

Balit Durn Durn Centre Response to the National Stigma and Discrimination Reduction Strategy



Acknowledging Aboriginal and/or Torres Strait Islander peoples living experience

We acknowledge all Traditional Owner's ongoing connection to these lands, waterways, and skies. We pay our respects to all Aboriginal and/or Torres Strait Islander peoples past and present. To the giants whose shoulders we stand on today and every day. And we acknowledge that sovereignty has never been ceded.

It is important that we hold space to acknowledge the living experiences of our Aboriginal and/or Torres Strait Islander Elders, brothers and brotherboys, sisters and sistergirls, and cousins from all Nations and language groups. Peoples who have breathed life into these lands, waterways, and skies, immersed with vibrant yet diverse cultures from the very beginning of time itself.

The ongoing impacts stemming from colonisation on the social and political determinants of Aboriginal peoples have been profound. Its impacts continue to reverberate across several generations. In Victoria, colonialism has been especially brutal. Colonial violence has been enduring and takes many forms. From various government policies intent of genocide, and those that led to the Stolen Generations – a form of cultural genocide in itself - to police brutality and the continuing torment of Black deaths in custody, to the trauma that is a product from unchecked, unchallenged racism and discrimination – whether structural, systemic, overt, casual, or “unconscious bias”. Inert, culturally unsafe service systems and models of care designed to cater to the majority are incapable of understanding our needs and ways of being. It needn't matter the form of violence, its impacts are felt deeply, the trauma compounding.

Despite all that colonisation has wrought in the last 235 years, our connection to Country, culture and kin remains enduring. It remains strong. Despite dislocation borne from colonial violence, we are healing. We are finding our voice, a voice that was so ruthlessly taken from and denied to our Ancestors. We are telling our stories, sharing our experiences with the belief that society, systems, and structures can learn from us and those who went before us – whose footsteps we follow. The belief that with our advocacy, systems and structures can evolve to place the social and emotional wellbeing model at the core of service design and delivery. A holistic model that recognises our mob's health and wellbeing as being influenced by cultural, historical, political, and social determinants.

Language

The term 'Aboriginal' in VACCHO documents is inclusive of Torres Strait Islander peoples and 'Aboriginal Victorian' includes all Aboriginal people living in Victoria. The terms 'Community' or 'Communities' in this document refers to all Aboriginal and/or Torres Strait Islander communities across Australia, representing a wide diversity of cultures, traditions, and experiences.

Story of the artwork – ‘Nyarri Yathuka’ (*Now we will no longer be without*)

Kenita-Lee McCartney is an Aboriginal woman from Swan Hill/Balarand. Her bloodlines run through Wemba Wemba, Wiradjuri, Wotjiboluk, Neri Neri, and Boon Wurrung Countries.

This piece, ‘Nyarri Yathuka’ (*Now we will no longer be without*), tells the story of bright futures, with Mobs flourishing and thriving. It signifies our path to a brighter future and the healing journey for our mob. With our Communities leading the way to create even brighter and self-determining futures for generations to come. The colours are vibrant and bright, invoking our past and its impacts that helped plant the seeds of resilience that our Mob have sown. The piece tells a story of the journey our Mobs continue on. We are alive. We have survived. We are healing. We are strong. We will thrive.

Background

The Balit Durn Durn Centre at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) welcomes the opportunity to provide feedback to the National Stigma and Discrimination Reduction Strategy (the Strategy). Across a wide range of intersecting factors, Aboriginal Victorians are still disproportionately exposed to intersecting risk factors that negatively impact on their mental health and social emotional wellbeing.

In Victorian Aboriginal Communities, the events of the 2020 bushfires and coronavirus pandemic have exacerbated the stress and health inequity for Communities. These events have significantly increased social, financial, emotional, and physical pressures and stressors, including widespread grief and loss, which can compound existing impacts from:

- the Stolen Generations and removal of children
- unresolved trauma
- separation from culture and associated identity issues
- discrimination based on race or cultural identity
- economic and social disadvantage
- chronic disease
- high incarceration rates
- violence
- substance use.

