

|  |
| --- |
| Diverse communities mental health and wellbeing 10-year framework |
|  |
|  |

|  |
| --- |
|  |
| To receive this document in another format, email [mhwd.diversity@health.vic.gov.au.](mailto:mhwd.diversity@health.vic.gov.au.)  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, 2025  Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services.  In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.  ISBN 978-1-76131-905-1 (Print)  ISBN 978-1-76131-906-8 (pdf/online/MS word)  Available at [Department of Health website](https://www.health.vic.gov.au/diverse-communities-mental-health-wellbeing-framework-blueprint). www.health.vic.gov.au/diverse-communities-mental-health-wellbeing-framework-blueprint |

# A note on content

This document talks about mental health disorders and may contain content that could be distressing. If you are distressed by any content in this document, or if you or someone you know needs support, the following services are available:

* If you are in a harmful or life-threatening situation, contact emergency services immediately on Triple Zero (000).
* If you are not in immediate danger but need help, call NURSE-ON-CALL on 1300 60 60 24.
* For crisis support, call Lifeline on 13 11 14 or visit www.lifeline.org.au.
* For other support, call Beyond Blue on 1300 224 636 or visit beyondblue.org.au.
* For people experiencing mental ill-health who need financial or other support, call the Victorian Mental Illness Awareness Council on (03) 9380 3900 or visit www.vmiac.org.au.
* For Aboriginal and Torres Strait Islander people who need support, call Yarning Safe N Strong on 1800 959 563, or 13 Yarn on 13 92 76, or call Brother to Brother on 1900 435 799 or visit www.vahs.org.au/yarning-safenstrong.
* For children and young people who need support, call Kids Helpline on 1800 551 800, visit kidshelpline.com.au, or call Headspace on 1800 650 890 or visit headspace.org.au/our- services/eheadspace.
* For LGBTIQA+ people who need support, call Rainbow Door on 1800 729 367, SMS 0480 017 246 or email support@rainbowdoor.org.au.
* If you are looking for a mental health service, visit betterhealth.vic.gov.au, or contact your GP.

# Minister’s foreword

Victoria is a diverse and vibrant state.

The Victorian Government celebrates the diversity of communities across Victoria as a key strength that contributes to the richness, resilience and social fabric of our state.

We recognise that Victoria’s mental health and wellbeing system hasn’t always fully reflected or responded to the many identities and experiences that make up our state – and we are committed to changing that.

No other jurisdiction in Australia is doing as much to reform the mental health system as Victoria.

We established Australia’s first-ever Royal Commission into a mental health system, the Royal Commission into Victoria’s Mental Health System, and accepted its bold vision for reform.

Since the Royal Commission handed down its findings, we have invested more than $6 billion to rebuild Victoria’s mental health and wellbeing system from the ground up. We have already delivered significant reforms to grow our workforce, deliver new acute beds and new services, improve infrastructure and, importantly, embed those with lived and living experience in all of our work.

The Royal Commission heard from multicultural, LGBTIQA+ and disability communities that barriers to fairness, access and safety when accessing mental health and wellbeing services remains high. That’s why we have prioritised the voices of these communities when developing the Diverse Communities Mental Health and Wellbeing Framework.

The Diverse Communities Mental Health and Wellbeing Framework sets out our long-term vision for a mental health and wellbeing system that is equitable for all Victorians, ensuring every Victorian can access the mental health and wellbeing support they need to participate fully in their communities.

We extend our deep thanks to the many community members and organisations who have shared their stories, insights and ideas. We are committed to honouring what you’ve told us. We look forward to continuing this work together to create lasting change.

Ingrid Stitt MP

Minister for Mental Health Minister for Multicultural Affairs

Contents

[A note on content 3](#_Toc210710655)

[Minister’s foreword 4](#_Toc210710656)

[Acknowledgements 7](#_Toc210710657)

[Language statement 8](#_Toc210710660)

[Glossary 8](#_Toc210710661)

[Background 9](#_Toc210710662)

[Why Victoria needs a Diverse Communities Mental Health and Wellbeing framework 10](#_Toc210710663)

[System-wide reform 12](#_Toc210710666)

[Our framework 16](#_Toc210710673)

[Focus area 1 20](#_Toc210710679)

[Focus area 2 23](#_Toc210710684)

[Focus area 3 26](#_Toc210710689)

[Focus area 4 30](#_Toc210710695)

[Focus area 5 33](#_Toc210710700)

[Focus area 6 36](#_Toc210710705)

[An integrated approach 39](#_Toc210710710)

[How we will deliver this framework 40](#_Toc210710712)

[Thank you 44](#_Toc210710718)

[Appendix 1: Participants who contributed to the development of the framework 45](#_Toc210710719)

[Appendix 2: Supporting policies, frameworks and services 47](#_Toc210710722)

# Acknowledgements

## Acknowledgement of Aboriginal and Torres Strait Islander people living in Victoria

We proudly acknowledge Aboriginal and Torres Strait Islander people as Australia’s First Peoples and the Traditional Owners and custodians of the lands and waters on which we live, learn, work and play. We pay our respects to Aboriginal Elders and leaders, past and present. We recognise the ongoing enrichment Aboriginal people, culture and communities bring to the cultural landscape of this state. We acknowledge that sovereignty has never been ceded.

Since time immemorial, Aboriginal people have practised their lores, customs and languages and nurtured Country through spiritual, cultural and material connections to land, water and resources. These connections are central to Aboriginal social and emotional wellbeing.

We acknowledge the historical and ongoing impacts of colonisation, including the dispossession of land and culture and the systemic injustices that have caused intergenerational trauma and continue to affect Aboriginal and Torres Strait Islander communities. We recognise the critical importance of self-determination as a human right and commit to working in partnership with Aboriginal and Torres Strait Islander communities to advance self-determined approaches in building stronger, healthier and more inclusive communities.

We hope that this strategy will facilitate action to better understand and address the experiences and priorities of diverse communities, including First Peoples. More broadly, we hope that it will promote healing and encourage all Victorians to learn more about the deep wisdom and social and emotional wellbeing that is held in the world’s oldest continuing culture.

We know we get better outcomes when Aboriginal people are making the decisions that affect First Nations communities. Victoria’s Treaty process gives us a pathway to give First Peoples a say on the

policies that impact First Peoples’ lives. We commit to working proactively to support this work in line with the aspirations of Traditional Owners and Aboriginal people living in Victoria.

We look forward to a time where, through the Treaty process, we have recognised the wrongs of the past, made peace, and can walk together with greater respect, understanding and connection, and fully celebrate the strength, resilience and diversity of First Nations people living in Victoria.

## Recognition of lived and living experience

The Government also acknowledges the generous contribution made by members of multicultural, LGBTIQA+ and disability communities, whose voices and perspectives have often been ignored or dismissed within the mental health and wellbeing system – and in society more broadly.

Your courage, resilience and ability to articulate your highly personal mental health and wellbeing journeys has been crucial to the development of this strategy and will inspire positive change.

In recognising your contribution, we commit to upholding the principles of authenticity and collaboration so that your lived and living experiences are at the heart of this framework.

# Language statement

Language can be a powerful way of promoting inclusion and pride in identity.

Every person has the right to use the language that is meaningful to them. We know that language can be ‘othering’, and it isn’t always possible – or appropriate – to define membership of a community.

We have used language that refers to individuals as people from those communities – for example, ‘members of multicultural communities’. However, we also recognise that some people prefer to use person-first or identity-first language about themselves or be more, or less, specific about their identity.

We are committed to using inclusive language and will continue to review our language to reflect the ways communities define their identities and experiences. We will also support other organisations and services to adopt inclusive language in their practices.

Where we are quoting someone in this framework, we use the language that they used. The words ‘our’ and ‘we’ in this document generally refer to the Victorian Government.

# Glossary

|  |  |
| --- | --- |
| Term | Definition / explanation |
| Intersectionality | Explains that:   * Experiences of discrimination and inequality can shape a person’s experiences across their life. * Experiences of discrimination and inequality can intersect, overlap and be interdependent. * People experience multiple, intersecting forms of discrimination in our institutions and public settings (such as education, legal settings and workplaces). * Our society, culture and relationships with others can enable discrimination and inequality to occur. |
| Multicultural communities | Includes people whose families have entered Australia through a variety of pathways, including through humanitarian, family, child and skilled migration. This term includes people from migrant, refugee and asylum seeker backgrounds regardless of visa status, type or pathway to Australia. It includes people from a wide range of cultures, ethnicities and faiths who speak a variety of different languages, and both well‑established and more recently arrived communities. |
| LGBTIQA+ communities | This umbrella abbreviation encompasses a range of sexualities, genders and sex characteristics, including lesbian, gay, bisexual, trans and gender diverse, intersex and/or queer. The ‘+’ is for people whose gender identity or sexual orientation is not represented by the letters. We use variations of the term throughout this framework depending on the context or language originally used by communities. We also note that some Aboriginal communities use the terms ‘sistergirls’ and ‘brotherboys’. |
| Disability communities | In line with the *Disability Discrimination Act 1992* (Cth), the definition of disability includes physical, intellectual, psychiatric, sensory, neurological and learning disabilities and chronic health conditions. |

For more information on language about disability communities, see *Inclusive Victoria: state disability plan 2022*–26.[[1]](#footnote-2)

# Background

The Victorian Government developed the *Diverse Communities Mental Health and Wellbeing 10-Year Framework 2025–2035* (the framework) and *Diverse Communities Blueprint for Action 2025–2028* (the blueprint) to improve the mental health and wellbeing of diverse communities, with a focus on multicultural, LGBTIQA+ and disability communities.

