

NATIONAL STIGMA REPORT CARD



REPORT SUMMARY

The **National Stigma Report Card** is a world-leading study into the effects of stigma and discrimination on people living with complex mental health issues.

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SANE
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**Anne Deveson
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A SANE Australia initiative



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Background

Improving the lives of people experiencing mental health issues has been a focus in Australian research, policy and practice over the last 20 years. Progress has been made when it comes to more common and well understood issues like mild-to-moderate depression and anxiety.

However, people who live with complex mental health issues – like schizophrenia, trauma and personality disorders – are still significantly impacted by stigma and discrimination. There is still much to learn about how people living with complex mental health issues are affected by stigma and discrimination.



A Note on Content

In the context of the **National Stigma Report Card**, people living with ‘complex mental health issues’ are defined as:

People aged 18 and over who identify as having:

- a complex mental illness
- an experience of complex trauma or
- very high levels of psychological distress

We acknowledge that people’s preferences about how they like their experiences to be described vary, and that not having these preferences respected can itself be stigmatising.

Stigma describes negative and damaging stereotyped ideas and emotional responses relating to the experience of complex mental health issues, with the central perceptions being that someone is flawed, undesirable or threatening because of this experience.

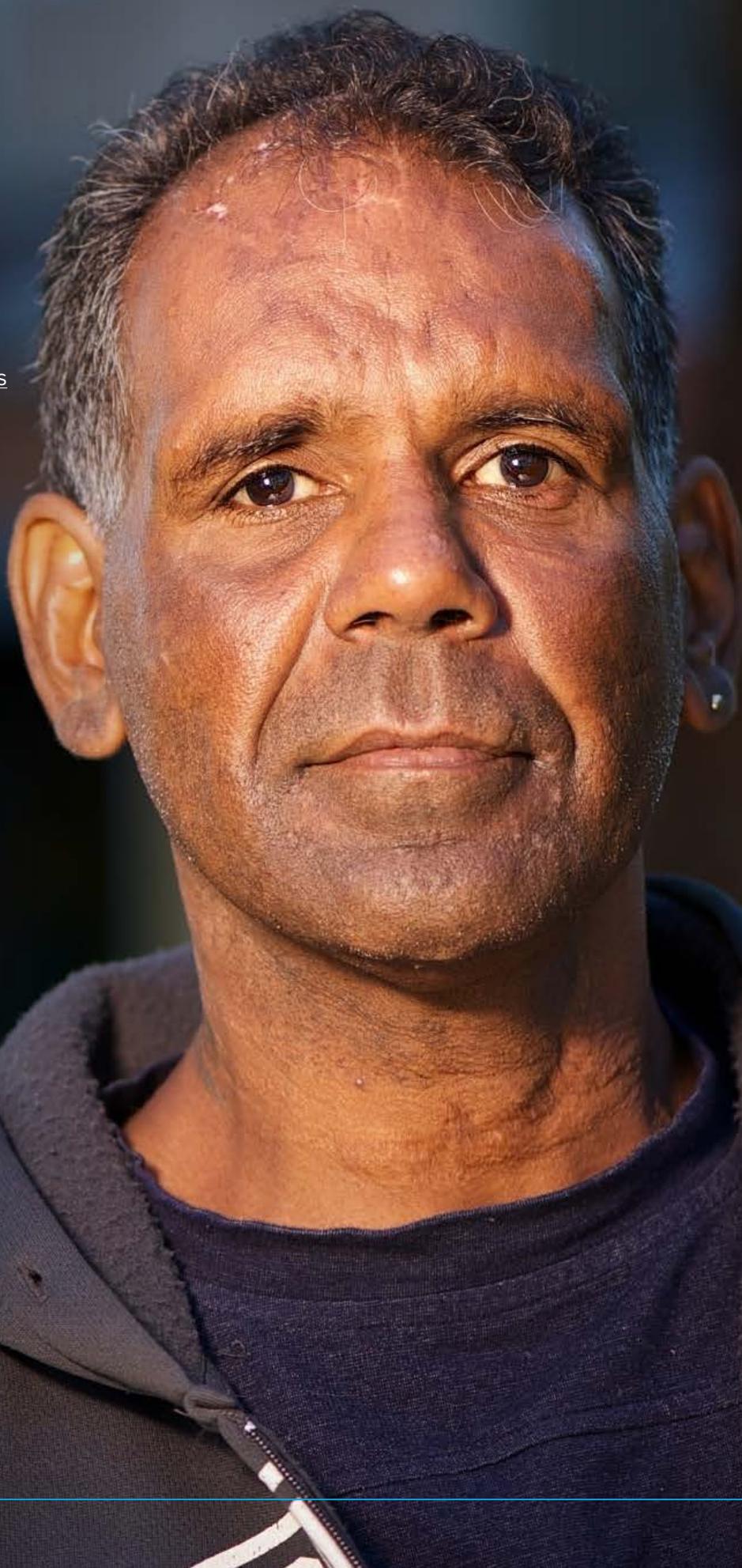
Discrimination occurs when stigma is expressed through negative action towards those with complex mental health issues.

