



**MULTICULTURAL
AUSTRALIA**
it's who we are

**National Stigma and Discrimination Reduction
Strategy – Consultation Draft**

2023

National Mental Health Commission

31 January 2023
National Mental Health Commission
PO Box R1463
Royal Exchange NSW 1225

By email: StigmaStrategy@mentalhealthcommission.gov.au

Re: National Stigma and Discrimination Reduction Strategy – Consultation Draft

Multicultural Australia welcomes the development of the Draft National Stigma and Discrimination Reduction Strategy and congratulates the National Mental Health Commission for its commitment to change in leading this important work.

Multicultural Australia exists to create a welcoming and inclusive community for all new arrivals to Queensland. As Queensland's Settlement Service Provider for migrants and refugees, we have been welcoming refugees, people seeking asylum, international students and other new arrivals since 1997. We strive to create a fairer, more prosperous society for all Queenslanders. We work closely with diverse multicultural communities in Queensland, from new and emerging communities to the more established communities.

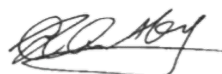
Multicultural Australia has a strong commitment to strengthening the social, cultural and legal protections that will support Queensland communities to live safely and peacefully and foster inclusion and belonging.

Through our work, we are aware of the many forms of stigma and discrimination experienced by our clients and communities, and of their lasting, corrosive impact, which can be subtle or overt and which can occur in interpersonal interactions between individuals and at structural or institutional levels. Such experiences negatively impact the creation of a culture of belonging within the community and can irreparably shape the experiences of migrants, refugees and other new arrivals in Australia.

Multicultural Australia welcomes the focus and the approach of the National Mental Health Commission in addressing this important issue, and the opportunity to participate further in this important consultation.

Please do not hesitate to contact Rose Dash, Multicultural Australia's Chief Client Officer, on 0448 085 531 or RoseD@mcaus.org.au.

Yours sincerely,



Christine Castley
CEO, Multicultural Australia

Introduction

Since 1998, Multicultural Australia has worked to advance multiculturalism in Australia and build communities where everyone belongs. Multicultural Australia has welcomed tens of thousands of individuals from refugee, asylum seeker, international student, and migrant backgrounds in Queensland, with the goal of creating a more equitable and prosperous society.

Multicultural Australia helps new Queenslanders settle into their new lives, build connections in their communities, find work and study opportunities, learn new skills and feel at home. Multicultural Australia also works with individuals, communities, business, and government to contribute to building a more welcoming Queensland through advocacy, cultural training, and community events. These initiatives serve to bring people together, foster understanding, and recognise the valuable contribution that new arrivals and migrants make to Queensland.

Multicultural Australia provides a range of settlement services for new Queenslanders, including migrants, refugees and asylum seekers, to provide them with the support and services they need to settle into their new home.

We centre our work around the lived experiences of the clients and communities we serve. To ensure our authenticity in this regard, we have established several mechanisms, including:

- **Client Voice Reference Group:** This group was established in 2020, as a mechanism for persons with lived experience as a refugee or migrant to act as Advisors to our case managers, employment advisors, housing workers and others, and provide consultation and input into the design and delivery of our services and community development work. The Terms of Reference for the group specify that it is to include a diverse cross-section of ten to twelve representatives of the communities we support.
- **Future Leaders Advocacy Group (FLAG):** FLAG comprises a driven group of young leaders who offer valuable insight and advice. Council members ensure the voice of newly arrived young people, their families, and community are heard through contributing to program design and delivery.
- **Community Leaders' Gatherings:** we host regular Community Leaders meetings and gatherings as opportunities for training, information sharing and collaboration.

Multicultural Australia strongly supports the vision and guiding principles of the National Stigma and Discrimination Reduction Strategy (Draft Strategy). We have long advocated for

consideration of the principles of dignity, human rights, agency, voice and inclusion for people from CALD communities and we strongly support and welcome the articulation of these principles in the Draft Strategy and the development of a concrete plan to work towards their realisation.

Multicultural Australia particularly welcomes the proposal to develop a national strategy for culturally and linguistically diverse community mental health and wellbeing, including a specific stigma-reduction focus. We consider that this would be an effective strategy for bringing about significant movement to address stigma and discrimination and progressing inclusion and belonging for CALD communities. We consider that benefits will also flow for the broader community.

