APS Submission to the Senate Standing Committee on Community Affairs

Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health Report 'Closing the gap within a generation'

October 2012

APS contact:
Heather Gridley FAPS
Manager, Public Interest
h.gridley@psychology.org.au

This submission was prepared for the Australian Psychological Society by Ms Emma Sampson, Dr Susie Burke, and Ms Heather Gridley, in consultation with Ms Colleen Turner, Professor Jill Astbury and the APS College of Community Psychologists.

Level 11, 257 Collins Street
Melbourne VIC 3000
PO Box 38
Flinders Lane VIC 8009
T: (03) 8662 3300
F: (03) 9663 6177
www.psychology.org.au

1. Executive Summary and Recommendations

The Australian Psychological Society (APS) welcomes the opportunity to make a submission to the Senate Community Affairs References Committee Inquiry into Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report 'Closing the gap within a generation'.

The APS is well placed to contribute to this inquiry by drawing on psychological research and practice to assist in understanding how social determinants contribute to health inequality. We draw specifically on the field of community psychology, which is particularly relevant to this inquiry. Community psychology takes as its central tenet understanding the integration and interdependence of the person within their social and community context. This work recognises the social determinants of health that lie in disadvantage and exclusion. Community psychologists can thus assist governments in adapting a social determinants framework, implementing a whole of government approach and evaluating key outcomes.

In addition to responding to the Terms of Reference of this Inquiry, we make specific comment on the extent to which the Australian Government is adopting a social determinants of health approach through climate change policies and programs.

1. The APS endorses the World Health Organisation's (WHO) Social Determinants of Health approach, acknowledging the social gradient in health and recognising the contribution of social determinants to unequal health outcomes.

2. The APS fully supports the recommendations contained in the WHO's 'Closing the gap within a generation' report.

3. The APS recommends that the Australian Government formally respond to the WHO 'Closing the Gap within a generation' report, endorse a social determinants approach to health and wellbeing, and develop a framework (or use existing mechanisms) to embed a social determinants of health approach across government.

4. The APS particularly endorses the Government's focus on early childhood in addressing the WHO's recommendation to improve daily living conditions. Of significance are the approaches being taken that build service capacity, focus on strengthening communities to optimise child and family wellbeing, and target disadvantaged areas to improve health and wellbeing outcomes.

5. The APS acknowledges the significance of the current Council of Australian Governments (COAG) health reforms, and recommends that the Government build on these reforms to develop a whole of government social determinants approach to health and wellbeing. This should involve improving access to services for disadvantaged groups as well as addressing the structural drivers of health inequality, particularly for the most marginalised individuals and communities in Australia such as Aboriginal and Torres Strait Islander communities, single parent families, people who are unemployed or underemployed, people with disabilities, including mental health issues, and migrants, refugees and asylum seekers.

6. The APS recommends that the Australian Government establish an overarching mechanism to monitor and evaluate progress against the social determinants of health. Along with the current Inquiry, it is also important that the Government commission an independent review or audit of all government policies and programs for their compatibility with a social determinants approach.

7. The APS recommends that mechanisms to monitor and evaluate progress against the social determinants build in consumer and community participation at both local and macro levels.

8. The APS recommends that the Australian Government consider adopting a 'Health in All Policies' strategy in order to implement the WHO social determinants approach to health.

9. The APS believes the WHO framework presents the Government with a unique opportunity to progress and extend existing initiatives that aim to address health inequalities and reduce gaps in life expectancy and health outcomes.

10. The APS recommends that the Australian Government acknowledge the specific relationship between climate impacts and ill health including disease, injury, and psychosocial and mental health impacts. This requires that the Australian Government develop comprehensive plans about how climate change is likely to impact on different communities and populations, and have well planned strategies, including public health systems that can adequately respond to increased needs.

2. Introduction

The Australian Psychological Society (APS) is the premier professional association for psychologists in Australia, representing more than 20,000 members. Psychology is a discipline that systematically addresses the many facets of human experience and functioning at individual, family and societal levels. Psychology covers many highly specialised areas, but all psychologists share foundational training in human development and the constructs of healthy functioning.

A range of professional Colleges and Interest Groups within the APS reflect the Society's commitment to investigating the concerns of, and promoting equity for, vulnerable groups such as Indigenous Australians, sexuality and gender diverse people, minority cultures, older people, children, adolescents and families. The promotion of a peaceful and just society and protecting the natural environment are the focus of other APS Interest Groups. The College of Community Psychologists explicitly recognises the social determinants of health and the importance of working at multiple levels to reduce inequality and build systems that empower communities.

Psychology in the Public Interest is the section of the APS dedicated to the communication and application of psychological knowledge to enhance community wellbeing and promote equitable and just treatment of all segments of society.