These three groups have been called out by the Royal Commission into Victoria’s Mental Health System (Royal Commission), with members shown to experience many barriers to good mental health and wellbeing, such as:

* Discrimination and stigma related to mental illness as well as their diverse backgrounds, identities and attributes.
* Difficulties finding out about and accessing mental health services.
* Mental health services might not be inclusive or responsive to the needs of people from diverse communities.
* People from diverse communities can have unequal access to the things that keep them from becoming unwell in the first place.

By listening to the voices and perspectives of people from diverse communities, particularly those with lived or living experience of mental illness and psychological distress, the framework prioritises the voices of Victorians who have often been ignored or dismissed within the mental health and wellbeing system.

Work to develop the framework has actively sought and incorporated input from a broad group of representatives of diverse communities. This ensures representation at all levels in the system and provides opportunities to lead change.

The aim of the framework is to improve people’s experiences of accessing and using mental health and wellbeing services, building workforce capability, and strengthening governance and accountability arrangements.

The Victorian Government is accountable to the communities it represents. We will regularly review our blueprint and report our progress back to the public in line with the *Victorian Mental Health and Wellbeing Outcomes and Performance Framework*.

We will also work with mental health services and our funded partners to support them in making changes and being accountable to communities.

# Why Victoria needs a Diverse Communities Mental Health and Wellbeing framework

Over time, Victoria has become increasingly diverse, and the mental health and wellbeing system must respond better to every Victorian’s needs and continue to adapt into the future. Below is a snapshot of our diverse Victorian population taken from the 2021 Census:

* 30% born overseas
* 49.1% either born overseas or have a parent born overseas
* 41.3% have both parents born overseas
* 27.6% speak a language other than English at home (up from 20% in 2006)
* 54% follow one of more than 130 different faiths
* 1.8% identify as being lesbian and gay
* 2.8% identify as bisexual
* 11.1% identify as transgender, gender diverse, queer, pansexual, asexual or having an intersex variation
* 17% identify that they have a disability
* Approx. 10% of the 1.1 million Victorians with disability are eligible for an NDIS plan
* Approx. 7.7% of Victorian children under 15 have disability

Some groups of Victorians experience greater barriers to good mental health and wellbeing and poorer mental health outcomes. This is due to historic and contemporary issues such as systemic discrimination, exclusion and challenges accessing and navigating the system.

For this reason, the Royal Commission recommended the Victorian Government pay particular attention to the needs of multicultural, LGBTIQA+ and disability communities; the ‘diverse communities’ that are the focus of this Framework.

This Framework also acknowledges the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Independent Review into the National Disability Insurance Scheme, which underscore the critical intersections between mental health and disability and reinforce the need for inclusive, responsive systems.

Each of those communities is diverse within itself, with the mental health and wellbeing needs of people within these groups also affected by factors such as gender, race, socioeconomic circumstance, geographic location and varying life stages. Work is underway across the Victorian mental health and wellbeing system to address the systemic barriers to access for communities who are traditionally excluded or disadvantaged by the system.

The Framework supports that work by considering the lived experience of people exposed to overlapping forms of discrimination and marginalisation.

## Data about diverse communities

There are long-standing issues with the collection, reporting and analysis of data, including mental health and wellbeing data, for diverse communities in Victoria. As a result, data has often been interpreted in ways that do not truly reflect community experiences and attributes.

Although limited, there is some data highlighting diverse communities’ strengths, experiences and access to factors that promote good mental health and wellbeing. For example, compared with the general population, adult Victorians from LGBTIQA+ communities are significantly more likely to volunteer or be a member of a community group.

Data shows that members of diverse communities experience mental health challenges and suicidal behaviour at higher rates than the general population. We also know that members of diverse communities are more likely to face challenges that can impact their mental and physical health and wellbeing – including experiencing homelessness, having difficulty accessing public transport, and being excluded from the workforce.

## Supporting Aboriginal communities

The Victorian Government recognises that people in Aboriginal communities may identify as having a disability, as LGBTQIA+, or as members of other diverse communities in addition to their Aboriginal identity. We also recognise that Aboriginal communities may identify and define ‘diverse communities’ differently due to specifics of their culture or worldview.

We also recognise that people in Aboriginal communities have unique experiences and strengths, driven by their connection to country, kinship, spirit and roles as caretakers of land and water.

Aboriginal peoples’ social and emotional wellbeing needs have been influenced by discriminatory policies and practices of ongoing colonisation. This framework seeks to improve outcomes for diverse communities that often include Aboriginal people, but is distinct from other targeted initiatives designed to support Aboriginal social and emotional wellbeing, for example the:

* *Balit Murrup: Aboriginal social emotional wellbeing framework 2017–2027*
* *Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017–2027*
* *Balit Durn Durn*

In designing this Framework to embed diversity, equity and intersectionality in the mental health and wellbeing system, it is our intention to deliver better outcomes for all Victorians including Aboriginal communities.

# System-wide reform

## Recommendation 34 of the Royal Commission into Victoria’s Mental Health System

Recommendation 34 calls on the Victorian Government to improve accessibility and equity for diverse communities in the mental health and wellbeing system. This recommendation highlights the need for active engagement with these communities throughout the planning, implementation and management of the reformed system.

It recommends legislating responsibility for ensuring the system addresses the needs of diverse communities, ensuring equitable access regardless of language, literacy or neurocognitive ability and providing data transparency.

It also recommends empowering diverse communities and organisations to design and deliver mental health awareness campaigns and support their communities in navigating the mental health system.

The Victorian Government is committed to embedding diversity, equity and inclusion in the mental health wellbeing system as part of a wider transformation.

The *Mental Health and Wellbeing Act 2022* (Vic) is a key enabler of transformation. The Act, in effect from 1 September 2023, includes a range of new rights-based objectives and principles, including a diversity of care principle, to ensure that there is a higher standard of accountability for mental health and wellbeing providers.

This framework contributes to ensuring the Act delivers change for communities.

The Framework and Blueprint was designed in collaboration with representatives of diverse communities to deliver on Recommendation 34 of the Royal Commission. It builds on existing work to promote mental health and wellbeing for diverse communities and support greater consideration of the needs of diverse communities in relation to alcohol and other drugs and gambling harm.

## Key Victorian mental health and wellbeing strategies, policies and services

This framework aligns with the Department’s vision on *The next phase of reform: mental health and wellbeing in Victoria*, which reinforces the Department’s commitment to ensure that diverse communities are reflected and embraced in mental health services and models of care.

This framework also aligns with two new Victorian Government strategies: the *Victorian suicide prevention and response strategy 2024–2034* and the *Victorian wellbeing strategy* (forthcoming).

Each of these strategies also includes a strong focus on diverse communities.

Below is a list of other key Victorian Government mental health and wellbeing initiatives that are in development or underway. We will work with all relevant areas of the Department of Health to ensure that an equity lens is applied when designing and delivering these initiatives and other systemic reforms to improve mental health services.

* *Mental Health and Wellbeing Outcomes and Performance Framework* helps the Victorian Government understand and measure the impact of mental health reforms
* The forthcoming *Mental Health and Wellbeing Workforce Strategic Action Plan 2025–26* delivers workforce actions now and through the next workforce strategy from 2025 onwards.
* Mental Health and Wellbeing Local Services – a key vehicle for implementing mental health service improvements at the local level
* Victorian Collaborative Centre for Mental Health and Wellbeing – brings together lived experience leadership, innovative service delivery and cutting-edge mental health research to drive system transformation
* *Victorian suicide prevention and response strategy 2024–2034* – all Victorians including diverse communities working together to reduce suicide
* *Victorian eating disorders strategy 2024–2031* – includes a focus on diverse communities
* *Statewide action plan to reduce drug harms* – includes initiatives to reduce drug harms, save lives and give more people the care they need.

## Victorian Government equity focused policies and strategies

The Victorian Government is also working on strengthening inclusion and equity, supporting and celebrating diverse communities, and reducing their exposure to trauma, discrimination and stigma. This includes the current policies and strategies, including those in development, listed below.

We know that people often access other government services – including those related to homelessness, criminal and youth justice, disability, education and early learning, and settlement – while also seeking mental health and wellbeing support. We also know that these government services often serve as a gateway for people to access mental health and wellbeing services. We will endeavour to support ongoing links across these systems to support diverse communities.

Other government agencies and bodies are also focused on targeting inequity and addressing the social determinants of health across a range of communities.

These include the Victorian Health Promotion Foundation (VicHealth), the Victorian Equal Opportunity and Human Rights Commission, the Victorian Multicultural Commission, Victorian Disability Services Commissioner, Victorian Commissioner for LGBTIQA+ Communities, Aboriginal Victoria, the Commissioner for Gender Equality and others.

### Relevant Victorian Government policies

* *Inclusive Victoria: state disability plan 2022–26*
* *Our promise, your future: Victoria’s youth strategy 2022–2027*
* *Pride in our future: Victoria’s LGBTIQA+ strategy 2022–32*
* *Safe and strong: a Victorian gender equality strategy*
* *Victorian autism plan: 2023 refresh*
* *Ageing well in Victoria: an action plan for strengthening wellbeing for senior Victorians 2022–2026*
* Department of Education – *Education State Strategy* and the *Cultural diversity plan 2023–2027*
* *Victoria’s anti-racism strategy*

## Commonwealth Government responsibilities

Reforms at the national level will contribute significantly to improved mental health and wellbeing outcomes for Victoria’s diverse communities. Services such as the National Disability Insurance Scheme (NDIS), translating and interpreting services and social supports under Medicare are linked to and affect outcomes in the Victorian mental health and wellbeing system.

