



Caring for diverse populations

A resource for GPs supporting culturally and linguistically diverse people

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CALD (culturally and linguistically diverse) refers to people who come from a wide range of cultural, ethnic, linguistic and migration backgrounds, including those who speak languages other than English at home or who have recently arrived in Australia.

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

While this resource relates specifically to CALD groups, 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. 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.

Contents

Trauma-informed care – an overview	1
The role of the GP	2
Introductions and finding out why the patient has come to see you	3
Asking about your patients physical and emotional health	4
Asking your CALD patient about context and stressors that may impact their mental health	7
Enquiring with your CALD patient about self-harm, suicide and safety	8
Asking your CALD patient about their strengths and support networks	10
Trauma disclosure	11
Making a plan for care for the future	11
Administration considerations for your CALD patient	12
Additional resources, tools and templates	14
Referral and support services	15
References	16

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 in all systems, including health. The below TIC principles should be considered when working with any patient.

Top 5 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

- **Building trust through genuine connection:** Recognise that migration experiences, past trauma, systemic disadvantage and cultural stigma can shape how CALD patients engage with care. Use active listening, empathy and kindness to create a safe, respectful space. Acknowledge the patient as the expert in their own life and respect cultural identity and values.
- **Cultural safety is essential:** Make your practice a welcoming space. Use inclusive language and respect cultural protocols and identity. A culturally safe interaction is more than just non-discriminatory; it actively affirms the person.
- **Consent is contextual:** In some communities, topics like suicide or sexual identity may be taboo. Consent may not be valid if the patient does not 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 stereotypes or assumptions about culture, trauma or mental health. Ask open, compassionate questions and be transparent if you don't know something. Demonstrating humility and willingness to learn fosters trust and shared decision-making.
- **Use validating, culturally sensitive language:** Speak clearly and avoid jargon or judgmental terms. Use everyday words and check if the patient prefers an interpreter or translated materials. Validate strengths and experiences and avoid reducing the person to a label.
- **Address stigma and shame sensitively:** Mental health and suicide can carry significant stigma in some cultures. Be mindful of language that may feel judgmental or triggering. Frame discussions around wellbeing, coping and support (rather than illness or deficits). Explain concepts in a way that feels safe and culturally appropriate.
- **Family and community context matters:** CALD patients often have strong family and community ties. Explore these supports and relationships as part of holistic care planning and ask who they would like involved in decisions.
- **Prioritise safety and choice in care:** Asking unnecessary details can risk 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 cultural preferences, including family involvement.
- **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 cultural norms may differ.
- **Plan for crisis and safety:** If a situation escalates or the patient is in crisis, prioritise safety and know culturally appropriate referral pathways, including multicultural health services and interpreter support. Communicate options calmly and respectfully.

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

Purpose	Why	Suggested ways to enquire
Introducing yourself and learning your patient's name.	<p>Identify yourself as the GP and ask the patient their name.</p> <p>Using your clinical judgement, considering sharing your pronouns or asking the patient theirs. Intersectionality shapes experiences and informs the delivery of equitable, effective care. However, you could be mindful that intersectionality and sexuality is still stigmatised in many cultures. Additionally, if a person has come in with a family member, they may not wish to share information about their sexuality.</p>	<p>My name is Dr X, my pronouns are x/x.</p> <p>What is your name?</p> <p>How do you pronounce that?</p>
Learning about your patient, the language they speak, and their origin.	<p>Asking about a patient's language use early, such as their first language, what language they and their family speak at home, and whether they would prefer an interpreter, helps ensure timely communication and supports patients to feel empowered in their care. This should ideally be identified in patient forms or by a nurse in the waiting room so that an interpreter can be accessed quickly. While not legally required, using an interpreter is considered best practice, as mental health concerns are often easier to discuss in one's first language.</p> <p>Family members, especially children, should not be used as interpreters as they may lack the knowledge to accurately convey medical information, and some patients may feel uncomfortable with an interpreter due to concerns about intersectionality, confidentiality, or community ties. If a patient refuses an interpreter, this should be documented in their plan.</p> <p>It's also important to ask whether a patient identifies as from a culturally and linguistically diverse background (and to hear how they describe their journey), as this may provide valuable insights into what they have experienced in their home country and can indicate potential traumatic experiences, such as those related to forced relocation. Hearing how a person talks about their journey is an important part of their story, not just the countries they have transited.</p>	<p>Would you prefer to have an interpreter today?</p> <p>Would you like us to organise an interpreter for our next visit?</p> <p>What language did you speak at home?</p> <p>What is your first language?</p> <p>What is the language that you and your family speak at home?</p> <p>May I ask what country you were born in?</p> <p>Did you come to Australia from that country, or via another country?</p> <p>Do you identify as from a culturally and linguistically diverse background?</p>
Understanding your patient's work situation.	<p>While this sounds like a general rapport-building question, it can provide valuable insight into what is happening in a patient's life, while also recognising that skilled migrants, particularly those born in or who arrived in Australia as children, may not face the same challenges as skilled migrants who lack local system knowledge.</p>	<p>Are you working currently?</p> <p>What do you do for work?</p> <p>Do you work in Australia?</p> <p>What did you do for work in your country?</p>

