

Specialist Mental Health & Addiction Services

Level 3, 44 Taharoto Road Private Bag 93-503, Takapuna

Auckland 0622

Telephone: (09) 487-1500 Freephone: 0800 80 9342 Facsimile: (09) 487-1333

Visit: www.waitematadhb.govt.nz

10 December 2020



Dear

#### Re: OIA request - Mental health services for Māori and non-Māori

Thank you for your Official Information Act request received 19 November 2020 seeking information about mental health services for Māori and non-Māori at Waitematā District Health Board (DHB).

We contacted you on 30 November to clarify that your request covered Adult Mental Health as well as Addictions Services.

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.

Our DHB operates mental health services for the Waitematā district, addictions services for the metro-Auckland region (three DHBs) and forensic services for metro-Auckland and Northland. In addition, our forensic intellectual disability service serves the northern population as far south as Taupō.

You requested the following information.

 How many non-Māori are currently on a waitlist for psychological intervention with a psychologist?

There are 63 non-Māori on a waitlist for psychological intervention with a psychologist as at 4 December 2020.

2. If Māori-specific mental health services exist within the DHB Mental Health and Addiction Services what are the criteria for acceptance into these services?

Waitematā DHB's Whītiki Maurea service includes Moko, an adult mental health clinical service and Te Ātea Marino, a regional addictions clinical service provided throughout Auckland on behalf of the metro Auckland DHBs – Waitematā, Auckland and Counties Manukau. Please note

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:

- o 18 65 years-of-age.
- o 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.
- o Non-urgent/non-intensive follow-up required.

The criteria for entry into Te Ātea Marino is:

- o 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).
- o Auckland region (from Te Hana to Mercer).
- Substance-use/abuse/misuse issues.
- 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 tangata whai i te ora with Moko and Te Atea 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
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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 <a href="https://www.ombudsman.parliament.nz">www.ombudsman.parliament.nz</a> 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

**Dr Murray Patton** 

Clinical Director, Specialist Mental Health & Addictions Services Waitematā District Health Board