Waitematā
District Health Board

Best Care for Everyone

**Specialist Mental Health & Addiction Services**
Level 3, 44 Taharoto Road
Private Bag 93-503, Takapuna
Auckland 0622
Telephone: (09) 487-1500
Freephone: 0800 80 9342
Facsimile: (09) 487-1333
Visit: www.waitematadhb.govt.nz

31 August 2020

[redacted]

Dear [redacted]

**Re: OIA request – Māori patients and clinicians in mental health and addiction services**

Thank you for your Official Information Act request received 6 August 2020 seeking information about Māori patients and clinicians in mental health services at Waitematā District Health Board (DHB).

On 14 August 2020, you clarified that the scope of your request was for services for 18-64-year-olds including mental health services, regional addiction and regional forensic services. Our DHB operates mental health services for the Waitematā district, addictions services for the metro-Auckland region (three DHBs) and forensic services for metro-Auckland and Northland. In addition, our forensic intellectual disability service serves the northern population as far south as Taupō.

In response to your request, we can provide the following information:

1. **How many Māori were referred to DHB mental health and addiction services (MHAS) in the past year?**

According to our patient management system, for the year from 1 July 2019 to 30 June 2020, 5,984 people aged 18-64 years old who identified as Māori were referred to our services.

Additionally, there were 1,822 people who identified as Māori and who were referred prior to 1 July 2019 and whose treatment continued into 2019/2020.

2. **What is the average length of engagement?**

For Māori (18-64-year-olds) discharged from our services for the year from 1 July 2019 to 30 June 2020, the average length of engagement was 82.69 days.

3. **What diagnoses do these people present with?**

The recorded diagnoses associated with Māori (18-64-year-olds) treated by our services between 1 July 2019 and 30 June 2020 are listed in the table below. This information includes principal diagnosis, provisional diagnosis and other diagnosis categories.

Where the number of people in any given category is between one to five (1-5) we have provided an aggregate number to protect the privacy of individuals who may be identifiable due to the low numbers reported.

**Table: Principal, provisional and other diagnosis for Māori - 1 July 2019 and 30 June 2020**

| | |
|---|---|
| Acute hepatitis C | 1-5 |
| Acute Stress Disorder | 1-5 |
| Adjustment Disorder with Disturbance of Emotion | 1-5 |
| Adjustment Disorder With Anxiety | 1-5 |
| Adjustment Disorder With Depressed Mood | 1-5 |
| Adjustment Disorder with Mixed Anxiety and Depressed Mood | 9 |
| Adjustment Disorder Unspecified | 1-5 |
| Adult Antisocial Behaviour | 1-5 |
| Adverse Reaction to Nicotine | 1-5 |
| Alcohol Abuse | 814 |
| Alcohol Dependence | 314 |
| Alcohol Disorder Abuse | 14 |
| Alcohol Intoxication | 12 |
| Alcohol-Induced Psychotic Disorder With Hallucinations | 1-5 |
| Alcohol-Related Disorder Not Otherwise Specified (NOS) | 1-5 |
| Amphetamine Abuse | 297 |
| Amphetamine Dependence | 209 |
| Amphetamine-Induced Anxiety Disorder | 1-5 |
| Amphetamine-Induced Psychotic Disorder | 1-5 |
| Antisocial Personality Disorder | 12 |
| Antisocial Personality Traits | 1-5 |
| Anxiety | 1-5 |
| Anxiety Disorder- Generalised Anxiety | 1-5 |
| Anxiety Disorder - Panic Disorder with Agoraphobia | 1-5 |
| Anxiety Disorder - Social Phobia | 1-5 |
| Anxiety Disorder - NOS | 6 |
| Attention deficit hyperactivity disorder | 1-5 |
| ADHD - Combined hyperactive impulsive | 1-5 |
| Autism | 1-5 |
| Autistic Disorder | 1-5 |
| Avoidant Personality Disorder | 1-5 |
| Axis II Borderline Personality Disorder | 8 |
| Axis II Narcissistic Personality Disorder | 1-5 |
| Bipolar I Disorder Most recent Episode Depressed - partial remission | 1-5 |
| Bipolar I Disorder Most Recent Episode Depressed - Severe with psychotic features | 1-5 |
| Bipolar I Disorder Most Recent Episode Depressed - Severe without psychotic features | 1-5 |
| Bipolar I Disorder Most Recent Episode Hypomanic | 1-5 |
| Bipolar I Disorder Most Recent Episode Manic In full remission | 10 |
| Bipolar I Disorder Most Recent Episode Manic In partial remission | 1-5 |
| Bipolar I Disorder Most Recent Episode Manic or Hypomanic | 1-5 |
| Bipolar I Disorder Most Recent Episode Manic Severe with psychotic features | 1-5 |
| Bipolar I Disorder Most Recent Episode Manic/Severe no psychotic features | 1-5 |
| Bipolar I Disorder Most Recent Episode Mixed | 1-5 |
| Bipolar I Disorder Most Recent Episode Mixed In partial remission | 1-5 |
| Bipolar I Disorder Most Recent Episode Mixed Severe with psychotic features | 1-5 |
| Bipolar I Disorder Most Recent Episode Unspecified | 1-5 |
| Bipolar I Disorder - Post-Partum Onset (PPO) Most Recent Episode Depressed Severe no | 1-5 |

