Collaboration (GPMHSC) highly recommends the following resources/training on intersectionality and comorbidities with LGBTQIA+ patients:

- [Mental Health Professional Online Development Program \(MHPD\)](#)
- [Intersectionality and youth mental health](#)
- [Self-care for GPs](#)
- [Self-care and mental health resources](#)
- [The Essential Network \(TEN\) for Health Professionals](#)

Additional resources

Organisation	Resource	Link
LGBTQIA+ Health Australia	Directory of resources and supportive organisations	https://www.lgbtiqhealth.org.au/member_directory
GPMHSC	TIC Resource Hub	https://gpmhsc.org.au/
Private Lives 3	Private Lives 3 is Australia's largest national survey of the health and wellbeing of lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) people to date	https://www.latrobe.edu.au/arcshs/work/private-lives-3
Writing Themselves In 4	Report on the health and wellbeing of LGBTQIA+ young people in Australia	https://www.latrobe.edu.au/arcshs/work/writing-themselves-in-4
Full Stop Australia	The Rainbow Sexual, Domestic and Family Violence Helpline	https://fullstop.org.au/get-help/our-services/rainbowviolenceandabusesupport#:~:text=1800%20497%20212,sexual%2C%20domestic%20or%20family%20violence
Safe and Equal	Resources for lesbian, gay, bisexual, trans and gender diverse, intersex, queer and asexual or aromantic people experiencing family violence	https://safeandequal.org.au/working-in-family-violence/tailored-inclusive-support/supporting-lgbtqa-people/
healthdirect	What is a MHTP?	https://www.healthdirect.gov.au/mental-health-treatment-plan
InsideOut Institute	Eating disorder resources	https://insideoutinstitute.org.au/about-eating-disorders/
InsideOut Institute	Understanding LGBTQIA+ people and eating disorders	https://insideoutinstitute.org.au/blog/understanding-lgbtqa-and-eating-disorder-treatment
Association for Size Diversity and Health (ASDAH)	Health at Every Size (HAES) model	https://asdah.org/haes/
National Eating Disorders Collaboration (NEDC)	Clinical guideline on the management of people with higher weight	https://nedc.com.au/eating-disorders/eating-disorders-explained/eating-disorders-and-people-with-higher-weight
Personal Recovery: A guide towards good mental health for consumers	This workbook can guide patients through the C.H.I.M.E. framework, provides a definition and understanding of personal recovery and addresses the working practices which will further strengthen their ability to engage in self-management	https://www.monash.edu/__data/assets/pdf_file/0004/3029116/PULSAReveryday-Personal-Recovery-Workbook_2016.pdf
Queensland Centre for Mental Health Learning	Mental State Examination: Quick reference guide	https://www.qcmhl.qld.edu.au/course/resources/MSE/Quick_reference_guide.pdf
headspace	Early psychosis referral checklist	https://headspace.org.au/services/early-psychosis/early-psychosis-referral-checklist/
InsideOut Institute	Talking about eating disorders: A guide for GPs	https://insideoutinstitute.org.au/assets/conversation-guide-for-gp-ioi.pdf

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A resource for GPs supporting the LGBTQIA+ community

Organisation	Resource	Link
ACT Mindfully: Workshops with Russ Harris	Acceptance and Commitment Therapy (ACT) worksheets	https://thehappinesstrap.com/upimages/Complete_Worksheets_2014.pdf
lifeline	Managing intrusive thoughts	https://www.lifeline.org.au/get-help/support-toolkit/techniques-and-guides/managing-intrusive-thoughts
Safer Care Victoria	Suicide prevention in mental health services – guidelines and risk assessment	https://www.safercare.vic.gov.au/best-practice-improvement/clinical-guidance/mental-health/suicide-prevention-in-mental-health-services-guidelines
South Western Sydney Primary Health Network	Suicide Risk Screening Tool	https://swsphn.com.au/wp-content/uploads/2022/02/SWSPHN-Clinical-Suicide-Risk-Assessment-Word-pdf.pdf

Referrals and support services

Organisation	State/national	Services provided
Department of Health, Disability and Ageing (DoHDA) – Primary Health Network (PHN) locator	Australia-wide	Online tool to locate local PHNs
BlaQ	NSW	Peak organisation for Aboriginal LGBTQSB+ people and communities; advocacy, community support
Australian Commission on Safety and Quality in Health Care – Emergency mental health contact details	Australia-wide	Mental health acute care phone numbers, across all states and territories
QLife	Australia-wide	Anonymous and free LGBTIQ+ peer support and referral for people in Australia wanting to talk about sexuality, gender, bodies, feelings or relationships
Beyond Blue	Australia-wide	Mental health crisis line (phone and online chat)
headspace	Australia-wide	Youth mental health support, resources, and counselling
The Gender Centre Inc.	NSW	Counselling, housing, health outreach, advocacy, and community programs for transgender and gender-diverse people
Transgender Victoria (TGV)	Vic	Peer support, community services, workplace and health training, resources and policy advocacy for transgender, gender-diverse and non-binary people
ACON (sexual health service)	NSW	Sexual health information, workshops, and support services for LGBTQ+ people
The Institute of Many (TIM)	Australia-wide	Peer-led community for people living with Human Immunodeficiency Virus (HIV)
Minus18	Australia-wide	LGBTQIA+ youth events, leadership programs and education
LGBTIQ+ Health Australia	Australia-wide	Advocacy and resources for LGBTIQ+ communities Member directory 2024-2025 – LGBTIQ+ Health Australia

Caring for diverse populations

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InterAction for Health and Human Rights	Australia-wide	Advocacy for people with innate variations of sex characteristics; promoting health, human rights and bodily autonomy
Inclusive Rainbow Voices (IRV)	Australia-wide	Represents and advocates for LGBTQIA+ people with disability
Thorne Harbour Health	Vic/SA	Community-led and culturally appropriate health and wellbeing programs, advocating to reduce stigma and discrimination
QCGP+	Qld	Community-driven LGBTI, sistergirl and brotherboy health services
Mental Health NT	NT	Mental health support for LGBTQI+SB communities
Equality Tasmania	Tas	Human rights advocacy for LGBTQIA+ communities
Living Proud	WA	Wellbeing and support services for LGBTQIA+SB communities Australia

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3. The Lived Experiences of PIDSOGIESC+ communities. <https://rainbowpridefoundation.org/wp-content/uploads/2025/01/the-lived-experience-of-pidsogiesc-communities-in-the-pacific.pdf>
4. Comorbid Insomnia and Psychiatric Disorders. <https://pubmed.ncbi.nlm.nih.gov/articles/PMC5906087/>
5. National Drug Strategy Household Survey 2022–2023: LGBT people's use of alcohol, tobacco, e-cigarettes and other drugs. <https://www.aihw.gov.au/reports/lgbtiq-communities/lgbt-people-alcohol-drugs>
6. Diagnostic overshadowing: An evolutionary concept analysis on the misattribution of physical symptoms to pre-existing psychological illnesses. <https://pubmed.ncbi.nlm.nih.gov/articles/PMC9796883/>
7. Mental health findings for LGBTQ+ Australians. <https://www.abs.gov.au/articles/mental-health-findings-lgbtq-australians>
8. Eating disorders and disordered eating behaviors in the LGBT population: a review of the literature. <https://jeatdisord.biomedcentral.com/articles/10.1186/s40337-020-00327-y>
9. Family, domestic and sexual violence <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/lgbtiqa-people>

