Human Rights Policy Branch
Attorney-General's Department
3–5 National Circuit
BARTON ACT 2600
Email: s18cconsultation@ag.gov.au

30th April 2014

RE: Submission on proposed changes to the Racial Discrimination Act, 2014

1. Introduction - Cohealth

The following submission is provided by cohealth, which begins operation on 1 May as the merged entity of three community health services in Melbourne – Doutta Galla Community Health, North Yarra Community Health and Western Region Health Centre. Cohealth is a non-Government not-for-profit organisation and a registered community health service which delivers a broad range of primary health care services, including among many other services refugee and asylum seeker health, Aboriginal and Torres Strait Islander health and community mental health services.

In many of the communities cohealth works access to employment and education is inadequate, social participation compromised and consequently health status of populations poor. Cohealth's work aims to build the capacity of individuals to control their own lives and decisions and support communities to play a role in improving health outcomes. Our work is targeted to those who experience stigma and face the risk of exclusion from opportunities that most take for granted in the communities in which we live, work and play. Cohealth's impact is generated through the combination of advocacy, innovation in service delivery and partnership with consumers, communities and other stakeholders.

Our services cover ten local government areas which include large numbers of new migrants, with 50% of our clients born overseas, as well as a significant Aboriginal population. Cohealth's submission is based on our experience working with these groups of people and the impacts that we believe may result from the proposed Amendments to the Racial Discrimination Act 2013.

2. Response Summary

It is cohealth's view that:

I. Reducing experiences of racism can help reduce the risk of a person developing mental illnesses such as anxiety or depression

II. Every incident of racism that is prevented reduces the likelihood of people disengaging from healthy activities and coping through behaviours that impact negatively on their health.

III. Verbal racial abuse is still rife in Australia[1], with many Aboriginal and Torres Strait Islander as well as other culturally and linguistically diverse people experiencing racism regularly.

IV. The current laws provide important protection against racism and an appropriate balance between the right to freedom of expression and freedom from racial discrimination and vilification.

V. The proposed amendments substantially weaken the existing racial vilification protections making vulnerable people even more exposed.

VI. The proposed amendments may legitimise the actions of those who would seek to discriminate or vilify.

VII. The proposed amendments should be rejected.

3. Racism as a determinant of mental health

Racism is increasingly recognised as a key determinant of health. A growing body of evidence shows strong associations between self-reported racism and poor health outcomes across diverse minority groups[2].

Racism can affect health in a number of ways. In addition to potentially causing physical injury through racially motivated assault, racism can result in stress and emotions that have negative psychological and physiological effects.

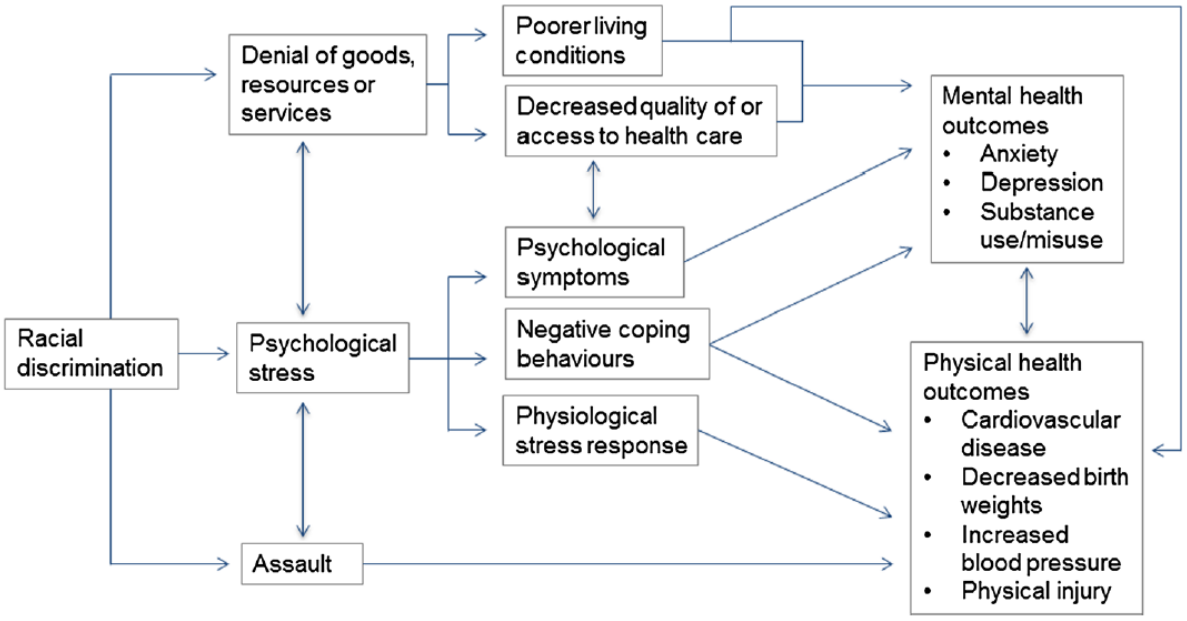

Diagram: Pathways between racism and health[3].

