

CYDA's Response to the National Stigma & Discrimination Reduction Strategy

'It's like a systemic issue, ableism, and stigma against mental health and disability'

Young person with disability (2021).



Content note: Discussion of ableism, bullying, discrimination, stigma, suicide and queerphobia

Children and Young People with Disability Australia

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Children and Young People with Disability Australia would like to acknowledge the traditional custodians of the lands on which this report has been written, reviewed and produced, whose cultures and customs have nurtured and continue to nurture this land since the Dreamtime. We pay our respects to their Elders past, present and future. This is, was, and always will be Aboriginal land.

A note on terminology:

Briefly, a note about language. CYDA recognises that people make sense of their experiences of disability and mental ill-health in unique ways and have different preferences for how they would like these experiences expressed. This is of particular importance for children and young people, as they grapple with their own identity during significant life transition periods. For some people recognition of disability as a diagnosed illness is important, while others seek to distance themselves from biomedical constructions that link identity and diagnosis.

CYDA defines disability as being inclusive of, but not limited to, neurodivergence, mental illness, intellectual disability, chronic illness, sensory disability, and physical disability. It encompasses individuals with and without a formal diagnosis. However, for the purposes of this submission we separate mental ill health as a discrete category to highlight the way that mental health may intersect with other disabilities. As we outline in this report, when children and young people have chronic illness, physical, intellectual and/or sensory disability their mental health often becomes a secondary consideration.

Term being used: Children and young people with disability.

Throughout this submission we generally use person-first language, e.g., person with disability, person experiencing mental ill-health. However, CYDA recognises many people with disability choose to use identity-first language, e.g., disabled person. Therefore, these terms are used interchangeably throughout.

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Summary of recommendations

Children and young people have the right to say what they think should happen when adults are making decisions that involve them and to have their point of view considered. The development of *all* policy frameworks and support systems should be co-created with children and young people and tailored to their unique needs.

The Draft Strategy put forward by the National Mental Health Commission to reduce stigma and discrimination towards people who experience mental ill-health must prioritise the needs of children and young people by framing the content specific to the experiences of this cohort, who are significantly and uniquely impacted by stigma and discrimination.

In the context of evidence demonstrating the additional ways that children and young people are oppressed and marginalised due to their age and legal status, and drawing on data gathered from children and young people with disability, CYDA recommends the following.

Recommendations:

The Strategy as a whole should;

1. Focus greater attention on children and young people throughout.
2. Urge the Government to invest in implementing a targeted children and youth engagement approach to The Strategy to ensure diversity of experience is represented.
3. Embed the lived experience of children and young people with disability through genuine co-design.
4. Ensure equity in education by upholding early childhood education and care as the first step of an inclusive life, providing a circuit breaker to a cycle of stigmatisation, discrimination and exclusion.
5. Counter the narrative of 'low expectations' for young people with disability through concrete actions and monitoring of post-school outcomes for students with disability.
6. Strengthen The Strategy by including a specific action to collect data about LGBTQIA+ issues to deepen the understanding of intersectionality related to mental ill-health among the broader community.
7. Ensure inclusion and accessibility becomes the minimum standard that organisations are working towards by engaging people with lived experience in the design and on-going review process of The Strategy and it's supporting materials.
8. Reframe the approach to evaluation by foregrounding the expertise and lived experience of people with mental ill-health. The title of any such guide and evaluation principles should reflect this framing. For instance, 'Best practice principles for partnering with people with lived experience in evaluation'.

9. Strengthen the evaluation section of The Strategy to incorporate co-design as an overarching aim of evaluation.
10. Be subject to a regular review process leading to continuous improvement, with input from children and young people.
11. Make explicit reference to the importance of trauma-informed policy and training practice across all sectors, for all professionals who engage with people with lived experience of mental ill-health.

Recommendations:

The Actions outlined in The Strategy should;

12. Make changes to timeframes to allow time to consult with lived experience, including children and young people, on the key issues that are important to them.
13. Increase the timeframes for the following actions from short-term to medium-term:

Action 1b -

ensuring adequate provisions for people experiencing intersectional discrimination

simplifying arrangements for establishing legislative components of unlawful direct or indirect discrimination, and strengthening protections around the duty to make 'reasonable adjustments'.

14. Be more specific when allocating responsibility for actions to the Australian Government by outlining the Office/Minister responsible.

Introduction

Children and Young People with Disability Australia (CYDA) is the national representative organisation for children and young people with disability aged 0 to 25 years. CYDA has an extensive national membership of more than 5,000 young people with disability, families and caregivers of children with disability, and advocacy and community organisations.