The Victorian Government recognise the importance of partnerships with the Commonwealth government to enable delivery of universal and targeted services that are responsive to the needs of diverse communities, to strengthen data collection and health surveillance, and to maintain accountability to the community.

## Work outside government

Diverse communities lead and operate services, organisations and groups to support their own communities’ mental health and wellbeing. They are at the forefront of supporting and empowering people and have a wealth of knowledge and experience combined with community trust.

These services, organisations and groups deliver many initiatives across a range of sectors and settings, working in partnership with communities and government. We will work alongside them to deliver this framework, recognising that they often lead the way.

Other influences and considerations

The Victorian Government understands that there are a range of external challenges, pressures and opportunities for diverse communities, and that these have an impact on efforts to create change. For example, the onset of COVID-19 worsened inequities, with people from disability and multicultural communities highly impacted by the virus and by controls used to limit its spread.

However, diverse groups were also the backbone of positive community responses. They provided support within and beyond their own communities. This, in turn, supported government and health sector efforts to communicate prevention messages and address misconceptions, which innovated the way we care for communities and individuals.

To respond to the shifting health and social context over the lifetime of this framework, our blueprint will evolve and develop over time to best support good mental health and wellbeing within diverse communities.

## Spotlight: Mental Health and Wellbeing Locals

### Issue

Barriers like discrimination, stigma and social isolation can prevent people from diverse communities accessing or receiving the mental health and wellbeing care that they need and deserve.

### Response

Mental Health and Wellbeing Locals, along with other services such as Mental Health and Wellbeing Hubs, and the statewide intake hotline and wellbeing support program (Partners In Wellbeing), provide an easy way to get treatment, care and support for people who are experiencing mental health concerns – including people with co-occurring alcohol and drug treatment and care needs and their family, carers and supporters.

These services are free to anyone living in Victoria – without a referral or Medicare card and have an emphasis on providing support that is equitable, accessible and culturally safe.

Priority is given to people who experience barriers to access and/or vulnerability and disadvantage, particularly: Aboriginal and Torres Strait Islander people; people from culturally and linguistically diverse backgrounds; people from refugee backgrounds; people seeking asylum; LGBTIQA+ communities; people who are experiencing homelessness; people with disability; neurodiverse people; and/or people who are engaged in the justice system.

Staff at these services are trained to support people from diverse communities and Mental Health and Wellbeing Locals employ specialist staff that are trained to address the needs of diverse communities. These staff include family violence officers, LGBTIQA+ support workers, homeless support officers, Aboriginal workers, multicultural workers, culturally and linguistically diverse officers and cultural practice leads.

Mental Health and Wellbeing Locals deliver safe and effective treatment, care and support that is trauma informed. Organisations partnering in the delivery of Locals Services include Foundation House, Victorian Aboriginal Health Service, Bendigo & District Aboriginal Co- operative, Mallee District Aboriginal Services, Oonah Belonging Place, Wathaurong Aboriginal Co-operative, Thorne Harbour Health and Drummond Street Services.

Interpreting services are available at both Mental Health and Wellbeing Locals and Hubs. In addition, Mental Health and Wellbeing Locals are working closely with community leaders to support development of in-language materials.

As well as successfully providing quality mental health and wellbeing support, Hubs and Mental Health and Wellbeing Locals are sources of connection with local community leaders and support services, enabling targeted and tailored engagement.

### Outcome

To ensure that services are actively engaging with diverse communities, service providers are required to report on specific demographics (such as the number of consumers from a culturally and linguistically diverse background, refugee or asylum seekers and the use of interpreter services) and assess the level of effectiveness in reaching and supporting diverse communities.

# Our framework

This framework has been designed to ensure that equity is embedded in the reform of our mental health and wellbeing system. It outlines the focus areas of change and the principles underpinning our work.

To bring this framework to life, we have created a *First Blueprint for Action 2025–2028*, the first of a series of blueprints to implement the framework. The blueprint identifies the actions we will undertake in the next three years to move towards the 10-year vision, the tools and approaches we will use, and how we will measure progress and be accountable to communities.

## The framework at a glance

Our 10-year vision:

All Victorians can access a safe and inclusive mental health and wellbeing system that responds to, reflects and embraces diversity.

Diverse communities experience equitable mental health and wellbeing outcomes, supported by a system that values and affirms them, and by having equal access to the foundations of good mental health and wellbeing.

Our work will be guided by the below principles:

* Lived and living experience
* Equity
* Strengths-based
* Cultural humility
* Intersectionality
* Human rights
* Inclusion and accessibility
* Accountability

We have identified six areas of change, so diverse communities:

**Area 1:**

Experience safe, inclusive, accessible, and responsive treatment, care, and support – where, when, and how they need it

**Area 2:**

Experience safe, inclusive, accessible, and responsive treatment, care, and support – where, when, and how they need it

**Area 3:**

Are free from stigma and discrimination when accessing mental health and wellbeing services

**Area 4:**

Benefit from targeted actions to promote good mental health and wellbeing

**Area 5:**

Benefit from targeted actions that prevent and respond to suicide

**Area 6:**

Lead and see themselves in the mental health and wellbeing system at all levels

## How we developed the framework

This framework considers input from community members, services, community organisations, government and the Royal Commission into Victoria’s Mental Health System, whose recommendations and findings were based on community and sector advice.

We heard directly from 564 community members and 114 organisations during 2022 and 2023 about what the government should focus on over the next 10 years. Direct engagement on this Framework and the Blueprint has included:

* 18 members of the Diverse Communities Mental Health and Wellbeing Working Group provided continuous input and feedback (see Appendix 1)
* 152 people participated in 16 open consultation sessions
* 105 people participated in eight roundtables and workshops targeted at cohorts including organisations, advisory bodies and young people
* 181 people responded to the community engagement toolkit
* 108 people participated in the Engage Victoria survey.

We also heard from community members and sector representatives through engagement sessions with organisations listed in Appendix 1.

The framework also considers feedback from community members who shared their views at consultations for and in submissions to other government initiatives and strategies.

The consultation and framework development were guided by an expert Diverse Communities Mental Health and Wellbeing Working Group that included members from diverse communities and individuals with lived and living experiences of mental illness and psychological distress. Input was also sought from community sector and service representatives and government advisors.

We are grateful for the generosity of everyone involved in sharing their insights and knowledge.

## Our ten-year vision

All Victorians can access a safe and inclusive mental health and wellbeing system that responds to, reflects, and embraces diversity.

Diverse communities experience equitable mental health and wellbeing outcomes, supported by a system that values and affirms them and by equal access to the foundations of good mental health and wellbeing.

## Our principles

Eight principles have shaped the development of this framework to guide how the Victorian Government works in partnership with communities, services and the broader mental health and wellbeing system over the next decade.

These principles reflect the reality that many members of diverse communities have had direct experience of being overlooked, ignored or actively excluded from taking part in their own care, or in the system more broadly. To create a more equitable system, this must change.

The principles will underpin actions outlined in the blueprint, with the intention of moving beyond listening, towards the creation of fairer, safer opportunities for everyone to contribute, lead and take part in decision-making.

* **Strengths-based**: recognising and respecting the strengths of each person and their lived and living experiences, their families and their communities
* **Human rights**: promoting and protecting freedom, respect, equity and dignity for everyone
* **Equity**: an equitable, safer society free from unfair and avoidable differences in health and wellbeing
* **Intersectionality**: applying an intersectional lens to mental health and wellbeing policy and practice
* **Lived and living experiences**: empowering people with lived and living experiences to lead and shape system transformation and delivery
* **Inclusion and accessibility**: creating a welcoming and non-discriminatory system where people can bring their whole selves and benefit from opportunity and equity
* **Cultural humility**: listening and learning from diverse communities and recognising and reflecting on how historical cultural norms have shaped the system
* **Accountability**: honouring the lived and living experiences, strengths and contributions of diverse communities by maintaining a clear focus on progress and outcomes

## Where we need to focus our efforts

The framework reflects the ambition that every person living in Victoria experiences equitable mental health and wellbeing outcomes and can safely access a system that celebrates, affirms and values them. We know change must occur to ensure this ambition is realised.

Six focus areas have been identified through community consultation, where participants consistently identified the key drivers for ensuring a mental health and wellbeing system that responds to, reflects, and embraces diversity. The six focus areas are outlined in Table 1.

Table 1: Focus areas

| Focus area | What it is | How it’ll be achieved |
| --- | --- | --- |
| Area 1 | Diverse communities experience safe, inclusive, accessible and responsive treatment, care and support – where, when and how people need it. | Considers how we can address systemic barriers within mental health services that impact access for all diverse community members, including those who are members of multiple communities and may have a range of other identities, experiences and attributes. |
| Area 2 | Diverse communities are supported to actively improve the mental health and wellbeing of their own communities. | Focuses on ensuring community-specific service options and other supports are available to diverse community members and are capable of supporting their needs. |
| Area 3 | Are free from stigma and discrimination when accessing mental health and wellbeing services. | Focuses on the stigma related to mental illness and psychological distress experienced by members of diverse communities from within their communities, as well as the stigma and discrimination they may experience because they are members of diverse communities. |
| Area 4 | Diverse communities benefit from targeted actions to promote more equitable good mental health and wellbeing. | Focuses on initiatives that support diverse communities to feel connected to each other and that provide a sense of safety, belonging and meaning, as well as preventing social isolation and discrimination. |
| Area 5 | Diverse communities benefit from targeted actions that prevent and respond to suicide. | Align suicide prevention and response efforts with the lived experiences of diverse communities, ensuring strategies are culturally inclusive and accessible, enabling people to access the appropriate support at the right time and navigate service systems effectively, experiencing continuous care. |
| Area 6 | Diverse communities lead and see themselves in the mental health and wellbeing system at all levels. | Considers how to reflect the diversity of our community in the workforce, consultation and collaboration, governance and decision- making structures within Victoria’s mental health and wellbeing system, from frontline staff to leadership to policy makers, and the benefits this will bring. |

# Focus area 1

Diverse communities experience safe, inclusive, accessible and responsive treatment, care and support – where, when and how people need it.

