



**POSITION PAPER**

**Ending Bigotry,  
Discrimination and  
Vilification for Mental  
Health Consumers**

**ENDORSED February 2026**

**NATIONAL MENTAL HEALTH  
CONSUMER ALLIANCE**



## Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander Peoples as the traditional custodians of the land on which we work and pay our respects to Elders past and present. Sovereignty was never ceded.





All references to ‘Consumer’ and ‘lived experience’ in this position paper refer to mental health consumers with lived experience of mental health challenges and/or suicidality. We use the term “mental health consumers” as a catchall term due to its connection with our movement’s history, but we acknowledge that different people self-identify with different terms. We do not include family, carers, kin or the bereaved in our definition of lived experience as it appears in this report.

### **About us**

The Alliance is the national peak body representing mental health consumers. We work together to represent the voice of all mental health consumers on national issues. We are the people experiencing mental health issues/distress, at the table advocating with government and policy makers, and working with a robust network of grassroots communities.

More information is available on the Alliance's website: [nmhca.org.au](http://nmhca.org.au).





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## Alliance Position

People with lived experience of mental health challenges are entitled to the same dignity, safety, and rights as all other members of society. In this paper, the Alliance is calling out harmful behaviours towards people with lived experience of mental health challenges: bigotry, discrimination and vilification. These actions cause further distress for people with mental health challenges and, as a result, how we see ourselves.<sup>1</sup>

## Background

The term 'stigma' is often used in the mental health sector to describe bigotry, discrimination and vilification.

However, there are currently **no legal protections against stigma**. While there are limited protections against discrimination, vilification and bigotry, there are some avenues for consumers to make complaints in response to these behaviours.

For this reason, we choose to use the terms bigotry, discrimination and vilification to describe behaviours, rather than using the catch-all term 'stigma'.

Further, mental health consumers who experience bigotry, discrimination and vilification often do so because perpetrators see consumers' behaviours as shortcomings rather than consequences of broken systems such as housing inequality or lack of flexibility for workers.

This paper calls for reform that recognises these harms as **systemic problems caused by those who perpetuate them**, rather than personal shortcomings of people who experience these behaviours.



## The Problem

Bigotry, discrimination and vilification are not isolated incidents — they are outcomes of structural and institutional failures. The Alliance’s Human Rights Survey shows that people with lived experience of mental health challenges experience these harms across multiple areas of life, including healthcare, education, employment, housing, media and the legal system. The Royal Commission into Victoria’s Mental Health System also found that people with psychosocial disability are disproportionately affected by vilification<sup>ii</sup>.

These harms are produced and reinforced within the mental health system. People with lived experience of mental health challenges experience being delegitimised, surveilled, coerced and discredited by services and regulatory systems that claim to support them. Clinical environments frequently prioritise risk management over dignity, rights and autonomy.

Discrimination is not experienced evenly. People who are Aboriginal or Torres Strait Islander, culturally and racially marginalised, disabled, LGBTIQ+, living in poverty or otherwise marginalised face **compounding discrimination** that intersects with mental health challenges.

Respondents to the 2024 National Mental Health Human Rights Survey repeatedly described the combined impacts of gender, sexuality, race, culture, disability and poverty. For example, an Aboriginal woman with a psychosocial disability may experience racism, sexism and mental health discrimination simultaneously.

The Alliance emphasises that reform must reflect Australia’s human rights obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD), recognising that women, girls and children with disabilities experience multiple and intersecting forms of discrimination<sup>iii, iv</sup>.

A one-size-fits-all approach will fail. Policy responses must be nuanced and grounded in lived experience and have an intersectional lens.



## Defining the Terms

### Bigotry

Bigotry is an unreasonable attachment to a belief or opinion, particularly when it comes to prejudice against a person or people based on their group identity. For people living with mental health challenges, the behaviours they may experience include exclusion, dismissive remarks, jokes, assumptions, aggression or violence. As bigotry is largely shaped by social, cultural and psychological factors it can be changed in individuals who use it as a tool to harm others.

