batyr Submission on the National Stigma and Discrimination Reduction Strategy - Draft for Consultation

Prepared January 2023 by:

Tom Riley (Research and Policy Manager)
Stephanie Vasiliou (Head of Global Impact)

batyr welcomes the opportunity to provide feedback on the Draft National Stigma and Discrimination Reduction Strategy. We look forward to supporting its implementation into the future.

batyr is a preventative mental health charity, created and driven by young people, for young people. Stigma, under-resourced communities and other barriers to accessing quality information and services, stop young people from getting the right support or knowing how to look after their mental health before they are in crisis. As leaders in prevention, batyr has reached over 355,000 young people through evidence-based programs in Australia to address this. By empowering young people with the confidence and skills to get through tough times and look out for each other, batyr works to create stigma free communities that champion young people's mental health and wellbeing. Through sharing lived experience stories and peer-to-peer education, batyr is keeping young people from reaching the point of crisis.

This submission includes feedback and considerations across a range of priorities. We are available for further discussion or clarification on any points.

Priority 1: Implement foundational actions to address stigma and discrimination

Since we began in 2011 batyr has become a world-leader in the delivery of stigma-reduction programs, and were recently the sole Australian program profiled in the landmark Lancet Commission on Ending Stigma and Discrimination in Mental Health (2022). We welcome the focus of the strategy in areas focused on the implementation and scaling of stigma reduction activities. In particular we highlight the priorities:

- 1.3 Embed lived experience leadership and advocacy
- 1.4 Educate and train key cohorts and workforces to build their capacity to deliver critical services free from stigma and discrimination
- 1.5 Improve the evidence base through data collection and evaluation

batyr's recently released 2030 strategy emphasises the importance of lived experience advocacy and it is core to that strategy that we elevate the voices of young people with lived experience of mental ill-health to be at the table when decisions about them are made. batyr's Theory of Change emphasises the core role that lived experience must play in any cultural change, and lays out how we as an organisation embed storytelling into all of our activities. We have been delivering stigma reduction programs in communities since 2011, and increasingly we are doing more systems-level advocacy, such as through our National Youth Advisory Group.

We also work with gatekeepers such as teachers, university staff, mental health service providers, psychologists and other key people that play roles in influencing mental health outcomes for young people. Our recent report 'Being There' included recommendations for clinicians on how to better elevate and respect the role that friendships can play in young people's mental health journeys.

We also continue to improve our own data capabilities as an organisation. We collect data in our programs with thousands of young people each month, and also through our OurHerd app, with the goal of using that data to inform policies that better reflect the experiences of young people. We have extensive experience in navigating the world of program evaluation, including working with academic partners and building our own internal outcome framework with the help of the Centre for Social Impact.

Based on this experience we have outlined our responses to the priority foundational actions suggested in Priority 1.

Reference	Action	Notes
1e	Conduct population-level research to collect qualitative and quantitative data on prevalence and experience of: ● Public stigma ● Structural stigma and discrimination, including in health, mental health, social services, financial, legal, employment, and education sectors ● Self-stigma among people with personal lived experience and support people	Barrier: Not everyone with mental ill-health may identify with having a 'lived experience' and may restrict measurement of self-stigma. Consider how this is achieved with language that is inclusive of people who don't identify as having a lived experience. Enabler: Also collect data on the positive experiences of people with mental ill-health. A focus on stigma can have the consequence of generating shame in people with internalised stigma. By highlighting positive experiences through research it can give people hope and motivate for change.
1g	Develop guidelines for Lived Experience workforce roles in sectors outside the mental health system, leveraging guidelines in development in some sectors	Enabler: Establish cultures that allow for lived experience leadership and advocacy. Without supportive and inclusive cultures, workforce roles will be hard to implement effectively. It is critical that any individual in a lived experience role is able to bring their experiences to decision making with clear, safe processes and boundaries and in ways that will be respected and valued. This might include recommendations or considerations for recruitment and induction processes, governance and team structures, training, and internal organisational processes or policies. Enabler: Acknowledgement of people in a lived experience role as a whole person, who bring a variety of elements to a role. At batyr, we have heard from young people that they wish to be recognised as more than their lived experience, and that is just one part of their lives. Being able to safely bring their lived experience of mental ill-health to the table, in the context of their other experiences helps prevent further stigma, tokenism, or that they are not a contributing member of the workforce beyond their lived experience.
1h	Commence scoping and socialisation for a program to scale up the Lived Experience workforce through national capacity building	Enabler: Encouraging ways of sharing knowledge and best practice models that achieve this across organisations or roles. This could also be the role of a Peak.

