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Aboriginal and Torres Strait Islander People Research Summary

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Targeted literature search

The focus of this research summary is to describe how current mental health assessments are conducted in general practice for Aboriginal and Torres Strait Islander individuals. A targeted literature search was conducted in January 2025 in electronic literature databases (PubMed, Cochrane Database of Systematic Reviews, TRIP Medical Database) combining primary care, Aboriginal and Torres Strait Islander and mental health terms with targeted outcomes or Australian terms (see Table 1). The timeframe was limited to 2014 onwards. In addition, key Australian and International mental health organisational websites were searched to identify grey literature on mental health assessments in general practice in Aboriginal and Torres Strait Islander people. Any additional relevant articles or reports that were identified outside of the targeted search, such as through reference lists, were also included. This summary provides an overview of literature identified, particularly patient experiences and barriers/facilitators to help-seeking/access, but does not represent an extensive collection of all literature published on mental health care for Aboriginal and Torres Strait Islander people.

Table 1. Targeted literature search terms

#	Topic	Search terms
1	Primary care	Title/abstract: "primary care" or GP or "general practi*" or "family physician*" or "primary health" or "community health" MeSH: Primary Health Care; Physicians, Primary Care; Physicians, General Practice; General Practice; Primary Care
2	Specific population: Aboriginal and Torres Strait Islander peoples	Title/abstract: Aboriginal or "Torres Strait Islander" or "First Nations" MeSH: Australian Aboriginal and Torres Strait Islander Peoples; Health Services, Indigenous
3	Mental health	Title/abstract: "mental health" or depression or anxiety or PTSD or "post-traumatic stress disorder" or "trauma informed care" MeSH: Mental Health; Wounds and Injuries/psychology; Mental Health Services
4	Outcomes	Title/abstract: "patient satisfaction" or "patient experience*" or "lived experience*" or "patient outcomes" or psychological or "healthcare access" or "barriers to care" or

#	Topic	Search terms
		disparities or discrimination or stigma or homophobia or trust or distrust or “cultural competence” or “cultural competency” or “cultural sensitivity” or “patient-provider relationship*” MeSH: Patient Satisfaction; Outcome Assessment, Health Care; Health Services Accessibility; Disparities, Health Care; Cultural Competency; Physician-patient relations
5	Australia	Title/abstract: Australia* or “New South Wales” or Victoria or Queensland or Tasmania or “Northern Territory” MeSH: Australia

Identified literature ranged from small qualitative studies to larger cross-sectional studies and prospective cohorts. It is noted that due to the diversity within the Aboriginal and Torres Strait Islander community, findings may not be generalisable to all Aboriginal and Torres Strait Islander individuals’ experiences.

Overview

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023[1] includes the following principles:

1. Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.

2. Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.

3. Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander people's health problems generally, and mental health problems, in particular.

4. It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have inter-generational effects.

5. The human rights of Aboriginal and Torres Strait Islander people must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health. Human rights relevant to mental illness must be specifically addressed.

6. Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.

7. The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.

8. There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander people may currently live in urban, rural or remote settings, in traditional or other lifestyles, and frequently move between these ways of living.

9. It must be recognised that Aboriginal and Torres Strait Islander people have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.

Prevalence/statistics of mental health and other relevant health outcomes Aboriginal and Torres Strait Islander people

Prevalence of mental health in Australia

The Australian Bureau of Statistics (ABS) 2020–2022 National Study of Mental Health and Wellbeing (2023)[2] reported that 42.9% of people aged 16–85 years had experienced a mental disorder at some time in their life. 21.5% of people had a 12-month mental disorder, with anxiety disorder being the most common group (17.2% of people aged 16–85 years), followed by affective disorder (7.5%) and substance use disorder (3.3%). The prevalence of 12-month mental disorders varied by age, with younger people having higher rates (e.g. 38.8% aged 16–24 years; 26.3% aged 25–34 years). Females had higher rates of anxiety (21% versus 13.3%) or affective disorders (8.6% versus 6.5%) than males; males had higher rates of substance use disorder (4.4% versus 2.1%). Suicide was the 15th leading cause of death in Australians in 2023 (10th leading cause in males, not in the top 20 leading causes for females).[3]