### Discrimination

Discrimination is the unjust or prejudicial treatment of people living with mental health challenges. It manifests when individuals are denied fair access to employment, housing, social participation, health care and so on, based on the perpetrator's assumptions about people living with mental health challenges.

Under Section 5 of the *Disability Discrimination Act 1992 (Cth)* direct discrimination is narrowly defined to occur when "a person... treats, or proposes to treat, a person with a disability less favourably than a person without the disability in circumstances that are the same as, or are not materially different from, the circumstances"<sup>v</sup>.

This definition focuses solely on comparative treatment and, unlike some other Discrimination Acts in Australia, does not adequately protect people from discrimination based on assumptions, perceptions or stereotypes.

**Direct discrimination:** explicit actions that exclude or disadvantage someone due to their mental health history – such as denial of employment, education or personal choice. People are reluctant to disclose living with mental health challenges due to fears of coercive practices and, for people who are parents or soon-to-be parents, the child protection system. More than half (55%) of respondents to the Alliance's 2024 National Human Rights Survey<sup>vi</sup> (Human Rights Survey) reported differential treatment by health professionals after disclosure of their lived experience of mental health challenges.



The National Survey of Mental Health-Related Stigma and Discrimination (National Survey) found that four out of five (78%) of respondents reported ‘concealing or hiding their mental health problem from others’ and two in five (42%) reported having stopped themselves from accessing healthcare<sup>vii</sup>.

Two in five (39%) respondents to the Human Rights survey said they were unable to find work because of their lived experience; one in four (27%) of those employed reported being bullied, harassed, or discriminated against, rising to 35% among those who disclosed their mental health challenges. One in three (36%) of employed respondents were provided with reasonable accommodations, though this improved slightly to nearly half (47%) among those who disclosed, and one in ten (13%) reported being paid a lower hourly rate because of their lived experience.

The National Survey indicates why people don’t want to disclose lived experience of mental health challenges with results identifying that two thirds of respondents would not be willing to work closely with someone with long-term schizophrenia and just over a quarter wouldn’t want to work closely with someone with depression. One in six (17%) managers said they would not want to employ or supervise someone who had received treatment for mental health.<sup>viii</sup>

**Indirect discrimination:** policies or practices that appear neutral but disproportionately disadvantage people with lived experience of mental health challenges. This can include inflexible working hours, lack of leave for medical appointments or full-time working requirements.

Under the CRPD these actions constitute a breach of rights to health, equality and non-discrimination protected under Articles 25 and 5 respectively.

### Vilification

Vilification involves **public acts** that incite hatred, serious contempt or severe ridicule towards people living with mental health challenges, or that are reasonably likely to cause harm by offending, humiliating, intimidating, insulting or ridiculing people living with mental health challenges. It is common in media, politics, workplaces and everyday conversations.



We face this regularly. In the Alliance's 2024 National Human Rights Survey for people living with mental health challenges:

- Nine in ten (90%) of survey respondents heard discriminatory or demeaning comments
- Almost nine in ten (86%) felt news media treated people with psychosocial disability unfairly

High profile incidents are frequently reported through narratives that portray mental health challenges as inherently dangerous or unpredictable. This pattern not only misrepresents the realities of mental health but also shapes public attitudes, policy responses, and social inclusion.

Vilification includes:

- derogatory language and sensationalised media framing
- commentary portraying people as dangerous or incompetent
- political rhetoric weaponising mental health to deflect from systemic failures
- mocking representations or costumes depicting people with lived experience, especially during Halloween

These narratives dehumanise people, justify coercive responses and entrench social exclusion.

Australia's vilification laws are inconsistent across jurisdictions. The *Disability Discrimination Act 1992* (Cth) prohibits discrimination but does not prohibit public acts of vilification, leaving a critical gap in protection particularly for people living with mental health challenges. This omission fails to safeguard against dehumanising discourse that can fuel harassment, and violence.



