Australian Government
National Mental Health Commission

2026 National Stigma and Discrimination Report Card

In partnership with
SANE

Acknowledgement of Country

The National Mental Health Commission (the Commission) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands and waters on which we live, work and learn. We pay our respects to their clans, and to the elders, past and present, and acknowledge their continuing connection to land, sea and community.

Recognition of Lived Experience

We recognise the individual and collective contributions of those with a lived and living experience of mental health challenges and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to Australia's commitment to mental health and suicide prevention systems reform.

About this Report

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Foreword

David McGrath

CEO, National Mental Health Commission

I am pleased to present the National Mental Health Commission's first 2026 National Stigma and Discrimination Report Card.

Stigma and discrimination remain a significant burden for people living with mental health challenges, limiting help-seeking, reducing social connection, and restricting the ability to lead a full and contributing life.

This 2026 National Stigma and Discrimination Report Card shines a light on these issues, providing an essential evidence base to understand where progress has been made and where challenges remain. This important work reinforces the National Mental Health Commission's central role in monitoring, reporting and driving accountability and improvement across the mental health system.

In our National Report Card 2024, we highlighted critical gaps in national reporting on the performance of Australia's mental health system and made a commitment to continually evolve and grow our reporting framework over time to ensure a strong, data-driven evidence base that provides a complete picture of how the system is performing.

The 2026 National Stigma and Discrimination Report Card represents an important step in delivering on that commitment, complementing our National Report Card and deepening our understanding of these issues. Drawing on world-first data collected by the University of Melbourne through the 2024-25 National Survey of Stigma and Discrimination, this Report Card provides both a snapshot and longitudinal view of how people with mental health challenges are perceived and treated in Australia. It enables us to track change, identify persistent barriers, and better target action where it is most needed.

Importantly, this work centres the voices of people with lived and living experience. Their insights remind us that stigma and discrimination are not abstract concepts, they are encountered in everyday interactions, and the impacts can be life changing. Embedding lived experience in evidence, policy and system design is essential to building trust, relevance and accountability.

While awareness of mental health has improved in recent years, awareness alone does not dismantle stigma. Sustained, coordinated action is needed right across governments, services, workplaces and communities. This includes fostering inclusive environments, embedding rights-based approaches, and supporting initiatives that reduce prejudice and promote understanding.

The National Mental Health Commission remains committed to supporting efforts to reduce stigma and discrimination and to improving the lives of all people in Australia impacted by mental health challenges.

I would like to acknowledge and thank our partner, SANE Australia, for its valuable contribution to developing this Report Card. Reducing stigma and discrimination requires a collective effort. Together, we can foster a community where all people are treated with dignity, respect and fairness.

Rachel Green

CEO, SANE Australia

Despite improved awareness of mental health, stigma and discrimination remain deeply embedded in our society. They continue to shape the lives of too many people in Australia and limit access to the things many of us take for granted, such as a secure home, meaningful work, supportive relationships and the opportunity to live a long and healthy life.

That is why we have partnered with the National Mental Health Commission to undertake this important work. The National Stigma and Discrimination Report Card brings together robust data and lived experience to drive the changes needed to build a more inclusive, stigma-free Australia.

For me, this work is not only professional, it's deeply personal. I know firsthand how stigma can lead to isolation and exclusion, and how it can change the way others see you, and how you come to see yourself.

These experiences are part of what led me to become CEO of SANE Australia, an organisation that has been fearlessly challenging stigma and advocating for change for over 40 years.

In 2020, SANE delivered Australia's first stigma report card, an important milestone that shone a spotlight, both nationally and internationally, on the impact of stigma. It strengthened recognition of stigma as a harmful issue and reinforced the need for governments and decision-makers to not only acknowledge it, but measure and act on it.

This new Report Card represents a significant step forward. Developed in partnership with the National Mental Health Commission and with the support of the University of Melbourne, it is underpinned by rigorous, nationally representative data. We can confidently describe how stigma and discrimination are experienced across Australia, and, for the first time, how some of those experiences have changed over time.

The results are sobering. While some stigmatising attitudes have declined, others have not and importantly, experiences of discrimination have increased. The greatest impacts are felt in critical areas of life, including workplaces, relationships and housing, shaped largely by a lack of understanding from employers, families, friends and partners. Although some public attitudes have improved over time, this has not translated into greater inclusion.

Overall, the findings reinforce what many people already know from lived experience: stigma remains one of the most significant barriers to recovery and participation. They also show that awareness alone is not enough, pointing to the need for targeted reform and ongoing national monitoring to drive meaningful change.

This puts us in a stronger position than ever before. We now have the evidence needed to guide meaningful, targeted action across governments, services, workplaces and communities.

This Report Card is more than a reflection. We see it as a call to action. Together, we can create a future where everyone is treated with dignity, understanding and respect, and where no one is held back by stigma.

Key findings

70%
of people with mental health challenges had experienced discrimination in at least one area of life.

The greatest burden of discrimination for people with mental health challenges was seen in finding or keeping a job, in dating and forming intimate relationships, and when accessing housing.

Compared to those aged 18–34, people aged 35–64 reported a higher burden in multiple domains.

BURDEN
35 - 64
YEAR OLDS

Overall 81%
of people reported positive experiences, including respectful, understanding and supportive responses to their mental health challenges.

Between 2011 and 2024, there was a significant reduction in people holding stigmatising attitudes towards people experiencing depression and schizophrenia. However, this has not translated into a greater willingness to socially engage with them.

STIGMATISING ATTITUDES
2011 ↓ 2024

Reports of discrimination increased across most domains since 2014, with increases in discrimination typically greater than changes in positive treatment.

68% of people experiencing mental health challenges reported that living with stigma and discrimination was worse than living with the symptoms of the mental illness itself.

Living in a safe, stable environment

While discrimination was experienced less often, the impact was greater. For those who reported discrimination in this domain:

78% reported a negative impact in relation to housing

72% reported a negative impact in relation to the legal system

75% reported a negative impact in relation to accessing welfare benefits

Participating in education and the economy

The most significant burden of discrimination was in relation to finding and keeping a job. In terms of experiences:

43% reported employers not understanding the impact of a person's mental health condition

36% reported being denied opportunities

33% reported employers and colleagues were not supportive

Creating and maintaining relationships

Discrimination from partners, friends and family was most commonly experienced as:

- A lack of understanding of their mental health condition
- Friends avoiding them or cutting contact
- People being judgemental or getting angry

Accessing quality health care

People with a mental health diagnosis experienced discrimination in seeking care for both their physical and mental health.

25% reported discrimination when seeking care for physical health

20% reported discrimination when seeking care for mental health

53% reported positive or supportive experiences in health professional settings

Culture and representation

While the stigma and discrimination in media and social media was high, the overall burden was low.

69% of people exposed to negative news stories reported a negative impact ☹

80% of people exposed to a positive news story reported a positive impact ☺

Introduction

Mental health stigma is a powerful and often invisible force that shapes the lives, health and opportunities of people experiencing a mental health challenge.

Globally, stigma is recognised as one of the most significant barriers to mental health care, recovery and inclusion. It persists across all countries and cultures.

Stigma, and the discrimination that results, contributes to delays in help seeking and exclusion from employment, education, housing and health care. It has life-threatening implications, contributing to poorer physical health outcomes and significantly reduced life expectancy for people with severe or enduring mental health challenges. The social impact of stigma can be as harmful as the symptoms of a mental illness itself. Many people with a mental health diagnosis report that stigma and discrimination cause equal or even greater distress than the symptoms of mental illness.

In Australia, this global challenge is reflected in similarly entrenched patterns of stigma and discrimination, with around four million people still experiencing stigma and discrimination each year.

Despite considerable activity and investment designed to address the impact of stigma and discrimination in Australia, the 2025 Productivity Commission report into the National Mental Health and Suicide Prevention Agreement confirmed that stigma remains widespread and persistent. It highlighted that impacts are experienced across multiple levels from interpersonal attitudes to structural discrimination within systems. This contributes to poorer health outcomes, reduced workforce participation and diminished wellbeing.

This 2026 National Stigma and Discrimination Report Card (the Report Card) has been developed to provide a robust, nationally consistent picture of the scale and impact of stigma in Australia. It offers an overall view of stigma and discrimination across the population, with a focus on national trends to help prioritise future action in the areas of greatest impact.

Methodology

The 2026 National Stigma and Discrimination Report Card was developed using findings from a rigorous, nationally representative survey combined with insights from people with lived and living experiences of mental health challenges.

The National Survey of Stigma and Discrimination (the Survey) was conducted in late 2024 and analysed in 2025/26. Questions were designed to collect data on the prevalence and burden of stigma in Australia.

The Survey was completed by 6,032 adults from across Australia using The Social Research Centre's Life in Australia™ panel. This has been designed to reflect the Australian population, with a mix of ages, genders, locations and backgrounds that matches the country overall. Because of this, we can be confident that the views captured in our survey give a genuine picture of what Australians think, rather than just the opinions of a self-selected few.

