

Ovens Murray Alcohol and Other Drugs Catchment Plan 2022-2025



gh

gateway
health

People living well

Acknowledgements

Catchment Based Planning for Alcohol and Other Drugs is funded through the Department of Health, funded to December 2023.



Gateway Health acknowledges the Traditional Custodians of this land on which we stand and pay our respect to the Elders, past, present and future, for they hold the memories, the traditions and the culture of all Aboriginal and Torres Strait Islander peoples.



Gateway Health acknowledges and recognises people from different nationalities, cultures and identities. We are committed to providing an inclusive service and work environment where individuals feel safe, accepted, affirmed and celebrated.

Gateway Health acknowledges people of lived/living experience of alcohol and other drugs.

Contents

Executive Summary	4
Introduction.....	5
Our Approach – 2022 to 2025	6
Focus Areas of Catchment Plan	8
Alcohol and Other Drugs Catchment Plan Priorities for Ovens Murray 2022-2025	10
Understanding the Ovens Murray	13
Local Government Areas – Community Profiles 2021	14
Gateway Health Data Profile	16
Change since the 2018-2021 Catchment Plan.....	18
Sector Considerations - Alcohol and Other Drugs and Mental Health.....	20
References	23

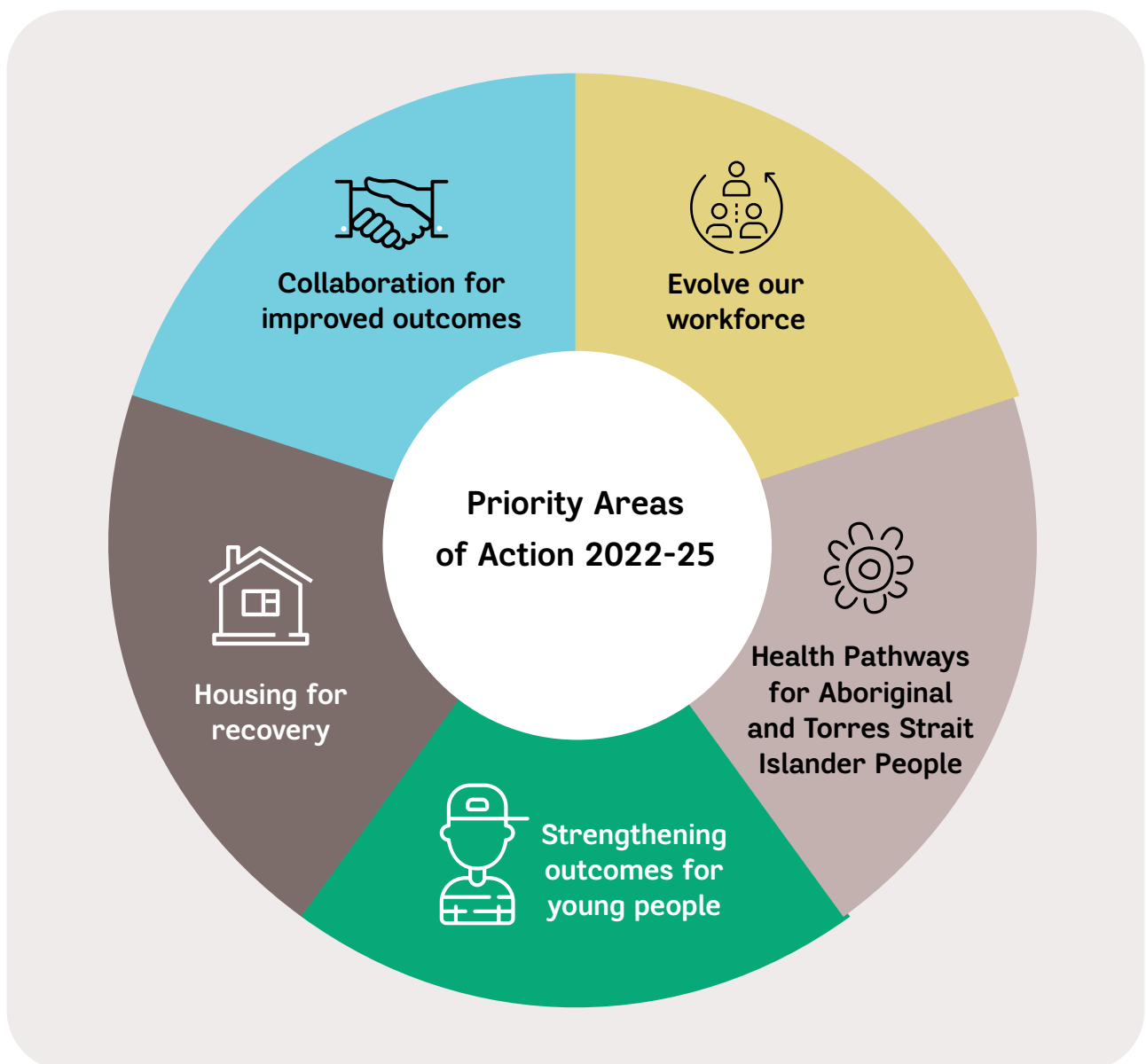
Executive Summary

The Ovens Murray catchment covers 10% of Victoria including the local government areas of Wodonga, Wangaratta, Benalla, Mansfield, Indigo, Alpine and Towong. There are several state funded alcohol and other drug (AOD) services across the Ovens Murray region, including Indigenous specific services.

Over the three years, the catchment plan aims to strengthen the service system, improve cross-sector service coordination and achieve a more integrated approach, reducing barriers for people seeking alcohol and other drugs supports. The priorities outlined in this plan are informed by data collection and stakeholder engagement processes, the priorities are outlined in the diagram below.

The governance of this plan was accepted by Ovens Murray Mental Health and Alcohol and Drug Alliance, known as the Alliance. The Alliance is composed of senior leaders from organisations across the catchment. An Alcohol and Other Drugs Catchment Plan Advisory group was formed and through survey, interview and consultations have guided this plan's priorities.

We would like to acknowledge and thank staff who contributed to surveys and consultations; clients and community members who provided feedback, and representatives from a range of organisations who participated in the consultation process. The willingness to share experiences and thoughts are fundamental to the priorities in this plan.





Introduction

Catchment-based Planning

In Victoria, state-funded Alcohol and Other Drug services are delivered by catchment-based service providers funded by the Victorian Department of Health.

This catchment plan facilitates agreed solutions to identified service gaps and aims to generate quality outcomes for clients and families in the catchment. In the process, strategies have been collectively developed for cross-service coordination.

The primary aim of the plan is to improve responsiveness and recovery outcomes of services for people using substances.

Alcohol and Other Drugs catchment-based planning in Ovens Murray

This plan is the third iteration of the Ovens Murray Alcohol and Other Drugs catchment plan since the 2014 Victorian Alcohol and Other Drug Reforms.