Multicultural Australia welcomes the recognition in the Draft Strategy that there is a diversity of ways that people and communities understand, conceive of, and describe mental health, with the term 'mental health' not fully describing the experiences of many Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds (CALD).¹

Multicultural Australia also welcomes the recognition that there are multiple and compounding experiences of stigma and discrimination, and that people from culturally and linguistically diverse communities, including new migrants and humanitarian entrants, are amongst those vulnerable to having their experience of mental health-related stigma and discrimination amplified by other forms of discrimination. We agree that the factors associated with mental health-related stigma and discrimination in culturally and linguistically diverse groups are less well known, with different conceptualisations around mental ill-health, trauma and wellbeing, and other barriers to accessing services, based on cultural, linguistic, religious, and/or spiritual factors, which can result in people experiencing stigma related to mental ill-health from both outside and within their families and communities.²

Priority 1: Foundational actions

Strengthen human rights and anti-discrimination legislation

We strongly support the proposed amendments designed to strengthen human rights and anti-discrimination legislation, by increasing the accessibility, transparency and consistency of the anti-discrimination and human rights framework.

¹ Draft Strategy, p 9.

² Draft Strategy, p 11.

We strongly support the proposal to introduce a federal Human Rights Charter and agree with the rationale stated in the Draft Strategy. We support the inclusion of both civil and political and economic, social and cultural rights in a federal Human Rights Charter. While we are concerned that the feasibility of this legislative reform – which has long been contemplated as a potential next step to improve the human rights protections in Australia – is yet to be seen, we strongly support inclusion of this action as a goal to aspire to. The introduction of a federal Human Rights Charter would significantly improve the protections available to all Australians but would be particularly significant for individuals facing disadvantage and marginalisation.

We agree that there is a strong need to improve the protections available under federal discrimination law, including importantly in relation to intersectionality. We note that, due to the separation of the attributes of, relevantly, disability and race across separate legislative instruments,³ recognition of – and an appropriate framework to respond to – intersectionality is particularly lacking at a federal level in Australia. We note the strong focus on addressing intersectionality and also the strong recognition of the importance of creating belonging that has emerged from the recently concluded review of the *Anti-Discrimination Act 1991* (Qld),⁴ and recommend that the federal legislative reform agenda reflects this recognition and movement.

We also draw attention to the recent significant focus on vilification and hate crimes in Queensland and, in particular, the recommendation by the Legal Affairs and Safety Committee to include anti-vilification provisions in both criminal and civil law to cover additional attributes including disability (which would extend to psycho-social disability).⁵ We support the recommendation to introduce a nationally consistent framework of protections, which should include protection for vilification on the grounds of mental illness and should create consistency in the offences and responses to vilification in each jurisdiction.

We support the recommendation in relation to the superannuation and insurance exemption contained in section 46 of the *Disability Discrimination Act 1992* (Cth) but consider that the recommendation should be expanded to propose removal of section 46 in its entirety in relation to discrimination on the grounds of mental illness. This exemption applies irrespective of how a person's mental illness is treated and managed and has significant, adverse impacts for people with mental illness, which extends to deterring people from accessing healthcare treatment for fear of creating a health record that will impact future applications. Should this recommendation

³ *Race Discrimination Act 1975* (Cth), *Disability Discrimination Act 1992* (Cth).

⁴ Queensland Human Rights Commission. *Building belonging: Review of Queensland's Anti-Discrimination Act 1991*. July 2022. https://www.qhrc.qld.gov.au/__data/assets/pdf_file/0012/40224/QHRC-Building-Belonging.WCAG.pdf.

⁵ Legal Affairs and Safety Committee. *Inquiry into serious vilification and hate crimes*. Report No. 22, 57th Parliament. January 2022.

be retained in a pared back form, we note the need for clarity in relation to the interaction between the reference to 'other relevant factors' in section 46 and the 'unjustifiable hardship' test.

Strengthen accountability mechanisms

We suggest that there should be an action to develop the representative action provisions in state and federal anti-discrimination laws, to help to drive systemic change and effectively protect groups facing disadvantage and marginalisation.⁶ As the Draft Strategy recognises, the current reliance of legislative frameworks on an individual complaints model that redresses private harms is problematic. We consider that a properly resourced, proactive statutory body empowered to conduct investigations (independently initiated or on referral), enforce breaches of the law, ensure compliance with obligations and decisions and publish rulings and reports, is required. The British Equal Opportunities Commission model, which was developed based on the equality enforcement pyramid and is substantially different to the current Australian model of enforcement, is a model that could offer substantial learnings for Australia.⁷

Embed lived experience leadership and advocacy

Multicultural Australia strongly supports the recognition in the Draft Strategy of the importance of embedding lived experience leadership and advocacy and agrees that further work is needed to strengthen the role of lived experience leadership in Australia to drive cultural change.

Multicultural Australia is committed to self-determination for people with disability (including psychosocial disability) and support leadership development opportunities provided to people with lived experience and disability from asylum seeker, refugee, and humanitarian entrant communities as imperative in reducing systemic barriers and vulnerability. Multicultural Australia employs staff who experience disability and have lived experience of the refugee journey. In this way, both the staff members and the organisation become strong advocates and leaders in the community surrounding disability inclusion.