All survey respondents were asked a series of questions about their attitudes to people with mental health challenges, with a focus on people with depression, bipolar disorder, early psychosis/schizophrenia, long-term schizophrenia, borderline personality disorder and attention deficit hyperactivity disorder (ADHD). Data about people with autism and obsessive-compulsive disorder was not collected and this has been raised as a consideration for future surveys.

People reporting a mental health challenge or psychological distress, of which there were 2,613, were asked about their experiences over the past 12 months. This included how often they experienced discrimination, how these experiences affected them, and whether they had positive experiences. The questions covered different parts of their lives, such as family, friends, workplaces, and health services. A 'burden of discrimination' score was then created for each area by combining how often discrimination occurred and how much impact it had on those who experienced it.

Survey respondents were also asked if they cared for or supported a person with a mental health condition. 2,164 reported that they did and were then asked a series of questions about their experiences of stigma and discrimination in the previous 12 months.

Where survey methodology allowed, we also assessed change over time by comparing with two previous nationally representative surveys:

- 2014 survey of Experiences of Avoidance, Discrimination and Positive Treatment in People with Mental Health Problems[1]
- 2011 Survey of Mental Health Literacy and Stigma.[2]

We recognise that experiences of stigma and discrimination are diverse and vary widely across different people and contexts. As a result, this population-level approach may not capture the nuance of more specific experiences, particularly within specific groups or communities. The methodology enables us to build the evidence base to support future activity and research, and we welcome feedback on which areas should receive additional focus in future editions of this Report Card.

Understanding stigma in Aboriginal and Torres Strait Islander people

There remains a significant evidence gap in understanding the experiences of stigma and discrimination among Aboriginal and Torres Strait Islander peoples across Australia. While the Survey was designed to be representative of the Australian population, it is not able to support robust or detailed conclusions about the specific experiences of Aboriginal and Torres Strait Islander people. More broadly, existing research does not currently capture culturally specific drivers of stigma, including the impacts of colonisation, intergenerational trauma, and systemic discrimination, alongside the protective role of cultural identity and community connection. Together, these limitations make it difficult for this Report Card to accurately reflect these experiences.

Addressing this gap is a critical priority for future research, requiring Aboriginal and Torres Strait Islander leadership and methodologies that prioritise First Nations' ways of knowing, doing and being. Strengthening this evidence base will be essential to driving meaningful action to reduce stigma and support social and emotional wellbeing.

Consultations

Results from the National Survey of Stigma and Discrimination were shared with people with lived and living experience of mental health challenges, lived experience representative organisations and the broader mental health sector through two consultation activities: a virtual town hall event, and an online survey providing opportunities to share individual experiences. Feedback from these consultations were analysed and combined with the survey findings to develop the 2026 National Stigma and Discrimination Report Card. The quotes and case studies included throughout the Report Card also come from this consultation process.

This Report Card is shaped by lived and living experience perspectives and seeks to illuminate these stories.

We are grateful to all those who shared their lived and living experience for this work. Their stories are included throughout the report to show what stigma and discrimination look like in everyday life. Together, these insights help explain what the data shows, why it matters, and who is most affected.

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[1] Reavley, N.J. and Jorm, A.F. (2015) 'Experiences of discrimination and positive treatment in people with mental health problems: Findings from an Australian national survey', *Australian and New Zealand Journal of Psychiatry*, 49(10), pp. 906–913.

[2] Reavley, N.J. and Jorm, A.F. (2011) 'Stigmatising attitudes towards people with mental disorders: Findings from an Australian National Survey of Mental Health Literacy and Stigma', *Australian and New Zealand Journal of Psychiatry*, 48(12), pp. 1086–1093.

Understanding stigma and discrimination

What is stigma?

Stigma is a complex social process that includes labelling, stereotyping, separation or 'othering' and loss of status and discrimination. It affects how people are treated within a broad range of settings and impacts recovery and ongoing quality of life.

Stigma against people with mental health challenges occurs at different levels. Following the Lancet Commission on Stigma and Discrimination,[3] we use the following definitions:

Public stigma

(also referred to as personal or interpersonal stigma) refers to the link between stereotypes, negative attitudes, and discrimination against people with mental health challenges.

Self-stigma

refers to the way in which people with mental health challenges internalise negative stereotypes and apply judgements to themselves.

Stigma by association

refers to the extension of stigma to close associates of people living with mental health challenges (e.g. family members).

Structural stigma

(also called systemic or organisational stigma) refers to discrimination in laws, policies, and in cultural and organisational practices.

Despite growing public awareness of mental health and some investment in anti-stigma initiatives, stigma and discrimination towards people living with mental health challenges remain widespread in Australia and across the world.

Why is it important to address stigma?

Most respondents agreed that stigma and discrimination was worse than the mental health challenge itself.

Stigma and discrimination have many negative impacts. These include social and economic exclusion in relation to education, the workplace, and the community, loneliness, damage to marital prospects, loss of property, inheritance, rights to vote, poverty and poorer healthcare than what people receive for physical health conditions. Stigma negatively affects individuals, families, communities, and society. It is persistent and exists across cultures. In the recent Survey, almost 70% of people agreed that stigma and discrimination was worse than the mental health problem itself.

Experiences of stigma can be amplified.

Experiences of stigma and discrimination do not occur in isolation; they intersect with other forms of disadvantage linked to identity, power and social position. Recognising intersectionality is critical to understanding why stigma affects mental health unevenly and to shaping responses that are genuinely inclusive. Experiences of stigma are often compounded by racism, homophobia, transphobia, ableism and other forms of exclusion, alongside structural inequities in housing, education, employment and access to culturally safe care. For Aboriginal and Torres Strait Islander peoples, stigma is further shaped by the ongoing impacts of colonisation, including intergenerational trauma and systemic racism. For those who hold multiple marginalised identities, these factors can create layered and compounding experiences of discrimination. Recognising these overlapping drivers is essential to designing responses that are equitable, culturally responsive and grounded in lived experience.

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[3] Thornicroft, G., Sunkel, C., Alikhon Aliev, A. *et al.* (2022) 'The Lancet Commission on ending stigma and discrimination in mental health', *The Lancet*, 400, pp. 1438–1480.

> Despite improvements in attitudes to mental health, my experiences of discrimination have increased over the past decade.
>
> I do add the caveat that my own mental health journey began relatively recently. In that time, when describing my story and how my journey began with anxiety and depression, I get heads nodding. People have some ability to relate. But as soon as I get to the psychosis part, people get scared. Some ask questions, but most try to get out of the situation as quickly as possible.
>
> Acquaintances look at me differently, and I feel like any relationship we might form is shrouded by the knowledge that there was a time when my brain was the enemy and it was scary! I find it's a little easier with those that I already have a relationship with.
>
> The bottom line is, when I talk about depression and anxiety symptoms, I get support and understanding. When psychotic symptoms are brought up, things change.

Jeanti, 29, Sydney

Stigma and discrimination in Australia

This section provides an overall picture of both stigmatising attitudes and the discrimination experienced by people with mental health challenges living in Australia. Findings have been drawn from current and previous surveys as well as insights from consumer and sector consultations.

Experiences of discrimination are widespread among people experiencing mental health challenges and can impact all areas of their lives.

The Survey showed that 70% of people in Australia with a diagnosed mental illness had experienced discrimination in at least one area of life. These experiences spanned all aspects of people's lives including interpersonal relationships, employment, education, accessing housing, legal, social and disability supports, and access to both physical and mental health care.

Discrimination in social life was the most common (44%), followed by discrimination from family (42%) and in making and keeping friends (41%). Specific experiences of discrimination from partners, friends or families included feeling judged or being insulted by others.

In those who reported discrimination in their workplace, 36% said they were denied opportunities. Of those reporting discrimination in healthcare, 32% said that their physical health problems were ignored and 24% said that there were delays or problems in accessing care.

The experiences and impact of discrimination in each of the life domains is explored in further detail in the next section.

Friends and family were most likely to provide positive or supportive experiences.

Overall, 81% of people reported positive experiences, including respectful, understanding and supportive responses to their mental health challenges. More than 60% reported positive or supportive treatment from their friends, and more than half from their family, followed by health professionals (53%). Positive support from partners had the most significant positive impact on a person's life, followed by positive experiences in health settings.

This was also reflected in lived experience input to the Report Card, with many respondents citing supportive partners and family as key positive elements of their day-to-day life, and positive treatment in health settings as critical to their wellbeing. Acceptance and understanding from key people in their lives and broader community, including acknowledgment of the long-term and variable nature of mental health was reported to make a significant difference.

Importantly, this understanding was not necessarily limited to empathy and emotional support but translated into providing real flexibility and agency for the person experiencing mental health challenges across social, workplace, and healthcare settings.

' If … you are high functioning, people assume you have it all together. You talk about you[r] mental health [challenge] and they tell you they don't see it. Of course not, you are not there during my uncapped moments of total despair. '

Male, 63, regional Australia

People who support a person experiencing mental health challenges were more likely to report positive experiences than people with a mental health challenge themselves.

