

Mind Diversity and Inclusion Framework

Creating and sustaining a diverse and inclusive environment at Mind





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Introduction

Mind Australia Limited (Mind) celebrates diversity and promotes inclusion for all people, including clients, families and carers, employees and volunteers.

Purpose of this framework

Mind has developed this framework to demonstrate our commitment to diversity and inclusion and guide the way we work.

It sets out a range of principles and strategies to ensure our services provide a welcoming environment and experience for everyone.

This means that all clients, regardless of who they are, where they come from or their life experiences, will receive services tailored to their needs. It also means that employees and volunteers at all levels of the organisation will be able to work in an environment that is respectful and inclusive.

The framework will be applied to all aspects of service delivery, including policies, procedures and practice, and inform other key areas, such as human resources, learning and development and the physical environment in which we operate.

Finally, the framework has an important role in the implementation of our strategic and operational planning, with 'reaching out to under-served communities' being a key goal of Mind's current strategic plan.





Definitions

What do we mean by 'diversity'?

Diversity can be defined as any dimension (or combination of dimensions) that can be used to differentiate groups and individuals from one another. It is about recognising the value of difference and acknowledging that what is considered as being different varies according to context and circumstance.

The dimensions that diversity may refer to include, but are not limited to: gender; language; ethnicity; religious belief; cultural background; sexual orientation; age; family responsibilities; education; socioeconomic background; occupational status; disability; work experience; lifestyle; identities; location (for example, rural and remote); marital status.

What do we mean by 'inclusion'?

According to Diversity Council Australia, inclusion occurs when a diversity of people (for example, people of different ages, cultural backgrounds, genders) feel valued and respected, have access to opportunities and resources and can contribute their perspectives and talents.

How do the concepts of diversity and inclusion work together?

Diversity means all the ways in which we differ; inclusion puts the concept of diversity into action by creating an open, inviting environment that encourages involvement and respect.

Mind is working hard to ensure we are inclusive of all people, not just the group of clients and employees that we are currently working with or feel comfortable with.

Mind welcomes everyone.

Principles

Diversity and inclusion at Mind are founded on a set of five principles.

Equity

Mind will treat everyone fairly and impartially at all times. Fairness and impartiality do not necessarily equate to treating everyone in the same way; rather, they are about ensuring all people have their individual needs met.

Using evidence to inform our practice

Mind draws simultaneously from the following three sources in its evidence-informed approach to service development and improvement: the evidence base as documented in literature, policies, data and information; the practice base, both internally and externally; the views of clients and their families and carers and staff.

Being responsive and sensitive

Mind adopts a responsive and sensitive approach to working with clients, families and carers, employees and volunteers. This approach, which is modelled by the Mind leadership team, uses our specialist knowledge, awareness, behaviours, skills and attitudes to make people feel included.

Being person-centred

Mind's employees and volunteers will ensure that all clients, regardless of individual difference, are treated with dignity and respect. We will ensure that information collected and stored about them is shared with them and that participation and collaboration in recovery processes are encouraged and supported to the extent that clients choose. A person-centred approach ensures that information, systems and services meet all clients' needs. This kind of approach is fundamental to addressing the needs of individuals within the most vulnerable groups.