Our vision is that children and young people with disability are valued and living empowered lives with equality of opportunity; and our purpose is to ensure governments, communities, and families, are empowering children and young people with disability to fully exercise their rights and aspirations. We do this by:

- Driving inclusion
- Creating equitable life pathways and opportunities
- Leading change in community attitudes and aspirations
- Supporting young people to take control
- Calling out discrimination, abuse, and neglect.

CYDA welcomes the opportunity to provide a response to the National Mental Health Commission's draft National Stigma and Discrimination Reduction Strategy (The Strategy). We applaud the National Mental Health Commission for its work in developing The Strategy. In particular, we note the inclusion of advice from Mental Health Australia (2021) in the early stages of its development.¹ Overall, CYDA supports the tone, direction and majority actions outlined in the draft strategy. However, we note the lack of focused attention on children and young people and provide the following feedback to ensure that their voices are amplified.

We have structured our response according to the elements outlined in the consultation guide (listed below).

- **Feasibility:** Are the actions achievable in the recommended timeframe and allocated to the correct responsible party/parties? Is there a readiness for change?
- **Enablers:** What might support the actions and/or assist the work needed to implement the change?
- **Barriers:** What might slow down or prevent the gaining of support for the actions, or their implementation?
- **Effectiveness:** Will the actions lead to the changes we want to see? Are there any potential unintended consequences?
- **Anything missing:** Are there any critical issues or actions to address stigma and discrimination that are not referenced or sufficiently prioritised in the draft Strategy?

Data sources supporting CYDA's submission

This submission builds on previous evidence provided to CYDA by children and young people with disability on mental health, wellbeing and disability. The evidence highlights the

¹ Mental Health Australia 2023, *Advice to the National Mental Health Commission on the National Stigma and Discrimination Reduction Strategy*, Mental Health Australia, viewed 31 January 2023, <https://mhaustralia.org/submission/Stigma-and-Discrimination-Reduction-Strategy>.

importance of drawing on the lived experience of children and young people with disability and the way that mental health and disability may coexist. This submission is shaped by data gathered from:

- CYDA's LivedX Consultation Series, a component of CYDA's Our Voices Our Visions: Youth Advocacy project, that took place between June and December 2021. Nine focus groups were co-designed and delivered by young people with disability for the purpose of seeking the insights and experiences of children and young people on a range of topics and issues that impact them. The consultations were written up by young people, resulting in the publication of the 'What young people said' policy papers series in 2022, as outlined below:
 1. [Decision making and inclusion](#)
 2. [Tertiary education and learning](#)
 3. [Employment and financial security](#)
 4. [Healthcare settings for LGBTQIA+ Youth with disability](#)
 5. [Community spaces for LGBTQIA+ Youth with disability](#)
- Stakeholder consultations conducted between August and September 2022 which garnered insights from young people with disability, parents/caregivers, and other stakeholders, about how organisations can implement the National Principles for Child Safe Organisations in a way that promotes and encompasses the safety of children and young people with disability.² These consultations made clear the link between safety, wellbeing and positive mental health and the failings of some service providers to provide safe and empowering environments.
- CYDA's 2022 survey on the experiences in early childhood education and care settings. 181 responses to this survey were from family members or caregivers of a child or young person with disability, across Australia. Their responses were then collated into CYDA's Report: *Taking the first step in an inclusive life; Experiences of Australian early childhood education and care* which found that students with disability often face discrimination and are excluded in their education.³
- Consultation sessions held in November 2022, co-facilitated by young people with disability, to gather feedback from young people with disability on the topic of the Australian Disability Strategy guide.
- Some ideas and data were also gleaned from past sessions and events run by CYDA, including the National Youth Disability Summit 2020 and consultations run in

² National Office for Child Safety nd, *National Principles for Child Safe Organisations*, National Office for Child Safety, viewed 31 January 2023, <https://www.childsafety.gov.au/resources/national-principles-child-safe-organisations>.

³ Dickinson, H, Smith C, Yates, S & Faulkner, A 2022, 'Report: Taking the first step in an inclusive life Experiences of Australia early childhood education and care', Children and Young People with Disability Australia (CYDA), viewed 31 January 2023, <https://cyda.org.au/search/details/352/report-taking-the-first-step-in-an-inclusive-life-experiences-of-australian-early-childhood-education-and-care>.

conjunction with the Centre for Inclusive Design (2022) about establishing good practice guidelines for engaging with people with disability (used with permission).