This survey provides the first nationally representative data on caregiver experiences of discrimination and positive or supportive experiences.

70% of people who support a person experiencing a mental health challenge reported positive and supportive experiences with friends and family, and 60% felt valued by the team providing care and support.

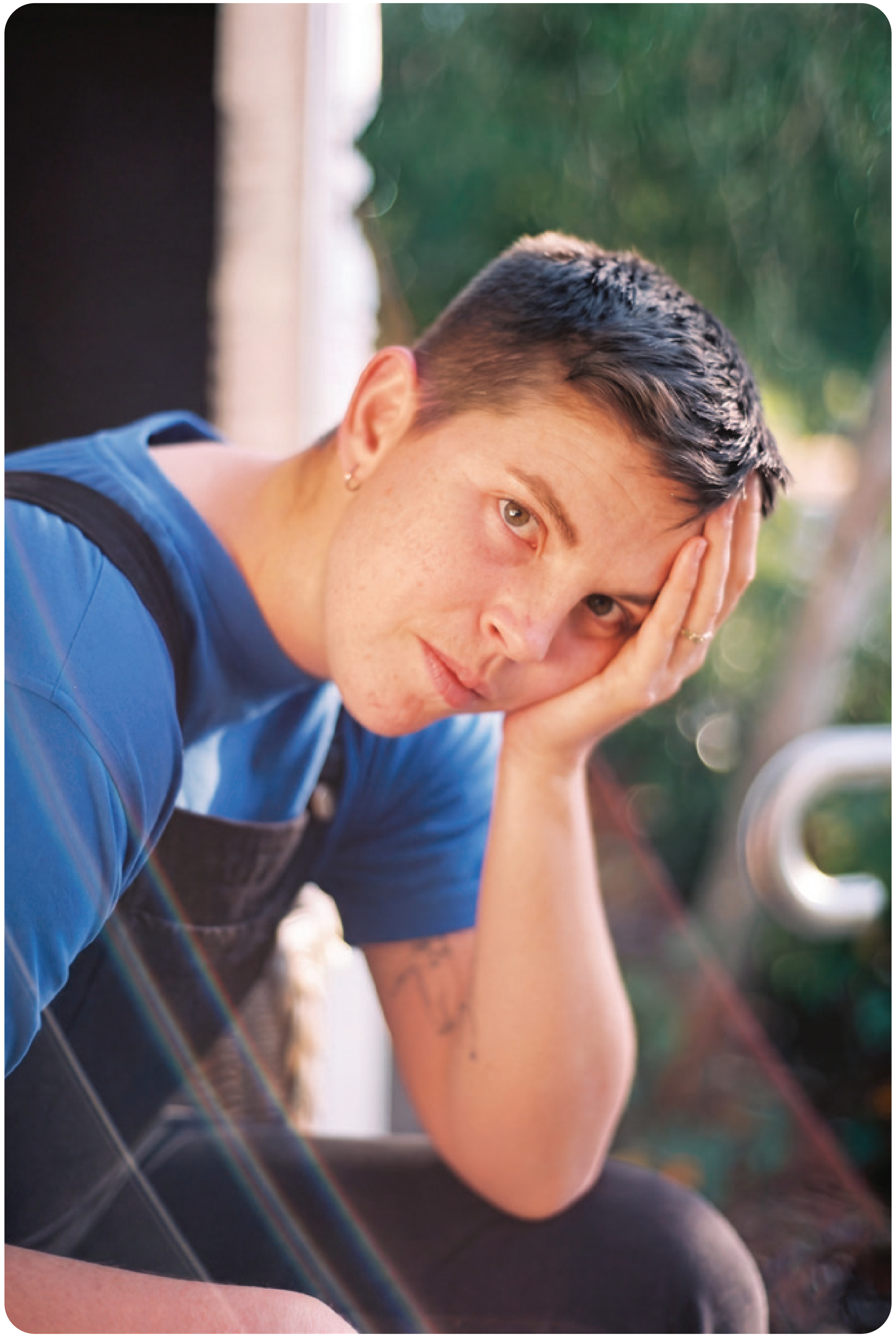
However, over a third of caregivers reported concealing their role as a caregiver from others, and almost 20% had experienced unfavourable treatment at least sometimes.

Stigma can have significant impacts on carers, contributing to social isolation, emotional strain and reduced help-seeking. A deeper understanding of these experiences is required to address this and provide effective support to this group.

' Many of the people I interact with still don't have a clear understanding of what a diagnosis of schizophrenia actually means. I've experienced challenges being around others who apply labels inappropriately or make remarks that diminish the capabilities of people living with this illness.

While workplaces have made progress in areas like diversity and inclusion, schizophrenia is still not widely understood, accepted, or openly discussed in workplace settings. With the exception of people responding to a report on the tv or in the news. This has created challenges for myself in not only accepting my diagnosis, but feeling proud of who I am. '

Male, 42, Sydney



> One of the most common types of discrimination experienced is people lacking understanding of the impact of a person's mental health challenges.
>
> Even with a strong support system and access to a psychologist, there are still times when I experience lower days or more intense emotions. During these periods, I've noticed that some people assume that because I have supports in place, I should always be able to regulate my emotions in ways that feel 'acceptable' or comfortable for others.
>
> However, having support does not remove the lived impact of mental health challenges. On days when I am struggling more, my capacity to regulate emotions can be reduced, and what I need most in those moments is understanding rather than expectation.
>
> What I have found difficult is that when my emotional responses do not align with what others feel comfortable with, there can be subtle social consequences – such as withdrawal, exclusion, or being treated differently. At times, this can feel isolating and deeply personal.
>
> Experiences like this reinforce stigma because they create an environment where mental health struggles are only accepted if they are managed in ways others approve of.
>
> Discrimination is not always overt. It can occur in everyday interactions, in the absence of empathy, patience and genuine understanding.

Carissa, 37, Perth

The highest burden of discrimination was related to finding and keeping a job, and intimate relationships.

Figure 1 shows the mean *discrimination burden* across different settings, a measure designed to show the average level of discrimination by combining how often it happens and how much it affects people. This helps us understand its overall impact and where to focus efforts and resources to address it.

Discrimination in finding or keeping a job and in dating or intimate relationships had the highest burden. While less frequent, experiences of discrimination when seeking access to housing (including renting or public housing), access to welfare benefits or disability pensions, and within the legal system also resulted in high burdens on individuals. This reflects the profound impact that economic exclusion and a lack of access to support can have on an individual's overall wellbeing.

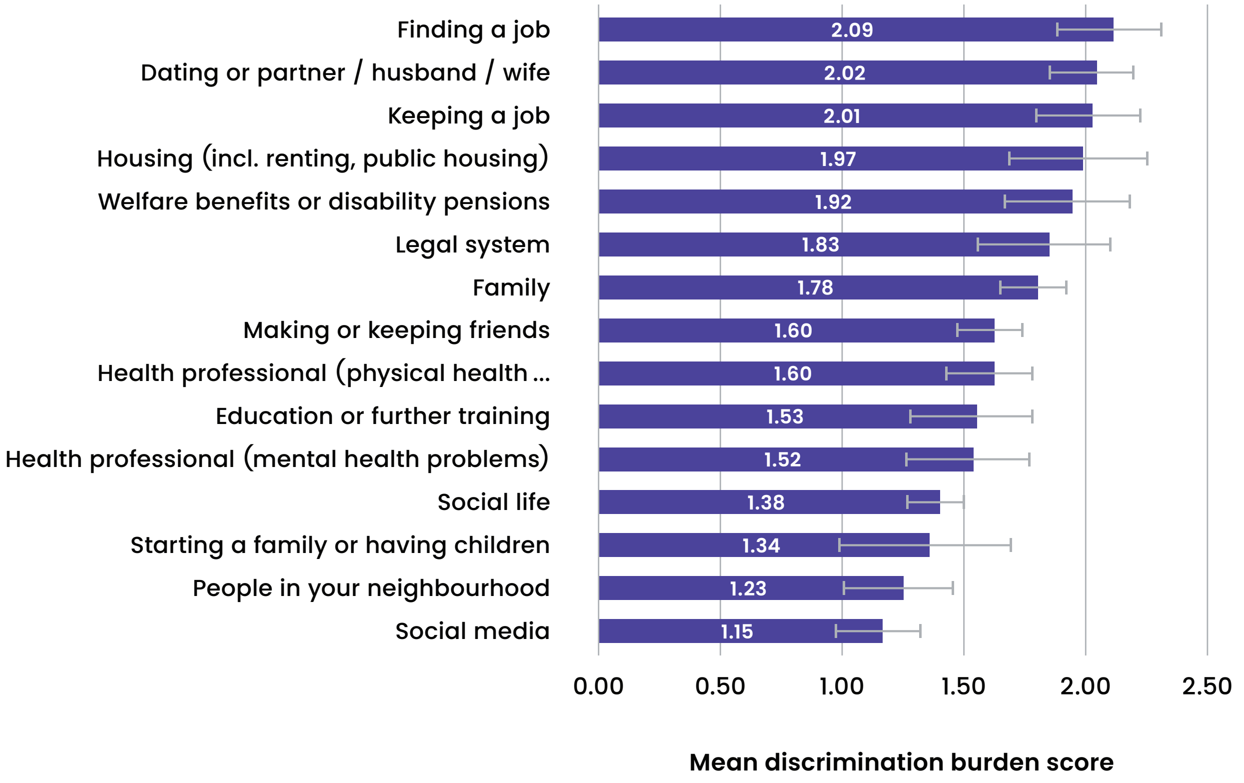
Feedback during consultations emphasised that while individuals may experience discrimination more frequently at the interpersonal level, it is important to acknowledge that stigma is systemic. This results in discrimination also occurring at the structural and policy level.

