

Midland Region Mental Health and Addictions Needs Assessment

May 2011



FOREWORD



I welcome the publication of this Midland Regional Mental Health and Addictions Needs Assessment and thank all of those who have contributed.

Deciding on priorities for use of health resources is one of the most important responsibilities of District Health Boards (DHBs). The NZ Public Health and Disability Act 2000 requires us *“to regularly investigate, assess, and monitor the health status of its resident population, any factors that the DHBs believes may adversely affect the health status of the population, and the needs of that population for services (Clause 23(1)(g)).*

This is usually done through a health needs assessment which is designed to provide a wide range of information about our resident populations to inform our funding decisions, that is, it provides “evidence” for the prioritisation choices that we make.

This mental health and addictions needs assessment for the Midland region describes the needs of the local and regional populations covered by the DHB and the differences between district, regional and national populations. It provides the perspective of the Midland region mental health sector through consultation with the regions various mental health and addictions networks and it provides a Government perspective through examination of the key government priorities for mental health and addictions services.

Prioritisation is one of the most important responsibilities of DHBs. Having a report which provides a mix of hard data, the views of regional stakeholder groups, and an outline of national priorities all in one easily accessible document is a great help in that process. The information will not always give us easy answers, but will provide us with evidence for the prioritisation decisions that we make.

I look forward to seeing this report used to provide the basis for decisions on mental health and addictions services in the Midland region.

A handwritten signature in black ink, appearing to read 'Cathy Cooney', written in a cursive style.

Cathy Cooney
Lakes DHB Chief Executive
Lead Midland CE Mental Health & Addictions

ACKNOWLEDGEMENTS

The Midland Regional Network – Mental Health and Addictions is grateful for the time and expertise provided by many people and groups in the development of this report including:

- Members of the regional team:
 - Eseta Nonu-Reid, Midland Regional Director
 - Belinda Walker, Midland PRIMHD Technical Support and
 - Akatu Marsters, Midland Senior Administrator
- The GM Planning and Funding Lakes DHB: Mary Smith who commissioned the report.
- The Project Team:
 - Joan Mirkin (project consultant/report writer)
 - Eseta Nonu-Reid, Project Sponsor
 - Belinda Walker, Project Support and,
 - Dr Barry Smith, Project Data Analyst
- The Project Steering Group (advice and direction):
 - Dr Rees Tapsell, Clinical Director Waikato DHB and Regional Forensic Services
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 - Karna Luke, Chief Operating Officer Challenge Trust
 - Jenny James, Portfolio Manager Taranaki District Health Board
 - Dr Barry Smith, Population Health Analyst Lakes District Health Board and,
 - Belinda Walker, Midland Consumer and Family representative
- The Midland region advisory networks:
 - Nga Purei Whakataa Ruamano, the Maori advisory network.
 - Generating Action for Families, the family whanau advisory group.
 - He Tipuana Nga Kakano, the consumer advisory group.
 - Portfolio Managers Forum.
 - Clinical Leadership Forum, Midland provider arm Clinical Directors and Managers.
 - Midland Region Addictions, the addictions advisory group.
- Ministry of Health Mental Health and Addictions staff and the National Health Board business unit, who provided advice and data.
- Waikato DHB planning and funding staff for advice on the Population Based Funding (PBF) approach that their DHB used for determining gaps in services.
- Midland region mental health and addiction Portfolio Managers for being available at all time for telephone discussions.

EXECUTIVE SUMMARY

This report provides up to date information on the needs, unmet needs and current mental health and addiction service delivery in the Midland region. Together with a description of the demographic profile of the region and current national policy settings and priorities, the information is designed to provide a basis for prioritising needs and planning services.

Four approaches are used in this report:

1. A population approach which uses prevalence, demographic and utilisation information to identify the mental health and addiction needs and unmet needs of particular population groups (by ethnicity, age, severity and disorder).
2. A service benchmarking approach which compares the level of service provided in the region with national average levels, with PBF levels and with Blueprint targets.
3. A comprehensive summary of the views of Midland region stakeholders as represented by the Midland regional advisory networks.
4. A description of the context within which prioritisation decisions need to be made including the demography of the region, the funding environment and current policy settings and government priorities.

The report focuses on describing need and unmet need and current service delivery. It does not undertake a prioritisation exercise based on this information, nor does it address issues of quality or efficiency. Quality and efficiency are being addressed through the national *Key Performance Indicator Framework for New Zealand Mental Health and Addiction Services* project. This project will collate information on a significant number of key quality and efficiency indicators and will put in place a process for ongoing benchmarking, discussion and service improvement.

It has been possible to assess need and unmet need at a relatively detailed level due to information available from *Te Rau Hinengaro: The New Zealand Mental Health Survey* published in 2006. Until this survey was published, the only prevalence information for policy development and planning purposes was from overseas, augmented by some local information. *Te Rau Hinengaro:*

- Provides important and previously unavailable information about the prevalence of mental disorders and their patterns of onset and impact for adults in New Zealand.
- Explores the relationship between mental disorders and physical disorders.
- Provides information about the patterns of health and non-health services used by people with mental health and addiction problems.
- Examines the relationship between socio-demographic correlates and the probability of people meeting criteria for a mental disorder or accessing care.
- Describes the prevalence and correlates of suicidal behaviour.

Although the information base is much better now than in the past, the findings in this report should be considered in the context of:

- Incomplete utilisation data in the national information system, PRIMHD, as not all NGOs currently provide information into the system (although the percentage of missing data is relatively small).

- Some issues around the prevalence rates in Te Rau Hinengaro, where particular groups of people were not included in the survey including young people under 16 and older people (65+) in rest homes or with dementia.

Note: Midland will be undertaking an Older Persons review between July and December 2011 which will give us a better strategic direction for Older Persons services.

Findings

The demographic profile of the Midland region identifies that the region has:

- A large rural population.
- A higher percentage of Maori compared with the New Zealand average
- A higher percentage of people in the highest quintile of deprivation compared with the New Zealand average.

The population approach (which uses prevalence, demographic and utilisation information to identify the mental health and addiction needs and unmet needs of particular population groups) estimates that there are still significant gaps in services for all population ethnicities and age bands except for adults with substance use disorders¹. The analysis highlighted particularly large service gaps for young people aged 16-24 with severe substance use disorders (and particularly for Maori and Pacific people with severe substance use disorders) and for young people aged 6-15 with any severe disorder.

Whilst the numbers of Pacific people in the Midland region is very small, the percentage service gap for this population is much higher than for other ethnicities. There are also significant service gaps for Maori in the region.

There is a high level of unmet need for primary mental health services for people with mild and moderate disorders.

The service and funding benchmarking approach identifies that the Midland region has a different service mix compared with the national average - with less reliance on inpatient beds and more on services provided by community FTEs. Services where the Midland region appears to be below the national benchmarks include:

- Adult beds, child and youth beds and AOD beds.
- Child and youth day programmes.
- Specialist community FTEs and beds (services for complex and low prevalence disorders such as eating disorders and severe personality disorder).
- Methadone places.

The Midland region is above the national benchmark for AOD community FTEs.

The Midland region spends around the same amount per 100,000 population on mental health and addiction services as the New Zealand average. However, if a population based formula

¹ The analysis also indicates that more older people (65+) are receiving services than would be predicted using Te Rau Hinengaro, but this is unlikely to be the case and is more likely to be due to Te Rau Hinengaro not including people in rest homes or people with dementia in its survey – resulting in an underestimate of 12 month prevalence rates

(which takes into account population characteristics) is used to determine how much should be spent, the Midland region would need to spend \$26.4m more per annum in total on specialist mental health and addiction services.

The view of the Midland region networks confirms many of the findings from the analysis of quantitative data. In addition, stakeholders highlighted the following needs related to:

- providing services in rural communities
- the shortage of services for children of service users (both mental health and addictions)
- better integration of mental health and addiction services
- for further development of a recovery based service delivery

Government's expectations and priorities for mental health and addiction services for the immediate future have been articulated recently in the "*Mental Health and Addiction Action Plan 2010.*" Many of the key priorities align well with the quantitative analysis in this report and with stakeholder views. These include tackling alcohol and drug related harm including additional alcohol and drug treatment programmes for young offenders, better mental health and addiction services that help divert children and young people away from negative pathways and increase their life chances, and considering new ways of delivering well-connected and co-ordinated services involving primary care, DHBs and NGOs.

Because of the incomplete utilisation data currently available it is recommended that:

- The tables in this report that use utilisation data be updated in 12 months time when:
 - All NGOs will be expected to be reporting consistently to PRIMHD except Family Whanau and Residential services with less than three beds
 - utilisation data will be available in categories consistent with the new service specifications.
- DHBs seek access to aggregate local data from HealthStat Mental Health for use in future primary mental health planning processes.

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INTRODUCTION

The experience of mental health or substance use disorder is not uncommon, with 39.6% of people over 16years meeting criteria for a disorder over their lifetime. In any 12 months, 20.7% of people over 16years will experience a mental health or substance use disorder.

The assessment of need for mental health and addiction services is a process that helps inform strategic planning and service planning for communities and for individuals within communities, providing the background information for prioritising services, planning and funding services and workforce development activity. The Midland region completed a regional mental health and addiction needs assessment in May 2005. Since that time more up to date and robust prevalence and utilisation data has become available and new policy directions are being implemented. Given this, the Midland Region Mental Health and Addictions Network agreed to commission this updated mental health and addictions needs assessment.

The primary audience for this report is the mental health and addictions planners and funders of the Midland region. However, the report will also provide an evidence base to help service managers and clinical leaders (provider arm, NGOs and primary care) identify gaps in their own services, to identify services or approaches that may be needed to meet the particular demographic needs in their area, to plan workforce development and to assist in developing funding proposals.

The report will also provide information for consumers, family/whanau and other stakeholders to support their advocacy for re-focusing or re-designing funding and services to meet service gaps.

This needs assessment report comprises of four main sections:

1. **The Current Environment.** This section of the report describes the environment in which the mental health and addiction sector exists and which provides the context within which prioritisation decisions are made. It includes: legislation, government policy, priorities and national and regional directions; funding arrangements; workforce development; and the demographic profile of the region.
2. **Population Need and Unmet Need.** This section discusses mental health and substance use prevalence information and uses this information to identify the needs and unmet needs of different population groups within New Zealand with those disorders. It includes specialist services and primary care services.
3. **The Level and Mix of Specialist Services in the Midland Region.** This section describes the specialist services provided in the region and in each DHB. It also benchmarks the level and mix of services against national average volumes and spending, against Blueprint target volumes and spending and population based (PBF) volumes and spending.
4. **The Views of Midland Region Stakeholders.** This section provides a comprehensive summary of the views of Midland region stakeholders as represented by the Midland region advisory networks.

Each section of the report includes an analysis of the information, but does not suggest priorities. This is the role of planners and funders, in consultation with stakeholders and taking into account national, regional and local priorities.

1.0 THE CURRENT ENVIRONMENT

This section of the report describes the environment in which the mental health and addiction sector exists and provides the context within which prioritisation decisions are made. It includes:

- Legislation, government policy, priorities, national and regional directions.
- Funding arrangements.
- An outline of workforce development.
- A demographic profile of the region.

1.1 Summary

Legislation, government policy, priorities and national and regional directions

- Current policy settings and government priorities provide the context within which prioritisation decisions need to be made.
- Government's expectations and priorities for mental health and addiction services for the immediate future have been articulated by the Minister of Health recently in the "*Mental Health and Addiction Action Plan 2010.*"
- Whanau Ora
- CEP Guidelines
- Drivers of Crime
- Better, Sooner, More Convenient services

Funding Arrangements

- Funding for specialist mental health and addiction services (provider arm and NGOs) is ringfenced.
- Primary mental health initiatives are funded from the primary health care budget and some mental health and addictions ringfence funding.

Workforce

- Mental health and addiction services operate in the context of a growing and more diverse workforce including a developing peer support workforce and the promotion of a recovery model of service delivery.
- Ministry of Health funding for mental health and addiction workforce development is distributed by Health Workforce New Zealand (HWNZ). This may have an impact on the future workforce development infrastructure, and possibly the focus, for mental health and addiction workforce development, although there are no changes planned as part of the HWNZ 2010/11 Annual Plan.

Demographic Profile

The Midland region has:

- A large rural population.
- A higher percentage of Maori compared with the New Zealand average.
- A higher percentage of people in the highest quintile of deprivation compared with the New Zealand average.

1.2 Current Policy Settings and Government Priorities

Whilst the array of legislation, government policy, priorities and national directions is complex, there are a number of key common themes:

- Services that are recovery and wellness focused.
- Increasing promotion and prevention relating to mental health and addictions.
- Addressing gaps in services, in particular for:
 - Maori.
 - Young people with substance use problems including reducing alcohol and drug related harm.
 - Children (including addressing conduct and behavioural problems in childhood).
- Building the capacity and capability of primary care to respond to the needs of people with mental illness and addiction related issues.
- Strengthening linkages between primary care and specialist services and moving some services from specialist to primary care settings where appropriate.
- Better management of co-existing problems (CEP) - all mental health and addiction agencies will become “co-existing problems capable.”
- Earlier access to services.
- Meeting the needs of people in the criminal justice and youth justice system.
- Workforce development – legislation HNZ (NHB)
- Interagency linkages with a particular focus on services for children with conduct disorders.

Government’s expectations and priorities for mental health and addiction services for the immediate future have been articulated recently in the “*Mental Health and Addiction Action Plan 2010*”². Whilst the plan is focussed mainly on actions being lead by the Ministry of Health, it will impact on regional and DHB planning and funding decisions.

The prioritised actions respond to the Government’s immediate and emerging priorities and involve:

1. **Moving health resources to increase access to mental health and addiction services and improve health outcomes through:**

- New ways of delivering well-connected and co-ordinated services involving primary care, district health boards and non-government organisations.
- Increase use of Relapse Prevention Plans and Knowing the People Planning or similar planning tools for people requiring long-term assistance.

2. **Lifting system performance to enhance our communities’ mental health and wellbeing by:**

² <http://www.MOH.govt.nz/MOH.nsf/indexmh/mental-health-and-addiction-action-plan-2010>

- Enhancing eating disorder services.
- Establishing regional advisory services for dementia behavioural support.
- Using national key performance indicators to measure how we are doing and where improvements need to be made, particularly for Māori and other vulnerable populations.
- Ensuring that services meet future needs through a new nationwide Mental Health and Addiction Service Development Plan.
- Collecting better information about publicly funded mental health and addiction services.

3. **Tackling alcohol and other drug related harm by:**

- Improving access to methamphetamine related services.
- Developing a modern legislative framework.
- Providing additional alcohol and drug treatment programmes for young offenders.

4. **Integrating efforts across government for better mental health outcomes through:**

- Mental health and addiction services that help to divert children and young people away from negative pathways and increase their life chances.

The *Mental Health and Addiction Action Plan 2010* offers guidance for the implementation of the broader strategic directions set out in the national mental health strategy³ which is currently articulated in *Te Tahuu – Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan* and in its associated action plan, *Te Kokiri: the Mental Health and Addiction Action Plan 2006-2015*. These two documents describe 10 leading challenges: promotion and prevention; building mental health services, responsiveness; workforce and culture for recovery; Maori mental health; primary health care; addiction; funding mechanisms for recovery; transparency and trust; working together.

A more detailed description of the legislation, government policy, priorities and national directions is included in Appendix 1.

1.3 Funding Arrangements

Funding for specialist mental health and addiction services (provider arm and NGOs) is ringfenced⁴ i.e. it can only be used for people most severely affected by a mental health illness or alcohol or other drug issue. The ringfence for each DHB is calculated annually by taking:

- Prior year baseline funding.
- Plus incremental funding e.g. demographic and inflation funding, new Blueprint funding.
- Plus prior year carried forward unspent mental health and addiction funding.

³ The national mental health strategy is legislated under section 3 of the Mental Health Commission Act 1998.

⁴ Ringfenced mental health funding is sometimes referred to as "Blueprint" funding

DHBs are required (via the Operating Policy Framework⁵) to “be able to demonstrate fair pricing over time to provider arm and NGO providers of mental health and addiction services that is affordable to the DHB.”

The Service Coverage Schedule (which is part of the DHB Funding Agreement with the Crown) describes the level of service coverage for which the DHBs (and Ministry of Health as funders) are held accountable. Service coverage information includes the range of services, terms of access to those services, user charges, standards for safety and quality and any particular process requirements. DHBs are responsible for determining the specific quantity and type of services that are used to meet the service coverage.

The service agreements that DHBs have with their providers contain service specifications which describe the services to be funded. Nationwide service specifications for mental health and addiction services, as well as the Service Coverage Schedule can be found on the Nationwide Service Framework (NSF) library website www.nsfl.health.govt.nz.

1.4 Workforce Development

Mental health and addiction services operate in the context of a growing and more diverse workforce, including growth of a peer support workforce and the promotion of a recovery model of service delivery. Whilst mental health and addiction workforce development has gained significant momentum in recent years, it is still identified as an area where action is needed because of significant skill shortage both nationally and internationally. There is a particular challenge for the AOD treatment sector which is faced with the challenge of increasing client demand, especially through the criminal justice system, with a workforce requiring investment in further education to become AOD qualified.

Workforce development needs to accommodate the aging population are identified in the recently released Te Pou Mental Health survey⁶.

Workforce development is funded by DHB and regions, as well as by the Ministry of Health through the five national programmes:

1. **Te Pou** is New Zealand's National Centre of Mental Health Research, Information and Workforce Development.
2. **Te Rau Matatini Ltd** supports Māori workforce development to enhance whānau ora, mental health and wellbeing. We provide national and local workforce policy, research, training, career advancement, bursary programmes, scholarships and regularly updated information and resources for people accessing or working in health both now and in the future.
3. Werry Centre for Child and Adolescent Mental Health (Auckland In-Services Ltd) is contracted by the Ministry of Health to undertake workforce development within the child and adolescent mental health sector
4. **Matua Raki** is the National Addiction Workforce Development Centre within Te Rau Matatini Ltd, funded by the Ministry of Health.

⁵ The Operational Policy Framework (OPF) is a set of business rules, policy and guideline principles that outline the operating functions of District Health Boards (DHBs).

⁶ Te Pou Survey can be accessed at www.tepou.co.nz

5. **Le Va** is the national Pacific health workforce development programme within Te Pou. Our vision is clear - vibrant Pacific leadership and well Pacific families.

Details of the current work programmes for each workforce centre can be found at:

- <https://www.matatini.co.nz>
- <http://www.matuaraki.org.nz>
- <http://www.tepou.co.nz>
- <http://www.werrycentre.org.nz>
- <http://www.leva.co.nz>

In 2009 funding for mental health and addictions workforce development was consolidated with HWNZ who will lead and coordinate the planning and development of the country's workforce.

1.5 Midland Region Demographic Profile

Demographic characteristics have a significant influence on population health status. Information from *Te Rau Hinengaro*, the New Zealand Mental Health Survey (2006) shows the strong relationship between socio-demographic factors (such as age, ethnicity, gender, deprivation and educational status) and mental and addiction related issues. The key demographic characteristics of the Midland region are:

- 24.8% of the region's population are Maori, 2.0% Pacific and 4.4% Asian. The percentage of Maori varies across the region, ranging from 47.6% in Tairāwhiti, to 16.8% in Taranaki.
- 21.8% of the region's population is under 15years, 13.8% between 15 and 24years, 50% are 25-64years and 14.5% are over 65years. Over time the percentage of younger people is decreasing and the percentage of older people increasing.
- 25% of the region's population is in the highest quintile of deprivation (i.e. the most deprived quintile) and 14% is in the lowest quintile (i.e. the least deprived quintile).
- Nearly half of Maori and Pacific people reside in the most deprived quintile and 5% in the least deprived quintile.
- Tairāwhiti DHB has the highest deprivation scores with 45% of the population residing in the most deprived quintile and 9% in the least deprived quintile.
- A significant proportion of the region's population reside in rural or isolated areas (19.2% compared to 12.2% nationally).

A full description of the Midland region demographic profile is included in Appendix 2.

2.0 POPULATION NEED AND UNMET NEED

This section of the report discusses prevalence of mental health and substance use disorder and uses this information to identify the needs and unmet needs of different population groups within New Zealand with those disorders.

2.1 Summary

PREVALENCE

All mental health and substance use disorders (from *Te Rau Hinengaro*)

- 12 month prevalence is 4.7% for a serious disorder, 9.4% for a moderate disorder and 6.6% for a mild disorder.
- Prevalence is highest for Maori (8.7% have a serious disorder) and Pacific people (6% have a serious disorder) and for younger people, people with less education, people with less income and people who live in more deprived areas.

Substance use disorders (from *Te Rau Hinengaro*)

- 3.5% of the population experienced a substance use disorder within the past 12 months.
- Substance use disorders usually start at a young age (75% before age 24).
- Maori have the highest prevalence followed by Pacific people.
- Prevalence is highest for younger people, males, people with less education, people with less income and people who live in deprived areas.

Young People (from various surveys and literature – NZ and international)

- Around 20% of children and youth are estimated to have a mental disorder or problem.
- The estimated 12 month rate of disorder with significant clinical impairment for children and youth is around 12 - 15%.
- About half of mental disorders begin before the age of 14 years.

Youth Offending (from various surveys and literature – NZ and international)

- 12 month prevalence rate of mental health and/or AOD disorders in youth who have offended is between 40% and 60%.
- At least 20% of youth who have offended have disorders so severe that their ability to function is significantly impaired.

Methamphetamine use (from various surveys and literature)

- 12 month prevalence for the NZ population aged 15-45 years was 1.4% in 2009 down from a peak of 5% in 2001.
- 0.4% report using at least monthly during the year which equates to 13,000 people monthly.
- Experts consider that NZ's methamphetamine market is now "mature", one in which new, occasional and experimental users are put off the drug due to growing awareness of its damaging effects, leaving a residual population of heavy and dependent users.

NEED AND UNMET NEED

Percentage Gaps

Based on 12 month prevalence rates in *Te Rau Hinengaro* and current service utilisation, the largest percentage gaps in the Midland region are estimated to be services for:

- People of all ethnicities aged 16-24 with severe substance use disorder (gap of 69% or 2,005 people).
- People of all ethnicities aged 6-15 with any severe disorder (gap of 60% or 5,126 people).
- Maori aged 16-24 with severe substance use disorder (gap of 82% or 1,716 people).
- Maori aged 45-64 with any severe disorder (gap of 60% or 1609 people).
- Pacific People aged 6-15 with any severe disorder (gap of 85% or 222 people).
- Pacific people aged 16-24 with severe substance use disorder (gap of 92% or 97 people).
- Pacific people aged 16-24 with any severe disorder (gap of 76% or 173 people).
- Pacific people aged 45-64 with any severe disorder (gap of 63% or 73 people).

Crude Gaps

Based on 12 month prevalence rates in *Te Rau Hinengaro* and current service utilisation, the largest crude gaps in the Midland region are estimated to be services for:

- People of all ethnicities aged 16-24years with severe substance use disorders (gap of 2,005 or 69%).
- Maori aged 16-24years with severe substance use disorder (gap of 1,716 people or 82%).
- People of all ethnicities aged 6-15years with any severe disorder (gap of 5,124 or 60%).
- People of all ethnicities aged 16-24years with any severe disorder (gap of 3,693 or 50%).
- People of all ethnicities aged 25-44years with any severe disorder (gap of 3,919 or 33%).
- People of all ethnicities aged 45-64years with any severe disorder (gap of 3,524 or 44%).
- Maori aged 25-44years with any severe disorder (gap of 1,609 people or 60%).
(Note that the crude numbers for people aged 6-15 and 16-24years only cover a 9 or 10 year age span, whereas the other age brackets cover 20 years, so the numbers are not directly comparable).
- Both the percentage and crude numbers highlight gaps for young people aged 16-24 with severe substance use disorders and for young people aged 6-15years with any severe disorder.
- The percentage gaps for Pacific People are much higher in general than other ethnicities, indicating an equity issue.
- The Midland region generally caters for people over 65years significantly better than the NZ average. Further work is needed in identifying need and unmet need due to the gaps in *Te Rau Hinengaro*. It also caters for people 25-44years better than the NZ average. However, it has bigger gaps than the NZ average for young people generally, for young people with substance use disorders and for Maori and Pacific people with substance use disorders.
- The information available relating to primary mental health services for people with mild and moderate disorders indicates a high level of unmet need. The information also indicates that significant improvements in access have been made over the past few

2.2 Prevalence Information

Until 2006, the only prevalence information available for policy development and planning purposes in New Zealand was from overseas, augmented by some local information. In 2006, *Te Rau Hinengaro: The New Zealand Mental Health Survey*⁷ was published.

- Provides important and not previously available information about the prevalence of mental disorders and their patterns of onset and impact for adults in New Zealand.
- Explores the relationship between mental disorders and physical disorders.
- Provides information about the patterns of health and non-health service use by people with mental health problems.
- Examines the relationship between socio-demographic correlates and the probability of people meeting criteria for a mental disorder or accessing care.
- Describes the prevalence and correlates of suicidal behaviour.

The key findings of *Te Rau Hinengaro* are outlined in Appendix 3. Also included in Appendix 3 is prevalence information from other sources relating to offending, to young people and to methamphetamine use.

Prevalence rates from *Te Rau Hinengaro* used in this section of the report to determine need and unmet need are listed in tables 1-6 below. The prevalence rates used are divided into:

- Severe disorders – these rates are used as the basis for assessing need for specialist services (provided by both the DHB provider arm and NGOs and including inpatient and community services).
- Mild and moderate disorders – these rates are used as the basis for assessing need for primary care services.

The prevalence rates from *Te Rau Hinengaro* used in this section of the report are also divided into two main categories:

- People with any disorder – this includes the full range of disorders – mental health and substance use disorders.
- People with substance use disorders.

Note 1: The 12 month prevalence of disorder for school age children in prevalence studies overseas and in NZ (20-30%) is similar to the 12 month prevalence of disorders in *Te Rau Hinengaro* for the 16-24 age group (28.4%). This report assumes that the spread across ethnicities and severities is also similar and therefore uses the same prevalence figures for the 6-15 age group as for 16-24 year olds. It has not been possible to make an assessment of the prevalence for children 0-5 years nor for children with substance use disorder.

⁷ MA Oakley Browne, JE Wells, KM Scott (eds). 2006. *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health

Table 1: Prevalence Rates for People with any Severe Disorder (specialist services)

| Age band | Maori % | Pacific % | Other % | Total % |
|--------------------|---|--|--|--|
| 6-15 | None in Te Rau Hinengaro but estimated to be 8.6 (see note 1) | None in Te Rau Hinengaro but estimated to be 8.2(see note 1) | None in Te Rau Hinengaro but estimated to be 6.8(see note 1) | None in Te Rau Hinengaro but estimated to be 7.2(see note 1) |
| 16-24 | 8.6 | 8.2 | 6.8 | 7.2 |
| 25-44 | 10.2 | 6.3 | 5 | 5.8 |
| 45-64 | 7.4 | 4.2 | 3.4 | 3.8 |
| 65 + | 1.8 | 2.3 | 1 | 1.1 |
| All over 15 | 8.7 | 6 | 4.1 | 4.7 |

Source: Te Rau Hinengaro except for age 6-15

Table 2: Prevalence Rates for People with any Mild or Moderate Disorder

| Age band | Maori % | Pacific % | Other % | Total % |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0-15 | None in Te Rau Hinengaro | None in Te Rau Hinengaro | None in Te Rau Hinengaro | None in Te Rau Hinengaro |
| 16-24 | 24.6 | 20.2 | 20.7 | 21.4 |
| 25-44 | 22.7 | 20.5 | 18.7 | 19.3 |
| 45-64 | 16.3 | 1.3 | 13.4 | 13.6 |
| 65 + | 6.1 | 13.8 | 5.1 | 6 |
| All over 15 Mild | 8.2 | 7.5 | 15.2 | 6.6 |
| All over 15 Moderate | 12.6 | 10.9 | | 9.4 |

Source: Te Rau Hinengaro

Table 3: Prevalence Rates for People with any Disorder (mild, moderate or severe)

| Age band | Maori % | Pacific % | Other % | Total % |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0-15 | None in Te Rau Hinengaro | None in Te Rau Hinengaro | None in Te Rau Hinengaro | None in Te Rau Hinengaro |
| 16-24 | 33.2 | 28.4 | 27.5 | 28.6 |
| 25-44 | 32.9 | 26.8 | 23.7 | 25.1 |
| 45-64 | 23.7 | 17.1 | 16.8 | 17.4 |
| 65+ | 7.9 | 16.1 | 6.9 | 7.1 |
| All over 15 | 29.5 | 24.2 | 19.3 | 20.7 |

Source: Te Rau Hinengaro

Prevalence rates from Te Rau Hinengaro for people with substance use disorders are listed below.

Table 4: Prevalence Rates for People with a Severe Substance Use Disorder

| Age band | Maori % | Pacific % | Other % | Total % |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0-15 | None in Te Rau Hinengaro | None in Te Rau Hinengaro | None in Te Rau Hinengaro | None in Te Rau Hinengaro |
| 16-24 | 6.1 | 3.8 | 2 | 2.8 |
| 25-44 | 2.8 | 1.2 | 0.9 | 1.2 |
| 45-64 | 0.9 | 0.9 | 0.3 | 0.4 |
| 65 + | 0.1 | 0.1 | 0 | 0 |
| All over 15 | 2.9 | 2.1 | 0.7 | 1 |

Source: Te Rau Hinengaro

Table 5: Prevalence Rates for People with a Mild or Moderate Substance Use Disorder

| Age band | Maori % | Pacific % | Other % | Total % |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0-15 | None in Te Rau Hinengaro | None in Te Rau Hinengaro | None in Te Rau Hinengaro | None in Te Rau Hinengaro |
| 16-24 | 12.1 | 5 | 5.6 | 6.8 |
| 25-44 | 5.7 | 3.4 | 2.6 | 3.0 |
| 45-64 | 1.7 | 1.3 | 0.7 | 0.8 |
| 65 + | 0.3 | 0.1 | 0 | 0 |
| All over 15 Mild | 2.2 | 1.1 | 1 | 1.2 |
| All over 15 Moderate | 3.5 | 1.7 | 1 | 1.3 |

Source: Te Rau Hinengaro

Table 6: Prevalence Rates for People with any Substance Use Disorder (mild, moderate or severe)

| Age band | Maori % | Pacific % | Other % | Total % |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0-15 | None in Te Rau Hinengaro | None in Te Rau Hinengaro | None in Te Rau Hinengaro | None in Te Rau Hinengaro |
| 16-24 | 18.2 | 8.8 | 7.6 | 9.6 |
| 25-44 | 8.5 | 4.6 | 3.5 | 4.2 |
| 45-64 | 2.6 | 2.2 | 1 | 1.2 |
| 65+ | 0.4 | 0.2 | 0 | <0.1 |
| All over 15 | 8.6 | 4.9 | 2.7 | 3.5 |

Source: Te Rau Hinengaro

This data will be used to provide benchmark comparisons / targets for the next regional Mental Health and Addictions Needs Assessment.

