

Caring for diverse populations

A resource for GPs supporting culturally and linguistically diverse people



Executive Summary

This resource provides guidance for GPs in delivering culturally safe, trauma-informed and person-centred care to patients from **culturally and linguistically diverse (CALD)** backgrounds. It complements Mental Health Treatment Plans (MHTPs) and aims to support inclusive, respectful engagement with CALD patients while recognising the intersectionality of identities and experiences. We've also included a host of resources, references and tools to help support CALD patients and GPs.

Resources and Referrals

Includes links to:

- Refugee Health Assessment tools
- PTSD guidelines
- Translated mental health resources
- Torture and trauma rehabilitation
- Refugee health services

Key objectives of this guide

- Designed to help GPs ask culturally sensitive questions, build trust and navigate mental health discussions with CALD patients
- Developed by an expert working group including GPs and lived experience representatives, reviewed by RACGP and external organisations
- Intended as a flexible guide, not a prescriptive protocol; clinical judgment and individualised care are paramount

Core principles

- **Trauma-informed care (TIC):** Emphasises safety, trust, empowerment, collaboration and peer support to avoid re-traumatisation
- **Cultural safety:** Goes beyond non-discrimination to actively affirm cultural identity and values
- **Consent and communication:** Ensure informed, culturally appropriate consent; use clear, jargon-free language and offer interpreters
- **Person-Centred Approach:** Avoid assumptions, respect autonomy and validate strengths

Practical guidance

- **Introductions and rapport building:** Learn patient's name, language, origin, and interpreter needs early
- **Physical and emotional health:** Begin with physical symptoms; explore eating, sleep, energy and emotional wellbeing
- **Context and stressors:** Understand migration history, visa status, family circumstances and systemic barriers
- **Safety and suicide risk:** Conduct culturally safe risk assessments for self-harm and harm from others
- **Strengths and support networks:** Identify protective factors, community ties and coping strategies
- **Trauma disclosure:** Screen for PTSD symptoms without probing trauma details
- **Care planning:** Offer choices for future care, including cultural and gender preferences for clinicians

Administrative considerations

- **Medicare item numbers:** Guidance for MHTP development and Focussed Psychological Strategies (FPS) sessions
- **Interpreter services:** TIS National and priority lines for timely access
- **Visa implications:** Overview of visa types and Medicare eligibility

Statistical summary

- **27.6%** of Australians were born overseas
- **22.8%** speak a language other than English at home, with Mandarin, Arabic, Vietnamese, Cantonese and Punjabi being the most common
- **CALD populations:**
 - Self-reported mental health conditions: **18.3%** (born overseas) versus **29.5%** (Australian-born)
 - Lower rates in early arrivals, but prevalence increases with time in Australia
 - Language proficiency strongly influences mental health outcomes
 - Some subgroups (eg, Latin American, Vietnamese) report **higher psychological distress** than the general population