Waitematā
District Health Board

Best Care for Everyone

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15 March 2021

[redacted]

Dear [redacted]

Re: OIA request – Mental health facilities, number of patients and bed capacity

Thank you for your Official Information Act request received 26 January seeking information from Waitematā District Health Board (DHB) about our adult general mental health and addiction services.

On 27 January you were contacted by Taranaki DHB to confirm the timeframes your request encompassed, which was a six-year period for all of the data from 1 January 2015 to 31 December 2020 (calendar years).

Taranaki DHB notified us of this clarification on the same day.

We contacted you on 28 January to ask you to narrow the scope of your request to adult mental health services and our community alcohol and drug services (CADS) in order to make the task of providing a response more manageable.

On 3 February, you contacted us to advise that you were happy to narrow your request as suggested. The next day, we further clarified that we were interpreting the term "initial triage", in your request (below) as the time from a referral being accepted to the client's first contact with a service.

On 11 March we notified you of an extension until 17 March 2021.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing around 8,500 people across more than 80 locations.

Our Specialist Mental Health and Addiction Service is the largest of its kind in the country, by volume of service-users seen.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services (CADS).

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

1. **What mental health services does your DHB provide? Please provide details of inpatient facilities and number of beds per facility and whether facilities are currently used at capacity. Please provide:**
    i. **details of outpatient services and**
    ii. **services contracted to community providers.**

Adult mental health inpatient facilities, number of beds per facility and capacity
Our Adult Mental Health Services (AMHS) operate two acute inpatient units. Waiatarau, on the Waitakere Hospital campus, has 32 beds. He Puna Waiora, on the North Shore Hospital campus, has 35 beds. At Waiatarau, the average monthly occupancy has been between 91% and 95%. Occupancy at He Puna Waiora has varied, with a monthly average of between 81% and 92% over the past year.

We have interpreted your revised question as excluding our forensic mental health service (Mason Clinic) and our older adult inpatient unit (Kingsley Mortimer Unit). Details of our medical detoxification inpatient unit (Pitman House) are provided in response to question two.

i. Outpatient Services
Our AMHS also operate three community hubs in Henderson, Takapuna and Red Beach which serve the surrounding areas. There are two satellite clinics associated with the Rodney team, based in Helensville and Warkworth. In addition, the service operates a liaison psychiatry team working with staff and people admitted to the emergency departments (EDs) or wards at Waitakere Hospital and North Shore Hospital.

A Māori mental health service (Moko) and a Pacific mental health service (Isa Lei) operate alongside AMHS. We have included information about these services in the following data.

ii. Adult mental health services contracted to community providers by Waitematā DHB
The following tables show the residential and non-residential community mental health services contracted to non-government organisations (NGOs) by Waitematā DHB.

Table 1: Community mental health residential services contracted by Waitematā DHB

NGO	Service type	Number of beds
Ember	Residential Rehab	16
Ember	Acute Alternative Respite	8
Delamore Support Services	Residential Rehab	10
Emerge Aotearoa	Residential Rehab	12
Equip	Adult Respite	7
Goodwood Park	Residential Rehab	20
Goodwood Park	High and complex *	12
Te Kotuku Ki Te Rangi	Residential Rehab	11
Te Kotuku Ki Te Rangi	Crisis Respite	6
West Auckland Living Skills Homes Trust (Walsh Trust)	Residential Rehab	10
Walsh Trust	Older Adult Residential	5
Walsh Trust	Mother+baby respite	6

*As well as adult general mental health patients, this service also cares for a small number of patients from our regional forensic psychiatric service, the Mason Clinic.