The last plan (2018-2021), outlined seven activities which have been effectively measured and evaluated. Design for that plan was unable to foresee the COVID-19 global pandemic, which spanned 2020 to 2023. With consideration to the impacts of the pandemic, resources and staff roles in the Ovens Murray catchment were adjusted to support direct service delivery and staff wellbeing in both community and therapeutic services.

A logical approach

The Ovens Murray area falls within the Eastern division of Department of Families, Fairness and Housing. This catchment planning cycle has included:

- High-level Alcohol and Other Drugs service sector scan;
- Data discovery to reveal catchment trends and service mapping; and,
- Engagement with stakeholders with interest and influence.

Our Approach – 2022 to 2025

Gateway Health is committed to ensuring the Alcohol and Other Drug Catchment based planning is informed by the best available evidence. A number of information sources were accessed through various engagement strategies inclusive of the following.

- A review of changes since the 2018-2021 Catchment Plan.
- Stakeholder engagement.
- Staff and sector consultation.

Since the previous plan, the 2021 Royal Commission into Victoria's Mental Health system delivered a dedicated integrated mental health and AOD workplan for action. This current plan ensures that priority areas identified align with addressing key areas from the Royal Commission.

Governance of the Plan

The Ovens Murray Mental Health Alcohol and Drug Alliance (OMMHADA) is a service network of mental health and alcohol and other drug providers based across northeast Victoria and southern NSW. The Alliance was established in 2021 and emerged in response to bushfire response and recovery efforts.

A proposal for program governance of the Alcohol and Other Drugs catchment plan for Ovens Murray was prioritised for the alliance, and governance accepted.

The Ovens Murray Mental Health and Alcohol and Other Drugs Alliance will be the ongoing governance body for the catchment planning function (chaired by Albury-Wodonga Health, co-chaired by Gateway Health).

With Catchment Planning funding ceasing in December 2023, it is envisioned OMMHADA will oversee the development of an Action Plan

and include monitoring and progress against the priorities.

2022-2025 Planning Priorities

The outcome of the Ovens Murray 2022-2025 Stakeholder Engagement was the development of the Advisory Group. The group met numerous times during 2022 and 2023. The Advisory Group is made up of representatives from a broad range of service agencies including existing Ovens Murray Alcohol and Other Drugs providers and stakeholders. Some stakeholders within the group bring the expertise of having a lived or living experience of substance use, including engagement with services. Additionally, other stakeholders have lived or living experience as a carer, family member or kin of those with substance use.

The stakeholders in the advisory group have identified collective impact as the best method to drive the implementation and results of this plan. This planning process has been directed by building upon collaborative relationships among stakeholders.

Stakeholder Engagement

Stakeholder engagement was completed by the following methods: Stakeholder forums, Stakeholder survey and Stakeholder Advisory Group.

2022-2025 Stakeholder Engagement Questionnaire Survey results

A questionnaire was designed with questions and delivery to both previous stakeholders and stakeholders in Ovens Murray Alcohol and Other Drugs sector whom had expressed an interest in providing engagement.

Survey questions

1. The Ovens Murray Catchment covers 7 LGAs, which LGA/s does your organisation provide services to?
2. Can you identify some emerging gaps in AOD/MH service provision in your region?
3. Reflecting on the 2018-2021 Activities, please list the Top 2 of interest to you.

Survey results have informed the Advisory Group priorities, therefore informed future planning. Emerging gaps post survey consultation were as follows.

- Gaps in supports for people using Alcohol and Other Drugs, with the primary need being pre and post-rehabilitation.
- Limited ability to address co-occurring needs in residential rehabilitation in the region and the sector more broadly.
- Lack of access to immediate Alcohol and Other Drugs community support at the time when motivation is high. An example of an intervention while waiting for support would be evidence-based groups eg SMART Recovery.
- Low staffing availability and lack of suitably qualified staff in the region which contributes to higher waitlists for services.
- Lack of specialised Alcohol and Other Drugs service provision in smaller centres.
- Need for understanding and mapping of available Alcohol and Other Drugs and health services.

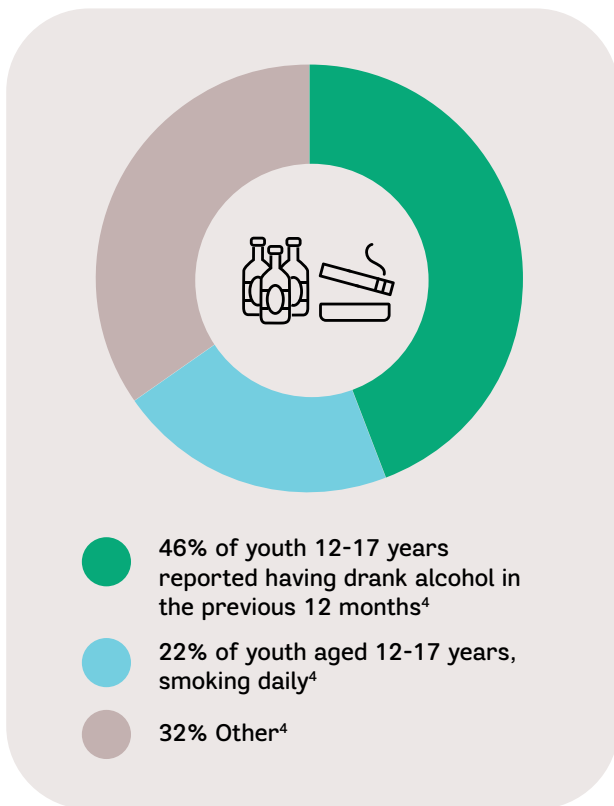


Focus Areas of the Catchment Plan



YOUTH

For younger people, the average age of initiation to substance is tobacco smoking at 16.6 years, alcohol at 16.2 years old and illicit substances at 19.9 years old. In 2017, cannabis was the most commonly used substance for people aged between 12-17.³ Both cigarettes and alcohol are a commonly known as a gateway substance to illicit substance use.



