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CLINICAL PRACTICE GUIDE

VALUING CULTURAL DIVERSITY AND INCLUSION IN YOUTH MENTAL HEALTH



THIS PRACTICE GUIDE WILL

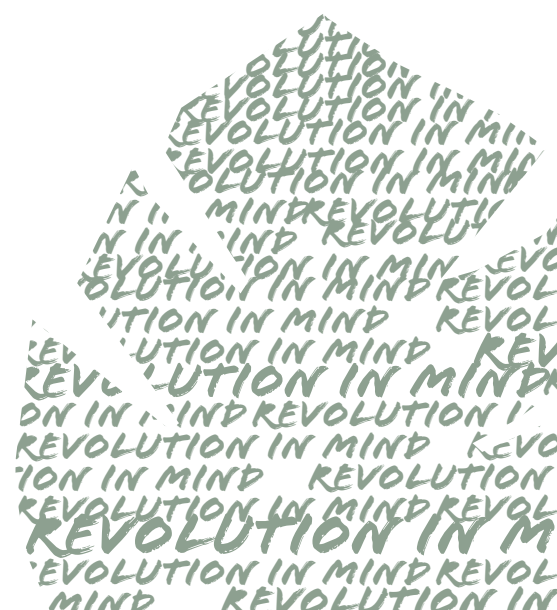
- highlight the value of cultural diversity and inclusion in youth mental health services, including how this specifically relates to mental health staff, teams and organisations;
- present overarching principles in relation to valuing cultural diversity in the workplace;
- consider context, strengths, challenges, implementation strategies and case examples;
- provide examples from leading services in the sector; and
- recommend further resources for reference.

The guide has been divided into sections for individual staff members, teams and organisations.



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INTRODUCTION

INTRODUCTION TO CULTURE AND CULTURAL DIVERSITY

Culture is a core part of who we are and something to be embraced and celebrated. The variability of people's cultural identities and experiences can bring life, joy, curiosity and varied meaning to the workplace. Recognising our varying cultural backgrounds provides an opportunity to learn by respecting the way in which culture shapes different ways of living and being, and helps to build not just stronger workplaces, but stronger health care systems.(1)

Dismantling systemic prejudices, which lead to disadvantages for some of the workforce, are crucial first steps towards valuing cultural diversity and promoting inclusion.(1)

To establish culturally responsive and safe therapeutic approaches within mental health services, the influence of culture and power dynamics needs to be acknowledged.(2) Cultural safety aims to counter tendencies in health care that create cultural risk (or unsafety). This is needed when people from a particular ethnic cultural group are demeaned or disempowered by the actions of people from another culture.(3)

RATIONALE FOR CELEBRATING DIVERSITY FOR STAFF AND SYSTEMS

There has been significant focus on cultural safety and responsiveness in relation to young people, families, staff and services,(4) but there is less discussion about relationships *between* staff within youth mental health services in relation to cultural diversity.

Cultural diversity and inclusion is an important area of focus, given that the current mental health clinical workforce does not represent the cultural diversity of Australia's population.(5) When organisations fail to value and represent the diversity of their local communities - by supporting a safe environment for a diversity of staff - it can lead to staff dissatisfaction and retention issues,(6) in turn resulting in loss of organisational knowledge and negatively impacting service user outcomes.(7)

There is contention in literature about the best way to promote inclusion in the workplace, and specifically how oppressions of marginalised staff members are recognised. Some attempts to promote inclusion instead introduce a tension of assuming, tokenising, flattening, 'othering' or over-generalising staff members' experiences.(8)

RATIONALE FOR VALUING CULTURAL DIVERSITY AND INCLUSION IN YOUTH MENTAL HEALTH SERVICES

By acknowledging and valuing cultural diversity across the workplace, we can create a safer place to work, a creative and innovative environment, and a more engaging service for young people and their families.

Youth mental health services that value cultural diversity and inclusion are more likely to:

- provide holistic and thoughtful care that embodies respect, negotiation, collaboration, support and flexibility to meet the needs of young people and families accessing support. Culturally responsive mental health care is not only ethical but has also been shown to be more effective in meeting young people and families' needs;(2)
- support staff performance, including safety and quality outcomes by improving cultural knowledge and understanding, enhancing staff member capability for reflexivity in practice, increasing staff wellbeing; and
- recruit and retain a diversity of staff who feel safe to share their authentic selves at work, and therefore bring a diversity of knowledge, insight and experience which is pertinent to working with a broad range of people within the local community. Diversity in the staffing profile can give young people and their families a message of safety and relatability.

Valuing diversity is therefore a circular process, which benefits young people, families and staff.

WHAT TO EXPECT AND HOW TO USE THIS PRACTICE GUIDE

This resource provides individuals, teams and organisations with a guide to valuing cultural diversity and inclusion in the youth mental health context, with prompted reflections and case examples to assist practice.

The guide is intended to be used as a workbook to promote change through active engagement with the content over time. Building culturally responsive practice is an ongoing process rather than a one-time activity or final end point. Therefore, we encourage you to commit to reading one section of content within this practice guide at a time, then set goals and take action and, later, return to the content to reflect on your findings.

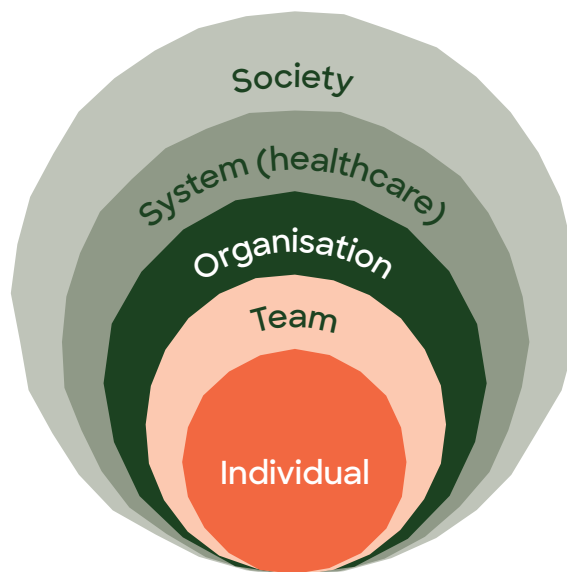
The guide comprises:

- a snapshot focused on individuals within a team with a key focus on reflective practice;
- a workbook focused on team-based approaches in relation to collective witnessing, reflexivity, practice, learning and development; and
- an organisational report considering whole-of-organisation approaches, providing overarching implementation concepts and relevant policies.

Although this guide focuses on concepts around cultural diversity and inclusion, we acknowledge that an intersectional lens is required, which recognises the influence of sexuality, gender, (dis)ability, ethnicity, religion, race, class, and other elements of experience, identity and background. Intersectionality considers how individuals who hold multiple marginalised identities may face additional barriers when working in, as well as accessing, health services. Health services should strive towards intersectional care systems that support and promote the multiple identities that people may hold. Health services also need to recognise the unique strengths and insights that these

individuals can provide regarding how to improve organisations and services.

Figure 1. Areas of focus for the guide, highlighting interactions between individuals, teams and organisation systems



GLOSSARY OF TERMS

For further information, please refer to Orygen's [cultural diversity and mental wellbeing glossary](#) and clinical practice point [Culture 101](#).

TERM	DEFINITION
Culture	A dynamic system of beliefs and attitudes shared by a group of people and transferred across generations.(9) Culture can be understood as a learned blueprint for acceptable ways of thinking and behaving that are collectively shared and understood.
Cultural safety	Cultural safety is an organising approach that invites health professionals and service providers to be reflexive about their work; examining their own beliefs, behaviours and practices, along with broader reflections on social and systemic themes and processes such as institutional racism, structural discrimination and organisational power dynamics. Cultural safety was initially developed from feedback by Maori nursing students and is underpinned by shared respect, understanding and learning from others by truly listening.(10) Cultural safety is not defined by the worker or the mental health system but by young people, families and communities' experiences of care.(8, 11)
Cultural responsiveness	Cultural responsiveness can be exemplified in the setting, service system and processes that young people and their families encounter. Examples of attributes of culturally responsive youth mental health services are being well-located, accessible, flexible, adequately trained and resourced, and which have 'no wrong doors' for new clients.(12) This means being respectful of everyone's backgrounds, beliefs, values, customs, knowledge, lifestyle and social behaviours.(13)
Decolonisation	Decolonisation is a global movement underpinned by principles of cultural safety that decentres the focus of power or authority. The decolonisation movement advocates collaborations and partnerships that highlight the values and views of minority groups in shaping health care policy, planning, research and education. Decolonising practice is fundamental to improving the health and wellbeing of Indigenous peoples and includes many dimensions, including identifying destructive beliefs and practices; reclaiming First Nations (and other non-colonial/western) beliefs, knowledge and practice; and learning and building from successful decolonisation to improve practice.(14)
Implementation science	A field that focuses on strategies that facilitate the uptake of evidence-based practice into routine use by practitioners and policymakers, and explores barriers to their uptake. This knowledge-base is built from research, clinical and lived experience.
Intersectionality	Intersectionality describes how multiple social aspects of identity – such as gender, race, sexuality – intersect or interact with each other. Intersectionality is about seeing the person as a whole, and encourages thinking beyond discrete labels to see all the parts that make up someone's identity and experience in the world. Originating from Black feminist movements, intersectionality is a framework that can help us understand how aspects of our identity can bring about multiple experiences of marginalisation based on systems of social-structural oppression – for example, sexism, racism, poverty and heterosexism. For more information, please see fact sheet: Intersectionality and youth mental health .

Organisational culture	Organisations have their own culture. These include the shared explicit and implicit beliefs, values, attitudes and practices of the people who work in the organisation. The cultural climate within an organisation has a direct impact on how the team operates and how effectively they support young people and their families.
Positionality	The idea that our values, views, social identity and location in time and space all influence how we understand the world, and our perception of how we align (or not) with each other. In this way, gender, race, socioeconomic status, and other aspects of our identity are not fixed or 'given' but are socially constructed, although greatly influence our life experience and are influenced by power dynamics.
Solidarity	Reflects a unity of purpose, interest or attitudes across the organisation, creating cohesion, community and traction of movement or advocacy. This celebrates difference in relation to lived experiences and calls for ethical and meaningful change that betters the whole community.
Systems theory	A system is made up of interrelated/interdependent parts. This includes family systems and institutional systems, for example, education, employment and healthcare. Change in one part of the system often influences the rest of the system(s). For example, the actions of one member of the team can result in changes to a whole team's behaviour or performance.



CORE PRINCIPLES

The following is a list of principles for recognising, respecting and responding to cultural diversity.

You may wish to print these next two pages and place them somewhere visible to your team, allowing for regular reflections regarding how these principles apply within your team.

