



Queensland Alliance for Mental Health

National Urban Policy Consultation Draft

July 2024

Who is QAMH?

The Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Health and Wellbeing Sector and people with experiences of psychosocial disability in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of community mental health and wellbeing services across the state. Our role is to reform, promote and drive community mental health and wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners. We provide information about services, work to build community awareness, education and training to influence attitudes and remove barriers to inclusion and advise government on issues affecting people with experiences of psychosocial challenges. At a national level, we have a formal collaboration with Community Mental Health Australia and provide input and advice to the work of Mental Health Australia and the National Mental Health Commission where appropriate. Locally, we work alongside our members, government, the Queensland Mental Health Commission and other stakeholders to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

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Acknowledgement of Country

QAMH acknowledges the Traditional Custodians of the land on which we live, learn, and work and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to Elders past, present and emerging.

Recognition of Lived Experience

QAMH recognises that the Community Mental Health and Wellbeing Sector exists because of people with Lived Experience of mental distress, their families, carers and support people. We acknowledge the expertise and the courage of people with Lived Experience, and we commit to work with and alongside people with Lived Experience in all we do.

Background

Thank you for the opportunity to comment on the New National Urban Policy (the Policy) to make Australia’s urban environment more liveable, equitable, productive, sustainable, and resilient. Most of the population of Australia lives in cities and while cities can be great places to live, work and play they can also be isolating and unhealthy. QAMH believe that policies addressing the social determinants of health provide the greatest opportunity to improve overall health and wellbeing. We are therefore pleased to see the five key goals and six objectives and actions in the Policy cover many of these aspects.

However, this draft Policy also presents a key opportunity to aim higher. Our urban design and physical environments hold profound capacity to support us to flourish and – given that the investments we make in our built environment have the potential to last forever – as Evonne Miller, Professor of Design Psychology at Queensland University of Technology and Director of the QUT Design Lab states, “every decision we make should help us thrive”¹.

Australia is currently in the grips of a mental health crisis. It is essential that urban design gives due consideration to mental wellbeing as the prevalence and effects of mental ill-health on our society are significant. The Australian National Study of Mental Health and Wellbeing found that 43.7 percent of the population aged 16-85 from 2020-22 had experienced a mental illness at some time in their life². The same study notes that a staggering 4.2 million, or 21.4 percent of the Australian population had experienced a mental illness in the previous 12 months. For our First Nations communities, these rates are even higher. These figures come at an enormous cost to Australian society: financially alone, the estimated cost of mental illness and suicide to the Australian economy is about \$43–70 billion each year, with a further \$151 billion from diminished health and reduced life expectancy³.

While there is an urgent need to address severe mental illness and substance use disorders at an individual level, improving social and emotional wellbeing at the community level through

¹ Miller, E. (2024). Designing out loneliness through community and place-based activation [unpublished presentation]. EACH2024 Social Prescribing Conference Sydney.

² Australian Bureau of Statistics. (2020-2022). *National Study of Mental Health and Wellbeing*. ABS. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>

³ Productivity Commission. (2020). *Mental Health Productivity Commission Inquiry Report, Volume 1, No. 95, 30 June 2020*. <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf>

urban design is a vital way that Governments can foster long-term improvements in wellbeing for all.

We need to consciously develop urban environments that maximise wellbeing, reduce isolation and facilitate recovery from mental health challenges. Improving the mental health of all Australians and reducing the rate of suicide requires Commonwealth, state, and territorial governments to work in partnership across all policy areas including the National Urban Policy in this regard⁴.

Discussion

What goal is the highest priority?

