The Northern Melbourne catchment includes the cities of Whittlesea, Nillumbik, Darebin and Banyule and has a combined population of half a million people. The catchment can be characterised by two distinct corridors – with Whittlesea and Darebin out to the North; comparatively disadvantaged on a number of socio-economic indicators and Banyule and Nillumbik out to the North East; comparatively advantaged. Banyule and Darebin are closer to the city while Whittlesea and Nillumbik are located on the urban/rural fringe which has an impact on service access. A challenge for this catchment is planning for and responding to the very different age, resident and service access profiles across each of the LGAs. For example, only Banyule has an ‘average’ age distribution; Whittlesea has a higher proportion of children (under 14 years), Nillumbik has an over representation of the 0–24 and 45–65 year old groups and an under representation of the 25–44 year olds, and Darebin has a much greater proportion of 25 – 44 year olds. Both Whittlesea and Darebin are culturally diverse with more than 40% of residents in each LGA speaking a language other than English at home, comparatively this group represents just 7% of the population in Nillumbik and 17% in Banyule. Whittlesea is also the only LGA in the catchment with strong projected population growth.

As described above, Whittlesea and Darebin are comparatively disadvantaged on many social economic indicators. They have higher than average rates of unemployment, gaming machine losses, poor self-reported health status and residents who do not feel safe walking alone after dark. Whittlesea has a higher than average rates of family incidents; and Darebin a high rate of child protection orders. They contrast starkly with Banyule and Nillumbik where almost all indicators are within the average or suggest advantage - it is important to note, however that there is a significant pocket of disadvantage within Banyule in the Heidelberg West area which is disguised by LGA-wide averages.

Some notable exceptions to this general pattern are the:

- High rate of alcohol-related family violence in Banyule.
- High pharmaceutical-related ambulance attendances and emergency department presentations in Nillumbik.
- High rates of alcohol, marijuana and tobacco use among 15 – 17 year olds across the whole catchment. Whittlesea also has a very high rate of glue sniffing or chroming.
- Illicit drug use (and use of AoD services for illicit drug use) is also high in Banyule.
- Banyule records a very high rate of life time prevalence of anxiety and depression for females.

Service access is generally better in Darebin and Banyule, with the rates of allied health, pharmacies, dental services and general practitioners all higher for these areas than the outer areas. The rate of GP attendance is very high in Darebin and Whittlesea (with the latter ranked second in the State). MHCSS services and AoD services have higher utilisation rates in the inner areas. Darebin has the North catchment’s highest rate of AoD service use for alcohol, pharmaceuticals and illicit drugs and Banyule second for pharmaceuticals and illicit drugs. The proportion of registered mental health clients, however, does not follow this pattern. Nillumbik records one of the lowest rates of access to mental health services in the State, and Whittlesea and Banyule are also below average. The proportion of people seeking help for a mental health problem is lower than average in Whittlesea, and but higher than average in Banyule.

### Priorities for the North catchment

#### 1. Growth corridor

Strong population growth and a need for responsive resources to address emerging trends.

- Service distribution: demand outstrips supply
- Poor infrastructure: transport & other community services
- Reallocation of services: there is concern that this will take services away from areas that still need them.

#### 2. Client need: Specific client groups require local planning attention.

**Service access issues identified for:**

- Young people
- People with disabilities (including respite care)
- Older people
- Culturally & linguistically diverse groups
- People who are isolated

**Complexity in the client group:**

- Bush fire affected communities
- People with dual diagnosis
- Family violence
- Gambling.

#### 3. Service sector / system change

- Access issues: identifying the right people & the right entry points
- Awareness & promotion of the new services & system change: (a) for clients, and (b) for other services
- Seamless client pathways
- Collaboration
- Funding: we need more, not just different.
WHITTLESEA (pop 169,471)

Whittlesea is about 20km north of Melbourne’s CBD. It has had rapid population growth since 2002, and this is set to continue. It has a younger than average age profile (20% are under 14 years old), and a high level of cultural diversity (44.5% speak a language other than English at home).

