Diversity of care principle

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

The diversity of care principle states that a person living with mental illness or psychological distress is to be provided with access to a diverse mix of care and support services.

This is to be determined, as much as possible, by the needs and preferences of the person living with mental illness or psychological distress including their accessibility requirements, relationships, living situation, any experience of trauma, level of education, financial circumstances and employment status (s 17).

This principle recognises the importance of people having access to different types of care and support, based on what they want and prefer (IMHA 2025, p 1). It relates strongly to the concept of recovery, as diverse supports can help people live a contributing life that is meaningful to them, and to live with hope and optimism.

Accordingly, the *Framework for recovery-oriented practice* (Department of Health, 2011a) offers a useful framework to consider in relation to this principle - for example, supporting access to spiritual or pastoral care as part of someone's treatment could promote autonomy and self-determination, support holistic, personalised care and help them to maintain links to their community. Standard 5 of the National Safety and Quality Health Service Standards (Australian Commission on Safety and Quality in Healthcare, 2021), particularly action 5.13 on shared decision making and developing a comprehensive care plan, is also relevant.

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

The diversity of care principle recognises the importance of bringing an intersectional rights-based approach to mental health and wellbeing care, treatment and support. It recognises that a person's experience of mental illness or psychological distress is shaped by multiple factors of their identity and social context.

This principle can refer to multiple areas of a person's life. Assessing which Charter rights are most relevant, will depend on what areas of a person's life intersect with the care and support services being sought. For example, consideration of accessibility requirements will also prompt consideration of the equality and non-discrimination provisions in section 8 of the Charter.

Related mental health and wellbeing principles include:	Related decision making principles include:
Dignity and autonomy	Care and transition to less restrictive support
Wellbeing of dependents	Consequences of compulsory assessment and treatment and restrictive interventions
Supported decision making	Autonomy
Cultural safety	
Gender safety	
Diversity	

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

When diversity of care is applied in practice:

- I am offered care and treatment that includes access to peer support, cultural and spiritual care, and social supports that reflect my values, goals and preferences.
- My care responds to my needs - it is trauma-informed, LGBTIQA+ inclusive, and culturally safe.
- If one type of care is not helping, I am supported to explore something else - without judgment or delay.
- I can access support in ways that work for me - online, in person, at a community hub, or with help from a peer worker.
- My care plan includes goals beyond treatment - like connecting with my community, learning new skills, or finding work.
- Services work together so I do not have to navigate complex systems like Centrelink, the NDIS, or housing on my own.
- When I am in hospital, I can still do meaningful activities, stay connected to outside supports and have a clear plan for continuing my recovery after I leave.

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

When diversity of care is upheld in practice, I feel confident that:

- The person I care for or support can access a mix of clinical, cultural, community, and peer-led supports that reflect who they are and their preference at the time.
- The care provided is integrated with cross-sector collaboration, ensuring supports are based on the needs and preferences of the person I care for and go beyond treatment.
- Past trauma from accessing services and supports is acknowledged and considered. Care and assistance are provided to re-connect with appropriate services or alternate services.
- Our cultural background, values and preferences are respected and shape how care is offered.
- With the agreement of the person I support, or as required by the Act, I am included in conversations about care and treatment options and supported to understand what's available.
- Services adapt when our needs change - we are not left without support.
- Different forms of knowledge, including lived and living experience, are valued in decisions about care.

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

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

Explore the key topics covered in this section:

- Share accessible information and offer a range of diverse, person-centred care options
- Connect people to a range of supports and promote community participation

Share accessible information and offer a range of diverse, person-centred care options

Requirements include:

- Give information about what treatment and care options are available in accessible ways. For example, verbally, in writing, use plain language, Easy English, translations, videos, posters, or QR codes linking to information. Continue to share and discuss this information during a person's treatment, as preferences and readiness to engage in different options may change over time.
- Provide appropriate supports to help people understand information and rights and make and communicate decisions. See dignity and autonomy principle.
- Check if a person has an advance statement of preferences or nominated support person that can help you to understand the diverse care options they would like to access. Make all reasonable efforts to give effect to the statement and/or to support the nominated support person in their role. See supported decision making principle.
- Use more than one approach to understand the person's preferences, if they are not able to discuss this. For example, check recovery or treatment plans, or ask the person's chosen carers, families, supporters and kin for information about the kinds of treatment and care the person has found helpful or unhelpful in the past.
- Offer access, or refer people to a range of treatment and support options to support their treatment and recovery goals. What is available may depend on the treatment setting. However, in all cases, services should ask about the person's preferences, help a person to access services available in that setting, and have clear plans for working towards the person's preferred treatment and support options. Options may include:
  - Different types of care and treatment. For example, psychology, group therapy, peer support, online help, dietician services, exercise physiologist, art or music therapy.
  - Access to lived and living experience and allied health workforces.
  - Access to cultural, spiritual and other kinds of support.
- Avoid defaulting to clinical or inpatient care, if community-based or non-clinical supports may better meet a person's needs. See least restrictive principle.