Introduction

The **National Stigma Report Card** is a world-leading study into the effects of stigma and discrimination on people living with complex mental health issues.

It is the flagship project of [SANE Australia's Anne Deveson Research Centre](#) and is conducted in partnership with the [Melbourne School of Psychological Sciences](#) at the University of Melbourne, with the support of the [Paul Ramsay Foundation](#).

The findings of the **National Stigma Report Card** will be used to drive positive change across key life domains.



Methodology

The **National Stigma Report Card** presents the findings from the **Our Turn to Speak** survey, one of the most comprehensive studies of its kind in Australia.

The survey ran between October 2019 and March 2020, during which time 1,912 people aged between 18 and 86 (79% identified as female) from across Australia took part online, over the phone or in person. Participants came from every Australian state and territory.

The survey was open to any adult living in Australia who had experienced at least one of the following complex mental health issues in the previous 12 months:

- schizophrenia spectrum disorders (such as schizophrenia, schizoaffective disorder or schizophreniform disorder)
- bipolar and related disorders
- personality disorders (such as but not limited to borderline personality disorder)
- obsessive-compulsive and related disorders (such as OCD, body-dysmorphic disorder, skin-picking disorder, trichotillomania or hoarding disorder)
- trauma-related or dissociative disorders
- eating disorders (such as anorexia nervosa, bulimia nervosa, avoidant/restrictive food intake disorder, and binge-eating disorder)
- severe and treatment-resistant depression and anxiety requiring multi-agency support.

People living with complex mental health issues who completed the survey shared their experiences of how stigma and discrimination affect 14 aspects of their everyday lives:

- Relationships
- Employment
- Healthcare services
- Social media
- Mental healthcare services
- Mass media
- Welfare and social services
- Education and training
- Financial and insurance services
- Housing and homelessness services
- Cultural, faith or spiritual practices and communities
- Sports, community groups and volunteering
- Public and recreational spaces
- Legal and justice services.

For each life domain, the survey asked about:

- Experiences of stigma and discrimination
- Anticipated future experiences of stigma and discrimination
- Withdrawal from opportunities relevant to that life domain because of stigma about mental health issues
- Experiences of positive treatment because of living with complex mental health issues
- Experiences of stigma and discrimination because of other personal characteristics like physical health or ability, cultural background or gender identity.

Participants had the opportunity to give more detail about their specific experiences of stigma and discrimination. At the end of the survey, they were asked what they believe most needs to change in order to reduce stigma about complex mental health issues for all Australians.

Findings

The results of the **Our Turn to Speak** survey suggest that people living with complex mental health issues experience stigma and discrimination across many areas of their life.

The top five life domains that participants said were most affected by stigma and discrimination in the previous 12 months were:

- Relationships
- Employment
- Healthcare services
- Social media
- Mental healthcare services.

The sections below describe the main findings for each of the 14 life domains included in the **Our Turn to Speak** survey.

Relationships

Almost 70% of all participants said they had been most affected by stigma about mental health issues in their relationships. More than half of participants who answered questions about this life domain said their experience of stigma and discrimination in their relationships had been 'frequent' or 'very frequent' in the previous 12 months. On average, 72% of participants said that, because of stigma about mental health issues, they had avoided important things like:

Socialising as much as they would have liked to

- Making new friendships and maintaining connections with existing friends
- Dating or having intimate relationships.

People also reported experiencing stigma and discrimination in their relationships because of other personal characteristics, like their physical health or ability, or their faith and spiritual beliefs.

While negative experiences were unfortunately high, about 62% of participants said they had had positive experiences in connection with their complex mental health issues in their relationships with friends, family members or intimate partners.

In free text responses and interviews, several participants described how their mental health

“ Because of the stigma around mental health, I hide my CPTSD & MDD from everyone as much as I can. Only my husband knows about it and even then I still hide some things from him. ”

**Our Turn to Speak participant
Western Australia**

issues and associated stigma had contributed to breakdowns in relationships, and many felt judged, misunderstood, and that their experiences were not taken seriously.

