Australian Government
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BETA

Stigma in government services

Literature review

October 2025

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Contents

Executive summary

What is stigma?

Stigma is when a group of people is viewed and treated negatively because of a perceived difference or characteristic that 'marks them' and is seen as undesirable or inappropriate.

There are **four categories** of stigma:

- **Public stigma:** societal level beliefs and attitudes towards a group of people who are viewed negatively due to a shared characteristic
- **Self-stigma:** internalised public stigma
- **Stigma by association:** stigma experienced by those interacting with stigmatised groups
- **Structural stigma:** stigma perpetuated through laws, policies and practices, resulting in unfair treatment.

These categories can impact individuals in two ways: Experienced stigma, where individuals are treated differently or negatively because they are part of a stigmatised group, and anticipated stigma, where individuals expect negative treatment for belonging in a stigmatised group.

Stigmatised government services

There is evidence, from academic research and royal commissions, that people experience stigma associated with their access of government services and payments. **Government services stigma** is when customers of government services are associated with negative beliefs, attitudes and experiences that are directly related to their access or use of federal government services.

Drivers of government services stigma include:

- Public attitudes such as perceptions that customers do not deserve help or seeing government services customers as 'other'
- Political rhetoric where government services are politicised
- Policy settings such as conditionality approaches
- Service design such as compliance-driven approaches
- Implementation practices which lead to negative experiences for customers.

As a result, **some government services are more likely to be stigmatised than others**. This may include income and employment supports and services targeting immigrants and other minority groups.

Impacts of stigma

Stigma associated with accessing government services has impacts on individuals and broader society.

Individual impacts of stigma include:

- Self-stigma, where public stigma leads to internalisation of these views
- Reduced help-seeking
- Intentional non-compliance as a response to stigmatising experiences with services
- The 'why try' effect, in which people have a diminished sense of self-efficacy.

Societal impacts of stigma include:

- Reduced uptake of government services and therefore poorer outcomes
- Increased unemployment among those on income support due to being seen as less competent or motivated
- Poorer health outcomes due to restricted access to resources
- Slower economic growth due to underutilisation of government services.

Interventions to reduce stigma

At the service design and delivery stages, there are a number of strategies that can help reduce government services stigma:

- **Promote customer dignity** in how services interact with customers
- **Emphasise the universality** of Australia's social safety net, and that programs are available to anyone in need
- Implement a **service-delivery approach**, rather than compliance-driven approach
- Use **non-stigmatising language** which promotes customer dignity
- **Create supportive and psychologically safe spaces**
- Develop campaigns to **educate the public** and challenge the stigma of using government services
- Facilitate and encourage **social engagement** between staff and customers, and avoid excessive use of automated systems
- Support **coping strategies** and the psychosocial health of customers.

Although these ideas could reduce the experience of government services stigma for customers, a more effective and comprehensive stigma-reduction strategy would also address public attitudes and structural stigma through public education and policy changes.

Project background

- Project objectives
- Literature review structure and limitations
- Review of recent Royal Commissions highlighting the impact of stigma in government service delivery
- Problem definition

BETA is trying to understand stigma in government services

Understanding what drives and perpetuates stigma in service design and delivery will help inform effective interventions to reduce the stigma associated with accessing government services.

Policy background

Government services stigma can deter people from accessing vital services, with negative outcomes for their health, employment, and economic security. Recently, the Royal Commissions into the Robodebt Scheme, the Disability Royal Commission and the Defence and Veterans Suicides Royal Commission all referenced stigma as driving and perpetuating poor customer experience. This suggests people are experiencing stigma in a range of Australian government services.

BETA led a review, supported by Services Australia, to gather evidence about how some Australian Government services are stigmatised, and how stigma could be reduced in the design and delivery of Australian Government services. This will inform the refinement of the Customer Experience Standard by encouraging the promotion of customer dignity in all service delivery across the Australian Public Service (APS). Other follow-up actions will also be considered in discussion with Services Australia and other APS agencies.

Objectives of literature review

BETA has undertaken a literature review to identify key stigma drivers, knowledge gaps and potential interventions.

The purpose of this review is to:

- support an evidence-informed approach to reduce the impact of stigma on customers accessing government services
- offer a summary of available theory and evidence of how stigma can be driven and perpetuated in service delivery
- help inform and guide future investigation into how stigma can be reduced within Australian Government service delivery, to support citizen uptake and experience when accessing government support.

> **This notion of...Centrelink being there to help people was the complete opposite of what the government was actually communicating. For people on very low incomes relying on income support, what they heard was, 'This is a dangerous place to come. You won't be safe.'**
> —Submission to the Royal Commission into the Robodebt Scheme

> **There is an enduring assumption that all persons on welfare or pension payments are potential or actual cheats.**
> —Submission to the Royal Commission into the Robodebt Scheme

Structure and limitations of literature review

The literature review explores government services stigma in depth, but there are some limitations.

Structure of this literature review

After introducing the project background, the structure of the literature review follows the stigma framework outlined on slide 12.

Section 1: Executive summary and project background (p. 3-8)

Section 2: A framework for government services stigma outlining the process of stigma (p. 9-12)

Section 3: Introduction of stigma and the types of stigma that can occur (p. 13-15)

Section 4: Foundations of government services stigma (p. 16-21)

Section 5: Manifestations of government services stigma (p. 22-24)

Section 6: Impacts and outcomes of government services stigma (p. 25-29)

Section 7: Interventions for reducing stigma and promoting customer dignity in government service delivery (p. 30-39)

Section 8: Customer experience of stigma framework (p. 40-42)

Section 9: Next steps: measuring prevalence of stigma in government services (p. 43-45)

Section 10: Appendix (p. 46-51)

Private practitioners also raised:

Limited literature on stigma in government services

As government services stigma is a relatively new and emerging field, available literature is limited and is mostly restricted to welfare stigma research that has been published in the last 5-7 years. Current research is primarily exploring experiences and manifestations of stigma in government services, and the impact on individual level outcomes such as reduced self-worth and mental health impacts.

Limited experimental studies

There are limited experimental studies on the process of stigma in government services, including how it's driven, how structural factors such as policy and political rhetoric play a role in influencing stigma, and how it can be reduced at a system-wide or service level. What research is available is mostly qualitative and descriptive.

Drawing on stigma research from well-established fields

To support a foundational understanding of stigma processes and impacts that could be relevant to a government services setting, we also drew stigma findings from literature in more well-established fields including mental health, infectious disease, race and addiction. This has allowed the review to include a broader scope of analysis and interpretation of stigma drivers, impacts and interventions.

Findings from recent Royal Commissions

Recent Royal Commissions have suggested that Australian public services are contributing to stigmatisation of citizens.

Royal Commission into the Robodebt Scheme

The Royal Commission into the Robodebt Scheme concluded in July 2023, and scrutinised a government initiative that aimed to automate welfare debt recovery through income averaging from Australian Taxation Office data. This led to the wrongful issuance of debt notices to numerous Services Australia customers, resulting in significant distress and financial hardship among affected individuals (Commonwealth of Australia, 2023).

The review identified that **widespread stigma and associated negative portrayals of customers of government services likely contributed to and was perpetuated by the Scheme's function to recover debt from citizens.** During the Commission, customers commonly reported feeling that they were perceived as 'cheats' and that there was 'illegitimacy in their reliance on the welfare system'. It was also recognised that the portrayal of those receiving income support can be highly politicised.

> **There's a stigma attached to people on Centrelink... I was on Centrelink. I only ever went on Centrelink because I desperately had to... it wasn't a choice. It was a need. [But] with this, it made me feel like I was a criminal. And it made me feel like what I assume a lot of people on Centrelink feel like most of their life.**
> —Submission to the Royal Commission into the Robodebt Scheme

Disability Royal Commission

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability was published in September 2023, and highlighted failings across the system, including in government services, in supporting people with a disability. The Commission found that service provision does not always support the rights of people with disabilities, and lack of awareness of these rights and negative attitudes can 'shape laws, policies and practices that stigmatise and discriminate against people with disability' (Commonwealth of Australia, 2023).

The report suggested that **negative attitudes and actions of service providers and governments are often based on 'misconceptions and archaic stereotypes'** (Commonwealth of Australia, 2021). The Commission found that there are gaps between current legislation and practice, leading to inadequate protection and support. This can manifest as discriminatory treatment, minimising reports of abuse, and systemic barriers that prevent effective advocacy.

> **The staff member [at Centrelink] refused to look at me... refused to serve me. The only problem was the fact I'm in a wheelchair... if I was standing next to my daughter they would have served me... if you raise your voice, you're seen as being mentally ill.**
> —Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with a Disability

Royal Commission into Defence and Veteran Suicide

The Royal Commission into Defence and Veteran Suicide delivered the interim report in August 2022. Early findings suggest that current government services provided to veterans can leave them feeling 'obstructed, disrespected and ignored'. **Veteran customers of government services have also suggested that significant stigma exists around veterans seeking help from government, as well as stigma around seeking help for mental health.** Systemic issues in government services was the second most commonly raised issue (Commonwealth of Australia, 2022).

The interim report suggested that these systemic barriers can contribute to government services stigma experienced by veterans. This includes stigmatising language choices, significant administrative burden with complex and lengthy processes, inadequate training for service staff in the areas of mental health and suicide, and limited staffing.

> **Veterans go from being impowered [sic] while serving, to being treated as worthless, the tone and attitude from people in DVA is disrespectful and 9/10 you come away from talking with DVA with nothing as DVA first responders don't know the answers and trying get the same person twice in row is near impossible.**
> —Submission to the Royal Commission into Defence and Veteran Suicide

Defining the problem of government services stigma

Service design and delivery can either perpetuate or reduce the stigma of accessing government services for customers.

Some customers experience stigma when accessing government services

Individuals can experience stigma as a result of accessing government services. Recent Royal Commissions into government services identified that stigma is both driving and perpetuating poor customer experience.

Some of the main drivers of government services stigma include societal attitudes, beliefs and perceptions of customers. Common perceptions of government service customers include views that they are 'cheats', 'welfare dependent' and 'lazy'. The Robodebt Royal Commission report showed that customers were reluctant to access government services due to fears of being treated as a 'social pariah'.

Design and delivery of services can perpetuate and reinforce stigma

The way that government services are delivered can and has previously contributed to stigma. Recent Royal Commission reports into government services suggest customers feel anxious about accessing services due to fears of being mistreated by the agencies designed to help them.

Many of the foundations of government service stigma are outside the control of agencies. But the design and delivery of services can unintentionally or intentionally perpetuate and reinforce stigma. For example, compliance-focussed or other negative interactions between customers and staff can lead to customers feeling more stigmatised than a positive interaction.