Burden of discrimination varied across age and diagnosis.

People aged 35-64 were more likely than those aged 18-34 to report higher burden in multiple domains, especially social life, dating, family, finding and keeping a job, health professionals and the legal system. Adults aged 35-64 may have experienced more years of potential exposure to discrimination, and navigated more domains such as work, family, and healthcare where stigma carries greater consequences.

People with depression or ADHD also reported burden in more domains than people with anxiety or less common mental health conditions.[4] It is possible that depression and ADHD might affect functioning across more life domains than anxiety, increasing the visibility of symptoms to others and the opportunities for discriminatory responses, and both may attract more pervasive negative stereotypes than anxiety.[4]

Figure 1 | **Mean burden of discrimination per domain**



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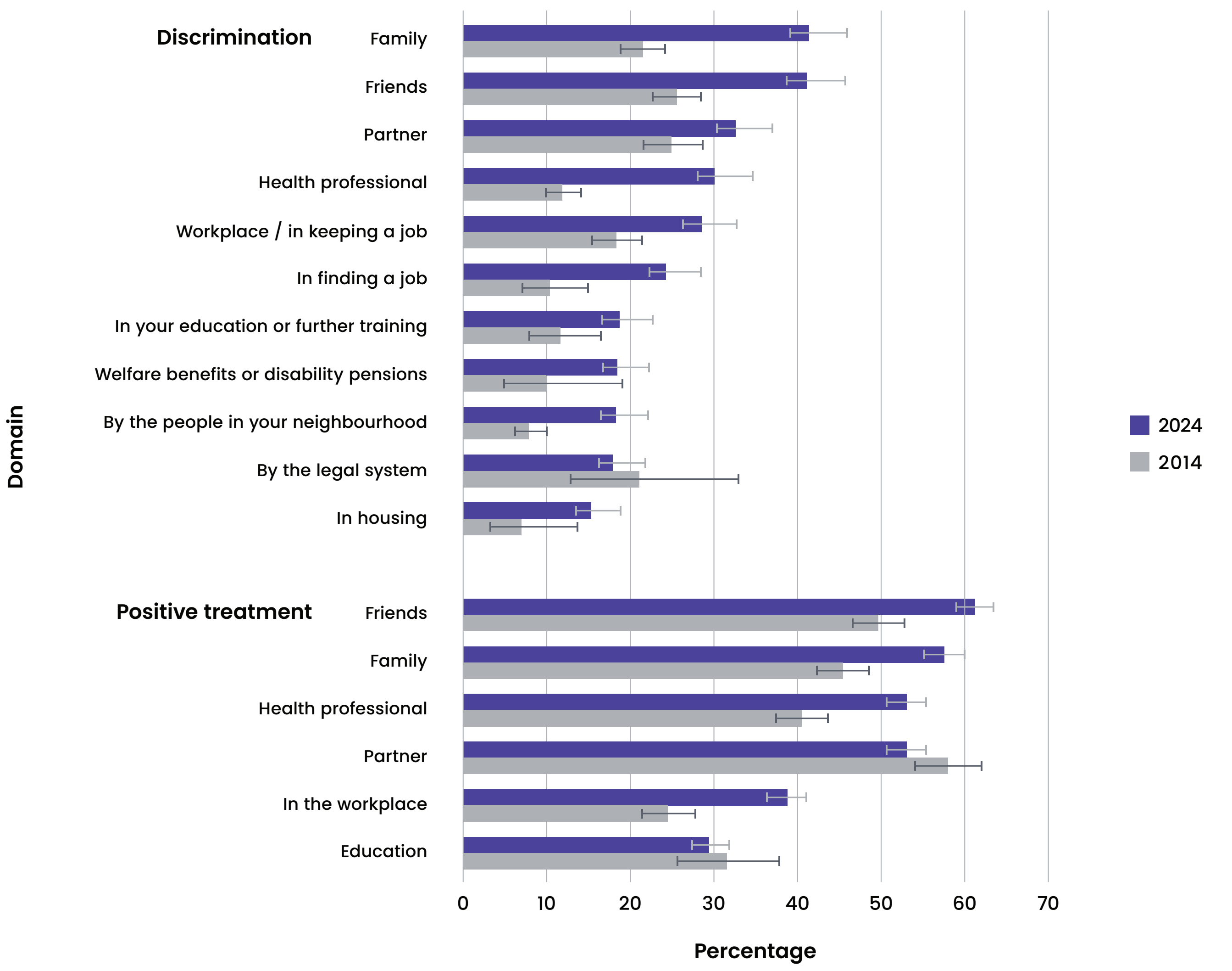
[4] Reavley, N.J., Ross, A.M., McNaught, G., Green, R. and Morgan, A.J. (2026) 'A nationally representative survey of the impact of discrimination towards people with mental health problems: SANE's 2025 National Stigma Report Card', *Epidemiology and Psychiatric Sciences*, 35, e9.

Figure 2 | **Incidence of discrimination and positive experiences in Australia 2014-2024**



Despite public campaigns and policy initiatives aimed at reducing stigma, experiences of discrimination remain widespread and, in many settings, are increasing.

Compared with 2014, reports of discrimination increased across almost all domains in 2024, including in family, social, workplace, neighbourhood, and healthcare settings. In most domains, increases in discrimination outweighed changes in positive experiences, particularly in family, neighbourhood, employment, and healthcare contexts.

At the same time, some forms of positive treatment, especially from friends, family, workplaces, and health professionals, were reported more frequently than in 2014, although positive treatment declined overall.

> **' I've had a lengthy career in the Community Services sector primarily in areas of mental health support in addition to lived experiences. I have noted a sharp increase in discrimination, both in this sector and its workplace settings ... Poor systems lead to increased negative mental health across a community. This in turn, leads to a higher level of need than services can provide adequately, and with quality. This can encourage complacency and discrimination against clients. Also, for many workplaces mental health issues have become a box to be ticked for compliance reasons with little real-world follow-up. '**
>
> **Female, 48, Far North Queensland**

Stigmatising beliefs related to mental health challenges have diminished over time but remain prevalent, especially for some diagnoses.

Between 2011 and 2024, there were significant reductions in the number of people holding stigmatising attitudes towards people with depression and early schizophrenia. This was particularly seen in beliefs about dangerousness, where the proportion of people believing a person would be dangerous declined substantially for both depression (from 23% to 5%) and schizophrenia (from 37% to 18%). These findings suggest some improvement in public attitudes towards people with mental health challenges over the past decade.