2.3 Assessing Population Need and Unmet Need for People with Severe Disorders

Two methodologies have been used to identify need and unmet need:

- Using 12 month prevalence rates in *Te Rau Hinengaro* and current 12 month service utilisation data.
- Using the percentage access rates from the POP 06 performance measure⁸.

2.4 Using 12 Month Prevalence Rates in Te Rau Hinengaro and Current 12 Month Service Utilisation Data.

It is possible to estimate population need and unmet need by combining prevalence information from *Te Rau Hinengaro* with utilisation data from the national mental health and addiction information system PRIMHD.

The methodology used to determine need and unmet need is a three step process:

1. Using the 12 months prevalence rate for severe disorders and the number of people in the region or DHB to calculate how many people could be expected to have a severe mental health and/or substance use disorder (the need).
2. Comparing the expected number of people with a severe disorder with the number of unique individuals receiving services over a 12 months period to identify whether or not there is a gap and the size of any gap.
3. Analysis of the percentage gaps and the crude gaps.

This methodology has been used for the total population, as well as for specific age bands and ethnicities. Results are provided for NZ, the Midland region and each DHB within the Midland region.

2.4.1 Caveats Around The Use of Te Rau Hinengaro and PRIMHD Information for Determining Need and Unmet Need

- *Te Rau Hinengaro* was a *national* population survey, and whilst the information is likely to be robust at a regional level, use of it at a DHB specific level should be viewed as a “model” of likely prevalence, rather than an actual level of prevalence in the DHB.
- Because *Te Rau Hinengaro* does not include prevalence rates for young people under 16, the 12 month prevalence rate use for young people 6-15 is only an estimate as discussed earlier in this chapter (as Note 1 to table 1) . The results for this age band should therefore be used carefully as the prevalence rates from other surveys are probably not directly comparable with those in *Te Rau Hinengaro* (other surveys will have used different ways of measuring disorders and severity).
- The prevalence rates in *Te Rau Hinengaro* for people aged 65+ are relatively low (1.1% for people with severe disorders). However, *Te Rau Hinengaro* excluded people in rest homes and people with dementia, so the real prevalence rate is likely to be significantly higher. It has not been possible during this project to assess what the prevalence would be if people in rest homes and people with severe psychological and behavioural

⁸ Pop 06: Improving the health status of people with severe mental illness is one of the DHB service performance measures in the Crown Funding Agreement. The measure targets improved access.

symptoms of dementia were included. The results from using the prevalence rates in *Te Rau Hinengaro* for this age group should therefore be used with caution as it undoubtedly understates the real prevalence.

- It was not possible to get separate age group and ethnicity information about people with mild disorders and people with moderate disorders. So the analysis has put people with mild and moderate disorders together.
- The World Health Organisation (WHO) coordinates the implementation and analysis of general population epidemiologic surveys of mental health disorders, substance use disorders and behavioural disorders in all WHO countries. All the participating countries' surveys, including *Te Rau Hinengaro* use similar survey methodology, the same diagnostic interview and the same quality control measures.
- There is however, still some academic debate about the validity of the methodology used in the *Te Rau Hinengaro* survey including debate around the use of lay interviewers, the validity of the survey instruments and self report of service use⁹.
- An assumption has been made that all people being seen in specialist services (as reported to PRIMHD as unique individuals) have a severe disorder. We know, and it is also highlighted in *Te Rau Hinengaro*, that this is not the case, and that sometimes people with moderate, mild or even no disorders are seen.

An assumption has also been made that all people who have a severe disorder in the past 12 months *need* to see a specialist service (DHB or NGO) during that time. This is not necessarily the case.

- **PRIMHD:** Not all unique individuals using specialist services in a 12 month period are yet captured by PRIMHD. This applies in particular to some NGO data, especially where access to NGO services is not via a provider arm service. Figures obtained from the Ministry of Health indicate that an average of around 3% of unique clients in NZ each year are seen solely in the NGO sector (i.e. with no provider arm involvement) and that, for the Midland region, around half of those would not have been reporting to PRIMHD for the 12 months that data was collected for this report. The impact therefore is relatively small for most DHBs in the region except for Waikato. Appendix 4 table 37 includes an additional line which estimates the impact of this “undercounting.”

Within the next year, all client data is expected to be provided to PRIMHD, so future reports should have more complete information on which to base decisions.

2.4.2 The Findings:

Tables 7-10 below show the number of people with severe disorders receiving specialist services in a 12 month period compared with the number that could be expected to receive services in that time (using *Te Rau Hinengaro* 12 month prevalence rates). The difference between these two figures is the unmet need expressed as both a crude number, and as a percentage. The higher the number or percentage the higher the unmet need. Any negative number or percentage indicates that more people are receiving services than would be expected.

There are separate tables for all ethnicities combined and for each ethnicity. Separate tables for each DHB are included in Appendix 5.

⁹ Anthony F. Jorm in the Australian and New Zealand Journal of Psychiatry 2006: 40:830-834

Table 7: 12 month Unmet Need for People of all Ethnicities with Severe Disorders

All ethnicities

| | New Zealand | | | | Midland Region | | | |
|--|--|---|---------------|-----------------|--|---|--------------------|----------------------|
| | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | NZ unmet need | NZ % unmet need | Expected numbers in 12 months needing services based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Midland unmet need | Midland % unmet need |
| All disorders | | | | | | | | |
| 6-15 estimate | 41,349 | 17,264 | 24,085 | 58% | 8,499 | 3,373 | 5,124 | 60% |
| 16-24 | 41,363 | 21,842 | 19,521 | 47% | 7,371 | 3,678 | 3,693 | 50% |
| 25-44 | 68,244 | 41,143 | 27,101 | 40% | 11,870 | 7,951 | 3,919 | 33% |
| 45-64 | 41,663 | 23,169 | 18,494 | 44% | 8,076 | 4,552 | 3,524 | 44% |
| 65 + ¹⁰ | 6,257 | 11,489 | -5,232 | -84% | 1,332 | 3,069 | -1,737 | -130% |
| Total population over 15 (see note 1) | 160,565 | 97,643 | 62,922 | 39% | 30,110 | 19,250 | 10,860 | 36% |
| Substance Use Disorders | | | | | | | | |
| 6-15 ¹¹ | - | 467 | - | - | - | 26 | - | - |
| 16-24 | 16,086 | 5,891 | 10,195 | 63% | 2,899 | 894 | 2,005 | 69% |
| 25-44 | 14,119 | 14,330 | -211 | -1% | 2,536 | 2,344 | 192 | 8% |
| 45-64 | 4,386 | 6,275 | -1,889 | -43% | 752 | 919 | -167 | -22% |
| 65 + | 1 | 439 | -436 | | 1 | 75 | -72 | |
| Total population over 15 (see note 1) | 34,163 | 26,935 | 7,228 | 21% | 6,406 | 4,232 | 2,174 | 34% |

Sources: The expected number is derived by multiplying the number of people in that age bracket, by the 12 month prevalence rate. Population figures were from Stats NZ (via the Ministry of Health) and prevalence rates were from Te Rau Hinengaro

The actual number of unique clients receiving services in a 12 month period by age and ethnicity were from PRIMHD and provided by the Ministry of Health broken down in the same categories as Te Rau Hinengaro (See Appendix 12)

¹⁰ Older people does not include rest home or dementia data

¹¹ As noted earlier, it has not been possible to assess a prevalence rate for substance use disorder for this age group

Note 1: the figures for the total population over 15 were not derived by adding the figures for each separate age group, but by a separate calculation based on the prevalence rate for the total population over 15. This is why the total is close to, but not the sum of, the individual age groups.

Table 8: 12 month Unmet Need for Maori with Severe Disorders

Maori

| | New Zealand | | | | Midland Region | | | |
|--|--|---|---------------|---------------------|--|---|--------------------|----------------------|
| | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | NZ unmet need | NZ % unmet need gap | Expected numbers in 12 months needing services based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Midland unmet need | Midland % unmet need |
| All disorders | | | | | | | | |
| 6-15 estimate | 12,454 | 4,301 | 8,153 | 65% | 3,877 | 1,192 | 2,685 | 69% |
| 16-24 | 9,646 | 5,923 | 3,723 | 39% | 2,960 | 1,477 | 1,483 | 50% |
| 25-44 | 17,033 | 10,261 | 6,772 | 40% | 5,126 | 2,795 | 2,331 | 45% |
| 45-64 | 8,355 | 3,639 | 4,716 | 56% | 2,689 | 1,080 | 1,609 | 60% |
| 65 + | 554 | 531 | 23 | 4% | 193 | 235 | -42 | -22% |
| Total population over 15 (see note 1) | 36,788 | 20,354 | 16,434 | 45% | 11,462 | 5,587 | 5,875 | 51% |
| Substance Use Disorders | | | | | | | | |
| 6-15 | - | 259 | - | - | - | 16 | - | - |
| 16-24 | 6,842 | 2,020 | 4,822 | 70% | 2,100 | 384 | 1,716 | 82% |
| 25-44 | 4,676 | 4,064 | 612 | 13% | 1,407 | 839 | 568 | 40 |
| 45-64 | 1,016 | 1,134 | -118 | -12% | 327 | 213 | 114 | 35 |
| 65 + | 31 | 26 | 5 | | 11 | 9 | 2 | |
| Total population over 15 (see note 1) | 12,263 | 7,244 | 5,019 | 41% | 3,821 | 1,445 | 2,376 | 62% |

Sources: The expected number is derived by multiplying the number of people in that age bracket, by the 12 month prevalence rate. Population figures were from Stats NZ (via the Ministry of Health) and prevalence rates were from Te Rau Hinengaro

The actual number of unique clients receiving services in a 12 month period by age and ethnicity were from PRIMHD and provided by the Ministry of Health broken down in the same categories as Te Rau Hinengaro (See Appendix 12)

See Note 1 Table 1.

Table 9: 12 month Unmet Need for Pacific people with Severe Disorders

Pacific People

| | New Zealand | | | | Midland Region | | | |
|--|--|---|---------------|-----------------|--|---|--------------------|----------------------|
| | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | NZ unmet need | NZ % unmet need | Expected numbers in 12 months needing services based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Midland unmet need | Midland % unmet need |
| All disorders | | | | | | | | |
| 6-15 estimate | 4,652 | 1,035 | 3,617 | 78% | 261 | 39 | 222 | 85% |
| 16-24 | 3,853 | 1,643 | 2,210 | 57% | 229 | 56 | 173 | 76% |
| 25-44 | 4,899 | 2,672 | 2,228 | 46% | 290 | 129 | 161 | 57% |
| 45-64 | 1,954 | 848 | 1,106 | 57% | 117 | 44 | 73 | 63% |
| 65 + | 310 | 233 | 77 | 25% | 20 | 19 | 1 | 5% |
| Total population over 15 (see note 1) | 11,085 | 5,395 | 5,690 | 51% | 663 | 247 | 416 | 63% |
| Substance Use Disorders | | | | | | | | |
| 6-15 estimate | - | 20 | - | - | - | 0 | - | - |
| 16-24 | 1,785 | 451 | 1,334 | 75% | 106 | 9 | 97 | 92% |
| 25-44 | 933 | 753 | 180 | 19% | 55 | 32 | 23 | 44% |
| 45-64 | 419 | 170 | 249 | 59% | 25 | 11 | 14 | 56% |
| 65 + | 13 | 6 | 7 | | 1 | 0 | 1 | |
| Total population over 15 (see note 1) | 3,880 | 1,380 | 2,500 | 64% | 344 | 52 | 292 | 85% |

Sources: The expected number is derived by multiplying the number of people in that age bracket, by the 12 month prevalence rate. Population figures were from Stats NZ (via the Ministry of Health) and prevalence rates were from Te Rau Hinengaro

The actual number of unique clients receiving services in a 12 month period by age and ethnicity were from PRIMHD and provided by the Ministry of Health broken down in the same categories as Te Rau Hinengaro (See Appendix 12)

See Note 1 Table 1.

Table 10: 12 month Unmet Need for Non-Maori, Non Pacific People (other) with Severe Disorders

Other

| | New Zealand | | | | Midland Region | | | |
|--|--|---|---------------|-----------------|--|---|--------------------|----------------------|
| | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | NZ unmet need | NZ % unmet need | Expected numbers in 12 months needing services based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Midland unmet need | Midland % unmet need |
| All disorders | | | | | | | | |
| 6-15 estimate | 25,347 | 11,928 | 13,419 | 53% | 4,664 | 2,142 | 2,522 | 54% |
| 16-24 | 28,243 | 14,276 | 13,967 | 49% | 4,433 | 2,145 | 2,288 | 52% |
| 25-44 | 46,594 | 28,210 | 18,384 | 39% | 7,490 | 5,027 | 2,463 | 33% |
| 45-64 | 31,857 | 18,684 | 13,173 | 41% | 5,895 | 3,438 | 2,465 | 42% |
| 65 + | 5,245 | 10,725 | -5,480 | -104% | 1,095 | 2,815 | -1,720 | -157% |
| Total population over 15 (see note 1) | 115,155 | 71,895 | 43,260 | 38% | 20,412 | 13,417 | 6,995 | 34% |
| Substance Use Disorders | | | | | | | | |
| 6-15 estimate | - | 188 | - | - | - | 10 | - | - |
| 16-24 | 8,307 | 3,420 | 4,887 | 59% | 1,304 | 501 | 803 | 62% |
| 25-44 | 8,387 | 9,513 | -1,126 | -13% | 1,348 | 1473 | -125 | -9% |
| 45-64 | 2,811 | 4,971 | -2,160 | -77% | 520 | 695 | -175 | -34% |
| 65 + | 1 | 407 | -406 | | 1 | 66 | -65 | |
| Total population over 15 (see note 1) | 19,661 | 18,311 | 1,350 | 7% | 3,482 | 2,735 | 747 | 21% |

Sources: The expected number is derived by multiplying the number of people in that age bracket, by the 12 month prevalence rate. Population figures were from Stats NZ (via the Ministry of Health) and prevalence rates were from Te Rau Hinengaro

The actual number of unique clients receiving services in a 12 month period by age and ethnicity were from PRIMHD and provided by the Ministry of Health broken down in the same categories as Te Rau Hinengaro (See Appendix 12)

See Note 1 Table 1.

Appendix 5 provides similar information about need and unmet need for each DHB in the region.

2.4.3 Analysis Of The Findings

The tables above express the gaps both as crude numbers and percentage gaps. Each of these approaches provides a different perspective on the level of unmet need.

Using crude numbers has the advantage of showing where the gaps are for the largest number of people. However, using crude numbers to rank the gaps is less likely to uncover gaps in access for those ethnic groups with smaller numbers of people (specifically Maori and, to a larger extent, Pacific people). A crude numbers approach would also be less likely to show gaps in access for the 6-15 and 16-24 age groups, as there are fewer people in these category (these category covers a 9 and 10 year age span, whereas the other age groups used in this analysis cover 20 years). In other words, using the crude numbers will almost always show greatest gaps for populations with the highest numbers.

Using a percentage approach highlights whether or not one particular population group is receiving more or fewer services per head of population than another group. For very small populations however, sometimes a large percentage gap will indicate a gap for only a very few people. In such cases, instead of funding services specifically oriented to the needs of this population group, planners and funders may chose other ways to meet the needs of that population group e.g. facilitating workforce development within current providers to provide a more appropriate services for that group, or improving the targeting of destigmatisation programmes if stigma is one of the barriers to accessing services. It may also indicate where a regional approach may be more useful.

It is the role of decision-makers, in consultation with stakeholders, to balance meeting the needs of as many people as possible, with ensuring that there is equity between population groups.

2.3.4 Key Gaps in Services for Various Population Groups in the Midland Region.

2.3.4a *Using the Percentage Approach to the Analysis*

The information in tables 7-10 above shows that the largest percentage gaps in services for various population groups in the Midland Region are:

- People of all ethnicities aged 16-24 with severe substance use disorder (gap of 69% or 2,005 people).
- People of all ethnicities aged 6-15 with any severe disorder (gap of 60% or 5,126 people).
- Maori aged 16-24 with severe substance use disorder (gap of 82% or 1,716 people).
- Maori aged 45-64 with any severe disorder (gap of 60% or 1609 people).
- Pacific People aged 6-15 with any severe disorder (gap of 85% or 222 people).
- Pacific people aged 16-24 with severe substance use disorder (gap of 92% or 97 people).
- Pacific people aged 16-24 with any severe disorder (gap of 76% or 173 people).
- Pacific people aged 45-64 with any severe disorder (gap of 63% or 73 people).

The advantage of using the percentage approach can be seen in the analysis above: there are some significant access issues for Pacific people that would not be captured by a crude numbers approach, as the numbers of people affected will be relatively small.

2.3.4b *Using the Crude Numbers Approach to the Analysis*

The information in tables 7-10 above shows that the largest crude gaps in services for various population groups in the Midland Region are:

- People of all ethnicities aged 16-24 with severe substance use disorders (gap of 2,005 or 69%).
- Maori aged 16-24 with severe substance use disorder (gap of 1,716 people or 82%).
- People of all ethnicities aged 6-15 with any severe disorder (gap of 5,124 or 60%).
- People of all ethnicities aged 16-24 with any severe disorder (gap of 3,693 or 50%).
- People of all ethnicities aged 25-44 with any severe disorder (gap of 3,919 or 33%).
- People of all ethnicities aged 45-64 with any severe disorder (gap of 3,524 or 44%).
- Maori aged 25-44 with any severe disorder (gap of 1,609 people or 60%).

The advantages and disadvantages of using the crude numbers approach can be seen in the analysis above. The advantage is that it highlights real gaps for large numbers of people. However, Pacific people do not feature in this approach because of the small numbers in the population overall (in spite of the significant access issues). The fact that Maori and young people age 6-15 and 16-24 feature at all is indicative of large % gaps, given their smaller numbers in the population.

The gaps in services identified above are supported by the findings in Te Rau Hinengaro which also surveyed use of health services. *Te Rau Hinengaro* found that unmet need for treatment (across all severities) was greatest in younger people and Pacific people. Te Rau Hinengaro also notes that the rates of service contacts are low for alcohol abuse and alcohol dependence disorders.

2.3.4c *Areas Where Population Groups Appear to be Receiving More Services Than Would be Expected.*

The data indicates that certain groups appear to be receiving more services than would be expected given the 12 month prevalence of disorder. These need further discussion to assess whether or not this is real, or whether there are data or other issues that have impacted on the findings. Certainly in relation to older people 65+, there are significant concerns about using a prevalence rate of only 1.1% given that people in rest homes and with dementia were not included in the survey, therefore a separate older people's project will be undertaken to ensure more accurate information.

With the proviso above, population groups that appear to be receiving more services than would be expected are:

- People with substance use disorders that are older than 24 years old (except for Maori and Pacific people).
- Older people generally.

2.3.4d Comparing the Midland Region with the National Average.

Tables 7-10 above show the needs and unmet needs for New Zealand as well as for the Midland region. The patterns across New Zealand are very similar to the patterns for the Midland region.

The Midland region generally caters for people 25-44 better than the NZ average. However, it has bigger gaps than the NZ average for young people generally, for young people with substance use disorders and for Maori and Pacific people with substance use disorders.

2.5 Identifying Need and Unmet Need for Various Population Groups Using Percentage Access Rates From the POP 06 Performance Measure.

Pop 06: Improving the health status of people with severe mental illness is one of the DHB service performance measures in the Crown Funding Agreement. This measure targets improved access on the basis that sufficient access to services will lead to improvement in quality outcomes.

The table below provides a summary of access rates for NZ, Midland and each DHB for various age groups and ethnicities.

Table 11: Percentage Access Rates to Specialist Mental Health and Addiction Services by DHB, Age and Ethnicity¹²

| | | NZ access rates % | Midland access rates % | Bay of Plenty access rates % | Lakes access rates % | Tairāwhiti access rates % | Taranaki access rate % | Waikato ¹³ access rates % |
|----------|------------|----------------------------|---------------------------------|--|-------------------------------|------------------------------------|---------------------------------|---|
| All ages | Maori | 3.85 | 3.48 | 3.44 | 3.28 | 5.05 | 4.68 | 2.88 |
| | Pacific | 2.35 | 1.83 | 1.79 | 1.84 | 2.07 | 2.66 | 1.72 |
| | Other | 2.57 | 2.79 | 2.79 | 3.09 | 3.57 | 3.39 | 2.47 |
| | All | 2.75 | 2.95 | 2.94 | 3.13 | 4.25 | 3.60 | 2.54 |
| 0-19 | Maori | 2.57 | 2.27 | 2.57 | 2.04 | 4.47 | 2.85 | 1.44 |
| | Pacific | 1.51 | 1.08 | 1.25 | 1.25 | 1.79 | 1.32 | 0.86 |
| | Other | 2.48 | 2.57 | 2.87 | 3.29 | 4.73 | 3.36 | 1.86 |
| | All | 2.41 | 2.42 | 2.72 | 2.61 | 4.49 | 3.19 | 1.69 |
| 20-64 | Maori | 5.14 | 4.66 | 4.40 | 4.36 | 5.88 | 6.39 | 4.22 |
| | Pacific | 3.07 | 2.39 | 2.24 | 2.27 | 2.29 | 3.74 | 2.31 |
| | Other | 2.72 | 2.91 | 2.91 | 3.01 | 3.56 | 3.44 | 2.67 |
| | All | 3.06 | 3.29 | 3.24 | 3.41 | 4.57 | 3.88 | 2.96 |
| 65+ | Maori | 1.78 | 2.33 | 1.79 | 3.07 | 2.23 | 4.11 | 2.00 |
| | Pacific | 1.69 | 1.99 | 1.54 | 1.48 | 0.00 | 2.78 | 2.18 |
| | Other | 2.10 | 2.69 | 2.38 | 3.10 | 2.22 | 3.27 | 2.65 |
| | All | 2.08 | 2.65 | 2.33 | 3.08 | 2.22 | 3.32 | 2.59 |

Source of data: Ministry of Health

¹² The access rates are calculated by the Ministry of Health by dividing the number of unique clients seen by the particular population and multiplying by 100. The information has been derived from the PRIMHD database. The DHB region is identified by domicile code. Clients will be counted more than once if they identify more than one prioritised ethnic group during the reporting period.

¹³ The access rates data in the Waikato is incomplete due to one large hauora provider not submitting PRIMHD

2.5.1 Analysis of the Findings

The analysis below:

- Benchmarks national, regional and local access rates.
- Compares access rates against the expected 12 month prevalence outlined in Te Rau Hinengaro.

Benchmarking: The following figures compare NZ, Midland and Midland DHBs access rates by ethnicity and age.

Figure 1: All Ethnicities Access Rates

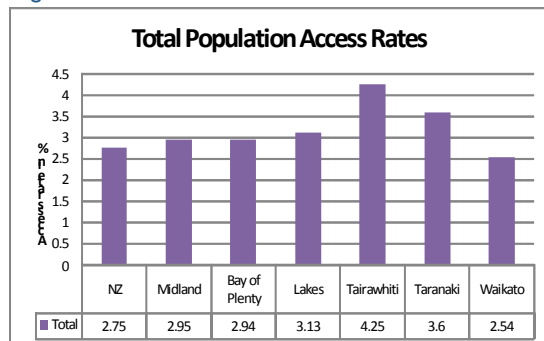


Figure 2: Non Maori, Non Pacific (other access Rates)

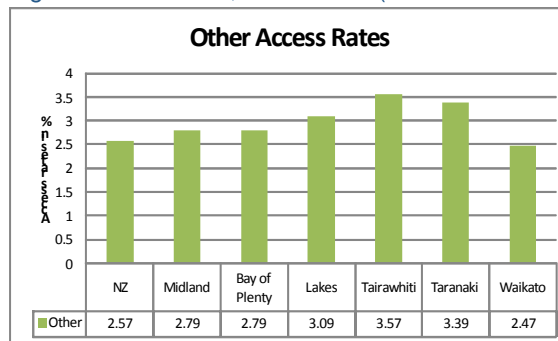


Figure 3: Maori Access Rates

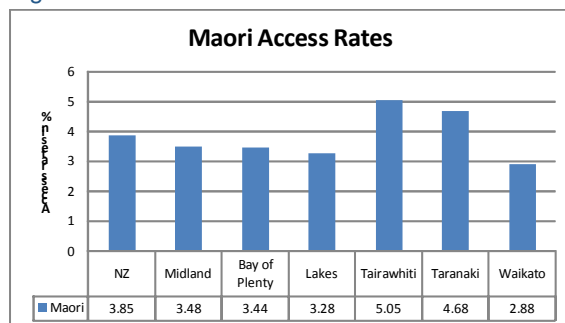


Figure 4: Pacific People's Access Rates

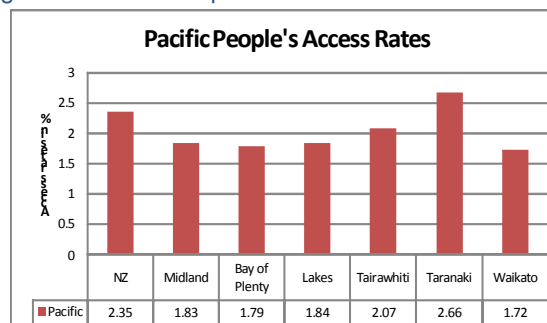
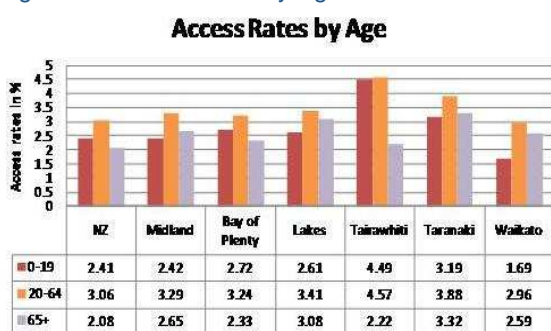


Figure 5: Access Rates by Age



The graphs above show that the Midland region has overall access rates slightly higher than the NZ average. Access rates are lowest in Waikato at 2.54% and highest in Tairāwhiti at 4.25%. Tairāwhiti and Taranaki have access rates for Maori that are higher than the national average. Except for Taranaki, access rates for Pacific People is generally lower in all Midland DHBs than the national average.

Access rates for young people (0-19years) in the Midland region are around the national average and above the national average for all DHBs except for Waikato. Access rates for older people (65+) are particularly high in Lakes DHB.

The access rates for Waikato need to be interpreted carefully. Compared with the other Midland region DHBs, Waikato has a relatively large number of NGOs that were not reporting to PRIMHD during the period covered in this report (April 2009-March 2010) and whose clients were not captured by provider arm data. A rough estimate of the numbers is:

Child and youth (including AOD): 723 unique clients
 Clinical Kaupapa services: 479 unique clients
 Community AOD services: 775 unique clients
 Residential AOD services: 112 unique clients

This is a total of 2,089 unique clients. If these clients are taken into account, the access rate for Waikato would increase by 0.57% bringing it to an estimated 3.11% and in line with the other DHBs in the region.

Assessing access rates against the prevalence outlined in *Te Rau Hinengaro*: It is possible to match some of the access rates to prevalence rates in *Te Rau Hinengaro* as shown in table 12 below.

Table 12: Comparing Access Rates to Specialist Services with *Te Rau Hinengaro* 12 month Prevalence Rates

| Population group | <i>Te Rau Hinengaro</i> 12 month prevalence % | NZ access rate % | Midland access rate % | Bay of Plenty access rate % | Lakes access rate % | Tairāwhiti access rate % | Taranaki access rate % | Waikato access rate % |
|------------------|---|------------------|-----------------------|-----------------------------|---------------------|--------------------------|------------------------|-----------------------|
| Maori | 8.7 | 3.85 | 3.48 | 3.44 | 3.28 | 5.05 | 4.68 | 2.88 |
| Pacific | 6.0 | 2.35 | 1.83 | 1.79 | 1.84 | 2.07 | 2.66 | 1.72 |
| Other | 4.1 | 2.57 | 2.79 | 2.79 | 3.09 | 3.57 | 3.39 | 2.47 |
| Total | 4.7 | 2.75 | 2.95 | 2.94 | 3.13 | 4.25 | 3.60 | 2.54 |

Sources of data: *Te Rau Hinengaro* and Ministry of Health

The greatest gaps between *Te Rau Hinengaro* 12 month prevalence and actual access rates are for Maori and Pacific people (average gap of 5.2% and 4.1% respectively across the Midland region).

2.6 Use of Prevalence and Other Information to Assess Need and Unmet Need for People With Mild and Moderate Disorders

Te Rau Hinengaro provides 12 month prevalence rates for people with mild and moderate disorders. Table 13 below provides information about prevalence of mild to moderate disorders, as well as the number of people that could be expected to have a mild to moderate disorder (by multiplying prevalence rates by the relevant population number).

Table 13: Expected Number of People with Mild and Moderate Disorders (all disorders)

| Age | Prevalence | NZ Expected number with mild/moderate disorder | Midland Expected number with mild/moderate disorder | BOP Expected number with mild/moderate disorder | Lakes Expected number with mild/moderate disorder | Tairāwhiti Expected number with mild/moderate disorder | Taranaki Expected number with mild/moderate disorder | Waikato Expected number with mild/moderate disorder |
|---|------------|--|---|---|---|--|--|---|
| 0-15 (no information from Te Rau Hinengaro) | - | - | - | - | - | - | - | - |
| 16-24 | 21.4 | 122,940 | 21,909 | 4,956 | 2,643 | 1,219 | 2,708 | 10,383 |
| 25-44 | 19.3 | 227,087 | 39,498 | 9,503 | 4,987 | 2,138 | 5,100 | 17,770 |
| 45-64 | 13.6 | 149,110 | 28,902 | 7,537 | 3,585 | 1,609 | 3,926 | 12,245 |
| 65 + | 6 | 65,784 | 12,751 | 3,325 | 1,582 | 710 | 1,732 | 5,402 |
| All ages over 15 mild | 6.6 | 225,474 | 42,282 | 10,786 | 5,143 | 2,271 | 5,621 | 18,461 |
| All ages over 15 moderate | 9.4 | 321,129 | 60,220 | 15,362 | 7,324 | 3,235 | 8,005 | 26,293 |

Source of information: Calculated from prevalence rates from Te Rau Hinengaro and population numbers from Stats NZ (provided by Ministry of Health)

Table 14: Expected Number of People with Mild and Moderate Substance Use Disorders

| Age | Prevalence | NZ Expected number with mild/moderate disorder | Midland Expected number with mild/moderate disorder | BOP Expected number with mild/moderate disorder | Lakes Expected number with mild/moderate disorder | Tairāwhiti Expected number with mild/moderate disorder | Taranaki Expected number with mild/moderate disorder | Waikato Expected number with mild/moderate disorder |
|---|------------|--|---|---|---|--|--|---|
| 0-15 (no information from Te Rau Hinengaro) | - | - | - | - | - | - | - | - |
| 16-24 | 6.8 | 39,065 | 6,929 | 1,567 | 836 | 385 | 856 | 3,284 |
| 25-44 | 3.0 | 35,298 | 6,060 | 1,458 | 765 | 328 | 782 | 2,726 |
| 45-64 | 0.8 | 8,771 | 1,798 | 469 | 223 | 100 | 244 | 762 |
| 65 + | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| All ages over 15 mild | 1.2 | 40,995 | 7,688 | 1,961 | 935 | 413 | 1,022 | 3,357 |
| All ages over 15 moderate | 1.3 | 44,412 | 8,328 | 2,125 | 1,013 | 447 | 1,107 | 3,636 |

Source of information: Calculated from prevalence rates from Te Rau Hinengaro and population numbers from Stats NZ (provided by Ministry of Health)

Most people with a mild or moderate mental health or substance use disorder will access services through primary care, either through GP “business as usual” or through the primary mental health initiatives funded by the Ministry of Health via the DHBs.