Unemployment is above average, and there are very high levels of mortgage and rental stress. Whittlesea residents are the least likely to visit green space each week, are ranked second for sleeping less than seven hours a night and commute times are high (long commute time is associated with a range of negative health effects). Poor self-reported health is the fourth highest in the State and the rate of GP attendance is the second highest.

The proportion of Whittlesea residents accessing professional support for mental health issues (10.4%) is lower than the state average (12.4%).

Of our 14 LGAs in the North & West AOD Partnership, Whittlesea has the highest percentage of 15-17 year olds who drank alcohol in the past 30 days (69.8% compared to a state average of 24.7%), the highest percentage of 15-17 year olds who sniffed glue or chromed (17.2% compared to a state average of 7.8%) and the second highest percentage of 15-17 year olds who smoked tobacco in the last 30 days (28.8% compared to a state average of 12.9%). Family violence incidence is also among the top 3 highest rates for our whole catchment (12.5 per 1000 population).

The rate of pharmacies, allied health services and GPs per 1000 people is ranked within the bottom ten of the State. As a measure of service distribution, this may mean people find it difficult to access the health services they need.

DAREBIN (pop 144,086)

Darebin is a small LGA to the north east of Melbourne’s CBD with a low projected growth rate. Residents aged 25-44 are overrepresented, and the area is culturally diverse with 41% of residents speaking a language other than English at home. It has our third highest rate of low English proficiency at 8.3%.

Darebin has the North & West’s highest proportion of people identifying as Aboriginal and Torres Strait Islander at 1.0% (compared to the state average of 0.8%).

Unemployment rate is higher than average, as are the percentages of low income individuals and households. The proportion of social housing dwellings is among the highest in the state. Smoking rates are above average, especially for males (28% compared to 18.5% in the state), and ambulance attendances for alcohol related call outs are high with the total attendances per 10,000 and the attendances for females per 10,000 both ranking among the top three highest across all four of our catchments. Darebin is the seventh most likely LGA to have residents reporting fair or poor health.

Access to public transport is very good and it has one of the lowest rates of car ownership in the State, However, perceptions of feeling safe while walking alone are low.

NORTH CATCHMENT

NILLUMBIK (pop 62,651)

Nillumbik is 25km north east of Melbourne, with lower than average population growth and a skewed age distribution (residents aged 0-24 years and 45-65 years are over represented, while there’s a dip below average in the 25-44 year olds).

Cultural diversity is very low, household incomes are well above average, mortgage stress, rental stress and social housing are lower than average. The health data indicates this area fares much better than most, with the lowest diabetes incidence in the state, cancer, smoking and obesity are low, participation in screening is high, breastfeeding rates are high and there are far fewer than average people living with a disability. Public transport is limited across the LGA with only half the population close to transport routes.

The rates of AOD clients and registered mental health clients are much lower than average. There are a few stand-out blips in the local data for pharmaceutical drug use; with ambulance callouts and ED presentations relating to pharmaceuticals among the top 3 highest rates across entire North & West catchments. Alcohol use in young people is double the state average. A higher proportion (19.4%) of males in Nillumbik also experience a lifetime prevalence of anxiety and depression compared to the State average of 14.6%.

BANYULE (pop 123,544)

Banyule is a city fringe municipality to the north east of Melbourne’s CBD. Age distribution is generally aligned to state average and population growth is below average. The area is predominantly English speaking (lower than average proportion of people speak a language other than English at home), and is relatively advantaged across most major economic indicators. It has amongst the lowest rates of mortgage stress, food insecurity and being overweight in the State. However, there is a pocket of notable socio-economic disadvantage in the Heidelberg West area.

Banyule has one of the highest percentages of the population who commute for more than 2 hours per day – a measure that is closely linked with mental health risks. The levels of reported psychological distress is the third highest across our 14 local government areas and males in Banyule have a significantly higher lifetime prevalence of anxiety and depression (26.1% compared to 14.6% in the state).

There is a high smoking rate, especially among males. The data shows women are accessing services at a higher than average rate for illicit drug use and alcohol use, and the ADIS rate for illicit drug use is among the top 3 for young people (15-24 years). There is a high rate of alcohol-related family violence.