



Royal Commission into  
Victoria's Mental Health System



## WITNESS STATEMENT OF KATIE LARSEN

I, Katie Larsen, General Manager Diversity, Inclusion and Participation, of 86-92 Mount Street, Heidelberg, Victoria, say as follows:

- 1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.
- 2 I am the General Manager Diversity, Inclusion and Participation at Mind Australia Limited (Mind). In this role I oversee Mind's organisational diversity and inclusion strategy as well as its participation and engagement strategies. In my role, I strive to:
  - (a) improve the access, outcomes and experiences of marginalised people who access Mind's services; and
  - (b) ensure that the voices and experiences of people who benefit from Mind's services are central to the design and delivery of its services.
- 3 I am also a member of the Banyule Council LGBTIQ Advisory Committee.
- 4 Prior to these roles, I have held various service delivery and strategy roles in child and family welfare, family violence, homelessness and mental health services. For the last three years of my career, my work has focused on diversity, inclusion and participation in the delivery of mental health services.
- 5 I received my Bachelor of Arts (Journalism) in 2005 and my Master of Social Work in 2015 from RMIT University.
- 6 In 2019, I graduated from the first cohort of the Australian Mental Health Leaders Fellowship run by the National Mental Health Commission.
- 7 Attached to this statement and marked 'KL-1' is a copy of my curriculum vitae.

### What is Mind and what is the Mind Equality Centre?

- 8 Mind is a leading Australian community-managed mental health service provider. It provides recovery focused support for people who experience mental illness. In Victoria, Mind's services include the provision of information and advice, support coordination, counselling, in home and community support, recovery retreats, sub-acute recovery care and family and carer support.

- 9 The Mind Equality Centre (Equality Centre) is a specialist counselling and support service operated by Mind for lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ+) people. The Equality Centre was established in 2017 to address the disproportionately high rates of mental illness in LGBTIQ+ communities and the lack of specialist mental health support for LGBTIQ+ people in Victoria. The Equality Centre is funded almost entirely by Mind with the exception of two allocations:
- (a) It receives \$40,800 annually through Psychological Treatment Services from the North Western Melbourne Primary Health Network (NWMPHN). This equates to 340 sessions annually (or 12 sessions for 28 people) which are allocated based on financial inability to access private services and/or levels of vulnerability.
  - (b) It was successful through an NWMPHN tender process for \$525,000 for a pilot project in a consortia with Thorne Harbour Health and YSAS (Youth Support and Advocacy Service) that aims to address contributing factors to LGBTIQ+ suicide by providing care either in suicidal crisis or afterwards. This is separate to the day-to-day operations of the Equality Centre.
- 10 The Equality Centre provides a range of targeted allied health supports inclusive of, but not limited to, psychological counselling for individuals, family and relationship counselling, suicide prevention support and mental health nurse support for people with severe and complex mental illness. The Equality Centre's staff are all qualified clinicians who, in addition to having experience delivering services to members of LGBTIQ+ communities, either identify as LGBTIQ+ or as an ally of the community.
- 11 The Equality Centre is located in Fitzroy North but does not serve any particular geographic area. The Equality Centre can also provide video-counselling to clients in rural/remote communities.
- 12 The Equality Centre meets the needs of some of the most vulnerable members of LGBTIQ+ communities. A high proportion of these clients have histories of trauma, abuse, stigma and discrimination, which are in some cases interrelated with their experiences with other mental health service providers. The lack of government funding makes it increasingly difficult to develop a sustainable model for the Equality Centre. Most of the demand (approximately 95%) for the Equality Centre is from the general community through mental health treatment plans funded by the Medicare Benefits Schedule (MBS). 85% of clients accessing the Equality Centre in this way cannot afford the gap payment (the difference between a practitioner's rate and what is funded by the MBS). It is rare for a business model that relies on MBS without gap payments to be able to survive. If we continue to provide support solely to the most vulnerable in the community that cannot afford the gap payment then the Equality Centre is at risk of not continuing.