Multicultural Australia considers that hearing and engaging the voices of persons with lived experience is paramount. We consider that it is not sufficient to promote community reference groups without intentional action; rather, our current policies, systems, and services must

⁶ In this regard, we also reference the recent Queensland inquiry: Queensland Human Rights Commission. *Building belonging: Review of Queensland's Anti-Discrimination Act 1991*. July 2022. https://www.qhrc.qld.gov.au/__data/assets/pdf_file/0012/40224/QHRC-Building-Belonging.WCAG.pdf.

⁶ Legal Affairs and Safety Committee. *Inquiry into serious vilification and hate crimes*. Report No. 22, 57th Parliament.

⁷ See the comparison of the Australian and British models for anti-discrimination law enforcement, discussed in Allen, D. (2016). Barking and Biting: The Equal Opportunity Commission as an Enforcement Agency. *Federal Law Review*, 44, 311-335.

continually create leadership opportunities and social and economic inclusion for those experiencing mental illness from an asylum seeker, refugee, or humanitarian entrant background.

Multicultural Australia considers that the requisites to promoting this vision are:

- Appropriately resourcing independent and systemic advocacy, peak bodies, and intentional services: strongly supported and appropriately funded advocacy organisations can play a critical role in advocacy and systemic change. They can work in culturally responsive and person-centred ways and can be a solid support for settlement agencies. People with disability require advocacy to address complex systemic issues and disadvantage, including understanding their rights and responsibilities, addressing issues with services, resolving complaints, and addressing discrimination.
- Leadership development opportunities for people with mental illness and their families/carers: Multicultural Australia notes the vital importance of resourcing organisations to co-develop and co-design supports and training packages for individuals and families experiencing mental illness to engage in self-advocacy with community.

Educate and train key cohorts and workforces

Multicultural Australia agrees with the recognition of the critical role of education and training in reducing stigma and discrimination and the need identified in the Draft Strategy to include tailored education and pre-service training, staff onboarding and ongoing professional development.

We support recognition in the Draft Strategy that responsibility for workforce training does not sit solely with individual workers and requires strong organisational commitment including commitment of sufficient resources (both funding and time for workers to undertake training) and commitment to inclusive workplace practices and culture. We address this proposal further below in relation to employment. We emphasise the importance of including persons with lived experience in this training, and ensuring the training is sufficiently nuanced to generate awareness and understanding of the needs of distinct groups.

Improve the evidence base through data collection and evaluation

As discussed further below in relation to evaluation of the Draft Strategy, we support the strong focus on evaluation in the Draft Strategy. We propose that monitoring should encompass a holistic assessment of the progress of the Draft Strategy, ensuring all the priorities across the four pillars are working to achieve the overarching aims, with visibility of the movement across each pillar.

Multicultural Australia strongly supports the proposal to collect more regular and more granular information about people's experiences, including intersectional and cross-cultural experiences through quantitative and qualitative research. We also strongly support recognition that progress will constitute not only a reduction in discriminatory behaviours, but an increase in positive, inclusive behaviours.

Recommendations:

We propose that the Draft Strategy should include as additional actions:

- Develop the representative action provisions in anti-discrimination laws.
- Establish a properly resourced, proactive statutory body empowered to conduct investigations (independently initiated or on referral), enforce breaches of the law, ensure compliance with obligations and decisions and publish rulings and reports.
- Omit section 46 of the *Disability Discrimination Act 1992* (Cth).
- Invest in the creation of leadership opportunities, and social and economic inclusion for those experiencing mental illness from an asylum seeker, refugee, or humanitarian entrant background.
- Monitoring of the Draft Strategy should encompass a holistic assessment of progress across the four pillars.
- Appropriately resourcing individual advocacy and creating and supporting leadership development opportunities for people with mental illness and their families/carers.

Priority 2: Structural stigma and discrimination

Multicultural Australia strongly supports:

- The focus on reducing structural stigma and discrimination as a key priority;
- The focus on promoting the rights of people with personal lived experience and agree that the power differential between providers and consumers of mental health services is integral to structural discrimination;
- The two-pronged approach, of increasing both legislative protections and promotion of rights.

We agree that structural barriers exist within the seven key settings identified in the Draft

Strategy: mental health system, health system, social services, financial services and insurance, legal systems, employment, and education and training. Additionally, we consider that mental health-related stigma and discrimination is highly problematic in the areas of community infrastructure, transport and aged care. We submit that these domains should be within the ambit of the Draft Strategy.