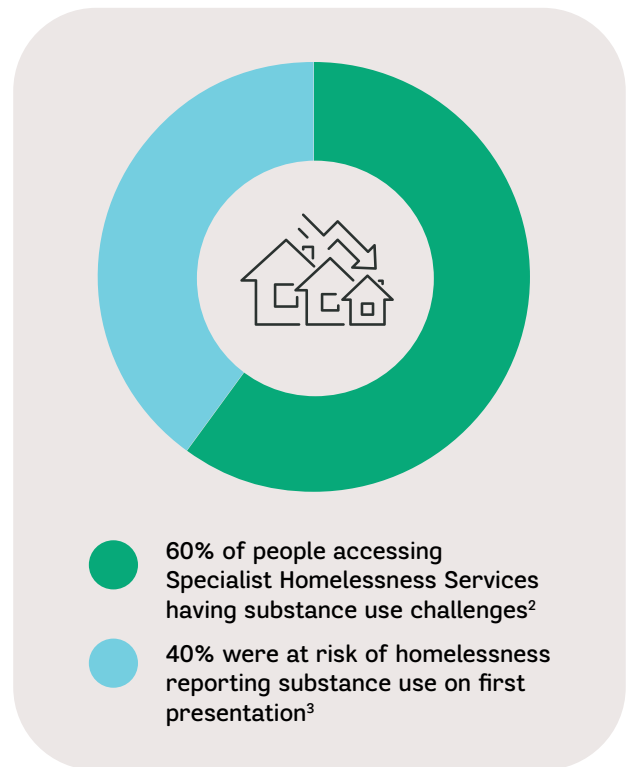
A developing presenting issue for youth is e-cigarettes and vaping. The AIWH 2023, states 14% of youth aged 12-17 years had tried e-cigarettes and 48% of secondary school students had tried vaping and had not previously smoked a cigarette⁴.



HOUSING

In 2021, there were 19,726 rented households across the region, with 63.8% rented privately. An estimated 2,349 properties were provided by state housing authorities and a further 400 by community housing providers, accounting for 11.9% and 2.0% of rented properties respectively.¹

The Australian Institute of Health and Welfare reported a strong association between substance use challenges and experiences of homelessness.



According to Gateway Health's VADC Data 2020-2023, on average 3% of clients accessing Gateway Health Alcohol and Other Drug services presented as homeless, 10% in private rental, 7% in public housing, 1% in transitional housing and 10% own their own homes.





ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

In the Ovens Murray area, Aboriginal Community Controlled Health Organisations (ACCHOs) are pivotal in delivering a wide range of well-being services and safeguarding the rights of Aboriginal and Torres Strait Islander people. These services encompass the following.



With the Aboriginal population in Victoria experiencing rapid growth, there is a notable increase in demand for services in the region with 5086 people across the region identifying as Indigenous (2.7%). Albury and Wodonga housed the largest numbers and proportion of Indigenous residents.⁶⁻¹²

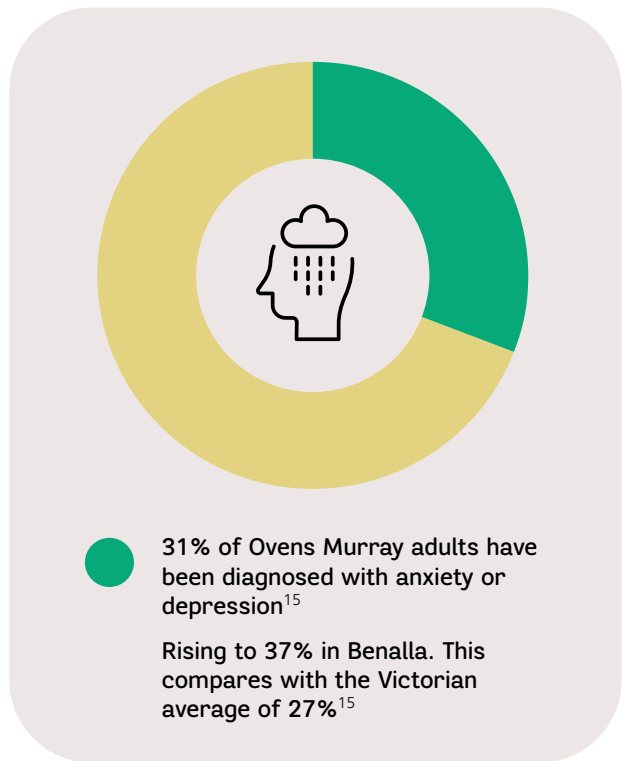


Artwork by Kim Gorey



MENTAL HEALTH

The number of registered mental health clients per 1000 people is higher than the Victorian average in all local government areas, and much higher in Benalla, Wangaratta, Indigo and Wodonga.¹⁵



Alcohol and Other Drugs Catchment Plan Priorities for Ovens Murray 2022-2025



Collaboration for Improved Outcomes

Vision:

We have strong interdisciplinary and cross-sector models of care that improve client outcomes.

- Align efforts via the OMMHADA governance structure and establish regular reporting to inform strategies.
- Establish pathways between AOD & mental health services
MH Rec # 5: Core functions of community mental health and wellbeing services
- Promote understanding and support for those in recovery and engage all service sectors and community to shift perceptions.
- Monitor and engage with the roll out of the Victorian Mental Health Royal Commission Recommendations.
- Enable the effective, safe and efficient collection and sharing of information across the sector.
MH Rec #61: Sharing mental health and wellbeing information
- AOD services are working competently with co-occurring mental health and AOD concerns.
- Full alignment of AOD Services with The Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM).
FV Rec# 001 Review and begin implementing the Common Risk Assessment Framework
- Promote and connect local services for improved response and outcomes.
- Investigate local opportunities to provide sobering facilities and places of safety for people who may be at risk due to being intoxicated in the community.



Strengthen Outcomes for Young People

Vision:

To have all levels of program response for young people accessible across the catchment

- Elevate and fund work with young people on AOD harm minimisation, including early intervention via education and positive role modelling.
MH Rec #20: Supporting the mental health and wellbeing of young people.
- Prioritise advocacy for services for young people, specifically access to a Youth PARC (prevention and recovery care), withdrawal and rehabilitation.
MH Rec #21: Redesigning bed-based services for young people.
- Mapping of youth-specific services to demonstrate what exists and where there are service gaps.
- Improved understanding of the intersect between Housing and Youth and advocacy for youth-specific housing options. *MH Rec #25: Supported housing for adults and young people living with mental illness.*
- Strengthen AOD youth programs and build the capacity of staff to work with the needs of young people.
- Strengthen service relationships to support young people in contact with, or at risk of coming into contact with, the criminal and youth justice systems.
MH Rec # 37. Supporting the mental health and wellbeing of people in contact with, or at risk of coming into contact with, the criminal and youth justice systems



Strengthen Health Pathways and Outcomes for Aboriginal and Torres Strait Islander People

Vision:

We have trusted service pathways for Aboriginal and Torres Strait Islander peoples via robust relationships and culturally safe services

- Ensure self-determined and culturally appropriate AOD programs.
MH Rec #33: Supporting Aboriginal social and emotional wellbeing
- Work together to identify service gaps and improve capability to meet needs of the Aboriginal and Torres Strait Islander community for AOD response and recovery models.
- Improve cultural sensitivity across all services.
MH Rec #34: Working in partnership with and improving accessibility for diverse communities
- Assist Aboriginal and Torres Strait Islander services to identify capacity gaps, advocate or assist in improving capabilities, including prioritisation of waiting lists.
- Build stronger interagency support options for Aboriginal and Torres Strait Islander clients.
- Build pathways between Aboriginal and Torres Strait Islander controlled organisations and all services available.
MH Rec #34: Working in partnership with and improving accessibility for diverse communities



Housing for Recovery

Vision:

To have localised and accessible best practice models of secure housing in recovery.