In this submission CYDA submits evidence demonstrating how mental health is not sufficiently prioritised for children and young people with disability. Our consultations with this cohort detail how their identity is often limited by their disability, rather than an acknowledgement of the various categories we all may occupy.

Moreover, the impact of the COVID-19 pandemic has greatly impacted children and young people with disability and their mental health.

Both of these topics will be explored in greater detail in the background section of this submission.

Background

Mental health service provision is vital to support the health and wellbeing of individuals with mental illness.⁴ Despite a well-established evidence base to support this contention there are barriers to accessing services for children and young people with disability. Children and young people with disability may be viewed in terms of their disability ignoring other physical and mental health concerns. Additionally, COVID-19 has impacted the mental health of this cohort whose lives were greatly impacted by the pandemic.

Mental illness and ill-health can be both a cause of disability and experienced by people with other forms of disability. The Australian Institute of Health and Welfare report that people with disability 'report poorer general health and higher levels of psychological distress than people without disability'.⁵ Beyond Blue notes that the social isolation, lack of employment opportunities, financial challenges, and discrimination that many people with disability face can contribute to high rates of poor mental health and mental illness.⁶

For children and young people with disability, experiences of discrimination, segregation, and bullying can have a significant impact on mental health. Children and young people with disability experience bullying at considerably higher rates than other children and young people.⁷ Almost half of the respondents to CYDA's National Education Survey in 2019 reported that they were bullied at school (47.9 per cent), and the Queensland Government cites research indicating 62 per cent of autistic students are bullied once a week or more. There is evidence that being a victim of bullying in adolescence is associated with poor mental health.⁸

The experiences of mental ill-health are also different for people with different types of disability. Children and adolescents with intellectual disability are four times more likely to have diagnosable mental health problems than other children and adolescents,⁹ and evidence shows between 50 and 70 per cent of autistic people experience mental illness.¹⁰

⁴ World Health Organisation (WHO) 2022, *Mental health: strengthening our response*, WHO, viewed 31 January 2023, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

⁵ Australian Institute of Health and Welfare (AIHW) 2022, *Health of people with disability*, AIHW, viewed 18 January 2023, <https://www.aihw.gov.au/reports/australias-health/health-of-people-with-disability>.

⁶ Beyond Blue 2022, *Looking after your mental health while living with a disability*, Beyond Blue, viewed 18 January 2023, <https://www.beyondblue.org.au/personal-best/pillar/looking-after-your-mental-health-while-living-with-a-disability>.

⁷ King, T, Aitken, Z, Milner, A, Emerson, E, Priest, N, Karahalios, A, Kavanagh, A & Blakely, T 2018, 'To what extent is the association between disability and mental health in adolescents mediated by bullying? A casual mediation analysis', *International Journal of Epidemiology*, vol. 47, no. 5, pp. 1402-1413, viewed 20 January 2023, <https://academic.oup.com/ije/article/47/5/1402/5066450?guestAccessKey=92b80704-1fbd-4548-b41b-1fdcc02acbaa&login=false>.

⁸ Ibid

⁹ Emerson, E & Hatton, C 2018, 'Mental health of children and adolescents with intellectual disabilities in Britain', *British Journal of Psychiatry*, vol. 191, no. 6, pp. 493-499, viewed 20 January 2023, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/mental-health-of-children-and-adolescents-with-intellectual-disabilities-in-britain/55DE6D72FFD74CDE99F438C538751DB5>.

¹⁰ Amaze 2019, *Autism and mental health*, Amaze, viewed 20 January 2023, <https://www.amaze.org.au/understand-autism/about-autism/mental-health/>.

Impact of COVID-19

COVID-19 has an ongoing impact on the mental health of children and young people with disability. When asked to describe their feelings and experiences during the Omicron wave of COVID-19 in April 2022, children and young people reported feeling 'fear', 'anxiety' and 'worry'.

Many respondents described the way COVID-19 has impacted their wellbeing, their ability to complete tasks and generally get through the day.

'It takes a toll on mental health.' - Young Person with Disability (April 2022).

'It is really hard to do everything on my computer. I got really sick of staying at home and bored and I had no friends and stopped all my things I practice to get better at.' - Young Person with Disability (April 2022).

While the need for support increased, COVID-19 posed challenges for mental health service provision. Many young people pointed out the shortfall in support. One participant clearly expressed the way this impacted them:

'The lack of support and resources make people with a disability unable to meet goals and [get] the correct support to help them.' - Young Person with Disability (April 2022).

