Treated differently: consumer experiences of stigma and discrimination in healthcare

REPORT

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P: 02 6176 0000
E: info@chf.org.au

twitter.com/CHFofAustralia
facebook.com/CHFofAustralia

Office Address
Level 5, 15 Moore St
Canberra ACT 2601

Postal Address
PO Box 308
Collins Street West VIC 8007

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SUMMARY

Stigma and discrimination in healthcare can shape more than a single interaction. One encounter with stigma in healthcare can affect trust, treatment, and future care-seeking.

In this survey, 262 consumers reflected on their experiences of stigma and discrimination in healthcare. Although most did not report discriminatory treatment, a substantial minority described being treated unfairly at one or more points in their care. These experiences were not confined to the immediate interaction. Consumers reported impacts on trust, confidence, disclosure of information, treatment decisions, and willingness to engage with healthcare services in the future.

Key insights

1. Unfair treatment is a substantial minority experience, not an isolated outlier. Although most respondents described their selected healthcare experience positively overall, more than one in three said they had been treated differently or unfairly, and another one in seven were unsure or found it hard to say.

2. Negative experiences were more commonly associated with hospital and emergency department settings than with GP and allied health care. GP and allied health experiences were more often positive overall, while hospital and emergency department responses showed higher levels of negative experiences and reported unfair treatment.

3. Differential treatment is closely tied to emotional harm and loss of trust. Among those who reported unfair treatment, large majorities felt unsupported or dismissed, distressed, and less confident about seeking care.

4. Discrimination changes behaviour, not just feelings. Experiences of unfair treatment were strongly associated with delaying care, avoiding providers, changing treatment, and relying on self-care or alternatives instead of formal services.

5. Discrimination was often experienced through assumptions, dismissal and reduced voice, not only overt unfair treatment. Consumers frequently described feeling disbelieved, judged, stereotyped or unable to question decisions safely. The strongest reported drivers of differential treatment included physical health condition or disability, past interactions or records, mental health condition, and age, highlighting how credibility, complexity and prior labels can shape care experiences.

6. Consumers are calling for structural change, not just better bedside manner. The strongest priorities for improvement were clearer standards for respectful and inclusive care, services designed around people's needs, and stronger training and accountability for staff.

Recommendations

These findings build on CHF's earlier report on consumer-centric care [12], which showed that meaningful involvement, communication, time and accountability are central to respectful care. This report extends that evidence by showing what happens when those conditions are absent: consumers are more likely to experience unfair treatment, lose trust, alter treatment decisions, avoid care, and stay silent about harm.

This is also a timely moment for reform. The Australian Commission on Safety and Quality in Health Care is developing the third edition of the NSQHS Standards, with further consultation on the draft standards scheduled for later in 2026. The evidence in this report suggests the next stage of quality reform should make expectations around safe, fair and discrimination-free care more explicit and measurable.

1. Make discrimination-free care an explicit quality expectation

Health services should be expected to demonstrate how they prevent, identify and respond to stigma, discrimination and unfair treatment in care delivery, particularly in higher-risk settings such as hospitals and emergency departments.

2. Strengthen fair clinical decision-making

The findings show that unfair treatment often occurred in diagnosis, treatment planning and pain management, not only in communication. Services should strengthen safeguards against diagnostic overshadowing, assumptions based on records or history, and opaque treatment decisions that exclude consumers from meaningful discussion.

3. Design services around people's needs

Consumers repeatedly identified time pressure, fragmented care, access barriers, poor coordination and limited flexibility as making unfair treatment more likely. Services should support longer appointments when needed, continuity with known providers, better handover, accessible communication, and care options such as telehealth, home visits and support-person involvement.

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[1] Consumers Health Forum of Australia. Consumer-centric care report [Internet]. Canberra: Consumers Health Forum of Australia; 2026 Feb [cited 2026 Jun 26]. Available from: https://www.datocms-assets.com/144433/1781057099-ahp-a4-consumer-centric-care-report-final.pdf

4. Strengthen workforce capability and accountability

Respectful and discrimination-free care requires more than one-off training. Workforce development should include stigma and bias awareness, trauma-informed care, culturally safe practice, disability-inclusive communication, and shared decision-making. This should all be supported through supervision, reflective practice and clear accountability for harmful behaviour.

5. Create safer and more trusted pathways for raising concerns

More than half of respondents who experienced unfair treatment wanted to complain but did not. Complaint systems should be easier to access, safer to use, and more independent, with clearer information, supported options, timely follow-up and stronger protection against fear of repercussions for future care.

6. Use consumer experience data to drive improvement

Experiences of stigma and discrimination should be routinely measured, reviewed and acted on as part of quality improvement and accreditation. Consumer-reported data on fairness, respect, inclusion and safety in speaking up should be used to inform local service improvement and the development of future national standards.

BACKGROUND

Stigma involves negative stereotypes or prejudices (e.g., assumptions about a person's behaviour or worth), while discrimination refers to actions that result from these attitudes, such as unfair treatment or denial of appropriate care. In healthcare settings, these processes can make consumers feel judged, unsafe, or unheard, and may discourage them from seeking care or fully engaging in treatment 12 (1-4) This can lead to delayed diagnosis, worsening health outcomes, reduced effectiveness of care, increased reliance on emergency services or acute care, and further disengagement from the healthcare system (5-7).

National data highlights that for many Australians, their identity rather than their clinical needs, remains a systemic barrier to receiving quality care. For example, older people, women, First Nations peoples, and those from CALD, disability, or mental health communities continue to face stigma and discrimination (5,6).

Respect in healthcare is not a privilege; it is a right. Findings from the 2025 Consumer Health Forum of Australia's (CHF) National Consumer Sentiment Survey (NCSS) expose a critical gap in health equity, where chronic illness and financial hardship remain barriers to respectful and dignified care (3, 4). These findings are a clear sign for policymakers that our healthcare system is still leaving the most vulnerable behind. While discrimination is often hidden by a 'culture of silence' and a fear of negative consequences for speaking out among consumers, this 'invisibility' does not diminish its relevance and impact. Therefore, we need safer, independent reporting mechanisms to ensure that these experiences are seen, heard, and addressed (8).

For underrepresented and marginalised communities, these barriers are not just significant, but they can be life-altering. To bridge this gap, we must shift the power back to the consumer. This involves transforming the health system into one that actively listens to and respects the expertise of people with lived experience who are impacted most, ensuring their voices are the primary drivers of their own care journeys (9).

Aim

While data tells us what is happening, consumer stories provide the nuance and context needed to understand how these experiences shape health outcomes. This report presents insights from our 2026 survey (15 to 29 of May 2026; see **Appendix B** for details on our study methodology) to share experiences of dignity and respect that are otherwise missing from the national narrative. In doing so, we contribute to a growing evidence base that calls for a system-level change that consumers deserve.

FINDINGS

Demographics

A total of 262 consumers completed the survey. The sample was comprised of a mix of respondents aged under 65 years old (44.3%) and 65 years and over (40.5%). Most identified as women or female (65.6%) and lived in metropolitan areas (56.1%). Priority populations were well represented, including those with chronic conditions (48.9%), those with mental health experience (28.6%), people living with disability (28.2%), people from culturally and linguistically diverse (CALD) backgrounds (10.3%), LGBTQIA+ individuals (8.0%), and those from an Aboriginal and/or Torres Strait Islander background (2.3%). Due to a programming issue, we were unable to collect demographic details from 14.5% of respondents although the sample is broadly consistent with previous Australia's Health Panel surveys.

While Australia's Health Panel surveys are designed to provide a policy-relevant snapshot of consumer experience rather than a nationally representative sample, consumers to this survey were geographically diverse, with representation from all Australian states and territories.[3]

Experiences vary across healthcare settings

Hospital and emergency department experiences were more likely to be negative and more likely to involve unfair treatment

> "I was very surprised and pleased at this experience in the [Hospital]. It was the complete opposite to other experiences we've had at [Hospitals] where both my husband and I experienced disrespectful, careless and authoritarian treatment in previous years that left us feeling very upset and angry. It makes me wonder how some can be so bad and this one so good."
>
> Respondent aged 65-74 years, Female

[3] Victoria (25.6%), New South Wales (18.3%), Queensland (16.0%), Western Australia (8.8%), South Australia (8.8%), Australian Capital Territory (2.3%), Tasmania (3.1%),the Northern Territory (0.4%) and missing (16.8).