Psychologists regard people as intrinsically valuable and respect their rights, including the right to autonomy and justice. Psychologists engage in conduct which promotes equity and the protection of people's human rights, legal rights, and moral rights (APS, 2007). The APS Code of Ethics reflects psychologists' responsibilities which include principles of respect for the rights and dignity of people and peoples, propriety, and integrity. The Code is complemented by sets of ethical guidelines, including guidelines on the provision of psychological services to Aboriginal and Torres Strait Islander people, lesbian, gay and bisexual clients, and older adults, amongst others. *The Universal declaration of ethical principles for psychologists* (2008) explicitly recognises that Psychology as a science and a profession functions within the context of human society, and as such has responsibilities to society that include using psychological knowledge to improve the condition of individuals, families, groups, communities, and society.

The APS is well placed to contribute to this inquiry by drawing on psychological research and practice to assist in understanding how social determinants contribute to health inequality. We draw specifically on the field of community

psychology, which is particularly relevant to this inquiry. Community psychology takes as its central tenet understanding the integration and interdependence of the person within their social and community context. While community psychologists do work to support behaviour change with individuals and groups, fundamental to their approach is also working at a broader level to reduce inequality and build systems and structures that enable and empower communities. This work recognises the social determinants of health that lie in disadvantage and exclusion.

Working to prevent health issues and promote health and wellbeing, advocating for the needs of marginalized groups, including equitable access to health services and resources and championing the critical role of carer and consumer participation in health services are key aspects of community psychology which align closely with a social determinants approach to health. Community psychologists are thus well positioned to assist the government in adapting a social determinants framework, implementing a whole of government approach and evaluating key outcomes.

3. Social determinants approach to health and wellbeing

In recognition of the widening inequality in health and life expectancy outcomes, the WHO established the *Commission on Social Determinants of Health* which in 2008 produced a report calling for 'closing the health gap in a generation'. The report defines the social determinants of health as the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness (WHO, 2008).

Evidence collated by the Commission shows unequivocally that there is a social gradient in health such that the lower a person's socioeconomic position the worse their health including their mental health is likely to be (WHO, 2008). The Commission identifies this social gradient in health within countries, and the marked health inequities between countries that are caused by the unequal distribution of power, income, goods, and services, and lead to unequal access to health care, schools, and education, conditions of work and leisure, housing, and their chances of leading a healthy life. The causes of this inequality are not natural or inevitable, according to the WHO, but due to structural disadvantage brought about by social policy, economic systems and the distribution of power and resources. These *'structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries' (WHO, 2008: 1).*

The APS supports the three overarching recommendations of the report, which urge governments to:

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money, and resources
3. Measure and understand the problem and assess the impact of action.

Recommendation 1: The APS endorses the WHO's social determinants approach to health, acknowledging the social gradient in health and recognising the contribution of social determinants to unequal health outcomes.

Recommendation 2: The APS fully supports the recommendations contained in the WHO's 'Closing the gap within a generation' report.

3.1 Health, wellbeing and inequality

Wellbeing is a multi-factorial concept that is based on the satisfaction of material, physical, affective and psychological needs. It includes physical and mental health, but also security - of food, of income, of identity (personal and collective) - and is predicated on the presence of a healthy and just society that affords people opportunities for growth and development (Albee, 1986).

Psychologists have long recognised the impact of inequality on the health and wellbeing of individuals and communities, where economic and social circumstances are widely recognised as the foundation of our health and wellbeing. Social and material disadvantage and exclusion have been demonstrated to drive unequal health outcomes, and poor health also compounds disadvantage, limiting participation in employment, education and the community (Psychologists for Social Responsibility, 2010).

The social gradient in health reflects material disadvantage and its effects on wellbeing, including insecurity, anxiety and lack of social integration. Living in poverty impacts on mental health, and those with pre-existing mental health issues are more likely to experience disadvantage, be on low incomes and live in poverty (Schoon et al, 2003).

Poverty and inequality represent the greatest threats to individual human development, and have detrimental health impacts as outlined by Psychologists for Social Responsibility:

> *Poverty and inequality are responsible for adults often being too stressed to parent well; inadequate access to nourishing food, clean water, and sanitation; dilapidated housing, homelessness, and dangerous communities; schools unable to educate children to read, write, and think for themselves; conflict, crime, and violence; few work opportunities and low pay for jobs that do exist; daily struggles to manage personal, family, and financial chaos; and risks for premature birth and early death. All of*

these consequences contribute to the developmental damage that results from limited access to the basic resources that nurture us. Ultimately, poverty and inequality engender hopelessness, helplessness, and misery, and they tear at the social fabric of families and communities (2010: 1).

3.2 The inequality gap in Australia

In recent years, Australian studies such as *Dropping off the Edge*, and *Health Lies in Wealth* have mapped the distribution of disadvantage and poverty and found major inequalities in terms of life expectancy, chronic conditions, obesity, tobacco consumption, alcohol misuse and self-assessed health status.

