



Government of **Western Australia**
Mental Health Commission

Disability Access and Inclusion Plan

1 January 2017 – 31 December 2021

This document is available in alternative formats upon request including hard copy in standard or large format, electronically by email, in audio format on CD and on our website.



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Message from the Commissioner

Building on the achievements and experience of our first Disability Access and Inclusion Plan (DAIP) 2011-2016, I am proud to endorse our Plan for 2017-2021.

This document should be considered in conjunction with the Mental Health Commission's Strategic and Operational Business Plans, Workforce and Equal Opportunity Diversity Plan 2016-2018, and our Reconciliation Action Plan. The DAIP demonstrates our commitment to ensuring we are proactive about removing any barriers that may exclude people from accessing information, services, facilities, events and employment opportunities within the Commission.

This document outlines the strategies and actions the Commission will pursue, and the measures by which we will evaluate our progress. We will ensure we continue to meet our current and future service obligations and goals, and demonstrate our commitment to furthering the principles and objectives of the *Disability Services Act 1993*.

As we are responsible for planning and purchasing mental health, alcohol and other drug services in Western Australia, the DAIP allows us to demonstrate our commitment to working with our employees, clients and stakeholders to raise awareness about access and inclusion issues to better meet the needs of our diverse community and workplace.

Timothy Marney
Mental Health Commissioner

Disability in Australia

As defined by the Western Australian Disability Services Commission, a disability is any continuing condition that restricts everyday activities. In 2015, there were 4.3 million Australians with disability, just under one in five people or 18.3%. In Western Australia the disability prevalence rate was reported in 2015 as 14% and together with families and carers, this makes up a significant part of our community.¹ The likelihood of having a disability increases with age. Approximately 12.5% of individuals under the age of 65 have a disability compared to 50.7% for individuals aged 65 and over.²

To minimise the effect of disability, it is important the Mental Health Commission (MHC) identifies and removes barriers that exclude people from employment opportunities and accessing information, services, facilities and events.

Planning for access and inclusion

People with disability, their families and carers have the same rights as other members of society to access the MHC's services. Current research has shown that inclusion barriers are not exclusive to people with disability but can be generated from factors such as:

- English as a second language;
- Living in rural or remote areas;
- Low literacy levels;
- Low socio-economic status;
- Age; and
- Discrimination in relation to gender, race and culture.

Our challenge as an organisation is to minimise the effect of disability and disadvantage, by ensuring our agency is accessible to and inclusive of all groups. The development and implementation of our Disability Access and Inclusion Plan (DAIP) shows our intent to engage with and improve the lives of all people, including those with a disability. It also meets our legislative requirements and emphasises our proactive approach to addressing access and

¹ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: First Results, 2015*, [website], 2016, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4430.0.10.001~2015~Main%20Features~Key%20Findings~1>, (accessed 10 May 2016)

² Australian Bureau of Statistics, *Media Release: Half of older Australians living with disability*, [website], 2016, [http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4430.0.10.001~2015~Media%20Release~Half%20of%20older%20Australians%20living%20with%20disability%20\(Media%20Release\)~3](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4430.0.10.001~2015~Media%20Release~Half%20of%20older%20Australians%20living%20with%20disability%20(Media%20Release)~3) (accessed 10 May 2016)

inclusion barriers for all members of our community. It is our aim that our services, facilities, information, events and employment opportunities are accessible and inclusive to the whole community regardless of ability, ethnicity, gender, age or any other perceived difference.

About the MHC

The MHC is responsible for planning and purchasing mental health, alcohol and other drug services in Western Australia. On the 1 July, 2015 the MHC amalgamated with the Drug and Alcohol Office and this underpinned the MHC's commitment to a more integrated approach to helping people who experience mental health, alcohol and other drug issues, recognising that these often co-exist. It also supports the integrated approach to service delivery outlined in the [Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives.](#)

The new MHC:

- delivers a State-wide network of drug and alcohol treatment services;
- plans and purchases the optimal quantity and mix of mental health, alcohol and other drug services and supports required for defined populations and communities across the State;
- develops mental health, alcohol and other drug policy and advises Government;
- leads the implementation of the State's strategic policies;
- monitors performance and evaluates services and programs;
- promotes wellbeing and a better public understanding of mental illness, drug and alcohol problems to reduce stigma and discrimination;
- develops recovery-oriented supports and services to help people live meaningful lives in the community;
- develops and implements suicide prevention initiatives that build individual and community resilience;
- conducts public education campaigns to prevent and reduce alcohol and other drug related harm; and
- delivers professional education and training, workplace and organisational support, and resource development to address alcohol and other drug issues.