**How does the Mind Equality Centre address barriers to accessing mental health services experienced by members of the LGBTIQ+ community?**

- 13 For many LGBTIQ+ people, the experience of accessing mental health services can be harmful and re-traumatising due to experiences of stigma and discrimination, even when unintentional. These experiences erode trust in the mental health system and dissuade LGBTIQ+ people from accessing the help they require.
- 14 The Equality Centre seeks to provide services in a manner where diverse sex characteristics and sexual and gender identity is valued and affirmed, not questioned or assumed by mental health practitioners. It achieves this by:
- (a) delivering services with an understanding of the unique and potentially traumatising barriers to accessing care that its clients may have previously experienced, through the provision of experienced LGBTIQ+ practitioners and a culturally safe and welcoming environment;
  - (b) valuing and understanding LGBTIQ+ experiences and relationships;
  - (c) not making assumptions about gender, sex and sexuality;
  - (d) understanding the interrelated nature of LGBTIQ+ identity and mental health in relationship to both direct and systemic discrimination; and
  - (e) using LGBTIQ+ inclusive language, documentation and signage.
- 15 By ensuring that its staff are experts in LGBTIQ+ inclusive practice, the Equality Centre responds to the previous negative experiences that LGBTIQ+ people report of the mental health system ranging from ignorance through to outright discrimination. For example, the Equality Centre's staff report that many members of LGBTIQ+ communities have had to educate mainstream health professionals as part of getting support, which can be exhausting and, in some cases, re-traumatising. This is particularly the case for people who present to mental health services with complex intersections of identity and health experiences, for example, trans people who live with autism spectrum disorder.
- 16 The Equality Centre regularly engages with the LGBTIQ+ communities to ensure that it understands their needs. This includes:
- (a) sponsorship and/or attendance at community events including Midsumma and Melbourne Queer Film Festival;
  - (b) engagement with external networks including LGBTIQ+ committees and alliances; and

- (c) development and sharing of practice knowledge and wisdom through LGBTIQ+ conferences and forums.

#### **What is the Rainbow Tick accreditation?**

- 17 The Rainbow Tick accreditation is a quality improvement framework aimed to assist health services move from being LGBTIQ+ 'friendly' to 'inclusive'. This means moving from 'respecting and accepting everyone' towards providing services that, systemically and practically, understand and are responsive to the unique needs of LGBTIQ+ people and communities.
- 18 Rainbow Tick is built around six standards, with each standard accompanied by a set of quality-based indicators that can be used to gauge how well an organisation's systems, practices and protocols are meeting the intent of the standard. The Rainbow Tick standards are:
- (a) **Organisational capability:** how the organisation embeds LGBTIQ+ inclusive practices across all its systems and continuously seeks opportunities for improvements;
  - (b) **Workforce development:** how all staff and volunteers understand their responsibilities to LGBTIQ+ consumers and are trained and able to deliver LGBTIQ+ inclusive services;
  - (c) **Consumer participation:** how LGBTIQ+ consumers are consulted about, and participate in the planning, development, and review of the service;
  - (d) **A welcoming and accessible organisation:** how LGBTIQ+ consumers can easily and confidently access services because the physical and virtual environments, including information, structures, resources and processes, are welcoming;
  - (e) **Disclosure and documentation:** how LGBTIQ+ consumers, staff and volunteers feel safe to provide personal information, including their sexual orientation, gender identity and/or intersex status, because they know information will be treated respectfully and that there are systems in place to ensure their privacy; and
  - (f) **Culturally safe and acceptable services:** how services and programs identify, assess, analyse and manage risks to ensure the cultural safety of LGBTIQ+ consumers.
- 19 Achieving Rainbow Tick accreditation is about more than demonstrating good intentions towards the LGBTIQ+ community. Rainbow Tick makes senior leaders within a health

service accountable for understanding and addressing the unique needs of LGBTIQ+ people.

