The Intersection of Community Development & Mental Health

A Safe Home and Thriving Neighborhood Contributes to Improved Mental Health

A safe home and thriving neighborhood improves both physical and mental health. The Community Health Needs Assessments of many health systems identify mental health as a high priority. Community development organizations across the country are doing work that can contribute to improved wellness and better health outcomes, also addressing the disproportionate burden on historically marginalized communities.

When it comes to determining one’s health, ZIP Code is more important than genetic code; Community Development is in the ZIP Code improvement business. This series of fact sheets from NeighborWorks America and the Build Healthy Places Network highlights the common aims, evidence base, and what works for health and community development.
• The Healthcare sector spends over $1 Trillion each year treating preventable conditions caused by poverty and social inequity.

• The Healthcare sector is increasingly considering new approaches to addressing social determinants of health (factors such as quality affordable housing, good jobs, access to good food, education, and safe neighborhoods) as a way to improve communities’ physical and mental health.

• As an action arm for addressing social determinants of health, advancing equity, and improving health, community development is in a strong position to cultivate protective factors for supporting good mental health.

• Community development is often discussed as a key catalyst for improving well-being. It’s also important to recognize that good health equally contributes to community and economic development. Good mental health contributes to prevention of unnecessary hospitalizations, homelessness and involvement in the criminal justice system.

• Community development acts to reduce some common stress factors that can contribute to the development of mental health challenges e.g. financial stress of inability to make rent or house payments, homelessness and unsafe neighborhoods.

• Likewise, racism is another factor that adversely affects mental health, contributing to inequities like housing segregation and discrimination, poverty, and lack of access to services.

• Housing with integrated health services can substantially increase utilization of mental health or behavioral health services and reduce costs.

• Stabilizing mental health issues in people who are experiencing homelessness can be extremely challenging. Transitional and supportive housing can assist healthcare providers in this process.

• Exposure to green spaces works upstream as a protective factor to reduce the risk of developing mental health illnesses.

• Providing stable housing can reduce the incidence of Adverse Childhood Experiences (ACEs) which can lead to better mental health outcomes.

DEFINITIONS

Mental Health is not simply the absence of mental illness and can be defined as the state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community. (World Health Organization)

“Behavioral Health” is a term encountered in mental health systems which some associate with less stigma but avoid using it interchangeably with mental health since behavioral health includes substance use disorders (SUD).

Mental Health and Behavioral Health can be correlated with one another; e.g. Substance use disorders (SUD) can be perpetuated by individual experiencing mental health issues such as stress caused by homelessness; mental illness such as bipolar disorder can sometimes be worsened or even caused by SUD.

Upstream refers to a community level intervention moving beyond individual impact (social needs or clinical care) to address the social, physical, economic, and environmental factors that determine health in a community.
**Evidence In Action**

**Healing South Stockton**

*South Stockton, California*

Healing South Stockton partners with local stakeholders including Dignity Health, Kaiser Permanente, and Stockton Unified School District using an Accountable Communities for Health (ACH) model, to implement health, educational and economic interventions that address the underlying causes of trauma. Supported by the ACH’s local Wellness Fund, the initiative pushes for school-based health centers, advocates for affordable housing policies and promotes data sharing between organizations to improve trauma impact tracking.

**Brandywine Center**

*Coatesville, Pennsylvania*

In a city of 13,000 residents, the Brandywine Center offers a diverse range of health services including mental health, affordable rental housing for low-income seniors, and a children’s library. The center is the city’s first major community development investment in over 30 years, all possible through the cross-sectoral collaboration between public and private partners and the financial support of federal Low-Income Housing Tax Credits, USDA loan and public donations.

**Pathways Vermont Housing First Program**

*Burlington, Vermont*

Supported by the Vermont Department of Mental Health and Substance Abuse and Mental Health Services Administration, the Program provides permanent supportive housing and short-term rental assistance for chronically homeless residents, many with trauma histories. The program helped more than 200 individuals, saving the state over $2 million per year in hospitalization costs, maintaining an 85% housing retention rate, and reducing the rate of reincarnation.

**New Kensington Community Development Corporation**

*Philadelphia, Pennsylvania*

New Kensington Community Development Corporation (NKCDC) in Philadelphia, a NeighborWorks network organization, utilizes trauma-informed approaches in its community engagement and community development work. In its resident training programs, NKCDC utilizes a "train the trainer" model to support resident leadership and development. Applying this model and approach has helped NKCDC to better communicate trauma-informed concepts to residents and has supported on-going program sustainability. The trauma-informed lens has also supported NKCDC to shift organizational practices.
As you consider possible partnerships with hospitals and healthcare systems, the following questions can help you identify opportunities for collaboration and assess hospital priorities, capacity, and pain points to strengthen your case for partnership:

- What type of hospital are you meeting with and is it part of a bigger healthcare system? Larger systems might have their own Foundations with community investment and be ready for partnership.
- What are the priorities of the healthcare institution as identified through their Community Health Needs Assessment (CHNA)? Is mental health identified as a priority?
- How engaged is the institution’s leadership around addressing social determinants of health?
- Has the institution adopted a trauma informed approach? Is it integrated in their Community Health Improvement Plan (CHIP) and external collaborations?
- What are the key healthcare incentives and regulatory requirements at play? e.g. the mission orientation of the institution, a Housing First approach, state level changes (e.g. Medicaid expansion, Whole Person Care Initiative) or city policies.

**Tools To Move Forward**

- BHPN’s Healthcare Playbook for Community Developers helps you build partnerships with hospitals and healthcare systems to improve community health and well-being.
- BHPN’s Jargon Buster demystifies common industry jargon across sectors.
- Affordable Housing Investment: A Guide for Nonprofit Hospitals and Health Systems examines nonprofit hospitals and health systems’ motivations, opportunities, and barriers to initiate housing investments.
- NeighborWorks America’s Community Partnership Readiness Guide.