

19 February 2018

Dr Caleb Armstrong

By email to: fyi-request-7014-b007ecbd@requests.fyi.org.nz

Dear Dr Armstrong

Re Official Information Act Request – Increasing Mental Health Demand

I refer to your official information request dated 14 December 2017 for information about increases in mental health crisis care demand.

In your request you noted that, in response to an OIA request in mid-2016 many DHBs provided figures indicating significant increases in mental health crisis care demand (as per the following link: [\(Radionz/news/national/mental-health-workers-struggling-to-cope\)](#) and that you were interested in how those figures would be different if generated today – that is, what the percentage increase over the last five years to 14 December 2017 would be)

Our response to your request and the information we have released to you is enclosed. We have provided the information under each of your questions below.

1. My interest is in how those figures would be different if generated today (that is, what is the percentage increase over the last five years to 14th December 2017?).

We can't directly compare data collected in 2013 with data collected in 2017. This is because there was a service restructure in April 2015 which changed how crisis services were delivered, moving from Community Mental Health Centre sub-teams to a dedicated Urgent Response Service. This service restructure introduced a referral process with multiple stages, which altered the way in which crisis referrals are counted and recorded.

What we can provide are the two different data sets in Tables 1 and table 2 below.

Table 1. Crisis Referrals to Community Mental Health Service 2013-April 2015

"Crisis" Referrals	Total
2013	3113
2014	3444
January-April 2015	1448

Table 2. Crisis Referrals to Community Mental Health Service May 2015-2017

"Crisis" Referrals	Total
May to December 2015	4673
2016	6700
2017	6628

It's important to note that the online Radio NZ report from 7 June 2016 your request links to did not report the context of these service changes and how it affected the data collection and reporting.

2. What additional resources have been allocated to cope with this increase in demand in terms of staffing for the mental health teams responding to this demand? How has funding changed? Have bed numbers (both hospital and community) increased commensurately?

In order to manage demand for crisis/ acute work, there has been some increase in resources as below, and in addition there has been redistribution of resources in some areas.

Four additional roles have been added to the Community Acute Service (CAS: made up of Urgent Response Service, URS, and Planned Acute Care, PAC) over this time period. In April 2016 an extra Clinical Coordinator role was added for the Urgent Response Service. Also in 2016 two additional FTE were added to CAS, and one further FTE was added to CAS in October 2017. There has been one additional FTE nurse specialist in Liaison Psychiatry for the 17/18 financial year. In the 16/17 financial year the Mental Health Services for Older People team were allocated an additional 3 FTE due to population growth.

In 2014 Maternal Mental Health received an additional 3.4 clinical and 0.6 SMO funding for the acute part of the Maternal Mental Health continuum, though this was not for "crisis" work per se.

Auckland District Health Board (as with all DHBs) receives the majority of its funding based on its allocated share of a national funding pool. Both the national funding pool and the DHB funding allocation methodology are revised each financial year based on various factors including changes in population growth and population demographics. The latter is called the Population Based Funding Formula (PBFF). DHBs do not have visibility of the Mental Health funding component of either the national funding pool or their individual PBFF allocations. Auckland DHB is therefore not able to advise on how this component of its funding has changed over the designated period.

Five (5) additional beds have been established over the last 5 years, as detailed below:

- Mother and Baby Unit - (3 beds) for the three Auckland metro DHBs, hosted by Auckland DHB.
- Maternal Infant Respite - (2 beds) added to the existing one bed for Auckland DHB, so there is now an NGO run 6 bed unit shared between Auckland and Waitemata DHBs.

I trust this information answers your questions.

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.

Yours faithfully



Ailsa Claire, OBE
Chief Executive