| | |
|---|---|
| psychotic feature | |
| Bipolar I Disorder (PPO) Most Recent Episode Manic In full remission | 1-5 |
| Bipolar I Disorder (PPO) Most Recent Episode Manic In partial remission | 1-5 |
| Bipolar I Disorder (PPO) Single Manic Episode In full remission | 1-5 |
| Bipolar affective disorder | 1-5 |
| Bipolar Disorder - NOS | 11 |
| Bipolar II Disorder | 1-5 |
| Borderline Intellectual Functioning | 1-5 |
| Borderline Personality Disorder | 16 |
| Borderline Personality Traits | 8 |
| Brief Psychotic Disorder | 1-5 |
| Cannabis Abuse | 350 |
| Cannabis Dependence | 298 |
| Cannabis induced psychotic disorder | 1-5 |
| Carrier of viral hepatitis C | 1-5 |
| Chronic hepatitis | 1-5 |
| Cocaine Abuse | 1-5 |
| Cocaine Dependence | 1-5 |
| Cognitive Disorder NOS | 1-5 |
| Conduct Disorder | 1-5 |
| Conversion Disorder | 1-5 |
| Delirium NOS | 1-5 |
| Delusional Disorder | 1-5 |
| Delusions | 1-5 |
| Depression | 6 |
| Depressive Disorder - Bipolar II Disorder | 1-5 |
| Depressive Disorder - Dysthymia | 1-5 |
| Depressive Disorder - Major - Single Episode | 1-5 |
| Depressive Disorder - NOS | 6 |
| Dissociative Disorder - Identity Disorder | 1-5 |
| Drug induced psychosis | 9 |
| Dysthymic Disorder | 11 |
| Eating Disorder - NOS | 1-5 |
| Generalised Anxiety Disorder | 7 |
| Grief reaction | 1-5 |
| Hallucinogen Abuse | 7 |
| Hallucinogen Dependence | 1-5 |
| Head injuries | 1-5 |
| Hepatitis C | 1-5 |
| Inhalant Dependence | 1-5 |
| Intellectual Disability | 1-5 |
| Major depression - not manic depression | 6 |
| Major Depressive Disorder | 17 |
| Major Depressive Disorder - Non specified | 8 |
| Major Depressive Disorder (PPO) Recurrent In partial remission | 1-5 |
| Major Depressive Disorder (PPO) Recurrent Mild | 1-5 |
| Major Depressive Disorder (PPO) Recurrent Moderate | 10 |

