



Alfred Mental & Addiction Health Cultural Safety, Equity and Access

Strategic Direction 2026-2028

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Acknowledgement of Country

Bayside Health respectfully acknowledges the Traditional Custodians of this land, the people of the Kulin Nations. We pay our respects to their Elders, past and present. We acknowledge and uphold their continuing connection to land, waterways, and skies.

Artwork by Jarra Steele
Soul of Country

Declaration of Dignity

We affirm the universal and inherent right to dignity for every human being, as expressed in the Declaration of Dignity:

“Every human being, regardless of their background, is born free and has equal, inherent, immutable and indivisible right to dignity.”

“To be dignified is to be affirmed in one’s humanity and personhood. It is to be seen as, thought of and treated as a person.”

“To live a life of dignity is every person’s fundamental human right.” (Gatwiri, 2025)



Foreword

Ensuring culturally safe, equitable, and accessible mental and addiction health services is our collective responsibility.

As Directors of Alfred Mental and Addiction Health (AMAH), we present this Strategy in the context of significant mental health reform in Victoria, following the recommendations of the Royal Commission into Victoria's Mental Health System. This reform agenda calls for a system that is more inclusive, accountable and responsive to the diverse communities it serves. We are committed to playing our part in realising that vision.

We recognise that mental health care does not occur in isolation. People's experiences of wellbeing are shaped by culture, identity, history, power and opportunity. We also acknowledge that mental health systems, including our own, have not always provided culturally safe or equitable experiences for all. Meaningful reform requires not only structural change but sustained cultural change within our services and workplaces.

Our five principles provide a clear foundation for this work. They challenge us to apply an intersectional lens, to engage in critical reflection and decolonising practice, to prevent further harm through trauma-informed care, to uphold human rights in everyday decisions, and to recognise the social and structural factors that shape mental health outcomes.



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Our four strategic pillars translate these commitments into coordinated action. Through Service Improvement, we will embed continuous improvement practices that strengthen Cultural Safety, Equity and Access (CSEA) across AMAH.

Through Workforce Development and Education, we will support ongoing learning, reflection and professional growth.

Through Community Engagement, we will build authentic and reciprocal relationships with communities and partners.

Through Safe and Supportive Workplace, we will ensure our environments are inclusive, culturally and spiritually safe.

This Strategy is not a static document; it is a living commitment. It calls on each of us, as leaders and members of the workforce, to act with humility, courage and accountability. Cultural safety is not something we declare; it is something people experience.

Together, through collective responsibility and sustained effort, we will create services and workplaces where dignity is upheld, diversity is respected, and every person feels safe, heard and valued.



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Adjunct Professor Nursing and Midwifery,
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AMAH Cultural Safety, Equity and Access Strategic Direction 2026–2028

STATEMENT OF COMMITMENT

At AMAH we understand that behind every person accessing our services is a unique story of distress, resilience, recovery and wellbeing. Our services are delivered by people who also bring their own culture, identities, skills, expertise and experiences.

We are committed to providing culturally safe services and workplaces that respond to the diversity of human experiences. We are open and inclusive; a place where people can safely bring their whole selves to their care and to work.

AMAH will implement this strategy to ensure alignment with the core principles of cultural safety, gender safety and diversity as outlined in Victoria’s *Mental Health and Wellbeing Act 2022*.

Vision

At AMAH, both those receiving and providing our services feel safe to bring their whole selves to every interaction

Purpose

To drive transformational culture change improving access to culturally safe and equitable mental and addiction health services

Principles

- We apply an **intersectional** lens to our work and our practice
- We recognise that transformative change requires **decolonisation**, critical reflection and ongoing learning
- We are **trauma informed**, committed to preventing further harm and grounded in hope and resilience
- We centre **dignity** and **human rights** in everyday practice
- We recognise that mental health and wellbeing is shaped by **social, political** and **historical** contexts

FOUR STRATEGIC PILLARS UNDERPINNED BY THREE TENETS OF CULTURAL HUMILITY



Service Improvement

Embed continuous improvement practices that enhance cultural and spiritual safety, equity and access across all AMAH services



Workforce Development and Education

Support the AMAH workforce on their ongoing learning journey through targeted education and professional development



Community Engagement

Build reciprocal and authentic relationships with community groups, stakeholders and organisations



Safe and Supportive Workplace

Ensure AMAH workplaces are inclusive, culturally and spiritually safe for all through policies, processes and supports

LIFELONG LEARNING & CRITICAL REFLECTION

EXPLORING POWER DYNAMICS

INSTITUTIONAL ACCOUNTABILITY

Executive Summary

The AMAH Cultural Safety, Equity and Access (CSEA) Strategic Direction 2026–2028 (the Strategy) outlines a unified organisational commitment to delivering culturally safe, equitable, inclusive and accessible mental health, addiction and wellbeing services for all consumers, carers, families, supporters and staff.

CSEA is core business for AMAH. They are not discrete initiatives, but fundamental to how we lead, work and deliver care every day. Responsibility for embedding culturally safe and equitable practice sits with every member of our workforce, across all roles and levels. Cultural safety begins within our own organisation, ensuring our staff experience safety, respect, belonging and inclusion at work is essential to delivering safe, high-quality care.

Grounded in cultural humility, the Strategy commits to lifelong learning, critical reflection and institutional accountability. This ensures our services and workplaces remain respectful, responsive and person-centred.

Guided by legislative, policy and lived experience frameworks, the Strategy provides a clear roadmap for embedding culturally responsive practice across leadership, governance, workforce development, community engagement and service delivery.

The Strategy positions AMAH as a system leader, building on the strong CSEA portfolio foundation established since 2019 and aligning with the Royal Commission into Victoria's Mental Health System's call for fundamental reform.

Mental and addiction health services must be equitable, inclusive and culturally responsive to meet the needs of Victoria's diverse communities. While AMAH has made meaningful progress, many consumers, carers and staff continue to face barriers to safety and belonging. This Strategy marks an important milestone in our continuing journey of shared responsibility, reflection, learning and accountability.

The Strategy's purpose is to drive genuine cultural and systemic transformation, improving access to culturally safe and equitable mental and addiction health services. It provides practical direction and measurable actions to ensure accountability to consumers, carers, communities and our workforce. Success depends on shared ownership, with every AMAH team member contributing to culturally safe, equitable and accessible everyday practice.

Operational delivery will be driven through four strategic pillars:

- Service Improvement
- Workforce Development and Education
- Community Engagement
- Safe and Supportive Workplace

Accountability is understood as a living system operating across organisational, relational and personal levels. Strong executive governance, inclusive decision-making and transparent monitoring will sustain momentum and integrity. Mechanisms such as the Diversity Committee, Workforce Governance Committee and other reporting structures will ensure progress is tracked and learning is shared.

This document is just the beginning. As AMAH progresses toward integration within the emerging Bayside Health structure, this Strategy lays the foundation for a longer-term CSEA Strategic Direction. The next phase will be participatory and data-informed, developed through co-design with communities to ensure genuine representation and relevance. This evolution will embed CSEA as defining features of the region's mental health and wellbeing services.

