



# Caring for diverse populations

A resource for GPs supporting Aboriginal and Torres Strait Islander peoples

ID-8231

# Caring for diverse populations

## A resource for GPs supporting Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander Peoples represent the world's oldest continuous cultures, each with distinct languages, kinship structures, histories, and connections to Country.

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

While this resource relates specifically to Aboriginal and Torres Strait Islander Peoples, 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's been reviewed by external organisations and RACGP Specific Interest Group chairs. This is an example model of care presenting the opinion and experience of the authors, and GPs are encouraged to do their own critical appraisal, exercise clinical judgment, and adapt the information to the individual needs, preferences, and circumstances of their patients.

## Contents

Trauma-informed care – an overview	1
The role of the GP	2
The kinship system	3
Introductions and finding out why the patient has come to see you	4
Yarning about how the body, mind, spirit and relationships are feeling	6
Yarning about ways of staying strong and connected	7
Yarning about safety, with themselves or others	8
Family stories, past hurts, and their impact today	9
Sorry business	9
Making a plan for care for the future	10
Administration section	11
Additional resources, tools and templates	12
Referral and support services	13
Reference	13

## 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 care<sup>1</sup>

<b>Safety</b>	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.
<b>Trustworthiness and transparency</b>	Build and maintain trust through clear, consistent and transparent communication and decision-making.
<b>Peer support</b>	Promote healing through mutual support from people with lived experience of trauma. Peer relationships foster understanding, empathy and hope.
<b>Collaboration and mutuality</b>	Value shared power between providers and clients. Recognise that healing happens in relationships and through meaningful collaboration.
<b>Empowerment, voice and choice</b>	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

---

**Silence** Silence is an effective communication tool which is undervalued by western models of communication. It allows a demonstration of respect and consideration for what a person has said, as well as providing time for a person to formulate the response. There is likely a sense of mistrust about you, no matter how non-threatening you believe you are, as you represent authority from a system of authority which has caused intergenerational trauma and the ongoing effects on psychosocial disability. It is encouraged to sit in silence respectfully, to allow the patient time to consider their answers.

**Takeaway: Allow for silence**

---

**Confidentiality** Aboriginal and Torres Strait Islander health services often employ local staff, building trust and cultural safety by ensuring care is provided by people who understand the community. However, this can mean patients are treated by relatives or people from the same mob, making confidentiality and privacy especially important. Patients should be clearly informed that their information will remain private unless required by law to be shared. GPs play a key role in protecting confidentiality while supporting the vital role of Aboriginal health workers, whose close community ties can make privacy more sensitive.

**Takeaway: Discuss confidentiality throughout**

---

**Terminology** For many Aboriginal and Torres Strait Islander people, the term *mental health* may not reflect their holistic view of wellbeing. Health and healing are often understood through concepts such as *social*, *emotional* and *spiritual wellbeing*, or described in everyday terms like *worries* or *stress*. Using language that aligns with a person's worldview supports cultural safety, trust, and more meaningful care. It is important to check with the patient, Aboriginal health practitioner (AHP), or another culturally competent clinician to ensure the most respectful and appropriate terms are used.

**Takeaway: Use terminology that is appropriate for your patient**

---

**Worldview** Providing culturally safe care means recognising your own worldview and ensuring it does not impact the patient's perspective. To be patient-centred and trauma-informed, you need to be guided by the patient's worldview, beliefs, and values. Approach each interaction with humility, openness and respect. Listening and learning (rather than leading with questions), supports trust and meaningful connection.

**Takeaway: Listen respectfully**

---

**Open-mindedness** When working cross-culturally, it is essential to approach with openness, curiosity, and respect. Different worldviews offer diverse understandings of health, life and connection to spirit - each perspective having its own wisdom. For example, many cultures consider seeing or feeling the presence of deceased loved ones as a natural part of life. Practising cultural humility means recognising the value in these perspectives and understanding that learning is a lifelong journey. Cultural humility is a never-ending journey.

**Takeaway: Be open minded**

---

## The kinship system

The concept of ‘the kinship system’ is widely used in central Australia and Arnhem Land, but less so in metro cities. The kinship system is a central part of Aboriginal and Torres Strait Islander cultures that defines relationships, social roles and cultural responsibilities.