Being disadvantaged in Australia means having a low or inadequate income to cover the essentials of living (e.g., food, clothes), and living in substandard conditions. The groups most at risk of living in poverty are single parent families, people who are unemployed or underemployed, people with disabilities, including mental health issues, Indigenous Australians, migrants and refugees (Brotherhood of St Laurence, 2002).

Of particular concern is the gap in life expectancy and other health outcomes between Indigenous and non-indigenous Australians. Aboriginal and Torres Strait Islander people experience alarming disparities in health, including a 10-17 year gap in physical health and life expectancy, as well as being twice as likely to report higher levels of psychological distress compared to non-indigenous Australians (AIHW, 2009). The links between the social context (particularly the impact of colonisation) and poorer health outcomes for Aboriginal and Torres Strait Islander people are well established (Garvey, 2008).

Migrants, refugees and asylum seekers have also been found to have poorer health outcomes, with a recent report indicating that adults from non-English speaking backgrounds are at higher risk of experiencing poverty and disadvantage (ACOSS, 2012). Australian policies of deterrence, such as immigration detention and offshore processing, have been found to be particularly detrimental to the mental health and wellbeing of asylum seekers (APS, 2008), while the adverse public health and mental health consequences of racism and xenophobia, both for populations and for individuals, have been well established (Paradies, 2006)

The notion of health equity is central to the work of the WHO Commission on Social Determinants of Health. The health effects of the social gradient in health are exacerbated by the differential status of men and women. In most societies, this differential status represents a 'deep and pervasive inequity' which is the most common form of inequity worldwide (Marmot, 2007). Gender inequity is associated with multiple forms of social and economic disadvantage (most unpaid caring work is undertaken by women), rights violations including those

represented by all types of gender-based violence and harassment (almost one in six women have experienced violence by a current or previous partner), and multiple forms of discrimination and unfair treatment including consistently lower rates of pay for women compared with men[1]

The consequences of inequality are detrimental for everyone in society, with recent research highlighting that the chronic stress of struggling with material disadvantage is intensified to a very considerable degree by doing so in more unequal societies (of which Australia is one), and that greater income differences in a society are associated with lower standards of population health across the board (suggesting that health is poorer in societies where income differences are bigger) (Wilkinson & Pickett, 2010).

Poverty harms the poor most—but it is everyone's problem (e.g., through the taxes we pay, the demands on public healthcare systems, etc.) and requires that all of us attend to its solutions (Psychologists for Social Responsibility, 2010). Furthermore, the development of society, rich or poor, can be judged by the quality of its population's health, how fairly health is distributed across the social spectrum, and the degree of protection provided from disadvantage due to ill-health (Marmot, 2007).

4. Responding to the terms of reference

(a) Government's response to other relevant WHO reports and declarations

(b) Impacts of the Government's response

The adoption of the recommendations contained in the WHO report, and each of the priority areas is important if Australia is to address the health inequalities and improve health outcomes for all people. With this in mind, and in recognition of the global significance of the Commission's work, the APS believes it important for the Australian government to formally respond to the report.

The recent National Centre for Social and Economic Modelling (2012) report outlines the economic cost of not addressing social determinants, such as the impact of budget cuts to primary prevention on the delivery of health services in the long term. Growing inequality will result if social and structural factors for health are not recognised and prioritised.

Recommendation 3:The APS recommends that the Australian Government formally respond to WHO 'Closing the Gap within a generation' report, endorse a

[1] In February 2012, the average weekly ordinary time earnings for adult women in Australia was $1,187 and for men $1,4372. Australian Bureau of Statistics. Average weekly earnings, Australia, Feb 2012. Canberra: Australian Bureau of Statistics; 2012.

social determinants approach to health and wellbeing and develop a framework (or use existing mechanisms) to embed a social determinants of health approach across government.

(c) Extent to which the Commonwealth is adopting a social determinants of health approach through:
(i) relevant Commonwealth programs and services
(ii) the structures and activities of national health agencies

The APS recognises the Council of Australian Governments' (COAG's) current National Health Reform Agenda as a significant undertaking aimed at improving health and wellbeing. Initiatives such as the National Health Reform Agreement (the related National Partnership Agreement on Improving Public Hospital Services and the National Healthcare Agreement 2011), the National Partnership Agreement on Preventive Health, (including the National Preventative Health Taskforce report, 'Australia: the healthiest country by 2020'), and the Australian Government's response to the taskforce report, 'Taking preventative action', together with the Australian National Preventive Health Agency, are heralding changes to Australia's health system and all represent a substantial public investment in health promotion and disease prevention.

These reforms acknowledge significantly worse health outcomes for those who are disadvantaged and, among other things, 'aim to deliver better access to services, improved local accountability and transparency, (and) greater responsiveness to local communities'.