	and workforce promotion	Enabler: Programs exist that can be built on to achieve this. batyr's Being Herd lived experience program has been delivered to many people working in the lived experience sector, and a qualitative study found that the program leads to reductions of self-stigma, increases in self-confidence, self-acceptance, wellbeing, and early help-seeking (Lindstrom, et al., 2021). These foundation skills will not only make the lived experience workforce more effective but encourage others to enter it by building confidence, and a belief that their lived experiences can have an impact. Barrier: A lack of diversity in the lived experience workforce. Diversity as well as bringing new people into lived experience roles is key to an effective system that will address the needs of everyone. Matching people with lived experience to consumers with similar life experiences can positively affect outcomes. We also tend to see the same people in lived experience advocacy roles across a number of committees which can limit perspectives and increase burnout for those individuals.
1j	Monitor and evaluate the implementation of stigma reduction initiatives, through a mixed-methods approach and using an implementation science framework (e.g. RE-AIM)	Enabler: Building off of monitoring and evaluative approaches already underway is important. For example, batyr is already evaluating the implementation of stigma reduction initiatives, supported by a framework developed by the Centre for Social Impact at UNSW. Enabler: Recommend standard measures that can be utilised by organisations delivering stigma-reduction programs for ongoing evaluation. These measures should be simple, short, widely used and avoid using language that can further stigmatise. Barrier: Organisations implementing programs are often not well resourced to adequately evaluate their programs. This includes a lack of internal expertise, a lack of willingness of funders to support this work, a lack of systems to deliver evaluations, and a lack of clarity on how to evaluate programs in a way that is not too resource intensive and has enough rigour. Barrier/Enabler: There is sometimes a gulf between community mental health sector organisations who implement programs and academic researchers who are funded to develop and evaluate them. In some cases, university researchers spend time and money developing and evaluating initiatives without collaborating with an implementation partner until the final stages. It is then extremely challenging for a large organisation such as batyr to integrate that work into our model, and can lead to

		the initiative never being widely used. Funding for the development and evaluation of stigma reduction initiatives must be given to multi-disciplinary teams across universities and the mental health sector (including people with a lived experience of mental ill-health), that consider implementation at day one of a project. Enabler: Knowledge translation should also be prioritised with attention and funding given to research communication, and reach beyond academic journals and into communities. For example, if recommendations from academics indicate how law firms or banks can integrate initiatives to reduce stigma in the workplace, disseminating findings in ways that increase the capabilities of HR departments and leadership of these institutions to integrate them will enable greater chances of success.

Priority 2: Reduce structural stigma and discrimination

batyr's focus has always largely been on the reduction of public and self stigma. Since we began in 2011 we have been a bridge for young people into services and built our reach on trusted relationships with institutions such as schools, universities and workplaces. We see first hand the impact that those structures can have. We welcome the focus on the strategy on structural stigma and discrimination and the highlighting of the human rights of people with mental ill-health. Here we will comment on the priorities that relate most directly to our work:

- 2.1 Require the mental health system to provide safe and empowering environments for people seeking services
- 2.2 Ensure equity of access to quality healthcare
- 2.6 Build equitable and supportive pathways into and within employment
- 2.7 Improve mental health capabilities and supports in education and training settings

Through our lived experience programs we hear first hand every day the experience of young people engaging with the mental health system and the stigma they face in doing so. Although the system includes many good people, this stigma at times can come from individuals working in that system. It can also come from the structures that shape it, even though those may be less visible.

