

(Draft) National Stigma and Discrimination Reduction Strategy

Draft Strategy summary

The (Draft) Strategy outlines a long-term vision for an Australian community where everyone has equal dignity, respect and value and is able to live a life of meaning and purpose free from mental health-related stigma and discrimination.

The (Draft) Strategy is for everyone and will benefit all of society, including:

- people with personal lived experience of mental illness, mental ill-health, distress, suicidality, and trauma
- families, kin, friends and support people
- communities
- organisations and governments.

The full (Draft) Strategy and a summary of proposed actions can be found on the project website [here](#).



Australian Government
National Mental Health Commission

**National Stigma
& Discrimination
Reduction Strategy**

We need your feedback

This document provides a summary of the (Draft) National Stigma and Discrimination Reduction Strategy.

Public consultation on this Draft Strategy will be open from 9 November 2022 for a period of twelve weeks to 1 February 2023.

We invite input and feedback to strengthen the Draft Strategy and its proposed actions. In doing so, we invite consideration of the following questions:

- **Feasibility:** Are the actions achievable in the recommended timeframe and allocated to the correct responsible party/parties? Is there a readiness for change?
- **Enablers:** What might support the actions and/or assist the work needed to implement the change?
- **Barriers:** What might slow down or prevent the gaining of support for the actions, or their implementation?
- **Effectiveness:** Will the actions lead to the changes we want to see? Are there any potential unintended consequences?
- **Anything missing:** Are there any critical issues or actions to address stigma and discrimination that are not referenced or sufficiently prioritised in the Draft Strategy?

For further information about how to provide feedback, please visit our website at: <https://mentalhealthcommission.gov.au/StigmaStrategyDraftConsultation>



Acknowledgement of Country

The National Mental Health Commission respectfully acknowledges and celebrates the Traditional Owners of the Lands and Waters throughout Australia and pays its respects to their Elders past and present.

We acknowledge that Aboriginal and Torres Strait Islander people have a unique experience of stigma and discrimination. The insights of Aboriginal and Torres Strait Islander people and communities have been important in developing this (Draft) Strategy.

Thank you

The National Mental Health Commission (the Commission) would like to acknowledge and thank the people who have been involved in shaping this (Draft) Strategy: those with lived or living experience of psychological distress or mental ill-health, voluntary and involuntary service use and/or diagnosis, trauma, suicide, and those who identify as neurodiverse. We also acknowledge and thank family, friends, unpaid carers and support people for their contributions.

We acknowledge the expertise which comes with lived experience as distinct and uniquely important in shaping a future free of stigma and discrimination. The (Draft) Strategy could not have been developed without the input, time and expertise offered by a diverse range of people with lived experience and those who support them.

The (Draft) Strategy builds on a body of existing knowledge and labour led by people with lived experience and we acknowledge their contributions as a central underpinning for this work. Many people have worked tirelessly to create a better society for themselves and others, embedding unique and diverse perspectives to which we have sought to do justice. This includes the insights and perspectives from people who do not identify with the label of mental ill-health but who have been diagnosed by the mental health system.

Many others have made invaluable contributions by offering insights and through engaging with and challenging our ideas at many points during the development of the Strategy. We would like to thank everyone who reflected on their own experiences and expertise to provide feedback and input so far.

Our immense gratitude goes towards the members of our Steering Committee and Technical Advisory Groups, whose guidance, feedback, and critiques have been essential in bringing the Draft Strategy to this stage.

We look forward to continuing these collaborations as we work to refine the Strategy into its final form for government consideration.



Background to the Strategy

The need to protect and promote the human rights of people who experience mental ill-health has long been championed by the consumer and carer movement. The case for change was articulated clearly in the seminal 1993 National Inquiry into the Human Rights of People with Mental Illness, which played an important role in raising awareness about systemic discrimination faced by people experiencing mental ill-health.¹ The experience of the past three decades tells us that while some progress has been made, there is an urgent need to do more.

In 2020, the National Federation Reform Council tasked the National Mental Health Commission with developing a national stigma-reduction strategy. This (Draft) Strategy is the first government-led national strategy to take a comprehensive and systemic approach to addressing mental health-related stigma and discrimination in Australia. In doing so, it brings a renewed focus to efforts to do more to uphold the human rights of people with personal lived experience and their families, carers and support people.

