The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Australian Government National Mental Health Commission

Draft National Stigma and Discrimination Reduction Strategy

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Improving the mental health of communities

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region. The RANZCP has over 7700 members, including more than 5600 qualified psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-informed treatments to support a person in their journey of recovery.

Introduction

The RANZCP welcomes the opportunity to contribute to the National Mental Health Commission's (the Commission's) Draft National Stigma and Discrimination Reduction Strategy (the Strategy). As the peak psychiatry body, the RANZCP is committed to addressing stigma and discrimination, and to working collaboratively with consumers and other health care groups to eliminate attitudinal barriers to the provision of high quality and comprehensive care to people with mental illnesses. The recommendations contained within this submission are based on consultation with the RANZCP Committees including the Aboriginal and Torres Strait Islander Mental Health Committee. RANZCP Committees are made up of psychiatrists and community members with a lived experience. The RANZCP commends the Commission for emphasising that families, carers, and support people also experience stigma and discrimination.

The RANZCP Code of Ethics serves as a statement of ethical standards and a means of communicating them to psychiatrists and the community. By committing to the highest ethical standards, psychiatrists can contribute to a reduction of the stigma often associated with mental illness.

The RANZCP response does not address all aspects of the Strategy and focusses particularly on actions relating to 'mental health systems' and 'the healthcare system' within Priority 2 of the Strategy: 'Reduce structural stigma and discrimination'.

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

Priority foundational actions

Action 1a: Conduct scoping for a national independent function to:

- **collect national consolidated usage and outcomes data on discrimination complaints relating to mental ill-health under federal, state and territory legislation**
- **coordinate with other complaints and investigation bodies (including at state/territory level) to monitor other mental ill-health-related complaints**
- **identify and provide advice to governments on emerging systemic issues in relation to unfair treatment and discrimination on the basis of mental ill-health.**

The RANZCP supports national coordination with state/territory complaints and investigation bodies to identify and provide advice on emerging systemic issues. Such data should be de-identified and publicly available.

Action 1b: Review work to date through the Australian Human Rights Commission's Free & Equal project, and collaborate on next steps, with a view to ensuring strengthened human rights and anti-discrimination protections for people with personal lived experience, and their families, carers and support people. This should include consideration of:

- **vilification protections**
- **guidance around the extent of protection afforded by the protected category of 'disability' in relation to mental ill-health**
- **considerations around introducing a new protected category for mental ill-health and suicide**
- **ensuring adequate provisions for people experiencing intersectional discrimination**
- **simplifying arrangements for establishing legislative components of unlawful direct or indirect discrimination, and strengthening protections around the duty to make 'reasonable adjustments'**
- **the adequacy of operational resourcing for complaints resolution and systemic analyses around complaints mental ill-health related complaints.**

As per the RANZCP 2022 statement on human rights, we all must work towards a future where the human rights of all are upheld. Australia has a colonial history with severe human rights abuses. While there has been significant and commendable progress, equal protection of human rights for all people is not yet a reality. Historically disadvantaged populations in Australia continue to suffer from discrimination and unfair treatment. The denial of human rights can impact one's social determinants of mental health, especially where it limits access to education, employment, and social inclusion.

Action 1c: Progress scoping for a National Human Rights Charter which aligns with and enshrines into law Australia's obligations under international human rights law, in partnership with Australian Human Rights Commission, in consultation with people with personal lived experience (including priority populations).

The RANZCP supports this proposed action. Specifically, the RANZCP has urged Australia to take similar steps to those taken by New Zealand in implementing the United Nations Declaration on the Rights of Indigenous Peoples to provide meaningful action to accompany their support.

Priority 2: Reduce structural stigma and discrimination

Priority actions for the mental health system

Action 2.1a: Ensure that every mental health service has a clear and accessible policy on the use of seclusion and restraint, which aims to eliminate their use. This policy should be supported by resources, including staff training, on alternatives to the use of seclusion and restraint

The RANZCP supports this action, as per our recommendation in RANZCP Position Statement 61: Minimising and, where possible, eliminating the use of seclusion and restraint in people with mental illness. The RANZCP highlights the need to involve people with lived experience of mental health conditions in designing policies, frameworks and spaces for best methods to minimise the use of seclusion and restraint in mental health services.

