



Ms Jeanette Radcliffe
Committee Secretariat
Senate Standing Committees on Community Affairs
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Parliament House
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Dear Ms Radcliffe

Thank you for the opportunity to provide further advice to the Community Affairs Committee in relation to the Inquiry into the delivery of outcomes under the *National Disability Strategy 2010-2020* (NDS) to build inclusive and accessible communities.

I was asked to consider three issues as a result of the Committee's hearing in Brisbane on 30 October 2017. My responses are provided below. I apologise for the delay in providing these to you.

1. Progress and outcomes for psychosocial disability under the *2010-2020 National Disability Strategy Second Implementation Plan: Driving Action 2015-2018*

I have now had a chance to examine the *Second Implementation Plan: Driving Action 2015-2018* (Second Plan) in more detail. I note its key areas for action including *NDIS transition to full scheme* and *improving employment outcomes for people with disability*, are applicable to people experiencing psychosocial disability.

Nevertheless, I note that there is a lack of any specific reference to psychosocial disability in the second plan. As Ms Burns, Deputy Commissioner, Mental Health Commission of New South Wales, stated in her evidence to the Committee, "psychosocial disability is not well understood and, because it is not well understood, it is not adequately responded to".

I would suggest then that without specific reference to psychosocial disability in the Second Implementation Plan it is difficult to ensure that all Commonwealth and State/Territory Government agencies with responsibility for addressing disability will develop effective approaches to responding to the particular needs of people experiencing psychosocial disability, their families and carers.

Given the clear evidence of poorer life outcomes of people experiencing psychosocial disability I would recommend that this becomes an area of focus in the third implementation plan.

2. Consumer and carers' experience of stigma and discrimination of mental illness from health professionals

As discussed at the hearing, both Ms Burns and I identified that one of the biggest barriers to people with a disability, especially a psychosocial disability, being part of an inclusive and accessible community is their experience of stigma and discrimination. Stigma and discrimination may lead to feelings of shame, helplessness, fear, worthlessness and self-doubt. It may result in exclusion and isolation, adversely impacting on personal relationships and opportunities for social interactions and community involvement. Stigma and discrimination can create barriers to people accessing employment and housing. In particular, we discussed the experience of stigma and discrimination in the health care setting.

The Fifth National Mental Health and Suicide Prevention Plan (The Fifth Plan) identifies, under Priority Area 6: Reducing stigma and discrimination, that people living with mental illness may experience stigma and discrimination by the health workforce, in both specialised mental health services and in general health services. The Fifth Plan commits Australian governments to reducing stigma and discrimination in the health workforce by:

- developing and implementing training programs that build awareness of and knowledge about the impact of stigma and discrimination
- responding proactively and providing leadership when stigma or discrimination is seen
- empowering consumers and carers to speak about the impacts of stigma and discrimination.

The Fifth Plan cites the Mental Health Council of Australia's 2011 report titled *Consumer and carer experiences of stigma from mental health and other health professionals*. The report found that the majority of consumers and carers experienced stigma from both the community and the professional providing their mental health service or those of the person they care for. The report found that in relation to health care professionals, consumers' experiences included:

- being advised to lower their expectations for accomplishments in life
- being shunned or avoided
- having their behaviour towards them change once finding out about their mental illness
- a lack of understanding of the lived experience of mental illness
- worrying that they will be perceived unfavourably due to their mental illness.

This is an important matter that requires continued attention.

3. Recommendations in relation to the NDS Outcome 1: Inclusive and accessible communities.

As outlined in my evidence and in the Commission's submission I continue to recommend action that:

- reduces the silos between levels of governments and government agencies, sectors and service providers to support flexible, sustainable and innovative responses to the needs of people experiencing psychosocial disability
- effectively engages people experiencing psychosocial disability and their families and carers in the development of these flexible, sustainable and innovative responses
- addresses the structural, interpersonal and intrapersonal stigma and discrimination that people living with a mental illness experience

- provides the additional and specific support people with psychosocial disability require to actively participate in community life, including social and recreational pursuits, education, training and employment
- supports people with a psychosocial disability to access and maintain appropriate, safe and secure accommodation.

I would like to thank the Committee for the opportunity to provide evidence at the hearing and I look forward to seeing the outcomes of your Inquiry.

Should you require any further information please feel free to contact me

Yours sincerely

Ivan Frkovic
Mental Health Commissioner
Queensland Mental Health Commission