Ethnic and race-based discrimination

as a determinant of mental health and wellbeing

VicHealth

While the overall health of world populations is improving, the burden of mental illness is growing. Mental health and behavioural disorders affect more than one-quarter of all people at some time during their lives and one in 10 people at any point in time (WHO 2001a). Depression and anxiety will be the greatest single contributors to the disease burden in Australian women and the third greatest in Australian men by 2023 (Australian Institute of Health and Welfare 2007).

An individual's mental health is determined by a range of factors, among them both heredity and luck. However, broader social and economic factors also play a role. Since many of these factors are modifiable there are good prospects for preventing mental health problems before they occur.

VicHealth is focusing on four factors understood to influence mental health and wellbeing:

1   Increasing social connectedness;

2   Reducing ethnic and race-based discrimination;

3   Preventing violence against women; and

4   Increasing access to economic resources.

This Research Summary presents a synopsis of the latest published research examining ethnic and race-based discrimination, its health consequences, different forms and groups affected. Other Summaries in this series are available at www.vichealth.vic.gov.au/mentalhealthresources.

Introduction

- Ethnic and race-based discrimination is a human rights violation both in its own right and because it compromises the attainment and enjoyment of other human rights, including the right to health (WHO 2001b).

- Discrimination has a negative impact on health and wellbeing, in particular mental health.

- The effects of discrimination on Indigenous Victorians need to be addressed to realise our national aspiration to reduce the 17-year longevity gap between Indigenous and non-Indigenous Australians.

- Around 24% of Victorians were born overseas. Three-quarters of these were born in countries where English was not the main language spoken. One in five Victorians speaks a language other than English at home (Australian Bureau of Statistics 2007). Reducing discrimination affecting this group will be important in any bid to reduce the overall mental health disease burden.

Key definitions and concepts

Discrimination is the process by which members of a socially defined group are treated differently (especially unfairly) because of their membership of that group (Krieger 1999). Discrimination represents a pattern of unfair treatment, justified by beliefs, and expressed in interactions among and between individuals and institutions, and intended to maintain privileges for members of dominant groups at the cost of deprivation for others (Krieger 1999).

Discrimination may be based on a range of characteristics including: sexual preference, ethnicity, culture, gender, religion, disability, age, relationship status, social class, religion and 'race'[1]. Individuals can experience multiple forms of discrimination.

Ethnic and race-based discrimination refers to processes of discrimination founded upon ethnicity, perceived 'racial' distinctions, culture, religion or language.

Ethnicity is a social construct of group affiliation and identity. An ethnic group is a social group whose members share a sense of common origins; claim a common and distinctive history and destiny; possess one or more dimensions of collective cultural individuality; and feel a sense of unique collective solidarity (Ministry of Economic Development 2003).

Direct discrimination is the unfair or unequal treatment of a person or a group, resulting in unequal opportunities. In the case of ethnic and race-based discrimination an example would be an individual not being employed because of their ethnicity/race. This type of discrimination is typically deliberate.

Indirect discrimination can be defined as supposedly equal treatment that results in unequal opportunity for members of different ethnic/racial groups (Berman & Paradies, in press). It can occur even when there is no intention to discriminate. An example of indirect discrimination would be a rule stating that all students are prohibited from wearing anything on their heads, thus discriminating against students whose religion requires the wearing of headwear (Department of Education and Training 2007).

Interpersonal discrimination refers to directly perceived discriminatory interactions between individuals, whether in their institutional roles (for example, between employer and employee) or as public or private individuals (for example, between shopkeeper and customer) (Krieger 1999).

Institutional discrimination, sometimes called organisational or systemic discrimination, refers to discriminatory practices carried out by state and non-state institutions (Krieger 1999). It occurs when policies and procedures, or laws, disadvantage a specific group. Institutional discrimination involves the application of beliefs, values, presumptions, structures and processes by the institutions of society (be they economic, political, social or cultural) in ways that result in differential and unfair outcomes for one or more social groups. Ethnic and race-based discrimination may be inadvertent in such settings, but can exert a powerful influence over community attitudes and beliefs.

Internalised oppression refers to the acceptance, by marginalised populations, of negative societal beliefs and stereotypes about themselves (Paradies 2006a).

The link between discrimination and health and wellbeing

International research

A recent international review of studies (see Table 1) found:

- A link between self-reported discrimination and depression and anxiety (major contributors to disease burden).

- A probable link with a range of other mental health and behavioural problems.

- Emerging evidence of a link with poor physical health, such as diabetes, obesity and high blood pressure.

This link:

- has been noted among men and women, across age cohorts (including children and young people), and across a range of ethnic/racial groups.