## What it is

This focus area stresses the importance of people from diverse communities being able to access safe and inclusive mental health support, care and treatment from a range of mental health services in Victoria.

This includes universal mental health services that have a focus on the whole Victorian population, or the whole population in a geographic area.

These services may offer some programs that are focused on specific diverse communities.

This focus area also includes community-specific mental health services that focus on a particular diverse community or communities, have strong expertise in working with that community and are often led, staffed and advised by people from the same community.

Communities have told us that these community-specific services play an important role in the system.

By working with a variety of service types, we can ensure that everyone in the community has good, safe access to the mental health supports that can best meet their needs.

## What we heard

### Make the system more accessible and easier to navigate

* Create clear, accessible, trauma-informed, translated and culturally appropriate information in a range of formats about the services available to meet the needs of diverse communities. One way this can be achieved is by providing the information to people who offer advice about where to get support, care and treatment (such as GPs and other services).
* Address key barriers to accessing services, such as qualified interpreters, cost and wait lists – particularly for services that have specialist skills in supporting people from diverse communities.
* Eliminate physical barriers to accessing services for people from disability communities, and train service staff on how to best engage with and support people with communication needs.
* Make sure services follow the Victorian Health Building Authority’s universal design policy, which will respond to sensory needs for autistic people, including lighting, acoustics, the built environment and the lack of provision of non-verbal communication methods as a barrier to receiving support, care and treatment.
* Help people navigate between services and different health systems, by providing a ‘no wrong door’ approach, where all services collaborate and work as referral partners.
* Provide access to a wide range of language and Auslan interpreters in services who are skilled in working in mental health settings, to improve access and create choice for users.
* Build the bicultural, bilingual and peer workforce, and provide them with support, capability building opportunities and equitable pay so they are a valued and intrinsic part of the mental health system.
* Reduce discrimination in services so people know they will be safe, welcomed and included if they access them.

### Make services more responsive to diverse communities’ needs and identities

* Upskill the whole system workforce to better understand and respond to people’s diverse cultures, faiths, sexualities, gender identities, characteristics and attributes – particularly where people have overlapping identities, multiple conditions and/or communication needs.
* Support services to collaborate with diverse communities to develop tools, resources and approaches that support people to guide their own care and treatment, and define what recovery looks like to them, based on their own knowledge, cultures, identities, experiences, strengths and communities.
* Make universal services (and particularly acute mental health settings) more inclusive for LGBTIQA+ communities, such as private or gender- appropriate rooms, greater staff understanding of identities and experiences, and gender-inclusive forms.
* Offer more tailored supports and better connections with specialist services in rural and regional areas, where communities may find it difficult to access practitioners who are adequately trained in supporting people from diverse communities.
* Train service staff from the earliest stages of their careers to understand and respond to trauma and the unique experiences of diverse communities.
* Provide positive supports for wellbeing within mental health services, particularly in rural and regional areas, such as facilitation of social and community groups.
* Accommodate complex and coexisting conditions that may be difficult to identify and diagnose, so nobody is turned away from services because of their identity, experiences or attributes.

### Better understand the experiences of diverse communities within the system

* Collect detailed and disaggregated data about people from diverse communities and their access to and experiences of mental health services to better identify and understand where services can be improved.
* Continually improve the mental health system by responding to data insights and providing ongoing opportunities for people from diverse communities to provide input on how to keep improving mental health support, care and treatment.

## What we will do

### What we heard

* Make the system more accessible and easier to navigate
* Better understand the experiences of diverse communities within the system
* Make services more responsive to diverse communities’ needs and identities

### How we will do it

* Support diverse communities have access to both universal and community-specific mental health supports and services, enabling individuals to receive the care that fits their identities and needs, resulting in satisfaction with both the access and quality of services.
* Strengthen and support community- specific mental health services, led by individuals with lived experience, so that diverse communities feel safe, respected, and understood when accessing care and treatment.
* Foster collaboration between universal and community-specific services to create a system that is inclusive and accessible, ensuring that all community members feel confident and supported in engaging with the appropriate mental health care.
* Elevate the role of community- specific services by incorporating community feedback, ensuring these services are culturally competent and tailored to the unique needs of diverse individuals, contributing to a sense of safety and respect in their care experience.

### What success will look like

Members of diverse communities are:

* Satisfied with their access to, and the service they receive from, both universal and community-specific services
* Supported to engage with the support or treatment that best fits their identities and needs
* Feel safer and respected when accessing support, care and treatment.

## Spotlight: Victorian Transcultural Mental Health

### Issue

Culture plays a significant role in how people experience mental health issues. It also informs mental health practice and how services are structured and organised.

Research shows that people from diverse communities often use mental health services at lower rates than other groups in community. As Victoria’s population becomes more diverse, it is crucial that culturally safe mental health services exist to provide treatment and care for diverse community members – free from bias or discrimination.

### Response

Victorian Transcultural Mental Health (VTMH) works with diverse communities to create healthy connected communities, where no one is left behind. The organisation is the lead transcultural and intersectional mental health advocacy body for Victoria. It sits within St Vincent’s Hospital, Melbourne, and has received funding from the Department of Health.

VTMH provides ongoing training, advocacy and education for cultural responsiveness and cultural safety within the mental healthcare system. VTMH works closely with the mental health sector as well as other services that people approach for mental health support, like public health, education and human services. It supports the mental health of members of diverse communities by addressing enduring patterns of social inequity and removing systemic barriers to accessing support.

### Outcome

VTMH’s work examines social structures, service systems and institutional factors to promote equity and justice in mental health practice, policy, and governance. Its work is guided by four main strategies: collaborate, support, equip, and advocate. VTMH’s services include:

* Delivering capacity-building activities for mental health professionals, organisations and community
* Supporting mental health organisations to implement whole of organisation cultural responsiveness approach
* Contributing to working groups, taskforce groups and networks
* Providing information and advice
* Designing cultural responsiveness initiatives
* Creating freely available, evidence-informed resources
* Facilitating communities of practice
* Undertaking specific commissioned projects.

# Focus area 2

Diverse communities are supported to actively improve the mental health and wellbeing of their own communities.

## What it is

This focus area recognises that diverse communities have a long history of supporting each other and the broader community in tough times. From one-to-one support from a family member, friend or community leader to more formal support from a community-specific mental health service or a diverse community organisation or group, a huge amount of care and love is shared in communities.

This support within communities is vital to people’s mental health and wellbeing. However, it often happens without formal recognition or support. The Royal Commission recognised that the future mental health and wellbeing system must ‘empower Victoria’s many diverse communities and community- led organisations to support the mental health and wellbeing of their members.’

This area focuses on two supports: community-specific mental health services and community-led supports.

## What we heard

### Empowering community-specific and community-led mental health services

#### Community-specific mental health services

Community-specific mental health services cater to specific groups of people and their unique care needs. They provide accessible and tailored support, care and treatment to diverse communities, are by their nature more inclusive and responsive. They are often managed by the diverse community-led organisations, and are an essential part of the system.

* Support community-specific services to reduce wait lists and meet demand.
* Partner with community specific services during major events or crises related to diverse communities.
* Better enable community- specific services to play a role in supporting universal services to become more responsive to the needs of people from diverse communities.
* Give people more choice when they seek services, information and care by creating new community-specific services.

#### Community-led supports

Community organisations and groups that support and empower diverse communities have a wealth of knowledge, skills, and abilities to support each other. They are often the first place people go to seek support for mental health and wellbeing, acting as a ‘front door’ to mental health support, care and treatment. Often these are not health services but are groups where people seek social connection, education and support. These include community organisations and peak bodies, community- led sports and cultural clubs, religious and spiritual groups, grassroots organisations, peer groups, informal and formal carers, and members of diverse communities who support one another’s mental health and wellbeing.

* Recognise the value of community-led safe spaces to help diverse communities to deal with the stressors they face every day, connect with peers and find the supports they need.
* Empower people from diverse communities to support one another through informal networks.
* Build on the wealth of knowledge held by organisations, groups and individuals that provide community-led supports by supporting the sharing of learnings about supporting diverse communities with universal and community specific services.
* Support community-led organisations to establish themselves, build community trust, and meet community needs in a sustainable way.
* Empower families, carers and supporters to care for and support consumers to allow them to look after their loved ones and themselves, and better navigate the system
* Broaden the definition of ‘family’ and ‘carer’ in the mental health and wellbeing system to include chosen family and community members that consumers would like involved in their care.

## What we will do

### What we heard

* Community-specific mental health services and supports
* Community-led supports

### How we will do it

* Support the availability of community- specific mental health services and supports so that diverse communities are satisfied with both the access to, and quality of, the services they receive.
* Recognise and enhance the role of both informal and formal community- led support, empowering diverse communities to access and benefit from these supports to improve their mental health and wellbeing.
* Empower community-led organisations to actively support the mental health and wellbeing of their members, ensuring that individuals feel equipped and supported to care for their own communities, as emphasised by the Royal Commission.
* Focus on strengthening both community-specific mental health services and community-led supports so that diverse communities can easily access the tailored care and resources they need for their wellbeing.

