

(Draft) National Stigma and Discrimination Reduction Strategy

Priority actions summary

The priorities of the (Draft) Strategy are supported by clear objectives and a series of implementable and measurable actions. This document consolidates actions embedded throughout the full (Draft) Strategy.

The actions in this document are directed towards:

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

The full (Draft) Strategy and a summary 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 actions proposed in 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 at least 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:

1. **Feasibility:** Are the actions achievable in the recommended timeframe and allocated to the correct responsible party/parties? Is there a readiness for change?
2. **Enablers:** What might support the actions and/or assist the work needed to implement the change?
3. **Barriers:** What might slow down or prevent the gaining of support for the actions, or their implementation?
4. **Effectiveness:** Will the actions lead to the changes we want to see? Are there any potential unintended consequences?
5. **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.



Priorities and actions of the (Draft) Strategy

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.

What are the priorities of the (Draft) Strategy?

The (Draft) Strategy aims to see improvement across four overarching priorities. All priorities are important and related. Each priority depends on the other to achieve meaningful and sustained change. 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

What are actions in the (Draft) Strategy?

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

Actions in the (Draft) Strategy work together to create change. Actions in one area generate benefits in another area. This means that the actions in this document should be considered together and not as individual actions that occur in isolation. This is because stigma is complex and different forms of stigma are often related.

The diagram on the following page shows how the priorities and actions of the (Draft) Strategy work together to create change and benefit all of society, particularly people with personal lived experience and those who support them.

If you would like to understand more about how different forms of stigma and discrimination are interrelated, additional information can be found in the [\(Draft\) Strategy summary](#) or in the [full \(Draft\) Strategy](#).

Timeframe for actions

An indicative timeframe is provided for implementation of each of the proposed actions in the short term (within 1 year), medium term (1 year to 3 years) or long term (3 years to 5 years).

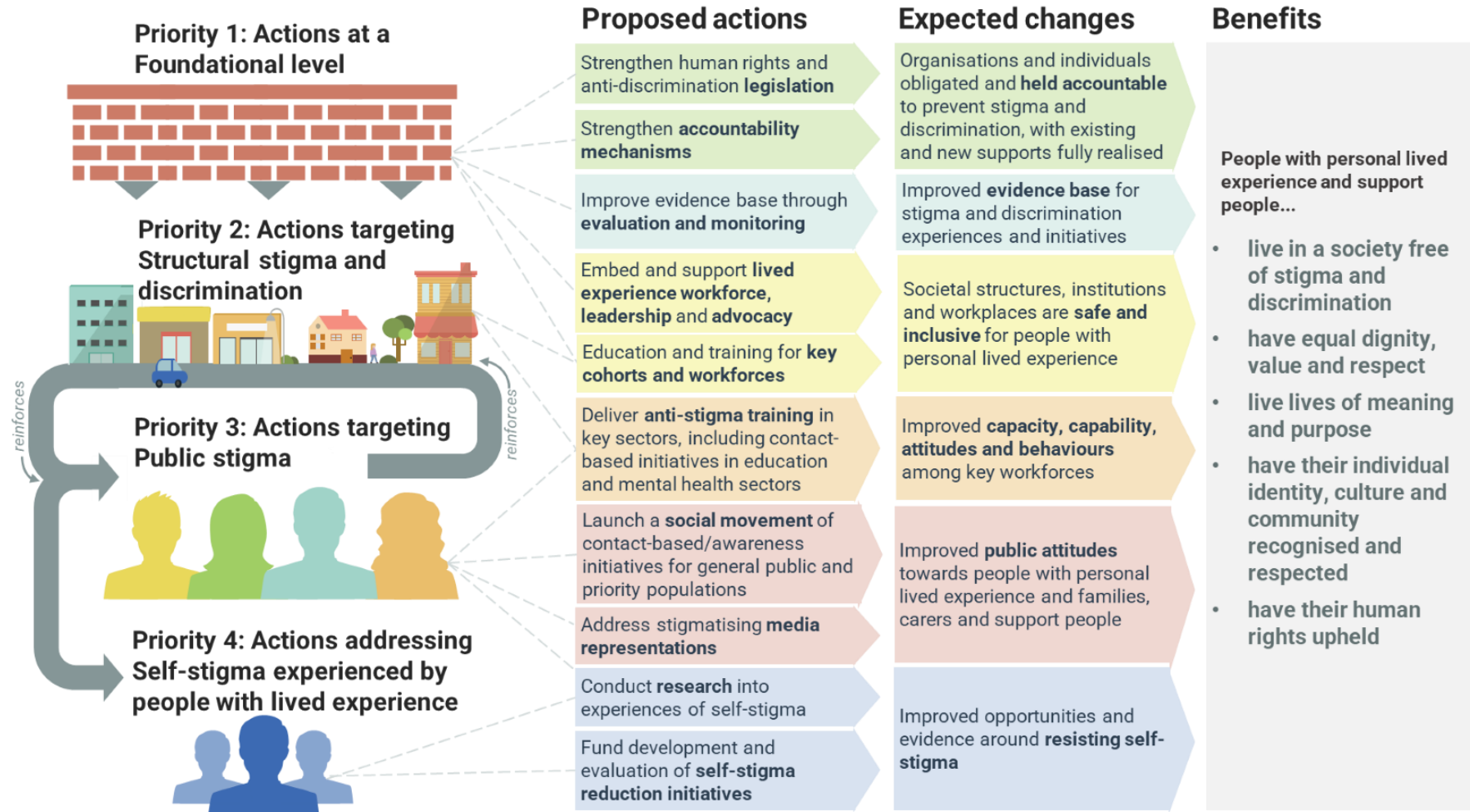
Short Term	Medium Term	Long Term
Within 1 year	1 to 3 years	3 to 5 years

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 five years, we



anticipate that subsequent Strategies will be required to cement the actions undertaken and to drive change over a sustained period.