Children and young people with disability face systemic and structural barriers in accessing opportunities and navigating services. Because of their intellectual, sensory or physical disability, chronic illness or neurodivergence, children and young people may not receive adequate support or services.

CYDA supports the National Stigma and Discrimination Reduction Strategy and its focus on autonomy and agency in prioritising the lived experience of people with mental ill-health. Poor mental health has a significant impact on the lives and mental and emotional wellbeing of children and young people with disability. We would therefore welcome a stronger focus on the unique experiences of this cohort, exploring the contributing factors to high rates of mental ill-health and investigating ways to improve service provision and support wellbeing.

Feasibility

Actions and timeframes

The actions outlined in The Strategy are comprehensive and overall, appropriately incorporate the needs of children and young people. However, CYDA recommends some changes to timeframes to allow sufficient time to consult with children and young people on the key issues that are important to them. Effective consultation takes time and additional requirements are necessary to include children and young people (particularly for those under 18 years). In some areas, the proposed short-term timeframe outlined in the actions in The Strategy do not adequately permit for genuine co-design with children and young people.

To properly consult and, importantly, co-design with people with disability, we recommend that The Strategy elevates the following actions from short-term to medium-term. This would go some way in demonstrating commitment to the principles of inclusion and to show alignment with the ‘nothing without us’ catch-cry of the disability and mental health community.

Action 1b - Review work to date through the Australian Human Rights Commission’s *Free & Equal* project.

- *ensuring adequate provisions for people experiencing intersectional discrimination.*
This should also acknowledge young people who face discrimination around identity, particularly as they transition to adulthood.
- *simplifying arrangements for establishing legislative components of unlawful direct or indirect discrimination, and strengthening protections around the duty to make ‘reasonable adjustments’.*
This is of particular relevance to young people as they move from education into employment. Reasonable workplace adjustments need to be adequately considered. This includes the education of employers to take into consideration the stigmatising impacts of disclosure of disability.

In the Enablers section below we outline a suggested approach for adopting co-design principles as recommended by young people with disability.

Actions and assignment of responsibility

Overall, The Strategy assigns appropriate action to responsible parties. However, where possible, we recommend that The Strategy should be more specific when allocating responsibility to the Australian Government by outlining the relevant Office/Minister responsible. For e.g., under the priority settings for education and training settings, instead of Australian Government specify the Minister for Education.

Under the Priority actions for social services, we suggest that there is an additional role of responsibility for the National Disability Insurance Agency, under 2.3d—*the impact of co-occurring conditions and includes narratives of hope and recovery*. This is of particular importance to CYDA, as children and young people make up more than half (57%) of all NDIS participants and a high proportion of them are under 18 years (48.5% at 30 September 2022).¹¹ Additionally, the prevalence of autism among NDIS participants entering the scheme is at 28.4%,¹² which is pertinent to the Strategy due to the high percentage of autistic people living with co-occurring mental illness.¹³

We also suggest that there is a role for the National Office for Child Safety under Action 2.2h to ensure funding guidelines for healthcare services incentivise services to create safer environments, free of harmful discrimination.

¹¹ NDIS 2023, *Quarterly reports*, NDIS, viewed 31 January 2023, <https://www.ndis.gov.au/about-us/publications/quarterly-reports>.

¹² Ibid

¹³ Amaze 2019, *Autism and mental health*, Amaze, viewed 20 January 2023, <https://www.amaze.org.au/understand-autism/about-autism/mental-health/>.

Enablers

Co-design

Institutions and organisations rarely provide young people with disability opportunities to meaningfully engage with policy and program development processes or consultation. A report CYDA commissioned in 2014 provided evidence on the many benefits stemming from the inclusion of children and young people with disability in participatory activities at the local, structural and systemic level.¹⁴ The benefits, as outlined in the report, improves children and young people's:

- Social and emotional wellbeing
- Social experiences
- Sense of belonging
- Social connectedness and inclusion
- Citizenship and rights.

Children and young people with disability have been clear about the need for co-design when working in various ways with CYDA (on projects, during consultations etc.). Because genuine co-design takes time and can add to the length of a project, it is not always taken up by government and service providers, as this young person with disability explained:

'people view certain disabilities as a burden or for example, it takes too long. So, they want to create resources that address diversity and stuff, but they don't want to actually implement for example, getting someone to relay the opinion of a person with disability. So, putting actual care and time into it' – Young person with disability (September 2022).

