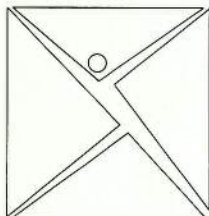
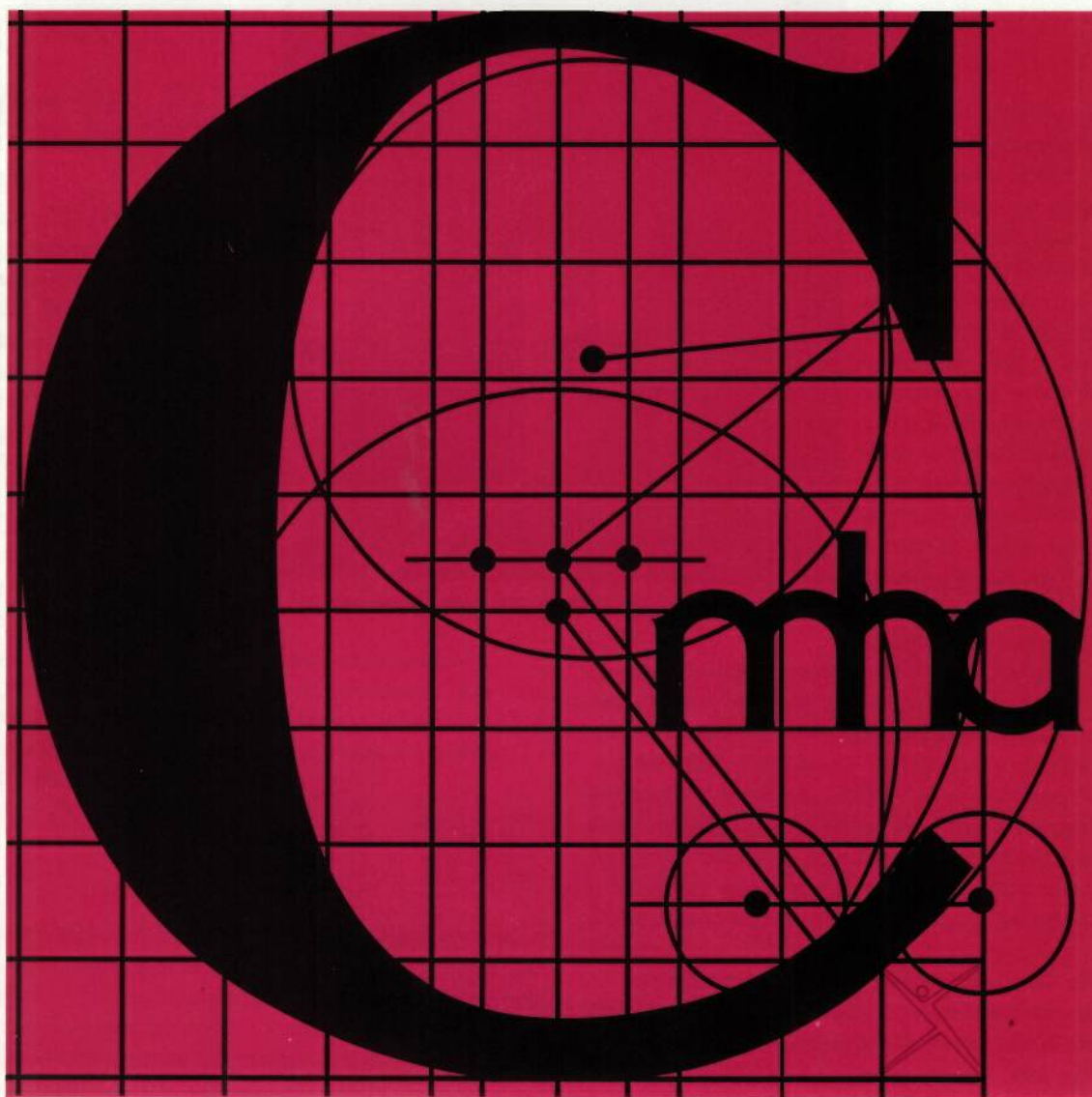


# National

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This issue of *The National* focusses on health promotion: enhancing individual and community well-being to the fullest extent possible. The concept is developed through feature articles by Jake Epp, Minister of National Health and Welfare, and John McKnight of Northwestern University, as well as through updates from some of our CMHA Divisions.





health field, one in particular being advocacy groups made up of ex-psychiatric patients.