Priority 1: Implement foundational actions to address stigma and discrimination

To eliminate stigma and discrimination from Australian society and institutions, foundational systemic changes are first needed. Actions at this level are prerequisites for far-reaching change and enable the success of other actions across all other settings of society.

The foundational actions seek to:

- strengthen human rights and anti-discrimination legislation
- strengthen accountability mechanisms
- embed lived experience leadership and advocacy
- educate and train key cohorts and workforces
- improve the evidence base through data collection and evaluation.

Priority foundational actions

Ref	Action	Timeframe	Who's responsible	Expected changes
1a	<p>Conduct scoping for a national independent function to:</p> <ul style="list-style-type: none"> • collect national consolidated usage and outcomes data on discrimination complaints relating to mental ill-health under federal, state and territory legislation • coordinate with other complaints and investigation bodies (including at state/territory level) to monitor other mental ill-health-related complaints • identify and provide advice to governments on emerging systemic issues in relation to unfair treatment and discrimination on the basis of mental ill-health 	Short term	Australian, state and territory governments	Recommendations made and acted upon to increase transparency around mental health-related complaints
1b	<p>Review work to date through the Australian Human Rights Commission's <i>Free & Equal</i> project, and collaborate on next steps, with a view to ensuring strengthened human rights and anti-discrimination protections for people with personal lived experience, and their families,</p>	Short term	Australian Government	Work to strengthen human rights and anti-discrimination protections has a specific focus on mental ill-health, including recommendations

Ref	Action	Timeframe	Who's responsible	Expected changes
	<p>carers and support people. This should include consideration of:</p> <ul style="list-style-type: none"> • vilification protections • guidance around the extent of protection afforded by the protected category of 'disability' in relation to mental ill-health • considerations around introducing a new protected category for mental ill-health and suicide • ensuring adequate provisions for people experiencing intersectional discrimination • simplifying arrangements for establishing legislative components of unlawful direct or indirect discrimination, and strengthening protections around the duty to make 'reasonable adjustments' • the adequacy of operational resourcing for complaints resolution and systemic analyses around complaints mental ill-health related complaints 			to reduce stigma and discrimination at a population level and among priority populations and improve satisfaction of complaints processes
1c	Progress scoping for a National Human Rights Charter which aligns with and enshrines into law Australia's obligations under international human rights law, in partnership with Australian Human Rights Commission, in consultation with people with personal lived experience (including priority populations)	Medium term	Australian Government Australian Human Rights Commission	Work to develop a National Human Rights charter has a specific focus on engagement with people with personal lived experience of mental ill-health and those who support them
1d	Establish peak body arrangements that recognise, support and amplify the separate and distinct advocacy needs of people with personal lived experience and of families, carers and support people.	Medium term	Australian Government	Establishment of national representative bodies
1e	Conduct population-level research to collect qualitative and quantitative data on prevalence and experience of:	Medium term	National Mental Health Commission Australian Bureau of Statistics	Increased quantitative prevalence data

Ref	Action	Timeframe	Who's responsible	Expected changes
	<ul style="list-style-type: none"> public stigma structural stigma and discrimination, including in health, mental health, social services, financial, legal, employment, and education sectors self-stigma among people with personal lived experience and support people <p>Repeat data collection regularly, incorporated into future National Surveys of Mental Health and Wellbeing or similar data collection mechanisms</p> <p>Use repeated cross-sectional surveys using the same sampling procedure (probability-based sampling), survey mode (mixed-mode surveys) and reliable stigma measurement tools</p> <p>Collect longitudinal data on stigma and discrimination among priority populations (Aboriginal and Torres Strait Islander people, LGBTIQ+, people with complex mental health needs, people with co-occurring conditions)</p>		Australian Institute of Health and Welfare Behavioural Economics Team of the Australian Government (BETA)	<p>and qualitative experience data for:</p> <ul style="list-style-type: none"> people with personal lived experience at a population level people with personal lived experience from priority populations
1f	Fund services across all states and territories which provide legal assistance for people with personal lived experience in navigating complaints processes and the legal system	Medium term	Australian, state and territory governments	Increased number of people making discrimination complaints who have access to legal assistance or pro bono legal representation
1g	Develop guidelines for Lived Experience workforce roles in sectors outside the mental health system, leveraging guidelines in development in some sectors	Medium term	National Mental Health Commission	<p>Guidelines developed</p> <p>Increased number of Lived Experience workforce roles and leadership roles available</p>
1h	Commence scoping and socialisation for a program to scale up the Lived Experience workforce through national capacity building and workforce promotion	Medium term	National Mental Health Commission	Recommendations made and action taken toward developing a program to

Ref	Action	Timeframe	Who's responsible	Expected changes
				increase number of Lived Experience workforce roles and leadership roles available
1i	Routinely collect data on the number of Lived Experience workforce roles and leadership roles filled and opportunities available	Medium term	National Mental Health Commission	Increased data on the number of Lived Experience workforce roles
1j	Monitor and evaluate the implementation of stigma reduction initiatives, through a mixed-methods approach and using an implementation science framework (e.g. RE-AIM)	Medium term	National Mental Health Commission	Increased evidence about effectiveness for stigma reduction initiatives, generated by evaluation

Priority 2: Reduce structural stigma and discrimination

Traditionally, research and interventions addressing mental health-related stigma and discrimination have focussed on changing the attitudes, perceptions, and behaviours of individuals. More recently, there have been calls for a greater focus on tackling structural stigma and discrimination through systemic change.

Structural stigma is when laws, policies, practices and organisational structures enable unfair treatment of people who experience mental ill-health. This includes where it is much harder for people who experience mental ill-health to access vital services and to participate in society.

Discrimination occurs when a person or group of people, is treated less favourably (direct discrimination), or when an unreasonable rule or policy disadvantages some people because of a characteristic they share (indirect discrimination). Discrimination can be against the law if it is based on a protected attribute or characteristic, such as disability, and occurs in certain areas of public life, such as employment and education.

