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Executive Summary

In our work to create a modern effective mental health system that places individuals and their recovery at the centre of its works we also seek to engage effectively with the community. To do this, we need to make sure our information, services and facilities are inclusive and accessible for people throughout the state.

The Mental Health Commission’s (MHC) Disability Access and Inclusion Plan 2011-2016 outlines how we are going to achieve this and demonstrates our commitment to furthering the principles and meeting the objectives of the Disability Services Act 1993.

Disability affects one in five West Australians and, with an aging population this figure is expected to increase. The MHC also recognises that there are other determining factors that contribute to barriers of access and inclusion. These barriers can be everyday occurrences such as hearing or understanding what is said, seeing small print, climbing stairs or understanding signage.

This plan will reduce barriers to participation and promote inclusion by providing information, services and facilities that are accessible to people with various disabilities including those disabled through mental illness.

We are committed to working with our employees and our stakeholders to raise awareness of access and inclusion issues, to strengthen customer relationships and meet the mental health needs of our diverse community.

Eddie Bartnik
Commissioner
MENTAL HEALTH COMMISSION

Alternative Formats

This document can be made available in alternative formats on request.
Introduction

People with disability contribute to the diverseness of the Western Australian community. The approximate 405,500 people in Western Australia who have one or more disability¹ are an integral part of every section of our community and include: adults, children, parents, employers, employees and customers. People with disability can be found in all levels of government, business, community organisations, on boards and committees. They are also our neighbours, family members, friends, team and club members.

There are many different types of disability, with physical disability being the most prevalent². Other main types of disability include sensory, neurological, mental / behavioural and intellectual. A disability may be visible or hidden, and for many people, can have a significant impact on their capacity for communication, social interaction, learning or mobility. The physical, social and cultural structure of the environment in which people with disability live and interact, can present barriers to inclusion and accessing the environment. It can also be adapted and altered to be inclusive and accessible.

A mandated means of enabling an accessible and inclusive Western Australia is the requirement under the Disability Services Act 1993 for all public authorities to develop and implement a Disability Access and Inclusion Plan. Other legislation underpinning access and inclusion includes:

- WA Equal Opportunity Act 1984
- Carers Recognition Act 2004 (WA)
- Commonwealth Disability Discrimination Act 1993
- Carers Recognition Act 2010 (National)
- United Nations Convention on the Rights of Persons with Disabilities

The Mental Health Commission through its Disability Access and Inclusion Plan aims to identify and implement strategies that result in people with disability having the same opportunities as everyone else to access the Commission’s services, facilities, and information, and to be fully inclusive of people with disability.


Contacts

If you would like to provide feedback on our Disability Access and Inclusion Plan, please use the feedback form attached and send to contactus@mentalhealth.wa.gov.au

Alternatively you are welcome to contact us by one of the following methods:

**Phone**
(08) 6272 1200

**Fax**
(08) 6272 1299

**Mail**
Level 5
81 St Georges Terrace
Perth WA 6000

Please ask for the Coordinator Corporate Support
About the Commission

Western Australia’s first Mental Health Commission came into effect on 8 March 2010. This is a key step in creating a modern effective mental health system that places individuals and their recovery at the centre of its work.

We will focus on mental health strategic policy, planning, procurement and performance monitoring and evaluation of services.

We will promote social inclusion, raise public awareness of mental wellbeing and address stigma and discrimination surrounding mental illness.

Collaborative partnerships will be established with other government agencies, the community sector and business. We will operate in the context of the national mental health reform agenda.

The MHC will not provide specialist mental health services directly to individuals with mental health problems. These will continue to be provided by government, community and private sector organisations.

Key reform directions for the MHC are:

Person centred supports and services – the unique strengths and needs of the person experiencing mental health problems are the key focus of individualised planning, supports and services.

Connected approaches – strong connections between public and private mental health services, primary health services, mainstream services, businesses, communities, individuals, families and carers help achieve the best outcome for Western Australians living with mental illness.

Balanced investment – a comprehensive and contemporary mental health system provides a full range of support and services, ranging from mental health promotion and prevention activities, through to early intervention, treatment and recovery.

This is a great and unique opportunity for all Western Australians to work together to improve the lives of people touched by mental illness and to promote mental health and wellbeing.

Expectations of staff

Staff of the Commission can expect to be engaged in an exciting change agenda, aiming high to achieve our goals. We expect staff to act ethically and take personal responsibility for achieving outcomes.
Creative ideas are encouraged and through the staff wellbeing team, senior management hopes to enhance the working environment for all concerned.

We are building a strong sense of unity, seeking out the diverse knowledge and experience of people with mental health problems and those who care for them and work with them.