Purpose	Why	Suggested ways to enquire
<p>Finding out why the patient has come to see you.</p>	<p>Asking these questions helps you respectfully explore a patient’s experiences and mental health needs in a culturally sensitive way. Beginning with consent reassures the patient that they are in control of what they share, though it’s important to remember that cross-cultural differences may affect how consent and questions about feelings are understood.</p> <p>Exploring whether they have ever spoken to a doctor, religious leader or elder about stress and worries can provide insight into stigma, preferred healing models and openness to western mental health care, while recognising that western approaches should never be forced.</p> <p>Using simple language to ask why they have come to see you today (or if they are experiencing any worries), helps open the discussion about their mental state, acknowledges that concepts like ‘mental health’ may be unfamiliar and may reveal whether a specific event has prompted them to seek care.</p>	<p>I understand that in some cultures it’s not normal to talk to a doctor about your stress and worries. Is it okay if I ask you about how you’re feeling?</p> <p>Have you ever talked to someone (like a doctor, religious leader or elder), about stress and worries?</p> <p>Can you tell me a bit about why you came see me today?</p> <p>Are you having any worries today/at the moment?</p> <p>Was there anything specific that encouraged you to come see me?</p> <p>Has someone suggested you come to see a GP?</p> <p>What brought you here today?</p> <p>Your stress and worries, do you have a name for this in your country or language?</p>

Asking about your patients physical and emotional health

Purpose	Why	Suggested ways to enquire
<p>Asking for your patient’s consent to discuss how they’re feeling physically and emotionally.</p>	<p>Asking the following questions are part of understanding your patient’s physical and emotional health. Asking about the body or physical health is a safe place to begin the conversation about how a patient is feeling. Many CALD patients may feel more comfortable discussing physical ailments, than emotional ones.</p> <p>By seeking permission first, the GP reassures the patient that they remain in control of what they share. Framing the questions as something asked of everyone reduces stigma, helps bridge cultural differences in discussing emotions or mental health, and creates space for the patient to talk openly about both physical and emotional experiences.</p>	<p>If it’s okay with you, I’m going to ask about physical and emotional symptoms/experiences. These are questions I ask everyone.</p> <p>Is it okay if I ask about how you’re feeling in your body, how your eating is, and how you’re sleeping?</p>