Recommendation:

- Recognise mental health-related stigma and discrimination in the domains of community infrastructure, transport and aged care and develop appropriate actions to address this.

Mental health system

We welcome the recognition in the Draft Strategy that experiences of stigma and/or discrimination can deter a significant number of people from culturally and linguistically diverse backgrounds from seeking support for their mental health and that mental health stigma can vary between different cultural communities.

We also welcome the recognition of the impact of language barriers, cultural misunderstandings, experiences of racism in services and experiences of trauma, and the acknowledgement that gaps in cultural knowledge and understanding can lead to misdiagnosis, delayed or inappropriate diagnoses.⁸

This understanding is critically important in the context of understanding the over-representation of people from CALD backgrounds in involuntary admissions and inpatient units and their receipt of poorer than average quality of care and increase vulnerability to errors and incidents with potentially serious clinical consequences.⁹

Multicultural Australia supports:

- The proposal to develop a unified, nationally-consistent approach to addressing the mental health needs of people from CALD backgrounds that is co-designed and co-produced and includes tailored actions to reduce stigma and discrimination specifically related to mental ill-health, trauma and distress in these communities.¹⁰
- The proposal to develop a national strategy for culturally and linguistically diverse community mental health and wellbeing, which includes a specific stigma-reduction

⁸ Draft Strategy, page 31.

⁹ Draft Strategy, page 31.

¹⁰ Draft Strategy, page 32.

focus, in the medium term.¹¹

- Recognition of the importance of delivering culturally safe care and acknowledging the significant impact of trauma and that negative experiences in mental health services can result from a lack of understanding of cultural interpretations of mental health.

We note the dearth of research on the unique circumstances contributing to mental health outcomes for CALD communities, and for people from refugee and refugee-like backgrounds in particular. We consider there to be a strong need for the development of culturally appropriate diagnostic tools, and diagnoses, as well as the design and delivery of interventions – co-designed with relevant communities – that are trauma-informed, culturally responsive, and available to all people from culturally diverse backgrounds.

In the context of the increasing focus on mental health sector reform options that recognise the need for expanding online treatment and support options, we consider that there is a need to explore the feasibility and accessibility of online treatment options for CALD communities.

Recommendations:

- Develop culturally appropriate diagnostic tools, and diagnoses, as well as the design and delivery of interventions – co-designed with relevant communities – that are trauma-informed, culturally responsive, and available to all people from culturally diverse backgrounds.
- Explore the feasibility and accessibility of online treatment options for CALD communities.

Health system

Multicultural Australia supports the recognition that the complexity of accessing and navigating complex systems is a barrier that can worsen people's mental distress and agree that there is a need for targeted, clear and accessible information and supports such as translation services, particularly for CALD communities.¹²

We agree with the recognised need for increasing the employment of people with lived experience – including persons from culturally and linguistically diverse backgrounds with lived experience of mental illness – at all levels of the health service hierarchy, including in leadership positions, and ensuring there is supportive scaffolding in place so that they can succeed in these

¹¹ Recommendation 2.1d

¹² Draft Strategy, page 41-2.

roles.

We agree with Recommendation 2.2i and consider that there is a strong need to review Medicare arrangements to introduce an incentive for GPs to provide high quality healthcare to people with personal lived experience. Additionally, we propose a review of Medicare guidelines to ensure that the time allocated for GP appointments for people with mental illness, particularly where they experience intersectional disadvantage (including people from CALD backgrounds) is extended to support the provision of appropriate healthcare that listens and responds to the experiences and concerns of the patient.

Recommendation:

- Review Medicare guidelines to ensure that the time allocated for GP appointments for people with mental illness, particularly where they experience intersectional disadvantage (including people from CALD backgrounds) is extended.

Social services

Multicultural Australia strongly supports the recognition in the Draft Strategy of the need to ensure social services – including social security, disability supports, housing and child protection – are equitable and non-discriminatory.

Need to reduce complexity and accessibility

We note the complexity of the social services systems, which can pose barriers for all service users but can be particularly problematic for persons from CALD backgrounds, who face the additional barriers of language and systems familiarity. The complexity of the Australian social services system has been recognised, with the McClure Report noting that the “many payments and supplements have resulted in a system that is difficult to understand, navigate and administer”, with means testing arrangements “add[ing] to this complexity and result[ing] in a system that is confusing for income support recipients”. It further found: “These failings reduce the effectiveness of the system and can also undermine community confidence in the fairness of the system.”¹³ It was noted that the system does not work well for people with mental health conditions, failing to effectively differentiate between permanent and temporary incapacity when assessing eligibility, rates of payment and associated services offered by the social support

¹³ Commonwealth of Australia. (2015). *A New System for Better Employment and Social Outcomes: Report of the Reference Group on Welfare Reform to the Minister for Social Services. Final Report*. February 2015. (‘McClure Report’), 11.

system.¹⁴ Since publication of the McClure Report, the advantages of the simpler payment model proposed by the authors has been acknowledged by successive ministers yet to date the recommendations have not been implemented.