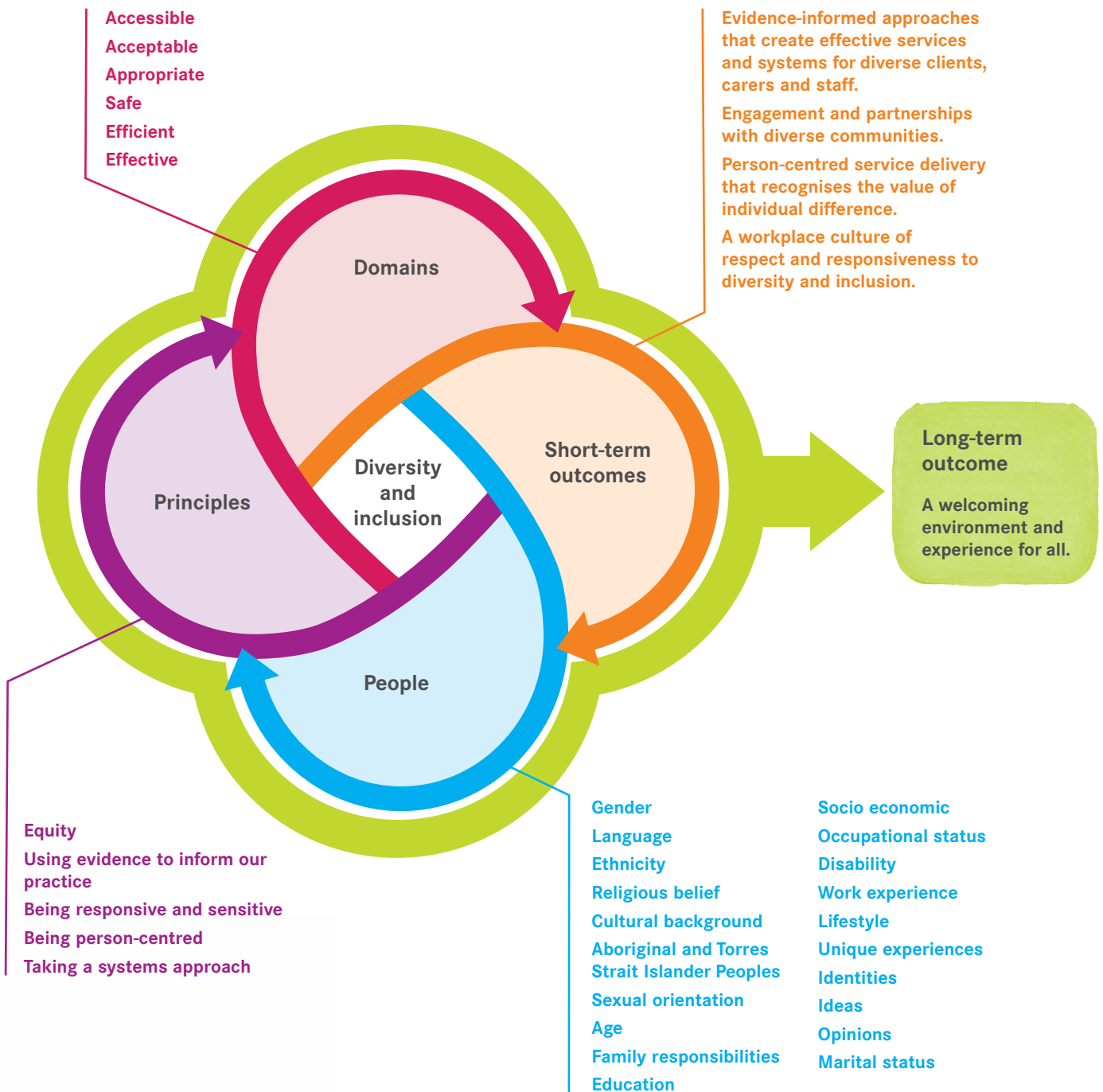
Taking a systemic approach

Mind's approach to diversity and inclusion will be systemic: the whole organisation will be taken into account in the development of policies and actions and we will ensure we promote inclusion in the way we operate. We will identify any systemic or structural barriers to the embrace of diversity and inclusion and consider all the factors that combine to direct the way we work. These include: staff attitudes, service design, communication, policies and procedure, tools, training and operating systems.



Application

The following diagram shows the interplay between the recognition of diversity and the application of principles to achieve inclusion across the identified domains that influence our work, both now and in the future.



Guiding our approach



Mind's Diversity and Inclusion Committee will play a key role in driving the implementation of this framework. The Committee, which has representatives from across the organisation, is addressing key issues through five working groups, each representing priority communities. These communities include:

Lived experience

The expertise that can come from lived experience is critical in challenging prejudice and negative stereotypes about people living with mental health issues, breaking down ‘them’ and ‘us’ barriers and promoting the recovery of the people we serve (Repper Rachel Perkins and Julie, 2014). This is exciting when considered in the context of the results of the 2016 Mind employee engagement survey, which showed that thirty-four percent of staff respondents identified as having a lived experience, and fifty-two percent as having experience of caring for someone with mental health challenges.

Our practice principles include:

- ensuring that Mind is a safe and supportive environment where every employee, regardless of their role, feels safe to talk openly about their lived experience
- embracing the lived experience of the Mind workforce, that is, seeing lived experience as a knowledge base that informs our practice
- encouraging employees to visit the ‘Wellbeing’ page on the Mind intranet and participate in the *Mind Yourself Wellbeing Program*
- ensuring that Mind creates a welcoming and inclusive environment for all employees by:
 - actively involving our workforce with a lived experience in developing, planning, delivering and evaluating our services
 - providing support, mentoring and supervision and talking openly about wellbeing and support needs
 - acknowledging the skills and expertise that having a lived experience brings to our workforce
 - talking at team meetings about Occupational Health and Safety as it relates to those with a lived experience
 - educating employees on the EAP services available to them and prominently displaying this information at our sites.