In workplaces, structural stigma is a serious problem that can shape someone's career and livelihood. batyr recently conducted research for Ethical Partners (yet to be released) to understand the principles that promote mental health in the workplace. Through a literature scan, case studies and a survey, clear themes emerged. These included the importance of workplaces taking a *Systems-level approach*, a *Human-centred approach* and a *Participatory approach* to workplace mental health wellbeing. Embedding these principles across five pillars was identified as critical in creating the greatest shifts around stigma and mental health in the workplace. The pillars included:

1. Leadership and accountability
2. Policies and structures
3. Culture
4. Supporting people through mental ill-health
5. Wellbeing and thriving

We also welcome the highlighting of educational institutions as important sites for stigma reduction. batyr has worked with 488 schools and partnered with 11 universities to help shift attitudes around mental health and build supportive communities in these spaces that are so influential over young people's lives. The structures that exist to hold up these institutions are far from perfect. We know that every school is different in its culture around mental health but that through leadership and good structures and policies this can be shifted. The same applies in Universities, which are more complex beasts but can still be an important protective factor for the mental health of students.

We have outlined our responses to the priority foundational actions suggested in Priority 2.

Reference	Action	Notes
2.1d	Work with communities and sector organisations to co-design and coproduce a new national strategy for culturally and linguistically diverse community mental health and wellbeing, which includes a specific stigma-reduction focus.	Enabler: Focus on working with international students. In batyr's work with international students across Australia, a common theme is the way in which students see mental health through the lens of how it is perceived in their home country, where there may be very high public stigma. Fear and misconceptions around help-seeking can be exacerbated, often experiencing high levels of stigma and pressure navigating university in Australia. We often hear from international students that they don't seek help for fear of professionals disclosing this to a student's insurance company, which they believe would jeopardise their visa to continue study. Immigration departments, insurance companies and university stakeholders can all benefit from understanding the role stigma plays in perpetuating mental ill-health and reinforcing barriers to support. Opportunities exist to put in place measures that reduce these barriers in the short-term that will have long-term effects. This is also relevant for Action 2.4d. Enabler: Focus on collaborations between CALD community organisations and mental health organisations that can bridge skill sets and maximise resources. For example batyr worked with the Centre for Multicultural Youth on a stigma reduction project with CALD young people. This approach can bring together an organisation with skills and knowledge in CALD communities with an (almost) national organisation with experience in scale, stigma reduction and mental health program delivery.
2.2k	Develop and deliver, in collaboration with the Lived Experience workforce, ongoing professional development training for healthcare professionals that covers the following: ● Mental health and suicide prevention fundamentals ● Conceptions of mental health across different cultures ● The interplay between mental health and physical health ● Person-centred care, including trustbuilding and shared decision-making ● Trauma-informed care	Enabler: It is recommended that contact-based initiatives are added as part of training. The Lancet points out "that PWLE [people with lived experience] are key agents for change in stigma reduction and need to be strongly supported to lead or co-lead interventions that use social contact." (Thornicroft, et al., 2022).

	• The impacts of diagnostic overshadowing • The therapeutic benefits of healthcare professionals who appropriately disclose their own personal lived experiences • Human rights Workforces to be targeted include primary care, acute care and emergency care professionals.	
2.6a	Develop easy-read guidance to support and encourage people with personal lived experience to find and maintain employment, including advice on human rights and workplace rights, navigating and making the most of workplace supports, disclosure decision-making (such as the SIRA READY decision-making tool), and accountability mechanisms	Enabler: Ensure guidance is empowering and frames lived experience as a potential strength. Medium term this should include more direct training rolled out (perhaps via job seeker agencies) to help reduce self-stigma.
2.6b	Develop guidance for employers across sectors, and of different business sizes, to advise on policies and procedures that support employees with personal lived experience, including: • Changing stigmatising attitudes towards disclosures of mental ill-health and requests for reasonable adjustments • Providing access to programs for people with personal lived experience to enter and be supported in the workplace, including flexible working arrangements, staying/returning to work plans, disclosure, individual placement support/mentoring and skills training Consult with people with personal lived experience from Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities to ensure the guidelines are culturally safe. Guidelines should focus on	Enabler: Corporations are important stakeholders that can be highlighted, for example, listed companies on the Australian Stock Exchange (ASX). With the level of resources available and the number of jobs created by ASX companies, there is a responsibility and opportunity to address stigma in a large-scale way. Reporting season where ASX companies report earnings twice a year has included sharing more topical conversations in recent years, such as sexual harassment in the workplace. We recommend encouraging companies to share best practice approaches to how they are addressing mental health in the workplace in addition to relevant data.