- Revisit outcomes for effective use of available transitional housing and increase the number of transitional housing options.
- Investigate shared housing models for the area and increase peer support for recovery.
- Consider priority client groups for housing.
MH Rec #25: Supported housing for adults and young people living with mental illness.
- Map best practice pathways for housing during and post rehabilitation.
- Secure funding to establish shared housing models within the catchment.
- Align effort with mental health services for secure housing options for recovery of those with co-occurring concerns.



Evolve our Workforce

Vision:

We attract and maintain workforce capability that meets demand and best practice outcomes for harm reduction, treatment, and recovery.

- Explore lived and living experience therapeutic support models and capability in the catchment.
- Determine pharmacotherapy capability and sustainable service delivery.
- Workplaces have developed policies and embed practices that include lived and living experience workforce.
MH Rec # 16: Establish mentally healthy workplaces
- Increase capability for child aware and family inclusive practice
- Local best practice training and employment pathways become robust and 'we grow our own workforce' including via partnerships with tertiary education.
- Capacity of workforce is supported to ensure collaborative care approaches in the interface of work for co-occurring illness.

Understanding the Ovens Murray

Regional landscape

The Ovens Murray region spans 32,764 square kilometres, representing 10% of Victoria (Figure 1- Map of Ovens Murray combined below). Its northern boundary aligns with the New South Wales-Victorian border along the Murray River. Wodonga, along with its New South Wales counterpart Albury (referred to as Albury-Wodonga), serves as the primary regional centre in the far north. The region includes the three major centres of Wodonga, Wangaratta, and Benalla, as well as smaller towns within the Alpine, Mansfield, Indigo, and Towong shires.