Government can reduce government services stigma

Although the root causes of government services stigma relate to entrenched public attitudes—which are difficult to alter—governments can adjust their own policies, systems and practices to reduce the stigma experienced by their customers in accessing government services.

The literature identifies a range of strategies to reduce stigma at multiple levels, though some approaches are more feasible than others. This document identifies ways to reduce government services stigma with a focus on strategies that relate to service design and delivery.

A government services stigma framework

Introducing a government services stigma framework

We have designed a framework that outlines how government services stigma occurs.

Stigma is a complex process. Without understanding how stigma occurs, it can be difficult to determine how to reduce stigma.

The purpose of the framework is to contextualise understanding of how stigma occurs into a government services context. It aims to capture the unique factors of stigma which are specific to the government services context that are not reflected or captured in traditional stigma models based in the health sector.

The government services stigma framework proposes a multi-level model of stigma. It shows how societal beliefs and attitudes drive government services stigma that can manifest at the individual, departmental and APS-wide level. The framework also outlines the impact and outcomes of stigma at individual and societal levels.

The government services stigma framework is designed to support a detailed understanding of how stigma occurs in service delivery agencies within the APS. With this understanding, agencies can be supported to identify intervention points and where interventions are most likely to be effective.

Framework development

Currently, there is no existing framework that explores the process of stigma within a government services setting. Without understanding how stigma occurs, it is difficult to determine how and where to target interventions to reduce stigma.

BETA has developed an Australian Government services specific stigma framework to outline how the process of stigma occurs and the role of customer-facing agencies. This framework draws on research and existing stigma frameworks from other settings, including:

- health (e.g., the health stigma and discrimination framework; Stangl et al., 2019)
- mental health (e.g. the mental illness stigma framework; Fox et al., 2018)
- general stigma frameworks relating to specific types of stigma such as self-stigma (e.g., the internalised stigma framework; Stevelink et al., 2012) and,
- frameworks of related concepts to stigma such as customer trust and satisfaction (e.g., model of trust and satisfaction in Australian public services; APS Reform, 2023).

The literature review identified that the majority of existing frameworks are exclusive to a particular health condition, disorder or setting. Most frameworks also only explore reducing stigma at a single level of intervention (e.g., at the individual level, or more rarely, at the societal/policy level; Stangl et al., 2019). Limiting stigma frameworks to consider only one condition (or in this context, only one government service) or one level of intervention (e.g., only individual level interventions) silos the understanding of how stigma occurs and is driven at multiple levels (e.g. individual, community, organisation, society). It also limits the ability of service designers, researchers and policy makers to explore options to meaningfully reduce stigma at all levels.

This government services stigma framework considers stigma across various levels, allowing for clearer representation of how stigma is driven, manifested and experienced in government services.

How to read the government services stigma framework

The framework is split into three different stages.

Foundation

The government services stigma process begins with the foundation stage:

- The foundational drivers of government services stigma include individuals' emotion-based drivers, such as anger and fear, lack of awareness and understanding for those who access government services, as well as structural drivers.
- These drivers lead to the formation of first individual and then increasingly societal-level negative beliefs and attitudes towards government services customers. This includes reduced perceptions of deservingness and whether customers are seen to be at fault for their circumstances. These beliefs are also influenced by behavioural and cognitive biases towards those who are accessing government services,
- This is followed by stigma marking, where society applies stigma to people or groups who access government services, and are thus seen as less worthy, less valued and less productive members of society.

Manifestations

Government services stigma, once formed, continues with the manifestation stage, where it manifests in service design and delivery:

- Structural factors within government services may not intentionally be designed to be stigmatising but can nonetheless be so. For example, the belief that customers are undeserving of government services can lead to service designs that place customers under significant administrative burden to 'prove' their deservingness.
- Stigma can occur once services are delivered to customers due to experiences with customer-facing staff and beliefs towards customers accessing services.
- This results in individual experiences of stigma, either experienced or anticipated. This can further lead to self-stigma when people internalise public stigma or stigma by association.

Impacts and outcomes

The impacts listed are the result of longer-term outcomes at the individual and societal level.

- At the individual level, customers start to internalise stigma which can lead to reduced help seeking, and the 'why try' effect.
- Societal level impacts of stigma include reduced employment and reduced uptake of government services.

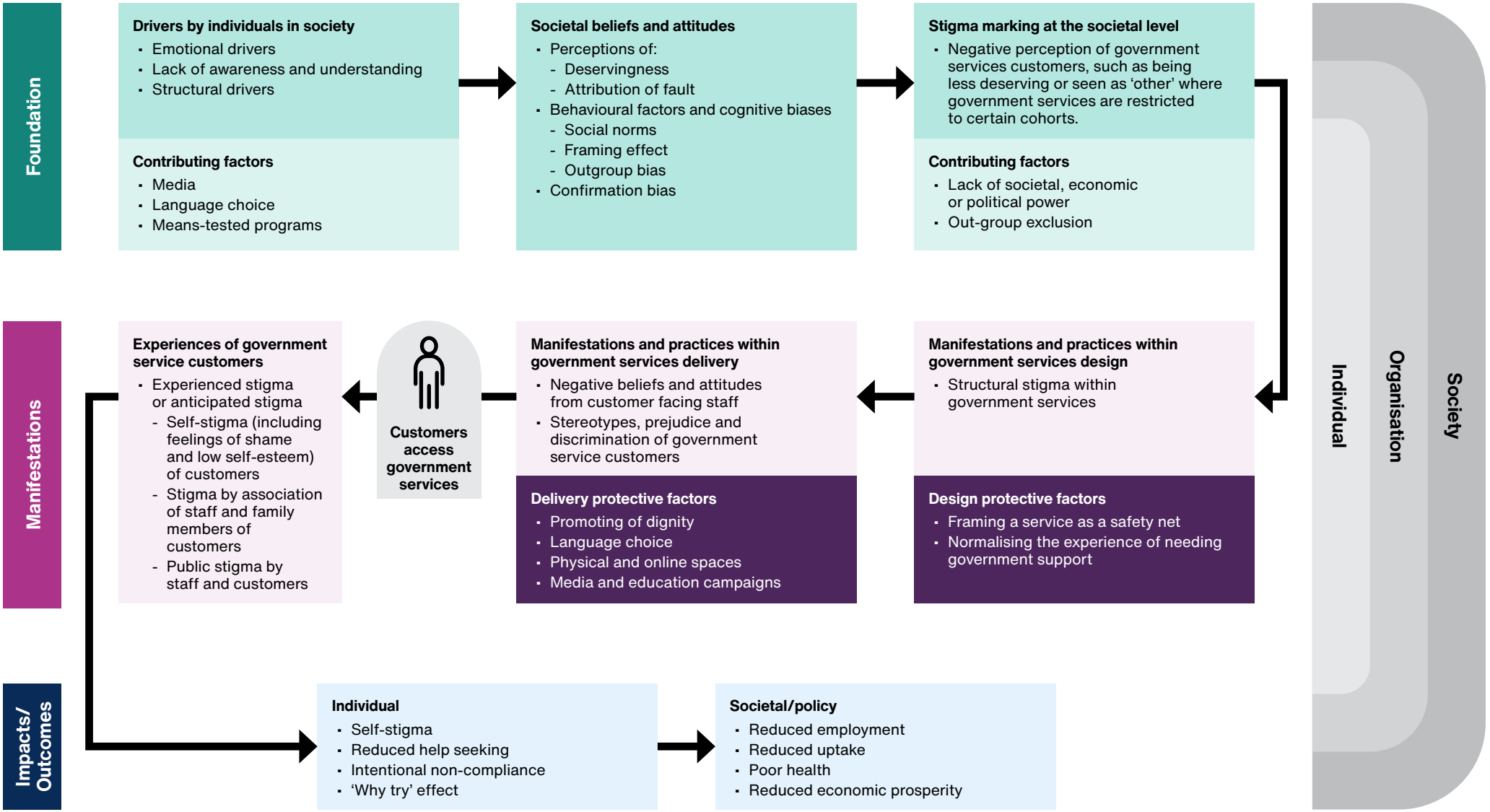
This framework provides an overarching view of how stigma occurs, however in reality, stigma in **government services is a complex process** and is not a linear progression. There are times when the process is circular (e.g. emotions can drive stigma beliefs, but negative beliefs and attitudes also increase negative emotions).

Key terminology

Protective factors – strategies shown to be effective in either protecting against stigma from occurring, or to help reduce existing stigma.

Contributing factors – variables that do not on their own cause stigma, but can lead to circumstances and create the environment for drivers of stigma to occur (e.g., negative media reports as a contributing factor to emotional drivers of resentment).

The Government services stigma framework



Introduction to stigma

- Definition of stigma
- Types of stigma

What is stigma?

There is consensus in the literature on the definition of stigma, but differing views on how stigma occurs depending on the setting.

Definition of stigma

Stigma is the process of when a group of people are viewed and treated negatively because of a perceived difference or discrediting characteristic that 'marks them' and is seen as undesirable, dangerous or inappropriate (Corrigan et al., 2005; Goffman, 1963; Hatzenbuehler et al., 2013; Link & Phelan, 2001).

Stigmatisation has a number of purposes from a psychosocial perspective, although those who stigmatise may often not be conscious of them.

These include stigma acting as:

- A way to enforce social power differentials between groups (Bos et al., 2013; Phelan et al., 2008), where those with less power are stigmatised by those with more power to maintain social control and domination (i.e., keeping people down). This is common in racially-driven stigma.
- A way to reinforce social norms (Bos et al., 2013; Phelan et al., 2008) by keeping people in, where the threat of stigmatisation can encourage members of society to conform with in-group norms.
- A deterrent keeping people away, so the stigmatised avoid 'tainting' the rest of society. This is most common as a form of disease avoidance, where those with stigmatised diseases are socially excluded (Bos et al., 2013; Phelan et al., 2008).
- A way to minimise or limit desire to engage in behaviours seen as undesirable.
- A form of social punishment for behaviour that does not align with community expectations.

Stigma is extensively researched, but how stigma occurs differs depending on the setting

Despite wide understanding of what stigma is, there are differing views within the literature of how stigma occurs depending on the setting in which it's occurring (Goffman, 1963; Jones et al., 1984; Link & Phelan, 2001; Zhang et al., 2021). There are also varying views on how the drivers and manifestations of stigma interrelate.

There are other factors that are often considered to be important in the stigma process, including:

- stereotypes (negative beliefs about a group)
- prejudice (agreement with stereotyped beliefs and/or negative emotional reactions such as fear and anger)
- discrimination (behavioural consequences of prejudice, such as exclusion from social and economic opportunities) in the stigma process (Romeo et al., 2017; Vecchio-Camargo et al., 2022).

