



## Response to the Draft National Stigma and Discrimination Reduction Strategy

January 2023

We strongly support a national and strategic approach to stigma and discrimination reduction in Australia. **All forms of stigma** create barriers to high quality healthcare and to people's health and wellbeing. For instance, people living with overweight and obesity are regularly stigmatised and discriminated against because of their weight and, as a result, experience worse mental and physical health.

We thank the National Mental Health Commission for taking on the task of developing the National Stigma and Discrimination Reduction Strategy, and for including people with lived experience, consumers, experts, and members of the community in the development process. We provide the following recommendations to strengthen the Strategy and its four priorities.

### General Recommendations:

In some areas, the Strategy seems to include stigmatised conditions, identities, and health challenges (e.g. obesity) more broadly, while in other areas the Strategy refers exclusively to the stigma associated with mental health conditions. We recommend that the scope of the Strategy encompass (or at a minimum, acknowledge) all stigma, and how stigma of any form can hinder health and wellbeing. We make this recommendation because:

- Having a bespoke approach for each form of stigma (e.g., stigma associated with mental health conditions, weight, disability) runs the risk of being inefficient and ineffective – particularly when targeting systems, structures, policies, and practices.
- People may experience stigma for more than one reason. Mental health stigma does not occur in isolation, and people's experiences and needs must be considered in a holistic way. For example, experiencing weight stigma poses significant risk to mental health and a barrier to healthcare quality and utilisation for people living with overweight and obesity. Some mental health conditions and medications also increase people's risk of developing obesity and experiencing weight stigma.
- We must ensure that all efforts to reduce stigma and discrimination don't inadvertently perpetuate stigma associated with other conditions or identities.
- The strategy should also acknowledge and aim to address the ongoing effects of stigma that people have previously experienced in health systems, as these experiences will continue to present barriers to people accessing services.

Reducing stigma is complex and will take time. Initiatives, funding, research, and expertise groups should be established to help drive long-term positive change. Although the evidence base for reducing stigma is limited, initiatives should be informed by evidence where possible and evaluated to ensure they are effective and not inadvertently causing further harm.





### **Priority 1: Implement foundational actions across settings to address stigma and discrimination**

- We strongly support the inclusion of people with lived experience across the Strategy actions. People with lived experience need to be centred within every priority – they don't just need a seat at the decision-making table, they must be at the head of the table. This will require significant partnering at jurisdictional levels.
- We support lived experience workforce across all systems and services.
- We recommend highlighting the potential for the Strategy to inform foundational activities addressing stigma broadly (and weight stigma specifically).
- We recommend clarifying *whose* accountability needs to be strengthened in 1.2.
- In the longer term, we recommend expanding the scope for complaints data to gain greater insight into interrelated areas (as articulated in 1b - however including physical ill health).

### **Priority 2: Reduce structural stigma and discrimination**

- We recommend creating clear guidelines for people with lived experience so that they understand their legal options following experiences of stigma and discrimination and can navigate these safely.
- Existing strategies, policies, and legislation should be reviewed and amended to better support and protect people with lived experience. This includes addressing gaps in existing policies (e.g., diversity policies often don't support people who experience weight stigma) and providing clarity for employers and institutions. Practical and accessible resources that summarise best practice and positive action are needed for implementation.
- People in diverse care roles across mental and physical health and wellbeing (clinical and non-clinical) need to be supported with meaningful training and education to understand stigma and discrimination, and how to address both personally and professionally.
- There is a need to increase multidisciplinary models of care that include lived experience as part of team to better support people around the impacts of bias and stigma.
- We are particularly supportive of the recommendations related to culture competence and safety which can be learned from and require additional support and resources to strengthen delivery.

### **Priority 3: Reduce public stigma**

- We recommend including an explicit statement regarding the potential for, and the need to limit, unintended consequences of education programs and media campaigns which may reinforce stigma associated with other health conditions and identities. This should





include a clearer call for evidence-based initiatives to ensure they are effective and not inadvertently causing harm.

- We recommend the addition of ‘ally-training’ (or similar) for those in a position to ‘call out’ stigma. Although it is the right of people with lived experience to speak out against stigma, it is not their responsibility.
- We recommend developing accessible summary documents and tools for the public to help them better understand the importance of reducing stigma and help empower them to take action.

#### **Priority 4: Reduce self-stigma**

The overall aim of Priority 4 is not well presented. We make the following recommendations to strengthen this:

- We recommend strengthening the point that reducing self-stigma will be achieved “through public stigma reduction initiatives”. This is crucial – people wouldn’t self-stigmatise if they weren’t first stigmatised by society. Self-stigma is a natural response to their lived experiences.
- Eliminating stigma will take time. Until this goal is achieved, we must find ways to support the health and wellbeing of people with lived experience; and empower them to advocate for their rights. Self-stigma reduction initiatives have an important role to play in this – a point that could be made more clearly.
- We recommend that, while empowering advocacy among people with lived experience is important, the rationale for addressing self-stigma must not be framed in a way that places the primary responsibility of advocacy back onto people with lived experience.

