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Response to the consultation about the National Mental Health Commission's (NMHC) *Draft National Stigma and Discrimination Reduction Strategy*

The Australian Psychological Society (APS) welcomes the NMHC *Draft National Stigma and Discrimination Reduction Strategy* (*the Draft Strategy*), and the opportunity to provide input into its development. We commend the reflective, comprehensive approach to the development of the strategy which:

- is the first government-led strategy to take a comprehensive and systemic approach to address mental health-related stigma and discrimination in Australia,
- aims to bring renewed focus to upholding the human rights of people with personal lived experience of mental ill-health and their families, carers and support people, and
- puts forward a clear 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.

Amongst others, the Productivity Commission identified the development of a National Stigma and Discrimination Reduction Strategy as a priority to improve population mental health[1]. As made clear in the literature review sections of *the Draft Strategy*, there is an urgent need to do more to address mental health-related stigma and discrimination. As noted, there is a pervasive pattern of mental health-related stigma and discrimination in Australia. Three out of five people with lived experienced report unfair treatment or discrimination that negatively impacts their lives, with initiatives aimed at reducing stigma and discrimination having no proven or limited success to date. This is not only important to individuals who currently suffer from the ill effects of stigma but has the capacity to have broad economic benefits for the community.

Our work is ultimately to improve the lives of all Australians and, in doing so, we are committed to the Sustainable Development Goals that promote well-being for all at all ages and challenge communities to address the broader social determinants of health[2]. We advocate on behalf of our members and the community for improving wellbeing through the reform of Australian health and social systems and evidence-based approaches to health promotion, prevention, early intervention and treatment.

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Prevention of the incidence as well as the reduction of chronicity of mental illness is central to the ethos of the APS and psychology as a discipline. Given the relationship between perceived stigma and mental health help-seeking behaviour, albeit complex and determined by many factors[3,4], it is critical that any barriers to seeking timely mental health treatment are urgently addressed. We acknowledge, however, that there is additional work to be done to fully understand the relationship between mental health stigma and help-seeking behaviour[5,6]. Given this, the APS supports research being undertaken in this area, as community attitudes change due to, and alongside, the implementation of the National Stigma Reduction Strategy.

In consideration of *the Draft Strategy* as it stands, the APS commends the NMHC on developing a well-considered document working toward an aspirational vision which is supported by tangible and achievable actions. Specifically, the APS commends *the Draft Strategy* as it:

- reflects diverse perspectives captured via robust co-design processes and co-leadership by people with lived experience and academic, sector or other professional expertise,
- acknowledges the needs of specific populations and matters of intersectionality whereby other forms of discrimination often amplify mental health-related stigma and discrimination, and
- adopts innovative behavioural science approaches that compel behavioural change within the systems, structures, policies and practices which embed stigmatising attitudes and discriminatory treatment, even in the absence of shift in the community attitudes.

We make the following comments regarding the consultation questions:

Feasibility, effectiveness and readiness for change

- *The Draft Strategy* clearly sets out four priorities, each supported by clear objectives and implementable and measurable immediate and longer-term actions over the next 5 years with clear accountabilities directed towards the Australian Government, state, territory and local governments, industry and the community.
- While *the Draft Strategy* sets out an ambitious change agenda, overall, the actions appear to be achievable as per the stated timeframes and correctly allocated to the responsible parties. However, as flagged in *the Draft Strategy*, the work of tackling mental health-related stigma and discrimination begins with this new strategy but will likely require work over a sustained period beyond this initial 5 years to achieve the longer-term vision. We strongly agree that ongoing measurement and evaluation of the actions (a clear principle of this *Draft Strategy*) will be essential to track progress and inform future planning. It is highly likely that many positive consequences of this important work will be most fully appreciated by future generations of Australians.