This (Draft) Strategy outlines a long-term vision for an Australian community where everyone has equal dignity, respect and value and is able to live a life of meaning and purpose free from mental health-related stigma and discrimination.

Central to the (Draft) Strategy's development has been bringing together diverse perspectives, with leadership throughout the Strategy development process from people who have experienced mental health-related stigma and discrimination. In particular, this has included thought leadership, advice and feedback from the project's Steering Committee and Technical Advisory Groups (listed at Appendix A in the full (Draft) Strategy), each of which was co-chaired by someone with personal lived experience and someone with another form of expertise.

The (Draft) Strategy seeks to align with other strategies and frameworks to leverage and build on existing research and reform efforts.

Additional work may be needed in some places to develop tailored intersectional mental health strategies (that include stigma-reduction objectives) for specific groups of people, such as culturally and linguistically diverse communities, people in forensic mental health settings and people who have experienced gambling harm or experience of alcohol or other drug issues.



Why is action needed?

Three out of five people with personal lived experience reported experiencing unfair treatment or discrimination.²

Action is needed to build a society and culture where all people in Australia, including those who have experienced mental ill-health, trauma, distress or suicidality, have equal dignity, respect and value and are able to live a life of meaning and purpose free from mental health-related stigma and discrimination.

Australia's obligation to uphold and protect human rights

Australia has committed to the full and equal enjoyment of all human rights for all people, including for people with personal lived experience and their families and support people. The ratification of the *Convention on the Rights of Persons with Disabilities* in 2008 by the Australian Government reaffirmed and strengthened this commitment. While not all who experience mental ill-health or distress would conceptualise their experiences as disabilities, this Convention adopts a broad definition which is inclusive of experiences of mental ill-health.

Stigma and discrimination represent a threat to this commitment, and to a free and fair community for all. They do so by denying the fundamental rights and freedoms that all people are entitled to enjoy and exercise.

The right of people with personal lived experience to have their dignity respected is not negotiable.

Ongoing negative impacts of stigma and discrimination

People with personal lived experience and their families and support people have long reported that stigma and discrimination negatively impact their lives.³ This is particularly the case for people who experience complex or multiple unmet mental health needs, including those who experience psychosis or who have been diagnosed with schizophrenia, personality disorders and eating disorders.^{4,5,6}

Research indicates that stigma and discrimination continue to have a significant impact. A recent survey found three out of five people with personal lived experience reported experiencing unfair treatment or discrimination.⁷ People can also fear they will be stigmatised, which in turn becomes a barrier to social, economic, and cultural participation.⁸ Stigma and discrimination are also harmful due to the distress they cause the individual.⁹



A new approach to address stigma and discrimination

Existing initiatives aimed at reducing stigma and discrimination have had no proven or only limited success.

A new approach is needed to uphold everyone's right to live in a society free from stigma and discrimination in a way that is sustained and effective. The (Draft) Strategy seeks to achieve this by driving positive change within the systems, structures, policies and practices that embed stigmatising attitudes and discriminatory treatment. This is important because it seeks to set up a system that will compel *behavioural* change even if there is no underlying shift in the community *attitudes*.

This new approach also takes into account different experiences of mental ill-health, trauma, distress and suicidality, alongside specific identities, experiences, and cultural and social contexts. More inclusive approaches, in attitudes and behaviours, and across systems and services have the potential to benefit everyone.



What does the (Draft) Strategy aim to achieve?

Vision

The vision explains what the (Draft) Strategy wants to achieve.

An Australian community where everyone has equal dignity, value and respect and is able to live a life of meaning and purpose free from mental health-related stigma and discrimination.

Living a life of meaning and purpose can mean many things. It can mean a fulfilling life enriched with close connections to family, friends, and community; good health and wellbeing to allow those connections to be enjoyed; having something to do each day that provides meaning and purpose – whether it be a job, hobby, supporting others or volunteering; and a home to live in, free from financial stress and uncertainty. It can also refer to holding close connections to kin and country, family and friends, and full expression of culture and identity.

What an Australian society free of stigma and discrimination would look like

This (Draft) Strategy envisages an Australia free of all forms of mental health-related stigma and discrimination towards people with personal lived experience, and towards their families and support people. A stigma-free society means all people in Australia understand that people with personal lived experience are valued members of society who have something to offer. Society is enriched by their participation. Policies, programs, practices, systems, laws and regulations and their enactment across all areas of society can not only prevent discrimination towards people with personal lived experience, but promote and uphold their human rights.