**How did the Mind Equality Centre achieve Rainbow Tick accreditation?**

- 20 The Equality Centre achieved Rainbow Tick accreditation in February 2018. Mind is now in the process of applying for Rainbow Tick accreditation for the whole organisation. Mind hopes to achieve whole-of-organisation accreditation in 2021.
- 21 Achieving the Rainbow Tick took the Equality Centre approximately one year. The process required the Equality Centre to:
- (a) attend the HOW2 program run by Rainbow Health Victoria (formerly Gay and Lesbian Health Victoria). This program involved four 4.5 hours sessions that covered the steps required to deliver LGBTIQ+ inclusive health services. It was attended by two Mind staff: the Practice Lead from the Equality Centre and a Quality and Practice Advisor from Mind;
  - (b) assess whether its policies, procedures and systems adhered to the Rainbow Tick standards. This assessment was performed by Mind's quality and practice team and one Equality Centre Staff member; and
  - (c) make changes to the Equality Centre's policies, procedures and systems where they did not meet the Rainbow Tick Standards.

**Will it be considerably more difficult for Mind to achieve Rainbow Tick accreditation than it was for the Mind Equality Centre?**

- 22 Because the Equality Centre is a specialist LGBTIQ+ service provider, at the time of applying for Rainbow Tick, it already adhered to a significant proportion of the required standards. Meeting a number of these standards is an intrinsic part of being a specialist provider that seeks to provide safe, respectful and supportive care to the LGBTIQ+ community.
- 23 I believe that Mind achieving Rainbow Tick accreditation for the whole organisation will be a more complex and resource-intensive process. This is because Mind provides a wide array of services across Australia, with many different models of care used and over 900 staff. A significant amount of work will need to be done to assess to what extent each different model of care is currently complying with the Rainbow Tick standards. Mind has just recruited a part-time Diversity and Inclusion Coordinator who will spend at least 50% of their time preparing the organisation to achieve Rainbow Tick accreditation.

- 24 We estimate that achieving Rainbow Tick accreditation for the whole organisation will cost Mind approximately \$60,000. This is based on an estimate that 1300 hours of work will be required across the three primary positions involved in the project. This estimate does not include other necessary contributions, including by other parts of Mind that will need to support any change processes (for example, ICT and Learning and Development) or paid consumer and carer participation.

**Why is Rainbow Tick accreditation important?**

- 25 Aside from reputation, having Rainbow Tick accreditation is the most effective way for a health provider to demonstrate commitment to LGBTIQ+ people and communities and provide assurance of the quality and safety of its services.
- 26 For a specialist service such as the Equality Centre, Rainbow Tick accreditation allows it to better care for its clients by ensuring that its systems and processes accord with best practice for LGBTIQ+ service delivery. I also know anecdotally that the Equality Centre having Rainbow Tick accreditation has assisted Mind and the Equality Centre recruit LGBTIQ+ staff.
- 27 For mainstream services like Mind, the Rainbow Tick is critical to ensure consistent LGBTIQ+ inclusive service provision. Many LGBTIQ+ people who access mainstream mental health services rely on luck to receive safe and inclusive care. The inclusivity of care often varies greatly depending on staff, geography, mental health service leadership and the funding that is available for specialised professional development. Where mainstream mental health services do undertake specific work to provide LGBTIQ+ inclusive care, it is usually in addition to core functions as opposed to being embedded into operational and governance processes. Increased Rainbow Tick accreditation of mainstream services would help to address these issues.

**What do you consider are the most significant challenges facing the mental health system in providing inclusive assistance to members of the LGBTIQ+ community?**

- 28 There is a lack of funding and prioritising of population-specific mental health services for LGBTIQ+ communities, particularly for people who live outside of inner-city Melbourne. This gap in services spans every aspect of the mental health system, including bed-based, counselling and general practitioner services. The lack of specialist services is particularly challenging in the context of bed-based services for trans and gender diverse people with mental illness and/or complex mental distress where issues of trauma-informed practice, sexual safety and risk mitigation need to be better considered in relationship to identity. Trans and gender diverse clients must be supported to safely access the spaces that align with their gender identity and providers must ensure that they do not feel threatened in doing so by either clients or staff.