Further, the RANZCP recommends the establishment of long-term research programs into resources, models and strategies which work towards minimising, and where possible, eliminating the use of seclusion and restraint.[1]

Action 2.1b: Review existing cultural competence/safety frameworks relating to Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse (CALD) backgrounds. Resources should explore barriers to implementation and provide support for adoption.

The RANZCP Position Statement 105: Cultural safety acknowledges that systemic inequities are present in Australia due to colonisation; socioeconomic and political realities have contributed to discrimination and racism within the health system.

The Draft Strategy does not specify any 'existing cultural competence/safety frameworks relating to Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse (CALD) backgrounds' which have been identified for review.

Action 2.1d: Work with communities and sector organisations to co-design and co-produce a new national strategy for CALD community mental health and wellbeing, which includes a specific stigma-reduction focus.

The RANZCP recommends referring to the existing evidence base. Mental Health Australia's *Embrace Multicultural Mental Health Project* released the Mental Health during the COVID-19 Pandemic in Italian, Turkish and Vietnamese Communities report in August 2022. The report found that the significant impact of COVID-19 on these communities' mental health was made worse by stigma, language and trust barriers to mental health care. The report recommends co-designed community empowerment strategies to develop messaging and outreach that fits that community.

Action 2.1e: Review and where necessary amend mental health legislation to promote and protect human rights, aligned with international human rights frameworks and obligations.

The RANZCP Position Statement 92: Mental health legislation and psychiatrists: putting the principles into practice. advocates for a greater consistency between the Mental Health Acts (MHAs). MHAs vary greatly between the different jurisdictions, and this variation is a barrier to pursuing best practice and reducing the incidence of involuntary treatment. One way to achieve a more consistent result would be to design MHAs around Patient Charters that are reasonably uniform.

The RANZCP Victorian Branch 2021 submission to the Victorian Mental Health and Wellbeing Act 2022 highlighted that it is difficult to legislate for system quality, as legislative change alone will not deliver this.

To make a difference, system changes need to be in place before legislative changes. There must be appropriate resourcing to meet community expectations. This includes equitable access to quality care and the structures to support and regulate system performance issues, in a new system enshrining lived experience in partnership with clinical expertise.

It must be acknowledged that a poorly funded and broken system has led to the current disenchantment and struggles of consumers, carers and clinicians, with higher use of restrictive practices and inability to deliver the full range of evidence-informed treatment options.

Action 2.1f: Take steps to increase and better support the Lived Experience workforce across all mental health services, in line with the Lived Experience (Peer) Workforce Development Guidelines. This should include employment of people with personal lived experience, and carers and support people, in peer support roles and in positions of leadership, as well as practical guidance for employers.

The RANZCP's Position Statement 62: Partnering with people with a lived experience highlights that people with lived experience provide essential insight about how psychiatric care and services might be improved to become more equitable and choice-focused. This insight plays a critical role in reducing misunderstanding and stigma towards those experiencing a mental health condition in the community and improving community attitudes toward all people.

As such, the RANZCP supports action in line with the Commission's National Lived Experience (Peer) Workforce Development Guidelines.

The RANZCP highlights opportunities for the Strategy's implementation to:

- Create and implement peer-led standardised, evidence-informed national training programs to assist peer workers in providing effective care to service users.[2]
- Develop a peer-led program with stakeholders to educate health professionals about the role and value of peer workers and effective methods to improve outcomes that involve peer workers.[3]

The RANZCP recommends that health services:

- Support any further peer-led research into peer worker programs to underpin good investment decisions and assist in the development of effective practice.[2]
- Conduct peer-led evaluation of all peer worker programs to expand the evidence base and feed into best practices for peer workers.[2, 4]

Action 2.1h: Strengthen oversight and accountability mechanisms regulating the use of seclusion and restraint to ensure complaints and breaches receive effective responses.

As per the recommendations in RANZCP Position Statement 61: Minimising and, where possible, eliminating the use of seclusion and restraint in people with mental illness, the RANZCP highlights the need to:

- Ensure individuals and staff who have been exposed to seclusion and restraint are provided with appropriate trauma-informed post-incident debriefing.
- Utilise a lessons-learnt approach for all post-incident debriefing to inform future best practice.[5]

Action 2.1i: Work with mental health professional bodies to review professional standards and other relevant structures to provide guidance around mental health professionals disclosing their personal lived experience.

