



4 August 2017

Destiny Wirangi  
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Dear Destiny

### **Response to your request for official information**

Thank you for your request for official information received 13 July 2017 by Nelson Marlborough DHB (NMDHB) where you seek the following information (enumerated for ease of reference).

***Can you please give me the figures of patients (from 1996 to 2016) with the below symptoms/diagnoses below:-***

- 1. Diagnosis of bipolar disorder***
- 2. Seizures***
- 3. Abnormal bleeding***
- 4. Depression***
- 5. Suicidal thoughts / attempts***
- 6. Death by suicide***
- 7. Insomnia***
- 8. Anxiety***

It is noted that DHB Shared Services, which works on behalf of DHBs with in-common OIA requests, asked you on 19 July 2017 to consider narrowing the scope of your request (including the 21 year timeframe) and for clarification. To date we have not received a response.

NMDHB has interpreted the scope of your request as asking for inpatient Mental Health admissions therefore our response does not include people who have had contact with community Mental Health services or any other DHB service (including ED) with any of the symptoms or diagnoses to which your request refers.

Table One on the following page outlines the count of admissions by year, and distinct patients who were admitted by year (some people had more than one admission within the same year) with the following *primary* diagnoses; *Bipolar Disorder, Depression, Anxiety*.

*[1.] Bipolar disorder*; Table One includes any admission for a person with a primary ICD10- AM diagnosis in the range of *F31xx (Bipolar Affective Disorder)*

*[4.] Depression*; Table One includes any admission for a person with a primary ICD10-AM diagnosis in the range of *F32xx (Depressive Episode) to F33xx (Recurrent Depressive Disorder)*

*[8.] Anxiety*; Table One includes any admission for a person with a primary ICD10-AM diagnosis in the range of *F40xx (Phobic Anxiety Disorders) to F41xx (Other anxiety Disorders)*

The 'Distinct Total' at the bottom of Table One shows the total admissions across the 21 year period as well as the total *distinct* people across the same period (i.e. some people have multiple admissions each year, and across years, so this is a distinct total of individual people who had at least one admission in each category at any point in the 21 year period).

**Table One:**

NMH Mental Health Inpatient Admissions and Admitted Patients by Diagnosis 1996-2016								
Year	Anxiety		Bipolar Disorder		Depression		Total	
	Admissions	Patients	Admissions	Patients	Admissions	Patients	Admissions	Patients
1996	7	6	49	36	78	59	134	101
1997	11	6	72	51	84	64	167	121
1998	9	7	70	49	81	60	160	116
1999	5	5	61	44	65	52	131	101
2000	17	10	76	54	113	84	206	148
2001	22	16	60	51	119	87	201	154
2002	16	11	71	53	96	58	183	122
2003	12	7	61	49	72	51	145	107
2004	9	8	62	49	68	50	139	107
2005	16	14	42	33	46	39	104	86
2006	10	7	46	36	44	41	100	84
2007	5	4	69	51	81	69	155	124
2008	3	3	62	50	57	49	122	102
2009	4	4	57	42	71	52	132	98
2010	8	8	62	43	78	59	148	110
2011	11	11	66	50	87	55	164	116
2012	7	7	88	63	50	37	145	107
2013	11	9	67	48	52	41	130	98
2014	7	5	66	43	49	43	122	91
2015	4	4	63	48	40	35	107	87
2016	9	7	79	60	36	34	124	101
<b>Distinct Total</b>	<b>203</b>	<b>127</b>	<b>1349</b>	<b>518</b>	<b>1467</b>	<b>888</b>	<b>3019</b>	<b>1477</b>

[2.] Seizures, [3.] abnormal bleeding, [5.] suicidal thoughts / attempts and [7.] insomnia data sets are not available as these symptoms/issues are generally documented in patient clinical files, and are not captured as diagnoses in our Patient Management System. Up until 2016, clinical files were paper based, and we would have to manually go through the files of every person with an inpatient admission during the past 21 years which would involve significant hours of work; for example there have been 9778 inpatient admissions during this time, for 3811 people. As such, NMDHB declines to respond to these parts of your request under section 18(f) as *'the information requested cannot be made available without significant collation or research'*.

Please note that some available data could be supplied for [5] *suicide attempts* if a reported 'suicide attempt' has been captured in the NMDHB electronic Reportable Events System, which has been in place since 2008, although it would not be a complete and accurate record of all 'suicide attempts', and would cover only part of the specified 21 year timeframe.

[6.] *Death by suicide* data for NMDHB inpatient mental health admissions available for the past 10 years is withheld due to the low number and risk of identifiability of individuals under Section 9(2)(a) to *'protect the privacy of natural persons, including that of deceased natural persons'*. The Coroner determines and reports suicide statistics in New Zealand, by district, and given the specified 21 year timeframe you might consider sourcing information from Coronial Services [coronialservices.justice.govt.nz](http://coronialservices.justice.govt.nz).

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Yours sincerely



Dr Peter Bramley  
Chief Executive