Prevalence of mental health in Aboriginal and Torres Strait Islander people

In the 2021 Census, 812,728 people identified as being of Aboriginal and/or Torres Strait Islander origin, representing 3.2 per cent of the total Australian population.[4] In 2022–23, 29% of Aboriginal and Torres Strait Islander people aged 2 years and over had mental and behavioural conditions.[5] 30% of people aged 18 years and over had experienced high or very high levels of psychological distress in the last 4 weeks, with higher rates in non-remote areas compared with remote areas (31% versus 24%, respectively).[5] Mental health and substance use disorders was the leading disease group contributing to burden of disease in Aboriginal and Torres Strait Islander people in 2018.[6] Suicide was the fifth leading cause of death in Aboriginal and Torres Strait Islander people in 2021–2023 (second leading cause in males, seventh leading cause in females) (data from NSW, Qld, WA, SA and NT).[3]

In the NSW 45 and Up Study (including 1,631 Aboriginal and/or Torres Strait Islander people and 231,774 non-Aboriginal people), Aboriginal participants were more than twice as likely to experience high psychological distress than non-Aboriginal participants (20.9% versus 7.5%, respectively).[7] In this study, Aboriginal participants were generally younger and more disadvantaged than non-Aboriginal participants.

Additional individual studies were identified which provide prevalence data include:

- Carlin et al (2022)[8] reported in a retrospective, cross-sectional audit of electronic medical records in three remote Kimberley clinics (N=92 patients, 403 clinical interactions; in depth analysis of 30 records) that 45% of the Aboriginal patients represented in the audit had one recorded interaction relating to mental health.
- Young et al (2024)[9] reported on mental health-related service use among a cohort of urban Aboriginal children and young peoples (0–24 years) (N=892). Over 5 years, 18.7% had ≥1 mental health-related service claim, with the proportion increasing from 4.6% in the first year of the 5-year study period to 8.9% in the final year. General practitioner services were the most accessed mental health-related service (17.4%).
- Gartland et al (2023)[10] reported on health conditions experienced by Aboriginal children aged 5–9 Years living in urban, regional and remote areas of South Australia (N=238) with 27.3% reported any mental health issue; 9.0% emotional/behavioural issue, 19.6% anxiety/worries, 13.6% sleep issue.
- Harriss et al (2018)[11] reported on screening for depression in young Indigenous people (N=350) attending a Young Person's Health Check (YPC) for people aged 15–25 years using the adapted screening tool aPHQ-9. 35% of youth (n=122) consented to participate in the aPHQ-9 screening, of which:
    - 7.4% scored 0 (no depression)
    - 40.2% scored 1–4 (minimal)
    - 34.4% scored 5–9 (mild)
    - 11.5% scored 10–14 (moderate)
    - 3.3% scored 15–19 (moderately severe)
    - 3.3% scored 20–27 (severe)
    - 19.7% were identified as requiring a referral for symptoms of concern.

Information about the mental health assessment, treatment and planning for Aboriginal and Torres Strait Islander people

Psychological considerations

The AIHW report, An overview of Indigenous mental health and suicide prevention in Australia,[12] describes that "Indigenous Australians have a holistic conceptualisation of health, mental health and wellbeing, outlined by the social and emotional wellbeing (SEWB) framework. SEWB is affected by multiple, interconnected elements over the life course. Mental health and suicide prevention programs that are framed using SEWB recognise that emotional wellbeing is comprised of a balance between 7 domains of the body; mind and emotions; family and kinship; community; culture; Country; and spirituality and ancestors." The report also notes that "many risk factors for mental ill health and suicide are disproportionately or wholly experienced by Indigenous Australians, such as removal from family; loss of culture; and impacts of the Stolen Generations".[12]