Our Vision

A Western Australian community that experiences minimal alcohol and other drug-related harms and optimal mental health.

Our Mission

To be an effective leader of alcohol, drug and mental health commissioning, providing and partnering in the delivery of person-centred and evidence-based:

- Prevention, promotion and early intervention programs;
- Treatment, services and supports; and
- Research, policy and system improvements.

Our Values

- Respect for individuals and culture
- Working together and supporting each other
- Involving and engaging others
- Ownership, transparency and accountability
- Fair and ethical decisions
- Improvement focus

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives

The [Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives](#) (the Plan) outlines a comprehensive package of reforms to reshape the delivery of services to Western Australians with mental health, alcohol and other drug problems. A first of its kind for the State, the Plan sets a bold agenda to create a more connected, high quality and person-centered system focused on the provision of holistic care and support.

It provides a targeted and phased approach to investment over the next 10 years to deliver the optimal mix and level of services to meet the needs of the current and future population. This includes an increase in hospital beds and specialist care, a shift towards the provision of more services in the community and enhanced programs and strategies that prevent mental illness, reduce drug and alcohol-related harm, and that intervene early to reduce the development of serious illness.

MHC Structure

The current structure includes four areas, each headed by an Assistant Commissioner/Director.

- Purchasing, Performance and Service Development
- Planning, Policy and Strategy
- Drug, Alcohol and Prevention Services
- Corporate Services

Further information

For further information about the MHC, visit the website at www.mhc.wa.gov.au

Access and inclusion outcomes

Our DAIP provides the framework to identify access barriers and for the development of strategies to overcome these barriers. In addition, it also reflects contemporary trends and practices, such as striving for inclusion.

We have agreed on seven desired outcomes, the achievement of which is the shared responsibility of all employees, contractors and service providers.

1. People with disability have the same opportunities to access the services of and any events organised by, the MHC.
2. People with disability have the same opportunities to access the buildings and other facilities of the MHC.
3. People with disability receive information from the MHC in a format that will enable them to access the information readily.
4. People with disability receive the same level and quality of service from the staff of the MHC.
5. People with disability have the same opportunity to make complaints to the MHC.
6. People with disability have the same opportunities to participate in any public consultation by the MHC.
7. People with disability have the same opportunities to obtain and maintain employment with the MHC.

Progress

In 2011, the former MHC developed its first DAIP with the aim to effectively engage with the community, to make sure our information, services and facilities are inclusive and accessible for all our customers throughout the State. For the former Drug and Alcohol Office, the revised DAIP for the period of 2013-2017 provided the framework to identify access barriers, develop strategies to overcome these barriers and improve access for people with disabilities. The main areas of improvement both agencies saw over the life of our previous DAIP's included:

- Success in ensuring consultations with the public and key community groups, in particular for the Plan: consultations were conducted to include and provide access to all members of the public.
- The introduction of a clause in our NGO service agreements to ensure they abide by the requirements and principles of the MHC's DAIP and the general disability, access and inclusion recommendations provided by the Disability Services Commission.
- Improved awareness for our employees when coordinating events and publications, to ensure access and inclusion provisions are considered.
- Improved physical access through the facilities management program and improved access to information resources via an improved website, publications and journal access and via online library services.

- On the 18th April 2016 the MHC moved into a new location: 1 Nash street Perth, with this new site a key consideration for the project team was to ensure access provisions, both for employees and members of the public, particularly considering the training and workforce development the amalgamated agency provides.

On the 1st July 2015 the MHC amalgamated with the Drug and Alcohol Office. This revised DAIP reflects outcomes that capture the whole agency.

