Cultural safety principle

1. What do **the Act** and relevant guidance say?

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 (s 27).

In summary, this principle requires that:

- people of all racial, ethnic, faith-based and cultural backgrounds receive culturally safe and responsive care
- treatment and care for Aboriginal and Torres Strait Islander people has regard to their unique Culture and identity (Explanatory Memorandum, Mental Health and Wellbeing Bill 2022 (Vic), p 19).

Note on this principle: The wording of this principle in the Act refers to cultural safety for people of all racial, ethnic, faith-based and cultural backgrounds, as well as specific obligations that relate to providing treatment and care to Aboriginal and Torres Strait Islander peoples. This means that there are two aspects to cultural safety for services to consider - a clear focus on what cultural safety means for First Nations peoples, as well as a universal approach that promotes cultural safety for all.

Cultural safety for First Nations peoples must never be conflated with or treated as 'part of' universal approaches. 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.

In addition to the cultural safety principle, the Act includes a statement of recognition and acknowledgment of Treaty process. The acknowledgment of Treaty process acknowledges the aspiration of Aboriginal people to achieve increased autonomy, Aboriginal decision making and control of planning, funding and administration of services for Aboriginal people, including through self-determined Aboriginal representative bodies established through treaty (s 14). Treaty negotiations opened in November 2024 and the *Statewide Treaty Bill 2025* (Vic) was passed in November 2025.

What is cultural safety?

A culturally safe environment has been defined as:

'an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together' (Williams, R 1999).

Ahpra defines Cultural safety in healthcare as:

...determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism (Australian Health Practitioner Regulation Agency 2020, p 9).

The NSQHS Standards (Australian Commission on Safety and Quality in Healthcare, 2021) also have specific requirements for services about making services responsive to diversity and specifically, safe for Aboriginal and Torres Strait Islander consumers.

Despite these requirements and efforts, many Aboriginal and Torres Strait Islander people do not experience mainstream services as culturally safe. Aboriginal and Torres Strait Islander people experience disproportionately high rates of compulsory treatment, seclusion and restraint. Putting these definitions and standards into practice requires mental health and wellbeing services and practitioners to show cultural humility in practice and systems.

2. How do **human rights** relate to this principle?

Cultural safety in mental health and wellbeing services should also include consideration of cultural rights in section 19 of the Charter. The Charter requires that:

- All persons with a particular cultural, religious, racial or linguistic background must not be denied the right, in community with other persons of that background, to enjoy their culture, to declare and practise their religion and to use their language.
- Aboriginal persons hold distinct Cultural rights and must not be denied the right, with other members of their community -
  - to enjoy their identity and Culture
  - to maintain and use their language
  - to maintain their kinship ties
  - to maintain their distinctive spiritual, material and economic relationship with the land and waters and other resources with which they have a connection under traditional laws and customs.

Other key rights in the Charter that may also require consideration include: equality (section 8); privacy (section 13(a)) which includes a right for a person not to have their family or home unlawfully or arbitrarily interfered with; the protection of families (section 17).

Other rights are also relevant to Aboriginal and Torres Strait Islander people. These include the United Nations Declaration on the Rights of Indigenous Peoples and the International Covenant on Economic, Social and Cultural Rights. Under international human rights law, everyone has the right to life, the right to enjoy the highest attainable standard of physical and mental health without discrimination, and is protected from torture, cruel, inhuman or degrading treatment or punishment.

Related mental health and wellbeing principles include:	Related decision making principles include:
Wellbeing of dependents	Consequences of compulsory assessment and treatment and restrictive interventions
Wellbeing of young people	
Least restrictive	
Supported decision making	
Family and carers	Autonomy
Diversity	

3. How might a **consumer** experience this principle?

When the cultural safety principle is applied in practice:

- I am asked about what social and emotional wellbeing means to me - including physical and mental health, spirituality and connection to community and Country - early in my care, and this shapes my treatment and support.

- I have access to culturally safe spaces and practices during my care - such as prayer rooms, space for ceremony (for example, healing ceremonies or for breaking a fast), or time for cultural obligations like Sorry Business - without needing to constantly explain or justify.