Voluntary service has a long history of care and concern for the mentally disabled, long preceding the efforts of government in the field. Through voluntary activity, citizens participate in the affairs and service of the community and are sensitized to the needs of other groups and sections of society. Volunteerism encourages the growth of a concerned community spirit and can be a powerful force in community development. It benefits volunteers, consumers, the service system and society as a whole. 3) Mental health services and health promotion activities are strengthened when those whom they are intended to benefit participate in their design and implementation.

Services to the mentally ill often disempower individuals and neglect the problem-solving potential of the mentally ill and their communities. This principle refers to

the meaningful participation of the users in the design and implementation of mental health services and in the determination of their wants and needs and the most appropriate manner of meeting them. Participation means not merely an indirect advisory role but a role in decision-making, and not merely tokenism but significant representation.

Other principles set forth in the discussion paper concern professional participation, knowledge development, human rights and citizenship, and policy co-ordination. Adherence to these principles does not obviate the necessity to apply appropriate technical criteria such as efficiency or effectiveness in developing and implementing policies, services and strategies. However, these principles can provide a structure which will orient and ground efforts in the field.

## Conclusion

*Mental Health for Canadians: Striking a Balance* is concerned with creating a

more equitable balance in the relationship between policies, programs and services for mental disorder and those for mental health; between professional and consumer participation in the design and implementation of mental health initiatives; and between institutional and community-based resources for care. *Striking a Balance* is about how mental health, the challenges from *Achieving Health for All* and the guiding principles offer a consistent focus and direction for advancing the development of mental health-related policy, programs and services.

In announcing the release of this new discussion paper, the Minister of National Health and Welfare invited Canadians to use the document within their local settings and organizations, and to share their comments and reactions. I believe that members of the Canadian Mental Health Association will find *Striking a Balance* both useful and challenging.

Carl Lakaski is A/Director, Mental Health Division, Health and Welfare Canada.

## Building Healthy Communities

by John McKnight

Today, we all know that the real health problems have to do not with plague, pestilence, germs and bacteria but with individual behavior, social relations, physical environment and income. Access to medical care is a minor factor in determining health status. Therefore, because we now understand the limits of conventional medicine in addressing modern health issues, there has begun to appear a strange new thing called "preventive medicine" which purports to deal with the causes of illness. However, despite the new name, it does not have anything to do with the prime health factors: individual behavior, social relations, physical environment and income. These factors are mainly determined by the nature of the communities in which we live.

Perhaps this fact can be best understood by telling the story of Sally Jones and how, as a member of a community organization, she began building a healthy environment.

Sally is like most people who have low income and get a lot of service. She lives in public housing, she is in programs that are designed to help her in parent-training and budgeting, and she has a personal counselor. She is the beneficiary and the object of almost a hundred professionals and thousands of dollars designed to make her healthy or gain her compliance. Sally is a perfect client. And yet she is pitifully poor, often sick, frequently depressed, surrounded by drugs of all kinds, victimized by crime, and her children are similarly affected.

Amid the fear and the sense of powerlessness that pervades her life every day, she now hears the new voices of health promotion that say to her "Sally don't smoke", "Sally eat right", "Sally don't drink", "Sally drive safely, if you have a car", and above all "Sally stop having those kids". When she hears those voices from the media or through the schools, medical systems or the social service agencies, all telling her how to live her life, it makes her even angrier. It makes her feel even more powerless because to her they sound like ridicu-

lous demands, added to an already impossible life.

The behavior control tools of health promotion used in schools, medical operations, agencies and media, are counter-productive to Sally and her community because they place impossible demands on people whose lives are often impotent.

It was not until a community organizer came to the neighbourhood and helped develop a community group that Sally began to change her own situation. Sally and the community group began looking at all kinds of important issues - housing, health, employment.

Sally's experience is a clear example of what I see as the six rules for health and community.