### What success will look like

Members of diverse communities are:

* Satisfied with their access to, and the service they receive from, community- specific services
* Able to access community- led supports to improve their mental health and wellbeing
* Supported and equipped to care for and informally support their own communities.

## Spotlight: Amaze

### Issue

Research shows that autistic people are more likely to experience mental ill health – including depression, anxiety and obsessive-compulsive disorder – than the general population. This points to a clear need for mental health support that is designed for, and with, autistic people.

### Response

Peer support provides emotional and wellbeing support among people with similar characteristics and experiences. Peers share their knowledge and experiences in an environment in which they are all equals. This approach can create hope and empowerment and increase participants’ sense of connection with others.

Amaze was founded over 50 years ago by a group of Victorian parents with lived experience of caring for autistic family members. Today, it continues to work with and for autistic people and their supporters in Victoria, with a vision of creating an Australia that embraces autistic people and their families living their best lives.

Amaze staff members have a broad range of backgrounds, specialties and lived experiences.

### Outcome

Alongside its advocacy work, Amaze partners with organisations, employers and community groups to deliver vital support and create spaces where autistic people can share their experiences, strengths and identities.

Its support services include:

* Resources for establishing and supporting local autism peer support groups
* Autism Connect, the national autism helpline
* Autism Peer Assist, a peer-to-peer mentoring service
* Focused workshops and capacity building activities.

# Focus area 3

Diverse communities are free from stigma and discrimination when accessing mental health and wellbeing services

## What is it

This focus area concentrates on the stigma related to mental illness and psychological distress experienced by members of diverse communities from within their communities, as well as the stigma and discrimination they may experience because they are members of diverse communities.

There are two important factors that contribute to mental illness and psychological distress for diverse communities: stigma and discrimination.

Stigma relates to social and systemic processes specific to diverse communities that can make people feel shame, disgrace or a sense of disapproval because of mental illness and psychological distress, or because they are a member of a diverse community (or more than one diverse community).

Discrimination occurs when people are treated badly or unfairly by individuals, organisations or policies, or are judged because of mental illness or psychological distress, or because they are from a diverse community. Discrimination is systemic in our society, so we must take steps at multiple levels to address it.

Experiencing stigma or discrimination in everyday life, whether at school, at work or socially, can significantly impact an individual’s mental health and wellbeing and increase the risk of poor mental health outcomes. Reducing stigma and discrimination is a big task, and many of the steps that we need to take are beyond the scope of this framework. However, this framework can contribute to reducing stigma and discrimination.

## A note on our work in this area

Our work to reduce stigma and discrimination when accessing mental health services will build on – and be reinforced by – action being undertaken through Pride in our future: Victoria’s LGBTIQA+ strategy 2022–32, Inclusive Victoria, anti-discrimination work by the Victorian Equal Opportunity and Human Rights Commission, the Victorian Anti-Racism Strategy, as well as the upcoming National Stigma and Discrimination Reduction Strategy.

This includes funding of up to 40 community health and mental health organisations each year to achieve Rainbow Tick accreditation, under Priority Area 2 of Pride in our future – equitable, inclusive and accessible services.

## What we heard

### Increase understanding and acceptance of mental illness

* Build on current education being delivered about mental health and wellbeing to reduce stigma and fear within diverse communities, using cultural models of mental health and wellbeing.
* Undertake initiatives that value and celebrate diversity and normalise conversations about mental health and wellbeing.
* Support diverse leaders and groups to lead action that challenges and reduces stigma in their own communities.
* Prioritise action in rural and regional communities, where stigma and discrimination can be amplified.
* Support continuation of conversations about mental health and wellbeing in schools.
* Invest in initiatives that encourage community conversations so that mental health is seen like physical health.
* Elevate members of diverse communities with lived and living experiences to leadership positions in the sector or services.

### Create an environment where people are safe to seek treatment

* Reduce discrimination within services to make sure people are safe and welcomed – particularly for communities such as trans and gender diverse people. This should include everyone working within a service as well as the physical environment, including waiting rooms.
* Support a shift towards more positive and inclusive portrayals of diverse communities in the media, in what leaders and role models say and in public conversations, using a strengths-based approach and recognising the value and diversity of our communities.

## What we will do

### What we heard

* Increase understanding and acceptance of mental illness
* Create an environment where people feel safe to seek treatment

### How we will do it

* Address stigma and discrimination related to mental illness and diverse communities, resulting in an improved understanding and reduced stigma around mental health in the broader community.
* Recognise the impact of both internal and external stigma, fostering an environment where individuals feel more comfortable discussing mental health and wellbeing openly within their communities.
* Tackle discrimination at multiple levels, ensuring individuals feel safer and experience less discrimination in mental health services.

### What success will look like

People from diverse communities:

* Have improved understanding and less stigma around mental illness and psychological distress
* Are more comfortable talking about mental health and wellbeing, mental illness and psychological distress with people in their communities
* Report being safer and experiencing less discrimination when accessing mental health services.

## Spotlight: Centre for Muslim Wellbeing

### Issue

Research has indicated that some people from multicultural and multifaith backgrounds only seek mental health support when they reach crisis point.[[2]](#footnote-3) Specifically, Muslim communities experience numerous barriers in accessing mental healthcare services, including:[[3]](#footnote-4)

* Social isolation due to language barriers and anti-Muslim sentiment
* Lack of knowledge and trust in mainstream health services
* Low levels of mental health literacy
* Fear and/or stigma around mental health and seeking out professional support
* Lack of availability of culturally safe and responsive services.

### Response

These unique barriers highlighted the need for a community organisation that could

approach mental health and wellbeing from an Islamic perspective.

The Centre for Muslim Wellbeing (CMW) was established in 2018[[4]](#footnote-5) to provide a community- centred approach to improving the mental health and wellbeing outcomes of Muslims across Australia.

CMW’s vision is to be a leading provider of services that build flourishing individuals and vibrant communities in Australia.[[5]](#footnote-6)

Its work is focused on prevention and early intervention and raising awareness around the issues of mental health and social isolation within the community.

### Outcome

CMW works in partnership with key community leaders and service providers to change the way mental health is viewed and spoken about, and to deliver relevant support.

Its service offerings focus on education, capacity building and awareness raising. Activities are broadly aligned with relevant recommendations from the Royal Commission.

CMW’s services include:

* A ‘Service Navigator’ who community members can call with questions or to seek support in navigating the service system
* Training to mainstream mental health service providers in the areas of clinical and organisational cultural intelligence
* Mental health first aid training delivered to other multicultural mental health service providers, with the intention that these organisations go on to train other (mainstream) mental health service providers
* A digital information hub with resources about mental health and wellbeing and a directory of culturally responsive support services throughout Australia (including psychologists, counsellors, social workers and other health professionals).

# Focus area 4

Diverse communities benefit from targeted actions to promote more equitable good mental health and wellbeing.

## What it is

This focus area addresses the ‘social determinants’ contributing to the mental health and wellbeing of diverse communities. It highlights the importance of creating environments in which diverse communities can thrive, and focuses on factors like cultural connection, strong social relationships and addressing economic insecurity.

Mental health and wellbeing is shaped by social connection, employment, secure housing, income, visa status, freedom from violence and discrimination, education, family life and more. These are the ‘social determinants of health’.

People from diverse communities are more likely to experience things that negatively impact their mental health (sometimes called ‘risk factors’). They may have reduced access to social determinants that can improve their mental health and wellbeing and prevent them from becoming unwell in the first place (‘protective factors’). Consequently, they are more likely to experience mental distress and reduced wellbeing, including possible self-harm, suicidal ideation and suicide attempts.

For diverse communities, there may be additional factors that can either protect or create risk for someone’s mental health and wellbeing: connection to culture and identity[[6]](#footnote-7) (protective), having strong relationships with people with similar identities and experiences[[7]](#footnote-8) (protective), economic insecurity[[8]](#footnote-9) (risk), poor living conditions[[9]](#footnote-10) (risk) and discrimination[[10]](#footnote-11) (risk).

## What we heard

### Influence broader factors that contribute to good mental health wellbeing

* Broader initiatives are needed that focus on meeting basic needs – such as safe and secure housing – and that provide a sense of safety, belonging and meaning, as well as preventing adverse childhood experiences, social isolation and discrimination. Focus these initiatives across all life stages and settings, including within schools, parenting programs, arts and culture, sports and recreation, workplaces and online environments.
* Tailor and target population- level initiatives to respond to the needs and unique experiences of diverse communities, using an intersectional lens.
* Recognise secure housing as an important protective factor for mental health and wellbeing, and understand the barriers faced by diverse communities in accessing secure housing.
* Improve education and employment outcomes for people from diverse communities given the role of these outcomes in protecting mental health and wellbeing.

### Create supportive and inclusive community spaces

* Create community spaces and social networks based on shared identities or experiences, places or interests, and focus on eliminating barriers to people being part of those spaces and networks.
* Prioritise education as a key setting for supportive spaces – from early childhood through to tertiary education – with a focus on creating more supportive and inclusive environments for students and staff, and valuing and celebrating diversity.

## What we will do

### What we heard

* Influence broader factors that contribute to good mental health and wellbeing
* Create supportive and inclusive community spaces

### How we will do it

* Leverage the Victorian wellbeing strategy to ensure diverse communities benefit from targeted actions aimed at promoting good mental health and wellbeing, leading to their basic needs being met and enabling a focus on other aspects of their wellbeing.
* Work with cross-sector partners to address the social determinants of health such as housing, employment, education, and social connections, so that diverse Victorians feel connected to their community, culture, and environment, and are better equipped to navigate life’s challenges.
* Recognise the greater exposure of diverse communities to risk factors for poor mental health and contribute to the creation of environments where diverse Victorians feel safe, respected, and supported to thrive.
* Highlight the role of all sectors, beyond just health services, in fostering wellbeing where diverse Victorians live, learn, work, and play, promoting a sense of worth, belonging, and connection to something larger than themselves.