Sadly, these risk factors are associated with increased suicide risk and suicide rates that are twice the national average. Aboriginal suicides are closely linked to mental health issues, with about 80 per cent of passings by suicide linked to a diagnosed and/or a suspected mental illness.¹

¹ Victorian Aboriginal Community Controlled Health Organisation Inc. 2020, Balit Durn Durn, Victorian Aboriginal Community Controlled Health Organisation Inc., Melbourne

VACCHO

VACCHO is the peak body for Aboriginal health and wellbeing in Victoria – the only organisation of its kind - with 32 Aboriginal Community Controlled Organisations (ACCOs) as Members. VACCHO trains, supports, and advocates with and for our Members and their Communities across Victoria. ACCOs deliver a suite of culturally safe and responsive frontline health and community care services for Aboriginal Communities. ACCOs have a proud, long history as sustainable, grassroot organisations that assist in building Aboriginal self-determination. They hold Aboriginal health in Aboriginal hands.

The Balit Durn Durn Centre for Aboriginal Social and Emotional Wellbeing

The Balit Durn Durn Centre (the Centre) was launched in May 2022 as a response to the Royal Commission into Victoria’s Mental Health System (the Royal Commission). Although the creation of the Centre is in its infancy, it is a result of the tireless advocacy of Aboriginal peoples across generations. The Centre fosters innovation and improvement in social and emotional wellbeing practice, policy, and research.

The language term *Balit Durn Durn* was gifted by Wurundjeri community to name our report in response to the Royal Commission’s Interim Report. Further approval was sought to continue the use of Woi Wurrung language to name the Centre. The Centre acknowledges the generosity of Wurundjeri people for the continued use of their Woi Wurrung language. *Balit Durn Durn* translates in English to ‘*strong brain, mind, intellect and sense of self*’.

Executive Summary

Lost in translation: Western concepts articulated in the Strategy do not translate into an Aboriginal context

The Centre appreciates the efforts in place to develop a response to address stigma and discrimination in different settings and privilege living experience. Aboriginal peoples’ fight to eliminate stigma and discrimination is generations old.

While there is greater understanding of the needs and aspirations of Aboriginal people, there remains significant disconnect in the translation of policy and strategy into the Aboriginal context. Western terms, concepts and clinical models of care that are commonly described in policy are not aligned with Aboriginal ways of knowing (epistemology), being and doing (ontology).

Aboriginal SEWB is complex, holistic, and multidimensional, yet is so often required to ‘fit’ into Western service models and systems. Furthermore, Aboriginal SEWB models of care are stigmatised by mainstream service systems and frequently not seen as valid or legitimate

when juxtaposed against Western bio-medical ways of knowing and doing. There remains significant work to address the mainstream service system stigma associated with the Aboriginal SEWB model. The primacy that Western bio-medical ways for knowing, being and doing seem to hold over Aboriginal knowledge systems in mainstream settings requires a true paradigm shift.

Stigma, as a deeply entrenched sociocultural phenomenon, lies at the root of many human rights violations, resulting in entire population groups being disadvantaged. Stigma gives rise not only to discrimination, but also to a range of other human rights violations, both of economic, social, and cultural rights as well as civil and political rights, underscoring the indivisibility of all human rights.

The Centre's response to the Strategy is structured around key themes:

- Aboriginal social and emotional wellbeing is complex and multidimensional
- The Aboriginal social and emotional wellbeing model itself is stigmatised
- A siloed 'single issue' strategy to reduce stigma and discrimination on the basis of mental ill-health is misaligned with the holistic conceptions of an Aboriginal worldview
- The overarching vision of a reduction in stigma and discrimination rather than elimination does not reflect a rights-based strategic approach
- Racism is pervasive and needs to be central to the Strategy
- More consideration is required to the work that is occurring at a Federal and State level to ensure an approach that aligns and not duplicative

In the first instance, The Centre recommends:

1. Addressing the mainstream system stigma associated with the Aboriginal Social and Emotional Wellbeing Model
2. Aligning the language and priorities with a rights-based approach
3. Embedding a priority focus on addressing racism and the compounding impacts of multiple and intersecting stigmas

The Centre looks forward to further discussions and working together to ensure the Strategy can deliver its vision.