- remains after other factors that might also be used to explain poor mental health outcomes for different ethnic/racial groups (especially social and economic disadvantage) are taken into account.

Both institutional and interpersonal forms of ethnic and race-based discrimination can contribute to poor health (Gee 2002; Karlsen & Nazroo 2002; Krieger 1999).

Discrimination is a particular concern among young people as adolescence and early adulthood are times of particular vulnerability to the health, employment and education impacts of discrimination (Ahmed, Mohammed, & Williams 2007).

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[1] The existence of biologically distinct 'races' is now contested, with recent studies showing that genetic differences between 'races' are minimal (Brownlee 2005; Royal & Dunston 2004).

Table 1: The association between self-reported ethnic and race-based discrimination and poor health outcomes

Established link[a]	Probable link[b]	Possible link[c]
• Depression • Psychological distress • Stress • Anxiety	• Poor general health • Quality of life • Alcohol misuse • Substance misuse • Cigarette smoking • Peer violence • Low birth weight	• High blood pressure • Heart disease • Diabetes • Obesity

Source: Paradies 2006b; Paradies et al in press.
[a] the majority of studies show a link   [b] some studies show a link   [c] a small number of studies have shown a link.

Australian research

- Being the target of ethnic and race-based discrimination is associated with stress and chronic conditions (such as diabetes, heart disease and cancer), as well as smoking, substance use, psychological distress and poor self-assessed health status among Indigenous people (Altman, Biddle & Hunter 2004; Larson et al 2007; Paradies 2007).

- Among people from migrant and refugee backgrounds, discrimination contributes to depression, poor quality of life, psychological distress and substance misuse (Refugee Health Research Centre 2007; Major et al 2002; Silove et al 1997; Sundararajan, Reidpath, & Allotey 2007).

Why is ethnic and race-based discrimination bad for health?

- It can restrict access to resources required for health (eg, employment, housing, education).

- Internalisation of negative evaluations and stereotypes can affect psychological wellbeing and self-esteem, in turn increasing the risk of depression, alcohol consumption and psychological stress (Williams & Williams-Morris 2000).

- Discrimination can produce negative emotions such as stress and fear, which have potentially negative impacts on mental health and on the immune, endocrine and cardiovascular systems (Harrell 2000; Mays, Cochran & Barnes 2007; Williams & Williams-Morris 2000).

- Affected individuals may attempt to manage their stress by engaging in behaviours which are damaging to health (eg, smoking and alcohol/drug use) (Cooper et al 2005).

- Discrimination may be manifest in violence which is associated with both physical and mental health consequences (Krug et al 2002).

The extent of discrimination

Sources of data on ethnic and race-based discrimination

Two recent surveys have addressed ethnic and race-based discrimination:

- A survey of over 4000 Victorians commissioned by VicHealth,[2] herein called the VicHealth Survey (VicHealth 2007).

- A survey commissioned by the Scanlon Foundation[3] of 2000 Australian adults (including Victorians) supplemented with local surveys in areas with high overseas-born populations (two of which were in Victoria), herein called the Scanlon Foundation Survey (Markus & Dharmalingam 2008).

Self-reported discrimination by arrivals from non-English speaking backgrounds

The VicHealth Survey found that people who were born in a country in which the main language spoken was not English were:

- More than twice as likely as Australian-born people to report being treated with disrespect because of their ethnicity/race (42% compared with 18%);[4]

- Two and a half times as likely to report being treated with distrust on the basis of their ethnicity/race (33% compared with 13%); and

- Nearly twice as likely to report experiences of name-calling and/or insults on the basis of their ethnicity/race (43% compared with 22%).

In the national Scanlon Foundation Survey it was found that among those born in non-English speaking countries:

- 47% reported having experienced discrimination because of their national or ethnic background at some point in their lives, compared with 20% of the Australian-born.

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[2] Led by Professor Kevin Dunn, University of Western Sydney and Associate Professor James Forrest, Macquarie University.

[3] Led by Professor Andrew Markus, Monash University. In this survey discrimination was considered in the context of a broader survey concerned with social cohesion.

[4] Experiences were measured on a scale from 'never', 'hardly ever', 'sometimes', 'often' and 'very often'. Figures in this Summary include respondents reporting discrimination at any level of frequency.

- 14% reported experiencing discrimination due to their ethnic, religious or national background in the last 12 months, compared with 7% of the Australian-born.

- 10% of non-English speaking background respondents reported discriminatory experiences occurring at least once a month, double the rate of the Australian-born.

In the local-level surveys, among the overseas-born:

- 25% reported being made to feel like they did not belong (compared with 12% of the Australian-born[5]).

- 28% experienced verbal abuse (compared with 13% of the Australian-born).