Introduction

Cultural safety is essential to achieving positive outcomes for both consumers and our workforce.

Our Vision

At AMAH, both those receiving and providing our services feel safe to bring their whole selves to every interaction.

Statement of Commitment

At AMAH we understand that behind every person accessing our services is a unique story of distress, resilience, recovery and wellbeing. Our services are delivered by people who also bring their own culture, identities, skills, expertise and experiences.

We are committed to providing culturally safe services and workplaces that respond to the diversity of human experiences.

We are open and inclusive; a place where people can safely bring their whole selves to their care and to work.

AMAH will implement this strategy to ensure alignment with the core principles of cultural safety, gender safety, and diversity as outlined in *Victoria's Mental Health and Wellbeing Act 2022*.

About the Strategy

The AMAH Cultural Safety, Equity and Access Strategic Direction 2026–2028 outlines our shared commitment to delivering culturally safe, inclusive and equitable mental health, addiction and wellbeing services for all consumers, carers, families, supporters and staff.

This Strategy sets out a clear roadmap for embedding culturally responsive practice, informed by legislation, lived experience, evidence and ongoing system reform.

Our Case for Change

The Royal Commission into Victoria's Mental Health System (2021) found that many people continue to experience exclusion, discrimination and unsafe care, calling for fundamental reform to ensure services are accessible, inclusive and responsive to Victoria's diverse communities.

AMAH has been proactively investing in this work since 2019, with the establishment of a dedicated CSEA portfolio within the Workforce Development and Education team, demonstrating leadership ahead of the Commission’s recommendations. As this work has expanded, a clear strategy is now needed to consolidate and build on these foundations.

The Mental Health and Wellbeing Act 2022 (Vic) provides further legislative impetus, embedding the principles of cultural safety, diversity, equity, inclusion and gender safety. These principles place respect for identity, dignity, human rights and lived experience at the centre of mental health service delivery.

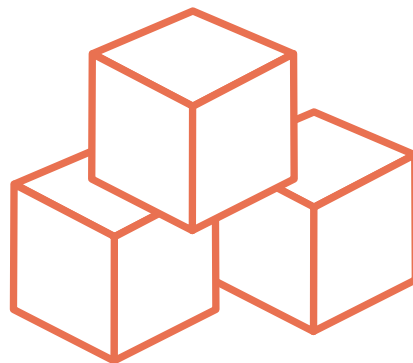
AMAH acknowledges the progress made and the work that remains. We recognise that many consumers, carers and staff continue to face barriers to feeling safe, valued and respected. This Strategy marks an important milestone in our ongoing journey of learning, accountability and improvement.

Strategic Alignment

This Strategy aligns with key organisational and legislative frameworks, including:

- Victoria’s *Diverse Communities Mental Health and Wellbeing Framework and Blueprint*;
- Alfred Health’s *Patient Comes First Strategy*, which reinforces person-centred care that is inclusive and culturally safe.
- Victoria’s *Mental Health and Wellbeing Workforce Capability Framework, Our Workforce, Our Future*, which emphasises that safe and supportive workplaces are the foundation of effective care.
- Human rights and anti-discrimination legislation, including the *Equal Opportunity Act 2010 (Vic)*, *Gender Equality Act 2020 (Vic)*, and *Racial Discrimination Act 1975 (Cth)*.
- AMAH’s *Strategic Direction 2022-2025*

Together, these frameworks reinforce that CSEA are moral, ethical and legal obligations and integral to excellence in mental and addiction health practice. This Strategy strengthens workforce capability, enhances consumer and carer experience, and promotes equitable access and outcomes across all AMAH services.



Foundational Concepts

CULTURAL SAFETY

Cultural Safety was first articulated by Māori nurses in Aotearoa New Zealand and grounded in Indigenous knowledge and leadership, cultural safety is also a key concept used by Aboriginal and Torres Strait Islander peoples in Australia. It describes an environment where no one's identity or needs are challenged, denied or diminished, and is built on shared respect, shared meaning and genuine partnership.

EQUITY

Equity recognises that people have different needs, experiences and circumstances. Unlike equality, which treats everyone the same, equity involves adapting policies, environments and supports so everyone can thrive.

ACCESS

Access ensures that all people can obtain the right care at the right time, in the right way. It involves removing barriers including physical, cultural, linguistic, social and systemic that prevent people from fully participating in services.

DIVERSITY

Diversity reflects the rich mix of people who make up our workforce and the communities we serve. It includes differences in culture, language, gender, sexuality, spirituality, ability, age, social background and professional experience. Valuing diversity fosters innovation, empathy and better outcomes.

INCLUSION

Inclusion means creating environments where all people feel respected, connected and able to contribute their best.

It is fundamental to how people engage with our services as consumers, carers, families, supporters and staff.

DIGNITY

Dignity is the inherent worth of every person. In practice, it means treating all consumers, carers and colleagues with respect and compassion, and upholding their rights, privacy and autonomy.

INTERSECTIONALITY

Intersectionality recognises that people's identities including but not limited to culture, gender, sexuality, disability, faith and class overlap and interact in complex ways. These intersections can amplify experiences of disadvantage or privilege. Understanding intersectionality helps us respond to people as whole, multifaceted individuals rather than through single-issue perspectives.

Our Approach

This Strategy adopts a whole-of-organisation approach, embedding cultural safety across governance, leadership, workforce development, policy and service delivery. Grounded in cultural humility, it is guided by five principles outlined in the following sections, which strengthen cultural capability and ensure our systems reflect and serve our diverse communities.

Cultural safety is defined by the people who experience our services and workplaces. Our responsibility is to approach our work with cultural humility and to intentionally embed best practice across our behaviours, systems and structures. This work is ongoing and requires courage, commitment and collective accountability.

Through this Strategy, we reaffirm our dedication to learning with and from our workforce, consumers, carers and community partners to strengthen culturally safe, inclusive and respectful experiences.

By fostering a safe, diverse and inclusive workforce, AMAH will deliver more equitable, person-centred care and help drive reform across AMAH and the broader Victorian mental health system.

Experiences of Culturally Unsafe Care

“I didn't feel safe disclosing my full identity as an in-patient. I was only ever half treated.”

“I struggle to find a mental health provider who can empathise with me due to psychologists and counsellors being very white and very upper middle class. As they have never experienced racism and discrimination, they think it doesn't exist.”

“Contact with the mental health system can often be experienced as coercive and discriminatory for people from migrant and refugee backgrounds.”

“You are too western to understand some of the troubles I am going through.”

Experiences of Culturally Safe and Responsive Care

“Having a clinician who understood my cultural background and the impact of intergenerational trauma made me feel heard and safe. I was able to open up more and engage fully in my therapy, which really improved my mental health.”

“The mental health service took time to understand my family structure and cultural beliefs, tailoring treatment in a way that felt respectful and relevant. This cultural responsiveness helped me stay motivated in my recovery.”

