



22 February 2021



Dear [REDACTED]

Official Information Act Request

You have asked for information about Northland DHB's mental health services.

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.*

Information on the mental health services provided by Northland DHB is publicly available on www.northlanddhb.org.nz and <https://www.healthpoint.co.nz/public/mental-health-specialty/northland-dhb-mental-health-addictions>.

Northland DHB's inpatient unit, Tumanako, is at Whangarei Hospital and provides 29 Inpatient beds. As at 15 February 2021 26 beds were occupied and this is the average occupancy.

We also have 18 sub-acute beds in 3, six bedded units in Whangarei, Kaikohe and Kaitiāia. As at 15 February 2021 all beds were occupied. Average occupancy is 16 beds.

We have contracts with a number of NGO and Māori Providers across Te Tai Tokerau for Mental health and Addiction services for Adult, Child and Youth, Maternal and Infant, Pregnancy and Parental Services, Older Adult. Contracted services are for:

- Community Support Workers
- Kaiarahi – Cultural Support Workers
- Peer Support
- Flexible packages of care
- Residential respite services

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.*

Please see our response to Question 1 above regarding the services provided by Northland DHB.

Northland DHB provides 8 in patient detoxification beds. As at 15 February 2021 6 beds were occupied. Average occupancy is 5 beds.

We have contracts with a number of NGO and Māori Providers across Te Tai Tokerau for Adult and Child and Youth Addiction Services. Contracted services are for:

- AOD treatment programmes (adult)
- Co-Existing Problems (CEP) community service (adolescent and youth)
- AOD programmes (child, youth and adolescent)
- AOD community support (adult)
- Kaupapa Māori AOD community support (adult)
- Kaupapa Māori AOD community support (child and youth)

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.*

Based on years 2015 to 2020

Mental Health Inpatient	350
Mental Health Sub-acute	305
Mental Health Outpatient	3534

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

Based on years 2015 to 2020

Addiction Detoxification inpatient	110
Addiction out-patient	1491

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.*

Three people are waiting for mental health services post triage.

The average wait time for non-urgent referrals is 18 days. Urgent referrals are seen within 24 hours.

There are no wait times for inpatient beds.

The longest wait for outpatient in the period 2015 to 2020 was 42 days. The average wait is 18 days; the median wait is 14 days.

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.*

As at 15 February 2 people are waiting for Addictions Outpatient treatment following triage.

The average wait time to access Addiction Services is 31 days. This excludes access to Methamphetamine treatment where the pathway is for access within 48 hours.

The longest wait for Outpatient Addictions treatment in the period 2015 to 2020 was 68 days.

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

Referrers are provided with contact details of the mental health line and information on how to escalate to services if symptoms worsen as well as details of how to access crisis services if needed. People referred to service are also provided with information on the mental health line and advised to use the help line and speak with their GP if symptoms worsen.

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 for each person who died?*

Northland DHB does not collect this information in a database outside of patient records. In order to provide the information significant manual investigation and review of patient records is required. I have therefore decided to withhold this information in accordance with section 18(f) of the Official Information Act as providing it would require substantial collation and research. You have a right to complain to the Ombudsman about my decision.

Cause of death is determined by the Coroner and is not held by Northland DHB.

Northland DHB supports the open disclosure of information to assist public understanding of how we deliver our services. This includes proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been provided to you. Personal or identifying information will be redacted from any response published online. If you consider there are good reasons why this response should not be publicly available we will consider your views.

If you have any questions regarding Northland DHB's response to your information request please contact Northland DHB's Communications Manager, in the first instance at communications@northlanddhb.org.nz.

Yours sincerely

A handwritten signature in black ink, appearing to read 'NUE', with a long horizontal flourish extending to the right.

Dr Nick Chamberlain
Chief Executive