Table 2: Community mental health non-residential services contracted by Waitematā DHB

Provider Name	Service type	FTE* contracted
Mind and Body Consultants Limited	Peer Support Worker (PSW)	4
West Fono Health Trust	Community Support Worker (CSW)	5.5
Supporting Families in Mental Illness New Zealand (SFNZ) Ltd	CSW	2
Te Runanga O Ngati Whatua	CSW	2
Mental Health Solutions Limited	CSW	19
Te Puna Hauora O Te Raki Pae Whenua Society Incorporated	CSW	7
Vaka Tautua Limited	PSW	2
Vaka Tautua Limited	CSW	2
Delamore Support Services Limited	CSW	2
Goodwood Park Healthcare Group Limited	CSW	11.6
Goodwood Park Healthcare Group Limited	Clinical	1
Dayspring Trust	CSW	2
Te Kotuku Ki Te Rangi Charitable Trust	CSW	11
Te Whanau O Waipareira Trust	CSW	27
Equip	CSW	28
Ember Services Limited	Clinical	5
Ember Services Limited	CSW	28
West Auckland Living Skills Homes Trust Board	CSW	34
Emerge Aotearoa Limited	CSW	11

*Full-time equivalent.

In addition, Waitematā DHB funds the following primary mental health programmes:

- Primary mental health initiatives provides a range of early interventions, including extended GP or nurse consultations and psychological packages of care (counselling).

- Integrated Primary Mental Health Services (IPMHS), a Ministry of Health-funded initiative based on the recommendations of He Ara Oranga. This programme expands access to primary mental health and addiction services with a particular focus on those with mild-to-moderate needs.

Tū Whakaruruhau (the Auckland Wellbeing Collaborative) oversees the IPMHS programme.

Services delivered as part of IPMHS are health improvement practitioners (HIPs), health coaches (HCs), Awhi Ora support workers and specialist mental health support for general practice teams.

HIPs and HCs are general practice-based roles, whereas the Awhi Ora support workers are NGO workforce-based in the community.

2. **What addiction services does your DHB provide? Please provide details of inpatient facilities and number of beds per facility and whether facilities are currently used at capacity. Please provide:**
    i. **details of outpatient services and**

ii. **services contracted to community providers.**

Addictions services provided by Waitematā DHB, inpatient facilities, number of beds and capacity

Waitematā DHB's Community Alcohol and Drug Services (CADS) provide a regional service on behalf of the metro Auckland DHBs - Waitematā, Auckland and Counties Manukau - for people living in the wider Auckland region from Wellsford in the north to Bombay in the south and Helensville in the west. The main sites are Henderson, Kingsland, Takapuna and Manukau, with 30 satellite clinics in operation.

CADS operates a medical detoxification inpatient unit at Pitman House in Point Chevalier, which operates 10 beds and has the ability to "flex-up" to 11 beds on occasion, if needed.

Occupancy has varied between monthly averages of 85% to 100% over the past year (except during COVID-19 lockdowns when the unit was closed).

i. Details of outpatient services

Other services provided by CADS includes:

- CADS counselling (individual and group)
- Pregnancy and parental outreach service
- Dual diagnosis (outreach) team
- Community and home detoxification service
- Auckland Opioid Treatment Service
- Altered High youth service
- an intensive 12-step facilitation outpatient programme (CADS Abstinence Programme)
- assessments for the Drug Court programme
- services for and at probation and prisons.

In addition, Māori addictions counselling service (Te Ātea Marino) and a Pacific addictions service (Tupu) operate alongside CADS across the metropolitan Auckland region.

We have included information about these services in the following data.

ii. Addictions services contracted to community providers by Waitematā DHB

The following tables show the community addictions residential and non-residential services contracted to non-government organisations by Waitematā DHB as well as those that are contracted by Auckland DHB and accessible to patients in the Waitematā DHB catchment.

Table 3: Community addictions residential services contracted by Waitematā DHB

NGO Provider	Service type	Number of beds
Ember Services Ltd	Dual Diagnosis residential	8
Higher Ground	AOD* residential treatment	30

* Alcohol and other drug.