Principles to guide the (Draft) Strategy

The following five principles have been used to guide the (Draft) Strategy's priorities, objectives, and actions.

These principles were developed working in partnership with the Strategy's Steering Committee and Technical Advisory Groups.

1. **Uphold and protect the dignity and human rights of people with personal lived experience and those who support them**
2. **Respect and promote the personal autonomy, agency, and voice of people with personal lived experience, and their leadership role in all aspects of the Strategy**
3. **Value and promote the unique role, needs and experiences of family, friends, unpaid carers, and support people**
4. **Understand, respect, and respond to culture, spirituality, identity, intersectionality, and community**
5. **Measure behavioural change to drive accountability**

Priorities of the (Draft) Strategy

The (Draft) Strategy puts forward a case for immediate and enduring effort to reduce stigma and discrimination towards people who experience mental ill-health, trauma, distress or suicidality (people with personal lived experience) and their families, friends, unpaid carers and support people (families and support people).

The (Draft) Strategy sets out four overarching priorities. The four priorities are:

- To implement foundational actions across settings to address stigma and discrimination
- To reduce structural stigma and discrimination
- To reduce public stigma
- To reduce self-stigma.

Reducing stigma and discrimination is relevant to, and requires change from, a range of sectors and services. This includes the health and mental health sectors but also extends to other areas such as social services, legal systems and financial services and insurance. Different sectors are addressed specifically in the (Draft) Strategy.

Actions in the (Draft) Strategy

Each overarching priority is supported by clear objectives and a series of implementable and measurable actions. These are referred to as 'priority actions' in the (Draft) Strategy and are embedded throughout the (Draft) Strategy in table format. These actions are directed towards:

- the Australian Government
- state, territory, and local governments
- industry
- the community generally.

Changes to the mindsets or behaviour that underpin stigma and discrimination require long term cultural change. While this (Draft) Strategy outlines actions required over the next 5 years, we anticipate that subsequent Strategies will be required to cement the actions undertaken and to drive change over a sustained period.

An 'Actions summary' is available on our [website](#). The actions summary document consolidates actions listed throughout the (Draft) Strategy.



Language matters

People make sense of their experiences in different ways and may have different preferences for how they would like their experiences described. Not having these preferences respected can itself be stigmatising. Language can have negative impacts and/or divide people by the way it is used and understood, particularly when it is used to stigmatise or label.

In drafting the Strategy, we have tried to choose terms that are meaningful to a wide range of people. We chose this language after long consideration and discussion with people with lived experience. We acknowledge that the language the Strategy uses is ultimately imperfect to describe the deeply personal lived experience of stigma and discrimination.

Key terms used in the (Draft) Strategy

Common terms used throughout this document are defined in the glossary at Appendix B in the full (Draft) Strategy. In this (Draft) Strategy summary, each of these terms is used in the context of, or relating to, people with a lived experience of psychological distress, mental ill-health, voluntary or involuntary service use, trauma, suicidality and alcohol and other drug issues, and their families, friends, unpaid carers and support people.

People with personal lived experience

“People with personal lived experience” describes people with a lived or living experience of psychological distress, mental ill-health, trauma, suicidality, suicide attempt and alcohol and other drug issues. It is recognised that there is diversity in personal experiences of mental health and wellbeing, noting that mental health is experienced on a spectrum and across a lifetime, and experiences of mental ill-health may be different for different people at different times.

Families and support people

“Families and support people” describes families, kinship network, friends, unpaid carers and anyone whose primary relationship with the person concerned is a personal, supporting and caring one.

Social and emotional wellbeing

The (Draft) Strategy recognises the diversity of ways that people and communities understand, conceive of and describe mental health. In particular, we recognise that the term ‘mental health’ does not fully describe the experiences of many Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds. The term “social and emotional wellbeing” is used by many Aboriginal and Torres Strait Islander people to describe their social, emotional, spiritual, and cultural wellbeing. It acknowledges the importance of connection to community, family, land, sea, culture, and spirituality on their wellbeing.

