

National Stigma and Discrimination Reduction Strategy

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Presentation to Leading Reform
Conference
24 November 2022

Project goal

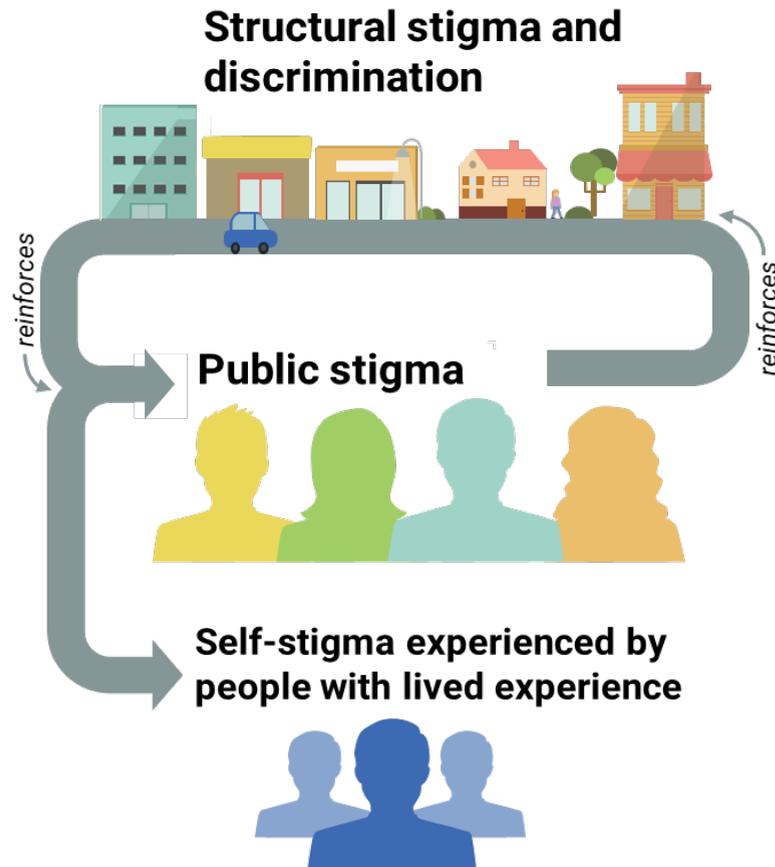
To develop a strategy which articulates clear priorities/focus areas, objectives and actions over a five-year period to:



1. **Reduce public stigma** towards people with personal lived experience and their support people by changing attitudes and behaviours in the general community and amongst identified target audiences
2. **Take action** towards eliminating structural stigma and discrimination towards people with personal lived experience and their support people in identified settings.
1. **Reduce self-stigma** amongst people with personal lived experience and those who support them



Stigma and discrimination



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

Public stigma refers to negative thoughts, feelings, opinions and behaviours held or expressed by individuals or organisations towards people with personal lived experience.

Self-stigma refers to 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.

While there are many things to be optimistic about

Good intentions

“I would help a person with this problem”

- 59%-86% agreement*

Among respondents who know someone with a mental health problem in the last 12 months:

- 75% reported *wanting* to be understanding and show support.
- Of these, 96% reported *being* supportive, such as listening to them.

Positive experiences

Among people with a mental health problem in the last 12 months:

- 57% reported being treated more positively by their family, and 52% by friends
- 60% agree “For the most part, I can live my life without mental health problems getting in the way”
- 49% agree “Having had mental health problems has made me a stronger person”

Desire for change

“More needs to be done to eliminate discrimination towards people affected by mental health problems”

- 83% agreement

“Australian workplaces need more support to improve the way mental health is dealt with”

- 84% of workers agree

*The range is across the different types of mental health problems described in the eight different vignettes

There are priority issues to focus on

Some conditions are more frequently stigmatised

Stigma most frequently directed at people experiencing:

- Schizophrenia
- Borderline personality disorder

- Design anti-stigma activities and communications at disorder-specific level

Some stigmatising beliefs are more frequently endorsed

It's less common to perceive mental ill-health as a personal failing. It's more common to perceive a person experiencing mental ill-health as being at the whim of something they can't control.

