



Submission

National Anti-Racism Partnership and Strategy

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beyondblue
PO Box 6100
HAWTHORN WEST VIC 3122

Tel: (03) 9810 6100
Fax: (03) 9810 6111
www.beyondblue.org.au

National Anti-Racism Partnership and Strategy

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beyondblue, the national depression and anxiety initiative, is pleased to present this submission on the National Anti-Racism Partnership and Strategy to the Australian Human Rights Commission. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety**, the impact on consumers and carers, and areas that are most relevant to our work and research findings.

beyondblue is a national, independent, not-for-profit organisation working to reduce the impact of depression and anxiety in the Australian community. Established in 2000, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise. Our **five key result areas** are:

1. Increase awareness of depression and anxiety
2. Reduce stigma and discrimination
3. Improve help seeking
4. Reduce impact and disability
5. Facilitate learning, collaboration, innovation and research

Specific population groups that *beyondblue* targets include young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, gay, lesbian, bisexual, trans and intersex populations, and older people.

Prevalence and impact of depression and anxiety disorders

Depression, anxiety and substance use conditions are the most prevalent mental health disorders in Australia.¹ One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have experienced depression, anxiety or a substance use disorder in the last year.² People experiencing depression and/or anxiety are also more likely to have a co-morbid chronic physical illness.³

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden.⁴ Globally, the World Health Organization predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease.⁵

Mental illness costs the community in many different ways. There are social and service costs in terms of time and productivity lost to disability or death, and the stresses that mental illnesses place upon the people experiencing them, their carers and the community generally. There are financial costs to the economy which results from the loss of productivity brought on by the illness, as well as expenditure by governments, health funds, and individuals associated with mental health care. These costs are not just to the health sector but include direct and indirect costs on other portfolio areas, for example welfare and disability support costs. **It is estimated that depression in the workforce costs the**

Australian society \$12.6 billion over one year, with the majority of these costs related to lost productivity and job turnover.⁶ The individual financial costs are of course not exclusively borne by those with mental illness. It is often their carers who experience financial hardship due to lost earnings, as well as increased living and medical expenses.⁷

***beyondblue's* response to the National Anti-Racism Partnership and Strategy Discussion Paper**

Objective 1, Question 2: What information would be useful to include in a campaign to prevent and reduce racism?

Awareness campaigns are an important component of influencing community knowledge, attitudes and opinions. A campaign to raise awareness of racism, and how it affects individuals and the broader community, may therefore help to prevent and reduce racism. *beyondblue* is currently developing a community awareness campaign to address the impact of discrimination on the increased prevalence rates of depression and anxiety in gay, lesbian, bisexual, trans and intersex (GLBTI) populations. The process *beyondblue* has engaged to develop the discrimination and GLBTI campaign, as well as the key themes that have been identified through *beyondblue's* research, could inform the development of a campaign to reduce racism.

The GLBTI campaign is being developed in response to research that demonstrates that prejudice, discrimination and abuse are strongly related to an increased risk of developing depression and anxiety in GLBTI populations.^{8,9,10} Studies have found that non-heterosexual people face up to two times more abuse or violence (including physical, mental, sexual or emotional) than heterosexual people.¹¹ A fear of violence is also a strong predictor of depressive symptoms.¹² When compared with heterosexual people, homosexual and bisexual people are twice as likely to experience anxiety disorders (around 31 per cent compared with 14 per cent), three times as likely to experience depression and related disorders (around 19 per cent compared with 6 per cent)¹³ and at greater risk of suicide and self harm. Rates may be even higher for people of diverse sex and/or gender.

beyondblue has undertaken qualitative market research with 82 people from GLBTI populations to inform the campaign's development. The research used an online methodology with 18 facilitator led discussions and 19 participant led discussion topics posted over six weeks. The discussions included personal experiences of discrimination and harassment, depression and anxiety, seeking help, and imagining what life would be like without discrimination. A number of the themes identified in this market research are likely to be relevant in the context of addressing racism.