There is abundant evidence that mental health-related stigma and discrimination are entrenched in many, if not most, of Australia's institutions and societal structures.¹ This priority seeks to address these structural barriers within seven key settings:

- mental health system
- health system
- social services
- financial services and insurance
- legal systems
- employment
- education and training.

Evidence suggests that these are the settings in which stigma and discrimination are most frequently or significantly experienced by people with personal lived experience and their social supports.

Priority actions for the mental health system

Ref	Action	Timeframe	Who's responsible	Expected changes
2.1a	Ensure that every mental health service has a clear and accessible policy on the use of seclusion and restraint, which aims to eliminate their use. This policy should be supported by resources, including staff training, on alternatives to the use of seclusion and restraint	Short term	State and territory governments and all mental health services	Reduction in use of seclusion and restraint with a goal of elimination
2.1b	Review existing cultural competence/safety frameworks relating to Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse (CALD) backgrounds. Resources should explore barriers to implementation and provide support for adoption	Short term	Australian, state and territory governments, National Mental Health Commission, organisations representing CALD and Aboriginal and Torres Strait Islander organisations and communities, broader community	Increased cultural competence of mental health services, including mental health professional understanding of, and attitudes towards, Aboriginal and Torres Strait Islander people and people from CALD backgrounds
2.1c	Introduce accountability mechanisms, including a requirement for mainstream mental health services to form partnerships with their local Aboriginal Community Controlled Health Organisation(s) in order to provide culturally safe care to Aboriginal and Torres Strait Islander people	Medium term	Australian, state and territory governments	Increased number of mainstream mental health services with formal partnerships with Aboriginal Community Controlled Health Organisations, and community-rated assessment of effectiveness of these partnerships
2.1d	Work with communities and sector organisations to co-design and co-produce a new national strategy for culturally and linguistically diverse community mental health and wellbeing, which includes a specific stigma-reduction focus.	Medium term	Australian, state and territory governments Organisations representing CALD communities	Development of national strategy for culturally and linguistically diverse community mental health and wellbeing
2.1e	Review and where necessary amend mental health legislation to promote	Medium term	State and territory governments	State and territory mental health Acts

Ref	Action	Timeframe	Who's responsible	Expected changes
	and protect human rights, aligned with international human rights frameworks and obligations			reviewed and amended as required
2.1f	Take steps to increase and better support the Lived Experience workforce across all mental health services, in line with the <i>Lived Experience (Peer) Workforce Development Guidelines</i> . This should include employment of people with personal lived experience, and carers and support people, in peer support roles and in positions of leadership, as well as practical guidance for employers	Medium term	Mental health services	Increase in number of mental health services with Lived Experience workers employed in both service delivery and governance roles
2.1g	Establish a national professional association for lived experience workers, which could provide training, accreditation, support, and advocacy services	Medium term	Australian Government	Establishment of national body with sufficient resources to support lived experience workers
2.1h	Strengthen oversight and accountability mechanisms regulating the use of seclusion and restraint to ensure complaints and breaches receive effective responses	Medium term	State and territory governments	Reduction in use of seclusion and restraint
2.1i	Work with mental health professional bodies to review professional standards and other relevant structures to provide guidance around mental health professionals disclosing their personal lived experience	Medium term	Australian Government Professional peak bodies (e.g. Australian Psychological Society)	Shifts in revised standards and structures
2.1j	Introduce legal mechanisms for supported decision-making and advance care directives in relation to people accessing mental health services.	Long term	State and territory governments	Number of states and territories with legal mechanisms available to consumers of mental health services

Priority actions for the healthcare system

Ref	Action	Timeframe	Who's responsible	Expected changes
2.2a	Renew the call for organisations to commit to the actions set out in the Equally Well Consensus Statement	Short term	National Mental Health Commission Equally Well Alliance	Increased number of organisations that pledge their commitment
2.2b	Ensure minimum standards/clinical guidelines are in place for the physical healthcare of people with personal lived experience, including for healthcare providers to collaborate with other relevant service providers to deliver holistic care	Short term	Australian Commission on Safety and Quality in Health Care	Minimum standards promulgated to health services with evidence they have been embedded in services
2.2c	Ensure minimum standards/clinical guidelines are in place for the care of co-occurring alcohol and other drug problems among people with personal lived experience, including for healthcare providers to collaborate with other relevant service providers to deliver holistic care	Short term	Australian Commission on Safety and Quality in Health Care	Minimum standards promulgated to health services with evidence they have been embedded in services
2.2d	Ensure guidelines for healthcare providers that set out approaches to delivering person-centred care, including approaches for empowering people receiving care, are in place and disseminated to health services	Short term	National Mental Health Commission	Guidelines promulgated to health services with evidence they have been embedded in services
2.2e	Promote the <i>Lived Experience (Peer) Workforce Development Guidelines</i> among health services to encourage the employment of people with personal lived experience or as a support person: <ul style="list-style-type: none"> at all levels of the hierarchy, including in leadership positions in Lived Experience roles that support people accessing the service to feel supported, advocate for their needs and navigate their care (particularly in emergency departments) 	Short term	National Mental Health Commission	Increased proportion of mental health services with Lived Experience workers employed in both service delivery and governance roles
2.2f	Evaluate and report on the extent to which actions set out the Equally Well Consensus Statement have been implemented, and their impact on reducing stigma and discrimination	Medium term	Equally Well Alliance National Mental Health Commission	Evidence of impact of Equally Well Consensus