Multicultural Australia strongly supports the recognition in the Draft Strategy of the need for targeted, clear and accessible information in relation to accessing and navigating the social service systems, including translation services, and that this need is particularly acute for culturally and linguistically diverse communities.¹⁵ We highlight the need for social services reforms to simplify and modernise the social services system to align with contemporary approaches to mental healthcare.

Recommendation:

- Include actions to simplify and modernise the social services system to align with contemporary approaches to mental healthcare.

Child protection supports

Multicultural Australia agrees with the need to remove stigma surrounding parents' mental health in child protection decisions. Additionally, we note the significant impact of stigma-by-association for children of parents with mental illness, who are identified as particularly vulnerable.¹⁶ This emphasises the importance of anti-stigma interventions and strategies, including those targeting children of parents with mental illness.

We agree with the recognised need to improve child protection supports by implementing outreach models, supporting CALD communities to build community and culturally aware child protection responses, and promoting multidisciplinary and cross-sectoral collaboration and knowledge-sharing, focussed on trauma-informed practice and decision-making.¹⁷

Recommendation:

- Include actions targeting stigma-by-association of children of parents with mental illness.

Housing

We agree with the acknowledgement in the Draft Strategy of the strong nexus between safe,

¹⁴ *Ibid.*

¹⁵ Draft Strategy, p 42 – 3.

¹⁶ *Ibid.*

¹⁷ Recommendation 2.31 of the Draft Strategy.

secure, affordable and good quality housing and mental health and recovery.

We are aware that stigma and discrimination in relation to mental health are significant barriers impacting the ability to obtain and maintain housing, particularly in the context of the housing affordability crisis Australia is experiencing. Through our case management experience, we are aware that for people with mental illness from a CALD background, this stigma is overlaid with stigma and discrimination stemming from racism. We agree with the recognition in the Draft Strategy that stigma and discrimination Aboriginal and Torres Strait Islander communities face from colonialism, racism, paternalism, disadvantage and lack of acknowledgement of culture compound their challenges in accessing and maintaining adequate housing. We consider that the intersectional disadvantage experienced by persons from CALD backgrounds in relation to housing should also be considered in the Draft Strategy.

For people with a refugee or refugee-like background who have experienced forced displacement, torture and trauma, the experience/risk of homelessness and the impact of precarious and short-term accommodation upon arrival in Australia can be particularly impactful and disruptive to the settlement journey, as well as negatively impacting their mental health and well-being. Secure housing, a recognized social determinant of health and mental health for all people,¹⁸ is fundamental to successful settlement and recovery from trauma for people with a refugee or refugee-like experience.

Key barriers experienced by people from a refugee and migrant background include limited or no access to financial resources on arrival in Australia; the absence of established networks (including familial and community networks) to assist with securing rental accommodation; the lack of a rental history in Australia; limited understanding of the Australian housing system; language and cultural barriers; low literacy and numeracy skills in their own language; trauma related to immigration; culture shock; unemployment; limited work rights; reliance on Centrelink; lack of a rental history can reduce the chances of securing accommodation in the private market; and discrimination in the private rental market.

People from a refugee and migrant background also face barriers in accessing housing support services, due to a lack of information and knowledge about existing services (including housing, rental assistance, community and public housing); the inability to access services in a timely manner (due to financial, language, transport barriers); and reduced or no access to, or

¹⁸ Australian Institute of Health and Welfare (2022). Social determinants of health. <https://www.aihw.gov.au/reports/australias-health/social-determinants-of-health>

proficiency with, information technology.

Multicultural Australia has advocated for short-term initiatives to respond to these issues to include:

- Increasing the cultural capability of the housing sector, including the housing workforce (through the provision of information, education and training);
- Funding and support for key organisations to engage interpreter services;
- Creation of equitable access policies;
- Establishment of a model similar to the Centrelink Multicultural Service Officer model, whereby MSOs are tasked with supporting the engagement of language support and provision of nuanced education and support to people navigating rental application forms and housing-related challenges);
- Provision of information and education for individuals and communities in need;
- Law and policy reform for social housing, with eligibility for social housing based on an assessment of need, rather than income;
- Law and policy reform for the private rental sector;
- Expanding and increasing the cultural safety of crisis accommodation;
- Supporting and working with community to find housing solutions (including upzoning, financial incentives and investment in innovative housing partnerships).¹⁹