| | |
|---|---|
| Major Depressive Disorder (PPO) Recurrent Severe no psychotic features | 1-5 |
| Major Depressive Disorder (PPO) Single Episode In full remission | 1-5 |
| Major Depressive Disorder (PPO) Single Episode In partial remission | 1-5 |
| Major Depressive Disorder (PPO) Single Episode Moderate | 8 |
| Major Depressive Disorder (PPO) Single Episode Severe with psychotic features | 1-5 |
| Major Depressive Disorder Recurrent Moderate | 1-5 |
| Major Depressive Disorder Recurrent partial remission | 1-5 |
| Major Depressive Disorder Recurrent Severe no psychotic features | 1-5 |
| Major Depressive Disorder Severe with psychotic features | 1-5 |
| Major Depressive Disorder Single Episode Unspecified | 1-5 |
| Mental Retardation - Mild | 7 |
| Mental Retardation - Moderate | 1-5 |
| Mood Disorder NOS | 1-5 |
| Narcissistic Personality Disorder | 1-5 |
| Nicotine Dependence | 512 |
| Obesity | 1-5 |
| Obsessive-Compulsive Disorder | 1-5 |
| Obsessive-Compulsive Personality Disorder | 1-5 |
| Opioid Abuse | 7 |
| Opioid Dependence | 172 |
| Organic disorder | 1-5 |
| Other (or Unknown) Substance Dependence | 1-5 |
| Other (or Unknown) Substance Abuse | 1-5 |
| Other Substance Disorder | 1-5 |
| Other Substance Abuse | 13 |
| Paedophilia | 1-5 |
| Pain disorder associated with psychological factors and a general medical condition | 1-5 |
| Paraphilia NOS | 1-5 |
| Partner Relational Problem | 1-5 |
| Pathological Gambling - ICDNE | 1-5 |
| Pathological Gambling | 7 |
| Personality Disorder - NOS | 1-5 |
| Pervasive Developmental Disorder NOS | 1-5 |
| Polysubstance Abuse | 1-5 |
| Polysubstance Dependence | 14 |
| Postnatal depression | 6 |
| Post-traumatic stress disorder | 42 |
| Psychosis - NOS | 18 |
| Psychotic Disorder - General Medical Cond - Delusions | 1-5 |
| Psychotic Disorder Due to General Med Condition | 1-5 |
| Psychotic Disorder NOS | 67 |
| Relational Problem NOS | 18 |
| Schizoaffective Disorder | 10 |
| Schizoaffective Disorder Bipolar Type/Depressive Type | 35 |
| Schizophrenia | 1-5 |
| Schizophrenia Catatonic Type | 1-5 |
| Schizophrenia Disorganised Type | 18 |

| | |
|---|---|
| Schizophrenia Disorganized Type | 1-5 |
| Schizophrenia Paranoid Type | 134 |
| Schizophrenia Residual Type | 11 |
| Schizophrenia Undifferentiated Type | 34 |
| Schizophrenia Unspecified | 1-5 |
| Schizophrenic psychoses | 1-5 |
| Schizophreniform Disorder | 1-5 |
| Schizotypal Personality Disorder | 1-5 |
| Sedative, Hypnotic or Anxiolytic Abuse | 1-5 |
| Sedative, Hypnotic or Anxiolytic Dependence | 30 |
| Sedative, Hypnotic or Anxiolytic-Related Disorder NOS | 1-5 |
| Social Phobia | 1-5 |
| Solvent Abuse | 1-5 |
| Solvent Dependence | 1-5 |
| Somatoform Disorder NOS | 1-5 |
| Substance Abuse | 23 |
| Substance Dependence | 6 |
| Substance Dependence - Other | 8 |
| Substance induced - Psychotic Disorder with Hallucinations | 1-5 |
| Substance Use Disorder | 1-5 |
| Substance-Induced Mood Disorder | 1-5 |
| Substance-Induced Psychotic Disorder | 1-5 |
| Substance-Related Disorder NOS | 1-5 |
| Synthetic Cannabinoid Use | 28 |
| Unspecified | 1-5 |
| Unspecified Mental Disorder (nonpsychotic) | 1-5 |

**4. How many Māori are engaged in psychology services?**

Three hundred and nineteen (319) Māori are recorded as having engaged in psychology services which we interpret as relating to talking therapy intervention sessions (i.e. requiring engagement with a clinician) in our services for 18-64-year-olds for the period 1 July 2019 to 30 June 2020. It is likely that the number is higher but the sessions have not been specifically recorded as talking therapy sessions by clinicians in the electronic clinical record.

**5. How many Māori have requested psychological input, but have been declined?**

We are not able to provide this information as it is not collected in a reportable format. Prior to a decision that a person is appropriate for psychological input (including assessment), there will be a discussion between the referring clinician/team and a psychologist about whether the person is suitable for assessment at this time. If suitable, the person will be added to the waitlist. The information from these discussions will be recorded in each person's clinical notes and providing the information requested would require reviewing more than 300 clinical records.

We have considered whether charging or extending the timeframe for responding to your request would help. However, the work required to collate this information from HCC (the electronic patient record system used by Specialist Mental Health and Addiction Services (SMH&AS)) would need to be done by a mental health professional used to working with this system and who would ordinarily be providing frontline mental health services. There is a shortage of mental health professionals, which means that we would not be able to backfill the frontline position so that the information could be collated. This would compromise SMH&AS' ability to provide services to patients.

Therefore, we are refusing this aspect of your request under s18(f) of the Official Information Act 1982 due to substantial collation or research.

**6. How many Māori are on psychology waitlists?**
There are 12 Māori on psychology waitlists as at 20 August 2020.

**7. What is the average waiting time for Māori on these psychology waitlists?**
To identify the average waiting time would require reviewing more than 300 clinical records as the length of time a person waits to see a psychologist is recorded in their personal clinical notes. Therefore, as above, we are refusing this aspect of your request under s18(f) of the Official Information Act 1982 due to substantial collation or research.

