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MHACA

National Stigma and Discrimination Reduction Strategy

Submission by the Mental Health Association of Central Australia

31 January 2023

The Mental Health Association of Central Australia (MHACA) welcomes the opportunity to provide comment on the Priority Actions of the National Stigma and Discrimination Reduction Strategy developed by the National Mental Health Commission.

MHACA is a leading Northern Territory community managed organisation offering psychosocial support services, NDIS services, housing and homelessness support, suicide prevention training and health promotion initiatives to enhance the wellbeing of people living in Central Australia.

We are the only specialist mental health NGO in the Northern Territory (NT) outside of Darwin.

Our submission is informed by the experience of our participants, many of whom live with complex and enduring mental illness and have a lived experience of experiencing stigma and discrimination.

We have previously partnered with SANE Australia to ensure the voices of Northern Territory community members, including Aboriginal and Torres Strait Islander (ATSI) people, have been included in national surveys like the Our Turn To Speak Survey that informed the National Stigma Reportcard.

In 2021 MHACA also facilitated consumer voices to be represented in the review of the NT Mental Health and Related Services Act. The strongest message from our participants from that review process was highlighting the often poor, and sometimes traumatising experiences they have encountered through their attempts to seek assistance, admission and treatment in mental health wards and experiences with community based clinical mental health care. Many of these issues relate to the quality of their interactions with health professionals, including experiences of stigma and discrimination.

Trauma informed and culturally responsive care is particularly important when supporting Aboriginal community members who are overrepresented in the clinical mental health care system.

MHACA welcomes the national focus of reducing stigma and discrimination, and the broader focus and investment in improving Australia's mental health care and suicide prevention services.

Our overarching comment is that the National Stigma and Discrimination Reduction Strategy and Priority Actions are quite ambitious, and with multiple national reform processes happening at the same time our concern is around capacity to implement all the actions.

As a regional and remote mental health service, our capacity as an organisation to implement all of the national strategies and accompanying actions is also a concern, as we focus on participant-centred care, meeting all accreditation processes and remaining viable under the NDIS and uncertain funding environments.

Priority 1: Implement foundational actions to address stigma and discrimination

We support the focus on improved data collection (re 1e), strengthened human rights (ref 1b, 1c, 2.1e) and the focus on resourcing and promoting the complaints system to consumers (ref 1a, 1f). MHACA supports our participants to make complaints, however a lot of people are unaware of their rights and the mechanisms to make a complaint.

MHACA has a strong commitment to the lived experience workforce and supports the actions to develop the sector (ref 1g, 1h, 1i, 2.1f, 2.2e, 2.3e).

We feel clarification in the priority actions is required with regard to what peak body is being referred to at 1d.

In setting up new national lived experience representative bodies we urge the Commission to look at the organisations and networks that already exist eg. Lived Experience Australia https://www.livedexperienceaustralia.com.au (here in the NT we have a volunteer Lived Experience Network NT https://livedexperiencent.net/) and how they can be better resourced to contribute to these processes.

In terms of scaling up the Lived Experience Workforce will resources be made available to the NGO sector to build capacility? (ref 1h).

Priority 2: Reduce structural stigma and discrimination

MHACA strongly supports the goal of elimination in the use of seclusion and restraint (ref 2.1a, 2.1h).

We feel that funding should be provided to NGO organisations so that supporting policies and procedures can be developed and staff can receive the appropriate training.

NT is out of step with the rest of Australia and internationally in its use of restrictive practices and seclusion, and particularly in the overrepresentation of Indigenous patients experiencing these practices.

"*They left me there for days… It's not healthy… I was fretting… I didn't get informed what was happening... Every 4 hours felt like 24 hours... It was traumatic*." MHACA participant

We also strongly support improving sector cultural competency to provide better services to ATSI and Culturally and Linguistically Diverse (CALD) Communities (red 2.1b, 2.1c, 2.1d). In Mparntwe (Alice Springs) 19% of the population are ATSI and 25% of the population are CALD.

MHACA would like to acknowledge the significant stigma that exists around mental ill health in both of these communities, and the importance of resourcing destigmatising mental health promotion programs for these populations.