**Functions of the Commission**

- the development and provision of mental health policy and advice to the Government;
- leading the implementation of the Mental Health Strategic Plan;
- responsibility for articulating key outcomes and determining the range of mental health services required for defined areas and populations across the state;
- responsibility for specifying activity levels, standards of care and determining resourcing required;
- identification of appropriate service providers, benchmarks and the establishment of associated contracting arrangements with both government and non-government sectors;
- provision of grants, transfers and service contract arrangements
- ongoing performance monitoring and evaluation of key mental health programs in Western Australia;
- ensuring effective accountability and governance systems are in place; and
- promote social inclusion, public awareness and understanding of matters relating to the wellbeing of people with mental illness to address stigma and discrimination.
Our Vision, Mission and Values

Our Vision:
A Western Australia that encourages and supports people who experience mental health problems and/or mental illness to stay in the community, out of hospital and living a meaningful life.

Our Mission
To lead mental health reform through the commissioning of accessible, high quality services and supports and the promotion of mental health, wellbeing and facilitated recovery.

Our Values
Hope and Optimism - Aiming high, expecting success but being realistic; knowing that goals can be achieved and recovery is possible.

Leadership - Creating a way for people to contribute to making something extraordinary happen.

Integrity - Acting ethically and taking personal responsibility

Innovation and excellence - Recognising and rewarding ideas; focusing on quality improvement in all that we do

Collaboration - Having a strong sense of unity; seeking out the diverse knowledge and experience of people with mental health problems and of those who care for, and work with, them

Transparency - Clearly communicating our contribution in achieving outcomes.

Further information
For further information about the Mental Health Commission, visit the website at www.mentalhealth.wa.gov.au
Disability in Western Australia

There are more than 405,500 people living in Western Australia who have a disability, which equates to one in every five Western Australians\(^3\). It is anticipated that in 2026, there will be 646,000 Western Australians with disability. Almost three-quarters of this increase is attributable to the increase in the prevalence of disability in people aged 65 years and older\(^4\).

A disability is any condition that restricts everyday activities. Disability can result from accidents, illness, congenital or genetic disorders. The main categories of disability are physical, sensory, mental / behavioural, physiological and intellectual. The majority of people with disability have a physical disability (83.9 percent), 11.3 percent have mental illness and behavioural disability and 4.8 per cent have an intellectual or developmental disability\(^5\).

Most Western Australians with disabilities (95 percent) live in the community either independently or with family or friends\(^6\). A disability may have minimal or significant impact on a person’s capacity for communication, social interaction, learning or mobility. Nearly 30 percent of Western Australians with disability need personal assistance with self care, mobility or communication. Families and friends, otherwise known as carers, provide a large majority of the assistance to people with disability and provide this in a freely given way. Over 208,000 Western Australians are carers for people with disability, and more than one-third of carers have a disability themselves\(^7\).

In addition to the use of appropriate aids, equipment and services, the adaptation or alteration of the physical, social and cultural environment in which people with disability live and interact can create inclusive and accessible communities.

Inclusion of people with disability is underpinned by respecting, accepting and welcoming people with disability into community life; recognising their value and strengths and providing opportunities to participate, give and receive as citizens in the community.


\(^5\)http://jobaccess.gov.au/Coworkers/Working_with_people_with_disability/What_is_disability/Pages/home.aspx


Development of the Disability Access and Inclusion Plan

Planning for Access and Inclusion

People with disabilities, their families and carers have the same rights as other to access the MHC’s services. The development and implementation of our first Disability Access and Inclusion Plan (DAIP) signals our intent to proactively engage with and improve the lives of people who have disabilities related to their mental illness. It also meets our legislative requirements, makes provision for forecast increases of people with a disability and emphasises our proactive approach to addressing access and inclusion barriers for all members of our community.

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

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.

The MHC is committed to achieving the outcomes of our DAIP, the achievement of which is the shared responsibility of all employees, contractors and service providers. The six desired DAIP strategy outcomes are:

1. People with disabilities have the same opportunities as other people to access the services of, and any events organised by, the Mental Health Commission.

2. People with disabilities have the same opportunities as other people to access the buildings and other facilities of the Mental Health Commission.

3. People with disabilities receive information from the Mental Health Commission in a format that will enable them to access the information as readily as other people are able to access it.

4. People with disabilities receive the same level and quality of service from the staff of the Mental Health Commission.

5. People with disabilities have the same opportunity as other people to make complaints to the Mental Health Commission.

6. People with disabilities have the same access as other people to participate in any public consultation by the MHC.
Implement and Promote

Our Disability Access and Inclusion Plan details our areas of focus for the period from 1 July 2011 to the 30 June 2016.

Each year we will develop an internal action plan, assigning responsibility for the strategies and actions we intend to implement within that year. Some actions will be of a general nature, and apply organisational wide, while others will relate to a specific directorate.

Implementation of the DAIP is the responsibility of all staff of the MHC. The MHC Corporate Executive will guide the overall implementation of the plan.

We will update our internal action plan each financial year, to ensure it aligns with our agreed areas of focus, and provides an adequate response to emerging access and inclusion issues.

At the end of the five year period we will provide a report to Disability Services Commission and lodge an updated version of our DAIP.

Monitor, Evaluate and Report

Progress of agreed actions will be monitored and reviewed and reported on in our annual report.

This report will include an assessment of how the completed actions have helped us progress towards achieving the six desired strategy outcomes.