Aboriginal peoples Social and Emotional Wellbeing is complex and multidimensional

Aboriginal and Torres Strait Islander SEWB is a complex, multidimensional concept encompassing connections to land, culture, spirituality, ancestry, family, and community. Aboriginal SEWB is situated within a framework that acknowledges Aboriginal Australian

worldviews and expressions of culture, including the individual self, family, kin, Community, traditional lands, ancestors, and the spiritual dimensions of existence.²³⁴

The Aboriginal concept of ‘healing’ is an inclusive term that enables mental health to be recognised as part of a holistic and interconnected Aboriginal view of health. The concept of healing embraces social, emotional, physical, cultural, and spiritual determinants of health and wellbeing.

Many communities in Victoria and across Australia prefer the term ‘social and emotional wellbeing’ to ‘mental health’ as it is a holistic model reflecting a more strengths-based approach to health. Comparatively, the term ‘mental health’ is an individual negotiated state – often framed in the deficit – and the result of an interplay of factors, both internal and external to an individual rather than a community or collective.⁵⁶⁷⁸ While the importance of mental health cannot be understated, Aboriginal peoples “position [mental health] within the larger framework of SEWB – a framework that includes the domains of wellbeing that are unique and essential components of Aboriginal and Torres Strait Islander health” and wellbeing.⁹

The SEWB model (figure 1) represents holistic healing and includes protective factors that support good health and wellbeing for Aboriginal peoples and Communities. These include connection to body, mind and emotions, family and kinship, Community, culture, Country, spirit, spirituality, and ancestors. The outer wheel speaks to how these factors interact with social, historical, and political determinants of health and wellbeing, and the importance of each element in keeping well.¹⁰

These determinants of health and wellbeing are defined as:

- Social determinants - the impact of poverty, unemployment, housing, educational attainment, and racial discrimination
- Historical determinants - the historical context of colonisation and its ongoing impacts. The impact of past government policies and the extent of historical oppression and cultural displacement

² Wright, A., Davis, V. N., Brinckley, M. M., Lovett, R., Thandrayen, J., Yap, M., ... & Banks, E. (2022). Relationship of Aboriginal family wellbeing to social and cultural determinants, Central Australia: ‘Waltja tjutanku nyakunytjaku’. *Family Medicine and Community Health*, 10(4), e001741.

³ Bourke, S. C., Chapman, J., Jones, R., Brinckley, M. M., Thurber, K. A., Calabria, B., ... & Lovett, R. (2022). Developing Aboriginal and Torres Strait Islander cultural indicators: an overview from Mayi Kuwayu, the National Study of Aboriginal and Torres Strait Islander Wellbeing. *International Journal for Equity in Health*, 21(1), 109.

⁴ Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander social and emotional wellbeing. *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, 2, 55-68.

⁵ Dudgeon, Patricia (Editor); Milroy, Helen (Editor); Walker, Roz (Editor). / *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. 2nd Edition ed. Canberra: Commonwealth of Australia, 2014

⁶ Calma, T., Dudgeon, P. and Bray, A. (2017), Aboriginal and Torres Strait Islander Social and Emotional Wellbeing and Mental Health. *Aust Psychol*, 52: 255-260.

⁷ Dudgeon, P., Bray, A., D’Costa, B. and Walker, R. (2017), Decolonising Psychology: Validating Social and Emotional Wellbeing. *Aust Psychol*, 52: 316-325.