Most respondents did not describe their selected healthcare experience as discriminatory. Even so, the survey does not tell a uniformly positive story. While experiences were more often positive than negative overall, a substantial minority described care that felt unfair, different, or difficult to interpret. That tension matters: stigma and discrimination are not the whole story of healthcare, but they are present often enough to shape how many consumers understand the system.

That pattern becomes clearer when experiences are viewed by healthcare setting. Rather than being evenly distributed across the system, negative and unfair experiences were more concentrated in hospital and emergency department settings than in GP and allied health care. **Figure 1** shows the broad split in how people described their overall experience across settings.

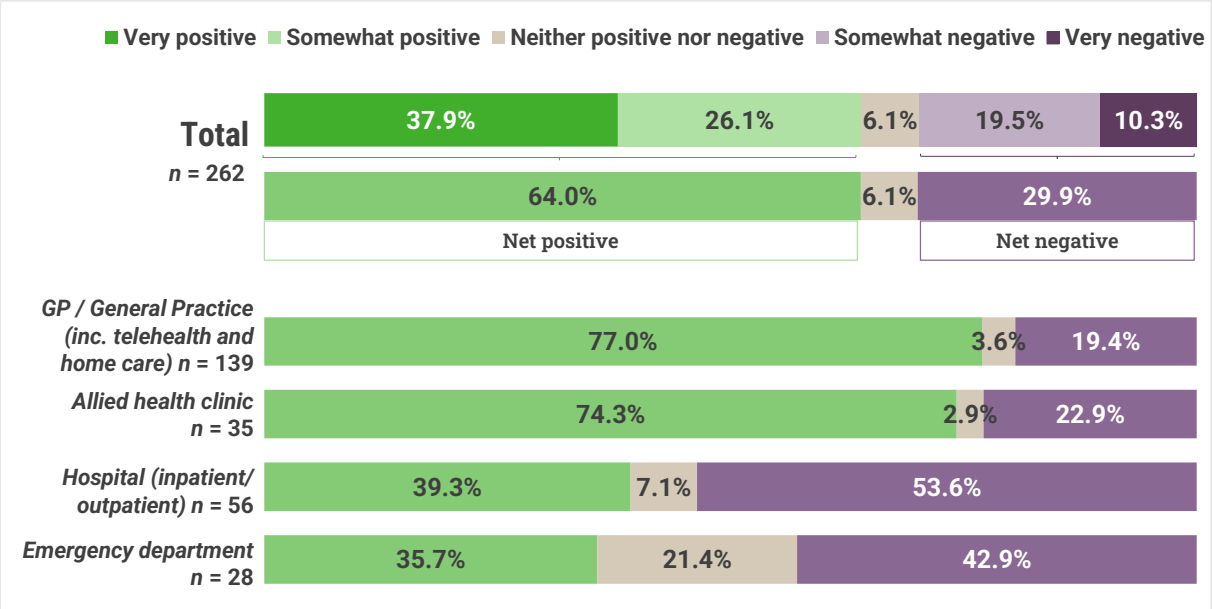

Figure 1. *Positive healthcare experiences were more common in GP and allied health settings, while hospital and emergency department experiences were more likely to be negative overall.*

The setting differences are not only about general satisfaction with the care received but also vulnerability in care. Hospital and emergency department experiences were also more likely to involve unfair treatment, suggesting that the issue is not simply discomfort with busy settings or acute illness. Rather, these are parts of the system where consumers may have less continuity, less time to explain themselves, and less capacity to influence decisions once care is underway.

This becomes more explicit in **Figure 2**, which shows that reports of unfair or differential treatment were much more concentrated in hospital and emergency settings than in GP and allied health care. That does not mean primary care is free of stigma or discrimination. It does suggest, however, that when care becomes more acute, more fragmented, or more dependent on unfamiliar staff, the conditions that support respectful and equitable care become harder to sustain.

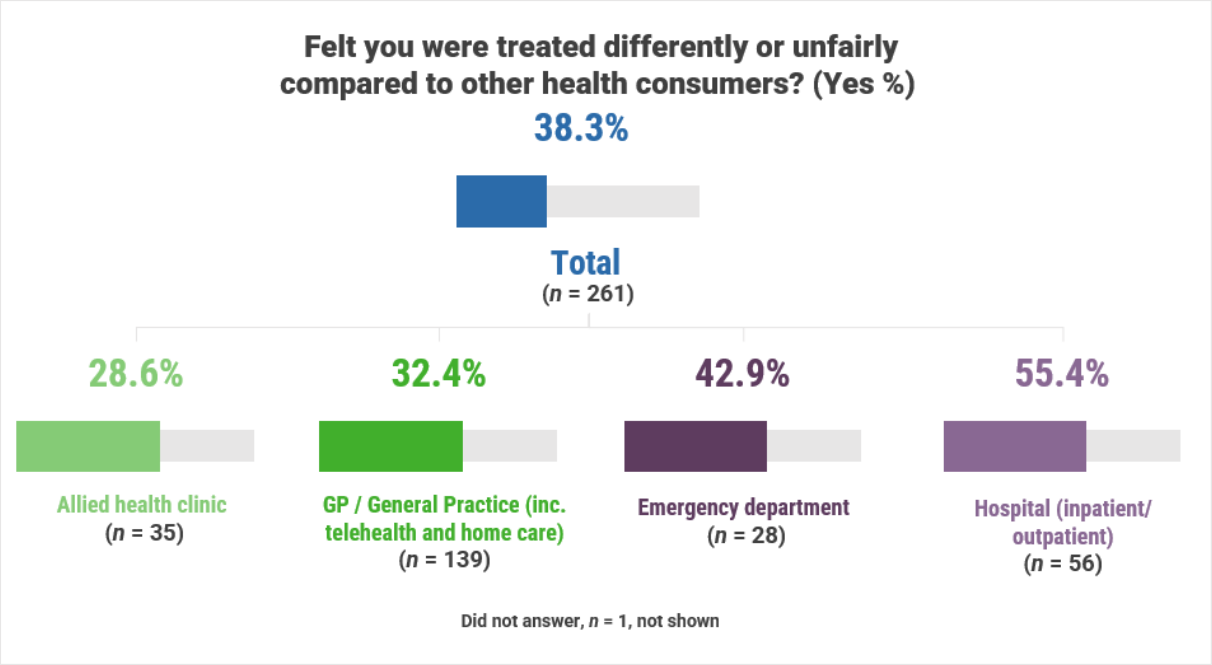

Figure 2. *Reports of unfair treatment were most concentrated in hospital and emergency department settings.*

These findings suggest that stigma and discrimination are not experienced evenly across the health system. They appear to concentrate in settings where consumers are more dependent on fast-moving clinical judgement, multiple providers, and systems that leave less room for relationship, continuity, and shared understanding. This matters because those are also the settings where the consequences of poor care can be most serious.

Key Takeaway

Negative and unfair experiences were not evenly distributed across the health system. They were more concentrated in hospital and emergency department settings, where continuity is weaker and consumers may have less control over how decisions are made.

What discrimination looks like in practice

Discrimination was often experienced through assumptions, dismissal, reduced voice, and not feeling safe to speak up

> "The experience highlighted how easily people with hidden disabilities can become excluded from their own care when healthcare staff rely on assumptions about what disability "looks like," rather than listening to the person in front of them and providing reasonable adjustments and communication support."
>
> Respondent aged 45-54 years, Female

For many respondents, discrimination was not described as a single dramatic event. It appeared instead in the everyday texture of care: whether concerns were believed, whether assumptions were made, whether providers could be questioned, and whether it felt safe to clarify misunderstandings. That is, consumers were often describing the erosion of dignity and fairness through small but cumulative signals about credibility, status, and voice.

Figure 3 shows that most respondents still placed their overall experience closer to the equitable side of the scale across all eight items. But the chart also makes clear that a sizeable minority were pushed toward the other end of the experience: being disbelieved, judged, constrained, or unsafe.

