



Caring for diverse populations

A resource for GPs supporting people with
refugee and asylum seeker backgrounds

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Refugee and asylum seeker backgrounds encompass people who have been displaced due to conflict, persecution, violence, or human rights violations. Many have experienced disrupted education, interrupted health care, separation from family, and significant trauma before, during, or after migration.

This resource can be used in conjunction with a Mental Health Treatment Plan (MHTP) and may help you identify inclusive, respectful questions to ask patients with refugee or asylum seeker backgrounds, how best to ask them and which topics particularly require an empathic and trauma-informed approach.

While this resource relates specifically to people from refugee and asylum seeker backgrounds, 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 Interests 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 patient.

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 experiences of displacement, persecution and systemic disadvantage can deeply affect how refugees 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, resilience and strengths.
- **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.
- **Be curious, not assumptive:** Every refugee's story is unique. Avoid stereotypes or assumptions about trauma, mental health or cultural background. 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 ask if the patient would prefer an interpreter or translated materials. Validate strengths and experiences and avoid reducing the person to their refugee status.
- **Address stigma and shame sensitively:** Mental health and suicide can carry significant stigma in many cultures and disclosure may feel unsafe. 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.
- **Prioritise safety and choice in care:** Asking unnecessary details can risk re-traumatisation, especially when discussing past persecution or violence. 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.
- **Family and community context matters:** Refugees often have strong family and community ties, though these may be disrupted by displacement. Explore supports and relationships as part of holistic care planning and ask who they would like involved in decisions.
- **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 authorities or systems may exist.
- **Plan for crisis and safety:** If a situation escalates or the patient is in crisis, prioritise safety and know culturally appropriate referral pathways, including refugee health services, trauma recovery programs 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	Identify yourself as the GP and ask the patient their name. Using your clinical judgement, consider sharing your pronouns or asking the patient theirs. Intersectionality shapes experiences and informs the delivery of equitable, effective care. However, be mindful that intersectionality and sexuality are still stigmatised in many cultures². If a person has come in with a family member, they may not wish to share information about their sexuality. Asking if the patient's comfortable speaking with you about their mental health acknowledges the breadth of gender and sexual identities and religious and cultural beliefs. Gender preference for GPs is an important consideration in every consultation.	My name is Dr X, my pronouns are x/x. What's your name? How do you pronounce that? Are you comfortable speaking to me about your mental health today, or would you like me to book you an appointment with a [insert gender] doctor?
Asking about interpreters	Having an interpreter helps ensure timely communication and supports patients to feel empowered in their care. Not using professional interpreters poses substantial risks to the quality of care,³ leading to adverse health outcomes, clinical inefficiencies and negative patient experiences that can impact future engagement with health services. It can be difficult to describe feelings in a second language. Always offer a phone or on-site professional interpreter in any consultation with a person who speaks languages other than English. Using a family member (especially a child) as an interpreter isn't recommended as they're unlikely to have the necessary knowledge to adequately convey important medical language. Some patients may not feel comfortable using an interpreter due to concerns about intersectionality, confidentiality or being from the same community or culture. If a patient refuses an interpreter, this should be recorded in their plan.	I'd like to start by asking, what's your preferred language? Would you like an interpreter today to help us talk? Would you like me to organise an interpreter for our next visit?
Learning about your patient, the language they speak and their origin	The refugee experience is commonly embedded in trauma and uncertainty. Establishing rapport and supporting people to feel empowered and to collaborate in consultations is particularly important. Finding out where a person's from may uncover information about whether they're likely to have had traumatic experiences. As a GP, it's worth understanding which countries of origin have experienced conflict and may be indicative of trauma, for example Afghanistan, Palestine, Somalia, Sudan, Congo, Rwanda, Iraq and Ukraine.	Is there a culture or gender of interpreter you'd feel comfortable with? What country are you from originally? Would you like to tell me about your cultural heritage or background?