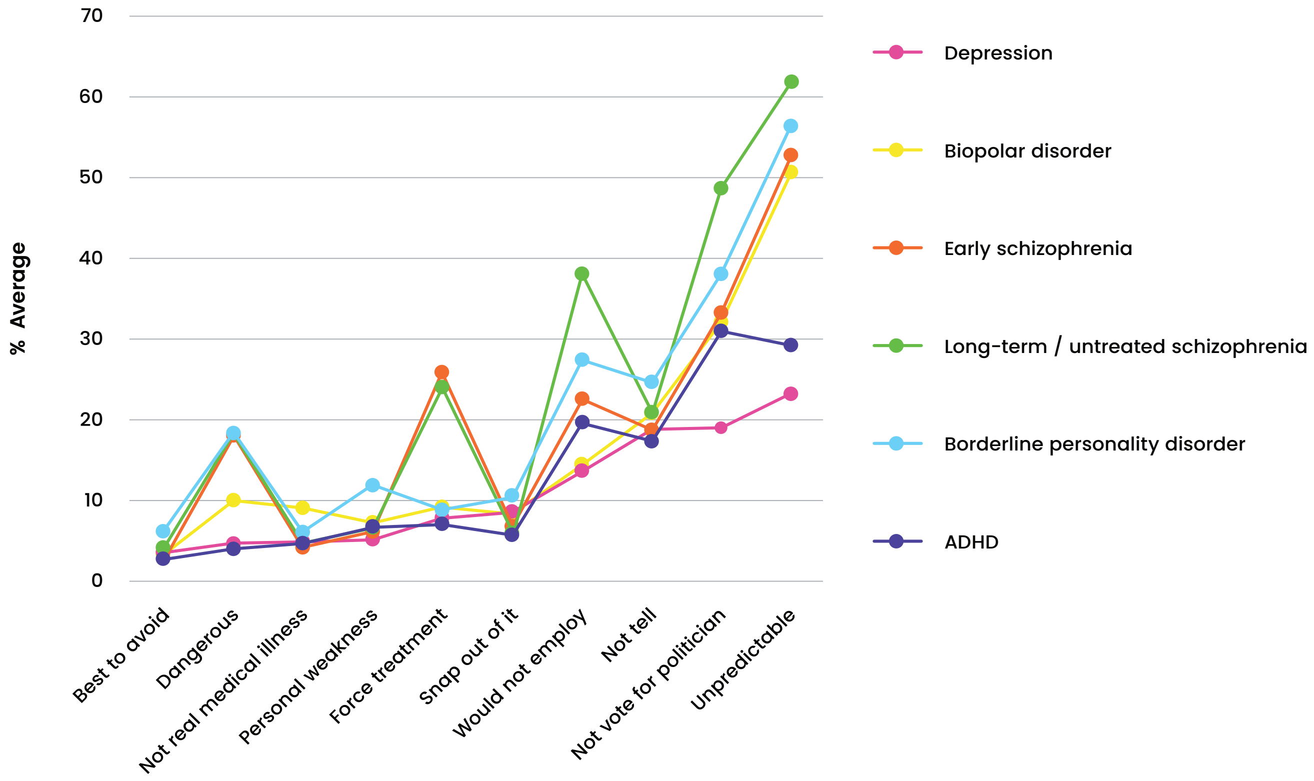
However, less negative beliefs have not translated into greater willingness to socially engage with people experiencing mental health challenges. Willingness to interact with a person with depression remained largely unchanged over time, while willingness to interact with a person with schizophrenia worsened. The proportion of people unwilling to make friends with a person with schizophrenia increased from 11% to 27%, while unwillingness to work closely with them rose from 19% to 33%. These findings suggest that improvements in attitudes about personal weakness or dangerousness may not be sufficient to reduce social distance or discrimination in practice.

> **‘ I feel as though there is significant discrimination when seeking treatment during a crisis with a BPD [borderline personality disorder] diagnosis recorded on your file. When following your safety plan and going to hospital when you’re not feeling safe from yourself that you are immediately dismissed and sent home whilst actively unwell. ’**
>
> **Female, 32, Gold Coast**

Figure 3 summarises new data collected in the Survey which also showed substantial variation in stigma across diagnoses. Depression and ADHD were associated with comparatively lower levels of stigma, while bipolar disorder attracted moderate levels of stigmatising attitudes. Long-term schizophrenia and borderline personality disorder were associated with the highest levels of stigma endorsements. Across conditions, many respondents continued to endorse beliefs relating to unpredictability (ranging from 23% for depression to 62% for long term schizophrenia) and the need to force treatment if required (up to 26%). There was also notable levels of diminished personhood and worth, with up to 33% of respondents not agreeing that a person with long term schizophrenia was of equal worth.

These findings highlight the need for targeted action to address persistent beliefs about unpredictability, coercion, and social exclusion, especially for more highly stigmatised diagnoses.

Figure 3 | Proportion of respondents that hold a stigmatising attitude toward people with mental health conditions by diagnosis



Note: A brief description of a person (‘Sam’) with each mental health condition was shown to survey respondents, who then rated whether they agreed or disagreed with statements, for example Sam’s problem is not a real medical illness or people with a problem like Sam’s are unpredictable.

> I'm just trying to live my life free of stigma. But stigma has been a huge part of living with schizophrenia. I remember when I went back to university in the 1980s, I thought I'd join the yoga club. And I happened to disclose to the people that I had schizophrenia, a diagnosis of schizophrenia. And I went back the next week to join the club, to sign up for it. And the guy said, 'Oh no, you can't join.' I said, why? Because you have schizophrenia. And I said, but why? And he said - yoga might push you over the edge. I thought, I've just been stigmatised. I've just been discriminated against by the university yoga club. I thought that was fascinating, there was stigma right before my eyes due to something so innocuous as joining a yoga club.

Sandy, 73, Melbourne

Experiences and impacts of stigma and discrimination across life domains

Stigma impacts many parts of people's lives, often reinforced or amplified by the social structures that exist around us. It also has different impacts in different areas of life. The following sub-sections will explore the prevalence, experience and impact of stigma and discrimination for people with lived experience of mental health challenges and their caregivers across five key life domains, summarised below.

Survey domains of discrimination and positive treatment:

Creating and maintaining relationships	• Friends • Social life • Dating / partner • Starting a family	• Other members of the family • Other people in the community or neighbourhood
Living in a safe, stable environment	• Housing • Welfare	• Legal system
Participating in education and the economy	• Finding a job • Keeping a job	• In education
Accessing quality health and mental health care	• Health professionals when getting help for a mental health problem	• Health professionals when getting help for a physical health problem
Culture and representation	• Social media • Media	

Creating and maintaining relationships

The domain of creating and maintaining relationships includes stigma and discrimination experienced in:

- Family settings
- Making and keeping friends
- Intimate relationships (dating, partners)
- Social life.

Relationships are critical to overall wellbeing, social inclusion and recovery.

Supportive relationships can provide emotional connection, stability, practical support and a sense of belonging, all of which are protective for mental health and associated with improved quality of life and recovery outcomes. Conversely, experiences of stigma and discrimination within close personal relationships can contribute to loneliness, social isolation, psychological distress and reduced willingness to seek help or participate in community life.

> **' When I told my family about my diagnosis, they immediately went into denial and told me that they disagreed with my psychologist. Jokes are frequently made about my multiple personalities (not what BPD actually is). An ex once screamed in my face that I couldn't control my emotions. '**
>
> **Female, 30, NSW**

> **' I'm the token "sad" one, don't bother asking how she is going cause she is always bad. And I have stopped being invited to events and other gatherings because while sometimes I might say no straight from the get go, other times I cancel on the day because I physically, emotionally and mentally can't. And they dont understand. I'm not being malicious. I'm not doing for attention. I'm trying to live with this condition and I hate it as much as the next person. '**
>
> **Female, 29, Melbourne**

People with lived experience of mental health challenges frequently feel misunderstood or judged by those around them, including by family, friends, and intimate partners.

Discrimination from family, and in making or keeping friends, were both frequent and impactful. This was most commonly experienced as:

- A lack of understanding of their mental health condition (56% for partners, 53% for friends and 61% for family)
- People being judgmental and/or getting angry (44% for partners, 32% for friends and 47% for family)
- Friends avoiding them or ceasing contact (22% for partners, 43% for friends and 23% for family).

> **' The most meaningful support I've had has come from family and friends. After I disclosed my conditions, the people closest to me didn't change how they treated me. No awkward distance, no walking on eggshells, no quiet recalibration of what they thought I was capable of. I was still the same person to them, just with more context. '**
>
> **Male, 31, Sydney**

Despite overall improvements in stigmatising attitudes towards people living with mental health challenges, entrenched stigma continues to shape people's social relationships.

People's willingness to interact with a person with depression remains unchanged since 2011 and has worsened for schizophrenia. The proportion of respondents unwilling to make friends with a person with schizophrenia more than doubled from 11% to 27%, while unwillingness to work closely with them increased from 19% to 33%.

There were also high levels of unwillingness for a person experiencing a mental health challenge to marry into the family, ranging from 30% for ADHD to 64% for long-term schizophrenia. Many people also reported experiences of friends avoiding them or cutting contact altogether, reflecting the persistence of desire for social distance and discomfort in interpersonal relationships.

Treatment from intimate partners have a significant impact.

As shown in Figure 1, discrimination experienced in dating and from intimate partners had the second largest burden, exceeded only by the burden related to finding and keeping a job. This burden was most commonly reported by people aged 35–64 and by those living with anxiety or depression.

Because intimate relationships (or the lack of them) are closely linked to emotional wellbeing and support for mental health recovery, experiencing discrimination in this context can have particularly strong and lasting effects, contributing to distress, isolation, loneliness and reduced overall quality of life. However, having a supportive partner had the most significant impact compared to other domains, with 50% of people reporting a large positive impact from support from a partner.

Opportunities for action

Despite the importance of relationships to wellbeing and recovery, relatively little attention has been paid to supporting people experiencing mental health challenges, particularly those living with more severe or enduring mental illness, to build and maintain intimate and social relationships.

There is a need for greater support for families, partners and carers to better understand mental health challenges and respond in ways that reduce stigma, strengthen relationships and support recovery.

There is also a clear and urgent need to address the increasing stigma and exclusion experienced by people living with schizophrenia.