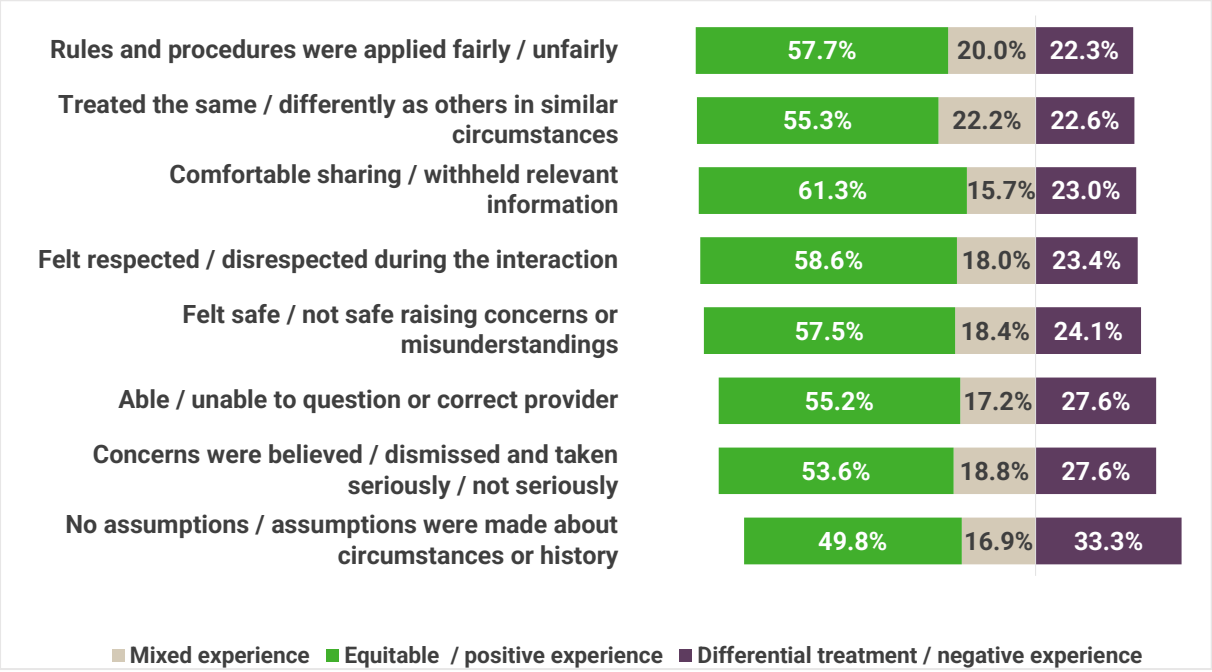

Figure 3. *Discrimination often appeared not as overt denial of care, but through assumptions, dismissal, constrained voice, and reduced safety in speaking up.*

The most telling feature of this pattern that the weaker areas cluster around credibility and voice. The problem was less about surface politeness than about whether consumers felt properly recognised as knowers of their own bodies and circumstances. When assumptions were made, when questions felt unwelcome, or when it felt unsafe to clarify concerns, the interaction could still appear superficially respectful while fundamentally failing the consumer.

This helps explain why stigma and discrimination can be hard to identify and easy to minimise. For many consumers, the issue was not necessarily that care was overtly hostile. It was that they were subtly repositioned as unreliable, overreacting, too complex, or less entitled to be heard. Viewed in that light, these are not merely communication lapses. They are markers of unequal power within care.

Key Takeaway

Discrimination often appeared through assumptions, dismissal, and reduced voice rather than overt denial of care alone. Consumers were not only asking to be treated politely; they were asking to be believed, included, and safe to. Speak.

Where in the care pathway is failure occurring?

Differential treatment was most often reported where diagnosis and treatment decisions were being made

> “I was told there was only one pathway to receive immunotherapy and that included having [procedures]. I declined and it wasn't a popular decision. You're sure, you know you can't go back from this.”
>
> Respondent aged 65-74 years, Female

One of the clearest findings in this survey is that unfair treatment was not confined to front-desk interactions or isolated lapses in bedside manner. Respondents most often located it in the points of care where clinical authority is strongest: diagnosis, treatment planning, and pain or medication decisions. That matters because these are the moments that most directly determine what care is offered, whose account is accepted, and what risks are considered worth taking.

Figure 4 shows that the most common points of unfair treatment sat in the middle of the care pathway rather than at its edges. Consumers were not only describing problems of access or administration. They were describing unfairness at the point where symptoms are interpreted, treatment options narrowed, and decisions made on their behalf.

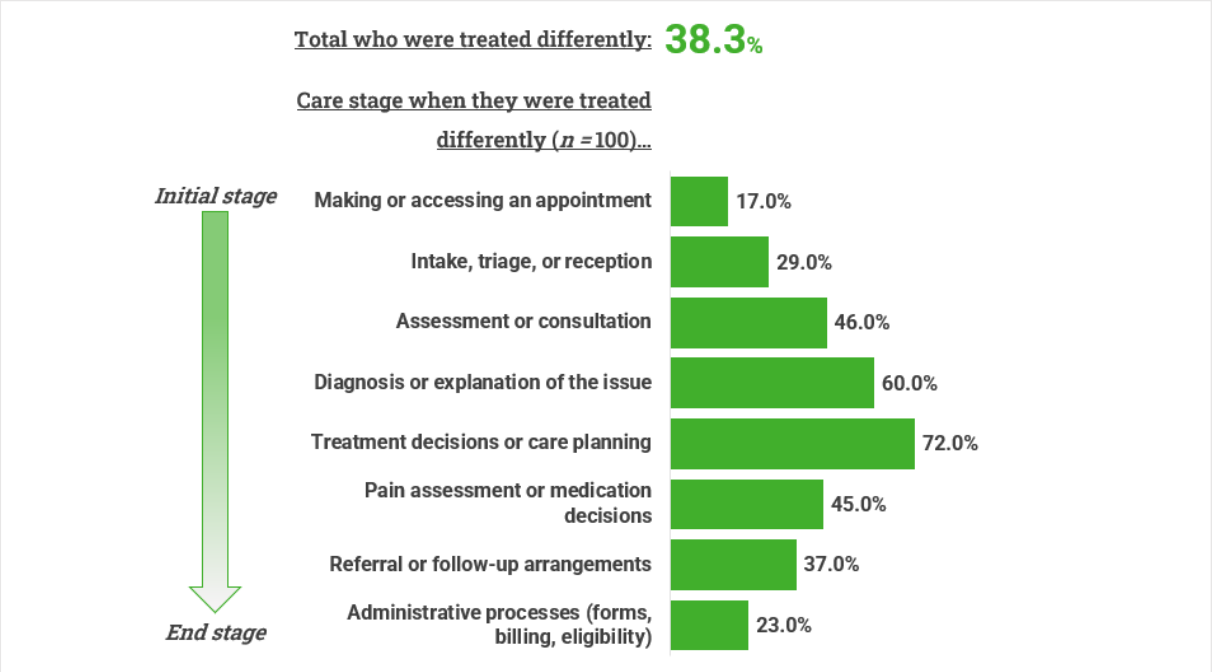

Figure 4. *Differential treatment was most often reported at the points in care where clinical judgement and treatment decisions are made.*

This distinction is important for how we can reduce stigma and discrimination. If differential treatment were mostly occurring at reception, triage, or forms, it could be dismissed as poor customer service or process failure. Instead, the strongest pressure points were clinical ones. That points to a deeper problem: stigma and discrimination are becoming embedded in judgement, not just interaction.

Open-text responses reinforce this. Consumers described being steered toward narrow pathways, having previous records override current symptoms, receiving inadequate pain relief, or finding that referrals and follow-up were slowed or constrained once they were viewed as complex, risky, or less credible. In other words, discrimination was often experienced not only in how people were spoken to, but in what they were offered, or denied, as care.

Key Takeaway

Differential treatment was most often reported at the points where care decisions are made. This suggests that stigma and discrimination are not only interpersonal problems but they are also clinical ones.

What is driving differential treatment?

