



Victorian Transcultural
MENTAL HEALTH

An Integrated Approach to
Diversity Equity and Inclusion in
Mental Health Service Provision
in Victoria: A Position Paper

We acknowledge that VTMH is located on the traditional lands of the Boon Wurrung and Woiwurrung (Wurundjeri) peoples of the Kulin Nation.

We celebrate and recognise the First Peoples' continuing connection to the land and water, and pay our respects to their Ancestors and Elders, past, present and emerging.

In a spirit of reconciliation, we commit to walking the journey of learning and healing together.

Contents

3	Introduction
5	Part 1: Victorian Transcultural Mental Health
8	Part 2: A Critical Overview of Victorian Government Documents
9	Part 3: Royal Commission into Victoria's Mental Health System, and the Case for Change
10	Part 4: Equity in Focus: Attending to Policies, Practices and Performance
13	Appendix: A Snapshot of Relevant Victorian Government Documents
15	References
16	About This Paper

Introduction

PURPOSE

This position paper proposes a high-level and integrated strategic approach that addresses Victoria's mental healthcare system as a whole, and outlines Victorian Transcultural Mental Health's (VTMH) strategy for engaging governments, lead agencies, service providers, and communities to embed diversity equity and inclusion (DEI) principles into mental health care, access and practice.

It aims to further understanding on the particular mental health challenges and service barriers facing migrant and refugee communities, provide a basis for the development of strategy that prioritises DEI in Victoria's mental health services, and assist in scaffolding a DEI framework that addresses current gaps, in order to create sustainable access and outcomes improvements in mental health care for marginalised populations.

BACKGROUND

Mental health services across Victoria need to cater to an increasingly culturally and linguistically diverse population. The social and cultural dimensions of gender, race, ethnicity, sexual orientation, ability, age, socio-economic status, and religion are all relevant to understanding mental health and wellbeing. A consistent finding is that people from multicultural communities underutilise mental health services despite considerable work undertaken in relation to mental health reform, multiculturalism, diversity and equity by Australian governments, and Victorian state government departments and lead agencies over an extended period. A strategic approach to this challenge entails addressing the particular mental health challenges and service barriers facing migrant and refugee communities, and would also be inclusive of contemporary transcultural mental health approaches and an intersectional perspective.

SUMMARY

This paper begins by describing VTMH and key considerations regarding culture, intersectionality and mental health practice. It then outlines four areas of enquiry that are proposed as the basis on which to prioritise developing a DEI framework for Victoria's mental health services. A critique of relevant Victorian Government frameworks then follows, before a provisional outline of strategic domains is presented, along with their rationale and planning requirements.

Its content is particularly pertinent given the findings of the Royal Commission into Victoria's Mental Health System (2021). As part of making a compelling and urgent case for radical change in mental health service design, the Commission has highlighted the importance of responding to racism and discrimination, data collection, language services, and the need to develop a diverse communities' mental health and wellbeing framework. Such issues have long concerned communities and service providers, and are aligned with VTMH's values and mission.

Diversity + Equity + Inclusion = Belonging

Diversity – all the ways groups or populations differ

Equity – recognising and redistributing power

Inclusion – acknowledging and respecting multiple ideas, identities, perspectives, and practices

Together these principles create the conditions for “belonging”: a multicultural society that engages the full potential of people, integrates multiple ways of being in the world and thereby enhances and enriches the mental health and wellbeing of all.

Intersectionality

People's lives are multi-dimensional. All identities – including those based on race, ethnicity, age, gender, sex, sexual orientation, gender expression, ability, religion, faith and spirituality – are fluid and coexisting. They are also associated with privileges and oppressions. As such, they can intersect at different points for different individuals, in different interactions.

Intersectional analysis offers a way to think about the complexity of lived experience in relation to systems of domination, address multiple sources of marginalisation and discrimination, and advance social justice.

RECOMMENDATIONS

The following **six strategic domains** are integral to the scaffolding of a coherent DEI framework to address current gaps and create sustainable access and outcomes improvements in mental health care for marginalised populations. These are further detailed in Part 4, along with the rationale behind their selection and the planning required for each.

