

4 November 2020

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

**Re: OIA request – Mental health prescriptions, finance, admissions and complaints**

Thank you for your Official Information Act request received 6 October 2020 seeking the following information from Waitematā District Health Board (DHB):

1. **The number of anti-depressant prescriptions handed out at the DHB each year for the last five years (January to December 2016 to January 2020 to YTD), broken down by each hospital if more than one under the DHB.**
  - a. **The number of people prescribed anti-depressants under the DHB each year for the last five years (January to December 2016 to January 2020 to YTD), broken down by each hospital if more than one under the DHB.**
2. **The number of anti-psychotic prescriptions handed out at the DHB each year for the last five years (January to December 2016 to January 2020 to YTD), broken down by each hospital if more than one under the DHB.**
  - a. **The number of people prescribed anti-psychotic prescriptions under the DHB each year for the last five years (January to December 2016 to January 2020 to YTD), broken down by each hospital if more than one under the DHB.**
3. **The number of admissions to the adult mental health inpatient unit each year for the last five years (January to December 2016 to January 2020 to YTD), broken down by each hospital if more than one under the DHB.**
4. **The total amount of DHB funds allocated to the adult mental health inpatient each year for the last five years (January - December 2016 to January 2020 - YTD), with brief detail of what the money was being spent on each year.**
5. **The number of complaints relating to mental health care each year for the last five years (January - December 2016 to January 2020 - YTD), with a brief description of each complaint. Also a breakdown of the number of these complaints that were investigated.**

We contacted you on 7 October 2020 to clarify your request. You responded the same day to confirm that you were seeking the following information:

- Regarding Question 1: the difference between the medication prescribed and the medication administered in hospital.

- Regarding Questions 3, 4 and 5: that the questions relate to all mental health services broken down by CADS, Forensics, Child and Youth and Community (if names differ at each DHB please specify).

Before responding to your specific questions, it may help to provide some context about our mental health services.

Our Specialist Mental Health and Addiction Service is the largest of its kind in the country, by volume of service-users seen. It comprises Adult Mental Health Services, Child Youth and Family Mental Health Services, Mental Health Services for Older Adults, Asian Mental Health Services, Takanga a Fohe (Pasifika Mental Health and Addictions), Whītiki Maurea (Māori Mental Health and Addiction Services) and Community Alcohol and Drug Services (CADS).

All of our addiction services are operated on behalf of the three metro-Auckland DHBs from Mercer to Wellsford. Waitematā DHB also operates the Regional Forensic Psychiatry Service, also known as the Mason Clinic, for the Northern Region DHBs from the Bombay Hills to the top of the North Island.

Because of this, caution is advised in comparing raw data between different district health boards unless it is clear the breadth of service-delivery and clinical caseload is of similar complexity.

In response to your questions below, which incorporate the clarifications outlined, we can provide the following information:

**Following clarification we have interpreted Question 1 and 1a as:**

- 1. What is the difference between the number of anti-depressant medications prescribed and the number administered in your mental health and addiction hospital units, each year for the last five years (January to December 2016 to January 2020 to YTD), broken down by each hospital if more than one under the DHB?**

Please note that the information about medications provided in the responses to Questions 1 and 2 has been extracted from electronic medication chart records (in the form of the proprietary program 'Medchart') for the specified Waitematā DHB inpatient mental health hospitals for the past five years.

In the case of the medical detoxification inpatient unit (Pitman House), this data is limited to 2018 onward because the Medchart system was not implemented at Pitman House until this time.

Prior to this implementation, hard copy medication charts were in place for all prescribing and administration activities at the Pitman site. Obtaining information comparable to that provided by Medchart would require considerable staffing and time resource in order to audit pre-2018 paper-based medication records.

Due to the sensitivity of the information, frontline clinical staff would need to review individual patient 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. Therefore, we have determined to refuse this element of your request, for records from 2016

and 2017 for the medical detoxification inpatient unit Pitman House, under Section 18(f) of the Official Information Act due to substantial collation and research.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

However, all other information is provided below. With regard to the data presented, the term '*difference*' is the discrepancy between total doses of anti-depressant or anti-psychotic medications prescribed for the years requested and the total number of doses actually administered.

This difference comprises the sum total of Medchart codes 'missed', 'delayed', 'not taken', and 'withheld' which are entered by staff into Medchart at the time administration was due. These codes account for the variety of reasons as to why a prescribed dose of anti-depressant/anti-psychotic may not have been administered at the prescribed time.