There is no one single national source of data on the number of people accessing primary care services for mild to moderate disorders. However, it is possible to piece together information

from a number of different sources to get an indication of the level of unmet need for mental health and addiction services in primary care:

- Information from the section on health service use in *Te Rau Hinengaro*.
- Calculations based on funding for the current primary mental health initiatives.
- Information from HealthStat.

Health services use described in *Te Rau Hinengaro*: *Te Rau Hinengaro* indicates that only 36.5% of people with a moderate disorder make a mental health visit to any healthcare provider¹⁴ in a 12 month period and only 18.5% of those with a mild disorder. The number visiting the general medical sector (doctors, nurses, and other healthcare professionals, but mainly GPs¹⁵) is 28.9% of people with a moderate disorder, and 15% of people with a mild disorder.

If we apply these percentages to the numbers of people with a mild to moderate disorder in NZ, the Midland region and each DHB we get the following results. A caveat around this methodology is that the percentages are a NZ average and applying them regionally and locally does not take into account differences in the populations of the various DHBs.

Table 15: Estimated Unmet Need for People over 15 with Mild to Moderate Disorders

| | Mild disorder for all ages over 15 | | | | Moderate disorder for all ages over 15 | | | |
|---------------|------------------------------------|---|--|--|--|---|--|--|
| | Expected number with mild disorder | % of people with mild disorder accessing services | Estimated number of people with mild disorder accessing services | Estimated unmet need for people with mild disorder | Expected number with moderate disorder | % of people with moderate disorder accessing services | Estimated number of people with moderate disorder accessing services | Estimated unmet need for people with moderate disorder |
| NZ | 225,474 | 18.5 | 41,713 | 183,761 | 321,129 | 36.5 | 117,212 | 203,917 |
| Midland | 42,282 | 18.5 | 7,822 | 34,460 | 60,220 | 36.5 | 21,980 | 38,240 |
| Bay of Plenty | 10,786 | 18.5 | 1,995 | 8,791 | 15,362 | 36.5 | 5,607 | 9,755 |
| Lakes | 5,143 | 18.5 | 951 | 4,192 | 7,324 | 36.5 | 2,673 | 4,651 |
| Tairāwhiti | 2,271 | 18.5 | 420 | 1,851 | 3,235 | 36.5 | 1,181 | 2,054 |
| Taranaki | 5,621 | 18.5 | 1,040 | 4,581 | 8,005 | 36.5 | 2,922 | 5,083 |
| Waikato | 18,461 | 18.5 | 3,415 | 15,046 | 26,293 | 36.5 | 9,597 | 16,696 |

Source: % of people accessing services from *Te Rau Hinengaro*
Estimated number of people is from Table 13

¹⁴ The health sector is defined in *Te Rau Hinengaro* as including mental health speciality (psychiatrists, other mental health specialist, any mental health specialist) and general medical (which includes nurses and other healthcare professionals as well as doctors – but is essentially the primary care sector).

¹⁵ *Te Rau Hinengaro* notes that it can reasonably assumed that most people visiting the general medical sector did see a GP

Information from the primary mental health initiatives: The draft “*Toolkit for Primary Mental Health Care Development Part 2: Knowledge bank*”¹⁶ provides some information about the national gaps in primary mental health initiatives funded by the Ministry of Health which provides further insight into unmet need for primary mental health services. The draft report notes that the primary mental health initiatives are currently supported by \$22.5m p.a. of ongoing funding (Ministry of Health 2009). They also note that the evaluation of primary mental health initiatives identified all up costs of \$580 - \$930 per patient treated¹⁷.

The draft toolkit assumes a NZ population of 4.3 million people (including children and young people) and a prevalence rate of 16% with mild to moderate common mental disorders and notes that this would represent 688,000 people. At a nominal standard cost of \$750 per person, this means that 30,000 people per year are accessing the primary mental health initiatives i.e. 4.4% of those potentially eligible (although as noted above, many of these are accessing “business as usual” primary care services for their mental health and addiction disorders).

The draft report notes that within the funding for primary mental health services, improving efficiency through ensuring the funding reaches high need populations is important; however its relative small size means it is unlikely to stretch to cover the high need populations. The report notes that increasing efficiency, particularly through using models of care with brief interventions can potentially increase the reach of the existing funding substantially.

Some ways to provide leverage for the impact of the dedicated primary mental health funding are suggested including increasing the impact of ‘business as usual’ primary care; increasing the synergies between mental health and programmes for long term conditions, utilising low cost options such as e-therapies or green prescriptions and utilising low intensity brief psychological interventions within the primary care team.

Information from HealthStat: HealthStat collects information on all practice encounters with doctors or nurses (or other professionals) and for all patients. It monitors 1.7 million patients every week. HealthStat is only accessible by DHBs with permission of practices. If a DHB uses HealthStat it can see a customisable DHB population snapshot showing the pooled data for all practices.

HealthStat Mental Health provides data and analysis on:

- The number of people coded as having a mental illness.
- The rate of new diagnoses.
- The demographic and the co-morbidity of these people.
- Consultation rates of mental health clients.
- Prescribing patterns for the different cohorts.
- Other treatments, or associated clinical activities such as entry to care plus.
- The co-payments made by mental health clients.
- The distribution of professional roles of the primary care providers seeing mental

¹⁶ Authored on behalf of the Health Research Council by S Collings, P Gandar, A Dowell, S Mckenzie and N Currey. The document is Yet to be released, but has been sent out for comments to various stakeholders

¹⁷ Dowell, Garrett, Collings et al. 2009

health clients.

Given that HealthStat data is only available to participating practices and DHBs, the information in this report is aggregated national information from a national report provided to the Ministry of Health. This noted that:

- The consultation rates for people with mental health conditions are increasing faster than the rates for the general population and that this trend has continued for the 4 years that HealthStat has been running.
- There has been a large (around 66%) increase in the number of prescriptions for antidepressants between 2005 and 2010 although this appears to have stabilised.
- The total percentage of mental health consultations compared with total consultations has remained relatively consistent since 2005. As at November 2010, 20.15% of total consultations across NZ were for mental health.
- The percentage of mental health consultations being carried out by nurses is steadily increasing. For example, in 2005 22% of consultations for depression were being carried out by nurses compared with 30% in 2010. The percentage being carried out by doctors has decreased.
- Around 25% of mental health patients are on Care Plus.

It may be useful for DHBs to seek access to aggregate local data from HealthStat and use this for future planning purposes.

2.7 Conclusion

The information available relating to primary mental health needs and unmet needs from a variety of sources indicates a high level of unmet need. The information also indicates that significant improvements in access to primary mental health services have been made over the past few years.

3.0 LEVEL AND MIX OF SPECIALIST SERVICES IN THE MIDLAND REGION

This section describes the specialist services provided in the region and in each DHB. It also benchmarks the level and mix of services against national average volumes and spending, PBF volumes and spending and against Blueprint target volumes and spending.

3.1 Summary

- The Midland region spends about the same amount per 100,000 population on specialist mental health and addiction services as the rest of NZ.
- If a PBF (which takes into account population characteristics) is used to determine how much should be spent, the Midland region would need to spend \$26.4m more than the current \$222.4m per annum on specialist mental health and addiction services.
- The Midland region has a different service mix compared with the national average with less reliance on inpatient beds and more on services provided by community FTEs. There are 80.1 fewer beds overall in the Midland region than if beds per 100,000 were at the national average, but 60.0 more FTEs. In particular the region has:
 - significantly fewer inpatient beds for adults, child and youth and AOD than the national average but
 - significantly more community FTEs than the national average for those same three groups.
- Services where the Midland region is consistently below the benchmark using all three benchmarking approaches are:
 - Adult, child and youth and AOD beds.
 - Child and youth day programmes.
 - Specialist beds and specialist community FTEs (services for complex and low prevalence disorders such as eating disorders and severe personality disorder).
 - Methadone places.
- The service where the Midland region is consistently above the benchmark using all three benchmarking approaches is AOD community FTEs.

3.2 Brief Overview of Midland Region Specialist Mental Health and Addiction Services

("specialist" services refers to mental health and AOD inpatient and community services provided by either the DHB provider arm or NGOs for people with a serious mental or addiction related issues.).

Inpatient¹⁸Services in the Midland region include:

| | |
|---------------------------------|--|
| Bay of Plenty DHB provider arm: | 20 general adult and 4 intensive beds in the acute inpatient unit, Te Whare Maiangiangi in Tauranga and 9 general adult and 1 intensive beds in the Whakatane acute/crisis inpatient unit. |
| Lakes DHB provider arm: | 12 acute beds and 2 psychogeriatric beds in the acute inpatient unit, Te Whare Oranga Tangata o Whakae based in Rotorua covering the Lakes district |
| Tairāwhiti DHB provider arm: | 8 general adult inpatient beds, 3 intensive care beds and 1 crisis respite bed. |
| Taranaki DHB provider arm: | 15 acute adult, 4 intensive and 4 psychogeriatric beds in the acute inpatient adult unit, Te Puna Waiora in New Plymouth. 4 community based residential support beds for high and complex needs (joint venture with Te Puna Waiora and Te Whare Puawai. |
| Waikato DHB provider arm: | Henry Rongomau Bennett Unit - 56 Adult beds made up of 40 acute beds, and 13 IPC beds, and 3 Adult rehab beds.(looked after by forensic arm) 41 forensic beds (6 long term secure, 25 medium secure, 10 minimum secure – Hauora Waikato) plus 3 ID secure funded direct from MoH Separately there are 13 MHSOP Beds, and 1 AOD bed (under the forensic arm). |

Community Mental Health Services are provided across the region by both the DHB provider arm services and a wide range of NGOs including Kaupapa Maori and Pacific providers. These organisations deliver a range described in the national service specifications.

Regional Specialist Services are highly specialised services that are usually provided regionally or nationally and are accessed by the population either within the region, or in DHBs outside the region.

Regional services accessed by some or all DHBs in the Midland region include:

¹⁸ Information provided by Midland Clinical Directors and Managers May 2011

- Forensic services provided by Waikato DHB provider arm and Hauora Waikato (inpatient and community forensic services).
- AOD services provided by:
 - Rongo Atea 3 beds (Kaupapa Maori youth AOD residential services in Hamilton for BOP & Waikato districts).
 - Te Utuhina Manaakitanga Trust 15 beds (regional Kaupapa Maori AOD residential service in Rotorua).
 - Salvation Army Bridge programme 15 beds (regional adult mainstream AOD residential service in Hamilton).

Services accessed outside of the region include:

- AOD services provided by
 - Springhill 3 beds (residential AOD services in Hawkes Bay).
 - Nova Trust 4 beds (a residential AOD bed in Christchurch).
 - Te Wairiki fee for service beds (youth residential AOD services in Hastings used by Lakes, Taranaki and Tairāwhiti DHB).
- Ashburn Hall 3 beds (Dunedin).
- Starship Hospital CFU in Auckland 4 beds.
- Starship for Eating Disorders 1 bed.
- Challenge Trust 1 bed (residential eating disorders services in Auckland).
- Capital and Coast DHB services are contracted to Tairāwhiti DHB for high and complex needs, forensic services, child and youth crisis mental health services.

A full list of all Provider arm and NGO services is provided in Appendix 4.

3.3 Benchmarking Service Mix and Service Levels

Benchmarking has been used to compare levels and mix of services nationally, regionally and across the Midland DHBs. There are several sources of information commonly used for benchmarking in the sector. This report considers three approaches and compares the results:

1. Benchmarking against national average volumes and against national average spending.
2. Calculating the difference between current service and funding levels identifying what would be expected if the region and each DHB in the region were providing services and funding services according to their PBF share of the national average volumes and funding.
3. Benchmarking against target volumes and spending in the Mental Health Commission's Blueprint for Mental Health and Addiction Services in New Zealand.

A fourth approach would have been helpful i.e. benchmarking the number of *unique clients* accessing each service category in a 12 month period against the national average. Unfortunately, this would require a special run of information from PRIMHD and was not able to be completed for this report. It is something that could be done in future, and would provide not

just another way to benchmark services against the national average, but would also provide a population perspective, as ethnicity data would be available for each of the service categories.

In future year's outcome data will also achieve better benchmarking as it will ensure complexity to be taken into account, i.e. benchmarking using a "casemix" approach.

3.4 Limitations of the Benchmarking Approach and Assumptions Made

3.4.1 Benchmarking Against What?

- Benchmarking is a well accepted methodology, but it does rely on having something robust to benchmark against.
- Determining whether or not DHBs have an optimal level and mix of services is based on a premise that we know what is optimal and therefore what to benchmark against. In 1999 the Mental Health Commission produced the "*Blueprint for Mental Health Services in NZ*" which, at the time, provided guidance on the level and mix of services required per 100,000 population. For many years the *Blueprint* was used extensively for benchmarking. The model (and its assumptions about optimal service mix in particular) is now out of date and is not perceived to reflect the needs of a modern mental health and addiction system. Nonetheless the *Blueprint* has been used as part of the benchmarking mix.
- Benchmarking against national average volumes and spending also has drawbacks in that this approach assumes that the national average constitutes an appropriate level and mix of services. The results of the analysis in this report need to be considered with these caveats.

3.4.2 Service Categories

- In an ideal world, the service categories used in this analysis would be consistent with the new service specifications. These specifications provide an up to date description of the types of services required to provide the full continuum of services.
- The new specifications have been in place for only a short time and standard reports do not show volumes or funding based on the new specifications. The service categories used in this report are therefore those identified in the *Blueprint*, where information about volumes and spending is readily available.

3.4.3 Is The Data Complete?

The data in this report is from the national mental health and addiction information system, PRIMHD. Not all unique individuals using specialist services in a 12 month period are captured by PRIMHD. This applies in particular to some NGO data. Figures obtained from the Ministry of Health indicate that around 3% of unique clients each year are seen solely in the NGO sector (i.e. with no provider arm involvement) and that, for the Midland region, around half of those would not have been reporting to PRIMHD for the 12 months that data was collected for this report. The impact is relatively small for most DHBs except Waikato DHB, but DHBs need to take this into account when making decisions based on information in this report.

3.5 The Findings

3.5.1 Benchmarking Midland Region Volumes and Funding Against the NZ Average

Midland region spending per 100,000 population is in line with national spending. Overall Midland spends \$25.4m per 100,000 population compared with a \$25.9m per 100,000 national average.

Table 16 compares Midland region volumes and funding (using Blueprint categories) against NZ average volumes and funding per 100,000 age specific populations.

Table 16: Midland Volumes and Funding per 100,000 Benchmarked Against the NZ Average

| Service type | Age specific Population | Volumes | | | | | Funding | | | | |
|---|-------------------------|--|--|--|--|--|---|---|--|--|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | NZ | Midland | | | | NZ | Midland | | | |
| | | Beds or FTEs per 100,000 age specific population | Beds or FTEs per 100,000 age specific population | Variance per 100,000 age specific population | Variance per total age specific population | % variance per 100,000 age specific population | Funding per 100,000 age specific population (\$m) | Funding per 100,000 age specific population (\$m) | Variance per 100,000 age specific population | Variance per total age specific population | % variance per 100,000 age specific population |
| Adult community clinical FTEs | 20-65 | 74.0 | 74.0 | 0.0 | 0.0 | 0% | 8.6 | 8.4 | 0.2 | 0.9 | 1.7% |
| Adult inpatient beds | 20-65 | 29.1 | 24.3 | 4.8 | 28.3 | 16.4% | 6.0 | 5.4 | 0.6 | 3.2 | 9.2% |
| Adult community support FTEs | 20-65 | 64.7 | 67.5 | -2.8 | -16.5 | -4.3% | 4.8 | 5.0 | -0.2 | -1.3 | -4.7% |
| Adult residential beds | 20-65 | 51.0 | 50.2 | 0.8 | 4.7 | 1.5% | 2.4 | 2.2 | 0.2 | 0.7 | 5.2% |
| Total Adult | | | | | | | 21.8 | 21.0 | 0.8 | 3.5 | 3.7% |
| AOD community FTES | All | 18.3 | 24.0 | -5.7 | -47.7 | -31.2% | 1.8 | 2.4 | -0.6 | -5.1 | -34.4% |
| AOD beds | All | 13.1 | 9.3 | 3.8 | 31.3 | 28.7% | 0.5 | 0.4 | 0.1 | 0.6 | 15.7% |
| Methadone places | All | 105.6 | 95.0 | 10.6 | 87.9 | 10.0% | 0.3 | 0.3 | 0.0 | 0.3 | 11.5% |
| Total AOD | | | | | | | 2.6 | 3.1 | -0.5 | -4.2 | -19.2% |
| Child and youth community FTES | 0-19 | 71.1 | 73.3 | -2.2 | -5.4 | -3.1% | 8.2 | 8.4 | -0.2 | -0.5 | -2.6% |
| Child and youth day programme | 0-19 | 7.6 | 5.6 | 2.0 | 4.9 | 26.2% | 0.6 | 0.5 | 0.1 | 0.3 | 16.8% |
| Child and youth beds* | 0-19 | 4.9 | 1.6 | 3.3 | 8.1 | 68.1 | 1.1 | 0.3 | 0.8 | 1.9 | 70.9% |
| Total Child and Youth | | | | | | | 9.9 | 9.2 | 0.7 | 1.7 | 7.1% |
| Forensic beds | 20-65 | 7.7 | 8.5 | -0.8 | -4.3 | -9.5% | 2.1 | 2.2 | -0.1 | -0.6 | -4.5% |
| Forensic community FTEs | 20-65 | 6.3 | 7.0 | -0.7 | -4.4 | -11.8% | 0.8 | 0.9 | -0.1 | -0.4 | -8.0% |
| Total Forensic | | | | | | | 2.9 | 3.1 | -0.2 | -1.0 | -6.9% |
| Older people's community FTEs | 65+ | 50.2 | 42.4 | 7.8 | 9.4 | 15.7% | 6.3 | 5.5 | 0.8 | 1.0 | 13.3% |
| Older people's beds | 65+ | 25.1 | 19.9 | 5.2 | 6.3 | 20.7% | 5.3 | 4.2 | 1.1 | 1.3 | 20.8% |
| Older people's day programme | 65+ | 3.4 | 8.4 | -5.0 | -6.1 | -146.9 | 0.3 | 0.7 | -0.4 | -0.5 | -146.9% |
| Total Older People | | | | | | | 11.9 | 10.4 | 1.5 | 1.8 | 12.6% |
| Specialist community FTEs | All | 3.3 | 2.8 | 0.5 | 4.6 | 16.5% | 0.4 | 0.3 | 0.1 | 0.8 | 21.6% |
| Specialist Beds | All | 0.7 | 0.0 | 0.7 | 5.7 | 98.3% | 0.1 | 0.0 | 0.1 | 1.0 | 100.0% |
| Total specialist services¹⁹ | | | | | | | 0.5 | 0.3 | 0.2 | 1.8 | 40% |
| Non Blueprint funding ²⁰ | All | NA | NA | NA | NA | | 1.0 | 1.2 | -0.2 | -2.2 | -27.8% |

*inpatient and community

Individual DHB results can be found in Appendix 6.

Using this benchmarking approach the greatest variations in service mix and levels between the Midland region and the NZ average are:

¹⁹ Services for complex and low prevalence disorders such as eating disorders and severe personality disorder

²⁰ non blueprint funding is ringfenced mental health and addiction funding allocated to services that are not able to be easily categorised into the standard categories e.g. workforce development and quality projects.

- Significantly fewer inpatient beds for adults, child and youth and AOD per 100,00 population than the national average (80.1) but
- Significantly more community FTEs per 100,000 population than the national average (60) for those same three groups.
- More AOD services than the national average (19.2% more funding per 100,000 than the national average).
- Significantly fewer specialist beds per 100,000 population (these are services for complex and low prevalence disorders such as eating disorders and severe personality disorder).
- 87.9 fewer methadone places than would be expected compared with the national average (a difference of 10 places per 100,000 population).

3.5.2 The Population Based Funding Approach

Another benchmarking approach is to examine the difference between current service and funding levels *and the* expected levels. Regionally and locally we are providing services according to their PBF share to identify the difference between current service and funding levels.

In Vote: Health a PBF formula is used to decide what proportion of the available funding should be allocated to each individual DHB. Instead of allocating the available funding to DHBs by using a simple formula such as funding per head of population, a PBF approach which takes into account the population characteristics of the DHB e.g. the ethnicity, deprivation, age structure etc. This approach acknowledges that services for certain population groups cost more than for others. The formula also takes into account an estimate of unmet need.

The formula was developed to be used at a national and DHB level and the more it is applied at lower levels e.g. service specific levels, the less accurate it becomes. In addition, because it uses historical spending and utilisation (and updated with a price factor as well as population characteristics) a DHB with a lower cost mental health and addiction system would end up looking as if it was underfunded.

Despite these caveats, some DHBs have started using the formula to assess whether, for their own specific population make-up, they are spending too much or too little on particular services by comparing what they are spending on that service, with what they would spend if they allocated their PBF share of national spending to that service (and to all other services).

The Midland region has 19.1% of the NZ population, but its mental health PBF share is 21.25%. If the Midland region was to fund mental health and addiction services based on a PBF share of national spending on mental health and addictions it would be spending an additional \$26.4m per annum. This is made up as follows²¹ (a negative figure means that the DHB would need to spend more):

²¹ 2009/10 Ministry of Health advice to DHBs

- Bay of Plenty: -\$4.5m (-8%)
- Lakes: -\$2.8% (-9%)
- Tairāwhiti: -\$1.2m (-12%)
- Taranaki: -\$1.1m (4%)
- Waikato: -\$19m (-19%)

Table 17: Difference between current service and funding levels and the levels that would be expected if the Midland region was providing and funding services according to their PBF share of national average volumes and funding.

| | Volumes Midland Region | | | | Funding Midland region | | | |
|----------------------------------|--|---|--|--|---------------------------|--|--|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Service type | Current volumes (available beds or FTEs) | What the volumes would be if provided according to PBF share (available beds or FTEs) | How much more or less volumes are needed if volumes based on share of PBF (available beds or FTEs) | % increase or decrease needed to reach PBF volumes | Current \$s spent (\$m) | What \$s would be spent if spending was according to PBF share (\$m) | How much more or less would be spent if spending was based on share of PBF (\$m) | % increase or decrease needed to reach PBF spending |
| Adult community clinical FTEs | 437.4 | 496.1 | 58.7 | 11.8% | 49.7 | 57.3 | 7.6 | 13.3% |
| Adult inpatient beds | 143.9 | 195.2 | 51.3 | 26.3% | 32.1 | 40.1 | 8.0 | 19.9% |
| Adult community support FTEs | 399.3 | 434.1 | 34.8 | 8.0% | 29.5 | 31.9 | 2.4 | 7.6% |
| Adult residential beds | 296.8 | 341.8 | 45.0 | 13.2% | 13.3 | 15.9 | 2.6 | 16.4% |
| Total Adult | | | | | 124.6 | 145.2 | 20.6 | 16.5% |
| AOD community FTES | 200.8 | 170.3 | -30.5 | -17.9% | 19.8 | 16.4 | -3.4 | -20.9% |
| AOD beds | 77.8 | 121.4 | 43.6 | 35.9% | 3.3 | 4.4 | 1.1 | 24.2% |
| Methadone places | 793.9 | 981.0 | 187.1 | 19.1% | 2.3 | 2.9 | 0.6 | 20.4% |
| Total AOD | | | | | 25.4 | 23.7 | -1.7 | -6.7% |
| Child and youth community FTES | 179 | 184.2 | 5.2 | 2.8% | 20.6 | 21.3 | 0.7 | 3.3% |
| Child and youth day programme | 13.7 | 19.7 | 6.0 | 30.4% | 1.3 | 1.7 | 0.4 | 21.6% |
| Child and youth beds* | 3.8 | 12.6 | 8.8 | 69.9% | 0.8 | 2.9 | 2.1 | 72.5% |
| Total Child and Youth | | | | | 22.7 | 25.9 | 3.2 | 14.1% |
| Forensic beds | 50 | 51.8 | 1.8 | 3.4% | 13.2 | 14.3 | 1.1 | 7.8% |
| Forensic community FTEs | 41.4 | 42.0 | 0.6 | 1.4% | 5.1 | 5.4 | 0.3 | 4.8% |
| Total forensic | | | | | 18.3 | 19.7 | 1.4 | 7.7% |
| Older people's community FTEs | 51.3 | 31.9 | -19.4 | -60.7% | 6.6 | 4.0 | -2.6 | -65.2% |
| Older people's beds | 24.1 | 15.9 | -8.2 | -51.2% | 5.1 | 3.4 | -1.7 | -50.9% |
| Older people's day programme | 10.2 | 2.2 | -8.0 | -370.6% | 0.9 | 0.2 | -0.7 | -370.6% |
| Total Older People | | | | | 12.6 | 7.6 | -5.0 | -39.7% |
| Specialist community FTEs | 23.2 | 30.9 | 7.7 | 25% | 2.8 | 4.0 | 1.2 | 29.5% |
| Specialist Beds | 0.1 | 6.5 | 6.4 | 98% | 0 | 1.1 | 1.1 | 100.0% |
| Total Specialist services | | | | | 2.8 | 5.1 | 2.3 | 82.1% |
| Non Blueprint funding | NA | NA | NA | NA | 10.2 | 8.9 | -1.3 | -14.8% |

Individual DHB results can be found in Appendix 6.

Given that the Midland region as a whole would need to spend \$26.4m more on mental health and addictions if spending was based on its PBF share of the national funding, it is not surprising that the gaps identified for some services are very large in some cases e.g. for the region to reach its PBF share of national beds and FTEs it would need 148.7 more beds and 57.1 FTEs.

It is unlikely that the Midland region DHBs will move to a PBF approach to funding across all service areas including mental health and addiction. The "absolute" level of the variations is

probably not useful, but the figures can be used to help identify which services have the greatest or smallest gap.

3.5.3 Benchmarking Midland Region Volumes and Funding against the *Blueprint for Mental Health Services*

While the Mental Health Commission's 1998 *Blueprint for Mental Health Services* is now out of date, the targets set in the Blueprint are still commonly used for benchmarking progress²².

Table 17 below provides information about the Midland region progress towards Blueprint volume and spending targets. DHB specific information is included in Appendix 6.

Table 18: Benchmarking Midland Region Volumes and Funding Against *Blueprint* Targets

| Service | Blueprint Target Volumes | | Blueprint Target Spending | |
|--------------------------------|------------------------------|-----------------------------------|------------------------------|-----------------------------------|
| | NZ % of target reached | Midland % of target reached | NZ % of target reached | Midland % of target reached |
| Adult community clinical FTEs | 104.4% | 104.9% | 106% | 106% |
| Adult inpatient beds | 77.4% | 65.7% | 81% | 78.2% |
| Adult community support FTEs | 110.7% | 117.2% | 110% | 114% |
| Adult residential beds | 51.3% | 51.7% | 52% | 49% |
| AOD community FTES | 92.1% | 123.9% | 95.3% | 127% |
| AOD beds | 100.2% | 74.5% | 48% | 42% |
| Methadone places | 70.2% | 66% | 71% | 66% |
| Child and youth community FTES | 73.4% | 76.4% | 73% | 76% |
| Child and youth day programme | 33% | 24.7% | 30% | 25% |
| Child and youth beds | 60% | 19.2% | 63% | 20% |
| Forensic beds | 79.5% | 89.5% | 80% | 92% |
| Forensic community FTES | 208.1% | 238.8% | 249% | 280% |
| Older people's community FTES | 72% | 60.6% | 72% | 61% |
| Older people's beds | 76.5% | 60.5% | 77% | 61% |
| Older people's day programme | 10.4% | 25.7% | 10% | 26% |
| Specialist community FTES | 52.9% | 45.6% | 57% | 51% |
| Specialist Beds | 18.6% | 0.5% | 27% | 0.4% |
| Non Blueprint funding | NA | NA | \$42m | \$10.2m |

²² Government has accepted that there is a need for a new flexible and more dynamic service development framework, which takes into account population demographics, reflects best practice recovery across the entire care continuum, and which can be used, alongside regional and local needs assessments to guide effective and efficient service delivery. The Ministry of Health, in partnership with the Mental Health Commission is leading this work and it is expected that a new model will be finalised before the end of 2012.

3.5.4 Comparing the Results From the Three Approaches

Table 19 below compares the gaps identified by using the three benchmarking approaches. It shows the percentage increase that would be needed for each service category to reach:

- *Blueprint* volume and spending targets.
- National average volumes and spending.
- PBF volumes and spending.

Table 19: Comparing the Gaps Identified by Using the Three Approaches

| | Volumes | | | Funding | | |
|----------------------------------|---|--|--|---|--|--|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| Service type | % increase needed to reach national average per 100,000 age specific population | % increase or decrease needed to reach PBF volumes | % increase needed to reach <i>Blueprint</i> target | % increase needed to reach national average per 100,000 age specific population | % increase or decrease needed to reach PBF volumes | % increase needed to reach <i>Blueprint</i> target |
| Adult community clinical FTEs | 0% | 11.8% | -4.9% | 1.7% | 13.3% | -6% |
| Adult inpatient beds | 16.4% | 26.3% | 34.3% | 9.2% | 19.9% | 21.8% |
| Adult community support FTEs | -4.3% | 8.0% | -7.2% | -4.7% | 7.6% | -14% |
| Adult residential beds | 1.5% | 13.2% | 48.3% | 5.2% | 16.4% | 51% |
| Total Adult | | | | 3.7% | 16.5% | |
| AOD community FTEs | -31.2% | -17.9% | -23.9% | -34.4% | -20.9% | -27% |
| AOD beds | 28.7% | 35.9% | 25.5% | 15.7% | 24.2% | 52% |
| Methadone places | 10.0% | 19.1% | 34% | 11.5% | 20.4% | 34% |
| Total AOD | | | | -19.2% | -6.7% | |
| Child and youth community FTES | -3.1% | 2.8% | 23.6% | -2.6% | 3.3% | 24% |
| Child and youth day programme | 26.2% | 30.4% | 75.3% | 16.8% | 21.6% | 75% |
| Child and youth beds* | 68.1% | 69.9% | 80.8% | 70.9% | 72.5% | 80% |
| Total Child and Youth | | | | 7.1% | 14.1% | |
| Forensic beds | -9.5% | 3.4% | 10.5% | -4.5% | 7.8% | 8% |
| Forensic community FTEs | -11.8% | 1.4% | -138.8% | -8.0% | 4.8% | -180% |
| Total forensic | | | | -6.9% | 7.7% | |
| Older people's community FTEs | 15.7% | -60.7% | 39.4% | 13.3% | -65.2% | 39% |
| Older people's beds | 20.7% | -51.2% | 39.5% | 20.8% | -50.9% | 39% |
| Older people's day programme | -146.9 | -370.6% | 74.3% | -146.9% | -370.6% | 74% |
| Total Older People | | | | 12.6% | -39.7% | |
| Specialist community FTEs | 16.5% | 25% | 54.4% | 21.6% | 29.5% | 49% |
| Specialist Beds | 98.3% | 98% | 99.5% | 100.0% | 100.0% | 99.6% |
| Total Specialist services | | | | 40% | 82.1% | |
| Non <i>Blueprint</i> funding | NA | NA | NA | -27.8% | -14.8% | \$10.2m |

Individual DHB results can be found in Appendix 6.