PRINCIPLE	EXPLANATION
Everyone has culture	Our cultural identities shape how we think, behave and interact with others. Culture includes our relationship with language, with place, our religious beliefs, traditions and tendency towards individualism or collectivism. Our cultural background can also determine the way in which we perceive culture. As healthcare professionals, we are influenced by our own cultural identity, and the cultures within the systems in which we work. Some examples of this are paternalistic frameworks of care and the dominance of westernised approaches to health. These approaches can limit certain cultural communities from participating in the mainstream healthcare system, as they hold a more family-oriented or spiritual approach to healthcare. We should not ignore the influence of our belief systems and underlying prejudices, but rather we each need to externalise and challenge them.(15)
Thinking about power, privilege and leveraging power	The explicit and implicit roles power and privilege play throughout the systems in which we work, our approaches to young people and their families, the language we adopt in our daily interactions, and our relationships with colleagues, need to be identified. Power and privilege may cause some voices within the workforce to be neglected or ignored. Power imbalances act to elevate some groups and marginalise others, but evidence of these may not be universally recognised or experienced. As healthcare settings are influenced by the same power imbalances and social norms as in society, some members of the team will experience culturally unsafe working environments. The first step is to bring these into conscious awareness, and then act to dismantle such inequalities.
The considerable knowledge of First Nations people and communities	First Nations people and communities should be welcomed, represented and platformed in all discussions in Australia. This recognises First Nations knowledge and how it contributes to all of Australian society, the barriers often faced in First Nation people's involvement and equal participation in any decision which impacts them (especially in institutions or positions of power) and the unique experiences and impact of colonisation in Australia - even compared to other parts of the world - for example, Australia not having a treaty with First Nations peoples. First Nations peoples and communities have had to actively hold on to aspects of community knowledge, kinship, history, wellbeing, identity, community and sovereignty when colonisation aimed to destroy these ideas, traditions and values. First Nations academics, activists, healthcare workers and communities have advocated for and led movements for cultural safety within healthcare in Australia. At times this momentum has not been supported by healthcare systems that have not only struggled to provide culturally safe services, but have sometimes been responsible for enacting harm to First Nations communities by the impact of colonisation (either through active governmental policy and systemic racism, or passive forms such as indifference/apathy or the disparaging of First Nations health and cultural knowledge). Although there are unique bodies of knowledge (such as social and emotional wellbeing, social and cultural determinants of health, decolonisation and the role of sovereignty) that specifically apply to First Nations peoples, many First Nations concepts improve outcomes for all of society and are important concepts for all healthcare workers to become familiar with and champion.
This is a process, not an endpoint	Every organisation is influenced by their individual staff members, their local models of care, and the community they serve. Examples have been presented here, to aid reflection around potential approaches for your unique teams. One of the first steps will be opening dialogue and partnership with local community leaders.

Equity for Equality	Equality is unlikely to be achieved by treating everyone in the same way, if anything, this will only benefit staff members who identify with the privileged culture(s). An equity framework demands that we appreciate the diversity of people's experiences and needs, have some flexibility (where reasonable) to accommodate universal participation, and considers the way in which power influences different identities and experiences.
Social justice frameworks	A social justice framework recognises that every young person deserves equal access to services and resources that promote their health and wellbeing.(16) It requires mental health workers to be aware of the influence of inequality and ensure that mental health workers do not collude with or support systems of oppression, which can occur through neutrality or indifference.
Representation and inclusion	We need workforces that better represent the diversity of our communities, and appropriate inclusion strategies so that all staff can feel safe to participate and influence change. This will require recruitment processes to be reviewed, and consideration of an individual's accessibility to education and training (often influenced by systemic factors). The knowledge of lived experience should be highly valued.
Cultural safety	Cultural safety will mean different things to each person in the organisation. Individual needs for safety will differ, and therefore we cannot assume how safe (or not) each person is feeling. The best way to increase safety for all, is to keep asking questions and prioritise dialogue. First steps towards this will be holding space for reflection around how things are currently experienced in the organisation and asking what a safe organisation would look like. Cultural safety is not absolute, therefore we should always be striving towards 'better cultural safety' rather than assuming the possibility of 'perfect safety'.(17)
Cultural humility and the role of discomfort	To create and maintain cultural safety, individual workers need to practise cultural humility. This requires a continuing openness to learning and a willingness to adapt knowledge, skills and approaches – there is no 'end point'. The discomfort this exposure might stir will help to recognise where change is needed.(17)
Assimilation/fitting in versus belonging	It will not be possible to know how safe each person feels in their work environment- an assumed sense of belonging may in fact be their attempts to 'fit in' to the dominant culture of their working environment. Nobody should determine or define cultural safety for others, but the workforce can collectively reflect on what practices can be changed so that everyone can be comfortable, connected and authentic.
Intersectionality (and striving towards intersectional systems)	Activist Audre Lorde stated: "There is no thing as a single-issue struggle because we do not live single issue lives".(18) It is the responsibility of the organisation to focus on moving to intersectional systems. Although this resource focuses on themes around cultural diversity, it is equally important that consideration be given to safety and inclusion for a range of identities and interactions between those identities. Many forms of systemic discrimination are interwoven: colonisation, white supremacy, homophobia, ableism, transphobia and sexism. Therefore, focusing on celebrating cultural diversity by nature includes celebrating diversity across a range of social identities.
Reflection and naming can lead to collective learning and growth	Reflective practice should be for everybody in the organisation, not only for clinicians. Clinicians may have more natural spaces for reflection to take place, such as supervision and clinical review, so it is important to create wider space for other members of the team to participate including those in leadership and executive roles. It should focus on team functioning and values, alongside clinical work.
Consider the relationship and interaction between individuals, teams and organisational systems	Change in one individual can influence or result in change for everyone. Even if you are the first staff member to introduce a topic, you can still promote meaningful reflection, discussion or change. Everyone has a role to play especially in how feedback and ideas are safely communicated at different levels within the organisation, enabling everyone to raise concerns as necessary.

FOR INDIVIDUALS

This section of the guide is focused on individual staff members and aims to highlight:

- how staff reflect on their own behaviours and responses to support culturally safe environments; and
- the influence that positionality, power and privilege has over staff interactions and between colleagues.

WHY IS AN INDIVIDUAL APPROACH IMPORTANT?

Although we know that service-wide change is likely to create and sustain cultural safety, important steps can be made by individual staff members to support both a top-down and bottom-up approach to cultural safety and inclusion.⁽²⁾ Effective change occurs when all facets of the organisation – at all levels of responsibility – work to the same shared values.

This section supports individuals to reflect on the interactions that take place in their workplace and consider culturally safe ways of responding. Given that all social interactions are an exchange of culture, beliefs, meaning, language and identity, it is important that we develop the skills to negotiate this safely with one another. The approach that is presented in this practice guide can be adopted by whole teams, the wider service, supervision groups or by individuals in reflective space.

Reflexivity is required by everybody in an organisation to enable cultural safety. It should never be assumed that only clinical or senior staff are responsible for promoting cultural safety within the organisation. Creating space for all members of the team to participate is an important action point. This includes those working in reception areas who greet young people and their families, those in leadership and executive roles who make key decisions around equity in the organisation, and staff working in support or administrative roles. Co-located businesses or services may also be included if they interact with young people and families who access the youth mental health service.

Similarly, all members of the organisation have a right to feel safe to express their cultural identities, and to have their voices heard. The best way to increase safety for all is to keep asking curious and respectful questions and prioritise dialogue. Safety should also consider the use of language and prioritise ongoing discussions about improving inclusive practice.

“It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening.⁽¹⁹⁾”

THE 4Ps MODEL: MAKING SPACE FOR RELATIONAL AWARENESS

The 4Ps model can be used to guide individual reflective practice. This takes a relational and systemic approach, considering the complexity of each person’s positionality and their interaction with the many voices, roles and identities across the organisation.

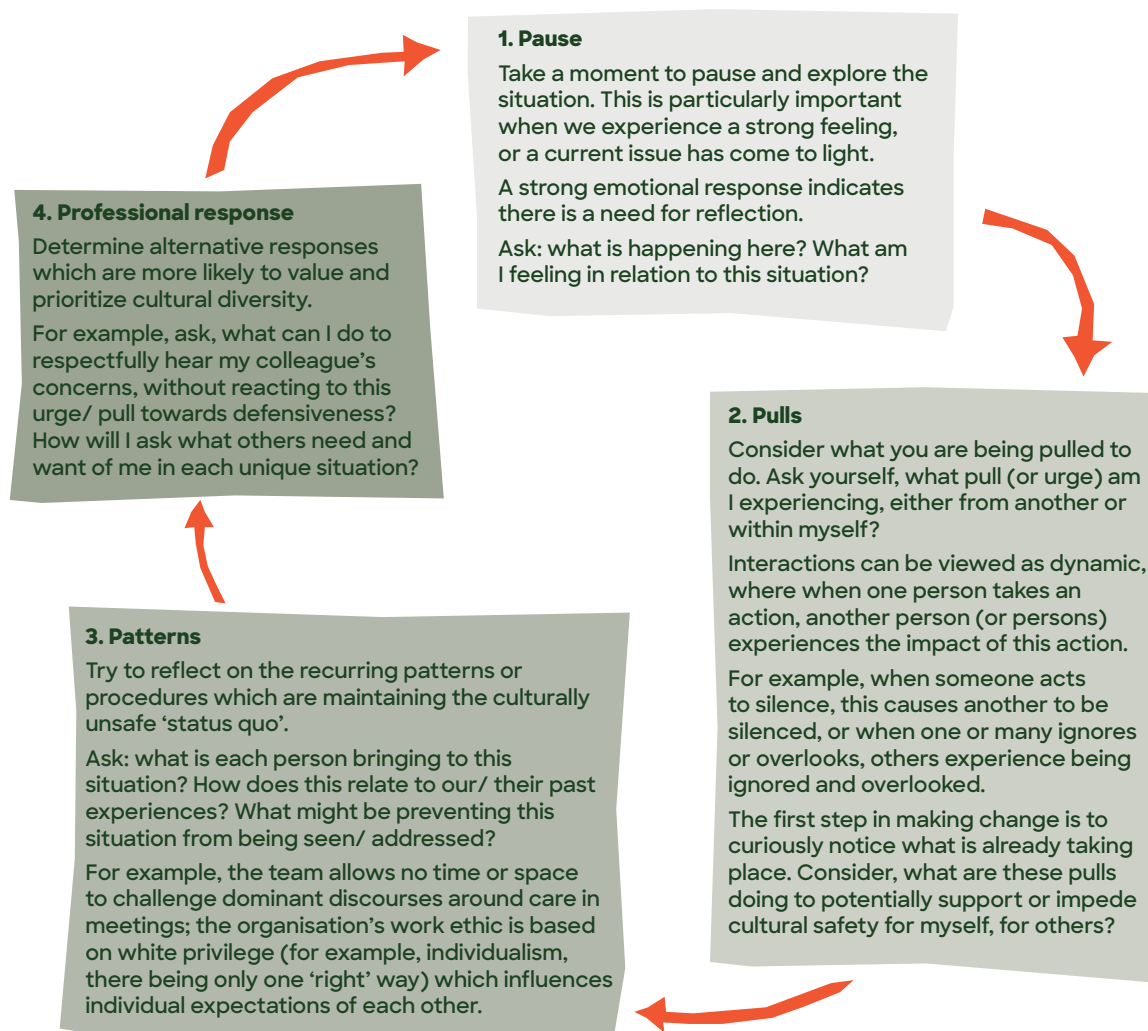
The 4Ps model was designed by clinicians to help support teams working in complex mental health settings.⁽²⁰⁾ It originates from cognitive analytical therapy,⁽²¹⁾ a dynamic approach in which thoughts, feelings and actions are shaped interpersonally by both past and present relationships. This refers to the cultural identities, beliefs, expectations and assumptions which we have developed throughout our relationships (with families, communities and society), which in turn frame our future interactions with others.