While protective factors include unique aspects of Indigenous culture, such as connection to land, culture, spirituality, ancestry, kinship networks, family and community,[12] the National Aboriginal and Torres Strait Islander Health Survey[5] reported that the following cultural determinants corresponded with higher levels of psychological distress:

- people who were not very satisfied or not at all satisfied with their own level of knowledge of culture (37% high/very high psychosocial distress compared with 27.4% for those who felt satisfied or very satisfied)
- people who were removed or experienced their relatives being removed from their natural family (37.9% high/very high psychosocial distress compared with 22.4% for those who did not).

Additional factors/stressors reported in the literature associated with poor mental health/wellbeing in Aboriginal and Torres Strait Islander people include:

- traumatic experiences[13]
- family violence or conflict[8, 10]
- housing issues[8, 10]
- racism[13, 14]
- substance misuse[13, 15]

- social issues – such as gambling, dropping out of school, lack of respect for elders and culture[15]
- unemployment/unable to work[7, 13]
- physical ill health[7]
- lower social support[7]
- lower socioeconomic status.[7]

The NSW 45 and Up Study reported high rates of psychological distress in Aboriginal participants (see *Prevalence* section), with a large percentage of the difference (88%) being attributable to differences in physical morbidity and disability, SES and social support between Aboriginal and non-Aboriginal participants.[7]

A systematic scoping review including 12 studies on the impact of racism on Aboriginal and Torres Strait Islander people reported the prevalence of self-reported or parent/caregiver reported racism had a large range from 6.9% to 97%.[14] In all studies that reported an overall mental health component, racism was associated with a negative outcome.

Compounding factors

An AIHW report[16] reported on Aboriginal and Torres Strait Islander LGBTQIASB+ people and mental health and wellbeing. While this population is under-represented in research, the report discusses the potential increased risks for Aboriginal and Torres Strait Islander LGBTQIASB+ people regarding suicide-related behaviour, discrimination, violence and harassment. Distrust of the medical system may be a barrier to access health, mental health and other suicide prevention services. The report notes that feeling fully accepted – both as Aboriginal and/or Torres Strait Islander and as LGBTQIASB+ – and being able to fully participate in community and society, are protective factors against suicide.

Use of appropriate tools

In a study on the perceptions of 21 Aboriginal Community Controlled Health Service (ACCHS) staff,[17] it was noted that no one screening tool was used consistently and the desire for tools and pathways was expressed.

The 45 and Up Study used the Kessler-10 (K10) scale to assess psychological distress.[7] A cross-sectional analysis of SEWB screening for Aboriginal and Torres Islanders within primary health care[18] did not require a specific tool to be used but mentioned K5, K6, K10, PHQ-2, PHQ-9 and the Edinburg Postnatal Depression Screen. In this analysis of 3,407 Indigenous medical records from 100

Indigenous primary healthcare services in 4 Australian states (mainly QLD and NT), 73.4% of clients were not screened at last visit and no further action was taken for 25.4% for whom an SEWB concern was identified.[18]

Various tools have been adapted and/or developed specifically for Aboriginal and Torres Strait Islander people, including the adapted Patient Health Questionnaire 9 (aPHQ-9) as a screening tool for depression[19] and the Kimberley Mum's MoodScale (KMMS) as a screening tool for perinatal depression.[20, 21]

The aPHQ-9 was adapted by Brown et al (2016)[19] as part of the men, hearts and minds (MHM) study which included 189 Central Australian Aboriginal men. The original PHQ-9 questions were translated to reflect Aboriginal phraseology and two sub-questions were added. The Getting it Right study (N=500) investigated the validity of aPHQ-9 as a screening tool for depression,[22] and reported it to be effective, with a cut-point score of 10 points providing 84% sensitivity and 77% specificity. In addition, the aPHQ-9 was regarded as acceptable by more than 80% of participants. Additionally, in a further analysis of staff (n=36) and research participants' (n=500) perspectives,[23] most staff said they would use the aPHQ-9 and the participants reported high levels of acceptability including that the questions were easy to understand (87%) and answer (82%), the response categories made sense (89%) and that they felt comfortable answering the questions (91%).