Services where the Midland region is consistently below the benchmark using all three methodologies (i.e. where more services would be needed to meet the benchmark) is:

- Adult, child and youth beds AOD beds.
- Child and youth day programmes.
- Specialist beds and specialist community FTEs (services for complex and low prevalence disorders such as eating disorders and severe personality disorder).
- Methadone places.

The services where the Midland region is consistently above the benchmark using all three methodologies is AOD community FTEs.

4.0 THE VIEWS OF MIDLAND REGION NETWORK GROUPS

This section provides a comprehensive summary of the views of Midland region forums as represented by:

- Nga Purei Whakataa Ruamano, the Maori advisory network.
- Generating Action for Family Whanau, the family whanau advisory group.
- He Tipuana Nga Kakano, the consumer advisory group.
- Portfolio Managers forum.
- Clinical Leadership forum, Midland provider arm Clinical Directors and Managers.
- Midland Region Addictions, the addictions advisory group.

4.1 Summary

Some of the key general themes arising from the consultation process include:

- Issues relating to rurality and suggestions for improving service delivery for people in rural areas.
- Gaps in services for youth with addiction related issues.
- Large gaps in primary mental health especially for people with substance use disorders.
- Insufficient consideration of, and services for, children of service users (both mental health and addictions).
- Better integration between mental health and addiction services.
- Gaps for young people and Maori.
- Integration issues between co-existing disorders, disability and mental health and addiction services.

Before outlining the views of stakeholders it is useful to note the overall summary from the Midland Region Mental Health and Addiction planning day in 2005 which was based on the issues, gaps and needs identified during the 2005 Midland Region Mental Health and Addiction Needs Assessment. These were:

“Vision: *Mental Health system that is flexible and responsive and builds on partnership, participation/protection*

- *Focused on the consumer.*
- *Whanau Ora, Te Whare Tapa Wha.*
- *Accessible service system across primary, secondary, tertiary levels*
- *Supporting workforce development.*
- *Building on collaboration.*

To do so, we need to go through positive evolution and develop informed leadership and overcome

- *Disconnected funding system – public health, disability support services (DSS), mental health, primary care.*
- *Rigid service specifications.*
- *Funding that is not aligned to needs.*
- *Inequity of funding.*
- *Mind set changes from medical to non-medical, from social disability to social ability.*
- *Provide options and choices including cultural assessment tools.”*

4.2 Perceived Achievements Over the Past 5 years

(since the last needs assessment report was completed)

Midland regional forums identified the following key achievements over the past 5 years.

| | |
|---|---|
| Recovery focus | <ul style="list-style-type: none"> • A move to a recovery focus, across all services, recovery training has assisted. |
| Service Development | |
| <i>Primary care</i> | <ul style="list-style-type: none"> • Increased availability of primary mental health services for people with mild and moderate disorders. • Development and use of new tools for primary care practitioners (guidelines, on-line tools, e therapy etc). • Increasing use of primary mental health and addictions services for young people. • Shared care between GPs and specialist services (particularly in relation to AOD services). |
| <i>Specialist services (DHB provider arm and NGOs and including inpatient and community services)</i> | <ul style="list-style-type: none"> • Better access to a wider and more modern range of medication. • More housing options available. • Better integration between mental health and addiction services. • Improved relapse prevention planning. • More options for respite care which keeps people out of acute services. • More peer support services and peer advocacy. • Refurbishment of inpatient units. • Services to assist people into work. • Supported living options, inpatient beds for older people. • Training in talking therapies in the provider arm. • Development of services for older people and people with dementia. • Increased consumer and family involvement in AOD treatment. • Increased AOD funding. • More options for Maori AOD services in the NGO sector. |
| Workforce | <ul style="list-style-type: none"> • More workforce development opportunities through workforce centres |

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| development | <ul style="list-style-type: none"> • AOD specific workforce development (e.g. work done by Matua Raki, DAPAANZ competencies, training for GPs, scholarships, AOD specific qualifications, secondment programmes). • Development of nursing in AOD treatment. • Introduction of Lets get real, Seven Helpful Habits, KAPA & other |
| National and Regional initiatives | <ul style="list-style-type: none"> • Introduction of PRIMHD. • Introduction of new and more “modern” service specifications. • Introduction of the CEP disorders framework. • Review of AOD Act in progress. • Continued development and influence of the National Association of Opioid Treatment Providers (NAOTP). • Continued development and influence of Midland regional network forums, which are considered to be working well. |

4.3 Perceived Gaps and Service Development Issues Identified by Forums:

The Midland region forums identified the following key gaps and service development issues.

| Gaps and issues | |
|---|---|
| Recovery focus | <ul style="list-style-type: none"> • Access to peer support has improved but there is still a shortage of peer workers available. • Consumer advisor roles are not working to their full potential in some districts • Whilst there have been improvements in consumer and family whanau involvement, there is still a need for further development of mechanisms for feedback, respectful dialogue and influence. |
| Service Development: Primary Care | |
| <i>Primary care</i> | <ul style="list-style-type: none"> • Within primary mental health services. • More interventions needed at the primary care level and better GP support and training as identified in Better, Soon, More Convenient (BSMC). A view that primary mental health services do not cater well for people with AOD issues generally. |
| Service Development: Specialist Services (DHB provider arm and NGOs) | |
| <i>General</i> | <ul style="list-style-type: none"> • Gender safety during inpatient stay for client groups • Specific support is needed for people changing medication and for managing withdrawal from medications. • Training is needed for staff and services users in use of Advance Directives. There appear to be issues around lack of recognition, implementation and acceptance by some clinicians and inpatient units in the region. • Many service users don't know about Health of the National Outcome services (HONOS) • Issues relating to service user access to their outcome information. |
| <i>Youth</i> | <ul style="list-style-type: none"> • Gaps in services for younger people. • All forum groups identified a need for children of service users. Stakeholders suggested incorporating into relapse prevention planning use of the KITES “kidsplan” (Waikato is funding some services in this area). • Flexible supported accommodation options, especially for children and youth. • Child and Youth Forensic services. • Maternal mental health services. • More consumer advisors needed in CAMHS services. • Lack of services for children and young people with behaviour problems and no mental health diagnosis miss out on services due to |

| | |
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| | criteria for access |
| <i>Maori</i> | <ul style="list-style-type: none"> • Gaps in services for Maori. • Appropriate needs assessment service coordination for package of care for Maori. |
| <i>Pacific People</i> | <ul style="list-style-type: none"> • Barriers for Pacific people accessing services |
| <i>Asian People</i> | <ul style="list-style-type: none"> • Consideration needed about what the barriers are for Asian people accessing services. Is there a need to recruit more Asian workers? |
| <i>Disability & Mental Health</i> | <ul style="list-style-type: none"> • Issues for people with dual diagnosis especially mental health and intellectual disability. There are eligibility disputes about who is responsible as well as a shortage of appropriate services. |
| <i>Co-existing disorders</i> | <ul style="list-style-type: none"> • Whilst there is good policy direction in relation to integration of mental health and AOD services, implementation is limited indicating a need for changes in culture and more workforce development. |
| <i>AOD</i> | <ul style="list-style-type: none"> • Gaps in AOD services for youth. • Need for more community and marae based AOD programmes for Maori. • Specialist addiction psychiatry. • Crisis support for AOD clients including AOD peer support and advocacy • Social detoxification services (pre and post residential care). • Flexible detoxification for young people • Respite care specifically for AOD. • Services for children of AOD service users. • Services to support family whanau carer support to enable them to support their family member with addiction related issues. • Lack of access to certain medications that are available • Educate on the effect of mixing medications with illicit and prescription drugs. • Effects of not taking medication. • Addiction treatment while in prison. • Better relationships needed with the probation service. • Collaboration with the probation services. • Stigma issues relating to substance use problems especially for certain populations. |
| <i>Older People</i> | <ul style="list-style-type: none"> • Gaps in services for older people. An increasing number of older people and people with dementia are likely to have a big impact in future years. • Kaumatua and Kuia in rest homes are isolated from whanau • Improving mental health and addiction expertise in rest homes and a need for more workforce development. |
| <i>Rural services</i> | <p>Rurality issues were a constant theme in the consultation meetings.</p> <ul style="list-style-type: none"> • Rurality issues include <ul style="list-style-type: none"> ○ Services being provided away from home requiring time out of the area, especially for young people e.g. Starship hospital. ○ Services are needed closer to home. ○ How to develop rural crisis services in a way that is not too expensive. ○ In some districts most services are still based within some DHBs with consequent difficulties for people to access with other parts of the districts. ○ There are social determinants that are not necessarily within the scope of the health system, but which contribute to substance use (and mental health) disorders e.g. shortage of social opportunities outside of the local tavern, lack of education etc. |

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| | <ul style="list-style-type: none"> • Isolation of many Midland providers and the need for <ul style="list-style-type: none"> ○ Better access to training/conferences etc – perhaps a mobile AOD training programme towards a recognised qualification and/or recognition of the costs of training. ○ More electronic resources (teleconference etc) and training in the use of what IT is available. ○ Mobile treatment services including a roving medical specialist. ○ Better located residential treatment facilities. • Gaps in rural crisis services |
| <i>Respite care</i> | <ul style="list-style-type: none"> • Shortage of respite care options |
| <i>Specialist services</i> | <ul style="list-style-type: none"> • Gaps in specialist community services for people with eating disorders and personality disorder |
| <i>Referral pathways and NASC processes</i> | <ul style="list-style-type: none"> • Some DHBs have confusing referral pathways which result in services holding on to clients due to lack of trust in the transition process. • Considerable dissatisfaction with Needs Assessment and Service co-ordination services including issues around <ul style="list-style-type: none"> ○ Gate-keeping by DHB provider arm services ○ Embedding current service referral patterns ○ Single point of entry limiting whanau decision making as to the preferred service provider ○ Lack of cultural competency ○ A “way in” to services for self referrals (for AOD especially this results in a big gap) |
| <i>DHB specific gaps</i> | <p><i>Waikato gaps</i></p> <ul style="list-style-type: none"> • Large gaps in community adult clinical FTEs and in particular for Maori. • Child and youth inpatient beds. • A likely gap in AOD services, but this has not been able to be quantified at this stage. • Crisis services and respite services for Maori. <p><i>Bay of Plenty gaps</i></p> <ul style="list-style-type: none"> • AOD services and in particular youth AOD and Maori AOD. • Supported accommodation services. • Uncertain access to child and youth inpatient beds when required. • People with high and complex needs. • Rural based services in Eastern BOP including no adult Kaupapa services. • Community support. • Kaupapa friendly landlord services. • Kaumatua services. <p><i>Taranaki gaps</i></p> <ul style="list-style-type: none"> • Crisis and family respite (youth and adult). • Housing in particular for 18-25 year olds and for people with CEP mental health and AOD disorders. • Insufficient packages of care. • People with Huntington’s disease. • A question about whether Taranaki has too many inpatient beds. <p><i>Tairāwhiti gaps</i></p> <ul style="list-style-type: none"> • Community adult mental health services (which need to be sized in light of prevalence data). • AOD which still need to be sized. • AOD respite services (there are no services available). • Child and youth services in rural areas. • Big gaps in primary mental health services. • Lack of options for older Maori. |

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| | <p><i>Lakes gaps</i></p> <ul style="list-style-type: none"> • Under 12 year olds with AOD problems. • Kaupapa Maori services. • Housing options. |
| Workforce Development | <ul style="list-style-type: none"> • Encourage movement of people out of consumer roles into other career pathways. • Recognition of the costs of training especially in an environment where standards are increasing. • AOD courses that support a balance of experiential and intellectual learning. |
| National, regional and interagency initiatives | <ul style="list-style-type: none"> • A need to develop better working relationships with Justice and other agencies. • Improved collaboration with health, social, justice and educational agencies. |

5.0 APPENDIX 1: MENTAL HEALTH AND ADDICTION LEGISLATION, POLICY AND PRIORITIES

5.1 LEGISLATION

The provision of mental health and addiction services in New Zealand is subject to a number of acts that impact on future demand for services and for the way that services are developed and provided.

These include (in alphabetical order):

- **Alcoholism and Drug Addiction Act 1966.** The aim of this Act is to make better provision for the care of people with alcohol dependency and people addicted to drugs.
- **Crimes Act 1961.** Section 23 of this Act sets out the conditions that apply to the defence of insanity.
- **Health and Disability Commissioner Act 1994** (Health and Disability Code of Rights). The Act created the Office of the Health and Disability Commissioner, with the role of promoting and protecting the rights of health and disability services consumers, and facilitating the fair, simple, speedy and efficient resolution of complaints – with a national network of independent advocates under the Director of Advocacy, and an independent prosecutor, the Director of Proceedings.
- **Health and Disability Safety Act 2003.** The purpose of the Act is to:
 - Promote the safe provision of health and disability services to the public.
 - Enable the establishment of consistent and reasonable standards for providing health and disability services to the public safely.
 - Encourage providers of health and disability services to take responsibility for providing those services to the public safely.
 - Encourage providers of health and disability services to the public to continuously improve the quality of those services.
- **Health Practitioners Competency Assurance Act 2003.** The Act provides a framework for the regulation of health practitioners in order to protect the public where there is a risk of harm from the practice of the profession.
- **Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003.** The purposes of this Act are:
 - To provide courts with appropriate compulsory care and rehabilitation options for persons who have an intellectual disability and who are charged with, or convicted of, an offence; and
 - To recognise and safeguard the special rights of individuals subject to the Act; and
 - To provide for the appropriate use of different levels of care for individuals who, while no longer subject to the criminal justice system, remain subject to this Act.
- **Land Transport Act 1998.** The key areas of relevance from this Act are the provisions concerning drivers' licenses for patients under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

- **Mental Health Commission Amendment Act 2007.** This Act sets out the role of the Commission as follows:
 - Advocate for people with mental disorders and/or addiction and their families.
 - Promote and facilitate collaboration and communication about issues relating to mental disorders and addiction.
 - Promote community understanding of issues relating to mental disorders and addiction.
 - Reduce stigma and prejudice and eliminate discrimination against people with mental disorders and/or addiction and their families.
 - Monitor and report to the Minister on implementation of the national mental health strategy.
 - Stimulate and support policy-makers, funders and providers to provide integrated, effective, efficient systems of care that meet the needs of the community.
 - Stimulate and undertake research relevant to mental disorders and addiction.

- **Mental Health (Compulsory Assessment and Treatment) Act 1992.** This Act provides for the compulsory assessment and treatment of people who are considered to be “mentally disordered” within the meaning of the Act. The Mental Health (Compulsory Assessment and Treatment) Amendment Act came into force from 1 April 2000.

- **Misuse of Drugs Act 1975.** Section 24 of this Act relates to the treatment of people dependent of controlled drugs.

- **New Zealand Public Health and Disability Act 2000.** This Act establishes the structure underlying public sector funding and the organisation of health and disability services. It establishes District Health Boards, and sets out the duties and roles of key participants, including the Minister of Health, Ministerial committees, and health sector provider organisations. It also sets the strategic direction and goals for health and disability services in New Zealand. These include to improve health and disability outcomes for all New Zealanders, to reduce disparities by improving the health of Māori and other population groups, to provide a community voice in personal health, public health, and disability support services and to facilitate access to, and the dissemination of information for, the delivery of health and disability services in New Zealand. The Act has recently been amended to provide a focus on national and regional requirements as well as local requirements, support shared arrangements and collaboration, provide a mechanism for arbitration and mediation between DHBs, and establish the Health Quality and Safety Commission.

- **Privacy Act 1993** promotes and protects individual privacy. The *Health Information Privacy Code 1994* issued under the Act provides rules to protect individual privacy in respect of consumers’ health information. A revised 2008 edition is available.

- **Public Finance Act 1989.** The purpose of this Act is to ensure the effective and efficient regulation of all government revenue, expenditure, assets and liabilities.

Forensic Mental Health Services are delivered in the context of the following legislation:

- **Criminal Procedure (Mentally Impaired Persons) Act 2003.** The purpose of this Act is to “restate the law formerly set out in part 7 of the Criminal Justice Act 1985 relating to mentally disordered persons who are involved in criminal proceedings, and to make a number of changes to that law,” including changes to:

- Provide the courts with appropriate options for the detention, assessment, and care of defendants and offenders with an intellectual disability; and
 - Provide that a defendant may not be found unfit to stand trial for an offence unless the evidence against the defendant is sufficient to establish that the defendant caused the act or omission that forms the basis of the offence.
- **Victims Rights Act 2002.** Section 37 of this Act concerns notice to be given to registered victims of the discharge, leave or escape, or death of an accused or offender who is compulsorily detained in a hospital.

Copies of legislation can be found on www.legislation.govt.nz

5.2 POLICY AND KEY NATIONAL DIRECTIONS

(with current regional action where applicable)

A number of national policies, strategies and key government directions outlined in this section impact on current and future mental health service planning.

Mental Health and Addiction Action Plan 2010.

The Minister of Health recently (November 2010) released *the “Mental Health and Addiction Action Plan 2010*. The plan outlines the Government’s priorities for mental health and addiction services in the short term, offering guidance for the implementation of the broader strategic direction set out in the national mental health strategy (as discussed in the following section). Given that this is the most recent articulation of Government’s priorities for mental health and addiction, it is included as the first item in this section. The full document can be found at:

<http://www.MOH.govt.nz/MOH.nsf/indexmh/mental-health-and-addiction-action-plan-2010>

Whilst the document is focussed mainly on actions being lead by the Ministry of Health, it will impact on regional and DHB planning and funding decisions. The prioritised actions respond to the Government’s immediate and emerging priorities and involve:

1. Moving health resources to increase access to mental health and addiction services and improve health outcomes through:
 - New ways of delivering well-connected and co-ordinated services involving primary care, district health boards and non-government organisations.
 - More use of Relapse Prevention Plans and Knowing the People Planning or similar planning tools for people requiring long-term assistance.
2. Lifting system performance to enhance our communities’ mental health and wellbeing by:
 - Enhancing eating disorder services.
 - Establishing regional advisory services for dementia behavioural support.
 - Using national key performance indicators to measure how we’re doing and where improvements need to be made, particularly for Māori and other vulnerable populations.
 - Ensuring that services meet future needs through a new nationwide Mental Health and Addiction Service Development Plan.
 - Collecting better information about publicly-funded mental health and addiction services.

3. Tackling alcohol and other drug-related harm by:

- Improving access to methamphetamine-related services.
- Developing a modern legislative framework.
- Providing additional alcohol and drug treatment programmes for young offenders.

4. Integrating efforts across government for better mental health outcomes through:

- Mental health and addiction services that help to divert children and young people away from negative pathways and increase their life chances. (Drivers of Crime)

Te Tahuu – Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan and in its associated action plan, **Te Kokiri: the Mental Health and Addiction Action Plan 2006-2015**. These two documents currently articulate the national mental health strategy which is legislated under section 3 of the Mental Health Commission Act 1998. These two documents describe 10 leading challenges: promotion and prevention; building mental health services, responsiveness; workforce and culture for recovery; Maori mental health; primary health care; addiction; funding mechanisms for recovery; transparency and trust; working together.

The key priorities and themes emerging from these two documents which impact on planning and funding decisions include:

- Services that are recovery and wellness focused.
- Increasing promotion and prevention relating to mental health and addictions.
- Building the capacity and capability of primary care to respond to the needs of people with mental illness and substance use problems.
- Addressing gaps in services, in particular for Maori, people with substance use problems, children and older people.
- Strengthening linkages between primary care and specialist services.
- Better management of co-existing mental health and substance use problems.
- Earlier access to services.
- Meeting the needs of people in the criminal justice and youth justice system.
- Workforce development.
- Interagency linkages.

New Zealand Health Strategy 2000. Although it is now 10 years old, the New Zealand Health Strategy 2000 (NZHS) still provides an overview of government priority areas that will provide the highest benefits for the New Zealand population, focusing in particular on tackling inequalities in health. Three of its population health objectives apply to mental health and addiction services;

- Improve the health status of people with severe mental illness.
- Reduce the rate of suicides and suicide attempts.
- Minimise harm caused by alcohol and illicit and other drugs use to both individuals and the community.

In addition, the NZHS highlights the importance of “improving the responsiveness of mental health services.”

New Zealand Disability Strategy: Making a World of Difference - Whakanui Oranga (April 2001). Underpinning the NZ Disability Strategy is a vision of a fully inclusive society. New Zealand will be inclusive when people with impairments can say they live in:

'A society that highly values our lives and continually enhances our full participation.'

Achieving this vision will involve ensuring that disabled people have a meaningful partnership with Government, communities and support agencies, based on respect and equality. Disabled people will be integrated into community life on their own terms, their abilities will be valued, their diversity and interdependence will be recognised, and their human rights will be protected. Achieving this vision will also involve recognising the principles of the Treaty of Waitangi.

To advance New Zealand towards a fully inclusive society, the *NZ Disability Strategy* includes fifteen objectives, underpinned by detailed actions. The document can be accessed at www.odi.govt.nz

He Korowai Oranga: Maori Health Strategy (Minister of Health and Associate Minister of Health 2002). *He Korowai Oranga: Maori Health Strategy* (Minister of Health and Associate Minister of Health 2002) set the direction for Maori health development. It affirms recognition of whanau as central to mental health, wellbeing and recovery. The overall aim of He Korowai Oranga is whanau ora: Maori families supported to achieve their maximum health and wellbeing.

Te Puawaiwhero – The Second Maori Mental Health and Addiction National Strategic Framework 2008-2012. *Te Puawaiwhero* builds on the first framework, *Te Puawaitanga*, launched in 2002. The overall aim is whanau ora: Maori families to reach their maximum health and wellbeing. The key principles in the strategy are:

- Prioritise Maori – act on evidence of health inequality in Maori mental health and addiction need to ensure that new and existing initiatives are responsive and effective for Maori.
- Build on the gains – current initiatives to improve Maori mental health and addiction are sustainable and have a development path for the future.
- Responsive to Maori – build on the link between health and culture to ensure initiatives are responsive to the unique needs of Maori.

Priorities for action are:

- Promotion and prevention – promote Maori mental health and wellbeing and prevent mental illness and addiction through development of programmes that are effective for diverse Maori communities.
- Early intervention and primary health care- primary mental health and addiction service models and funding arrangement are responsive to Maori mental health need and strategies
- Specialist services – Tangata Whaiora who require specialist services experience services that provide choice and are effective, efficient, timely and responsive to their needs.

New Zealand Suicide Prevention Strategy (2006-2016) and Action Plan (2008-2012). The Strategy provides a framework for suicide prevention efforts over the next 10 years. Its overarching aim is to reduce the rate of suicidal behaviour and its effects at on the lives of New Zealanders. The Strategy has seven goals:

- Promote mental health and well-being, and prevent mental health problems.

- Improve the care of people who are experiencing mental disorders associated with suicidal behaviour.
- Improve the care of people who make non fatal suicide attempts.
- Reduce access to the means of suicide.
- Promote the safe reporting and portrayal of suicidal behaviours by the media.
- Support families/whanau, friends and others affected by a suicide or suicide attempt.
- Expand the evidence about the rates, causes and effective interventions.

The action plan provides detail on how the goals of the strategy will be achieved over the 5 years 2008-2012.

Te Raukura: Addressing the mental health and alcohol and other drug needs of children and youth.²³ *Te Raukura* draws together the key issues and priorities that were identified by the child and youth mental health and alcohol and other drug sector, namely:

- Reducing inequalities.
- Child and youth specialist services:
 - Access.
 - Gaps in specialist service provision.
 - Additional areas of focus:
 - children of parents/whanau with a mental illness, including the role of
 - young carers.
 - youth forensic services.
 - severe behaviour disorders.
 - child and youth AOD services.
 - maternal and infant mental health.
 - low prevalence disorders.
- Implementation of best practice.
- Intersectoral collaboration.
- Workforce.
- Primary mental health care.

Mental Health Commission's Blueprint for Mental Health Services 1998 (*and proposed development of a new service development framework*)

The *Blueprint* model was developed by the Mental Health Commission in 1998 to operationalise the national mental health strategy to provide a practical framework for planning and funding of specialist mental health services. The *Blueprint* identifies the service mix and volumes required for age groups within every 100,000 people.

The *Blueprint* model and the associated funding stream have contributed to the development of a relatively comprehensive range of specialist services (albeit that some gaps and weaknesses still remain) for people in New Zealand who are affected by a severe mental disorder and/or substance use disorder.

There are limitations to the continued use of the *Blueprint* model because of:

- New practices, service types and configurations not reflected in the model.
- Inconsistencies with other policy settings especially the population based funding formula.

²³ Ministry of Health. 2007. *Te Raukura Mental health, alcohol and other drugs: Improving outcomes for children and youth*. Wellington: Ministry of Health.

- The input based nature of the targets.
- Reduced relevance of the targets to local DHB settings, rather than nationally or regionally as envisaged when the model was developed.

Government has accepted that there is a need for a new flexible and more dynamic service development framework, which takes into account population demographics, reflects best practice recovery across the entire care continuum, and which can be used, alongside regional and local needs assessments to guide effective and efficient service delivery.

The Ministry of Health, in partnership with the Mental Health Commission is leading this work and it is expected that a new model will be finalised before the end of 2012.

Better, Sooner, More Convenient Primary Health Care. *Better, Sooner, More Convenient Primary Health Care* is the Government's initiative to "deliver a more personalised primary health care system that provides services closer to home and makes Kiwis healthier".

The initiative recognises that primary health care has a part to play in helping reduce acute demand pressure on hospitals by better managing chronic conditions and proactively supporting high need populations. The policy envisages the establishment of integrated family health centres and some services moving from secondary to primary care settings. Two Midland region business cases (out of nine in New Zealand) have been successful in the initial phase of implementation:

- The Midlands Network which identifies \$65.8 million worth of services that can be managed within primary care, that are currently purchased and managed by four of the Midland region's DHBs and their provider arms – Waikato, Lakes, Taranaki and Tairāwhiti.
- Eastern Bay of Plenty PHOs which will merge and provide a whānau ora approach to services, an integrated Family Health Centre in Whakatane and two smaller Whānau Ora centres in Opotiki and Kawerau. An integrated Family Health Network will also be established to ensure integration and coordination.

In relation to mental health and addiction some primary-secondary integration projects have been established in five demonstration sites as part of the Better, Sooner, More Convenient business case groups – in Midland (Taranaki); Canterbury; Wairarapa; West Coast; AH+ (Alliance Health Plus).

A Ministry project team is working with the mental health and addictions implementation teams in each of the demonstration sites to support implementation of their primary/secondary mental health and addictions integration initiatives and to facilitate the sharing of their experience with the sector.

There are three areas of demonstration:

- Electronic notes sharing.
- Specialist telephone advice to GPs.
- More comprehensive primary/secondary integration.

Electronic Notes Sharing: A relatively modest e-notes sharing demonstration has been developed. The e-notes demonstration works with whatever information systems are in place in primary and secondary services. A web-based service is used to bridge the two environments. In its simplest form this demonstration entails regularly updated copies of the patient's primary

care notes being available on the web service, with psychiatrists being enabled via a web login (and possibly a patient password) to read all or part of a patient's record. Where possible, a further extension of e-notes sharing would entail the psychiatrist being able to write to the patient's primary care record (e.g. treatment plan / information / advice). There are currently three demonstration sites for e-note sharing: Wairarapa; West Coast; AH+ (Alliance Health Plus)

Specialist Telephone Advice to GPs: The overarching principle is that the system should be as simple as possible and the advice should be provided as quickly as possible – aiming for same day response. It is not intended that this system will be used to make routine referrals, used after hours, or in cases of emergency. There are currently four demonstration sites for specialist telephone advice: Wairarapa; West Coast; Midland (Taranaki); Canterbury.

More Comprehensive Primary/Secondary Integration: These initiatives aim to improve integrated service delivery through the development and implementation of new models of care that include:

- Measures to increase capacity and capability to provide mental health, alcohol and drug services in a primary care setting.
- Health professionals working collaboratively and across traditional boundaries to provide more holistic care that is responsive to the needs of patients and minimally disruptive of support arrangements (including housing etc) and other roles and responsibilities in the community.
- Increased integration of specialist services in primary care service delivery models (i.e. more than simple shift in location of delivery).
- A well-supported and stimulating work environment that improves workforce recruitment and retention.
- Coordination across integrated care pathways and information systems that provide for efficient service delivery.
- Systems that enable improved and sustainable models of care while maintaining appropriate accountability for equitable access, safety, quality, performance and efficient use of system resources.

There are currently two demonstration sites for more comprehensive integration: Wairarapa; West Coast.

Drivers of Crime/Conduct Disorders: *Drivers of Crime* is an approach that focuses on addressing the underlying drivers of criminal offending within the New Zealand context. It recognises the growing body of knowledge about the circumstances of people's lives that are associated with a greater likelihood of offending and victimisation including:

- family dysfunction.
- poverty.
- child maltreatment.
- poor educational achievement.
- harmful drinking and drug use.
- poor mental health; severe behavioural problems amongst children and young people.
- the intergenerational transmission of criminal behaviour.

Many of these issues are concentrated within socially and economically disadvantaged families and communities.

Addressing the *Drivers of Crime* involves responding effectively along the pathways of offending. This includes early prevention, treatment for specific needs related to offending, and justice sector responses that reduce re-offending. It involves shared responsibility across a

range of government agencies and service providers, and a focus on improved value for money through better coordinated, better targeted and more effective services and programmes.

The Government has decided on a number of options to address the drivers of crime. The four areas for cross-agency action are:

1. Improve the quantity, quality and effectiveness of maternity and early parenting support services, particularly for those most at risk.
2. Address conduct and behavioural problems in childhood.
3. Reduce the harm from alcohol, and improve the availability and accessibility of alcohol and other drug treatment services.
4. Identify alternative approaches to manage low-level repeat offenders and offer pathways to success.

The first three of these options are directly relevant to mental health and addiction services.