Figure 1: Ovens Murray map showing the local government areas¹

OVENS MURRAY REGION



134,593 population⁶⁻¹²



25% projected population growth over 2016-2031 period¹³

Wodonga 33%, Mansfield 16.9%, Indigo 9.7%¹⁴



50.7% female⁶⁻¹²



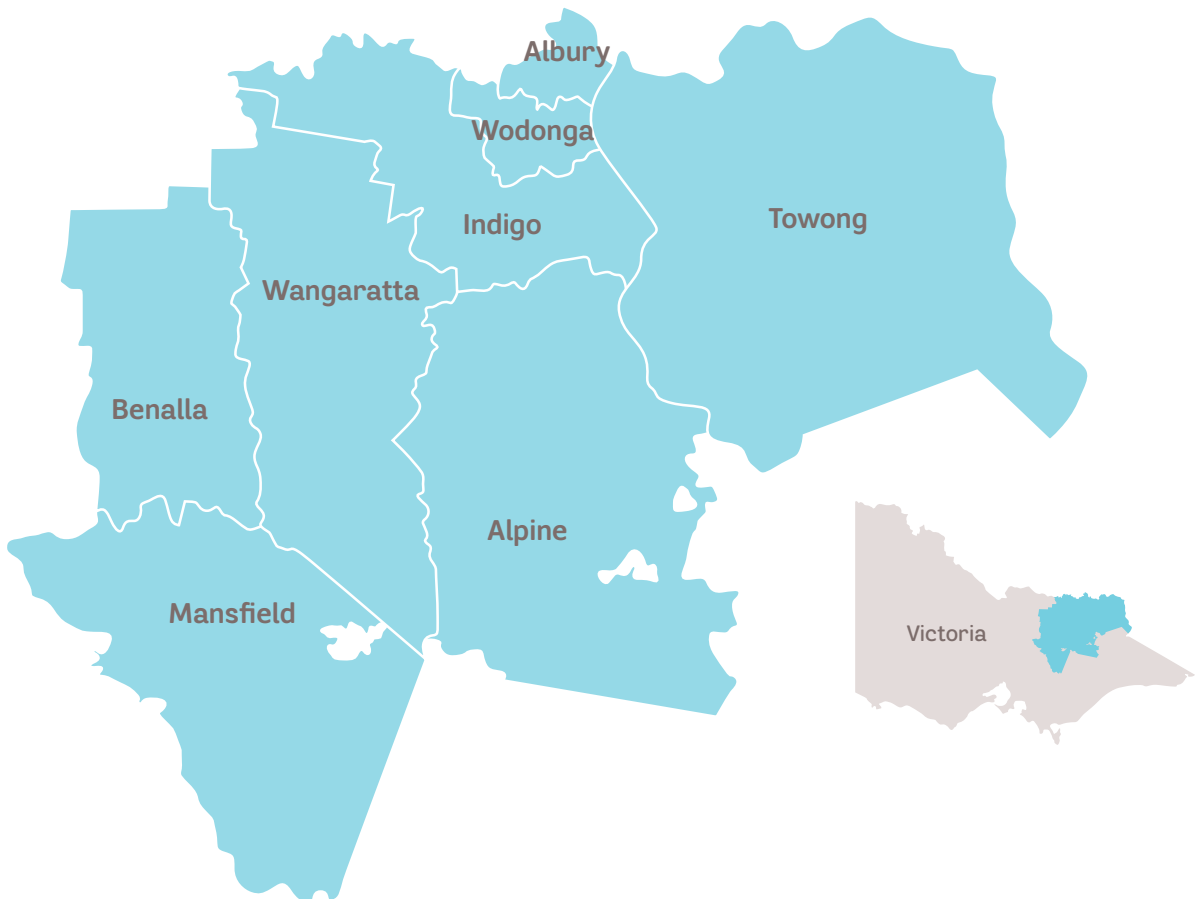
47 median age⁶⁻¹²



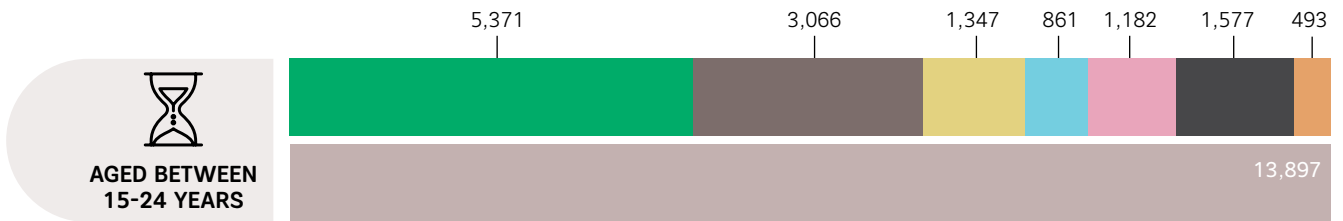
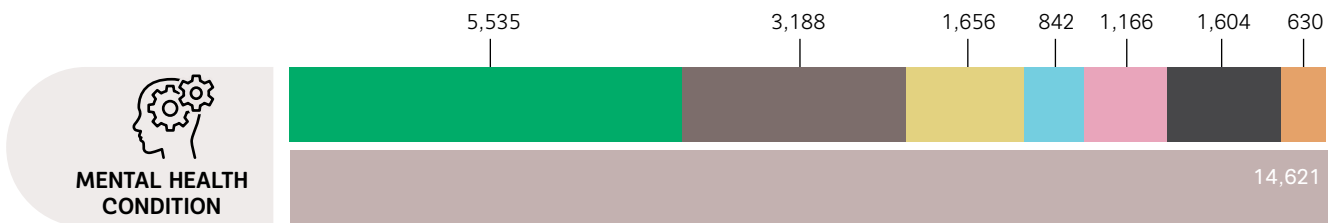
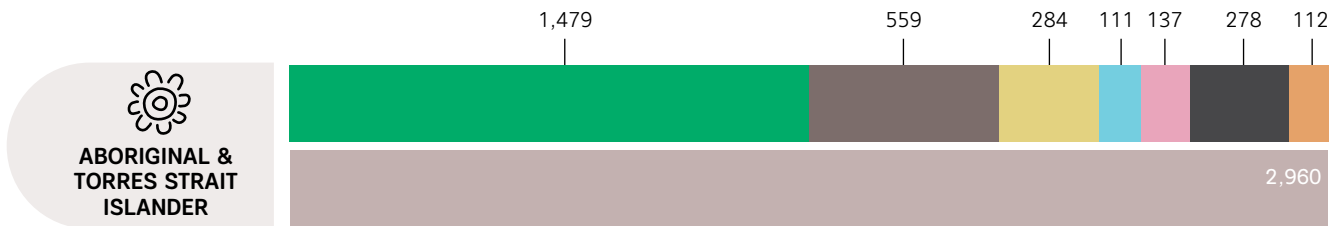
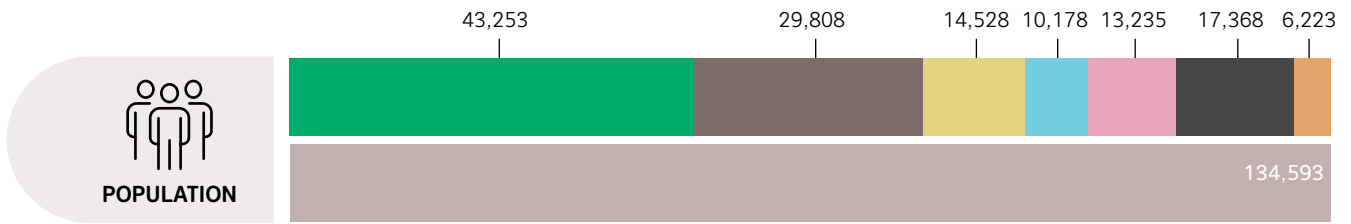
Typically older than the rest of Victoria¹⁵



More disadvantaged than the rest of Victoria. Unequal distribution of primary health care providers¹⁵



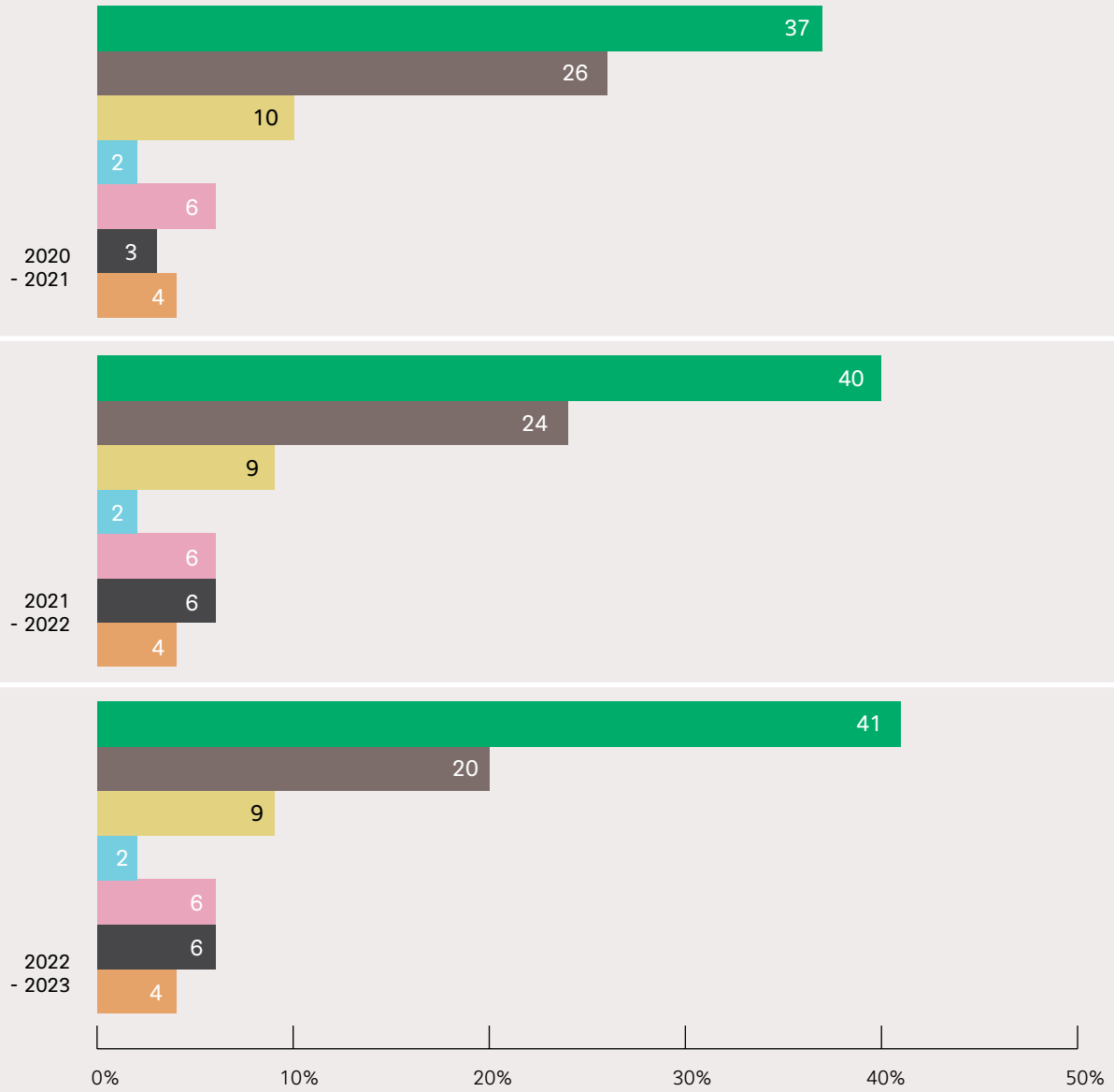
Local Government Areas – Community Profiles 2021