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Purpose	Why	Suggested ways to enquire
Understanding your patients physical symptoms.	Asking CALD patients about physical symptoms is important because people from many cultural backgrounds often express emotional distress through physical (somatic) symptoms rather than psychological language. In some cultures, describing mood changes, anxiety, or trauma directly may feel unfamiliar, stigmatising, or culturally inappropriate. Whereas, talking about bodily sensations, such as muscle pain, headaches, fatigue, a racing heart, or shortness of breath, may feel safer and more acceptable. Additionally, it can help GPs identify signs of underlying mental health concerns like anxiety, stress or depression that might otherwise remain hidden.	Any muscle, bone or joint pain? Racing heart or feeling short of breath?
Understanding your patient's eating habits	Asking a patient about their eating habits helps the GP gain a holistic understanding of their wellbeing. Eating patterns can be indicative of underlying mental health concerns such as stress, anxiety, depression, or eating disorders and changes in appetite or nutrition may be key symptoms that inform diagnosis and management. Diet can also affect mood, energy levels and physical health, all of which interact with mental health.	Are you enjoying the food you are eating? Do you have a change in your appetite? Has there been a change in your weight that you're concerned about? Do you find it difficult to think of food or to cook for your family?
Understanding your patient's sleep patterns	Asking about your patient's sleeping patterns is important because sleep is closely linked to mental health. Difficulties such as insomnia, oversleeping, or disrupted sleep can be symptoms of conditions like depression, anxiety, or trauma. Poor sleep can also worsen mood, concentration and overall functioning. ²	How is your sleep? How long does it take you to fall asleep? Do your worries keep you awake at night? Does something stop you falling asleep? Are you having any nightmares? Frequency/severity? Are you having interrupted sleep? Why? Are you waking up feeling refreshed?
Understanding your patient's energy and how they're feeling day to day	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.	How is your energy? High or low? Are your energy levels making it difficult to do your normal activities?

Purpose	Why	Suggested ways to enquire
<p>Understanding more about your patient's emotional wellbeing and things that could be impacting their mental health.</p>	<p>Asking about your patient's emotions will help you understand how the person is experiencing and expressing their mental health concerns. Emotions provide key information about mood, coping and the impact of life stressors, guiding decisions about treatment and supports. This is especially important for CALD patients, because cultural norms strongly influence how emotions are understood, described and communicated. Some cultures may not have direct language for concepts like 'depression' or 'anxiety', or may express emotional distress through physical symptoms instead. Be sure to ask about their emotions in a respectful way, ensuring the patient feels heard in the way they naturally describe their experiences.</p>	<p>Are you feeling suddenly fearful, for no reason? Have you been sad or crying lately?</p> <p>Have you been feeling uncomfortable or irritable? Do you get angry easily or lose your temper?</p> <p>Are you having more thoughts than usual?</p> <p>What's going on in your mind?</p> <p>Do you have any worries that you can't stop thinking about or do you have a busy brain?</p> <p>Are you forgetting things?</p> <p>Feeling like your mind is not working properly?</p> <p>How is that affecting you?</p>
<p>Understanding if the patient may use drugs or alcohol to cope with how they're feeling, and how this may be impacting them.</p>	<p>Substance use can further impact a person's mental health or be the cause of it. We ask about substance use in a culturally safe and trauma-informed way to gain a clear picture of a patient's overall wellbeing. Drugs and alcohol can significantly affect mood, coping and mental health, while reducing stigma, respecting cultural differences, and creating a safe space for honest disclosure.</p> <p>Please note that some communities use traditional substances like khat to self-medicate, others may use caffeine, soft drinks, chain smoking etc. Other people may use gambling, shopping, sex and so forth as coping mechanisms. In CALD communities, a patient may be less likely to open up due to fear of someone finding out, so reinforcing confidentiality in this conversation is imperative.</p>	<p>Sometimes when people are going through difficult times, they can drink a bit more or use drugs to make themselves feel better.</p> <p>To remind you, anything you say about this is kept confidential unless I think you will be of harm to yourself or others.</p> <p>Are there any substances you use to help cope?</p> <p>Anything else you do to make yourself feel okay?</p>

Asking your CALD patient about context and stressors that may impact their mental health

