DHB Office Braemar Campus



Private Bag 18 Nelson, New Zealand

9 March 2021



Response to a request for official information



Thank you for your request for official information received 26 January 2021 by Nelson Marlborough Health (NMH)¹, followed by the necessary extension of time 23 February 2021, where you seek the following information.

1. What mental health services does your DHB provide? Please provide details of inpatient facilities and number of beds per facility, and whether facilities are currently used at capacity. Please provide details of outpatient services and services contracted to community providers.

NMH response - Mental health Inpatient services

TABLE ONE

| Mental Health Inpatient Unit | Number of beds |
|------------------------------|----------------|
| Wahi Oranga | 30 |
| Older Persons | 10 |

TABLE TWO

| Mental Health Inpatient Unit | Bed Occupancy rate |
|------------------------------|--------------------|
| Wahi Oranga | 94% |
| Older Persons | 89% |

^{*}NOTE: Occupancy is based on data for the three year period 2018 – 2020

Mental health Community (outpatient) services contracted to community providers

- Kaupapa Māori mental health services
- Mental Health After Hours Community based telephone, and 24/7 tele-triage cover
- Integrated Residential and Wrap-around Recovery
- Integrated Individual Employment Placement
- Infant, Child, Youth and Adult Community support, including clinical services
- Adult Crisis Respite
- o Alcohol and other drug (AOD) support for community living / addiction self-management
- Family whānau support, education and advisory services (including for children of parents with mental illness and/or addiction)
- Day activity and living skills programmes

¹ Nelson Marlborough District Health Board

- Consumer Advocacy
- Psychology services for management of sexual and reproductive health
- Lived experience / peer support.
 - 2. What addiction services does your DHB provide? Please provide details of inpatient facilities and number of beds per facility and whether facilities are currently used at capacity. Please provide details of outpatient services and services contracted to community providers.

NMH response – Community (outpatient) Addiction services contracted to community providers

- Kaupapa Māori addiction services
- o Alcohol and other drug (AOD) support for community living / addiction self-management
- o Intensive AOD managed withdrawal treatment and support in-residence and at home.
 - 3. How many people do you treat on average every year in your mental health services? Please provide a breakdown by inpatient and outpatient services.

NMH response:

TABLE THREE

| Mental Health Services | Average number of people receiving care, per year* |
|------------------------|--|
| Inpatient | 339 |
| Community (outpatient) | 4,357 |

^{*}NOTE: Average is based on data for the three year period 2018 – 2020

4. How many people do you treat on average every year in your addiction services? Please provide a breakdown by inpatient and outpatient services.

<u>NMH response</u>: The average number of people receiving care with our Community (outpatient) Addiction services, based on data for the three year period from 2018 to 2020, is 1,576 people per year.

5. How many people are currently waiting for mental health treatment after they have been through an initial triage process?

What is the average wait time to access services?

What is the longest time someone can wait?

Please provide breakdown by inpatient/outpatient services.

NMH response – Mental health Community (outpatient) services

As at end of October 2020 there were 370 people waiting to receive Community based mental health care.

In regard to average wait time and maximum wait time to first face-to-face Community appointment, inaccuracies in the data have been identified and reliable information would be in individual patient files.

Average wait time to first face-to-face Community appointment for the period from June 2018 to September 2020 was 25 days (note this figure may be affected by incomplete / inaccurate data).

Maximum wait time is not electronically available in a form that can be used to respond to the request, as such NMH declines to respond to this aspect under section 18(f) 'the information requested cannot be made available without substantial collation and research').

6. How many people are currently waiting for addiction treatment after they have been through an initial triage process?

What is the average wait time to access services?
What is the longest time someone can wait?
Please provide breakdown by inpatient/outpatient services.

NMH response - Community (outpatient) Addiction services

As at end of October 2020 there were 240 people waiting to receive Community based addiction health care.

In regard to average wait time and maximum wait time to first face-to-face Community appointment, inaccuracies in the data have been identified and reliable information would be in individual patient files.

Average wait time to first face-to-face Community appointment for the period from June 2018 to September 2020 was 29 days (note this figure may be affected by incomplete / inaccurate data).

Maximum wait time is not electronically available in a form that can be used to respond to the request, as such NMH declines to respond to this aspect under section 18(f) 'the information requested cannot be made available without substantial collation and research').

7. What is the process while patients wait to access addiction and/or mental health treatment?

<u>NMH response</u>: When a consumer is placed on the waitlist, both the consumer and their General Practitioner (GP) are sent a waitlist letter to let them know they have been waitlisted, an indication of wait time and advice on who to contact if their situation changes / deteriorates. All urgent referrals are seen rapidly, either by our Community Assessment Team (CAT or crisis team) or the duty Addictions clinician. We use a triage system to assess urgency to be seen.

8. How many patients died after they were triaged but before receiving addiction or mental health treatment in the last six years? Are you able to provide the cause of death?

<u>NMH response</u>: In regard to referrals for Community mental health, reliable information is held in individual patient files and, as such, NMH declines to respond to this aspect under section 18(f) *'the information requested cannot be made available without substantial collation and research'*. Statistical data including cause of death is prepared by <u>Coronial Services of NZ</u>

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 or free phone 0800 802 602 If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's 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 feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely

Lexie O'Shea
Chief Executive