The Getting it Right study recently investigated the validity of seven Aboriginal and Torres Strait Islander-developed items, using the aPHQ- 9 and depression module of the Mini International Neuropsychiatric Interview (MINI) 6.0.0.[24] The following 3 items correctly classified 85% of depressed participants: 'feeling spirit was weak', 'feeling anger build up' and 'having too much worry'.

Another recent tool that has been developed is a SEWB screening tool which engages a yarning approach in the following areas: Community engagement and behaviour; Stress worries; Risk; Feeling strong.[25] The authors note that this tool is underpinned by Australian First Nations Peoples' conceptualisation of health and wellbeing that is broader than Western concepts of depression and anxiety. The tool was developed using a Delphi consensus approach with input from 28 experts and is now ready for piloting.

The Kimberley Mum's MoodScale (KMMS) was developed to screen for perinatal depression and anxiety and implemented across the remote Kimberley region of Western Australia. The tool was reported to be valid (sensitivity 83%; specificity 87%) and acceptable by participants.[21] Following implementation, a significant increase in overall recorded perinatal screening was reported (46.5% versus 30.4% pre-implementation).[20]

Patient-provider relationships/rapport

AIHW reports have indicated that a majority of Aboriginal and Torres Strait Islander people have had respectful interactions with health professionals. In a report on primary health care, nearly 90% of respondents felt their GPs usually or always explained things in a way they could understand, spent enough time with them, and listened to them, while over 90% felt they usually or always showed respect for what they had to say.[26]

Reifels et al (2018)[27] interviewed 31 service providers on improving access to culturally appropriate mental health care for Indigenous Australians. Some different approaches to building rapport with Indigenous clients were described such as being less direct and probing and taking a slower pace, as well as being involved with the Indigenous community both formally and informally.

In a study by Webb et al (2024),[28] incorporating findings from 12 yarns with 35 community members and health professionals, worry, sad and stress were identified as the words most often used by First Nations people living in the Torres Strait and Northern Peninsula Area to describe feelings of low SEWB. In addition, signs of low SEWB included behaviour change (unable to or nor wanting to do their usual activities), and significantly reduced community engagement. Health practitioners noted the need to ask further questions when they hear the word worry, to try to identify if their client was experiencing stress worries (more likely to be related to anxiety about insufficient resources, relationships or a family member) or sad worries (more related to sad news or sorry business, kin moving away and sadness in the community or on the Island/Country).

Trauma informed care in primary care for Aboriginal and Torres Strait Islander people

Limited evidence was identified specifically on trauma informed care in primary care for Aboriginal and Torres Strait Islander people in the targeted literature search. However the following resources are identified as helpful in this area:

- RACGP
    - The Aboriginal and Torres Strait Islander Cultural and Health Training Framework
    - National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people
    - Abuse and violence: working with our patients in general practice, 5th edition (the White Book) (2021)
- Gayaa Dhuwi (Proud Spirit) Australia – National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035
- Phoenix Australia – Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD (2021)
- Blueknot Foundation – Practice Guidelines for Clinical Treatment of Complex Trauma (2019)
- RANZCP Position Statement – Trauma-informed practice (2020)

As reported in the *Psychological considerations* section, Aboriginal and Torres Strait Islander people who were removed or experienced their relatives being removed from their natural family had higher levels of psychological distress than those who did not (37.9% high/very high psychosocial distress compared with 22.4%, respectively).[5]

The AIHW report, Intergenerational trauma and mental health,[29] estimates that at least one-third of the Aboriginal and Torres Strait Isander population may be affected by intergenerational trauma and descendants of the Stolen Generations. The report supports the use of trauma-informed and healing-aware models that promote Indigenous Australians to undertake their own individual healing journeys and to recognise the impact of intergenerational trauma in their own lives.