Young people described a range of solutions that would increase engagement and address current barriers to inclusion. They suggested education and training for community members and service providers on how to support young people to be active participants in decision-making around issues that affect them to address bias and power imbalance.

Genuinely inclusive projects and processes built on co-design principles have a proven benefit on affected communities but do require commitment and time.¹⁵

Ensuring children and young people are front and centre in the decisions that affect them is a key priority for CYDA. We strive to ensure children and young people are recognised as the agents and experts in their life, making informed decisions as they grow, are included in ways that are meaningful to them, and have their human rights upheld. The Strategy should provide the same.

¹⁴ Simmons, C & Robinson, S 2014, *Strengthening participation of children and young people with disability in advocacy*, CYDA, Clifton Hill, viewed 20 January 2023, https://www.cyda.org.au/images/pdf/strengthening_participation.pdf.

¹⁵ Purple Orange 2021, *Guide to co-design with people living with disability*, Purple Orange Unley, viewed 20 January 2023, https://purpleorange.org.au/application/files/7416/2510/1861/PO-CoDesign_Guide-Web-Accessible.pdf.

Ensure inclusive engagement that is anti-ableist and accessible

Children and young people often face barriers to participating in consultative processes because they are inaccessible (including inadequate information delivery, meeting structures, interpreters, assistive technology, safe spaces for LGBTQIA+ community and appropriate adaptation of materials to suit a young audience). We have seen little evidence that government consultative processes are responding to these needs adequately. This notion was echoed in the Social Deck's consultation report to help shape the Australian Disability Strategy (2021-31), which confirmed young people 'do not find current mechanisms used by governments to engage on these issues appealing, suitable or easy to access'.¹⁶

'As a young person myself, I've been told 'No you can't speak' or 'you're not old enough' so it's so lovely to see older people especially respect that the future is ours to take. And that our decisions and our voice is important.' - Participant at CYDA's National Youth Disability Summit (2020).

For children and young people with disability to engage with government safely, confidently, and meaningfully, extensive pre-briefing, tailored accessibility support and post-briefing support is needed. This support is best provided by disability advocacy organisations like CYDA, and state/territory-based organisations for work in those jurisdictions. Our organisations have the skills and expertise to ensure safe, meaningful and supported engagement activities. Peer support and peer work approaches have also been shown to be effective in consumer participation and engagement.¹⁷

Ensure anti-ableist framing

In order to be truly inclusive and anti-ableist,¹⁸ The Strategy must aim for meaningful engagement. Young people with disability have highlighted to CYDA that they often feel a lack of belonging in experiences where it is assumed the default human is not someone like them. For instance, a participant in CYDA's National Youth Disability Summit 2020 who identifies as an LGBTQIA+ aboriginal person with disability, explained:

'I felt left out. Felt different. Felt like I don't belong. Like the default is white, abled and heterosexual'.

This young person's experience reflects the commonly referred to academic definition of ableism, as follows.

'A network of beliefs, processes and practices that produce a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical

¹⁶ Social Deck. (2019). *Right to opportunity Consultation report to help shape the next national disability strategy*. Available at https://www.dss.gov.au/sites/default/files/documents/12_2019/nds_beyond2020_fullreport_161219_0.pdf, p. 64.

¹⁷ Greer, A. M., Amlani, A., Burmeister, C., Scott, A., Newman, C., Lampkin, H., ... & Buxton, J. A. (2019). Peer engagement barriers and enablers: insights from people who use drugs in British Columbia, Canada. *Canadian Journal of Public Health: A Publication of The Canadian Public Health Association*, 110(2), 227. <https://doi.org/10.17269/s41997-018-0167-x>

¹⁸ See Cheri Byrne-Haber's nine steps to being anti-ableist <https://sheribyrynehaber.medium.com/are-you-ready-to-be-anti-ableist-in-2021-239103637949>

*and therefore essential and fully human. Disability, then, is cast as a diminished state of being human.*¹⁹

To this end, CYDA recommends engaging people with lived experience, especially young people, in the design and on-going review process of The Strategy and its supporting materials. This will ensure inclusion and accessibility become the minimum standard that organisations are working towards.

¹⁹ Campbell, F. (2001) *Inciting legal fictions: 'disability's' date with ontology and the Ableist body of the law*. Griffith Law Review 2: 42–62. Available at: <https://research-repository.griffith.edu.au/handle/10072/3714>.