A concerning trend is emerging from an over-emphasis on the bio-medical basis for mental ill-health.

- Nuance messaging. Avoid the 'in/out of control' false dichotomy. Avoid analogy of physical illness.
- Illustrate what managing mental ill-health/ recovery looks like.

Some demographic factors more frequently associated with stigma

There are higher proportions of people who endorse stigmatising beliefs among males, younger people, and people from culturally and linguistically diverse backgrounds.

Their commonality is less exposure/ experience of mental ill-health.

- Target and tailor interventions to these communities.
- Use positive 'contact' based activities, e.g. story telling, drawing on the experiences of people from these communities.

Commissioned Research

10 commissioned research reports; 1 research grant

Foundational research

Understanding and addressing different forms of Stigma:

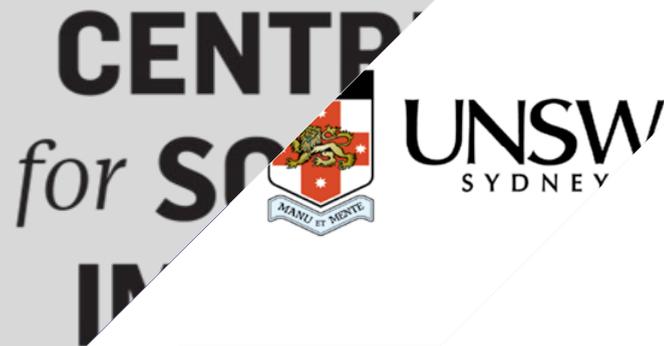
- Self-stigma
- Public stigma
- Structural stigma
- Measurement of stigma

Other topics of research

- Social security and Stigma
- Mental health and insurance
- Legal and regulatory contexts of stigma and discrimination
- Contact with the criminal justice system
- Family court and child protection processes
- Insurance

MISRed research

Reducing stigma and discrimination towards people with mental illness



Governance

Lived-experience leadership

The Commission has established a Steering Committee and series of Technical Advisory Groups to guide the development of the Strategy.

Technical Advisory Groups provide specific advice. These groups focus on:

- Self-Stigma
- Public Stigma
- Reducing Structural Stigma and Discrimination
- Measurement

The Steering Committee and Technical Advisory Groups are each co-chaired by people with lived experience and people with other forms of expertise in the specific settings the strategy aims to change.

Key engagements to date

2021

July – August 2021

Steering Committee and Technical Advisory group established

August 2021

National Survey of Mental Health-Related Stigma and Discrimination conducted

November 2021

Six online workshops held

- EOI process for lived experience participants
- Focus areas of Strategy

2022

March 2022

Focused engagements with:

- leaders from culturally and linguistically diverse communities
- Aboriginal and Torres Strait Islander people

June - August 2022

Focused engagement with key stakeholders to discuss embargoed Draft Strategy

November 2022

Opening of public consultation period for 12 weeks

Our vision

An Australian community where:

- People with lived experience have equal dignity, value and respect
- Everyone is able to live a life of meaning and purpose free from mental health-related stigma and discrimination.