An important part of addressing health inequity is improving access to health services and resources by disadvantaged groups and communities. A key component of the current health reforms is improving access to primary care (services provided by health professionals such as general practitioners, psychologists, practice nurses, physiotherapists and community health workers). As the Government has recognised, 'a strong primary health care system is crucial to ensuring that people can get the health care they need, when they need it, where they need it. It helps people better manage their health and plays an important role in preventing disease' (Australian Government, 2012).

Initiatives that have targeted improved access, particularly for mental health and wellbeing services, include Better Access (universal access to psychological services), Medicare locals (primary health care organisations established to coordinate primary health care delivery and tackle local health care needs and service gaps), the Access to Allied Psychological Services (ATAPS) Program (which provides capacity to deliver services to hard to reach groups such as Indigenous Australians and those from low socioeconomic areas) and the establishment of Australia's National Mental Health Commission (to provide

cross-sectoral leadership in mental health and drive transparency and accountability in the system to deliver better outcomes for consumers and carers). Already there is evidence that these initiatives are working to enable access to primary mental health care for a far greater number of Australians than ever before (Pirkis, Harris, Hall, & Ftanou, 2011), and have reduced reliance on prescription medication for high prevalence mental health problems such as depression and anxiety.

But improving access to health services is only part of adopting a social determinants approach to health. Addressing the factors which lead to health inequality in the first place is essential to achieving health equality and 'closing the health gap'. Mental health is about more than providing mental ill-health services.

There are many government initiatives which currently address the social determinants of health. Previous and current Australian Governments have adopted a strong focus on early childhood, which is one of the identified priorities by the WHO for 'improving daily lives'. For example, the FaHCSIA-funded Communities for Children initiative is designed to 'enhance the development of children in 45 disadvantaged community sites around Australia.....and aims at improving the coordination of services for children 0-5 years old and their families' (Muir et al, 2010: 35). This initiative is a place-based response to enable local responses to local issues and aims at building capacity at an individual family and community level (Warr, 2010).

Similarly, KidsMatter is a government initiative (of which APS is a primary partner) that recognises the importance of the early years for optimal development and wellbeing. KidsMatter is a mental health and wellbeing framework for primary schools and early childhood education and care services, and involves building partnerships within the health and community sector to further support schools and services in the initiative, and maximise positive outcomes for children's mental health.

Recommendation 4: The APS particularly welcomes the Government's focus on early childhood in meeting the WHO's recommendation to improve daily living conditions. Of significance are the approaches being taken that build service capacity, focus on strengthening communities to optimise child and family wellbeing, and target disadvantaged areas to improve health and wellbeing outcomes.

Other initiatives which are making a positive difference to addressing health inequity in Australia include:

- The Closing the Gap initiative – in recognising and addressing the 10-17 year life expectancy gap between Indigenous and other Australians, and targeting resources and services to the most disadvantaged groups in Australia
- The National Disability Insurance Scheme – a significant reform aimed at providing social protection for one of society's most vulnerable groups who experience significant health inequity
- The development and implementation of the National Anti-Racism Strategy – to address the impact of racism and discrimination on the health and wellbeing of migrant, refugee and Indigenous communities
- The National Housing Affordability Agreement and policy of 'No Wrong Doors' - in recognition of the importance of affordable, secure and accessible housing to the health and wellbeing of all Australians, as well as an example of a policy that extends across government programs.

However, the Government's approach to implementing a social determinants approach to health is fragmented, missing an opportunity to more strategically address the conditions which enable or prevent health equality. In some cases, we are concerned that existing policies threaten to widen the life expectancy gap. For example:

- The recently introduced cuts to single parents' social security payments target some of the most marginalised and impoverished members of Australian society. This change disproportionately affects women, who make up the majority of single parent benefit recipients, with many living in poverty and facing deeper financial hardship as a result of this policy change. The APS believes initiatives to promote workforce participation should address existing barriers to such participation, such as cuts to TAFE training in female-dominated industries and prohibitive childcare costs, rather than via 'incentives' that are effectively punitive measures that exacerbate hardship and despair.
- Policies of deterrence for refugees and asylum seekers – the continued use of immigration detention, particularly offshore detention, which psychological evidence has shown to have detrimental impacts on the health and wellbeing of asylum seekers, does not promote health or address health inequity. For those subject to this ongoing policy, the health gap is widened.
- While the Government's 'closing the gap' initiative addresses serious health inequities experienced by Aboriginal and Torres Strait Islander communities, initiatives like the Stronger Futures (NT) need to better reflect the aspirations of Aboriginal and Torres Strait Islander peoples (self-determination). Furthermore, formal recognition of the capacity and the right of Aboriginal and Torres Strait Islander peoples to self-determine their futures (constitutional recognition) needs to be prioritised.

