



17 July 2019



Dear 

**Re: Official Information Act Request – Outpatient Care**

Thank you for your Official Information Act request to Waitematā District Health Board (DHB), regarding outpatient care for service-users receiving mental health care received 26 June 2019, with further clarification received on 1 July 2019.

Following clarification from you, the mental health community services and inpatient services of Adult Mental (Waiatarau and He Puna Waiora), Regional Forensic Psychiatry Services (Mason Clinic) and Mental Health Services for Older Adults (Kingsley Mortimer Unit) have been included in the data collected for this response. Excluded from this response are Community Alcohol and Drugs Services (CADS) and Children Young Person and Family (CYF) Mental Health Services. There are no mental health inpatient facilities for children and young people in the Waitematā DHB district.

In answer to your questions, please see the responses provided below.

1. *When a patient is discharged from a [mental health inpatient] facility – what is the optimum time for the patient to see a psychologist?*

When a person is discharged from a mental health inpatient facility they will be followed up by a phone call from the inpatient team within 24 hours. The person will also be followed up face-to-face during the seven days after discharge, sometimes several times, depending on the frequency of contact agreed in the care plan. If psychological input is indicated as part of the care plan, the wait time will be determined by the availability of psychologists and the readiness of the person for psychological input. There is not a pre-determined optimum time for a person to see a psychologist.

2. *What is the typical wait time for an appointment with a psychologist?*

Wait times vary depending on the demand for each particular psychological intervention at any one time. We do not record the length of time a person waits to see a psychologist. We only record the fact that a person has been referred for psychological intervention. To answer this question would require substantial collation and research as we would have to review more than 600 individuals' clinical records. Therefore, we are refusing your request under s18 (f) of the Official Information Act 1982. If you are dissatisfied with this decision, you are entitled to make a complaint to the Office of the Ombudsman, whose details are available via [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz).

We note that we have considered whether we could provide the information if we extended the time for responding to your request or charged to provide the information but have decided that this would not assist as the work required to collate this information from HCC (the electronic patient record system used by SMH&AS) would need to be done by a mental health professional used to working with HCC who would ordinarily be providing frontline mental health services. There is a national 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.

3. *How many psychologists does Waitematā DHB [mental health services] have on its books currently? NB: How many are available to serve your outpatients? What size is the pool of psychologists Waitematā is drawing from?*

The Waitematā DHB mental health services included in this response have 35.7 full-time equivalent (FTE) clinical psychologists currently employed, with 21.8 FTE employed specifically in community settings. We do not hold information on the availability of clinical psychologists across New Zealand.

4. *How many total hours are available per week for outpatients?*

There are 872 hours of working time for the group of clinical psychologists employed in community settings. This should not be interpreted as the number of hours available for directly working with people accessing the service.

As well as attending to direct clinical work, the psychologists must attend team and service meetings, professional meetings, undertake non-direct clinical work (e.g., scoring neuropsychological assessments, formulation writing, report writing, developing behavioural management plans), liaise with other agencies and health professionals, provide and attend to professional development, provide and attend to professional and clinical supervision activities, evaluate programme activities and support the development of new programme activities.

5. *How many mental health outpatients does Waitematā DHB currently have?*

As at 30 June 2019, Waitematā DHB's mental health services included in this response had a total volume of 5,186 service-users.

I trust that this information meets your requirements. However, if you are dissatisfied with any of the decisions about the provision of information, you are entitled to make a complaint to the Ombudsman, whose details are available via [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz).

Waitematā DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's 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 feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

I trust this information will satisfy your request.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Susanna', written in a cursive style.

Dr Susanna Galea-Singer  
Director  
Specialist Mental Health & Addictions Services  
Waitematā District Health Board