Contacts

If you would like to provide feedback on our DAIP, please use the feedback form (Appendix D) and send to ContactUs@mhc.wa.gov.au. An online version of this feedback form can be accessed [here](#). Alternatively you are welcome to contact us by one of the following methods:

Phone	Mail	Fax	Email
(08) 6553 0600	GPO Box X2299 PERTH BUSINESS CENTRE WA 6847	(08) 6553 0400	ContactUs@mhc.wa.gov.au

Consultation

Prior to finalisation of our DAIP, the MHC sought feedback using the following methods:

- Publication in the West Australian on 17 December 2016.
- Via advertisement on the MHC's website <https://www.mhc.wa.gov.au/>
- Via advertisement on the MHC's internal intranet page.
- Consultation with employee groups.

Disability Access and Inclusion Plan Strategies

1. People with disability have the same opportunities to access the services of and any events organised by, the MHC.

Strategy	Tasks	Task Timeline	Responsibility
Continue to raise the awareness of our employees, contractors and service providers who deal with the public, of their responsibilities under our DAIP.	<ul style="list-style-type: none"> - Biannual progress reports on the DAIP to be provided to the People and Communications Committee and OSH Committee members. - MHC Disability Access and Inclusion Policy to be developed and implemented for all MHC employees. - Ensure all contractors and agents of the MHC are provided a copy of the DAIP on engagement, as specified in their contracts. 	<p>Ongoing</p> <p>December 2016</p> <p>Ongoing</p>	<p>Assistant Director, People and Development</p> <p>Assistant Director, People and Development</p> <p>All MHC employees</p>
Ensure the objectives of the DAIP are incorporated into strategic business planning and budgeting processes.	<ul style="list-style-type: none"> - Director Corporate Services will liaise with Executive Groups to ensure Project Managers are incorporating objectives of the DAIP and provide advice as appropriate. 	Ongoing	Director Corporate Services
Ensure all events organised by the MHC are accessible to people with disability.	<ul style="list-style-type: none"> - Disability access needs at these events will be accommodated on an as-needs basis using the Accessible Events Checklists. - All community groups are advised of the facilities available at the MHC for people with disability. 	Ongoing	All MHC Staff

Strategy	Tasks	Task Timeline	Responsibility
	<ul style="list-style-type: none">- Ensure all administration staff are aware of the facilities available to people with disability.- Training Facilitators are providing information to participants on access provisions, prior to event.		

4. People with disability receive the same level and quality of service from the staff of the MHC.

Strategy	Tasks	Task Timeline	Responsibility
Provide disability awareness training to all staff.	<ul style="list-style-type: none"> - Provide information and training to staff on disability access issues through: Staff induction and Staff newsletters. - Adopt State Government Guidelines for Information, Services and Facilities, and incorporate into MHC Disability, Access and Inclusion Policy. 	Ongoing December 2016	People and Development Team
Ensure all internal and external training consultants conform with and further the principles of the <i>Disability Services Act 1993</i> and the Disability Services Regulations 2004.	<ul style="list-style-type: none"> - Inform all internal and external educators of the requirements and principles of the <i>Disability Services Act 1993</i> and the Disability Services Regulations. 	Ongoing	People and Development Team

5. People with disability have the same opportunity to make complaints to the MHC.

Strategy	Tasks	Task Timeline	Responsibility
Ensure complaints related to access to participation in public consultation, decision making and grievance procedures are resolved to the negotiated satisfaction of the complainant.	<ul style="list-style-type: none"> - Register, record and respond to all compliments and complaints in accordance with MHC policy and procedures. - Conduct an annual audit of complaints related to participation in public consultation, decision making and grievance procedures from people with disability. 	Ongoing	Business Manager
Maintain a feedback mechanism on our internet, for public feedback on the accessibility of our buildings, services and facilities.	<ul style="list-style-type: none"> - Regularly review the internet site and monitor feedback processes. 	Ongoing	Assistant Director Information and Technology and MHC Facilities Management

6. People with disability have the same opportunities to participate in any public consultation by the MHC.

Strategy	Tasks	Task Timeline	Responsibility
Ensure that public consultations provide equitable access to people with disability.	<ul style="list-style-type: none"> - Ensure venues provide suitable access to people with disability. - Ensure people with disability are made aware that they have the opportunity to provide feedback in alternative formats. 	Ongoing	All directorates MHC