1. STRATEGY

Systemic approaches and strong leadership to create sustainable improvements in access and outcomes for mental health care.

2. GOVERNANCE

Strong governance structures, including culturally relevant monitoring and reporting systems to shape authorising environments for accountability and change.

3. POLICY ENVIRONMENT

Policy documents that embed diversity, equity and inclusion (DEI) considerations, and state how cultural safety and responsiveness principles apply to everyone, every day, and every service encounter.

4. WORKFORCE AND PRACTICE

Culturally-responsive mental health workforces that are self-aware, diverse, knowledgeable, and can learn, critically reflect and apply culture-oriented principles and practices in local contexts.

5. COMMUNITY ENGAGEMENT AND LIVED EXPERIENCE

Communities are sources of knowledge, support, healing and solidarity, whose partnerships with formal systems of mental health care need to be empowered.

6. KNOWLEDGE MOBILISATION

Mainstream mental health research that meaningfully includes priority populations, and develops links between practice, research and policy.

Part 1: Victorian Transcultural Mental Health

VTMH is the lead transcultural and intersectional mental health service for the state of Victoria. The service is funded by the Victoria State Government, Department of Health, and sits within St Vincent's Hospital, Melbourne.

With a focus on working together to create healthy connected communities where no one is left behind, VTMH supports the mental health of diverse people, communities and systems by addressing enduring patterns of social inequity and system-level barriers in accessing support. We advocate strongly for a culturally safe and responsive mental health service system, and support the examination of societal structures, service systems, and institutional factors by working closely with the mental health sector, as well as the public health, human service, education, and community sectors.

We use four main strategies in our work:

- Collaborate: We prioritise inclusive participation and use design thinking
- Support: We build capacity by offering support over an extended time
- Equip: We create resources and spaces to learn about mental health and diversity
- Advocate: We prioritise cultural safety and responsiveness throughout all our work.

VTMH has expertise in collaborative models such as co-production and other participatory approaches, capacity-building with organisations and communities, and in knowledge translation – joining the dots between practice, policy and contemporary conceptualisations of culture and mental health research.

Design Thinking

Design thinking starts with empathy, explores issues in collaboration with people, then develops and delivers innovative solutions that express their ideas and points of view.

Co-production

Co-production is a participatory approach where service providers and people, their families, friends and communities work together to reach outcomes that enhance wellbeing. The approach is based on the principle that those who are affected by a service are best placed to help plan, design, deliver and evaluate it.

CULTURE AND CONTEMPORARY MENTAL HEALTH PRACTICE: KEY CONSIDERATIONS

Culture plays a significant role in how people experience mental health issues. Culture also informs mental health practice and how services are structured and organised. People from marginalised groups, including migrant and refugee communities, report that when

accessing mental health services, they do not feel heard, safe or understood. When health and social systems fail to recognise or adequately respond to this experience, cultural diversity can become service inequity.

Transcultural mental health perspectives are consistent with providing person-centred, recovery-oriented, trauma-informed and family-inclusive care. They also extend these practices in important ways.

Within this context, culturally safe and responsive professionals:

- are aware of how their own cultural values, beliefs, attitudes and outlooks consciously or unconsciously affect their behaviours; develop relationships based on trust and mutual understanding; and are skilled in negotiating treatment and care with individuals, families and wider networks
- explore the lived experience of individuals, families and groups in order to understand their experiences, life worlds, and expressions of mental health, mental distress, coping behaviours, help-seeking, and recovery
- understand core cultural frameworks, principles and practices including intersectionality, human rights, anti-racism, cultural strengths, as well as cultural safety and responsiveness.

It is essential to adopt an intersectional lens in the context of mental healthcare because:

- Single category identity markers can create limitations for individuals and communities. An intersectional lens can help us deepen our understanding of identity, lived experience and mental health
- People who have many identities associated with reduced social power can experience multiple and unique forms of discrimination that cannot be conceptualised separately. We can look beyond individual social locations or identities, to focus on the points of intersection
- Creating a mental health system that is responsive to the needs and experiences of all members of the Victorian community requires us to examine structures and systems and institutional level factors that promote access and equity in mental healthcare.

