Hume is an urban fringe municipality with very strong projected population growth, and a relatively young population – 38% are under the age of 25. It has a high level of cultural diversity (43% of residents speak a language other than English at home). While the rate of new settler arrivals is only slightly above average the proportion who are humanitarian is 38% - the 3rd highest of all Victorian LGAs.

Unemployment is higher than average, rental stress is the highest in the state and mortgage stress is the second highest. The area has the highest percentage of one parent families and low income families with children in Victoria. Over 14% of children are developmentally vulnerable on two or more domains (compared with the state average of 9.5%). The rate of psychological distress is the third highest of all LGAs but use of professional support for a mental health issue is slightly lower than average (11.2%; state average 12.4%). Poor health for women is second highest in Victoria and people sleeping less than seven hours a day is the highest in the State.

Hume has an extremely high percentage of 15-17 year olds who have used ‘other illegal drugs’ a rate almost 10 times the state average (28.6% compared with 3%). It also has a high female smoking rate and high rate of pharmaceutical ED presentations in females.

The rate of GPs, allied health services and pharmacies among the general population is well below the state average. However, residents in Hume have the highest rate of general practitioner attendance in Victoria.

Top 5 overseas countries of birth:
- Iraq (4.6%)
- Turkey (4.1%)
- India (2.5%)
- UK (2.4%)
- Italy (2.2%)

Top 5 languages other than English:
- Turkish (8.6%)
- Arabic (8.2%)
- Assyrian (4.6%)
- Italian (4.1%)
- Greek (1.9%)
## Comparison & context:

- **Orange text** – shows where the figure is in the top 3 highest rates for all 14 LGAs in the North & West catchments.
- **Red text** – shows that the rate is higher than the state average.

<table>
<thead>
<tr>
<th>Comparison</th>
<th>North West</th>
<th>Victoria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol family violence rate: total (definite incidents per 10,000)</td>
<td>17.9</td>
<td>17.0</td>
</tr>
<tr>
<td>Alcohol family violence rate: 18-24 yrs (definite incidents per 10,000)</td>
<td>17.0</td>
<td>17.0</td>
</tr>
<tr>
<td>Alcohol family violence rate: male (definite incidents per 10,000)</td>
<td>9.8</td>
<td>9.8</td>
</tr>
<tr>
<td>Alcohol family violence rate: female (definite incidents per 10,000)</td>
<td>25.8</td>
<td>25.8</td>
</tr>
</tbody>
</table>

### Young People

- **Percent 15-17 year olds who drank alcohol in the past 30 days** | 52.2% | 24.7% |
- **Percent 15-17 year olds who smoked in the past 30 days** | 9.5% | 12.9% |
- **Percent 15-17 year olds who ever used marijuana** | 8.3% | 10.9% |
- **Percent 15-17 year olds who ever sniffed glue or chromed** | 3.4% | 7.8% |
- **Percent 15-17 year olds who ever used other illegal drugs** | 28.6% | 3.0% |

### Pharmaceuticals

- **Pharmaceutical ambulances rate: total (attendances per 10,000)** | 21.4 | 21.4 |
- **Pharmaceutical ambulances rate: male (attendings per 10,000)** | 17.7 | 17.7 |
- **Pharmaceutical ambulances rate: female (attendings per 10,000)** | 24.1 | 24.1 |
- **Pharmaceutical adis rate: total (tx eoscs per 10,000)** | 1.2 | 1.2 |
- **Pharmaceutical adis rate: 15-24 yrs (tx eoscs per 10,000)** | 5% | 5% |
- **Pharmaceutical adis rate: male (tx eoscs per 10,000)** | 1.5 | 1.5 |
- **Pharmaceutical adis rate: female (tx eoscs per 10,000)** | 1.5 | 1.5 |
- **Pharmaceutical ed presentation rate: total (presentations per 10,000)** | 14.1 | 14.1 |
- **Pharmaceutical ed rate: 15-24yrs (prstns/10,000)** | 27.1 | 27.1 |
- **Pharmaceutical ed rate: male (prstns/10,000)** | 9 | 9 |
- **Pharmaceutical ed rate: female (prstns/10,000)** | 19.1 | 19.1 |

### Illicit Drugs

- **Illicit ambulances rate: total (attendings per 10,000)** | 9.6 | 9.6 |
- **Illicit ambulances rate: 15-24yrs (attendings per 10,000)** | 20.9 | 20.9 |
- **Illicit ambulances rate: male (attendings per 10,000)** | 14.4 | 14.4 |
- **Illicit ambulances rate: female (attendings per 10,000)** | 4.8 | 4.8 |
- **Illicit adis rate: total (tx eoscs per 10,000)** | 28 | 28 |
- **Illicit adis rate: 15-24 yrs (tx eoscs per 10,000)** | 67.7 | 67.7 |
- **Illicit adis rate: male (tx eoscs per 10,000)** | 41.3 | 41.3 |
- **Illicit adis rate: female (tx eoscs per 10,000)** | 14.8 | 14.8 |
- **Illicit ed rate: total (prstns/10,000)** | 1.6 | 1.6 |
- **Illicit ed rate: 15-24 yrs (prstns/10,000)** | 2.9 | 2.9 |
- **Illicit ed rate: male (prstns/10,000)** | 1.8 | 1.8 |
- **Illicit ed rate: female (prstns/10,000)** | 1.5 | 1.5 |

