



Waitematā

District Health Board

Best Care for Everyone

**Specialist Mental Health and
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Dear 

Re: OIA request – Child and adolescent mental health information

Thank you for your Official Information Act request received by Waitematā District Health Board (DHB) on 3 September 2019 enquiring about information with regard to our Child and Adolescent Mental Health Services (CAMHS). We note you indicated you are doing research about young people involved with CAMHS and Oranga Tamariki.

Before responding to your specific questions, it may be useful to provide some context about our services to assist in the interpretation of the information provided. Waitematā DHB serves a population of more than 630,000 across North Shore, Waitakere and Rodney areas. The Specialist Mental Health and Addiction Services is the largest service of this kind in the country, by volume of service-users seen. The speciality comprises Child Youth and Family Mental Health Services incorporating Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services, Takanga a Fohe (Pacific Mental Health and Addictions), Whitiki Maurea (Kāupapa Māori Mental Health and Addictions), the Regional Forensic Psychiatry Service (covering Northland and greater Auckland regions) and Community Alcohol and Drug Services (CADS). All of our addictions services cover the greater Auckland region.

The CAMHS portfolio at Waitematā DHB includes the teams Marinoto North, Marinoto West, Marinoto Rodney, Infant Mental Health (Mātua Tuhonongā) and the Early Psychosis Intervention team (EPI). The age range seen in the Infant and Marinoto services is up to 18 years-of-age. The upper age limit can be flexible dependent on the developmental stage of the young person i.e. if still attending high school and living at home, we may see up to 19-year-olds. The EPI service sees young people from 16-25 years-of-age. In all cases from infant through to age 16 years, the service requires the involvement of family/whānau/caregivers.

We have endeavoured to answer all of your questions below. We have explained where information cannot be provided because it is not collected by Waitematā DHB. We have interpreted all of your questions as relating to 14-17-year-olds.

Can you please answer the following questions for CAMHS regarding each of these three groups:

1. All young people aged 14-17-years-old over the last two years:

Excluding declined referrals, there were 5,196 14-17-year-olds who accessed CAMHS for the two years ending 31 August 2019.

2. All young people aged 14 to 17 years old over the last two years also involved with Oranga Tamariki (if this is possible):

We do not record Oranga Tamariki involvement in a way that can be reported. To answer this question would require substantial collation and research as we would have to review more than 5000 individuals' clinical records.

Due to the sensitivity of the information of these clinical records, we would need to use frontline clinical and/or management staff to complete this review 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 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 due to substantial collation or research.

You have the right to seek an independent review of any of the decisions taken in providing this response by contacting the Office of the Ombudsman via www.ombudsman.parliament.nz.

3. All young people aged 14-17-years-old over the last two years referred by Oranga Tamariki
Excluding declined referrals, there were 58 referrals of 14-17-year-olds to CAMHS by Oranga Tamariki over the two years ending 31 August 2019.

4. How many have been open to CAMHS (including for referral only)?

We have interpreted this question as being about referrals currently opened to CAMHS of 14-17-year-olds. There were 463 open referrals of 14-17-year-olds as at 31 August 2019 in CAMHS.

5. What was the percentage of Health of the Nation Outcome Scale - Child and Adolescent (HoNOSCA) (aka MHSmart) admission scores in each of the severity ranges?

We have interpreted your question as being about average scores for each item rather than a percentage. We have provided this information for all 14-17-year-olds referred to services and for those referred by Oranga Tamariki for the two years ending 31 August in the table below. Referrals that have not been accepted or not been seen face-to-face do not have a HoNOSCA assessment.

Average HoNOSCA admission scores for all young people and young people referred by Oranga Tamariki, for 14-17-year-olds, for the two years ended 31 August 2019:

HoNOS items	Admission scores, all 14-17-year-olds(n = 1996 forms)	Admission scores, 14-17 year olds referred by Oranga Tamariki (n = 23 forms)
Scale 1	1.0	1.8
Scale 2	1.4	1.4
Scale 3	1.2	1.3
Scale 4	0.6	1.7
Scale 5	1.0	2.4
Scale 6	0.4	0.2
Scale 7	0.5	0.5
Scale 8	1.3	1.1
Scale 9	2.4	2.2
Scale 10	1.6	1.7
Scale 11	0.5	0.9

Scale 12	1.7	2.3
Scale 13	1.3	1.3
Scale 14	1.3	1.6
Scale 15	1.0	1.1

6. What was the percentage of HoNOSCA (aka MHSmart) discharge scores in each of the severity ranges?

We have interpreted your question as being about average scores for each item rather than a percentage. We have provided this information for all 14-17-year-olds referred to services and for those referred by Oranga Tamariki for the two years ending 31 August in the table below.

Average HoNOSCA discharge scores for all young people and young people referred by Oranga Tamariki, aged 14 to 17 years, for the two years ended 31 August 2019:

HoNOS items	Discharge scores, all 14-17 year olds (n = 985 forms)	Discharge scores, 14-17 year olds referred by Oranga Tamariki (n = 17 forms)
Scale 1	0.7	1.1
Scale 2	0.9	0.6
Scale 3	0.6	0.6
Scale 4	0.5	0.9
Scale 5	0.8	0.9
Scale 6	0.3	0.2
Scale 7	0.4	0.4
Scale 8	0.8	0.4
Scale 9	1.8	1.6
Scale 10	1.1	1.3
Scale 11	0.4	0.4
Scale 12	1.2	1.9
Scale 13	1.0	1.2
Scale 14	0.6	0.6
Scale 15	0.4	0.4

7. What was the percentage of cases declined at referral stage?

One percent of all referrals to CAMHS of 14-17-year-olds were declined.

Twenty-seven percent of Oranga Tamariki referrals to CAMHS of 14-17-year-olds were declined. This difference is attributable to the young people referred from Oranga Tamariki not meeting the threshold of moderate-to-severe mental illness. Oranga Tamariki referrals are often related to behaviour that becomes challenging in the context of care and protection issues which are not able to be resolved unless the young person is in a stable placement or with appropriate caregivers.

8. What was the average length of involvement with CAMHS?

For all young people aged 14-17 years the average length of involvement with CAMHS over the two years ending 31 August 2019 was 77.4 days. For young people aged 14-17 years referred by Oranga Tamariki, the average length of involvement with CAMHS over the two years ending 31 August 2019 was 56.2 days. It is thought that the shorter involvement with CAMHS for young people who are referred by Oranga Tamariki may be related to the availability of other supports, such as those provided by the Ministry of Education or Taikura Trust.

9. What was the average number of consultation/liaison HCC entries?

We have interpreted this question as being about 14-17-year-olds. There were no consultation/liaison HCC entries specifically for 14-17-year-olds from CAMHS.

I trust that this information meets your requirements. 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



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Waitemata District Health Board