Ref	Action	Timeframe	Who's responsible	Expected changes
2.2g	Employ people with personal lived experience or support people in designated lived experience roles within government health departments, including in positions of leadership	Medium term	Australian, state and territory governments	Increased number of people with lived experience in health departments, including at executive levels
2.2h	Ensure funding guidelines for healthcare services: <ul style="list-style-type: none"> do not unfairly exclude people with personal lived experience from receiving services incentivise services to create safer, stigma-free environments, for example through including criteria related to demonstrating approaches taken to reduce stigma in funding application processes 	Medium term	Australian, state and territory governments	Elimination of stigmatising or discriminatory provisions from funding guidelines
2.2i	Review Medicare arrangements to ensure that GPs are incentivised to provide high quality healthcare to people with personal lived experience	Long term	Australian Government	Enhanced experience of people with personal lived experience accessing healthcare from a GP
2.2j	Evaluate and report on initiatives to reduce stigma and discrimination in the health workforce	Medium term	National Mental Health Commission	Evidence of impact of stigma reduction initiatives informs ongoing efforts
2.2k	Develop and deliver, in collaboration with the Lived Experience workforce, ongoing professional development training for healthcare professionals that covers the following: <ul style="list-style-type: none"> mental health and suicide prevention fundamentals conceptions of mental health across different cultures the interplay between mental health and physical health person-centred care, including trust-building and shared decision-making trauma-informed care 	Long term	Relevant health regulatory bodies and professional associations	Increase in health professionals' understanding of mental health, and attitudes towards people with personal lived experience

Ref	Action	Timeframe	Who's responsible	Expected changes
	<ul style="list-style-type: none"> • the impacts of diagnostic overshadowing • the therapeutic benefits of healthcare professionals who appropriately disclose their own personal lived experiences • human rights <p>Workforces to be targeted include primary care, acute care and emergency care professionals.</p>			

Priority actions for social services

Ref	Action	Timeframe	Who's responsible	Expected changes
2.3a	Ensure people have alternative ways to access information and services, in addition to digital access	Short term	Australian, state and territory governments	Decrease in people with personal lived experience reporting barriers to accessing social services and navigational support due to technology access/literacy
2.3b	Review the extent of stigmatising and discriminatory language and approaches in risk assessments in social services. Amend where necessary to ensure strengths-based messaging and framing	Medium term	National Mental Health Commission	Increase in risk assessment processes that take a strengths-based approach
2.3c	Develop principles and standards for nationally consistent training to build capability in social services in relation to supporting people with personal lived experience	Medium term	National Mental Health Commission	Development of training advice
2.3d	Develop and deliver tailored training (consistent with principles and standards – see above 2.3c) for people working in social services, led by people with personal lived experience, that builds trainees' understanding of the social determinants of health, the impact of co-occurring conditions and includes narratives of hope and recovery	Medium term	Australian, state and territory governments	Decreased prevalence of stigmatising attitudes amongst social services employees Decreased in number of people with personal lived experience reporting stigma and discrimination in their interactions with social services staff
2.3e	Embed peer-support workers in social and welfare services to support people with personal lived experience and families and support people to navigate the services system and link them to other services where appropriate	Medium term	Social service providers	Decrease in people with personal lived experience reporting barriers to accessing social services and navigational support

Ref	Action	Timeframe	Who's responsible	Expected changes
2.3f	<p>Build on existing work to ensure the NDIS:</p> <ul style="list-style-type: none"> • is based on a model of disability that includes the impacts of mental ill-health, distress and trauma • ensures parity of psychosocial disability with other forms of disability, including through systems, processes and staff knowledge and skills • recognises and aligns in-practice with the potentially episodic nature of mental ill-health, trauma and distress, and recovery principles • does not further contribute to people's experience of stigma and discrimination. 	Medium term	National Disability Insurance Agency	Increased access to NDIS supports among people with personal lived experience
2.3g	<p>Scope feasibility of amending eligibility and supporting guidance for Disability Support Pension and Carer Payment to:</p> <ul style="list-style-type: none"> • be based on a model of disability that includes the impacts of mental ill-health, distress and trauma • ensure parity of psychosocial disability with other forms of disability • recognise the potentially episodic nature of mental ill-health, trauma and distress 	Medium term	Department of Social Services	Increased financial security for people with personal lived experience and for carers and support people
2.3h	Integrate funding, data, and systems across social services to streamline processes and identify individuals' need or eligibility for all necessary services to address holistic needs	Long term	Australian, state and territory governments	Ability to share relevant information to address holistic needs
2.3i	Review and reform or repeal tenancy laws that perpetuate stigma and discrimination of people with personal lived experience, and families and support people, including those that permit eviction without cause	Long term	State and territory governments	Decrease in number of people with personal lived experience reporting stigma and discrimination related to housing

Ref	Action	Timeframe	Who's responsible	Expected changes
2.3j	Increase employment opportunities available to people with personal lived experience, and support people, who can and wish to work	Long term	Department of Employment and Workplace Relations	Increase in number of people with personal lived experience engaged in employment which does not exacerbate their distress
2.3k	Increasing the flexibility of compliance (i.e., job-seeking) activities for people with personal lived experience, and support people, who receive income support payments	Long term	Department of Employment and Workplace Relations	Reduction in number of people with lived experience not meeting compliance obligations
2.3l	<p>Improve child protection supports by:</p> <ul style="list-style-type: none"> implementing outreach models early on for parents engaged in child protection, to understand how their experience of mental ill-health is being managed, and provide comprehensive referral pathways based on support needs support Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities to build community and culturally aware child protection responses promote multidisciplinary and cross-sectoral collaboration and knowledge-sharing, focussed on trauma-informed practice and decision-making 	Long term	State and territory governments	<p>Increased uptake of early outreach referral pathways amongst parents with personal lived experience</p> <p>Presence of trauma-informed policy and practice across child protection agencies in relation to matters involving parents with identified personal lived experience</p> <p>Decrease in number of Aboriginal and Torres Strait Islander and culturally and linguistically diverse parents reporting stigma and discrimination due to mental health status in child protection intake, assessments and matters</p>