National Drug Policy 2007-2012. The overarching goal of the *National Drug Policy 2007-2012* is to prevent and reduce the health, social and economic harms that are linked to tobacco, alcohol, illegal and other drug use. Drug policy in NZ is based on the principle of harm minimisation. The strategy is summarised as follows:

Strategies that support harm minimisation can be divided into three groups or 'pillars':

- Supply control - which aims to prevent or reduce harm by restricting the availability of drugs.
- Demand reduction - which involves a wide range of activities that aim to reduce individuals' desire to use drugs.
- Problem limitation - which seeks to reduce harm from drug use that is already occurring.

| HARM MINIMISATION | | |
|--|--|---|
| Supply Control | Demand Reduction | Problem Limitation |
| Legislative controls over: import, export, production, cultivation, manufacturing, supply and possession | Drug Education (the delivery of information to improve knowledge and awareness) | Primary prevention including early intervention, brief intervention and ambulance services |
| Enforcement Activity including border control, shutting down drug cultivation, manufacturing, trafficking and selling operations | Health Promotion (the process of enabling people to increase control over, and, to improve, their health) | Secondary treatment interventions including psychotherapy, managed withdrawal, pharmacotherapy, substitution therapy, residential |
| Precursor Control | Social Marketing (the use of commercial marketing technologies to persuade target audiences to make behaviour changes) | Harm reduction including needle exchange, heroin prescription, injecting rooms |
| | Community Action (a process which accesses local resources and knowledge to address social issues) | |

Tackling Methamphetamine: An Action Plan (October 2009) – published by Department of Prime Minister and Cabinet, Policy Advisory Group

The overall goal of this Action Plan is a significant reduction in methamphetamine use, which will lead to a reduction in the harms that it causes. This will be achieved through a reduction in supply by controlling precursors and breaking supply chains, a reduction in demand for methamphetamine through enhanced support for families and communities to resist the drug, and through helping users into treatment and supporting communities to help users into treatment.

Published Guidance Documents

The Ministry of Health has published a number of guidance documents which impact on planning and funding decisions, and is finalising others in key policy areas. These documents provide guidance on how to make progress as and when these service areas are prioritised for funding. Areas where guidance has recently been provided includes:

- *Service Delivery for People with Co-existing Mental Health and Addiction Problems – Integrated Solutions 2010.*
- *Future Directions for Eating Disorders Services in New Zealand (April 2008).*

Service Delivery for People with Co-existing Mental Health and Addictions Problems: Integrated solutions. This is guidance, rather than a policy document but the key directions are supported by the Minister of Health. The document outlines a general expectation that all mental health and addiction agencies will become “co-existing problems capable.” The document addresses the issue of when to:

- Integrate treatment for co-existing problems independently of other services.
- Develop shared care or integrated approaches across services.
- Develop a small, specialist co-existing problems resource.

The document provides a framework that can be used to determine the best response i.e.:

- Less severe mental health, less severe addiction – primary health care settings (medical and non medical).
- More severe mental health, less severe addition – mental health service settings and primary health care.
- Less severe mental health and more severe addiction – addiction services and primary care.
- More severe mental health and more severe addiction - co-working between mental health and addiction services, with support from specialist co-existing problem services.

Future Directions for Eating Disorders Services in New Zealand (April 2008). This is also a guidance, rather than a policy document, but the key directions are supported by the Minister of Health and dedicated Government funding has been allocated to building new services.

The document proposes a tiered service model and principles to address the gaps in service provision and build an integrated eating disorders sector. Key areas for action include:

- Increasing the number and widening the range of services.
- Establishing tertiary eating disorders services.
- Supporting seamless service delivery, easy transitions between services and continuity of care by providing:
 - Each service user referred to a secondary service with a designated care co-ordinator.
 - At least one designated eating disorders liaison person in each DHB (or appropriate group of DHBs).
- Building a workforce in primary, secondary and tertiary services with:
 - The skills and experience to deliver effective services to people with an eating disorder.
 - A culture that promotes service user participation and leadership.
 - A culture that involves family whānau in treatment and recovery.

Other guidance documents: Guidance documents are currently being developed in the following areas:

- Youth Forensic services
- Maternal and Infant Mental Health.
- Primary Mental Health and Addictions.
- Mental Health and Addictions of older people and dementia

6.0 APPENDIX 2: MIDLAND REGION DEMOGRAPHIC PROFILE

6.1 Geography

The Midland region covers a large geographic area and encompasses Bay of Plenty DHB, Lakes DHB, Tairāwhiti DHB, Taranaki DHB and Waikato DHB.

A map which details the boundaries of the Midland region and the five DHBs located within these boundaries is provided below:

Figure 6: Midland Region Boundaries



The region covers 56,738.3 km² and comprises 21% of the New Zealand land mass. Waikato is the largest in size, covering 37% of the area, while Taranaki is the smallest, covering only 14% of the total region.

There are a number of main urban areas²⁴ in the region (Hamilton Zone, Cambridge Zone, Te Awamutu Zone, Tauranga, Rotorua, Gisborne, and New Plymouth) and a few secondary urban areas²⁵ (Tokoroa, Taupo, Whakatane and Hawera), but a significant proportion of the region's population reside in rural and isolated areas (19.2% compared to 12.2% nationally).

²⁴ Main urban areas are very large urban areas centred in a city or major urban centre, with a minimum population of 30,000

²⁵ Secondary urban areas are very urban areas centred on large regional centres, with populations between 10,000 and 29,999

Table 20: Midland Region Land Area and Population (2010)

| DHB | Area in km ² | % of Region | Population | % of Region (2001 % in brackets) |
|-----------------------|-------------------------|-------------|----------------|----------------------------------|
| Bay of Plenty | 9,649.5 | 17% | 210,980 | 25% (24%) |
| Lakes | 9,570.4 | 17% | 103,290 | 12% (13%) |
| Tairawhiti | 8,355.0 | 15% | 46,805 | 6% (6%) |
| Taranaki | 7,944.6 | 14% | 109,530 | 13% (14%) |
| Waikato | 21,218.8 | 37% | 364,790 | 44% (43%) |
| Midland Region | 56,738.3 | 100% | 835,395 | 100% |

Figure 7: Midland Region Land Area

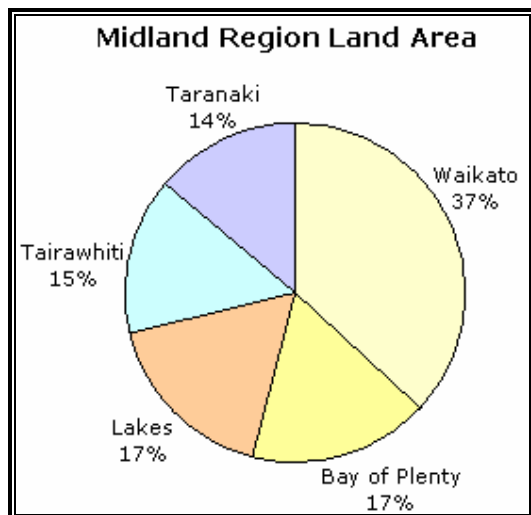
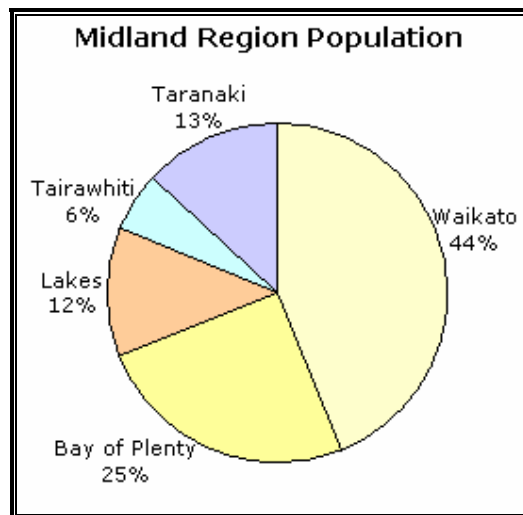


Figure 8: Midland Region Population



6.2 Iwi Within the Midland Region²⁶

Many Iwi are located within the Midland region. While the tribal boundaries of each Iwi are not uniform with either the region or even DHB districts it is still relevant to identify what Iwi exist within Midland. The formally recognised Iwi groups that are located with the Midland region are identified in conjunction with their respective DHBs below²⁷.

Tairawhiti DHB: Ngati Porou, Ngai Tamanuhiri, Rongowhakaata, Te Aitanga-a-Mahaki.

Lakes DHB: Lakes DHB sits within part of the rohe of Te Arawa waka. In this rohe there are two major iwi: Te Arawa, which covers the Rotorua Lakes area and Ngati Tuwharetoa, which covers Taupo and Turangi. In the extreme western ends of Lakes DHB is Mangakino who are of Ngati Kahungunu ko Wairarapa iwi and to the east is Kaingaroa who are Ngati Manawa.

Bay of Plenty DHB: Waitaha, Tapuika, Tuwharetoa-ki-Kawerau, Tuhoë, Ngaiterangi, Ngati-a-Ranginui, Te Whanau-a-Apanui, Te Whanau-a-Te Ehu, Ngaitai, Whakatohea, Ngati Pukenga, Ngati Makino, Ngati Manawa, Ngati Whakaue ki Maketu, Ngati Rangi, Ngati Rangitihia, Ngati Whare, Ngati Awa, Ngai Tai.

Waikato DHB: Waikato, Hauraki, Ngati Maniapoto, Ngati Raukawa.

Taranaki DHB: Ngati Tama, Ngati Mutunga, Te Atiawa, Ngati Maru, Taranaki, Ngaruahinerangi, Ngati Ruanui, Nga Rauru.

²⁶ Information confirmed by Midland GMS Maori Health May 2011

²⁷ Information from Midland region strategic plan

6.3 Midland Region Ethnicity

Overall 24.8% of the region's population are Maori, 2.0% Pacific and 4.4% Asian. The percentage of Maori varies across the region, ranging from a high of 47.6% in Tairāwhiti, to a low of 16.8% in Taranaki.

The percentage of Pacific people is 2.5% in both Waikato and Lakes, but only 1% in Taranaki. The percentage of Asian people in Waikato is 6.1% compared with a regional average of 4.4% and a low of 1.7% in Tairāwhiti.

Table 21: Midland Region Population by Ethnicity (2010)

| DHB | Asian | | Maori | | Other | | Pacific | | Total Population |
|-----------------------|----------------|--------------|----------------|--------------|------------------|--------------|----------------|-------------|------------------|
| | Pop | % of pop | Pop | % of pop | Pop | % of pop | Pop | % of pop | |
| Bay of Plenty | 6,410 | 3.0% | 52,200 | 24.7% | 149,570 | 70.9% | 2,800 | 1.3% | 210,980 |
| Lakes | 3,850 | 3.7% | 35,290 | 34.1% | 61,550 | 59.6% | 2,600 | 2.5% | 103,290 |
| Tairāwhiti | 790 | 1.7% | 22,280 | 47.6% | 22,780 | 48.7% | 955 | 2.0% | 46,805 |
| Taranaki | 2,860 | 2.6% | 18,450 | 16.8% | 87,130 | 79.5% | 1,090 | 1.0% | 109,530 |
| Waikato | 22,510 | 6.1% | 78,640 | 21.6% | 254,700 | 69.8% | 8,940 | 2.5% | 364,790 |
| Midland Region | 36,420 | 4.4% | 20,6860 | 24.8% | 575,730 | 68.9% | 16,385 | 2.0% | 835,395 |
| New Zealand | 463,095 | 10.5% | 664,230 | 15.1% | 2,966,840 | 67.8% | 279,365 | 6.4% | 4,373,530 |

Source: Statistics NZ population projections at 30 June 2007 (2006 base) prepared for the Ministry of Health in September 2010

Figure 9: NZ Ethnicity

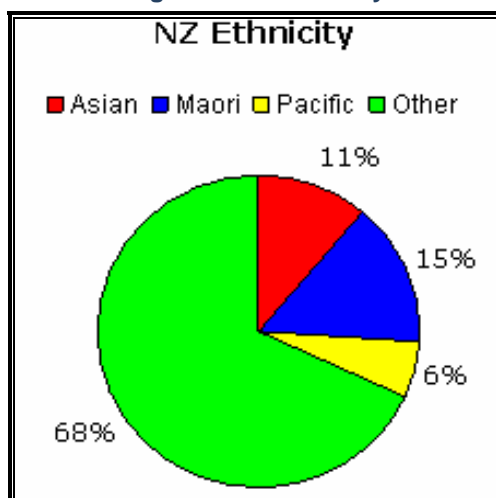


Figure 10: Midland Region Ethnicity

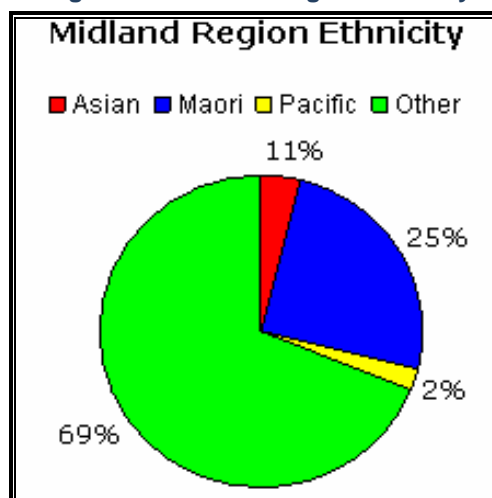


Figure 11: Bay of Plenty Ethnicity

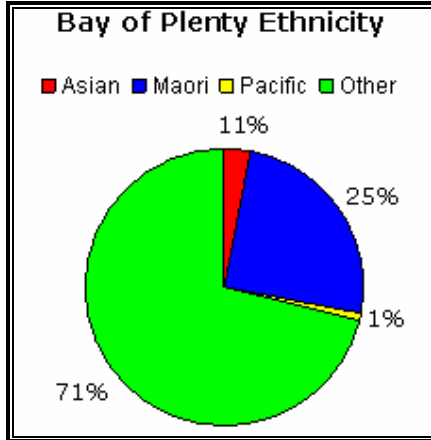


Figure 12: Lakes Ethnicity

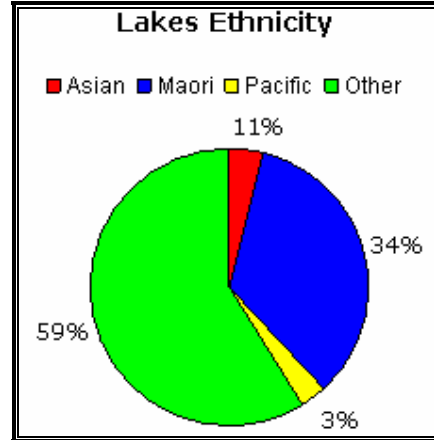


Figure 13: Tairāwhiti Ethnicity

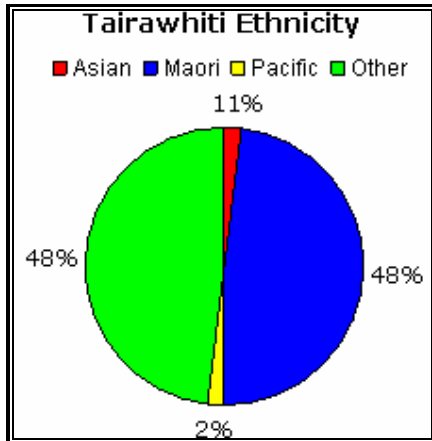


Figure 14: Taranaki Ethnicity

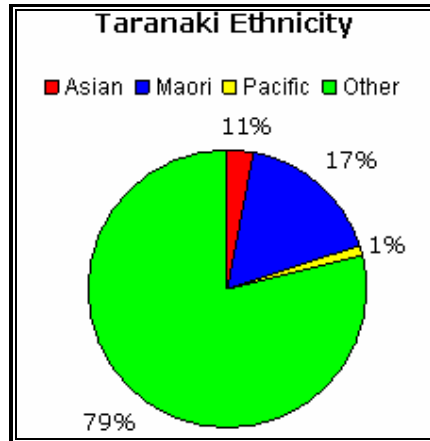
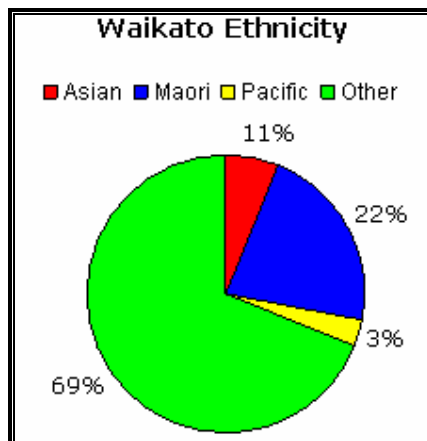


Figure 15: Waikato Ethnicity



6.4 Midland Region Age Structure

Overall 21.8% of the region's population is under 15, 13.8% between 15 and 24, 50% are 25-64 and 14.5% are over 65. This age structure has changed since the 2001 figures reported in the previous needs analysis, and there is now a lower percentage of younger people and a higher percentage of older people. This trend is expected to continue as shown in table 25, where the percentage of people under 15 will reduce even further to 19.6% and the number of people over 65+ will increase to 21.2%.

The age spread varies between DHBs e.g. Tairāwhiti has a higher number of young people than the region average and a lower number of people over 65.

Table 22: Midland Region Population by Age (2010)

| | 00-14 | | 15-24 | | 25-44 | | 45-64 | | 65+ | |
|-----------------------|----------------|--------------|----------------|--------------|----------------|--------------|----------------|--------------|----------------|--------------|
| | Pop | % of pop | Pop | % of pop | Pop | % of pop | Pop | % of pop | Pop | % of pop |
| Bay of Plenty | 44,370 | 21.0% | 26,340 | 12.5% | 49,240 | 23.3% | 55,420 | 26.3% | 35,610 | 16.9% |
| Lakes | 23,800 | 23.0% | 13,920 | 13.5% | 25,840 | 25.0% | 26,360 | 25.5% | 13,370 | 12.9% |
| Tairāwhiti | 11,560 | 24.7% | 6,525 | 13.9% | 11,080 | 23.7% | 11,830 | 25.3% | 5,810 | 12.4% |
| Taranaki | 22,720 | 20.7% | 14,305 | 13.1% | 26,425 | 24.1% | 28,865 | 26.3% | 17,215 | 15.7% |
| Waikato | 79,560 | 21.8% | 54,040 | 14.8% | 92,070 | 25.2% | 90,040 | 24.7% | 49,080 | 13.5% |
| Midland Region | 182,010 | 21.8% | 115,130 | 13.8% | 204,655 | 24.5% | 212,515 | 25.4% | 121,085 | 14.5% |

Source: Statistics NZ population projections at 30 June 2007 (2006 base) prepared for the Ministry of Health in September 2010

6.5 Population Projections

Over the next 16 years the Midland region population will increase at a lower rate than the NZ average. The highest Midland region population increase is expected in the Bay of Plenty DHB (17.5%) whilst the population of Tairāwhiti DHB is expected to decrease slightly (-0.3%).

Table 23: Midland Region Population Projections 2010-2026

| | 2010 | 2016 | 2021 | 2026 | % increase in population 2010-2026 |
|-----------------------|------------------|------------------|------------------|------------------|------------------------------------|
| Bay of Plenty | 210,980 | 226,020 | 237,240 | 247,870 | 17.5% |
| Lakes | 103,290 | 104,930 | 105,590 | 105,740 | 2.3% |
| Tairāwhiti | 46,805 | 47,100 | 46,945 | 46,625 | -0.3% |
| Taranaki | 109,530 | 110,545 | 110,525 | 109,975 | 0.4% |
| Waikato | 364,790 | 381,840 | 392,720 | 402,140 | 10.2% |
| Midland Region | 835,395 | 870,435 | 893,020 | 912,350 | 9.21% |
| New Zealand | 4,373,530 | 4,630,495 | 4,817,555 | 4,991,595 | 14.1% |

Source: Statistics NZ population projections at 30 June 2007 (2006 base) prepared for the Ministry of Health in September 2010

Table 24: Midland Region ethnic population projections 2010-2026

| | 2010 | | 2016 | | 2021 | | 2026 | |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | | % of total pop | | % of total pop | | % of total pop | | % of total pop |
| Asian | 36,420 | 4.4% | 45,425 | 5.2% | 52,975 | 5.9% | 60,410 | 6.6% |
| Maori | 206,860 | 24.8% | 221,940 | 25.5% | 233,030 | 26.1% | 243,670 | 26.7% |
| Other | 575,730 | 68.9% | 584,970 | 67.2% | 587,470 | 65.8% | 587,280 | 64.4% |
| Pacific People | 16,385 | 2.0% | 18,100 | 2.1% | 19,545 | 2.2% | 20,990 | 2.3% |
| Total | 835,395 | | 870,435 | | 893,020 | | 912,350 | |

Source: Statistics NZ population projections at 30 June 2007 (2006 base) prepared for the Ministry of Health in September 2010

Figure 16: Changes in Midland Region ethnicity from 2010 to 2026

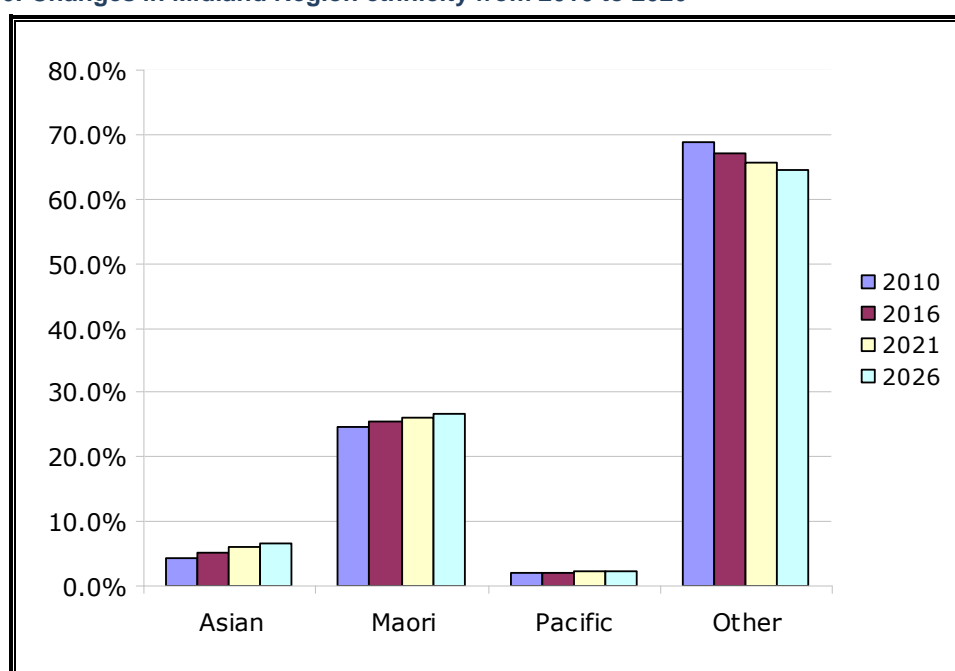


Table 25: Midland Region age projections 2010-2026

| Age band | 2010 | | 2016 | | 2021 | | 2026 | |
|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | | % of total pop | | % of total pop | | % of total pop | | % of total pop |
| 00-14 | 182,010 | 21.8% | 183,035 | 21.0% | 184,075 | 20.6% | 179,005 | 19.6% |
| 15-24 | 115,130 | 13.8% | 111,715 | 12.8% | 105,160 | 11.8% | 108,690 | 11.9% |
| 25-44 | 204,655 | 24.5% | 205,990 | 23.7% | 212,270 | 23.8% | 217,195 | 23.8% |
| 45-64 | 212,515 | 25.4% | 223,380 | 25.7% | 223,070 | 25.0% | 214,170 | 23.4% |
| 65+ | 121,085 | 14.5% | 146,315 | 16.8% | 168,445 | 18.9% | 193,290 | 21.2% |
| Total | 835,395 | | 870,435 | | 893,020 | | 912,350 | |

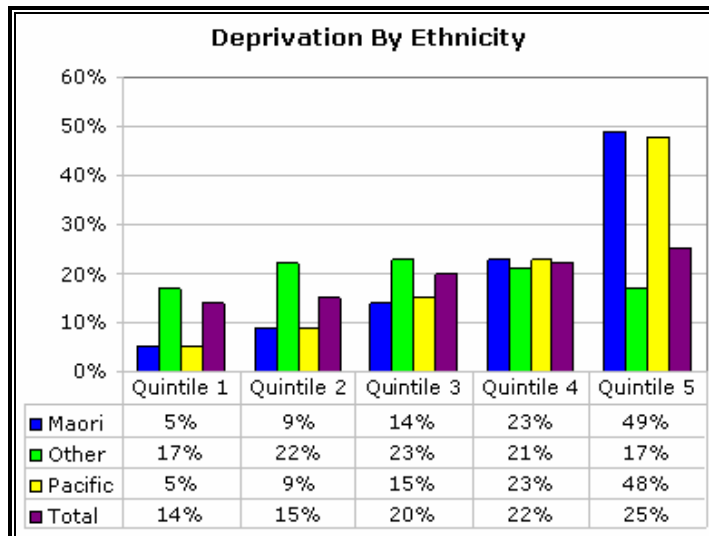
Source: Statistics NZ population projections at 30 June 2007 (2006 base) prepared for the Ministry of Health in September 2010

A breakdown of population information for each DHB is provided in more detail in appendices 7-11.

6.6 Deprivation

NZ Deprivation (NZDep) provides a deprivation score to each mesh block in New Zealand and average scores can be calculated at higher levels such as DHB level. The scores, which are measured in deciles (from 1-10) can be scaled to quintiles (from 1-5). 1 is the least deprived, and 5 the most deprived.

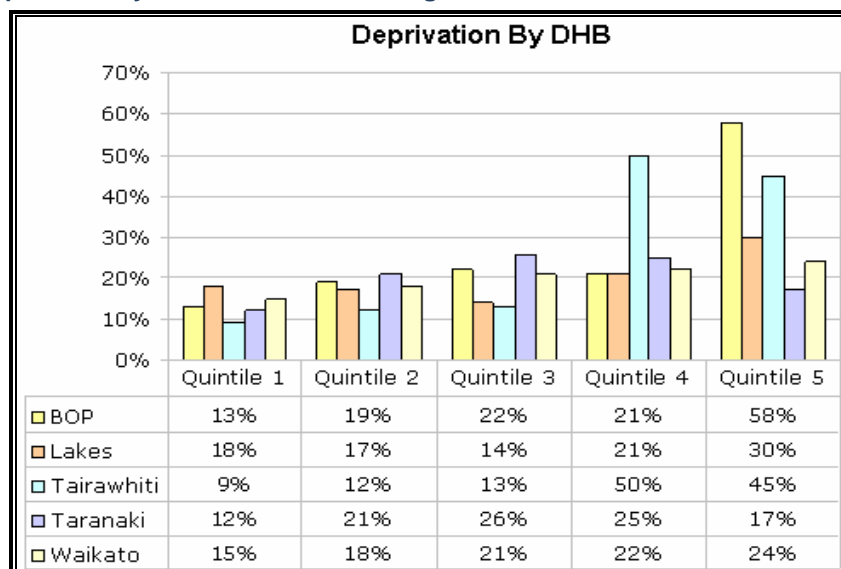
Figure 17: Deprivation by ethnicity in the Midland Region



This data shows the distribution of different populations by quintile in percentages. The total distribution is an average of each of the different population distributions

A quarter of the Midland regions population (25%) are in the highest quintile of deprivation (i.e. the most deprived quintile) whilst only 14% are in the lowest quintile (i.e. the least deprived quintile). Deprivation varies across ethnicities and across the region. Nearly half of Maori and Pacific people reside in the highest quintile of deprivation whilst only 5 % are in the lowest quintile. Tairawhiti DHB has the highest deprivation scores with 45% of the population residing in quintile 5 and only 9% in quintile 1.

Figure 18: Deprivation by DHB in the Midland Region



7.0 APPENDIX 3: PREVALENCE INFORMATION

7.1 Key Findings From *Te Rau Hinengaro*

7.1.1 Prevalence

- Mental disorder is common in New Zealand: 46.6% of the population are predicted to meet criteria for a disorder at some time in their lives, with 39.5% having already done so and 20.7% having a disorder in the past 12 months.
- In the past 12 months the prevalence of serious disorder was 4.7%, moderate disorder 9.4% and mild disorder 6.6%, with the remaining 79.3% of the population not diagnosed with a disorder.
- The prevalence of disorder and serious disorder in the past 12 months was higher for:
 - younger people.
 - people with less education.
 - people with less income.
 - people who lived in more deprived areas.
- Māori and Pacific people had a higher prevalence of disorder and serious disorder in the past 12 months than was found for the Other and Asian composite ethnic group, but these differences were much reduced, particularly for Pacific people, after adjustment for socio-demographic correlates.
- Co-morbidity of mental disorders (the co-occurrence of two or more disorders) is common. Over the past 12 months 37.0% of those experienced having two or more disorders.
- A clear relationship exists between the increasing number of disorders and case severity, with 59.6% of people experiencing multiple disorders classified as serious cases.
- People with mental disorders have higher prevalence's of several chronic physical conditions compared with people without mental disorders of the same age. People with chronic physical conditions are also more likely to experience mental disorders compared with those without physical conditions.

7.1.2 Health Service Use

- In the past 12 months 58.0% of those with a serious disorder, 36.5% with a moderate disorder, 18.5% with a mild disorder and 5.7% of those not diagnosed with a disorder made a mental health visit.
- Pacific people and, to a lesser extent, Māori are less likely than “Others” to make contact for mental health reasons with services. The extent of these disparities is little affected by adjustment for socio-demographic correlates. This indicates barriers to access for Māori and Pacific people that are not explained by youthfulness or socioeconomic disadvantage.
- People with lower educational attainment who reside in rural areas had lower rates

7.1.3 Suicidal Behaviour

- In the past 12 months, 3.2% experienced suicidal ideation, 1.0% made a suicide plan and 0.4% made a suicide attempt.
- Individuals with a mental disorder had elevated risks of suicidal behaviour, with 11.8% of people with any mental disorder in the last 12 months reporting suicidal ideation, 4.1% making a suicide plan and 1.6% making a suicide attempt in that period.
- The risk of making a suicide plan or suicide attempt was more common among younger people, people with low household income, and people living in more deprived areas.
- Mood disorders, anxiety disorders, eating disorders and substance use disorders are all associated with suicidal ideation, suicide plan and attempt. Of individual disorders, major depressive episode has the strongest association with suicidal ideation, plan and attempt.
- Māori and Pacific people had higher prevalence's of suicidal ideation, suicide plans and suicide attempts in the past 12 months than Others.