Employment

Forty-three percent of all participants said they had been most affected by stigma about mental health issues in their employment. More than half of participants who answered questions about this life domain said their experience of stigma and discrimination in employment had been ‘frequent’ or ‘very frequent’ in the previous 12 months.

On average, 70% of participants said that, because of stigma about mental health issues, they had avoided important things like:

- Applying for employment opportunities
- Asking for flexible work arrangements or taking leave entitlements, like sick leave
- Discussing their mental health experiences and needs at work.

“ I got asked why I needed to take sick leave; I told them that I was unwell, the manager kept pushing me to talk, so I told him I had to see a psychiatrist, and the next day I was fired from my job as it was “unsafe to have an unstable employee working with the team”.

**Our Turn to Speak participant
Western Australia**

People also reported experiencing stigma and discrimination in employment because of other personal characteristics, like their physical health or ability, or sexual orientation.

About 40% of participants said they had had positive experiences in connection with their complex mental health issues when finding, maintaining and participating in employment.

In free text responses and interviews, many participants discussed barriers to gaining and maintaining employment, negative experiences in the workplace, their fears of having to disclose mental health issues to employers, and highlighted the need for greater support and flexibility.

Healthcare services

Just over one quarter of all participants said they had been most affected by stigma about mental health issues when accessing physical healthcare. Sixty percent of participants who answered questions about this life domain said their experience of stigma and discrimination in healthcare services had been ‘frequent’ or ‘very frequent’ in the previous 12 months.

On average, 63% of participants said they expected to experience future stigma and discrimination in this area of their lives like:

- Being treated unfairly when trying to get help for physical health problems
- Being unfairly denied help for physical health problems
- Receiving inappropriate or inadequate healthcare for physical health problems.

“ I am scared of being forced to have treatment for [mental health] when I seek physical health treatment.

**Our Turn to Speak participant
Queensland**

People also reported experiencing stigma and discrimination when accessing healthcare services because of other personal characteristics, like their physical health or ability, or sexual orientation.

One quarter of participants said they had had positive experiences in connection with their complex mental health issues when accessing healthcare services.

In free text responses and interviews, participants discussed a lack of understanding and support, and that their physical healthcare needs were not taken seriously by healthcare professionals when seeking treatment. Participants also suggested that mental health issues should be treated with the same respect as physical health issues.

Social media

One quarter of all participants said they had been most affected by stigma about mental health issues when using social media. Almost 60% of participants who answered questions about this life domain said their experience of stigma and discrimination in social media had been 'frequent' or 'very frequent' in the previous 12 months. On average, 88% of participants said they had seen, read or heard social media content that portrayed people living with mental health issues as:

- Dangerous, unsafe or unpredictable
- Being to blame for their issues
- Incapable of recovery or getting better.

I follow a lot of closed facebook groups for the reason that others will not discriminate. I've seen a lot of hate on open facebook pages about certain illnesses, and I do not comment on most things. Online arguments stress me out.

Our Turn to Speak participant
Australian Capital Territory

People also reported experiencing stigma and discrimination when using social media because of other personal characteristics, like their physical health or ability, or sexual orientation.

While negative experiences were unfortunately high, 75% of participants said they had had positive experiences in connection with their complex mental health issues when using in social media.

In free text responses and interviews, many participants discussed the problem of negative representations when using social media, and various measures to protect their privacy or avoid hurtful and offensive content, as well as bullying.

Mental healthcare services

Close to 25% of all participants said that they had been most affected by stigma about mental health issues when accessing mental healthcare services. Almost 60% of participants who answered questions about this life domain said their experience of stigma and discrimination when accessing mental healthcare services had been 'frequent' or 'very frequent' in the previous 12 months. On average, 62% of participants said that, because of stigma about mental health issues, they had avoided important things like:

- Getting help for their mental health issues when they needed it
- Revealing the severity of their mental health issues when getting help from mental healthcare professionals
- Getting a Mental Health Treatment Plan to subsidise the cost of their mental healthcare services.

...I am now so afraid of psychiatric care that I have panic attacks when I pass a hospital. I believe I have to lie to doctors and mental health professionals to avoid being harmed...

Our Turn to Speak participant
New South Wales

People also reported experiencing stigma and discrimination when accessing mental healthcare services because of other personal characteristics, like their physical health or ability, or sexual orientation.