Barriers

Mental health and disability

The identity of children and young people is often framed in terms of their disability, rather than the many aspects of their individuality. Because of this children and young people with disability have explained how mental health issues are ignored or not prioritised. During consultations with key stakeholders about the National Principles for Child Safe Organisations this concern was expressed by one participant.

'I think that people assume that people with disabilities or young people with disabilities, I guess, their 'disability' is their primary need rather than acknowledging their mental health and their psychological and emotional needs may be equally if not more, of a priority for that young person, so it becomes less of a focus'. – Staff member from child, family and youth service sector (September 2022).

This sentiment was echoed by another young person who pointed out how support for mental health issues may not be forthcoming if the focus is on disability:

'Some organisations don't focus on the individual, rather they concentrate on their disability. This makes it difficult to be supported with, for example, mental health issues.' – Young person with disability (September 2022).

Intersections of identity

A general frustration exists over a deficit in the knowledge or skills of staff working at organisations who work with children and young people to respectfully engage with transgender and gender diverse young people with disability. While these concerns speak more broadly to a broad range of organisations, children and young people with disability and parents/caregivers have provided numerous examples from healthcare professionals. Failing to understand and support intersections of identity are not conducive to good mental health.

When asked about some of the barriers faced engaging with organisations, the following young person explained the harm misgendering caused, especially when this intersected with other forms of marginality.

'[N]ot being cisgender, which can be really difficult to explain, especially in a therapy environment where you're already discussing issues and then you have to go back and explain the background as well.' – Young person with disability (September 2022).

Prejudicial and harmful attitudes become embedded in the culture of the organisation can hinder inclusive practices from being achieved. The result is that children and young people with disability may not engage or limit engagement with service providers to avoid stigma and discrimination.

Barriers to inclusion of children and young people

Young people from the CYDA community told us that they overwhelmingly wanted to make their own decisions about high stakes, such as changes to legislation and policy. When considering the role played by identity in decision making and inclusion, many participants thought those in positions of authority should use an intersectional approach to prevent instances of infantilising and underestimating the ability of young people to make decisions for themselves and therefore feel included. The barriers they faced to inclusion and decision making included overt ableism and discrimination, inherent bias and gaslighting, and outdated professional and institutional cultures, all which prevented them from accessing a range of educational, recreational, and economic activities.

In addition to overt ableism, the other type of ableism that was highlighted as a major barrier to inclusion and decision making was a type of ‘casual ableism’ and prejudice. This type of treatment was common, showing up as ignorance and assumptions in daily interactions, and it is the cause of emotional fatigue as described by young people.

‘Maybe I want to have a choice, but everything just gets planned for me, which isn’t really fun’ – Young person with disability (2021).

‘Just because you’re disabled you get talked to like you’re five, even when I’m 22’ – Young person with disability (2021).

This was echoed by another who described the *‘inherent undermining, and [...] gaslighting, [as though] we are not capable of making decisions’*. Although these experiences are reported across all age groups, young people with disability appear at increased risk of exclusion because of socio-cultural assumptions about the competence of younger people.

Effectiveness

Co-design as an overarching aim of evaluation

CYDA recommends that the evaluation section of The Strategy be strengthened to incorporate co-design as an overarching aim of evaluation.

The following impression, shared by a young person participating in CYDA's consultation on evaluation of the Australia Disability Strategy (ADS), underpins our recommendations for approaching evaluation.

'The framing of the [ADS] principles was very much with the disabled people as bystanders as opposed to being key stakeholders in the evaluation process' – Young person with disability (2022).

Based on CYDA's ongoing consultation with children and young people with disability, we recommend reframing the approach to evaluation by foregrounding the expertise and lived experience of people with mental ill-health. The title of any such guide and evaluation principles should reflect this framing. For instance, *'Best practice principles for partnering with people with lived experience in evaluation'*.

Additionally, we recommend that The Strategy be subject to a regular review process leading to continuous improvement, with input from children and young people.

- Children and young people who experience mental ill-health will play a central and active role in The Strategy over its life. For The Strategy to be implemented effectively, the views of children and young people, sector stakeholders, such as advocacy organisations and diverse groups within the sector must be heard and considered.
- Co-design does not cease at the end of a project. Genuine Co-design is vital, not just at the beginning but for the lifetime of The Strategy. It should be embedded throughout the life of the proposed Strategy—as an ongoing process in which meaningful participation is across every aspect, including building in monitoring mechanisms and input from children and young people in its evaluation to ensure its ongoing effectiveness.