The 4Ps model was developed for mental health workers to reflect on their clinical work and formulate more effective and consistent responses. By bringing conscious awareness to how we are operating as a team, service, supervision group or as an individual, we can start to notice and change unhelpful roles/positions we take and/or patterns of responding. Without this ability to ‘pause’ and ‘notice’, we may, inadvertently, continue to create spaces which are culturally unsafe. The 4Ps model offers a step by step model through which to acknowledge our own and others’ emotional responses and pay attention to dynamic processes within the workplace. By slowing things down and reflecting on our interactions with each other, we can begin to name any unhelpful patterns of relating and then recognise them in the future. These might be overt and covert occurrences. For instance, historical and social influences of power and privilege, which may be less visible to some members of the team, can be identified. The model tries to promote understanding and change-making, as opposed to adopting blaming narratives which can stifle change or keep unsafe practices hidden from view. In the final stage of the model, an alternative response is determined by asking: what is the most professional, ethical and culturally safe action I/we can take in future?

The 4Ps model was designed to be accessible to all mental health workers, with or without therapy training, and it is deliberately simplistic so it can be easily recalled at times of heightened distress. It has since been adapted for use in a variety of settings.

The following section gives an overview of the model and a case study to help illustrate the four stages as applied to valuing cultural diversity.

Figure 2. The 4Ps model



APPLYING THE 4Ps MODEL IN PRACTICE: SCENARIO

You spend a lot of time and energy putting together an important output document for your team. During the review stage, a colleague tells you that the document is missing a key cultural consideration and that adding this in will be of great benefit to the cultural group they are referencing. You notice that you immediately feel defensive. After all, you put a lot of work into this document and did not leave this out on purpose.

When you notice that feeling of defensiveness, you pause. You realise that you have an urge or pull towards rejecting that colleague's feedback, which will result in your colleague feeling minimised and invalidated, and which may prevent them raising this idea (or others) again in the team. By sitting and observing this pull, you may start to consider why you

want to reject this inclusion – is it because the feedback was not appropriate, or because you do not want the extra work or because the idea that you overlooked it in the first place feels uncomfortable?

By reflecting on this interaction, you start to think more broadly about your organisation's patterns of work, including:

- that community consultations can be tokenistic and are not always inclusive;
- the fact that your team does not always actively reflect on which communities are, and are not, represented in their work; and
- that staff members who raise feedback are silenced due to a culture of not wanting to admit anything but excellence in individual work contributions.

You develop a professional response – by responding to your colleague’s feedback (resulting in your colleague feeling validated), thanking them for bringing this to your attention and taking action to include this information in the final document. You also take some time to think about the fact that this particular cultural consideration has not been included in previous documents, even though you can now see that it would have been relevant.

You also recognise that your personal instinct towards defensiveness was unfair to your colleague, after all they were trying to elevate your work to the next level! You make a personal commitment to be more observant of future feelings of defensiveness, as you recognise this is a sign that there is probably something for you to learn when that feeling arises, and you check in with your colleague and apologise, recognising that your defensiveness may have been noticed and impacted them.

Further positive actions include:

- leading by example by sharing your reflections and learning with your team;
- taking more time in the consultation phase of a project, engaging with the local community and empowering lived experience voices over academic rhetoric;
- dedicating resources to forming robust and ongoing community relationships with diverse cultural groups;
- building reflective practice into monthly team meetings so that patterns of overlooking such aspects can be identified more quickly; and
- responding positively to others who show vulnerability in their own learnings and growth.

REFLECTIONS AND FINAL THOUGHTS FOR INDIVIDUALS

Positionality is not just about being self-aware but is also about using your awareness to guide behaviour. Some questions have been included below to help guide further reflection and action.

- How have I been shaped? What are my typical urges and responses in these interactions? (for example, to advocate, avoid, demand action and change, speak up, overlook).
- If I don’t know the answer to a particular question, it is important to wonder why this is the case. For example, you might ask yourself: ‘Why haven’t I considered this experience before?’ – further questioning, ‘is it because I haven’t cared or been motivated to know, and what can I do about that?’
- How does my typical way of responding to situations, interact with the systems in which I work? (for example, I am/am not supported to advocate, more likely to avoid, accept dominant narratives which are seen as the right way to care).
- What are my/our blind spots in valuing cultural diversity? How can my colleagues help me notice these; what reminders can I set myself to avoid hitting these blind spots again? It is helpful to give recognition to the gaps in our understanding or awareness, for example, in a document leave a gap/circle for what’s missing; leave a space in the room for voices that might not be there or the knowledge participants might not have.
- How can I draw momentum for myself and my colleagues? If my motivation wavers, how will I keep reminding myself of my reflective observations?

RELATED RESOURCES

- Vikki Reynolds. [Addressing power and privilege](#)
- Phyllis Annesley and Lindsay Jones. [The 4Ps model: A Cognitive Analytic Therapy \(CAT\) derived tool to assist individuals and staff groups in their everyday clinical practice with people with complex presentations \(acat.me.uk\)](#)



FOR TEAMS

This section of the guide is developed for teams.

This may include:

- clinical staff (such as doctors, nurses, social workers, psychologists, occupational therapists, exercise physiologists);
- non-clinical staff (such as peer workers, vocational workers, teachers, cultural liaison workers, youth workers);
- team leaders (seniors, team leaders, managers); and
- support staff (receptionists, administrators, cleaners, IT staff, café staff).

Although all staff should have access to this practice guide and are encouraged to take an active role in valuing cultural diversity, we recommend that this section is led by team leaders. Readers are encouraged to use their judgement to determine the best way to safely, meaningfully and effectively use this practice guide. While safety is discussed throughout the guide, the team should first consider what this looks like for them (depending on their context, client base and priorities).

Questions have been included to guide team leaders' thinking while reading this practice guide. Depending on each team's unique contexts and needs, team leaders may determine it is not appropriate in some sections to pursue overt team discussions in their particular setting.

The following initial questions should be considered:

- What existing strengths does the team hold in relation to valuing cultural diversity and inclusion?
- What are the specific challenges facing the team in relation to valuing cultural diversity and inclusion?
- How can you develop and maintain a team culture that values cultural diversity and inclusion, despite limited organisational support?

WHY IS A TEAM APPROACH IMPORTANT?

Team settings are unique environments in which elements of culture, leadership, learning, growth, accountability and connection occur. When teams hold a diversity of knowledge, experiences and perspectives, this has been shown to improve their effectiveness.(22)

Teams can act as a conduit between individuals' knowledge and the operation of the whole service. This highlights the importance of team discussion and learning – not only for individual practice but for effective service development.(23)

The benefits of interdisciplinary and multidisciplinary approaches within mental healthcare are well documented.(17, 24) This stresses the opportunities for shared knowledge, perspectives, learning, resources and sustainability between colleagues and within the team system, rather than relying solely on individual capabilities.

While these concepts feel familiar in relation to roles and clinical experience, we can also begin to think about the strength of diversity in relation to staff experiences, backgrounds and social identities. Staff bring a range of worldviews to their teams, which can improve team insights, approaches and performance. Just as we might discuss the similarities and differences between staff in relation to disciplines or theories that guide practice, we can take a similar approach to communicating our worldviews and values.

The team needs to consider the interaction and influence of cultural safety, positionality, power, helpful critique, accountability, the role of vulnerability, effective communication, and existing processes.(17) While highly beneficial, this work can often be messy and imperfect – it may provoke discomfort in staff or the organisation as a whole, which can lead to avoidance.

Staff should feel safe to share aspects of their cultural (or other) identities, as well as supporting and celebrating other people's differing experiences. Teams should encourage discussion around valuing diversity and inclusion, regarding these as integral to the performance of the team, as well as build connection, solidarity, and safe environments where experiences can be witnessed and validated.(13)

WHAT TO EXPECT FOR THIS SECTION

This section introduces themes relevant to cultural diversity and inclusion, which were developed based on existing literature and through consultation with individuals and services working in the youth mental health sector.

Each theme includes prompts to guide reflection and for staff to consider how this applies to their local context. We recommend considering the questions first before moving to the action points. This section concludes with tips on how to make implementation successful, and a list of recommended resources and references.

You may wish to use a workbook alongside this guide so that ideas, thoughts and reflections can be recorded. You can then record your own notes regarding things you might want to think about, try, have tried, or would like to consider for the future.

A NOTE ON SAFETY

It may be useful to first consider how to build safety within your setting, before initiating conversations about cultural diversity and inclusion in a team or group environment. You may wish to start a dialogue with a staff member who is passionate about these themes before introducing it to the wider team, or consult with staff individually about their willingness to discuss these topics in wider group contexts. We encourage you to use your judgement regarding the best way to safely, meaningfully and effectively use this practice guide.

“Every single conversation is a cross cultural exchange, in the sense that we all come from different cultures and experiences – although some interactions are influenced by power.”

MANAGER, MENTAL HEALTH SERVICE

CORE PRINCIPLES APPLIED WITHIN THE TEAM SETTING

1. EVERYONE HAS A CULTURE

Everyone has a culture. An individual awareness of your own, as well as the culture(s) of the team can be a useful starting point to any discussion around culture.

QUESTIONS FOR REFLECTION

- How has your culture influenced your values and beliefs? Please consider implicit vs explicit influences of culture. How might this influence the way in which you behave at work?
- How would you define the culture of the team? What might be aspects that are hard to notice or discuss?
- What gets in the way of awareness or discussion of your own (or the team's) cultural influences?
- Do you think you might be (or have you been) surprised by some of the perspectives or experiences of your colleagues? How do you make sense of those differences? Are there aspects that still unite you, despite those differences?