	people with complex and co-occurring mental health needs.	
2.7b	Conduct mental health education programs for students that embed lived experience stories to challenge stereotypes around mental health. Consider opportunities to deliver these through contact-based or peer modelling approaches	Enabler: batyr@school and batyr@uni are world-leading evidence-based programs that can be scaled across Australia now.
2.7c	Review and where necessary update institutional policies, procedures and practice to embed: ● Wellbeing focus across the learning community ● Special consideration and other accommodations ● Policies which do not unduly reduce access to accommodations ● Complaints mechanisms that are enforceable by disciplinary action	Enabler: Review the impact of centralised models of special consideration in universities, including decreased capacity to respond meaningfully to students. In universities, the centralisation of these processes away from faculties and into student services has in some instances made it harder for students. Impersonal and strict central processes can create bureaucratic brick walls for those people needing to apply for flexibility. This must be addressed both culturally and structurally so that each student is given fair consideration. Enabler: All students should also be made aware of their rights. This should be done proactively before they need it, and be done in a way that is clear and easy to understand. This information is sometimes made difficult to find or lack clarity, with the outcome being that less students will utilise the opportunity.
2.7d	Ensure in-school mental health programs contain an explicit antistigma focus and include the impact of co-occurring conditions	Enabler: Programs should have an 'explicit' focus on stigma in outcomes but not necessarily content. Focusing on stigma in content even if it's about reducing it may lead to feelings of shame for those who have internalised stigma. Reduction should focus on hope and resilience.
2.7e	Support all staff in education and training settings to undertake mental health literacy and stigma-reduction training, using a 'whole learning community approach' to build an inclusive learning environment	Enabler: Include stigma reduction outcomes in training for education staff. The first step in inclusion is critical self reflection. These foundational attitudes shape responses to students dealing with mental ill-health and shape the broader culture of the institution towards mental ill-health. Contact based-education again can help reduce stigma for these gatekeepers. Programs like batyr's Teacher PD and University Staff training focus on these outcomes. By having students share stories with teachers and staff about their experience of mental ill-health while studying and having had either positive or negative responses from teachers, helps build empathy and knowledge about how to respond. By hearing real stories of someone who can talk about their own experience

		being supported by these groups of people, it helps bring to light accessible messages that feel relevant for these groups. It educates through empathy and authenticity.
2.7g	Initiate steps to incorporate mental health literacy, with an explicit antistigma focus, into pre-career standards, qualifications and ongoing professional development	Enabler: In the medium term, fund the development of teacher/staff training resources that centre lived experience of students with mental ill-health that can be utilised now. batyr's National Youth Advisory Group has already made recommendations to batyr about this. In the long term ensure lived experience education / contact-based education is part of these standards.

Priority 3: Reduce public stigma

Since batyr began there has been a noticeable shift in public stigma, especially towards more common mental health disorders such as anxiety and depression. To us this shows that our work and the work of many others, is having a tangible impact. But it also shows that we must keep progressing. At batyr, a large part of our purpose is to create stigma free communities, built on empathy and openness. But stigma is complex and takes many forms, from stigma towards mental health experiences, intersections of different identities and mental health, and stigma towards different treatments.

Our programs use a combination of best-practice approaches to improve mental health literacy, but always have elements of contact-based interventions to reduce stigma. We have young people matched to groups of other young people sharing their stories of hope and resilience with thousands of people across Australia every month. This approach builds empathy and gives hope to those who might be experiencing mental ill-health. The goal is attitudinal change in individuals that leads to behavioural change. The long term outcomes are community-level shifts in stigmatised attitudes. We welcome the recommendations focused on public stigma and have commented below on both priorities:

- 3.1 Build a social movement to catalyse community action to reduce stigma and discrimination
- 3.2 Improve the quality of media reporting and representations of mental ill-health

batyr has delivered multiple public campaigns focused on public stigma reduction including 'Emotional constipation' and 'I am'. These campaigns are linked with our grassroots programs that are aimed at galvanising communities to create change, including training lived experience advocates and allies.

batyr also trains people to speak safely about mental health and deliver programs that represent people with a lived experience as strong and resilient. 82% of students who attended a batyr program and heard from a person sharing their lived experience said the story was powerful. We are also heavily invested in the way that the media represents young people with mental ill-health. Activities include training for young people with lived experiences to safely and impactfully share their stories in the media, and liaising directly with media outlets to facilitate opportunities to hear real, positive stories related to mental health around the country.