To develop an understanding of how government services stigma occurs, we have drawn from the findings from over 200 papers in settings of mental health, infectious disease, and welfare. As reflected in the government services stigma framework (p. 12), stigma in services commonly begins with negative emotions, lack of awareness and structural drivers which influence the beliefs and attitudes that lead people to be 'marked' by stigma. This subsequently manifests in service design, delivery and negative customer experience of services.

Types of stigma

There are different types of stigma that can be experienced by government services customers

Types of stigma

Stigmatisation occurs on societal, interpersonal and individual levels. A significant issue within the stigma literature is that researchers frequently use different terms to describe the same stigma constructs (Fox et al., 2018).

For the purpose of this review, stigma can be understood through four categories presented in Table 1. (Bos et al., 2013; Pryor & Reeder, 2011). Public stigma is the overarching type of stigma which typically influences all other types of stigma, including self-stigma, stigma by association, and structural stigma.

Any of these four types of stigma can impact customers in two ways:

- **Experienced stigma** is when an individual has been differently and negatively treated due to being identified (accurately or otherwise) as a member of a stigmatised group.
- **Anticipated stigma** is the expectation and fear of negative treatment people believe they will receive if others know or believe they belong to a stigmatised group.

Table 1 – Types of stigma

Type	Description
Public stigma	The collective societal level negative beliefs and attitudes towards a group of people who are viewed negatively due to a shared characteristic or identifying marker, causing them to be devalued.
Self-stigma	Self-stigma is when an individual internalises pervasive public stigma and prejudice of a negatively viewed characteristic they are associated with and begin to believe the negative stereotypes about themselves.
Stigma by association	Public disapproval and stigma experienced by individuals who interact with stigmatised people.
Structural stigma	Structural stigma occurs when stigma is legitimatised and perpetuated through the laws, policies, procedures and practices of a country or other recognised institution (e.g., an organisation), that results in unfair treatment or restriction of the opportunities and resources of a stigmatised group.

Foundation of government services stigma

- Drivers of government services stigma
- Relevant behavioural factors and cognitive biases influencing stigmatisation of government services customers
- Contributory factors to stigma in government services
- Identifying stigma risk in government services

Drivers of government services stigma

Service design and delivery can either perpetuate or reduce the stigma of accessing government services for customers.

Emotion

There is consensus in the literature that the early foundation of stigma is based in negative emotions. Some of the negative or uncomfortable emotions that may drive stigma include:

- Fear (Corrigan et al., 2001)
- Disgust (Goffman, 1963)
- Disdain (Zhang et al., 2021)
- Anger (Corrigan & Watson, 2002b)
- Resentment (O'Brien et al., 2023).

In a government services setting, negative public sentiment towards those who access support may lead to negative beliefs and attitudes towards customers.

These negative beliefs and attitudes can subsequently lead to unintentional stigmatising treatment of customers.

Lack of awareness and understanding

There is a lack of awareness or understanding of customer motivations and circumstances for accessing government support, which likely contribute to the public stigma of using government services (Jang, 2022). For example, research conducted in Canada with low-income individuals found those accessing welfare support experienced avoidance and negative comments from the public and government service staff (Reutter et al., 2009). This reflected a 'lack of understanding of their poverty situations and underlying belief that they were undeserving of support and a burden to others'. This research suggests that poor understanding can drive public stigma and can also lead to self-stigma, as people choose to keep their situations hidden, resulting in feelings of shame and frustration (Kim et al., 2023).

The findings show that a lack of awareness and understanding of the circumstances that lead to people needing government support can result in negative perceptions of customers as being 'undeserving' or 'burdens on society'. Lack of awareness can also reinforce the emotional drivers of stigma. Believing a person accessing services does not deserve the assistance can reinforce resentment and disdain. Lack of familiarity with people accessing services could feed negative stereotypes and feelings of fear.

Structural drivers

Structural drivers, such as laws, policies and institutional practices, can play a significant role in stigma. Systemic processes or policies within government services can inadvertently or intentionally create barriers for certain groups (Arthur, 2021a; Arthur, 2021b; Schooneveldt, 2004).

Structural stigma can include legislation or policies that restrict support or have unintended consequences for stigmatised individuals (Hatzenbuehler, 2017; Romeo et al., 2017). These may include:

- **Discriminatory policies** that make it harder for some groups to access services than others
- **Eligibility or conditionality requirements** that imply a need to demonstrate worthiness
- **Under-resourcing** which communicates that customers and staff are a low-priority for government.

There are contributing factors that worsen government services stigma

Service design and delivery can either perpetuate or reduce the stigma of accessing government services for customers.

Emotion

Language choice by political leaders and political commentary play significant roles in shaping public perceptions and stigma surrounding government service delivery and access (Gronholm, 2021). Some language may portray government service customers, and particularly income-support customers, as a 'burden', 'lazy' and 'dependent' (Arthur, 2021a). This can reinforce negative stereotypes and create a social narrative which contributes to public stigma. Some language choices can negatively portray citizens accessing government support in a subtle way, such as 'recipients', which may lead to 'othering' of customers, and separate or negatively mark them as different to other citizens, resulting in out-group exclusion (Bolton et al., 2022).

This type of language not only influences individual attitudes, but also shapes social norms, making it challenging for citizens to seek help without fear of judgement if they access government services. Moreover, terms like 'welfare dependency', 'dole bulgers' and references to welfare fraud can dominate public discussions, even though instances of welfare fraud are rare (Select Committee on Workforce Australia Employment Services, 2023). This can limit recognition of the legitimate needs of the majority of customers.

Political decisions and rhetoric can also contribute to perpetuating or alleviating government services stigma. Sometimes policies are debated in a way that emphasises self-reliance and criticises state assistance. These debates can contribute to a stigmatised public view of government service access. Conversely, political leaders can shift this narrative by discussing government services as a necessary support system that aids citizens in regaining their independence, accessing advice and guidance and coping with unforeseen life challenges.

Media

The literature suggests that news, social and entertainment media representations can contribute to structural stigma relating to government welfare service delivery. Borenstein (2020) argued that media representations of stigmatised groups play a direct role in influencing stigma and can contribute to and reinforce society's formation of negative, inaccurate or violent representations of stigmatised groups.

For instance, the impact of entertainment media on government services stigma is evident through research exploring portrayals of foster care in movies. Alvarex (2017) and Ponciano (2023) found that youth with experiences in foster care were commonly portrayed as addicts, criminals and victims in movies. This negatively influenced perceptions of people with foster care contact.

News coverage of government services and customers also contribute to public beliefs and attitudes. Australian research analysed over 8,000 newspaper articles between 2001 and 2016 that referenced income support payments in Australian newspapers (Martin et al., 2022). This research found the media contributed to negative social commentary around the Disability Support Pension, finding there was an increased use of fraud-related language in newspapers about this payment during the time period that aligned with a post-2011 increase in political and policy focus on the budget sustainability of the Disability Support Pension.

This literature suggests that media coverage (via news media, social media and entertainment media) likely contributes to and influences negative beliefs, attitudes and stigma of those receiving government support. This can influence public attitudes, as well as political discourse and parliamentary policy priorities.

There are contributing factors that worsen government services stigma

Restricting access and limited personal experience with government services can increase stigma.

Means-tested programs

There is strong evidence to suggest that means-testing approaches to government services can contribute to stigmatisation, compared to services that are universally available (Gugushvili & Hirsch, 2014; Stuber & Schlesinger, 2006). Means-testing typically involves limiting services, programs, support, or cash transfers to individuals who meet selective criteria. This is typically based on an assessment of individual or family income, savings or assets. In Western social democracies, means-testing is commonly used to minimise government expenditure by limiting support to those who are most in need (Gugushvili & Hirsch, 2014). In contrast, universal access programs are those services, programs or cash transfers that are available to all or large categories of citizens and residents such as Medicare.

In Australia, a universal access program like Medicare is less stigmatised than means tested services like the Cashless Debit Card for income support. Recent Australian research supports the relationship between stigma and means-testing. In response to COVID-19 lockdowns which caused widespread unemployment and reduced income, the eligibility criteria for Jobseeker, a means-tested social security payment, was significantly and temporarily relaxed. Suomi et al., (2020) found that during this period, negative perceptions and stigma related to receiving unemployment benefits were significantly reduced, suggesting that broad access to government support by citizens reduces stigma associated with means-tested programs. A later study by Suomi et al.,in 2022, also found that negative perspectives and stereotypes are directly related to accessing income support payments, over and above being poor or unemployed. This suggests that accessing means-tested government support is directly contributing to increased public stigma.

The findings show that programs with universal or broad access are less likely to be stigmatised than means-tested programs.

Lack of familiarity

Research indicates that when members of the public are less familiar or have less contact with a stigmatised group, they are more likely to have stigmatising beliefs and attitudes towards the stigmatised group. They are then more likely to socially distance themselves and engage in stigmatising behaviour (Corrigan et al., 2001). Conversely, those who have some interaction with stigmatised groups are less likely to have stigmatising beliefs and attitudes.

In the mental health space, it is well established that a lack of personal connection or familiarity with a stigmatised group can contribute to agreement with negative stereotypes. However, there is limited exploration of this idea in a government service setting.

When members of the public do not have personal relationships or interactions with individuals who use government services, they can rely on stereotypes or media portrayals to inform their opinions. This suggests there is an inverse relationship between stigma and familiarity (Corrigan et al., 2019). For example, Ponciano (2023) found that when members of the public had personal connections or experience with the foster care system, they were less likely to be negatively influenced by negative media portrayals of foster care, compared to those who had no familiarity with the foster care system. Social distance and a lack of familiarity with customers of government services can also encourage an ‘us versus them’ mentality, where citizens view those who access government assistance as fundamentally different from themselves (Bolton et al., 2022; Jun, 2022).

Behavioural factors and cognitive biases influence attitudes and beliefs about government services customers

The way we behave, think, judge and make decisions are often driven by emotions, cognitive biases and heuristics.

Cognitive biases and heuristics allow us to simplify our environment to make rapid judgements and decisions. However, they can cause people to process and interpret information based on emotions, memory and stereotypes.

Known as behavioural insights or behavioural economics, these biases and heuristics play a key role in stigma, leading us to distorted perceptions and judgements about individuals and groups (Vecchio et al., 2022). In this way, cognitive biases and heuristics can influence government services stigma by influencing how society thinks about and perceives those who use government services.