CONSIDERATIONS

- We are all influenced by our own worldview, and therefore cannot take an objective stance. Self-awareness will support cultural responsiveness with others.
- Staff can explore the influence of their own cultural identity as well as encourage colleagues to explore (and think/talk/share about) their own, through modelling. However, there should never be an expectation on others to share parts of their culture or identity, as each person will have a different boundary for what they feel comfortable talking about (or what is safe to share).
- Supervision is an ideal environment to think about cultural influences, of both the individual and the team as a whole.
- Everybody wants to be understood for the broad range of identities and experiences they bring. Take care not to pigeonhole your colleagues' identities, as constantly being framed by a single identity can lead to feeling tokenised and reduced.
- There is great importance of holding yourself and your teams accountable. Even if you are from a cultural minority or experience some kind of marginalisation, it doesn't mean you don't have work to do yourself and need to come from a place of learning.

2. SHOWING GENUINE INTEREST AND RESPECT AS A STARTING POINT

Showing genuine interest, curiosity and respect for each others' cultures is a starting point. You may need to actively voice this within a team environment to build solidarity and safety. Safety can be created in team environments by inviting people to share their experiences, while actively showing respect and solidarity to the differing experiences of others.

QUESTIONS FOR REFLECTION

- What might inclusion ideally look like and feel like, for you and your team?
- Often conversations around culture can focus on festivals or food (things that others are able to consume) or focus on differences in verbal communication. Are there more meaningful ways to celebrate cultural diversity and inclusion?
- What might be the line between genuine interest and tokenising/fetishising? How might you know that you have crossed that line, without a colleague having to tell you?
- Who is someone who seems to live by their ethics and values in relation to valuing diversity? How do they show or represent this? How might this help you to think about your own learning or approach?
- How might we act if we come from an assumption that we may not always be helpful, inclusive or culturally safe?

“Empathy is not about entirely understanding someone else’s viewpoint: but rather trusting and respecting their experience as valid.”

MANAGER, MENTAL HEALTH SERVICE

CONSIDERATIONS

- It is easy to assume that others know your intentions. While you may not have, other members of your team may have experienced discrimination or a lack of safety in the workplace. Or, more subtly, felt hesitant to introduce their whole selves to the workplace. It is not possible to gauge someone’s experience solely through interpreting their behaviour.
- Cultural safety is determined by those experiencing it – we cannot determine what safety is for others. However, we can focus on our own approaches, flexibility and skills in being culturally responsive to others. Some theories suggest that a black and white approach to safety – ‘no safety’ versus ‘perfect safety’ – is problematic. Instead teams can work towards ‘enough safety’ or ‘more safety’ as an ongoing process.(17)
- For this reason, it is important to actively and verbally celebrate cultural diversity – this can be enacted in a number of different environments, contexts and team processes. This might include incidental interactions between staff, in team meetings or facilitated reflective spaces, as well as access considerations, including opportunity to know and access organisational policies or expectations/values on inclusion within the organisation.
- ‘Psychological safety’ in teams and groups can enhance the wellbeing and performance of teams and organisations. Cultural and racial safety have been highlighted as key components.(24) To be able to build cultures of critique (where staff feel able to challenge or question each other) often requires a level of safety in which staff feel able to share or reflect without defensiveness, consequence or dismissal. These pressures can occur overtly or subtly. It may be useful to open dialogues in teams around psychological safety more broadly. It may also suggest a need to return to psychological safety if you are attempting to open conversations but finding that they feel superficial, avoidant or stuck. Sometimes it might be as simple as saying, ‘let’s regroup’ or ‘let’s check in’.

“Do not dismiss the importance of relationships and spending time building trust, even as colleagues...we have more in common that we can connect over, and which lends to basic respect for each other.”

MENTAL HEALTH WORKER

3. BUILDING SAFE AND TRUSTING RELATIONSHIPS

Relationships and personal connections are key. Start from a place that prioritises the act of

building safety and trust as foundational and ongoing between all members of the team. Safety needs for marginalised staff may differ to those who are better represented within the institution.

QUESTIONS FOR REFLECTION

- How do we acknowledge other people's experiences, and bear witness to them?
- What does safety mean for you? How have you come to determine your own boundaries or ideas around this?
- How can we support people to define for themselves 'safety' and 'unsafety'?
- Are there environments or driving factors that you think make an environment less safe?
- How might cultural safety differ between yourself, your colleagues and your team? If there are differences, what might it mean in terms of how you interact and respect each other's boundaries?

CONSIDERATIONS

- If we are thoughtful and responsive to people's needs, they will be increasingly comfortable to share. Relationships need to be reciprocal and mutually beneficial.
- We often neglect the ways in which relationship building and engagement are our key resource. We need to allow time for building relationships and trust within teams, as well as in our work with young people and families. We also need to recognise that trust is built over multiple, everyday interactions where people feel seen and heard.⁽²⁵⁾
- It may not be safe – especially for staff from marginalised backgrounds – to initiate or engage in conversations around cultural safety and inclusion. Staff may find it difficult to speak freely, especially if there is concern about potential consequences or if they have needed to censor themselves in previous workplaces. Consider starting these conversations in discrete interactions, for example, by implementing culturally safe supervision.
- 'Holding space' acknowledges that sometimes it is not about us necessarily having to respond or 'fix' a situation immediately. Being able to recognise or reflect on how things are – and how we might want them to be – is a good starting point. Building trust requires giving time, resources and control to others. For example, this may include allowing people of colour (POC) within the organisation to have time to speak to peers/other POC about existing in a dominant space; having respite periods of safety can be empowering.
- It may be useful to work out the boundaries that people want to keep in relation to their identities in the workplace. For some teams, a collaborative agreement should be established (depending on the current level of safety in the workplace or the medium in which these discussions occur). This may include establishing group rules or boundaries for how a discussion can proceed – especially a reflective team discussion. It is important that everyone is aware of and in agreement to these boundaries, and that they are considered before discussions commence.⁽¹⁷⁾ Consider the ways in which safety in a team environment or discussion may not translate to broader safety in the organisation or workplace so that staff have an agreement about what is safe to share elsewhere (if in doubt, ask about the person's preferences).
- You need organisational processes (like the ones that may be structured through a human resources team) as a guide to address potential challenges to inclusion – but you also need to consider these concepts genuinely and meaningfully so that conversations around inclusion and support of staff do not become tokenistic. In a way, you are generating actions that you are inviting people to consider and think about. The processes should support a thoughtful, relational response to whatever the need is, for the staff member it is impacting on.

“HR processes help orientate us, but as senior staff we need to support a thoughtful, relational response to whatever the need is, for the staff member it is impacting on.”

MENTAL HEALTH CLINICIAN AND MANAGER

4. DEVELOPING SHARED APPROACHES

Developing shared approaches, understanding and goal setting within a team is just as important as the processes we use to support and facilitate care with young people and families.

QUESTIONS FOR REFLECTION

- Does the team have shared values, ethics or a team vision around valuing diversity and inclusion? How are these regularly discussed, shared, reviewed and enacted?
- What do you see as the resources or needs of your team in order to effectively implement a culture that values cultural diversity? For example, what might be the key ingredients?
- What role might discomfort play in some of these conversations, and how can you recognise the difference between discomfort and lack of safety?
- How does it feel as an individual and a team when you do not practice in line with your values or ethics?

CONSIDERATIONS

- Do not make assumptions that people hold similar expectations or beliefs – different staff members will have varying ideas for what ‘cultural safety’, ‘diversity’ and ‘culture’ mean. Sometimes even opening up a discussion to develop a shared definition for the above terms as a team can be an eye opening exercise. It may be helpful to allow staff to opt out of providing feedback if they do not yet feel safe to do so, or to share feedback or thoughts anonymously or confidentially to ensure you get honest feedback.
- Similarly, different colleagues will have different expectations for the role of a team, including their individual responsibilities as colleagues and as part of a team. These might even be influenced by varying cultures. Being able to reflect on and discuss these differences (and sometimes assumptions) between people can help teams explore the role of culture but also help set reasonable expectations for the way in which some of these conversations can safely and meaningfully occur.
- You may not always agree with a colleague or staff member – but shared understanding is rooted in respect for their opinion and experience.
- If you are discussing shared goals, it should focus on both short and long term goals. Often this work is complex and will change over time.
- According to Reynolds, ‘solidarity also allows for imperfect alliances in which we create enough trust with each other for critique to be spoken, heard and responded to accountably. Solidarity and our imperfect partnerships make it possible for these necessary, hard conversations about our work to occur and be experienced as something different to blame or accusation’.(17)

“Solidarity and our imperfect partnerships make it possible for these necessary, hard conversations about our work to occur and be experienced as something different to blame or accusation.”

VIKKI REYNOLDS

5. DECOLONISING HEALTHCARE

First Nations people represent very broad and diverse communities, languages, kinships, cultural traditions, religious beliefs, family responsibilities and personal histories and experiences. This diversity extends to the health needs of First Nations people and communities. (11) It also extends to the safety and experiences of First Nations staff.

Discussions around decolonisation can explore the detrimental influence of colonisation on individuals, teams, health care systems and communities. It provides opportunities for teams to consider safer ways of connecting, functioning, learning and developing that respects First Nations knowledge and ways of being. Decolonisation is an often spoken about concept however, in practice, services often struggle to deconstruct colonial ideologies which perpetuate power imbalances. This can be because colonisation is so insidious to everyday life, we struggle to recognise its influence, as well as the way many have benefited from associated power as settlers. This may be particularly prevalent in mental health systems that may have minimised the impact of trauma caused by colonisation (and enacted through structures, such as healthcare) and instead pathologised

QUESTIONS FOR REFLECTION

- What does decolonisation mean (for our team, in our personal lives as well as workers in healthcare)?
- How might we show respect for First Nations knowledge and knowing? Are there particular areas of knowledge, for example, environmentalism, care, advocacy, that individuals in the team can share, learning from First Nations knowledge or beliefs?
- How can we genuinely and meaningfully pay respect to First Nations people's relationship to the lands we work and live on?
- The majority of us are settlers in Australia. What does this mean in relation to staff positionality? How do we listen and make room for First Nations people and voices?
- How might the systems we work in contribute? For example, how might our usual every day processes sit at odds with decolonising practice?
- How do historical influences impact the present? How do we witness the ongoing acts of colonisation and the ongoing harm this causes? What can we as a team do to support the reinstating of First Nation practices, which colonisation has destroyed or sought to destroy?

and stigmatised First Nations people and their culture. Key themes of decolonisation by First Nations academics and health experts recognise the importance of equalising power, disrupting colonial and pathologising deficit models by implementing holistic and strengths-based First Nations knowledge and healing practices, and supporting collective self-determination and empowerment.(26)

CONSIDERATIONS

- Cultural knowledge, expertise and skills of First Nations health professionals need to be reflected in health service models and practice – as well as recognised by staff working in systems.(11) Cultural safety is especially important for First Nations staff working in mental health services. Staff should be provided with opportunity to discuss what safety might look like for them as an individual, especially if they are placed in educative or cultural service development roles where they may have to talk to their own cultural knowledge and expertise.
- We need to start from a place in which we recognise the majority of us to be settlers in Australia – how can we grapple with a complex workplace scenario around positionality, identity, race and power if we haven't grappled with the initial trauma of invasion? Colonisation, racism and coercive government policies (such as the Stolen Generations) has led to poor health outcomes alongside the purposeful destruction of First Nations culture. An understanding of historical implications (for how it influences the present) help staff to understand the considerable importance of creating cultural safety specific to First Nations people.(11)
- The term 'decolonisation' is a little misleading as it suggests a mostly dismantling, destructive process, whereas in fact it's a reconstitution process, where harmful colonial artefacts (racial superiority theories, environmental exploitation) are replaced by elements of First Nations (and other) cultures that are positive, healing, constructive and conducive to our development as a people/organisation/nation (traditional land management theories, conflict resolution practices, holistic concepts of Country, concepts of kinship and community).
- Frameworks such as the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009 commits federal and state governments to embed cultural respect principles into health systems.