In addition, through the development of the OurHerd platform, batyr worked with over 500 young people and mental health experts to create a positive digital space for young people. An evidence-based digital storytelling app, OurHerd is a fully moderated, safe, social media platform. Leveraging artificial intelligence and machine learning, OurHerd captures qualitative and quantitative data in real time to draw insights from the experiences of its users. In a preliminary research project with the Young and Resilient Research Centre at Western Sydney University, the potential of the OurHerd platform to support youth mental health and wellbeing was evaluated in 2021 (Hanckel, et al., 2021). This found that OurHerd is a one-of-a-kind safe digital space where young people don't feel alone, and it is expected to be beneficial for internalised stigma, mental health literacy and help-seeking.

Our responses to the priority foundational actions suggested in Priority 3 are outlined below.

Reference	Action	Notes
3.1a	Design and implement appropriately tailored and culturally-safe hybrid educational and contact-based training initiatives (with a rights-based framing) within primary, secondary and tertiary education settings	Enabler: Greater responsibility is placed on departments of education, independent school associations and university peak bodies (such as Universities Australia) to collaborate with the NMHC and external service providers to implement educational and contact-based training initiatives. Enabler: As per the 'short term' timeframe listed for this priority, building on the initiatives that already exist in these settings will be required. Identifying the gaps, such as the lack of programming that exists in primary education settings, and leveraging the expertise of existing, effective providers to fill these gaps is recommended. Enabler: Ensuring young people who don't believe they have mental ill-health or will experience it in the future are included in these initiatives will be important to reduce self-stigma, and ensure they are equipped with the skills and knowledge to manage their mental health into the future. Barrier: Complex processes required for providers to demonstrate evidence for initiatives, such as the BeYou Programs Directory. Re-evaluating the ways providers are required to show their evidence that is more accessible for how providers operate in practice is recommended. Establishing standardised measures to monitor and evaluate initiatives, with avenues created for data sharing across providers would also reduce barriers to monitoring and evaluating impact. Lack of funding for service providers to measure impact, disseminate findings and translate them into actionable next steps is a barrier that would be useful to address.
3.1b	Design and implement appropriately tailored and culturally-safe hybrid educational and contact-based training initiatives (with a rights-based framing) for people in frequent contact with people with personal lived experience, including: ● mental health workers (including NDIS administrators, service providers and other employees)	Enabler: Include parents, coaches and religious leaders. Enabler: Recognising the value of innovation to embed real lived experiences into training for the stakeholders specified, can enhance empathy, vulnerability and trust. For example, batyr's OurHerd storytelling platform is a tool that professionals can use to hear real stories from young people about the factors that contributed to experiences of mental ill-health and recovery. They also demonstrate real examples of positive experiences with mental health workers, health workers, teachers, managers etc and what specifically contributes to positive interactions or outcomes. Having the

	• health workers • social services workers • child protection workers • teachers and early childhood educators • police • people working in legal and financial systems • Managers, supervisors and people in HR roles • As part of this, embed informal and formal Lived Experience roles in leadership and support roles throughout organisations	opportunity to learn through real stories with practical examples of positive and constructive measures that contribute to wellbeing can be an effective alternative to solely learning from textbooks, policies or training that isn't centred on humans. Enabler: According to batyr's recently conducted research for Ethical Partners (not yet released), specific elements can enable greater success for 'Managers, supervisors and people in HR roles' that can increase effectiveness of this recommendation. Ongoing manager training on interpersonal skills, including being able to respond with empathy and without stigma when a member discloses mental ill-health is critical. Establishing a positive culture around mental health, creating safe avenues for anybody to raise issues and provide feedback, then respond quickly and meaningfully are further enablers to effective initiatives.
3.1c	Design and prototype/pilot appropriately tailored and culturally safe contact-based initiatives (with a rights-based framing) in collaboration with key communities: • Aboriginal and Torres Strait communities • CALD communities • LGBTIQA+ people • Family, friends and support people • Specific gender and age groups (e.g. young men) Initiatives to be prototyped/ implemented should: • be created by people with lived experience • test different messaging strategies and be delivered in different ways, including social media and traditional media • use a strengths-based narrative and aim to normalise speaking about mental health in daily life • leverage culturally appropriate arts and other creative practices, food and	Enabler/Barrier: Funding to allow for the design, piloting, testing and evaluating of culturally safe contact-based initiatives in collaboration with key communities will be integral to the success of this recommendation. Scarce funding for these activities creates barriers for providers to conduct these steps effectively before initiatives or programs are rolled out. Ensuring key communities and providers have adequate resources to do this in the short term, will maximise results into the medium and long term. As part of evaluation, identifying specific core elements of initiatives or programs that can be replicated, and the core elements that need to be tailored across key communities for positive outcomes will be valuable. For example, if there are school-based programs run in diverse communities across Australia, what program elements are universal and should be present in the future design of programs for impact, and what elements need to be tailored. Having a foundation of knowledge for program design across communities and processes for collaborative work with communities can help inform providers with a baseline to start from when designing new initiatives. This can help make the most of resources and scaling offerings with impact.