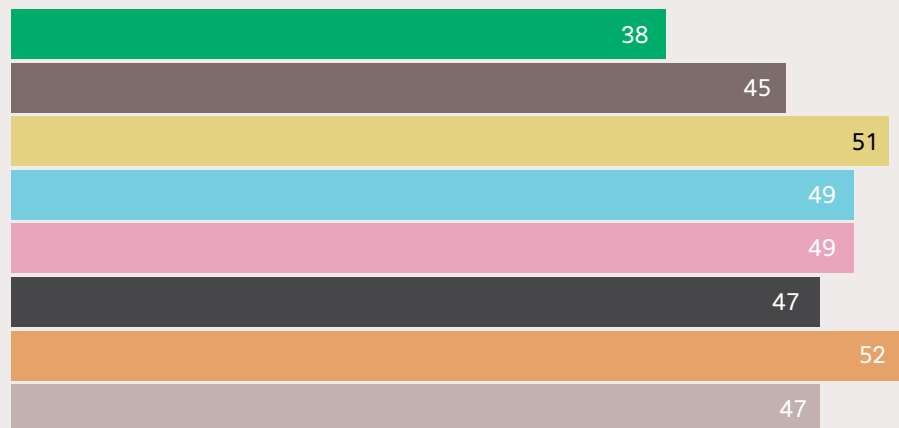
- WODONGA⁶
- WANGARATTA⁷
- BENALLA⁸
- MANSFIELD⁹
- ALPINE¹⁰
- INDIGO¹¹
- TOWONG¹²
- OVENS AND MURRAY



THE LGA THAT PEOPLE ACCESS GATEWAY HEALTH AOD SERVICES FROM (%)



MEDIAN AGE
2021



Gateway Health Data Profile



Total number of clients that accessed AOD Services

2020-2021	2021-2022	2022-2023
1147	1039	1044

Access to services despite the pandemic has remained stable across this period.



Treatment Types

Treatment Type	Percentage		
	2020-2021	2021-2022	2022-2023
Number of Clients	1147 total	1039 total	1044 total
Counselling (general, reunification)	44%	46%	45%
Assessment	46%	43%	49%
MERPS/ Pharmacotherapy*	13%	11%	13%
Withdrawal	14%	14%	13%
Youth Outreach	13%	13%	12%
Residential Rehab (TC)	0	20 clients	43 clients

Number of clients accessing AOD services over the listed years has remind relatively similar despite the covid pandemic. Types of AOD services accessed across the years also remained similar across the periods. The Therapeutic Community opened in February 2022.

*Multidisciplinary Enhanced Rural Pharmacotherapy Service (MERPS) (Commonwealth Funded). Pharmacotherapy Victorian funding ceased at the end of January 2024.



Substance Use Types

Substance Type	Percentages		
	2020-2021	2021-2022	2022-2023
Alcohol	66%	29%	57%
Cannabinoids	37%	19%	28%
Methamphetamines	41%	19%	32%
Opioids	10%	6%	13%

Alcohol presents as the most used substance of people accessing AOD services.

This data represents people that have identified opioid substances (illicit and non-prescribed opioids) as their primary substance of concern. This does not include people on prescribed Opioid Pharmacotherapy (Opioid agonist treatment).

*This data has been collated from Gateway Health VADC data from July 2020-June 2023.



Gender

Gender	Percentages		
	2020-2021	2021-2022	2022-2023
Male	60%	60%	62%
Female	40%	40%	47%
Other	0%	0%	0.3%

As reflected in above data the number of males accessing AOD services is significantly higher in comparison to females. This is also reflected in the number of males and female accessing the Treatment Community, see below.

Gender of clients accessing Treatment Community

Gender	2021-2022	2022-2023
Male	32 clients	69 clients
Female	19 clients	37 clients



Country of birth

Country	Percentages		
	2020-2021	2021-2022	2022-2023
Australia	97%	96%	98%
New Zealand	1%	0.75%	0.17%
Other (includes all other listed countries)	2%	3.25%	1.83%



Accommodation Type

Accommodation Type	Percentages		
	2020-2021	2021-2022	2022-2023
Homeless	2.76%	2.11%	3.35%
Private Rental	10.6%	10.87%	8.42%
Private Residence (owned home)	11.65%	8%	8.23%
Public Housing	9.26%	7.6%	4%
Transitional Housing	0.76%	0.67%	1%



Change since the 2018-2021 Catchment Plan

Global Landscape

The World Health Organisation (WHO) declared the COVID-19 outbreak an international pandemic on March 11, 2020. Provision of Alcohol and Other Drug treatment services were affected almost immediately, with this impact felt by clients and their families, along with workforces. However, the number of clients accessing Gateway Health Alcohol and Other Drugs Services remained stable pre, during and post COVID-19.

Broadly, these changes were also seen in Ovens Murray can be summarised below.

1. Treatments such as assessments, counselling and support/case management were adjusted to online or phone service delivery.
2. Outreach services became limited due to health restrictions limiting ability to deliver face to face consultations.
3. Decrease in residential rehabilitation treatment in bed-based settings as health restrictions reduced client capacity.

Pandemic Impact

In the Ovens Murray, catchment planning and Alcohol and Other Drugs service provision was naturally altered through COVID-19 global pandemic. Local adjustments included redeployment of staff resources to direct service delivery and support staff health and wellbeing.

According to Gateway Health VADC Data 2020-2023, despite the pandemic there was a consistent number of people accessing Alcohol and Other Drug service despite at times the modality changing to align with COVID 19 restrictions, for example the increased utilisation of telehealth.

Ovens Murray Catchment Plan 2018-2021

The 2018-2021 plan showed an appetite to 'do things differently', focusing on eight key priority areas, producing seven activities.



Sector Considerations - Alcohol and Other Drugs and Mental Health

Victorian Alcohol and Other Drugs sector changes

2021 saw the final report and recommendations from the Royal Commission into Victoria's Mental Health System, including 65 recommendations for reform.

*Recommendation 35 – Improving Outcomes for People living with mental illness and substance use or addiction*¹⁶. All mental health and wellbeing services across all age-based systems, including crisis services, community-based services and bed-based services need to:

1. Provide integrated treatment, care and support to people living with mental illness and substance use or addiction; and,
2. Not exclude consumers living with substance use or addiction from accessing treatment, care or support.

