



January 2023

Australian Government
National Mental Health Commission

Re: National Stigma and Discrimination Reduction Strategy

First Peoples Disability Network (FPDN) is submitting a response to the briefing on the draft National Stigma and Discrimination Reduction Strategy. In relation to the Strategy, FPDN acknowledges the impact of stigma surrounding disability and specifically psychosocial disability. Additionally, FPDN recognises the intersectionality around disability and First Nations people where there is further potential for discrimination, stigma and disadvantage.

About Us

The First Peoples Disability Network Australia (FPDN) is a national organisation of and for Australia's First Peoples with disability, their families, and communities. Our organisation is governed by First Peoples with lived experience of disability. We are the custodians of the narratives of First Peoples with disability, their families, and communities, and we recognise this important responsibility.

First Peoples with disability and their families are amongst the most seriously disadvantaged and disempowered members of the Australian community. FPDN

gives voice to their needs and concerns and shares their narratives of lived experience.

Our purpose is to promote recognition, respect, protection, and fulfilment of human rights, secure social justice, and empower First Peoples with disability to participate in Australian society on an equal basis with others. To do this, we proactively engage with communities around Australia and advocate for the interests of First Peoples with disability in Australia and internationally.

We follow the human rights framework established by the United Nations Convention on the Rights of Persons with Disabilities (CRPD), to which Australia is a signatory, and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

We work within a social model of disability, in which we understand “disability” to be the result of barriers to our equal participation in the social and physical environment. These barriers can and must be dismantled. The social model stands in contrast to a medical model of disability, which focuses on diagnosis.

First Nations People, Stigma and Discrimination

Firstly, FPDN acknowledges that the overlap of mental health, stigma and discrimination is complex for First Nations people where mental health concerns may not be recognised as a disability.

Secondly, intersectionality – the overlap of factors that cause disadvantage – has been documented for First Nations people¹ and needs addressing further, particularly in regard to intergenerational trauma which is linked to psychosocial disability.

Thirdly, there has been important work around suicide prevention with First Nations people however the link between suicide and mental health needs further examination, particularly around stigma and discrimination.

¹ S Avery, ‘Cultural and community inclusion as a moderator of social inequality experienced by Aboriginal and Torres Strait Islander people with disability,’ Thesis.

Lastly, recommendations around culturally appropriate stigma reduction initiatives for First Nations people need to be informed by First Nations people and communities with lived experience. Each of these topics will be addressed below.

Mental health and disability

Disability is not a word that has been used in traditional First Nation languages. This means that First Nations people may not identify as having a disability.² Traditionally, for many First Nations communities, people with disability were not labelled with a disability but were accepted as they were.³ First Nations researcher, Dr Scott Avery, observed that any reference to a disability by First Nations people, such as being blind or deaf was used factually without inferring a deficit or inferiority.⁴ The cultural differences between the Western model of disability – which is often seen as a deficit model – and the First Nations view of disability as a way of being, can cause barriers for First Nations people when attempting to access support. This is because the question, *do you have a disability?* is culturally irrelevant for First Nations people.⁵

In a similar manner, mental health concerns are not always recognised as disability in First Nations communities. In the NATSISS 2014-15 report⁶ only four of the forty-one interviewees specifically used the medical terms of *depression* or *anxiety*. Again, this represents the disconnect between the Western medical model of disability and the First Nations cultural understanding of mental health conditions.

Intersectionality

First Nations people may experience barriers to accessing mainstream disability services due to language and cultural differences and due to geographical barriers.

² N Heath, 'If you have no word for disability in your language, how do you get the care you need?' *SBS Voices*, July 7, 2017.

³ D Griffis, 'In traditional language, there is no word for disability,' *IndigenousX*, November 21, 2019.

⁴ S Avery, 'Culture is Inclusion,' *Disability Royal Commission 2018*, <https://disability.royalcommission.gov.au/publications/exhibit-8-00305-exp002000010001-s-avery-culture-inclusion-narrative-aboriginal-and-torres-strait-islander-people-disability-first-peoples-disability-network-australia-sydney-2018>, accessed January 6, 2023.

⁵ FPDN, 'Living our ways,' 2020, <https://apo.org.au/sites/default/files/resource-files/2020-08/apo-nid312483.pdf>, accessed January 6, 2023.