- Obesity initiatives that focus solely on individual behaviour (diet, exercise, measuring schoolchildren's waistlines), without addressing broader structural factors (such as junk food advertising or food security) risk discrimination against individuals and blaming of parents for conditions created by affluence and consumerism alongside inequity of access.

The WHO social determinants framework offers a unique opportunity for the development of a whole of government approach to health and wellbeing. This involves recognising the importance of individual health behaviours as risk factors for chronic disease, and improving service access for those who are disadvantaged, but importantly, also addressing the wider socioeconomic factors that drive behaviours, and thus also disease outcomes, in populations (Baum & Fisher, 2011).

Recommendation 5: The APS acknowledges the significance of the current government health reforms, and recommends that the Government build on these reforms to develop a whole of government social determinants approach to health and wellbeing. This should involve improving access to services for disadvantaged groups as well as addressing the structural drivers of health inequality, particularly for the most marginalised individuals and communities in Australia such as Aboriginal and Torres Strait Islander communities, single parent families, people who are unemployed or underemployed, people with disabilities, including mental health issues, Indigenous Australians, and migrants, refugees and asylum seekers.

(iii) appropriate Commonwealth data gathering and analysis

The WHO acknowledges that action on the social determinants of health will be more effective if mechanisms are in place to routinely monitor health inequity and the social determinants of health and to ensure that 'the data can be understood and applied to develop more effective policies, systems, and programmes' (p.32). While the Government currently collects data, including program evaluations of health related initiatives, better coordination of the data already collected across government and a stronger focus on social determinants is required.

As a discipline committed to evidence-based practice, the APS supports WHO's recommendation that 'National governments and international organizations, supported by WHO, should set up national and global health equity surveillance systems for routine monitoring of health inequity and the social determinants of health and should evaluate the health equity impact of policy and action', and urges the Australian Government to establish such an evaluation mechanism.

Establishing stronger accountability mechanisms, such as progress against the social determinants of health and measurement against targets to reduce

inequalities in health outcomes and to improve consumer access to health services should also be a government priority. However it is vital that such mechanisms build in consumer and community input at all levels of program planning, formative and summative evaluation, to ensure that they represent more than a check-box exercise.

Working at multiple levels, community psychologists are well placed to facilitate consumer and community participation at the program development, delivery and evaluation points. Their role in ensuring meaningful opportunities for consumer, carer and community participation can lead to more relevant services and better health outcomes for consumers, the health system and the broader community.

Recommendation 6: The APS recommends that the Government establish an overarching mechanism to monitor and evaluate progress against the social determinants of health. Along with the current inquiry, it is also important that the government commission an independent review or audit of all government policies and programs for their compatibility with a social determinants approach.

Recommendation 7: The APS recommends that mechanisms to monitor and evaluate progress against the social determinants build in consumer and community participation at both local and macro levels.

(d) scope for improving awareness of social determinants of health:
(i) in the community
(ii) within government programs, and
(iii) amongst health and community service providers

Awareness of, and commitment to the social determinants of health will only occur once the Government has formally responded to the WHO report and establishes an overarching framework and mechanism for implementing and monitoring this approach across government.

Health needs to be a focus *across* government departments and not just *within* health departments. The South Australian Government's *Health in All Policies* approach provides an opportunity to embed the social determinants in a systematic way across government. This approach recognises the interdependence of public policy and assists leaders and policy makers to integrate considerations of health, wellbeing and equity during the development, implementation and evaluation of policies and services (Government of South Australia, 2010).

The *Health in All Policies* strategy provides a useful example of how the Federal Government might respond. The South Australian model recognises that health and wellbeing are largely influenced by measures that are often managed by government sectors other than health. Under the strategy, the health sector's role is to support other sectors to achieve their goals in a way which also improves health and wellbeing. The strategy also applies the use of Health Impact Assessments (HIA) in assessing the potential effects on population health from procedures, methods, and tools used in a policy, program, or project.

Similarly, the APS also endorses the recommendations outlined by Psychologists for Social Responsibility (2010) regarding research and practice to address poverty and inequality. These recommend that that governments and decision-makers:

- implement policies that promote high-quality education for all and full employment at decent and fair wages, both of which will provide equal access to and the just distribution of resources needed to live healthy lives
- facilitate economic growth in ways that, instead of accruing the most benefits to corporations and wealthy citizens, focus on assistance to bring the most needy into the socioeconomic fold
- work with governments, NGOs and communities to meet the basic physical and psychosocial needs of citizens living in poverty more effectively, more consistently, and more quickly
- provide early childhood intervention with a strong parent-support component
- re-envision justice services for the poor, who are more likely to be criminalised because of poverty's association with criminal behaviour, profiling, and stereotyped assumptions
- focus on the needs of women , who often bear the largest brunt of poverty's harm as they struggle to care for their children, homes, and communities
- address other essentials that people living in poverty need, including improved access to decent housing and transportation, quality child-care services, and safer communities
- pursue accountability and justice in response to abuses linked to exploitation of the poor and disadvantaged.