⁸ Dudgeon, P., Alexi, J., Derry, K., Brideson, T., Calma, T., Darwin, L., Gray, P., Hirvonen, T., McPhee, R., Milroy, H., Milroy, J., Murray, D., & Sutherland, S. (2021) Mental health and well-being of Aboriginal and Torres Strait Islander peoples in Australia during COVID-19. *Australian Journal of Social Issues*, 56, 485– 502.

⁹ Kelly, K., Dudgeon, P., Gee, G., & Glaskin, B. (2009). Living on the edge: Social and emotional wellbeing and risk and protective factors for serious psychological distress among Aboriginal and Torres Strait Islander people. Darwin: Cooperative Research Centre for Aboriginal Health.

¹⁰ Victorian Aboriginal Community Controlled Health Organisation Inc. 2020, Balit Durn Durn, Victorian Aboriginal Community Controlled Health Organisation Inc., Melbourne

- Political determinants - the unresolved issues of land rights, control of resources, cultural security, and the rights of self-determination and sovereignty

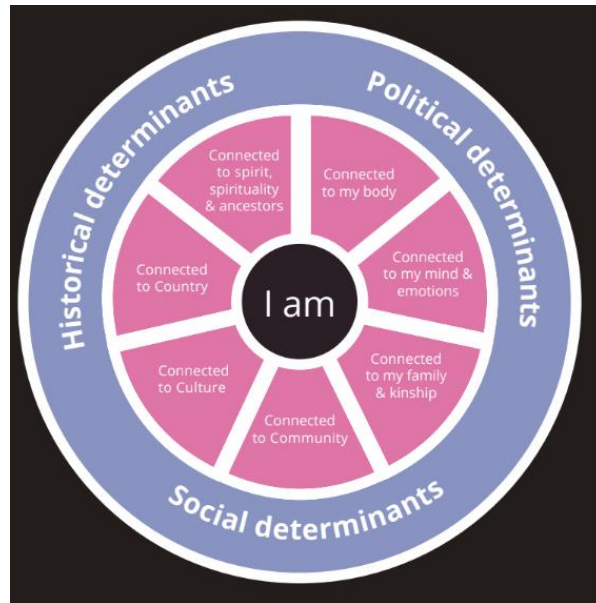


Figure 1. Aboriginal social and emotional wellbeing model ('SEWB wheel') adapted by the Balit Durn Durn Centre from Gee, Dudgeon, Shultz, Hart and Kelly, 2013

Additionally, there are significant risks in the conflation of stigma with racism. In Australia, stigma and discrimination is all too often racially based, though meets at innumerable intersections. It is important that the Strategy makes the distinction between racism and stigma explicit.

The Aboriginal Social and Emotional Wellbeing model itself is stigmatised and not viewed by mainstream systems as a valid and legitimate approach to treatment, care and support

Aboriginal and Torres Strait Islander peoples maintain the oldest continuing cultures worldwide with estimates of cultural development and evolution occurring for at least the past 65,000 years.^{11 12} Across the continent there are hundreds of unique Aboriginal and Torres Strait Islander groups (sometimes referred to as mobs or nations) that have their own languages, cultures, traditions, and defined land areas.¹³

Despite the significant cultural knowledge and wisdom that informs the Aboriginal SEWB model, the model itself continues to be undervalued by mainstream systems and its legitimacy diminished. There are a multitude of reforms, frameworks, and strategies which –

¹¹ Clarkson, C., Jacobs, Z., Marwick, B., Fullagar, R., Wallis, L., Smith, M., ... & Pardoe, C. (2017). Human occupation of northern Australia by 65,000 years ago. *Nature*, 547(7663), 306-310.

¹² Rasmussen, M., Guo, X., Wang, Y., Lohmueller, K. E., Rasmussen, S., Albrechtsen, A., ... & Willerslev, E. (2011). An Aboriginal Australian genome reveals separate human dispersals into Asia. *Science*, 334(6052), 94-98.