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
- Place this plan on our intranet site and promote through staff briefings
- Provide disability awareness training for all employees
- Include the DAIP within induction packs and train new staff in disability awareness
- Complete the Disability Services Commission’s prescribed progress report each year

Externally
- Distribute this document to Disability Services Commission, other government and non government agencies representing people with disabilities.
The Mental Health Commission prides itself on its social responsibility and sees the service levels required by legislation as the minimum standards to which we should aspire.

- Distribute this document to customers who express an interest in being kept informed about our DAIP.
- Place this plan on our external website
- Promote its availability and purpose by notice in The West Australian.
Strategies To Improve Access And Inclusion

Outcome 1: People with disabilities have the same opportunities as other people to access the services of, any events organised by, the Mental Health Commission.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to raise awareness of our employees, contractors and service providers who deal with the public, of their responsibilities under our DAIP</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ensure that the objectives of the DAIP are incorporated into strategic business planning and budgeting processes.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ensure that all events organised by the Mental Health Commission (MHC) are accessible to people with disabilities.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Outcome 2: People with disabilities have the same opportunities as other people to access the buildings and other facilities of the Mental Health Commission

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Task Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure all buildings and facilities are physically accessible to people with disabilities.</td>
<td>Annually</td>
</tr>
<tr>
<td>Ensure that all new or redevelopment works provide access to people with disabilities, where practicable.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ensure fire wardens are trained in the evacuation procedures for people with disabilities.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Outcome 3: People with disabilities receive information from the Mental Health Commission in a format that will enable them to access the information as readily as other people are able to access it.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Task Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve accessibility of MHC internet and intranet websites to meet W3C Web standards.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Improve accessibility of MHC Communication Style Guide.</td>
<td>2011 and ongoing</td>
</tr>
<tr>
<td>Raise staff awareness of accessibility issues when creating/writing publications and content for the web.</td>
<td>2011 and ongoing</td>
</tr>
<tr>
<td>Ensure all MHC publications are able to be provided in alternative formats on request.</td>
<td>2011 and ongoing</td>
</tr>
</tbody>
</table>

Outcome 4: People with disabilities receive the same level and quality of service from the staff of the Mental Health Commission.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Task Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide disability awareness training to all staff.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Maintain a feedback mechanism on our website, for public feedback on the accessibility of our buildings, services and facilities</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ensure that all internal and external training consultants conform with and further the principles of the Disability Services Act 1993.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Outcome 5: People with disabilities have the same opportunity as other people to make complaints to the Mental Health Commission.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Task Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that our grievance mechanisms and complaint handling systems are accessible for people with disabilities</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Outcome 6: People with disabilities have the same opportunities as other people to participate in any public consultation by the Mental Health Commission.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Task Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that public consultations are held in an accessible manner.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
# Feedback Form

We welcome your feedback at any time.

Have you experienced any barrier to access that we have not identified?

**Situation:** | **Reason for difficulty:**
---|---

Is there an initiative that has really impressed you?

**Initiative:** | **Why do you think it is a good initiative:**
---|---

Do you have any other comments?

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

To help us analyse your comments, please tick which category best describes your interest in our Disability Access and Inclusion Plan 2011-2016.

<table>
<thead>
<tr>
<th>Customer with disability</th>
<th>Mental Health Commission - employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer/Consumer</td>
<td>Mental Health Commission - contractor</td>
</tr>
<tr>
<td>Service Provider</td>
<td>Other</td>
</tr>
</tbody>
</table>

Contact Details: Mental Health Commission. Level 5 81 St Georges Terrace Perth WA 6000  
Ph: (08) 6272 1200  Fax: (08) 6272 1299  
Email: contactus@mentalhealth.wa.gov.au
Appendix B

Definition of Disability

Disability is defined as a condition 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.

Disabilities can affect a person’s capacity to communicate, interact with others, learn and get about independently. Disability is usually permanent but may be episodic.

Disabilities can be:

Intellectual: Affecting a person’s judgement, ability to learn and communicate

Psychiatric: Affecting a person’s emotions, thought processes and behaviour, for example, schizophrenia and manic depression.

Cognitive: Affecting a person’s thought processes, personality and memory resulting, for example, forms of injury to the brain.

Neurological: Affecting a person’s ability to control their movements, for example epilepsy.

Sensory: Affecting a person’s vision or hearing

Physical: Affecting mobility and/or a person’s ability to use their upper or lower body
Appendix C

Schedule 1 – Principles applicable to people with disabilities¹

1. People with disabilities have the inherent right to respect for their human worth and dignity.

2. People with disabilities, 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 disabilities have the same rights as other members of society to realise their individual capacities for physical, social, emotional, intellectual and spiritual development.

4. People with disabilities 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 disabilities have the same right as other members of society to participate in, direct and implement the decisions, which affect their lives.

6. People with disabilities 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 disabilities have the same right as other members of society to pursue any grievance concerning services.

8. People with disabilities have the right to access the type of services and supports that they believe are most appropriate to meet their needs.

9. People with disabilities 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 disabilities who reside in the metropolitan area.

10. People with disabilities have a right to an environment free from neglect, abuse, intimidation and exploitation.

¹ Disability Services Act 1993 (WA)