

Specialist Mental Health and Addiction Services

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Dear

Re: OIA request - Perinatal depression post-COVID lockdown

Thank you for your Official Information Act request received 22 July 2020 seeking information about wait times for perinatal depression assessments or programmes at Waitematā District Health Board (DHB).

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā DHB serves a population of more than 630,000 across the North Shore, Waitakere and Rodney areas, the largest and one of the most rapidly growing DHBs in the country. 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 forensic psychiatry, child disability services, child community dental services and community alcohol and drug services.

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

I'm looking into whether wait times for perinatal depression assessments or programmes at the DHB have increased post the coronavirus lockdown. I've spoken to Kristina Paterson from Mother's Helpers, an organisation that works to prevent perinatal depression and anxiety, who says the number of referrals has doubled again since lockdown began. Wait times for an assessment are about a month and women are having to wait three months to take part in an online programme.

1. Is this something the Waitematā DHB is experiencing in maternal mental health?

Waitematā DHB did not experience an increase in referrals to the Maternal Mental Health Service in the period post-lockdown Level 3. See the table below.

Timeframe	eframe Number of referrals	
14 May to 31 July 2019	74	
14 May to 31 July 2020	64	

2. What have wait times been in the last year? Can figures please be provided?

For the last financial year from 1 July 2019 to 30 June 2020, the average wait time to access Maternal Mental Health was 22 days.

Please note, these figures reflect the time of referral from an external source, to the first face-to-face contact with Maternal Mental Health Services and does not reflect the time people wait to receive urgent assessment and treatment.

All referrals are triaged by our Acute Adult Mental Health teams so that urgent assessment can be arranged for acute concerns. Where possible, a maternal mental health clinician will join the team providing acute assessment and treatment to women with acute maternal mental health concerns.

3. Have these increased since lockdown? Can figures please be provided.

Wait times have increased marginally from the same time in the period post-lockdown Level 3, as indicated in the table below:

Timeframe	Wait time (days)	No. of referrals
14 May to 31 July 2019	15.36	50
14 May to 31 July 2020	16.44	48

4. Have the number of referrals from general practitioners (GPs) to Maternal Mental Health increased since lockdown? Can figures please be provided? Can the number of referrals in the last year also be provided?

The Maternal Mental Health Service at Waitematā DHB does not accept direct referrals from GPs. Referrals are processed via a single referral point in Adult Mental Health Services. These are then triaged and passed on, if appropriate, to Maternal Mental Health.

During the timeframe requested, the number of referrals accepted are as per the table in question one. The total referrals accepted for the 13 months from 1 July 2019 to 31 July 2020 were 229.

5. Can the DHB confirm funding for maternal mental health is determined by the board, which is influenced by the CEO?

The DHB Board has final approval of all investment decisions. This is based on advice that incorporates clinical, financial and other considerations, including legislative and DHB obligations to the Crown for service coverage requirements.

6. How does the DHB, therefore, respond to comment maternal mental health is low on the DHB's list of priorities?

There was a significant increase in maternal mental health funding in 2016, ultimately increasing the size of the service by approximately four full-time equivalent staff (FTE). This resulted in the opening of a maternal mental health respite and support service currently run by Walsh Trust, which includes community support packages and a Mother and Baby Unit. The unit is a three-bed facility available to mothers under the care of the Maternal Mental Health teams at Auckland and Waitematā DHBs.

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

Derek Wright

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