Good practices may include:

In clinical inpatient and residential settings, depending on what can be offered in a particular setting:

- Offer group activities based on people's interests and recovery needs, including cultural needs.
- Offer options like exercise, mindfulness, cooking, and creative arts.
- Consider group outings where possible (gardens, libraries, pools).
- Include recreational activities on weekends, to support healing and connection.

Connect people to a range of supports and promote community participation

Requirements include:

- Make reasonable efforts to support access to services that meet the person's expressed preferences and needs. For example:
  - make internal referrals or connect the person to external support services
  - ask the person if they prefer to access private, low cost or free options and offer relevant information and referrals
  - ensure people have adequate community supports in place for after they are discharged from an inpatient unit or from a service.

Relevant services may include:

- housing, trauma, relationships, training, education and employment including job-readiness programs, alcohol and drug supports, gambling supports, disability supports (including NDIS), Centrelink, legal services, or financial services
- Mental Health and Wellbeing Locals, who may offer many of the above services
- culturally appropriate services. For example, Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Community Controlled Organisations (ACCOs), multicultural support services
- gender and sexuality support services. For example, Minus18
- peer-run groups. Some services may offer their own peer-run groups and can refer internally. Others may refer to peer-run groups offered by other mental health and wellbeing services including Hearing Voices groups, GROW, Mind Australia, Wellways, or Neami
- community resources and groups that meet the person's interests and preferences, and support their recovery goals. For example, gardening groups, neighbourhood centres, walking groups, Landcare, or sporting groups such as RecLink.
- Mental Health and Wellbeing Connect Centres for carers, families, supporters and kin, and for consumers who also have a caring role.

Good practices may include:

- Offer system navigation and advocacy support either directly or in partnerships (such as with cohealth, Mind or Wellways) or state-wide services or connections with Mental Health and Wellbeing Locals.
- Promote and support access to digital tools like SANE forums, ReachOut and Black Dog Institute resources for those facing geographic or accessibility barriers, and offer support to explore and try digital supports.
- Share opportunities to join lived and living experience groups (for example, Blue Voices) including options for telehealth or digital group access where needed.

Tips for asking people about what care and treatment works best for them

- Approach discussions with curiosity and openness.
- Ask what matters to the person and what they have found helpful or not helpful in the past.
- Avoid making assumptions about what support looks like.
- Welcome discussions about all kinds of support - including cultural, community or spiritual supports.
- Revisit preferences over time.

Example questions:

- *What kinds of support have helped you, or haven't helped you, in the past? Is there a kind of support you'd like to try or are wondering about?*
- *Would you like to talk to a peer worker or someone with lived and living experience?*

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

- Are we offering or referring to a broad range of supports, including peer-led, psychological, cultural, spiritual, and community-based options that meet people's needs and preferences?
- How do we consider the person's accessibility requirements, relationships, living situation, trauma history, education, financial circumstances and employment status when supporting them to access services?
- How do we respond when someone asks about a type of care or support we do not offer or are unfamiliar with?
- What barriers do we encounter in providing diverse care options? How can we address them together?

7. **Scenario:** Bringing community into hospital - the beauty salon[7]

What happened?

Ruth, who was receiving care in an acute inpatient unit, asked staff if she could have a facial treatment, to help her feel better about herself.

What actions did the service take?

Nursing staff firstly explained this service wasn't available at the hospital, and they did not think that Ruth was ready for leave. However, one nurse thought about this more, including thinking about the risks in Ruth's individual circumstances, and thought there could be a way to make this work. They found a local beautician, who happily agreed to come to the inpatient unit after hours. The staff confirmed that as children would not be present, the beautician did not need a working with children check, completed visitor sign-in, complied with infection control processes, and agreed to remain in communal areas.

The beautician sat with Ruth in the lounge during the facial treatment. Other consumers saw Ruth having a facial and asked if it could also be arranged for them. Over time, Ruth's idea became a regular self-care activity for some consumers.

Reflections from Commission lived and living experience staff

When Ruth's idea was taken seriously, she felt cared for and respected.

It is an ordinary thing to want to look after yourself despite being in hospital. Those small acts of self-care are powerful. The creative approach staff took allowed several people to develop a relationship with a warm and friendly beautician while they were in hospital. They now have this relationship out in the community as well.

It is lovely because it is growing connection to community and communities reaching in.

Which other principles were engaged?

Mental health and wellbeing principles: supported decision making, dignity of risk.

How would you approach this situation?

What might you do differently?

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

Australian Commission on Safety and Quality in Healthcare (2021) *National Safety and Quality Health Service Standards* https://www.safetyandquality.gov.au/standards/nsqhs-standards#links-to-the-nsqhs-standards

Department of Health (2011) *Framework for recovery-oriented practice* https://healthsciences.unimelb.edu.au/__data/assets/pdf_file/0011/3391175/framework-recovery-oriented-practice.pdf

IMHA (2025) *Principles of the Mental Health and Wellbeing Act: plain language* https://www.imha.vic.gov.au/sites/default/files/2025-06/imha-principles-mental-health-wellbeing-act-may-2025.pdf

7 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.