For GPs, understanding kinship is essential to delivering culturally safe, respectful care. It helps avoid assumptions about family structures, ensures appropriate involvement of extended family or Elders

in health decisions, and supports trauma-informed care – particularly in the context of colonisation and the stolen generations.

Being aware of kinship protocols (such as avoidance relationships or communal caregiving), can improve communication, build trust and create a more inclusive and effective healthcare experience. To learn more, consult with your local Aboriginal and Torres Strait experts.

---

### Working with the kinship system

<b>Ask who should be involved, and who they don't want involved</b>	Gently ask, “Who would you like to be involved in your care or decision-making?” and avoid assuming that the person’s next of kin is a biological relative, as kinship structures in Aboriginal and Torres Strait Islander cultures may differ. It’s important to understand who the right person is to speak about these matters, as decision-making may involve extended family or be a collective, culturally guided process.
<b>Acknowledge extended family roles</b>	Respect that “mum”, “uncle” or “sister” may refer to culturally significant relationships, not just biological ones, and be open to broader family involvement in appointments, care planning and support.
<b>Use appropriate, respectful language</b>	Mirror the terms your patient uses when referring to family members. Avoid calling people “just a friend” or questioning non-western family roles.
<b>Acknowledge and respect avoidance relationships</b>	Some kinship systems include avoidance rules (eg between a woman and her son-in-law). If discomfort or silence arises, consider whether a cultural protocol is being triggered.
<b>Support culturally safe decision making</b>	Provide space and time for the patient to consult with family or community Elders before making decisions. Don’t pressure for immediate answers if this isn’t culturally appropriate.
<b>Partner with Aboriginal health workers or liaison officers</b>	They can help you understand local kinship structures and advise on culturally respectful care. They may also help navigate family dynamics or provide cultural brokerage.
<b>Be curious</b>	If unsure, respectfully ask or say, “I want to make sure I understand your support network – how would you describe your family or community?”  Avoid making assumptions or overgeneralising.

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

Purpose	Why	Suggested ways to enquire
Introducing yourself and learning about your patient and their origin	<p>Aboriginal people care more about who you belong to, family and place, what you do (or how many letters after your name). If you want to talk about mental health, you cannot do it as a stranger. A recommendation is to prepare an answer from the Aboriginal and Torres Strait Islander context.</p>	<p>I'm from X Country, my family have been in X Country for three generations. Before that we were in X Country.</p> <p>What name do you go by?</p> <p>How do you pronounce your name?</p>
Asking the patient about the kinship system and their relationship to it	<p>A GP should always ask about an Aboriginal and Torres Strait Islander person's kinship, as it is central to culturally safe, respectful care that values family, community, and holistic wellbeing. Understanding kinship guides treatment decisions, supports communication and ensures patients feel respected and supported. When working in a new community, GPs are encouraged to learn about local kinship and cultural practices through Elders, Aboriginal health practitioners, or respected mentors, and to pass on this knowledge during handover to new GPs.</p> <p>Asking about kinship can sometimes trigger distress, particularly for those experiencing identity loss – such as members of the Stolen Generations. Be prepared to provide resources and support if a patient wishes to reconnect with their culture. Showing a genuine desire to learn language and culture demonstrates respect, though lost language or culture may also be a source of trauma. Interpreters nominated by patients – often younger relatives who navigate both cultural and western systems – are usually more effective than official interpreters.</p> <p>Navigating confidentiality while respecting kinship can be challenging, as family or mob involvement is culturally appropriate. Asking patients to confirm who they want involved - ideally in writing, helps balance cultural safety with legal protection. Above all, listen closely and respectfully to your patient's answers.</p>	<p>What mob/family group are you from?</p> <p>What language does your mob speak?</p> <p>Can you teach me a couple of words?</p> <p>Are there any Elders, family members, Aboriginal health practitioners/other clinic workers, or community members you'd like involved in your care or decision-making?</p> <p>Is there anyone you don't want involved?</p> <p>I don't want to assume anything – could you tell me how your family or kinship group works, or what roles people play in your life?</p>
Understanding the patient's living situation	<p>Many Aboriginal and Torres Strait Islander people have a deep and genuine fear that sharing certain information could lead to child removal, which can prevent them from disclosing critical issues such as family violence. Asking early – and in a casual, non-threatening way – about who lives at home can be helpful, as it provides important context without triggering fear or shutting down trust later if safety concerns arise.</p>	<p>Who's at home with you?</p> <p>Do you live with mob or by yourself?</p>