## The medical system hides causes of ill health

The group decided to look at the local hospital's records to see if they could figure out the answer to a troubling question: if the hospital was treating everybody effectively and doing such a great job, why weren't people healthier? The people in the



neighbourhood thought that the reason must be that theirs was a third-rate hospital that wasn't really doing a good job treating people. When they went through the hospital records, it seemed to the group that the hospital was doing what most hospitals do, and it was impossible to tell whether it was a good or bad hospital. However, by counting up what people were in the hospital for, Sally and the organizer discovered that what brought people into the hospital most frequently weren't diseases. People were in the hospital because of *community problems* such as auto accidents, drug and alcohol related problems and dog bites. Although the hospital had this useful information in its records, it had never made the information available to local action groups that had the power to use it.

When Sally's group looked over the hospital records, they immediately felt empowered because they realized that as a community organization they could do something about community problems like automobile accidents, while the medical system could do nothing.

They learned that hospitals are usually places that hide the causes of health problems from communities.

***People will act on problems they feel and see.***

It was empowering to take the information from the medical system and bring it out into the community where it belongs. When members of the group saw the list of causes for the hospitalization of people they knew, they said "we must do something about that! Those are our people.." They knew they *must* act on the problems and that they *could* act on the problems. The information from the hospital was more than just a list of data and statistics. ***It's better to find a way of dealing with health that also builds a powerful local organization.***

The first problem on the hospital's list the group tried to solve was that of a pack of large dogs roaming the neighbourhood, often inflicting bites. While the people in the hospital couldn't figure out where all the dog bite cases were coming from, the people in the neighbourhood knew immediately.

Instead of using the traditional route of putting pressure on the city's dog pound to clear up the stray dogs, the group decided that the problem could be better solved by involving the people of the community. Using their own budget, the group offered a bounty of \$5.00 for anybody who identified where a wild or stray dog was, so that the organization's little truck could come and take it away. The kids of the neighbourhood got involved because they could ride around on their bicycles, spot these dogs and run into the house and call up the organization.

The most healthful thing about solving the wild dog problem was getting all those kids to become part of community life and community change. Anything related to health that is done that strengthens a neighbourhood organization is going to be more health-giving than doing it the other way around.

***The financing of medical care usually steals incentives from the community to engage in health promoting activities.***

It was estimated that through the efforts of the neighbourhood kids, the hospital saved about \$17,000 in the treatment of dog bites. Sally noticed that: "We have saved the hospital a lot of money through our actions because people aren't being bitten by those dogs." She asked, "Where'd that money go? We didn't get any" One can't be sure, but probably it ended up in the hospital anyway, even though the community's action had saved the government's insurance program money. Community health action doesn't "pay". Hospitalization "pays".

***Lay people can often use health information more effectively than professionals.***

Sally's group then said: "Well, we've licked the wild dog problem...let's see what we can do about the traffic problem. Where are we getting killed and injured by cars?" The information the group needed was at the traffic planning agency that kept records of all local accidents. The agency was concerned about the movement of traffic, not about health. Therefore, the community group made a neighbourhood map showing where the accidents were occurring. They discovered that the entrance to a local de-

partment store from the main street was a place where several people had been killed by traffic accidents. Sally lead a neighbourhood Task Force in to talk to the manager of the department store. Sally and her group were in the department store Tuesday morning. The main entrance to the department store parking lot was closed Tuesday afternoon. Wednesday morning there was a new and safer entrance. How long would it take for a health planning agency to figure out what the problem was and to do something about it? People can use information more effectively than professionals, when the information is deprofessionalized. Even if the professionals do understand the information, they don't often have the power to change things. When Sally and her group went into the department store and talked to the manager and said to him, "Your parking lot is killing our people. We want that fixed now, he responded immediately because these were the people who shop in the store.

***The goal we seek is to recognize the capacity of people.***

When Sally Jones walked into the department store manager's office and said, "You're killing our kids and we want it stopped"; it was the most healthful moment of her life because it was at that moment, that Sally became a person who indeed believed she had the power to shape her community and then her own life. It began to show with the way she dealt with her kids and the way she dealt with school. She needed the chance to be powerful, not to be served.

Perhaps health officials and promoters could have solved the parking lot problem eventually, however people need to be empowered in order to enhance their own community. When professionals make the changes themselves, they are taking away the power from the very people who need it.

It is in the strength of communities and their organizations that the health of the unhealthiest people in your society and mine will be changed.

*John McKnight is the Director of the Centre of Urban Affairs at Northwestern University and Framework Project Consultant.*