



Beyond Blue submission on the Draft National Stigma and Discrimination Reduction Strategy

1 February 2023

Introduction

- Beyond Blue welcomes the opportunity to comment on the Draft National Stigma and Discrimination Reduction Strategy (Strategy). The Strategy is sophisticated, comprehensive, evidence-based and reflects the significant program of work that the National Mental Health Commission (Commission) has undertaken in partnership with the community.
- The Strategy is person-centred and informed by the contributions of many people who have living or lived experience of mental ill-health, stigma and discrimination and the people who support them. It champions their human rights, voices and hopes for the future, and calls on us all to continue the work needed to bring about intergenerational change.
- We commend the comprehensive priority areas that target stigma and discrimination at the foundational, structural, public and individual levels. We strongly support the thorough list of actions that take a cross-sector and whole-of-community approach to sustained system and cultural transformation.
- We look forward to supporting the implementation of the final Strategy. The effectiveness of the Strategy hinges on implementation that is timely, properly sequenced, sustainably funded and coordinated with other reform initiatives taking place in the mental health system. It is also critical that strong governance and accountability mechanisms are put in place to ensure the successful implementation of the Strategy.

Recommendations

Beyond Blue recommends that:

1. A robust implementation plan be developed to support the Strategy's success, drawing on implementation science (which guides implementation efforts based on what is proven to help or hinder the uptake and effective roll-out of policies and programsⁱ). The implementation plan should connect closely with, and leverage, stigma and discrimination efforts that are currently underway.
2. Commonwealth, State and Territory Governments commit ongoing support and sustainable funding to deliver the Strategy and establish governance arrangements that include public reporting on progress, and separation of responsibilities for implementation and monitoring and evaluation of the Strategy, to facilitate its effective implementation, in line with broader reform efforts.

Beyond Blue's service users report stigma and self-exclusion as the main barriers to seeking support

- We are hearing from community members that stigma and discrimination relating to mental ill-health continue to impact them. These research insights may be useful in refining and implementing the Strategy's priority actions, particularly the self-stigma and stigma reduction education initiatives.
- A recent representative surveyⁱⁱ found that while there is large community support for encouraging people to reach out to mental health services, stigma and self-exclusion continue to prevent people from doing so for themselves.
 - Self-exclusion due to a belief that their experience is not 'bad enough' to warrant reaching out was the number one reason for not contacting a support service. People either felt they were not in a

dire enough situation (with a perception that one needs to be experiencing suicidal thoughts to need to call), that others may need it more, or that reaching out would not help.

- These findings illustrate the impacts of self-stigma and the importance of challenging people's self-perceptions of symptoms, treatment options and worthiness for support. They may be useful in shaping the education initiatives for the public and people who work with people who have living or lived experience of mental ill-health (Priority Actions (3.1a-e) and self-stigma reduction initiatives (Priority Action 4c and 4d).
- Research conducted by Beyond Blue in partnership with the Australian Securities and Investment Commission (ASIC)ⁱⁱⁱ found a bi-directional relationship between mental health and financial wellbeing that was characterized by experiences of compounding stigma.
 - Stigma is experienced around both poor financial wellbeing and mental health, creating a barrier to help-seeking in both areas. Poor financial wellbeing, including debts and perceived poor handling of finances, are seen as personal failings.
 - This narrative can lead to shame, anticipated and perceived stigmatised responses from service providers, fear, denial and behaviours that make financial difficulties and mental ill-health worse (such as withholding information about financial wellbeing and mental ill-health, and avoiding or delaying help-seeking).
 - These insights may be useful in guiding the implementation of the priority actions aimed at the mental health and financial services sectors and ensuring they are informed by, and responsive to, the multifaceted experience of stigma for those experiencing both financial and mental distress (Priority Actions 2.4a - 2.4d and 3.1b).

Response to the Commission's consultation questions

(a) Feasibility

Are the actions achievable in the recommended timeframe and allocated to the correct responsible party/parties? Is there a readiness for change?