Relevant behavioural insights terminology

Confirmation bias	People are more likely to search for, interpret, favour and recall information in a way that confirms their existing beliefs or attitudes. In this way, if people have existing negative beliefs about customers of government services, they will pay attention to information that reinforces these negative attitudes and stereotypes.
Familiarity heuristic	People favour things and people who are familiar to them over novel things or people. The familiarity heuristic can contribute to stigma by leading people to favour what they know, and distrust and devalue those who are different or who are socially distant and unfamiliar.
Fundamental attribution error	Individuals tend to believe others' negatives situations are due to an inherent flaw in their character or personality, whereas they believe their own negative circumstances are driven by environmental or situational factors. This can lead to 'othering' and beliefs that others' access of government services are driven by their own flawed choices, but their own government service contact is driven by circumstances out of their control.
Framing effect	The way information is presented, either positively or negatively, can influence formations of beliefs, attitudes and stereotypes. Negatively-framed information or language choices can lead to prejudice, discrimination and stigma.
Loss aversion	Individuals are sensitive to losses and fears of missing out. In the context of government services stigma, when others have access to means-tested programs or income support that they do not have access to, this may lead to feelings of resentment and anger, and encourage negative attitudes and beliefs around the lack of deservingness of others.
Outgroup bias	According to social identity theory, people tend to identify themselves and others by perceived group membership. This means they are more likely to look down on, unfavourably view and believe negative things about those different to themselves, and thus more likely to exclude and stigmatise them.
Social norms	Social norms are the shared standards of accepted behaviours within a group. There is a common expectation that individuals must reciprocate gifts from society, such as government support, while those undertaking conditionality requirements in return for support expect their effort will be fairly compensated. When one party is viewed as not reciprocating, this can enhance stigmatisation of government services.

Research suggests that some government services are more likely to be stigmatised than others

Research suggests that a number of beliefs and attitudes towards customers of government services can increase stigma.

Perceptions of deservingness play a crucial role in fostering stigma around accessing government services. Societal attitudes dictate who is considered 'deserving' or 'undeserving' of support, influenced by stereotypes around work ethic, choices and socioeconomic background, leading to significant stigma against those deemed less worthy. The Basic welfare deservingness model, informed by the **CARIN criteria** (Laenen et al., 2019), suggests that are five criteria that people implicitly use to determine deservingness:

- **Control** (degree of perceived personal responsibility they have over their circumstances)
- **Attitude** (perception that they are humble, compliant and grateful for help they receive)
- **Reciprocity** (perception that they have earned help by their past contributions to society)
- **Identity** (perception that they belong to the same social group and are one of 'us')
- **Need** (perception of genuine need, such as high financial or health needs).

While these factors affect perceptions of deservingness, Laenen et al.,'s (2019) research across 3 countries (UK, Denmark and Germany) found that the most important CARIN criteria differed between countries, depending on the rhetoric and structure of the welfare system.

In Australia, media and political rhetoric suggests that perceptions of control, identity and reciprocity play a significant role in beliefs of deservingness.

Australian research found those who have contributed to society in the past (such as the aged) or who are seen to be at not fault for their circumstances (those who are physically or mentally ill) were seen with the same perceptions of warmth or competence whether they received income support payments or not (Schofield et al., 2022). This was not the case for the unemployed or single parents. For these groups, those who accessed welfare support were seen to be less well-intentioned and competent than those who didn't.

Social identity theory research suggests Western societies are more likely to be sympathetic to those seen to be similar to them, and view them as more deserving (Whelan, 2022). This is illustrated in refugee narratives from Europe, USA and Australia, where research has contrasted the prioritised humanitarian status of white Ukrainian refugees with those from Africa, Asia and the Middle East (Ben Labidi, 2023). Other research also suggests that when services or benefits are more universally accessible, rather than **restricted or means-tested to certain cohorts**, these services are less likely to be stigmatised (Suomi et al., 2020).

A **lack of power**, such as low societal, economic or political power can increase the likelihood that people will be stigmatised (Link & Phelan, 2001). As characterised by Andersen et al., (2022), while mental health patients (a low power group) might classify clinicians (a high power group) as 'pill pushers', the lack of social power of mental health patients typically means that society will not adopt these patients' beliefs and attitudes. Instead, mental health patients are more likely to be excluded and stigmatised due to their lack of power.

Some services are more likely to be stigmatised

We can use these concepts of deservingness, fault and social identity to identify Australian Government services that are more likely to be stigmatised, including:

- Centrelink (specifically services and income support targeted at the working aged and single parents)
- Home Affairs (specifically services offered to immigrants, migrants and refugees)
- Department of Employment and Workplace Relations (specifically federally-funded employment support programs)
- Veterans Affairs (specifically services provided to those with 'invisible' disabilities, such as mental health)
- National Disability Insurance Agency (specifically support to those with 'invisible' disabilities or substance-related disabilities)
- Indigenous services
- Other services provided by federal agencies to minority groups, groups publicly stigmatised in Australian media or political rhetoric, groups seen as 'others' by a broad segment of society, or those whose 'deservingness' may be challenged socially.

Manifestations of government services stigma

- How stigma manifests and is experienced by staff and customers at the system-level to the service delivery level
- Top-down manifestations include:
  - Political rhetoric
  - Policy setting
  - Service design
  - Implementation practices

Stigma can manifest at multiple levels within government services

Structural system-level occurrences of stigma include stigmatising political narratives and policy approaches.

Political rhetoric

Research suggests that government services, particularly welfare, have been heavily politicised in Australia. The term 'welfare' is typically used in Australia to refer to means-tested payments and support services offered to working aged individuals who are capable of working but are currently unemployed (Arthur, 2021a). This contrasts with the formal definition of 'welfare', which is all services, programs and payments that the state provides to citizens to support minimum standards of living and health (Klapdor & Arthur, 2016). This includes pensions, public healthcare, tax relief and childcare subsidies.

The more limited understanding of 'welfare' as income support to those of working age has developed in society as a political and moral category rather than a legal or administrative one (Arthur, 2015). Similarly, rhetoric around 'deservingness' associated with different social security and welfare programs has led to these payments and support being more stigmatised than other forms of welfare (Community Affairs References Committee, 2023). As such, stigmatisation of government services has often been focused on working-age customers accessing income support according to the limited definition of welfare. Unemployed customers and single parents experience far more stigma and public vitriol compared to those receiving less controversial welfare support, such as the elderly or those receiving health care support (Schofield et al., 2022).

This has important implications for which government service customers are most likely to be stigmatised, as well as where customers are most likely to anticipate and experience stigma. Aligning with the CARIN criteria (see pg 21), political rhetoric is likely to be more negative for customers seen to be at fault for the circumstances that lead them to access support, whose genuine need may be less visible (e.g. are experiencing mental health concerns) or who are not seen as having paid their dues to society.

Policy settings

There is some evidence that welfare conditionality approaches, such as mutual obligations, can be seen as a manifestation of government services stigma at the structural level. Researchers argue the underlying assumption of such policies is that individuals receiving government support need to be motivated into becoming more 'responsible' citizens (Arthur, 2021b).

Research has found that conditionality can lead to customers feeling stigmatised and punished for their access of government support (Select Committee on Workforce Australia Employment Services, 2023). Customers can interpret these requirements as implying that, without compulsion, they would be unwilling to productively contribute to society. This can reinforce stereotypes and perceptions that government services customers are lazy or less motivated, while not acknowledging the complex socio-economic factors that contribute to their need for support.

Outside of welfare services stigma, there is limited research exploring the relationship between policy settings and stigma. There is some evidence that customers felt stigmatised by immigration policies delivered by Home Affairs, particularly during the Australian Government's COVID-19 response, when temporary migrants were restricted from receiving social assistance and asked to leave the country if they could not support themselves (Phillips, 2024). Customers reported this felt unfair, and noted this was inconsistent with decisions made by other Western countries to support non-citizens during the pandemic (Phillips, 2024).

Stigma can manifest at multiple levels within government services

Customer-facing manifestations of stigma include compliance approaches, complex administration, long wait-times and transactional servicing.

Service design

Manifestation of Australian Government services stigma is most evident in the welfare services literature. For example, research by the Select Committee on Workforce Australia (2023) found that the design of the foundational compliance framework in employment services has led to over 70% of customers linked to employment providers being sanctioned through payment suspensions. This review found that despite this, there was 'zero evidence that 70% of people are cheating the system', suggesting the design of the services could be unnecessarily exacerbating experiences of stigma.

Headworth (2020) found that welfare fraud investigators believed customers had intentional motivations for non-compliance, rather than recognising situational pressures, and this normalised discriminatory treatment of those receiving welfare. This led fraud investigators to believe that welfare customers were to blame for their circumstances, and legitimatised their beliefs that breaking welfare rules were deliberate and due to customers' inherently negative dispositions, rather than accidental or unintentional errors.

Research in the US also suggests that across government services, there are significant administrative burdens on customers (Lasky-Fink et al., 2023). This can drive psychological costs (e.g. loss of autonomy and threats to self-worth) which can exacerbate feelings of stigma, particularly when customers are being asked to prove their eligibility (or deservingness) for means-tested programs (Lasky-Fink et al., 2023). Examples of administrative burden can include requirements to complete extensive forms, navigating complicated eligibility requirements, difficulty locating required information due to poor website design and repeated requests for information already provided.

Together, compliance-driven approaches and administrative complexities can normalise stigmatisation of government services customers and contribute to customer feelings of low worth and dehumanisation.

Implementation practices

In early findings from the Royal Commission into Defence and Veterans suicide, customers of government services reported what they viewed as 'experiences of administrative violence' in how procedures and practices were implemented in support agencies (Commonwealth of Australia, 2022). Negative experiences included long-wait times, complex claims processes, misinformation and feelings of being unheard and unsupported. Customers reported feeling hopeless and lacking in emotional or cognitive capacity to navigate the complex system.

> **Don't make me feel bad when I ask for help. I'm used to going without, if I ask for help I really need it.**
> —Services Australia customer in the *Customer Vulnerability Insights* report

Critically, research shows that if customers reach a point where they feel the government cannot be trusted to treat them fairly, there is very little the government can do to recover this trust (Braithwaite, 2004).

Impacts and outcomes of government services stigma

- Individual-level impacts and outcomes of government services stigma
- Societal impacts and outcomes of government services stigma

Stigma has negative impacts on individuals and can often lead to worse outcomes

Stigmatisation can lead customers to internalise negative stereotypes and increase reluctance to seek help.

Public stigma leads to self-stigma

Public stigma in relation to receiving assistance from the government is significant, particularly for those of working age receiving unemployment support. Research suggests that media discourse implying that government services customers are undeserving, burdens to society and at fault for their circumstances can lead to customers internalising these views (Arthur, 2021b; Martin et al., 2022).