Purpose	Why	Suggested ways to enquire
Finding out why the patient has come to see you	These questions help you respectfully explore a patient's experiences and mental health needs in a culturally sensitive way. Beginning with consent reassures the patient that they're 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. Using simple language to ask why they've come to see you, or if they're experiencing any worries, helps open the discussion about their mental state. It acknowledges that concepts like mental health may be unfamiliar and may reveal whether a specific event has prompted them to seek care. Note that basics of housing, food, employment or education and physical health are vital for good mental health. Sometimes these may be the key issues that the patient wishes to focus on through the MHTP development.	How's life going for you? Can you tell me a bit about work/school/family? 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? It can be hard to talk to a GP about your feelings. Can you tell me why you've come to see me? Are you having any worries today or at the moment?

Asking about your patient's physical and emotional health

Purpose	Why	Suggested ways to enquire
Asking for your patient's consent to discuss how they're feeling physically and emotionally	The following questions will help you understand your patient's physical and emotional health. Asking about the body or physical health is a safe place to begin the conversation. Many refugee patients may feel more comfortable discussing physical ailments than emotional ones. Seeking permission first 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.	If it's okay with you, I'm going to ask about physical and emotional symptoms/experiences. These are questions I ask everyone. Is it okay if I ask about how you're feeling in your body, how your eating is and how you're sleeping?
Understanding your patient's physical symptoms	People who have had refugee-like experiences in Australia are more likely to have higher instances of poor health, such as communicable diseases, undiagnosed or inadequately managed chronic conditions, untreated injuries and nutritional deficiencies. In addition to physical manifestations of mental health symptoms, it's also important to consider whether individuals have accessed recommended health screening based on their country of origin, transit countries and other health impacts of their refugee experiences.	Any muscle, bone, joint pain? Racing heart or feeling short of breath?

Purpose	Why	Suggested ways to enquire
Understanding your patient's eating habits	Asking a patient about their eating habits helps you gain a holistic understanding of their wellbeing. Eating patterns can indicate underlying mental health concerns such as stress, anxiety, depression, or eating disorders. 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're 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, while poor sleep can worsen mood, concentration and overall functioning. ⁴ Sleep disturbance is also a common presentation of post-traumatic stress disorder (PTSD), which is common among refugees. ⁵	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? How frequent or severe are they? Are you having interrupted sleep? What's interrupting it? 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?
Understanding more about your patient's emotional wellbeing and things that could be impacting their mental health	Asking about your patient's emotions helps you understand how they're experiencing and expressing their mental health concerns. Emotions provide key information about mood, coping and the impact of life stressors. They guide decisions about treatment and supports. This is especially important for culturally and linguistically diverse (CALD) patients, as 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. Ask about emotions in a respectful way, ensuring the patient feels heard in the way they naturally describe their experiences.	Are you feeling suddenly fearful for no reason? Have you been feeling sad or crying lately? Have you been feeling uncomfortable, irritable, easily angered, or losing your temper? Are you having more thoughts than usual? What's going on in your mind? Do you have any worries that you can't stop thinking about or do you have a busy brain? Are you forgetting things? Feeling like your mind isn't working properly? How is that affecting you?

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

It's a requirement to complete a risk assessment that includes asking about self-harm and harm to others, ideation or thoughts and intent or plans. Given the high prevalence of experiences of trauma in people of refugee backgrounds, meaningful exploration of safety concerns is an essential component of providing quality care.