Lived Experience workforce

Consistent with the *Lived Experience (Peer) Workforce Development Guidelines*,¹⁰ the (Draft) Strategy uses “the Lived Experience workforce” as a collective term for people working in personal lived experience roles and in family/carer roles. It is recognised that these are separate workforces, informed by different types of understandings and experiences and with distinct ways of working.



Understanding stigma and discrimination

Stigma is complex, arising from a range of cultural, social, political and psychological processes. Stigma can include negatively stereotyped characteristics, attitudes, and responses, which harm a person's day-to-day health and wellbeing by excluding, devaluing, or shaming them.¹¹

Stigma can lead to discrimination – that is, unfavourable treatment (direct discrimination) or policies and systems that disproportionately disadvantage people (indirect discrimination) because of certain personal characteristics or attributes. In some cases, discrimination can be against the law, as set out under Commonwealth and state/territory anti-discrimination laws, as well as other legal and regulatory arrangements.¹²

Definitions of Stigma

The (Draft) Strategy broadly categorises stigma into three categories:

- Structural stigma
- Public stigma
- Self-stigma

The definitions of each of these categories draw on academic literature and are listed below. Different forms of stigma can occur alongside each other. This is demonstrated in the diagram on this page. It is important to understand that actions in one area can generate benefits in another.

Structural stigma

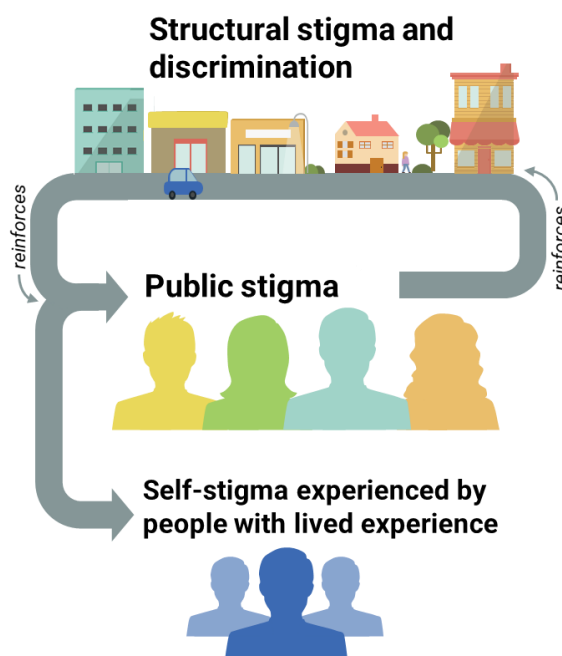
When laws, policies, practices and organisational structures enable unfair treatment of people with personal lived experience, and their families and support people. This includes the unintended consequences of practices and structures that make it much harder for people with lived experience to access vital services and to participate in society.

Public stigma

Negative thoughts, feelings, opinions and behaviours held or expressed by individuals or organisations towards people with personal lived experience and their families and support people.

Self-stigma

The process in which a person with personal lived experience becomes aware of public or structural stigma, agrees with those stereotypes, and internalises them by applying them to the self. The person comes to believe these negative messages or stereotypes about mental ill-health and applies these to themselves. Families and carers can also experience self-stigma.



Multiple and compounding experiences of stigma and discrimination

Stigma and discrimination are experienced differently for people who identify with multiple populations or characteristics. It is important for us to understand how aspects such as race, gender, sexuality, disability status, neurodiversity, culture, and class intersect to create overlapping, mutually reinforcing, and compounding systems of discrimination and disadvantage for individuals and communities. This is understood as 'intersectionality' and can be further explored by examining systemic notions of power, structural disadvantage, and privilege.

There are multi-faceted, mutually reinforcing relationships between different sources of stigma. People with certain experiences or who belong to certain groups or communities are often disproportionately affected by stigma and discrimination relating to their personal lived experience. Also, these people's experiences of mental health-related stigma and discrimination is often amplified by other forms of discrimination. For example, colonialism, racism, paternalism, persistent disadvantage, systemic injustice, and lack of acknowledgement of culture have resulted in stigma and discrimination toward Aboriginal and Torres Strait Islander people. This discourages Aboriginal and Torres Strait Islander people from seeking support for their social and emotional wellbeing. It also means that for Aboriginal and Torres Strait Islander people with personal lived experience there are multiple, reinforcing forms of stigma and discrimination perpetrated against their culture, and their personal lived experience.