Longitudinal research by Vogel (2013) found that public mental health stigma (measured by a societal attitude survey) is directly associated with increased self-stigma over time. There is also strong evidence to support this effect being replicated in government services stigma, where numerous studies show that those who experience welfare stigma engage in self-blame and internalise public shaming for receiving government assistance (Bolton et al., 2022; Garthwaite, 2015; Jun, 2022; Patrick, 2016).

Self-stigma is associated with significant negative symptoms and outcomes, including reduced levels of hope (Mittal et al., 2012), self-esteem (Lysaker et al., 2007), self-efficacy (Corrigan et al., 2016) and quality of life (Vrbova et al., 2017). Qualitative evidence from government service customers strongly support the impact of self-stigma, finding that customers reported feeling ashamed and fears of being judged (Scambler, 2018; Services Australia, 2021a; Services Australia, 2021b).

Reduced help-seeking

On average, approximately 20-50% of households do not access government welfare programs they are eligible for (Bhargava & Manoli, 2015; Lasky-Fink & Linos, 2023). Research in the mental health space suggests that anticipated stigma can lead people to avoid seeking help due to feelings of low self-esteem and efficacy, triggered by feelings of guilt and shame (Pattyn et al., 2014).

The impact of public and anticipated stigma in reducing help-seeking has also been demonstrated in government services settings. Research from the US found that anticipated stigma for receiving welfare support is even greater than that for accessing mental health services (Stuber et al., 2006).

Government services stigma may also exacerbate other barriers to help-seeking such as administrative burden and scarcity mindset. Research shows that administrative burden on government service customers is extremely high and can be a direct driver of reduced uptake of services (Lasky-Fink & Linos, 2023). The scarcity mindset or ‘survival fatigue’ often experienced by government services customers means the emotional and cognitive load driven by living in difficult circumstance can also act a barrier to customers seeking help (Lens et al., 2018).

These findings suggests that government services stigma will increase the feelings of overwhelm and overload already experienced by many customers, greatly increasing the chances that the customers most in need will not seek help.

Stigma has negative impacts on individuals and can often lead to worse outcomes

Stigma encourages non-compliance and can entrap customers into relying on government support.

Intentional non-compliance

Research shows that when people feel powerless or deprived of autonomy, they are more likely to engage in 'everyday' forms of subtle resistance designed to avoid notice and backlash from authorities (Scott, 2016). This may include delaying submitting required forms, completing required activities to the bare minimum and false compliance. They are also more likely to resist if decisions made by government institutions are perceived to be unfair or they feel what they are being asked to do is pointless (Peterie et al., 2019a). For example, Australian jobseekers receiving income support payments reported feeling that government assistance to find work was not tailored to their needs and there was coercive pressure to meet requirements that they did not find useful to help them find work (Peterie et al., 2019b). While some participants internalised their experiences, expressing shame about their circumstances, others rejected fault, reporting anger and frustration about being asked to engage in activities they felt were pointless.

Collectively, these findings suggest that if customers do not feel that government services are helping or listening to them, they will be may be more likely to engage in subtle resistance activities, such as omission or delay of information. This is supported by research on compliance with Australian taxpayers which found that if the Australian Taxation Office (ATO) did not explain decisions, treated customers unfairly or did not engage customers in decision-making processes, citizens were more likely to resist, disengage and actively seek loopholes (Hartner et al., 2008). This also aligns with the reciprocity principle, that suggests people expect fair exchanges when they exert effort, and expect others to respond in kind with balanced and equivalent effort or action (Wenzel, 2003).

Based on these findings, intentional non-compliance by government service customers is most likely to occur in circumstances where they perceive a loss of autonomy and feel they are being treated unfairly and their effort is not being returned.

'Why try' effect

Evidence in the mental health space suggests that individuals who internalise negative stereotypes and public perceptions commonly associated with mental ill-health, begin to question their self-worth and capabilities (Corrigan et al., 2002a). This diminished self-efficacy leads to the 'why try' effect, where people believe they cannot improve their situation and this decreases their motivation to do so.

The role of the 'why try' effect on government service customers outcomes is well supported in Australian and international research. For example, a recent Australian review overwhelmingly found that while customers receiving unemployment benefits want to work, mutual obligation requirements negatively impact their intrinsic motivation (Select Committee on Workforce Australia Employment Services, 2023). Additionally, international research showed that, when stigma was high, individuals on government support were less likely to engage in extensive job searching and find work compared to those not on support, while this is not the case when stigma was low (Contini et al., (2012). The findings show that low motivation in customers of government support can be attributed to high levels of government services stigma.

This is further supported by another Australian study which found that even when government service customers search as hard for work as others who are unemployed, they secure lower-quality employment (i.e., lower wages and employment length) compared to those not on benefits (Gerards et al., 2022). The 'why try' effect is likely to be exacerbated by employers less willing to hire those accessing government support, with Australian research finding that employers view customers as less competent compared to those not on benefits (Suomi et al., 2022).

These findings suggest that high government services stigma impedes customer effort and belief in their capabilities and reduce employers' perceptions of their abilities. This leads to the 'why try' effect, where customers feel they are unable to improve their circumstances, and thus become more reliant on government support rather than less.

Individual impacts can lead to larger policy and societal impacts

Reduced uptake and employment can translate to poor macro outcomes.

Reduced uptake

Stigma can be a barrier to people accessing their government services entitlements. Stigma in government services, particularly welfare services is directly linked to reduced uptake of government support. It is a bigger deterrent than lack of information or heavy administrative burden (Andrade, 2002).

For example, Barofsky et al., (2010) found that 26% of pension concession card and health concession card holders deliberately do not use their card because of perceived stigma associated with use. This was higher than those with a lack of awareness that they can use it (10%). Additionally, Stuber et al., (2004) found that administrative difficulties were a greater barrier to welfare supports for those who had negative beliefs about people accessing government services.

It can be tempting to argue that people who really need support will access it, regardless of stigma. However, Stuber et al., (2004) also found that people with the highest levels of need, such as those with significantly poorer health or more children, were just as likely to avoid accessing government support due to stigma as those who were less in need.

Reduced uptake of government services reduces the benefits and the intended outcomes. The literature suggests stigma may have a significant impact on uptake, leading to poorer outcomes across the economy.

Reduced employment

Government services stigma can also reduce the employment prospects of customers. Stigma can lead government services customers to be seen as less competent or motivated. This leads employers to subconsciously or overtly prefer candidates who are not receiving government support (Schofield et al., 2019). This trend has been described as the 'entrapment effect', when individuals receiving government support face reduced opportunities to transition back to employment (Contini et al., 2012). The entrapment effect is partly due to employers' negative perceptions, and partly due to decreased feelings of self-efficacy experienced by customers of government services who absorb and internalise public stigma, leading to them 'living down to expectations' and lowering their job-seeking efforts.

The impact of stigma on employment has been well established in the mental health space. The Mental Health Council of Australia (2011) found that over 34% of people living with mental illness have been advised by health professionals to lower their expectations for accomplishment in life. This effect also appears to be replicated in government services, and particularly for compliance-focused programs. Research suggests that for government services with a conditionality approach, where customers are required to perform activities in return for welfare support, welfare stigma can cause a significant backfire effect (Contini et al., 2012). It can lead customers to have reduced belief in their own abilities to find work and thus reduce their effort to seek employment, such as through lower job searching effectiveness and effort, which leads to longer-term welfare engagement.

Individual impacts can lead to larger policy and societal impacts

Government services stigma drives poorer population health and reduced economic prosperity.

Poor health

Government services stigma can lead to poor health outcomes for customers and reduce overall population health. A study on state-level economic and social measures in the US found that welfare stigma is significantly linked to poorer health outcomes (Lapham & Martinson, 2022). The research found that social programs that are available to all citizens were associated with improved health outcomes (Cylus et al., 2015). In contrast, customers of means-tested programs experience far greater stigma, and their health outcomes are typically far poorer, which may be in part due to the stigma and prejudice they face (Lapham & Martinson, 2022).

Welfare stigma is associated with poor mental health outcomes including depression (Pak, 2020), diminished wellbeing (Crocker & Major, 1989), low self-esteem and anxiety (Inglis et al., 2023), and suicidality (Bassuk et al., 1997; Butterworth et al., 2006). Another study suggests that anticipated stigma associated with government services can also contribute to psychological distress (O'Donnell et al., 2015).

In general, stigma is a fundamental driver of health inequalities. It has been shown to negatively impact both physical and mental health, reducing overall population health (Hatzenbuehler et al., 2013). Stigma is associated with disrupted or inhibited access to structural, social and psychological resources (such as money, status, social connections, and healthcare) that aid to avoid or minimise poor health.

Research on the impact on population health of government service delivery stigma is limited. However, findings from stigma research in welfare settings, mental health, infectious disease and physical health strongly suggests that stigma is directly linked to poorer health outcomes.

Reduced economic prosperity

Entrenched government services stigma can significantly impede economic prosperity across the population. Stigma can dissuade individuals from accessing essential government services, such as financial aid and educational opportunities, due to anticipated social judgement or internalised stigma (Contini et al., 2012). Mental health research suggests underutilisation of services can also be a drag on overall economic growth as a result of lost productivity, unemployment, reduced consumer spending, and increased dependency ratios (Trautmann et al., 2016).

The link between stigma and impeded economic growth is well established. UK researchers found that mental health stigma negatively impacted employment, income, resource allocations and healthcare costs (Sharac, 2010). Similarly, it was found that mental health stigma in the European Union had a greater economic cost than cancer or diabetes (Trautmann et al., 2016).

Stigma can also contribute to a cycle of poverty that hinders generational economic advancement (Beddoe et al., 2016). Children in stigmatised households can face educational and healthcare barriers, which significantly impact future economic development. Consequently, government services stigma can foster disadvantage into the socio-fabric of future generations, constraining broader economic prosperity.

Reducing stigma and protective factors

- Limitations of existing research
- Promoting customer dignity
- Other approaches to reduce stigma
- Case studies of reducing stigma in government services

Research on reducing stigma in government services is limited

Limitations of existing research

There is widespread recognition that some government services are stigmatised, however there is little research on practical ways to reduce stigma. The available research mostly contains qualitative descriptions of the current state or activities under way. Much of the experimental research that does exist has occurred in a clinical setting in areas such as mental health, testing therapy-driven interventions that are difficult to translate into a government service delivery setting.