We have offered the following suggestions for medium to long-term reform:

- Boosting housing production and affordability, with a focus on social, crisis and affordable housing, as well as cost and energy-efficient solutions;
- Informed and progressive planning, having regard to the importance of community, location, size and design;
- Social services and welfare reform relevant to housing, including the introduction of concessions to alleviate financial pressure for new and emerging communities and financial incentives to landlords offering accommodation at below market rates for low-income tenants, development of an assistance scheme for refugees to assist with home

¹⁹ See Multicultural Australia's submission to the Housing Summit:
https://assets.nationbuilder.com/mda/pages/701/attachments/original/1666307517/Multicultural_Australia_submission_to_Housing_Summit.pdf?1666307517

deposits, increasing support for families experiencing acute financial stress, an increase in trauma-informed support for vulnerable clients from CALD backgrounds, an increase in funding for community services that provide intensive support to vulnerable clients, and designation of funding for specialist housing worker roles within multicultural organisations to work with real estate agencies and develop specific training to increase the skills of vulnerable refugees and migrants to navigate the housing market.²⁰

Underpinning these reforms is the need for a collaborative and inclusive partnership approach, in which representatives from a diverse cross-section of the community work with key government and non-governmental stakeholders to inform housing and community design, planning and development.

Recommendations:

- Acknowledge and target the intersectional discrimination experienced by people from CALD backgrounds with mental illness in relation to housing.
- Include the following additional actions in the Draft Strategy as short-term initiatives:
 - Increasing the cultural capability of the housing sector, including the housing workforce;
 - Funding for key housing sector organisations to engage interpreter services;
 - Creation of equitable access policies;
 - Establishment of a Multicultural Service Officer model for the housing sector;
 - Targeted information and education;
 - Law and policy reform for social housing;
 - Law and policy reform for the private rental sector;
 - Expansion of the availability and cultural safety of crisis accommodation;
 - Supporting and working with community to find housing solutions.
- Include the following additional actions in the Draft Strategy as medium to long-term initiatives:
 - Boosting housing production and affordability;

²⁰ *Ibid.*

- Informed and progressive planning;
- Social services and welfare reform in relation to housing.

Financial services and insurance

Multicultural Australia agrees with the findings of the Draft Strategy in relation to financial services and insurance stigma.

Additionally, we highlight the stigma and discrimination that impacts decision-making in relation to administration and guardianship decisions and note that many applications for the appointment of substitute decision-makers are initiated and progressed by a member of a person's mental health treating team,²¹ often without their knowledge or consent, and often without first exploring less restrictive options.

Recommendation:

- Introduce actions to target stigma and discrimination in the initiation and determination of guardianship and administration decisions in relation to persons with mental illness.

Legal systems

Multicultural Australia strongly supports the findings and recommendations in the Draft Strategy in relation to supporting people to receive equitable treatment by legal systems.

In relation to the need to improve police training and responses to mental health-related incidents, we support the strong focus on improving outcomes for people living with mental illness or experiencing a mental health crisis. We note the strong focus on this imperative in Queensland, particularly following the coronial inquest into the deaths of five men with mental illness who were fatally shot by police between August 2013 and November 2014.²² The “very significant overrepresentation of mentally ill persons in fatalities associated with police use of force” was noted by the Coroner, and highlighted the need for the Queensland Police Service to treat mental health as ‘core business’.²³ Subsequent to this, the strong focus on supporting police, health and ambulance services to implement innovative, evidence-based strategies and initiatives, informed

²¹ We note the submission by Queensland Advocacy for Inclusion (QAI) to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability: *Guardianship, Substituted and Supported Decision-Making*. August 2022, 4.

²² https://www.courts.qld.gov.au/__data/assets/pdf_file/0005/540590/cif-recommendationspoliceshootings-20171020.pdf, [17].

²³ *Ibid*, [16].

by lived experience, is acknowledged. However, a pressing need for further reform remains, in Queensland and throughout Australia, and the critical role of police as first respondents heightens the importance of this reform.

Multicultural Australia notes that the experiences of many people from refugee and refugee-like backgrounds, including experiences of persecution and torture, have instilled in them a fear of government and authority figures. It is important that this is understood and appropriately responded to as part of core training for police and for all frontline staff within the legal and justice systems.

We note that the impacts of intersectional disadvantage are also experienced by persons with mental illness from CALD backgrounds within the legal and justice systems, including watch houses, courtrooms and adult and juvenile correctional centres.

We support the recognition of the need for trauma-informed service provision for parents and children in the child protection and family law systems. We recommend that the focus on stigma and discrimination reduction needs to target not only mental health stigma but also racism and intersectional stigma.