A previous rapid review was commissioned by GPMHSC on trauma informed care in primary care settings (2022).[30] Models of trauma informed care in primary care[31-34] suggest the following practices based on the application of trauma informed care principles, such as:

- Awareness and recognition of trauma history, screening in an empathic way and understanding that patients may need time to build trust before disclosure
- Providing a safe environment and building trusting patient-provider relationships
- Responding using a patient-centred model and empowering patients to be involved in their health and care decisions
- Avoiding re-traumatisation and creating care that is acceptable to patients
- Recognising patient's strengths and resilience.

Cultural competency and sensitivity in primary care for Aboriginal and Torres Strait Islander people

The third principle in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 is:[1]

- Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander people's health problems generally, and mental health problems, in particular.

The RANZCP Position Statement – Cultural safety (2021) also recommends culturally safe practice in mental health services.

In the 2022–23 National Aboriginal and Torres Strait Islander Health Survey, people aged 15 and over were asked how often GP(s) respected culture, traditions, customs and beliefs, 88% responded always or usually, 7% responded sometimes and 5% responded rarely/never.[5]

An AIHW report on cultural safety in healthcare described the patient experience of Aboriginal and Torres Strait Islander patients in health care.[35] Aspects of cultural safety include good communication, respectful treatment, empowerment in decision making and the inclusion of family members. Of the 30% of Indigenous people who did not access health services when they needed to, 32% indicated this was due to cultural reasons, such as language problems, discrimination or felt the service was not culturally appropriate.[35] The Australian Reconciliation Barometer showed that 20% of Indigenous Australians reported racial discrimination by doctors, nurses and/or medical staff in the last 12 months in 2022.[35, 36]

Examples of culturally appropriate practice described in the literature

Reifels et al (2018)[27] interviewed 31 service providers (primary care agency staff, referrers, and mental health professionals) on improving access to culturally appropriate mental healthcare for Indigenous Australians through the Access to Allied Psychological Services (ATAPS) program. Strategies adopted to ensure the cultural appropriateness of services included:

- cultural awareness training for professionals and staff
- consultation with 'Closing the Gap' teams or Indigenous workers
- enlisting professionals with Indigenous work experience
- utilising client feedback
- enabling Indigenous service referrals

- cultural approval of resources
- employing an Aboriginal mental health liaison officer
- Aboriginal medical service co-location
- matching clients and professionals in terms of gender and experience.

Hepworth et al (2015)[37] reported on integrating mental health care service delivery into an urban Aboriginal and Torres Strait Islander primary health care service by including an Indigenous psychologist and a social worker into the team. Staff described that integrating mental health care into the service was responding to community needs by providing holistic, culturally appropriate care. Service users expressed positive experiences by having shared cultural identity with the Indigenous mental health workers, and staff noted increased trust and connection that it provided. One negative issue was the fear of confidentiality/lack of privacy that some service users had that their mental health issues may become known in their community.

It is noted in the AIHW report on cultural safety in healthcare that the number of Indigenous medical practitioners, nurses and midwives has more than doubled between 2013 and 2021.[35]

Barriers and facilitators for accessing general practice mental health care in Australia for Aboriginal and Torres Strait Islander people

Some information regarding accessing mental health care was identified, however information may or may not be specific to general practice/primary care.

Barriers

The 2022–23 National Aboriginal and Torres Strait Islander Health Survey reported that 26% would have liked support for own mental health but didn't seek it in the last 12 months, with the following reasons provided:[5]

- Too busy (including work, personal, family responsibilities) (32%)
- Transport/distance/not available in area (30%)
- Cost (28%)
- Waiting time too long or not available at time required (24%)
- Decided not to seek care (24%)
- Dislikes (service/professional, afraid, embarrassed) (13%)
- Other (34%), including:
    - discrimination
    - service not culturally appropriate
    - language problems
    - does not trust the health service
    - felt it would be inadequate
    - other reasons.