### Service use & Access

- **Drug use & possession offences per 1000 population** | 3.9 | 3.8 |
- **Drug and alcohol clients per 1000** | 5.6 | 5.8 |
Mental health in Hume

### People Reporting High/Very High Levels of Psychological Distress (Rank)

<table>
<thead>
<tr>
<th></th>
<th>HUME</th>
<th>VICTORIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>People (Rank)</td>
<td>15.9% (3)</td>
<td>11%</td>
</tr>
</tbody>
</table>

### Lifetime Prevalence of Anxiety and Depression M/F

<table>
<thead>
<tr>
<th></th>
<th>HUME</th>
<th>VICTORIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/F</td>
<td>14.4/24.1</td>
<td>14.6/25.0</td>
</tr>
</tbody>
</table>

### Service Use & Access

<table>
<thead>
<tr>
<th></th>
<th>HUME</th>
<th>VICTORIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Registered Mental Health Clients</td>
<td>2154</td>
<td></td>
</tr>
<tr>
<td>Registered Mental Health Clients per 1000 Pop (Rank)</td>
<td>12.1 (45)</td>
<td>11.1</td>
</tr>
<tr>
<td>MHCSS Clients 2014</td>
<td>96</td>
<td></td>
</tr>
<tr>
<td>MHCSS Clients 2014 per 1000 Population</td>
<td>0.79</td>
<td></td>
</tr>
<tr>
<td>Proportion of People Who Sought Professional Help for a Mental Health Problem</td>
<td>11.2</td>
<td>12.4</td>
</tr>
</tbody>
</table>

### Young People

<table>
<thead>
<tr>
<th></th>
<th>HUME</th>
<th>VICTORIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children with Emotional/Behavioural Problems at School Age (Rank)</td>
<td>5.5% (20)</td>
<td>4%</td>
</tr>
<tr>
<td>Adolescents Who Report Being Recently Bullied (Rank)</td>
<td>20.5% (22)</td>
<td>18%</td>
</tr>
</tbody>
</table>

### Population Projections

This graph shows projected growth far above the state average. Hume forms part of the ‘Sunbury & Diggers Rest’ growth corridor, which is one of 4 such areas greater Melbourne. With very high projected population growth, over the next 30-40 years these areas are expected to accommodate close to half of Melbourne’s new housing and industry.

The associated demands on service provision and community infrastructure command specific management strategies to address the needs of their growing populations.

### Aligned planning priorities

**The Hume City Council Health and Wellbeing Plan (2013 – 2017)** identifies four strategic directions around creating environments for health – built environment, social environment, natural environment and economic environment. It identifies high or very high levels of psychological distress and high smoking rates as issues and people with a disability or mental illness identified as a population group at higher risk. The plan’s principles are to improve health and wellbeing for all, promote social justice, support environmental sustainability, acknowledge people’s diversity and build partnerships for health.

**Macedon Ranges and North West Melbourne Medicare Local Comprehensive Needs Assessment (2014 – 2017)** identifies a high level of mental health issues amongst the refugee population and high overall smoking rates, high risk alcohol consumption (except for Brimbank, Maribyrnong and Melton East). Responses include improving information for GPs to assist with referral to the correct health service, integrating care for patients as they access different health services from multiple providers, and improving access to mental health services through establishment of mental health nurses in GP clinics and other health services.

**The Hume Whittlesea Primary Care Partnership Strategic Plan (2013-2017)** identifies five priority areas, all of which could be seen as applicable to the AOD and Mental health treatment sectors. Priority 1: integrated design and delivery in key health and wellbeing areas including mental health; Priority 2: responsiveness and effectiveness supporting organisations to better meet future growth demands; Priority 3: collaboration, evidence and innovation; Priority 4: consumer involvement; and Priority 5: prevention in practice. Throughout the plan there is a strong focus on support and identifying opportunities for improved service integration and collaboration.

**Better Health Plan for the West (BHPW)** is a 10-year plan developed in partnership with over 20 agencies across primary care, acute health, government, social support and other sectors delivering services in the Western Region of Melbourne. The BHPW identifies mental health as one of three high priority health issues, and details a planned response to this issue. It has key initiatives under health literacy, models of care, human resources, service provision, e-health, research and partnership coordination.

**North West Mental Health and MHCSS partnership** has four priorities: AoD interface, priority access issues, service coordination/client pathways and residential services.