Culturally and Linguistically Diverse (CALD)

People from a CALD background have a significantly lower level of access to mental health care than the mainstream population. This is due to language difficulties, cultural understandings of mental health, cultural stigma, unfamiliarity with western health systems and the overall lack of culturally competent health services.

Our practice principles include:

- when working with people from culturally and linguistically diverse backgrounds, being respectful of their religious and cultural beliefs
- creating a welcoming environment by:
 - using images that are culturally appropriate in waiting areas and offices
 - displaying a welcome sign in a range of languages in the reception area
 - having translated documents available in waiting areas
- making the effort to learn people’s names and, if they are initially difficult to pronounce, persevering in using them
- making sure that people are asked how they would like to be addressed (as referring to people by their first names may be considered disrespectful in some cultural contexts)
- knowing how to access interpreter services (or knowing where to find information on interpreter services quickly), to help overcome language barriers.



Lesbian, Gay, Bisexual, Trans, Intersex and Queer or Questioning (LGBTIQ)

There is now an established body of research showing significant variations in the prevalence and patterns of mental ill-health between LGBTIQ and mainstream communities. In particular, the research suggests that LGBTIQ people are at increased risk of a range of mental health problems, including depression, anxiety disorders, self-harm and suicide, due to their experiences of heterosexist discrimination and abuse.

Our practice principles include:

- when carrying out an initial intake assessment or welcome, not making assumptions about a person's life; not, for example, asking "are you married?" but asking instead about important relationships
- if someone discloses information about their sexuality or gender orientation, be sensitive and accepting
- respecting people's privacy
- standing up for the rights of LGBTIQ people – for example, requesting the perpetrators of inappropriate jokes or comments to stop
- ensuring instant recognition for LGBTIQ clients and families by using the rainbow sticker or all families are welcome poster
- considering the impact of culture and religion on the LGBTIQ community – some communities still imprison homosexuals.

Aboriginal and Torres Strait Islander peoples

The mental health needs of Aboriginal and Torres Strait Islander peoples are significantly higher than those of other Australians. In 2011–12, nearly one-third of Aboriginal and Torres Strait Islander adults (aged 18 years and older) had high or very high levels of psychological distress – almost three times the rate for other Australians. Nationally, there were 22.4 suicides per 100,000 Aboriginal and Torres Strait Islander peoples during 2012 – more than double the average for other Australians. Aboriginal and Torres Strait Islander peoples aged 15 years and older also report stressful events at 1.4 times the rate of non-Indigenous people (National Mental Health Commission, 2014).

Our practice principles include:

- using Welcome to Country and Acknowledgment of the Traditional Owners of Country protocols to show respect as well as recognise the unique position of Aboriginal and Torres Strait Islander peoples in Australian culture and history
- taking a genuine interest in where the client is from and being prepared to share some of your background too as this goes a long way to establishing rapport
- being aware of eye-contact protocol: avoiding eye contact is polite in some communities, so, for example, if a client is not looking at a worker, it does not mean that they are not listening to them. This is particularly relevant for cross-gender interactions. It is most often appropriate for men to maintain eye contact with other men and women to maintain eye contact with other women, but not for a man and woman to do so
- wherever possible, services being provided by a worker of the same gender as the client
- recognising that personal, family or community events can become the most important commitment for a person and will therefore take precedence over any other arrangement, and consequently taking the time to discover the reason if an appointment is missed.



Disability

The four main types of disability are physical, sensory, psychological and intellectual. People with disabilities are more likely to live in poverty, have poor-quality or insecure housing, low levels of workforce participation and education and be socially excluded or marginalised. They may also face violence and discrimination related to their disability and have difficulty accessing appropriate health care (WHO & World Bank Group, 2011).