Purpose	Why	Suggested ways to enquire
Understanding where your CALD patient comes from and their visa status may give you information about their background and context to any mental health struggles.	<p>These questions explore the impact of migration on mental health and wellbeing and can identify social stressors or systemic barriers contributing to distress.</p> <p>They can also uncover recent life events that may be affecting the patient's mental health and could potentially be triggering, or can uncover whether there are any issues relating to family not in Australia, such as the patient's family being unsafe, unable to join them in Australia, unwell or simply missing them.</p> <p>As the conversation progresses, it could be helpful to ask what kind of visa the client has. Migrant visa versus refugee/humanitarian versus asylum seeker – temporary or bridging visa – each connote their own issues such as ability to work, legal options and so on. Discussions about visas can be triggering for immigrants and refugees and discussing them can be emotionally overwhelming. Approach this conversation in a calm manner.</p>	<p>Can I ask a little more about you and where you've come from?</p> <p>You don't have to tell me anything you don't want to.</p> <p>How have things been for you since moving to Australia? (if relevant)</p> <p>Are there any worries related to work, family, community, or settlement that have been affecting you?</p> <p>Have you experienced any big or difficult changes in your life recently?</p> <p>Can I ask how your family is overseas? Are there any worries about them being there?</p> <p>If it's okay, I would like to know your visa status to determine the services available to you.</p> <p>Do you have anyone such as a case worker or immigration lawyer or peer worker supporting you? If so, can I have their details for your records, and do i have permission to contact them?</p>

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

It is a requirement to complete a risk assessment that includes asking about self-harm and harm to others, ideation/thoughts, intent or plans.

This conversation needs to be culturally safe, and shame can be a significant trigger for action on suicide ideation and recognising a mental health issue can be associated with shame. It is extremely important to be kind, calm and empathetic when discussing these issues, particularly if with an interpreter (who may share many of the cultural understandings of the patient and the nuance of the conversation), may not be clear to the doctor in these situations.

Talking about suicide and safety can also be a triggering and difficult conversation. Move slowly and ensure you have the patient's informed and culturally appropriate consent to proceed. Consent may not be valid if the patient does not understand the direction of the conversation - particularly in cultural contexts where discussing such topics is deeply unfamiliar or taboo.

Purpose	Why	Suggested ways to enquire
Asking your CALD patient about safety or harm from others	These questions help identify the patient's safety in their day-to-day situations. They can open up a conversation about discrimination and racism, the possibility of family violence and whether the patient feels safe within their community and at home.	<p>If it's okay, I'm going to ask some questions about your safety, and about suicide and self-harm. These are questions I ask everyone.</p> <p>Are you feeling safe within your community?</p> <p>Are you feeling safe at work?</p> <p>Do you have somewhere to live that is secure and safe?</p> <p>Do you feel safe with your neighbours or the people around your home? Do you feel safe at home with the people you live with?</p> <p>Have you experienced any situations where you feel you've been treated differently based on your gender, culture or background?</p> <p>Has anyone in your family or someone close to you done something to make you feel uncomfortable or afraid? If this changes, you can let me know.</p>

Purpose	Why	Suggested ways to enquire
Asking your CALD 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, 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>Because the word 'suicide' can be stigmatising, culturally safe and trauma-informed practice may involve using gentler, alternative language such as 'end your life', 'disappear', or 'give up' while making clear that the purpose of the question is to ensure the patient's safety and wellbeing. Framing the conversation with respect, sensitivity and consent creates a safe space for disclosure and supports effective, culturally responsive mental healthcare.</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? 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>

Asking your CALD patient about their strengths and support networks

Purpose	Why	Suggested ways to enquire
Understanding what support networks your patient has and their strengths that get them through tough moments.	<p>Asking about a patient's strengths and support networks is an important way for a GP to understand the resources that a person can draw on during their mental health journey. These questions help identify who and what provides support, such as family, friends, community, or peers with shared experiences.</p> <p>If a person has maintained contact with people from their home country, this can be a double-edged sword, as stigma and gossip are common in some communities.</p> <p>Ending the session by focusing on strengths and supports can be empowering for the patient. This may include hobbies, accomplishments, family, pets, fitness or exercise, music and dance, food gatherings, or involvement in teaching and language classes. Highlighting these positive aspects not only builds rapport but also reinforces resilience and protective factors that can be integrated into care planning.</p>	<p>Who are the people in your life you feel comfortable talking to or relying on?</p> <p>Can you tell me about the kinds of friendships or connections you have in your community?</p> <p>What kinds of supports or services are you connected with at the moment, such as case workers, support workers, immigration lawyers, peer workers?</p> <p>Have you been able to maintain contact with people from your home country?</p> <p>What helps you feel better/stronger? Do you have any religious beliefs (eg prayer), that help?</p> <p>What's important to you, that helps you day-to-day?</p> <p>How can I best support you in this process? Is there anything else I should be aware of that would help me support you through this journey?</p>