¹³ Lovett, R., Brinckley, M. M., Phillips, B., Chapman, J., Thurber, K. A., Jones, R., ... & Wenitong, M. (2020). Marrathalpu mayingku ngiya kiyi. Minyawaa ngiyani yata punmalaka; wangaaypu kirrampili kara [Ngiyampaa title]; In the beginning it was our people's law. What makes us well; to never be sick. Cohort profile of Mayi Kuwayu: The National Study of Aboriginal and Torres Strait Islander Wellbeing [English title]. *Australian Aboriginal Studies*, (2), 8-30.

in theory – support Aboriginal ways of knowing, being and doing, however there remains inadequate recognition and minimal resourcing of the implementation of the Aboriginal SEWB model in service systems. The persistent minimising of the model and privileging of clinical Western medicine reveals systems-level stigma and discrimination. For example, culture from an Aboriginal perspective is a fundamental feature of SEWB yet it is frequently negotiated as a ‘nice-to-have’ or seen as ‘fluffy’ or ‘light’.

The primacy of clinical Western bio-medical models combined with the stigma associated with Aboriginal models of care leads to misdiagnosis and missed opportunities for appropriate culturally-informed treatment, care and support. It is therefore crucial to the success of the Strategy that there are mechanisms and opportunities in place to develop a ‘clear understanding across sectors of Aboriginal and Torres Strait Islander ways of knowing, being, and doing’ with Aboriginal and Torres Strait Islander leadership embedded at all system levels to ensure this is achieved in a meaningful way.¹⁴

A siloed ‘single issue’ strategy to reduce stigma and discrimination on the basis of mental ill-health is misaligned with the holistic conceptions of an Aboriginal ways of knowing, being, and doing

The Strategy which articulates ‘a long-term vision for Australia where stigma and discrimination on the basis of mental ill-health [is] no longer [a barrier] to people’ enjoying fulfilling lives. However, a siloed ‘single issue’ strategy risks oversimplifying complexity, does not reflect the intersections that exist in real-life and overlooks holistic conceptions of Aboriginal worldviews.

The Centre appreciates the acknowledgement of the importance that intersectionality has on Aboriginal peoples’ social, emotional, cultural, and physical wellbeing. It is crucial to recognise how individual factors intersect to create a set of circumstances that impact – whether positively or negatively – on a person, their family and Community. An intersectional approach is required at a policy and practice level, and needs to be embedded throughout frameworks, guidelines, and knowledge transfer to ensure it is understood and practiced appropriately. For the Strategy to be successful, it must strongly consider the role that connection to land, culture, Community and Kin, alongside other intersecting factors like gender, sexuality, neurodiversity, experiences of racism, has on compounding the impacts of stigma and discrimination.

The overarching vision of a reduction in stigma and discrimination rather than elimination does not reflect a rights-based strategic approach

The Centre welcomes the use of the human rights-based framing however, the Strategy lacks ambition in its overall language and tone, and does not reflect a rights-based strategic

¹⁴ ABSTARR Consulting. (2022). National Stigma and Discrimination Reduction Strategy – Workshop Report.

approach. The language in the overarching objective¹⁵ and purpose in the Strategy appears to be a periphery aspiration rather than a central focus.

The Strategy largely uses diluted human rights language that sets the tone for a reduction of stigma and discrimination, rather than elimination. Stigma and discrimination are closely related. Stigma plays an insidious role in making systematic discrimination possible. This is aligned with the United Nations Committee on Economic, Social and Cultural Rights which has found that “discrimination against some groups is pervasive and persistent and deeply entrenched in social behaviour and organizations”. The language in the Strategy leaves space for stigma and discrimination to continue to filter down through all levels of Australian society.

