



1 February 2023

## Draft National Stigma and Discrimination Reduction Strategy – Submission of Feedback

Dear Strategy team,

Inclusion Australia is the national Disability Representative Organisation representing the rights and interests of Australians with an intellectual disability and their families. Founded in 1954, our mission is to work to make sure people with an intellectual disability have the same opportunities as people without disability. We have state members in New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia.

We thank the National Mental Health Commission for the invitation to provide feedback on the Draft National Stigma and Discrimination Reduction Strategy. We wish to address the Commission's question regarding critical issues that are not referenced or sufficiently prioritised in the Draft Strategy.

There is an abundance of evidence that people with an intellectual disability experience stigma and discrimination at all levels of Australian society, whether in employment, education, housing or community participation. People with an intellectual disability have experienced generations of systemic exclusion, often being expected to learn, live and work in segregated conditions away from the community.

People with an intellectual disability also experience substantially higher rates of mental health conditions and significantly lower rates of preventative healthcare compared with the general population.<sup>1</sup>

At the same time, there is a lack of recognition in current mental health and disability policy that people with intellectual disability as a group are at high risk of experiencing mental ill-health.<sup>2</sup>

As a result, people with intellectual disability who experience mental ill-health face major barriers in access to mental health services and treatments, compounded by what researchers have called an "impoverished service system" characterised by poor cross-sector coordination and a lack of preparedness of staff to meet individual's support needs.<sup>3</sup>

Additionally, diagnostic overshadowing is a significant barrier for people with an intellectual disability to receive appropriate support for mental ill-health. This is the tendency for medical practitioners to consider expressions of pain (including psychological pain) as 'behaviour' or

---

<sup>1</sup> Department of Health (July 2021). *National Roadmap for Improving the Health of People with Disability*.

<https://www.health.gov.au/sites/default/files/documents/2021/08/national-roadmap-for-improving-the-health-of-people-with-intellectual-disability.pdf>

<sup>2</sup> A. Dew, L. Douse, U. Athanassiou, J. Troller, S. Reppermund. (2018). *Making Mental Health Policy Inclusive of People with Intellectual Disability*. University of New South Wales.

[www.3dn.unsw.edu.au/sites/default/files/documents/MHID%20Policy%20Review%20Report\\_final\\_new%20template.pdf](http://www.3dn.unsw.edu.au/sites/default/files/documents/MHID%20Policy%20Review%20Report_final_new%20template.pdf)

<sup>3</sup> J. Troller. (2014). Making mental health services accessible to people with an intellectual disability. *Australian and New Zealand Journal of Psychiatry*, 48(5): 395.

attributable to a disability diagnosis, rather than a clinical issue requiring treatment.<sup>4</sup> This is a critical consequence of stigma and discrimination that contributes to the shorter life expectancy and high rates of preventable deaths of people with an intellectual disability.

The Draft Strategy details the multiple and compounding experiences of stigma and discrimination, particularly the “mutually reinforcing relationships between different sources of stigma”. The Draft Strategy lists several groups or communities of individuals whose experiences of mental health-related stigma and discrimination are compounded by other forms of discrimination.

However, people with an intellectual disability are not referenced in the Draft Strategy.

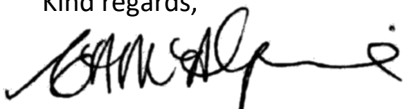
Specific attention should be given to people with an intellectual disability considering the strong evidence that demonstrates the ongoing experiences of stigma and discrimination toward this group—the prevalence and extremity of which has only been further substantiated by the recent hearings and witness testimonies provided during the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

We note that the Draft Strategy mentions “people with disability or chronic illness” as a group which experiences amplified mental health-related stigma and discrimination. However, this is too broad a categorisation. While disability and illness do at times intersect, the association risks conflating disability with illness and therefore treating disability in strictly medical terms—something the social model of disability, which the Draft Strategy references, refutes.

Engaging specifically with the ways people with an intellectual disability experience mental health-related stigma and discrimination will help to enable the actions put forward by the Draft Strategy by supporting the aim of bringing together diverse perspectives and, importantly, more tailored intersectional mental health strategies.

We thank you for the invitation to provide feedback to the Draft Strategy and welcome any opportunity to consult further on the issues raised in this letter.

Kind regards,



**Catherine McAlpine**  
**Chief Executive Officer**

Inclusion Australia

---

<sup>4</sup> K. Pouls, M. Koks-Leensen, M. Mastebroek, G. Leusink, W. Assendelft. (2022). Adults with intellectual disabilities and mental health disorders in primary care: a scoping review. *British Journal of General Practice*, 72(716): e168-e178; A. Javaid, V. Nakata, D. Michael. (2019). Diagnostic overshadowing in learning disability: think beyond the disability. *Progress in Neurology and Psychiatry*, 23(2); J. Mason, K. Scior. (2004). ‘Diagnostic Overshadowing’ Amongst Clinicians Working with People with Intellectual Disabilities in the UK. *Journal of Applied Research in Intellectual Disabilities*, 17(2): 85-90.