Trauma disclosure

Purpose	Why	Suggested ways to enquire
While it's 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 Mental Health Treatment Plan (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>Bad things have sometimes happened to people in their homeland or in the past. I do not need to know the details about what you have been through but has anything happened to you or your family that could be affecting your health or the way you are feeling now?</p> <p>Are you having any memories of things that have happened in the past? Are the memories so strong you feel like it's happening now?</p> <p>You don't need to tell me anything you don't want to.</p>

Making a plan for care for the future

Purpose	Why	Suggested ways to enquire
Ensuring your patient feels supported in their care now and in the future.	<p>Asking your CALD patient about future care helps ensure that the support is tailored to their individual preferences, cultural background and comfort.</p> <p>Asking what kind of care they would like in the future, whether they would prefer to see a counsellor or psychologist, or whether they would rather continue seeing the GP, make clear that there are multiple avenues for support and that the patient has choice in their care.</p> <p>Offering options like seeing someone from a similar cultural or religious background, or choosing the gender of their clinician, acknowledges the importance of cultural safety, comfort and trust in therapeutic relationships.</p> <p>It is also valuable to ask if there is anything about their culture, background or beliefs the GP should know, while recognising that patients may find it difficult to articulate this. Exploring future care in this way empowers patients, validates their preferences and ensures their care plan is both clinically appropriate and culturally responsive.</p>	<p>What sort of care and support would you like moving forward?</p> <p>Would you like to speak with a counsellor or psychologist about these stresses?</p> <p>If you're not comfortable with that, would you like to continue to see me for support around these issues?</p> <p>Would you prefer to speak with someone from your own or similar cultural or religious background?</p> <p>Do you have a preference around which gender of psychologist/ counsellor you would like to see?</p> <p>Is there anything else about your culture, background or beliefs that you'd like me to know so I can better support you? It's okay not to answer.</p> <p>Is there anything else you'd like to share, that you haven't already?</p>

Administration considerations for your CALD patient

Medicare item numbers

Medicare item numbers	Time	What you need to know
2715	20-40 minutes	Development of a MHTP
2717	40+ minutes	Development of a MHTP
2725	Up to 40 minutes	Completion of FPS session. For training, please click here .
2727	40+ minutes	Completion of FPS session. For training, please click here .

Interpreters

- Doctors priority line 1300 13 14 50
- TIS booking line 1300 655 070
- [Pre-booking is an option for online and on-site consultations](#)
- When accessing an interpreter, you will be given a job number/TIS code for each consultation. It can be useful to record the clients preferred language and the job number/TIS code for each consultation.

Comorbidities

Comorbidities are shaped by:

- Migration experiences (eg refugee trauma, family separation)
- Language barriers and health literacy gaps
- Discrimination, racism and socio-economic disadvantage
- Interrupted access to healthcare before arrival

The General Practice Mental Health Standards Collaboration (GPMHSC) recommends the following resources on comorbidities with CALD patients:

- [Australian Refugee Health Practice Guide](#)
- [Australian Guidelines for the Management of PTSD](#)
- [Healthdirect](#)

Visas

Visa and visa status can impact how you plan treatment. See below for a brief overview of the different visa types. You can find more information at websites such as <https://visaenvoy.com/visas-eligible-for-medicare/>. Helpful links to learn more about visas are below:

- https://www.rch.org.au/immigranthealth/clinical/asylum_seekers/
- <https://www.rch.org.au/immigranthealth/>

