

# Cultural safety

Mental health and wellbeing services are to be **culturally safe and responsive** to people of all racial, ethnic, faith-based and cultural backgrounds.

Treatment and care is to be appropriate for, and **consistent with, the cultural and spiritual beliefs and practices** of a person living with mental illness or psychological distress. Regard is to be given to the **views of the person's family** and, to the extent that it is practicable and appropriate to do so, the views of significant members of the person's community. Regard is to be given to **Aboriginal and Torres Strait Islander People's unique Culture and identity**, including connections to family and kinship, community, Country and waters.

Treatment and care for Aboriginal and Torres Strait Islander peoples is, to the extent that it is practicable and appropriate to do so, to be decided and given having regard to the views of elders, traditional healers and Aboriginal and Torres Strait Islander mental health workers.

*This principle refers to cultural safety for people of all racial, ethnic, faith-based and cultural backgrounds, as well as specific obligations for providing treatment and care to Aboriginal and Torres Strait Islander peoples. This means that there are two aspects to cultural safety - a clear focus on cultural safety for First Nations peoples, and a universal approach that promotes cultural safety for all.*

*Approaches to implementing the cultural safety principle must recognise and respond to the distinct cultural rights and ways of knowing and being of First Nations peoples and not conflate these with universal approaches.*

**Learn from the social and emotional wellbeing model** of health, including connection to physical wellbeing, mental and emotional wellbeing, and connection to family and kinship, spirituality and ancestors, community, Culture and land.

**Work with Aboriginal workforce and organisations** to support culturally safe treatment and care.

**Acknowledge and actively address** the impacts of racism, discrimination and colonisation.

**Ensure treatment and care is responsive** to Aboriginal and Torres Strait Islander peoples' unique Culture and identity. Involve the people the consumer identifies as important in their life or treatment - including Kin, Elders and Aboriginal workforce. Ask what is important to the consumer, their carer, family, supporters and kin and prioritise treatment that supports social and emotional wellbeing. Offer engagement with traditional healers, ensure connections to family, kinship, community, Country and waters are respected and considered as part of care and treatment. For example, prioritise these connections in decisions about community or inpatient treatment or leave.

**Actively ask about culture**, and respect cultural and spiritual beliefs and practices. For example, ask what is important to the consumer and their family - such as spirituality, faith or religious requirements - and how you can support these by enabling access to prayer rooms, meeting dietary needs and making space for ceremony such as breaking a fast.

**Respect the cultural and spiritual significance** of clothing or belongings. In high-risk environments, this may include items that pose safety risks. Where items cannot safely be permitted, consider how to offer safe, culturally appropriate alternatives, seek support from cultural/multicultural liaison offers to navigate conversations, and involve carers, families, supporters, kin and community.

**Be guided by the person about who they would like to involve in their treatment and care:** In addition to carers, family, and nominated support persons, this may include kin, extended family, community leaders, or faith leaders.