Our practice principles include:

- recognising that written information may need to be translated into Easy English or symbols (following principles such as using large font sizes, presenting one idea at a time, using plain language and pictures to illustrate concepts)
- allowing more time than usual for a meeting with a person with a cognitive impairment if they need longer to comprehend information and express themselves
- identifying and accommodating any physical support needs a person may have, such as those arising from mobility and sensory impairments
- if a person uses a wheelchair or a mobility aid, making sure they can easily attend any meeting spaces by checking access to the room and seeing that there is adequate door width and space for the person to manoeuvre
- celebrating small steps – the acquisition of new skills and the identification and achievement of personal goals can be a slower process for a person with a dual disability compared with the rest of the community.

Although the data from these groups are compelling, we recognise that there are many other diverse groups of people who also experience significant issues in relation to their mental health.

The Committee's project plan identifies clear objectives, actions, outcomes and indicators to ensure that what is achieved will be sustainable. It is not possible for all diversity and inclusion issues to be addressed at once. Some of the working groups have chosen to focus on clients, while others have a stronger emphasis on employees and volunteers. Implementing the project plan is the first step in ensuring that key elements of the framework become everyday thinking across the organisation.

Bringing our approach to life

The value of lived experience



Mind has long recognised the value of the knowledge that comes from lived experience. We have led the way in promoting it, recruiting our first consumer consultant in 2004 and being one of the first community organisations to create such a role. We continued to be pioneers, employing peer support workers nearly a decade ago. Since then, Mind's recognition – and promotion – of the knowledge that comes from lived experience has been strengthened through the following milestones: the creation of the Consumer and Carer Participation team; the development of a five-day peer support worker training course; the introduction of lived experience project workers; the creation of a Senior Advisor Lived Experience position at Executive level; and the establishment of the Centre of Excellence in Peer Support and the Mind Recovery College™. Today, Mind is proud to have a large and thriving lived-experience workforce.

The data about lived experience from the 2016 employee engagement survey – particularly that thirty-four percent of staff respondents identified as having a lived experience, and fifty-two percent as having experience of caring for someone with mental health challenges – are significant.

We are committed to creating and maintaining a safe and supportive environment where every staff member, regardless of their role, feels safe to talk openly about their lived experience. We want to create a workplace that is not silent about mental health and is free from stigma, with all its subtleties and consequences. This means promoting a safe culture through policies, procedures, work practices and nurturing an on-going, open dialogue throughout the organisation. Some staff also use the insights gained from their lived experience to inform their practice, and we support them in doing so.

Engaging members of CALD communities



Mind understands that Australia has a growing population of people who were born overseas or have at least one parent born overseas, and we acknowledge that people from a culturally and linguistically diverse (CALD) background do not access mental health services as often as the mainstream population. This is a situation that we are trying to change.

Interpretations of what constitutes mental illness differ from culture to culture, as does the level of stigma attached. We are helping combat that by engaging with CALD-specific, multiculturally-aware mental health services and broadening the scope of community education and outreach. We are helping sharpen their focus on people who are particularly vulnerable to mental health issues, such as the aged, newly-arrived, the homeless and those who have experienced torture and trauma.

Mind's Northern Melbourne (Victoria) Partners in Recovery (PiR) program is an example of how we are improving services to meet the needs of people from a

CALD background. The PiR team committed to making the mental health needs of the local CALD community a focus and recruited a multicultural team, ensuring that bilingual staff and translators were available both on site and over the phone. This has been crucial in breaking down some of the barriers within the local community – as has the provision of ongoing training to staff to increase culturally appropriate service delivery and sensitivity when working with CALD communities.

“PiR has supported CALD communities in Melbourne’s north by providing access to interpreting services. This has supported and guided clients to better understand the mental health system.” **PiR Support Facilitator.**

Mind Equality Centre – building an LGBTIQ- specific service



The alarming statistics about – and poor mental health outcomes for – people in the LGBTIQ community are serious; and it is only through the provision of safe and specialised services that outcomes can improve.

In 2016, Mind’s North West Melbourne Division identified a gap that it set about filling through the introduction of an innovative service for the LGBTIQ community. The LGBTIQ working group gained support for a dedicated counselling and wellbeing service from the local council and the Banyule and Darebin LGBTIQ advisory committees. Their support, and that of the wider LGBTIQ community, resulted in the establishment of the Mind Equality Centre in Melbourne’s North Fitzroy.

Work to open the centre was undertaken in two stages.

The first was initiated through the employment of a practice manager who identified as LGBTIQ to undertake stakeholder engagement and lead the recruitment of three counsellors (who also identified as LGBTIQ) to deliver counselling.

