

TASKFORCESUBMISSION: submission

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POSITION:

ORGANISATION:

SUBMISSION1: Cut down to fit

This paper reflects the health promotion direction of the commonwealth to 2020. The key areas for health promotion activity are Alcohol use, tobacco use and obesity. The paper begins with some statistics on the value of health promotion activity which has demonstrated a significant reduction in the use of tobacco in the Australian population following the promotional campaigns. In my view the campaigns are likely to fail the most vulnerable in Australia because the need for good mental health is ignored. Mental Illness in itself is a significant health issue. To quote the beyond blue site:

- Depression is currently the leading cause of non-fatal disability in Australia, with less than 50% receiving medical care. Depression-associated disability costs the Australian economy \$14.9 billion annually, with more than 6 million working days lost each year.
- Depression costs the Australian community over \$600 million each year in treatment costs and depression will be second only to heart disease as the leading medical cause of death and disability within 20 years.

This information alone should be cause for concern, however in addition to this, it is important to highlight the inter-relationship between mental health and physical illness and the importance of good mental health for individuals to make 'healthy' decisions.

An interesting outcome of the promotional campaigns has been how ineffective they have been with some sections of the community. Refer to the Report of the NSW Chief Health Officer on Socioeconomic status Smoking for more info. When asking the question 'why should this be so?' we need to review the assumptions made in the health promotion campaigns. The assumption underlining the campaigns is that;

- Given the information, people tend to make healthy choices. And
- Given the incentive NOT to make poor choices, (i.e. increased cost, decreased access) people tend to make more healthy choices.

These assumptions do work well - for those people able to take in new information and make new decisions.

Increasing the strength of the campaign has a limited effect. If people do not make the choice once informed, then the problem is not for want of better advertising, the reason is because the people not making those healthy choices HAVE LESS CHOICE.

When we make choices, we are considering a range of options, and based on information we have available, deciding one of those choices has higher benefits than another. So increasing the strength of the information does not change the information ie smoking kills is the information smoking kills lots or early or in a horrible way is the same information.

It is highly relevant to note that the greater an individual's stress, the less they are able to make choices. See research on stress and decision making. Even if we make a 'good' choice, it is likely to fail when we become stressed.

So now we look at stress and socio economics - again plenty of evidence that stress and socio-economics are linked. Indeed, if you are an Indigenous Australian, then you are likely to experience 2 to 4 times the amount of stressors than the average non-indigenous person would experience in any 12 month period. (see National Aboriginal and Torres Strait Islander Safety Promotion Strategy)

So it is no surprise to find that information based and penalty driven promotion campaigns only work with those who are able to make choices. This 'type' of person is likely to make those healthy choices with less expensive information campaigns, and virtually no penalties. The people who cost the community the most and who are the most affected by illness are the least affected by this style campaign.

Recommendations:

1. Stop the false split between mental health and physical health - it does not exist in reality.
2. Add managing stress and anxiety effectively as a target for this 2020 plan. Take 50% of the funding from the other areas and fund this project well

PRIVACY: yes

SUBMIT: Submit