The WHO framework presents the Government with a unique opportunity to act on existing social determinants policies and plans as a priority. For example, The National Plan to Reduce Violence against Women and their Children (2010-2012) contains recommendations that can be implemented in the context of establishing a social health determinants framework.

We also draw the committee's attention to the National Aboriginal Community-Controlled Health Organisation's (NACCHO) submission to this inquiry, in recognition of the significant health disparities and challenges faced by

Aboriginal and Torres Strait Islander people. The APS endorses NACCHO's recommendation that the Government respond to the recommendations contained in the National Indigenous Health Equality Summit report (HREOC, 2008), and work with the significant reconciliation movement currently underway in Australia (e.g., see www.reconciliation.org.au).

Similarly, The Australian National Preventive Health Agency and the Australian Social Inclusion Board are two existing structures that could be strengthened and their reach extended to build a more coordinated approach to our nation's social determinants of health.

Finally, broader engagement with the community is essential to gain awareness of, and commitment to a social determinants approach to health.

Recommendation 8: The APS recommends that the Australian Government explore adopting a 'Health in All Policies' strategy in order to implement the WHO social determinants approach to health.

Recommendation 9: The APS believes the WHO framework presents the Government with a unique opportunity to progress and extend existing initiatives that aim to address health inequalities and reduce the gap in life expectancy and health outcomes.

5. Contributions of community psychology to a social determinants of health framework

Community psychologists are well placed to provide expertise about how the Government can best adopt a social determinants approach to health and more specifically to respond to the Australian Government's health reform agenda. In particular, three key reform priorities align with community psychology research and practice:

- prevention (refocusing primary healthcare towards prevention)
- engagement with communities (to inform, enable and support people to make healthy choices)
- the reduction of inequity through targeting disadvantage (NHHRC, 2009).

Prevention is a foundational platform of community psychology, which positions it well to respond to the Government's goal of embedding prevention and early intervention into every aspect of the health system. As well as working to prevent health issues in high profile national programs, such as improving the mental health and wellbeing of young people (headspace) or primary school children (KidsMatter), community psychologists also work at a local level by implementing programs with at-risk groups.

Advocating for the needs of marginalised groups and for equitable access to health services and resources is a key task of community psychologists. They are committed and skilled at working alongside the most disadvantaged people in our society, including Indigenous Australians, young homeless people, newly arrived migrants, rural and remote communities, and people living with a disability and their carers. Through their engagement with such groups, community psychologists work to ensure that people facing major health challenges and barriers to service uptake have a better chance of equitable health outcomes.

Community psychologists are particularly skilled and experienced at fostering community participation and empowering consumers to make fully informed health decisions. The involvement of consumers in decisions that impact on their health, including how and what health services are provided, is now recognised as key to ensuring relevant and accessible services, and enhancing the health system's ability to respond to emerging health challenges. Community psychology was among the first fields to acknowledge and champion the critical role of consumer and carer participation in health services, in terms of both personal support needs and health service evaluation and reform.

The facilitation of service networks and involvement of families and communities in response to a public disaster such as a bushfire or a more private tragedy such as suicide is another example of how community psychology works to empower people to be actively involved in building stronger, healthier communities, even under highly distressing circumstances.

Community psychologists also have specialised training in community-based research and program evaluation. Drawing on their expertise would assist Government to incorporate a stronger focus on social determinants in all health research and better localised use of data already collected, so local communities can use a social determinants approach in planning and responding to local health inequities.

6. Extent to which the Commonwealth is adopting a social determinants of health approach through climate change policies and program:

The WHO Commission on Social Determinants of Health report states that the two agendas of health equity and climate change need to be considered alongside each other. Climate change, described as the biggest threat to global public health of the 21st century (Costello et al., 2009), is also recognised as a leading cause of deaths with 400,000 people dying each year globally as a direct result of climate change, while the carbon intensive global economy is responsible for 4.5 million deaths annually, as reported recently in a report on the human and economic costs of climate change commissioned by 20 governments (Dara, 2012).

Climate change threatens health in a number of ways, including from increased frequency and intensity of extreme weather events (cyclone, fire, heatwaves, droughts, floods), as well as from rising sea levels, storm surges, and less stable and predictable weather patterns. These physical impacts have a range of health and mental health consequences, direct and indirect, including increased risk of vector borne diseases like malaria and dengue, food and water-borne disease, heat related illness, respiratory illnesses, and injury, as well as the mental health and psychosocial toll associated with displacement, losses, death and injury (Hughes & McMichael, 2011).