## Actions to end bigotry, discrimination and vilification must include

- 1. Immediately release the Stigma and Discrimination Reduction Strategy** without delay, modification or dilution. Every month of delay means continued preventable harm and exclusion.  
Implementation must
  - be co-governed by lived-experience of mental health challenges peak bodies - the Alliance, State and Territory Peaks and Indigenous Australian Lived Experience Centre - ensuring that delivery is accountable to consumers, rather than limited to tokenistic consultation.
  - include monitoring of structural and institutional discrimination, not just public attitudes, and evaluation must measure outcomes that matter to consumers: safety, cultural security, respect, choice, dignity, belonging and wellbeing.
- 2. Legislate a National Human Rights Act** to ensure all Australians have equal rights regardless of state or territory. A federal Human Rights Act would provide consistent protections and address major gaps in the *Disability Discrimination Act 1992* (Cth).
- 3. Amend the Disability Discrimination Act**, the only protection for people living with mental health challenges, until broader reform occurs. The amendments must include a vilification clause that aligns with human rights obligations and fosters a more inclusive society aligning with human rights principles of dignity and inclusion.
- 4. Embed intersectionality in all mental health reform** addressing the compounding discrimination faced by First Nations peoples, women, Lesbian Gay Bisexual Transgender, Intersex Queer and Asexual (LGBTIQA+) communities, people of colour, people from Culturally and Linguistically Diverse communities, criminalised people, people living in poverty, and people living in rural, regional and remote areas.

Bigotry, discrimination, and vilification directed towards people with mental health challenges is not inevitable - it is produced, maintained and legitimised by social, political and economic structures that benefit from inequality.

Ending these harms requires more than awareness. It requires **power-shifting, legal reform and institutional accountability**.

We are not asking for special treatment — we are demanding equal rights.



## Recognition of Lived Experience

As a consumer lived experience-led organisation, the National Mental Health Consumer Alliance values the skill and expertise of consumers with lived experience. We pay tribute to those we have lost for the work that they have done to advocate for our rights. We acknowledge that we stand on the shoulders of giants who have paved the way for the rights we have today, and we will continue their work today and every day until the mental health system recognises and upholds our human rights.

***Nothing about us without us.***

**Position paper endorsed February 2026. National Mental Health Consumer Alliance.**

See [nmhca.org.au](https://nmhca.org.au) for more information about the Alliance.

For questions about this position paper, please contact us at [policy@nmhca.org.au](mailto:policy@nmhca.org.au).



<sup>i</sup> [What problems does stigmatising mental health conditions cause?](https://www.health.nsw.gov.au/mentalhealth/psychosocial/foundations/Pages/stigma-problems.aspx)

<https://www.health.nsw.gov.au/mentalhealth/psychosocial/foundations/Pages/stigma-problems.aspx>

<sup>ii</sup> Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability 2023, Final Report, Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability <<https://disability.royalcommission.gov.au/publications/final-report>>.

<sup>iii</sup> Taylor, D., & Richards, D. (2019). Triple jeopardy: Complexities of racism, sexism, and ageism on the experiences of mental health stigma among young Canadian Black women of Caribbean descent. *Frontiers in Sociology*, 4. <https://doi.org/10.3389/fsoc.2019.00043>

<sup>iv</sup> Office of the United Nations High Commissioner for Human Rights. (n.d.). Convention on the Rights of Persons with Disabilities.

<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>

<sup>v</sup> [Disability Discrimination Act 1992 - Federal Register of Legislation](https://www.legislation.gov.au/C2004A04426/latest/text), <https://www.legislation.gov.au/C2004A04426/latest/text>

<sup>vi</sup> Alliance's 2024 National Human Rights Survey, [www.nmhca.org.au](http://www.nmhca.org.au)

<sup>vii</sup> National Survey of Mental Health-Related Stigma and Discrimination, Behavioural Economics Team of the Australian Government, November 2022, [National Survey of Mental Health Stigma and Discrimination](https://www.nmhca.org.au)