- 29 Many existing LGBTIQ+ specific services are unable to meet demand. One of the issues for the Equality Centre has been finding LGBTIQ+ specialist staff to meet the need of the communities, particularly given the levels of vulnerability of people accessing these services. There is great need for better funding of existing and funding for new population-specific LGBTIQ+ mental health services and the development of LGBTIQ+ specialist staff.
- 30 The concerns that LGBTIQ+ people have in relation to accessing the mainstream mental health system need to be urgently addressed. The services provided by mainstream services are often the most relevant for the mental health experience of LGBTIQ+ people (for example, the provision of inpatient environments for those in mental health crisis). Mainstream mental health services must therefore better appreciate and respond to the role they have in providing safe and accessible services for diverse populations. Failing to do so means not meeting the needs of some of the most vulnerable people in the communities in they serve.
- 31 Whether in LGBTIQ+ specific or mainstream settings, LGBTIQ+ inclusion approaches must also acknowledge and respond to intersectionality, rather than being solely population-specific. Along with the diversity that exists within the spectrum of LGBTIQ+ experiences, LGBTIQ+ identity does not exist in isolation from other identities and experiences such as faith, culture, disability and ethnicity. For example, Rainbow Tick accreditation won't necessarily ensure someone who is Aboriginal and queer feels safe accessing a mental health service, whether it is LGBTIQ+ specific or mainstream. In this respect, Mind would like to highlight the notion of cultural safety and also broader concepts of inclusion such as unconscious bias, power, privilege and equity as crucial to not only address population specific needs, but also to more deeply acknowledge and respond to the interrelationship between poor mental health and systemic oppression and discrimination.

**Aside from adherence to the Rainbow Tick standards, what else can be done to make the mental health system more responsive, suitable and inclusive of LGBTIQ+ consumers?**

- 32 It is important to have measures like Rainbow Tick. However, on their own, these measures are not enough. A greater sense of responsibility towards the most vulnerable members of our community must be developed from within the mental health system. This will help ensure that the needs of LGBTIQ+ people are met by mental health service providers. In order to achieve this, I believe that we require:
- (a) inclusive and accountable leadership at a service provider level, as well as greater LGBTIQ+ input into the design and operation of mental health services;
  - (b) funding that supports the sustainability of LGBTIQ+ specific services. In the context of the Equality Centre, if the government would fund the gap payment

that many Equality Centre clients are unable to meet, we would be confident of remaining operational in the long term;

- (c) funding provisions and requirements for mainstream mental health providers in meeting LGBTIQ+ inclusive practice standards;
- (d) whole of workforce training for mental health services to meet the needs of vulnerable and/or marginalised communities, including in the areas of visibility, language, sensitivity, confidentiality, affirmation and referral. Advanced training models are also required in environments of increased risk including bed-based services and acute inpatient settings;
- (e) models of care that embed understanding of the relationship between identity, mental health and discrimination and work towards equitable and culturally safe models of care that both support and transcend population specific models of inclusion;
- (f) the development and awareness of the specialist LGBTIQ+ workforce, including lived experience and peer worker roles in mainstream service settings and a searchable register of LGBTIQ+ trained and inclusive psychologists;
- (g) LGBTIQ+ (and other population specific) awareness and competencies built into tertiary qualifications in health care and LGBTIQ+ specific continuing professional development for GPs, psychologists and social workers; and
- (h) systemic advocacy on social issues that are integral to the mental health of LGBTIQ+ communities. Issues such as gender and sexuality education in schools and rights to non-discrimination in services, education and employment are not separate from mental health experiences of LGBTIQ+ people.

sign here ►



print name Katie Larsen

date

08/07/2019





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## ATTACHMENT KL-1

This is the attachment marked 'KL-1' referred to in the witness statement of Katie Larsen dated 8 July 2019.

# Katie Larsen

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## Bio

Katie is committed to contributing to better mental health outcomes for people within marginalised populations through systemic and structural change processes within health services. She develops and operationalises strategies for diversity and inclusion across governance, workforce and service provision that are underpinned by an understanding of cultural safety, equity, power, privilege, lived experience and participation. Katie has been working in social services for more than ten years with experience in both service delivery and strategic roles across child and family welfare, family violence, homelessness and mental health. For the last three years she has been dedicated to work specifically in diversity and inclusion. She works from a social justice and human rights perspective incorporating lived experiences of LGBTIQ+ identity and mental ill-health supported by a Master of Social Work. She is a graduate of the first cohort of the National Mental Health Commission, Australian Mental Health Leaders Fellowship.