“I noticed my mental health care provider respected and acknowledged my LGBTQIA+ identity, creating a space where I could express myself fully without fear or judgement. This affirmation was key to my healing.”

“Culturally responsive care acknowledged the importance of my role within my community and supported my healing in ways that were holistic and inclusive, not just focused on symptoms.”

Disclosure: The quotes on this page are composite and illustrative, synthesised from themes shared by consumers, families, supporters, and communities from diverse cultural backgrounds. They are not direct quotations or attributable to any individual. Rather, they represent collective experiences and perspectives gathered through consultation, feedback, and engagement. These voices highlight both the harm caused by culturally unsafe care and the transformative impact of culturally safe, responsive, and respectful practice.



Purpose

To drive transformational culture change improving access to culturally safe and equitable mental and addiction health services.

As outlined in our vision, this Strategy provides a comprehensive framework and actionable pathway to meet the needs of Victoria's diverse communities.

It will guide decision-making at all levels of AMAH, with measurable goals and practical actions to monitor progress and maintain accountability to consumers, carers, families, supporters and the broader community.

Success depends on shared ownership across AMAH, with every team member contributing to culturally safe, equitable and accessible everyday practice.



Principles

Each principle reflects our commitment to delivering culturally safe, equitable and accessible mental and addiction health services for everyone.

The following principles form the foundation of this Strategy. They guide us in creating an inclusive environment where all individuals feel valued, respected and supported. By embedding these principles in our practice, we aim to address systemic barriers, challenge inequities and ensure that our services are responsive to the diverse needs of our community.

Principle 1: We apply an intersectional lens to our work and practice

We recognise that each person's experiences are shaped by multiple, overlapping social identities including race, gender, social class, sexual orientation, disability and cultural background. Intersectionality, introduced by Kimberlé Crenshaw in 1989, reminds us that when these identities intersect, people may experience forms of disadvantage and discrimination that cannot be understood in isolation. Applying an intersectional lens strengthens our ability to deliver culturally safe, equitable and responsive care. It requires us to consider the full context of a person's life and to tailor our responses accordingly.

Principle 2: We recognise that transformative change requires decolonisation, critical reflection and ongoing learning

We acknowledge the historic and ongoing harms caused by mental health systems and commit to ongoing reflection, learning and reform.

The Victorian mental and addiction health system has been shaped predominantly by a Western biomedical model. While this model offers important contributions, its dominance has at times marginalised the voices, knowledge and experiences of Aboriginal and Torres Strait Islander peoples, culturally diverse communities, and people with lived and living experience.

Decolonisation in mental health requires us to critically examine dominant paradigms and create space for Aboriginal, Indigenous and community-led ways of knowing, healing and understanding social and emotional wellbeing. It centres cultural safety, self-determination and shared decision-making. This is an ongoing organisational responsibility, not a one-off initiative (Costa & Cummins, 2022).

Principle 3: We are trauma informed, committed to preventing further harm and grounded in hope and resilience

We recognise that trauma can arise from individual experiences as well as from systemic and structural factors such as racism, oppression and intergenerational discrimination. These experiences can have enduring impacts on mental, emotional, physical and spiritual wellbeing.

Being trauma-informed means building trust through transparency, respect for choice, collaboration and shared decision-making. We work actively to prevent further harm by ensuring our policies, environments and interactions are responsive to the signs and impacts of trauma (Australian Human Rights Commission, 2021).

We also centre hope and resilience. We recognise the strengths of individuals, families and communities, and the cultural and relational resources that support healing and recovery.

Principle 4: We centre dignity and human rights in everyday practice

We believe every person has inherent value and the right to be treated with respect, fairness and humanity. Dignity is not an abstract ideal, it is a responsibility.

We apply a human rights-based approach, translating key legislative frameworks, including the *Charter of Human Rights and Responsibilities Act 2006* (Vic) and the *Mental Health and Wellbeing Act 2022* (Vic) into everyday practice.

This requires us to move beyond compliance. Justice, equality and self-determination must be evident in our clinical decisions, service design and workplace culture. Our commitment is to make human rights real in the lived experiences of the people and communities we support (Australian Human Rights Commission, 2024).

Principle 5: We recognise that mental health and wellbeing is shaped by social, political and historical contexts

We recognise that mental health outcomes are strongly influenced by social determinants such as poverty, discrimination, housing insecurity, limited access to education and social exclusion. These inequities arise from broader social and structural systems and disproportionately affect communities already experiencing disadvantage.

We understand that mental health is shaped by the conditions in which people are born, grow, live, work and age. Improving outcomes therefore requires not only high-quality clinical care, but an awareness of the historical, political and structural conditions that shape people's lives (World Health Organization, 2014).

Addressing mental health inequities requires coordinated action at individual, service and system levels.

Cultural Humility

Introducing Cultural Humility: Our Foundational Framework.

At the heart of this Strategy is a clear recognition that mental health care must respond to the diverse lived experiences, identities and cultural contexts of the people and communities we serve. Cultural humility provides a foundational framework for realising this commitment.

In 1998, Melanie Tervalon and Jann Murray-García challenged the traditional concept of cultural competence, which is often understood as mastering knowledge about other cultures. They argued that this approach is inherently limited and instead proposed cultural humility as a more effective and sustainable orientation for practice. Cultural humility shifts the focus away from assuming expertise in another person's culture. As described by Ortega and Faller (2011), it positions practitioners as lifelong learners rather than authority figures. This stance helps to reduce power imbalances and fosters relationships grounded in respect, curiosity and responsiveness.

Tervalon and Murray-García identified three core tenets that support individuals and organisations to adopt and sustain a posture of cultural humility. Together, these tenets strengthen our capacity to create culturally safe, inclusive and responsive services and workplaces.

1. Lifelong Learning and Critical Reflection (Personal Level)

Cultural humility recognises that no one can ever be a complete expert in another person's culture or lived experience. It requires a continual commitment to self-reflection, self-evaluation, and critical awareness of one's assumptions and biases.

This ongoing learning challenges individuals and teams to assess how their worldviews, education and cultural positioning influence their practice.

2. Exploring Power Dynamics (Relational Level)

Practising cultural humility involves recognising and addressing the power imbalances that shape relationships, systems and decision-making. It requires applying an intersectional lens to identify barriers and enablers to equity and taking deliberate action to reduce or redress inequity. This means acknowledging organisational hierarchies, broader social systems and the ways privilege can shape professional interactions.

3. Institutional Accountability (Organisational Level)

Cultural humility is not only an individual practice; it must also be embedded within organisations. This involves examining how workplace policies, structures and practices may reinforce or dismantle inequities and taking intentional steps to value diversity and embed equity. It also includes regularly assessing organisational culture and climate and ensuring clear mechanisms for learning, accountability and improvement (Loue, 2022).

Cultural humility operates across personal, relational and organisational levels. Sustainable cultural safety requires commitment at all three levels, with each reinforcing the other. When individuals reflect, teams share power, and organisations embed accountability, culturally safe and equitable care becomes possible.