The draft National Urban Policy identifies five goals, six objectives and six principles along with actions to guide urban policy in Australia. The goals and objectives of the Policy are:

Goals – Liveable, Equitable, Productive, Sustainable, Resilient

Objective 1: No-one and no place left behind

Objective 2: All people belong and are welcome

Objective 3: Our urban areas are safe

Objective 4: Our urban areas are sustainable

Objective 5: Our urban environments and communities promote health and wellbeing

Objective 6: Our urban areas promote productivity

While most of our comments in this submission relate to the goals ‘Liveable’ and ‘Equitable’, QAMH believe that *all* these goals and objectives are essential to mental wellbeing. In fact, how we design our cities is so vital to wellbeing that we suggest all parts of urban design should be considered “health infrastructure” due to the capacity of our built and natural environment to influence our physical, mental, social, and emotional wellbeing.

⁴ National Mental Health and Suicide Prevention Agreement (2022)
<https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement>

Do you agree with the Australian Government’s goals and objectives for cities and suburbs?

Overall QAMH broadly supports the objectives identified in the Policy, however we recommend that the goals “Liveable” and “Sustainable” be modified to be more aspirational, as discussed in our comments on each goal below.

Liveable

- We suggest that the goal ‘Liveable’ be changed to ‘Flourishing’ to provide a more aspirational Policy aim. Liveable suggests mediocre. Instead, we want our cities to be places where people thrive, have purpose in their lives and feel connected to place and community.
- Mental wellbeing is shaped by a complex interplay of emotional, psychological, and social factors that are influenced by environmental factors. There is a growing body of evidence suggesting that certain urban environments can positively contribute to mental wellbeing and enable people to flourish. These include urban designs that facilitate opportunistic social connections across all ages, incomes, and ethnicities⁵. Social isolation has been linked to mental illness, emotional distress, suicide, the development of dementia, premature death, and poor health behaviour such as physical inactivity⁶. Social isolation is also associated with psychological distress⁷ and in 2022 almost one in seven Australians were experiencing social isolation⁸. Conversely, more frequent social contact is correlated with better overall health⁹. Given these findings, we believe our urban design must maximise opportunities for both incidental and deliberate social interaction to improve the wellbeing of our population.

⁵ Roe, J. and McCay, L. (2021) *Restorative Cities: Urban Design for Mental Health and Wellbeing*. Bloomsbury.

⁶ Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T., and Stephenson, D. (2015) ‘[Loneliness and social isolation as risk factors for mortality: a meta-analytic review- external site opens in new window](#)’, *Perspectives on Psychological Science*, 10(2):227–237, doi:10.1177/1745691614568352.

⁷ Manera, KE, Smith BJ, Owen KB, Phongsavan P and Lim MH (2022) ‘[Psychometric assessment of scales for measuring loneliness and social isolation: an analysis of the household, income and labour dynamics in Australia \(HILDA\) survey- external site opens in new window](#)’, *Health and Quality of Life Outcomes*, 20:40, doi:10.1186/s12955-022-01946-6

⁸ Australia Institute of Health and Welfare (2022), (accessed July 2024). Social isolation and loneliness. <https://www.aihw.gov.au/mental-health/topic-areas/social-isolation-and-loneliness>

⁹ Botha, F. (2022) ‘Social connection and social support’, in Wilkins et al., *The Household, Income and Labour Dynamics in Australia Survey: selected findings from waves 1 to 20*, Melbourne Institute: Applied Economic and Social Research, Melbourne.

- We support robust investment in all eight points listed under the current goal ‘Livable’ as they all impact mental wellbeing. The objective that aligns with this goal *Our urban environments and communities promote health and wellbeing* (page 35 of the draft Policy) is also a priority. Public spaces can both reflect and shape the communities they serve. The importance of opportunities for recreation, the arts, sport and cultural connection and social interaction on an equitable basis are especially important for mental wellbeing. Public amenities such as libraries are the last place that people can simply exist¹⁰. Modern libraries are unofficial playgrounds for low-income families and service multiple functions: internet access points, quiet reading spaces, advice centers, and hubs for social connection. Investment in human and social capital as a strategic approach for urban development is part of the World Health Organisations Healthy Cities movement¹¹. Broad and equitable access to community arts and cultural spaces, outdoor spaces, recreational facilities, and multipurpose community spaces that are co-designed is essential to provide the community infrastructure that fosters a flourishing community.
- Broad and equitable access to good quality green space and biophilic design is an essential aspect of urban design for mental health. Living in greener surroundings is beneficial for both physical and mental health by encouraging physical activity, increasing psychological restoration and stress recovery, and strengthening opportunities for social interaction. Children who grow up surrounded by trees, and green space have lower risk of developing mental illness later in life¹². As QAMH member, [Outdoors Queensland](#) note in their Strategic Plan:

[Being] outdoors is good for people. The outdoors is great for well-being and can speed up healing. Nature can calm us down and increase creativity and productivity. Outdoor experiences connect people to their true selves, to others and to the natural environment.

While the benefits of ‘green cities’ have been the subject of research for some time, the benefits of ‘blue cities’ for mental health are yet to be well quantified. We note that Singapore has made significant policy advances in this area and continues to lead in urban

¹⁰ Stack-Nelson, L. (2018). The Last Free Space. World Literature Today.

<https://www.worldliteraturetoday.org/blog/cultural-cross-sections/last-free-space-linda-stack-nelson>

¹¹ World Health Organisation. (accessed July 2024). What is a healthy city?

<https://www.who.int/europe/groups/who-european-healthy-cities-network/what-is-a-health-city>

¹² Engemann, K. et al. (2019). Residential green space in childhood is associated with lower risk of psychiatric disorders from adolescence into adulthood. <https://doi.org/10.1073/pnas.1807504116>

design for wellbeing (see for example the Centre for Liveable Cities Singapore report [Planning a City for Health and Wellbeing 2023](#)). Well maintained waterways and public amenities such as fountains add a dynamic quality to space. The way light and water interact, and the natural sound of water add complexity to environments that are beneficial for mental health. Well managed green-blue space has the associated benefit of reducing urban heat, managing flood risk, and conserving biodiversity. Over the last few decades, Singapore has proactively pursued policies to improve the mental health and wellbeing of its population through urban design. In early 2022, about one in seven people in Singapore were estimated to have experienced a mental disorder in their lifetime¹³. This corresponds to approximately 14.3% of the population and – while there are many influencing factors which make rates difficult to compare – this figure is noteworthy.

- Active cities integrate opportunities for physical activity into everyday urban life. Developing extensive active transport links such as walkways and cycleways, is a good example of this approach. Regular movement is beneficial for both mental and physical health. In particular, moderate intensity exercise can reduce short-term psychological stress. Moreover, studies have shown that physical activity is helpful for people with anxiety and depression¹⁴.
- QAMH recognises the importance of play opportunities for children, as outlined in the [Early Years Strategy](#) developed by the Department of Social Services¹⁵. Play fosters physical, social, cognitive, and emotional development. We believe that mental health and wellbeing are an integral part of a child’s overall health, and that good health underpins a child’s ability to grow, learn, love and play. The 2020-22 National Study of Mental Health and Wellbeing estimated that one in seven children and adolescents aged 4-17 years experienced a mental illness. While the concept of play is often aligned to childhood, Dr Stuart Brown from the National Institute for Play reminds us, play is not frivolous and not just for kids, but something that is an inherent part of human nature¹⁶. The growth of the ‘playable cities’ concept which began in Bristol in England

¹³ Singapore Association for Mental Health (accessed July 2024). What is Mental Illness. [What is Mental Illness | Singapore Association for Mental Health: Mental Wellness for All \(samhealth.org.sg\)](#) – (pre-covid statistics referenced).

¹⁴ Singh, B., Olds, T., Curtis, R., *et al.* (2023). Effectiveness of physical activity interventions for improving depression, anxiety and distress: an overview of systematic reviews. *British Journal of Sports Medicine* 2023; **57:1203-1209**.