---

## Caring for diverse populations

A resource for GPs supporting Aboriginal and Torres Strait Islander peoples

---

Purpose	Why	Suggested ways to enquire
Reiterating confidentiality	Confidentiality is especially important in small communities, where many staff may be related, and concerns about privacy can limit what patients feel comfortable sharing. Reassuring patients that their information is safe can make a critical difference. Creating a safe space for Aboriginal and Torres Strait Islander people to share their worries is vital, as experiences of racism, discrimination, and intergenerational trauma can make the health system feel unsafe or untrustworthy. When patients feel genuinely listened to, respected and not judged, they're more likely to open up about sensitive issues – like mental health, family concerns, or racism. This builds trust, supports self-determination and enables care that aligns with holistic understandings of health – ultimately leading to stronger relationships and better outcomes.	<p>I understand it can sometimes be uncomfortable to talk to doctors.</p> <p>Have you ever talked to someone – like a doctor, religious leader or Elder – about stress and worries?</p> <p>I won't tell anyone about what we say unless I'm required by law if I think you might hurt yourself or others. Let me know if there is anything you say that you do or don't want included in a referral.</p>
Finding out why the patient has come to see you	'Mental health' is often a stigmatised word, so often the words 'social and emotional wellbeing', or 'worries' can be more appropriate. When asking this question, let there be silence and become comfortable with pauses. Some Aboriginal and Torres Strait Islander peoples may take a few minutes to reply.	<p>What would you like to talk to me about today?</p> <p>Are there any worries you'd like to share?</p>

---

# Yarning about how the body, mind, spirit and relationships are feeling

Purpose	Why	Suggested ways to enquire
<p>Understanding more about your patient's emotional wellbeing and things that could be impacting their mental health. This could be uncovered while you're doing a mental health assessment</p>	<p>When conducting a mental health assessment across cultures, it is essential to interpret a patient's experiences within their cultural context and using their language, not through a western lens. Misunderstandings are common, with many Aboriginal and Torres Strait Islander peoples wrongly labelled as psychotic due to practices or beliefs that are normal in their culture. For example, visions of or communication with the deceased may be a culturally accepted experience, not a hallucination. These are known as culture-bound syndromes – sets of behaviours or beliefs that may be considered illness in one culture but entirely normal in another.</p> <p>To provide safe, respectful care, GPs must approach Aboriginal and Torres Strait Islander patients with openness, listening to their language and perspective rather than imposing their own. Every culture has unique expressions and beliefs. For instance, some Aboriginal communities may hold beliefs about black magic, just as many religious groups emphasise the healing power of prayer. Recognising these differences is critical to avoiding misdiagnosis and ensuring culturally safe practice.</p> <p>This is also why asking the right questions matters. Framing symptoms in familiar, culturally resonant ways can help patients feel understood and reduce stigma. Exploring family and community stressors acknowledges the broader social and cultural context of distress. Using language that reflects cultural understandings of sadness or spirit sickness ensures experiences are not overlooked simply because they don't fit western diagnostic terms. Inviting patients to share their own explanatory models of illness creates space for cultural beliefs, reducing the risk of misdiagnosis and supporting care that aligns with their worldview.</p>	<p>Sometimes when people have stress and worry they find it hard to sleep and eat, they feel slack or unwell. Does any of this sound like you?</p> <p>Do you know someone in the prison system? That can be very hard for mob on the outside.</p> <p>Have you been feeling unhappy, depressed, really no good, that your spirit was sad?</p> <p>Do you have any cultural beliefs that could explain your symptoms, such as black magic?</p>