[1] *Reporting Racism Report*, 2013 Victorian Equal Opportunity & Human Rights Commission

[2] Paradies, Y, Priest, N, Ben, J, Truong, M, Gupta, A, Pieterse, A, Kelaher, M, & Gee, G 2013, 'Racism as a determinant of health: a protocol for conducting a systematic review and meta-analysis', *Systematic Reviews*, 2, p. 85,

The links between self-reported perceptions or experiences of racism and poorer physical and mental health is well-documented[4]. A consistent finding in this body of research is the association between racism and mental health conditions such as psychological distress, depression and anxiety.

Exposure to racism as a form of stress can give rise to factors that contribute to depression such as negative emotional states, poor self-esteem, low self-efficacy, and reduced self-control as well as pessimism, aggression, hyper-vigilance, and rumination[5]. People who become worried about being racially discriminated or abused against may also experience anxiety[6]. Past experiences of racism may cause social isolation which can contribute to mental health disorders as well as reduced access to exercise and socialisation opportunities.

Experiencing racism also appears to be consistently associated with behaviours that pose a risk to health such as smoking, alcohol and substance misuse, as well as dropping out of physical activity and community activities[7].

4. Racism creating barriers

In addition to the immediate, direct causal pathways that racism can impact on health, such as denying people's access to resources required for good health, racism can also affect health in less visible, indirect ways. Fear of experiencing racism may cause social isolation of both individuals and communities, which can result in reduced access to key services and opportunities taken for granted by other Australians. As a result racism can impact help-seeking behaviours which result in poorer health outcomes when services are not sought and health needs are left unmet.

The combined experiences of racial discrimination and perception of exclusion can produce a sense of mistrust and fear within minority groups. These feelings and perceptions may in turn

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[3] Paradies et al, 2013

[4] Paradies 2006, 'A systematic review of empirical research on self-reported racism and health', *in International Journal of Epidemiology*, vol. 35, no. 4, pp. 888–901.;
Williams, DR & Williams-Morris, R 2000, 'Racism and mental health: the African American experience', in Ethnicity and Health, vol. 5, nos 3–4, pp. 243–68.
Soto, JA, Dawson-Andoh, NA & BeLue, R 2011, 'The relationship between perceived discrimination and Generalized Anxiety Disorder among African Americans, Afro Caribbeans, and non-Hispanic Whites', in *Journal of Anxiety Disorders*, vol. 25, pp. 258–65
Pascoe E & Richman L 2009, 'Perceived discrimination and health: a meta-analytic review', in *Psychological Bulletin,* vol. 135, no. 4, pp. 531–54.

[5] Paradies, Y, & Cunningham, J 2012, 'The DRUID study: exploring mediating pathways between racism and depressive symptoms among Indigenous Australians', Social Psychiatry & Psychiatric Epidemiology, 47, 2, pp. 165-173

[6] Paradies, Y 2006
Pascoe E & Richman L 2009

[7] Paradies, Y, Chandrakumar, L, Klocker, N, Frere, M, Webster, K, Burrell, M & McLean, P 2009, *Building on our strengths: a framework to reduce race-based discrimination and support diversity in Victoria*, Victorian Health Promotion Foundation, Melbourne.

prevent individuals from accessing services that they may need, as suggested by a number of reports on the underutilisation of services by specific minority groups[8].

5. Experiences of Racism

In 2012 VicHealth conducted the *Experiences of Racism* survey among both culturally and linguistically diverse (CALD) communities and Aboriginal communities in Victoria. The *Experiences of Racism* survey investigated participants' self-reported experiences of racism, their responses and reactions to racist incidents. The survey included questions about the frequency, types and locations of people's experiences of racism. Participants were also asked to indicate how often they saw racist incidents, anticipated and worried about experiencing racism or took action to avoid racism and how they reacted to racist incidents. The survey included a psychological distress test that indicated the participants' risk of mental illness.

Culturally and linguistically diverse groups

1,139 people from culturally and linguistically diverse (CALD) communities living in two rural and two metropolitan areas of Victoria participated. Nearly two-thirds of the CALD participants surveyed experienced racism in the previous 12 months. Most had experienced racism multiple times, with 40% experiencing six or more incidents a year.

The survey found that people who experienced the most racism also recorded the most severe psychological distress scores. Over 40% of the CALD participants who experienced nine or more incidents of racism recorded high or very high psychological distress scores.

64% of the CALD participants avoided situations where they predicted that racism would take place, indicating that many did not feel safe to participate in activities that many other Australians might take for granted, with 23% avoiding these situations often or very often[9].