Visa type	Medicare eligibility	Links
Permanent Migrant Visas	Yes	https://immi.homeaffairs.gov.au/what-we-do/family-migration-program/visa-options/about-partner-visas https://www.servicesaustralia.gov.au/enrolling-medicare-if-youre-australian-permanent-resident?context=60092
Humanitarian/Refugee Visas	Yes	https://immi.homeaffairs.gov.au/what-we-do/refugee-and-humanitarian-program/refugee-visas https://www.servicesaustralia.gov.au/health-services-for-refugees-and-asylum-seekers?context=60041 https://www9.health.gov.au/mbs/fullDisplay.cfm?criteria=refugee&q=AN.0.42&type=note
Asylum seekers	Usually no	https://www.servicesaustralia.gov.au/health-services-for-refugees-and-asylum-seekers?context=60041 https://www.materonline.org.au/getattachment/Services/Refugee/Health-Pathways-for-Asylum-Seekers-on-Bridging-Visa-1.pdf
Bridging Visas	Varies	https://www.migrationexpert.com.au/blog/can-i-apply-for-medicare-on-bridging-visa-a-for-a-partner-visa/ https://www.servicesaustralia.gov.au/enrolling-medicare-if-youre-temporary-resident-covered-ministerial-order?context=60092
Temporary Protection Visas (TPV)/Safe Haven Enterprise Visas (SHEV)	Yes	https://immi.homeaffairs.gov.au/Visa-subsite/files/english-ros-factsheet.pdf https://www9.health.gov.au/mbs/fullDisplay.cfm?criteria=refugee&q=AN.0.42&type=note
International students	No (Private OSHC only)	https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500 https://oshcaustralia.com.au/en/500-visa-health-insurance-for-students
Temporary Work Visas	No (Private only)	https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/temporary-work-400 https://www.migrationexpert.com.au/blog/482-tss-visa-medicare-eligibility/
Visitor Visas	No	https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/visitor-600 https://www.bupa.com.au/health-insurance/cover/overseas-visitors/visitors-visa-health-insurance

Additional resources, tools and templates

Organisation	Resources	Link
Refugee Health Assessment questionnaire	Refugee Health Assessment questionnaire	https://refugeehealthnetwork.org.au/wp-content/uploads/2023/06/FINAL_2018_Sept21_On-Arrival-Refugee-Health-Assessment-1.pdf
Australian Refugee Health Practice Guide	Can be used by doctors, nurses and other primary care providers to inform on-arrival and ongoing healthcare for people from refugee backgrounds, including people seeking asylum.	https://refugeehealthguide.org.au/
EthnoMed	EthnoMed is a cultural bridge connecting providers and patients who come from refugee, immigrant and migrant backgrounds.	https://ethnomed.org/
National Centre for PTSD	PTSD screening questions	https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp
RACGP	White book – Family violence and refugee and asylum seekers	https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/abuse-and-violence/about-this-guideline
DSM-5	Different cultures and communities exhibit or explain symptoms in various ways	https://www.ncbi.nlm.nih.gov/books/NBK248426/table/appe.t1/
DRs priority line	24/7 interpreting services	1300 131 450
Embrace	Translated resources on diagnosis	https://embracementalhealth.org.au/community/translated-information
Psychometric screening tools	K10, RUDAS, ITQ (international trauma questionnaire)	K10: https://www.dhi.health.nsw.gov.au/transcultural-mental-health-centre-tmhc/resources/multilingual-resources-by-title/kessler-10 RUDAS: https://www.dementia.org.au/sites/default/files/2023-12/RUDAS-scoring-sheet.pdf?slug=sites&slug=default&slug=files&slug=2023-12&slug=RUDAS-scoring-sheet.pdf ITQ: https://www.traumameasuresglobal.com/itq
Doing what matters in times of stress	An Illustrated Guide in Multiple languages and audiofiles, produced by WHO	https://www.who.int/publications/i/item/9789240003927
Talking about suicide - A guide to safe language	Roses in the Ocean	https://rosesintheocean.com.au/talking-about-suicide/
Supporting patients experiencing family violence resource	AMA	https://ama.com.au/sites/default/files/documents/AMA%20Supporting%20Patients%20Experiencing%20Family%20Violence%20Resource%20Corrected%2025Feb16.pdf
Understanding the art of active listening in healthcare	Medical Indemnity Protection Society	https://support.mips.com.au/home/understand-art-of-active-listening