Most of the interventions in this section are relatively small in scale and focus on one element of government service delivery (Jackson-Best & Edwards, 2018). While these may be effective, their effects may be constrained if they are enacted within the existing structural features and broader societal attitudes and inequalities that facilitate stigma. As argued by Kim (2021), service delivery is irrevocably caught up in a system that involves the collaboration of multiple stakeholders, including customers, staff and the broader community who are both directly and indirectly involved.

A more transformational, multi-level strategy aimed at reducing stigma throughout this system over the long term—targeting individuals, interpersonal relationships, community and structural levels (Rao et al., 2019)—may have bigger effects than any one of these interventions adopted alone (Gronholm et al., 2021).

Promoting customer dignity can reduce stigma

Reducing stigma can be difficult to operationalise. As such, an approach framed around promoting customer dignity may offer a more tangible and accessible way to reducing stigma.

People's experiences with government services are often interpersonal experiences with customer-facing staff, by phone or in person. Research suggests that interactions between customer-facing staff and customers could reduce experiences of stigma, even if staff are required to implement system requirements that may be inherently stigmatising.

This approach, sometimes called 'dignity work', includes intentional acts by staff which aim to counter stigmatisation by promoting the dignity of people seeking government assistance (Schmidt, 2022). While most stigma literature focuses on the experience of government service customers, rather than how service delivery staff can provide stigma-less services (Grainger, 2021), this appears to be a promising area.

Ways customer-facing staff can interact with customers include:

Enabling autonomy and agency

Feeling able to have autonomy is a key component of dignity (Kim, 2018). Customer-facing staff can create space for customers to make their own choices about the support they receive. When customers feel empowered, in control and have agency in their interactions, this could help to counteract some of the effects of stigma (Lamberton et al., 2024).

Customer-facing staff may be able to counteract feelings of worthlessness by helping boost customers' self-esteem. For instance, emphasising the importance and value of domestic work and raising children may award the customer with a meaningful role in society (Schmidt, 2022).

Guiding through the system as allies

Customer-facing staff can position themselves as allies with the customer and work with them through the system. Feeling lost in the system—or worse, feeling discouraged or rejected by it—can exacerbate feelings of shame and worthlessness (Kim et al., 2023). Customer-facing staff may be able to reduce these feelings by demonstrating a commitment to being helpful and supportive (Schmidt, 2022). Staff can help create a safe space and a trusting relationship by sitting alongside the customer and working on problems together (Schmidt, 2022).

Offering connection and belonging

Facilitating a personal bond between customer-facing staff and customers can help reduce feelings of stigma. Building a sense of 'sameness and togetherness' can help equalise the relationship, despite the inherent power imbalance (Schmidt, 2022). For example, staff could emphasise that the customer's situation could happen to anyone or share aspects of their own experiences (Schmidt, 2022).

Minimising guilt, blame and judgement

Customers can feel better about themselves and their situation when staff start with an assumption of deservingness and worthiness (Schmidt, 2022). Discussions that convey respect, empathy and trust are more effective rather than comments that make the customer feel judged for their actions (Kim et al., 2023). Customer-facing staff can avoid shaming or blaming customers by creating a non-judgemental space, offering compliments and emphasising the situational factors that led to the customer's situation (Schmidt, 2022).

Responding to individuals' unique needs

Customer-facing staff can build customers' capability, self-esteem and hope for the future by taking the time to understand their situation and work with them to 'formulate goals and identify options' (Mason et al., 2014). When staff operate under time pressures and are focused on compliance and bureaucracy, they can be frustrated by their inability to support the 'whole person' (Giuliani, 2015). Staff could counter stigma by putting aside pre-conceived judgements and first listening deeply to the customer's story to understand their circumstances before showing appropriate acts of care – even if the outcome is not be what the customer hoped for (Schmidt, 2022).

Other approaches for reducing stigma

Service delivery-focused mindsets that emphasis universal availability to those most in need is likely to reduce government services stigma.

Emphasise universality and availability to anyone in need

There is strong evidence that means-tested programs are more likely to be stigmatised than programs which have a more universal access approach (Gugushvili & Hirsch, 2014; Stuber & Schlesinger, 2006). This is because when services or supports are broadly distributed (such as Medicare or tax relief), they are likely to attract fewer stigmatising attitudes compared to highly targeted supports (Gugushvili & Hirsch, 2014; Suomi et al., 2020). In the context of COVID-19, Gronholm et al., (2021) suggested that universal public health strategies that applied to everyone (such as testing, physical distancing or travel bans) were less stigmatised than targeted strategies that could imply blame to a particular group. Universal access should be offered where possible, to reduce stigma associated with government services.

When means testing is necessary (when there is limited government funding and high need), there are ways to design and frame them to the public in a way that minimises public stigma as much as possible. One way to discourage the stigmatisation of means-tested government services is by framing a service as a safety net available to anyone who may find themselves in need of support. This emphasises the circumstances, rather than the identity, of means-tested customers. Means-tested programs can be made to appear more universal by focusing on the customers' situation, and by highlighting that situations can change and can happen to anyone. Normalising the experience of receiving government support—for example, 'we all go through this in our lives'—can help to alleviate customers' shame (Schmidt, 2022).

While this approach helps reduce stigma in the community, but there is a risk that this framing could make it more disappointing for customers if they perceive themselves as having a need but do not qualify for the service. The risk can be mitigated by the service provider offering the customer other types of support such as linking them with other services they may qualify for or linking them with community support.

Mindset and approach

The literature suggests that any intervention is more effective if implementers adopt a mindset of service delivery and customer experience, rather than a compliance-oriented mindset. While it may be necessary to hold customers to standards of behaviour, when this becomes the central focus of the service provider's, it risks exacerbating stigma and prompting unhelpful reactions.

For example, sanctions are commonly perceived as an effective driver of compliance. However, real-world studies from the Australian Taxation Office suggest that exclusively compliance and deterrence-based approaches can backfire when combined with stigmatising service delivery (Murphy, 2008). Research with Australian taxpayers found that stigmatising treatment after non-compliance with tax rules led to individuals feeling resentful towards taxes and the tax authority, and more likely to evade taxes in the future. In contrast, taxpayers that were treated respectfully even after being identified as non-compliant, were less likely to evade their taxes even two years later (Murphy, 2008).

This suggests that adopting a customer-supportive mindset and approach, rather than a focus on deterrence or compliance, will likely encourage customers to work with staff rather than against them. It also suggests that a customer-focused approach is even more important for customers who have been subject to sanctions in the past. Treating these customers respectfully and with dignity may reduce non-compliance in the future.

Other approaches for reducing stigma

Careful language choice and design of physical spaces that convey dignity to customers are effective ways of reducing stigma.

Communicate to empower

Language choices by services and staff can either reduce or increase stigma. Negative effects of language have been observed in various contexts, including in mental health, infectious disease and addiction settings (Gronholm et al., 2021). In the context of substance use disorder, language that elicits negative associations, punitive attitudes and individual blame (such as 'user', 'addict' and 'drunk') can discourage people from seeking treatment (National Institute of Drug Abuse, 2021).

In a government service delivery context, research suggests that language choice may also play a role in either stigmatising customers or, conversely, promoting dignity. Stigma can be exacerbated by language that criticises customers, such as 'welfare dependent', 'cheat', 'tax evader', or 'economic migrant' (Arthur, 2015). These imply that customers may not deserve government assistance or suggest they are to blame for their circumstances. Words such as 'recipients' or 'service user' should also be discouraged, as it has connotations of someone gaining something that is not available to others and implies a non-inclusive approach for only entitled beneficiaries. Instead, 'customers' gives connotations of an inclusive, service-orientated organisation that is open and available to all people. At the same time, even the term 'customer' has the disadvantage that it frames the service as more of a transaction than a partnership. While there may be no perfect terminology, word choices on forms, websites and information sheets, as well as wording choices by staff, should prioritise an approach of promoting customer dignity.

Language used to communicate to customers about decisions or activities can be stigmatising. If requirements are imposed on customers without explanation, they can feel monitored or undeserving. For example, if customer-facing staff keep their distance for safety reasons, but this is not communicated, it could exacerbate stigma (Kim et al., 2023). The literature recommends that services should be transparent about why services are designed a particular way.

Create supportive physical and online spaces

Design of both physical and online spaces has the potential to reduce experiences of stigma, promote agency and facilitate psychological safety within government services settings (Nyblade et al., 2019; Liddicoat, 2020).

In **physical settings**, architectural choices that appear threatening or impose physical barriers between customers and staff can lead to feelings of isolation or unworthiness, and make customers and staff appear as adversaries rather than partners with a common goal (Schmidt, 2022). Enabling people to sit next to each other, when appropriate, can encourage equality and connection and reduce stigma (Schmidt, 2022). Bitner (1992) found that ambient features (e.g. lighting), functionality and layout and design (e.g. décor and colour) play an important role in customer experience.

There is strong evidence that shows focusing solely on functional design (e.g. efficient use of space) can backfire (Pecoraro et al., 2016). For instance, designing spaces to only contain necessities and remain easy to clean, such as in hospital settings, can cause spaces to feel cold, sterile and unwelcoming, which can perpetuate stigma (Ulrich, 2006). Instead, physical service centres should be designed to be welcoming and accessible. The Australian Disability Network (2015) provides guidelines for accessible designs that go beyond compliance with legislation, where well-designed spaces are enabling, inclusive and promote dignity and equity for all people.

For **online service settings**, there is some evidence that suggests that colour and graphics, layout, navigation and accessibility all play a role in reducing perceived stigma (Abdulai et al., 2022).

Together, these findings suggest that visually attractive and accessible customer service spaces can reduce stigma and promote dignity, while also improving customer perceptions of government agencies.

Other approaches for reducing stigma

Stigma can be reduced by highlighting that highly respected community members seek support and building connections with influential community organisations and leaders.

Educate the public

Research from the infectious disease space indicates that interventions targeting public attitudes could reduce prejudice against stigmatised groups (Gronholm et al., 2021). This could be done through public awareness campaigns on mass or social media. For example, during COVID-19, media campaigns across various communication settings were launched to educate the public about the virus and aimed to decrease fears and stigma that might lead people to refuse vaccination or help.

Research in mental health settings also shows that public education campaigns are effective. Ross et al., (2019) found positive mental health media reports decrease stigmatising attitudes, while negative media coverage likely increase them. Additionally, educational media campaigns were shown to improve mental health knowledge and attitudes (Thornicroft et al., 2016). Gronholm et al., (2021) highlighted that careful design of messaging is needed to minimise the chances of inadvertently exacerbating stigma. The studies suggest that public education campaigns could be effective in a government services' context to correct stereotypes about customers. However, launching a campaign may not be feasible or practical.