At a service system level, cultural and intersectional considerations apply to gathering, analysing and interpreting population data as well as conducting community engagement in ways that reflect a multiplicity of identities and experiences. These considerations also affect decision making regarding service designs that target specific populations or promote universal access.

Cultural Responsiveness

Culturally responsive services are respectful of the health beliefs, practices, culture, language and faith of diverse populations and are accessible, that is approachable, acceptable, accommodating, affordable, and appropriate.

Cultural Safety

Cultural safety involves professionals and organisations examining their assumptions and understanding the historical and social contexts in which they operate. This involves shifting the focus of power and authority from organisations and systems to the world view of people and communities.

WHO, WHAT, WHY AND HOW: AREAS OF ENQUIRY WHEN DEVELOPING STRATEGY

It is proposed that the following areas of enquiry be the basis on which to develop strategy that prioritises DEI in Victoria's mental health services.

ENQUIRY

WHO

FOCUS

Populations

Combine a priority-population focus with promoting integrated inclusive mental health services for all.

DESCRIPTION

- Priority populations, members of structurally disadvantaged groups who experience everyday discrimination.
- Culture is integral to providing holistic person-centred mental healthcare; for everyone, every day, every service encounter.

ENQUIRY

WHAT

FOCUS

Services

Enhance informal community structures, formal health services and other social institutions that contribute to mental health and social and emotional wellbeing. Identify supply and demand gaps and create alliances between groups, organisations and sectors.

DESCRIPTION

- All components of healthcare services, from primary health to tertiary mental health services and community mental health services.
- Specialised services and programs providing trauma-informed care, and health and human services for recently arrived communities including asylum seeker and refugee populations.
- Non-health and community-based migrant resource and settlement services, and non-health institutions such as schools and ethno-cultural agencies and religious communities.

ENQUIRY

WHY

FOCUS

Values and Outcomes

Articulate rationales and expectations, and develop meaningful standards and benchmarks. Monitor processes that are consistent with a focus on equity and social justice.

DESCRIPTION

- Meet the social and emotional wellbeing needs and expectations of the Victorian community with fairness, dignity and respect.
- Address service gaps and outcomes related to priority populations.
- High-quality relationships and interactions are at the core of people's health and wellbeing.

ENQUIRY

HOW

FOCUS

Frameworks and Practices

Implement contextualised service models informed by evidence and experience, and designed, developed and evaluated in collaboration with service users and communities.

DESCRIPTION

- Develop culturally safe and responsive practitioners, organisations and systems.
- Respond to the unacceptable health gaps that marginalised groups experience and remain focused on universal health goals.
- Build the structural competency of health institutions.
- Adopt an intersectional lens to address social exclusion and health inequities.

Part 2: A Critical Overview of Victorian Government Documents

Considerable work has been undertaken in relation to mental health reform, multiculturalism, diversity and equity by a range of state government departments in Victoria over an extended period. Operational and translation gaps persist with regards to the practical steps required to address the specific challenges and barriers experienced by marginalised communities. More broadly, the integration of contemporary transcultural and intersectional mental health approaches at a structural system level are required.

At a very high level, although there has been excellent work in mental health, such work has not, on the whole, sufficiently integrated DEI considerations. Conversely, there has been some excellent DEI-focused work, but this unfortunately is not specific to mental health. More work is therefore needed to bring these two areas together.

For example, there are mental health planning documents that make broad statements in relation to cultural and linguistic diversity. Steps to address the particular mental health challenges and service barriers facing migrant and refugee communities, however, are not included.

There are also documents that do focus on diversity in health, but which, for the most part, are not specific to mental healthcare and do not reflect contemporary transcultural mental health approaches. Also, most were developed many years ago and have not integrated an intersectional perspective.

Finally, there are more recent Victorian Government statements and strategies that do stand as examples of documents that adopt more contemporary understandings of diversity, inclusion and intersectionality. However, such documents are not specific to mental health. It is these types of understandings that could begin to inform the embedding of DEI principles into mental health care, access and practice, address current gaps in the mental health planning domain, and create sustainable access and outcomes improvements in mental health care for marginalised populations.