These include:

- links between overt and subtle forms of discrimination and the risk of developing depression and/or anxiety.

- intersectional discrimination (for example, experiencing discrimination associated with sexuality, gender and race) has a cumulative impact.
- discrimination can be internalised and have a negative impact on social and emotional wellbeing.
- increased levels of stress and isolation were found in regional and rural locations and were related to experiencing discrimination as well as the fear of discrimination.
- the anticipation and threat or fear of discrimination may contribute to poorer mental health (particularly stress and anxiety), independently of actual experiences of discrimination. Research in the United States suggests that anticipating racial prejudice leads to psychological stress responses.¹⁴
- some population sub-groups experience even greater levels of discrimination.
- the importance of services and policies acknowledging and understanding the diversity of characteristics within and among population groups.

It is essential that campaigns to prevent and reduce racism are informed by strong research and evidence of community members' experiences of racism. Campaigns should also form one part of a broader strategy that focuses on racism prevention (for example, inclusive policies and practices; political recognition of population groups; settings-based programs; constitutional changes to support an inclusive society etc).

Recommendations

1. Undertake market research with people who experience race-based discrimination, to inform the development of campaign messages.
2. Include focus testing of campaign messages with a sample of people whose attitudes and behaviours the campaign is designed to influence.
3. Implement race-based discrimination campaigns as one part of a broader strategy, which may include inclusive policies and practices, political recognition of population groups, settings-based programs and a racially inclusive constitution.

Objective 2, Question 5: Can you give examples of strategies that you have seen used or been part of that have been successful in preventing or reducing racism? Why were they effective?

The 'Localities Embracing and Accepting Diversity' (LEAD) program is an example of a strategy that aims to reduce race-based discrimination. This program aims to:

- promote positive attitudes towards cultural diversity and decrease discriminatory attitudes and behaviours within whole communities.
- encourage the implementation of policies and practices that promote diversity and prevent discrimination within local organisations.
- create more inclusive local environments with diverse local identities.
- support the capacity of local governments and their communities to create harmony.
- build knowledge and evidence in the primary prevention of discrimination.
- assess the strengths and limitations of the LEAD model, and use learnings to help shape future policies, programs and practice.

The program is being implemented in two Victorian local governments – the City of Whittlesea and Greater Shepparton City Council. LEAD includes activities targeted at individuals (for example, the delivery of equal opportunity and cultural competency training); organisations (for example, changing organisational policies and procedures, which have been identified through a consultation, survey and self-assessment process); and the broader community (for example, a social marketing *See Beyond Race* campaign – see [Figures 1 and 2](#)). The campaign utilised a “local faces, local stories to generate local acceptance” approach.

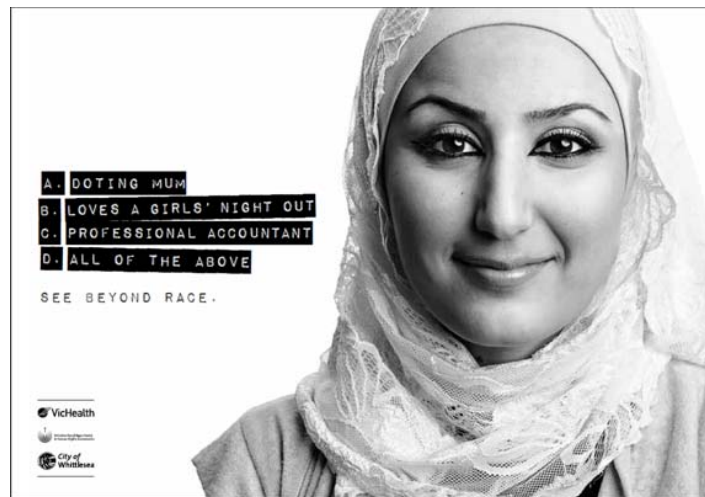


Figure 1: See Beyond Race Whittlesea Campaign



Figure 2: See Beyond Race Whittlesea Campaign

The strategies are based on the best available research into the factors contributing to discrimination and intolerance of diversity as well as the best ways to respond to these factors. The LEAD program also uses a program logic model with input from Aboriginal and culturally and linguistically diverse community leaders to ensure that the approaches are appropriately tailored and relevant to each setting.