7.1.4 Substance Use Disorders

ALAC commissioned a report *Substance Use Disorders in Te Rau Hinengaro: the New Zealand Mental Health Survey* which draws together information from *Te Rau Hinengaro* to provide a specific focus on substance use disorders. The findings are summarised below:

- The lifetime prevalence of substance use disorders was 12.3%. In the past 12 months 3.5% had experienced a substance use disorder.
- In the past 12 months 2.6% of the population experienced alcohol abuse, 1.3% alcohol dependence, 1.2% drug abuse and 0.7% drug dependence. Marijuana disorders were a subgroup of drug disorders with prevalence's of 0.9% for abuse and 0.5% for dependence.
- The prevalence of substance use disorders in the past 12 months was markedly higher for younger people, and higher for males, people with less education, people with less income and people who lived in more deprived areas.
- Maori had the highest prevalence of substance use disorders in the past 12 months followed by Pacific people and then the Other composite ethnic group (unadjusted prevalence's for Maori, Pacific and Others were 9.1%, 4.9% and 2.7%). After adjustment for socio-demographic correlates, differences were much reduced, particularly for Pacific people (adjusted prevalence's for Maori, Pacific and Others were 6.0%, 3.2% and 3.0% respectively).
- Twenty-five percent of people who will at some time in their lives experience substance use disorder do so by age 16, 50% by age 18 and 75% by age 24.
- Maori have a significantly higher risk of developing substance use disorders than Pacific people, who have significantly higher risk than the composite Other group, even after adjustment for age and sex.

7.2 Key Findings From Other Prevalence Studies

7.2.1 Prevalence in Young People in New Zealand

The “*Best Practice (special edition) Depression in Young People*” BPAC NZ publication²⁸ contains a comprehensive section on prevalence and epidemiology of common mental disorders in young people in NZ. This is useful given that *Te Rau Hinengaro* did not include young people under 16. The information in the BPAC publication does not however differentiate between mild, moderate and severe disorders.

The publication identifies that:

- Around 20% of children and adolescents are estimated to have mental disorders or problems, with similar types of disorders being reported across cultures. About half of mental disorders begin before the age of 14 years.
- From a general practice perspective, many children will have important psychological problems at a subclinical level which would benefit from intervention, and may be the precursors to adult disorders. These include behaviour and conduct problems, significant school refusal and the excessively anxious child.

The following table in the BPAC publication identifies prevalence of common disorders in children and adolescents.

Table 26: Prevalence of common disorders in children and adolescents

| | Total | Boys | Girls |
|--|-------|---------|---------|
| Preschool (also see box below) | | | |
| Preschool mental health problems (parent rated) | 16 | 17 | 14 |
| Hyperactive behaviour disorder | 2 | 2 | 2 |
| Primary school age | | | |
| Attention-deficit hyperactivity disorder | 14 | 19 | 9 |
| Anxiety disorder (especially separation anxiety) | 5 | no data | no data |
| Conduct disorder | 3 | 5 | 2 |
| Depression/dysthymia | 3 | 4 | 2 |
| Pre-adolescence (11 years) | | | |
| Conduct/oppositional disorder | 9 | 12 | 5 |
| Attention-deficit hyperactivity disorder | 5 | no data | no data |
| Separation anxiety | 4 | 2 | 5 |
| Overanxious disorder | 3 | 4 | 2 |
| Depression/dysthymia | 2 | 3 | <1 |
| Any mental disorder | 18 | 20 | 17 |
| Mid-adolescence (15 years) | | | |
| Anxiety disorder | 13 | 7 | 19 |
| Conduct disorder | 5 | 7 | 3 |

²⁸ <http://www.bpac.org.nz/magazine/2010/youngdep/youngdep.asp>

| | | | |
|---------------------------------------|----|----|----|
| Depression/dysthymia | 6 | 3 | 9 |
| Any mental disorder | 22 | 16 | 18 |
| Late adolescence (18 years) | | | |
| Alcohol or substance abuse/dependence | 24 | 29 | 20 |
| Depression/dysthymia | 18 | 10 | 27 |
| Anxiety disorder | 17 | 12 | 22 |
| Any mental disorder | 42 | 39 | 45 |

NZ data have been used where available

Source: *Best Practice (special edition) Depression in Young People - BPAC NZ*

The BPAC publication notes that childhood anxiety commonly precedes adolescent depression. In the presence of both anxiety and depression, there is an increased risk of developing a co-morbid substance use disorder and treatment responsiveness is reduced.

The “*Werry Centre Stocktake of Child and Adolescent stocktake of Child and Adolescent Mental Health Services in New Zealand (Oct 2005)*” includes similar information as above. It also includes an estimate of the prevalence of disorders with significant clinical impairment. It notes that according to a Canadian review, the rate of disorders in the community for children and youth with clinically significant impairment in functioning associated with a mental health diagnosis is 15%.

“*A review of the outcomes of all treatments of psychiatric disorder in childhood: MCH 17-33 Final report to the National Health Service Executive July 2000*” - Peter Fonagy, Maru Target, David Cottrell, Jeanette Phillips and Zarina Kurtz reports the prevalence of psychiatric disorders in community surveys to be around 20-30% of school age children, dropping to 12-15% when only moderate to severe (clinically significant) diagnoses are considered.

7.2.2 Prevalence Studies Relating to Offending

Detailed information about prevalence relating to offending and youth forensic needs will be provided by the Ministry of Health in its Youth Forensic guidance document which is likely to be available in 2011. The following is a summary of some of the prevalence information relating to this group:

- International studies indicate that the prevalence of mental health and addictions disorders in the *general population* of young people is between 20% and 30%.
- International studies have repeatedly reported prevalence rates of mental health and/or AOD disorders of between 40 and 60 percent amongst *youth who have offended*.
- The American study involving more than 1400 *youth who had offended* asserted that at least 20% experienced disorders “so severe that their ability to function is significantly impaired” (Skowyra and Cocozza 2007, p. vii).
- The prevalence of mental health and addictions disorders in *detained youth* is more than 60% to in excess of 80%.
- AOD disorders are particularly prevalent amongst *youth who have offended*. Skowyra and Cocozza (2007) found that 46 percent of their sample met criteria for an addiction disorder.
- The co-occurrence of conduct disorder and substance abuse is generally reported as being the most frequent combination amongst *youth who have offended*.

- Co-existence of mental health and addiction disorders is the rule, rather than an exception, amongst *youth who have offended*.
- A strong correlation between children with childhood onset conduct disorder and offending.
- AOD disorders are more prevalent amongst young females *who have offended* (55%) than young males who have offended (43.2%).

7.2.3 Prevalence of Methamphetamine Use

The Department of Prime Ministry and Cabinet, Policy Advisory Group published a report "*Tackling Methamphetamine: An Action Plan*" in October 2009.

This report notes that data from national household drug surveys and other population surveys suggests that use of methamphetamine in New Zealand 'peaked' about 2001 at around 5% of 15-45 year olds followed by a stabilisation and a gradual decline until 2009. A recent Massey University survey backs up this picture of declining methamphetamine use. Preliminary results indicate that last year use in the population aged 15-45 years fell to 1.4% in 2009 from 3.4% in 2006.

Other countries in the OECD, with the exception of Australia, Canada and parts of the USA, report much lower rates of methamphetamine use. However, they report higher prevalence of other Class A drugs (notably cocaine and heroin).

The 2007 Alcohol and Drug Use Survey also covered more frequent use with 0.4% reporting using any type of amphetamine at least monthly during the year, which equates to approximately 13,000 people monthly. Monthly use was highest for those aged 25-34, higher for males than females, and higher for Maori than non-Maori. Just over 1% of Maori reported using amphetamine, including methamphetamine at least monthly, compared with 0.5% for non-Maori.

Recent surveys of frequent drug users indicate that levels of use among those still taking the drug are increasing. This supports the suggestion by experts that New Zealand's methamphetamine market is now 'mature': one in which new, occasional and experimental users are put off the drug due to growing awareness of its damaging effects, leaving a residual user population of heavy and dependant users.

Impact of Methamphetamine use: Fatalities directly attributed to methamphetamine are rare, but risks are inherent with acute intoxication, such as:

- cardiovascular problems
- convulsions and mental health disturbances
- including paranoia and violence.

Methamphetamine overdose, if untreated, can potentially induce a stroke or cardiac arrest. Risks are compounded if other substances, such as alcohol, are ingested in combination with methamphetamine.

Long term, heavy or dependant users of methamphetamine may experience a number of psychotic features, including paranoia, hallucinations and mood swings. Problems may be compounded by existing mental health, physical, psychological and social problems.

Methamphetamine use is associated with violent behaviour, particularly if the user has a mental health problem, issues with anger, and a predisposition for violence. A number of high profile

violent criminal acts committed by individuals using methamphetamine have caused widespread public concern. Methamphetamine is damaging to relationships causing disconnection from family whānau and community.

8.0 APPENDIX 4: MIDLAND REGION SERVICES BY DHB

Table 27: Waikato NGO services

| Provider Name | Purchase Unit Code | NGO Services | Volume |
|--|--------------------|--|-------------------------------|
| Alcohol & Drug Community Support Trust | MHD74C | Community Based Alcohol & Other Drug Services | 1 Nursing and allied FTE |
| Alcohol & Drug Community Support Trust | MHWD01 | Workforce Development AOD fee support | 1 programme |
| Ballymena Properties Limited | MHA25 | Housing & Recovery Services Day Time/ Responsive Night Support | 11,680 Bed days (32 beds) |
| Ballymena Properties Limited | MHA25+ | Housing & Recovery Services Day Time/ Responsive Night Support | |
| Ballymena Properties Limited | MHA24 | Housing & Recovery Services Day Time/ Responsive Night Support | |
| Blueprint New Zealand Limited | MHQU | Workforce Development | 1 programme |
| Cambridge Community Agencies Network Charitable Trust | MHD74C | Community Based Alcohol & Other Drug Services | 0.5 Nursing and allied FTE |
| Care NZ (Est 1954) Limited | MHDI48C | Child, Adolescent & Youth Alcohol & Other Drug Community Services | 3 Nursing and allied FTE |
| Care NZ (Est 1954) Limited | MHD74C | Community Based Alcohol & Other Drug Services | 3.8 Nursing and allied FTE |
| Centre 401 Trust | MHC35F | Consumer Resource & Information Service | 3.34 Peer support FTE |
| Centre 401 Trust | MHC36F | Peer Support (Adults) | 2.2 Peer support FTE |
| Centre 401 Trust | MHQU | Quality Improvements (physical wellness) | 1 programme |
| Connect Supporting Recovery Incorporated | MHCR04 | Residential Rehabilitation (Level 4) | 5,110 (14 beds) |
| Family & Caregiver Support Incorporated | MHW68D | Family & Whānau Support, Education, Information & Advocacy Service | 1.25 Non-clinical FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHAK09C | Community Clinical Mental Health Kaupapa Māori | 7.4 Nursing and allied FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHAK09D | Community Clinical Mental Health Kaupapa Māori | 3 Non-clinical FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHAK09A | Community Clinical Mental Health Kaupapa Māori | 2 Senior Medical Clinical FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHAK03 | Adult Crisis Respite - Kaupapa Māori | 367 beds |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHAK20D | Adult Community Support Services - Kaupapa Māori | 2.731 Non-clinical FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHCK36F | Peer Support service for adults - Kaupapa Māori | 1.5 Peer support FTE |

| Provider Name | Purchase Unit Code | NGO Services | Volume |
|--|--------------------|---|----------------------------------|
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHAK10C | Early Intervention for People First Time Psychosis - Kaupapa Māori - Adult (over 18 years) | 3.4 Nursing and allied FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHAK10C | Early Intervention for People First Time Psychosis - Kaupapa Māori - Child & Youth (under 18 years) | 6 Nursing and allied FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHK61E | Kaumātua Roles | 2 Cultural FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHAK18C | Needs Assessment & Service Co-ordination - Kaupapa Māori | 4.5 Nursing and allied FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHAK25 | Housing & Recovery Services Day Time/Responsive Night Support – Kaupapa Māori | 6,205 (17 beds) |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHAK09C | Community Clinical Mental Health Kaupapa Māori | 9.0 Nursing and allied FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHFK80A | Forensic Mental Health Community Service - Kaupapa Māori | 0.25 Senior Medical Clinical FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHFK85C | Forensic Mental Health - Court Liaison Service - Kaupapa Māori | 2 Nursing and allied FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHIY87C | Youth Forensic Specialist Community Service | 2 Nursing and allied FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHIYK87C | Youth Forensic Specialist Community Service - Kaupapa Maori | 2 Nursing and allied FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHMK90A | Specialist Community Team - Perinatal Mental Health - Kaupapa Māori | 0.1 Senior Medical Clinical FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHMK90C | Specialist Community Team - Perinatal Mental Health - Kaupapa Māori | 1.0 Nursing and allied FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHIK44D | Infant, Child, Adolescent & Youth Community Mental Health Services Kaupapa Māori | 2.5 Non-clinical FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHK61E | Kaumātua Roles | 0.5 Cultural FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHIK44A | Infant, Child, Adolescent & Youth Community Mental Health Services Kaupapa Māori | 1 Senior Medical Clinical FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHIK44C | Infant, Child, Adolescent & Youth Community Mental Health Services - Kaupapa Māori | 7.2 Nursing and allied FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHDIK48C | Child, Adolescent & Youth Alcohol & Other Drug Community Service | 4 Nursing and allied FTE |
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHIK40 | Child, Adolescent & Youth Acute Packages of Care | 41.16 packages of care |

| Provider Name | Purchase Unit Code | NGO Services | Volume |
|--|--------------------|--|----------------------------|
| Hauora Waikato Maori Mental Health Services Charitable Trust | MHFK83 | Forensic Mental Health Minimum secure service Kaupapa | 5,475 Bed days (15 beds) |
| Hauraki PHO | MHCS07 | Primary Mental Health Service Liaison | 1 FTE |
| Healthcare of New Zealand Limited | MHA20D | Adult Community Support Services | 4.875 Non-clinical FTE |
| Healthcare of New Zealand Limited | MHA17 | Adult Planned Respite | 240 placements |
| Healthcare of New Zealand Limited | MHA17D | Adult Planned Respite | 1 Non-clinical FTE |
| HealthShare Limited | MHQI01 | Quality Improvements NGO audit programme | 41.33 |
| K'Aute Pasifika Trust | MHI44C | Infant, Child, Adolescent & Youth Community Clinical Services | 1 Nursing and allied FTE |
| Laura Fergusson Trust Incorporated | MHA25 | Housing & Recovery - Day Time & Responsive Night Support | 365 1 bed |
| Linkage Trust | MHQU | Quality Improvement - Brokerage Service (clinical) | 1 FTE |
| Linkage Trust | MHQU | Quality Improvement - Brokerage Service (non clinical) | 2 FTE |
| Linkage Trust | MHQU | Quality Improvements Webhealth Maintenance | 1 |
| Manaaki Trust | MHA25 | Housing & Recovery Services Day Time/ Responsive Night Support | 1,460 Bed days(4 beds) |
| Manaaki Trust | MHA25 | Housing & Recovery Services Day Time/ Responsive Night Support | 1,095 Bed days (3 beds) |
| Manaaki Trust | MHA25 | Housing & Recovery Services Day Time/ Responsive Night Support | 730 Bed days (2 beds) |
| Manaaki Trust | MHA25 | Housing & Recovery Services Day Time/ Responsive Night Support | 730 Bed days (2 beds) |
| Manaaki Trust | MHA25 | Housing & Recovery Services Day Time/ Responsive Night Support | 730 Bed days (2 beds) |
| Manaaki Trust | MHA25 | Housing & Recovery Services Day Time/ Responsive Night Support | 730 Bed days (2 beds) |
| Maniapoto Maori Trust Board | MHAK18C | Needs Assessment & Service Co-ordination - Kaupapa Māori | 3 Nursing and allied FTE |
| Maniapoto Maori Trust Board | MHAK20D | Adult Community Support Services - Kaupapa Māori | 3 Non-clinical FTE |
| Medibank Health Solutions New Zealand Limited | MHQU | Mental Health Quality & Audit - Fixed Call Volumes | 9,500 |
| Medibank Health Solutions New Zealand Limited | MHQU | Mental Health Quality & Audit - Telecommunications Cost | 12 |
| Medibank Health Solutions New Zealand Limited | MHQU | Mental Health Quality & Audit - Fixed Call Volumes - Establishment | 1 |
| Mental Health Solutions Limited | MHA20D | Adult Community Support Services | 70.4 Non-clinical FTE |
| Mental Health Solutions Limited | MHA20D | Adult Community Support Services | 1.32 Non-clinical FTE |
| Mental Health Solutions Limited | MHA20C | Adult Community Support Services | 5.5 Nursing and allied FTE |

| Provider Name | Purchase Unit Code | NGO Services | Volume |
|--|--------------------|--|-----------------------------------|
| Mental Health Solutions Limited | MHA22D | Vocational Support Services | 3 Non-clinical FTE |
| Mental Health Solutions Limited | MHA23C | Housing Coordination Service | 2.5 Nursing and allied FTE |
| New Progress Enterprises Charitable Trust t/a Progress to Health | MHC35F | Consumer Resource & Information Service | 4.471 Peer support FTE |
| New Progress Enterprises Charitable Trust t/a Progress to Health | MHA21D | Day Activity & Living Skills | 3 Non-clinical FTE |
| New Progress Enterprises Charitable Trust t/a Progress to Health | MHA22D | Vocational Support Service | 2.5 Non-clinical FTE |
| New Progress Enterprises Charitable Trust t/a Progress to Health | MHA21D | Day Activity and Living Skills | 2 Non-clinical FTE |
| New Progress Enterprises Charitable Trust t/a Progress to Health | MHA22D | Vocational Support Service | 2 Non-clinical FTE |
| Ngā Ringa Awhina o Hauora Trust | MHCI37F | Peer Support Service - Kaupapa Māori - Children Adolescents & Youth | 1 Peer support FTE |
| Ngā Ringa Awhina o Hauora Trust | MHIK51D | Infant, Child, Adolescent & Youth Services – NASC – Kaupapa Māori | 2 Non-clinical FTE |
| Ngā Ringa Awhina o Hauora Trust | MHK61E | Kaumātua Roles | 0.5 Cultural FTE |
| Ngā Ringa Awhina o Hauora Trust | MHIK51A | Infant, Child, Adolescent & Youth Services – NASC – Kaupapa Māori | 0.5 Senior Medical Clinical FTE |
| Ngā Ringa Awhina o Hauora Trust | MHIK51C | Infant, Child, Adolescent & Youth Services - Needs Assessment & Coordination | 5.5 Nursing and allied FTE |
| Ngā Ringa Awhina o Hauora Trust | MHIK44C | Infant, Child, Adolescent & Youth Community Mental Health Services - Kaupapa Māori | 2.5 Nursing and allied FTE |
| Ngā Ringa Awhina o Hauora Trust | MHI46C | Child, Adolescent & Youth Intensive Clinical Support | 2 Nursing and allied FTE |
| Ngā Ringa Awhina o Hauora Trust | MHQU | Mental Health - Quality & Audit | 2 |
| Ngā Ringa Awhina o Hauora Trust | MHCI37F | Peer Support Service - Kaupapa Māori - Children Adolescents & Youth | 1 Peer support FTE |
| Odyssey House Trust | MHD76 | Intensive Alcohol & Other Drug Service with Accommodation | 2,920 Bed days (8 beds) |
| Pai Ake Solutions Limited | MHCS01A | Community Alcohol & Drug Services (Other Clinical FTEs) | 2.675 Senior Medical Clinical FTE |
| Pai Ake Solutions Limited | MHCS21.8 | Advocacy/Peer Support - Consumers (Alcohol & Drug) | 1.1875 FTE |
| Pai Ake Solutions Limited | MHDIK48C | Child, adolescent & youth alcohol & drug community services | 0.5 Nursing and allied FTE |
| Pai Ake Solutions Limited | MHDK74C | Community based alcohol and other drug specialist services - Kaupapa Maori | 2 Nursing and allied FTE |

| Provider Name | Purchase Unit Code | NGO Services | Volume |
|--|--------------------|--|----------------------------|
| People Relying On People Incorporated | MHW68D | Family & Whānau Support, Education, Information & Advocacy Service | 1 Non-clinical FTE |
| People Relying On People Incorporated | MHW68D | Family & Whānau Support, Education, Information & Advocacy Service | 1 Non-clinical FTE |
| Raukawa Charitable Trust | MHCS02A | Kaupapa Maori Alcohol & Drug Services | 1.35 Other clinical FTE |
| Raukawa Charitable Trust | MHCS02C | Kaupapa Maori Alcohol & Drug Services | 1.35 Non Clinical FTE |
| Raukawa Charitable Trust | MHIK44C | Infant, Child, Adolescent & Youth Community Clinical Services | 1.5 Nursing and allied FTE |
| Raukawa Charitable Trust | MHIKW68D | Family & Whānau Support, Education, Information & Advocacy Service - Kaupapa Māori | 1.5 Non-clinical FTE |
| Raukawa Charitable Trust | MHP63D | Pacific Community Clinical & Support Service | 0.5 Non-clinical FTE |
| Raukawa Charitable Trust | MHQI01 | Quality Improvements, AOD Youth service | 1,600 |
| Richmond Fellowship NZ Incorporated | MHA25 | Housing & Recovery - Day Time & Responsive Night Support | |
| Richmond Fellowship NZ Incorporated | MHA25 + | Housing & Recovery - Day Time & Responsive Night Support | 8,030 Bed days (22 beds) |
| Richmond Fellowship NZ Incorporated | MHA24 | Housing & Recovery - Day Time & Awake Night Support | 2190 Bed days (6 beds) |
| Richmond Fellowship NZ Incorporated | MHA20D | Home Based Support Services Community Support Work, Support for Independence | 3.3 Non-clinical FTE |
| Richmond Fellowship NZ Incorporated | MHA12D | Service for Profoundly Hearing Impaired | 0.5 Non-clinical FTE |
| Richmond Fellowship NZ Incorporated | MHI47 | Child, Adolescent & Youth Mental Health Community Care with Accommodation Component | 2,190 Bed days (6 beds) |
| Rostrevor House Incorporated | MHIW68D | Family & Whānau Support, Education, Information & Advocacy Service (Child & Youth) | 0.2 Non-clinical FTE |
| Rostrevor House Incorporated | MHI44C | Infant, Child, Adolescent & Youth Community Mental Health Service | 1 Nursing and allied FTE |
| Rostrevor House Incorporated | MHIW68D | Family & Whānau Support Education, Information & Advocacy Role (Infant, Child, Adolescent & Youth) | 0.5 Non-clinical FTE |
| Stepping Out Hauraki Incorporated | MHC35F | Consumer Resource & Information Service | 2 Peer support FTE |
| Supporting Families in Mental Illness Waikato Incorporated | MHW68D | Family & Whānau Support, Education, Information & Advocacy Service | 2.8 Non-clinical FTE |
| Taumarunui Community Kokiri Trust | MHIK44C | Infant, Child, Adolescent & Youth Community Clinical Services | 1.5 Nursing and allied FTE |
| Taumarunui Community Kokiri Trust | MHIW68D | Family & Whānau Support Education, Information & Advocacy Role (Child & Youth) | 0.25 Non-clinical FTE |
| Taumarunui Community | MHDIK48C | Child, Adolescent & Youth Alcohol & | 1 Nursing and |

| Provider Name | Purchase Unit Code | NGO Services | Volume |
|---|--------------------|--|---------------------------------|
| Kokiri Trust | | Other Drug Community Services - Kaupapa Māori | allied FTE |
| Taumarunui Community Kokiri Trust | MHIK44C | Infant, Child, Adolescent & Youth Community Clinical Services | 2.5 Nursing and allied FTE |
| Taumarunui Community Kokiri Trust | MHIW68D | Family & Whānau Support Education, Information & Advocacy Role (Child & Youth) | 1.0 Non-clinical FTE |
| Taumarunui Community Kokiri Trust | MHDK74C | Community based alcohol and other drug specialist services - Kaupapa Maori | 2 Nursing and allied FTE |
| Te Awhi Whanau Charitable Trust | MHAK20D | Adult Community Support Services - Kaupapa Māori | 1 Non-clinical FTE |
| Te Awhi Whanau Charitable Trust | MHAK25 | Housing & Recovery Services Day Time/Responsive Night Support – Kaupapa Māori | 4,380 Bed days (12 beds) |
| Te Awhi Whanau Charitable Trust | MHAK25 | Housing & Recovery Services Day Time/Responsive Night Support – Kaupapa Māori | 2,920 Bed days (8 beds) |
| Te Korowai Hauora o Hauraki Incorporated | MHCS01A | Community Alcohol & Drug Services | 0.5 Other clinical FTE |
| Te Korowai Hauora o Hauraki Incorporated | MHCS28 | Specialist Maternal Mental Health Services | 0.5 FTE |
| Te Korowai Hauora o Hauraki Incorporated | MHCR09.1 | Other Residential Support - Home Based Support Services | 2.28 |
| Te Korowai Hauora o Hauraki Incorporated | MHCS26 | Early Intervention Alcohol & Drug Service | 1 |
| Te Korowai Hauora o Hauraki Incorporated | MHA22D | Vocational support service – Kaupapa Māori | 1.3788 Non-clinical FTE |
| Te Korowai Hauora o Hauraki Incorporated | MHIK44C | Infant, Child, Adolescent & Youth Community Mental Health Services - Kaupapa Māori | 1.5 Nursing and allied FTE |
| Te Korowai Hauora o Hauraki Incorporated | MHIK44A | Infant, Child, Adolescent & Youth Community Mental Health Services Kaupapa Māori | 0.3 Senior Medical Clinical FTE |
| Te Korowai Hauora o Hauraki Incorporated | MHIKW68D | Family & Whānau Support, Education, Information & Advocacy Service - Kaupapa Māori | 0.5 Non-clinical FTE |
| Te Korowai Hauora o Hauraki Incorporated | MHIK44C | Infant, Child, Adolescent & Youth Community Mental Health Services - Kaupapa Māori (Primary Service Liaison) | 0.5 Nursing and allied FTE |
| Te Runanga o Kirikiriroa Charitable Trust | MHA21D | Activity Based Recovery Support Services - Kaupapa Māori | 3 Non-clinical FTE |
| Te Runanga o Kirikiriroa Charitable Trust | MHW68D | Family & Whānau Support, Education, Information & Advocacy Service - Kaupapa Māori | 1 Non-clinical FTE |
| Te Runanga o Kirikiriroa Charitable Trust | MHADK14C | Co-existing Disorders (Mental Health & Addiction) - Kaupapa Māori | 1 Nursing and allied FTE |
| Te Runanga o Kirikiriroa Charitable Trust | MHAK24 | Housing & Recovery Services Day Time/Awake Night Support – Kaupapa Māori | 2,920 Bed days (8 beds) |

| Provider Name | Purchase Unit Code | NGO Services | Volume |
|---|--------------------|---|-----------------------------|
| Te Runanga o Kirikiriroa Charitable Trust | MHAK25 | Housing & Recovery Services Day Time/Responsive Night Support – Kaupapa Māori | 2,555 Bed days (7 beds) |
| Te Runanga o Kirikiriroa Charitable Trust | MHAK20D | Adult Community Support Services - Kaupapa Māori | 0.3 Non-clinical FTE |
| Te Runanga o Kirikiriroa Charitable Trust | MHIK44C | Infant, Child, Adolescent & Youth Community Mental Health Services - Kaupapa Māori - Southern Cluster | 1.5 Nursing and allied FTE |
| Te Runanga o Kirikiriroa Charitable Trust | MHDIK48C | Child, Adolescent & Youth Alcohol & Other Drug Community Services - Kaupapa Māori - Southern Cluster | 1.6 Nursing and allied FTE |
| Te Runanga o Kirikiriroa Charitable Trust | MHDIK48C | Child, Adolescent & Youth Alcohol & Other Drug Community Services - Kaupapa Māori - Hauraki Cluster | 1.35 Nursing and allied FTE |
| Te Runanga o Kirikiriroa Charitable Trust | MHDI49 | Child, Adolescent & Youth Community AOD - Accommodation | 4,380 Bed days (12 beds) |
| Te Runanga o Kirikiriroa Charitable Trust | MHDI49C | Child, Adolescent & Youth Community AOD - Accommodation - Clinical | 2.5 Nursing and allied FTE |
| Te Runanga o Kirikiriroa Charitable Trust | MHDI49D | Child, Adolescent & Youth Community AOD - Accommodation - Non clinical | 4.6 Non-clinical FTE |
| Te Runanga o Kirikiriroa Charitable Trust | MHAK03 | Adult Crisis Respite - Kaupapa Māori | 280 bed days |
| Te Runanga o Kirikiriroa Charitable Trust | MHK59C | Kaupapa Maori community clinical support service | 1 Nursing and allied FTE |
| Te Runanga o Kirikiriroa Charitable Trust | MHK59E | Kaupapa Maori community clinical support service | 0.5 Cultural FTE |
| The Higher Ground Drug Rehabilitation Trust | MHD76 | Intensive Alcohol & Other Drug Service with Accommodation | 1,460 Bed days (4 beds) |
| The Higher Ground Drug Rehabilitation Trust | MHD76C | Intensive Alcohol & Other Drug Service with Accommodation | 1 Nursing and allied FTE |
| The Ngati Maniapoto Marae Pact Trust Incorporated | MHA21D | Activity Based Recovery Support Services - Kaupapa Māori | 1 Non-clinical FTE |
| The Ngati Maniapoto Marae Pact Trust Incorporated | MHAK20D | Adult Community Support Service | 1 Non-clinical FTE |
| The Ngati Maniapoto Marae Pact Trust Incorporated | MHAK25 | Kaupapa Maori Housing & Recovery Services Day Time & Responsive Night Support | 2,920 Bed days (8 beds) |
| The Salvation Army New Zealand Trust - Bridge | MHD76 | Intensive Alcohol & Other Drug Service with Accommodation | 4,745 Bed days (13 beds) |
| The Salvation Army New Zealand Trust - Bridge | MHD78 | Managed Withdrawal-Home/Community | 730 Bed days (2 beds) |
| The Salvation Army New Zealand Trust - Bridge | MHD76C | Intensive Alcohol & Other Drug Service with Accommodation | 2 Nursing and allied FTE |
| The Salvation Army New Zealand Trust - Bridge | MHD76D | Intensive Alcohol & Other Drug Service with Accommodation | 5 Non-clinical FTE |
| The Salvation Army New Zealand Trust - Bridge | MHAD14C | Co-existing Disorders (Mental Health & Addiction) | 1 Nursing and allied FTE |
| The Salvation Army New Zealand Trust - Bridge | MHD75C | Alcohol & Other Drug Day Treatment Programme | 1 Nursing and allied FTE |

| Provider Name | Purchase Unit Code | NGO Services | Volume |
|---|--------------------|---|------------------------------|
| The Salvation Army New Zealand Trust - Bridge | MHD75D | Alcohol & Other Drug Day Treatment Programme | 4 Non-clinical FTE |
| The Salvation Army New Zealand Trust - Bridge | MHD74C | Community Based Alcohol & Other Drug Services | 1.336 Nursing and allied FTE |
| The Waikato Clinical Psychology Educational Trust | MHWF | Workforce Development | 1 programme |
| The Youth Horizons Trust | MHI52C | Child, Adolescent & Youth Planned Respite | 1 Nursing and allied FTE |
| The Youth Horizons Trust | MHI52 | Child, Adolescent & Youth Planned Respite | 612 placements |
| The Youth Horizons Trust | MHI46C | Child, Adolescent & Youth Intensive Clinical Support Service - Southern Cluster | 1 Nursing and allied FTE |
| The Youth Horizons Trust | MHQU | Quality Improvement - Southern Cluster | 1 |
| The Youth Horizons Trust | MHI46C | Child, Adolescent & Youth Intensive Clinical Support Service - Hauraki Cluster | 1 Nursing and allied FTE |
| The Youth Horizons Trust | MHQU | Quality Improvement - Hauraki Cluster | 1 |
| Waahi Whaanui Trust | MHDK74C | Community Based Alcohol and Other Drug Specialist Services – Kaupapa Māori | 2.5 Nursing and allied FTE |
| Waahi Whaanui Trust | MHADK14C | Co-existing Disorders (Mental Health & Addiction) - Kaupapa Māori | 1 Nursing and allied FTE |
| Waahi Whaanui Trust | MHDIK48C | Child, Adolescent & Youth Alcohol & Other Drug Community Services - Kaupapa Māori | 0.5 Nursing and allied FTE |
| Waihi Community Lifestyle Trust | MHAK20D | Adult Community Support Services - Kaupapa Māori | 2 Non-clinical FTE |
| Waikato Alcohol & Addiction Counselling Centre | MHD74C | Community Based Alcohol & Other Drug Services | 4.5 Nursing and allied FTE |
| Workwise Employment Limited | MHA22D | Vocational Support Service | 7.5 Non-clinical FTE |