¹⁵ Australian Government, Department of Social Services (2024). The Early Years Strategy 2024-2034. ISBN: 978-1-921380-33-3 (Print)

¹⁶ Brown, S., Vaughan, C. (2010). Play: How It Shapes the Brain, Opens the Imagination, and Invigorates the Soul. Avery; Reprint Edition ISBN-10 1583333789

in 2012, challenges policy makers and residents to re-envision the design and current use of public spaces to create opportunities for wonder, amusement, and engagement¹⁷. It's based on the concept of co-design where people work together to explore how a combination of city infrastructure, thoughtful technology, the arts and imagination can inspire change. We support the idea that a 'Playable City' gives everyone permission to play, regardless of their location. Play opportunities in urban spaces include spaces that may not be considered traditional areas of play¹⁸. Cities that embrace play in many forms can help everyone benefit from creativity, learning, self-identity, and social interactions especially when co-designed with the community^{19,20}.

Equitable

- Australian research has identified three key social determinants of mental health and wellbeing: social inclusion, freedom from violence and discrimination, and economic participation or income security²¹. Previous urban design has built inequalities into our society which need to be overcome which is why we have chosen 'Liveable' alongside 'Equitable' as priorities. It is important to focus on the provision of affordable housing, social housing, and homelessness services too. All five goals ultimately impact mental health.
- Mental health and homelessness are inextricably linked. The 2021 Australian Bureau of Statistics Census revealed that more than 122,000 people were estimated to be experiencing homelessness in Australia²². Ending homelessness requires both supports to help people stay in their homes and achieve improved whole of life outcomes as well as safe, secure, and affordable housing²³. As we face rising costs of living and

¹⁷ Playable City Bristol. (July 2024) Bristol is an inherently playful city, so it's no surprise that playable city began here in 2012. <https://www.playablecity.com/cities/bristol/>

¹⁸ Miller, E., Flanders Cushing, D. (2023) *Designing the Unremarkable*. Routledge ISBN 9780367511890

¹⁹ Roe, J. and McCay, L. (2021) *Restorative Cities: Urban Design for Mental Health and Wellbeing*. Bloomsbury.

²⁰ Anthony, B. (2024) The Role of Community Engagement in Urban Innovation Towards the Co-Creation of Smart Sustainable Cities. *J Knowl Econ* **15**, 1592–1624 (2024). <https://doi.org/10.1007/s13132-023-01176-1>

²¹ Australian Psychological Society (accessed July 2024). Our health and wellbeing are Influenced by a lot more than what we can do as individuals—such as choosing not to smoke, keeping physically active, and eating well.

<https://psychology.org.au/community/advocacy-social-issues/social-determinants-of-health#:~:text=Australian%20research%20has%20identified%20three,economic%20participation%20or%20income%20security>

²² Australian Institute of Health and Welfare (2024). Homelessness and homelessness services.

<https://www.aihw.gov.au/reports/australias-welfare/homelessness-and-homelessness-services>

²³ Queensland Government (2021). Housing and Homelessness Action Plan 2012-2025.

<https://www.housing.qld.gov.au/news-publications/strategies-plans/housing/towards-ending-homelessness>

increasing pressures on our housing system, it will be critical to ensure that our urban design can address these challenges and support people's wellbeing. QAMH is aware of local government areas in Australia that are using community infrastructure, such as libraries, in innovative ways to support people experiencing homelessness. For example, some provide access to free shower and changeroom facilities. These basic amenities allow individuals to maintain personal hygiene and presentability, which are often prerequisites for accessing employment and social opportunities. We recommend that the Policy encourages jurisdictions to implement such actions at a local level.

- Based on the 2021 Census-based estimates, 41 percent (401,700) of First Nations people lived in major cities²⁴. First Nations Australians view their health in a holistic context that encompasses mental, physical, cultural, and spiritual health²⁵. Land is central to wellbeing, and for First Nation Australians, spirituality is at the core of being. Many mental health issues in First Nations Australian communities are connected to enduring experiences of disadvantage, discrimination, and trauma. People with mental health challenges find it harder to secure appropriate housing, access education, employment, and health services compared to those without such challenges²⁶. First Nations Australians fare significantly worse than the general population on indicators of economic and social disadvantage and experience stressors that all collectively impact mental health.