This conversation needs to be culturally safe, and shame can be a significant trigger for action on suicide ideation. Recognising a mental health issue can be associated with shame. It's extremely important to be kind, calm and empathetic when discussing these

issues, particularly when working with an interpreter who may share many of the cultural understandings of the patient, and where 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've obtained the patient's informed and culturally appropriate consent to proceed. Consent may not be valid if the patient doesn't 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 refugee patient about safety or harm from others	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's important to understand if the patient is physically, emotionally or spiritually unsafe. This question helps GPs safely identify hidden abuse, supports early intervention and lets patients know their GP is a safe person to talk to – even if not right away. It's a cornerstone of trauma-informed primary care. Asking about family violence always depends on context and privacy, such as whether someone else attends with the patient and whether you believe there could be intimate partner violence (IPV). Sometimes a patient who has experienced trauma might struggle to answer questions in detail. In these instances, you could ask yes/no questions or suggest they write down their story instead.	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 to listen and support you. If not, we can find someone you feel comfortable with. You're in control of what information you give me. Can I ask about safety within your personal relationships, such as with friends or at home? Do you have somewhere to live that's safe and secure? Have you experienced any situations where you feel you've been treated differently based on your cultural background? 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? Have you felt unsafe with specific people in your life? You can tell me as much or little as you like. Is there anything you use, like alcohol or other drugs to make yourself feel better?

Purpose	Why	Suggested ways to enquire
Asking your refugee patient about safety or harm from themselves	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. 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 health care.	For people who have a lot on their mind, or who have been through difficult things, it can cause thoughts around wanting to hurt yourself or disappear. Have things ever felt so bad that you wanted to give up or not be alive anymore? How bad are the thoughts? Are those thoughts there all the time? Have things ever felt so bad that you wanted to hurt yourself? Are they affecting your work or personal life? Are they new, or have you had them before? Have you made any plans to harm yourself? How close have you come to doing something? Are you able to tell me if you've had any past attempts at suicide? Have you shared these thoughts with anyone else? What helped you get through that moment? Is there anything that's helped distract you from these thoughts? Is there anything you use, like alcohol or other drugs to make yourself feel better?

Exploring the impact that forced migration and resettlement may have had on your refugee patient

Purpose	Why	Suggested ways to enquire
Understanding your patient's refugee or asylum seeker background and experiences, if clinically relevant	You may feel it's clinically relevant to discuss the patient's experiences of forced migration and resettlement in Australia. This can help you understand the patient's background, current circumstances and the social factors that may be affecting their mental health and wellbeing. Questions about visa status, the migration journey and life in Australia can reveal important contextual information about uncertainty, trauma or displacement that may contribute to psychological distress. There can be heightened uncertainty for people fleeing conflict, particularly for those on tourist visas or bridging visas, which is substantial for many people seeking asylum. Additionally, the mode and route of arrival is another important consideration, both for physical health screening for communicable diseases and for understanding experiences of prolonged displacement, torture and trauma. The refugee experience is broad and may include prolonged time spent in second countries, including in refugee camps, immigration or other types of detention, and perilous sea and land journeys. It's important to recognise that many people on humanitarian visas who've recently arrived aren't able to return home for fear of persecution. Most people seeking asylum also aren't able to return home and may not be able to reunite with family members who remain in their country of origin. This can further impact mental health, particularly if they're unable to build a community.	Am I able to ask whether you have a visa at the moment? Does this visa allow you stay here permanently, or is it a temporary one? Are you comfortable sharing a bit about your journey coming here? How is your life going in Australia? What's going well, and what's not going well? Are there worries about family members or events back home that are affecting you? Are you able to, or are you expected to travel back to your country for any reason? Are you finding it easy or hard to access the help or services you need here?

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	Asking about the patient's experiences is relevant for a MHTP, and asking gives them an opportunity to discuss it if they'd like to. 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, anxiety triggered by reminders of the trauma and 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 them. The details of the trauma should only be discussed in a therapeutic context by a mental health clinician trained in trauma therapy.	Bad things have sometimes happened to people in their homeland or in the past. I don't need to know the details about what you've been through, but has anything happened to you or your family that could be affecting your health or the way you're feeling now? Are you having any memories of things that have happened in the past? Are the memories so strong that you feel like it's happening now? You don't need to tell me anything you don't want to.