Consumers were judged not only for identity, but also for their records, complexity, and perceived credibility

> "I have a mental health disorder, however there are several mental health disorders listed in my hospital records that I have NEVER been diagnosed with. I have attempted to have the incorrect information removed, including writing to the medical records department etc and providing a letter from a psychiatrist. I have one stigmatising mental health condition I don't need any more - especially ones that I do not have."
>
> Respondent aged 35–44 years, Female

The strongest reported drivers of unfair treatment complicate any narrow understanding of discrimination as only identity-based bias. Respondents did describe being affected by age, gender, race, sexuality, disability and body size. But just as strikingly, they also described being judged through the lens of prior interactions, records, medication history, mental health labels, and perceived complexity.

Figure 5 highlights this mix. The most common factors were physical health condition or disability, past interactions or records, mental health condition, and age. Rather than sitting in separate silos, these influences often combined. A person might be disbelieved because of disability, then further discounted because of a mental health history, and then treated cautiously or punitively because of what was already written in the file.

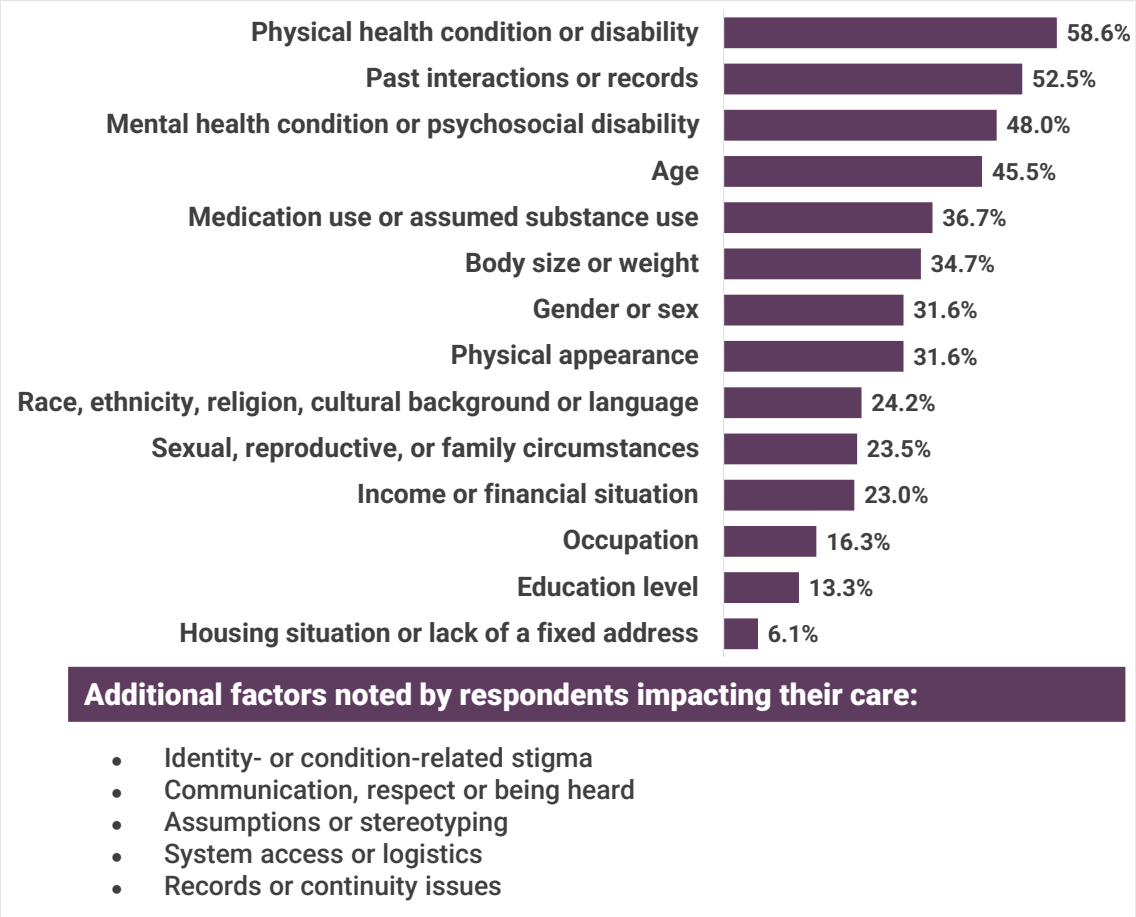

Figure 5. *Consumers described being judged not only for who they are, but also for their diagnosis, records, complexity, and perceived credibility.*

This suggests that consumers are not only judged for who they are, but also for how legible, simple, and manageable they appear to the system. In this sense, stigma in healthcare is not just social bias imported into care. It is also a response to complexity: people whose records are lengthy, whose symptoms are hard to classify, or whose needs do not fit standard pathways may be treated as more difficult, less trustworthy, or less deserving of time.

That helps explain why some of the strongest open-text themes centred on records, assumptions, handover, and prior labels. Consumers were often describing a form of cumulative stigma, where one note, one diagnosis, or one disclosure reshaped later encounters long after the original context had changed.

Key Takeaway

Consumers described being judged not only for identity but also for their history, complexity, records, and perceived credibility. That makes discrimination harder to disentangle from routine care, and easier for the system to normalise.

When consumers feel treated differently, the harm is much greater

Unfair treatment was associated with lower confidence, lower reassurance, and much higher distress

> "My distress at not being heard, believed and the lies of the "treating" psychiatrist."
>
> Respondent aged 55-64 years, Female

The most important analytical split in this report is between respondents who did and did not report unfair treatment. To illustrate this, **Figure 6** compares the proportion of respondents in each group who reported positive and negative impacts of their healthcare experience. That split makes it clear that stigma and discrimination were not just associated with a more negative impression of care overall. They were associated with a fundamentally different emotional experience of healthcare.

Figure 6 shows respondents who reported unfair treatment were far less likely to feel reassured, supported, confident, or able to be open. They were far more likely to feel distressed, unsupported, and less confident about seeking care again.

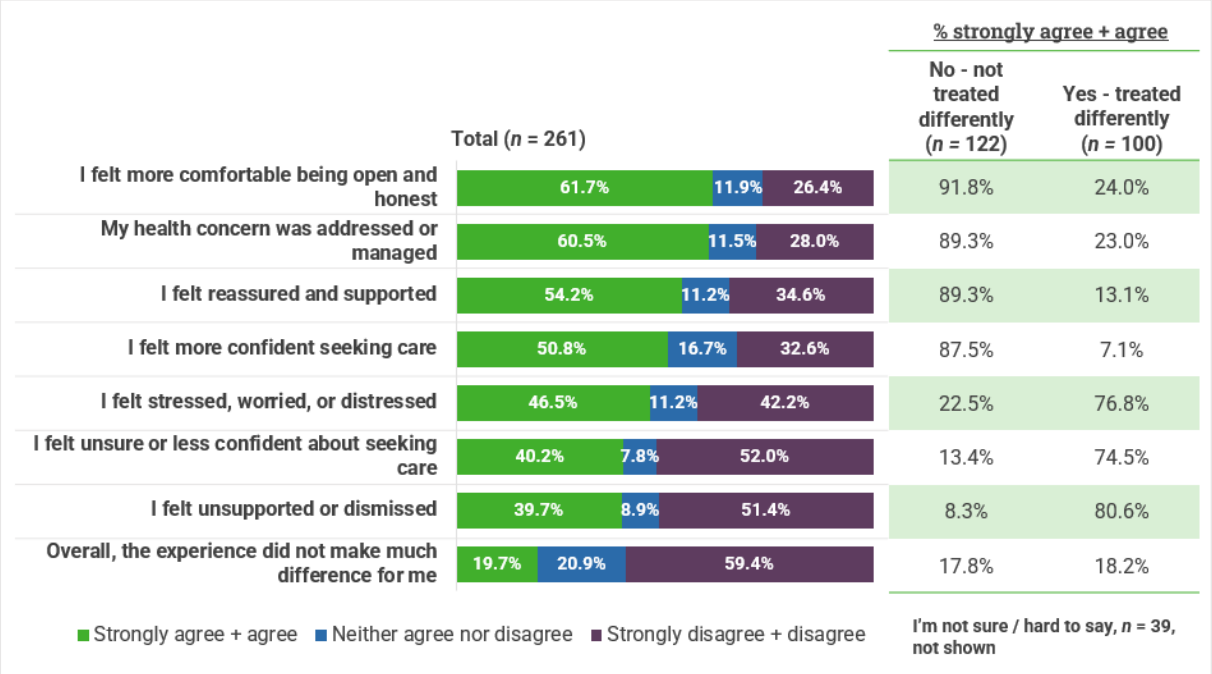

Figure 6. *When consumers felt treated differently, the consequences extended well beyond the immediate encounter to affect confidence, reassurance, trust, and emotional safety.*

What matters here is not only the size of the gaps, but their direction. Positive care experiences are often discussed as if they are primarily about satisfaction, convenience, or interpersonal comfort. The pattern here is much more serious. When consumers felt treated differently, the interaction was far more likely to undermine their confidence in their own judgement, in the care process, and in the value of returning for help.