- I am offered support from workers who understand my culture or background, and can choose to involve them in my care.

- I feel confident that racism or cultural discrimination will not be tolerated at this service, and I know where and how I can report it safely if it occurs.

- The people I identify as important including family, kin, community members, or spiritual leaders are welcomed and respected as part of my care if I want them involved.

- When I raise concerns about cultural safety, they are taken seriously, and I see that actions are followed up to address those concerns.

- I see visible signs that my culture is welcomed in this service like inclusive posters, flags, staff with cultural knowledge, and cultural events being recognised and celebrated.

- As an Aboriginal or Torres Strait Islander person, I can access care that reflects my holistic view of wellbeing, and involves Elders, traditional healers, and community workers as part of my healing, if I choose.

4. How might **carers, families and supporters** experience this principle?

When the cultural safety principle is applied in practice:

- I can see how holistic and culturally appropriate treatment options and care are offered to the person I care for, and to myself and kin.

- I feel confident that the cultural identity, values and beliefs of the person I care for are respected and embedded in their treatment and care.

- I am confident that staff work in a culturally safe and trauma informed manner when supporting the person I care for.

- I am supported to express and advocate for the cultural, spiritual or community-based needs of the person I care for, and I am heard without judgment.

- I experience services as inclusive and free from racism, and I can access culturally safe support for myself as a carer, including from workers who understand my cultural background.

- I have increased understanding of cultural safety and how it affects the mental health and wellbeing of the person I support, and I feel safe to work with services to uphold these standards.

- I can see that services are actively working to avoid culturally unsafe interventions such as police contact, institutionalisation, or restrictive practices.

5. How do **treating teams** put this principle into practice?

This section gives an overview of requirements and good practice suggestions for putting the cultural safety principle into practice. As noted earlier in this guidance, the dignity and autonomy and supported decision making principles must always be considered.

To ensure that the unique rights of Aboriginal and Torres Strait Islander peoples are not conflated with other rights, this guidance is separated into two parts.

Part A of this section is specifically about Cultural safety for Aboriginal and Torres Strait Islander peoples. Services must have specific strategies for driving Culturally safe approaches for Aboriginal people, developed by or in codesign with Aboriginal and Torres Strait Islander peoples. Action areas include:

- Social and emotional wellbeing

- Learn from and work together with Aboriginal workforce and organisations

- Acknowledge and actively address the impacts of racism and discrimination

- Ensure treatment and care for Aboriginal and Torres Strait Islander people is responsive to their unique Culture and identity

Part B includes general guidance about how to:

- Create a welcoming environment, and actively ask about and respond to identity

- Actively ask about culture, and respect cultural and spiritual beliefs and practices

- Involve family and significant members of a person's community

Part A: Cultural safety for Aboriginal and Torres Strait Islander people

Social and emotional wellbeing

The Aboriginal concept of 'healing' is an inclusive term that enables mental health to be recognised as part of a holistic and interconnected Aboriginal view of health. The concept of healing embraces social, emotional, physical, cultural, and spiritual dimensions of health and wellbeing (VACCHO website, Centre of Excellence for Aboriginal Social and Emotional Wellbeing - VACCHO, accessed 3 September 2025). The social and emotional wellbeing model represents holistic healing and includes protective factors that support good mental health for Aboriginal Communities.

Figure 3: Social and emotional wellbeing model.

Source: Department of Health and Human Services 2017 *Balit Murrup.*

Good practice requires services to understand and incorporate this framework into practice, working in partnership with Aboriginal consumers, carers and families, workforce, ACCHOs and Aboriginal Community Controlled Organisations (ACCOs).

Learn from and work together with Aboriginal workforce and organisations

Requirements include:

- Engage with Aboriginal and Torres Strait Islander mental health workers and Aboriginal Health Liaison Officers within your service to support culturally safe treatment and care, and give meaningful regard to their views. Note that there may be a range of titles in different services - also including Koorie Mental Health Officers, SEWB workers - as well as Aboriginal self-identified clinicians - staff who are not in designated roles but have identified as willing to contribute to specific responses for Aboriginal consumers, carers and families.