Asking your refugee 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	Asking about a patient's strengths and support networks is an important way for a GP to understand the resources 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. 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. Ending the session by focusing on strengths and supports can be empowering for the patient. Supports 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.	Who are the people in your life you feel comfortable talking to or relying on? Can you tell me about the kinds of friendships or connections you have in your community? What kinds of supports or services are you connected with at the moment, such as case workers, support workers, immigration lawyers, or peer workers? Have you been able to maintain contact with people from your home country? What helps you feel better or stronger? Do you have any religious beliefs, for example prayer, that help? What's important to you that helps you day to day? 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?

Making a plan for future care

Purpose	Why	Suggested ways to enquire
Ensuring your patient feels supported in their care now and in the future	To finish your MHTP session, you could provide your patient with links to language and culturally appropriate information. Asking about the individual patient's experience and understanding of mental health issues and how other members of their community have managed these can be very useful. In many cultures, mental health concerns are stigmatised, and psychological therapy may not be an accepted or well-understood approach. Some people seeking asylum may not have access to Medicare, which means they cannot access the 10 rebated psychologist sessions. Other community services – particularly torture and trauma services and many primary health networks – provide counselling services that are not reliant on Medicare funding. Ensure that interpreter requirements and preferences are included in referral letters.	Do you feel we have a good understanding of everything we've spoken about, and would you like some more information? Would you like a referral to a counsellor or psychologist? Do you have a preference around gender or cultural background? If you don't want to see a psychologist or counsellor, you can continue seeing me. Would you like me to connect you with some support services? Is there a particular type of support you think you might like, such as support groups? Is there anything else you'd like to talk about that you haven't already?

Administrative considerations for your refugee or asylum seeker patient

Medicare item numbers from 1 November 2025

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 Focussed Psychological Strategies (FPS) session. For training, please click here .
2727	40+ min	Completion of FPS session. For training, please click here .

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
- [Pre-booking is an option for online and on-site consultations](#)

Comorbidities

Comorbidities can be shaped by:

- country of origin and transit countries travelled through
- 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 due to lack of resources in the country of origin, or migration from conflict zones where health services have been decimated.

The GPMHSC recommends the following resources on comorbidities with refugee patients:

- [Australian Refugee Health Practice Guide](#)

Case workers, legal support and visas for refugees and asylum seekers

The majority of individuals and families who arrive as refugees on humanitarian visas are assigned case workers and should have access to housing, social support and refugee health clinics for screening. Individuals and families who arrive on other visas, or who are seeking asylum, may not be provided with case work, refugee health screening, housing or social support. This group may need support with access to legal services to assist them with their applications for protection visas. Visa type and visa status can impact how you plan treatment. See below for a brief overview of the different visa types and helpful legal links:

- <https://visaenvoy.com/visas-eligible-for-medicare/>

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
Bridging Visas / Asylum Seekers	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 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
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 Overseas Student Health Cover (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

Visa type	Medicare eligibility	Links
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 (Note: People fleeing conflict who are evacuated urgently may arrive on 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
Legal/case worker assistance	Type of assistance	Link
Refugee Council of Australia	Legal support	https://www.refugeecouncil.org.au/settlement-services/
Refugee Legal	Legal support	https://refugeelegal.org.au/about-us-2/what-we-do/
MercyCare	Casework support	https://www.mercycare.com.au/
Jesuit Refugee Service	Casework support	https://aus.jrs.net/en/casework-for-asylum-seekers/