There are opportunities for cities to be more inclusive and attractive while recognising the needs and characteristics of all residents. Inclusive cities are those that are designed for everyone. Objective One of the Policy, *'No-one and no place is left behind'*, is crucial, as previous urban design has contributed to segregation, exclusion, and prejudice, all of which impact people's mental health. A significant challenge for Australian society is the separation of generations. This impacts quality of life, especially for our growing older population and our youth. The Policy should encourage opportunities to draw from research such as the Grandschools Project,

²⁴ Australian Institute of Health and Welfare. (accessed July 2024) Profile of First Nations people <https://www.aihw.gov.au/reports/australias-welfare/profile-of-indigenous-australians>

²⁵ Queensland Government, Queensland Health (accessed July 2024). [Aboriginal and Torres Strait Islander Mental Health Strategy 2016-2021](#).

²⁶ Behavioural Economics Team of the Australian Government. (2022). National Survey of Mental Health-Related Stigma and Discrimination. <https://behaviouraleconomics.pmc.gov.au/sites/default/files/projects/stigma-survey-report.pdf>

which is evaluating an intergenerational living and learning model²⁷. With investment and co-design, parts of our cities can provide multipurpose spaces that allow community connection across ages. This approach should be encouraged within the policy.

Resilient

- We are pleased to see the Policy supports the United Nations Sustainable Development Goals 3, 9, 11, and 13. The effects of climate change are having stronger and longer-lasting impacts on people’s mental health²⁸. For instance, direct and indirect exposure to flooding can lead to a range of negative mental health outcomes. A global systematic review of 83 studies identified that risk of experiencing post-traumatic stress disorder, psychological distress, depression, and anxiety is heightened in flood-affected areas compared to unaffected areas²⁹. Australia’s experience with flooding aligns with these international findings³⁰. Additionally, Australian research shows that young people are experiencing climate anxiety³¹. Mental distress in general is increasing among young people, and with about 75% of 15–24-year-olds living in cities, creating equitable, safe, healthy, climate-friendly and dynamic urban environments is essential³².

Sustainable

- QAMH suggests that the current Policy goal ‘Sustainable’ is not as aspirational as it could be. We recommend replacing it with ‘Regenerative’, which encompasses renewal and restoration.

²⁷ The GrandSchools Project (accessed July 2024). <https://grandschoolsproject.wordpress.com/grandschools-projects/>

²⁸ World Health Organisation (2022), (accessed July 2024). Mental Health and Climate Change: Policy Brief. ISBN 978-92-4-004512-5. <https://iris.who.int/bitstream/handle/10665/354104/9789240045125-eng.pdf?sequence=1>

²⁹ Fernandez, A., et al., Flooding and mental health: A systematic mapping review. PloS one, 2015. 10(4): p. e0119929. DOI: <https://doi.org/10.1371/journal.pone.0119929>

³⁰ Black Dog Institute (2021) Mental health impacts of floods. <https://www.blackdoginstitute.org.au/wp-content/uploads/2021/03/Mental-Health-Impact-of-Floods.pdf>

³¹ Salguero, R.B., Bogueva, D. and Marinova, D. (2024) Australia’s university Generation Z and its concerns about climate change. *Sustain Earth Reviews* 7, 8 2024. <https://doi.org/10.1186/s42055-024-00075-w>

³² Australian Institute of Health and Welfare Web Report (2021), (accessed July 2024). Demographics of Australian young people and their families. [Australia's youth, Demographics - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/young-people/australia-s-youth-demographics)

How do you think the Australian Government could be more involved in urban policy?