- Beyond Blue believes there is an appetite within the community and mental health sector for change, noting that many sector organisations are already actively involved in efforts to reduce stigma and discrimination.
- Beyond Blue has a long history of championing this work through Beyond Blue Speakers, who share their personal experiences; educational social media content promoting stories of hope and recovery; behaviour change campaigns; and improving access to support through early intervention services and advocacy activities. Many others in the mental health sector also have a strong track record in this area, including SANE (Stigma Watch Program) and the Black Dog Institute ('Let's Stop the Stigma' campaign).
- While the proposed responsible parties to implement the Strategy's priority actions are broadly on track, there is an opportunity to better leverage the existing capabilities of the mental health sector to reduce stigma and discrimination, as part of the Strategy's implementation. This would recognise the importance of local and tailored approaches to stigma reduction and support the adoption of the Strategy. For example – in Priority Action 3.2h, which is focused on campaigns and digital platforms, leveraging existing sector capabilities to deliver this work would help to ensure that a whole-of-community and whole-of-sector approach is adopted, that is likely to improve the long-term outcomes and sustainability of the Strategy.
- We also believe there is a developing appetite in the financial services sector to improve mental health literacy and be part of a movement to tackle the compounding experiences of financial and mental health stigma. Beyond Blue's community partner, Financial Counselling Australia (FCA), has identified self-stigma as a strong and recurrent theme in their interactions with service users, often expressed as shame, embarrassment and social withdrawal. Beyond Blue's work with FCA and ASIC to better understand and support people experiencing financial and mental distress reflects an important emerging opportunity for sectors to work together in this space. This could complement the long-standing work to reduce discrimination in insurance.
- It is also important that there is clear separation of responsibilities for implementing the Strategy's Priority Actions, and monitoring and evaluation activities. Beyond Blue has previously publicly stated that the Commission's remit should primarily focus on independent monitoring of system performance.

Ensuring that this approach is adopted in the delivery of the Strategy will provide greater transparency and accountability, support the successful delivery of the Strategy, and ensure that the existing capabilities of the sector are leveraged. For example, rather than the Commission designing and implementing training initiatives (Priority Action 3.1a), this activity could be led by a sector organisation with established expertise, with the Commission's role restricted to providing best-practice advice, and monitoring and evaluating implementation.

(b) Enablers

What might support the actions and/or assist the work needed to implement the change?

- A robust implementation plan that draws on implementation science, is appropriately funded, and is backed by robust governance arrangements, would enable the Strategy's success. The multi-pronged approach of the Strategy is a strength, but it must be implemented in its entirety to succeed. A piecemeal approach or partial implementation will not have the same impact on reducing stigma and discrimination. Regularly and publicly tracking progress is critical for success.
- Continuing to engage, and build strong relationships, with local communities who will be impacted by the Strategy will be an important enabler.
- Beyond Blue is a long-term supporter of lived experience leadership. People with a living or lived experience of mental ill-health are drivers of social change and crucial to challenging stigma at all levels, especially self-stigma. Effective implementation is tied to how meaningfully the voices, participation and leadership of people with lived experience are embedded.
- While the Strategy reflects this, key enablers include (a) ensuring people with lived experience have a place within the governance arrangements (b) supporting this community with peer mentoring, training, and networking opportunities to build confidence among emerging leaders (c) ensuring they have access to sufficient supports to enable participation in the workforce, noting that many people experiencing mental ill-health continue to have limited access to mental health services due to Better Access limits and wait lists. Increased investment in low-intensity services may help address this issue.
- Consideration should be given to the role that communities who have multiple and compounding experiences of stigma and discrimination have in the implementation of the Strategy. Self-determination and authentic partnerships will be critical factors in enabling the success of actions directed toward First Nations Peoples. LGBTIQ+ communities, who experience poorer mental health outcomes and higher risk of suicidal behaviours than their peers and experience stigma, discrimination and abuse on the basis of identifying as LGBTIQ+^{iv} should be actively involved in the design of initiatives that impact them. Reflecting a partnership model in Priority Actions 1e and 3.1c to embed the voices of people with living and lived experience from these, and other, communities, will be a critical enabler to the Strategy's success.

(c) Barriers

What might slow down or prevent the gaining of support for the actions, or their implementation?

- The most effective preventive health efforts in Australia have come from evidence-based approaches that have received sustained investment and commitment from governments, the health sector and the community. They must also reach beyond the health sector and involve whole-of-government action. A long-term funding mechanism paired with a resilient, cross-portfolio governance framework is needed to fully embed the implementation of these actions.
- As noted in the Strategy, mental health stigma and discrimination are complex and need to be addressed at different levels (foundational, structural, individual) concurrently. As a result, the sequencing of implementation activity requires careful consideration to facilitate the delivery of mutually reinforcing outcomes. Actions requiring legislative change (such as human rights legislation) may face political barriers to gaining bipartisan support, which can be a lengthy process, so planning, expectations and timeframes should account for possible delays. Implementation should also be considered and planned in light of broader structural reform initiatives.