Priority actions for financial services and insurance

Ref	Action	Timeframe	Who's responsible	Expected changes
2.4a	Develop guidance and incorporate Lived Experience workers into financial and legal services to assist clients in navigating these complex service systems and to advocate at an individual and system level	Short term	National Mental Health Commission Financial and legal service providers	Improved understanding of financial and insurance systems amongst people with personal lived experience
2.4b	Explore opportunities to develop – and embed in financial services and insurance products, practices and reporting – common definitions of relevant data that reflect contemporary understandings of causes, experiences and impacts of mental ill-health, and include clinical diagnoses as well as sub-clinical presentations	Medium term	National Mental Health Commission	Increased evidence of contemporary and informed policy and practice relating to providing services to people with personal lived experience
2.4c	<p>Review and update as required, industry guidelines and training opportunities for members to ensure they:</p> <ul style="list-style-type: none"> • reflect contemporary, strengths-based understandings of mental ill-health • outline the impact of stigma and discrimination and for people when accessing financial services, and provide practical guidance for preventing and addressing these impacts (e.g. through 'reasonable adjustments') • are independently reviewed and accredited with input from people with lived experience and other mental health expertise • include components that are delivered by people with lived experience • promote mechanisms to ensure Powers of Attorney, Guardianship Orders and advance directives are recognised and acted upon 	Medium term	Industry peaks*	Improved understanding of mental ill-health among finance and insurance professionals

2.4d	<p>Continue and strengthen work to improve financial and insurance products, as well as providers' policies and procedures, so they</p> <ul style="list-style-type: none"> • recognise that recovery from mental ill-health, trauma or distress can be non-linear and episodic in nature • ensure a person's individual experience is appropriately considered • ensure providers apply reasonable adjustments e.g., to repayment schedules, debt recovery, guidance on 'compassionate grounds' 	Medium term	<p>Financial and insurance services Industry peaks* Australian Securities and Investments Commission</p>	<p>Decrease in number of people with personal lived experience reporting being unfairly denied access to financial and insurance services, or having services unfairly suspended or cancelled, due to stigma and discrimination</p>
2.4e	<p>Review rules and protections around how information in Mental Health Treatment Plans (or equivalent care plans) and other medical records can be requested, shared and interpreted for the purposes of finance and insurance matters</p>	Medium term	<p>Australian Government, industry peaks* and mental health professional peaks</p>	<p>Alignment of rules and protections for the use of Mental Health Treatment Plans and other medical records with best practice principles</p>
2.4f	<p>Ensure product design and distribution, services and policies are informed by accurate and relevant data by ensuring relevant data for the insurance industry includes data on workplace interventions, claims and insurance from employers, workers' compensation schemes, individual and group life insurers</p>	Medium term	<p>Employers Insurance services Industry peaks*</p>	<p>Enhanced access to relevant data by financial and insurance services to support product and service design</p>
2.4g	<p>Explore opportunities for data collection and reporting to achieve greater accuracy and transparency in relation to mental ill-health and access to insurance. This should include consideration of:</p> <ul style="list-style-type: none"> • collecting and publishing data about the incidence of mental ill-health as a cause of insurance claims for the purposes of actuarial analyses and product design • opportunities to establish baseline compliance with recently revised standards and code of practice 	Short term	<p>National Mental Health Commission Australian Prudential Regulation Authority Industry peaks* Code compliance committees (or equivalents) Australian Financial Complaints Authority</p>	<p>Agreement on a clear plan for future reporting, including on key areas of content and data and commitment to timeframes.</p>

	<p>provisions, against which further improvements can be measured.</p> <ul style="list-style-type: none"> • tracking of the implementation and impact of recent industry reforms, codes of practice and standards, education and training, and effectiveness of oversight and enforcement mechanisms • review of progress against actions in this (Draft) Strategy as well as any outstanding issues identified by previous inquiries • a schedule for review and reporting over both medium and longer-term timeframes 			
2.4h	<p>Consider impact of existing industry standards and reforms, to identify and act upon areas requiring further improvement to ensure equitable access to insurance and other financial services including consideration of:</p> <ul style="list-style-type: none"> • mechanisms to support effective implementation of codes of practice • the need for further workforce supports, such as training, education or guidelines, or other improvements to products and/or industry policies and practices • opportunities to make code of practice provisions binding 	Long term	Industry peaks Australian Government	Increased adherence to industry codes of practice
2.4i	<p>Explore and embed supported decision-making mechanisms to protect people with personal lived experience from exploitation when accessing insurance and financial products</p>	Long term	Australian, state and territory governments Industry peaks*	Increased availability and uptake of supported decision-making mechanisms in financial and insurance services

*Industry peaks refers to peak representative bodies in financial services including (but not limited to) the Financial Services Council, Insurance Council of Australia, and the Australian Banking Association, the Customer Owned Banking Association and the National Insurance Brokers Association.

Priority actions for legal systems

Ref	Action	Timeframe	Who's responsible	Expected changes
2.5a	<p>Improve knowledge and awareness of mental health through training co-delivered with people with personal lived experience:</p> <ul style="list-style-type: none"> • Provide a manual and deliver a program of education for judges to inform court procedures and decisions involving people with personal lived experience, including when self-represented • Develop and implement continuing legal education for lawyers and legal support roles to provide extended support for clients with personal lived experience • Incorporate content regarding rules for accessing Mental Health Treatment Plans (and equivalent care plan) and medical records in training and guidance for lawyers and people working in courts, as well as health professionals as data custodians • Build mental health literacy of workers in child protection and family law 	Medium term	<p>Law Council of Australia State and Territory Bar Associations Courts (including Federal Circuit and Family Court of Australia; Family Court of Western Australia and other courts) National Judicial College of Australia (NJCA) Australasian Institute of Judicial Administration (AIJA).</p>	<p>Increased understanding of mental health among legal and justice professionals</p>
2.5b	<p>Review justice system rules and protections around the use of Mental Health Care and Protection Orders, including in family law matters, child protection and custody cases, to prevent discrimination and to encourage people to seek help</p>	Medium term	Australian Law Reform Commission	<p>Increase in number of people with personal lived experience help-seeking</p> <p>Reduced reports of unfair or discriminatory treatment on the basis of mental ill-health</p>