6. TALKING ACROSS DIFFERENCE

It is important to understand and respect the diversity of experiences, perspectives, identities

and relationships to power that individual team members will experience and interact across.

QUESTIONS FOR REFLECTION

- Which culture is treated as the ‘norm’ and which is treated as other or different? How might this show up in our team, as well as our services more broadly?
- Showing up for others – how do we support each other?
- How might we respond to colleagues if they are being dismissive, devaluing or culturally biased?
- What power do we hold? How might we use this in a workplace context (sometimes without even noticing)? How might this cause harm and how can we be more aware and adjust our influence to one that promotes safety?
- Sometimes it can be difficult to think about the way in which you might have benefited from privilege. It can be worth asking: what are the things that have not made my life harder?

CONSIDERATIONS

- It may be useful to agree with your teams about what leveraging power might look like, recognising that this may change depending on the situation/context or the colleague you are working alongside. However, considerations to leveraging power between colleagues and as individuals to support a colleague who is being marginalised may include a discussion between a staff member and senior staff about whether it is helpful to ‘step up’ or ‘step back’. To ‘step up’ to support a colleague might include: providing emotional support by checking in on them following an unsafe interaction; offering to be present for a difficult conversation if they are concerned they may be devalued by someone else; vocally supporting their stance or feedback; or speaking up on their behalf or in support of them, in recognition that you might not experience the same consequences because of your own social identity. Whereas to ‘step back’ focuses on empowering your colleague ensuring that you are not contributing to your colleague’s difficulty in being heard or listened to, and might include: pointedly asking your colleague what their opinion is; making it clear that your colleague might have a unique opinion that the team should listen to; or reflecting in conversation when you might not be best placed to contribute an opinion compared to other staff members.
- Leverage your power (in voicing concerns or identifying patterns of behaviour that may not be safe or helpful) and resist the pull towards the status quo (either from yourself or within the organisation).
- If challenging patterns, sometimes approaching an event or interaction with curiosity: ‘I wonder why you made that specific comment to *insert colleagues name* and not with other staff when they have said the same thing?’ ‘I wonder why I made that assumption?’ can be useful and non-blaming.
- ‘Showing up’ can feel more comfortable following an event rather than in the moment; consider what you need to do to rectify a situation, as well as reflect on what you could do differently in the moment, next time. There may also be reasons why you struggled to act in the moment – in particular, if it did not feel safe to do so, or you worried it might put someone else in a compromised position. These situations can be complex, so try to both hold yourself accountable while being compassionate to understanding the motivations behind behaviour.
- It is helpful to ‘leave a gap’ to acknowledge blind spots in our experiences. Recognition of gaps in knowledge can be demonstrated in a range of ways. For example, written documents may acknowledge non-included information or perspectives and workplace interactions (such as meetings) may acknowledge voices and perspectives that are not present.

“Sometimes if I find myself stuck in knowing what to do, I ask myself, ‘why have I not thought or considered this experience or dilemma before?’ It’s not about beating myself up, as that’s unhelpful, but it provides me with a purpose for next steps and also taking responsibility.”

PROJECT MANAGER

“I think particularly mental health workers understand racial/economic type privileges, but not cultural privilege. It’s overlooked.”

YOUTH PEER WORKER

7. CONSIDERING AND EXPANDING NOTIONS OF WHAT COUNTS AS EXPERTISE

Broaden your understanding of what 'expertise' means. There are many varied ways of acquiring

knowledge, yet the institutions we work in do not always support us to celebrate or acknowledge different perspectives and expertise.

QUESTIONS FOR REFLECTION

- What might be some traps that we fall into as staff in relation to 'expertise'?
- How might you learn from your colleagues who might have different knowledge or expertise to yourself?
- How might you learn from young people and families that you work with who might have different knowledge or expertise to yourself?
- Are there ways in which we (unintentionally) don't include particular staff - for example, receptionists, other disciplines?
- Do we have the needed and required resources, funding and dedicated roles for community engagement and lived expertise workforces? How would we know?

CONSIDERATIONS

- It is important to recognise the broad range of expertise that staff bring - for example, in relation to language, culture, relationships with community. When considering a project with a particular community, ask: who might be the right person to participate in this? This may include ensuring staff who are part of a particular community are given choice to participate and allocated time within their roles to participate, rather than something they have to do on top of normal duties. Also, don't assume that staff can speak entirely for their community.
- For example, recruiters or human resources managers may limit job positions according to a range of criteria (such as a person's educational background, whether they can drive), without considerations of other unique factors or expertise that the staff member may be able to offer. Experiences, motives and a range of knowledge can be considered for job roles, alongside commonly considered criteria (such as academic qualifications alone) and senior staff in the team can expressly discuss these considerations in their job advertisements or more directly with their HR department if they are involved in the screening and application process.
- It is important to value language interpreters who contribute to building safety in our services. For further information refer to Orygen's video [Working together: developing language, understanding and meaning through interpreting](#).
- Step away from just seeing 'expertise' as a university, education-bound understanding - as this is Western dominated. Instead understand the way that lived expertise and knowing is broadly understood, considered and shared in a range of cultures, for example, storytelling, and are a part of what we bring (and can think about) as staff.
- We can fall into traps as health experts, in needing to have all the answers, or having to be experts. This can lead us to prioritising traditional frameworks that we know, and set us up for failure, not just in how we enact power but, also, our ability to understand different cultural worldviews, beliefs or cultural understandings.
- All members of the team contribute to culturally safe workplaces - therefore reflective practice is for everyone, not only clinicians and should include administrative and support roles or functional areas such as finance and human resources. However, people need spaces and processes to do this individually and collectively. We might exclude staff from particular training or professional development opportunities. For example, a peer support worker may not have access to training or financial support routinely offered to clinical staff.

“There is considerable power in lived experience, when staff are invited to share aspects of themselves safely...it can have considerable influence to the way in which a team functions.”

CLINICIAN AND MANAGER

8. RECOGNISING POWER IN THE COLLECTIVE

There is power in a collective approach. It is possible to advocate as a group and use learnings or approaches from other teams, systems or networks that may be useful for our own journey.

QUESTIONS FOR REFLECTION

- Who do we know, local individuals, teams or organisations that are leading in this area? Are there ways we can learn from their experience or attempts?
- Can we ask: what did you do? What were your key learnings? Any suggestions or recommendations for how we can start thinking about this?
- What are the opportunities for change that you observe as an individual or as a team that would be helpful to feed back to the larger organisation?
- How do we find a balance between acknowledging the limitations of the systems we work in (and setting realistic expectations, based on capacity) while championing for change from within the system?



CONSIDERATIONS

- We need to advocate for a more diverse workforce (clinicians, peer workers, support workers, youth workers, general assistants, research support roles). Provide feedback to management if you feel there are particular lived experiences that would be useful to prioritise – if difficult to access in clinical roles, consider peer workers – especially if you feel staff from particular cultural communities are under-represented in the communities that you serve. Or consider creating opportunities through consultation with young people, families and communities (with financial reimbursements whenever possible) for people with cultural expertise to provide constructive feedback.
- It is easy to assume that work hasn't already been done to build cultural safety in an organisation – or that others are responsible for directing you to resources or information – without first doing some exploring or research yourself. If we have further questions after grounding ourselves in existing information, we can build on what is already known or developed rather than reinventing the wheel.
- There are often opportunities to learn from other teams or organisations in the system and often this process assists with relationship building, which can strengthen systems. System or sector meetings can be helpful and can be one of the ways to leverage learning and progress around cultural diversity and inclusion.
- Consider the way in which you can also advocate within your discipline-specific roles – such as contacting your governing bodies. Or how you may band together as staff to advocate for inclusive change within a team or organisation.
- If you are still building representation within the team, considering 'safe spaces' for marginalised staff and peers within an organisation may be useful. This can have different focuses, from mentoring staff to support career progression to creating safe spaces to building network supports. Staff should be informed of the possibility to do this if they would find it helpful but assumptions should not be made that staff will want or find this useful or necessary.

9. LIFELONG LEARNING AND CULTURAL HUMILITY

Lifelong learning and cultural humility is an ongoing process. It is not about knowing everything but rather it is about continued reflexivity and learning.

QUESTIONS FOR REFLECTION

- How might we begin to talk about the things we feel we're not getting right in a productive and helpful way?
- How might talking about uncomfortable or unspoken things (in the right context) be helpful?
- How, as individuals and a team, do we take feedback? What influences our ability to take feedback?
- How does this team learn and support each other to be better? Does it feel safe to give feedback to a colleague about their approach?
- How can we embed a culture of valuing diversity and learning outside of training days? Do we have daily processes that help us to value cultural diversity?
- Have there been times when individuals have implicitly condoned behaviour rather than cause discomfort? What impact does that have for everyone?

CONSIDERATIONS

- This learning process is not about being 'good' or 'bad' but recognises that we are both influenced by the systems and culture around us, but also hold responsibility to learn and do better.
- Colleagues have a unique role in being able to educate and support one another's practice. It is important to recognise that no one person will always get it right. Using the strength of a team can support collective growth and development.
- Sometimes it is helpful to lean into discomfort and see it as an opportunity to grow. A growth mindset (an approach where people open themselves up to learning opportunities rather than focusing on avoiding failure) can be a helpful approach to adopt. Experimentation is a key element of learning, meaning that service improvement can involve periods of (contained) trial and error.
- Concepts around diversity and inclusion are complex and nuanced. If you feel that it is easy or straight forward, you are probably not being thoughtful enough about it and it might be helpful to use curious questioning and some of the initial questions in the series.
- When we feel 'under siege' or stressed as a team, it is more difficult to be thoughtful or reflective and to learn. It may be useful to think about addressing team stressors alongside any discussions of cultural safety or change. In this way we ask ourselves, what are the core (driving) needs of the team?
- For learning to feel meaningful, it needs to be integrated within a range of processes; not only training, but in culturally safe supervision, team discussions and individual professional development. Develop relationships with local multicultural community organisations and state-wide multicultural organisations to access available training and secondary consultation.