Aboriginal and Torres Strait Islander groups

A number of studies that have examined racism as a determinant of health have concluded that there is a correlation between the experience of racism and poorer mental and physical health outcomes for Aboriginal and Torres Strait Islander Australians[10] in particular.

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[8] Lovell, A. (2008). Racism, poverty and inner city health: current knowledge and practices. *A research review for the inner city health strategy. Hamilton Urban Core Community Health Centre*.

[9] Ferdinand A, Kelaher M & Paradies Y 2013. *Mental health impacts of racial discrimination in Victorian culturally and linguistically diverse communities: Full report*. Victorian Health Promotion Foundation. Melbourne, Australia.

[10] Australian Bureau of Statistics 2010, *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*, Australian Bureau of Statistics, Canberra.

Larson, A & Gillies, M 2007, 'It's enough to make you sick: the impact of racism on the health of Aboriginal Australians', in *Australian and New Zealand Journal of Public Health*, vol. 31, no. 4, pp. 322–9.

A total of 755 Aboriginal and Torres Strait Islander Victorians also participated in the *Experiences of Racism* survey in 2012. Almost all of the Aboriginal and Torres Strait Islander respondents (97%) had experienced racism in the previous 12 months, with over 70% experiencing eight or more incidents.

Just as with the CALD group, Aboriginal and Torres Strait Islander people who experienced the most racism also recorded the most severe psychological distress scores. Two-thirds of those who experienced 12 or more incidents of racism reported high or very high psychological distress scores, while more than 70% regularly worried that their family and friends would be victims of racism.

Many Aboriginal and Torres Strait Islander people coped with racism by avoiding situations where they predicted that racism would take place (79%) with three out of ten people avoiding these situations often or very often. Coping strategies such as accepting racism or just putting up with it were associated with higher levels of psychological distress[11].

In 2010 research was conducted with 185 adults in the Darwin Region Urban Indigenous Diabetes study. Participants responded to a validated instrument assessing multiple facets of racism. Interpersonal racism was significantly associated with depression after adjusting for socio-demographic factors of control, stress, negative social connections and feeling ashamed, amused or powerless as reactions to racism were each identified as significant mediators of the relationship between racism and depression[12].

6. Conclusion

Racism is associated with poorer mental health and reduced life opportunities for both Aboriginal and Torres Strait Islander as well as CALD people. Reducing experiences of racism is an important approach to improving health for these groups.

Research indicates that a number of people from minority groups do not feel safe to participating in activities that many other Australians might take for granted. Research also suggests that every incident of racism that is prevented can help reduce the risk of a person developing mental illnesses such as anxiety or depression, and would discourage individuals

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Paradies & Cunningham 2009

Priest, N, Paradies, Y, Gunthorpe, W, Cairney, SJ & Sayers, SM 2011, 'Racism as a determinant of social and emotional wellbeing for Aboriginal Australian youth', *in Medical Journal of Australia,* vol. 194, no. 10, pp. 546–50.

Priest, N, Paradies, Y, Stewart, P & Luke, J 2011, 'Racism and health among urban Aboriginal young people', in *BMC Public Health,* vol. 11, p. 568.

Ziersch, A, Gallaher, G, Baum, F & Bentley, M 2011, 'Racism, social resources and mental health for Aboriginal people living in Adelaide', in *Australian and New Zealand Journal of Public Health*, vol. 35, no. 3, pp. 231–7.

Priest, N & Paradies, Y. (in press), 'Exploring relationships between racism, housing and child illness in remote Aboriginal communities', in *Journal of Epidemiology and Community Health.*

[11] Ferdinand, A., Paradies, Y. & Kelaher, M. 2012, *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey*, The Lowitja Institute, Melbourne.

[12] Paradies, Y, & Cunningham, J 2012,

disengaging from healthy activities and coping by engaging in behaviours that impact negatively on their health such as smoking and excessive alcohol consumption.

It is concerning that section 2(b) of the proposed Bill focuses on physical harm while ignoring the potential mental health and psychological impacts of experiencing racism which can often have a longer and potentially more pervasive affect than physical injury. The fact that the psychological effects often triggered by racial abuse are not considered at all in the proposed Bill is a concern to cohealth. Furthermore, the proposed amendments may legitimise the actions of those who would seek to discriminate or vilify.

Cohealth believes that the current sections 18C and 18D of the Racial Discrimination Act 1975, together with sections 18B and 18E, provide important and necessary protection against racial discrimination and vilification. Cohealth believes that the proposed amendments to the Act substantially weaken it, leaving many vulnerable groups in the community unprotected. It is our strong view that the proposed amendments should be rejected.

I would be pleased to discuss this submission further or provide further details in support of our recommendations. I can be contacted on 03 9680 1111 or at lyn.morgain@cohealth.org.au

{Signed by Lyn Morgain}

Lyn Morgain
Transition CEO
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