- 8% reported not being offered a job and 10% reported not being promoted or being treated unfairly at work (compared with only 1% and 2% of the Australian-born respectively).

Self-reported discrimination by people from non-English speaking backgrounds in specific settings

In the VicHealth Survey it was found that people born in countries in which the main language spoken was not English were:

- Twice as likely to experience discrimination either at a shop or restaurant as the Australian-born.

- Three times as likely to experience discrimination in the workplace.

- Twice as likely to experience discrimination in education.

- Around four times as likely to experience discrimination in policing and housing.

Self-reported discrimination and Indigenous Australians

A survey in NSW and Queensland found:

- Discrimination in everyday life was experienced by 43% of Indigenous respondents compared with approximately 25% of those who were not from an Indigenous background.

- Discrimination was more than twice as likely for Indigenous respondents in education settings and nearly four times more likely when seeking accommodation.

- 23% of Indigenous respondents reported experiences of ethnic and race-based discrimination in their dealings with the police, nearly four times that for other Australians (Dunn et al 2005).

In a 2001–02 survey, 22% of Indigenous children aged 12–17 years reported experiencing ethnic and race-based discrimination in the past six months (Zubrick et al 2005).

In a Western Australian study, more than 40% of Indigenous respondents reported recent experiences of ethnic and race-based discrimination so severe as to produce a strong emotional or physical response (Larson et al 2007).

Discrimination in Institutional settings: Indigenous Australians

- When apprehended by police, Indigenous youth are two to three times more likely to be arrested and charged with an offence than non-Indigenous youth (Department of Justice 2005).

- Although Indigenous people have mortality rates three to five times greater than other Australians, per capita spending on Indigenous health is only 1.2 times that of the non-Indigenous population (Australian Medical Association 2007).

- Compared to non-Indigenous patients with the same medical needs, Indigenous patients are one-third less likely to receive appropriate medical care across all conditions (Cunningham 2002). Indigenous Australians are three times less likely to receive kidney transplants than other patients with similar needs (Cass et al 2004).

The outcomes of discrimination

The following outcomes are suggestive of the impacts of discrimination affecting indigenous Australians:

- The unemployment rate for Indigenous Australians (13%) is three times the rate for non-Indigenous people (4%) (Australian Government Productivity Commission 2007).

- About 40% of Indigenous students have finished a Year 12 education, compared with 75% of non-Indigenous students (Australian Institute of Health and Welfare 2007).

- The average weekly household income for Indigenous Australians is $340, compared to $618 for non-Indigenous households (Australian Government Productivity Commission 2007).

- Only 25% of Indigenous Australians aged 18 years and over are owners of their own homes (Australian Government Productivity Commission 2007).

- In 2006, there were no Indigenous Members of Parliament in Victoria (Anthony 2006).

- The rate of juvenile detention of Victorian Indigenous youth (aged 10–17 years) for the period 1994–2003 was 169.1 (per 100,000 of the relevant population) compared to 12.6 for non-Indigenous youth (Charlton & McCall 2004).

[5] Includes Australian-born respondents with both parents born in Australia.

The following data are suggestive of the impacts of discrimination on arrivals from non-English speaking backgrounds.

- After some three and a half years in Australia, 47% of migrants from Anglo-Celtic backgrounds originating from the UK and America were using their qualifications in taking up employment opportunities, compared with 31% of migrants from non-English speaking backgrounds (Ho & Alcorso 2004).

- Only 4.2% of all appointees to Victorian government boards and advisory committees come from culturally and linguistically diverse backgrounds (Victorian Multicultural Commission 2008).

- Although 17% of Victorians were born in non-English speaking countries, only 9% of local government councillors (Jupp 2003) and 11% of Victorian State MPs (Anthony 2006) were born in such countries.

- 56.1% of children from non-English speaking countries are involved in after school sports and cultural activity, compared with 72.7% involvement amongst migrants from mainly English countries and 73.9% of Australian-born children (Australian Bureau of Statistics 2006).

Community attitudes toward race and ethnicity

Attitudes are considered to reflect the general social climate and so can be a barometer of the extent of certain social problems. Together the VicHealth and Scanlon Surveys showed that Victorians have a high level of support for cultural diversity and immigration and most reject blatantly racist attitudes, such as the notions that some 'races' are inferior or that 'races' should be kept separate.

However, attitudes which may underlie discrimination and intolerance are held by a sizeable (though still minority) proportion of Victorians:

- More than one in three (36%) identify ethnic groups that they believe do not 'fit' into our society.

- 38% believe that 'Australia is weakened by people sticking to their old ways', suggesting a level of discomfort with people who differ from Anglo-Celtic norms.

- Many (up to 43% depending on the group) have some concern about a close relative marrying someone from a different ethnic or racial group.