"I can model progress, not perfection."

MENTAL HEALTH WORKER AND PROJECT MANAGER



10. ANTI-DISCRIMINATION IS IMPORTANT

The way we frame and understand discrimination can be a useful starting point to explore.

QUESTIONS FOR REFLECTION

- How might we approach discrimination when we frame it as a form of violence that causes harm, even if it was unintentional?
- How do we consider the impact of systemic discrimination?
- When someone has hurt or upset you, what was helpful in their approach to rectifying a situation?
- How might frameworks such as human rights frameworks and ethics, help guide us as individuals and healthcare workers?

CONSIDERATIONS

- If your actions have led to someone feeling unsafe, try to respond in a way that minimises defensiveness or expects the other person to coach your learning. This includes listening and hearing the meaning of the other person's concerns, finding a meaningful way to apologise (without trying to come up with excuses for why that behaviour occurred), and assuring the other person that you will go and do your own learning, reflecting and change.
- Sometimes we struggle to think about what we cannot see. It can be helpful to think about the ways in which discrimination shows up (invisibly) in our systems. For example, the way that there may be an under-representation of marginalised staff in mental health roles. We need to recognise not just individual experiences of discrimination that occur, but also systemically driven experiences, both in society at large but also within our services and healthcare system.
- Often, forms of discrimination and marginalisation can be subtle, chronic and difficult to explain or identify to others, making it difficult for marginalised staff to get adequate support. This may be heightened when it requires marginalised staff to provide feedback or share concerns around discriminatory behaviour to structures/organisations that may already function in culturally biased ways. This dynamic can also replicate forms of marginalisation in relation to the power that the organisation may hold over the individual staff member in determining whether something harmful has been experienced.
- Both the initial act of discrimination, as well as staff feeling invalidated, dismissed, policed in their experience or feeling that senior staff have been unresponsive to their concerns can further fuel lack of safety and contribute to harm. It may also prevent others from reporting concerns if it is felt that the culture condones discriminatory behaviour. Therefore, an approach that witnesses the staff member's experience and supports a staff member's collaborative involvement for how the harm is rectified is important. It likely requires senior staff in the team to have their own forms of support, for example supervision, to consider helpful ways of facilitating both individual support to the staff member affected while considering organisational accountability and responsibility.
- It is important we recognise the importance of safety in relationships. While work can be done to repair fractured relationships (and sometimes, this may be unavoidable) it can take a lot of work with individuals and a team to address. Losing staff to unsafe environments creates more work when you 'start from scratch'. Therefore, a proactive approach is effective.

“It is important to allow staff to give feedback in multiple platforms anonymously. It is also important to support self-awareness and self-care for staff to handle these situations professionally, alongside management and organisations addressing the harm.”

YOUTH PEER WORKER

“Particular staff, such as first generation migrants, asylum seekers, refugees, and unaccompanied humanitarian minors, are most likely to be locked out of the workforce. I think greater consideration can be given to staff with these experiences.”

YOUTH PEER WORKER

11. PARTNERING WITH COMMUNITY

Co-design, consultation and participation with young people, families and communities is key. If we are focusing on staff wellbeing and functioning, it is always with the recognition that it comes back to the needs of the individuals and communities we serve, as well as recognising that young people and families may be engaged in our service as participants.

QUESTIONS FOR REFLECTION

- What forms of expertise do young people, family members and community hold? How do young people, families and communities affect the way we create change within our own organisation?
- What might be some key considerations for safety, in regards to young people, families and communities that we partner with?
- How might we enact a two-way method of sharing information and knowledge between communities and services?
- How will we know we have provided adequate and safe opportunities for participation?
- Who are the people we may not be hearing from engaging with or reaching? Why?
- What normally happens when we receive feedback or advice from community that challenges our own beliefs or views as a team?

CONSIDERATIONS

- Orygen's [toolkit: Youth participation with young people from multicultural backgrounds](#) touches on some key considerations you may wish to think about.
- Provide opportunities for marginalised young people and families to provide feedback on your service and team practice where possible. Consider the role of community navigators, consultants and others in the community who can inform a team or services practice. Ensure these roles are adequately remunerated as cultural professionals. For example, cultural brokers and traditional healers, to assist in understanding health beliefs and practices.⁽¹¹⁾
- Be transparent on feedback processes – you may be the 'messenger' or 'navigator' for individuals and communities, so it is important to be able to say to people 'I will be doing X in terms of the feedback you have given me', including who you plan to feedback to (if it is established it is okay to do so).



12. SUPPORTING STRATEGIES TO ENACT MEANINGFUL CHANGE

Dedicating thought to creating effective and systemic change within a team, including making change achievable and sustainable.

QUESTIONS FOR REFLECTION

- What do you think might be enablers or barriers to consider?
- How can we do this meaningfully? If we commit to this, does it require us to review our priorities for what we can realistically focus on or achieve in other ways?
- Are there aspects of change that, once you develop, you can adopt as a team/system? For example, can team values be shared with new members of staff, rather than requiring rebuilding?
- How might you celebrate achievements and successes, and how important do you think it is to recognise these?

CONSIDERATIONS

- Think about enablers and barriers from the onset. You may be surprised by what resources you do have (even in strained, busy and underfunded environments).
- Remember that you may already be doing a range of things that do support and encourage cultural diversity and inclusivity. It is about building upon these factors rather than starting from scratch.
- There needs to be an authentic desire to change and provide safe care rather than acts which are tokenistic. This requires a review of what we are doing, and a recognition that we may still need to do better in order to create meaningful change.
- ‘Push where it moves’ – consider who is genuinely motivated for change? Draw on motivation (and values) of colleagues who are also passionate about creating safe environments rather than attempting to convince others who may not see it align with their values.
- Having champions within teams and across the organisation who can support momentum and signal safety, including adequate training and space for reflection for these staff for how to respond to concerns. Ensure senior staff are included as change champions as they may have the power to exert change.
- Evaluation can be useful not just to consider what needs adjusting to reach your goals, but also to celebrate successes and growth.

“Build into people’s ethical values not just operational goals – it really does support change.”

MENTAL HEALTH CLINICIAN AND MANAGER

MEASURING SUCCESS

NEXT STEPS

Now that you have started some reflections and conversations in your team, it may be helpful to determine what your next steps might be. Think about whether this may be action-based, or require further discussion and review.

SUSTAINABILITY AND LONGEVITY

We know that it can be hard as a team to focus on multiple goals at once, in particular when managing multiple clinical and operational demands. Think about how you can commit in a meaningful and sustainable way. Does that include reducing your capacity to focus on other things? Does it require re-evaluation if there is significant change in the team, service or staff turnover? Does it involve some pre-planning so that you continue to have meaningful conversations that include thought to monitoring and evaluation? Does it require thought to the purpose of what you are doing, and building a sense of connection and meaning to the goals you are hoping to achieve? What can be put into place to ensure progress is not lost and the team can sustain momentum?

MONITORING AND EVALUATION

Think about how you keep track of and review goals, using a relational (interpersonal) lens to thinking about monitoring and evaluation. This includes giving thought to how you discuss progress, barriers and successes within a team and between colleagues. Consider practical considerations such as ensuring adequate time to have meaningful and regular conversations (including individual and team reflection) as well as documentation.

REFLECTIONS AND FINAL THOUGHTS FOR TEAMS

Commitment to valuing diversity likely sits across a range of areas: in relation to values and ethics, duty and responsibilities as colleagues as well as staff members, and in relation to the ongoing development of a team, in engagement with young people, families and communities.

It is easy to assume that diversity is valued however an approach that actively encourages reflection, discussion and encouragement within a team environment is likely to hold considerable and growing benefits to everyone.

RELATED RESOURCES

- For an introduction to culture see Orygen's [clinical practice point: Culture 101](#) and podcast Let's talk: youth mental health, culture and identity.
- Australian Health Ministers' Advisory Council: [Cultural Respect Framework 2016-2026 For Aboriginal and Torres Strait Islander Health](#)
- Embrace (Mental Health in Multicultural Australia): [Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery](#)
- Stanford Social Innovation Review: [Bringing equity to implementation: incorporating community experience to improve outcomes](#)
- UNC Institute on Implementation Science Virtual Series: [Importance of building psychological safety among staff and stakeholders](#)
- Victorian Health Promotion Foundation, Deakin University's Research Repository: [Preventing race-based discrimination and supporting cultural diversity in the workplace: an evidence review](#)
- Vikki Reynolds: [Resisting burnout with justice doing](#)



FOR ORGANISATIONS

This section of the guide aims to address:

- why a whole of organisation approach is important;
- what responsibilities organisations have to value cultural diversity and inclusion; and
- how an organisation can value cultural diversity and inclusion.

WHY IS A WHOLE OF ORGANISATION APPROACH IMPORTANT?

When mental health organisations embrace and celebrate cultural diversity, they create safe environments that respect and value everyone, enabling both workers and those accessing services to feel safe to be themselves. Creating a culturally safe mental health service needs support at all levels – the individual, the team and the organisational level – with thought to the influence of the broader system. Therefore, valuing diversity requires an active ongoing commitment with a collective, sustained, whole of organisation approach. The tasks include evaluating and improving, examining our blind spots and challenging ourselves to create lasting change. Evidence shows that a whole of organisation change is crucial and associated with lasting improvements in cultural responsiveness.(27, 28)

Valuing cultural diversity creates opportunities for individual staff members and teams to think about their own relationships to culture, language, and how culture influences meaning and sense-making between individuals, within teams and with the young people they support. In developing our understanding around different cultural views on mental health, there will be better engagement and outcomes for those seeking support.(29) It can also allow for more innovative and person-centred practice that allow staff to develop the knowledge, skills and approaches for flexible practice, collaboration and interactions where everyone feels equally respected and valued.

There is much to be learned from different cultural perspectives. For example, Pat Dudgeon’s work on First Nations’ perspectives,(26) with a strong focus on decolonising the discourse of colonial psychology and building a strengths-based psychology, can inform not only the health system but wider society. This can create positive effects not only for First Nations people, but all people.