Ref	Action	Timeframe	Who's responsible	Expected changes
2.5c	Rigorously document, disseminate and provide clarification of practice developments and practice directions related to mental ill-health and family law that courts provide to judicial officers, registrars and court staff and evaluate impact on behaviour and outcomes	Medium term	Courts with family law jurisdiction (Federal Circuit and Family Court of Australia; Family Court of Western Australia)	Evidence of court procedures which include dissemination of practice developments and directions
2.5d	Protect people with personal lived experience from exploitation by systematically embedding mechanisms for supported decision-making in legal proceedings, correctional settings (including the forensic system) and in accessing insurance and financial products	Long term	Australian Government	Increased uptake of supported decision-making mechanisms by people with personal lived experience

Priority actions for employment settings

Structural discrimination in employment relates to the presence of policies, procedures or practices within organisations, and the regulatory and operating environment of employers, that restrict the opportunities for employment for people with personal lived experience, or which fail to adequately support people with personal lived experience who are employed.

Priority actions to build equitable and supportive pathways into and within employment are listed in the table below.

Ref	Action	Timeframe	Who's responsible	Expected changes
2.6a	Conduct longitudinal research to collect population-level data on prevalence of structural stigma and discrimination against people who have personal lived experience in employment or seeking employment	Short term	National Mental Health Commission	Increased availability of longitudinal data on prevalence and experiences of stigma and discrimination in employment
2.6b	<p>Develop guidance for employers across sectors, and of different business sizes, to advise on policies and procedures that support employees with personal lived experience, including:</p> <ul style="list-style-type: none"> changing stigmatising attitudes towards disclosures of mental ill-health and requests for reasonable adjustments providing access to programs for people with personal lived experience to enter and be supported in the workplace, including flexible working arrangements, staying/returning to work plans, disclosure, individual placement support/mentoring and skills training <p>Consult with people with personal lived experience from Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities to ensure the guidelines are culturally safe. Guidelines should focus on people with complex and co-occurring mental health needs.</p>	Short term	National Mental Health Commission Mentally Healthy Workplace Alliance	<p>Decrease in prevalence of stigmatising attitudes in Australian workplace</p> <p>Decrease in prevalence of workplace experiences of stigma and discrimination among people with lived experience</p>
2.6c	Develop easy-read guidance to support and encourage people with personal lived experience to find and maintain employment, including advice on human rights and workplace rights,	Short term	National Mental Health Commission Mentally Healthy Workplace Alliance	Increased proportion of people with personal lived experience in employment

Ref	Action	Timeframe	Who's responsible	Expected changes
	navigating and making the most of workplace supports, disclosure decision-making (such as the SIRA READY decision-making tool), and accountability mechanisms			
2.6d	Expand on the existing Lived Experience (Peer) Workforce Development Guidelines to develop a resource for employers to identify preconditions for success, indicators of organisational and sector readiness, and benefits of a scaled-up Lived Experience workforce. In cases of organisational readiness, embed Lived Experience workforce roles within organisations, and/or foster 'peer champions' in existing roles, to promote positive visibility of lived experience	Medium term	Australian Government Employers	Increase in number of Lived Experience workforce opportunities available
2.6e	Build capacity to provide advice and support for employers to introduce and implement policies and procedures that link to broader strategic and operational plans to create safe, inclusive, non-stigmatising and mentally healthy workplaces, including training, support tools for people with personal lived experience (such as staying/returning to work plans)	Medium term	Australian Government Employers Business and industry peak bodies	Increased proportion of people with personal lived experience in employment Decrease in prevalence and experiences of stigma and discrimination in the workplace
2.6f	Develop resources for use by employers and employees in a range of contexts that provide examples of different types of reasonable adjustments for diverse mental health needs	Medium term	Australian Government	Decrease in number of complaints under federal, state and territory legislation relating to failure to provide reasonable adjustments
2.6g	Review the intersection of legislation, regulation and accountability mechanisms relating to mental health in the workplace (including workplace health and safety, anti-discrimination provisions, workers compensation, industrial relations and privacy) with the objective of identifying options for more equitable access to protections, streamlining regulatory arrangements,	Long term	Australian, state and territory governments	Enhanced alignment between work health and safety legislation and anti-discrimination legislation

Ref	Action	Timeframe	Who's responsible	Expected changes
	clearer understandings of rights and responsibilities and the provision of information and advice for employees with personal lived experience and employers.			

Priority actions for education and training settings

Ref	Action	Timeframe	Who's responsible	Expected changes
2.7a	Conduct research to collect population-level data on prevalence of structural stigma and discrimination against people with personal lived experience in education and training	Short term	National Mental Health Commission	Deeper understanding of prevalence of structural stigma and discrimination in education and training
2.7b	Conduct mental health education programs for students that embed lived experience stories to challenge stereotypes around mental health. Consider opportunities to deliver these through contact-based or peer modelling approaches	Short term	State and territory governments	Decrease in prevalence of stigma and discrimination in education and training
2.7c	<p>Review and where necessary update institutional policies, procedures and practice to embed:</p> <ul style="list-style-type: none"> • a wellbeing focus across the learning community • special consideration and other accommodations • policies which do not unduly reduce access to accommodations • complaints mechanisms that are enforceable by disciplinary action <p>Consider trialling or implementing a specific role for mental health engagement person to support and advocate for students with personal lived experience</p>	Short term	Primary, secondary and tertiary educational institutions Australian, state and territory governments	Decrease in prevalence of stigma and discrimination in education and training
2.7d	Ensure in-school mental health programs contain an explicit anti-stigma focus and include the impact of co-occurring conditions	Short term	National Mental Health Commission	School-based programs include a focus on anti-stigma
2.7e	Support all staff in education and training settings to undertake mental health literacy and stigma-reduction training, using a 'whole learning community approach' to build an inclusive learning environment	Medium term	Primary, secondary and tertiary educational institutions	Increase in uptake of training programs aimed at educational institutions, as shown by mapping analysis of school districts