Purpose	Why	Suggested ways to enquire
<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>Stigma around addiction has a profound impact on First Nations peoples, with drug and alcohol use often unfairly judged through stereotypes and bias. These harmful assumptions can delay or compromise care, sometimes with tragic consequences. For example, one Aboriginal woman's slurred speech was assumed to be due to alcohol, when in fact she was having a stroke and later died. In another case investigated by a NSW coroner, a patient experiencing an upper gastrointestinal bleed was misdiagnosed because doctors and nurses assumed his symptoms were related to cannabis use, even though the presentation was not consistent with cannabis.</p> <p>The seriousness of this systemic issue has been recognised by Ahpra, which has established a board to address racism and bias in healthcare. Small judgments by GPs, often made unconsciously, can have enormous consequences for patients. Bias and racism directly affect the care given to Aboriginal and Torres Strait Islander peoples, making it critical that GPs reflect on and address their own assumptions.</p> <p>The stigma around addiction cannot be separated from the broader history of racism, discrimination, and intergenerational trauma that continues to shape the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Colonisation, systemic injustice, forced removals and cultural disconnection have all contributed to higher rates of psychosocial disability - not as a reflection of personal weakness, but as a result of structural inequity. Recognising this history and its impacts is essential for providing compassionate, culturally safe and trauma-informed care.</p>	<p>For lots of people who have a lot of stress or worry, it can be easier to drink a bit more or use drugs, and this can even hurt relationships. Does any of this happen to you?</p> <p>Do you want to tell me a bit more about your drug or alcohol usage?</p> <p>Sometimes people can smoke Gunja/ Yarndi (terminology may differ depending on where you are), and see visions. Does this happen to you?</p>

## Yarning about ways of staying strong and connected

Purpose	Why	Suggested ways to enquire
<p>Having a strengths-based discussion about how your patient stays strong when things are feeling difficult, who they can rely on, their goals and what brings them enjoyment.</p>	<p>Aboriginal and Torres Strait Islander peoples can keep their spirit strong in many ways - through both cultural and personal practices. For some, this may mean connecting to Country, participating in dance, music, art, hunting, fishing, or making tools, which can be deeply grounding and healing. For others, strength may come from everyday activities such as sport, exercise, meaningful work, teaching children or sharing meals. Spiritual beliefs, good diet, medications, and support from doctors can also play an important role. These practices, whether cultural, social, or personal, help foster connection, resilience and wellbeing.</p>	<p>Are there things you do that help keep your spirit strong?</p> <p>Who are the people that keep you strong and that you trust?</p> <p>Are there things you do when you know you're getting sick, that help quickly?</p> <p>Any goals you have for changing your worries?</p>

# Yarning about safety, with themselves or others

An important note on the complexity of First Nations people and family abuse and violence (FAV).

FAV in Aboriginal and Torres Strait Islander mob must be understood within the broader context of intergenerational trauma, colonisation and systemic disadvantage.

Trauma from past government policies, such as forced child removals and dispossession, continues to affect families today, often contributing to cycles of violence, mistrust and hardship. Substance use, sometimes used as a way to cope with trauma, can also escalate the severity or frequency of violence, further complicating family dynamics.

It's important to remember that FAV is not unique to Australia but a global consequence of colonisation experienced by Indigenous peoples worldwide. Colonisation disrupted traditional kinship systems, gender relations and cultural practices that maintained respect and balance. The resulting trauma, loss and imposed systems underpin contemporary experiences of violence. Recognising this global context reinforces the need for decolonising and culturally grounded healing approaches led by communities.

It's also important not to automatically gender FAV, as both men and women can be impacted, with women often taking strong protective roles. Making assumptions about Aboriginal men as perpetrators risks further stigmatising already marginalised individuals. Many people also fear that disclosing violence will lead to child removal, which can deter help-seeking. A culturally safe, trauma-informed approach is essential to providing meaningful support.

Finally, control and abuse are deeply tied to the concept of ownership and power - a world view imposed on this land with colonisation. In English culture, ownership was understood as dominion over land, people and resources, and this notion was brought to Australia and forced upon First Nations peoples. Whereas Aboriginal and Torres Strait Islander cultures held land, family and community in terms of connection, responsibility, and reciprocity, colonisers imposed a system of possession and control. This shift enabled not only the dispossession of Country but also the justification of power imbalances and abuse that continue to impact First Nations peoples today.