Additional resources, tools and templates

Organisation	Resource	Link
Embrace	Translated resources on diagnoses	https://embracementalhealth.org.au/community/translated-information
Phoenix Australia	Australian guidelines for the management of PTSD	https://www.phoenixaustralia.org/australian-guidelines-for-ptsd/
healthdirect	Mental health information	https://www.healthdirect.gov.au/mental-health-conditions
RACGP White Book	Working with migrant and refugee communities	https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/abuse-and-violence/specific-populations/working-with-migrant-and-refugee-communities
Refugee Health Screener-15 (RHS-15) Packet	Screening tool for emotional distress and mental health in refugees; includes background, guidelines and translations (Somali, Russian, Arabic, Burmese, Karen and Nepali)	https://ethnomed.org/resource/refugee-health-screener-15-rhs-15-packet/
Refugee health assessment	Assessment tools and guidance for refugee health	https://refugeehealthguide.org.au/refugee-health-assessment/
LGBTIQ+ refugees	Checklist for patients who identify as refugees and as part of the lesbian, gay, bisexual, transgender, intersex, queer + (LGBTIQ+) community	https://www.unhcr.org/handbooks/ih/age-gender-diversity/lgbtiq-refugees

Organisation	Resource	Link
Orygen – Good Practice Framework	Guidelines for designing mental health services tailored to young people from migrant and refugee backgrounds, aiming to improve access and reduce stigma	https://www.orygen.org.au/About/Service-Development/Youth-Enhanced-Services-National-Programs/Primary-Health-Network-resources/Designing-mental-health-services-for-young-people/Good-Practice-Framework-Orygen-2019-%281%29?utm_source=chatgpt.com
Multicultural Australia – Migrant Youth Vision Project (MYVP)	Supports young people from refugee and migrant backgrounds in employment, education, training, sports and social participation	https://www.multiculturalaustralia.org.au/multicultural-youth-support/youth-program/?utm_source=chatgpt.com
Queensland Centre for Mental Health Learning	Quick guide for observing and documenting the Mental State Examination	https://www.qcmhl.qld.edu.au/course/resources/MSE/Quick_reference_guide.pdf

Referrals and support services

Organisation	Services provided	Link
FASSTT	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	https://www.fasstt.org.au/
STARTTS	Provides culturally relevant psychological treatment, support and community interventions, to help people and communities heal the scars of torture and refugee trauma and rebuild their lives in Australia	https://www.startts.org.au/
Foundation House	A specialist refugee trauma agency supporting survivors of torture and other traumatic events	https://foundationhouse.org.au/
The UN Refugee Agency	Provides counselling, information, support and advocacy for people from a refugee and migrant background who have experienced torture or trauma	https://help.unhcr.org/australia/where-to-find-help/services-for-survivors-of-torture-and-trauma/
Refugee Legal	A community legal centre specialising in refugee and immigration law, providing legal advice, representation and casework for asylum seekers and disadvantaged migrants	https://refugeellegal.org.au/
Asylum Seeker Resource Centre	Offers food and material aid, support services, healthcare, legal aid and more for people seeking asylum	https://asrc.org.au/
The Asylum Seekers Centre	Provides practical help for people seeking asylum in Greater Sydney and advocates for fair and humane policies for refugees and people seeking asylum	https://asylumseekerscentre.org.au/
Companion House (ACT)	A non-government community-based organisation that works with adults and children who have sought safety in Australia from persecution, torture and war-related trauma	https://www.companionhouse.org.au/about-us/

Organisation	Services provided	Link
Monash Refugee Health & Wellbeing	Provides comprehensive primary care services together with tertiary services including infectious diseases, paediatrics and psychiatry	https://monashhealth.org/services/refugee-health-and-wellbeing/
RCHMs Immigrant Health Clinical Resources.	Provides resources on immigrant health	The Royal Children's Hospital Melbourne
Refugee Health Network Australia	Builds capacity, partnerships and facilitates coordination of care across health, settlement agencies, communities and government/non-government sectors	https://www.refugeehealthaustralia.org/#state-contacts
Companion House Medical Service	Provides general practice and primary health services for refugees, usually for the first 12 months in Australia or longer	https://www.companionhouse.org.au/medical/
Phoenix Centre – Migrant Resource Centre (Tas)	Specialist mental health service that provides support for survivors of torture and other traumatic experiences and their communities	https://www.medicarementalhealth.gov.au/service/phoenix-centre-migrant-resource-centre-tas-16523

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