Table 28: Waikato Provider Arm Services

| Purchase Unit Code | Waikato DHB Provider Arm Service | Volume |
|--------------------|---|----------------------------------|
| MHA01 | Acute Inpatient Beds | 14600.00 Available bed days |
| MHA02 | Intensive Care Inpatient Beds | 4745.00 Available bed days |
| MHA03 | Adult Crisis Respite | 1788.00 Clients |
| MHA04A | Crisis Intervention Service | 1.00 Senior Medical Clinical FTE |
| MHA04C | Crisis Intervention Service | 15.00 Clinical FTE |
| MHA07 | Clinical Rehabilitation/Sub-Acute/Extended Care Inpatient Beds | 2555.00 Available bed days |
| MHA07 | Clinical Rehabilitation/Sub-Acute/Extended Care Inpatient Beds - vol adj. | -2121.00 Available bed days |
| MHA07 | High & Complex Needs Inpatient Beds | 909.00 Available bed days |
| MHA08A | General Hospital Liaison Service | 1.00 Senior Medical Clinical FTE |

| Purchase Unit Code | Waikato DHB Provider Arm Service | Volume |
|--------------------|---|-----------------------------------|
| MHA08C | General Hospital Liaison Service | 1.50 Clinical FTE |
| MHA09A | Community Mental Health Service | 11.75 Senior Medical Clinical FTE |
| MHA09A | Community clinical MH service - DBT | 1.00 Senior Medical Clinical FTE |
| MHA09C | Community Clinical Mental Health Service | 89.60 Clinical FTE |
| MHA09C | Community Clinical Mental Health Service - NASC role | 0.55 Clinical FTE |
| MHA09C | Community clinical MH service - DBT | 4.00 Clinical FTE |
| MHA09C | Community clinical MH service - high & complex needs | 9.30 Clinical FTE |
| MHA13A | Service for Mental Health & Intellectual Disability | 0.50 Senior Medical Clinical FTE |
| MHA13C | Service for Mental Health & Intellectual Disability | 2.50 Clinical FTE |
| MHA18C | Community MH service - needs assessment & co-ordination service | 3.50 Clinical FTE |
| MHA18D | Community MH service - needs assessment & co-ordination service | 0.60 Non-clinical FTE |
| MHA19 | Adult packages of care - refugee & new migrant service | 24.00 Clients |
| MHA19 | Adult Packages of care - specified client | 1.00 Clients |
| MHA19 | Adult packages of care - refugee & new migrant service | 10.00 Packages of care |
| MHA21C | Day activity & living skills service | 3.50 Clinical FTE |
| MHA21D | Day activity & living skills service | 2.00 Non-Clinical FTE |
| MHAD14C | Community Coexisting disorders, mental health & addiction | 5.00 Clinical FTE |
| MHC33F | Consumer Leadership, Consultancy & Liaison | 1.00 Non-clinical FTE |
| MHC35F | Consumer Resource & Information Service | 1.00 Non-clinical FTE |
| MHD71C | Alcohol & other drug - consult & liaison service | 1.25 Clinical FTE |
| MHD74A | Community Based Alcohol & Drug Services | 1.50 Senior Medical Clinical FTE |
| MHD74C | Community Based Alcohol & Drug Services | 17.50 Clinical FTE |
| MHD77 | Managed withdrawal - inpatient service | 365.00 Available bed days |
| MHD78C | Managed withdrawal - Home/Community | 0.50 Clinical FTE |
| MHD78C | Managed withdrawal - Home/Community | 0.50 Senior Medical Clinical FTE |
| MHDI48C | Child adolescent & youth alcohol & other drug community service | 3.50 Clinical FTE |
| MHE28C | Consultative service within Specialist Eating Disorders | 1.00 Clinical FTE |
| MHE29C | Clinical outpatient service for eating disorders | 1.00 Clinical FTE |
| MHE30A | Community service for eating disorders | 0.20 Senior Medical Clinical FTE |
| MHE30C | Community service for eating disorders | 1.00 Clinical FTE |
| MHF80A | Community Forensic MH Service | 1.00 Senior Medical Clinical FTE |

| Purchase Unit Code | Waikato DHB Provider Arm Service | Volume |
|--------------------|---|----------------------------------|
| MHF80C | Community Forensic MH Service | 9.50 Clinical FTE |
| MHF82 | Medium Secure Inpatient beds | 9125.00 Available bed days |
| MHF83 | Minimum Secure Inpatient beds | 3650.00 Available bed days |
| MHF84A | Prison Mental Health | 2.50 Senior Medical Clinical FTE |
| MHF84C | Prison Mental Health | 15.55 Clinical FTE |
| MHF85A | Court liaison | 1.00 Senior Medical Clinical FTE |
| MHF85C | Court liaison | 6.00 Clinical FTE |
| MHI40 | Infant child & youth - acute packages of care | 324.00 Clients |
| MHI44A | Children & Young People Community Services | 4.60 Senior Medical Clinical FTE |
| MHI44C | Infant child & youth community MH service - primary liaison | 0.50 Senior Medical Clinical FTE |
| MHI44C | Infant child & youth community MH service | 26.10 Clinical FTE |
| MHI44C | Infant child & youth community MH service - after hours service | 1.00 Clinical FTE |
| MHI44D | Infant child & youth community MH service | 1.00 Non-clinical FTE |
| MHI56 | Infant child & youth packages of care | 494.02 Clients |
| MHK62E | Kaupapa maori consultation, liaison & advisory service | 6.00 Non-clinical FTE |
| MHM90A | Specialist community team - maternal MH | 0.50 Senior Medical Clinical FTE |
| MHM90C | Specialist community team - maternal MH | 4.20 Clinical FTE |
| MHO98 | Acute inpatient service - older people | 4745.00 Available bed days |
| MHO99A | Specialist community team - older people services | 3.90 Senior Medical Clinical FTE |
| MHO99A | Specialist community team - older people services - Memory Clinic | 0.40 Senior Medical Clinical FTE |
| MHO99C | Specialist community team - older people services | 12.70 Clinical FTE |
| MHO99C | Specialist community team - older people services - Memory Clinic | 3.50 Clinical FTE |
| MHO99C | Recovery rehabilitation day programme - older people service | 4.00 Clinical FTE |
| MHQU | Research and Development | 1.00 Programme |
| MHR94C | Specialist Asian migrant & refugee MH & addiction service | 1.00 Clinical FTE |
| MHY87C | Specialist community youth forensic service | 3.00 Clinical FTE |
| MHCS29.1 | Methadone Treatment – General Practitioner | 76.00 Case |
| MHCS29.2 | Methadone Treatment – Specialist | 225.00 Case |
| MHF80C | Community Forensic Service (MOH Blueprint funded) | 1.225 Clinical FTE |
| MHF80A | Community Forensic Service (MOH blueprint funded) | 0.50 Senior Medical Clinical FTE |
| MHF84C | Prison Mental Health (MOH blueprint funded) | 1.225 Clinical FTE |

| Purchase Unit Code | Waikato DHB Provider Arm Service | Volume |
|--------------------|---|-----------------------------------|
| MHF84A | Prison Mental Health (MOH blueprint funded) | 0.50 Senior Medical Clinical FTE |
| MHI44A | Infant child & Youth community service - (MOH Blueprint funded) | 0.50 Senior Medical Clinical FTE |
| MHD74C | Methamphetamine Funding | 1.00 Clinical FTE |
| MHAD14C | Community Coexisting disorders, mental health & addiction | 1.00 Clinical FTE |
| MHF81 | Long Term Secure Inpatient Beds - from 1 September 2010 | 1818.00 Available bed days |
| MHA09A | Community Mental Health Service | 1.20 Senior Medical Clinical FTE |
| MHA09C | Community Mental Health Service | 10.00 Senior Medical Clinical FTE |
| MHFF | Community Mental Health Service | 1.00 Programme |
| MHA04C | Crisis Intervention - Police Consult Liaison | 0.58 Clinical FTE |
| MHQU | Quality Improvement Initiatives | 1.00 Programme |
| MHA09A | Community Mental Health Service (High & Complex Needs) | 0.21 Senior Medical Clinical FTE |
| MHA09C | Community Clinical Mental Health Service (high & Complex Needs) | 3.08 Clinical FTE |

Table 29: Bay of Plenty NGO services

| Provider Name | Purchase unit code | NGO service | Volume |
|---|--------------------|--|----------------------------|
| The Salvation Army New Zealand Trust | MHD73D | Community Recovery Programme Alcohol and other drug | 2.00 Non-clinical FTE |
| Western Bay Of Plenty Mental Health Trust | MHW68D | W/U Family/whanau Support, Education, Information and Advocacy Service | 1.00 Non-clinical FTE |
| Healthcare of New Zealand Limited | MHCR09.1 | Home based support services | 4.01 FTE |
| Healthcare of New Zealand Limited | MHCR09.1 | Home based Support services | 2.01FTE |
| Healthcare of New Zealand Limited | MHI55D | Community Support Options - Infant, child, adolescent | 1.74 Non-clinical FTE |
| Healthcare of New Zealand Limited | MHFF | Community Support Options – flexifund | 1.00 Programme |
| Healthcare of New Zealand Limited | MHRE01 | Community Support Options - Adult Planned Respite | 0.25 Programme |
| Healthcare of New Zealand Limited | MHA19D | Community Support Options - Package of Care | 0.75 Non-clinical FTE |
| Healthcare of New Zealand Limited | MHA17 | Planned Respite/Housing Co-ordination – Adult | 187.50 Bed day |
| Healthcare of New Zealand Limited | MHA23C | Planned Respite/Housing Co-ordination | 0.38 Nursing or Allied FTE |
| Runanga Ngai Tamawhariua Inc | MHK59C | Kaupapa Maori Child and Youth Mental Health Service - community clinic | 1.00 Nursing or Allied FTE |
| Runanga Ngai Tamawhariua Inc | MHCK37F | Kaupapa Maori Child and Youth Mental Health Service - Peer Support Service | 0.50 Peer support FTE |
| Te Runanga O Te | MHADK14C | Kaupapa Maori Co Existing Disorders | 1.50 Nursing or |

| Provider Name | Purchase unit code | NGO service | Volume |
|--|--------------------|---|----------------------------|
| Whanau Charitable Trust | | (mental health & Addiction) | Allied FTE |
| Te Runanga O Te Whanau Charitable Trust | MHAK20D | Kaupapa Maori Co Existing Disorders (mental health & Addiction) - Adult community support service | 0.75 Non-clinical FTE |
| Nga Kakano Foundation | MHDK74D | Kaupapa Maori Intensive Alcohol & Drug Outpatient Service | 1.50 Non-clinical FTE |
| Deo Gratias Trust | MHA24 | Housing and Recovery Services Day Time/ Awake Night Support | 2,555.00 Bed day |
| Vincent House Trust | MHCR03 | Community Residential - Level III | 2,922.67 Bed day |
| Vincent House Trust | MHA25 | W/U Housing & Recovery Services and Adult Community Support - Day Time/ Responsive Night Support | 1,461.33 Bed day |
| Vincent House Trust | MHA20D | W/U Housing & Recovery Services and Adult Community Support | 1.00 Non-clinical FTE |
| Turning Point Trust | MHA21D | W/U Activity based recovery support service/ activities and living skills and vocational support services | 4.00 Non-clinical FTE |
| Turning Point Trust | MHA22D | W/U Day Activity, Living Skills & Vocational Support Services | 1.75 Non-clinical FTE |
| Turning Point Trust | MHC36F | W/U Day Activity, Living Skills & Vocational Support Services - Peer support service-Adults | 1.50 Peer support FTE |
| Turning Point Trust | MHC34F | Consumer Advocacy Service | 0.83 Peer support FTE |
| Te Manu Toroa Trust | MHAK18A | Needs Assessment & Service Coordination | 3.50 Senior Medical FTE |
| Te Manu Toroa Trust | MHK59C | Kaupapa Maori Child and Youth Mental Health Service - Kaupapa Maori community clinic | 1.00 Senior Medical FTE |
| Te Manu Toroa Trust | MHCK37F | Kaupapa Maori Child and Youth Mental Health Service - Peer Support Service | 1.20 Peer support FTE |
| Te Manu Toroa Trust | MHIKW68D | Kaupapa Maori Family and whanau support, education, information and advocacy | 0.33 Non-clinical FTE |
| Te Manu Toroa Trust | MHAK20D | Kaupapa Maori Home Based Support Services | 0.67 Non-clinical FTE |
| Ngati Awa Social and Health Services Trust | MHADK14D | Adult Mental Health Service - Co-existing disorders | 1.10 Non-clinical FTE |
| Ngati Awa Social and Health Services Trust | MHAKW68D | Adult Mental Health Service - Family whanau support/education | 1.10 Non-clinical FTE |
| Rakeiwhenua Trust t/a Tuhoe Hauora Trust | MHAK03C | Kaupapa Maori Adult Crisis Respite | 0.67 Nursing or Allied FTE |
| Tirohia Te Kopere Trust | MHC36F | Peer Support Service for Adults | 1.00 Peer support FTE |
| Tirohia Te Kopere Trust | MHC36F | Peer Support Service for Adults | 1.00 Peer support FTE |
| Poutiri Charitable Trust | MHA20D | Adult Community Support Services | 1.00 Non-clinical FTE |
| Challenge Trust | MHA07 | Te Purei O te Hau: Intensive Rehabilitation Service Sub-acute, Extended Care | 1,464.00 Bed day |
| Odyssey House Trust | MHD76 | Intensive Alcohol and Other Drug Service with Accommodation | 547.50 Bed day |

| Provider Name | Purchase unit code | NGO service | Volume |
|---|--------------------|---|----------------------------|
| Bay of Plenty Community Homes Trust | MHA25 | Housing and Recovery Services Day Time/ Responsive Night Support | 4,384.00 Bed day |
| Bay of Plenty Community Homes Trust | MHA20D | Adult Community Support Services - Non-clinical staff | 0.63 Non-clinical FTE |
| Bay of Plenty Community Homes Trust | MHA20D | Community Residential and Support for Independence - Adult Community Support Services | 0.63 Non-clinical FTE |
| Western Bay of Plenty Primary Health Organisation | MHCS29.1 | Opioid substitution Services - Methadone Treatment – General Practitioner | 48.75Cases |
| Hanmer BOP Charitable Trust | MHD74C | W/U Community based alcohol and other drug specialist services | 3.76 Nursing or Allied FTE |
| EBAT Charitable Trust | MHA21D | Day Activity & Living Skills Service and Vocational Support Service | 0.50 Non-clinical FTE |
| EBAT Charitable Trust | MHA21D | Day Activity & Living Skills Service and Vocational Support Service | 1.50 Non-clinical FTE |
| EBAT Charitable Trust | MHA22D | Day Activity & Living Skills Service and Vocational Support Service | 0.25 Non-clinical FTE |
| EBAT Charitable Trust | MHA22D | Day Activity & Living Skills Service and Vocational Support Service | 0.75 Non-clinical FTE |
| Tauranga Community Housing Trust | MHA23C | Housing Co-ordination Service | 1.00 Nursing or Allied FTE |
| Grief Support Services Incorporated | MHW68D | Family whanau support education, information and advocacy service | 1.00 Non-clinical FTE |
| Eastern BOP Supporting Families | MHW68D | Family and Whanau Support, Education, Information and Advocacy Service | 0.17 Non-clinical FTE |
| Eastern BOP Supporting Families | MHW68D | Family and Whanau Support, Education, Information and Advocacy Service | 1.54 Non-clinical FTE |
| Get Smart Tauranga Trust | MHDI48C | Infant, Child, Adolescent & Youth Alcohol and Other Drug Community Clinical Services | 0.54 Nursing or Allied FTE |
| Get Smart Tauranga Trust | MHDI48C | Infant, Child, Adolescent & Youth Alcohol & Other Drug Community Clinical Services | 1.00 Nursing or Allied FTE |
| Get Smart Tauranga Trust | MHW68C | Child, Adolescent & Youth Alcohol & Other Drug Community Services - Family whanau support education, information and advocacy service | 0.38 Nursing or Allied FTE |
| Nga Mataapuna Oranga Limited | MHCS39 | Kaupapa Maori Mental Health Services - Tamariki and Rangatahi | 2.00 FTE |
| Nga Mataapuna Oranga Limited | MHAK09C | Kaupapa Maori Community Mental Health Services | 9.25 Nursing or Allied FTE |
| Nga Mataapuna Oranga Limited | MHADK14C | Kaupapa Maori Community Mental Health Services - Co-existing disorders | 1.50 Nursing or Allied FTE |
| Nga Mataapuna Oranga Limited | MHDK74C | Kaupapa Maori Community based alcohol and other drug specialist services | 2.00 Nursing or Allied FTE |
| Nga Mataapuna Oranga Limited | MHCS08A | Children & Young People Community Services | 0.83 Senior Medical FTE |
| Nga Mataapuna Oranga Limited | MHCS06A1 | Community Mental Health Services | 2.00 Other Clinical FTE |
| Nga Mataapuna Oranga | MHCS22.8 | Community Mental Health Services - | 0.50 Other |

| Provider Name | Purchase unit code | NGO service | Volume |
|------------------------------|--------------------|---|-------------------------|
| Limited | | Advocacy/Peer Support – Family/whanau | Clinical FTE |
| Nga Mataapuna Oranga Limited | MHA09A | Community Mental Health Services | 0.92 Senior Medical FTE |
| Nga Mataapuna Oranga Limited | MHI44A | Community Mental Health Services - Infant, child, adolescent & youth community mental health services | 0.92 Senior Medical FTE |

Table 30: Bay of Plenty Provider Arm Services

| Purchase Unit Code | Bay of Plenty DHB Provider Arm Service | Volume |
|--------------------|---|----------------------------------|
| MHA01 | Acute 24 Hour Clinical Intervention (inpatient) | 10,610 Available bed day |
| MHA02 | Intensive Care | 1,825 Available Bed Day |
| MHA04C | Crisis Intervention Service | 19.19 Nursing/allied health FTE |
| MHA08A | General Hospital Liaison | 0.70 Senior medical FTE |
| MHA08B | General Hospital Liaison | 1.00 Junior medical FTE |
| MHA08C | General Hospital Liaison | 2.35 Nursing/allied health FTE |
| MHA09A | Community Clinical Mental Health Service | 7.50 Senior medical FTE |
| MHA09B | Community Clinical Mental Health Service | 3.00 Junior medical FTE |
| MHA09C | Community Clinical Mental Health Service | 50.00 Nursing/allied health FTE |
| MHA11C | Mobile Intensive Treatment Service | 5.00 Nursing/allied health FTE |
| MHA13A | Mental Health with Intellectual Disability | 0.20 Senior medical FTE |
| MHA13C | Mental Health with Intellectual Disability | 2.00 Nursing/allied health FTE |
| MHA21D | Activity Based Recovery Support Services | 2.00 Non-clinical FTE |
| MHAD14C | Co-existing disorders (mental health & addiction) | 2.00 Nursing/allied health FTE |
| MHC33D | Consumer leadership, consultancy & liaison | 2.80 Non-clinical FTE |
| MHCS01A | Community Alcohol & Drug Services | 14.50 Senior medical FTE |
| MHCS01B | Community Alcohol & Drug Services | 1.00 Senior Medical Clinical FTE |
| MHCS03 | Detoxification - Home/Community | 2.00 Clinical FTE |
| MHCS08A1 | Children & Young People Community Services (Other Clinical FTEs) Includes sub units: · MHCS08A1: Needs Assessment & Service Co-ordination – Child & Youth | 150 Assessments |
| MHCS18 | Community Service - Older People | 16.80 Clinical FTE |
| MHCS19C | Kaupapa Maori Mental Health Services - Adult Community Teams | 5.00 Non-Clinical FTE |
| MHCS22 | Advocacy/Peer Support - Families/Whanau Includes sub-units as follows: · MHCS22.1 Adults · MHCS22.2 Older Adults · MHCS22.4 Forensic Services | 1.00 FTE |

| Purchase Unit Code | Bay of Plenty DHB Provider Arm Service | Volume |
|--------------------|---|---------------------------------|
| | <ul style="list-style-type: none"> · MHCS22.7 Child & Youth · MHCS22.8 Alcohol & Drug | |
| MHCS28 | Specialist Maternal Mental Health Service | 3.00 Clinical FTE |
| MHCS29.1 | Methadone Treatment – General Practitioner | 26 Case |
| MHCS29.2 | Methadone Treatment – Specialist | 118.89 Case |
| MHCS45 | Older Persons Day Hospital Programme | 3.00 Clinical FTE |
| MHCS46 | Kaupapa Maori Mental Health Services – Kaumatua and Taua (Kuia) | 0.23 FTE |
| MHCS49 | Child and Youth Acute Care Packages | 1.00 Programme |
| MHDI48C | Child, adolescent and youth alcohol and drug community services | 3.00 Nursing/allied health FTE |
| MHE30C | Community service for eating disorders | 1.50 Nursing/allied health FTE |
| MHI44A | Infant, child, adolescent & youth community mental health services | 2.30 Senior medical FTE |
| MHI44B | Infant, child, adolescent & youth community mental health services | 1.00 Junior medical FTE |
| MHI44C | Infant, child, adolescent & youth community mental health services | 29.10 Nursing/allied health FTE |
| MHI44D | Infant, Child, Adolescent & Youth Community Senior | 0.32 Non-clinical FTE |
| MHI44E | Infant, child, adolescent & youth community mental health services | 2.00 Cultural FTE |
| MHI46C | Child, adolescent and youth intensive clinical support | 1.40 Nursing/allied health FTE |
| MHI54C | Child, adolescent and youth community based day activity service | 2.00 Nursing/allied health FTE |
| MHIS02 | Older People Inpatient Beds | 3,650 Available Bed Day |
| MHO101C | Regional Dementia Service | 1 Programme |
| MHQI01 | Quality Improvements | 1 Programme |
| MHRE01 | Adult Planned Respite | 3 Programme |
| MHRE02 | Adult Crisis Respite | 1 Programme |
| MHWD01 | Workforce Development | 1 Programme |

Table 31: Lakes NGO Services

| Provider Name | Purchase Unit Code | NGO service | Volume |
|------------------------------------|---------------------------|--|--------------------------------|
| Te Runanga O Ngati Pikiao Trust | MHA20E | Adult Community Support Services - Mental Health and Addictions | 2.00 cultural FTE |
| Bainbridge House Charitable Trust | MHD53C | AOD Community Respite and AOD Treatment Options | 1.00 Nursing Allied health FTE |
| Bainbridge House Charitable Trust | MHD53D | AOD Community Respite and AOD Treatment Options | 4.00 Non clinical FTE |
| Bainbridge House Charitable Trust | MHA03 | Adult Community Respite and AOD Treatment Options | 4.00 occupied bed day |
| Healthcare of Zealand Limited | MHA06D | Wrap Around Community Services | 2.60 Non clinical FTE |
| Healthcare of Zealand Limited | MHA03D | Wrap Around Community Services | 2.00 Non clinical FTE |
| Healthcare of Zealand Limited | MHA17D | Wrap Around Community Services | 2.00 Non clinical FTE |
| Healthcare of Zealand Limited | MHA20D | Wrap Around Community Services | 6.00 Non clinical FTE |
| Healthcare of Zealand Limited | MHA26 | Wrap Around Community Services – supportive landlord service | 1.00 client |
| Healthcare of Zealand Limited | MHA19D | Wrap Around Community Services | 2.00 Non clinical FTE |
| Healthcare of Zealand Limited | MHI56 | Wrap Around Community Services – infant, child, adolescent and youth | 2.00 clients |
| Healthcare of Zealand Limited | MHI55D | Wrap Around Community Services – infant, child, adolescent and youth | 2.00 Non clinical FTE |
| The Karlidon Trust | MHA20D | Adult Community Living Supports | 2.00 Non clinical FTE |
| The Karlidon Trust | MHA25D | Community Living Supports – housing and recovery services | 3.50 Non clinical FTE |
| The Karlidon Trust | MHA17D | Community Living Supports – planned adult respite | 2.00 Non clinical FTE |
| Braemore Ltd | MHA19 | Package of Care | 1.00 package of care |
| Braemore Ltd | MHA20D | Adult Community Housing and Recovery Services | 2.50 Non clinical FTE |
| Braemore Ltd | MHA25C | Housing and Recovery Services | 1.00 Nursing/allied health FTE |
| Braemore Ltd | MHA25D | Housing and Recovery Services | 2.00 Non clinical FTE |
| Pretoria Lodge Limited | MHA20D | Adult Community Living Supports | 4.00 Non clinical FTE |
| Pretoria Lodge Limited | MHA20C | Adult Community Living Supports | 1.00 Nursing/allied health FTE |
| Pretoria Lodge Limited | MHA25D | Community Living Supports – housing and recovery | 4.00 Non clinical FTE |
| Pretoria Lodge Limited | MHA25C | Community Living Supports – housing and recovery | 1.00 Nursing/allied health FTE |
| Pretoria Lodge Limited | MHA17D | Community Living Supports – planned adult respite | 2.00 Non clinical FTE |
| Pretoria Lodge Limited | MHQI01 | PRIMHD Host Portal – quality improvement | 0.75 FTE |
| Contact Trust Rotorua | MHA21D | Beverly House Activities Centre – activity based recovery support | 4.00 Non clinical FTE |
| Schizophrenia Fellowship - Rotorua | MHA19C | Counselling for Families – package of care | 0.30 Nursing/allied health FTE |

| Provider Name | Purchase Unit Code | NGO service | Volume |
|---|--------------------|--|--------------------------------|
| Schizophrenia Fellowship - Rotorua | MHCS22.1 | Support for Families – advocacy peer support for adults | 2.00 FTE |
| Schizophrenia Fellowship - Rotorua | MHWD01 | Support for Families – workforce development | 2.50 FTE |
| Schizophrenia Fellowship - Rotorua | MHCS22.1 | Support for Families – advocacy/peer support for adults | 0.50 FTE |
| Te Utuhina Manaakitanga Trust | MHCR07 | Midland Kaupapa Maori AOD Residential Treatment Service | 2.00 Clinical FTE |
| Te Utuhina Manaakitanga Trust | MHCR07 | Midland Kaupapa Maori AOD Residential Treatment Service | 5.10 Non clinical FTE |
| Te Utuhina Manaakitanga Trust | MHDIK48C | Community Alcohol and Drug Services | 3.00 Nursing/allied health FTE |
| Te Utuhina Manaakitanga Trust | MHDI48C | Community Alcohol and Drug Services | 4.00 Nursing/allied health FTE |
| Te Utuhina Manaakitanga Trust | MHDK74C | Community Alcohol and Drug Services | 4.00 Nursing/allied health FTE |
| Te Utuhina Manaakitanga Trust | MHD74C | Community Alcohol and Drug Services | 5.00 Nursing/allied health FTE |
| Hauora Waikato Maori Mental Health Services | MHFK84A | Mental health in Reach Service to Te Mahioha o Parekarangi | 0.225 Senior Medical FTE |
| Hauora Waikato Maori Mental Health Services | MHFK84C | Mental health in Reach Service to Te Mahioha o Parekarangi | 1.20 Nursing/allied health FTE |
| Hauora Waikato Maori Mental Health Services | MHFK84E | Mental health in Reach Service to Te Mahioha o Parekarangi | 0.07 Cultural FTE |
| Drug and Alcohol Support Taupo Trust | MHD74C | Community Alcohol and Drug Services | 6.00 Nursing/allied health FTE |
| Drug and Alcohol Support Taupo Trust | MHD74D | Community Alcohol and Drug Services | 0.20 Non clinical FTE |
| Challenge Trust | MHI42C | Community Based Services for Infant, Children, Adolescent and Youth | 0.80 Nursing/allied health FTE |
| Challenge Trust | MHI52D | Community Based Services for Infant, Children, Adolescent and Youth – planned respite | 0.80 Non clinical FTE |
| Challenge Trust | MHI55D | Community Based Support Services for Infant, Children, Adolescent and Youth | 1.70 Non clinical FTE |
| Challenge Trust | MHI54D | Community Based Services for Infant, Children, Adolescent and Youth – day activity | 0.80 Non clinical FTE |
| Challenge Trust | MHDI49 | Community Based Services for Infant, Children, Adolescent and Youth – alcohol and drug service | 0.80 FTE |
| Challenge Trust | MHI40D | Community Based Services for Infant, Children, Adolescent and Youth – acute packages of care | 1.70 Non clinical FTE |
| Te Aroha o Hinemaru Trust | MHA20D | Community Living Supports - Older People | 2.00 Non clinical FTE |
| Te Aroha o Hinemaru Trust | MHA20C | Community Living Supports - Older People | 1.00 Nursing/allied health FTE |
| Te Aroha o Hinemaru Trust | MHA24C | Community Living Supports - Older People | 1.00 Nursing/allied health FTE |
| Te Aroha o Hinemaru Trust | MHA24D | Community Living Supports - Older People | 2.00 Non clinical FTE |
| Te Aroha o Hinemaru Trust | MHA21D | Community Living Supports - Older People | 2.00 Non clinical FTE |

| Provider Name | Purchase Unit Code | NGO service | Volume |
|---------------------------------------|--------------------|---|--------------------------------|
| Trust | | People – activity based support | FTE |
| Te Aroha o Hinemaru Trust | MHA17D | Community Living Supports - Older People – planned adult respite | 2.00 Non clinical FTE |
| Workwise Employment Limited | MHA22D | Employment Facilitation Service – vocational support services | 5.00 Non clinical FTE |
| Workwise Employment Limited | MHA19D | Employment Facilitation Service – package of care | 0.10 Non clinical FTE |
| Post Natal Therapy Service Limited | MHM90C | Mother Matter Perinatal Therapy | 1.00 Nursing/allied health FTE |
| Te Whare Hauora o Ngongotaha Trust | MHA21D | Day Activity and Living Skills Service – activity based recovery | 2.30 Non clinical FTE |
| Logan and Roberts Limited | MHCR03 | Community - Residential Support – beds and services | 1,095 bed days |
| Logan and Roberts Limited | MHCR04 | Community - Residential Support – beds and services | 1,095 bed days |
| Mana Mental Health Services Limited | MHC36F | Peer Support Services – adult | 3.00 Peer support FTE |
| Independent Living Choices Limited | MHA26 | Independent Living Choices – supportive landlord service | 2.00 clients |
| Central Health Limited | MHD149 | Te Waireka - Alcohol & Drug Residential Centre- child and adolescent community | 640 occupied bed days |
| Central Health Limited | MHI56 | Te Waireka - Alcohol & Drug Residential Centre- infant, child, adolescent | 11.4 packages of care |
| Tuwharetoa Health Charitable Trust | MHA21D | Activity Based Recovery Support Service | 2.00 Non clinical FTE |
| Community Dentistry Limited | MHCS06A | Mental Health Dental Project | 0.10 other clinical FTE |
| S4 Holdings Limited | MHA21C | Day Activity Package of Care for Client BMQ7327 – activity based recovery support | 0.15 package of care |
| Central Counselling and Psychotherapy | MHCS48 | Child Psychotherapy Service – child and youth wrap around services | 24 Programme |
| Central Counselling and Psychotherapy | MHCS48 | Child Psychotherapy Service – mental health | 72 Programme |