Institutional Accountability

- Policies and governance that promote equity and inclusion
- Leadership responsibility for cultural safety
- Systems that monitor, learn and improve

Recognising & Addressing Power Imbalances

- Shared decision-making with consumers and carers
- Transparency and trust in team relationships
- Active efforts to reduce inequity in everyday interactions

Lifelong Learning & Critical Self-Reflection

- Ongoing self-examination of values, assumptions and biases
- Openness to feedback and growth
- Commitment to reflective practice



Application in Mental Health Services

Cultural humility is essential in mental health care, where trust, safety and connection underpin recovery. A person’s mental health is shaped not only by individual experiences, but also by cultural identity, community connection, and experiences of privilege, discrimination or marginalisation.

Approaching care with cultural humility means centring each person’s story rather than relying on assumptions or generalised cultural knowledge. In practice, this requires practitioners to remain open and reflective, to listen deeply, and to partner with consumers, carers, families and supporters in shared decision-making.

At a service level, cultural humility requires us to identify and address barriers that prevent people from diverse backgrounds from accessing and experiencing care as safe and welcoming. It means embedding policies, leadership practices and service design approaches that promote equity, respect and belonging. By adopting cultural humility at both individual and organisational levels, we create environments that are more inclusive and better able to support recovery and wellbeing for all.

Cultural Competence	Cultural Humility
Suggests a person can “master” knowledge about other cultures.	Recognises we can never fully know another person’s culture or lived experience.
Focuses on learning information about cultural groups.	Focuses on ongoing self-reflection, listening, and learning from each individual.
Can unintentionally place the practitioner in the position of “expert.”	Shifts the practitioner into the role of ally and learner.
Often seen as an endpoint (achieved once learning is complete).	Viewed as a lifelong process of growth and understanding.



CSEA Strategic Pillars 2026–2028

The pillars provide direction for action, establish benchmarks for success, and create a framework for continuous progress.

The principles guide why we do what we do; the strategic pillars show how we bring those principles to life. They provide clear direction for action, establish benchmarks for success, and create a framework for continuous improvement. This Strategy is delivered through four key pillars: **Service Improvement, Workforce Development and Education, Community Engagement, and Safe and Supportive Workplace**. Each pillar translates our commitment to cultural safety, equity, and access into tangible actions that make a real difference for consumers, carers, communities, and our workforce.

For each pillar, we outline its goal, objectives, rationale, measures of success, accountable lead, strategic allies, and expected outputs, providing clarity on responsibility, collaboration, and impact. Together, the pillars focus our efforts, guide decision-making, and ensure consistent progress across all areas of the mental health system.

Pillar 1: Service Improvement

Goal: Embed continuous improvement practices that enhance cultural and spiritual safety, equity and access across all AMAH services.

Objective	Rationale	Measure of Success	Accountable Lead	Strategic Allies	Expected Output
1.1 By the end of the strategy period, develop and implement a CSEA Supportive Tool that ensures consistent application of a CSEA lens across all new service designs, guidelines, policies, capital works, quality improvement projects and related activities.	Ensures CSEA principles are systematically embedded into service development, promoting consistency and accountability.	Development and implementation of CSEA Supportive Tool.	CSEA Portfolio		Tool developed and rolled out.
1.2 By the end of the strategy period, conduct a comprehensive scoping and review of CSEA-relevant data to identify available data, current gaps, data systems and barriers, and produce a final report with actionable recommendations.	Promotes evidence-based CSEA improvements by identifying data assets, gaps and barriers.	Final report with actionable recommendations.	CSEA Portfolio	Performance and Planning Strategy and Planning	Report delivered.
1.3 By the end of the strategy period, develop and implement a recordkeeping system that enables safe consolidation and recording of ad hoc and anecdotal data, information and feedback from workforce, consumers, carers, families and supporters.	Ensures valuable qualitative insights are captured systematically for analysis and decision-making.	Development and implementation of recordkeeping system.	CSEA Portfolio	Strategy and Planning Alfred Health Digital Health Team AMAH Digital Health Lead	System operational.
1.4 By the end of the strategy period, progress and complete the “Exploring the Role of Bicultural Workers in Mental Health Settings” research project in partnership with Federation University, Better Health Network, and cohealth, including the publication of manuscripts and delivery of an additional rollout of the associated training package to internal and external partners.	Strengthens the evidence base for culturally safe and equitable practice through applied research, knowledge translation, and workforce capability-building.	Publication of two manuscripts; delivery of training package to internal and external partners.	CSEA Portfolio	AMAH Research Leads Federation University Better Health Network cohealth	Completed research activities, manuscripts published, training package delivered.

Pillar 2: Workforce Development and Education

Goal: Support the AMAH workforce on their ongoing learning journey through targeted education and professional development.

Objective	Rationale	Measure of Success	Accountable Lead	Strategic Allies	Expected Output
2.1 By the end of the strategy period, deliver all Capability Framework-compliant CSEA education sessions scheduled in the yearly calendar, with participation data reported to measure discipline reach.	Ensures consistent delivery of planned education aligned with the Capability Framework. Collecting and reporting participation data enables monitoring of engagement across disciplines.	100% delivery of planned sessions; Capability Framework compliance assessment; discipline attendance report.	CSEA Portfolio	Discipline Leads	Sessions delivered; reports produced.
2.2 By the end of the strategy period, conduct an impact assessment of CSEA education by surveying participants at least three months post-training, reporting on changes in knowledge, skills and practice.	Assesses longer-term effectiveness of education for continuous improvement.	CSEA Training Impact Assessment Report.	CSEA Portfolio	Workforce Development and Education	Report with recommendations.
2.3 By the end of the strategy period, deliver training to AMAH educators on incorporating CSEA into training design.	Equips educators to embed CSEA principles across the education program.	Training designed and delivered; 80% AMAH educator attendance rate.	CSEA Portfolio	Research Leads Open Minds Advisory Committee Open Minds Champions' Managers	Program and projects delivered.
2.4 By the end of the strategy period, facilitate the inaugural Open Minds Professional Development Program, building capability of 12 Champions and implementing 12 CSEA mini-projects across 4 service streams.	Strengthens cultural capability through peer-led projects.	Program delivered; 80% of Champions implement projects across 4 service streams.	CSEA Portfolio	Research Leads Open Minds Advisory Committee Open Minds Champions' Managers Workforce Development and Education	Program and projects delivered.

Pillar 3: Community Engagement

Goal: Build reciprocal and authentic relationships with community groups, stakeholders and organisations.