The Centre suggests the below as examples of appropriate, ambitious, and inclusive naming for a strategy that aims to make real change. For example:

- A strategy towards non-discrimination
- A strategy towards eradicating discrimination and stigma
- National anti-discrimination and stigma strategy

Stigma, as a deeply entrenched sociocultural phenomenon, lies at the root of many human rights violations, resulting in entire population groups being disadvantaged. It is often so engrained that marked cases of human rights violations are perceived as ‘acceptable’. There is an urgent need to shed light on the impact of stigma as the cause of neglect and exclusion in the acquisition and enjoyment of fundamental human rights.^{16 17}

Stigma gives rise not only to discrimination, but also to a range of other human rights violations, both economic, social, and cultural, as well as civil and political rights, underscoring the indivisibility of all human rights. In Australia, stigma and discrimination are all too often racially based, though meet at innumerable intersections.¹⁸ Tolerating any level of discrimination along racial lines is to breach Aboriginal peoples’ human rights as described in the United Nations Declaration of Human Rights and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

The UNDRIP is the most comprehensive tool available to advance and protect the rights of Aboriginal peoples. UNDRIP covers all areas of human rights as they relate to all Indigenous peoples. This includes the fundamental and foundational human rights of Indigenous peoples categorised into four principles: self-determination; participation in decision-making; respect for and protection of culture; equality and non-discrimination. The Strategy would benefit from activating a rights-based approach and using the UNDRIP as a key reference to underpin its framing.

¹⁵ [‘Taking] steps towards eliminating structural stigma and discrimination towards [people] affected by mental ill-health in identified settings’

¹⁶ Cambou, D. (2019). The UNDRIP and the legal significance of the right of indigenous peoples to self-determination: a human rights approach with a multidimensional perspective. *The International Journal of Human Rights*, 23(1-2), 34-50.

¹⁷ Dorfmann, J. (2015). Undermining paternalism: UNDRIP and aboriginal rights in Australia. *Harvard International Review*, 37(1), 13-15.

¹⁸ Maguire, A. (2014). The UN declaration on the rights of indigenous peoples and self-determination in Australia: Using a human rights approach to promote accountability. *New Zealand Yearbook of International Law*, The, 12, 105-132.

Racism is pervasive and its elimination needs to be central to the Strategy

Colonisation in 1788 brought with it much destruction and dislocation. While many Aboriginal and Torres Strait Islander Communities are thriving, historical and ongoing social injustices, violence and discrimination continue to impact on the SEWB of Aboriginal peoples to this day. Colonisation is not an historical event. It is an ongoing experience that manifests in ever evolving ways, imparting lasting impacts.

One particularly brutal aspect of Western colonisation is the Othering of Aboriginal peoples as less than human. This Othering, alongside government policies, and past and contemporary colonial violence has shaped societal attitudes, resulting in widespread stigma and culturally unresponsive and unsafe service sectors.¹⁹ Generations of societal stigma, structural and systemic discrimination and racism have compounded to produce shame. This shame increases Aboriginal peoples' reluctance to engage in mainstream services leading to increased harms, and a lack of preventative care treatment.²⁰

Fear and shame stemming from stigma and a history of "poor treatment of people living with mental health issues" plays a leading role in silence around issues like suicide and living with poor mental health which has devastating ripple effects in Aboriginal Communities.²¹ Discrimination, stigma, racism, and Othering across multiple generations has instilled a strong sense of distrust in mainstream services, acting as a barrier to accessing culturally safe and responsive mainstream services. Indeed, these services seldom exist in the first instance as a direct result of this Othering.

Experiencing interpersonal racism in health settings is associated with increased psychological distress over and above what would be expected in other settings. The link between self-reported experiences of racism and poorer physical and mental health is well documented.²² There is ample evidence that racism contributes to worse health among Aboriginal Australians. Studies among Aboriginal and Torres Strait Islander adults have found associations between experiences of racial discrimination and outcomes related to social and emotional wellbeing.^{23 24}

There is also evidence that there are differences in the health care provided to Aboriginal peoples compared to other Australians, and that these differences can contribute to worse

¹⁹ Canales, M. K. (2000). Othering: Toward an understanding of difference. *Advances in Nursing Science*, 22(4), 16-31.

²⁰ Quayle, A. F., & Sonn, C. C. (2013). Explicating race privilege: Examining symbolic barriers to Aboriginal and non-indigenous partnership. *Social Identities*, 19(5), 552-570.

