Diversity principle

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

The diversity principle requires that the diverse needs and experiences of a person receiving mental health and wellbeing services are to be actively considered, noting that such diversity may be due to a variety of attributes including:

- gender identity
- sexual orientation
- sex
- ethnicity
- language
- race
- religion, faith or spirituality
- class
- socioeconomic status
- age
- disability
- neurodiversity
- culture
- residency status
- geographic disadvantage

Mental health and wellbeing services are to be provided in a manner that:

- is safe, sensitive and responsive to the diverse abilities, needs and experiences of the person including any experience of trauma
- considers how those needs and experiences intersect with each other and with the person's mental health (s 25).

IMHA's plain language explanation of this principle notes that in addition, this principle means that people can tell services what they need to feel safe (IMHA 2025).

Frameworks and standards that support compliance with this principle include the:

- *Framework for recovery-oriented practice* (Department of Health 2011a), particularly the responsiveness to diversity domain
- NSQHS Standards (Australian Commission on Safety and Quality in Healthcare 2021), particularly the:
  - Clinical governance standard (such as action 1.15 - identifying the diversity of consumers who use the service and incorporating that information into planning and delivery of care)
  - Partnering with consumers standard (such as actions 2.08 - using communication mechanisms that are tailored to the diversity of the consumers who use services and the local community and 2.10 - providing information in a way that meets the needs of patients, carers, families and consumers).

Note on terminology: The Commission notes that this principle uses the term 'race', and acknowledges that this is not preferred by many people. Where possible, we use alternative language.

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

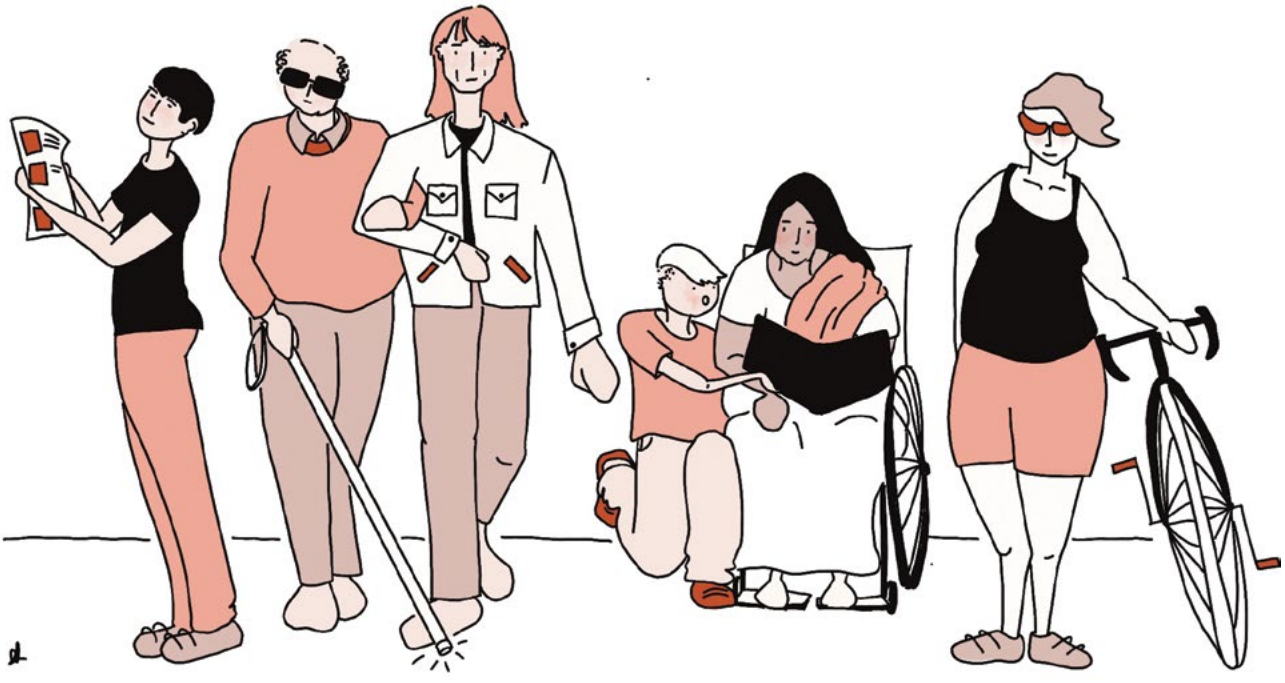
The diversity principle recognises the importance of bringing an intersectional rights-based approach to mental health and wellbeing care, treatment and support. A person's experience with mental illness or psychological distress intersects with other social identities and factors including those that are outlined in the principle. As this principle can refer to multiple areas of a person's life, the most relevant Charter rights 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	Consequences of compulsory assessment and treatment and restrictive interventions
Wellbeing of dependents	Autonomy
Diversity of care	
Supported decision making	
Cultural safety	
Gender safety	
Family and carers	