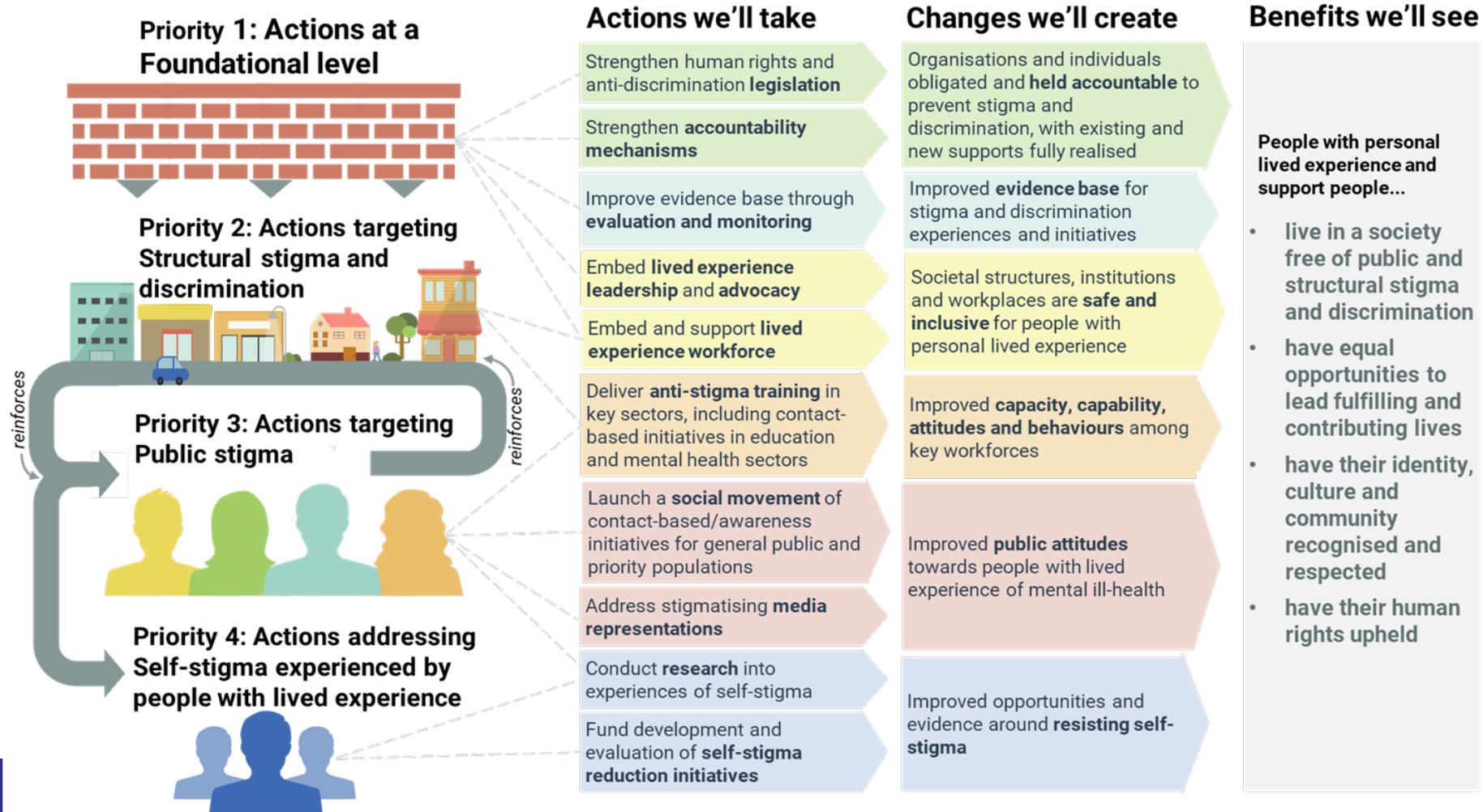


Guiding Principles

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, 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 support culture, spirituality, identity, intersectionality and community
5. Measure change to drive accountability



How to create change



Indicative Timeframes for Action

Short Term	Medium Term	Long Term
Within 1 Year	2-3 Years	3-5 Years

Reducing stigma and discrimination requires long-term coordinated action in order to be effective and sustainable.

This Strategy will need to be closely monitored and evaluated and we anticipate a new Strategy being developed for a further five years to be able to create sustainable change.



Public consultation (closing 1 February 2023)

Key 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 gaining 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?

Methods:

- Online surveys
 - inviting feedback on actions
 - for families, carers and support people
 - for members of workforces
- Submissions
- Briefings
- Focused roundtables (selected topics)



Thank you and contact details

Website for Further Information, Surveys and Submissions:

<https://mentalhealthcommission.gov.au/StigmaStrategyDraftConsultation>

Email: StigmaStrategy@MentalHealthCommission.gov.au