⁶ as shown in FPDN, 'Living our ways,' 2020, <https://apo.org.au/sites/default/files/resource-files/2020-08/apo-nid312483.pdf>, accessed January 6, 2023.

Intersectionality references the layers of disadvantage that may be present for individuals and communities, and for First Nations people intersectionality may be present due to living in rural or remote communities, having low socioeconomic status, being from a minority cultural group, racism and other factors including disability.⁷

Likewise, First Nations people may be hesitant to seek support for disability and mental health conditions due to fears around authoritarian invasive practices from government and agencies. This stems from historical and ongoing colonisation and violence resulting in the Stolen Generations who experienced trauma, and separation from family, culture, language and country.⁸ This trauma is passed down through families and becomes intergenerational trauma and may result in psychosocial disability. The stigma surrounding psychosocial disability then perpetuates this cycle through fear of accessing supports and services further causing psychosocial disability.

Suicide prevention and mental health

The link between suicide and mental health concerns have been documented⁹ with suicide being the fifth leading cause of death for First Nations people¹⁰ and where the suicide rates for First Nations people are higher than for other Australians.¹¹ The Indigenous Justice Clearinghouse¹² noted that the risk of suicide for First Nations people is shaped by intersectional factors in the social, historic, social and economic domains.

⁷ FPDN, 'Living our ways,' 2020, <https://apo.org.au/sites/default/files/resource-files/2020-08/apo-nid312483.pdf>, accessed January 6, 2023.

⁸ Victim Support Service, 'The impacts of generational trauma,' 2019, <https://www.victimsa.org/blog/intergenerational-trauma-aboriginal-communities>, accessed December 2, 2022

⁹ L Bradvik, 'Suicide Risk and Mental Disorders,' *International Journal of Environmental Research and Public Health*, 2018, 15, no. 9: 2028

¹⁰ ABS, 'Intentional self-harm in Aboriginal and Torres Strait Islander people,' 2019, <https://www.abs.gov.au/articles/intentional-self-harm-aboriginal-and-torres-strait-islander-people>, accessed January 9, 2023.

¹¹ M Gibson, J Stuart, S Leske, R Ward and R Tanton, 'Suicide rates for young Aboriginal and Torres Strait Islander People: the influence of community level cultural connectedness,' *The Medical Journal of Australia*, 2021, 214, no. 11: 514-518.

¹² Indigenous Justice Clearinghouse, 'National Aboriginal and Torres Strait Islander Suicide Prevention Strategy,' <https://www.indigenousjustice.gov.au/resources/national-aboriginal-and-torres-strait-islander-suicide-prevention-strategy/>, accessed January 6, 2023.

Similarly, the links between psychosocial disability, incarceration and suicide need to be addressed. Stigma around psychosocial disability produces serious consequences – often life and death consequences – for First Nations people with psychosocial disability when stigma frames behaviour as troublesome without regard to the psychosocial cause, leading to incarceration. Deaths in custody result from this.

Culturally informed recommendations

FPDN is underpinned by the social model of disability and the cultural model of disability. The social model of disability recognises that barriers in society contribute to the experience of disability¹³ and the cultural model of disability is described as the integration of medical, social and cultural presentation of disability.¹⁴

Utilising the social and cultural models of disability, FPDN present the following recommendations around reducing stigma and discrimination in regard to mental health conditions and psychosocial disability for First Nations people.

1. **Structural and systemic:**

1.1. FPDN recommends that a specific First Nations mental health, stigma and discrimination strategy or action plan is developed. At an overarching level, the strategy would ideally:

1.1.1. Be co-designed, implemented and evaluated in partnership with First Nations communities, community controlled organisations, First Nations academics and other leaders in the field;

1.1.2. Incorporate a multi-level framework that guides research, policy, program development and evaluation;

¹³ FPDN, 'About Us,' <https://fpdn.org.au/about-us/>, accessed January 6, 2023.

¹⁴ S Avery, 'Culture is Inclusion,' *Disability Royal Commission* 2018, <https://disability.royalcommission.gov.au/publications/exhibit-8-00305-exp002000010001-s-avery-culture-inclusion-narrative-aboriginal-and-torres-strait-islander-people-disability-first-peoples-disability-network-australia-sydney-2018>, accessed January 6, 2023.