The RANZCP values and supports the contributions that people with a personal experience of mental illness can make to improving quality of care, as per our Position Statement 85: The contribution to practice made by psychiatrists who have a personal experience of mental illness. The RANZCP values those who may wish to disclose their personal experience and draw on this experience to inform professional practice and service delivery, whilst respecting that many will not wish to choose this path.

Stigmatising attitudes regarding the competence of doctors who have a mental health condition persist. These attitudes restrict the capacity of doctors, especially psychiatrists, who have a lived experience of mental illness to contribute on the basis of their lived experience. While the impact of stigma on people with mental illness and their families is well recognised, the impact of stigma and self-stigma on psychiatrists and other health workers is not. The broader risks of self-disclosure in the workplace, and the real or feared impact of being considered an impaired practitioner are evident, with many concerned about the potential for discrimination, harassment and reduced career development opportunities.

The RANZCP encourages actions to:

- remove discrimination against psychiatrists or those in psychiatry training who disclose personal experiences of mental illness
- counter cultures which promote fear of prejudice or exclusion
- support a safe culture of disclosure.

Action 2.1j: Introduce legal mechanisms for supported decision-making and advance care directives in relation to people accessing mental health services.

The RANZCP Victorian Branch position paper on Enabling supported decision-making affirms that having an advance statement in place may form part of an informed consent process.

Even when people are being compulsorily detained and treated, it is important that they are given as much choice and control over what happens to them as is possible within the limits of their safety and that of others. RANZCP Position Statement 73: Mental health for the community states that the development of crisis plans and advance directives with people when they are well are both strategies that can be used to give people more choice and control over their lives and treatment during exacerbations of their mental health conditions.

Priority actions for the healthcare system

Action 2.2a: Renew the call for organisations to commit to the actions set out in the Equally Well Consensus Statement

The RANZCP is a signatory to the Equally Well Consensus Statement and supports commitment to the actions set out in it.

Action 2.2b: Ensure minimum standards/clinical guidelines are in place for the physical healthcare of people with personal lived experience, including for healthcare providers to collaborate with other relevant service providers to deliver holistic care.

The RANZCP Position Statement 37: Principles for mental health systems affirms that consumers, carers and their families must have access to integrated, multidisciplinary services to deliver holistic care. The National Mental Health and Suicide Prevention Agreement also highlights collaborative models of care support patient access to holistic, patient-centred services by providing a clear treatment pathway.

Given the multiple comorbidities of people with mental health conditions, collaborative care is a central component of efforts to achieve the actions of the Equally Well Consensus Statement, of which the RANZCP is a signatory. The RANZCP has also published reports on Keeping Body and Mind Together: Improving the physical health and life expectancy of people with serious mental illness and The economic cost of serious mental illness and comorbidities in Australia and New Zealand.

To improve capacity for collaborative care, there is an opportunity to extend Medicare Benefits Schedule (MBS) item eligibility for multidisciplinary cooperation between psychiatry, primary care professionals, and other specialists. Currently, MBS items 735-758 support general practitioners (GPs) to deliver multidisciplinary care, via organisation of and/or participation in multidisciplinary case conferences/discussions with specialist mental health services. Extending this eligibility to include case discussions between individual clinicians (including psychiatrists) will improve access to this expertise to support GPs managing patients with a mental health condition.

Action 2.2c: Ensure minimum standards/clinical guidelines are in place for the care of co-occurring alcohol and other drug problems among people with personal lived experience, including for healthcare providers to collaborate with other relevant service providers to deliver holistic care.