The literature provided similar barriers to accessing mental health care:

- Accessibility (location) and availability[13, 17]
- Cost[17]
- Lack of services[13, 15]
- Shame/stigma[13, 15, 17]
- Service not culturally appropriate[13, 15]
- Lack of trust in services[13]
- Health literacy
    - Knowledge regarding mental health issues[15]

- Knowledge regarding available services[13, 15]

From the health professionals' perspective, Reifels et al (2018)[27] reported the following implementation barriers to improving access to culturally appropriate mental health care for Indigenous Australians through a mainstream primary mental health care program:

- Time availability to cover complex cases
- Transport
- Shortage of staff
- Funding
- Relationship building with communities and services.

Facilitators

Facilitators to improving access to mental healthcare for Indigenous Australians reported in the literature include:

- Patient-related
  - Provision of client transport[17, 27]
  - Flexible interventions[27]
  - Provision of support to attend appointments[17]
  - Appointment reminder systems[17]
  - Family engagement[38, 39]
- Provider-related
  - Experienced professionals[27]
  - Indigenous workforce[27, 38]
  - Cultural awareness training[27, 38, 39]
  - Funding for services[27, 38]
- Community-related
  - Community education and services[15]
  - Community engagement[15, 27, 39]

Key Australian resources

- Phoenix Australia – Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD – Specific Populations and Trauma Types: Aboriginal and Torres Strait Islander Peoples (2021)
- Australian Government – National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023
- Royal Australian and New Zealand College of Psychiatrists – Clinical Practice Guidelines for Mood Disorders (2020)
- Blueknot Foundation – Practice Guidelines for Clinical Treatment of Complex Trauma (2019)
- RANZCP Position Statement – Cultural safety (2021)
- RACGP:
    - The Aboriginal and Torres Strait Islander Cultural and Health Training Framework
    - National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people
    - Abuse and violence: working with our patients in general practice, 5th edition (the White Book) (2021)
- Gayaa Dhuwi (Proud Spirit) Australia – National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035

References

1. Australian Government. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 2017. Available from: www.niaa.gov.au/resource-centre/national-strategic-framework-aboriginal-and-torres-strait-islander-peoples-mental.

2. Australian Bureau of Statistics. National Study of Mental Health and Wellbeing 2023 [updated Oct 2023; accessed Apr 2025]. Available from: www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release.

3. Australian Institute of Health and Welfare. Deaths in Australia [updated Apr 2025; accessed May 2025]. Available from: www.aihw.gov.au/reports/life-expectancy-deaths/deaths-in-australia/contents/about.

4. Australian Bureau of Statistics. Aboriginal and Torres Strait Islander people: Census 2021 [updated Jun 2022; accessed Apr 2025]. Available from: www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/aboriginal-and-torres-strait-islander-people-census/2021.

5. Australian Bureau of Statistics. National Aboriginal and Torres Strait Islander Health Survey 2024 [updated Nov 2024; accessed Apr 2025]. Available from: www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release.

6. Australian Institute of Health and Welfare. Health and wellbeing of First Nations people 2024 [updated Jul 2024; accessed Apr 2025]. Available from: www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing.

7. McNamara BJ, Banks E, Gubhaju L, Joshy G, Williamson A, Raphael B, et al. Factors relating to high psychological distress in Indigenous Australians and their contribution to Indigenous-non-Indigenous disparities. Aust N Z J Public Health. 2018;42(2):145-52.

8. Carlin E, Cox Z, Orazi K, Derry KL, Dudgeon P. Exploring Mental Health Presentations in Remote Aboriginal Community Controlled Health Services in the Kimberley Region of Western Australia Using an Audit and File Reviews. Int J Environ Res Public Health. 2022;19(3).

