

that Moko mental health service does not provide crisis treatment or support. This is provided by the Adult Mental Health teams.

The criteria for entry into Moko are:

- 18 - 65 years-of-age.
- Fixed abode within Waitematā DHB district.
- Māori whakapapa (others as appropriate – e.g. connected by marriage or a long-term / whāngai association with a Māori whānau).
- An Axis I diagnosis, as defined by the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association.
- Non-urgent/non-intensive follow-up required.

The criteria for entry into Te Ātea Marino is:

- Aged 13 years or older.
- Māori whakapapa (others as appropriate – e.g. connected by marriage or a long-term / whāngai association with a Māori whānau).
- Auckland region (from Te Hana to Mercer).
- Substance-use/abuse/misuse issues.

3. How many referrals were made to these services between 1 July 2019 and 30 June 2020? Please provide numbers of referrals for each service where there is more than one service.

Between 1 July 2019 and 30 June 2020, Moko received 112 referrals. Te Ātea Marino received 1,291 referrals, which takes in to account the larger geographical area covered by the service.

4. What psychiatric diagnoses did these people present with?

The table below shows the principal, other or provisional diagnoses recorded in our clinical records system.

Table: Principal, provisional and other diagnosis recorded for tāngata whai i te ora with Moko and Te Ātea Marino from 1 July 2019 to 30 June 2020

Principal, other and provisional diagnosis
Adjustment Disorder with Mixed Anxiety and Depressed Mood
Adult Antisocial Behaviour
Alcohol Abuse
Alcohol Dependence
Alcohol Disorder Abuse
Alcohol Intoxication
Amphetamine Abuse
Amphetamine Dependence
Anxiety Disorder
Anxiety Disorder - Social Phobia
Anxiety Disorder Due to General Medical Condition
Attention Deficit Hyperactivity Disorder - Combined Hyperactive Impulsive
Axis II Borderline Personality Disorder
Bipolar Disorder Not Otherwise Specified
Bipolar I Disorder (Post-Partum Onset - PPO) Single Manic Episode In Full Remission

Bipolar I Disorder (PPO) Most Recent Episode Manic In Partial Remission
Bipolar I Disorder Most Recent Episode Manic or Hypomanic
Bipolar I Recent Episode Depressed Severe with Psychotic Features
Bipolar I Recent Episode Mixed Severe with Psychotic Features
Borderline Personality Disorder
Borderline Personality Traits
Cannabis Abuse
Cannabis Dependence
Depressive Disorder - Bipolar II Disorder
Depression
Drug Induced Psychosis
Hallucinogen Abuse
Inhalant Dependence
Major Depressive Disorder (PPO) Single Episode In Partial Remission
Major Depressive Disorder (PPO) Recurrent Severe No Psychotic Features
Major Depressive Disorder (PPO) Recurrent In Partial Remission
Major Depressive Disorder (PPO) Recurrent Moderate
Major Depressive Disorder (PPO) Single Episode Moderate
Major Depressive Disorder Severe With Psychotic Features
Major Depression
Major Depressive Disorder Recurrent Severe No Psychotic Features
Major Depressive Disorder Recurrent Moderate
Major Depressive Disorder Single Episode Unspecified
Major Depressive Disorder Not Otherwise Specified
Narcissistic Personality Disorder
Nicotine Dependence
Opioid Abuse
Opioid Dependence
Other (or Unknown) Substance Abuse
Other Substance Abuse
Pain Disorder Associated With Psychological Factors and a General Medical Condition
Pathological Gambling
Pervasive Developmental Disorder Not Otherwise Specified
Polysubstance Dependence
Postnatal Depression
Post-Traumatic Stress Disorder
Psychotic Disorder Not Otherwise Specified
Schizoaffective Disorder Bipolar Type/Depressive Type
Schizophrenia Disorganised Type
Schizophrenia Paranoid Type
Schizophrenia Undifferentiated Type
Sedative, Hypnotic, or Anxiolytic Dependence
Solvent Abuse
Substance Abuse
Substance Dependence
Substance Dependence – Other

Substance-Related Disorder Not Otherwise Specified
Synthetic Cannabinoid Use
Unspecified Mental Disorder (Nonpsychotic)

5. How many referrals were accepted by these services in the absence of a psychiatric diagnosis? Please provide numbers of referrals for each service.

Our electronic records system cannot provide a report on how many referrals were accepted in the absence of a psychiatric diagnosis. This information is held within individual clinical 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 would assist us in managing this work and have concluded it would not. Therefore, we have determined to refuse this element of your request under Section 18(f) of the Official Information Act 1982 due to substantial collation or research.

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

6. How many of these referrals were declined?

No referrals were declined by Moko or Te Ātea Marino from 1 July 2019 to 30 June 2020.

7. What were the three most-common reasons for a referral being declined?

As per above, no referrals were declined.

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



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