- Be aware of and engage with ACCHOs to ensure First Nations consumers have clear pathways to community-controlled health services (see also diversity of care principle), if they prefer. For example, strengthen relationships with ACCHOs to ensure their staff are welcome and supported to attend services to support consumers, carers and families.

- Take practical steps to recognise and welcome Aboriginal communities, for example, with formal Acknowledgement of Traditional Owners (such as a plaque or sign), posters, artwork and culturally appropriate pamphlets and health information for Aboriginal consumers.

Acknowledge and actively address the impacts of racism and discrimination

Requirements include:

- Be aware of the impact of colonisation, including ongoing practices, that are real barriers to Aboriginal consumers, carers and families being and feeling culturally safe within mainstream services. For example, within the mental health and wellbeing system, the higher rates of compulsory treatment and restrictive practices experienced by Aboriginal people (VMIAC 2022), and outside of the mental health and wellbeing system, the impact of Aboriginal deaths in custody, incarceration rates, and high rates of removal of Aboriginal children from their families, means there are real risks for Aboriginal people when interacting with mainstream services.

- Recognise and advocate against systemic barriers, including colonisation, racism and discrimination which impact individual and community health (Ahpra 2020, p 9).

- Acknowledge and address one's own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism (Ahpra 2020, p 9). For example, be mindful of differing cultural norms such as norms about eye contact or handshaking.

Ensure treatment and care for Aboriginal and Torres Strait Islander people is responsive to their unique Culture and identity

Requirements include:

- Involve the people that the consumer and (with consent) their family, carers and supporters identify as important in their lives or in their treatment, including Elders, and Aboriginal workforce.

- Promote self-determined decision making. For example, ask what is important to the consumer and their carer, family, supporters and kin and how you can support them to follow their cultural and spiritual beliefs and practices, and support their social and emotional wellbeing while they are receiving treatment. This includes:

  - prioritising treatment options that the person identifies would best support their social and emotional wellbeing

  - offering options like engagement with Traditional Healers (see also diversity of care)

  - explaining the role of IMHA advocates and letting the person know they can ask for a First Nations IMHA advocate

  - ensuring 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, leave from inpatient units, make space for ceremony (such as, healing ceremonies).

  - asking about a consumer's preferences for engaging with ACCHOs - including health or legal services including the Victorian Aboriginal Legal Service.

Good practices may include:

- Recognise the strength and resilience of First Nations consumers and their carers, families, supporters and kin

- If doing outreach activities, use informal engagement like yarning circles, or sharing a meal

- Be aware of and support access to the Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) co-payment program where applicable, which provides reduced or free medications to eligible First Nations people in some circumstances.

- Encourage Aboriginal consumers to access culturally appropriate services including the Yarning safe and strong helpline.

Part B: Providing culturally safe services for all

Create a welcoming environment, and actively ask about and respond to identity

Requirements include:

See section 5 of Part One of this guidance, and the associated leadership self-assessment checklist, for leadership actions that help to ensure cultural safety for everyone. For example, actions about:

- staff training on cultural safety, responsiveness and/or humility

- understanding the diversity of your local community and tailoring approaches to ensure they are culturally safe and responsive - for example, by building relationships with key cultural and religious organisations

- seeking to employ staff that reflect that diversity, including in designated positions

- using signage, flags, translated materials, artwork, and inclusive symbols

- recognising significant days, weeks and events.

In addition, consider actions in the diversity principle that relate to creating a safe and welcoming environment. Be aware of the impact of people's individual circumstances and identity on their feelings of safety in any environment - for example, people holding temporary visas may be fearful that a diagnosis or treatment for mental illness may impact on their visa status and ability to stay in Australia.

Actively ask about culture, and respect cultural and spiritual beliefs and practices

Requirements include:

- Recognise and respect diverse understandings of mental health and illness, and work with consumers, carers, families, supporters and kin in ways that align with their understandings. For example, be aware that:

  - hearing voices can have spiritual meaning, and may not be seen as a symptom that needs to be 'managed'. The person and their family may wish to involve spiritual or faith leaders in their treatment and care.

  - many cultures have stigmatising beliefs about mental illness, that can impact help-seeking and engagement (Ahad et al 2023).