This is why the report should resist framing discrimination as a dignity issue alone. The emotional harms shown here that feeling unsupported, distressed, and less confident are also functional harms. They weaken the conditions people need in order to navigate care safely, ask questions, disclose information, and persist when treatment is uncertain or difficult.

Key Takeaway

Unfair treatment was tied to a much deeper rupture in trust, confidence, and emotional safety, not simply a worse impression of care.

Unfair treatment changes how people use care

Consumers who reported unfair treatment were much more likely to delay care, avoid services, and change treatment decisions

> "As result of not feeling completely heard or respected I have delayed and cancelled appointments. Times when I feel I would like advice; I have not bothered to make an appointment because I don't feel up to an uncomfortable interaction with her."
>
> Respondent aged 55-64 years, Female

The effects of unfair treatment did not end with how consumers felt in the moment. They also shaped what happened next. Once trust, confidence, and openness were disrupted, many respondents altered their relationship to care in practical ways: delaying follow-up, avoiding providers, changing treatments, or relying on alternatives instead.

This pattern is shown clearly in **Figure 7**, where the gap between those who did and did not report unfair treatment is not marginal but systemic. It shows that consumers who reported unfair treatment were much more likely to step back from formal healthcare, either by changing the form of care they accepted or by withdrawing from it altogether.

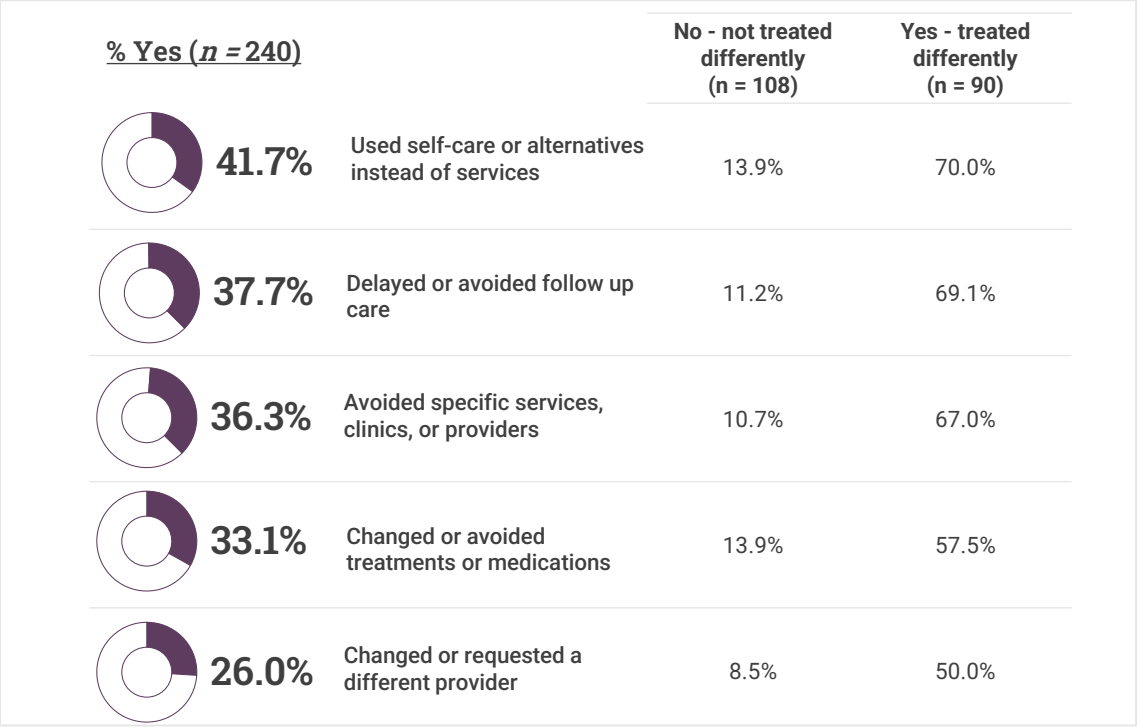

Figure 7. *Being treated differently changed how consumers used care, what treatment they accepted, and whether they returned.*

This finding links stigma and discrimination to downstream system effects. For many consumers, the way they interact with the healthcare system is an adaptive response to a care experience that felt unsafe, disbelieving, or punitive. If the interaction itself teaches people that they are unlikely to be heard, or may be judged or harmed, then avoidance becomes understandable, even when it carries health risks.

In this sense, discrimination changes more than feelings. It changes behaviour in ways that can reduce continuity, delay diagnosis, alter adherence, and increase future risk. That is why the issue belongs not only in discussions of equity and rights, but also in discussions of safety, effectiveness, and health system performance.

Key Takeaway

Discrimination changed how consumers used care, what treatment they accepted, and whether they returned. This makes it a safety and access issue as much as a dignity issue.

The complaints system does not function as a trusted safeguard

Among those who experienced unfair treatment, more than half wanted to complain but did not

The complaints findings deepen the overall story rather than sitting apart from it. If consumers who experience unfair treatment are not able or willing to raise concerns safely, then the system has no reliable way of seeing where harm is occurring, let alone responding to it. The issue is not only whether complaint pathways formally exist, but whether they are experienced as usable and protective by those who need them most.

The broader complaint figures in **Figure 8** reinforce this. Most respondents said they felt comfortable or knew how to raise a concern, and a notable minority said they either did not feel safe or did not know how. Among those who wanted to complain but did not, the dominant reasons were not triviality or indifference, but a belief that it would not change anything and a fear that it could affect future care. That combination is especially significant in a healthcare context, where people often remain dependent on the same system, service, or professionals after the event.