Purpose	Why	Suggested ways to enquire
Asking patients about safety or harm to themselves or others is essential to ensure immediate wellbeing, while also recognising the broader context of trauma, loss and cultural experience.	It's important to ask Aboriginal and Torres Strait Islander patients about their safety, self-harm, and suicidal thoughts to identify immediate risks to their wellbeing and to understand the broader factors that may place them at risk. These conversations acknowledge that harm can arise in the home, community, or relationships, and that cultural experiences, such as visions of deceased loved ones, may hold significance while also being a normal part of Aboriginal culture. Asking in a sensitive, trauma-informed way provides space for patients to speak about self-harm, hopelessness, or distress without judgement. It also recognises the enduring impacts of intergenerational trauma, dispossession and the stolen generations, ensuring that patients feel heard and supported in the context of their lived experiences.	<p>This is my law as a doctor and I need to ask these questions to make sure you're okay. I also want to remind you that this is a safe place. Only I will know this information unless you want me to tell someone else, or if I am required by law to break confidentiality – like if I think you're in danger.</p> <p>Is there anywhere you feel unsafe at the moment?</p> <p>Is there anybody making you feel unsafe? Do you want to tell me about that?</p> <p>Sometimes when people are feeling sick, they see their deceased loved one asking them to join them or follow them. Does this ever happen to you?</p> <p>Sometimes people who have been through bad things can hurt themselves to feel better. Has this happened to you?</p> <p>Sometimes people who have been through bad things can also feel like they don't want to be alive anymore. Have you felt like that recently?</p> <p>Do current or past events in your family still affect your wellbeing today?</p>

## Family stories, past hurts, and their impact today

Purpose	Why	Suggested ways to enquire
Allowing the patient the space to discuss the Stolen Generation and to acknowledge past traumas.	For many Aboriginal and Torres Strait Islander peoples, the trauma experienced by their ancestors and families through colonisation continues to cause profound challenges today. A GP may explore a person's history, including connections to the Stolen Generations, to better understand how trauma, disconnection from family, culture, and Country may be affecting their health and wellbeing. This awareness supports the delivery of culturally safe, compassionate and trauma-informed care. It's also important that support networks are made available after these conversations, as discussing trauma, racism, and discrimination can be deeply triggering.	<p>A lot of families have a history of the Stolen Generation. Is that the case for your family, would you like to talk about it?</p> <p>We don't have to talk about this if you don't want to, and you can bring it up any time in the future.</p>

## Sorry business

Purpose	Why	Suggested ways to enquire
Sorry business can significantly impact a patient's social and emotional wellbeing.	<p>As a GP, there are multiple ways you could help someone experiencing sorry business, such as offering support in the way of programs to medical services who have social and emotional wellbeing programs, and referrals or suggestions to connect with mob, help in accessing medical documents if possible, so that the mob/family can begin their sorry business.</p> <p>Another way you may be able to help is by asking if the person died by suicide. Intervention for someone at this point, when they are grieving for a family member or friend who died by suicide, can save a life. Read more about this in the <a href="#">National Guide</a>.</p>	<p>Would you like to tell me about your sorry business?</p> <p>Can you tell me a bit about how sorry business works in your mob?</p> <p>Did the person die by suicide?</p>

## Making a plan for care for the future

Purpose	Why	Suggested ways to enquire
Ensuring the patient feels supported in their care now and in the future.	Making a plan for future care, such as regular check-ins, agreed communication methods, and strategies that work best for the individual, is highly valuable. The purpose is to build trust and continuity, ensuring patients feel supported and know what to expect from their healthcare journey, particularly if the completion of a Mental Health Treatment Plan (MHTP) has been triggering in any way. Such a plan helps tailor care to the individual, whether that means involving family, working with Aboriginal health workers, or acknowledging cultural practices that strengthen wellbeing. It also empowers patients by giving them a say in how their care is delivered, encourages ongoing engagement with health services, ensuring that care remains flexible, culturally safe, and responsive to their needs over time.	<p>I'd like to set up a follow up appointment in the next few days, just to see how you're going.</p> <p>What healing methods work for you?</p> <p>Are there cultural or community practices that are important for your wellbeing that we should keep in mind?</p> <p>Is there anything else you'd like to talk about today?</p>

# Administration section

## Recommended organisation of care

Aboriginal and Torres Strait Islander peoples have experienced significant intergenerational trauma as a result of colonisation. Building trust is essential before patients may feel comfortable discussing sensitive issues, particularly mental health.

