



## NMHCCF Advocacy Brief

### Issue: Stigma, Discrimination and Mental Illness in Australia

#### Background

People with a mental illness are among the most disadvantaged in society, and many experience social and economic hardship as a direct result of their illness. For example, people with a mental illness are the largest single group receiving the Disability Pension.

Poor financial circumstances and a perceived lack of credibility makes people with mental illness vulnerable to the legal system, coming up against barriers that can limit their ability to deal with many issues.

Cognitive and communication impairment pose major challenges for people with a mental illness trying to deal with the challenges of day-to-day life

Stigma and related discriminatory attitudes can be worse than the illness itself. As such, they should be prohibited, ultimately putting an end to the discrimination and distress it creates.

The diagnosis of a mental illness can have devastating effects on the consumer and their carers, family and friends. Stigma and discrimination make matters even worse, and is most often a consequence of a lack of education and poor understanding of mental illness.

Without direct experience of how mental illness actually affects a person and those close to them, many misconceptions can develop, usually due to stereotypes and inaccurate reporting by the media. This can and has produced prejudice and stigma brought about by the lack of accurate information and understanding about mental illness.

Stigma is the process of labelling or stereotyping people in negative or derogatory terms and images. As a result, people with a mental illness are repeatedly misrepresented in the media, and prejudicial representation of mental illness leads to stigma and discrimination, culminating in social isolation for consumers and adversely affecting the morale of carers and jeopardising the support they provide.

The stigma and discrimination prevalent in society often results in a person with a mental illness developing self stigma; undermining that person's self esteem, producing a negative image towards him or her self, and generating feelings of social exclusion and aversion to seeking help and support.

Stigma and discrimination create barriers in other areas including:

- Isolation
- Seeking help and support, diagnosis and treatment.
- Accessing stable housing
- Accessing public transport and the financial burden of owning a vehicle
- Mental health practices that are illness focused rather than recovery focused
- Provision of mental health services, through health professionals attitudes and behaviours
- Employment opportunities decrease for consumers when their illness is disclosed
- People with a mental illness being denied life and permanent disability insurance, with exclusions for mental illness or incurring an increased premium that is greater than that imposed for other illnesses.

### **Key Points for Consumers and Carers**

It is the position of the NMHCCF that:

- Stigma and discrimination cause emotional damage to consumers, carers and their families
- Discriminatory practices have no regard for consumers' autonomy and have the potential to lead to human rights abuses
- Stigma and discrimination inhibit the development of trust and respect between consumers, carers and clinical staff in mental health services
- Stigma and discrimination cause social isolation and impedes recovery for mental health consumers
- The Federal Disability Discrimination Act 1992 (DDA) makes it illegal to discriminate against someone if they have a disability. Consumer and carers who have experienced discriminatory behavior related to mental illness should contact the Australian Human Rights Commission at <http://www.hreoc.gov.au>.

## **Recommendations for Change and Key Issues for the Future**

- A national mental health anti-stigma education initiative needs to be urgently funded and then implemented
- Government needs to foster respect for the rights and dignity of consumers and carers
- Discrimination, prejudice and stereotyping must be identified and addressed within mental health services
- Alternatives to discriminative and stigmatising practices be considered and implemented
- The development of a positive workplace culture for employees with a mental illness must be encouraged
- The employment of Peer Support Workers in health and community settings should be encouraged
- The development of Peer Support Groups should be encouraged to help reduce self-stigma among people with experience of mental illness
- Carers need to be accepted by professionals and be given informed support, to be acknowledged and valued by health professionals, and seen as partners in the caring experience
- Stories of personal experiences of mental illness from both consumer and carer perspectives need to be shared publicly, including as part of undergraduate health professional training
- Education must be introduced to schools, workplaces and the general community about the cause and treatment of mental illness
- The media needs to be educated so that it can report accurately and respectfully when depicting mental illness.

## **Name of Nominated NMHCCF contacts on this issue**

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Please contact NMHCCF Secretariat (details below)