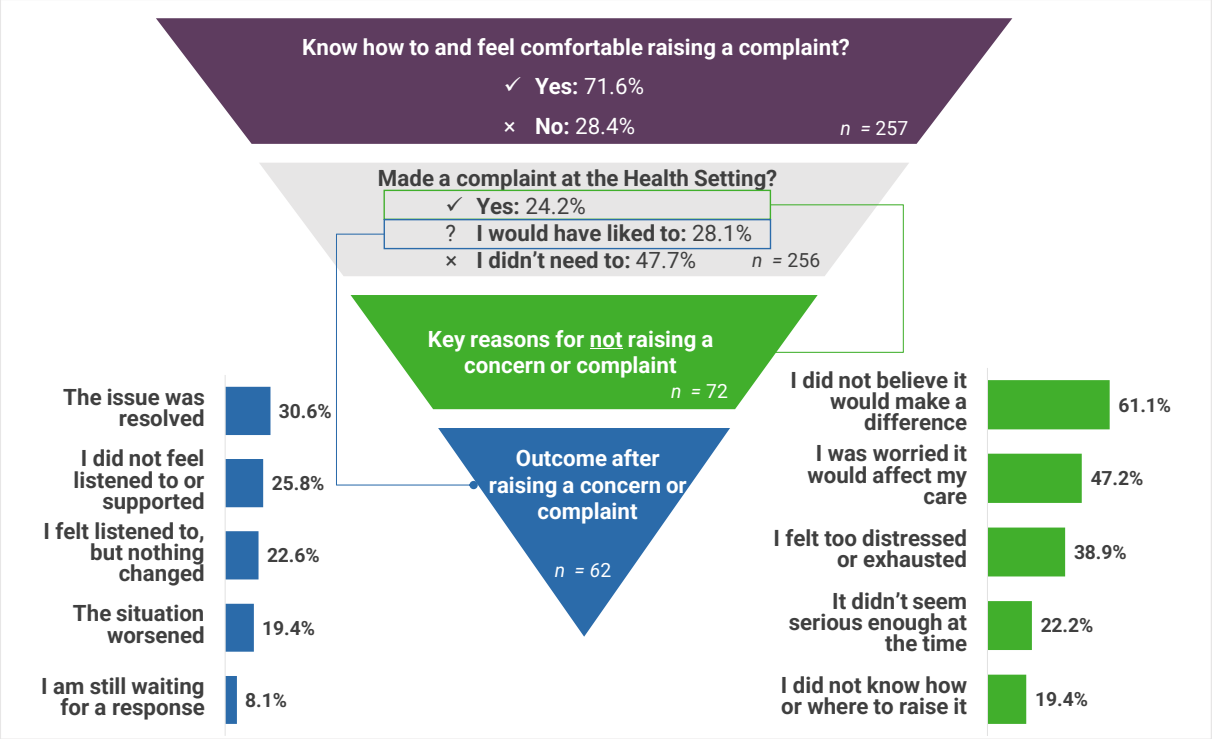

Figure 8. *For consumers who experienced unfair treatment, the complaints system was more often something they wanted to use but did not, rather than a safeguard they trusted to protect them.*

> “I think the clearer understanding of ways to actually be able to safely make a complaint would help.”
>
> Respondent aged 64-74 years, Female

Among respondents who experienced unfair treatment, wanting to complain but not doing so (55.1%) was more common than actually making a complaint (34.7%). This suggests that the barrier is not only awareness, but fear, exhaustion, and uncertainty about what speaking up might cost.

These findings suggest that complaint systems are not functioning as trusted safeguards for many consumers who experience unfair treatment. Instead, they can become another point at which power, vulnerability, and dependence are felt most sharply.

Key Takeaway

For many consumers, complaint systems did not operate as a safe corrective mechanism. They operated as another risk to manage while dependent on ongoing care.

Consumers are calling for structural change, not just better bedside manner

The strongest priorities were respectful care standards, services designed around people's needs, and stronger staff accountability

By the time consumers reach the final section of the survey, the picture is not one of isolated poor behaviour requiring minor correction. The patterns across the report point to something broader: unfair treatment is tied to time pressure, fragmented pathways, complaints systems people do not trust, records that follow consumers in harmful ways, and clinical decision-making that can exclude or stereotype. It is therefore notable that the strongest priorities for improvement were also structural.

Figure 9 shows that respondents most often prioritised clearer standards for respectful and inclusive care, services designed around people's needs, and stronger training and accountability for staff. They reflect a desire for rules, systems, and expectations that make respectful care more consistent and less dependent on luck, personality, or individual provider goodwill.

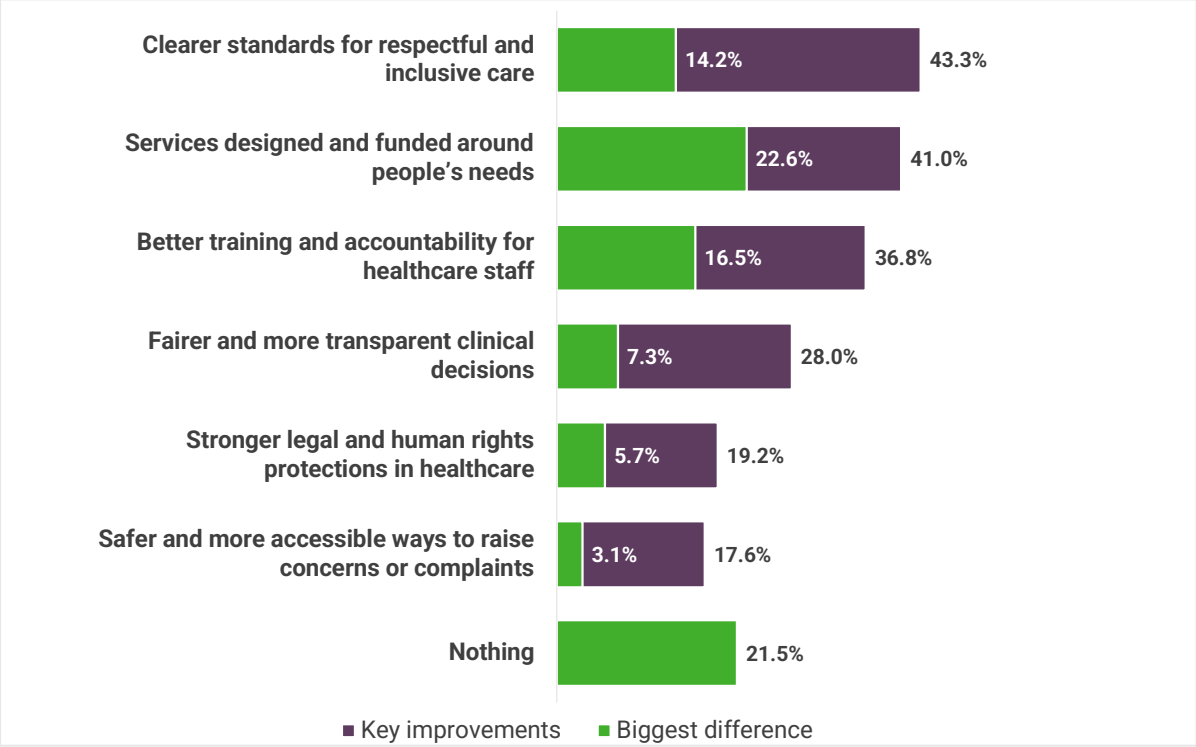

Figure 9. *Consumers called for clearer standards, redesigned services, and stronger accountability.*

> “Systemic Change of clinical allocation, staffing, and structural capacity.”
>
> Respondent aged 64-74 years, Male

The open-text themes in **Appendix A** reinforce this interpretation. Time, cost, capacity and access were the strongest coded theme, followed by bias and stigma, respect and being believed, workforce training, and communication. Looked at together, these responses point to three broad reform domains: workforce and culture, system design and access, and governance, complaints and rights.

This is an important point of alignment with the earlier sections of the report. Consumers were asking for a system that does not make fairness contingent on persistence, social confidence, system literacy, or the ability to absorb harm when things go wrong.

Key Takeaway

Consumers were not only asking for better interactions. They were asking for standards, services, accountability, and redesign that make respectful and equitable care more reliable across the system.

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APPENDICES

Appendix A. Supplementary Table

Themes in responses to Q15: "What else, if anything, would have helped improve your experience, or make healthcare feel safer or fairer for you?"

Theme (n = 219)	n, %	Theme description	Example quote
Time, cost, capacity and access	**60, 27.4%**	Fees, bulk billing, appointment length, waiting times, staffing, bed availability, timely access, and regional access barriers.	"Twelve minutes for an appointment is not long enough. Doctors should be able to give or allow another five minutes when necessary."
Positive / no further improvement suggested	**54, 24.7%**	Responses indicating nothing further was needed, the experience was positive, or no additional improvement was suggested.	"Nothing. Received excellent care."
Bias, stigma and equity for groups/conditions	**47, 21.5%**	Sexism, ageism, disability, mental health stigma, HIV/drug-use stigma, sexuality, CALD/culture, or other group/condition-based bias.	"Believe me. Believe women."
Respect, empathy and being believed	**46, 21.0%**	Compassion, dignity, being believed, being heard, and person-centred care.	"Doctors who CARE, show EMPATHY and LISTEN"

Theme (n = 219)	n, %	Theme description	Example quote
Workforce training, skills and knowledge	**34, 15.5%**	Training, staff education, clinical knowledge, stigma/bias training, leadership, and capability.	"Ongoing training for healthcare providers, not just a one off"
Communication, listening and explanations	**33, 15.1%**	Better listening, clearer information, more explanation, questions answered, and follow-up.	"More and clearer explanations from the GP."
Accessibility, adjustments and support options	**29, 13.2%**	Language support, plain English, home visits, telehealth, accommodation needs, disability/neurodivergence-friendly care, and support services.	"Simple English / Language"
Coordination, continuity and records	**23, 10.5%**	Services or providers working together, handover, integrated care, records/read notes, and continuity with a regular GP.	"Different clinical departments and doctors working together, better communication."
Shared decision-making, autonomy and informed consent	**23, 10.5%**	Being involved in decisions, having options discussed, autonomy, consent, and treatment choices respected.	"Having a sense of being included more in decision making regarding my health outcomes."
Broader system or policy reform	**17, 7.8%**	Broad redesign or funding reform, new care models, public/private divide, prevention focus, and system-level change.	"Get rid of the City/Country divide."