By advancing social prescribing in Australia

The Australian Government should collaborate with state, territory, and local governments to support the development of a national social prescribing scheme. Social prescribing is an innovative practice that aims to improve overall wellbeing in non-medical ways, in conjunction with healthcare workers. It connects people with community and/or nature-based activities that suit their individual capabilities and interests, for example dance, arts, sporting groups and outdoor adventure activities.

Social prescribing and its associated non-medical supports are gaining significant interest both in Australia and internationally. They are seen as evidence-based, affordable, and complementary solutions to conventional treatments such as prescription medications and psychologist referrals^{33, 34, 35, 36}. The Royal Australian College of General Practitioners notes that many GPs already incorporate a form of social prescribing into their practice and calls for its official inclusion in the Federal Government's 10-Year Primary Health Care Plan.

QAMH advocates for a general model of social prescription where individuals seeking mental health support can work with a Psychosocial Support worker (also known as a community link worker or community navigator) to co-create their social prescription, with or without a GP referral. This approach would ease pressure on GPs while creating a suitable referral point for them.

QAMH believes a key design feature of a successful social prescribing scheme is encouraging communities to assess their own naturally occurring resources and identify gaps to co-design models suited to their local context. This requires adequate investment in co-design, community infrastructure, and support services as foundational enablers. Implementation

³³ World Health Organisation. (2014). Social Determinants of Mental Health.

https://iris.who.int/bitstream/handle/10665/112828/9789241506809_eng.pdf?sequence=1

³⁴ Community Support and Services Committee. (2021). Inquiry into Social Isolation and Loneliness in Queensland: Report No. 14, 57th Parliament Community Support and Services Committee.

³⁵ Fancourt D, Finn S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review [Internet]. Copenhagen: WHO Regional Office for Europe.

³⁶ Dingle, G. (2023). Report on the 18-Month Evaluation of Social Prescribing in Queensland.

https://www.researchgate.net/publication/373653337_Report_on_the_18-month_evaluation_of_social_prescribing_in_Queensland_2

should utilise the existing network of community mental health and wellbeing services, including Medicare Mental Health Centres (previously known as Head to Health Centres), community mental health hubs, and other local facilities, as this infrastructure can be easily scaled up for this work.

By integrating and funding co-design as a fundamental principle

QAMH recommends that the Australian Government develop and promote a co-design framework that enables local governments to easily adopt co-design practices, supported by dedicated funding for this purpose. While the Policy currently mentions promoting the benefits of inclusive co-design under 'Our urban areas are safe' (page 29), QAMH believes this should be expanded. The process by which a community defines its own priorities should be a founding principle of this Policy, not limited to the two situations currently mentioned. Co-design should be integrated throughout the Policy as a core approach to urban development and community engagement.

By mandating measurable outcomes

QAMH notes that measurable outcomes are missing from this Policy. We believe the Policy's value cannot be assessed without defining success. Outcomes should be specific, measurable and meaningful. QAMH recommends that the Australian Government review and provide feedback on identified actions for each of our major cities.

What other key goals should be included in the National Urban Policy?

A goal that elevates First Nations Australians relationships with the land

A goal specifically related to indigenising our cities could be considered after further consultation with First Nations stakeholders. This would help to advance a genuine and just relationship between urban planning and First Nations Australians. We note that Queensland has passed legislation acknowledging that planning should value, protect and promote Aboriginal and Torres Strait Islander knowledge, values and traditions - an approach that could be considered nationally³⁷.

³⁷ Queensland Government, current as at 1 July 2024 (accessed July 2024). Queensland Planning Act 2016. [Planning Act 2016 \(legislation.qld.gov.au\)](https://legislation.qld.gov.au)

While we appreciate that First Nations engagement informed the policy, we find that the recommendations and learnings from this engagement are not easily identified in the document. We see a need to elevate the leadership and wisdom of First Nations people in the Policy. Currently, First Nations mentions are often the last point in the key goals, which doesn't reflect their importance. This Policy plays a crucial role in defining what matters in urban design. Learning from First Nations Australians, who have lived here sustainably for thousands of years, is essential for better land and water management. We recommend prioritising and clearly identifying the shared right to shape urban development in the Policy. While QAMH fully supports Aboriginal and Torres Strait Islander peoples' self-determination and community-controlled services, we also see opportunities for mainstream services to learn from these ancient cultures.