(d) Effectiveness

Will the actions lead to the changes we want to see? Are there any potential unintended consequences?

- To effectively implement the Strategy and prevent the duplication of effort and dilution of funding, the Strategy must connect with work already underway and recommendations that are in progress or remain outstanding. For example:
 - The National Preventative Health Strategy 2021-2030 contains a number of policy achievements to implement by 2030 that connect to this Strategy's actions, including (a) that the use of mental health services is promoted and normalised to reduce stigma and encourage early intervention^v and (b) preventive health and health promotion activities in Australia are sustainably funded through an ongoing, long-term prevention fund^{vi}.
 - The priority actions relating to children and young people need to be integrated into the broader policy reforms in the education space, including the:
 - development of the next national Schools Reform Agreement;
 - Teacher Workforce Action Plan; and
 - findings and recommendations of the School Refusal Senate Inquiry.
 - The Strategy notes the importance of aligning its priority actions with the recommendations made by the Productivity Commission's Mental Health Inquiry Report. The Productivity Commission recommended that the mental health system be refocused towards prevention and early intervention^{vii}. Increased investment in the prevention of mental ill-health, promotion of mental wellbeing and early intervention is likely to have flow-on impacts for reducing stigma and discrimination, as more people are exposed to campaigns and interventions that build literacy about maintaining good mental health and encouraging help-seeking early in distress.
- Population-level research to collect qualitative and quantitative data on stigma (Priority Action 1e) will be most effective if it is aligned with existing and developing frameworks that monitor mental wellbeing and mental health experiences. It would also be useful to understand the connections between data collected under the Strategy and the social determinants of health (such as employment, economic security etc) to help inform initiatives targeted to people and communities who face the greatest adversities and who are at the highest risk of poor mental health and wellbeing as a result.
- Priority Action 1f, which aims to increase access to legal services for people with personal lived experience would be most effective if it also extended access to carers and representatives acting with the informed consent of the people they are supporting.
- Priority Actions (including 2.1i, 2.2b, 2.2d and 2.2k) aimed at improving guidance and standards for the clinical mental health and lived experience workforces would be most effective if they extended to the non-clinical and volunteer workforce. This includes trained volunteers (e.g. Lifeline operators), mental health coaches (e.g. New Access) and administrators.
- Priority Actions 2.4e and 2.4f, which aim to provide more equitable access to financial systems and insurance, would be more effective if financial services regulators and workers compensation regulators were also listed as parties responsible for implementing them.

(e) 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?

- The Strategy refers to the power of language, how language varies between communities, and how critical it is to eliminate stigmatising language in policy, media and services. Priority Action 2.3b aims to understand and reduce the extent of stigmatising language used in social services. The Commission may wish to consider (a) extending Priority Action 2.3b to risk assessments that take place outside of the social services sector (such as workers compensation and in financial services) and (b) including an action that aims to provide clearer national guidance for everyone (beyond the risk assessment process) on what stigmatising language is (see Mindframe's language guides on mental health and suicide^{viii}).

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- ⁱ Mildon, R (2018) [Implementation science: what is it?](#) Social Ventures Australia Quarterly, accessed 18 January 2023
- ⁱⁱ *Where To?* (2022) Beyond Blue CMWSS Evolution Report, Unpublished
- ⁱⁱⁱ Heartward Strategic on behalf of ASIC and Beyond Blue (2022) [Money and Mental Health Social Research Report](#), Beyond Blue website, accessed 13 December 2022
- ^{iv} LGBTQ+ Health Australia (2021) [Snapshot of Mental Health and Suicide Prevention Statistics for LGBTQ+ People](#), accessed 13 December 2022
- ^v Australian Government Department of Health (2021) National Preventative Health Strategy 2021-2030, Canberra, p.g. 70
- ^{vi} *Ibid*: page 37.
- ^{vii} Productivity Commission (2020) [Mental Health Report](#), no 95, Canberra, p.g. 6
- ^{viii} Mindframe, [Language](#), accessed 18 January 2023