Next came co-locating services at the Northside Clinic in North Fitzroy, where we were able to commence counselling sessions as well as work on a marketing strategy for promotion, partnership and referrals.

Making connections was key, and organisations with whom we have done this include:

- Northside Clinic
- Victoria AIDS Council (Equinox and Pronto)
- Darebin City Council
- Banyule City Council
- North Western Melbourne PHN
- Monash Health's Gender Dysphoria Clinic
- Gender and Sexuality Commissioner of Victoria
- Transgender Victoria
- Working OUT LGBTI specialist employment service
- St Vincent's Hospital's Mental Health Department.

We also made valuable (and valued) connections with smaller support agencies and local general practices.

The second phase of action saw the creation of a specialist hub next to Northside Clinic, with facilities to deliver counselling, group therapy, social and education programs, activities of daily life support and shared care medical interventions. Next came the recruitment of a medical receptionist, occupational

“ In mainstream services the focus always becomes my transgender status, even when that is not something I am seeking help for. Client, Mind Equality Centre ”

therapist, mental health nurses and another psychologist. This allowed the introduction of opportunities for those living remotely to access Skype or phone counselling and group sessions.

The Mind Equality Centre opened its doors in April 2017, a testimony to what can be achieved through the motivating force of being passionate.

“ It is so good a service like this exists for us. Client, Mind Equality Centre ”

“ Being a part of the creation of this service has been an incredible journey. To finally watch my community enter the doors of the Mind Equality Centre and receive support that is safe and understood is wonderful. My main goal is to ensure that everyone leaves with the support they need to lead the life they want to live. Practice Manager, Mind Equality Centre. ”

“ It's good to feel understood without having to explain myself. Client, Mind Equality Centre ”

Aboriginal and Torres Strait Islander communities



At Mind, we acknowledge Aboriginal and Torres Strait Islander peoples as the First Nations people of Australia, recognising their cultural, spiritual and linguistic diversity.

We also recognise the poor mental health outcomes that they experience. We are committed to supporting them and are taking steps to provide inclusive, welcoming services.

“As the musician Paul Kelly says, ‘from little things big things grow’. Our journey shows that the most important aspect to engaging and working with Aboriginal communities is to be patient in building the trust and commitment in walking and working with community members and partner agencies over the long term. This builds reciprocity of respect and admiration of each other’s potential to contribute.” **Area Manager, Northern Regional Victoria.**

In 2016, Mind ran a competition inviting Aboriginal and Torres Strait Islander peoples to submit artwork to guide the design of a new national welcome pack for Mind clients. We wanted our materials to be inviting and culturally appropriate; the result was incredible.

Our regions are also working hard to meet local needs. In 2013, Mind Northern Regional Victoria made serious moves towards being more responsive to the needs of local people, particularly the provision of culturally sensitive and responsive mental health services to Aboriginal and Torres Strait Islander communities.

This is what they did, in their own words:

We started by building relationships with Local Aboriginal Networks and Elders to help us get a real grip on their communities’ needs and demonstrate our commitment to working collaboratively to meet them. A big help in this was the appointment of our first Aboriginal Mental Health Lead Practitioner who, as a member of the local Aboriginal community, brought an acute understanding of its needs.

Our relationship-building work paid dividends, leading as it did to the Mind Recovery College™ working closely with local Elders in co-designing courses for Aboriginal communities in the region. It also led to the creation of a culturally appropriate environment at our Wangaratta site.

Next, we engaged with local health networks, forging particularly close links with Aboriginal Community Controlled Health Organisations and the Central Hume

Primary Care Partnership (PCP). We also increased our involvement in the Victorian Koolin Balit initiative to the extent that our Area Manager chairs its Hume Region Aboriginal and Torres Strait Islander Mental Health Working Group.

We certainly haven’t let the grass grow under our feet when it comes to proving our commitment to providing culturally relevant services. Milestones since those first, tentative steps way back in 2013 have included:

- *training our Service Manager and Team Leader in providing supervision to Aboriginal health workers*
- *launching Mind’s Recovery College™ Thargomimba campus, a culturally sensitive environment for all community members*
- *co-designing our first Mind Recovery College™ courses for Aboriginal women*
- *working with other organisations in the provision of numerous Closing The Health Gap activities*
- *co-presenting with a Central Hume PCP Aboriginal Community Support Worker at the 2016 TheMHS conference on how we made our service more culturally appropriate*
- *planning, alongside local Elders and the Central Hume PCP, the design and delivery of family Cultural Connections weekends at Mind’s Typo Station site in the King Valley. Aimed at the Bangerang/Pangerang and Ghadaba communities, these weekends promote mental health and wellbeing among all generations.*

But don’t think we’re resting on our laurels – we’ve only just begun.