What is missing from the draft National Urban Policy

Noise pollution

We note that urban planning to control noise pollution is missing from the Policy. We believe managing and mitigating noise in urban settings is important for promoting healthier living environments and enhancing city liveability. While the World Health Organisation's guideline for community noise in outdoor living areas is set at a limit of 55 decibels averaged over an hour³⁸, the Policy does not specifically address noise management under any of its goals. Noise from traffic is one of the largest contributors to urban noise pollution³⁹. Although the Policy includes strategies to promote active travel and electric vehicles, which indirectly help reduce noise pollution, QAMH suggests that more direct noise management strategies are needed. Urban noise pollution disrupts sleep patterns and can heighten stress and irritability. Getting enough quality sleep is vital for wellbeing, with evidence showing that improvements in sleep quality can lead to better mental health, including improving symptoms of depression and

³⁸ World Health Organization (2022). Environmental noise. Compendium of WHO and other UN guidance on health and environment, 2022 update. (WHO/HEP/ECH/EHD/22.01). Licence: CC BY-NC-SA 3.0 IGO.

³⁹ New South Wales Government (2008) (accessed July 2024). Noise wall design guideline. Design guideline to improve the appearance of noise walls in NSW.

<https://www.transport.nsw.gov.au/system/files/media/documents/2023/noise-wall-design-guideline.pdf>

anxiety⁴⁰. Conversely, sleep issues can exacerbate mental health difficulties and other health conditions.

Shared vision across government

The draft document indicates that a shared vision for sustainable urban growth across different levels of government will be included in the final version of the National Urban Policy but is not part of the draft plan for consultation. We believe this plan will be most effective when all levels of government work towards shared priorities. We recommend that this shared vision be developed and presented for stakeholder feedback before the Policy is finalised.

Do you have any other comments?

The focus needs to shift to community-based health services

QAMH notes that page 23 of the draft Policy refers to health infrastructure as ‘Health infrastructure, including hospitals and medical professionals, is not evenly distributed throughout our cities’. We believe this definition should better reflect the myriad of services that make up our health system, including community health services. Globally, there is a growing recognition that community-based health services are a key component of healthy cities at the city, town and neighbourhood, and dwelling levels⁴¹. We suggest that the Policy should align with the more holistic approach to health infrastructure outlined in the National Health and Climate Strategy recently released by the Department of Health and Aged Care. Overall, QAMH recommends that the Policy could better communicate how urban design impacts holistic health and wellbeing. We believe a more comprehensive view of health infrastructure is essential for creating truly healthy urban environments.

⁴⁰ Scott, A., Webb, T., Martyn-St James, M., Rowse, G., Weich, S. (2021) Improving sleep quality leads to better mental health: A meta-analysis of randomised controlled trials, *Sleep Medicine Reviews*, ISSN 1087-0792, <https://doi.org/10.1016/j.smr.2021.101556>.

⁴¹ Centre for Liveable Cities Singapore (2023), (accessed July 2024). *Urban Systems Studies, Planning A City For Health and Well-Being* <https://www.clc.gov.sg/docs/default-source/urban-systems-studies/uss-planning-a-city-for-health-and-well-being.pdf>

There should be better alignment between the five goals and six objectives

QAMH believes there is currently a disconnect between the goals and objectives within the Policy. We recommend reviewing these to see how goals and objectives can be better linked, which would assist the flow of the document.

Thank you for the opportunity to contribute to this consultation process. We look forward to continuing to work with the Australian Government to better the lives of people living with mental distress, their families, and carers. Please do not hesitate to contact QAMH should you require any further information.