7. People with disability have the same opportunities to obtain and maintain employment with the MHC.

Strategy	Tasks	Task Timeline	Responsibility
Ensure all venues for job interviews are held in accessible venues (e.g. MHC offices).	<ul style="list-style-type: none"> - Ensure all venues comply with accessibility requirements. - Ensure recruiting managers are asking if applicants have any special requirements when inviting for interview and informing selection panel as needed. 	Ongoing	People and Development Team
Improving methods of attracting and retaining people with disability.	<ul style="list-style-type: none"> - Ensure flexibility to work from home and flexible working hours are available if required and where appropriate to the work being performed. - All external MHC position advertisements to include an equal employment opportunity statement encouraging diverse applicants to apply, including those with disability. 	Ongoing	People and Development Team
Accessibility for employees to raise concerns regarding perceived access and inclusion issues.	<ul style="list-style-type: none"> - OSH Committee and People and Communications Committee comprised of directorate representatives, is a forum where access and inclusions issues are raised. - Provision of suitably trained officers to discuss and raise perceived access and inclusion issues. Specifically: Mental Health First Aid Officers, OSH Representatives, Grievance Officers and 	Ongoing	People and Development Team

Strategy	Tasks	Task Timeline	Responsibility
	First Aid Officers.		
Ensure MHC employees are provided with a workspace to assist them to perform their role in an equitable manner and without restrictions.	<ul style="list-style-type: none"> - Workplace assessments and adjustments are provided on request and where practicable. 	Ongoing	People and Development Team

Implement and Promote

Our DAIP details areas of focus for the period from 1 January 2017 to the 31 December 2021. The task items have been developed to ensure the DAIP strategies are implemented throughout the MHC and access and inclusion principles are considered both for members of the public, contractors and our employees. To reinforce this commitment we have assigned relatively short timeframes to achieve task items and also committed to meeting strategies on an ongoing basis.

Monitor, Evaluate and Report

Our People and Development team will monitor the progress of agreed actions and provide an annual progress report to the Disability Services Commission that includes progress made by any agents and contractors and the strategies used to inform agents and contractors of the DAIP. This report will include an assessment of how the completed actions have helped us progress towards achieving the seven desired strategy outcomes. The Assistant Director, People and Development will also provide a briefing to the Corporate Executive Team summarising our achievements for inclusion in the MHC's annual report.

Communicate

Raising awareness and understanding of this plan is vital to achieving our desired outcomes. To ensure effective communication we will implement the following strategies:

Internally

- Upload this Plan on the internal intranet site and promote through staff briefings;
- Ensure employees with customer contact are aware of facilities available for those with specific access requirements;
- MHC will take all practicable measures to ensure that the DAIP is implemented by all employees, agents or contractors; and
- Provide an overview of our DAIP at the MHC's Corporate Induction.

Externally

- Distribute this document to Disability Services Commission, agencies and non-government agencies representing people with disability;
- Distribute this document to customers and employees who express an interest in being kept informed about our DAIP;
- Upload this plan on a dedicated link on our external website; and
- Promote its availability and purpose by notice in the West Australian.

The MHC prides itself on its social responsibility and sees the service levels required by legislation as the minimum standards to which we should aspire to.

Appendix A

Definition of Disability

The *Disability Services Act 1993* defines disability as meaning a disability which:

Is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment or a combination of those impairments;

Is permanent or likely to be permanent;

May or may not be of a chronic or episodic nature; and

Results in: A substantially reduced capacity of the person for communication, social interaction, learning or mobility and a need for continuing support services.