Intersectional experiences of stigma and discrimination is considered in more detail in the [full \(Draft\) Strategy](#).



An overview of the (Draft) Strategy

VISION
An Australian community where everyone has equal dignity, value and respect and is able to live a life of meaning and purpose free from mental health-related stigma and discrimination
PRINCIPLES
<ol style="list-style-type: none"> 1. Uphold and protect the dignity and human rights of people with personal lived experience and those who support them 2. Respect and promote the personal autonomy, agency, and voice of people with personal lived experience, and their leadership role in all aspects of the Strategy 3. Value and promote the unique role, needs and experiences of family, friends, unpaid carers, and support people 4. Understand, respect, and respond to culture, spirituality, identity, intersectionality, and community 5. Measure behavioural change to drive accountability
PRIORITY 1
Implement foundational actions across settings to address stigma and discrimination
<ol style="list-style-type: none"> 1.1 Strengthen human rights and anti-discrimination legislation 1.2 Strengthen accountability mechanisms 1.3 Embed lived experience leadership and advocacy 1.4 Educate and train key cohorts and workforces to build their capacity to deliver critical services free from stigma and discrimination 1.5 Improve the evidence base through data collection and evaluation
PRIORITY 2
Reduce structural stigma and discrimination
<ol style="list-style-type: none"> 2.1 Require the mental health system to provide safe and empowering environments for people seeking services 2.2 Ensure equity of access to quality healthcare 2.3 Ensure social services, including social security, housing and child protection, are available, equitable and non-discriminatory 2.4 Support people to have equitable access to financial services and insurance 2.5 Support people to receive equitable treatment by legal systems 2.6 Build equitable and supportive pathways into and within employment 2.7 Improve mental health capabilities and supports in education and training settings
PRIORITY 3:
Reduce public stigma
<ol style="list-style-type: none"> 3.1 Build a social movement to catalyse community action to reduce stigma and discrimination 3.2 Improve the quality of media reporting and representations of mental ill-health
PRIORITY 4:
Reduce self-stigma
<ol style="list-style-type: none"> 4.1 Address self-stigma through public stigma reduction initiatives 4.2 Address self-stigma amongst the Lived Experience workforce 4.3 Introduce measures to reduce self-stigma among families and support people 4.4 Strengthen the evidence base for initiatives to reduce self-stigma
<i>These priorities are supported by actions to implement objectives, including timeframes for implementation, who is responsible and indicators of change</i>



