

5th October 2021

s9(2)(a)

Dear s9(2)(a)

Official Information Act Request for – Mental Health Waiting Lists

I write in response to your Official Information Act request received by us 13th September 2021, you requested the following information:

1. How many people are on the waitlist for inpatient youth mental health services?
2. How many people are on the waitlist for outpatient youth mental health services?
3. How many people are on the waitlist for inpatient adult mental health services?
4. How many people are on the waitlist for outpatient adult mental health services?
5. How many people have died of suicide, or are believed to have died of suicide, in the last 10 years while on the waitlist for inpatient youth mental health services?
6. How many people have died of suicide, or are believed to have died of suicide, in the last 10 years while on the waitlist for outpatient youth mental health services?
7. How many people have died of suicide, or are believed to have died of suicide, in the last 10 years while on the waitlist for inpatient adult mental health services?
8. How many people have died of suicide, or are believed to have died of suicide, in the last 10 years while on the waitlist for outpatient adult mental health services?

Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 601,490 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

1. **How many people are on the waitlist for inpatient youth mental health services?**
The child and adolescent inpatient unit is a regional service provided through Auckland District Health Board.
2. **How many people are on the waitlist for outpatient youth mental health services?**
CM Health Mental Health Services categorises referrals to child and adolescent mental health services following a standardised risk management scale. Referrals to mental health services are triaged using the UK Mental Health Triage Scale and response times determined by identified level of risks as per the UK Mental Health Triage Scale (see below).

Triage Code/Description	Response Type and Time to Face-to-Face Contact
A Emergency	IMMEDIATE REFERRAL Emergency service response

B Very high risk of imminent harm to self or to others	WITHIN 4 HOURS Very urgent mental health response
C High risk of harm to self or others and/or high distress especially in absence of capable supports	WITHIN 24 HOURS Urgent mental health response
D Moderate risk of harm and/or significant distress	WITHIN 72 HOURS Semi-urgent mental health response
E Low risk of harm in short term or moderate risk with good support/stabilising factors	WITHIN 4 WEEKS Non-urgent mental health response
F Referral not requiring face-to-face response from mental health	Referral or advice to contact alternative provider
G Advice, consultation, information	Advice or information only OR more information needed

We use electronic whiteboards to monitor patient flow and ensure patients are seen according to these time scales.

We monitor our service by measuring the time from referral to first face-to-face visit. This data is below and is reported monthly to the Ministry of Health. As the data has a three-month lag, the data below was reported in August 2021 but represents the rolling 12-month period from June 2020 through May 2021.

Measure	Percent
% of Referrals to Child and Adolescent Mental Health Services seen within 3 Weeks	72.41%
% of Referrals to Child and Adolescent Mental Health Services seen within 8 Weeks	89.64%

Source: PRIMHD (Programme for the Integration of Mental Health Data)

CMDHB Mental Health Services maintains a waitlist for clients following the first assessment appointment and recommended for individual or group psychological intervention. These waitlists are maintained at a team level and not available in the aggregate and additional intermittent contact is made with the service user including a risk assessment.

3. How many people are on the waitlist for inpatient adult mental health services?

The service does not operate a waitlist for inpatient mental health and addiction services. Patients who require an inpatient admission as a result of high level of risk to self or others will be admitted. Waitlists are not operated in these situations. In the event that the CM Health Mental Health inpatient unit, Tiaho Mai, is full, then we consult with regional inpatient units to facilitate an admission.

4. How many people are on the waitlist for outpatient adult mental health services?

As detailed above in question #2, referrals to mental health services are triaged following the UK Mental Health Triage Scale. Time to response is based on the risk assessment combining triage information and any additional information ascertained from the referrer, whaanau/support person or other agencies involved.

In addition, we monitor our service by measuring the time from referral to first face-to-face visit. This data is below and is reported monthly to the Ministry of Health. As the data has a

three-month lag, the data below was reported in August 2021 but represents the rolling 12-month period from June 2020 through May 2021.

Measure	Percent
% of Referrals to Child and Adolescent Mental Health Services seen within 3 Weeks	80.99%
% of Referrals to Child and Adolescent Mental Health Services seen within 8 Weeks	93.09%

Source: PRIMHD (Programme for the Integration of Mental Health Data)

5. How many people have died of suicide, or are believed to have died of suicide, in the last 10 years while on the waitlist for inpatient youth mental health services?
6. How many people have died of suicide, or are believed to have died of suicide, in the last 10 years while on the waitlist for outpatient youth mental health services?
7. How many people have died of suicide, or are believed to have died of suicide, in the last 10 years while on the waitlist for inpatient adult mental health services?
8. How many people have died of suicide, or are believed to have died of suicide, in the last 10 years while on the waitlist for outpatient adult mental health services?

In response to questions 5-8, the numbers of individuals who are believed to have died by suspected suicide while waiting for their first face to face contact is not captured systemically. CMDHB Mental Health Services has a robust adverse event review process in which all suspected suicide deaths are reviewed to identify opportunities for making system improvements that prevent similar incidents occurring in the future. However, data from these reviews is not captured based upon this time frame.

CM Health does receive notifications of a suspected suicide death through coronial notifications, NZ Police notifications, or notification from other providers or family whaanau. When a notification is received, the person's clinical record is closed and an incident is reported in the CM Health incident system. Incident reporting is monitored by leadership and an incident review is conducted on suspected suicide deaths that occur with individuals under our service. We currently do not collate data on suspected suicide deaths that have occurred from when an individual is accepted into services and prior to their first appointment.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely



Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health