  - In some cultures, mental illness is not only stigmatised but may also be experienced as a source of shame within family circles, making privacy and confidentiality particularly important. Careful communication and consent processes can help families gradually adjust, understand, and move toward acceptance, while still respecting the consumer's wishes.

- Sensitively and respectfully ask about ethnicity, faith and culture at intake, during assessment and throughout an episode of care. Seek to understand how an individual's identity shapes their health beliefs, values and preferences (adapted from So et al 2024). For example, ask:

  - what is important to the consumer and their carer, family, supporters and kin - for example, spirituality, faith, religious requirements

  - how you can support a consumer to follow their cultural and spiritual beliefs and practices while receiving treatment - for example, access to prayer rooms, dietary requirements, making space for ceremony such as breaking a fast

  - what a consumer needs to feel and be safe - for example, being able to request to be seen by staff of a particular gender for personal care or review.

- Promote self-determined decision making, by working collaboratively with consumers, carers, families, supporters, and kin. Be guided by the consumer about who they would like involved in their care. See supported decision making principle.

- 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 officers to navigate conversations, and involve carers, families and community leaders to help to find solutions that preserve dignity, respect culture, and promote safety.

Involve family and significant members of a person's community

- Be guided by the person about who they would like to involve in their treatment and care. As well as carers, family, and nominated support persons, this may include kin or significant members of the person's community such as extended family, community leaders, or faith leaders.

Tips for talking about cultural safety

- Always ask about a person's identity and culture - *Is there anything you'd like me to know about you or your family, that would help you feel safe and welcome or that we should know so that we can meet your needs?*

- Encourage people to share what they think is important you know about them - *Can you tell me about the things that matter to you?*

- Always affirm what a person tells you about their identity

- Consider the environment and what the person's verbal and non-verbal communication is showing when having these discussions - for example, is the environment private? Noisy/overstimulating? Restrictive? What do the person's words or body language say about whether they are feeling safe or unsafe?

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6. How might **services reflect** on practice?

- How do we consistently ask about a person's culture, faith and ethnicity, in ways that help them feel safe and supported to respond?

- How do we show respect for people's cultural and spiritual beliefs and practices, and adapt our treatment approaches to reflect them? How do we involve bi-cultural workforce or support consumers to involve important people from their community?

- How do we show responsiveness to First Nations consumers' connections to family, kinship, community, Country and waters?

- How do we involve families, kin, and community - including Elders, Traditional Healers and Aboriginal and Torres Strait Islander mental health workers, in care and treatment?

- How do we strengthen and build on relationships with SEWB workers and ACCHOs?

7. Scenario: connection to Mob[23]

What happened?

Hayden, a young Aboriginal man, was very withdrawn and isolated himself in his room. Staff had struggled to build rapport with him despite trying to engage him in discussions about what he needed. Staff had asked Hayden at admission whether he was Aboriginal or Torres Strait Islander, but Hayden had not felt safe to answer.

What actions did the service take?

The peer support worker spoke with Hayden, who shared that he felt ashamed, and far away from his mob and country. The peer support worker told Hayden that the service had a dedicated Aboriginal Mental Health Liaison Officer, who is a woman, as well as a general Aboriginal Health Liaison Officer, who is a man. Hayden said he would prefer to speak with the male Aboriginal Liaison Officer, who then visited him daily. Speaking with people who deeply understood his cultural needs helped Hayden to feel safe, supported and able to leave his room and talk with staff and other consumers. This also helped Hayden and staff to start discussing what he needed so that his care could better reflect his preferences. For example, they explored whether Hayden would like to start connecting with the local ACCHO while in hospital, to work in partnership and ensure a smooth transition to post-discharge support.

Reflections from Commission lived and living experience staff

The peer worker was alert to Hayden's need to feel connected to Culture, and responded quickly. The Aboriginal Liaison Officer was able to support Hayden to feel safe, respected and connected. When he felt safe, he was able to share what was happening with his mental health, which helped staff to start meeting his needs.

Which other principles were engaged?

Mental health and wellbeing principles: dignity and autonomy, supported decision making

How would you approach this situation?

What might you do differently?