### What success will look like

* People from diverse communities have improved access to factors that contribute to good mental health and wellbeing.

## Spotlight: Social Inclusion Action Groups

### Issue

Social exclusion is a major contributor to mental ill health, and to broader experiences of loneliness and isolation.

More than 1 in 5 Australians experienced social exclusion in 2018. While anyone can be at risk of social exclusion, certain attributes

including gender and sexual identity, disability, culture, ethnicity and religion are among the common drivers.

### Response

Social Inclusion Action Groups are a whole of population prevention initiative recommended by the Royal Commission in Victoria’s Mental Health System. They have brought together diverse community members and leaders to guide local funding and support for inclusive and connected communities. The Latrobe City Social Inclusion Action Group demonstrates equity in its practices by using gender inclusive language, offering easy English guides and translation services, ensuring diverse representation in communications, accommodating for different accessibility requirements, and providing multiple participation methods.

### Outcome

The Latrobe City Social Inclusion Action Groups’ dedication to diversity, inclusion and continual learning is demonstrated across their group establishment and priorities.

* Celebrating diversity and lived experience has been identified as a priority for the Latrobe Social Inclusion Action Group, which will drive support for locally led initiatives.
* Funding application processes have been designed to support accessibility including an expression of interest process that allows applicants to collaborate with and gain support from the group to develop their application and strengthen alignment with priorities.
* Members celebrate the diversity of the group as one of their key strengths.

# Focus area 5

Diverse communities benefit from targeted actions that prevent and respond to suicide.

## What it is

This focus area acknowledges that diverse communities may experience additional risk factors for suicide. It looks at addressing the higher likelihood of mental distress, self-harm and suicidal ideation among diverse communities due to compounding social and systemic challenges.

The Victorian suicide prevention and response strategy addresses the specific needs of diverse communities in preventing and responding to suicide.

The Victorian suicide prevention and response strategy focuses on six priority areas for action:

1. Build and support connected systems
2. Build on and strengthen existing supports across the suicide prevention and response continuum
3. Build and support a compassionate, trauma-informed workforce, strengthened by lived and living experience
4. Reduce suicide-related stigma and enable community-wide action
5. Drive whole-of-government collaboration and innovation
6. Build on and use data and the evidence base in delivery and evaluation

## What we heard

### Prevent and respond to suicide

* Use a system-wide approach to respond to the complex mix of systemic, societal, community, relationship and individual factors that increase the risk of suicide.
* Support people to build stronger connections to family, social networks, community, culture and faith as protective factors for suicide.
* Reduce stigma around suicide and self-harm to increase the likelihood someone in suicidal crisis will seek help, and that they will be met with a compassionate, trauma-informed response.
* Ensure that we actively involve people with a lived and living experience of suicide to co-produce policies, initiatives and strategies that respond to specific stressors that impact their communities.
* Reorient our work to focus on prevention and postvention.

## What we will do

### What we heard

* Prevent and respond to suicide

### How we will do it

* Ensure implementation of the Suicide Prevention and Response Strategy continues to uphold and strengthen its commitment to meeting the specific needs of diverse communities - enabling people to access the right support at the right time and navigate service systems effectively, experiencing continuous care.
* Acknowledge additional risk factors for suicide in diverse communities, such as economic insecurity and discrimination, so that services can match the diversity of needs and support individuals effectively during key transitions.
* Promote protective factors like cultural identity, community support, and strong social relationships to encourage help-seeking behaviours and ensure workforces are equipped to deliver high-quality, culturally responsive care.
* Align suicide prevention efforts with the lived experiences of diverse communities, ensuring strategies are culturally appropriate, enabling communities to discuss suicide safely and have systems in place for effective prevention and response.

### What success will look like

People from diverse communities can:

* Access and navigate service systems and ensure they experience continuous and connected care across key transitions
* Access the right support at the right time for their needs
* Safely discuss suicide and have the system and skills for effective prevention and response.
* Services match the diversity of needs in the community, including enabling people to access support from peers.
* Workforces have the skills and supports they need to deliver high quality responses, leading to increased help-seeking activities.

## Spotlight: Switchboard’s Rainbow Door

### Issue

Discrimination, such as homophobia, biphobia and transphobia, can create barriers for LGBTIQA+ people accessing mainstream support services.

A lack of access to safe and inclusive support services – including help for mental health, relationship issues and family and intimate partner violence – means that many people in LGBTIQA+ communities form informal support networks within their own communities. However, informal support is not always enough. LGBTIQA+ communities need and deserve access to specialised support services, advocacy and support to navigate the system.

### Response

The COVID-19 pandemic exacerbated the existing barriers LGBTIQA+ people can face in accessing and receiving support.

Launched in September 2020, Rainbow Door is a free helpline that provides information, support and referral to all LGBTIQA+ Victorians regardless of age, gender or citizenship status. It was initially created to provide teleweb support during the pandemic for all Victorian LGBTQI+ people.

It is operated by Switchboard, a charity and community-controlled organisation that has been supporting the health and welfare of LGBTQI+ people, their families, allies and communities for more than 30 years.

Rainbow Door received funding from the Victorian Government as part of the state’s response to COVID-19.

### Outcome

Rainbow Door fills a significant service gap by connecting LGBTIQA+ people to specialist (sometimes mainstream) services, while providing the solidarity and understanding of a peer-support organisation.

People can contact Rainbow Door and speak to experienced LGBTIQA+ peer workers who provide support, advice and referral to navigate the service system.

Rainbow Door also provides support to anyone who wishes to support an LGBTIQA+ person – including friends, chosen and biological family, teachers, and mainstream service providers.

# Focus area 6

Diverse communities lead and see themselves in the mental health and wellbeing system at all levels.

## What it is

This focus area looks at how to reflect the diversity of our community in the workforce, consultation and collaboration, governance and decision- making structures within Victoria’s mental health and wellbeing system, from frontline staff to leadership to policy makers, and the benefits this will bring.

Communities know best about what’s needed and what will work for them and their communities. Many people are already driving change within services, community organisations and government. But more needs to be done, particularly within government and universal services.

The mental health and wellbeing system can only truly meet the needs of diverse communities when the teams that lead, design, implement and evaluate the system reflect the diverse communities that they support – and particularly those with lived and living experiences of mental illness and psychological distress.

We need to transform government, services and the wider system so that they are safe, accessible and inclusive places for people with a wide range of backgrounds, identities and experiences to work in, at all levels. For these changes to occur, we need to consider different ways that government and community can work together to support the mental health and wellbeing needs of diverse communities.

This work will include a focus on increasing diversity in the leadership, workforce and governance of the mental health and wellbeing system.

Other mental health reforms and broader government initiatives – such as the Victorian mental health workforce strategy – will also make a difference.

## What we heard

### Be represented at all levels of workforce and governance

* Support organisations to transform so community members see themselves reflected in the workforce, feel safe and understood, can identify role models for their own future paths, and receive better care outcomes.
* Increase diverse community representation in the leadership of government, health, community, including policy-making, and support a wide range of voices and experiences in those roles.
* Provide appropriate supports to diverse community members in the workforce to meet role requirements and achieve higher retention rates.
* Treat people from diverse communities equitably in their positions, including equitable access and opportunities for incentives, progression and fair pay.

### Be heard through genuine engagement and consultation

* Recognise that diverse community members are best placed to understand the mental health and wellbeing needs of their own communities, and that consultation must involve meaningful and ongoing
* engagement with communities in relation to the design and delivery of services.
* Actively engage diverse communities in the process of planning, implementing and managing the reformed mental health and wellbeing system, so they play a major role in the planning, strategy, monitoring and leadership within the system.
* Genuinely engage with diverse communities and people with lived and living experiences, including communities who may not be regularly engaged by government.
* Plan and deliver engagement in conjunction with people from diverse communities and with lived and living experience.
* Include diverse community representation in any public mental health and wellbeing campaigns.
* Promote collaborative decision making between government and diverse communities.

## What we will do

### What we heard

* Be represented at all levels of workforce and governance
* Be heard through genuine engagement and consultation

### How we will do it

* Ensure the mental health workforce, from frontline staff to leadership, reflects the diversity of the communities they serve, providing equitable opportunities for individuals to excel at roles at all levels of the mental health and wellbeing system.
* Increase the representation of people with lived experiences of mental illness in the design and implementation of mental health services, ensuring they are welcomed, valued, and included in workplace and leadership contexts across the system.
* Foster government and community working collaboratively in planning, implementation and management of the reformed mental health and wellbeing system to better support needs of diverse communities

### What success will look like

People from diverse communities:

* Have equitable opportunities to find, stay in and excel at roles at all levels of the workforce and in all areas of the mental health and wellbeing system
* Are welcomed, valued and included in workplace and leadership contexts across the system
* Are working collaboratively with government to support their mental health and wellbeing needs.

## Spotlight: Diversity on Boards Initiative

### Issue

Public sector boards are responsible for managing the governance and strategic direction of government organisations. They play an important role in civic life.

Because board decisions can impact people in different ways, it is important that board membership reflects the diversity of the Victorian community. Differences in lived experience, skills and expertise among board members helps to ensure that decisions made reflect the best interests of the broadest possible range of Victorians.

Progress has been achieved in this space – for example, the number of women on Victorian public sector boards has increased in recent years. However, change in board membership for diverse community groups has not occurred at the same rate.