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

When my diverse needs and experiences are actively considered:

- I am asked early in my care about my identity, including culture, gender, disability, and other aspects, and this information is respected and used to shape how I'm supported.
- I see that my identity and lived experiences are not just noted but actively valued in how my treatment, communication, and support plans are delivered.
- I can access services in ways that work for me, like through interpreters, translated materials, or support from peer workers who share my background or lived experience.
- I feel safe and welcome in the service environment from the way staff speak to me, to the signage, facilities, and symbols that reflect diverse communities.
- When I need support making decisions, I am given time, information, and tools like Easy English or visual aids to understand my options and make choices that are right for me.
- If I face discrimination or harm related to who I am, I know how to report it and trust that it will be taken seriously and handled respectfully.
- I have access to a range of services including culturally safe, trauma-informed, and peer-led options regardless of my background, disability, identity, or where I live.



4. What may this principle mean for **carers, families and supporters**?

When the diverse needs and experiences of the person I support are actively considered:

- I see that the unique needs, identity, and circumstances of the person I care for and of our family and relationships are actively considered in their treatment and support - including their culture, language, gender, neurodiversity, disability, or trauma experiences.
- I feel confident that care is not 'one-size-fits-all' - it is shaped by what matters to the person I care for, including their preferences, values, accessibility needs, and living situation.
- I am included in care planning where appropriate, and I can see that our family, culture, and community connections are respected as part of recovery.
- The person I care for has access to a diverse mix of services and supports - including culturally safe, peer-led trauma informed and holistic options, no matter their background or where they live.
- I feel assured that services uphold the rights of the person I care for to be treated with dignity, free from discrimination, and supported in ways that affirm their identity and support their full participation in community life.

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 principle into practice. As noted earlier in this guidance, the dignity and autonomy and supported decision making principles must always be considered.

Explore the key topics covered in this section:

- Actively consider, and safely and sensitively respond to people's diverse abilities, needs and experiences
- Respond to trauma
- Consider and respond to the intersectionality of a person's mental health, needs and experiences

Please also see systemic and leadership actions outlined in detail in implementation resources on the Commission's website, that can be taken to ensure services are accessible and welcoming for diverse consumers, carers, families, supporters and kin. For example:

- understanding the diversity of consumers and communities who access the service
- creating a visually welcoming and accessible environment that is reflective of diverse cultures, genders, and sexualities
- employing staff who reflect the diversity of the community including lived and living experience workers, Aboriginal staff, people with diverse gender and sexuality, and people from culturally diverse and underrepresented groups
- supporting staff to access relevant training
- encouraging reflective practice, supervision and staff conversations, including conversations about equity, privilege and bias in practice
- involving diverse community voices in service planning, feedback, codesign and co-evaluation.

Actively consider, and safely and sensitively respond to people's diverse abilities, needs and experiences

Requirements include:

- Communicate in ways that respond to the diversity of consumers, families, carers, supporters and kin and share information in ways that meet their needs.
- Routinely ask about the person's cultural, religious, communication, accessibility, or identity-based needs and then act on what they share. For example:
  - Provide appropriate supports to help a person understand information and rights and to make and communicate decisions. For example, a person preparing for a Mental Health Tribunal hearing should be proactively offered access to information, an interpreter or any other supports to help them understand the report and any other documents that will be considered in the hearing. See dignity and autonomy principle.
  - 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 or significant members of the person's community (for example, extended family, community leaders, faith leaders). See family and carers principle.
  - Recognise that cultural practices can be important for recovery (Department of Health and Human Services 2011a, p 21). 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 while receiving treatment. This may include access to prayer rooms, respecting dietary requirements, making space for ceremony such as healing ceremonies or breaking a fast.
  - Ask about and ensure continued access to any disability related supports including when a person is receiving inpatient treatment (for example, mobility aids).
- Take all reasonable steps to find out if a person has an advance statement of preferences and make all reasonable efforts to follow preferences related to diverse abilities, needs and experiences.
- Respect and follow the person's advice about their identity, and never question this or make assumptions.
- Check that the clinical record correctly reflects all aspects of a person's identity (where known). For example, ask a person's pronouns and preferred name at your first meeting, and update it if needed (s 726 - accuracy of information principle).

Good practices may include:

- Understand that diversity is broad and intersectional. This includes (but is not limited to) gender identity, sexual orientation, sex, race, ethnicity, language, culture, faith, spirituality, age, disability, neurodivergence, class, socioeconomic status, residency status, and geographic disadvantage.
- Recognise how overlapping aspects of identity can affect a person's experiences, including access to care, experiences of stigma, or trauma (see next section).
- Respect that each person defines their own identity and experience and avoid assumptions.
- Proactively support people who may face exclusion because of reasons such as visa status, rural location, poverty, disability or past trauma. For example, where possible offer travel vouchers, free transport, telehealth consultation options, assurances that accessing mental health and wellbeing support will not impact visa or immigration status.
- Complete relevant training such as training on cultural competency, responsiveness or humility and LGBTIQA+ inclusion. For example, explore cultural competency training to understand and work with cultural norms - such as differing cultural norms around eye contact, barriers to speaking up to people seen as authority figures, head covering, handshaking, and other practices such as avoiding direct questioning, waiting quietly before responding, respecting Sorry Business, valuing connection to Country, and the importance of extended family and Elders.
- Share culturally appropriate resources and acknowledge the significance of culture to wellbeing.
- Welcome diverse gender identities, for example, show you are gender affirming by introducing yourself with your pronouns or wearing a pronoun badge, and by using inclusive language.

Respond to trauma

Requirements include:

- Provide trauma-informed and responsive care to all consumers, recognising the high prevalence of previous trauma among people accessing mental health and wellbeing services. For example:
  - always ask people what they need to feel and be safe and welcomed in the service, give people as much choice as possible, support their capacity to make decisions about their treatment and care, and take least restrictive approaches. See dignity and autonomy, supported decision making, and least restrictive principles.
  - be mindful that people with diverse identities may be more likely to have experienced a range of compounded traumas - including racism, discrimination, targeted violence, trauma associated with refugee or migrant experiences, etc. - with impacts to their mental and physical health. See also health needs principle.

Consider and respond to the intersectionality of a person's mental health, needs and experiences

Requirements include:

- Tailor treatment, care and support to the person's values, identity and needs by exploring meaningful options together such as cultural, psychosocial, spiritual, community, peer-led or creative supports and making reasonable efforts to help them to access these where possible. For example, access within the service if possible, make referrals, identify options including private treatment, or free or low cost options according to the person's preferences.
- Make referrals to services that meet the person's needs. For example, to Aboriginal Community Health Organisations (ACCHOs), LGBTIQA+ services, refugee and asylum-seeker services, disability advocacy, or multicultural organisations.
- Work collaboratively with services across housing, education, employment, disability, alcohol and drug, youth, ACCHOs, multicultural, LGBTIQA+, and justice systems to support people holistically.

Good practices may include:

- Be aware of how diverse experiences and needs can intersect, impacting mental and physical health and creating barriers to accessing services - and create ways to make it easier for people to access and interact with services. For example:
  - some women, girls or gender diverse people from some multicultural backgrounds may not be comfortable accessing mixed-gender services. Facilitating access to single-gender services or sessions, or community outreach, may promote equitable access to services.
  - people with disability often face higher costs of daily living, may have limited or fluctuating ability to work and/or face discrimination or lack of accessible employment - and consequently may experience socioeconomic disadvantage that creates a further barrier to accessing services. By developing holistic care plans that also include, for example, support accessing the NDIS or material aid, service providers can increase people's ability to access the supports they prefer.
  - LGBTIQA+ people from multicultural, migrant or refugee backgrounds may have previous and recent experiences of discrimination and racism, including when accessing services. Gender diverse consumers may have experienced repeated questioning of their identity and misgendering - including in health care settings - as well as other experiences of discrimination and violence. Take action to show that everyone is welcome (such as visual cues in the service and as part of uniform including badges, lanyards, etc.), and actively seek to understand and respect a person's preferences and identity, to help reduce barriers to access.
- Be guided by resources that are codeveloped wherever possible. See 'Where can I find more information?'
- Use digital health and telehealth creatively to support people with limited mobility, geographic access or sensory needs.
- Build ongoing relationships with local community groups to better understand and respond to emerging needs.

Tips for respecting and responding to diversity

Ask open, curious questions:

- *Can you tell me about the things that matter to you?*
- *Is there anything you'd like me to know about you or your family, that will help you feel safe and welcome and help us to meet your needs?*
- Show your support of diverse gender identities - for example, by introducing yourself using your pronouns, wearing a pronoun badge
- Ask about safety needs - *What can we do or not do that will we help you be and feel safe?*

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

- How do we ensure we ask respectfully about people's cultural background, gender identity, disability, faith, sexuality, and other aspects of identity that may shape their care needs?
- How do we adapt our service delivery to meet people's preferences, accessibility needs and communication styles?
- Does our physical environment, signage, and communication materials signal safety and welcome to people from diverse backgrounds?
- How do we support people who speak little or no English, are neurodivergent, or require cultural or spiritual accommodations?
- Do we offer equitable support to people from rural and regional areas, those with temporary visa status, or who have experienced systemic racism or trauma?
- Does our workforce reflect the diversity of the communities we serve?
- Are staff supported and trained to deliver inclusive and culturally safe care?
- Do we partner with local ACCHOs, multicultural, LGBTIQA+, disability, and community organisations to improve access and engagement?
- How do we support diverse community members and lived and living experience voices to be involved in service design, delivery and governance?
- Who is not in the room when decisions are made and how can we change that?

7. **Scenario**: breaking fast during Ramadan with family[21]

What happened?

Khadija was an inpatient in an acute inpatient unit during Ramadan. Khadija had a good relationship with her nurse, and told her that she intended to fast.

Khadija also asked that the service provide a private space for her family to break their fast with her in the evening each day.

What actions did the service take?

The treating team talked to Khadija about fasting. They started this conversation by recognising the religious and cultural significance of fasting during Ramadan. Staff checked in with Khadija for a physical health assessment, to ensure there were no underlying health issues that would impact fasting. They also asked what they could do to support Khadija while she fasted - for example, making sure no meals or snacks were offered to her during the day, and timing her morning (Suhoor) and evening (Iftar) meals to align with fasting requirements, and also adjust medication timing.

Khadija agreed she would let the treating team know if she was experiencing any difficulties or concerns, so staff could explore options with her.

Staff supported Khadija's request to eat with her family, recognising that breaking fast together is an important part of Ramadan, and a way for Khadija to maintain connection to her faith and family. Khadija's family brought home cooked meals in every day to eat together in the family and carer room. This helped Khadija to stay connected with her faith, family and culture during her admission.

Reflections from Commission lived and living experience staff

Staying strongly connected to family and faith is respect in action. How much relief Khadija would have had by maintaining those connections even though she had to be in hospital during Ramadan. If she did not already have a trusting relationship with her treating team, Khadija could have fasted without them knowing, and may not have told them if she felt unwell. The treating team showing Khadija that they respected her faith and culture helped to build even more trust.

Which other principles were engaged?

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

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

Department of Families, Fairness and Housing (2025) *LGBTIQA+ inclusive language guide* https://www.vic.gov.au/inclusive-language-guide

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

Embrace Multicultural Mental Health *Framework for Mental Health in multicultural Australia* https://framework.embracementalhealth.org.au/

Zoe Belle Collective and Royal Melbourne Hospital (2021) *Transgender and gender-diverse inclusive-care guide for hospital-based healthcare professionals* https://www.thermh.org.au/files/documents/Corporate/transgender-gender-diverse-inclusive-care-guide-health-care-professionals.pdf

21 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.