9. Young C, Burgess L, Falster K, Zoega H, Banks E, Clapham K, et al. Mental health-related service and medicine use among a cohort of urban Aboriginal children and young people: Data linkage study. Aust N Z J Psychiatry. 2024;58(9):787-99.

10. Gartland D, Nikolof A, Glover K, Leane C, Cahir P, Hameed M, et al. Patterns of Health and Health Service Use in a Prospective Cohort of Aboriginal and Torres Strait Islander Children Aged 5-9 Years Living in Urban, Regional and Remote Areas of South Australia. Int J Environ Res Public Health. 2023;20(12).

11. Harriss LR, Kyle M, Connolly K, Murgha E, Bulmer M, Miller D, et al. Screening for depression in young Indigenous people: building on a unique community initiative. Aust J Prim Health. 2018.

12. Martin G, Lovelock K, Stevenson B. An overview of Indigenous mental health and suicide prevention in Australia: Australian Institute of Health and Welfare; 2023. Available from: www.indigenousmhspc.gov.au/publications/overview.

13. Darwin L, Tujague N, Ryan K, et al. We are Strong. We are Resilient. But we are Tired" – Voices from the Aboriginal and Torres Strait Islander Lived Experience Centre Yarning Circles Report. The Seedling Group and The Lived Experience Centre, in collaboration with Black Dog Institute 2020.

14. Kairuz CA, Casanelia LM, Bennett-Brook K, Coombes J, Yadav UN. Impact of racism and discrimination on the physical and mental health among Aboriginal and Torres Strait Islander peoples living in Australia: a protocol for a scoping review. Syst Rev. 2020;9(1):223.

15. Hinton R, Kavanagh DJ, Barclay L, Chenhall R, Nagel T. Developing a best practice pathway to support improvements in Indigenous Australians' mental health and well-being: a qualitative study. BMJ Open. 2015;5(8):e007938.

16. Day M, Carlson B, Bonson D, Farrelly T. Aboriginal and Torres Strait Islander LGBTQIASB+ people and mental health and wellbeing: Australian Institute of Health and Welfare; 2022. Available from: www.indigenousmhspc.gov.au/publications/lgbtqiasb-wellbeing.

17. Kalucy D, Nixon J, Parvizian M, Fernando P, Sherriff S, McMellon J, et al. Exploring pathways to mental healthcare for urban Aboriginal young people: a qualitative interview study. BMJ Open. 2019;9(7):e025670.

18. Langham E, McCalman J, Matthews V, Bainbridge RG, Nattabi B, Kinchin I, et al. Social and Emotional Wellbeing Screening for Aboriginal and Torres Strait Islanders within Primary Health Care: A Series of Missed Opportunities? Front Public Health. 2017;5:159.

19. Brown A, Mentha R, Howard M, Rowley K, Reilly R, Paquet C, et al. Men, hearts and minds: developing and piloting culturally specific psychometric tools assessing psychosocial stress and depression in central Australian Aboriginal men. Soc Psychiatry Psychiatr Epidemiol. 2016;51(2):211-23.

20. Carlin E, Ferrari K, Spry EP, Williams M, Atkinson D, Marley JV. Implementation of the 'Kimberley Mum's Mood Scale' across primary health care services in the Kimberley region of Western Australia: A mixed methods assessment. PLoS One. 2022;17(9):e0273689.

21. Marley JV, Kotz J, Engelke C, Williams M, Stephen D, Coutinho S, et al. Validity and Acceptability of Kimberley Mum's Mood Scale to Screen for Perinatal Anxiety and Depression in Remote Aboriginal Health Care Settings. PLoS One. 2017;12(1):e0168969.

22. Getting it Right: validating a culturally specific screening tool for depression (aPHQ-9) in Aboriginal and Torres Strait Islander Australians. Med J Aust. 2019;211(1):24-30.