Theme (n = 219)	n, %	Theme description	Example quote
Complaints, advocacy and accountability	**14, 6.4%**	Better complaints pathways, anonymous feedback, advocacy, investigation, manager/ follow-up, and accountability.	"More accountability. Complaints are a ridiculous time-wasting goose chase."

Appendix B. Methods

Australia's Health Panel is a growing group of health consumers who regularly complete surveys on health issues. The project is run by the Consumers Health Forum of Australia (CHF), and surveys from 2025 onwards are delivered through LimeSurvey, an open-source online survey platform for survey creation, distribution and analysis.

We conducted an online survey from 15th to 29th of May 2026 to explore consumers' experiences of stigma and discrimination in healthcare (please see full survey attached as **Appendix C**).

CHF invited Australia's Health Panel as well inviting the networks of Consumers Health Forum. In total, 262 consumers completed[4] the survey after receiving an invite, which included consumers from:

- Australia's Health Panel (n = 228)
- Australian Alliance for Inclusive Healthcare Standards (AAFIHCS) (n = 30)
- Health equity Matters (n = 2)
- Australian Council of Social Service – ACOSS (n = 1)
- Australian Multicultural Health Collaborative – FECCA (n = 1)

Any duplicate surveys were identified and removed using a combination of demographic information (i.e., age, gender and postcode) and IP address.

Text responses from participants who selected the 'Other' option were recoded into one or more existing response categories. This may have occurred because participants either misunderstood the question or misread the available response options.

We used means, frequencies and percentages to summarise the data and only surveys completed were included in our final analysis. We categorised region of residence at the States or Territory level based on the postcodes or area of residence provided by consumers.

To analyse the qualitative data, we applied coding frames using keyword patterns allowing a response to match multiple themes.

Our tables and figures report findings for 262 consumers, unless stated otherwise. "Not applicable", "No answer" or "Prefer not to say" response options were removed, and therefore, total *n (subsample size)* throughout this report may vary.

[4] For clarity, "complete" surveys are defined as those finished up to and including Q13

Response classifications

Consumers were asked which health services they had used in the past 12 months and could select more than one setting (Q01). They were then asked to choose one setting to focus on for the remainder of the survey (Q01a / Health Setting). Analyses by health setting in this report use that selected focal setting, not all settings attended. Accordingly, the counts by setting refer to the number of respondents who centred their responses on each setting: GP/general practice (n=139), hospital including specialists (n=56), emergency department (n=28), allied health (n=35), and urgent care (n=3).

Demographic classifications

- **Region of residence:** Consumers were grouped into three categories, metropolitan areas, regional and large rural towns, and medium and small rural or remote areas, based on the postcode of their home address. Postcodes were mapped to the Modified Monash Model (MMM), which classifies areas according to remoteness and population size[5]. The three categories used in this report correspond to:
    - Metropolitan areas: MMM 1
    - Regional and large rural towns: MMM 2-3
    - Medium and small rural and remote areas: MMM 4-7
- **Age groups:** consumers were grouped into the following age bands for reporting:
    - Under 55
    - 55-64
    - 65-74
    - 75 or over
- **Other classifications:** For LGBTQIA+, CALD, ATSI, disability, mental health experience, and chronic illness, consumers who answered “Yes” were classified as belonging to that group. Those who answered “No” were classified as not belonging to the group, and “Don’t know” or missing responses were recorded as “Unknown”.

[5] Australian Government Department of Health and Aged Care, “Modified Monash Model (MMM).”

Limitations

This survey is based on 262 responses, which may limit the generalisability of findings. A substantial proportion of consumers reported disability, chronic illness, or mental health experience. Therefore, the findings may be most relevant to groups with higher levels of healthcare use.

The sample size may not fully capture demographic diversity, and some subgroup analyses involve small cell sizes and should be interpreted with caution. As participants were recruited through Australia's Health Panel and partner consumer networks, our sample may over-represent individuals who are more engaged with the healthcare system or who have stronger views or experiences, which can introduce potential self-selection bias.

Non-response and incomplete answers could introduce bias, and as the data are self-reported, findings may be subject to recall and social desirability bias. In addition, collapsed responses for reporting can obscure variation in experiences. Finally, the cross-sectional design provides a snapshot in time and cannot establish causality. The findings presented in this report reflect the experiences of consumers and are intended to provide a policy relevant overview of these experiences, rather than present population-level estimates or draw any causal conclusions.

Appendix C. Survey

Stigma and discrimination in healthcare

We're conducting a short survey (about 10 minutes) about your experiences of stigma and discrimination in healthcare that have impacted your healthcare decisions.

Your views will help inform advocacy for changes that strengthen communication, respect, cultural safety, and fairness across the healthcare system.

Your responses are anonymous and will only be used for research and advocacy purposes.

There are no right or wrong answers - please answer based on your own experience.

There are 24 questions in this survey.

Section 1: Healthcare settings

Q01. In the past 12 months, have you used health services in any of the following settings?

Please choose **all** that apply:

- a GP / General Practice
- a hospital (as an inpatient or outpatient)
- an emergency department
- an urgent care clinic
- an allied health clinic (e.g., physiotherapy, mental health services, occupational therapy, dietitian, dental, optometry, etc.)
- None – Have not used any health service
- Other:

Q01a. You indicated that you have attended at least one healthcare setting in the past 12 months. Which of the health settings you selected would you prefer to focus on in this survey?

This may be because that the services in this setting were positive, negative, mixed or otherwise meaningful for you.

- Only answer this question for the items you selected in question Q01 ('In the past 12 months, have you used health services in any of the following settings?') and count(Q01) >= 2

Please choose **only one** of the following:

- Q01_1.shown
- Q01_2.shown
- Q01_3.shown
- Q01_4.shown
- Q01_5.shown
- Q01_other

Section 2: Experience at healthcare setting

In the first section, you told us you visited {Health Setting} in the past 12 months. For the rest of the survey, please think only about the experiences within the health setting you selected.

Q02. Overall, in the past 12 months, how was your experience at {Health Setting}?

Please choose **only one** of the following:

- Very positive
- Somewhat positive
- Neither positive nor negative
- Somewhat negative
- Very negative
- Prefer not to say

Q03. Thinking about your experience/s at {Health Setting} in the past 12 months, where would you place your experience/s on the scale for each statement provided below?

For each line below, please choose the option that best reflects where your experience overall.

(1 = Completely like the left/top statement, 2 = Mostly like the left/top statement, 3 = mix of both, 4 = Mostly like the right/bottom statement, 5 = Completely like the right/bottom statement)

	1 – completely like this	2 – mostly like this	3 – mixed	4 – mostly like this	5 – completely like this	
I was treated the same as other consumers in similar circumstances						I was treated differently to other consumers in similar circumstances
My concerns were believed and taken seriously						My concerns were not believed or were dismissed
No assumptions were made about my circumstances, lifestyle, or history						Assumptions were made about my circumstances, lifestyle, or history
Rules and procedures were applied fairly						Rules and procedures were applied inconsistently or unfairly
I felt comfortable sharing all relevant information						I felt the need to withhold information due to

	1 – completely like this	2 – mostly like this	3 – mixed	4 – mostly like this	5 – completely like this	
						anticipated judgement
I felt <u>able to question or correct</u> my provider						**I felt <u>unable to question or correct</u> my provider**
I felt <u>respected</u> throughout the interaction						**I felt <u>disrespected</u> during the interaction**
I <u>felt safe</u> raising concerns or clarifying misunderstandings						**I <u>did not feel safe</u> raising concerns or clarifying misunderstandings**

Section 3: Stages of care

Q04. Thinking about the experience/s you just described, were there times when you felt you were treated differently or unfairly compared to other health consumers? *

Please choose **only one** of the following:

- No, I did not feel treated differently at any time
- Yes, at one or more times
- I'm not sure / hard to say

Q05. At which stage in the care process at {Health Setting} were you treated differently or unfairly? *

Only answer this question if the following conditions are met:

- Answer was 'Yes, at one or more times' at question ' [Q04]' (Thinking about the experience/s you just described, were there times when you

felt you were treated differently or unfairly compared to other health consumers?)