To foster rapport and provide culturally responsive care, consider the below approach when there is time available. This may not be possible if someone is in crisis or requires more urgent mental health care:

Begin with a 715 Health Assessment – Conduct a comprehensive Aboriginal and Torres Strait Islander Health Assessment to understand the patient’s overall health and social context.

Develop a holistic care plan – Based on the assessment, create a care plan that may include referrals to allied health services such as diabetes education, physiotherapy or other relevant supports.

Introduce mental health care gently and appropriately – Once trust and rapport are established through the above steps, consider discussing a Mental Health Care Plan if it appears the patient may benefit from additional mental health support.

## Comorbidities

Comorbidities in Aboriginal and Torres Strait Islander peoples are shaped by the ongoing impacts of colonisation, including intergenerational trauma, social and economic disadvantage, racism and limited access to culturally safe healthcare. These factors contribute to negative impacts in the following areas, and these cannot be overlooked when considered social and emotional wellbeing care in this population:

Psychosocial: Intergenerational trauma, grief, racism, and loss of culture and land impact emotional and spiritual wellbeing.

Substance use: Often used as a coping mechanism for trauma and marginalisation; compounded by limited access to culturally safe care.

Physical health: Higher rates of chronic disease and reduced life expectancy; stress and trauma contribute to physical illness.

Systemic factors: Ongoing discrimination, poverty, and exclusion drive poor health outcomes and reduce trust in services.

## Medicare item numbers

Medicare item numbers	Time	What you need to know
2700	20-40 minutes	GPs who have not done MHST - Development of a MHCP
2701	40+ minutes	GPs who have not done MHST - Development of a MHCP
281	20-40 minutes	Non-VR GPs - Development of a MHCP
282	40+ minutes	Non-VR GPs - Development of a MHCP
2715	20-40 minutes	Development of a MHCP
2717	40+ minutes	Development of a MHCP
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.
715	NA	Aboriginal And Torres Strait Islander Peoples Health Assessment

## Additional resources, tools and templates

Organisation	Resources	Link
The Kids Research Institute	<a href="#">Working Together: Aboriginal and Torres Strait Islander Mental Health Wellbeing Principles and Practice.</a>	<a href="https://www.thekids.org.au/our-research/Indigenous-health/working-together-second-edition/">https://www.thekids.org.au/our-research/Indigenous-health/working-together-second-edition/</a>
The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP)	Manual of Resources for Aboriginal & Torres Strait Islander Suicide Prevention	<a href="https://manualofresources.com.au/">https://manualofresources.com.au/</a>
RACGP	National Guide to preventive healthcare for Aboriginal and Torres Strait Islander people	<a href="https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/national-guide">https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/national-guide</a>
Book	Cultural Safety in Trauma-Informed Practice from a First Nations Perspective: Billabongs of Knowledge	<a href="https://indigenoupsyched.org.au/resource/cultural-safety-in-trauma-informed-practice-from-a-first-nations-perspective-billabongs-of-knowledge/">https://indigenoupsyched.org.au/resource/cultural-safety-in-trauma-informed-practice-from-a-first-nations-perspective-billabongs-of-knowledge/</a>
The Healing Foundation	The Healing Foundation is a national Aboriginal and Torres Strait Islander organisation that provides a platform to amplify the voices and lived experience of Stolen Generations survivors and their families.	<a href="https://healingfoundation.org.au/">https://healingfoundation.org.au/</a>
Dulwich Centre	Information around Narrative Therapy.	<a href="https://dulwichcentre.com.au/resources/">https://dulwichcentre.com.au/resources/</a>
WellMob - Indigenous health resources	WellMob brings together online resources made by and for mob.	<a href="https://wellmob.org.au/">https://wellmob.org.au/</a>
National Assistance Card	The National Assistance Card provides resources and support specifically for First Nations people through various tools and templates designed to enhance communication and understanding of disability-related needs.	<a href="https://www.nationalassistancecard.com.au/information-packs/service-providers">https://www.nationalassistancecard.com.au/information-packs/service-providers</a>
Emerging Minds	Working with Aboriginal and Torres Strait Islander peoples resources	<a href="https://emergingminds.com.au/working-with-aboriginal-and-torres-strait-islander-peoples/">https://emergingminds.com.au/working-with-aboriginal-and-torres-strait-islander-peoples/</a>
Judy Atkinsons – Trauma Trails	This book seeks to provide answers to the questions of how to solve the problems of generational trauma and moves beyond the rhetoric of victimhood.	<a href="https://www.booktopia.com.au/trauma-trails-recreating-song-lines-judy-atkinson/book/9781876756222.html?source=pla&amp;gad_source=1&amp;gad_campaignid=22165366737&amp;gbraid=0AAAAA-la9hMdAil3n_-lde2CHglq5rBZV&amp;gclid=Cj0KCQjw9JLHBhC-ARIsAK4PhcokyCmFgBnRIRhf-bYR8oXUBwZWn7jAPyPEX2uFELfddzliXY-04DYoaAjUoEALw_wcB">https://www.booktopia.com.au/trauma-trails-recreating-song-lines-judy-atkinson/book/9781876756222.html?source=pla&amp;gad_source=1&amp;gad_campaignid=22165366737&amp;gbraid=0AAAAA-la9hMdAil3n_-lde2CHglq5rBZV&amp;gclid=Cj0KCQjw9JLHBhC-ARIsAK4PhcokyCmFgBnRIRhf-bYR8oXUBwZWn7jAPyPEX2uFELfddzliXY-04DYoaAjUoEALw_wcB</a>