> **' My family of origin has consistently refused to learn about my diagnoses, or consider the impact of my experiences on me. It's made it difficult to disclose my experiences to those around me – including friends, because being met with misunderstanding, stigma or discrimination generally feels worse than being isolated within my experiences. '**
>
> **Female, 31, Melbourne**

> Having positive support from my lovely wife has been immensely helpful, resourceful and comforting, acting as a protective factor that provides social support and improves quality of life.
>
> We both live with mental illness, and we trust and help each other, including having reality checks about our symptoms to help avoid them flaring into crisis situations.
>
> Active involvement from both of us – such as attending each other's therapy sessions and understanding each other's treatment – helped facilitate our recovery. We also establish healthy boundaries with those we circle around, and also find belonging and social connection with our local church community.
>
> We have open dialogue with each other and communicate easily and honestly about our needs and expectations, sharing our strengths and struggles – and we are also role models for others in supporting recovery.
>
> We help guide each other through any stigmatising experiences, and we define this kind of behaviour as external, leaving it there rather than worrying over it internally within ourselves.
>
> We became aware that we couldn't control what is around us or what people say about us or others like us, hence we agree that what people say is their own responsibility. Our self-care was of far greater influence on our health than worrying about the opinions of others.
>
> Having my wonderful wife looking after me, and me looking after her, has been the best thing that has happened in my life. It has been therapeutic. It has been a comforting journey, and we both care for and gladly help each other along our path, especially when stigma affects us from the outside in our everyday lives.
>
> Evan, 68, Melbourne

Living in a safe, stable environment

The domain of living in a safe, stable environment includes experiences of stigma and discrimination that impact individuals' ability to access:

- Safe, stable housing
- Welfare benefits or disability pensions
- Legal protection and fair treatment by the justice system.

Addressing stigma and discrimination is critical to enabling people to secure housing, engage confidently with welfare systems, and experience fairness in legal and justice settings. We note that many of these systems and structures are based in western culture, thus can amplify discrimination for those within the Culturally and Linguistically Diverse and Aboriginal and Torres Strait Islander communities. When these systems are inclusive and responsive, they can promote stability, safety, and a strong sense of agency and belonging. Strengthening these foundations supports wellbeing, recovery and meaningful participation in community life.

Discrimination rates in welfare, legal and housing settings appear lower, in part, because most Australians do not have regular contact with these systems.

Relative to other settings like the health system, fewer people engage with the welfare or legal systems or have their mental health challenges considered relevant to seeking housing.

This means discrimination is experienced less often in these settings, however, when it does occur, it can have a larger negative impact than other areas (see Figure 1).

Mental health and lived experience sector representatives shared that experiences of discrimination in accessing welfare and housing can be interconnected, for example some people with mental health challenges have difficulty accessing welfare to secure and maintain housing.

Experiences of discrimination in housing is linked to housing insecurity.

Homelessness and mental ill health are closely interconnected, with poor mental health increasing the risk of homelessness, and the experience of homelessness further exacerbating mental ill health.[5]

Further research is required to explore the impact of mental health-related discrimination on housing access, especially within the current environment where housing supply is limited.

> **‘ There are great, dedicated professionals working in the system, but the system itself needs ongoing reform. ’**
>
> **Female, 55, Melbourne**

> **‘ In the last twelve months I have experienced homelessness and unemployment. These two combined are very difficult as both have an impact on the other. Fortunately, I was able to find employment and following that, lease a rental property in my community. However, I found this experience last year very stressful and had a situational depressive episode because of it with suicidal ideation. I was greatly assisted through this time by family and personal friends. ’**
>
> **Female, 60, Sydney**

Housing also had a similarly high discrimination burden, especially for those with lower education levels (see Figure 1).

It is the processes and procedures that often amplify discrimination.

Those reporting a diagnosis of ADHD reported higher levels of discrimination in relation to welfare benefits. This may be a reflection of challenges accessing supports (including via the mental health system, National Disability Insurance Scheme (NDIS) and other pathways to foundational or psychosocial support) in this population.

In consumer consultation for this Report, access to the NDIS was identified as an area of perceived discrimination for people with lived and living experience of mental health challenges, primarily due to eligibility barriers for psychosocial disability. Others identified that the assessment process for the NDIS, and for other social and welfare supports, is not person-centred or trauma-informed, and can feel patronising or dehumanising.

Opportunities for action

Ongoing reforms and investment into psychosocial support systems in Australia present an important opportunity to reduce discrimination and improve access for people living with mental health challenges.

Strengthening access to person-centred, trauma-informed supports will be critical to ensuring people can secure stable housing, navigate welfare systems with dignity, and access the supports needed to participate fully in community life.

Increasing access to secure housing models that are appropriate for people with long term mental health challenges, such as step-up and down assisted living and residential safe spaces, is needed to address the burden of discrimination in the housing sector.

> **‘ As a person in recovery from both substance use disorder and a handful of mental health diagnoses, my experience has been one of repeatedly being passed over for opportunity, lack of support from employers and government services around my needs related to maintaining my recovery. I am frequently treated like I'm playing the system when I ask for assistance to prevent my recovery deteriorating. I desperately want to further develop my capacity and contribute to my community and society but can't afford to pay for these supports. I'm educated, articulate, intelligent and highly capable, but it's exhausting having to advocate for myself on a level that most of society doesn't in order to access the same treatment as others. ’**
>
> **Female, 37, Victoria**

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[5] Brackertz, N. (2021) *Trajectories: the interplay between mental health and housing pathways. Policy priorities for better access to housing and mental health support for people with lived experience of mental ill health and housing insecurity.* Melbourne: Australian Housing and Urban Research Institute Limited for Mental Health Australia and Mind Australia.

Participating in education and the economy

The domain of participating in education and the economy includes experiences of stigma and discrimination that impact individuals' ability to:

- Finding and keeping a job
- Access and participate in education.

Stigma and discrimination in workplaces and education settings limit opportunities for people to gain qualifications, find meaningful work and achieve social and economic inclusion.

The most significant burden of discrimination was reported to be in relation to finding and keeping a job.

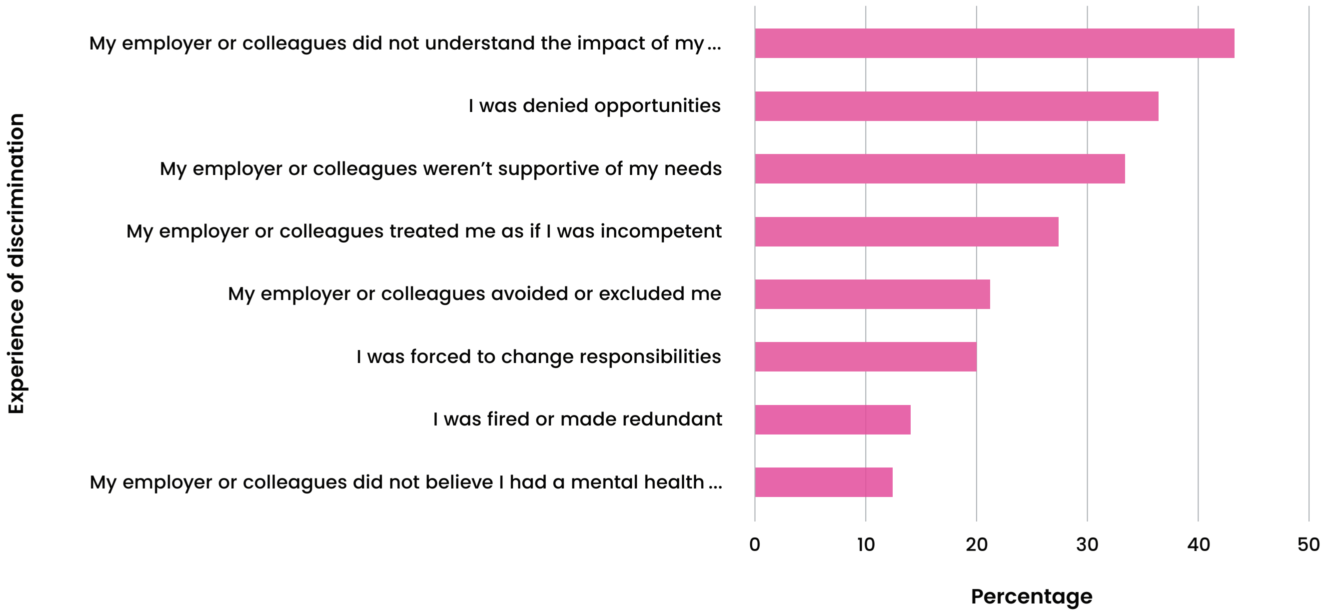
As outlined in Figure 4, common experiences of discrimination in finding and keeping a job included employers not understanding the impact of a person's mental health challenges (43%), being denied opportunities (36%), and having employers and colleagues that were not supportive of a person's needs (33%).

Experiences of stigma and discrimination can reinforce negative workplace cultures.

Feedback from people with lived experience, and from within the mental health sector, highlighted that many people do not feel comfortable disclosing their diagnosis in their workplace. This can mean they are not able to access the support they need. They may also feel they are being judged for not performing to the expectations of their role.