Table 4: Community addictions non-residential services contracted by Waitematā DHB

NGO Provider	Service type	FTE contracted
Te Runanga O Ngati Whatua	Kaupapa Māori community	2.3
Te Whānau O Waipareira Trust	Kaupapa Māori community	4

Table 5: Community addictions services contracted by Auckland DHB and accessible to patients in the Waitematā DHB catchment:

NGO provider	Service type	Number of beds
Salvation Army	Alcohol and other drug (AOD) residential treatment	50
Odyssey	AOD residential treatment	75
Wings Trust	AOD residential treatment	35
Auckland City Mission	Social detoxification service	10

3. **How many people do you treat on average every year in your mental health services? Please provide a breakdown by inpatient and outpatient services.**

We have interpreted this question as being about DHB-provided services rather than contracted services. From 2015 to 2020, we have treated an average of 809 people each year in our inpatient mental health services and 8,599 people each year in our outpatient services.

4. **How many people do you treat on average every year in your addiction services? Please provide a breakdown by inpatient and outpatient services.**

We have interpreted this question as being about DHB-provided services rather than contracted services. From 2015 to 2020, we have treated an average of 391 people each year in our inpatient medical detoxification service (Pitman House) and 14,455 people each year in our outpatient services, which are detailed in response to question two.

Please note that in 2020 the inpatient unit was closed during the COVID-19 lockdowns and referrals for community services also reduced during these periods, which has affected the overall average for this period.

5. **How many people are currently waiting for mental health treatment after they have been through an initial triage process?**
    i. **What is the average wait time to access services?**
    ii. **What is the longest time someone can wait? Please provide breakdown by inpatient/outpatient services.**

Number of people currently waiting for treatment following initial triage

Inpatient units
People requiring inpatient mental health care have acute conditions not able to be addressed in community settings and will typically enter in to an adult mental health unit via our emergency departments at Waitakere Hospital or North Shore Hospital or following urgent referral from a Waitematā DHB mental health clinician. There are occasional exceptions to this, such as transfer from another mental health inpatient setting in another district back to the person's district-of-domicile.

Patients who are triaged and assessed in our EDs as requiring inpatient care are transferred to the service as soon as practicable and may commence preliminary treatment within ED when required. People being admitted from home or other places (e.g. a police station) have also been triaged and assessed by community acute teams who may commence preliminary treatment. Therefore, there are no waitlists as such.

Outpatient services
As at 31 January 2021, 50 people were waiting for contact from community mental health outpatient services following a referral being accepted. See below for average wait times.

i. **Average wait time to access services**

Inpatient units
As above, we are unable to provide this information as we do not operate waitlists as such. Therefore, wait times are minimal for patients who are admitted via the pathways described. To provide full detail of this information would require the review of individual clinical records of hundreds of patients.

Due to the sensitivity of this information, frontline clinical staff would need to review individual clinical files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

Outpatient services
We have interpreted your question about waiting times as being the time between when a referral is received by a service and when a person enters in to contact with that service.

The average annual wait time for the period 2015 to 2020 was 2.17 days. The average wait time in 2020 was one day.

ii. **The longest time someone can wait**

Inpatient units and Outpatient services
We are unable to provide information about the longest wait time from referral acceptance to first contact as it has been identified that, due to a clerical issue, there have been delays in closing multiple electronic files, showing that some patients who are awaiting referral when they have, in fact, had contact with a service. A quality improvement project is underway to address this issue.

To provide the information requested would require the review of individual clinical records of patients. Due to the sensitivity of this information, frontline clinical staff would need to review individual clinical files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

How many people are currently waiting for addiction treatment after they have been through an initial triage process?

i. **What is the average wait time to access services?**
ii. **What is the longest time someone can wait? Please provide breakdown by inpatient/outpatient services.**

Number of people currently waiting for addiction treatment
As at 31 January 2021, 63 people across the Waitematā, Auckland and Counties Manukau DHB districts were waiting for an inpatient medical detoxification addictions admission following a referral being accepted. Two hundred and nine people had an open community referral and were waiting for contact.