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23 Note: The scenarios in this guidance are adapted from real examples. These simple scenarios focus on the application of one principle and are intended to show that applying the principles is not always complicated. Scenarios that address the principles in more complex situations and ways are available in implementation resources on the Commission's website.

8. Where can I find **more information?**

There are several frameworks that can guide mental health and wellbeing services in giving proper consideration to and making reasonable efforts to comply with this principle.

Department of Health and Human Services (2017a) *Balit Murrup: Aboriginal social emotional wellbeing framework 2017-2027* https://www.health.vic.gov.au/publications/balit-murrup-aboriginal-social-emotional-wellbeing-framework-2017-2027

Department of Health and Human Services (2017b) *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017-2027* https://www.dffh.vic.gov.au/sites/default/files/documents/202302/korin-korin-balit-djak.pdf

Department of Health and Human Services (2020) *Aboriginal and Torres Strait Islander Cultural safety framework* https://www.health.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework-part-1

Further reading includes:

Australian Health Practitioner Regulation Agency (2020) *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* https://naccocommunique.com/wp-content/uploads/2020/02/aboriginal-and-torres-strait-islander-cultural-health-and-safety-strategy-2020-2025-1.pdf

Lee, T.; Mckenna, R.; Morseau, G.; Bacon, A.; Baguley, K.; Cowdrey-Fong, S.; Bertakis, A.; Shorey, T.; Mckenna, V.; Kitchener, E.; Meteoro N. (2024) *Aboriginal and Torres Strait Islander Lived Experience-led Peer Workforce Guide: A Learning Tool for All Peer Workers and Organisations*

Commission for Children and Young People (2024) *Understanding cultural safety for Aboriginal children and young people: a guide for implementing Child Safe Standard 1* https://ccyp.vic.gov.au/assets/resources/New-CSS/Understanding-cultural-safety-CSS1-guide.pdf

Edwige, V and Gray, P (2021) *Significance of Culture to Wellbeing, Healing and Rehabilitation* https://indigenouspsyched.org.au/resource/significance-of-culture-to-wellbeing-healing-and-rehabilitation/

Lowitja Institute (2025) *Co-design Versus Faux-design of Aboriginal and Torres Strait Islander Health Policy: A Critical Review* https://www.lowitja.org.au/wp-content/uploads/2025/06/Lowitija-Institute-Co-design-Review.pdf

So, N, et al (2024) *The importance of cultural humility and cultural safety in health care* Med J Aust 2024; 220 (1): 12-13. https://www.mja.com.au/journal/2024/220/1/importance-cultural-humility-and-cultural-safety-health-care

Victorian Aboriginal Community Controlled Health Organisation (2020), *Balit Durn Durn: Strong brain, mind, intellect and sense of self, Report to the Royal Commission into Victoria's Mental Health System*

Victorian Aboriginal Legal Service (2021), *Submission on Current Proposals for the new Mental Health and Wellbeing Act* https://www.vals.org.au/wp-content/uploads/2022/02/Mental-Health-and-Wellbeing-Act-Consultation-VALS-Submission-August-2021.pdf

Victorian Aboriginal Legal Service (2024) *Nuther-mooyoop to the Yoorrook Justice Commission: Health, Social and Emotional Wellbeing (SEWB) and the Healthcare System*

Williams, R. (1999), *Cultural safety - what does it mean for our work practice?*. Australian and New Zealand Journal of Public Health, 23: 213-214. https://www.sciencedirect.com/science/article/pii/S1326020023025840?via%3Dihub

Yoorook Justice Commission (2025) *Yoorrook for Transformation Third Interim Report Volume 4* https://www.yoorrook.org.au/reports-and-recommendations/reports/yoorrook-for-transformation-third-interim-report-volume-4

Resources include:

Department of Health, Disability and Ageing *Pharmaceutical Benefits Scheme Closing the Gap PBS Co-payment program* https://www.pbs.gov.au/info/publication/factsheets/closing-the-gap-pbs-co-payment-measure

Lowitja Institute Library - https://www.lowitja.org.au/resources/

Victorian Aboriginal Health Service *Yarning safe n strong helpline* https://www.vahs.org.au/yarning-safe-n-strong-media/