The higher number of differences in doses prescribed vs total doses administered for some of the units shown below may be due to the length of time some service-users are admitted to inpatient units, particularly the Mason Clinic. It is possible for a single service-user to skew the data if a number of doses were missed by that person. This might happen in the following situations (note this list is not exhaustive):

- The person refused medication; medication may have been withheld for medical reasons (e.g. the person's physical health condition may have temporarily meant it was unsafe to administer a particular medication at that time); or medication may have been delayed due to the person being on leave from the ward.
- If a service-user refuses medication for an extended period of time, this would be left as charted as it was 'recommended' by the individual's clinical team that they receive the medication, despite refusal. The medication may later be discontinued, or the service-user discharged, thereby bringing the yearly numbers back to baseline.

Whenever medication is not given as charted, an explanation is provided in the person's clinical notes as well as a notation being made on Medchart. Nursing staff will either refer to the specific care plan for missed doses or advise the senior nurse. If during monitoring there are any concerns that missed doses may lead, or have led, to increased symptomatology, side-effects or distress, there will be a consultation with the responsible clinician or on-call medical officer. An assessment may be requested at this point.

It should be noted that data has been extracted from Medchart when considering 'anti-depressant' or 'anti-psychotic' each as a medication class. However, it is not possible to infer the indication for prescription from the type of medication alone, as anti-depressant and anti-psychotic medications may be licensed for uses other than depression or psychosis, as there are a number of common uses of these medications.

All prescription and administration data presented is based on doses of medication that have been prescribed on a regular schedule.

For the purposes of answering questions 1 and 2, it is not possible to calculate a discrepancy between prescribed medication and administered doses of medication that have been prescribed on an 'as-required' (also known as prn) basis. This is because 'as-required' medication is not given on a fixed schedule where an expected number of doses can be calculated.

<b>Number of anti-depressant medications prescribed and the number administered in mental health and addiction inpatient units</b>			
<b>Inpatient unit Year</b>	<b>Total doses of anti-depressant prescribed across all service-users</b>	<b>Total doses of anti-depressant administered</b>	<b>Difference (Total doses prescribed vs. total doses administered)</b>
<b>Kingsley Mortimer Unit</b>			
2016	4590	4427	163
2017	5184	4884	300
2018	5748	5461	287
2019	4515	4350	165
2020 (up to 30 Sep)	5036	4846	190
<b>Mason Clinic</b>			
2016	1731	1690	41
2017	3891	3786	105
2018	6215	5975	240
2019	7823	7782	41
2020 (up to 30 Sep)	6374	6320	54
<b>Medical Detox IPU*</b>			
2018	646	640	6
2019	1698	1680	18
2020 (up to 30 Sep)	1062	1052	10
<b>Waiatarau Unit</b>			
2016	2709	2387	322
2017	3050	2703	347
2018	2784	2543	241
2019	2656	2416	240
2020 (up to 30 Sep)	1839	1728	111
<b>He Puna Waiora</b>			
2016	3074	2797	277
2017	3918	3663	255
2018	3568	3283	285
2019	4992	4608	384
2020 (up to 30 Sep)	3583	3504	79

\*Data provided from 2018 when electronic charting started for medical detox inpatient unit, Pitman House.

Following clarification, we have interpreted Question 2 and 2a as:

2. **What is the difference between the number anti-psychotic medications prescribed and the number administered in your mental health and addiction hospital units, each year for the last five years (January to December 2016 to January 2020 to YTD), broken down by each hospital if more than one under the DHB?**

<b>Number of anti-psychotic medications prescribed and the number administered in mental health and addiction inpatient units</b>			
<b>Inpatient unit</b> Year	<b>Total doses of anti-psychotic prescribed across all service-users</b>	<b>Total doses of anti-psychotic administered</b>	<b>Difference (Total doses prescribed vs. total doses administered)</b>
<b>Kingsley Mortimer Unit</b>			
2016	8263	7983	280
2017	6974	6563	411
2018	7551	7239	312
2019	7176	6908	268
2020 (up to 30 Sep)	5242	5114	128
<b>Mason Clinic</b>			
2016	32950	32281	669
2017	49349	48470	879
2018	59003	57980	1023
2019	59101	58099	1002
2020 (up to 30 Sep)	48668	47737	931
<b>Medical Detox IPU*</b>			
2018	255	244	11
2019	774	759	15
2020 (up to 30 Sep)	516	496	20
<b>Waiatarau Unit</b>			
2016	13986	12696	1290
2017	14198	12900	1298
2018	14381	13045	1336
2019	16826	15669	1157
2020 (up to 30 Sep)	13461	12788	673
<b>He Puna Waiora</b>			
2016	15875	14295	1580
2017	17403	15964	1439
2018	18958	17407	1551
2019	21176	19683	1493
2020 (up to 30 Sep)	13647	13194	453

\*Data provided from 2018 when electronic charting started for medical detox inpatient unit, Pitman House.

Following clarification, we have interpreted the remainder of your questions as relating to all mental health and addiction services as your clarification requested information broken down by CADS, Forensics, Child and Youth and Community mental health services.