“With weaving as the base, the yarning that comes breaks down cultural barriers and creates understanding and connections for those participating. Since having the weaving, I am always getting asked when are we doing it again; that shows that it was powerful, and no one wanted to let it go.” **Aboriginal Mental Health Lead Practitioner.**

Enhancing our provision for dual disability clients



Dual disability is generally diagnosed when someone has an intellectual disability, autism spectrum disorder, a neurological condition or an acquired brain injury in combination with mental ill-health.

A big step in enhancing our provision for dual disability clients was the recruitment of our first Dual Disability Practice Advisor, a role created to develop organisation-wide competence in meeting that segment of our client base's needs. This was crucial, not least as the roll out of the NDIS will involve an estimated 20,000 people with dual disabilities. To sharpen our readiness for that, we have set up a dual disability capacity-building project with Deakin University and launched a staff training and education program.

We have also disseminated a wide-ranging staff survey to find ways of being more responsive. Most importantly, we are asking the experts, our dual disability clients, to tell us how we are doing in meeting their needs. Their feedback will be invaluable in refining our approach.

To facilitate the effective inclusion of people with a range of disabilities – including physical and sensory

disabilities – in our client base and workforce, we are checking physical accessibility at all sites and translating key client paperwork into Easy English. We are also developing a best practice framework to steer the implementation of best practice in dual disability across services in regional Victoria.

A key focus of our work is aimed at ensuring that we keep providing good practice. Doing that will enhance our reputation as an employer and service provider for people with a range of disabilities nationally and, more importantly, it will really benefit our clients.

“ I feel that the staff training and education program was a great introduction and explained the true meaning of dual disability. Mental Health Practitioner ”

Outcomes

The adoption of this framework across Mind aims to deliver short and long-term outcomes for clients, their families and carers, employees and volunteers. Achievements will be measured through a number of mechanisms, including the Mind Australia Satisfaction Survey (MASS) and the Mind employee engagement survey. It is intended that, over time, specific performance indicators in relation to diversity and inclusion, along with relevant benchmarks, will be developed.

Our short-term goals include:	• embedding evidence-informed approaches that create effective services and systems for diverse clients, families, carers, employees and volunteers
	• engaging with diverse communities, and forming partnerships with them
	• providing person-centred service delivery that recognises and embraces the value of individual difference
	• maintaining our workplace culture of respect and responsiveness to diversity and inclusion.
And our long-term goal?	A welcoming environment and experience for all.

The way forward

Mind's Diversity and Inclusion Committee will be integral to overseeing the implementation, monitoring and evaluation of the Diversity and Inclusion Framework.

The Committee is supported by the working groups who are charged with leading the effort to examine our policies, processes, culture and communications and develop change agendas. In collaboration with the broader Mind community (including clients, families, carers, employees, volunteers and other stakeholders), the working groups will develop, implement and monitor specific activities identified in the Diversity and Inclusion Action Plan. These will be sustainable, evidenced based and have a high impact through delivering accessible, acceptable, appropriate and safe services and workplaces.

Through this model, we will ensure that we support people from all backgrounds who experience mental ill-health and need psychosocial support as well as supporting families and carers. This also includes ensuring that Mind continues to embed and improve on a culture of child safety throughout all levels of the organisation.

While there will always be room for improvement, we are committed to making Mind a diverse and inclusive environment for all, an environment where all people feel safe and welcome.

Mind welcomes you.

Appendix 1: Legislation

There is a range of legislation that supports the rights of all individuals, and Australia has obligations under a number of international human rights treaties to take measures to eliminate discrimination, including that on the basis of age, race, sex, pregnancy, marital status and disability.