We believe their needs to be greater clarity provided in the strategy about the requirement for mainstream mental health services to form partnerships with their local Aboriginal Community Controlled Health Organisation. What services are considered mainstream? Whilst MHACA has a good working relationship with our local ACCHO, the Central Australian Aboriginal Congress, there are many pressing priorities for ACCHO's including addressing the high rate of burden of disease for this population. Central Australia has one of the highest rates of diabetes in the world.

MHACA has been a signatory to the Equally Well Consensus Statement (ref 2.2a) since 2020, and as a result has developed our own Healthy Bodies Support Healthy Minds Strategy to improve the physical health of our

participants. We believe there needs to be a much stronger focus on lifestyle interventions across the health and social services sector and education on lifestyle interventions provided to sector workers.

We support the focus on employing people with lived experience in designated roles within government health departments (ref 2.2g).

MHACA would like to acknowledge the difficulties that exist in developing relationships with GP services to ensure referral pathways to our service. GP's are a critical component in mental health care and any stigma experienced by a consumer at this level can significantly impact further help seeking. There could be a stronger focus on GP's in this strategy. (ref 2.2i)

In line with our participants experiences with primary and clinical care MHACA strongly supports the Priority Actions for the Healthcare System, particularly the ongoing professional development for healthcare professionals (ref 2.2k).

A better understanding of neurodiversity needs to be incorporated into mental health clinical practice. A MHACA participant spoke of having Autism and displaying behaviours associated with this condition that were not understood which led to further distress and feelings of stigma.

Social services are often at the forefront of early intervention. In our community, anecdotal reports from our Alice Springs Mental Health Professional Interagency members are that more clients receiving social services are experiencing mental health challenges. Social service sector workers need to have mental health, suicide prevention, trauma informed and cultural competency training (re 2.3d) to ensure they can identify people at risk, provide early interventions and promote referral pathways. MHACA strongly supports this priority action.

MHACA also supports embedding peer-support workers in social and welfare services (ref 2.3d).

MHACA would like to acknowledge the challenges people living with mental illness can face when trying to access the NDIS and Disability Support Pension and Carer Payment (2.3f, 2.3g) and that more work needs to be done to improve access, particularly in a regional and remote context, and for ATSI community members.

MHACA believes that the focus on improving NDIS services is an immediate priority that needs to happen in the short term (ref 2.3f).

Homelessness and unstable housing is a particular concern for MHACA participants and we strongly support actions to improve outcomes for people with lived experience of mental illness. (2.3i)

MHACA supports mental health and suicide prevention training across all sectors, including the financial, legal and employment sectors (ref 2.4, 2.5, 2.6). Stigma reduction for employers is critical (2.6b) and employers need the skills to be able to provide early intervention and promote referral options for any employees who may disclose mental health challenges.

MHACA supports the Priority Actions for the Education System, in particular mental health literacy education programs for students (ref 2.7b), as stigma and discrimination behaviours are often embedded at a young age. MHACA also supports mental health and suicide prevention training for teachers as attitudes can play a critical role in supporting student help seeking and early intervention. More counsellors and wellbeing coordinators need to be resourced in the education system.

Priority 3: Reduce Public Stigma

MHACA supports population based educational and training initiatives, including activities that are free for participants to improve access and equality (ref 3.1). Ongoing training for people who have frequent contact of

people with lived experience is essential (ref 3.1b). Alice Springs has high staff and population turnover so regular training opportunities are needed. Not all organisations have capacity to put staff through multi-day training so short courses are also essential.

The media continues to play a strong role in public perceptions and the work of organisations that focus on stigma reduction like SANE Australia and Life in Mind (National Communications Charter) need ongoing resourcing.

Population based media campaigns (television, radio, social media) (ref 3.2d, 3.2h) are essential part of this strategy.

We believe more education is required (sector workers and consumers) around the concept of self-stigma and how to address it.

MHACA welcomes the opportunity to provide further detail on any of the comments outlined in our submission.

Yours Sincerely,

Dira Horne
CEO