²¹ Heard, T.R., McGill, K., Skehan, J. et al. The ripple effect, silence and powerlessness: hidden barriers to discussing suicide in Australian Aboriginal communities. *BMC Psychology*, 10, 23 (2022).

²² Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *International journal of epidemiology*, 35(4), 888-901.

²³ Thurber KA, Colonna E, Jones R, Gee GC, Priest N, Cohen R, Williams DR, Thandrayen J, Calma T, Lovett R, on behalf of the Mayi Kuwayu Study Team. Prevalence of Everyday Discrimination and Relation with Wellbeing among Aboriginal and Torres Strait Islander Adults in Australia. *International Journal of Environmental Research and Public Health*. 2021; 18(12):6577.

²⁴ Priest, N.; Paradies, Y.; Stewart, P.; Luke, J. Racism and health among urban Aboriginal young people. *BMC Public Health* 2011, 11, 568.

health outcomes.^{25 26} This in turn suggests that the deleterious effects associated with exposure to racism are likely to be amplified in health settings compared with other settings because of the impacts on future health-seeking behaviour and quality of care in addition to negative psychological and physiological effects.

There are significant risks in the conflation of stigma with racism. It is important the Strategy makes the distinction between racism and stigma and embeds a priority focus on addressing racism.

Culture as a protective factor

Connection to culture has powerful protective properties that help to safeguard Aboriginal peoples against harms. Culture has deep compounding protective properties that “[build] one aspect (like connection) builds another (like identity) [which suggests] that one action can potentially contribute to the growth of some or all factors”.²⁷ The available evidence suggests that “developing a connection to culture can happen over time and in many different ways but is amplified when fostering a social identity as an Aboriginal and Torres Strait Islander’ person. Moreover, ‘a robust cultural identity has been associated with enhanced self-esteem, resilience, positive coping styles, and general life satisfaction for [Aboriginal peoples] and other cultural minority groups in Western settings”.²⁸ Connection to “healthy land is essential for Aboriginal health and [wellbeing]” with activities such as spending “time on country; annual grass burning; gathering food and medicines; ceremony; protecting sacred sites; and artwork [being] important [forms] of connectedness to land”.²⁹

The impact that culture and connection have on people’s SEWB cannot be understated. Its protective properties are deeply profound. Connecting to culture builds people’s confidence and self-esteem, which aides in reducing the impacts of societal stigma alongside shame (or self-stigma). It is imperative that the strong role connection to culture, Community and identity has for a person’s health and wellbeing ought to be central to eliminating stigma and discrimination. This extends to accessing culturally safe and responsive services free from shame, stigma, discrimination, and racism.

²⁵ Temple, J. B., Wong, H., Ferdinand, A., Avery, S., Paradies, Y., & Kelaher, M. (2020). Exposure to interpersonal racism and avoidance behaviours reported by Aboriginal and Torres Strait Islander people with a disability. *Australian Journal of Social Issues*, 55(4), 376-395.

²⁶ Cunningham, J., & Paradies, Y. C. (2013). Patterns and correlates of self-reported racial discrimination among Australian Aboriginal and Torres Strait Islander adults, 2008–09: analysis of national survey data. *International Journal for Equity in Health*, 12(1), 1-15.

²⁷ Hunter, S. A., Skouteris, H., & Morris, H. (2021). A conceptual model of protective factors within Aboriginal and Torres Strait Islander culture that build strength. *Journal of Cross-Cultural Psychology*, 52(8-9), 726-751.

²⁸ Shepherd, S. M., Delgado, R. H., & Paradies, Y. (2018). Inter-relationships among cultural identity, discrimination, distress, agency, and safety among indigenous people in custody. *International Journal of Forensic Mental Health*, 17(2), 111-121.

²⁹ Rigby, C. W., Rosen, A., Berry, H. L., & Hart, C. R. (2011). If the land's sick, we're sick:* The impact of prolonged drought on the social and emotional well-being of Aboriginal communities in rural New South Wales. *Australian Journal of Rural Health*, 19(5), 249-254.