Objective	Rationale	Measure of Success	Accountable Lead	Strategic Allies	Expected Output
3.1 By the end of the strategy period, develop and deliver a comprehensive community mapping report that identifies who our community is, how we currently engage with them, and the gaps, to inform future community engagement.	Ensures clear understanding of community profile, current engagement and unmet needs.	AMAH Community Engagement Mapping Report.	CSEA Portfolio	Strategy and Planning Participation Program	Report delivered.
3.2 By the end of the strategy period, translate and adapt the Victorian Department of Health Diverse Communities Mental Health and Wellbeing Framework for the AMAH context.	Aligns state-endorsed CSEA approaches to AMAH service environment.	Framework adapted for AMAH context.	CSEA Portfolio	Strategy and Planning	Adapted framework report.
3.3 By the end of the strategy period, complete a stocktake of community partnerships and relationships relevant to the CSEA portfolio, and produce a report with recommendations for renewal and formalisation.	Clarifies current partnerships and informs renewal processes.	CSEA Community Partnerships and Recommendations Report.	CSEA Portfolio	Strategy and Planning	Report with recommendations.

Pillar 4: Safe and Supportive Workplace

Goal: Ensure AMAH workplaces are inclusive, culturally and spiritually safe for all through policies, processes and supports.

Objective	Rationale	Measure of Success	Accountable Lead	Strategic Allies	Expected Output
4.1 By the end of the strategy period, deliver a project examining AMAH's response to identity-based abuse, providing evidence-informed recommendations.	Responds to staff experiences with targeted organisational action.	Review of AMAH's current responses to identity-based abuse; evidence-informed recommendations with implementation plan; staff increased confidence in organisational responses and supports via survey.	CSEA Portfolio	AMAH OHSW Committee HR Business Partner Employee Relations Discipline Leads Associate Prof. Nursing, Mental Health Nursing, AMAH	Recommendations implemented.

A Living System of Accountability

Accountability within AMAH is not static, it is a living system, continuously shaped by relationships, reflection, and action.

This living system of accountability is embedded in everything we do, guiding how we make decisions, support one another, and deliver culturally safe, equitable care. This system operates across three interconnected levels: organisational, relational (team-based), and personal. Each level reinforces the others, creating a network of responsibility and support that drives sustainable cultural and system change. By approaching accountability as dynamic and relational, we move beyond compliance, fostering a culture where learning, trust, and shared ownership underpin every decision and action.

1. Organisational Accountability

At an organisational level, accountability is both appointed (through governance structures) and relationship-driven (through how leaders enact their roles). The AMAH Executive is accountable for embedding these commitments into strategy, resourcing, risk management and decision-making. This includes alignment with key legislative and policy frameworks, such as:

- *Mental Health and Wellbeing Act 2022 (Vic)*
- Victorian Diverse Communities Mental Health and Wellbeing Framework and Blueprint
- Balit Durn Durn: Aboriginal Social and Emotional Wellbeing Framework (2024-2034)
- Equal opportunity legislation
- Occupational health and safety legislation
- Alfred Health policies, including Respect @ Alfred Health

This work is also informed by, but not limited to, relevant national and state strategies relating to disability, anti-racism, women's health, suicide prevention, Aboriginal and Torres Strait Islander health, and human rights in mental health.

Key governance bodies: Strategic Executive Committee, Quality and Governance Committee, Workforce Governance Committee, Diversity Committee.

Organisational accountability requires transparent monitoring and reporting, including workforce data, consumer and carer feedback, and analysis of incidents and complaints, alongside brutal honesty about whether systems are producing equitable outcomes or perpetuating harm.

2. Relational (Team) Accountability

Accountability does not sit only in structures; it lives in day-to-day interactions and relationships. AMAH understands team accountability as shared responsibility for how we work together and the impacts of our collective actions.

This includes:

- Shared expectations for respectful, culturally safe practice
- Attention to power dynamics within and between teams
- Willingness to notice, name and respond to harm or exclusion
- Commitment to learning, repair and growth rather than blame

Leaders and managers have a particular responsibility to model relational accountability and create environments where courageous conversations are possible.

3. Personal Accountability

Personal accountability is a skill that can be developed, but it requires ongoing self-reflection and responsiveness, particularly in relation to culture, power and privilege.

In practice, this involves:

- Reflecting on assumptions, biases and positional power
- Listening to feedback, especially when it is uncomfortable
- Taking responsibility for impact, not just intent
- Being open to learning, repair and change when harm occurs

Power, Cultural Humility and Institutional Responsibility

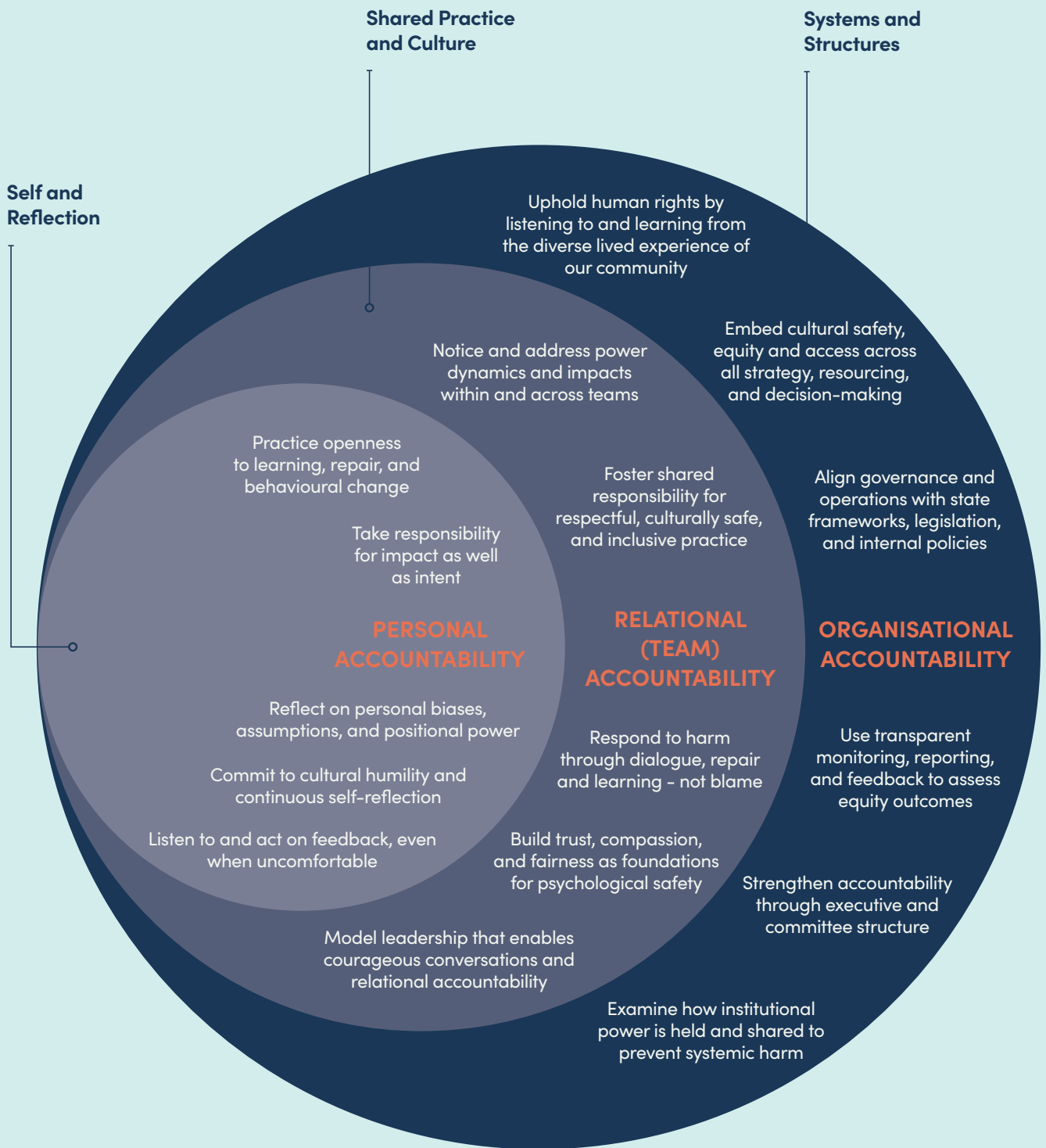
This Strategy acknowledges the historical and ongoing harms experienced by Aboriginal peoples, diverse communities, people with disability, LGBTIQ+ communities, and consumer/survivor movements within mental health systems.