A more promising approach for agencies could be drawn from mental health grassroots campaigns and advocacy by prominent individuals (Ferrari, 2016). This involves well-respected celebrities, sportspeople or public figures speaking about their own experiences with mental health and challenging the stigma associated with seeking support. This could be replicated in a government services setting, where a respected public figure shares their own story of accessing government services and advocates for people to seek support when needed. One recent example of this is Prime Minister Anthony Albanese, who shared that he was raised by his single mother on a disability pension and lived in public housing.

Together, this research suggests that carefully designed and targeted education campaigns could be an effective way to reduce government services stigma.

Government service ambassadors

Community leaders and community organisations can be very influential in shaping perceptions, discourse and communication within their communities (Gronholm et al., 2021). As such, these leaders and organisations can play a critical role in leveraging their relationships within the community and be a trusted source of information, as well as a gateway to facilitate access to government services.

Community leaders and organisations can support vulnerable groups to access government services and support by:

- increasing awareness and understanding of what supports may be available
- challenging self-stigma experienced by customers that may lead them to be reluctant to seek help
- helping customers navigate the complexities of government services, including customers with limited English, technology capabilities, or transport options

As such, it may be beneficial for government services to, where possible and appropriate, foster connections and build rapport with relevant community groups and leaders. If strong relationships are formed, community groups and leaders can act as ambassadors for government services and facilitate engagement with communities that are more vulnerable and harder to reach. Community leaders who have previously accessed government support can also play a role in de-stigmatising government services for those in their community.

Other approaches for reducing stigma

Prioritising empathy over efficiency can reduce stigma, and staff and service design can play a role in creating psychologically safe settings for customers.

Encouraging connection and empathy with customers

Stigma can be reduced in government services by encouraging connection, social interaction and partnership with customers. Research has found that direct interpersonal interactions with people from stigmatised groups can reduce public stigma and prejudice by increasing people's knowledge and understanding of the stigmatised (Damste et al., 2024). Examples from mental health indicate that people's social contact with stigmatised group is one of the most effective interventions to improve knowledge and attitudes towards mental health (Thornicroft et al., 2016). While studies have traditionally looked at face-to-face contact, more recent interventions also suggest it may be possible to reduce stigma through online interactions, videos and even imagined contact (Tran et al., 2023).

These findings can be applied to government services settings by encouraging connection and partnerships between staff and customers. Co-designing programs with relevant stakeholders and building knowledge and understanding of customer experiences will ensure that the customers' voices are heard (Gronholm et al., 2021). This will support more tailored messaging and services and ensure that services are legitimate, appropriate and effective. Key stakeholders can include customers, community leaders, advocacy groups, non-government organisations and customer-facing delivery staff.

Agencies can also encourage empathetic understanding of customers through service design requirements and staff training that support recognition of the experiences and circumstances of customers. This is likely to increase services' and staff's willingness to engage in customer-centred support. Additionally, while online and self-service channels can be an efficient way to service customers, empathetic interactions between staff and customers can be important for initial interactions. This is particularly likely in complex circumstances or situations when customer vulnerability is high. Customers are less likely to experience stigmatising or dehumanising servicing if staff can listen to the needs of the customer and provide personalised support before referring them to online channels.

Supporting psychosocial health

Stigma (anticipated and internalised) can be reduced through targeted interventions to support psychosocial health (Gronholm et al., 2021). Service delivery staff should not be expected to actively support the psychosocial health of customers, although research suggests that customer-focused, person-centred and non-judgmental support can play a critical role in de-stigmatising government services. Staff alone are not responsible for this and the design of services plays a foundational role in whether staff are able to create a positive experience for customers.

Additionally, while not extensively researched in a stigma environment, acceptance and values-based interventions to support psychosocial health may be effective by improving self-esteem, empowering stigmatised individuals, and encouraging help-seeking behaviour (Mittal et al., 2012). Acceptance approaches involve acknowledging and empathising stigma-related experiences without attempting to change or avoid the discomfort they bring (Luoma et al., 2008). Acceptance-focused approaches can reduce the struggle against stigma and validate people's experience, which may reduce its psychological impacts. Values-based interventions align with dignity-promotion approaches, where staff can be encouraged to articulate the positive values of staff (such as integrity, compassion or resilience) and explore how they can act in ways that are consistent with these values.

Training staff to affirm customer dignity and experiences, minimise power differentials and include customers in decision-making, creates a foundation for human-centred customer support. This approach can support positive experiences for customers and minimise circumstances that may negatively impact psychosocial health of customers. These strategies may be more difficult in settings where staff are not assigned to customers and may be more effective when staff have continued contact with the same customer. Staff should also have resources available to refer customers to psychosocial support services if required.

Case study: Promoting customer dignity

Schmidt (2022) conducted a study in the Netherlands which explored how social workers promote dignity for customers of the welfare system amid challenging system designs influenced by strict measures and stigma. The study involved participant observation, interviews and focus groups with social workers. The research identified three strategies for how social workers promote dignity of government service customers through their interactions:

Affirming

Affirming aims to make the customer feel better about themselves or their situation, despite being in difficult circumstances. In particular, it involves highlighting to customers that they deserve and are worthy of support.

This strategy is commonly used by social workers when interacting with customers and can include giving compliments, being attentive and countering negative ideas that customers may have about themselves for needing government support (e.g. needing help from others can happen to anyone).

> **She [the customer] was so ashamed about feeling down and not being able to sort out practical matters. I told her 'We can all go through this in our lives, that you just can't figure it out anymore. And then it's nice when we help each other'.**
> —Quote from social worker

Equalising

Equalising aims to make the relationship between the social worker and customer more equal, to alleviate feelings of shame from stigmatisation. Social workers implement this strategy by creating a safe, non-judgemental space, where customers are not questioned about deserving support and need does not have to be proven.

Through this strategy, social workers provide hands-on support rather than asking critical questions to customers, promoting togetherness and sameness.

Equalising often requires patience and investment and is seen as a long term effort with the aim of building trust.

> **It's also about equality. I try to show a bit of myself to the extent that they are interested. Because it's about reciprocity, trust, friendliness; about the bond from which other things can happen.**
> —Quote from social worker

Including

Including practices involve reducing experiences of exclusion caused by stigma by establishing that the customer is not alone, and that they are deserving and worthy of support. This is achieved by social workers demonstrating solidarity and advocating for the customer, for instance, when engaging with other government services.

Including work also involves providing ongoing support for customers who may demonstrate challenging behaviour, when others may normally stop trying to support them. Since exclusion is one of the main characteristics of stigma, inclusion is a key factor to maintaining customer dignity.

> **We also help him answer the questions of the debt administrator, these were very difficult. This man really didn't understand. We went to court again last Friday. We won.**
> —Quote from social worker

Key takeaway

While the case study was done with social workers in the Netherlands, it is still relevant to stigma in Australian government services.

The social workers in the study were interacting with customers on a similar topic (accessing stigmatised services) and their relationships had similar challenges (power differentials, mistrust and baggage from previous negative interactions).

The study shows how continuous promotion of customer dignity helps reduce stigma for customers.

It also demonstrates that we can begin to reduce the experience of stigma from the bottom up, before achieving structural or system-level changes to policies.

Case study: Language choice and framing in rental assistance programs

Lasky-Fink and Linos (2023) conducted trials in the United States, aiming to test whether subtle changes to framing of rental assistance programs can reduce the stigma associated with the program and increase uptake. The studies were conducted during the COVID-19 pandemic, when many households were experiencing income loss or unemployment.

Study 1

For this study, 54,444 emails were sent to Austin residents about a temporary rental assistance program. Recipients either received an email which provided Information only about the rental assistance program, or an email with *Information + stigma*.

The *Information + stigma* email included subtle language changes aimed to target anticipated stigma and reduce fears or expectations of prejudice and discrimination. Language changes included 'it's not your fault', 'many residents need extra help due to the COVID-19 pandemic' and 'the program is intended to help all eligible residents get the assistance they deserve'.

The study found that the *Information + stigma* email led to a 36% increase in click-throughs to the rental application website, compared to the *Information only* email.

Study 2

In this study, communications were sent via mail, aiming to connect eligible renters in Denver with a temporary rental assistance program. The sample included 62,715 renter households and addresses were randomised into one of three conditions.

The *Control group* received no communication, but may have received information through other channels. The *Information only* group were sent a postcard with clear, simple information about the program and instructions for applying. The *Information + stigma* group were sent the same postcard as the *Information only* group, but with subtle language changes similar to study 1.

The study found that the *Information + stigma* message significantly increased submitted applications relative to the *Control group*. In addition, the *Information + stigma* message increased submitted applications by 11% compared to *Information only*, however this difference was not statistically significant.

To ensure results were due to stigma, additional online surveys were also conducted to measure stigma. Respondents were shown either the *Information only* or *Information + stigma* message. The analysis found that overall stigma and self-stigma was significantly lower for those who saw the *Information + stigma* message, compared to the *Information only* message.

Key takeaway

Subtle changes in language and framing can have significant impacts on engagement and take-up with government services.

Ensuring that language used in government policies and services is destigmatising, can be a low-cost and effective way to reduce stigma.

Case study: Promoting customer dignity

The ‘We Are Beneficiaries’ campaign was initiated in New Zealand by artists with personal experience of receiving welfare benefits. The campaign was launched across social media channels including Facebook and Instagram, to allow current and previous welfare customers to share their stories. The campaign was launched in August 2017, and by February 2018 the campaign had shared stories from over 200 people and garnered around 7,000 followers on their social media pages. A paper by Messe et al., (2020) looked at the public Facebook page of the campaign and outlined three ways the campaign aimed to reduce stigma.

Refuting Public Narratives

The ‘We Are Beneficiaries’ campaign attempted to de-stigmatise welfare customers by countering the public narrative. Several posts challenged the stereotypes of welfare customers and highlighted their diversity. For example, one person shared their story of needing assistance after being made redundant. This was accompanied by an artistic portrait which identified them to be a white man, middle-aged and middle class, therefore challenging stereotypical representations of welfare customers as younger, minority or lower social class.

Using social media also allowed customers to represent themselves and remove the risk of engaging with traditional media, which may identify them as the exception.

Critiquing Systems

Posts and comments expressed concerns over the structure of the welfare system and how it perpetuates stigma for welfare customers. The structure of New Zealand’s welfare system has led to time-consuming and degrading experiences for customers.

Many posts and comments shared their difficult and traumatic experiences with the welfare system as well as frustrations about having to prove their entitlement. Many reflected on how the treatment from staff made them feel ashamed for needing assistance e.g. ‘the case worker looked at me like I was something she stepped in.’

Public posts and comments expressed their desire for a welfare system that supports, values and assists people instead of punishing and stigmatising them. The campaign allowed people to share their individual experiences, as well as critical analysis of the system.