Please choose **all** that apply:

- Making or accessing an appointment
- Intake, triage, or reception
- Assessment or consultation
- Diagnosis or explanation of the issue
- Treatment decisions or care planning
- Pain assessment or medication decisions
- Referral or follow-up arrangements
- Administrative processes (forms, billing, eligibility)
- Don't know
- Prefer not to say
- Other:

Q06. Do you feel any of the following affected how you were treated at {Health Setting}?

Only answer this question if the following conditions are met:

- Answer was 'Yes, at one or more times' at question ' [Q04]' (Thinking about the experience/s you just described, were there times when you felt you were treated differently or unfairly compared to other health consumers?)

Please choose the appropriate response for each item:

	Yes	**No**	**Not applicable/Unsure**
Your physical health condition or disability			
Your mental health condition or psychosocial disability			
Your age			
Your gender or sex			

	Yes	No	Not applicable/Unsure
Your body size or weight			
Your race, ethnicity, religion, cultural background or language			
Your income or financial situation			
Your housing situation or lack of a fixed address			
Your medication use or assumed substance use			
Your sexual, reproductive, or family circumstances			
Past interactions or records			
Your education level			
Your occupation			
Your physical appearance (e.g. body characteristics not related to body weight or size, such as clothing, tattoos, piercings, grooming, scars, or visible physical features)			

Q06a. What other factors affected how you were treated at {Health Setting}?

Only answer this question if the following conditions are met:

- Answer was 'Yes, at one or more times' at question ' [Q04]' (Thinking about the experience/s you just described, were there times when you felt you were treated differently or unfairly compared to other health consumers?)

Please write your answer here:

Section 4: Impacts of care

The next questions ask about how your experience/s at **{Health Setting}** affected you, and any actions you took as a result of it.

Q07. Thinking about your experience(s) at {Health Setting}, to what extent do you agree or disagree with the following statements? *

Please choose the appropriate response for each item:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
My health concern was addressed or managed						
I felt reassured and supported						
I felt more confident seeking care						
I felt more comfortable being open and honest						
I felt unsure or less confident about seeking care						
I felt stressed, worried, or distressed						
I felt unsupported or dismissed						
Overall, the experience did not make much difference for me						

Q08. Did this experience/s at {Health Setting} lead you to do any of the following? *

Please choose the appropriate response for each item:

	Yes	No	Not applicable
Delayed or avoided follow up care			
Avoided specific services, clinics, or providers			
Changed or requested a different provider			
Changed or avoided treatments or medications			
Used self-care or alternatives instead of services			

Q09. Which of the following best describes how you feel at {Health Setting} if you needed to raise a concern or make a complaint? *

Please choose **only one** of the following:

- I know how to raise a concern or make a complaint
- I feel comfortable raising a concern
- I do not feel safe or able to raise a concern
- I do not know how to raise a concern
- Prefer not to say

Q10. During your experience/s at {Health Setting} in the past 12 months, did you raise a concern or make a complaint? *

Please choose **only one** of the following:

- Yes
- No, but I would have liked to
- Not applicable, I did not need to
- Prefer not to say

Q11. What were the main reasons you did not raise a concern or complaint?

Only answer this question if the following conditions are met:

- Answer was 'No, but I would have liked to' at question ' [Q10]' (During your experience/s at {Health Setting} in the past 12 months, did you raise a concern or make a complaint?)

Please choose **all** that apply:

- I did not believe it would make a difference
- I was worried it would affect my care
- I felt too distressed or exhausted
- I did not know how or where to raise it
- It didn't seem serious enough at the time
- Don't know
- Prefer not to say
- Other:

Q12. What was the outcome after you raised the concern or complaint?

Only answer this question if the following conditions are met:

- Answer was 'Yes' at question ' [Q10]' (During your experience/s at {Health Setting} in the past 12 months, did you raise a concern or make a complaint?)

Please choose **all** that apply:

- The issue was resolved
- I felt listened to, but nothing changed
- I did not feel listened to or supported
- The situation worsened
- I am still waiting for a response
- Don't know
- Prefer not to say
- Other:

Section 5: Future care

These questions help us understand what changes would make healthcare safer, fairer, and more respectful for people like you.

Q13. Based on your experiences, which improvements would have helped you receive safe, equitable, or discrimination-free care?

(Please select one to three options that matter most to you)

- **Better training and accountability for healthcare staff** (e.g. training to reduce stigma or bias, clear expectations about respectful behaviour, consequences when people are treated unfairly)
- **Clearer standards for respectful and inclusive care** (e.g. being listened to, having concerns properly recorded, shared decision-making, physical symptoms taken seriously)
- **Safer and more accessible ways to raise concerns or complaints** (e.g. independent advocates, clearer complaints processes, follow-up you can trust)
- **Fairer and more transparent clinical decisions** (e.g. consistent pain management, clear explanations about medications, respectful sexual and reproductive healthcare)
- **Services designed and funded around people's needs** (e.g. longer appointments when needed, culturally safe services, care designed with community input)
- **Stronger legal and human rights protections in healthcare** (e.g. clear rights to dignity, informed consent, and non-discrimination)
- Nothing - no improvements needed
- Don't know
- Other:

Q14. Looking at the options you selected, which one would make the biggest difference for you personally? *

Please choose **only one** of the following:

Only answer this question for the items you selected in question Q13 ('Based on your experiences, which improvements would have helped you receive safe, equitable, or discrimination-free care? (Please select one to three options that matter most to you)')

- {Q13_1.shown}
- {Q13_2.shown}

- {Q13_3.shown}
- {Q13_4.shown}
- {Q13_5.shown}
- {Q13_6.shown}
- {Q13_other }

Q15. What else, if anything, that would have helped improve your experience, or make healthcare feel safer or fairer for you?

Please write your answer here:

Demographics

In this part of the survey, we ask a few questions about you—such as your age, gender, postcode and other general characteristics. These questions help us understand who is participating in the panel and allow us to analyse the results of this and future surveys in meaningful ways.

Your responses will be kept **confidential** and used only for research purposes. You can skip any question you're not comfortable answering.

Thank you for helping us ensure our research reflects a diverse range of perspectives.

D1. What is your age?

Please choose **only one** of the following:

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or over

D2. How do you describe your gender?

Note: Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents

Please choose **only one** of the following:

- Man or male
- Woman or female
- Non-binary
- I use a different term (please specify)

D3a. Where do you live?

	Please enter a four digit number	**I don't know**
Postcode		

D3b. Where do you live?

Only answer this question if the following conditions are met:

- I don’t know is selected at D3a

Please choose **only one** of the following:

- Sydney
- Rest of New South Wales
- Melbourne
- Rest of Victoria
- Brisbane
- Rest of Queensland
- Adelaide
- Rest of South Australia
- Perth
- Rest of Western Australia
- Tasmania
- Northern Territory
- Australian Capital Territory
- Outside Australia

D4. Do you identify as any of the following?

Please choose **all** that apply:

- Aboriginal and/or Torres Strait Islander
- Person with a disability
- Person with a chronic condition
- Person with a mental health experience
- Culturally and linguistically diverse (CALD)
- LGBTQIA+ person
- None of the above

Thank you for your feedback. It will shape our advocacy on this issue.

We'll share a short summary of what we hear with everyone who responds.

Thank you for completing this survey.