Evaluation with the talent of the campaign highlighted:

- a very positive and empowering experience for people involved.
- strong levels of pride in representing their community.
- positive experiences of discussions about race-based discrimination within their communities.
- the reach of the campaign extended from family, friends and colleagues to strangers on the street, and use of the campaign as a classroom discussion point for school children.

The LEAD program is being led by VicHealth, with co-funding from the Department of Immigration and Citizenship. Other program partners include local communities, the Victorian Equal Opportunity and Human Rights Commission, the Municipal Association of Victoria and the University of Melbourne's School of Population Health. *beyondblue* is funding the evaluation of the program in each of the settings.

Recommendations

4. Update the LEAD program's model to integrate the program's evaluation findings, and implement in other local government areas.

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- ¹ Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.
- ² Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.
- ³ Clarke, D.M. & Currie, K.C. (2009). 'Depression, anxiety and their relationship with chronic diseases: a review of the epidemiology, risk and treatment evidence'. *MJA Supplement*, 190, S54 - S60.
- ⁴ Begg, S., et al. (2007). *The burden of disease and injury in Australia 2003*. Canberra: AIHW.
- ⁵ World Health Organization (2008). *Global Burden of Disease 2004*. Switzerland: World Health Organization
- ⁶ LaMontagne, A.D., Sanderson, K. & Cocker, F. (2010). *Estimating the economic benefits of eliminating job strain as a risk factor for depression*. Carlton: Victorian Health Promotion Foundation (VicHealth).
- ⁷ Cummins, R.A., et al. (2007). *Australian Unity Wellbeing Index, Survey 16.1, Special Report*, in *The Wellbeing of Australians - Carer Health and Wellbeing*. Victoria: Deakin University.
- ⁸ Corboz, J., Dowsett, G., Mitchell, A., Couch, M., Agius, P. & Pitts, M. (2008). *Feeling queer and blue: a review of the literature on depression and related issues among gay, lesbian, bisexual and other homosexually active people*. La Trobe University: Melbourne.
- ⁹ Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., and Mitchell, A. (2010). *Writing themselves in 3*. Australian Research Centre in Sex, Health and Society, La Trobe University, Monograph Series no. 78.
- ¹⁰ McNair, R., Szalacha, L.A., Hughes, T.L. (2011). *Health status, health service use, and satisfaction according to sexual identity of young Australian women*. *Women's Health Issues*, 21(1), pp 40-47.
- ¹¹ McNair, R., Kavanagh, A., Tong, B. (2005). The mental health status of young adult and mid-life non-heterosexual Australian women. *Australian and New Zealand Journal of Public Health*, 29(3), 265 - 271.
- ¹² Corboz, J., Dowsett, G., Mitchell, A., Couch, M., Agius, P. & Pitts, M. (2008). *Feeling queer and blue: a review of the literature on depression and related issues among gay, lesbian, bisexual and other homosexually active people*. La Trobe University: Melbourne.
- ¹³ Australian Bureau of Statistics (2008). *2007 National Survey of Mental Health and Wellbeing: Summary of Results (4326.0)*. Canberra: ABS.
- ¹⁴ Sawyer, P.J., Major, B., Casad, B.J., Townsend, S.M. & Mendes, W.B. (2012). Discrimination and the stress response: psychological and physiological consequences of anticipating prejudice in interethnic interactions. *American Journal of Public Health*, 102 (5), 1020 – 1026.