	sporting organisations and events • invest in and promote the full spectrum of work currently performed by lived experience speakers and organisations, and provide new opportunities for community members to contribute • be rigorously evaluated before scaling up.	
3.2b	Explore options for increasing the diverse representation of mental ill-health in broadcast media, such as considering the role of content quotas	Enabler: Ensure the inclusion of content and individuals who don't identify as having a diagnosable mental illness will help ensure all people in Australia are being addressed despite different ways of identifying with mental health.
3.2c	Promote education and collaboration between people working across all forms of media (including industry bodies, creative media and artists) with the mental health sector (including lived experience advocates) with a focus on stigma reduction, through: • improved adherence and accountability against existing media standards • improved practices of covering news stories and portraying individuals in mental distress • opportunities for more positive mental health stories.	Enabler: Establish a governing body with members of the key media and social media channels in Australia, the mental health sector and and people with lived experiences of mental ill-health on best practice approaches, adherence and opportunities for more positive mental health stories.
3.2f	Influence digital platforms to moderate content that promotes or reinforces mental health-related stigma and discrimination	Enabler: Build off positive approaches to engaging with digital platforms and content moderation that exists. For example, the OurHerd platform is fully moderated. Through a mixed-method research project, OurHerd is expected to be beneficial for reducing self-stigma, improving mental health literacy, and help-seeking.
3.2h	Develop and implement campaigns using mass media and digital platforms that: • move beyond a focus on the scale of the problem and what not to do, to	Enabler: Add an acknowledgement around the role digital platforms and social media play in facilitating help-seeking. In a recent report 'Being There,' the development of personalised care strategies by friends, for friends, was identified (Hanckel, et al., 2022). This included moving between online and offline settings for providing support.

	incorporate suggestions for engendering hope, positive language and behaviours towards people with personal lived experience, and respect for their dignity and rights ● reach rural and culturally and linguistically diverse communities (e.g., through funding CALD radio and organisations in each state to lead action connected with established lived experience perspectives) ● are co-designed and co-delivered with people with lived experience	Social media can be a mechanism for connection, particularly when people are not available in person.

Priority 4: Reduce self-stigma

Through the development of the 'Being Herd' program and its implementation since 2011, we have seen the role of sharing safe, real stories featuring hope and resilience plays in reducing self-stigma. Being Herd trains young people with a lived experience of mental ill-health to share their stories and in a safe and supportive environment and gives them tools to do so in a way that is going to be safe for them and their audience, and will have the most impact. Through a qualitative study on the program, it was found that Being Herd storytellers experience reductions of self-stigma, increases in self-confidence, self-acceptance, wellbeing, and early help-seeking (Lindstrom, et al., 2021). In 2023 batyr is funding a top-up scholarship for a PhD student at Griffith University to further investigate the Being Herd program and its outcomes.

Additionally, the stigma-reduction programs that we deliver in schools, universities and workplaces which centre lived experience, in recent evaluations have shown reductions in self-stigma (Milton & Glozier, 2022). This included an RCT of our video stories created for use during the pandemic, and that are now rolled out across all our programs, that showed reductions in self-stigma (Dahora, 2021). These videos are roughly 7 minutes long and include a lived experience story with messages from a young facilitator about help-seeking and recovery at the beginning and end of the story. As self-stigma is notoriously difficult to reduce, one explanation for this is that students who now have relatively low public stigma, are reflecting more deeply on their own internalised stigma in response to our programs.

batyr welcomes this priority reinforcing the importance of "increasing the participation of people with lived experience in the workforce." Most staff at batyr identify as having a lived experience of mental ill-health. Over the last decade, we have promoted the achievements of the organisation and our progress towards our vision and mission. Showing externally the highly productive and performing nature of the team provides positive examples of people with lived experiences in the workforce, which has attracted more individuals with a lived experience to the organisation. It has also created a safe place for people to grow and develop before progressing their career into next steps.