The Commonwealth Government and the states and territories have implemented some of these obligations through the following legislation:

Federal/Commonwealth	
Australia	<ul style="list-style-type: none"> • Age Discrimination Act 2004 • Australian Human Rights Commission Act 1986 • Disability Discrimination Act 1992 • Racial Discrimination Act 1975 • Sex Discrimination Act 1984 • The Racial Hatred Act 1995 • The Workplace Gender Equality Act 2012 • The Fair Work Act and National Employment Standards (NES)
State and territory	
Australian Capital Territory	<ul style="list-style-type: none"> • Discrimination Act 1991 • Human Rights Act 2004 (ACT)
New South Wales	<ul style="list-style-type: none"> • Anti-Discrimination Act 1977 • Multicultural NSW Act 2000
Northern Territory	<ul style="list-style-type: none"> • Anti-Discrimination Act 1996
Queensland	<ul style="list-style-type: none"> • Anti-Discrimination Act 1991 • Queensland Multicultural Recognition Act 2016
South Australia	<ul style="list-style-type: none"> • Equal Opportunity Act 1984 • South Australian Multicultural and Ethnic Affairs Commission Act 1980
Tasmania	<ul style="list-style-type: none"> • Anti-Discrimination Act 1998
Victoria	<ul style="list-style-type: none"> • Equal Opportunity Act 2010 • Multicultural Victoria Act 2011 • Charter of Human Rights and Responsibilities Act 2006 • The Racial and Religious Tolerance Act 2001
Western Australia	<ul style="list-style-type: none"> • Equal Opportunity Act 1984

In addition, there are a number of policy statements, guidelines and charters that have been developed by the Commonwealth and state and territory governments that also guide the way that Mind works.

Appendix 2: Accreditation standards

To ensure that its systems and work practices are accredited against relevant industry standards, Mind undertakes an external assessment process every three years.

In February 2015 the organisation was successfully accredited against:

- Quality Improvement Council (QIC) Health and Community Services Standards (sixth edition) 2013
- National Standards for Mental Health Services (NSMHS) 2010
- Human Services Standards – Victoria 2015.

1. Quality Improvement Council (QIC) Health and Community Services Standards (sixth edition)

Accreditation to the QIC standards involves a whole-of-organisation, continuous quality improvement approach.

2. National Standards for Mental Health Services (NSMHS)

Accreditation against the NSMHS is required to provide federal and state funded mental health services across Australia.

3. Human Service Standards – Victoria

Accreditation against the Human Service Standards – Victoria is a requirement to provide disability, NDIS and homelessness services funded by the Department of Health and Human Services (DHHS) in Victoria.

In 2018, Mind will also be assessed against the following additional standards.

4. NSW Disability Services (NDS) Standards

This will provide recognition to deliver NDIS services in New South Wales.

5. Human Services Quality Framework (NSQF) Standards – Queensland

This will provide recognition to deliver NDIS services in Queensland.

6. Rainbow Tick (second edition) – for LGBTIQ services only

The Rainbow Tick Accreditation Program supports organisations to understand and implement LGBTIQ-inclusive service delivery, and provides national recognition for those that meet the Rainbow Tick Standards.

The following tables provide details of the accreditation standards that relate to diversity and Inclusion.



QIC Standards – Standard 2.3

Services and programs are provided in a culturally safe and appropriate manner.

Evidence questions

What is the evidence that:

- a) processes and practices ensure respect and responsiveness to consumer diversity by being inclusive and flexible
- b) the changing profile of consumers is monitored
- c) appropriate links with indigenous and other community groups are established to ensure that services and programs remain responsive and respectful
- d) professional development regarding consumer diversity is available to staff, and
- e) cultural safety is addressed in service and program plans.

National Standards for Mental Health Services – Standard 4 - Diversity responsiveness

The Mental Health Services (MHS) deliver services that take into account the cultural and social diversity of consumers and meet their needs and those of their carers and community throughout all phases of care.

Criteria

- 4.1 The MHS identifies the diverse groups (Aboriginal and Torres Strait Islander, Culturally And Linguistically Diverse (CALD), religious/spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age and socio-economic status) that access the service.
- 4.2 The MHS whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff.
- 4.3 Planning and service implementation ensures differences and values of its community are recognised and incorporated as required.
- 4.4 The MHS has demonstrated knowledge of and engagement with other service providers or organisations with diversity expertise/programs relevant to the unique needs of its community.
- 4.5 Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers.
- 4.6 The MHS addresses issues associated with prejudice, bias and discrimination in regards to its own staff to ensure non-discriminatory practices and equitable access to services.

Human Services Standards – Standard 4 - Participation

People's right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

- 4.1 People exercise choice and control in service delivery and life decisions.
- 4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.
- 4.3 People maintain connections with family and friends, as appropriate.
- 4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.
- 4.5 People maintain and strengthen their cultural, spiritual and language connections.
- 4.6 People develop, sustain and strengthen independent life skills.