**8. How many Māori psychologists are employed by the DHBs?**
There are between 1-5 Māori psychologists employed by the DHB. Details of the exact number has been withheld under section 9(2)(a) of the Official Information Act 1982 on the basis that withholding the information is necessary to protect the privacy of the staff. We have considered whether the public interest in disclosing this information outweighs the need to protect individual privacy and have concluded it does not.

**9. How many Māori psychologists are employed in a leadership capacity? For example, team leader or above?**
Between 1-5, answered under section 9(2)(a) of the Official Information Act.

**10. How many intern psychologist places do the DHB have?**
Between 1-5, answered under section 9(2)(a) of the Official Information Act.

**11. What is the supervision regime for the intern psychologists?**
The supervision of intern psychologists follows university requirements. This is minimum of 1.5 hours per week supervision time.

**12. What is the average length of service of psychologists within the DHB?**
The average length of service of psychologists within the mental health and addiction services provided for 18-64-year-olds is 6.2 years.

**13. How many psychologists have left the DHB over the last 12 months and what was the reason given for leaving?**
Where the number of staff in any given category is between one to three (1-3), we have withheld the information under section 9(2)(a) of the Official Information Act 1982 to protect the privacy of individuals who may be identifiable due to the very low numbers reported.

The number of psychologists who have left mental health and addiction services provided for 18-64-year-olds in the last 12 months are shown in the table below:

| **Reasons for resigning in 12 months to August 2020** | **Number of psychologists** |
|---|---|
| Another job in public health | 1-3 |
| Job in private health | 1-3 |
| Personal | 1-3 |
| Resigned - no reason provided | 1-3 |
| Further education | 1-3 |
| To go overseas | 1-3 |
| **Total** | **9** |

**14. How many psychologists are on work visas?**
Five psychologists within the mental health and addiction services provided for 18-64-year-olds are on work visas.

**15. How many vacancies for psychologists does the DHB have?**
There are 4.2 full-time equivalent (FTE) vacancies for psychologists within the mental health and addiction services provided for 18-64-year-olds.

**16. How long have the vacancies for psychologists been open?**
Before responding to your request, it may be useful to provide some context. All DHBs experience challenges in recruiting to the full number of registered clinician vacancies that are available. Therefore, at any given time, there will be vacancies while appropriately qualified staff are recruited due to normal workforce turnover. Additionally, there has been a shortage of mental health professionals nationally for a number of years.

Waitematā DHB employs a total of 60.2 FTE highly skilled psychologists across our specialist mental health and addiction services for 18-64-year-olds. Some of our vacancies are for highly specialised areas such as our Child, Youth and Family Mental Health Services and our Liaison Psychiatry, Takanga a Fohe (Pacific) and Forensic services, which can be difficult to recruit to due to the limited availability of qualified and experienced candidates. The length of time the vacancies for psychologists have been open is shown in the table below.

In the absence of psychologists from some key positions, people accessing our services continue to be provided with a high-quality care. While waiting for a psychological assessment or treatment, people will have a registered clinician from another discipline working with them. They will be supported with other evidence-based interventions for their mental distress.

| FTE | Days Vacant |
|---|---|
| 0.60 | 324 |
| 0.80 | 105 |
| 0.20 | 239 |
| 0.60 | 224 |
| 1.00 | 680 |
| 1.00 | 665 |

**17. What current initiatives are in place to provide education in-house to psychologists?**
Psychologists have access to three to four half-days of continuing professional development where invited speakers present on topics that are relevant to psychologist competencies. Psychologists also complete some required training to work in mental health and addictions services, such as risk assessment and safety planning, managing aggression and potential aggression and have access to all of the internal trainings offered by Waitematā DHB, subject to approval by their managers. Psychologists also attend a range of team-based in-service training.

**18. What plan is in place to expand FTE for the psychological services?**
A review of the FTE allocated to psychological services across our Adult Mental Health Services has recently started. It is likely there will be funding sought to increase the number of psychologist FTE based in adult acute inpatient units and potentially in our community sites as well.

**19. Are there any psychologists at the DHB employed in the emergency departments?**
Specialist Mental Health and Addiction Services do not specifically employ psychologists allocated to our emergency departments.

You have the right to seek an investigation and review by the Ombudsman in to the decisions taken in providing this response. Information about how to seek a review is available at www.ombudsman.parliament.nz

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely

**Derek Wright**
**Director Specialist Mental Health & Addictions Services**
**Waitematā District Health Board**