Reducing climate risks, and helping communities to adapt to current and future threats, are therefore critical for health. The International Energy Agency has warned that the world has just five years to dramatically alter the way it uses energy, and that unless we stop investing in fossils fuels and begin the wide-scale and rapid deployment of renewable energy technology, we will lose the opportunity to prevent irreversible climate change (Harvey, 2011).

Australia has the highest per capita emissions in the developed world and must, as part of a global solution, take action to minimise the dangerous impacts of climate change through mitigation and adaptation initiatives. To this end, Australia has a broad suite of climate change policies and programs, including the greenhouse gas emissions reduction target, the carbon tax, Renewable Energy Target, carbon farming initiatives etc that are attempts to break the link between economic growth and growth in greenhouse gas emissions, reduce overall emissions, promote innovation and investment in renewable energy, encourage energy efficiency in business and households, and help communities to adapt.

6.1 Are the two agendas of health equity and climate change being considered alongside each other?

Significant efforts have been made at the level of individual climate policies to attempt to address social conditions that affect people's health. The carbon price, for example, was deliberately designed to tax each ton of emitted CO2 on selected fossil fuels, but only for the fossil fuels consumed by major industrial emitters. The revenue raised by this tax is used to reduce income tax (by increasing the tax-free threshold) and increase pensions and welfare payments slightly to cover expected price increases, as well as introducing compensation for some affected industries. The efforts made to protect vulnerable groups from flow-on impacts of a carbon tax take a social determinants approach to policy.

Disaster recovery strategies that the Federal and State Governments have developed following extreme weather events like the Queensland floods and

cyclone (2010-2011), and the Victorian bushfires (2009), also take a social determinants approach to health by focusing on rebuilding community connections and social capital.

Unfortunately, however, there are many more examples of governments falling short of properly considering the two agendas of health equity and climate change alongside each other. Australia's climate policies are currently way too limited to properly address the escalating problem of rising greenhouse gas emissions, to reduce the threats to health posed by climate change, and to reduce health inequities that will be exacerbated as environmental impacts are experienced throughout society. Australian policymakers have not yet made climate mitigation and the protection of health from climate change a priority consistent with the scale and nature of the threat it poses – the biggest threat to global public health of this century (Armstrong, 2012).

The current target of reducing Australia's greenhouse gas emissions by 5% by 2020, for example, is nowhere near enough to limit warming even to below two degrees of global warming in a effort to prevent widespread loss of life, and increased harm to human health from the devastating environmental impacts that are predicted at higher global average temperatures. Furthermore, Australia's policy of buying international permits means emissions will actually go up, rather than down, by 2020 (Spratt, 2012).

In addition, many of the policies, programs and actions within other sectors such as energy, transport, trade, agriculture, building, planning also fall far short of considering climate change and health agendas alongside each other, thus failing to take a social determinants framework across policy and administrative silos.

Recommendation 10: The APS recommends that the Australian Government acknowledge the specific relationship between climate impacts and ill-health, including disease, injury, and psychosocial and mental health impacts. This requires that the Government develop comprehensive plans about how climate change is likely to impact on different communities and populations, and have well planned strategies, including public health systems that can adequately respond to increased needs.

7. References

Albee, G.W. (1986). Toward a just society: Lessons from observations on the primary prevention of psychopathology. *The American Psychologist, 41*: 891-897.

Armstrong, F. (2012). *Our Uncashed Dividend: The Health Benefits of Climate Action, a Briefing Paper for the Climate and Health Alliance and The Climate Institute.* Available at http://caha.org.au/wp-

content/uploads/2010/11/OurUncashedDividend_CAHAandTCI_August2012.pdf

Assembly of the International Union of Psychological Science. (2008). *Universal declaration of ethical principles for Psychologists.* Berlin: Author.

Australian Bureau of Statistics. (2012). *Average weekly earnings, Australia, Feb 2012.* Canberra: Author.

Australian Bureau of Statistics and Australian Institute of Health and Welfare (ABS & AIHW). (2008). *The Health and Welfare of Aboriginal and Torres Strait Islander Peoples*, ABS catalogue No.4704.0, ABS & AIHW, Canberra.

Australian Council of Social Services. (2012). *Poverty in Australia: The first in a series of 'Poverty and Inequality in Australia'.* NSW: Author.

Australian Government. (2012). *National Health Reform.* http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/theme-primarycare

Australian Institute of Health and Welfare. (2009). *Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.* Cat. no. IHW 24. Canberra: AIHW.

Australian Psychological Society (1997). *Racism and prejudice: Psychological perspectives. APS Position Statement.* Melbourne: Author.