Accountability therefore requires institutional humility, recognising that harm is often systemic and that responsibility for change cannot be placed solely on individuals or marginalised communities.

AMAHA commits to:

- Exploring power dynamics openly and respectfully
- Working from “power with” rather than “power over”
- Applying an intersectional lens
- Creating workplaces free from psychological harm, discrimination and exclusion
- Being evidence-based, trauma-informed and lived experience-informed to facilitate shared understanding and learning

A Living System of Accountability



Workforce Capability and Culture

Strong governance is supported by a workforce enabled to succeed. AMAH will:

- Build workforce capability in cultural safety, equity and access
- Provide clear expectations, guidelines and policies to support consistent practice
- Ensure education and development are informed by lived experience and community expertise
- Create spaces for reflection, dialogue and shared learning, not compliance alone

Role and Governance of the AMAH Diversity Committee

The Diversity Committee plays a central role in advancing cultural safety, equity and access within AMAH. It operates as a stewardship and advisory body, providing culturally informed guidance on strategy, policy, workforce and service delivery rather than formal decision-making or compliance functions.

The Committee will:

- Elevate lived experience and community perspectives, particularly those of Aboriginal peoples and diverse communities
- Translate Victorian and national policy, legislation and best practice into organisational action
- Identify systemic risks, gaps and opportunities related to equity and inclusion, escalating these through governance pathways
- Provide a psychologically and culturally safe space for reflection, learning and dialogue

The Committee's relational and reflective approach remains a core strength. Formal governance arrangements will strengthen its influence and visibility while preserving psychological and cultural safety.

Executive sponsorship will be formalised, with senior leaders engaging as listeners, advocates and sponsors to support organisational accountability.

AMAH will endorse the Committee's governance location guided by these principles:

- Cultural safety, equity and access are core dimensions of quality, safety and workforce governance
- Clear reporting and escalation pathways to executive decision-making forums are established
- Accountability for action rests with leaders and governance committees, not solely the Diversity Committee

The Diversity Committee will be established as a standing advisory committee reporting to the Strategic Executive Committee, with formal links to the Workforce Governance and Quality, Safety and Improvement Committees.

Anticipating Challenges, Securing Success

Risk and mitigation strategies are critical to the successful implementation of this Strategy.

They address potential barriers and ensure consistent progress embedding these principles across AMAH.

High-priority risks include the Bayside Health merger creating inconsistent service models, governance gaps, and lack of CSEA portfolios in some services. Mitigation involves comprehensive needs analysis, joint CSEA training, and Diversity Committee participation to standardise approaches.

Personnel turnover threatens continuity and knowledge retention. Mitigation includes clear documentation, succession planning, and mentoring through Open Minds Champions.

Leadership engagement requires targeted briefings, executive sponsorship, and evidence-based business cases demonstrating consumer and workforce benefits.

Governance ambiguity and resourcing constraints are addressed through clarified Diversity Committee roles, scalable initiatives, budget advocacy, and external partnerships.

Moderate risks from competing priorities and stakeholder misalignment are managed through strategic plan integration and transparent communication. External disruptions and funding shifts require ongoing monitoring.

These strategies ensure AMAH delivers equitable, culturally safe and accessible mental and addiction health services (see detailed risk register in Appendix).

A Roadmap Beyond 2028

Looking ahead...

As the merger of health services progresses, this Strategy will be succeeded by a comprehensive long-term CSEA Strategic Direction that sets the overarching ethos for embedding these commitments across Bayside Health's mental health and wellbeing and addiction health services.

Directed by the Victorian Diverse Communities Mental Health and Wellbeing Framework and the principles of the *Mental Health and Wellbeing Act 2022* (Vic), this future direction will articulate a shared ethos centred on cultural humility, recognising that understanding and capability will continue to evolve.



Anticipated focus

The next phase should be future focused and responsive to the changing and diverse communities within Bayside Health's expanded catchment. It is anticipated that this direction will be data informed, participatory, and built on principles of transparency, learning and accountability. A strong focus on community engagement is recommended, particularly with local and marginalised communities, to ensure these perspectives shape both the content and the process of the Strategy's implementation.

Approach to co-design and participation

Co-design is recommended to occur intentionally, applied where community and stakeholder input can have the greatest impact. Participatory approaches should guide the identification of priorities, with accountability grounded in community partnership. To support this, adequate resources for participation and project management will be essential during the Strategy's development.

Localisation and collaboration

It is anticipated that, while an overarching Strategic Direction will guide Bayside Health Mental Health and Wellbeing Services, the development of localised and responsive plans may be appropriate for each care group. This would enable flexibility and respect for varying community contexts, wisdom and knowledge. Ongoing collaboration across the merged health services is recommended to harness existing partnerships, local relationships and collective strengths to inform development.

Alignment and integration

The long-term direction is recommended to align closely with the three CSEA-related principles of the *Mental Health and Wellbeing Act 2022* (Vic) and integrate with other system-level initiatives that monitor their implementation. It should also draw on insights from the current Strategic Direction to capture progress, challenges and opportunities identified during the transition period.

Timeline and governance

The development of the long-term CSEA Strategic Direction is anticipated to commence approximately 18 months post-merger, once clinical integration is better understood. It is recommended that this process be supported by strong executive sponsorship, clear accountability structures and appropriate resource allocation.

This will enable an inclusive and deliberate process that meaningfully involves communities and stakeholders in setting the future direction of cultural safety, equity and access across Bayside Health.

Glossary of Terms

Belonging: Belonging is a powerful vision for creating a world where every person is seen, valued, and empowered—a world where each individual’s humanity is recognized and celebrated, and the planet itself included in the circle of human concern (Othering & Belonging Institute, n.d.).

Cultural Humility: Cultural Humility is a lifelong process of learning, self reflection and critique and examination of power imbalances at a personal, relational and institutional level (Tervalon & Murray-García, 1998).