- 1.1.3. Be cross-sectoral to ensure a coordinated approach that avoids inefficient and damaging siloed approaches, and creates links with other relevant strategies, research, and service systems;
- 1.1.4. Be based on a human rights framework that is founded on the Convention on the Rights of People with Disabilities, the United Nations Declaration on the Rights of Indigenous Peoples and other key human rights instruments;
- 1.1.5. Position culture at the central and most critical component that provides a basis for all other elements of the strategy; and
- 1.1.6. Promote truth telling and a greater understanding of the impacts of colonisation and our nation's trauma legacy.

The following recommendations can be read as additional detail for inclusion in a dedicated strategy or action plan and as recommendations for the Stigma and Discrimination Reduction Strategy.

2. Mental health

2.1 Disability and mental health need to be viewed through the lens of the social model of disability which recognises that societal barriers exacerbate disability, and the cultural model of disability where the models combine to explain the lived experience of disability.

2.2 Culturally valid understandings of mental health must shape the provision of services and guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' mental health and psychosocial disability.

2.3 Strategies must be developed and implemented that strengthen the capacity of the Aboriginal and Torres Strait Islander mental health and healing workforce and the broader professional healing informed service system.

2.4 Relevant links and synergies need to be made to the current National *Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* and its successor.

3. Intersectionality

- 3.1 Strategies and programs need to recognise the ongoing intersectional disadvantage that First Nations people experience.
- 3.2 More research is required into the intersectionality faced by First Nations people with psychosocial disability experience. In addition, improved data is needed to better show the extent of intersectionality and its effects.
- 3.3 Dealing with stigma and discrimination in the broader community can only be truly begin by promoting truth telling and a greater understanding of the impacts of colonisation and our nation's trauma legacy via effective communication strategies.¹⁵
- 3.4 Development of trauma-aware healing-informed approaches in policy environments across all sectors including health, education, children and families and justice.
- 3.5 Stigma and discrimination that is driven by racism and other forms of discrimination must also be addressed.

4. Suicide prevention and mental health

- 4.1 Links and synergies between this strategy, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, and the National *Strategic Framework for Aboriginal and Torres Strait Islander Peoples'*

¹⁵The Healing Foundation 'A Theory of Change for Healing,' https://healingfoundation.org.au/app/uploads/2019/04/HF_Theory_of_Change_A4_Mar2019_WEB.pdf, accessed January 26, 2023

Mental Health and Social and Emotional Wellbeing 2017-2023 must also be made.

4.2 Training around psychosocial disability needs to occur in the justice system, and particularly in the police force to recognise psychosocial disability and to have knowledge and skills to de-escalate situations.

5. Culturally informed

5.1 Integrated policy responses across sectors to mental health, stigma and discrimination that support positive cultural identity and healing are required.

5.2 Promotion of programmatic co-design principles that privilege Indigenous knowledge systems are critical in research, policy and service delivery.

5.3 The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.

5.4 Strategies and programs need to be translated or prepared in languages that are first language for individuals and communities, through various various forms of literacy and media - pictures, verbal storytelling, and written text. This includes ensuring content is accessible for First Nations people with disabilities.

Final comments

Reducing stigma and discrimination, particularly around psychosocial disability, is important to FPDN and to the First Nations communities that FPDN represent. Intersectional disadvantage contributes to the discrimination and stigma currently present for individuals with disability. The prevalence of disability in First Nations communities includes 46% of First Nations people with a chronic condition, 17% with

anxiety, and 13% with depression.¹⁶ In a different study¹⁷, it was estimated that 24% of First Nations people had a diagnosed mental health or behavioural condition, and 31% of First Nations adults reported high levels of psychological distress.

To reduce stigma and discrimination around mental health, culturally responsive strategies need to be implemented. The recommendations listed above provide a framework for how stigma and discrimination can be reduced for First Nations people with disability through structural and systemic provisions, culturally appropriate mental health initiatives, recognition of the impact of intersectionality, acknowledgement of the the links between mental health and suicide, and providing culturally informed policies, services and programs for First Nations people.

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¹⁶ ABS, 'National Aboriginal and Torres Strait Islander Health Survey,' <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release>, accessed January 6, 2023.

¹⁷ AIHW, 'Indigenous health and wellbeing,' <https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing>, accessed January 6, 2023.