Building Solidarity

The campaign attempted to de-stigmatise welfare customers by building solidarity among current and past customers, as well as customers and non-customers. Comments provided words of support, compassion, understanding and empathy towards customers, contrasting against the stigma and shame often received from traditional media.

Solidarity was also formed through customers sharing similar experiences, fostering a sense of community and shared identify. Sharing these similar experiences created a safe space of mutual understanding and counteracted feelings of alienation or isolation that can occur for government assistance customers.

Due to the campaign, individuals did not have to hide their status as a customer, and had a safe space to speak freely about their experience and be supported.

Key takeaway

Social media campaigns can potentially play a key role in reducing stigma of government service customers. It can provide a safe space for customers to share their stories, voice concerns and build connections.

Social media platforms can be a valuable channel to challenge and reduce stigma.

The customer experience of stigma framework:

A one-page guide for reducing stigma in government services

Customer experience of stigma framework

This framework outlines the customers' experience of government services stigma.

The purpose of the framework is to demonstrate the customer experience of government services stigma based on the literature, as well as contextualise the findings about how to reduce government services stigma. It shows how a multi-level framework lead to the customer interaction.

The framework is split into three parts:

The **drivers and manifestations of stigma (pink)** show the different levels of stigma that influence and lead to the customer interaction.

It shows public stigma at the society level affects political rhetoric, which in terns affects policies around services and the design of services. These all influence how services are delivered to the customer.

These drivers and manifestations lead to **negative impacts for customers (grey column)**. Where the customer interaction is, these individual negative impacts may not be significant, however, moving up the levels these impacts can compound and have broader impacts on society. For instance, negative impacts at implementation include decreased trust and feeling unheard. Ongoing negative experiences of stigma can lead to the 'why try' effect and reduced help seeking. At the societal-level, negative impacts of government services stigma include reduced employment and economic prosperity.

The **levers to reduce stigma (blue)** show the different approaches available to address government services stigma. They range from societal-level approaches that target public stigma, such as educating the public as well as levers at the policy settings level. However, realistically these interventions may be out of scope for services to deliver.

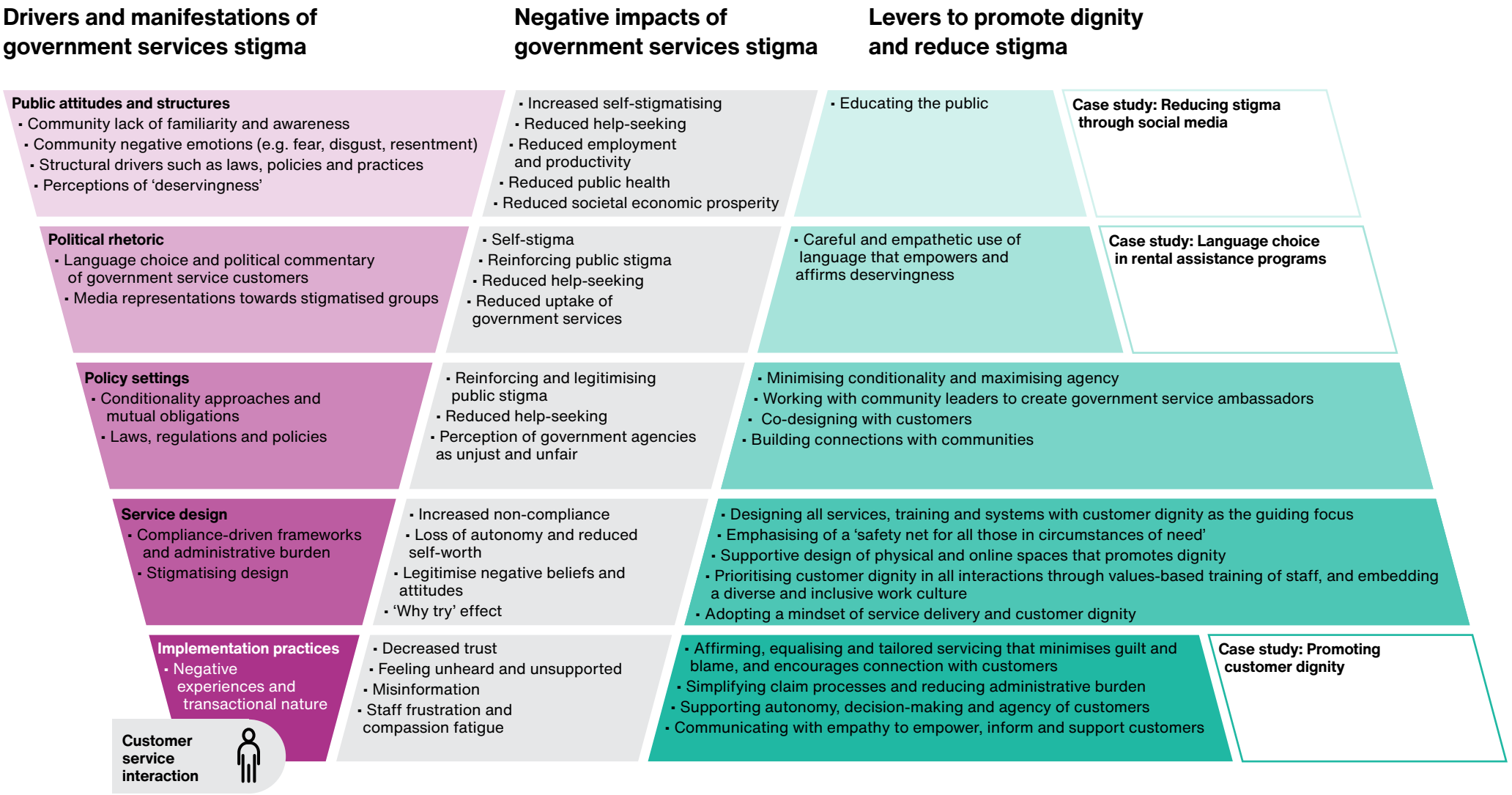
Interventions more feasible for services to implement, and where they are likely to have the greatest impact are at the service and implementation level.

At the implementation level, these are interventions that can be conducted through customer interactions by customer facing staff. These interventions can be implemented through staff training and minor changes to existing processes and will likely make a difference for individual customers.

At the service design level, these interventions aim to reduce stigma at an agency level. These are likely to have greater impact on customers of a service, and are still within the agency's control to implement.

Customer experience of stigma framework

A one-page guide for agencies about how customers' experience of stigma can be reduced.



Next steps: how government services can measure the prevalence of stigma

- Existing research on how to measure stigma
- Measuring stigma in government services

Measuring stigma allows us to determine its scope and impact

There is an overwhelm of stigma measures, few of which have been validated.

When exploring how to reduce stigma in government services, agencies first need to understand the extent to which their program is stigmatised.

The problem is there are a large range of stigma measures

Due to the recent proliferation of stigma research, particularly in the mental illness space, there has been a surge of new stigma measures. The variety of measures creates difficulties for researchers attempting to draw conclusions from the literature, given their varying outcomes and inconsistent definition of constructs (Chakraborty et al., 2021). This can make it complex to compare findings and be certain conclusions are drawn from a validated and consistent understanding of stigma.

Critically, while there are over 400 measures of stigma, more than two-thirds have not been psychometrically evaluated (Morgan & Reavley, 2021). However, validated stigma measures have predominantly been created in the health and mental health spaces, with only a few stigma measures created in a government services space (specifically, measuring welfare stigma), none of which have been validated (Celhay et al., 2022). Existing stigma measures are commonly focused on only one aspect of stigma, typically self-stigma, stereotypes or discrimination (Fox et al., 2018). This leaves significant gaps in measurement of critical stigma constructs and processes, such as structural, public and experienced stigma.

Considerations for selecting a stigma measure

In a 2004 review, prominent stigma researchers Link et al., (2004) suggested that there were six questions stigma researchers should consider when selecting measures of stigma:

1. What is the research question, and what are the variables one must measure to answer the question posed?
2. Is there an existing measure available?
3. Is it suitable for the population under examination (or can it be modified to make it appropriate)?
4. Is the measure appropriate to the study methodology in use?
5. Is the measure reliable and valid, and could social desirability influence responses to the measure?
6. Is the administration of the measure feasible for participants?

Existing validated measures can be tailored for use

Measuring stigma in a government services should involve experts in survey design and understanding of stigma processes.

Stigma measures in a government services setting currently don't exist

Given there are no existing stigma measures designed for a government services setting, we recommend tailoring existing validated measures. Where validated measures do not exist, an expert in survey design should use their professional judgement and understanding of the stigma process to develop evidenced-informed measures.

The measures adopted should depend on the purpose of the measure and can be broad or targeted to be fit for purpose. Measures should consider the following expressions of government services stigma: internalised, anticipated, experienced, public and structural. Stigma can also be measured indirectly through related constructs, such as stereotyping, discrimination and status loss, and through social processes or individual level experiences such as shame, blame, rejection, exclusion and devaluation.

Additionally, quantitative stigma measures should also be paired with a qualitative exploration of stigma in a government service. Qualitative investigations will support a richer and broader understanding of how stigma is expressed and experienced in services and how it affects outcomes such as uptake, wellbeing, help-seeking, health and feelings of psychological safety.

Three validated measures of stigma

Internalised stigma of mental illness scale (ISMI)

This is a 29-item measure widely used in the mental illness field, examining feelings of alienation, stereotype endorsement, perceived discrimination, social withdrawal and stigma resistance (Stevelink et al., 2012). It is psychometrically validated, with good construct and content validity and good internal consistency. Using a 4-point Likert scale (strongly disagree to strongly agree), a higher score indicates greater internalised stigma. Example items include 'I am embarrassed or ashamed that I have a mental illness.'

Perceived devaluation-discrimination measure (PDD)

This is a common psychometrically validated scale used for measuring anticipated stigma. It is a 12-item measure, and quantities the extent to which people believe others will devalue or discriminate against someone with a mental illness (Link, 1987). It is measured on a 4-point Likert scale from strongly disagree to strongly agree. An example question is 'most employers will not hire someone who has been hospitalised for mental illness.'

Stigma and self-stigma scales (SASS)

This new 42-item measure has recently been validated (Docksey et al.,2022). It is unique in that it measures multiple aspects of mental health stigma, including stigma towards others, anticipated stigma, self-stigma, coping strategies and help-seeking intentions. It has good psychometric validity and reliability, and uses a 5-point Likert scale (from strongly disagree to strongly agree), with higher scores indicated greater stigma. An example question is 'I am comfortable when around people with a mental disorder.'

Appendix

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