- In contrast to the large proportion of Victorians believing that discrimination exists (84%), less that 12% self-identify as prejudiced and 38% do not believe that Anglo Australians 'enjoy a privileged position in our society' (VicHealth 2007).

Patterns of ethnic and race-based discrimination

- Although there are some exceptions, attitudes suggestive of intolerance are generally more common in rural and regional areas, in new outer-suburban growth areas and, although to a lesser extent, in suburban areas in which many new arrivals have traditionally settled (VicHealth 2007).

- The Scanlon Foundation survey showed that people from Middle Eastern and Asian backgrounds are particularly vulnerable to ethnic and race-based discrimination and this is supported in qualitative research (HREOC 2004; Loosemore & Chau 2002; Mellor 2004).

- These groups were also the most frequently identified in the VicHealth Survey as groups towards which negative community attitudes were held.

- People from refugee and emerging communities have also been found to be vulnerable to discrimination (Refugee Health Research Centre 2007) and this is particularly the case for groups who are 'visibly different' (Colic-Peisker & Tilbury 2006; HREOC 1991; 1999).

These patterns are reflected in outcomes for different groups:

- Lebanese, North African and Vietnamese migrants have lower household income, employment status and housing conditions than 'white' new arrivals from Europe, Great Britain and New Zealand with the same length of settlement time in Australia (Borooah & Mangan 2007).

- Unemployment rates are 11% for people from Vietnam and 12% for people from North Africa and the Middle East compared to 5% for all overseas-born, and 6% for those born in all non-English speaking countries (Parliament of Australia, 2005).

- People from refugee backgrounds have been found to be allocated the lowest-level jobs regardless of their formal qualifications, skills and experience (Colic-Peisker & Tilbury 2005).

Impacts of ethnic and race-based discrimination on children, families and communities

- The impacts of ethnic and race-based discrimination are not confined to those directly subjected to it. Such discrimination can create a climate of apprehension and fear that may curtail the activities and aspirations, and affect the mental health and wellbeing, of others from similar backgrounds (Szalacha et al 2003).

- Children of parents affected by ethnic or race-based discrimination are at higher risk of developing behavioural and emotional problems (Caughy, O'Campo & Muntaner 2004; Mays, Cochran & Barnes 2007).

- Ethnic and race-based discrimination affecting one generation may also compromise the social and economic prospects of future generations, contributing to intergenerational cycles of poverty and disadvantage (Mays, Cochran & Barnes 2007).

- Ethnic and race-based discrimination can undermine positive intercultural relations and community cohesion. Among young people it has been found to be associated with peer violence (Refugee Health Research Centre 2007). At its worst, it can lead to large-scale community conflict and violence (Forrest & Dunn 2007).

Economic benefits of addressing ethnic and race-based discrimination

- Addressing discrimination can help to ensure that all individuals are able to realise their potential and to participate in the Victorian economy. This is especially important in an era of population ageing. It is now recognised that 'growing the economy will require policies that support and encourage greater participation' (Abhayaratna & Lattimore 2006, p. 4).

- Diversity – especially cultural diversity – has been found to be associated with increased productivity (Putnam 2007; Berman & Paradies in press).

- Eliminating discrimination ensures that Victoria remains an attractive destination for migrants in an increasingly competitive global market.

- The economic costs of discrimination include:

  - Responding to grievances through formal complaints mechanisms, estimated to be an average of $55,000 per case (EEO NSW 1999);

  - Reduced productivity and absenteeism, with an estimated 70% of workers exposed to violence, harassment or discrimination taking time off work as a result (EEO NSW 1999). Discrimination can also affect overall workplace morale and productivity (Nichols et al 2005);

  - Staff turnover and recruiting and inducting replacement staff (Blank, Dabaday & Citro 2004); and

  - Healthcare and social service costs associated with the long- and short-term consequences of discrimination (eg, treatment and rehabilitation, income support payments).

Preventing discrimination and its health impacts

- There are prospects for preventing discrimination before it occurs by focusing on factors contributing to discrimination at the individual, organisational, community and societal levels (VicHealth 2007).

- The health impacts of discrimination can also be prevented through measures which seek to increase resilience among those vulnerable to its impacts as well as through remedial measures, such as complaints systems and social support for victims.

Conclusion

There is compelling evidence of a link between ethnic and race-based discrimination and poor mental health and wellbeing. Studies have shown that certain groups of Victorians (including Indigenous Victorians and migrants and refugees from non-English speaking backgrounds) are particularly susceptible to experiences of ethnic and race-based discrimination. Although many Victorians value cultural diversity, progress is still to be made in eliminating all forms of ethnic and race-based discrimination, in order to ensure positive and equitable mental health outcomes for all Victorians.

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