While negative experiences were unfortunately high, 66% of participants said they had had positive experiences when accessing mental healthcare services.

In free text responses and interviews, many participants described treatment from mental health professionals that lacked empathy or was judgemental and dismissive, shared experiences of being denied care or being discharged prematurely without adequate support, and several commented on the gap between treatment in public and private systems.

Mass media

Close to 25% of all participants said they had been most affected by stigma about mental health issues when watching, reading or listening to mass media, like news and entertainment media. Seventy percent of participants who answered questions about this life domain said their experience of stigma and discrimination when watching, reading or listening to mass media had been 'frequent' or 'very frequent' in the previous 12 months. On average, 90% of participants said they had seen, read or heard mass media content that portrayed people living with mental health issues as:

- Dangerous, unsafe or unpredictable
- Being to blame for their issues
- Incapable of recovery or getting better.

“ *Often concerns about stigma are unfortunately dismissed as overreactions or being too sensitive. Depiction of mental illness in the media is one of the biggest contributors to my reluctance to share my personal experiences.* ”

**Our Turn to Speak participant
Western Australia**

People also reported experiencing stigma and discrimination when watching, reading or listening to mass media because of other personal characteristics, like physical health or ability, or sexual orientation.

While negative experiences were unfortunately high, 60% of participants said they had seen positive portrayals of people living with mental health issues in both the news and entertainment media.

In free text responses and interviews, many participants commented on stereotypes and sensationalism in the media, particularly the problematic portrayal of people with complex mental health issues as dangerous or criminal.

Welfare and social services

Twelve percent of all participants said they had been most affected by stigma about mental health issues when accessing welfare and social services. More than 60% of participants who answered questions about this life domain said their experience of stigma and discrimination when accessing welfare and social services had been 'frequent' or 'very frequent' in the previous 12 months. On average, 79% of participants said they expected to experience future stigma and discrimination in this area of their lives, by:

- Being treated unfairly by welfare or social services staff members
- Having their welfare benefits, disability pensions or disability schemes unfairly suspended or cancelled
- Being denied welfare benefits, disability pensions or disability schemes because their mental health issues will be unfairly determined not to meet eligibility criteria.

“ *I don't ask for support from community welfare services because I feel like they will ignore my PTSD and mental health and only look at my financial assets.* ”

**Our Turn to Speak participant
New South Wales**

People also reported experiencing stigma and discrimination when accessing welfare and social services because of other personal characteristics, like their physical health or ability, or gender identity.

One quarter of participants agreed they had had positive experiences in connection with their complex mental health issues when accessing, retaining or using welfare and social services.

In free text responses and interviews, many participants described barriers to accessing welfare and social services, including due to ineligibility ('too complex' or 'not sick enough', for example) and difficulty navigating the system, as well as experiences of poor treatment by workers.

Education and training

Just over 10% of all participants said they had been most affected by stigma about mental health issues in their education and training. Close to 50% of participants who answered questions about this life domain said their experience of stigma and discrimination in education and training had been 'frequent' or 'very frequent' in the previous 12 months.

On average, 70% of participants said that, because of stigma about mental health issues, they had avoided important things like:

- Applying for education or training courses, including scholarship opportunities
- Seeking support or assistance from teachers, lecturers, tutors or trainers
- Asking for flexible study arrangements.

People also reported experiencing stigma and discrimination in their education and training because of other personal characteristics, like their physical health or ability, or sexual orientation.

“ I was due to start university in early 2019 however I had to go into hospital for my mental health. I met with the student services/guidance councillor [sic] and I was not given any options for my study, simply just told I could not start and that there was no alternate pathway for me so I HAD to defer. ”

**Our Turn to Speak participant
New South Wales**

Just over 35% of participants said they had had positive experiences in connection with their complex mental health issues when participating in education and training.

In their qualitative responses, participants commented on a lack of support from educational institutions, barriers to completion, and highlighted some accessibility issues. Examples included applying for special consideration, navigating the enrolment system and support services, having a service assistance dog, and using technology.

Financial and insurance services

Fewer than 10% of all participants said they had been most affected by stigma about mental health issues when accessing financial and insurance services. Almost 60% of participants who answered questions about this life domain said their experience of stigma and discrimination when accessing financial and insurance services had been 'frequent' or 'very frequent' in the previous 12 months. On average, 67% of participants said they expected to experience future stigma and discrimination in this area of their lives, by:

- Being treated unfairly by banking or insurance providers
- Being unfairly denied access to banking or insurance products
- Having their banking or insurance products unfairly suspended or cancelled.