Ref	Action	Timeframe	Who's responsible	Expected changes
2.7f	Embed concepts of social and emotional wellbeing and resilience into educational standards at a national level, for jurisdictions to implement into curricula from primary school onwards	Medium term	Australian, state and territory governments	Decrease in prevalence of stigma and discrimination in education and training
2.7g	Initiate steps to incorporate mental health literacy, with an explicit anti-stigma focus, into pre-career standards, qualifications and ongoing professional development	Long term	Australian, state and territory governments	Increase in proportion of educators and graduates who have completed mental health literacy training

Priority 3: Reduce public stigma

Stigmatising thoughts, feelings, and behaviours among members of the public have profoundly negative impacts on people with personal lived experience and those around them. This is why reducing public stigma is so important.

Public stigma is constituted by negative thoughts, feelings and behaviours held or expressed by individuals towards people who experience mental ill-health.²

As a result of public stigma, people living with mental ill-health are negatively categorised, othered, and lose status and power in society.³ This leads to widespread discrimination against people with mental ill-health, which limits a range of life opportunities.⁴

Public stigma is pervasive throughout Australian society. The majority of people with personal lived experience report experiences of public stigma, with those with complex mental health needs reporting more frequent experiences of stigma and discrimination.⁵

This priority seeks to address public stigma and discrimination through:

- building a social movement to catalyse community action to reduce stigma and discrimination
- improve quality of media reporting and representations of mental ill-health.

Priority actions to build a social movement

Ref	Action	Timeframe	Who's responsible	Expected changes
3.1a	Design and implement appropriately tailored and culturally-safe hybrid educational and contact-based training initiatives (with a rights-based framing) within primary, secondary and tertiary education settings	Short term	National Mental Health Commission	Decrease in prevalence of stigma and discrimination in education settings and longer term across the population
3.1b	Design and implement appropriately tailored and culturally-safe hybrid educational and contact-based training initiatives (with a rights-based framing) for people in frequent contact with people with personal lived experience, including: <ul style="list-style-type: none"> • mental health workers (including NDIS administrators, service providers and other employees) • health workers • social services workers • child protection workers • teachers and early childhood educators • police • people working in legal and financial systems • Managers, supervisors and people in HR roles <p>As part of this, embed informal and formal Lived Experience roles in leadership and support roles throughout organisations</p>	Short term	National Mental Health Commission, working with relevant peak bodies, professional associations, regulators, educational institutions and employer associations	Decrease in prevalence of stigma and discrimination in settings with frequent contact with people with personal lived experience
3.1c	Design and prototype/pilot appropriately tailored and culturally-safe contact-based initiatives (with a rights-based framing) in collaboration with key communities: <ul style="list-style-type: none"> • Aboriginal and Torres Strait communities • CALD communities • LGBTIQ+ people 	Short term	National Mental Health Commission	Improved attitudes toward people with personal lived experience among target populations Reduction in mental health-related stigma and discrimination

Ref	Action	Timeframe	Who's responsible	Expected changes
	<ul style="list-style-type: none"> • Family, friends and support people • Specific gender and age groups (e.g. young men) <p>Initiatives to be prototyped/ implemented should:</p> <ul style="list-style-type: none"> • be created by people with lived experience • test different messaging strategies and be delivered in different ways, including social media and traditional media • use a strengths-based narrative and aim to normalise speaking about mental health in daily life • leverage culturally appropriate arts and other creative practices, food and sporting organisations and events • invest in and promote the full spectrum of work currently performed by lived experience speakers and organisations, and provide new opportunities for community members to contribute • be rigorously evaluated before scaling up. 			among priority populations
3.1d	Specify that professional mental health education and training (pre-service and ongoing professional development) must include content about rights-based approaches to mental health care, valuing lived experience and the impact of stigma and discrimination (including diverse and compounding experiences of stigma and discrimination) in their curricula	Medium term	Relevant higher education training and accreditation bodies	Improved attitudes toward people with personal lived experience among mental health workers Reduction in stigma and discrimination in mental health settings
3.1e	Ensure all future public stigma reduction initiatives: <ul style="list-style-type: none"> • incorporate human rights in the frame of reference • use a strengths-based narrative that emphasises hope and recovery, and expresses the many and varied ways that people with personal lived 	Medium term	National Mental Health Commission	Sentiment of public stigma reduction materials and communications Deeper understanding of intersectionality related to mental ill-

Ref	Action	Timeframe	Who's responsible	Expected changes
	<p>experience contribute to the community</p> <ul style="list-style-type: none"> • are co-designed and implemented by people with lived experience • consider how people are affected who experience multiple forms of discrimination 			<p>health among audiences</p>

