Submission: National Inquiry into Mental Health

#1: Prevention and Early Intervention

Research conducted as far back as the 70s on the Social Determinants demonstrates very clear links between social connectedness and good mental health (as well as several compelling physical health benefits!)

The current tendency is to separate Community Development principles from clinical interventions under the Medical Model, or more devastatingly, isolate community development practices from the health industry altogether. Embedding CD into the health discussion will yield far more durable and positive outcomes.

As a preventive action good CD will promote, encourage and guide communities to build social connection. This in turn develops an expectation that neighbours should and do know each other. This expectation evolves into a culture whereby new arrivals into the neighbourhood are welcomed and have the opportunity to meet their neighbours quickly, rather than living for months and years without ever encountering others in the street or suburb.

Modern residential architecture works against an organic development of social connectedness in our suburbs. With high boundary fences (for privacy), no value on outdoor space - no need for a clothesline or vege garden, and an attached garage, it means residents drive into and out of their homes and are rarely outside on foot so the opportunity to bump into a neighbour is reduced to zero.

Therefore it is necessary that Community Development is an active part of residential communities, both old and new. And those CD efforts are seen as a vital contributor to protective factors for community health.

It is my experience working in Victorian communities that many people are frightened of their neighbours, buying into the public rhetoric about fearing 'the other'. Tired tropes about foreigners, council workers or druggies are a few of the myriad reasons that people use to justify not engaging with their community. The 'every man for himself' ethos is making Australians sick and unhappy.

Good Community Development practice is not entering into a suburb and telling residents this is what is going to happen. It is not enough to come armed with good intentions, enthusiasm and a little government money. Good CD, rooted in principles and best practice, is a process over time that requires patience, networking and (genuine) consultation and which, in turn, builds Social Capital that will show up in longitudinal data as less burden on the healthcare system, more volunteering and community contribution, less crime and fear, more social inclusion and better mortality rates.

Supporting Research

http://www.healthdata.org/events/seminar/social-determinants-health-do-data-support-rhetoric

Exploring the Social Determinants of Health and which public policies (outside the health sector) may be most effective to prioritise.

http://www.healthdata.org/data-visualization/sdh-viz

The Social Determinants of Health visualization tool allows you to explore the relationships between determinants of health and health indicators across countries. This second release of the tool presents antenatal care visits, skilled birth attendance, measles and DPT3 immunization coverage, lag distributed income, and educational attainment. Users can visualize the relationships between these determinants and life expectancy, disability-adjusted life years (DALYs) by cause, years lived with disability (YLDs) by cause, and causes of death.

https://www.who.int/social_determinants/publications/9789241548625/en/

The strong links between socioeconomic factors or policies and health were documented in the World Health Organization (WHO) Commission on Social Determinants of Health report. Yet even when health and health equity are seen as important markers of development, expressing the benefits of social determinants of health interventions in health and health equity terms alone is not always sufficiently persuasive in policy settings where health is not a priority, or when trade-offs exist between health and other public policy objectives. Previous research has shown that increased attention to policies across sectors that improve health and health equity requires better preparation with regard to knowledge on the economic rationales for interventions, and how intersectoral policies are developed and implemented.