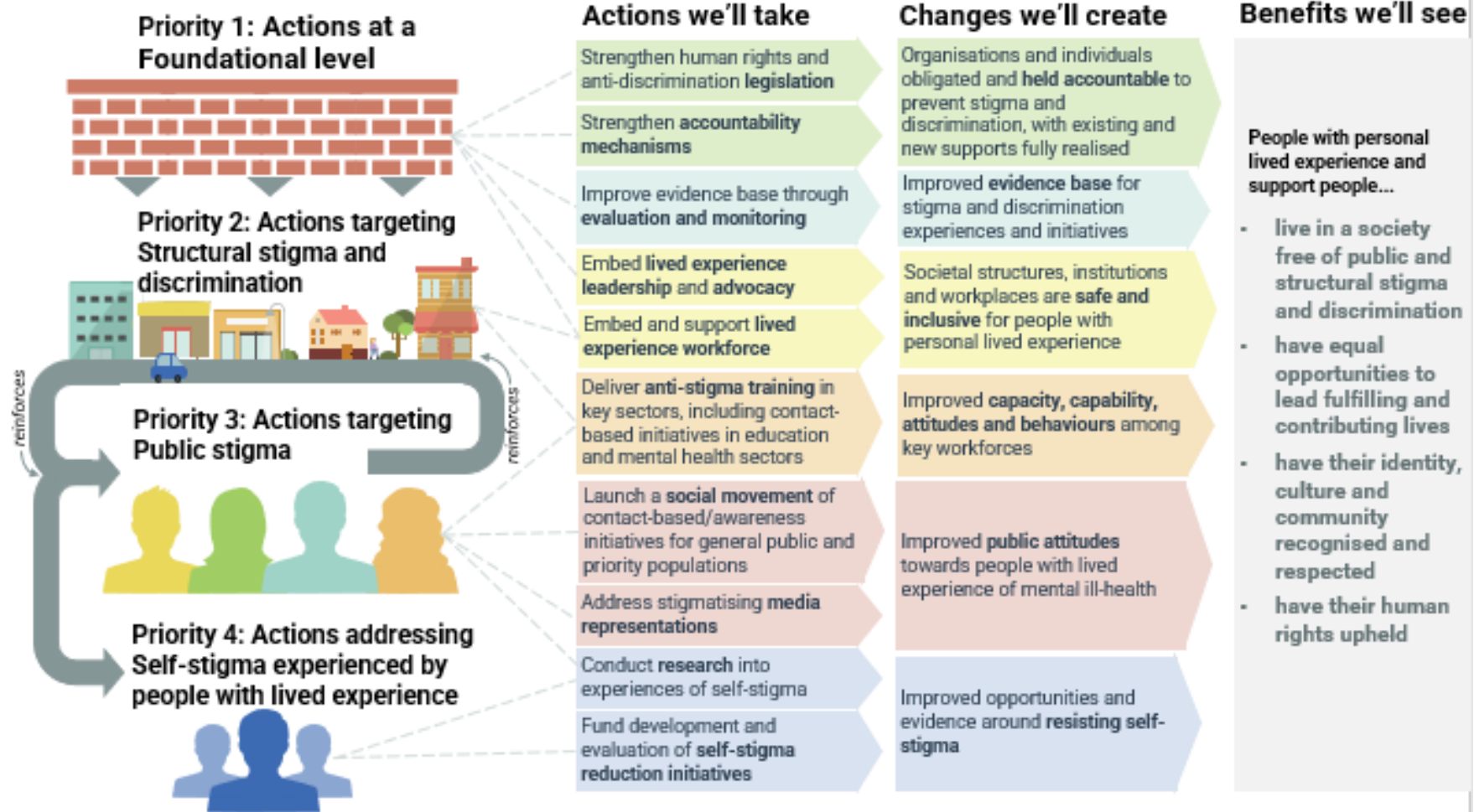
How to create change

The below diagram shows how the actions in this (Draft) Strategy would work together to create change, and ultimately benefit the lives of people with personal lived experience and their families and support people.

A number of foundational actions sit across the (Draft) Strategy priorities as presented in the diagram below. These sit across all settings and include:

- changing attitudes and behaviours of the public
- embedding lived experience in decision-making, advocacy and workforces
- embedding a rights-based approach with effective accountability mechanisms
- educating and training key cohorts and workforces to build their capacity to deliver critical services free from stigma and discrimination
- improving the evidence base through evaluation and monitoring.





Appendix A: References

- ¹ Australian Human Rights Commission. Report of the National Inquiry into the Human Rights of People with Mental Illness. Available from: <https://humanrights.gov.au/our-work/publications/report-national-inquiry-human-rights-people-mental-illness>.
- ² BETA. National Stigma and Discrimination Reduction Strategy: Baseline Survey Exploratory Analysis Findings. Department of Prime Minister and Cabinet. 2022.
- ³ Human Rights and Equal Opportunity Commission. Report of the National Inquiry into the Human Rights of people with Mental Illness. Findings and Recommendations. 1993. Available from [Report of the National Inquiry into the Human rights of People with Mental Illness | Australian Human Rights Commission](#)
- ⁴ Reavley N, Jorm A. Community and population-based interventions to reduce stigma associated with depression, anxiety and suicide: an Evidence Check rapid review. Brokered by the Sax Institute for Beyond Blue. 2013. Available from [ECheck_REPORT_Reducing-stigma-2013.pdf \(saxinstitute.org.au\)](#).
- ⁵ Groot C, Rehm I, Andrews C, Hobern B, Morgan R, Green H, Sweeney L, and Blanchard M. National Stigma Report Card: Report on Findings from the Our Turn to Speak Survey. Melbourne (AU); Anne Deveson Research Centre, SANE Australia; 2020.
- ⁶ BETA. National Stigma and Discrimination Reduction Strategy: Baseline Survey Exploratory Analysis Findings. Department of Prime Minister and Cabinet. 2022.
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- ¹¹ Link BG, Phelan, JC Conceptualizing Stigma. Annual Review of Sociology. 2001;27(1):363–385.
- ¹² Whelan, J. Legal and regulatory contexts of stigma and discrimination. Research report commissioned by the National Mental Health Commission. 2021.

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