> **' I do not disclose my diagnosis in a professional setting because I have been advised not to by professionals. I have been told I will not be taken as seriously even if I have the same qualifications as the person next to me. '**
>
> **Female, 24, Sydney**

Figure 4 | **Types of discrimination experienced in the workplace**



However, when disclosure does occur there are still mixed responses from employers and workplaces.

> **' Because I had a nervous break down I was given pointless tasks. Requests to work from home were rejected saying I had to prove myself which wasn't possible unless I worked from home due to treatment from a specific manager who consistently put me down (making sure to only do it verbally so I couldn't prove it). There was also an assumption that employment in the health sector was triggering me when it was actually motivating me because it's the one industry I know I can make life better for others in using my lived experience and knowledge. It's also what I'm passionate about. I experienced not being given opportunities for growth, advancing skills, and refusing accommodations for both my mental and physical health because I struggled to be on time and was advised I have "problems". '**
>
> **Female, 31, Ballarat**

Experiences of positive treatment in the workplace had a positive impact on most people living with mental health challenges.

People with lived experience shared examples of positive treatment such as workplace adjustments, understanding employers and wellbeing allowances in the workplace. These experiences had a positive impact on 72% of people in Australia.

> **' Many [lived experience] staff we hire report choosing to work in mental health so they can be open about their support needs and not be discriminated against. They often mention experiencing discrimination when applying for other roles outside of the mental health industry. '**
>
> **Town Hall participant**

However, there was a wide variation in the types of support experienced, and this was often attributed to the support of individual managers, leadership and workplaces with strong policies in place.

Experiences of discrimination in accessing education were lower but still impactful.

With relatively small numbers of Australian adults in education, discrimination was reported by a minority of participants, and the overall burden was lower than in areas such as employment and intimate relationships (see Figure 1). However, when discrimination in education settings does occur, it can affect confidence, participation, and longer term outcomes.

Recognising this, in recent years, many institutions have responded by strengthening policies and processes for students with mental health conditions to access reasonable adjustments and other supports.

> **' How do you change the culture that it's ok to say someone needs a mental health day or time off for their mental health without everyone fearing this ... when people break their leg or need surgery so much support comes around them. '**
>
> **Town Hall participant**

Opportunities for action

Changes to workplace health and safety legislation to incorporate psychosocial risk and hazards are important first steps in ensuring employers proactively support employees with mental health challenges.

In workplaces, the focus should be on ensuring employers and employees are aware of their rights and responsibilities in relation to health, safety and anti-discrimination policies. Transparent, streamlined processes for managing complaints are also needed, as well as provision of anti-stigma training.

Employees with mental health challenges may need support to disclose or have discussions with their employers about accommodations. Training programs can support managers to have non-stigmatising conversations with their employees.

> Workplace stigma can be one of the hardest to put a name to. It is passive stigma – the kind that exists beneath the surface of otherwise seemingly policy-compliant environments.
>
> In many ways, it can be a by-product of the current interpretation of ‘duty of care’ and employer responsibilities, where risk management and minimal compliance can sometimes replace genuine inclusion and progression.
>
> Ticking a box does not automatically stop someone from being kept in a box. While workplace inclusion and diversity have come a long way, there is still a significant gap when it comes to mental illness specifically.
>
> The reality of being human does not stop at the workplace door. Even with laws in place to protect people living with mental ill health, these issues can still end up in the ‘too hard basket’ until they escalate to a point of visible distress.
>
> In practice, this means that while formal policies may exist, the day-to-day reality does not always reflect meaningful inclusion or equal trust. The stigma is not always overt or explicit. Instead, it can show up in hesitation, assumptions about capability, or subtle changes in how someone is treated once a mental health condition becomes known, even if it is never directly acknowledged.
>
> Speaking openly can also require someone to disclose a diagnosis in order to be taken seriously, which may create an even more destabilising environment. This can place a person in an adversarial position, exacerbating symptoms and creating an impossible feedback loop to navigate.
>
> Unfortunately, this underpins much of how ‘respect at work’ policies can operate in practice. Even when the frameworks are in place and the boxes are ticked, the deeper work required to create genuinely safe and inclusive workplaces is often missing.

Matt, 41, Sydney

Accessing quality health and mental health care

The domain of accessing quality health and mental health care includes experiences of stigma and discrimination that impact individuals’ ability to access:

- Physical health care
- Mental health care.

Stigma and discrimination in healthcare settings can limit the ability of people to receive quality, appropriate and safe healthcare.

People with lived experience of mental health challenges experienced stigma or discrimination in seeking care for both their physical and mental health.

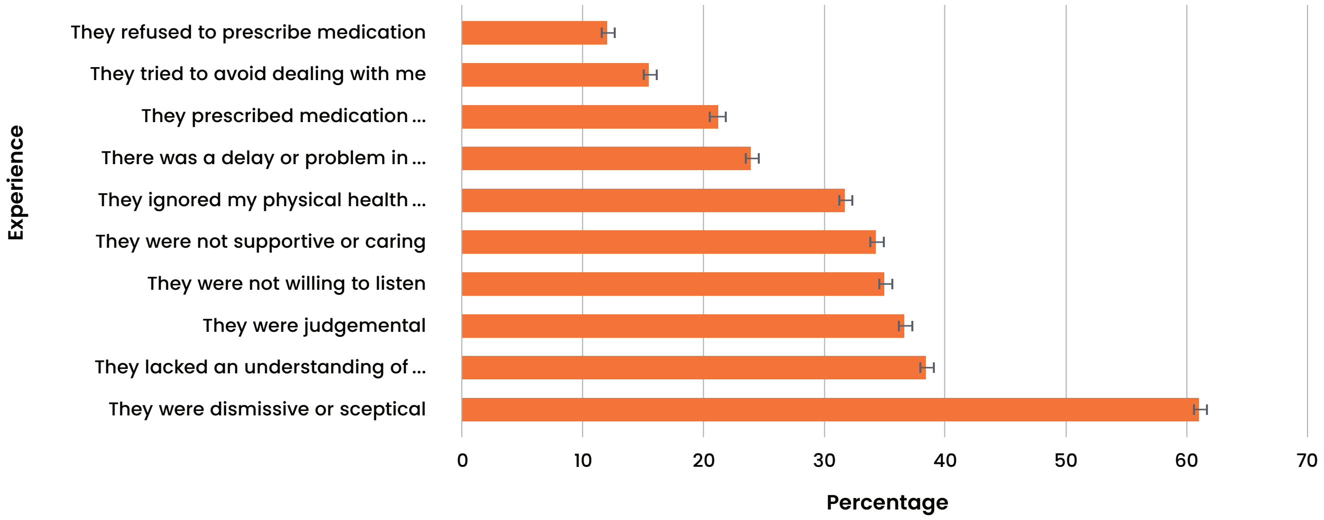
More than a quarter of people reported stigma or discrimination when seeking care for their physical health, and 20% for their mental health. As outlined in Figure 5, health professionals were most commonly reported as being dismissive or sceptical (61%) or lacking understanding of the person’s mental health problems (38%).

This leads to poorer treatment, reinforces discrimination and can often create barriers to accessing appropriate health services, including discouraging help-seeking after negative or traumatic experiences.

Conversely, 53% of people reported positive or supportive experiences in health professional settings, and this was found to have a large, positive impact. Furthermore, positive and supportive experiences were more commonly reported (by 12%) in 2024 than in 2014.

> **‘ There’s still such a disconnect that mental health is health, particularly with your schizophrenia or psychosis related conditions. There’s a fear. Labels like “too risky”. Pushing medications when people aren’t interested … or somehow drugs always come into it. ’**
>
> **Female, 38, Perth**

Figure 5 | **Reported experiences of stigma or discrimination in healthcare**



> **‘ I had a recent mental health episode, where I presented to [the emergency department] (ED) due to thoughts of self harm. My family members drove me there. This was hugely daunting and I felt vulnerable and exposed. I nearly left before I saw the triage nurse at intake due to fearing that I would be seen as a time waster. This would have had bad consequences.**
>
> **The woman at triage treated me as the emergency it was. She was very caring, professional, compassionate and even told me that coming in was brave and I had done the right thing.**
>
> **She offered me a seat away from the full waiting room so I wouldn’t be overwhelmed and treated me as human instead of the illness. This helped [me] feel heard. It was excellent and took away one fear and stress out of the situation. ’**
>
> **Female, 24, NSW**

Many people experiencing mental health challenges report that their physical and mental health are seen as ‘separate’ health concerns, when they would prefer these to be seen holistically.

People experiencing mental health conditions commonly interact with general health services such as general practitioners (GPs) or emergency departments, as well as with specialist mental health services. However, many reported poor coordination between treatment of physical and mental health challenges that leaves a gap in support.

This is of particular concern given the lower life expectancy related to poor management of physical health in people with mental health conditions, particularly schizophrenia.[6]

Stigmatising beliefs by healthcare professionals around certain disorders can influence care.