Australian Psychological Society. (2008). *Psychological Wellbeing of Refugees Resettling in Australia: A Literature Review.* Melbourne: Author. See also: http://www.psychology.org.au/publications/statements/refugee/

Australian Psychological Society. (2007). *APS Code of Ethics.* Melbourne: Author. http://www.psychology.org.au/Assets/Files/APS-Code-of-Ethics.pdf

Bartley, M., Blane, D., Montgomery, S. (1997). Health and the life course: Why safety nets matter. *British Medical Journal, 314:* 1194-1196.

Baum, F. & Fisher, M. (2011). Are the national preventive health initiatives likely to reduce health inequities? *Australian Journal of Primary Health. Vol. 17* (4), pp. 320-6.

Brotherhood of St Laurence (2002). *Poverty: Facts, figures and suggestions for the future.* www.bsl.org.au Accessed 05/10/10.

Brown, L. & Nepal, B. (2010). *Health Lies in Wealth: Health Inequalities of Australians of Working Age.* Catholic Health Australia: Author.

Costello A., Abbas, M., Allen, A., et al. (2009). Managing the health effects of climate change. *Lancet 373*: 1693–733.

DARA (2012). *Cold Calculus for a Hot Planet: Climate Vulnerability Monitor 2nd edition.* Retrieved on 15/10/12 from http://daraint.org/climate-vulnerability-monitor/climate-vulnerability-monitor-2012/

Department of Families, Housing, Community Services & Indigenous Affairs (2012). *The National Plan to Reduce Violence against Women and their Children: 2010 – 2012.* Australian Government: Author. Available at: http://www.fahcsia.gov.au/sites/default/files/files/women/program-services/OfW_National_Plan_EE.pdf

Garvey, D. (2008). *A review of the social and emotional wellbeing of Indigenous Australian peoples-considerations, challenges and opportunities.* Retrieved 31.3.11 from http://healthinfonet.ecu.edu.au/sewb_review

Harvey, F. (2011). World headed for irreversible climate change in five years, IEA warns. *The Guardian,* 9 November 2011. Available at http://www.guardian.co.uk/environment/2011/nov/09/fossil-fuel-infrastructure-climate-change.

Hughes, L. & McMichael, T., (2011). The Critical Decade: Climate change and health. Climate Commission, Commonwealth of Australia (Department of Climate Change and Energy Efficiency). Accessed http://climatecommission.gov.au/report/the-critical-decade-climate-change-and-health/#more-1365

Human Rights and Equal Opportunity Commission (HREOC). (2008). *Close the Gap: National Indigenous Health Equality Targets*. Author: Sydney.

Marmot, M. (2007). Achieving health equity: from root causes to fair outcomes. *The Lancet, Vol 370*, Issue 9593:1153–1163.

Muir, K., Katz, I., Edwards, B., Gray, M., Wise, S. & Hayes, A. (2010). The national evaluation of the Communities for Children initiative. *Family Matters No. 84*: 35-42.

National Centre for Social and Economic Modelling. (2012). *The Cost of Inaction on the Social Determinants of Health.* Author: Canberra.

National Health and Hospitals Reform Commission. (2009). *A Healthier Future For All Australians* - Final Report of the National Health and Hospitals Reform Commission. Canberra: Commonwealth of Australia.

Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology, 35:* 888-901.

Pirkis, J., Harris, M., Hall, W., & Ftanou, M. (2011). *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative: summative evaluation.* Melbourne: Centre for Health Policy, Programs and Economics.

Psychologists for Social Responsibility. (2010). *A Commitment to Address Poverty and Inequality.*

http://www.psysr.org/materials/PsySR_Statement_on_Poverty_and_Inequality.pdf

Schoon, I., Sacker, A. & Bartley, M. (2003). Socio-economic adversity and psychosocial adjustment: a developmental-contextual perspective. *Social Science & Medicine, 57* (6): 1001-1015.

South Australian Government. (2010). *Adelaide Statement on Health in All Policies: Moving Towards a Shared Governance for Health and Well-being.* Geneva: World Health Organization.

Spratt, D. (2012). What Sea-Ice Melt Means For Our Climate Policy. *New Matilda, 28* August 2012. Available at http://newmatilda.com/2012/08/28/what-seaice-melt-means-our-climate-policy

Vinson, T. (2007). *Dropping off the Edge: the distribution of disadvantage in Australia: A report by Professor Tony Vinson for Jesuit Social Services and Catholic Social Services Australia.* Jesuit Social Services: Curtin, ACT: Catholic Social Services Australia. Available at http://www.australiandisadvantage.org.au/

Warr, D. (2010). Working on the ground to redress disadvantage: lessons from a community based Pre School Program. *The Australian Community Psychologist 20* (1): 22-35

Wilkinson, R. & and Pickett, K. (2010). *The Spirit Level*. London: Penguin Books.

World Health Organisation (2008). *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health.* WHO Press: Geneva, Switzerland. http://www.who.int/social_determinants/thecommission/finalreport/en/index.html