The number of people in this category needs to be seen within the overall context of the total number of people treated by CADS each year for the past six years, which is nearly 15,000 on average.

i. Average wait times to access addictions services
We have interpreted your question as the waiting time between when a referral is received by a service and when a person enters in to contact with that service.

Average wait times to access services for the past six years are as follows:

- medical detox addictions inpatient admission (days) = 17.5 days*
- time from referral acceptance to first contact by community outpatient addictions services (days) = 3.2 days

*Two beds within this service are allocated to compulsory treatment under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

ii. The longest time someone can wait
We are unable to provide information about the longest wait time from referral acceptance to first contact for the reason previously outlined in question five.

Due to the sensitivity of this information, frontline clinical staff would need to review individual clinical files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

As above, we have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

6. What is the process while patients wait to access addiction and/or mental health treatment?

Inpatient adult mental health services
Demand for inpatient beds is managed on an acuity (severity of illness) and risk (to self or others) basis. Beds are prioritised for the people most in-need when there is demand in excess of the number of beds available.

The service also has the ability to "flex-up" its bed capacity and, on occasion, will bring in extra staff to place a person into an additional bed for a short period of time.

Alternatively, if a bed is urgently needed, then all people will have their care and treatment needs reviewed. Where appropriate, a person may be discharged to a step-down NGO-operated respite facility or discharged home, with a follow-up plan in place which includes family/whānau and the community mental health team.

Outpatient adult mental health services
Within community services, the process for determining urgency for referrals into mental health services is via triage and use of the UK Mental Health Triage Scale. Once urgency based on risk has been identified, if assessment is deemed appropriate, this will be prioritised within the timeframe as indicated in the triage scale.

Community outpatient addictions services
As well as a referral system, CADS operates a daily free walk-in clinic between 10am – 1pm Monday-to-Friday at the four counselling sites across Auckland (Henderson, Kingsland, Takapuna, Manukau). All people and/or their whānau/family are assessed as they present or are triaged for a full assessment within the next few days.

Contact and assessment of women referred to the Pregnancy and Parental Service occurs as quickly as possible. If a patient has to wait, their care is coordinated with the other agencies involved.

The care of people waiting for contact from dual diagnosis is managed by the referring mental health team. People waiting to be assessed for opioid substitution treatment will be given information and advice around the ongoing management of their use of illicit opioids and managing potential withdrawal symptoms. All GPs in the region are provided with information about safe ongoing prescribing of opioid substitution treatment.

Medical detox inpatient addictions services
Admission to the medical detox inpatient unit takes the form of a planned admission via a waiting list after an assessment at the counselling units, during a walk-in clinic or by the home detox team - either virtually or in-person.

The waiting list for both home detox and inpatient detox is regularly reviewed. People with high-acuity needs (e.g., pregnancy) are prioritised for community detox or admission. Two beds have been allocated to patients who are made subject to the Substance Addiction (Compulsory Assessment and Treatment) (SACAT) Act 2017. This is in case medical stabilisation is needed prior to flying the person to the national facility in Christchurch. While on the waitlist for a bed for SACAT, clients are actively case-managed by the Community Home Detox Service (CHDS) team.

While waiting for inpatient detox, clients are contacted by the triage coordinator to confirm admission dates and to begin the planning of a treatment pathway towards discharge. These clients remain under the management of the referrer until admission.

7. **How many patients died after they were triaged but before receiving addiction or mental health treatment in the last six years? Are you able to provide the cause of death for each person who died?**

Our records show that 10 people have died while on waiting lists to receive treatment in our adult mental health or regional addictions services in the last six years.

During this period these services have treated nearly 146,000 patients.

Due to possible identification of patients, we are declining to provide the cause of death under section 9(2)(a) of the Official Information Act to protect the privacy of natural persons, including that of deceased natural persons.

You have the right to seek an investigation and review by the Ombudsman of the decisions made in providing this response. Information about how to seek a review is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

I trust that the information we have been able to provide 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

[redacted]

Interim Executive Director
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