The RANZCP welcomes the Productivity Commission and the Select Committee on Mental Health and Suicide Prevention acknowledgements of the underinvestment in specialised AOD services and the significant impacts this has.[3, 6] Substance use disorders are a core concern for psychiatrists considering the complex interrelationship between addictive behaviours and mental health disorders. Substance use is the second most common factor associated with suicide.[7] The consensus of research, evidence and clinical expertise is that psychiatric or addiction-focused treatments alone are insufficient to manage comorbid mental health and addiction issues.[8, 9] Productivity Commission Action 14.2 addresses this concern and needs specific consideration: 'State and Territory Governments should integrate the commissioning and provision of mental illness and substance use disorder services at a regional level'.[3]

The RANZCP submission to the National Alcohol and Other Drug Workforce Development Strategy highlighted that systemic stigma (relating to people with substance use disorders) within the healthcare workforce (within and external to psychiatry) is a major barrier to care. Addressing and combating stigma through training initiatives, exposure/training rotations, and through a coordinated anti-stigma strategy at a national level, would go a significant way towards improving equitable access to care for people with substance use disorders.

Action 2.2d: Ensure guidelines for healthcare providers that set out approaches to delivering person-centred care, including approaches for empowering people receiving care, are in place and disseminated to health services.

The RANZCP supports the delivery of person-centred care, and highlights 'responsive, compassionate, person-centred care' as a key principle for optimal mental health systems in Position Statement 37: Principles for mental health systems. Mental health services must offer compassionate care and treatments based on both the best available evidence and consumer values. Services must be delivered by those with adequate expertise. A system which enables this must be equipped with the capacity and range of services required to meet demand.

There is a call for transformation of the health system away from a model of health care that is uniform and professionally driven to one that is more individually tailored and based on partnership between individuals, families and professionals. Partnership involves respectful and collaborative dialogue between consumers, carers and clinicians. This partnership is underpinned by a recognition that all share the common goal of achieving social and emotional wellbeing for individuals and their communities.

As per the RANZCP Victorian Branch position paper on Enabling supported decision-making, clinicians and others involved in care have a key role in upholding the rights of people in treatment to participate in decisions related to their treatment to the maximum extent possible, and facilitate collaborative and empowering interactions to provide better outcomes for people with mental ill health. The RANZCP promotes supported decision making as a cornerstone of psychiatry practice. For more information, please see Position Statements 62: Partnering with people with a lived experience and 76: Partnering with carers in mental healthcare.

Action 2.2j: Evaluate and report on initiatives to reduce stigma and discrimination in the health workforce.

The RANZCP highlights 'research, evaluation, and quality improvement' as a key principle of optimal mental health systems as per Position Statement 37: Principles for mental health systems. Evaluation is important because it can reveal strengths, weaknesses, and unintended consequences of current practices, services and policies. Data collection should be nationally consistent and coordinated, include consumer outcome measures, be used to inform system improvement, and be made publicly available for research purposes.

Action 2.2k: Develop and deliver, in collaboration with the Lived Experience workforce, ongoing professional development training for healthcare professionals that covers the following:

- **mental health and suicide prevention fundamentals**
- **conceptions of mental health across different cultures**
- **the interplay between mental health and physical health**
- **person-centred care, including trust building and shared decision-making**
- **trauma-informed care**
- **the impacts of diagnostic overshadowing**
- **the therapeutic benefits of healthcare professionals who appropriately disclose their own personal lived experiences**
- **human rights**

Workforces to be targeted include primary care, acute care and emergency care professionals.

The RANZCP welcomes any opportunity to contribute to such ongoing professional development training.

Additional comments

The RANZCP emphasises the interrelationship between loneliness and mental health. While all people may experience the detrimental impacts of loneliness throughout their life, the RANZCP highlights the impacts of loneliness and social isolation on people with mental illness. Social connectedness and inclusion is a key social determinant of health.[10]

Loneliness is associated with a range of health consequences and social impacts, including a greater risk of dying earlier than those with positive social connections.[11] The RANZCP emphasises that families/whānau/carers are also at a high risk of experiencing loneliness, social isolation and the associated health consequences and social impacts.[12] Active efforts should also be made to reduce the stigma that surrounds mental illness and loneliness. Stigma and discrimination are harmful to mental health and can occur against people with mental illness.[12] High rates of people with mental illness withdraw themselves

from public spaces due to stigma and discrimination.[12, 13] Families and carers are also burdened by this stigma and discrimination.[14, 15] For more information, please see the Lived Experience Australia report on Understanding loneliness and mental health and the RANZCP webpage on loneliness.

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