Priority actions for media settings

Ref	Action	Timeframe	Who's responsible	Expected changes
3.2a	Improve the mental health literacy of media professionals and students (including human rights literacy) through expanded targeted training which include contact-based components and hybrid messaging strategies (see <i>Priority 1</i> for detail)	Short term	Australian Government Educational institutions Broadcasters, content developers and media industry bodies	Decrease in number of complaints of breaches of advertising / media standards relating to mental health-related stigma and discrimination
3.2b	Explore options for increasing the diverse representation of mental ill-health in broadcast media, such as considering the role of content quotas	Short term	Australian Government, working closely with media industry bodies, including regulatory and representative organisations	Decrease in number of complaints of breaches of advertising / media standards relating to mental health-related stigma and discrimination
3.2c	Promote education and collaboration between people working across all forms of media (including industry bodies, creative media and artists) with the mental health sector (including lived experience advocates) with a focus on stigma reduction, through: <ul style="list-style-type: none"> improved adherence and accountability against existing media standards improved practices of covering news stories and portraying individuals in mental distress opportunities for more positive mental health stories. 	Medium term	Australian Government, working closely with media industry bodies	Decrease in number of complaints of breaches of advertising / media standards relating to mental health-related stigma and discrimination
3.2d	Use media channels and digital platforms to prevent stigmatising attitudes from developing, by: <ul style="list-style-type: none"> introducing segments on children's television programs that can start to appropriately introduce concepts of mental health, including rights-based concepts, and diversity of experiences from a young age. 	Medium term	National broadcasters and major commercial networks, including streaming platforms	Decrease in prevalence of stigmatising attitudes toward people with personal lived experience among audiences

Ref	Action	Timeframe	Who's responsible	Expected changes
	<ul style="list-style-type: none"> forming partnerships with large commercial media platforms and outlets to develop and implement a shared vision around mental health-related stigma and discrimination 			
3.2e	Conduct scoping for a voluntary multi-stakeholder accountability mechanism for digital platforms, to review content moderation and terms of service and identify and implement actions to reduce stigma and discrimination	Medium term	Office of the eSafety Commissioner Digital platforms	Decrease in prevalence of stigmatising portrayals of people with personal lived experience across social media
3.2f	Influence digital platforms to moderate content that promotes or reinforces mental health-related stigma and discrimination	Medium term	Office of the eSafety Commissioner Digital platforms	Evidence of moderation policies of social media platforms
3.2g	Undertake work to increase online literacy, safety and respectful online behaviour, including amongst key public figures, to improve understanding of mental ill-health and human rights and how to use platforms to reduce stigma and discrimination	Short term	Office of the eSafety Commissioner	Increase in positive sentiment of social media content produced and shared by targeted influencers and celebrities
3.2h	<p>Develop and implement campaigns using mass media and digital platforms that:</p> <ul style="list-style-type: none"> move beyond a focus on the scale of the problem and what not to do, to incorporate suggestions for engendering hope, positive language and behaviours towards people with personal lived experience, and respect for their dignity and rights reach rural and culturally and linguistically diverse communities (e.g., through funding CALD radio and organisations in each state to lead action connected with established lived experience perspectives) are co-designed and co-delivered with people with lived experience 	Medium term	Australian, state, territory, and local governments	Decrease in prevalence of stigmatising portrayals of people with personal lived experience in mass and social media campaigns

Priority 4: Reduce self-stigma

Mental health-related self-stigma is a complex, nuanced, highly personal experience, deeply felt by some people with personal lived experience. Self-stigma can impact self-esteem, identity and lead to withdrawal or avoidance when people with personal lived experience become aware of, internalise, and/or come to expect negative experiences with public and structural stigma.

Self-stigma is the process in which a person with personal lived experience becomes aware of public 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.⁶

Self-stigma is associated with an awareness of stigmatising attitudes, prejudice, stereotypes, and discrimination against people with personal lived experience (perceived stigma), leading to a fear of experiencing stigma in the future (anticipated stigma). This may cause withdrawal from opportunities, negative self-belief, and reduced self-esteem.⁷ These factors in turn can discourage help-seeking and/or reduce the effectiveness of support.⁸

Perceived stigma is a person's awareness or perception that the public holds prejudice, negative views or engages in discriminatory behaviour towards people who experience mental ill-health.

Anticipated stigma is a fear that prejudice, discrimination and stereotyping will be directed at the self from others in the future. The experience of perceived stigma is central to anticipated stigma, and often results in withdrawal from opportunities.

Evidence shows that people who have been exposed to mental health-related discrimination are more likely to develop self-stigma.⁹ Self-stigma therefore cannot be addressed without overarching actions to reduce public and structural stigma and discrimination. The potential wellbeing impacts of self-stigma make it important to address as an outcome of public and structural stigma, with further research also required into specific self-stigma-reduction initiatives.

Because self-stigma, like mental health itself, is a complex highly personal experience, it can be challenging to conceptualise and to address. Building the evidence base around self-stigma reduction is a priority, in order to explore options for using broader stigma-reduction initiatives to address self-stigma.

This priority seeks to address self-stigma:

- through public stigma reduction initiatives
- amongst the Lived Experience workforce
- by introducing measures to reduce self-stigma among support people
- by strengthening evidence base for initiatives to reduce self-stigma.

Priority actions to reduce self-stigma

Ref	Action	Timeframe	Who's responsible	Expected changes
4a	<p>Conduct research into prevalence and experience of self-stigma among:</p> <ul style="list-style-type: none"> • people with personal lived experience • Lived Experience workforce • families and support people • general population 	Short term	National Mental Health Commission	Increased availability of quantitative prevalence data and qualitative experience data for people with personal lived experience, Lived Experience workforce, families and support people and the general population
4b	Establish national and/or regional communities of practice for Lived Experience workers	Short term	Lived Experience peak/ advocacy organisations	<p>Increased access to formal and informal supports for the Lived Experience workforce</p> <p>Decrease in prevalence of self-stigma among Lived Experience workforce</p>
4c	Fund the development and evaluation of programs that are designed to build stigma-resistance, resilience and self-compassion. Programs must be culturally responsive (co-developed with Aboriginal and Torres Strait Islander people with lived experience)	Medium term	National Mental Health Commission	Increased availability of evaluation data in an Australian context for targeted self-stigma-reduction programs
4d	Drawing on additional evidence generated from the actions listed above, develop guidelines defining best practice for self-stigma reduction, co-designed with people with personal lived experience and incorporating a human rights-based approach	Long term	National Mental Health Commission	Increased understanding of evidence-based interventions which address self-stigma

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