Waitematā
District Health Board
Best Care for Everyone

DHB Board Office
15 Shea Terrace
Takapuna, Auckland 0622
Private Bag 93-503, Takapuna
North Shore City 0740
Telephone: 09 486 8900
Facsimile: 09 486 8924
www.waitematadhb.govt.nz

10 March 2021

[redacted]

Dear [redacted]

Re: OIA request – Mental health inpatient deaths for the past five years

Thank you for your Official Information Act request received on 10 February seeking information from Waitematā District Health Board (DHB) about mental health inpatient deaths for the past five years.

On 11 February, we contacted you to clarify if your request covered all of our mental health inpatient units, below:

1. Adult Mental Health services for people aged 18-65 years:
    a. He Puna Waiora Inpatient Unit – North Shore
    b. Waiatarau Inpatient Unit – Waitakere
2. Kingsley Mortimer Ward - Mental Health Services for Older Adults (MHSOA) for service users aged 65 and over.
3. Regional forensic mental health services for the four Northern DHBs – Counties Manukau, Auckland, Waitematā and Northland.

That same day you confirmed you would like details on all of our mental health inpatient units including older adults and forensics.

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.

In addition to providing services to our own population, we are also the metropolitan Auckland provider of child disability services, child community dental services and community alcohol and drug services, and the northern region provider of forensic psychiatry services.

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

In line with your request, our response contains information about regional forensic psychiatry inpatient services, adult mental health inpatient services and older adult inpatient mental health service.

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

1. **Deaths occuring in mental health inpatient unit each year, for the last five years, and the cause of death (or suspected cause)**

The mental health inpatient units included in this response have treated an average of 1679 patients each year for the last five years – a total of around 8,395 patients.

Numbers lower than three have been withheld, together with the cause or suspected cause of death, under section 9(2)(a) of the Official Information Act 1982 to protect the privacy of natural persons, including that of deceased natural persons and family/whānau of the deceased.

You have the right to seek an investigation and review of this decision by the Ombudsman. Information about how to seek a review is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that only the Coroner can make a final determination on the cause of death. The figures provided below include suspected suicides as well as deaths from suspected physical health events in our inpatient mental health units for regional forensic psychiatry inpatient services, adult mental health inpatient services and older adult inpatient mental health service.

Table 1: Number of inpatient deaths across adult mental health, older adult mental health and forensic psychiatry inpatient units from 2016 to 2020

Year ended 31 December	Number of inpatient deaths
2016	<3
2017	<3
2018	<3
2019	4
2020	<3

2. **Deaths of former mental health inpatients occuring within one week of discharge, and cause of death (or suspected cause). Figures for each year, for the last five years please.**

Again, please note that only the Coroner can make a final determination on the cause of death and has not made a determination on any of the deaths below.

The figures provided below include suspected suicides as well as deaths from suspected physical health events for former mental health inpatients which occurred within one week of discharge from our inpatient mental health units for regional forensic psychiatry inpatient services, adult mental health inpatient services and older adult inpatient mental health service.

We have also included information on patients who were transferred to either an aged residential care facility or a medical ward.

Table 2: Number of deaths within one week of discharge from adult mental health, older adults mental health and forensic psychiatry inpatient care from 2016 to 2020

Year ended 31 December	Number of recent-discharge deaths
2016	3
2017	0
2018	<3
2019	<3
2020	<3

3. How many of these deaths were referred to the Coroner? Figures for each year, for five years please.

Provided in the table below are the number of deaths that were referred to the Coroner that were either suspected suicides or suspected medical health events of patients that were either inpatients of, or recently discharged from, our inpatient mental health units for regional forensic psychiatry inpatient services, adult mental health inpatient services and older adult inpatient mental health service:

Table 3: Number of deaths that occured in a mental health inpatient unit and within one week of discharge from mental health inpatient care that were referred to the Coroner from 2016 to 2020

Year ended 31 December	Number of inpatient and recent-discharge deaths referred to the Coroner*
2016	0
2017	<3
2018	<3
2019	3
2020	3

*As outlined in tables 1 and 2.

4. Staffing levels for psychiatrists, psychologists and nursing.

We are interpreting your question about staffing levels as being about the full-time equivalent (FTE) recruitment cap for our psychiatrists, psychologists and nurses and the FTE employed (for a specific date, in this case, 1 March 2021).

Our staffing levels as at 1 March 2021, for psychiatrists, psychologists and nursing are shown in the table below. As a large organisation, Waitematā DHB expects to see some staff turnover and position vacancies at any one time and we proactively manage staff vacancies and redistributes patient loads within departments accordingly.

Where vacancies occur, shifts are covered using casual DHB bureau staff or regular staff to ensure that patients continue to receive an appropriate level of care and are safely monitored.

Recruitment of registered nursing staff is a nationwide issue. We actively recruit for mental health inpatient nurses and our recruitment strategies include local, national and overseas recruiting.

Bi-annual intakes of New Entry to Speciality Practice nurses who receive extra support and professional development during their first year of work are included in the figures below.

Table 4: Staffing levels for adult mental health, older adults mental health and forensic psychiatry as at 1 March 2021

Professional group	Budgeted FTE*	Current FTE
Psychiatrists	18.4	16
Psychologists	13.2	10
Nursing	436.2	416.5

*Full-time equivalent.

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

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Director Specialist Mental Health & Addictions Services
Waitematā District Health Board