We also welcome the inclusion of 'Building the evidence base around self-stigma reduction is a priority, in order to explore options for using broader stigma-reduction initiatives to address self-stigma." Resources that enable collaborative work that includes people with lived experiences, academics and organisations like batyr to build the evidence base around self-stigma reduction will be critical.

Based on our experience in these areas, we have commented below on each of the priority areas:

- 4.1 Address self-stigma through public stigma reduction initiatives
- 4.2 Address self-stigma amongst the Lived Experience workforce
- 4.3 Introduce measures to reduce self-stigma among families and support people
- 4.4 Strengthen the evidence base for initiatives to reduce self-stigma

Reference	Action	Notes
4a	Conduct research into prevalence and experience of self-stigma among: ● people with personal lived experience ● Lived Experience workforce ● families and support people ● general population	Enabler: It is recommended the NMHC work with organisations who have trust and greater access to particular groups of people that can support this. Ex. batyr reaches over 50,000 young people a year and has the ability to gain insights related to self-stigma from young people who do and do not have a personal lived experience, in addition to carers. Barrier: Funding for services to be a part of research projects. Due to the lack of funding that goes to the services or providers who are delivering on anti-stigma initiatives, it creates significant challenges for organisations to take part in research. Having funds that go to academics, but can also support the work of services would address this barrier.
4b	Establish national and/or regional communities of practice for Lived Experience workers	Enabler: The Lived Experience Engagement Network (LEEN) is composed of mental health organisations around Australia with a focus on practices related to lived experience. Elevating this type of network and supporting its ability to create more action and influence to improve best practice would be recommended. Leveraging this existing network will also help the recommendation be established in the 'short term' timeframe listed.
4c	Fund the development and evaluation of programs that are designed to build stigma-resistance, resilience and self-compassion. Programs must be culturally responsive (co-developed with Aboriginal and Torres Strait Islander people with lived experience)	Barrier/Enabler: There is sometimes a gulf between community mental health sector organisations who implement programs and academic researchers who are funded to develop and evaluate them. In some cases, university researchers spend time and money developing and evaluating initiatives without collaborating with an implementation partner until the final stages. It is then extremely challenging for a large organisation such as batyr to integrate that work into our model, and can lead to the initiative never being widely used. Funding for the development and evaluation of stigma reduction initiatives must be given to multi-disciplinary teams with complimentary skillsets across universities and the mental health sector (including people with a lived experience of mental ill-health and from relevant communities), that consider implementation at day one of a project.
4d	Drawing on additional evidence generated from the actions listed above, develop guidelines	Enabler: Consult with organisations such as batyr who have experience in the practice of self-stigma reduction to help define guidelines.

	defining best practice for self-stigma reduction, co-designed with people with personal lived experience and incorporating a human rights-based approach	

References

Dahora, N. (2021). *Efficacy of a brief digitised contact-based intervention in improving public and internalised mental health stigma and help-seeking intentions in young adults.* Macquarie University.

Hanckel, B., Collin, P., Ahmed, S. (2021). *OurHerd: Assessing the outcomes and Pathways to Impact, Sydney:* Western Sydney University.

Hanckel, B. Riley, T. Vasiliou, S. Mamalipurath, J.M. Dolan, E. Henry A. (2022). *'Being There': Young people supporting each other through tough times.* Western Sydney University.

Lindstrom, G., Sofija, E., & Riley, T. (2021). "Getting better at getting better": How Sharing Mental Health Stories Can Shape Young People's Wellbeing. *Community Mental Health Journal.*

Milton, A. & Glozier, N. (2022). *Changes in student mental health attitudes and help- seeking intentions at the University of Sydney: An evaluation of the batyr@uni program.* The University of Sydney.

Milton, A., Klinner, C., Conn, K. & Glozier, N. (2023). *batyr@school in regional school communities impacted by drought and other climate events: Evaluation report.* The University of Sydney.