23. Farnbach S, Gee G, Eades AM, Evans JR, Fernando J, Hammond B, et al. Process evaluation of the Getting it Right study and acceptability and feasibility of screening for depression with the aPHQ-9. BMC Public Health. 2019;19(1):1270.

24. Skinner T, Brown A, Teixeira-Pinto A, Farnbach S, Glozier N, Askew DA, et al. Sensitivity and specificity of Aboriginal-developed items to supplement the adapted PHQ-9 screening measure for depression: results from the Getting it Right study. Med J Aust. 2024;221(5):258-63.

25. Meldrum K, Wallace V, Webb T, Ridgway L, Quigley R, Strivens E, et al. A Delphi study and development of a social and emotional wellbeing screening tool for Australian First Nations Peoples living in the Torres Strait and Northern Peninsula Area of Australia. PLoS One. 2024;19(6):e0306316.

26. Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander people and primary health care: patterns of service use, preferences, and access to services 2024 [updated Dec 2024; accessed Apr 2025]. Available from: www.aihw.gov.au/reports/indigenous-australians/first-nations-people-primary-health-care/contents/summary.

27. Reifels L, Nicholas A, Fletcher J, Bassilios B, King K, Ewen S, et al. Enhanced primary mental healthcare for Indigenous Australians: service implementation strategies and perspectives of providers. Glob Health Res Policy. 2018;3:16.

28. Webb T, Meldrum K, Wapau C, Sagigi B, Quigley R, Strivens E, et al. How First Nations peoples living in the Torres Strait and Northern Peninsula Area describe and discuss social and emotional well-being. Aust J Rural Health. 2024;32(6):1216-26.

29. Darwin L, Vervoort S, Vollert E, Blustein S. Intergenerational trauma and mental health: Australian Institute of Health and Welfare; 2023. Available from: www.indigenousmhspc.gov.au/publications/trauma.

30. General Practice Mental Health Standards Collaboration (GPMHSC). Rapid review on trauma-informed care in primary care settings 2022 [accessed Apr 2025]. Available from: www.gpmhsc.org.au/resourcehub/c/literature-review.

31. Purkey E, Patel R, Beckett T, Mathieu F. Primary care experiences of women with a history of childhood trauma and chronic disease: Trauma-informed care approach. Can Fam Physician. 2018;64(3):204-11.

32. Purkey E, Patel R, Phillips SP. Trauma-informed care: Better care for everyone. Can Fam Physician. 2018;64(3):170-2.

33. Roberts SJ, Chandler GE, Kalmakis K. A model for trauma-informed primary care. J Am Assoc Nurse Pract. 2019;31(2):139-44.

34. Tomaz T, Castro-Vale I. Trauma-Informed Care in Primary Health Settings-Which Is Even More Needed in Times of COVID-19. Healthcare (Basel). 2020;8(3).

35. Australian Institute of Health and Welfare. Cultural safety in health care for Indigenous Australians: monitoring framework 2023 [updated Jul 2023; accessed Apr 2025]. Available from: www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/background-material.

36. Reconciliation Australia. 2022 Australian Reconciliation Barometer 2022 [accessed May 2025]. Available from: www.reconciliation.org.au/wp-content/uploads/2022/11/Australian-Reconciliation-Barometer-2022.pdf.

37. Hepworth J, Askew D, Foley W, Duthie D, Shuter P, Combo M, et al. How an urban Aboriginal and Torres Strait Islander primary health care service improved access to mental health care. Int J Equity Health. 2015;14:51.

38. Page IS, Leitch E, Gossip K, Charlson F, Comben C, Diminic S. Modelling mental health service needs of Aboriginal and Torres Strait Islander peoples: a review of existing evidence and expert consensus. Aust N Z J Public Health. 2022;46(2):177-85.

39. Kilian A, Williamson A. What is known about pathways to mental health care for Australian Aboriginal young people?: a narrative review. Int J Equity Health. 2018;17(1):12.