Enablers and barriers

- We note the inclusion of "professional associations" as responsible parties for actions 2.2(k) (Develop and deliver, in collaboration with the Lived Experience workforce, ongoing professional development training for healthcare professionals) and 3.1(b) (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). The APS has a large suite of evidence-based training resources addressing many of the areas detailed further in these actions, and the infrastructure and experience to develop and implement professional development training of this nature for a broad range of mental health and social services professionals.
- As advised by the Productivity Commission:

  "The [National Stigma and Discrimination Reduction] Strategy should actively target stigma and discrimination directed towards people with mental illness by health professionals, including by developing contact interventions that involve interactions between health professionals and mental health consumers, on an equal footing outside of a clinical setting[1(p. 297)] *"*

Given this, we recommend that more could be done to support mental health professionals to disclose their own personal lived experience, for example through revising professional standards, adjusting processes, or incentivising disclosure where it is relevant to the therapeutic process. Psychologists, in particular, observe the negative effects that stigma and discrimination can have on both individuals and at a population-based level. As a profession, can use our expertise and play a leadership role to prevent future ill-effects of these potentially devastating social phenomena.

- Psychologists are uniquely placed as enablers of evidence-based community-level prevention, training and capacity building, interventions, evaluation of interventions. Our members already work in a number of ways to promote mental health awareness and stigma reduction in a variety of settings including from schools, hospitals, workplaces, sport settings, private clinics, and correctional facilities to name a few. In this way, psychologists have a broad sphere of influence, and we advocate should be central to the development and implementation of stigma reduction initiatives.
- As acknowledged in the Draft Strategy, suicide can be associated with stigma, feelings of shame or perceived rejection which may also affect those who are bereaved.[13] It may also lead to causes of death not being openly discussed as well as the causes of suicide not being well known in the community.[13] As a society, we need to have much more open discussions about suicide in order to raise awareness, to aid early identification of those at risk and to enable people affected by suicide to access the supports (including informal supports and community-based resources) that they need. Suicide will continue to be hidden unless opportunities are made to discuss suicide in age- and culture-appropriate evidence-based ways. Given this, we strongly support efforts to align the initiatives of the Draft Strategy with suicide prevention strategies and frameworks throughout Australia.

Missing elements and other comments

- Although we acknowledge that *the Draft Strategy* includes many references to Aboriginal and Torres Strait Islander peoples as experiencing stigma and discrimination, we believe that much greater attention is required to adequately reduce stigma and discrimination for our First Nation's peoples. As acknowledged in the strategy, the unique impact of colonisation means that First Nations Peoples are not the same as other vulnerable groups. There must be deep recognition of the intergenerational trauma and ongoing disenfranchisement that has been created in Australian society which pervades many areas of life and contributes to the intersectional experience of stigma and discrimination.
- Acknowledging that many of the social determinants of mental illness and suicide are not uniform across communities. Interaction with the criminal justice system,[18] racism and discrimination,[19] service inequalities, education outcomes, health outcomes, are some of the many factors that may explain differences in Australians communities. These must be addressed appropriately to see tangible progress in stigma and discrimination reduction.
- We note that in the following footnote statement (p. 33) the biopsychosocial model is incorrectly equated with the medical model and a sole focus on diagnosis: "The 'medical model' is a biopsychosocial approach whereby a health professional assesses a person's problems and matches them to a diagnosis or classifications, for which treatments are identified.
- As suggested by the Productivity Commission[1], we also advocate that there are sufficient resources dedicated to the full implementation of the National Strategy and will continue to campaign for the support of evidence-based and practice-informed initiatives which reduce mental health related stigma.

The APS plays a pivotal role in supporting mental health and wellbeing, and our downstream impact, through our network of members, reaches millions of Australians and their families and supports each year. We would very much welcome the opportunity to meet you at your earliest convenience to discuss how the APS can proactively support the NHMC in the next steps of implementation of this first national strategy to address mental health-related stigma and discrimination. We will be in touch shortly.

If any further information is required from the APS in the meantime, I would be happy to be contacted through the national office on (03) 8662 3300 or by email at z.burgess@psychology.org.au

Yours sincerely

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The APS would like to acknowledge and sincerely thank the members who so kindly contributed their time, knowledge, experience and evidence-based research to this submission.

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