“ It would just be nice if they insured us, full stop. ”

**Our Turn to Speak participant
New South Wales**

- People also reported experiencing stigma and discrimination in financial and insurance services because of other personal characteristics, like their physical health or ability, or sexual orientation.

One in five participants said they had had positive experiences in connection with their complex mental health issue when accessing financial and insurance services.

In participants' free text responses and interviews, participants shared their concerns about having to disclose mental health issues and being denied loans and insurance (especially income protection, life insurance and travel insurance).

Housing and homelessness services

Fewer than 10% of all participants said they had been most affected by stigma about mental health issues when accessing housing and homelessness services. Just over 61% of participants who answered questions about this life domain said their experience of stigma and discrimination when accessing housing and homelessness services had been 'frequent' or 'very frequent' in the previous 12 months. On average, 60% of participants said that, because of stigma about mental health issues, they had avoided important things like:

- Reporting maintenance issues or making complaints to household members, housing officials or landlords
- Applying for private rental properties, public or community housing, or homelessness services.

I now will avoid telling housemates about my mental health issues unless they have gained my absolute trust after many months.

**Our Turn to Speak participant
Victoria**

People also reported experiencing stigma and discrimination when accessing housing and homelessness services because of other personal characteristics, like their physical health or ability, or their faith or spiritual beliefs.

One quarter of participants said they had had positive experiences in connection with their complex mental health issues when accessing housing or homelessness services.

In free text responses and interviews, participants commented on barriers to accessing and maintaining appropriate housing and support, as well as negative experiences in the sector (including with housing officers, real estate agents, and landlords).

Cultural, faith or spiritual practices and communities

Just over 5% of all participants said they had been most affected by stigma about mental health issues in their cultural, faith or spiritual practices and communities. Forty-four percent of participants who answered questions about this life domain said their experience of stigma and discrimination in their cultural, faith or spiritual practices and communities had been 'frequent' or 'very frequent' in the previous 12 months. On average, 63% of participants said that, because of stigma about mental health issues, they had avoided important things like:

- Participating in their cultural, faith or spiritual practices and communities
- Going to places or community spaces of cultural, faith or spiritual significance
- Seeking support or counsel from members of their cultural, faith or spiritual communities.

I left my spiritual community because of mental health issues, and was not allowed back in because these issues are ongoing.

**Our Turn to Speak participant
Victoria**

People also reported experiencing stigma and discrimination in their cultural, faith or spiritual practices and communities because of other personal characteristics, like their physical health or ability, or their faith or spiritual beliefs.

While negative experiences were unfortunately high, 52% of participants said they had had positive experiences in connection with their complex mental health issues in their cultural, faith or spiritual practices and communities.

In free text responses and interviews, participants discussed lack of understanding among faith communities, including their mental health issues being interpreted as lacking faith or demonic possession, and some sharing their experiences of being subjected to exorcisms.

Sports, community groups and volunteering

Just over 5% of all participants said they had been most affected by stigma about mental health issues when taking part in sports, community groups and volunteering. Thirty-five percent of participants who answered questions about this life domain said their experience of stigma and discrimination in their sporting, community group or volunteer roles had been 'frequent' or 'very frequent' in the previous 12 months. On average, 72% of participants said that, because of stigma about mental health issues, they had avoided important things like:

- Joining sporting teams, community groups or volunteer roles they were interested in
- Actively participating in sports, community groups or volunteering
- Applying for leadership roles in their sporting teams, community groups or volunteer roles.
- People also reported experiencing stigma and discrimination in their sporting, community group and volunteer roles because of other personal characteristics, like their physical health or ability, or their faith or spiritual beliefs.

“ *The only way to survive out here is to never admit to any mental health issues. The community view [mental health] as a weakness to exploit and outcast you.* ”

**Our Turn to Speak participant
South Australia**

While negative experiences were unfortunately high, just over 50% of participants said they had had positive experiences in connection with their complex mental health issues when joining or participating in sporting teams, community groups or volunteer roles.

In free text responses and interviews, some participants highlighted further issues such as the impact of mental health issues on their ability to participate, and a lack of understanding from other group members with regards to this contributing to a sense of exclusion and feeling judged. Responses suggested this could be worse in more isolated areas.