## Referral and support services

Organisation	Resources	Link
Brother to Brother	The Brother to Brother crisis line provides phone support for Aboriginal men who need someone to talk to about relationship issues, family violence, parenting, drug and alcohol issues or who are struggling to cope for other reasons.	<a href="https://dardimunwurro.com.au/brother-to-brother-crisis-line/">https://dardimunwurro.com.au/brother-to-brother-crisis-line/</a>
Thirrili (National Indigenous Postvention Service)	Provides 24/7 emotional and practical support to those affected by suicide or other traumatic events	<a href="https://thirrili.com.au/postvention-response-service/">https://thirrili.com.au/postvention-response-service/</a>
Integrated Team Care program	This program supports Aboriginal and Torres Strait Islander people who live with complex chronic conditions. It often provides one-on-one support to help people manage their conditions and get the health care they need.	<a href="https://www.health.gov.au/our-work/integrated-team-care-program">https://www.health.gov.au/our-work/integrated-team-care-program</a>
Hospital in the Home program – state based	Hospital in the Home (HITH) is an admitted acute care service provided to patients in their own home, or other suitable environment outside hospital. Patients are still regarded as hospital inpatients and remain under the care of their hospital doctor.	HITH is state based, we recommend googling “HITH” and your state for more information
Aboriginal Housing Victoria (AHV)	Housing assistance for Aboriginal peoples in Victoria	<a href="https://ahvic.org.au/">https://ahvic.org.au/</a>
Services Our Way (SOW)	Housing assistance for Aboriginal peoples in NSW	<a href="https://www.aho.nsw.gov.au/sow">https://www.aho.nsw.gov.au/sow</a>
Institute for Urban Indigenous Health (IUIH)	Housing assistance for Aboriginal peoples in Brisbane	<a href="https://www.iuih.org.au/our-services/health-and-wellbeing-services/social-health-services/">https://www.iuih.org.au/our-services/health-and-wellbeing-services/social-health-services/</a>
Aboriginal Community Controlled Organisations – state based	Services and cooperatives for Aboriginal and Torres Strait Islander peoples.	<a href="https://www.relationshipsvictoria.org.au/resources/aboriginal-community-controlled-organisations/">https://www.relationshipsvictoria.org.au/resources/aboriginal-community-controlled-organisations/</a>
Stolen Generation support services Victoria	List of service such as Link-Up, Connecting Home, Koorie Heritage Trust and Bring Them Home	<a href="https://prov.vic.gov.au/koorie-services/victorian-stolen-generations-services">https://prov.vic.gov.au/koorie-services/victorian-stolen-generations-services</a>
Lung Foundation Australia	First Nations clinical tools and training	<a href="https://lungfoundation.com.au/health-professionals/first-nations-clinical-tools-and-training/">https://lungfoundation.com.au/health-professionals/first-nations-clinical-tools-and-training/</a>

## Reference

1. Primary healthcare practitioners’ perspectives on trauma-informed primary care: a systematic review. <https://bmcprimcare.biomedcentral.com/articles/10.1186/s12875-024-02573-4>