We recommend that the Government invest in implementing a targeted children and youth engagement approach to ensure diversity of experience is represented. This would entail a comprehensive consultation and engagement process with children and young people who experience mental ill-health.

Anything missing/gaps

Education

Despite The Strategy recording tangible actions to reduce stigma and discrimination in the education sector, it does not sufficiently prioritise a focus on the role of inclusive education; particularly early in life. By supporting the implementation of well-resourced, quality inclusive education both in the early years and throughout their schooling experiences, not only does an inclusive education set students with disability up for a life of inclusion as active citizens in adulthood, but it has also benefits for students without disability and the wider community.

Improve the life chances of children and young people by focussing on the early years

Respondents from CYDA's Early Childhood Education survey reported that their child had been bullied within their early childhood education and care setting and that their early childhood education and care setting did not provide information about the value of inclusion. Taken together these observations are concerning as they suggest that some children with disability are treated as being different. This also means that non-disabled children in these settings are observing practices of exclusion, segregation and stigmatising restrictive practices being used on children with disability, which may normalise these kinds of issues for this cohort. This in turn may lead to children with disability being excluded by their peers, persisting over the rest of their schooling. These experiences can have significant implications for the life chances of these young people, compounding a risk of exclusion over the life-course.

We recommend that The Strategy ensures equity in education by upholding early childhood education and care as the first step of an inclusive life, providing a circuit breaker to a cycle of stigmatisation, discrimination and exclusion.

Address low expectations of post-school transitions of young people with disability

Expectations of post-school outcomes, by the young person with disability and those around them, are known to be linked with employment outcomes,²⁰ with those who are perceived with low expectations facing increased barriers to employment. Discriminatory attitudes from schools, communities, and government and policy approaches gatekeep the young person's possibilities and undermine their right to social and economic participation on an equal basis.

We recommend that the stigmatising narrative of 'low expectations' for young people with lived experience of disability and mental ill-health be countered through concrete actions and monitoring of post-school outcomes for students in the actions outlined in The Strategy.

Intersectionality within LGBTQIA+ communities

Although CYDA understands that discrimination and stigma relating to LGBTQIA+ communities is acknowledged in The Strategy, we urge for this to be strengthened. The intersection between LGBTQIA+ identities and disability identity is significant yet

²⁰ Sheppard, L., Harrington, R. & Howard, K. (2017). Effective school to employment transitions. Research to Action Guide, Rapid Review. NDS Centre for Applied Disability Research. Available at <https://tickettowork.org.au/media/uploads/2020/03/02/emprapidreview.pdf>.

understudied and unreported on, with intersectionality being a known data gap in national surveys of disabled individuals. This issue is also partially caused by the general lack of data on LGBTQIA+ young people in Australia.

Despite the lack of national, consistent data collected through formal government mechanisms, we know the intersection between LGBTQIA+ identities and disability is significant. In a survey of young people from the LGBTQIA+ community in Australia (n = 6,418), almost 40% of participants reported having a disability or long-term health condition, and young people with disability were much more likely to list LGBTQIA+ issues as being of personal concern than their non-disabled peers (20.6% as compared to 9.6%).²¹

The intersection between LGBTQIA+ and disabled identities is important to consider because the needs and experiences of disabled individuals differ from those of heterosexual disabled individuals and non-disabled LGBTQIA+ individuals. These individuals experience both 'queerphobia' and ableism differently to their non-disabled or cisgender peers, along with experiencing different types of discrimination compared to those who are just queer or disabled in isolation.

Such exclusion also created barriers for exploring identity through peer interaction, an important part of identity formation. Similar feelings were reported about the exclusion of LGBTQIA+ individuals in disabled spaces:

'But yeah, like 40% of autistic people are gender-diverse or trans and it's something like 60 or 70% are queer in some capacity. That's not a coincidence, that is because of our interactions with sexuality and gender. So non-autistic and non-neurodivergent²² queer people need to understand that and then that needs to validate our queer identity, rather than invalidate it.' – Young person with disability (2021).

For the reasons stated above, we recommend that the National Mental Health Commission strengthen The Strategy by including a specific action to collect data about LGBTQIA+ and deepen the understanding of intersectionality related to mental ill-health among the broader community.