The [Appendix](#) to this report lists examples of these publicly available documents, as well as recent statements and strategies. They are grouped as into the following broad categories, with introductions to each given:

1. Mental health strategy and planning documents
2. Diversity in health documents
3. Recent diversity, inclusion and intersectionality frameworks.

With respect to category 3, being those serving as examples of understandings that could most relevantly be built upon, specific commentary by VTMH on their features is also provided.

Part 3: Royal Commission into Victoria's Mental Health System, and the Case for Change

The Royal Commission into Victoria's Mental Health Services delivered its final report in early 2021. Its work commenced in 2019, and VTMH engaged with the Commission in several ways¹. VTMH is also considered in a case study within the final report (State of Victoria, 2021, p. 249).

Volume 3 of the Final Report, 'Promoting inclusion and addressing inequities', discusses responding to racism and discrimination, data collection, language services, and the need to develop a diverse communities mental health and wellbeing framework. These issues are aligned with VTMH's priorities and understanding of the situations facing diverse communities. The Commission has created a compelling and urgent case for radical change in how mental health services are designed, developed and delivered.

We note, for example, that the report states:

The Commission recognises that individuals and specific social groups have unique experiences and challenges that negatively affect mental health and wellbeing, and that preclude access to mental health treatment, care and support. In examining these experiences, the Commission found that diverse communities share many common themes in their experiences of treatment, care and support. Key themes include lack of safety, responsiveness and inclusiveness and challenges navigating the mental health system. (p. 224)

The report also states that "The Auditor-General concluded that 'current reporting requirements do not hold service delivery departments sufficiently accountable for their performance with culturally and linguistically diverse (CALD) communities'" (p. 245).

In addition, the report finds that the challenges facing mental health services in delivering culturally responsive treatment, care and support exist at many levels: within systems, organisations, professional practices and attitudinal biases (p. 246). It also recommends the development of a "diverse communities' mental health and wellbeing framework" (p. 261).

It also proposes 74 recommendations designed to reform the mental health system so that it puts the dignity and experiences of people at its centre, and has the capacity to provide best quality care where and when it is needed.

Finally, it includes multiple recommendations relevant to diversity, equity and inclusion, including key legal and policy governance and accountability structures that will drive transformation in practice.

¹ A summary of VTMH's contact with the Commission is documented on the [VTMH website](#).

Part 4: Equity in Focus: Attending to Policies, Practices and Performance

VTMH has been collaborating with mental health services and communities, applying cultural safety and cultural responsiveness approaches for several decades. We have developed a strong understanding of what characterises a culturally safe and responsive mental health service and how to build the capacity, capability and leadership of professionals and organisations.

Our program of work has involved mentoring individuals and groups to lead organisational change initiatives; offering practitioners and change-leaders extensive opportunities to learn, reflect and connect; assisting mental health service providers to develop and implement organisational diversity plans; and building the capacity of community groups and organisations.

A high-level and integrated strategic approach that addresses Victoria's mental healthcare system as a whole is required. VTMH is committed to working with governments, lead agencies, service providers and communities to develop a strategic direction that prioritises diversity, equity and inclusion in mental healthcare.

Policy development is an essential step toward embedding an evidence-informed approach to DEI in mental healthcare. Policy implementation is also required. This entails stakeholder engagement to understand the issues; generating evidence through consultation, evaluation and research; synthesising what is known and sharing knowledge; facilitating change in context; and ongoing work for sustainability and impact.

A provisional outline of the domains, rationales and planning involved in this undertaking is presented below.

STRATEGIC DOMAINS, THEIR RATIONALES AND REQUIRED PLANNING

The following six domains are integral to the scaffolding of a coherent DEI framework that addresses current gaps and creates sustainable access and outcomes improvements in mental health care for marginalised populations.

1. STRATEGY

Rationale

Systemic approaches and strong leadership are needed to create lasting improvements in access and outcomes in mental health care for marginalised populations.

Planning

- Work with government, agencies and research teams to facilitate knowledge sharing and undertake strategic planning.
- Develop a mental health DEI statement of priority.