- 3. The number of admissions to the mental health and addiction inpatient units each year for the last five years (January to December 2016 to January 2020 to YTD), broken down by each hospital if more than one under the DHB.**

Waitematā DHB mental health and addiction inpatient unit admissions					
Number of admissions*	Kingsley Mortimer Unit	Mason Clinic	Medical Detox IPU	Waiatarau Unit	He Puna Waiora
2016	165	135	530	620	561
2017	142	120	518	636	578
2018	186	115	479	619	634
2019	191	108	481	618	629
2020 (to 30 Sept)	126	90	286	425	425

\*The number of admissions may be influenced by the level of complexity of inpatient needs.

**4. The total amount of DHB funds allocated to mental health services (including inpatient and community services) each year for the last five years (January - December 2016 to January 2020 - YTD), with brief detail of what the money was being spent on each year.**

The DHB allocates funds through its budget process, so this budget data is presented below by financial year, as per the budgeting cycle.

Funds allocated to Waitematā DHB mental health services					
	FY2016	FY2017	FY2018	FY2019	FY2020
Community Alcohol and Drug Services (CADS) (Auckland region)	19,408,678	19,661,865	19,924,992	21,639,542	22,801,052
Adult Mental Health Services	41,733,992	40,343,411	43,288,496	45,305,280	49,648,312
Child Youth and Family Mental Health Services	11,795,741	12,937,849	14,225,311	14,849,693	15,623,282
Regional Forensic Psychiatry Services (Northern region)	41,538,429	42,057,317	44,883,597	49,175,970	51,993,923
Whitiki Maurea (Māori Mental Health and Addictions Services)	4,135,027	4,133,085	4,518,939	4,743,654	5,059,535
Takanga a Fohe (Pacific Mental Health and Addictions Services)	3,931,732	3,746,815	3,901,866	4,297,755	4,247,018
Mental Health Services for Older Adults	9,743,711	9,856,179	10,135,676	10,553,003	11,621,200
Asian Mental Health Services	456,878	450,124	452,595	476,048	483,858
<b>Total</b>	<b>122,543,599</b>	<b>122,880,342</b>	<b>130,743,201</b>	<b>140,011,894</b>	<b>149,373,122</b>

**Note:** Waitematā DHB operates regional addictions and forensic services. Regional addictions services include Whitiki Maurea, Takanga a Fohe and CADS.

**5. The number of complaints relating to mental health and addictions care each year for the last five years (January - December 2016 to January 2020 - YTD), with a brief description of each complaint. Also a breakdown of the number of these complaints that were investigated.**

At Waitematā DHB, all complaints are investigated and responded to, as complaints are a valuable source of feedback about performance. The table below shows the complaints as categorised by our Feedback team.

A complaint may appear in more than one category; therefore, category totals are higher than the number of complaints received. We have divided the complaints in to:

1. Services provided for people within the Waitematā DHB catchment and
2. Regional services as follows:
  - Forensics - provided on behalf of the Northern Region DHBs: Northland, Waitematā, Counties Manukau and Auckland.
  - Addictions - provided on behalf of the metro-Auckland DHBs: Waitemata, Counties Manukau and Auckland.

<b>1. Waitematā DHB mental health complaints</b>					
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020 (to 30 Sept)</b>
<b>Total complaints*</b>	<b>142</b>	<b>171</b>	<b>151</b>	<b>154</b>	<b>94</b>
<b>Complaint categories:</b>					
Access to a service	4	5	9	10	4
Clinical care	65	62	39	51	19
Communication with staff	57	118	148	134	82
Continuity and transition of care	9	3	4	3	7
Coordination and integration of care	1	1	4	5	1
Environment	3	5	20	21	5
Financial and legal	0	0	1	0	1
Involvement of friends and family in clinical care	4	1	0	1	4
Loss of property	0	4	2	1	3

\* Each complaint may be counted in more than one category.

<b>2. Regional forensics and addictions services complaints</b>					
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020 (to 30 Sept)</b>
<b>Total complaints*</b>	<b>43</b>	<b>67</b>	<b>67</b>	<b>56</b>	<b>31</b>
<b>Complaint categories:</b>					
Access to a service	0	3	9	2	0
Clinical care	24	24	14	23	6
Communication with staff	15	41	57	43	27
Continuity and transition of care	0	3	4	3	0
Coordination and integration of care	0	0	1	1	1
Environment	1	1	15	11	4
Financial and legal	0	0	0	0	1
Involvement of friends and family in clinical care	3	1	0	1	0
Loss of property	0	3	2	1	0

\* Each complaint may be counted in more than one category.

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

A handwritten signature in black ink, appearing to read 'Murray Patton', with a horizontal line above it.

Dr Murray Patton  
Clinical Director  
Specialist Mental Health and Addiction Service  
**Waitematā District Health Board**