Alcohol and Other Drug Sector Changes resulting from Recommendation 35

Guidance on integrated treatment, care and support for people with co-occurring mental

illness and substance use was developed for the Victorian mental health and wellbeing and alcohol and other drug services. The integrated treatment and support guidelines acknowledge the diversity of people's experiences with co-occurring mental illness and Alcohol and Other Drug use. The commission found that integrated treatment, care and support should be led by an individual's priorities, goals and preferences, empowering people with co-occurring needs, and their families and supporters, to achieve the outcomes that are important to them.

The workplan developed for this guidance shows how to promote and contribute to integrated treatment, care and support. The recommendations are based on the following themes.

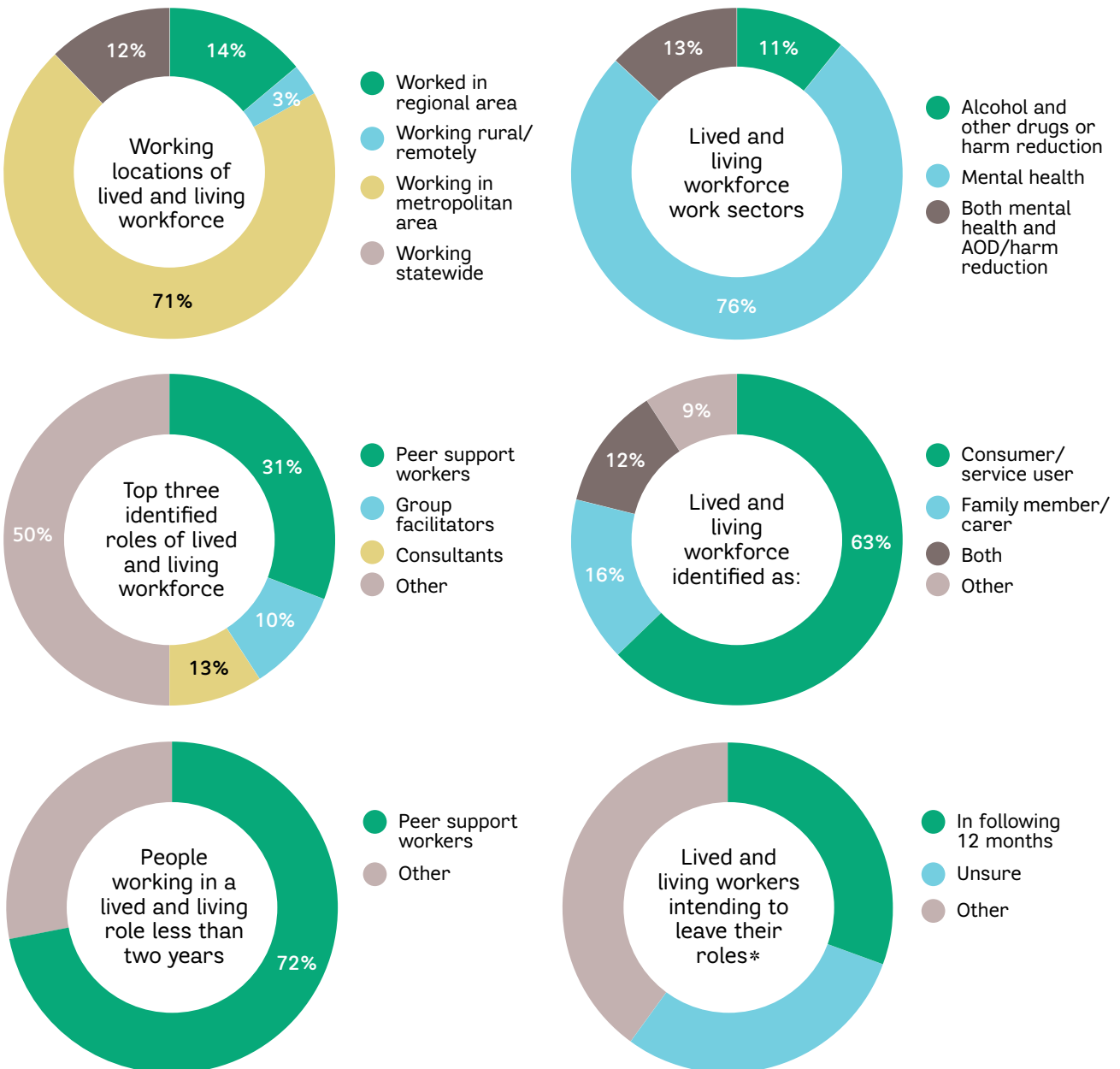
1. Collaboration and governance (cross-sector relationships, collaborative spaces and new structures)
2. New and reformed services
3. System coherence (clear pathways and information sharing within and across the mental health, wellbeing and Alcohol and Other Drugs systems)
4. Capability (planning to ensure all workers and services can offer treatment, care and support that is valued by people with co-occurring needs and their families and supporters)
5. Resourcing, performance and accountability (sufficient resourcing and outcomes-oriented funding and performance monitoring to ensure people with co-occurring needs and their families and supporters experience high quality services)



Lived and Living Experience Workforce

Various recommendations from the 2021 Royal Commission into Victoria’s Mental Health System emphasises the importance of the utilisation and development of the Lived and Living Experience of the alcohol and other drugs and mental health sector collectively.

In 2022, the Lived and Living Experience Workforces Data Project completed two surveys, surveying the workforce of mental health, alcohol and other drugs and harm reduction organisations as well as lived and living experience workers.¹⁷



* Reported reasoning varied from insufficient income/salaries, career prospects, lack of progression opportunities and management/leadership dissatisfaction. Average turnover rates were 17% for the two years prior to the survey.

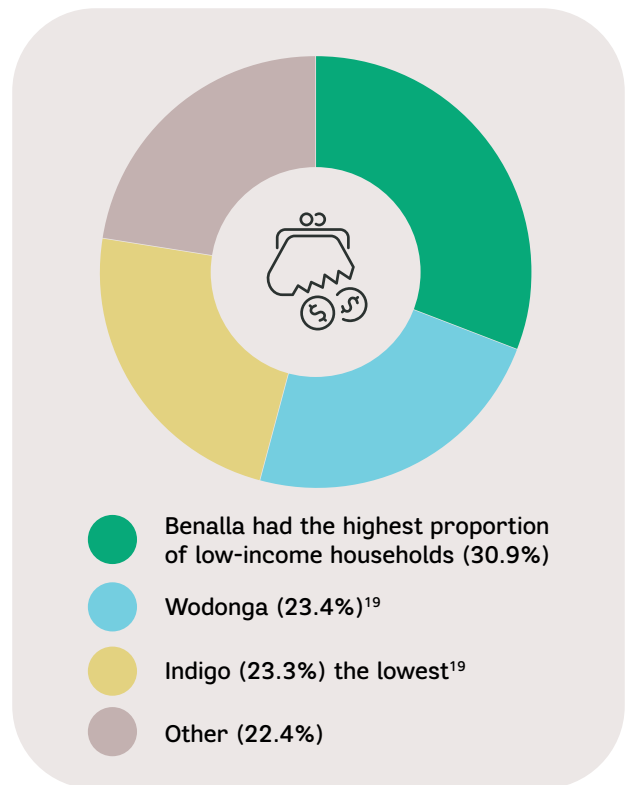
All data from <https://www.health.vic.gov.au/workforce-and-training/lived-experience-workforce-initiatives>