Disability can be:

- | | |
|-----------------------------|---|
| Intellectual: | Includes intellectual and developmental disability which relate to difficulties with thought processes, learning, communicating, remembering information and using it appropriately, making judgements and problem solving. |
| Psychiatric: | Psychiatric disorders resulting in disability may include anxiety disorders, phobias or depression. |
| Cognitive and Neurological: | Includes acquired disability such as multiple sclerosis or traumatic brain injury. |
| Sensory: | Affecting a person's vision or hearing. |
| Physical: | Generally relates to disorders of the musculoskeletal, circulatory, respiratory and nervous systems. |

Appendix B

Schedule 1 – Principles applicable to people with disability³

1. People with disability have the inherent right to respect for their human worth and dignity.
2. People with disability, whatever the origin, nature, type or degree of disability, have the same basic human rights as other members of society and should be enabled to exercise those basic human rights.
3. People with disability have the same right as other members of society to realise their individual capacities for physical, social, emotional, intellectual and spiritual development.
4. People with disability have the same right as other members of society to services, which will support their attaining a reasonable quality of life in a way that also recognises the role and needs of their families and carers.
5. People with disability have the same right as other members of society to participate in, direct and implement the decisions, which affect their lives.
6. People with disability have the same right as other members of society to receive services in a manner that results in the least restriction of their rights and opportunities.
7. People with disability have the same right as other members of society to pursue any grievance concerning services.
8. People with disability have the right to access the type of services and supports that they believe are most appropriate to meet their needs.
9. People with disability who reside in rural and regional areas have a right, as far as is reasonable to expect, to have access to similar services provided to people with disability who reside in the metropolitan area.
10. People with disability have a right to an environment free from neglect, abuse, intimidation and exploitation.

³ *Disability Services Act 1993 (WA) Schedule 1*

Appendix C

Schedule 3 – Objectives for Services and Programs

1. Programs and services are to focus on achieving positive outcomes for people with disability, such as increased independence, employment opportunities and inclusion within the community.
2. Programs and services are to contribute to ensuring the conditions of the everyday life of people with disability are the same as, or as close as possible to, norms and patterns, which are, valued in the general community.
3. Programs and services are to be integrated with services generally available to members of the community.
4. Programs and services are to be tailored to meet the individual needs and goals of the people with disability receiving those programs and services.
5. Programs and services are to be designed and administered so as to meet the needs of people with disability who experience additional barriers as a result of their age, gender, aboriginality, culturally or linguistically diverse backgrounds or geographic location.
6. Programs and services are to be designed and administered so as to promote recognition of the competence of, and enhance the community perception of, people with disability.
7. Programs and services are to be designed and administered so as to promote the participation of people with disability in the life of the local community through maximum physical, social, economic, emotional, intellectual and spiritual inclusion in that community.
8. Programs and services are to be designed and administered so as to ensure that no single organisation shall exercise control over all or most aspects of an individual's life.
9. Service provider organisations, whether disability specific or generic, shall be accountable to those people with disability who use their services, the advocates of such people, the State and the community generally for the provision of information from which the quality of their services can be judged.
10. Programs and services are to be designed and administered so as to provide opportunities for people with disability to reach goals and enjoy lifestyles, which are valued by the community.
11. Programs and services are to be designed and administered so as to ensure that people with disability have access to advocacy support where necessary to ensure adequate participation in decision making about the services they receive or are seeking.
12. Programs and services are to be designed and administered so as to ensure that appropriate avenues exist for people with disability to raise, and have resolved, any grievances about services.

Appendix D

Disability Access and Inclusion Plan (DAIP) Feedback Form

To complete the feedback from online click [here](#)

1. Have you experienced any barriers to access that MHC has not identified in the DAIP 2017-2021?			
Situation:			
Reason for Difficulty:			
2. Is there an initiative in the DAIP that you would like to compliment the MHC on?			
Initiative:			
Why do you think it is a good initiative?			
3. Do you have any other comments or suggestions on how the department can improve access to its services, information or facilities?			
Comments:			
4. To help us review your feedback, please select from the below list which category best describes your interest in the MHC's DAIP 2017-2021			
Category:		Choose an item.	
5. Please provide your contact details below if you would like to be kept informed of any changes to the MHC's DAIP:			
Name:		Email:	
Address:		Phone:	

Please send your feedback to:

Via Mail:

Disability Access and Inclusion Plan

Corporate Services

Mental Health Commission

GPO Box X2299

PERTH BUSINESS CENTRE WA 6847

Via email:

ContactUs@mhc.wa.gov.au