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## Qualifications

Australian Mental Health Commission Leaders Fellowship	2019
Master of Social Work, RMIT University	2015
Graduate Certificate Media Sales, Monash University	2005
Bachelor of Arts (Journalism), RMIT University	2003

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## Career History

**General Manager Diversity, Inclusion and Participation, Mind Australia** **March 19 - Present**

Executive role:

- oversees all organisational diversity and inclusion strategy and concept development across service delivery, workforce and governance - developing systems, processes and projects that support cultural change to improve the access, outcomes and experiences of marginalised people and communities
- oversees all organisational participation and engagement strategies, to ensure the voices and experiences of the people who access or benefit from Mind's services are core to organisational decision-making, service design and delivery.

**Diversity and Inclusion Manager, Mind Australia** **Oct 18 – March 19**

National oversight of the development of national diversity and inclusion strategies across operations and governance considering Aboriginal and Torres Strait Islander, LGBTIQ+, CALD, disability and mental health experiences.

**Manager, Innovation and Projects, Neami National** **2017-2018**

Developed national diversity and inclusion strategies and commitments across inclusive services and workplaces. Also a representative on the National Research and Evaluation Committee.

**Community Rehabilitation Support Worker, Neami National** **2016**

Provided rehabilitation and support to people living with complex mental health issues. A member of the Regional LGBTIQ Working Group, LGBTIQ site champion and National Research and Evaluation Committee.

**Philanthropic Grants Coordinator, Berry Street** **2012 – 2016**

Secured funding for the design and trial of innovative approaches to service delivery. Areas of focus included: children in out-of-home care, family violence, alternative education models, refugee populations and community development.

### **LGBTIQ Inclusivity, Master of Social Work (MSW) Placement, Neami National**

**2015**

Researched practice, policy and procedures related to LGBTIQ inclusive practice at Neami Victoria. Final report provided key recommendations to the National Leadership team, informing on LGBTIQ inclusive developments and contributing to new organisational responses on diversity in policy and practice.

#### **Previous roles**

- Intake Worker and MSW Placement, Berry Street - Family and Domestic Violence (2014)
- Residential Care Worker, Berry Street (2012-2013)
- Corporate Partnerships Manager & Projects Consultant, Melbourne City Mission (2009-2011)
- Manager/Key Account Manager, News Limited (2005-2009)

## **External Professional Activities**

### Conference Presentations

Larsen, K. (2018) *Welcoming In: Using design thinking to cultivate inclusion in mental health services*. TheMHS National Conference, Adelaide.

Katie Larsen (19th June 2018) *Network MindOUT Webinar: Developing LGBTIQ Inclusive Practice Within A Mainstream Mental Health Service* National LGBTI Health Alliance <https://youtu.be/NzjfCSEZKw0>

Larsen, K. (2018) *Welcoming In: Using design thinking to cultivate inclusion in mental health services*. National LGBTI Health Alliance, Health In Difference Conference, Sydney.

Larsen, K. (2018) *Welcoming In: Using design thinking to cultivate inclusion in mental health services*. The Equality Project, Better Together Conference, Melbourne.

Larsen, K. (2017) *Local approaches to cultivate diversity and inclusion in mental health services*. TheMHS National Conference, Sydney.

### Advisory Group

Invited member of the Project Intersect Advisory Group (2018) - A partnership project between Victorian Transcultural Mental Health and GLHV exploring intersections of faith, identity and culture.

## **Committees and volunteering**

Australian Mental Health Leaders Fellowship Alumni Committee	Present
Banyule Council LGBTIQ Advisory Committee	Present
Melbourne Cricket Club (MCC) Women's Football Club, Committee	2018/2019
Joy 94.9 - Co-producer and co-presenter for LGBTIQ current affairs programs	2012-14
Gautam Buddha Monastery, Kathmandu, Nepal – English teacher	2011