Socio-economic

The Ovens and Murray area shows variable proportions of disadvantage. Benalla is reflected with the highest relative level of socio-economic disadvantage in the Ovens Murray area. Mansfield and Indigo are the least disadvantaged.¹⁹ The ratio of registered mental health clients per 1000 individuals exceeds the Victorian average across all local government areas, with notably higher rates in Benalla, Wangaratta, Indigo, and Wodonga.¹⁹ In the Ovens Murray region, 31% of adults have received diagnoses of anxiety or depression, with Benalla reporting a higher rate of 37%. This contrasts with the statewide average of 27% for Victoria.¹⁸

Unemployment rate averaged 3.7% in 2021, with rates highest in Albury (4.8%) and Wodonga (4.2%) and lowest in Mansfield (2.0%). Unemployment fell from 5.5% in 2016, with benefits seen across all LGAs and for all workers aged between 15 and 64. The improvement in unemployment rate was achieved despite an 11.4% increase in the number of persons in the labour force.¹⁹

Across the region, 26.1% of households (19,459) reported a weekly income of \$800 or less.



Indigo had the highest proportion of high income (>\$3000) households. The number of high-income households across the region more than doubled between 2016 and 2021, while the number with a weekly income below \$800 fell slightly.⁸



Families affected by substance use

Families, carers, kin and supporters can be critically important for people who have substance use challenges. Alcohol and Other Drug supports recognise the particular stressors that a family member's substance use can place on a family including worry, financial strain, crises, social isolation, family violence and child safety concerns.

Family Drug Support provides information and education-based advice, individual or family counselling and support and referral; recognising the family member seeking support as a client in their own right. The Family Drug Support Program, supports families, carers and kin with their wellbeing and capacity to cope. By providing them with tools to reduce conflict and increase safety, the functioning of the whole family can improve.

Gateway Health Family Drug Support data indicates methamphetamine is the substance most often identified as a concern for family members accessing local treatment episodes, this is closely followed by alcohol within the Ovens Murray.²⁰

References

1. Australian Bureau of Statistics, Census of Population and Housing, General Community Profile: 2021Census_G37_VIC_LGA; 2021Census_G37_NSW_LGA (2021), <https://www.abs.gov.au/census/find-census-data/community-profiles/2021/AUS>, accessed 23 Apr. 2024.
2. Australian Institute of Health and Welfare, Specialist homelessness services annual report 2022–23 (2024), <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-problematic-drug-alcohol-use>, accessed 23 Apr. 2024.
3. Australian Institute of Health and Welfare, Specialist homelessness services annual report 2022–23 (2024), <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-problematic-drug-alcohol-use>, accessed 23 Apr. 2024.
4. Australian Institute of Health and Welfare, Younger People: Alcohol, tobacco and other drugs in Australia (2023), <https://www.aihw.gov.au/getmedia/330e61ce-620a-4639-896f-0b6cfbb03678/phe221-factsheets-younger-people-30062023.pdf>, 1, accessed 23 Apr. 2024.
5. Yes Unlimited, Annual Report 2019/2020 (2020), <https://s3-ap-southeast-2.amazonaws.com/dutchmedia-static-yes/wp-content/uploads/2021/09/17134534/Yes-Unlimited-Annual-Report-2019-2020.pdf>, 35, accessed 23 Apr. 2024.
6. Australian Bureau of Statistics, Wodonga 2021 Census All persons QuickStats (2021), <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA27170>
7. Australian Bureau of Statistics, Wangaratta 2021 Census All persons QuickStats (2021), <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA26700>
8. Australian Bureau of Statistics, Benalla 2021 Census All persons QuickStats (2021) <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA21010>
9. Australian Bureau of Statistics, Mansfield 2021 Census All persons QuickStats (2021) <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA24250>
10. Australian Bureau of Statistics, Alpine 2021 Census All persons QuickStats (2021) <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA20110>
11. Australian Bureau of Statistics, Indigo 2021 Census All persons QuickStats (2021) <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA23350>
12. Australian Bureau of Statistics, Towong 2021 Census All persons QuickStats (2021) <https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA26670>
13. Mike Ruzzene, Jonathan Rochweger, Agathy Patsouris & Madeleine Hornsby, Hume Region Growth and Change Analysis (2019), https://www.rdv.vic.gov.au/_data/assets/pdf_file/0009/1856421/Hume-Region-Growth-and-Change-Analysis.pdf, 9, accessed 23 Apr. 2024.
14. Victorian Government, Ovens Murray Regional Economic Development Strategy (2022), https://www.rdv.vic.gov.au/_data/assets/pdf_file/0007/2063914/Ovens-Murray-REDS-2022.pdf, 6, accessed 23 Apr. 2024.
15. Murray Primary Health Network, Healthy ageing in our region (2022), https://www.murrayphn.org.au/wp-content/uploads/2022/05/RP0328_MHR_AgedCare_2022_final.pdf, 3, accessed 23 Apr. 2024
16. Royal Commission into Victoria’s Mental Health System, Final Report: Summary and recommendations (2021), https://content.vic.gov.au/sites/default/files/2024-01/RCVMHS_FinalReport_ExecSummary_Accessible.pdf, 71-72, accessed 23 Apr. 2024.
17. Victorian Government, The Lived and Living Experience Workforces Data Project (2022), <https://www.health.vic.gov.au/workforce-and-training/lived-experience-workforce-initiatives>, 17-26, accessed 23 Apr. 2024.
18. Infrastructure Victoria, Victoria’s infrastructure strategy 2021-2051: Ovens Murray Summary (2021), https://assets.infrastructurevictoria.com.au/assets/Resources/Regional-Brochure_Ovens-Murray-1.pdf, 12, accessed 23 Apr. 2024.
19. Gateway Health, Strategic Plan Fact Pack: Version 1 (2021), access through info@gatewayhealth.org.au.
20. Gateway Health, Family Drug Support Counselling - Hume Region (2023), access through info@gatewayhealth.org.au.

gateway health

People living well

Freecall: 1800 657 573
E: info@gatewayhealth.org.au
gatewayhealth.org.au

Wangaratta

45-47 Mackay Street,
Wangaratta, VIC 3677
T: (03) 5723 2000

Wodonga

155 High Street,
Wodonga, VIC 3690
T: (02) 6022 8888

Myrtleford

32 Smith Street,
Myrtleford, VIC 3737
T: (03) 5731 3500