People with lived experience expressed views that borderline personality disorder is particularly stigmatised, with symptoms often viewed as attention seeking.

Opportunities for action

Increases in reports of positive and supportive experiences may reflect the growing impact of training in stigma reduction offered for health professionals. However, experiences still vary across different health systems, indicating the need to strengthen training and education.

Consultations for this report card also highlighted the importance of formal pathways to escalate concerns when care is not responsive. They cited the US-based Daniel’s Law (a proposal to restrict the use of police as frontline response to incidents involving mental health) and Ryan’s Rule in Queensland (a clinical escalation process enabling families and carers to request independent medical review if required), as examples of mechanisms that empower individuals and families to raise concerns and prompt action when systems fall short.

> **‘ As someone with BPD [borderline personality disorder], it can be challenging to access physical health care without your mental health being mentioned / blamed. I refused to have a My Health Record created so I can control what / how much health professionals are told. ’**
>
> **Female, 60, Sydney**

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[6] Galletly, C., Castle, D., Dark, F. *et al.* (2016) ‘Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the management of schizophrenia and related disorders’, *Australian and New Zealand Journal of Psychiatry*, 50(5), pp. 410–472. https://doi.org/10.1177/0004867416641195.

Culture and representation

The domain of culture and representation includes stigma and discrimination that impacts individuals' experiences of community, both in physical and online spaces. This includes:

- Public stigma reinforced through traditional and social media
- Experiences of stigma in social interactions outside of a person's close relationships.

Public portrayals of people experiencing mental health challenges influence public attitudes towards mental health. These portrayals can act to mitigate or perpetuate stigma towards people with mental illness, depending on framing, tone and content. Accurate, respectful representation is essential to promote understanding, reduce stigma, and support better mental health outcomes for individuals and communities.

More people reported exposure to negative news portrayals than positive news stories.

Most people exposed to negative news stories (69%) reported a negative impact and most exposed to positive news stories (80%) reported a positive impact. This shows that the work being undertaken by evidence-based programs that actively address media-based stigma can have a significant impact.

The most commonly reported types of unfair treatment on social media were others being judgemental or insulting towards respondents.

While experiences of discrimination were commonly reported in relation to social media, they resulted in one of the lowest burdens compared to other domains (see Figure 1).

> **‘ I credit social media ... The openness people now have around mental health, the willingness to share diagnoses and lived experience publicly, has changed what feels normal to talk about. It's made the language available, taken the strangeness out of the conversation, and meant that when I disclosed, the people around me already had a frame of reference. That groundwork was laid by strangers online long before I needed it. ’**
>
> **Male, 31, Sydney**

Stigma can be perpetuated on social media through stereotyped or inaccurate posts and negative or thoughtless comments from followers. Like media, however, social media can have a positive impact on stigma by also enabling accurate representation of mental illness as well as providing spaces for connection.[7]

Experiences of discrimination within social settings were frequent but had relatively less impact on individuals.

Mental health stigma within local neighbourhoods and communities places a significant social and emotional burden on individuals. Discrimination in social life, including from neighbours and community members, was reported by 44% of survey respondents.

Although the overall burden of discrimination in a person's neighbourhood was lower than in areas like employment or housing, it still contributes to negative impacts such as social exclusion, reduced sense of belonging, and ongoing stress. These experiences are often driven by lack of understanding, judgement, or avoidance by others, which can weaken local social connections. Over time, this undermines community cohesion and can deter people from seeking help.[8]

Opportunities for action

While it is important to understand the limitations of 'awareness' alone as a means of addressing stigma, delivery of lived experience-led public education campaigns can increase understanding and reduce judgement or fear.

Local programs that directly connect community members with locals with lived experience and that also include educational information can help address the root causes of stigma by improving understanding, reducing prejudice and building a more supportive community overall.

While Australia is already a world leader in addressing media-based stigma, vigilance and ongoing investment is always needed, especially as media news cycles become more global in nature.

Most importantly, involving people with lived experience across media, policy, and program design is essential to ensuring stigma reduction activities addressing public stigma are authentic, representative and impactful.

> **‘ While this may sound too idealistic, I would like for there to be some focus on the proper representation of characters who experience psychosis in movies and TV shows. I haven't encountered many that portray people with psychotic disorders as "rounded characters", with their own unique personalities and interests and lives, who are not necessarily experiencing all symptoms all the time. ’**
>
> **Female, 28, Adelaide**

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[7] Ross, A.M., Morgan, A.J., Jorm, A.F. and Reavley, N.J. (2019) 'A systematic review of the impact of media reports of severe mental illness on stigma and discrimination, and interventions that aim to mitigate any adverse impact', *Social Psychiatry and Psychiatric Epidemiology*, 54(1), pp. 11–31.

[8] Reavley, N.J., Ross, A.M., McNaught, G., Green, R. and Morgan, A.J. (2026) 'A nationally representative survey of the impact of discrimination towards people with mental health problems: SANE's 2025 National Stigma Report Card', *Epidemiology and Psychiatric Sciences*, 35, e9.

> Following the pandemic and the Royal Commission into Victoria's Mental Health System, I've found the concepts of mental health and mental ill-health have become more 'mainstream' and are now part of the public discourse and given serious attention by governments and policy makers.
>
> However, serious mental health conditions such as schizophrenia remain stigmatised in part due to community misconceptions about what the conditions really mean. These misconceptions are driven by stereotypes largely perpetuated by the mainstream media and promulgated through social media.
>
> In my experience, for example, people continue to confuse schizophrenia with multiple personality disorder, and psychosis with psychopathy. I have also found there remains a widespread erroneous belief that people with schizophrenia are violent due to the illness.
>
> Stephen, 47, Melbourne

Where to from here?

The 2026 National Stigma and Discrimination Report Card clearly shows that stigma and discrimination remain significant issues for people with mental health challenges living in Australia.

While some attitudes have improved over time, these changes have not translated into better day-to-day experiences. Discrimination continues across all areas of life and in many cases has become more common and impactful.

There is a strong need to address the gap between awareness and action. Reducing stigma and discrimination requires more than public awareness campaigns. It calls for coordinated, sustained action across all the domains of a person's life: systems, services, workplaces and communities, supported by strong leadership and accountability.

Findings in this report highlight several key focus areas for future action:

Move from awareness to behaviour and systems change

While awareness of mental health challenges has increased, this has not led to greater social and economic inclusion. Future efforts must focus on changing both structural conditions and individual behaviours rather than attitudes alone. This includes practical, evidence-based, and lived experience-led programs that build understanding and support more inclusive policies, practices and individual interactions.

Target reform and investment towards high-impact settings

The greatest burden of discrimination is experienced in critical areas of life, including employment, intimate relationships, housing and access to support. Improvements here have the potential to significantly improve quality of life, participation and recovery.

Strengthen systems and reduce structural stigma

Policies, services and institutional practices are unintentionally creating barriers for people experiencing mental health challenges. There is a need to review and improve systems to ensure they are person-centred rather than based on mental health diagnoses.

Support families, carers and communities

Many experiences of discrimination stem from a lack of understanding in everyday relationships. Providing accessible information, support and education for families, partners, carers and communities is essential to building supportive environments and reducing stigma at home.

Centre lived experience in solutions

People with lived experience of mental health challenges must be at the centre of efforts to reduce stigma and discrimination and be given the power to make decisions that relate to them. Their insights are essential to designing effective policies, services and programs, and ensuring responses reflect the realities of people's lives.

Measure and track progress

This Report Card provides a critical baseline for understanding stigma and discrimination in Australia. Ongoing national monitoring is needed to track change over time, identify emerging issues, and ensure accountability for action. Future report cards and focused spotlight reports will build this evidence base and support continuous improvement.

Reducing stigma and discrimination is not the responsibility of any one group – it requires a collective effort. Governments, employers, services, communities and individuals all have a role to play.

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A note on language

The Commission acknowledges that language surrounding mental health and suicide can be powerful, emotive and at times contested. People make sense of their experiences in different ways, and there is no consensus on preferred terminology. The Commission has been conscious to use terminology throughout this report that is respectful of those whose experiences we are describing and is well understood by the audience reading this report. This report covers a broad range of topics in relation to mental health and suicide prevention.

We recognise that mental health is not always viewed through a diagnostic lens. The 2024-25 National Survey of Stigma and Discrimination uses terms like 'mental health condition' and 'mental health problem(s)' to clearly define the scope of the mental health experience(s) under consideration and to enable meaningful comparison with previous research and reflect current public discourse. This publication uses the same terms as used in these original sources to not misrepresent the findings.

The Commission endorses and follows the Mindframe guidelines Our Words Matter and Images Matter. The Commission also endorses the Mindframe Guidelines on Media Reporting of Severe Mental Illness in the Context of Violence and Crime and requests that media using this report do so in accordance with the Guidelines.

Support

Support is available if you or someone you care for is in need of assistance. For information on support go to: www.mentalhealthcommission.gov.au/find-support