Multicultural Australia notes the value in developing a Federal Bench Book to increase the cultural understanding, awareness and safety of the judiciary, and judicial decision-making, and provide guidelines to support full and equitable participation in proceedings and equitable outcomes.²⁴

We agree with the proposed actions, however we consider that Recommendation 2.5d should be fast-tracked to a medium-term timeframe. We consider that a shorter timeframe is appropriate, given the gravity of this recommendation, and feasible if appropriately prioritised.

Recommendations:

- Recognising and appropriately responding to behaviours associated with torture and trauma should be a mandatory part of training for police and frontline staff within the legal and justice systems.
- Consider developing a Federal Bench Book on equality before the law and cultural safety.
- Fast-track Recommendation 2.5d to a medium-term timeframe.

²⁴ See for example, the Queensland Supreme Court Equal Treatment Benchbook (<https://humanrights.gov.au/about/news/speeches/launch-supreme-court-equal-treatment-benchbook>), NSW Equality Before the Law Bench Book (<https://www.indigenousjustice.gov.au/resources/equality-before-the-law-bench-book>) or the Aboriginal Benchbook for Western Australian Courts (<https://aija.org.au/publications/2nd-ed-aboriginal-benchbook-for-western-australian-courts/>).

- The focus on stigma and discrimination reduction in service provision for parents and children in the child protection and family law systems should target not only mental health stigma but also racism and intersectional stigma.

Employment: Getting a job and staying in the workforce

Multicultural Australia supports the focus in the Draft Strategy on building equitable and supportive pathways into and within employment.

Multicultural Australia proposes the introduction of employment quotas within government to ensure that people with lived experience of mental illness from a CALD background are appropriately represented in policy design roles.

The findings of the Kantar Public research exploring the key drivers and barriers to employment and the role of employers in this regard, which explored employment participation amongst people with disability, are relevant to note. Importantly, this research identified prejudice and negative stereotypes around people with disability as significant barriers to the employment of people with disability, with prejudice reflecting unconscious biases resulting from a lack of familiarity with people with disability. The report notes:²⁵

Limited knowledge and understanding around disability has been found to perpetuate negative assumptions about, and attitudes towards, people with disability, reinforcing a perception that they are not as capable in the workforce.

...

Even when employers do not hold (or do not believe they hold) prejudicial beliefs or unconscious bias about employing people with disability, they may lack the knowledge and the confidence to do so. The literature identifies low self-efficacy as a primary barrier to employing people with disability, reflecting employer uncertainty about both process and outcome. This appears to arise from a lack of familiarity of disability in the workplace and reluctance to ask questions for fear of seeming discriminatory or intrusive.

We support the development of guidance for employers across different sectors and workforce capacities to advise on policies and procedures that support employees with personal lived experience, including consulting with people with personal lived experience from CALD communities to ensure guidelines are culturally safe.²⁶

²⁵ Kantar Public (February 2017) 'Building Employer Demand: Literature Review', 4.

²⁶ Recommendation 2.6b of the Draft Strategy.

Multicultural Australia strongly supports the identified need for clearer legislative and regulatory guidance and oversight and stronger communication of the business case for diversity in employment to include people with personal lived experience. We emphasise the importance of ensuring this includes people with intersectional experience of mental illness and cultural and linguistic diversity.

We reference our recommendations above in relation to changes to anti-discrimination laws, to target structural barriers and strengthen anti-discrimination legal protections. We consider that there are significant benefits flowing from a properly resourced, proactive model of enforcement of anti-discrimination law to target employment discrimination, as well as with stronger representative action provisions.

Recommendations:

- Introduce employment quotes within government for employment of people with lived experience of mental illness from a CALD background in policy design roles.
- Develop a stronger business case for diversity in employment to include people with personal lived experience of mental illness from a CALD background.

Education and training settings

Multicultural Australia agrees with the proposed priority actions for education and training settings. In the context of strong protections, we emphasise the need for cultural change. We note that stigma within educational settings has perpetuated notwithstanding the development of the legally binding *Disability Standards for Education 2005*, which establish and protect rights and responsibilities in relation to equality of access and opportunity for students with disability. Even where supported by appropriate policy, this is not sufficient – the unique culture of each educational setting is critical in determining the experience of students with disability in that setting. The Standards, whilst positive and strongly supported, have had little normative effect in changing behaviour and students with disability (including psychosocial disability) are still suspended, excluded, marginalised and subject to other human rights violations to a disproportionate extent. While we support recognition in the Draft Strategy of the need for institutional policies directed at enabling stigma reduction, accompanied by the provision of adequate funding to support implementation and ongoing administration of appropriate programs and accountability measures, law and policy alone is not enough – measures directed at ensuring compliance with laws and policies (that do not place the onus of seeking compliance on individuals experiencing stigma and discrimination) are required. We support the strong focus in the Draft

Strategy on training and seek this to be extended to include mandatory training in cultural diversity for all educational providers. We strongly support the focus on training and equipping educators to identify and work with children with complex needs potentially related to mental ill-health, rather than focusing on managing behaviours. We agree understanding and early intervention is critically important.