Public and recreational spaces

Five percent of all participants said they had been most affected by stigma about mental health issues in public and recreational spaces. Almost 40% of participants who answered questions about this life domain said their experience of stigma and discrimination in public and recreational spaces had been 'frequent' or 'very frequent' in the previous 12 months. On average, 62% of participants said that, because of stigma about mental health issues, they had avoided important things like:

- Using public transport, public spaces or attending public events
- Asking for assistance from public transport staff when they needed it
- Asking for assistance from retail, hospitality or events staff when they needed it.

I have a service dog for my mental illnesses and often encounter problems because of this which leaves me not wanting to go out.

Our Turn to Speak participant
Victoria

People also reported experiencing stigma and discrimination in public and recreational spaces because of other personal characteristics, like their physical health or ability, or their sexual orientation.

While negative experiences were unfortunately high, 50% of participants said they had had positive experiences in connection with their complex mental health issues when accessing or using public transport, or attending public spaces or events.

In free text responses and interviews, issues of visibility, feeling judged and receiving unwanted attention were raised, as well as challenges in being accompanied by a service dog (such as accessibility, restrictions, and inappropriate behaviour from members of the general public).

Legal and justice services

Just under 5% of all participants said they had been most affected by stigma about mental health issues when accessing legal and justice services. Almost 64% percent of participants who answered questions about this life domain said their experience of stigma and discrimination when accessing legal and justice services had been 'frequent' or 'very frequent' in the previous 12 months. On average, 56% of participants said that, because of stigma about mental health issues, they had avoided important things like:

- Getting legal services and advice when they needed it
- Asking for police assistance when they needed it
- Calling 000 during a crime or other police emergency.

Unfairly singled out in a bar, strip searched, humiliated, held longer than necessary.

Our Turn to Speak participant
New South Wales

People also reported experiencing stigma and discrimination in legal and justice services because of other personal characteristics, like their physical health or ability, or their racial or cultural background.

Thirty-two percent of participants said they had had positive experiences in connection with their complex mental health issues when accessing legal and justice services, or police assistance.

In free text responses and interviews, participants highlighted challenges including lack of understanding, flexibility, and police training, not being taken seriously, and mental health issues being used against them (for example, when accessing the courts system).

Key Insights

People living with complex mental health issues experience high rates of stigma and discrimination in many important areas of their life.

Between 25% and 70% of all 1,912 participants of the **Our Turn to Speak** survey said their experiences of stigma and discrimination in the previous 12 months had affected them the most in terms of relationships, employment, healthcare services, and social media.

For 12 of the 14 life domains, more people held concerns about future experiences of stigma and discrimination than about negative treatment they had experienced in the previous 12 months. This is understandable, given the profound experiences of stigma and discrimination that many participants chose to write about in their survey answers or share with the interviewers.

The stories shared by participants also showed that for 10 life domains, rates of withdrawal from opportunities were also greater than experiences of stigma and discrimination in the previous 12 months. For example, participants reported that they had avoided:

- socialising with others
- applying for employment opportunities
- getting help for their physical and mental health issues when they needed it
- applying for flexible study arrangements that would help them participate in education and training.

It is highly concerning that stigma and discrimination has caused many people living with complex mental health issues to miss out on the important life opportunities, activities and social connections that are known to contribute towards personal and psychosocial recovery.

Three broad themes emerged from participants' responses to the final optional question about what most needs to change to reduce stigma for all Australians living with complex mental health issues:

- **Education, understanding and acceptance:** Participants wanted people around them to be informed about complex mental health issues, to understand and be understanding of their experiences, and to ultimately accept them.
- **Communication and visibility:** Participants wanted people to speak to them and about them with respectful and inclusive language. They wanted themselves and their peers living with complex mental health issues to be visible – in their workplaces, in the media and in the community.
- **Accessible services, fair treatment and support:** Participants wanted to be able to access necessary services readily and without judgement, to be treated fairly by service providers, and to be supported in ways that were inclusive and accepting.



Conclusion

The **Our Turn to Speak** survey findings are a crucial step towards understanding how stigma and discrimination affect Australians who live with complex mental health issues. The significance of these findings cannot be overstated. The authentic and moving stories participants shared do more than just inform us; they compel us to act.

Resources

You can read the full version of the report of findings from the **Our Turn to Speak** survey, and the **National Stigma Report Card** team's recommendations for action based on the research at www.nationalstigmareportcard.com.au

We encourage everyone to read and learn more about how we can all contribute to reducing stigma and discrimination and improving the lives of all Australians living with complex mental health issues.

To learn more and support the project visit:

www.nationalstigmareportcard.com.au

**NATIONAL
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CARD**

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