Cultural Safety: Cultural Safety is an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening (Williams, 1999).

Decolonisation: Decolonisation is the process of reversing, dismantling, and remedying the lasting effects of colonialism, aiming for the political, cultural, and economic liberation of Indigenous and colonised peoples. It involves achieving self-determination, restoring Indigenous sovereignty over land and systems, and challenging the Eurocentric, colonial structures that continue to dominate knowledge and social institutions (Smith, 1999; Tuck & Yang, 2012).

Dignity: Dignity is not merely the absence of disrespect, humiliation, or devaluation. It is also the presence of conditions that enable people to flourish: care, connection, freedom, agency, respect, and care. It is the felt sense of being acknowledged, protected, and supported in one’s humanity (Gatwiri, 2025).

Diversity: Diversity refers to the mix of people in an organisation – that is, all the differences between people in how they identify in relation to their social identity and their professional identity. These aspects come together in a unique way for each individual and shape the way they view and perceive their world and workplace (Diversity Council Australia, n.d.).

Equality: Equality recognises that, as human beings, we all have the same value. We all have the same rights, we should all receive the same level of respect, and have the same access to opportunities. This is supported by state, federal and international legislation (Australian Human Rights Commission, n.d.).

Equity: Equity is about everyone achieving equal outcomes. All people have same value and deserve a good life, but we all start from a different place. We are also all wonderfully different and experience the world in our own unique way. It’s because of these differences that we sometimes need to be treated differently for us all to live safely, healthily, happily and equally. This means that we need to look at what individual people and communities need in order to achieve equity (Australian Human Rights Commission, n.d.).

Gender: Gender refers to a person’s internal sense of being male, female, or otherwise. Everyone has a gender identity. Gender expression is the way someone presents themselves in relation to gendered concepts like masculinity and femininity (Thorne Harbour Health, n.d.).

Human rights-based approach (HRBA): Human rights-based approaches are about turning human rights from purely legal instruments into effective policies, practices, and practical realities (Australian Human Rights Commission, 2024).

Identity: Identity is the set of qualities, beliefs, and expressions that define an individual or group, shaped by social interaction, culture, and structural factors like class or gender (Tajfel & Turner, 1979).

Inclusion: Inclusion is the intentional act of getting a diverse mix of people to work together effectively to improve performance and wellbeing (Diversity Council Australia, n.d.).

Intersectionality: Intersectionality is a framework for understanding how a person's various social and political identities such as race, gender, class, sexuality, and ability overlap and intersect to create unique, compounded, and systemic experiences of discrimination or privilege. Coined by Kimberlé Crenshaw in 1989, it moves beyond analysing single issues to examine how interlocking power structures (e.g., racism, sexism, ableism) affect individuals and groups differently.

Psychological Safety: Psychological Safety is a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes and that the team is safe for interpersonal risk taking (Edmondson, 1999).

Social and Emotional Wellbeing: Aboriginal and Torres Strait Islander social and emotional wellbeing (SEWB) is a complex, multidimensional concept encompassing connections to land, culture, spirituality, ancestry, family, and community (Social Health Reference Group, 2004). Aboriginal SEWB is situated within a framework that acknowledges Aboriginal Australian world-views and expressions of culture, including the individual self, family, kin, community, traditional lands, ancestors, and the spiritual dimensions of existence (Dudgeon et al., 2014).

Spirituality: A dynamic and intrinsic aspect of humanity through which individuals seek meaning, purpose, transcendence, and connection with self, others, nature, and what is considered sacred or significant (Puchalski et al., 2014). In mental health care, spirituality and religion are recognised internationally as clinically relevant to assessment and treatment, influencing experiences of distress, coping, and recovery (Moreira-Almeida et al., 2016; Royal Australian and New Zealand College of Psychiatrists, 2022).

Trauma-informed Care: Trauma-informed care is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, emphasises physical, psychological, and emotional safety for both providers and survivors and creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper et al., 2010).

References

- Australian Human Rights Commission. (2021). *Guidelines for working with a trauma-informed approach*.
- Australian Human Rights Commission. (2024). *Human rights-based approaches*.
- Australian Human Rights Commission. (n.d.). *Classroom resources: Equality and equity*. <https://humanrights.gov.au/resource-hub/by-resource-type/education-1453/resources-for-teachers-and-students/classroom-resources-equality-and-equity>
- Australian Human Rights Commission. (n.d.). *Equality*. <https://humanrights.gov.au>
- Balit Durn Durn: Aboriginal Social and Emotional Wellbeing Framework (2024–2034). Victorian Aboriginal Community Controlled Health Organisation.
- Canda, E. R. (2008). *Spiritual diversity in human service practice* (3rd ed.). Oxford University Press.
- Charter of Human Rights and Responsibilities Act 2006 (Vic).
- Costa, L., & Cummins, I. (2022). *Decolonising global mental health: The role of Mad Studies*. *Philosophy, Psychiatry, & Psychology*, 29(3), 311–324.
- Crenshaw, K. (1989). *Demarginalising the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics*. *University of Chicago Legal Forum*, 1989(1), 139–167.
- Department of Health. (2021). *Our workforce, our future: A capability framework for Victoria's mental health and wellbeing workforce*. Victorian Government.
- Department of Health. (2025). *Diverse communities mental health and wellbeing 10-year framework 2025–2035 and first blueprint for action 2025–2028*. Victorian Government.
- Diversity Council Australia. (n.d.). *What is diversity & inclusion?* <https://www.dca.org.au/resources/di-planning/what-is-diversity-inclusion>
- Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). *Aboriginal and Torres Strait Islander social and emotional wellbeing*. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed., pp. 3–24). Commonwealth of Australia.
- Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly*, 44(2), 350–383.
- Equal Opportunity Act 2010 (Vic).
- Gatwiri, K. (2025). *The Racial Dignity Research Project: A summary of Phase 1 findings* [Report]. Southern Cross University.
- Gender Equality Act 2020 (Vic).
- Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Trauma-informed care. In E. K. Hopper, J. D. Ford, & E. L. Bassuk (Eds.), *Mental health services for adults with traumatic brain injury* (pp. 1–18). Routledge.

Loue, S. (2022). *Cultural humility: A framework for clinical engagement*. In S. Loue (Ed.), *Handbook of immigrant health* (pp. 25–42). Springer.

Mental Health and Wellbeing Act 2022 (Vic).

Moreira-Almeida, A., Sharma, A., van Rensburg, B. J., Verhagen, P. J., & Cook, C. C. (2016). *WPA position statement on spirituality and religion in psychiatry*. *World Psychiatry*, 15(1), 87–88.

Ortega, R. M., & Faller, K. C. (2011). Training child welfare workers from an intersectional cultural humility perspective: A paradigm shift. *Child Welfare*, 90(5), 27–49.

Othering & Belonging Institute. (n.d.). *What is belonging?* University of California, Berkeley. <https://belonging.berkeley.edu/what-is-belonging>

Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014). *Improving the spiritual dimension of whole person care: Reaching national and international consensus*. *Journal of Palliative Medicine*, 17(6), 642–656.