Recommendation:

- Extend the actions for training for all educators to include mandatory training in cultural diversity for all educational providers.

Priority 3: Reduce public stigma

We support the focus on increasing public contact with and empathy for people with personal lived experience, centring lived experience at its core and empowering people with lived experience to play a meaningful role in public stigma reduction.²⁷

We support the proposed actions to design and implement appropriately tailored and culturally-safe hybrid educational and contact-based training initiatives within primary, secondary and tertiary education settings (and for people with frequent contact with people with personal lived experience), and endorse the proposal to design and pilot it with key communities including CALD communities.

Actions to improve the quality of media reporting and representations of mental ill-health:

Given the recognised, well-established link between the media's portrayal of mental ill-health and stigma and discrimination, and the findings that media reporting guidelines for the reporting of various experiences of mental ill-health – while they do exist – are not required by law to be followed in Australia, the proposal for all media providers to adopt key policies to bring their reporting in line with the guidelines is supported. However, Multicultural Australia considers that a stronger response would be the development of new Australian media and entertainment standards specifically targeting mental health stigma and discrimination, including at the intersection of stigma and discrimination on the basis of cultural and linguistic diversity.

Additionally, we consider that there should be specific Government funding grants allocated to media projects that provide normal, positive portrayals of people with mental illness, with a

²⁷ Draft Strategy, p 72.

particular focus on those from CALD backgrounds and those experiencing intersectional disadvantage.

We support the proposed actions to develop and implement campaigns using mass media and digital prevalence with a view to decreasing the prevalence of stigmatising portrayals of people with personal lived experience in mass and social media campaigns.²⁸

Recommendations:

- Develop new Australian media and entertainment standards specifically targeting mental health stigma and discrimination, including at the intersection of stigma and discrimination on the basis of cultural and linguistic diversity.
- Establish specific Government funding grants for media projects that provide normal, positive portrayals of people with mental illness, with a particular focus on those from CALD backgrounds and those experiencing intersectional disadvantage.

Priority 4: Reduce self-stigma

Multicultural Australia agrees with the recognition in the Draft Strategy that experiences of self-stigma are diverse among people with lived experiences and their families and support people and are impacted by their interaction with their social and cultural environment. We also agree that self-stigma cannot be addressed without overarching actions to reduce public and structural stigma and discrimination.

We support recognition that, for Aboriginal and Torres Strait Islander people and people from CALD backgrounds, mental-ill-health may be culturally associated with shame and/or linked to ideas of individual failing. We agree that specific interventions should target these groups.

We support the proposed actions but call for the extension of Recommendation 4c to include culturally responsive programs co-designed with culturally and linguistically diverse communities. Further, we consider that this should be supported and informed by targeted research exploring the prevalence and experience of self-stigma among particular cultural groups.²⁹

²⁸ Recommendation 3.2h

²⁹ Recommendation 4a

Recommendations:

- Extend Recommendation 4c to include culturally responsive programs co-designed with culturally and linguistically diverse communities.
- Include an action for the conduct of targeted research exploring the prevalence and experience of self-stigma among particular cultural groups.

Life and Evaluation of the Draft Strategy

We welcome the Commission's recognition of the importance of monitoring and evaluating the Draft Strategy and strongly support monitoring and evaluation of the implementation of stigma-reduction initiatives, to inform continuous improvements as well as future iterations of the Draft Strategy.

We endorse both aspects of the monitoring framework. Additionally, we submit that monitoring should encompass a holistic assessment of the progress of the Draft Strategy, ensuring all of the priorities across the four pillars are working cohesively to achieve the overarching aims of reducing stigma and discrimination, with visibility of the movement across each pillar.

Multicultural Australia supports the acknowledgement by the Commission that the overarching timeframe for the Draft Strategy of five years will not be sufficient to create the changes sought and the expectation that further Strategies will be required.

The Draft Strategy explicitly anticipates that “additional work may be needed in some places to develop tailored mental health strategies (that include stigma-reduction objectives) for specific populations and aspects of intersectionality, such as culturally and linguistically diverse communities...”³⁰ Multicultural Australia supports this recognition. We would be pleased to be involved in further consultations and discussions in relation to this further program of work.

³⁰ Draft Strategy, pages 7 – 8.