### Response

To help increase board diversity, the Victorian Government introduced the Diversity on Victorian Government Boards Guidelines in 2022.

These guidelines support government departments by providing evidence-based and intersectional advice about recruiting from cohorts that experience barriers to participation – including members of the multicultural, LGBTIQA+ and disability communities.

### Outcome

In 2022, the first year that the guidelines were introduced, 0.6% of the Victorian health services board members identified as LGBTIQA+, 12.1% as culturally and linguistically diverse, and 1.7% as a person with disability.

Since then, there has been a gradual and consistent increase in the diversity of Victorian health services boards. In 2024, 2.8% of health services board members identify as LGBTIQA+, 17% as culturally and linguistically diverse, and 4.5% as a person with disability.

The Victorian Government continues to build on this work by strengthening diversity considerations in appointments planning, which will help departments to focus recruitment of priority diversity cohorts and to expand the reach of board membership throughout the community even further.

# An integrated approach

The integrated approach to prevention and promotion taken through the diverse communities mental health and wellbeing framework, the *Suicide prevention and response strategy* and the forthcoming wellbeing strategy is outlined below.

## Victorians are the healthiest people in the world

*Wellbeing in Victoria: a strategy to promote good mental health*

* All Victorians working together to improve wellbeing
* Cross-sector approach to mental wellbeing where we live, work, learn and play

*Diverse communities mental health and wellbeing framework*

* All Victorians can access a safe and inclusive mental health and wellbeing system that responds to, reflects and embraces diversity
* Delivery of safe and inclusive mental health treatment, care and support for diverse communities in Victoria

*Suicide prevention and response strategy*

* All Victorians working together to reduce suicide
* Whole-of-government and community-wide approach to suicide prevention and response

*Mental health and wellbeing outcomes and performance framework*

* A clear vision towards meaningful insights into, and collective accountability for achieving, mental health and wellbeing outcomes across government and the mental health and wellbeing service system
* Collective responsibility and accountability for mental health and wellbeing outcomes across government, inform investment processes and assess benefits of early intervention

**Building strong foundations for an integrated and coordinated approach that supports the wellbeing, good mental health and inclusion of all Victorians**

# How we will deliver this framework

## Our role is to listen and lead

The Victorian Government has a responsibility to build an equitable mental health and wellbeing system. The opportunity to do that is while we are transforming the

system following the 2021 Royal Commission into Victoria’s Mental Health System.

While building an equitable system is our responsibility, we can only achieve it in

partnership with the sector and the community. We will regularly engage those who work within the system and members of diverse communities – especially those with lived and living experience – to contribute their perspectives and experiences of the system as it changes. Embedding participatory approaches within our work, such as co-design, will help to ensure that the needs of diverse communities remain central within service design and delivery.

We will be building and evolving our understanding of what works through research, evidence- gathering and measurement as we implement this framework.

Emerging insights and new evidence will be shared broadly across the system and across sectors, so that everyone can benefit from improved knowledge and practice.

## Governance arrangements

Governance and monitoring mechanisms will be implemented to track progress against the framework over the next 10 years so that actions are working towards the framework’s objectives and priorities. We expect that the precise governance structures and mechanisms needed will shift over time as reform of the mental health and wellbeing system continues.

A working group comprising community and sector stakeholders and cross government partners will

be established to support implementation of the Framework.

The role of this group is to:

* Oversee the framework and blueprint implementation
* Evaluate progress at relevant time-points

A working group comprising community and sector stakeholders and cross government partners will be established to support implementation of the Framework.

The role of this group is to:

* Oversee the framework and blueprint implementation
* Evaluate progress at relevant time-points
* Collectively manage and mitigate implementation risks and issues.

Membership of the working group will include people from diverse communities with lived and living experience.

## Phases of implementation

To achieve our vision, change must be intentional, collaborative, and measurable.

Evidence from the Royal Commission showed us that people from diverse communities experience disempowerment and unfair treatment at the individual, service and system levels. In fixing this, we need to ensure that we make change at all three levels:

* Individual experiences: the big picture, aspirational statement that describes what government wants to achieve for the community.
* Organisational and delivery improvements: informed by technical experts and with people with lived and living experience.
* Whole-of-system reform: incorporates a human rights perspective and an intersectional lens.

The framework has been developed to ensure that the reforms are achievable and sustainable.

Rolling blueprints for action will outline how we will ensure we are working towards the framework’s objectives and achievement of the 10-year vision. Blueprints will outline the actions (such as programs, services and policy changes) to be delivered over each implementation period – the first of which is the three years from 2025 to 2028.

Future blueprints will be informed by regular monitoring and evaluation processes and will respond to changes in the policy environment and mental health and wellbeing reform plan in the future.

### Implementation phase 1 (2025–2028): Set foundations

Identify good practice and opportunities to improve.

#### Focus

Work will be aligned with broader reforms in the mental health and wellbeing system, as referenced in The next phase of reform – Mental Health and Wellbeing Victoria.

#### Steps we will take and what will be achieved

1. Assess how the broad variety of mental health and wellbeing services and programs are currently performing in supporting diverse communities.
   * Establish baseline measures that will be used to monitor our achievements and the effectiveness of actions within the framework and blueprint.
2. Support innovation within community-led organisations by exploring opportunities to embed new models of care and approaches in the mental health and wellbeing system to better address the needs of diverse communities.
3. Align other strategies working to reduce stigma and discrimination in the sector, such as the work led by the Victorian Equal Opportunity and Human Rights Commission.
   * Support initiatives focused on diversity, equity and inclusion to be implemented holistically throughout the Department’s work and across Victorian government.

### Implementation phase 2 (2028–2031): Build momentum

Support all services to achieve an equitable standard.

#### Focus

Use the baseline identified in phase 1 to help us to understand what support is needed to bring all services to a reasonable standard of operation, performance and outcomes.

#### Steps we are likely to take and what will be achieved

1. Champion targeted and adaptable tools and approaches to safety and inclusion at various levels across the sector.
2. Trial emerging or innovative approaches to care and treatment.
   * Improve understanding of where services need to be strengthened and what changes can be made.
3. Explore factors that we know are fundamental to change, like leadership, governance, and workforce capability.
   * Maintain momentum across the whole system so that the rate of change holds, and what that change looks like, will differ between respective services but also at the different levels of the health system.
4. Support and strengthen community-led responses.
5. Continue collaboration with diverse communities to undertake evaluation and review.
6. Harness examples of best practice.
   * Showcase best practice outcomes in different contexts and applications.

### Implementation phase 3 (2031–2035): Embed and sustain best practice

Build a high-performing and sustainable system.

### Focus

Work to maintain and raise standards right across the system to achieve sustainability and excellence.

### Steps we are likely to take and what will be achieved

1. Recognise and reward best practice in the system and develop mechanisms to make best practice the norm.

2. Prioritise factors that we know will help to maintain change.

* + Achieve sustainability by maintaining an improved system to ensure our efforts endure.

3. Plan for diversity, equity and inclusion to be embedded features of all future policies and programs across the system.

* + Establish permanency of services and organisational change, and changes and achievements reflected in future policies, programs and investments, in mental health and beyond.

4. Seek to go further in addressing the drivers of mental health and wellbeing.

* + Deliver a system that remains effective and continues to improve over time, in order to achieve the 10-year vision and point to the next steps in transformation.

## Monitoring and reporting on our progress

In addition to administrative data, we will use the Victorian Mental Health and Wellbeing Outcomes and Performance Framework (the Outcomes and Performance Framework) to monitor our progress. Designed in partnership with consumers, carers, families and supporters, including people from diverse communities, the Outcomes and Performance Framework is designed to be able to measure equity of outcomes at all levels and across all domains. This will enable us to monitor and ensure that diversity, equity and inclusion is embedded across the mental health and wellbeing system.

We will regularly monitor, measure and report our progress to ensure we achieve our 10-year vision and remain accountable to diverse communities. This will help guide the transformation of Victoria’s mental health system and provide a way to understand and measure the impact of reforms and the difference they make to people’s lives.

The quality of our monitoring and reporting will improve over time as the Outcomes and Performance Framework is implemented and more data is collected.

We need to collect relevant data on diverse communities to ensure we can effectively measure the impact of the reforms. The Royal Commission found that the lack of existing data regarding diverse communities creates further barriers to understanding their needs, as well as their access to and experiences of the mental health services.

The implementation of findings from two recommendations from the Royal Commission relating to collection, analysis, and reporting of data on the mental health and wellbeing of diverse communities, as well as a review of data items currently required for service delivery and systems administration, is key for monitoring and evaluating the impact and outcome of this framework. The collection, storage and management of consumer data can help professionals and services provide culturally safe, accessible and inclusive mental health care that considers the needs of our diverse communities. It can also help in measuring the impact of targeted, tailored programs for diverse communities, while identifying opportunities to enhance mainstream services to be more equitable and inclusive.

## Recommendations on the Royal Commission into Victoria’s Mental Health System related to data collection and reporting

Findings from these two sub-recommendations have informed and are informing the development and implementation of modern infrastructure for information and communications technology (ICT) systems.

**Recommendation 34.3a**: Ensure that the Mental Health and Wellbeing Division collects, analyses and reports on data on the mental health and wellbeing of Victoria’s diverse communities for planning and funding purposes and to improve transparency in mental health and wellbeing outcomes for diverse communities

**Recommendation 62.1b**: Develop, fund and implement modern infrastructure for information and communications technology (ICT) systems, including a review of data items currently required for service delivery and system administration, the removal of unused items and the addition of new items that accurately reflect mental health service activity and consumer outcomes

# Thank you

The development of the *Diverse Communities Mental Health and Wellbeing 10-year Framework* was guided by the Diverse Communities Mental Health and Wellbeing Working Group, as well as community members who attended and participated in various engagement sessions.