ORGANISATIONAL RESPONSIBILITIES TO VALUE CULTURAL DIVERSITY

Within mental health services there is cross-accountability – mental health workers are accountable to the young people and families they work with and also to their colleagues. Organisations in return are accountable to their workers, young people and their families. This cross-accountability can become a place for collective learning. If an organisation’s policies, processes, culture and leadership are more culturally safe, this benefits everyone, enabling the staff team to practice in a culturally safe manner and not be constrained by the system to do things that may be harmful to young people. For example, it is an organisational responsibility to address racism and discrimination and its impact on young people. Discrimination is a documented public health issue and likely further experienced by those who are disadvantaged in multiple ways.(30, 31) It requires health services to adopt anti-racism and anti-discrimination stances. Organisations can commit to addressing anti-racism at a structural level by improving racial literacy among staff, improving the monitoring of racism within healthcare, producing policies which explicitly address racism, as well as ensuring that senior leaders also communicate anti-racism as a priority within the service.(30)



Valuing cultural diversity intersects with a number of clinical and national standards. Key frameworks that support organisations to comply with expectations around cultural respect, diversity responsiveness and inclusion include¹:

KEY STANDARDS AND FRAMEWORKS

[Department of Health | National Standards for Mental Health Services](#)

[Department of Health | A national framework for recovery-oriented mental health services: guide for practitioners and providers](#)

[Australian Commission on Safety and Quality in Health Care | National Safety and Quality Health Service Standards \(second edition\)](#)

[National Aboriginal and Torres Strait Islander Leadership in Mental Health | Gayaa Dhuwi \(Proud Spirit\) Declaration](#)

[Australian Human Rights Commission website](#)

[National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 \(niaa.gov.au\)](#)

[Health Council | Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026](#)

[Australian Government Department of Health | National practice standards for the mental health workforce 2013](#)

[National Mental Health Workforce Strategy \(aihw.gov.au\)](#)

[Inner North West Primary Care Partnership | Standards for Workforce Mutuality \(Victoria only\)](#)

¹ It is also important to explore state-based diversity and inclusion frameworks for your area

PRINCIPLES FOR VALUING DIVERSITY IN ORGANISATIONS

While the initial principles outlined in the introduction section remain relevant, included here is a list of additional principles that relate more specifically to an organisational setting.

ORGANISATIONAL AREA	DESCRIPTION AND PRACTICE EXAMPLES
Leadership	The commitment to change, embed principles and support ongoing processes must be supported and championed by those in leadership roles. This includes constant examination and reflection at a higher level, for example exploring dominant discourses and issues with power.
Policies and processes	For organisations to improve policies and processes through ongoing quality improvement with a focus on addressing racism and discrimination, adhering to national benchmarks for implementation of cultural responsiveness, workforce training, structures, support and evaluation.
Workforce	Employing a multicultural workforce and providing opportunities for multicultural peer work in youth mental health. This should also include incentive programs to train and recruit mental health professionals from a diversity of backgrounds to create more effective mental health services where a diverse mix of culture, skills, ideas and experience are combined.(12)
Staff learning, development and competence	Staff are supported and encouraged to engage in ongoing reflective practice (monitoring own assumptions, biases), offered trauma-informed care training and ongoing skill development to ensure safety in every interaction with young people and their families.
Sector relationships	Building trusting relationships within the system to help foster community partnerships with community leaders and organisations who have a dedicated focus on multicultural mental health and wellbeing. Developing connections with specialist services, creating opportunities for learning and co-working.

We recommend that every organisation use the framework developed by Embrace Multicultural Mental Health (the Embrace Project). The Embrace Project is a national program funded by the Australian Government and led by Mental Health Australia in partnership the Federation of Ethnic Communities' Council of Australia and the National Ethnic Disability Alliance. This framework can be accessed free and is mapped on to existing national standards including the National Standards for Mental Health Services (2010) and the National Safety and Quality Service Standards (second edition, 2017). The framework is designed for organisations and individual practitioners to evaluate and enhance their cultural responsiveness. There are a number of resources available that include a reflective tool to assess your level of competency, as well as help you set some individual goals for either yourself or your organisation – as well as a comprehensive list of resources available here:

[Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery | Embrace Multicultural Mental Health \(embracementalhealth.org.au\)](https://embracementalhealth.org.au)

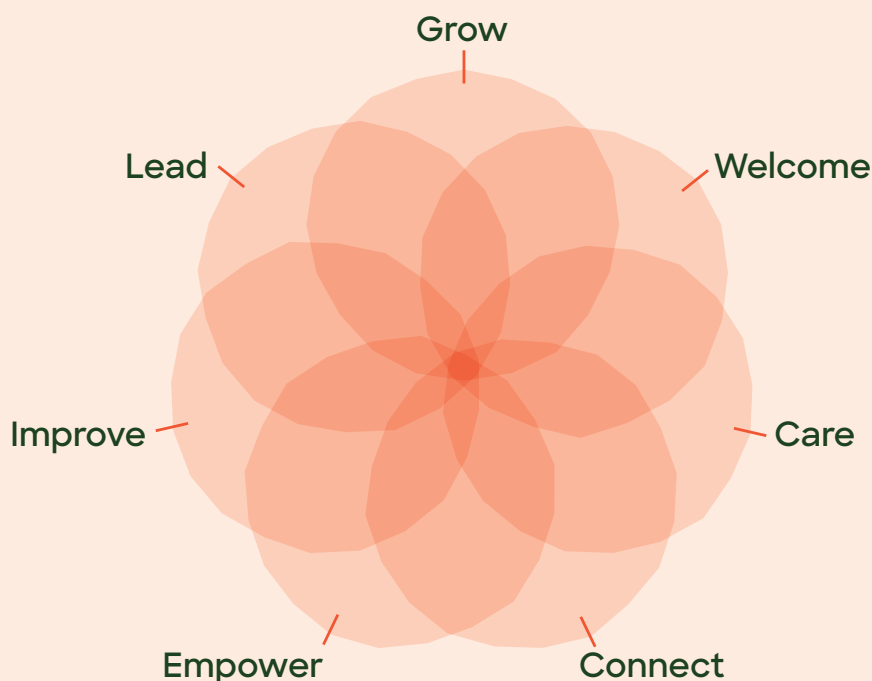


PUTTING PRINCIPLES INTO PRACTICE

How organisations plan, implement and evaluate cultural diversity will differ from one organisation to the next. The Federation of Ethnic Communities' Councils of Australia (FECCA) is the peak body that represents people from culturally and linguistically diverse backgrounds living in Australia today. In their 2020 Access and Equity report, FECCA provided an update on the experiences of people from culturally and linguistically diverse backgrounds accessing

government services.(32) The report focuses on six commitments: leadership, engagement, performance, capability, responsiveness and openness. At its core, the policy guide seeks to build multicultural access and equity considerations into all relevant policies, programs and services as a central element, not just as an add-on. In consideration of the commitments outlined by FECCA, below are suggestions for how valuing cultural diversity and inclusion can be implemented within your organisation.

Figure 3. Schematic for implementation of cultural diversity and inclusion values in organisations



GROW

Grow a culturally diverse and culturally responsive youth wellbeing workforce.

Understand and support the workforce's knowledge and capabilities in working in a culturally diverse and sensitive way. Examine the organisation's recruitment and retention procedures with attention to how to recruit culturally diverse staff and those with cultural expertise. Grow a multicultural team which is reflected in a range of roles from peer workers, clinical staff and executive/management positions.

Strategies:

- support staff to embed cultural responsiveness and learning into everyday practice, providing access to training and professional development opportunities to build and consolidate appropriate skills and knowledge. This should also include opportunities for critical reflection;(33)
- review recruitment and retention strategies with consideration to valuing a diversity of experience including cultural expertise when hiring. For example, bi-cultural workers

employed to work specifically with people or communities with whom they share similar cultural experiences and understandings;(34)

- ensure there is a strong presence of racially and ethnically diverse staff members, including those within leadership positions;(35) and
- advertise employment opportunities in ways that can reach multicultural communities, for example advertising in community publications.(36)

WELCOME

Welcome all young people, families and staff through inclusive social, physical and digital environments.

Consider how your organisation welcomes everyone, with consideration to service design, environment, relationship building and feedback with communities. Reflect on your organisation's online presence and how to effectively communicate that culturally diverse young people, families and staff members will be welcomed and included in the service.

Strategies:

- create culturally safe and inclusive environments for all, for example creating entrances, foyers or waiting rooms with visual cues that reflect cultural diversity, different experiences and worldviews;(12)
- ensure there are multilingual opportunities to engage with young people and their families throughout their involvement with your organisation or service;(28)
- engage with relevant community organisations for opportunities of collaboration and engagement; and
- create and implement inclusive data collection, ensuring to collect information on cultural and language diversity to support planning, policy and service delivery.(37)

CARE

Provide quality care for young people from culturally and linguistically diverse backgrounds and their families.

Mental healthcare for young people from multicultural backgrounds should be provided in safe and equitable services, implementing best practice around cultural safety and cultural responsiveness. Services should engage with young people in the co-design, delivery and evaluation of services.(36)

Strategies:

- ensure that staff delivering mental health services are sufficiently knowledgeable and skilled to deliver best practice care which is appropriate, responsive and safe. For example, health being viewed as holistic, taking into consideration mental health, physical health, cultural and spiritual health;(38)
- ensure staff have appropriate access to interpreters and resources to engage with and support young people and their families;
- prioritise reflection around the use of language to avoid re-traumatising young people, and work collaboratively with young people to identify meanings and language that are safe to them; and
- offer sustainable services and programs for young people from culturally diverse backgrounds rather than short-term or one-off projects, meeting the unique needs of the community.(37)

“...we need to invest in initiatives that will result in a cultural shift in the mental health system, where lived experience, diverse explanatory models and cultural perceptions of mental health are valued equally alongside the clinical knowledge and expertise of our workforce.(39)”

CONNECT

Connect with young people from culturally diverse backgrounds, their families and communities as well as specialist multicultural organisations.

Consider how the service can create respectful and meaningful relationships with young people and their families, as well as strong and sustainable partnerships with community organisations who already have strong ties with multicultural communities.

Strategies:

- partner with organisations who support culturally diverse young people or who focus on improving responses to culturally diverse populations, for example transcultural mental health centres, trauma recovery centres, refugee support networks, community specific organisations and places of worship;(36)
- ensure certain groups of culturally diverse young people who may be less visible to the mental health system, for example international students and the services which support them, are included in engagement efforts;
- draw on the skills of the peer workforce to support cultural safety when working with young people and their families; and
- build working relationships inside and outside of the system, regularly reviewing the integration and coordination with multicultural services.

EMPOWER

Empower multicultural staff in their practice, but also elevate the voices of diverse young people, their families/carers and communities, so that they can meaningfully participate in service development and delivery.

Participation of culturally diverse young people and their families can give the organisation an important awareness of diverse experiences and perspectives. Engaging young people and families in co-design, community engagement and service feedback opportunities must be

done in meaningful ways rather than token invitations to partake.

Strategies:

- include young people with diverse experiences in a range of meaningful opportunities including advisory groups and committees and within the peer workforce;
- create youth participation opportunities, see the toolkit [Youth participation with young people from multicultural backgrounds](#);
- recognise cultural variation in consumer feedback/participation, that some young people and families may prefer to participate or give feedback in indirect ways; and
- build the capacity of multicultural communities' mental health promotion/intervention, or help to support other organisations to deliver these.