Referral and support services

Organisation	State/national	Services provided
PHNs	Australia wide	Counselling services, torture and trauma centres, mental health and wellbeing local services.
Forum of Australian Services for Survivors of Torture and Trauma (FASSTT)	Australia wide	The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) is a network of Australia's eight specialist rehabilitation agencies that work with survivors of torture and trauma who have come to Australia from overseas.
Refugee Health Network of Australia	Australia wide	The Refugee Health Network of Australia (RHeaNA) is a network of health and community professionals who share an interest and/or expertise in refugee health.
Phoenix guidelines	Australia wide	Australian Trauma and PTSD Guidelines
Refugee Council of Australia	Australia wide	The Refugee Council of Australia (RCOA) is the national umbrella body for refugees and people seeking asylum and those who support them.
The Royal Children's Hospital Melbourne	State	RCHMs Immigrant Health Clinical Resources.
Foundation House	Australia wide	A specialist refugee trauma agency supporting survivors of torture and other traumatic events.
STARTTS	Australia wide	STARTTS provides culturally relevant psychological treatment and support, and community interventions, to help people and communities heal the scars of torture and refugee trauma and rebuild their lives in Australia.
Settlement Services International	Australia wide	SSIs range of programs include settlement support, disability programs, community engagement initiatives, support for family, domestic and sexual violence, training and employment and more.
AMES Australia	Australia wide	AMES Australia has played a significant role in successfully settling hundreds of thousands of new arrivals with our broad range of settlement, English language and employment services.
Headspace	Australia wide	Offers resources for mental health care and someone to talk to.
Medicare Mental Health Services	Australia wide	Free walk-in access, will use professional interpreters, NO MEDICARE CARD REQUIRED. Mental health support, service navigation, referral.
Asylum Seeker Resource Centre	Australia wide	The Asylum Seeker Resource Centre assists with education and training, employment, advocacy, skills development, food, healthcare and other support services.
NSW Transcultural Mental Health Centre	State – NSW	Works with people from culturally and linguistically diverse communities, health professionals and partner organisations across NSW to support good mental health.
Australian Macedonian Welfare & Wellbeing NSW	State – NSW	Focuses on improving the health and wellbeing of specific population groups including: older people, carers, people with disabilities and women.
Victorian Transcultural Mental Health (VTMH)	State – Vic	VTMH advocates strongly for cultural safety and supports the examination of societal structures, service systems and institutional factors.

Organisation	State/national	Services provided
Ethnic Communities Council of Victoria (ECCV) Multicultural Disability Hub	State – Vic	ECCV runs a range of programs and coordinate the statewide disability network and deliver self-advocacy training to empower people with disability from migrant and refugee communities.
Multicultural Womens Services	State – Vic	Multicultural Centre for Women’s Health advocates and educates to strengthen the health, wellbeing, safety and leadership of migrant and refugee women.
Qld Transcultural Mental Health Centre (QTMHC)	State – Qld	The Queensland Transcultural Mental Health Centre (QTMHC) is a specialist state-wide service that works to ensure people from culturally and linguistically diverse (CALD) backgrounds receive culturally responsive mental health care and support.
Transcultural Mental Health Service	State – WA	Multicultural Services Centre delivers a range of individualised culturally appropriate services from personal care through to domestic assistance (HCP). The Multicultural Wellness Program supports and cares for people from culturally diverse backgrounds (CHSP).
SA Refugee Health Service	State – SA	The Refugee Health Service (RHS) is a specialist state-wide health service for newly arrived refugees and asylum seekers in South Australia.
Northern Territory Mental Health Coalition	State – NT	NTMHC is the peak body for community managed mental health services across the Northern Territory.
Multicultural Council of the Northern Territory	State – NT	Multicultural Council of the Northern Territory (MCNT) is the peak body in the Northern Territory that advocates for and provides direct services to individuals, families and communities from culturally and linguistically diverse (CALD) backgrounds in the Northern Territory.
Carers Gateway	Australia wide	Emotional and practical services for carers.

References

1. Primary healthcare practitioners’ perspectives on trauma-informed primary care: a systematic review. <https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-024-02573-4>
2. Sleep disorders in migrants and refugees: a systematic review with implications for personalized medical approach. <https://link.springer.com/article/10.1007/s13167-020-00205-2>

