

## ***Mental Health of families in new urban estates***

*Presentation by Sally Everitt, Social Planner, Cardinia Shire Council, Victoria  
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### ➔ Slide 1

We are here today in the middle of the south-eastern growth corridor of Melbourne. Communities here, in Casey and Cardinia have been experiencing unrelenting urban growth for more than 20 years now. Within the **next** 20 years, an additional 40,000 people will move into Cardinia alone. The City of Casey has seen much more expansive growth.

In total, 8,300 new families are moving in each year, to the south east growth corridor. Unlike Victoria, or Metropolitan Melbourne, a very high proportion of our population are:

- families, with dependent children
- young couples

### ➔ Slide 2

It's not surprising then, that Casey and Cardinia are undertaking a joint project into the mental health of young families in these new urban estates.

The project is a one-year research project, fully funded by the Victorian Department of Human Services. It's a grant which promotes good practice in municipal public health planning:

- In Cardinia, we completed our *Health Plan* in December 2001
  - Casey City have, just this month, put their *Health Plan* out for public comment
- Our research, and that of others, has identified strong concerns about the **wellbeing** of residents living in new estates and their sense of **isolation**.

### ➔ Slide 3

The Victorian *Burden of Disease* Study, found that **mental health** is a major public health issue for both young people and adults in our region.

Research conducted by *Women's Health in the South East* (or WHISE) for Casey and Cardinia showed that:

- **stress** and **emotional health** were two of the top 4 health issues for women. And that the most important health issues for specific age groups were:

### ➔ Slide 4 (read this list)

*Cardinia's Community Health Plan* involved widespread consultation with residents and service providers. It identified 6 health goals for attention

Three of these goals are closely interrelated, and concerned:

- Additional supports for families with children
- Acknowledging the importance of mental health of our residents
- Building community spirit and social participation

### ➔ Slide 5

Strategies have been identified for each goal in our Plan, and I have brought copies along today for those of you who are interested. But in summary: strategies include not only provision of new Services, but also:

- Facilities,
- Community interventions,
- Planning and policy responses

One of the key issues was the complete lack of practical supports or specialist services for women with post natal depression. Casey too, in its health planning, has highlighted these gaps. Such concerns are magnified in the light of publications by the World Health Organization, emphasizing the quality of experiences in the **early years of life** as a key “social determinant” of an individual’s health.

***Can our society afford to leave individuals to their own resources in outer urban growth corridors where such high proportions of the population are young children and young families – in the face of evidence of depression and isolation in these areas?***

## ➔ Slide 5

In thinking about this presentation, I decided to take a few snapshots out at some of our local housing estates. More accurately, snaps of how our estates are being marketed.

Think about the images and themes that come through for you when you see these billboards... Remember that in most cases they are broad hectare, greenfield sites, without many trees or native vegetation at all...

## ➔ Slide 6 - 14 finish on “fishing”.

Obviously, those who market this land/new houses, are appealing to ideals of:

- *Open spaces, open landscapes*
- *A sense of freedom*
- *Healthy environments for children*
- *A sanctuary?*
- *A sense of belonging to a “club”*
- *And very close contact with nature*

***But are such aspirations realistic for any urban environment? Especially new outer urban developments on greenfield sites??***

***Or are the young purchasers being idealistic? And the marketers deceptive?***

In research, undertaken in Pakenham in the mid 1990's, new residents in new estates were asked why they had moved there? The top 3 reasons were:

- The price of the house and land
- Moving closer to family/friends
- Liking "country spaces"

When asked what facilities they wanted, their requests were surprisingly simple:

- Parklands and play equipment
- Footpaths and bicycle tracks
- Postboxes
- Public phones
- A milk bar

The key difficulties for recently settled families were:

- Information (about services)
- Availability of transport
- And for families with children under 4 years, the cost of services was critical.

While undertaking consultations for our own Health Plan, last year, we did ask our **established communities** in Cardinia what they loved about living here. The assets they mentioned were pretty close to the notions portrayed by the land marketeers:

➡ **Slide 15** (read the responses about the "community" and the "natural environment")

And in regard to responding to mental health issues, these same established communities strongly recommended the need to increase parklands in new urban estates and for individuals – more contact with nature and other people.

Could it be true then that all human beings have a desire for contact with the natural environment and with each other? (Not such a novel train of thought)

Maybe there are very simple ways in which we can ensure we "design in" such experiences for new estates, even on the smallest of scales, Or by promoting more vigorously, access to these experiences on a larger scale?

## ➡ **Slide 16**

Our joint research project will focus on women. Mothers, who have had young children, and overwhelming feelings of depression or isolation. We will be asking them to think about a whole range of possible responses and have them identify which responses might have been the most effective.

The kind of responses we will be asking about will range from service interventions to practical supports. BUT, most importantly, we will ALSO be asking these women to evaluate their sense of connection (or disconnection) to their local environment:

- the built environment

- their natural environment

We believe there will be lessons from this research for urban planners, community development workers and the service system.

As social planners and urban planners, we need to find better ways of understanding our daytime populations. These are the persons who are out there using our urban environments every day... or should be. Too much of our local planning – and our service provision – is based on a false picture – the “full demographic” profile. Reality is, that a much narrower section of our population, are the primary users of our daytime urban environments. Are we designing them correctly to cater for these target groups? How many of us as planners and health workers regularly “experience” being on the streets, being in the parks, standing at the bus stops, riding our trains? The quality of such experiences has powerful messages and potentials.

### ➡ **Last slide, 17**

The hopes and aspirations of our young residents is an energy we must learn to admire and protect.

Thank you.

Contact for Sally Everitt: ☎ 59454 210 (BH)

✉ [s.everitt@cardinia.vic.gov.au](mailto:s.everitt@cardinia.vic.gov.au)