Appendix 3: Bibliography

A variety of sources have been consulted during the development of this framework. These include people, websites, government policies and documents, literature and grey literature.

ACT Public Service 2010, *Respect, Equity and Diversity Framework*, available at http://www.cmd.act.gov.au/__data/assets/pdf_file/0007/205576/redframework2.pdf

ANZ (Australia and New Zealand Banking Group), *Diversity and inclusion*, available at <http://www.anz.com/about-us/corporate-sustainability/employees/diversity-inclusion/>

Australian Commission on Safety and Quality in Healthcare, *National standards and accreditation*, available at <https://www.safetyandquality.gov.au/>

Australian Government Department of Health 2014, *Fact sheet: Mental health services for people of culturally and linguistically diverse (CALD) backgrounds*, available at <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-multi-fact>

Australian Government National Mental Health Commission, 2014, *The National Review of Mental Health Programmes and Services*, Sydney

Australian Government, Australian Institute of Health & Welfare, *Health of Australians with disability: health status and risk factors*, available at <http://www.aihw.gov.au/publication-detail/?id=6442472401>

Australian Human Rights Commission 2014, *Good practice, good business. A quick guide to Australian discrimination laws*, available at <https://www.humanrights.gov.au/employers/good-practice-good-business-factsheets>

Deloitte University Leadership Centre for Inclusion 2015, *The Radical Transformation of Diversity and Inclusion. The Millennial Influence*, available at <https://www2.deloitte.com/us/en/pages/about-deloitte/articles/radical-transformation-of-diversity-and-inclusion.html#>

Diversity Council Australia 2015, *Building inclusion: an evidence based model of inclusive leadership*, <https://www.dca.org.au/topics/inclusion/inclusive-leadership>

Equality and Human Rights Commission 2010, *An employer's guide to creating an inclusive workplace*, United Kingdom

Fair Work Ombudsman 2013, *Workplace Diversity & Inclusion Strategy 2013-2016*, available at <https://www.bing.com/search?q=fair+work+ombudsman+2013%2C+workplace+diversity+%26+inclusion+strategy+2013-2016&form=EDGEAR&qs=PF&cvid=18e29e7283044dffbd74ec560677e436&pq=fair+work+ombudsman+2013%2C+workplace+diversity+%26+inclusion+strategy+2013-2016&cc=AU&setlang=en-US>

Keys to Inclusion, *What is inclusion?*
http://www.keystoinclusion.co.uk/what-is-inclusion-2/?doing_wp_cron=1467351183.2341289520263671875000

National Mental Health Commission, 2014: *The National Review of Mental Health Programmes and Services*, Sydney: NMHC (page 5 of Summary). The statistics in this quote come from: Australian Bureau of Statistics: *Australian Aboriginal and Torres Strait Islander Health Survey: First Results*, Australia, 2012-13. Cat. no. 4727.0.55.006. Canberra: ABS, 2013

Peninsula Health, *Peninsula Health Diversity Framework 2015-2018*.

Repper Rachel Perkins and Julie 2014, 'Challenging discrimination within mental health services: the importance of using lived experience in the work place', *Mental Health and Social Inclusion*, vol. 18 Iss: 3

Royal Bank of Canada, *What is diversity & inclusion?*
<http://www.rbc.com/diversity/what-is-diversity.html>

UK Department of Health, Mental Health Division 2009, *New Horizons: Towards a shared vision for mental health*

Victoria State Government, Department of Health and Human Services 2016, *Delivering for Diversity. Cultural Diversity Plan 2016-2019*, Victoria State Government

Victoria State Government, Department of Health and Human Services 2015, *Diversity planning and practice – HACC (Home and Community Care) program*

Victoria State Government, Department of Human Services 2013, *Delivering for All, Department of Human Services' Access and Equity Framework 2013-17*



Mind acknowledges that Aboriginal and Torres Strait Islander peoples are the Traditional Custodians of the lands on which we work and we pay our respects to Elders past, present and emerging. We recognise the intergenerational impact of the history of invasion, dispossession and colonisation and are committed to the recognition, respect, inclusion and wellbeing of Australia's First Peoples.

Mind values the experience and contribution of people from all cultures, genders, sexualities, bodies, abilities, spiritualities, ages and backgrounds. We are committed to inclusion for all our clients, families and carers, employees and volunteers.



Registered NDIS provider



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