

8 November 2024

Michelle

Email: fyi-request-28513-acae21d3@requests.fyi.org.nz;

Tēnā koe Michelle

Your request for official information, reference: HNZ00066671

Thank you for your email on 24 September 2024, to the Office of Hon Matt Doocey. This has been transferred to Health New Zealand | Te Whatu Ora on 30 September 2024 to provide a response under the Official Information Act 1982 (the Act). Specifically, you have asked:

- *Please provide documentation of the review that was carried out regarding families access to carer support as referenced in the link below*
www.rnz.co.nz/news/top/528505/120-wellington-families-lose-access-to-respite-care-support-but-ministers-say-it-s-not-a-cut
- *Once treatment with CAMHS has ceased is a young person no longer eligible for carer support?*
- *Do only families receiving current treatment receive access to respite?*
- *Why are carers of children who have ADHD and co-occurring mental health conditions required to have a community services card to be eligible for carer support yet carers of children with Autism do not have to hold a community services card?*
- *What is the average treatment time of clients receiving treatment from CAMHS?*
 - *For the period August 2023 to August 2024: how many requests from families for support were declined either at the referral stage or at the follow up 'choice appointment', how many requests were accepted*

Response

To provide you with additional contextual information in terms of your request, please note the following about the Carer Relief Fund. The Carer Relief Fund (the CRF) available in the Capital Coast, Hutt Valley and Wairarapa districts is designed to be accessed by low, or no income, families whose children are currently receiving treatment from the Child and Adolescent Mental Health Service (CAMHS), which is part of the Mental Health, Addiction and Intellectual Disability Service (MHAIDS) for the Capital, Coast and Hutt Valley and Wairarapa Districts of Health New Zealand | Te Whatu Ora.

The CRF funds activities for young people that enable their carer to take a break. To ensure the carer benefits from the break, the activity must be at least two hours in duration. Activities commonly funded include school holiday programmes and babysitting.

Please provide documentation of the review that was carried out regarding families access to carer support

The eligibility criteria for the CRF was reviewed by a working group. The working group consisted of:

- the Operations Manager for the Younger Persons Mental Health & Addiction Service
- the Personal Assistant and Administration Advisor to the Operations Manager of the Younger Persons Mental Health & Addiction Service

- two administration coordinators
- a psychologist
- a team leader
- a family advisor.

Please note: the review consisted of a series of meetings and not a written review.

This group of people were chosen for their knowledge of the CRF and application process. Also consulted, but not part of the working group, were a team leader and an operations manager from the Needs Assessment Service Coordination team and the Group Manager, Mental Health and Addiction Service.

The working group concluded that, in order to ensure the fund is targeted to those most in need, a Community Service Card (CSC) holder criteria would be added. This took effect from 3 September 2024.

There has been no cut to the CRF operated by the Capital, Coast and Hutt Valley and Wairarapa Districts. Funding for this programme remains at \$95,000.

Why are carers of children who have ADHD and co-occurring mental health conditions required to have a community services card to be eligible for carer support yet carers of children with Autism do not have to hold a community services card?

Our goal is to ensure that carer relief is directed toward families with the greatest need while maintaining a respectful and supportive application process.

Support for the carers of young people with a primary diagnosis of autism is funded through the Ministry of Disabled People | Whaikaha and other organisations such as Explore. It is not provided by MHAIDS, which is part of Health NZ | Te Whatu Ora.

Once treatment with CAMHS has ceased is a young person no longer eligible for carer support?

If a family is allocated carer relief while their young person is a client of CAMHS, that relief will continue until the allocated funds have been fully used, rather than specifically ended upon discharge from CAMHS. However, once the young person is no longer a CAMHS client and the funding is fully utilised, the family will be ineligible to reapply for carer relief in the future.

What is the average treatment time of clients receiving treatment from CAMHS

People access CAMHS for a variety of reasons and receive treatment that aligns with their diagnosis, therefore treatment times can vary considerably depending on the client's needs.

Table A: Number of CAMHS referrals closed between August 2023 and August 2024.

Team	Mean Episode of Care (Days) All Referrals	Mean Episode of Care (Days) Referrals with three or more Face-to-Face Contacts
CAMHS Kāpiti	318.0	551.1
CAMHS Porirua	144.1	522.0
CAMHS Wellington	234.8	552.7
Health Pasifika CAMHS	264.6	392.0
Māori CAMHS	233.7	523.2
ICAFS Tautawhi	55.0	184.7
ICAFS Kaiarahi	287.4	385.6
CAMHS Wairarapa	100.9	224.4
Total	159.5	412.8

Table notes:

- The data was extracted on 1 October 2024
- The total figure is the Mean Episode of Care (days) for all the CAMHS teams listed in the table
- Although we have reviewed the provisional data presented in our response, it has not undergone full quality assurance, and this data could have unexpected errors that may be picked up through the rigorous data quality checks publication datasets undergo.
- Published data may differ from the provisional data presented here. Published data should be considered the most accurate source and used where possible

For the period August 2023 to August 2024 how many requests from families for support were declined either at the referral stage or at the follow up 'choice appointment' and how many were accepted

We understand that families who refer a young person to our service have genuine concerns.

When we determine that a young person's needs would be better met by an alternative service, we communicate this to the family and provide support for the families to access the alternative service. Therefore, being declined for treatment at CAMHS does not imply a lack of intervention; rather, it reflects our commitment to ensuring that young individuals receive the most appropriate care tailored to their specific needs.

Table B: Number of requests for family support that were declined at the referral stages between August 2023 and August 2024

Team	Closed Family/Whanau Referrals with Zero Face-to-Face Contacts	Closed Family/Whanau Referrals with 1-2 Face-to-Face Contacts (Choice)	Closed Family/Whanau Referrals with 3+ Face-to-Face Contacts (Partnership)	Total Closed Referrals from Family/Whānau
CAMHS Kapiti	3	3	7	13
CAMHS Porirua	14	4	7	25
CAMHS Wgtn	17	3	8	28
Health Pasifika CAMHS	0	0	2	2
Maori CAMHS	5	1	5	11
ICAFS Tautawhi	37	21	8	66
ICAFS Kaiarahi	1	5	17	23
CAMHS Wairarapa	14	17	15	46
Total	91	54	69	214

Table notes:

- The data was extracted on 1 October 2024
- Although we have reviewed the provisional data presented in our response, it has not undergone full quality assurance, and this data could have unexpected errors that may be picked up through the rigorous data quality checks publication datasets undergo.
- Published data may differ from the provisional data presented here. Published data should be considered the most accurate source and used where possible

How to get in touch

If you have any questions, you can contact us at h.nzOIA@tewhatauora.govt.nz.

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Health NZ may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā

A handwritten signature in blue ink, appearing to read 'Paul Oxnam', is positioned above the printed name.

Paul Oxnam

Executive Clinical Director

Mental Health, Addiction and Intellectual Disability Service (MHAIDS)