IMPROVE

Improve policies and processes with continual review and quality improvement activities.

Identify areas for improvement with consideration to the resources required to bring about lasting change. Consider how the organisation will monitor its progress along the journey and how change will be maintained and performance measured.

Strategies:

- ensure organisation mission statements, policies and processes reflect values of cultural diversity and inclusion;
- consider a diversity committee whose role is to monitor any organisational policies or practices for evidence of unfairness;(40)
- incorporate cultural competence into staff orientations but also into performance reviews. As previously noted, this should not be a tick box exercise but helps to develop cultural competence;
- ensure data collection includes the experiences and perspectives of diverse multicultural young people and their families to help better understand their needs in order to develop services which better address these; and
- conduct research programs which help to fill the gaps in knowledge especially with young people from refugee and migrant backgrounds. (12)

LEAD

Develop a culture of leadership and accountability to ensure a sustained and committed approach to valuing diversity and inclusion within the organisation.

Promote an inclusive and diverse organisation, led by management who support and nurture values based on human rights and social justice.

Strategies:

- developing the strengths and capabilities for leadership staff to facilitate discussions about cultural safety requires clear policies and opportunities through training or peer supervision. Organisations should consider supports that may enable leaders to be more effective in supporting staff and in considering cultural diversity and inclusion in the workplace;
- senior staff need to be supported to respond to complaints of discrimination, lack of safety, and developing safe and responsive work cultures. This includes responding to complaints of racism (from colleagues, from young people or their families). Human Resources departments can be an important organisational partner in this change;
- whole of team or organisational working groups involving senior staff can distribute accountability in teams and systems, and also ensures those with the power to influence change or make decisions are engaged in the process;
- financial and human resources are required to support adequate cultural safety and responsiveness training at all levels and across all disciplines, including ongoing professional development, capacity for self-reflection and monitoring of capacities; and
- develop working groups, executive role models, quality managers, cultural portfolio holders, 'change champions'(15) with managers who possess both the knowledge and skills in diversity.(37)

“Leaders can engage in and provide advocacy opportunities. These opportunities can occur in different contexts, such as facilitating workshops or publishing a research/ media article around cultural diversity.”

YOUTH PEER WORKER

VALUING DIVERSITY - WHAT IS HAPPENING IN PRACTICE?

Below are three examples of organisations that have addressed different aspects of valuing and promoting cultural diversity within their service. All three examples are at different stages of their journeys towards change.

1. THE VICTORIAN TRANSCULTURAL MENTAL HEALTH (VTMH) PARTNERSHIP MODEL - PARTNERS IN DIVERSITY

VTMH is a state-wide capacity building unit that aims to improve responses to culturally diverse populations. VTMH partnered with Neami National (Neami), a community-based provider of psychosocial mental health support services, to build organisational cultural responsiveness between 2015–2019. The initiative was underpinned by principles of cultural safety and cultural humility, with VTMH aiming to support Neami to implement culturally responsive strategies as part of routine service delivery and clinical encounters. The report can be accessed [via the VTMH website](#).

'Partners in Diversity', recommends five core elements:

- apply values and evidence-informed frameworks – social and cultural models of health, transcultural mental health principles, capacity building, knowledge translation, design thinking, and project management;
- have a staged approach to implementation – engage, explore, develop plans, support implementation, evolve relationships and sustain achievements;
- focus on factors associated with enabling change – respond to external/internal; factors, build capacity, focus on partnership processes;
- identify short-term and long-term priorities for change – become a more effective organisation, address health rights, cultural safety and communication, involve consumers, carers and communities, develop workforce through learning and reflection; and
- documentation – include organisation and population assessments, records of plans and progress, inter-service agreements, sustainability commitments.

VTMH set up a leadership group at Neami to support the partnership, supported 'change champions' within the organisation and provided culturally responsive education and training across the agency. Both parties reported to have gained significant knowledge from the collaboration with Neami reflecting that the focus on capacity-building meant sustainability had been built into the approach (VTMH, 2020). For more information, visit [the VTMH website](#).

2. BI-CULTURAL PROJECT AT COHEALTH

cohealth is a not-for-profit community health organisation that aims to improve health and wellbeing by supporting individuals, caring for the community, and working towards health and social equity for all, but prioritising those with the greatest needs.

cohealth's bi-cultural project was set up to support bi-cultural workers (BCWs) and improve the capacity to engage BCWs and their communities in culturally safe ways. Bicultural workers are employed to use their cultural knowledge, language skills, lived experience and community connections; to work with people with whom they share a lived experience and mainstream organisations. Bi-cultural workers elevate community voices, advocate for their needs, co-design and deliver programs, share information and facilitate cultural safety.(41)

As part of this program, cohealth has developed a set of professional standards for bi-cultural work and a training package to support organisations build their capacity to work with BCWs and their communities in culturally safe ways. Program outcomes have included:

- increased capacity among employers to better support BCWs in the workplace;
- increased skill and confidence among BCWs to deliver community-based programs;
- more than 30,000 people from refugee communities engaged in bi-cultural led projects; and
- increased employment and networking opportunities for BCWs from refugee-like backgrounds.

More information about cohealth's professional standards for BCW and the bi-cultural program can be found here <https://www.cohealth.org.au/bi-cultural-worker-hub/>

You can read the most recent evaluation report here: [20-21 Annual report \(cohealth.org.au\)](#)

3. ORYGEN'S STATEMENT OF COMMITMENT

Orygen has made a commitment to become more culturally responsive in its work with First Nations young people, their families and communities. Orygen's Statement of Commitment guides all First Nations activities at Orygen recognising:

- the strength and resilience of First Nations people and their right to self-determination;
- the loss and grief held by the First Nations caused by dislocation from traditional lands, loss of lives and freedom and the forced removal of children; and
- the ongoing harm done by mainstream policies and practices and the continuing impact on First Nations young people.

Orygen aims to build strong relationships and meaningful partnerships with First Nations people and organisations, especially First Nations young people. Orygen commits to understand and acknowledge Australia's history and its impact on the social and emotional wellbeing of First Nation's young people and build cultural capability at every level of the organisation, recognising this will be an ongoing learning experience. Orygen's Cultural Strengthening Plan will guide tangible reforms to research, policy development, innovation, clinical services and evidence-based training and education. Orygen's [Statement of Commitment](#) can be found on the website.

ORGANISATIONAL REFLECTION AS A CRITICAL PRACTICE

Organisational reflection is a helpful approach to keep organisations on track, to promote change and embed practice. Below are a range of questions that may assist this process:

WHO - Who do we involve, and how can we ensure everyone feels involved and responsible?

- Who do we invite to take part? Who are the people that need to be in the room/at the table?
- Who are the voices which need to be elevated and considered, with particular thought to lived expertise from young people, families, communities and bicultural staff?
- Who might be best placed to support the development of particular services or supports?
- Who will evaluate and review at regular intervals?

HOW - How do we do this, considering what safety might look like in this context?

- How can the organisation critically evaluate its practice and determine areas for change?
- How can we address criticisms and work towards meaningful culture change?
- How can the organisation be held accountable?
- How will we know when positive change has occurred?

WHAT - What are we doing?

- What are the needs of the young people that we support?
- What does cultural safety mean to the organisation?
- What does cultural safety look like in practice? What are current ways of working and where do we need to get to?
- What are areas that the organisation does well and what are the areas for improvement?

WHY - Why are we doing this, and what might be the blind spots?

- Why does change need to occur in the organisation?
- Why is sustainable change important?

WHEN - What are the goals and timeframes?

- When do we agree to have the changes in place?
- When can we expect to see a change?

SUMMARY REFLECTION FOR ORGANISATIONS

Below is a summary of some of the key aspects and issues that all organisations should consider along the journey of becoming more culturally diverse and inclusive.

- The variability of people’s cultural influences, identities, knowledge and experiences can (and should) be something that is thoughtfully considered, encouraged, celebrated and embraced within youth mental health services.
- Acts of celebrating diversity which are then not followed by genuine engagement and inclusion in practice may cause more harm and distrust.
- It is important to recognise the strength and rights for those with lived experience to make choices around their own mental healthcare.
- Valuing diversity and inclusion in a healthcare setting (and having a diverse staff profile) is likely to ensure that all people, including young people, families and staff, feel safe and comfortable to be their whole selves.
- Respect for the variability of people’s culture is not only an ethical consideration, but is a core practice that not only leads to better outcomes in regards to service provision but also improves relationships between colleagues, teams and across organisations and systems – thereby strengthening our youth mental health system.
- This approach recognises that everyone working in youth mental health services (regardless of role, level of seniority or relationship to culture) is responsible for contributing to culturally safe work environments.

RELATED RESOURCES

The list of resources and organisations below may be used as a starting point to guide further development of an organisational approach or toolkit to developing cultural diversity and inclusion:

- [Uluru statement from the Heart \(written & podcast version\)](#)
- [Embrace multicultural mental health framework](#)
- [Centre for Multicultural Youth good practice guide for inclusive organisations](#)
- [Outline of partners in diversity relationship between VTMH and Neami National](#)
- [Learning modules regarding health and wellbeing needs of individuals who identify as LGBTQIA+](#)
- [Social, emotional and cultural wellbeing resources for Aboriginal and Torres Strait Islander People](#)
- [Cohealth Bi-cultural Project Evaluation Report 2020-2021](#)
- [MYAN National Youth Settlement Framework: Applying Good Practice Capabilities](#)
- [Democracy in Colour](#)
- [Australian GLBTIQ Multicultural Council resources and supports](#)

ORYGEN RESOURCES

- [Designing mental health services for young people from migrant and refugee backgrounds](#)
- [Supporting multicultural young people and their mental health](#)
- [Orygen First Nation’s Hub](#)
- [Improving the social and emotional wellbeing of young Aboriginal and Torres Strait Islander people](#)

CONCLUSION

A culturally responsive mental health service will treat every process as an opportunity to address staff beliefs, behaviour and responses in relation to negotiating cultural diversity and inclusion. Individuals, teams and organisations have a responsibility to ensure the effective implementation of culturally safe practice, which requires commitment, time, resourcing and monitoring. It should allow for collective thought, reflection, action and evaluation. This is a process rather than an activity therefore, this approach cannot be left to discrete actions or days, but needs to be embedded into organisational culture and daily processes. It does not need to be feared – it is an area of ongoing development, a continual journey of learning and improving practice to create safe, inclusive and equitable youth mental health services.

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Mental health services have not always been places for healing, most notably in relation to First Nations communities. Youth mental health services cannot be truly culturally safe, if cultural safety is not first prioritised for First Nations people of Australia.

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Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.

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