Trauma-informed approach

When a trauma-informed approach is used in the implementation of policies, processes and programs, improved responses are provided to people who have experienced trauma. By adopting the trauma-informed principles of safety, trustworthiness, choice, collaboration and empowerment, the vision of a 'trauma-informed' society may be achieved.²³

The Strategy mentions trauma-informed care in several places; however, this is sporadic. Given the significant benefits of this approach—in promoting safety, upholding the dignity and wellbeing of people with lived experience and the flow-on effects of reducing stigma—CYDA recommends strengthening The Strategy by making reference to the importance of

²¹ Hall, S., Fildes, J., Liyanarachchi, D., Plummer, J. and Reynolds, M. (2020). 'Young, Willing and Able - Youth Survey Disability Report 2019'. Mission Australia: Sydney, NSW. pg 24.

²² 'Neurodivergent' is a non-medical umbrella term for people whose brain works differently. It typically refers to, but is not limited to, conditions such as autism, ADHD, epilepsy and Tourette's syndrome.

²³ Blue Knot nd, *Building a trauma-informed world*, Blue Knot, viewed 31 January 2023, <https://blueknot.org.au/resources/building-a-trauma-informed-world/>.

trauma-informed policy and training practice across all sectors, for all professionals who engage with people with lived experience of mental ill-health. This should also be made explicit in the priorities and actions of the Strategy.

References

- Amaze 2019, *Autism and mental health*, Amaze, viewed 20 January 2023, <https://www.amaze.org.au/understand-autism/about-autism/mental-health/>.
- Australian Institute of Health and Welfare (AIHW) 2022, *Health of people with disability*, AIHW, viewed 18 January 2023, <https://www.aihw.gov.au/reports/australias-health/health-of-people-with-disability>.
- Beyond Blue 2022, *Looking after your mental health while living with a disability*, Beyond Blue, viewed 18 January 2023, <https://www.beyondblue.org.au/personal-best/pillar/looking-after-your-mental-health-while-living-with-a-disability>.
- Blue Knot nd, *Building a trauma-informed world*, Blue Knot, viewed 31 January 2023, <https://blueknot.org.au/resources/building-a-trauma-informed-world/>.
- Dickinson, H, Smith C, Yates, S & Faulkner, A 2022, 'Report: Taking the first step in an inclusive life Experiences of Australia early childhood education and care', Children and Young People with Disability Australia (CYDA), viewed 31 January 2023, <https://cyda.org.au/search/details/352/report-taking-the-first-step-in-an-inclusive-life-experiences-of-australian-early-childhood-education-and-care>.
- Emerson, E & Hatton, C 2018, 'Mental health of children and adolescents with intellectual disabilities in Britain', *British Journal of Psychiatry*, vol. 191, no. 6, pp. 493-499, viewed 20 January 2023, <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/mental-health-of-children-and-adolescents-with-intellectual-disabilities-in-britain/55DE6D72FFD74CDE99F438C538751DB5>.
- King, T, Aitken, Z, Milner, A, Emerson, E, Priest, N, Karahalios, A, Kavanagh, A & Blakely, T 2018, 'To what extent is the association between disability and mental health in adolescents mediated by bullying? A casual mediation analysis', *International Journal of Epidemiology*, vol. 47, no. 5, pp. 1402-1413, viewed 20 January 2023, <https://academic.oup.com/ije/article/47/5/1402/5066450?questAccessKey=92b80704-1fbd-4548-b41b-1fdcc02acbaa&login=false>.
- Mental Health Australia 2023, *Advice to the National Mental Health Commission on the National Stigma and Discrimination Reduction Strategy*, Mental Health Australia, viewed 31 January 2023, <https://mhaustralia.org/submission/Stigma-and-Discrimination-Reduction-Strategy>.
- NDIS 2023, *Quarterly reports*, NDIS, viewed 31 January 2023, <https://www.ndis.gov.au/about-us/publications/quarterly-reports>.
- National Office for Child Safety nd, *National Principles for Child Safe Organisations*, National Office for Child Safety, viewed 31 January 2023, <https://www.childsafety.gov.au/resources/national-principles-child-safe-organisations>
- Purple Orange 2021, *Guide to co-design with people living with disability*, Purple Orange Unley, viewed 20 January 2023, https://purpleorange.org.au/application/files/7416/2510/1861/PO-CoDesign_Guide-Web-Accessible.pdf.

Simmons, C & Robinson, S 2014, *Strengthening participation of children and young people with disability in advocacy*, CYDA, Clifton Hill, viewed 20 January 2023, https://www.cyda.org.au/images/pdf/strengthening_participation.pdf.

World Health Organisation (WHO) 2022, *Mental health: strengthening our response*, WHO, viewed 31 January 2023, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.