2. GOVERNANCE

Rationale

Strong governance structures – including monitoring and reporting systems – provide accountability and the information needed to guide investment, build the capacity of public and community-based organisations and improve the quality of mental healthcare for marginalised populations.

Planning

- Address the lack of data available about mental health, migrant and refugee communities and cumulative sources of marginalisation – for example, data for rural youth.
- Develop meaningful indicators and measures related to recovery, cultural safety, and equity and inclusion.
- Implement flexible consultation and feedback mechanisms that are culturally and linguistically responsive and inclusive.
- Embed DEI frameworks and cultural principles and practices in governance structures at all levels.

3. POLICY ENVIRONMENT

Rationale

Diversity, equity and inclusion are integral to all mental health policy because cultural safety and responsiveness apply to everyone, every day and every service encounter.

Planning

- Integrate DEI into mental health planning.
- Update and develop new mental health policy documents in line with DEI frameworks including intersectionality and culturally safe and responsive practice.
- Build the capacity of mental health services to implement participatory frameworks such as co-production.

4. WORKFORCE AND PRACTICE

Rationale

A culturally responsive workforce is self-aware, diverse, knowledgeable, and has opportunities to learn, critically reflect and apply culture-oriented principles and practices in local contexts when providing mental healthcare.

Planning

- Create a specific workforce development framework for culturally safe and culturally responsive mental health practice consistent with DEI.
- Ensure capability frameworks include culturally safe and responsive practice.
- Link learning, reflective and supervision opportunities to DEI implementation objectives.
- Develop DEI-related positions and roles: interpreters, bicultural and bilingual professionals, lived experience professionals, cultural consultants or brokers.
- Establish a comprehensive cultural consultation service that brings together lived experience and other mental health professionals, community, and social science perspectives.

5. COMMUNITY ENGAGEMENT AND LIVED EXPERIENCE

Rationale

Solutions to personal and community “problems” should come from people themselves rather than be imposed upon them. Culture and communities are sources of knowledge, support, healing and solidarity. Equity and social justice are integral to psychological wellbeing. Formal services are important but not the only source of care that can support the mental health needs of communities.

Planning

- Develop programs that support communities to talk about mental health, promote social and emotional wellbeing and prevent mental health conditions.
- Ensure people have access to culturally appropriate sources of treatment and care, including psychosocial support and recovery programs.
- Co-create culturally meaningful mental health information in community languages.
- Support the growth, self-reliance, and capacity of community organisations and groups.
- Create linkages between services, groups and systems based on trusting relationships and open dialogue.

6. KNOWLEDGE MOBILISATION

Rationale

There is a lack of DEI implementation research related to mental health in Australia. Mainstream mental health research commonly excludes priority populations. Developing links between practice, research and policy will lead to improved mental health outcomes for diverse communities.

Planning

- Ensure all mental health research includes adequate migrant and refugee population samples.
- Support research that focuses on diversity, equity and inclusion, with a focus on peer-led research, undertaken with communities as partners.
- Develop a research agenda and allocate resources to the area of DEI and mental health, service models, community responses.
- Ensure DEI-related research, evaluation and knowledge translation activities are prioritised by The Victorian Collaborative Centre for Mental Health and Wellbeing.

Appendix: ---

A Snapshot of Relevant Victorian Government Documents

As outlined in Part 2 of this paper – A Critical Overview of Victorian Government Documents – considerable work has been undertaken in relation to mental health reform, multiculturalism, diversity and equity by Victoria state government departments over an extended period. However, there are gaps, including with respect to practical steps to address particular challenges and barriers, and integration of contemporary transcultural mental health approaches. See Part 2 for a further explanation, but in summary, these documents are divided into three broad categories. These are each outlined below.

1. Mental health strategy and planning documents

These documents generally make broad statements in relation to cultural and linguistic diversity, but do not include steps to address the particular mental health challenges and service barriers facing migrant and refugee communities.