Courtesy stigma experienced in workforces

It is important to acknowledge the cascading impacts that stigma and discrimination has on community members and workforce alike. Stigma by association, otherwise known as 'courtesy stigma', "involves public disapproval evoked as a consequence of associating with [a stigmatised] individual or group".³⁰ Courtesy stigma can be identified in several workforces, such as alcohol and other drug workforces who as a result experience lower job satisfaction, increased risk of burnout, high turn-over, and a limited ability to attract qualified workers to the field.³¹

Aboriginal workforces already carry a substantial cultural load working in Communities, reconciling with the compounding traumas, such as vicarious trauma, wrought by colonisation and its ongoing violence. Courtesy stigma can add further strain, leading to worker burnout and the harms that ripple through Communities as a result. It is important that the Commission strategise and establish strong measures to eliminate courtesy stigma in Australian society. Eradicating this toxic form of stigma will greatly support the elimination of stigma and discrimination more broadly.

Alignment and strategic mapping are required to strengthen the impact of this Strategy

In Victoria in recent years, we have seen public cases of where stigma, racism and discrimination were highlighted as casual impacts that contributed to the unavoidable passing in custody of Veronica Nelson and Auntie Tanya Day.

As the peak body for Aboriginal health and wellbeing in Victoria, VACCHO and the Centre are exposed to and participate in a multitude of consultation and advice provision that touches on a range of health and wellbeing issues. A common challenge VACCHO experiences is the persistent misalignment with Federal policy and State policy, coupled with a siloed approaches to addressing the root causes of problems at hand. Additionally, we see that Federally developed strategies do not address the real needs of Aboriginal and Torres Strait Islander Communities in Victoria, failing to acknowledge and truly comprehend the deep impacts of colonisation in Victoria, and the brutality of this has deep and lasting effects.

Weaved throughout the findings of the 2021 the Royal Commission into the Victorian Mental Health System, addressing stigma and discrimination was at the core of the recommendations to reform the mental health system. The Final Report stated that *"In the reformed system, stigma and discrimination will be confronted. This will create the basic conditions needed to support good mental health and wellbeing. Anti-stigma programs will*

³⁰ Phillips, R., Benoit, C., Hallgrimsdottir, H., & Vallance, K. (2012). Courtesy stigma: A hidden health concern among front-line service providers to sex workers. *Sociology of health & illness*, 34(5), 681-696.

³¹ Phillips, R., Benoit, C., Hallgrimsdottir, H., & Vallance, K. (2012). Courtesy stigma: A hidden health concern among front-line service providers to sex workers. *Sociology of health & illness*, 34(5), 681-696.

be developed, implemented and evaluated, and people will have improved access to legal protection from mental health discrimination.”

It is important that the approach at a Federal level aligns and complements what is happening jurisdictionally. VACCHO and the Centre have been working on mapping key strategies and recommendations that focus on stigma and discrimination to limit duplication, create efficiencies and target focus for greater impact. The Centre welcomes the opportunity to discuss these efficiencies in greater detail to achieve the greatest outcome for Aboriginal peoples living in Victoria, and elsewhere in Australia.

Conclusion

The Centre appreciates the efforts in place to develop the Strategy that addresses stigma and discrimination in different settings and that privileges living experience. Aboriginal peoples’ fight to eliminate stigma and discrimination has been a feature of the Aboriginal rights movement for decades. There is wisdom in this struggle.

In the first instance, The Centre recommends:

1. Addressing the mainstream system stigma associated with the Aboriginal Social and Emotional Wellbeing model
2. Aligning the language and priorities with a rights-based approach
3. Embedding a priority focus on addressing racism and the compounding impacts of multiple and intersecting stigmas

The Centre looks forward to further discussions and working together to ensure the Strategy can deliver on its vision.

Sincerely,

Sheree Lowe

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The Balit Durn Durn Centre

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