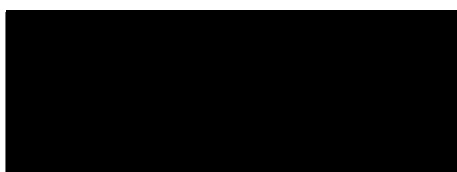


26 September 2018



Dear 

Re: Official Information Act request – child and youth/adolescent mental health wait times and numbers

Thank you for your Official Information Act request to Waitemata District Health Board (DHB) received 4 September 2018, with clarification that the scope of this request is limited to child mental health services received the same day.

Before responding to your specific questions, it may be useful to provide some context about our services to assist your understanding. The Waitemata DHB Specialist Mental Health and Addiction Service serves a population of 630,000 and is the largest service in the country by volume of service-users seen. Our total mental health services workforce numbers just over 1,260 permanent staff.

In answer to your questions, please see the responses provided below. We have interpreted your request as being about child/youth and adolescent services and have excluded information about Early Psychosis Intervention Services for the following reasons:

1. Although Early Psychosis Intervention Services see young people aged 18-25 years experiencing a first episode of psychosis, admission to this service is via an assessment from our Adult Mental Health Services.
2. There is variation between DHBs with regard to whether this is part of adult mental health services or child, young person and family mental health services.

1. How many referrals were made to the Child and Youth/Adolescent Mental Health Service for the calendar year of 2016, 17 and year-to-date to September 1, 2018?

Table 1 below shows referral totals.

Table 1: Referrals to Child and Youth/Adolescent Service

Year	Total Referrals
2016	4018
2017	4460
1 Jan to 1 September (inclusive) 2018	3169

This upward trend in referrals is seen across our services and is likely to be driven by increases in our local population.

2. How many children/young people were on the waiting list as of September 1 2018, broken down by age range?

Every attempt is made by the service to contact and offer families/whānau/caregivers a first face-to-face appointment within the first three weeks of a referral being made, with this being achieved in around 90% of cases. In some instances, families/whānau/caregivers request the initial appointment be rescheduled to suit their availability – this pushes the wait time out. Presentations which are acute in nature are managed through an acute pathway and are provided with an assessment within 48 hours of referral, depending on reason for referral and identified concerns.

Table 2 below shows total children/young people waiting.

Table 2: Children/young people waiting, by age group, at 1 September 2018

Age group (years)	Total children/young people waiting
0-4	11
5-12	97
13-18	99

3. What is the longest time a child/young person was on the waiting list as of 1 September 2018?

The longest time a child/young person was on the waiting list as at 1 September was 65 days. This family was referred to Marinoto Child and Adolescent MH service by their GP. When contacted, the family advised that they were going overseas and could not attend the first face-to-face appointment until they returned to New Zealand. The referral was kept open until the family returned to New Zealand and were available to be seen.

4. What is the average wait time for a child/young person from referral to initial appointment as of September 1 2018?

The average wait time from referral to initial appointment between 1 January and 1 September 2018 was 14.44 days. Please refer to our response to Question 2 above for more information about wait times.

5. How many mental health professionals (FTE) work for the DHBs child/youth service arm?

Waitemata DHB has 88.4 clinical FTE (full-time equivalent) positions budgeted across the Child Youth and Family Mental Health Services services included in this response.

6. What age range do you see?

Waitemata DHB's Child Youth and Family Mental Health Services see children and young people aged between 0 and 18 years. The upper age limit is extended to 20 years if the young person is still at school and living with family/whānau/caregivers).

7. How are children/youth triaged when referred to the service?

Referrals are discussed each day at the triage meeting attended by a range of clinicians (including the SMO (senior medical officer and clinical coordinator). If there is not sufficient information on the referral to make an informed decision regarding urgency and/or appropriateness, then families/whānau/caregivers are phoned to seek additional information on the day the referral is received.

8. How long are children/youth funded to see a mental health professional under the DHB service?

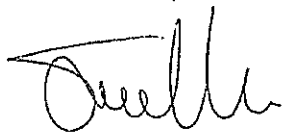
Children and youth are seen as long as is required to meet the goals of the treatment plan as agreed with the young people and families/whānau/caregivers.

Waitemata 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.

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 & Addiction Services
Waitemata District Health Board