- Victoria's 10-year mental health plan (2015)
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorias-10-year-mental-health-plan>
- Mental health workforce strategy (2016)
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/mental-health-workforce-strategy>
- Mental health performance and accountability framework 2020-21
<https://www2.health.vic.gov.au/Api/downloadmedia/%7B8E3CC81E-BC32-4876-8915-546648A375C2%7D>
- Victorian health services Performance Monitoring Framework 2019-20
<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring>
- Victorian health services Performance Monitoring Framework 2019-20 – Key Performance Measures and Underlying Risk Factors
<https://www2.health.vic.gov.au/Api/downloadmedia/%7B77BB644A-BBB4-4729-96AE-C9B0F8C724E6%7D>

2. Diversity in health documents

These documents do focus on diversity in health, but for the most part, are not specific to mental healthcare, do not reflect contemporary transcultural mental health approaches, were developed many years ago, and have not integrated an intersectional perspective.

- Cultural responsiveness framework - Guidelines for Victorian health services (2009)
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Cultural-responsiveness-framework---Guidelines-for-Victorian-health-services>
- Culturally competent mental health care [webpage]
<https://www2.health.vic.gov.au/mental-health/rights-and-advocacy/diversity/culturally-competent-mental-health-care>
- Cultural diversity – awareness and inclusion tips [web page]
<https://www2.health.vic.gov.au/mental-health/rights-and-advocacy/diversity/cultural-diversity-awareness-and-inclusion-tips>
- Victorian refugee and asylum seeker health action plan 2014-2018
<https://www2.health.vic.gov.au/Api/downloadmedia/%7B6E6F8723-0369-4DA0-B504-59397A81A679%7D>
- Designing for diversity (2018)
<https://www2.health.vic.gov.au/about/populations/designing-for-diversity>
- Language service policy (2017)
<https://www.dhhs.vic.gov.au/publications/language-services-policy-and-guidelines>
- Interpreters and translations [web page]
<https://www.vic.gov.au/interpreters-and-translations>

3. Recent diversity, inclusion and intersectionality frameworks

These more recent Victorian Government statements and strategies do stand as examples of documents that adopt more contemporary understandings of diversity, inclusion and intersectionality, but are not specific to mental health. As these are good bases upon which to build strategies and a framework that prioritises DEI in Victoria's mental health services, these have been analysed in more detail, with VTMH commentary included under 'Comments' on the right.

Document	Comments
Victoria's multicultural policy statement (2017) https://www.vic.gov.au/multicultural-policy-statement	This multicultural policy statement sets out the Victorian Government's vision to enable every Victorian to participate fully in society, remain connected to their culture and ensure we all have equal rights, protections and opportunities.
Everybody matters: Inclusion and equity statement (2018) https://www.vic.gov.au/everybody-matters-inclusion-and-equity-statement	Sets out a long-term vision for the creation of a family violence system that is more inclusive, responsive and accessible to all Victorians. It acknowledges and recognises the diversity inherent within each of us, and the need for family violence and universal services to build a better understanding of the barriers that can prohibit inclusion and access through the understanding and application of an intersectionality framework.
Victorian LGBTIQ+ strategy (2021) https://engage.vic.gov.au/lgbtiqstrategy	Informs strategy specific to the LGBTIQ+ (lesbian, gay, bisexual, transgender, intersex, queer or questioning and asexual) communities across Victorian government departments and agencies. It identifies four high priority areas for change in systems, policies and services, or "directions".
Safer Care Victoria, Partnering in healthcare: A framework for better care and outcomes (2019) https://www.bettersafecare.vic.gov.au/sites/default/files/2019-02/Partnering%20in%20healthcare%20framework%202019_WEB.pdf	A framework to help respond to the needs and expectations of Victorian consumers, designed for those health services that aim to go beyond what is required under the Australian Commission on Safety and Quality in Health Care (ACSQHC) Standards. It suggests priorities and actions that health services can take, and what Safer Care Victoria and state government departments will do, to deliver outstanding healthcare.

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About This Paper

This position paper was written by Ms Silvana Izzo, Dr Susan McDonough and Dr Anita Tan, Victorian Transcultural Mental Health, St Vincent's Hospital Melbourne.

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VTMH has a strong and established track record of more than two decades in advocacy and the design, development and implementation of equitable models of mental health care, working closely with the mental health sector, as well as the public health, human service, education, and community sectors. The ideas and recommendations discussed in this paper represent the collective work of the VTMH team.

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