We acknowledge the courage and strength of members of multicultural, LGBTIQA+ and disability communities who have bravely shared their experiences. Thank you for your personal contributions, which have played a key role in developing this framework.

Deepest thanks to those in Aboriginal Communities who identify as having a disability, as LGBTQIA+, as other diverse communities for your unique contributions. Your help will support improvements for all diverse communities.

Thank you to the expert Diverse Communities Mental Health and Wellbeing Working Group

members listed in Appendix 1 for your wise and thoughtful insights and knowledge. Your work

has been instrumental in the development of this framework.

We also acknowledge the huge number of experts, sectors, services and other specialists who contributed to developing the framework including:

* Participants at open consultation sessions
* Roundtable and workshop participants
* Submission and survey respondents
* Targeted discussion participants.

# Appendix 1: Participants who contributed to the development of the framework

## Diverse Communities Mental Health and Wellbeing Working Group

* Catalina Labra Odde, Multicultural Centre for Women’s Health
* Chris Templin, Amaze
* Diana Mastrantuono, Ethnic Communities Council of Victoria
* Emily Unity, lived experience representative from Tandem
* Gabrielle Hall, member of the Victorian Disability Advisory Council
* Hakan Akyol, Victorian Multicultural Commission
* Heather McMinn, National Disability Services Victoria
* Isha Garg, lived experience representative from VMIAC
* Jacklyne Biar, lived experience representative from VMIAC
* Jemma Mead, member of the LGBTIQA+ Health and Wellbeing Working Group
* Kate Berry, Department of Families, Fairness and Housing
* Laura Pettenuzzo, lived experience representative from Tandem
* Mama Alto, Transgender Victoria
* Mardi Stow, Foundation House
* Melissa Hale, Disability Advocacy Resource Unit
* Mike Hubbard, Department of Families, Fairness and Housing
* Monica Kelly, Department of Health
* Nadia Mattiazzo, Women with Disabilities Victoria
* Shehani De Silva, Victorian Transcultural Mental Health
* Suresh Sundram, Victorian Refugee Health Network
* Tara Laursen, member of the LGBTIQA+ Health and Wellbeing Working Group
* Todd Fernando, former Commissioner for LGBTIQ+ Communities

## Engagement and roundtable participants

* Amaze
* Centre for Multicultural Youth
* Deaf Victoria
* Ethnic Communities Council of Victoria
* Foundation House
* Little Dreamers
* Minus18
* Multicultural Centre for Women’s Health
* National Disability Services Victoria
* Satellite Foundation
* Thorne Harbour Health
* Victorian Multicultural Commission
* Victorian Refugee Health Network
* Youth Disability Advocacy Service

We would also like to thank The Australian Centre for Social Innovation for its support with the roundtable discussions, consultation sessions and workshops.

We have worked hard to ensure all contributions are recognised, but there may be instances where we have unintentionally missed some. We apologise for any inadvertent omissions, but please know we are truly grateful for your contributions and support.

# Appendix 2: Supporting policies, frameworks and services

**Department of Health**

[*Mental Health and Wellbeing Act 2022*](https://www.health.vic.gov.au/%20mental-health-and-wellbeing-act)  
<https://www.health.vic.gov.au/ mental-health-and-wellbeing-act>

[*The next phase of reform: mental health and wellbeing in Victoria*](https://www.health.vic.gov.au/mental-health/%20mental-health-wellbeing-reform)  
<https://www.health.vic.gov.au/mental-health/ mental-health-wellbeing-reform>

[*Victorian suicide prevention and response strategy 2024–34*](https://www.health.vic.gov.au/mental-health-wellbeing-reform/victorian-suicide-prevention-and-response-strategy)  
<https://www.health.vic.gov.au/mental-health-wellbeing-reform/victorian-suicide-prevention-and-response-strategy>

[*Mental health and wellbeing outcomes and performance framework*](https://www.health.vic.gov.au/mental-health/research-and-reporting/mental-health-and-wellbeing-outcomes-and-performance-framework)<https://www.health.vic.gov.au/mental-health/research-and-reporting/mental-health-and-wellbeing-outcomes-and-performance-framework>

[*Mental health workforce strategy 2021–24*](https://www.health.vic.gov.au/strategy-and-planning/mental-health-workforce-strategy)  
<https://www.health.vic.gov.au/strategy-and-planning/mental-health-workforce-strategy>

[Mental Health and Wellbeing Local Services](https://www.health.vic.gov.au/%20mental-health-reform/local-adult-and-older-adult-mental-health-and-wellbeing-services)  
<https://www.health.vic.gov.au/ mental-health-reform/local-adult-and-older-adult-mental-health-and-wellbeing-services>

[Mental Health Statewide Trauma Service](https://www.health.vic.gov.au/mental-health-wellbeing-reform/mental-health-statewide-trauma-service)  
<https://www.health.vic.gov.au/mental-health-wellbeing-reform/mental-health-statewide-trauma-service>

[Victorian Collaborative Centre for Mental Health and Wellbeing](https://www.health.vic.gov.au/mental-health-wellbeing-reform/victorian-collaborative-centre)  
<https://www.health.vic.gov.au/mental-health-wellbeing-reform/victorian-collaborative-centre>

[Victorian Eating Disorders Strategy](https://www.health.vic.gov.au/practice-and-service-quality/%20victorian-eating-disorders-strategy)  
<https://www.health.vic.gov.au/practice-and-service-quality/ victorian-eating-disorders-strategy>

[Statewide Action Plan to reduce drug harms](https://www.health.vic.gov.au/aod-treatment-services/statewide-action-plan-to-reduce-drug-harms)   
https://www.health.vic.gov.au/aod-treatment-services/statewide-action-plan-to-reduce-drug-harms

**Victorian Government**

[*Pride in our future: Victoria’s LGBTIQA+ strategy 2022–32*](https://www.vic.gov.au/pride-our-future-victorias-lgbtiqa-strategy-2022-32)<https://[www.vic.gov.au/pride-](http://www.vic.gov.au/pride-)our-future-victorias-lgbtiqa-strategy-2022-32>

[Inclusive Victoria: state disability plan 2022–26](https://www.vic.gov.au/state-disability-plan)  
<https://[www.vic.gov.au/state-](http://www.vic.gov.au/state-)disability-plan>

[Safe and strong: a Victorian gender equality strategy](https://www.vic.gov.au/safe-and-strong-victorian-gender-equality)  
<https://www.vic.gov.au/safe-and-strong-victorian-gender-equality>

[*Our promise, your future: Victoria’s youth strategy 2022–*2027](https://www.vic.gov.au/victorias-youth-strategy-2022-2027)   
<https://www.vic.gov.au/victorias-youth-strategy-2022-2027>

[Ageing well in Victoria: an action plan for strengthening wellbeing for senior Victorians 2022-2026](https://www.vic.gov.au/ageing-well-action-plan)  
<https://www.vic.gov.au/ageing-well-action-plan>

[Victorian autism plan: 2023 refresh](https://www.vic.gov.au/victorian-autism-plan-refresh)   
<https://[www.vic.gov.](http://www.vic.gov/)au/victorian-autism-plan-refresh>

[*Victoria’s anti-racism strategy*](https://www.vic.gov.au/victorias-anti-racism-strategy)  
<https://[www.vic.gov.](http://www.vic.gov/)au/victorias-anti-racism-strategy>

1. https://www.vic.gov.au/state-disability-plan [↑](#footnote-ref-2)
2. Multicultural Mental Health Australia, *The state of play: key mental health policy implications for CALD communities in Australia*. https://www.aph. gov.au/DocumentStore. ashx?id=6db4a18f-07b1- 4b50-b4db-b248abcd388a [↑](#footnote-ref-3)
3. Centre for Muslim Wellbeing, ‘About’. https://cmw.org.au/about/ [↑](#footnote-ref-4)
4. Centre for Muslim Wellbeing, *Improving mental health services for CALD communities and young people*. https://cmw.org.au/ wp-content/uploads/2022/03/ CMW-Productivity- Commission-Report-into- Mental-Health.pdf [↑](#footnote-ref-5)
5. Centre for Muslim Wellbeing, ‘About’. https://cmw.org.au/about/ [↑](#footnote-ref-6)
6. Correa-Velez, I., Gifford, S. M., & McMichael, C. (2015). The persistence of predictors of wellbeing among refugee youth eight years after resettlement in Melbourne, Australia. *Social Science and Medicine* (1982), 142, 163–168. [↑](#footnote-ref-7)
7. Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University. [↑](#footnote-ref-8)
8. Women’s Health Victoria (WHV), *Towards a gendered understanding of women’s experiences of mental health and the mental health system: Issues paper*, WHV, 2023. [↑](#footnote-ref-9)
9. Crawford, G.; Connor, E.; McCausland, K.; Reeves, K.; Blackford, K. Public Health Interventions to Address Housing and Mental Health amongst Migrants from Culturally and Linguistically Diverse Backgrounds Living in High-Income Countries: A Scoping Review. *Int. J. Environ. Res. Public Health* 2022, 19, 16946. https://doi.org/10.3390/ijerph192416946 [↑](#footnote-ref-10)
10. O’Donnell, J.; Guan, Q.; Prentice, T. Mapping Social Cohesion, 2024. https:// scanloninstitute.org.au/ sites/default/files/2024-12/ Mapping%20Social%20 Cohesion%20-%202024%20 Report.pdf [↑](#footnote-ref-11)