

**Submission
No 28**

**ANTI-DISCRIMINATION AMENDMENT (RELIGIOUS FREEDOMS AND
EQUALITY) BILL 2020**

Organisation: Mental Health Commission of NSW

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Mental Health Commission
of New South Wales



Response to the Anti-Discrimination Amendment (Religious Freedoms and Equality) Bill 2020.

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Mental Health Commission of NSW

The Mental Health Commission of NSW (the Commission) is an independent statutory agency responsible for monitoring, reviewing and improving the mental health system and advocating for reform. The Commission is focused on improving the mental health and wellbeing of the NSW community by undertaking strategic planning, systemic reviews and advocacy.

The Commission is guided by the voice of people with a lived experience of mental health issues and/or caring, families and kinship groups. Under the *Mental Health Commission Act 2012*¹ the Commission is to take into account the particular views and needs of different sections of the NSW community and to educate the community about mental health issues, including for the purpose of reducing the stigma and discrimination against people who experience mental health issues.

The Commission advocates and supports interventions and legislative amendments that promote equality, seek to reduce stigma and address issues of discrimination. However, this overarching view does not encompass support for the broader content of the Bill, which, consistent with its independent status, is outside the Commission's remit.

The vision of the Commission is:

That the people of NSW have the best opportunity for good mental health and wellbeing and to live well in the community, on their own terms, having the services and supports they need to live a full life.

Overarching Response to the Anti-Discrimination Amendment (Religious Freedoms and Equality) Bill 2020

The Mental Health Commission received an invitation to provide a submission to this Bill and is doing so under the parameters of its purpose and vision.

Under *Mental Health Commission Act 2012*¹, the Commission is required to consider the views and needs of different populations within the NSW community. While the Commission is not a service provider, does not identify with any religious group and does not have any judicial power, the Commission has a statutory function to advocate for the prevention of mental illness and for the promotion of good mental health and well-being.

Therefore, the Mental Health Commission does not offer any comments in relation to the Bill more broadly, other than to note that the amendments to the Anti-Discrimination Amendment (Religious Freedoms and Equality) Bill 2020 (Bill) seek to provide broader legislative protections to the NSW community. Prima facie, the amendments seek to protect those people who identify as having religious beliefs or who participate in religious activities and in turn, aim to reduce the potential for experiences of unjust treatment, prejudice and unfair bias for the diverse population that resides within NSW.

Within this specific context, the Mental Health Commission wishes to highlight research that shows that individuals who identify with, and belong to, socially marginalised groups have been found to have more experiences of individual and systemic discrimination² than their non-marginalised counterparts.

The Commission recognises that marginalised groups are often ostracised through social policies and practices³.

Research⁴ shows that populations who are marginalised and victims of stereotyping are at increased vulnerability, have experiences of discrimination and stigma, and are more likely to experience negative mental health.

The Commission's concern is that people who experience mental health issues and their families and carers are frequently marginalised within society. Often, they are victims of negative stereotypes and ostracised because of perceptions made about their ability to integrate and participate within the community. Negative stereotypes and prejudicial views are shown to inhibit social integration and community cohesion⁴. Research has shown that the impact of such experiences is harmful and known to be causally related to poorer mental health and wellbeing⁵. Being marginalised not only puts individuals at increased risk for negative health outcomes, but also affects service accessibility and availability, opportunities for employment and housing^{4,5}.

We note that the proposed amendments will support existing anti-discrimination policies and legislation and the work of Anti-Discrimination NSW. The Commission offers no comments on the content of the Bill itself or its broader implications other than to note that it celebrates the diversity of the NSW community. We support and advocate for services that are culturally sensitive and promote safety and equality for people of NSW irrespective of their cultural and religious affiliation and identity. At the same time, we are mindful that giving people freedoms which may enable them to perpetrate further discrimination and prejudice towards others, is not in the spirit of what the Commission supports.

Effect of Discrimination on Individual Mental Health and Wellbeing

As the Bill looks at the issue of discrimination in the context of religious freedoms, it is important for the Mental Health Commission to explain the effects of discrimination on individual mental health and wellbeing.

As an organisation that seeks to support and advocate for people who experience mental health issues, their families and carers, the Commission understands the detrimental effects of discrimination on mental health and wellbeing, including for those people with mental health issues themselves. Discrimination has been widely documented as being associated with poorer physical and mental health outcomes⁶ and is a risk factor and cause of mental health issues^{7,8}. Experiences of discrimination also decrease engagement with services^{9,10} and can be a deterrent to service accessibility. We note that service disengagement can have negative impacts on existing physical and mental health issues. This lack of access to care can provide an insight into why marginalised groups demonstrate greater health disparities to their counterparts⁸.

To address the impacts of discrimination, both public health and legislative action must be taken at a local and national level. To reduce discrimination across the NSW population, stigma and discrimination reduction strategies and interventions need to be co-designed, co-produced and collaboratively implemented in a whole-of-Government, cross-sectoral and sustainable way. Addressing individual and systemic discrimination and its causal effects will require consistent and collaborative efforts⁵ across both the Government and non-Government sectors, in all fields. It will require an approach that addresses issues of inequality and discrimination through mechanisms that support community development⁵, advocacy, education, policy and legislative change.

Interventions should be led by people with a lived experience of discrimination and be supported by system-level reform and policies, such as those amendments included within the Bill. Until such interventions are actioned, discrimination will continue to perpetuate issues of health inequality, eliciting poorer mental health outcomes on those most vulnerable within NSW community.

References

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