Racial Discrimination Act 1975 (Cth).

Royal Australian and New Zealand College of Psychiatrists. (2022). *Position statement 35: The interface between psychiatry and religion*.

Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples*. Zed Books.

Social Health Reference Group. (2004). *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional well being 2004–2009*. Australian Government Department of Health and Ageing.

Tajfel, H., & Turner, J. C. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33–47). Brooks/Cole.

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125.

Thorne Harbour Health. (n.d.). *ATSI zine: Gender* [Brochure]. https://cdn.thorneharbour.org/media/documents/2022119_ATSI_Zine_Gender_.pdf

Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. *Decolonization: Indigeneity, Education & Society*, 1(1), 1–40.

Williams, R. (1999). Cultural safety: What does it mean for our work practice? *Australian and New Zealand Journal of Public Health*, 23(2), 213–214.

World Health Organization. (2014). *Social determinants of mental health*.

5.3 Appendices

CSEA Strategic Direction 2026–2028 Risk Register

Risk	Description	Risk Rating	Mitigation Strategy
Bayside Health Voluntary Merger	The Bayside Health merger may result in challenges aligning differing service models, operational priorities, and target populations across the participating organisations. In addition, the absence of an existing CSEA portfolio in the other services may create inconsistencies in approach, governance, and capability for delivering culturally safe care during integration.	HIGH	<ul style="list-style-type: none"> • Conduct a comprehensive needs/ gap analysis of CSEA approaches • Representatives from the other services attend the AMAH Diversity Committee to ensure consistent cultural safety standards and accountability • Deliver joint cultural safety and equity training program.
Key Personnel Turnover	Changes in key roles within the CSEA portfolio may disrupt continuity of implementation, lead to loss of specialised knowledge and relationships critical to mental and addiction health programs, delay decision-making processes, and reduce the portfolio’s capacity to meet strategic objectives.	HIGH	<ul style="list-style-type: none"> • Maintain regular communication with managers • Document all processes, key contacts, and project milestones comprehensively, establishing clear handover protocols to preserve specialised knowledge and facilitate smooth transitions • Implement structured succession planning that includes mentoring and professional development, including ‘Open Minds’ .
Leadership Engagement and Support	Limited understanding of CSEA purpose and competing leadership priorities may result in insufficient executive engagement and support, reducing commitment to implementation and alignment with strategic goals.	HIGH	<ul style="list-style-type: none"> • Engage leadership early through targeted briefings • Present strong evidence of consumer and workforce benefits from CSEA initiatives to build the business case and demonstrate value • Identify and support a senior executive sponsor or champion to advocate consistently for CSEA work at the highest levels • Foster leadership visibility and two-way communication to create trust, openness, and accountability, embedding CSEA engagement into organisational culture.

Risk	Description	Risk Rating	Mitigation Strategy
Ambiguous Governance and Accountability	Ambiguity in governance structures, roles, and accountability may result in inconsistent decision-making, unclear ownership of actions, and delays in issue resolution. The absence of defined reporting and escalation pathways could weaken oversight of the CSEA portfolio, reduce alignment across programs, and compromise the effectiveness and sustainability of initiatives aimed at improving cultural safety, equity and access.	HIGH	<ul style="list-style-type: none"> • Clarification/ratification of Diversity Committee role • Personal and institutional accountability through various forums.
Resourcing Constraints	Ongoing workforce and budget pressures within the CSEA portfolio may limit the capacity to initiate, scale, or sustain priority cultural safety, equity and access initiatives, and reduce flexibility to respond to emerging needs or risks. Continued pressure on staff, coupled with limited scope for growth or backfill, may contribute to burnout, reduced engagement, and diminished ability to deliver the depth and reach of reform required to meet strategic objectives.	HIGH	<ul style="list-style-type: none"> • Advocate for dedicated CSEA resourcing within allocated budget to ensure sustained funding and workforce capacity • Prioritise high-impact, scalable cultural safety, equity, and access initiatives • Explore partnership, co-funding, or grant opportunities with external organisations and community groups to supplement internal resources and expand reach.
Conflicting Operational Priorities	Competing organisational demands and service pressures may limit the capacity of staff and leaders to meaningfully engage with CSEA activities, resulting in reduced participation in governance, co-design, and implementation processes. This may lead to fragmented attention on cultural safety, equity and access initiatives, slower progress on agreed actions, and diminished ability to embed CSEA considerations into routine operational and strategic decision-making.	MODERATE	<ul style="list-style-type: none"> • Integrate CSEA goals explicitly into organisation-wide strategic and operational plans, ensuring they are linked with key project milestones. This strengthens visibility and accountability for these goals across all teams and leadership layers, safeguarding them from being sidelined by competing demands • Clearly communicate the strategic importance of CSEA initiatives to all levels of staff and leadership, highlighting their role in the organisation’s success and compliance frameworks. Allocate dedicated time and resources for staff and leaders to participate meaningfully without overloading their workloads.

Risk	Description	Risk Rating	Mitigation Strategy
Unaligned Stakeholder Expectations	Differing views or understandings among stakeholders about desired outcomes and priorities may lead to misaligned efforts, conflicting agendas, and challenges in consensus-building. This misalignment can hinder coordinated action within the CSEA portfolio, reduce stakeholder commitment, and weaken the overall effectiveness of initiatives aimed at advancing cultural safety, equity, and access across mental and addiction health programs.	MODERATE	<ul style="list-style-type: none"> • Embed transparent communication and feedback mechanisms to manage expectations over time, ensuring that evolving priorities remain well understood and agreed upon • For the Long-term CSEA strategic direction: Implement structured co-design processes with diverse stakeholder groups to build shared ownership, mutual understanding, and sustained alignment around priorities and outcomes.
External Disruptions	Potential shifts following the November 2026 state election or large-scale emergencies may divert organisational focus and resources away from CSEA implementation, leading to reprioritisation of non-core activities and delays in cultural safety, equity, and access initiatives. This could result in suspended stakeholder engagement, reduced momentum on strategic reforms, and challenges in maintaining program continuity within mental and addiction health services during periods of heightened operational demands.	MODERATE	<ul style="list-style-type: none"> • Monitor risk as part of routine organisational risk oversight to stay aware of any changes that might affect the service environment.
Financial Sustainability	Reduced or reallocated funding may directly impact the CSEA portfolio's ability to deliver planned initiatives, compromising scope, quality, and timeliness of cultural safety, equity, and access outcomes. Budget constraints can limit investment in essential training, stakeholder engagement, and program evaluation, potentially undermining progress towards strategic objectives and diminishing organisational capacity to respond to evolving community needs within mental and addiction health services.	LOW	<ul style="list-style-type: none"> • Track funding trends and policy signals through routine oversight, such as quarterly reviews of state budgets or announcements affecting mental health allocations, to enable early awareness of impacts on CSEA initiatives.



Bayside Health