Table 32: Lakes Provider Arm Services

| Purchase Unit Code | Lakes DHB Provider Arm Service | Volume |
|--------------------|--|-----------------------|
| MHCS16 | Activity-Based Rehabilitation Service/Day Activity and Living Skills | 1.00 Clinical FTE |
| MHCS18 | Community Service - Older People | 7.40 Clinical FTE |
| MHCS19 | Kaupapa Maori Mental Health Services - Adult Community Teams | 5.00 Clinical FTE |
| MHCS19C | Kaupapa Maori Mental Health Services - Adult Community Teams | 4.50 Non-Clinical FTE |
| MHCS29.2 | Methadone Treatment – Specialist | 90 Case |
| MHIS02 | Older People Inpatient Beds | 730 Available Bed Day |
| MHQI01 | Quality Improvements | 1.0 Programme |
| MHWD01 | Workforce Development | 1.0 Programme |

| Purchase Unit Code | Lakes DHB Provider Arm Service | Volume |
|--------------------|--|---------------------------------|
| MHA01 | Acute 24 Hour Clinical Intervention (inpatient) | 4,380 Available bed day |
| MHA08C | General Hospital Liaison | 2.00 Nursing/allied health FTE |
| MHA09A | Community Clinical Mental Health Service | 5.60 Senior medical FTE |
| MHA09C | Community Clinical Mental Health Service | 39.50 Nursing/allied health FTE |
| MHAD14C | Co-existing disorders (mental health & addiction) | 5.00 Nursing/allied health FTE |
| MHC33F | Consumer leadership, consultancy & liaison | 2.00 Peer Support FTE |
| MHE30C | Community service for eating disorders | 1.00 Nursing/allied health FTE |
| MHE31C | Eating disorders DHB liaison | 0.40 Nursing/allied health FTE |
| MHI44A | Infant, child, adolescent & youth community mental health services | 1.50 Senior medical FTE |
| MHI44C | Infant, child, adolescent & youth community mental health services | 19.70 Nursing/allied health FTE |

Table 33: Taranaki NGO Services

| Provider Name | Purchase Unit Code | NGO service | Volume |
|---------------------------------------|--------------------|---|------------------------|
| Healthcare of New Zealand Limited | MHA20D | Adult Community Support Services - Non-clinical staff | 1.5 FTE |
| Healthcare of New Zealand Limited | MHCR09.1 | Other Residential Support - Home based support services | 4 FTE |
| HealthShare Ltd | MHQI01 | Quality Improvements | 1 Programme |
| Linkage Trust | MHCS06A | Community Mental Health Service | 1 FTE |
| Linkage Trust | MHCS34 | Package of Care | 0 Flexifund |
| Linkage Trust | MHCS34 | Package of Care | 0 Flexifund |
| Mental Health Solutions Limited | MHCR09.2 | Other Residential Support - Community Support Work | 12.8 FTE |
| Mental Health Solutions Limited | MHCS06A | Community Mental Health Service | 2.4 FTE |
| Mount View Residential Trust | MHCR03 | Community Residential - Level III | 1825 Bed days |
| New Plymouth Schizophrenia Fellowship | MHCS22.1 | Advocacy/Peer Support - Families/Whanau - Adults | 0 FTE |
| Ngati Ruanui Tahua Trust | MHCS26 | Early Intervention Alcohol & Drug Service | 0.9996 FTE Clinical |
| Odyssey House Trust | MHCR07 | Residential Treatment – Alcohol and Drug Service | 365 Bed days |
| Pathways Trust | MHCR03 | Community Residential - Level III | 2386 Bed days |
| Pathways Trust | MHCR04 | Community Residential - Level IV | 2341 Bed days |
| Pathways Trust | MHCR09.1 | Other Residential Support - Home based support services | 7.5 FTE |
| Pathways Trust | MHCR17 | Supported Landlord Service | 2 FTE |
| Pathways Trust | MHCS06A | Community Mental Health Service | 1.5 FTE Other Clinical |

| Provider Name | Purchase Unit Code | NGO service | Volume |
|------------------------------------|---------------------------|--|------------------------|
| Te Whare Puawai O Te Tangata Trust | MHCS21.1 | Advocacy/Peer Support – Consumer (Adults) | 2 FTE |
| Tui Ora Limited | MHCS02A | Kaupapa Maori Alcohol & Drug Services (Other Clinical FTEs) | 1 FTE Other Clinical |
| Tui Ora Limited | MHCS06A | Community Mental Health Service | 1.5 FTE Other Clinical |
| Tui Ora Limited | MHCS06A6 | Community Mental Health Service Intensive Treatment Service – Mobile | 0.5 FTE Other Clinical |
| Tui Ora Limited | MHCS08A | Child and Youth Community Services | 1 FTE Other Clinical |
| Tui Ora Limited | MHCS14C | Work Rehabilitation/Employment and Educational Support Service | 2 FTE Non Clinical |
| Tui Ora Limited | MHCS16 | Activity-Based Rehabilitation Service/ Day Activity and Living Skills | 1.47 FTE Clinical |
| Tui Ora Limited | MHCS19 | Kaupapa Maori Mental Health Services - Adult Community Teams Clinical | 2 FTE Clinical |
| Tui Ora Limited | MHCS21.1 | Advocacy/Peer Support – Consumer (Adults) | 0.5 FTE Non Clinical |
| Tui Ora Limited | MHCS39 | Kaupapa Maori Mental Health Services - Tamariki and Rangatahi | 1 FTE Other Clinical |
| Tui Ora Limited | MHCS43 | Kaupapa Maori Mental Health Services - Dual Diagnosis with Alcohol and Drug problems | 1 FTE Other Clinical |
| Tui Ora Limited | MHCS46 | Kaupapa Maori Mental Health Services – Kaumatua and Taua (Kuia) | 3.5 FTE |
| Tui Ora Limited - Mahia Mai | MHCS02A | Kaupapa Maori Alcohol & Drug Services (Other Clinical FTEs) | 3 FTE Other Clinical |
| Tui Ora Limited - Mahia Mai | MHCS04 | Dual Diagnosis - Mental Health and Alcohol and Drug | 1 FTE Clinical |
| Tui Ora Limited - Mahia Mai | MHCS06A | Community Mental Health Service | 0.5 FTE Other Clinical |
| Tui Ora Limited - Mahia Mai | MHCS08A | Child and Youth Community Services | 1 FTE Other Clinical |
| Tui Ora Limited - Mahia Mai | MHCS21.1 | Advocacy/Peer Support – Consumer (Adults) | 0.5 FTE |
| Tui Ora Limited - Mahia Mai | MHCS39 | Kaupapa Maori Mental Health Services - Tamariki and Rangatahi | 1 FTE Other Clinical |
| Tui Ora Limited - Mahia Mai | MHCS43 | Kaupapa Maori Mental Health Services - Dual Diagnosis with Alcohol and Drug problems | 1 FTE Other Clinical |
| Tui Ora Limited - Manaaki Oranga | MHCS01A | Community Alcohol & Drug Services (Other Clinical FTEs) | 0.5 FTE Other Clinical |
| Tui Ora Limited - Manaaki Oranga | MHCS28 | Specialist Maternal Mental Health Service | 0.5 FTE Clinical |
| Tui Ora Limited - Te Ihi Rangi | MHCR15 | Community Residential - Level III | 1825 Bed days |

| Provider Name | Purchase Unit Code | NGO service | Volume |
|-----------------------------------|--------------------|---|----------------------|
| Tui Ora Limited - Te Whare Puawai | MHCR15 | Community Residential - Level III | 1825 Bed days |
| Tui Ora Limited - Te Whare Puawai | MHCR16 | Community Residential - Level IV | 365 Bed days |
| Tui Ora Limited - Te Whare Puawai | MHCS06A5 | Community Mental Health Service | 1 FTE Other Clinical |
| Tui Ora Limited - Te Whare Puawai | MHCS16C | Activity-Based Rehabilitation Service/ Day Activity and Living Skills | 0.5 FTE Non Clinical |
| Tui Ora Limited - Te Whare Puawai | MHCS44 | Kaupapa Maori Mental Health Services - Early Intervention | 1 FTE Other Clinical |
| Tui Ora Limited - Tu Tama Wahine | MHCS06A1 | Community Mental Health Service | 2 FTE Other Clinical |
| Tui Ora Limited - Tu Tama Wahine | MHCS18 | Community Service – Older People | 0.5 FTE Clinical |
| Tui Ora Limited - Tu Tama Wahine | MHCS46 | Kaupapa Maori Mental Health Services – Kaumatua and Taua (Kuia) | 0.5 FTE |
| Tui Ora Limited Te Rau Pani | MHCS14C | Work Rehabilitation/Employment and Educational Support Service | 1 FTE Non Clinical |
| Workwise Employment Limited | MHCS14C | Work Rehabilitation/Employment and Educational Support Service | 5.2 FTE Non Clinical |

Table 34: Taranaki Provider Arm Services

| Purchase Unit Code | Taranaki DHB Provider Arm Service | Volume |
|--------------------|--|----------------------------------|
| MHCR06 | Detoxification - Residential | 1.0 Bed Day |
| MHCR09.2 | Other Residential Support– Community Support Work | 2.90 FTE |
| MHCS01A | Community Alcohol & Drug Services | 10.80 Other Clinical FTE |
| MHCS01B | Community Alcohol & Drug Services | 1.10 Senior Medical Clinical FTE |
| MHCS06A | Community Mental Health Service (Other Clinical FTE) Includes sub units: <ul style="list-style-type: none"> · MHCS06A1: Needs Assessment & Service Co-ordination · MHCS06A2: Crisis Intervention · MHCS06A4: Community Day Hospital Programme · MHCS06A5: Early Intervention for people with first time psychosis · MHCS06A6: Intensive Treatment Service – Mobile · MHCS06A7: Clinical Rehab. Service – Community | 50.80 Other Clinical FTE |

| Purchase Unit Code | Taranaki DHB Provider Arm Service | Volume |
|--------------------|---|----------------------------------|
| MHCS06B | Community Mental Health Service Includes sub units: <ul style="list-style-type: none"> · MHCS06B1: Needs Assessment & Service Co-ordination · MHCS06B2: Crisis Intervention · MHCS06B4: Community Day Hospital Programme · MHCS06B5: Early Intervention for people with first time psychosis · MHCS06B6: Intensive Treatment Service – Mobile · MHCS06B7: Clinical Rehab. Service – Community | 6.10 Senior Medical Clinical FTE |
| MHCS08A | Children & Young People Community Services Includes sub units: <ul style="list-style-type: none"> · MHCS08A1: Needs Assessment & Service Co-ordination – Child & Youth | 16.60 Other Clinical FTE |
| MHCS08B | Children & Young People Community Services Includes sub units: <ul style="list-style-type: none"> · MHCS08B1: Needs Assessment & Service Co-ordination – Child & Youth | 2.00 Senior Medical Clinical FTE |
| MHCS09 | Eating Disorders Service – Community | 0.40 Clinical FTE |
| MHCS18 | Community Service - Older People | 7.30 Clinical FTE |
| MHCS21 | Advocacy/Peer Support – Consumers Includes sub-units as follows: <ul style="list-style-type: none"> · MHCS21.1 Adults · MHCS21.2 Older Adults · MHCS21.4 Forensic Services · MHCS21.7 Child & Youth · MHCS21.8 Alcohol & Drug | 1.00 FTE |
| MHCS22 | Advocacy/Peer Support - Families/Whanau Includes sub-units as follows: <ul style="list-style-type: none"> · MHCS22.1 Adults · MHCS22.2 Older Adults · MHCS22.4 Forensic Services · MHCS22.7 Child & Youth · MHCS22.8 Alcohol & Drug | 1.00 FTE |
| MHCS28 | Specialist Maternal Mental Health Service | 1.50 Clinical FTE |
| MHCS29.1 | Methadone Treatment – General Practitioner | 50 Case |
| MHCS29.2 | Methadone Treatment – Specialist | 96 Case |
| MHCS48 | Child and Youth Wrap Around Services | 1.0 Programme |
| MHCS49 | Child and Youth Acute Care Packages | 1.0 Programme |
| MHIS02 | Older People Inpatient Beds | 1,460 Available Bed Day |
| MHRD01 | Research and Development | 1.0 Programme |
| MHRE01 | Adult Planned Respite | 1.0 Programme |
| MHRE04 | Child and Youth Planned Respite | 1.0 Programme |
| MHRE05 | Child and Youth Crisis Respite | 1.0 Programme |
| MHWD01 | Workforce Development | 1.0 Programme |
| MHA01 | Acute 24 Hour Clinical Intervention (inpatient) | 6,935 Available bed day |
| MHA02 | Intensive Care | 1,460 Available bed day |

| Purchase Unit Code | Taranaki DHB Provider Arm Service | Volume |
|--------------------|-----------------------------------|------------------------|
| MHA03 | Adult Crisis Respite | 654.6 Occupied bed day |

Table 35: Tairawhiti NGO Services

| Provider Name | Purchase Unit Code | NGO service | Volume |
|---------------------------------------|--------------------|---|-----------------------------|
| Schizophrenia Fellowship – Tairawhiti | MHW68D | Family whanau support education -, information and advocacy service | 2.00 Non-clinical FTE |
| Te Hauora O Turanganui A Kiwa Limited | MHWD01 | Kaupapa Maori Mental Health & Alcohol & Drug Services - Workforce Development | 0.50 Programme |
| Te Hauora O Turanganui A Kiwa Limited | MHCS26 | Kaupapa Maori Mental Health & Alcohol & Drug Services - Early Intervention Alcohol & Drug Service | 0.50 Clinical FTE |
| Te Hauora O Turanganui A Kiwa Limited | MHK61E | Kaupapa Maori Mental Health & Alcohol & Drug Services - Kaumatua Roles | 1.00 Cultural FTE |
| Te Hauora O Turanganui A Kiwa Limited | MHK60D | Kaupapa Maori Mental Health & Alcohol & Drug Services - Kaupapa Maori | 2.00 Non-clinical FTE |
| Te Hauora O Turanganui A Kiwa Limited | MHD72D | Kaupapa Maori Mental Health & Alcohol & Drug Services- Early intervention and other drug service | 1.5 Non-clinical FTE |
| Te Hauora O Turanganui A Kiwa Limited | MHD72C | Kaupapa Maori Mental Health & Alcohol & Drug Services - Early intervention and other drug service | 0.50 Nursing and allied FTE |
| Te Hauora O Turanganui A Kiwa Limited | MHK61E | Kaumatua services | 1.00 Non-clinical FTE |
| Te Hauora O Turanganui A Kiwa Limited | MHK60D | Kaupapa Maori Whanau Ora | 2.0 Non-clinical FTE |
| Ngati Porou Hauora Incorporated | MHCS02C | Kaupapa Maori Alcohol & Drug Services | 1.00 Non-clinical FTE |
| Ngati Porou Hauora Incorporated | MHK61E | Kaupapa Maori- Kaumatua Roles | 1.00 Cultural FTE |
| Ngati Porou Hauora Incorporated | MHK60D | Kaupapa Maori Whanau Ora | 2.00 Non-clinical FTE |
| Ngati Porou Hauora Incorporated | MHA09C | Kaupapa Maori Community Mental Health Service | 3.00 Nursing and allied FTE |
| Ngati Porou Hauora Incorporated | MHD72D | Kaupapa Maori - Early intervention and other drug service | 1.25 Non-clinical FTE |
| Ngati Porou Hauora Incorporated | MHD74C | Community alcohol services | 1.00 Nursing and allied FTE |
| Ngati Porou Hauora Incorporated | MHI44C | Kaupapa Maori - Infant, child, adolescent & youth community mental health services | 2.00 Nursing and allied FTE |
| Ngati Porou Hauora Incorporated | MHD74C | Kaupapa Maori - Community based alcohol and other drug specialist services | 1.00 Nursing and allied FTE |
| Ngati Porou Hauora Incorporated | MHD74C | Kaupapa Maori - Community based alcohol and other drug specialist services | 0.50 Nursing and allied FTE |
| Challenge Trust | MHA25D | Housing and Recovery Services Day time/Responsive Night support | 4.00 Non-clinical FTE |
| Challenge Trust | MHA24C | Housing and Recovery Services Day | 3.00 Nursing and |

| Provider Name | Purchase Unit Code | NGO service | Volume |
|----------------------|--------------------|---|--|
| | | time/Awake Night support | allied FTE |
| Challenge Trust | MHA17 | Adult Planned Respite | 218 Bed days |
| Challenge Trust | MHA21D | Activity based recovery support service/ activities and living skills | 2.00 Non-clinical FTE |
| Challenge Trust | MHA21E | Day Activities and Living Skills | 1.00 Cultural FTE |
| Challenge Trust | MHA22D | Vocational Support Services | 1.00 Non-clinical FTE |
| Challenge Trust | MHA23C | Housing Coordination Service | 1.00 Non clinical FTE (with qualifications and experience in the housing sector) |
| Challenge Trust | MHA26 | Supportive Landlord | 0.20 |
| Challenge Trust | MHA20D | Adult Community Support Services | 3.00 Non-clinical FTE |
| Te Kupenga Net Trust | MHW68D | Family whanau support education, information and advocacy service | 1.70 Non-clinical FTE |
| Te Kupenga Net Trust | MHC34F | Advocacy - Consumers (Adults) | 2.00 Peer support FTE |
| Te Kupenga Net Trust | MHC36F | Peer support - adults | 1.00 Non-clinical FTE |
| Te Kupenga Net Trust | MHCI37F | Advocacy/Peer support consumers (child and youth) | 1.00 Non-clinical FTE |

Table 36: Tairāwhiti Provider Arm Services

| Purchase Unit Code | Tairāwhiti DHB Provider Arm Service | Volume |
|--------------------|---|----------------------------------|
| MHCS01A | Community Alcohol & Drug Services | 4.50 Other Clinical FTE |
| MHCS01B | Community Alcohol & Drug Services | 0.30 Senior Medical Clinical FTE |
| MHCS01C | Community Alcohol & Drug Services | 1.00 Non-Clinical FTE |
| MHCS18 | Community Service - Older People | 4.00 Clinical FTE |
| MHCS19 | Kaupapa Maori Mental Health Services – Adult Community Teams | 4.50 Non-clinical FTE |
| MHCS26 | Early Intervention Alcohol & Drug Service | 3.00 Clinical FTE |
| MHCS28 | Specialist Maternal Mental Health Service | 0.50 Clinical FTE |
| MHCS29.2 | Methadone Treatment – Specialist | 47 Case |
| MHCS40 | Kaupapa Maori Mental Health Services – Consultation / Liaison | 0.50 FTE |
| MHCS46 | Kaupapa Maori Mental Health Services – Kaumatua and Taua (Kuia) | 1.00 FTE |
| MHIS02 | Older People Inpatient Beds | 412 Available Bed Day |
| MHQI01 | Quality Improvements | 1.50 Programme |
| MHWD01 | Workforce Development | 3.00 Programme |
| MHA01 | Acute 24 Hour Clinical Intervention (inpatient) | 2,600 available bed day |
| MHA02 | Intensive Care | 368 Available bed day |
| MHA03 | Adult Crisis Respite | 1.0 Occupied bed day |
| MHA09A | Community Clinical Mental Health Service | 1.70 Senior medical FTE |

| Purchase Unit Code | Tairawhiti DHB Provider Arm Service | Volume |
|---------------------------|--|---------------------------------|
| MHA09C | Community Clinical Mental Health Service | 12.00 Nursing/allied health FTE |
| MHA11C | Mobile intensive treatment service | 4.0 Nursing/allied Health FTE |
| MHA13C | Mental Health with Intellectual Disability - Nursing and/or allied staff | 1.00 Nursing/allied health FTE |
| MHAD14C | Co-existing disorders (mental health & addiction) - Nursing and/or allied health staff | 1.00 Nursing/allied health FTE |
| MHA18C | Needs Assessment and Service Coordination | 2.00 Nursing/allied health FTE |
| MHI38 | Infant, child, adolescent & youth inpatient beds | 20.0 Available bed day |
| MHI44A | Infant, child, adolescent & youth community mental health services | 1.20 Senior medical FTE |
| MHI44C | Infant, child, adolescent & youth community mental health services | 11.60 Nursing/allied health FTE |
| MHDI48C | Child, adolescent and youth alcohol and drug community services | 4.10 Nursing/allied health FTE |
| MHFF | Mental Health Flexi Funding (blueprint) | 1.0 Programme |

9.0 APPENDIX 5: NEED AND UNMET NEED FOR EACH OF THE MIDLAND REGION DHBS

These tables sit alongside tables 7-10 in the main document which provides information about need and unmet need for New Zealand and for the Midland region as a whole.

Table 37: Number of people of all ethnicities receiving services in a 12 months period compared with the number that could be expected to receive services in that time on the basis of Te Rau Hinengaro prevalence rates

| | Bay of Plenty | | | | Lakes | | | | Tairāwhiti | | | | Taranaki | | | | Waikato | | | |
|----------------------|--|---|--------------------------|----------------------------|--|---|------------------|--------------------|--|---|-----------------------|-------------------------|--|---|---------------------|-----------------------|--|---|--------------------|----------------------|
| | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Bay of Plenty unmet need | Bay of Plenty % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Lakes unmet need | Lakes % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Tairāwhiti unmet need | Tairāwhiti % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Taranaki unmet need | Taranaki % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Waikato unmet need | Waikato % unmet need |
| All disorders | | | | | | | | | | | | | | | | | | | | |
| 6-15 est | 2055 | 1137 | 918 | 45 | 1096 | 524 | 572 | 52 | 535 | 428 | 107 | 20 | 1053 | 334 | 719 | 68 | 3673 | 1006 | 2667 | 73 |
| 16-24 | 1668 | 1,209 | 459 | 28 | 889 | 509 | 380 | 43 | 410 | 370 | 40 | 10 | 911 | 512 | 399 | 44 | 3493 | 1,450 | 2043 | 58 |
| 25-44 | 2856 | 2,248 | 608 | 21 | 1499 | 1,024 | 475 | 32 | 643 | 660 | -17 | -3 | 1533 | 1,099 | 434 | 28 | 5340 | 3,133 | 2207 | 41 |
| 45-64 | 2106 | 1,214 | 892 | 42 | 1002 | 619 | 383 | 38 | 450 | 328 | 122 | 27 | 1097 | 639 | 458 | 42 | 3422 | 1,824 | 1598 | 47 |
| 65 + | 392 | 882 | -490 | -125 | 147 | 373 | -226 | -154 | 64 | 126 | -62 | 96 | 189 | 424 | -235 | -124 | 540 | 1,228 | -688 | -127 |
| Total pop over 15 | 7681 | 5,553 | 2128 | 28 | 3662 | 2525 | 1137 | 31 | 1618 | 1484 | 134 | 8 | 4003 | 2,674 | 1329 | 33 | 13146 | 7,635 | 5511 | 42 |

| | | | | | | | | | | | | | | | | | | | | |
|--|-------|------|----|--|------|------|------|----|------|------|-----|---|------|------|------|----|-------|------|------|----|
| Total pop over 15 adjusted to take account of estimated clients not recorded in PRIMHD (see note 1) | 5,636 | 2044 | 27 | | 3662 | 2563 | 1099 | 30 | 1618 | 1506 | 110 | 7 | 4003 | 2714 | 1289 | 32 | 13146 | 9724 | 3422 | 26 |
|--|-------|------|----|--|------|------|------|----|------|------|-----|---|------|------|------|----|-------|------|------|----|

| | Bay of Plenty | | | | Lakes | | | | Tairāwhiti | | | | Taranaki | | | | Waikato | | | |
|--------------------------------|--|---|--------------------------|----------------------------|--|---|------------------|--------------------|--|---|-----------------------|-------------------------|--|---|---------------------|-----------------------|--|---|--------------------|----------------------|
| | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Bay of Plenty unmet need | Bay of Plenty % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Lakes unmet need | Lakes % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Tairāwhiti unmet need | Tairāwhiti % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Taranaki unmet need | Taranaki % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Waikato unmet need | Waikato % unmet need |
| Substance Use Disorders | | | | | | | | | | | | | | | | | | | | |
| 6—15 | | 4 | | | 3 | | | | 2 | | | | 11 | | | | 6 | | | |
| 16-24 | 656 | 331 | 325 | 50 | 350 | 50 | 300 | 86 | 161 | 104 | 57 | 35 | 358 | 174 | 184 | 51 | 1374 | 264 | 1110 | 81 |
| 25-44 | 610 | 721 | -111 | -18 | 320 | 125 | 195 | 61 | 137 | 230 | 93 | 68 | 327 | 447 | -120 | -37 | 1141 | 865 | 276 | 24 |
| 45-64 | 196 | 251 | -55 | -28 | 93 | 46 | 47 | 51 | 42 | 74 | 32 | 76 | 102 | 186 | -84 | -82 | 319 | 375 | -56 | -18 |
| 65 + | 1 | 22 | -21 | -2100 | 1 | 3 | -2 | -200 | 1 | 3 | 2 | -200 | 1 | 21 | -20 | -2000 | 1 | 28 | -27 | -2700 |
| Total population over 15 | 1634 | 1,325 | 309 | 19 | 779 | 224 | 555 | 71 | 344 | 411 | -67 | -19 | 852 | 828 | 24 | 3 | 2797 | 1,532 | 1265 | 45 |

Note 1: Advice from the Ministry of Health indicates that around 3% of unique clients each year are seen solely in the NGO sector (i.e. with no provider arm involvement) and that for the Midland region, around half of those would not have been reporting to PRIMHD for the 12 months that the data was collected for this report. The impact therefore is relatively small for most DHBs in the region (1.5%) except for Waikato which has a relatively large number of NGOs that were not reporting to PRIMHD during the period covered in this report (April 2009-March 2010) and whose clients were not captured by provider arm data. The adjustment of 2,089 clients for Waikato is made up as follows:

Child and youth (including AOD): 723 unique clients
Hauora Waikato services: 479 unique clients
Community AOD services: 775 unique clients
Residential AOD services: 112 unique clients

The other DHBs have been adjusted by 1.5%.

Table 38: Number of Maori receiving services in a 12 months period compared with the number that could be expected to receive services in that time on the basis of Te Rau Hinengaro prevalence rates

| | Bay of Plenty | | | | Lakes | | | | Tairāwhiti | | | | Taranaki | | | | Waikato | | | | |
|--------------------------------|--|---|--------------------------|----------------------------|--|---|------------------|--------------------|--|---|-----------------------|-------------------------|-----------------------|-------------------------|--|---|---------------------|-----------------------|--|---|--------------------|
| | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Bay of Plenty unmet need | Bay of Plenty % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Lakes unmet need | Lakes % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Tairāwhiti unmet need | Tairāwhiti % unmet need | Tairāwhiti unmet need | Tairāwhiti % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Taranaki unmet need | Taranaki % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Waikato unmet need |
| All Disorders | | | | | | | | | | | | | | | | | | | | | |
| 6-15 est | 983 | 445 | 538 | 55 | 656 | 177 | 479 | 73 | 399 | 260 | 139 | 35 | 355 | 94 | 261 | 74 | 1482 | 238 | 1244 | 84 | |
| 16-24 | 707 | 438 | 269 | 38 | 504 | 254 | 250 | 50 | 300 | 222 | 78 | 26 | 268 | 161 | 107 | 40 | 1181 | 465 | 716 | 61 | |
| 25-44 | 1269 | 794 | 475 | 37 | 886 | 454 | 432 | 49 | 534 | 394 | 140 | 26 | 448 | 288 | 160 | 36 | 1988 | 956 | 1032 | 52 | |
| 45-64 | 710 | 268 | 442 | 62 | 468 | 194 | 274 | 59 | 323 | 156 | 167 | 52 | 228 | 135 | 93 | 41 | 961 | 352 | 609 | 63 | |
| 65 + | 52 | 64 | -12 | -23 | 31 | 56 | -25 | -81 | 26 | 28 | -2 | -8 | 18 | 26 | -8 | -44 | 66 | 67 | -1 | -2 | |
| Total pop over 15 | 2885 | 1,564 | 1,321 | 46 | 1965 | 958 | 1,007 | 51 | 1265 | 800 | 465 | 37 | 1007 | 610 | 397 | 39 | 4340 | 1,840 | 2,500 | 58 | |
| Substance Use Disorders | | | | | | | | | | | | | | | | | | | | | |
| 6—15 | | 3 | | | | 2 | | | | 1 | | | | 7 | -7 | | | 3 | | | |
| 16-24 | 501 | 130 | 371 | 74 | 357 | 20 | 337 | 94 | 213 | 75 | 138 | 65 | 190 | 64 | 126 | 66 | 838 | 106 | 732 | 87 | |
| 25-44 | 348 | 259 | 89 | 26 | 243 | 59 | 184 | 76 | 147 | 164 | -17 | -12 | 123 | 132 | -9 | -7 | 546 | 236 | 310 | 57 | |
| 45-64 | 86 | 56 | 30 | 35 | 57 | 9 | 48 | 84 | 39 | 44 | -5 | -13 | 28 | 45 | -17 | -61 | 117 | 60 | 57 | 49 | |
| 65 + | 3 | 2 | 1 | 33 | 2 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 2 | -1 | -100 | 4 | 3 | 1 | 25 | |
| Total pop over 15 | 962 | 444 | 518 | 54 | 655 | 88 | 567 | 87 | 422 | 284 | 138 | 33 | 336 | 243 | 93 | 28 | 1447 | 405 | 1042 | 72 | |

Table 39: Number of Pacific People receiving services in a 12 months period compared with the number that could be expected to receive services in that time on the basis of Te Rau Hinengaro prevalence rates

| | Bay of Plenty | | | | Lakes | | | | Tairāwhiti | | | | Taranaki | | | | Waikato | | | |
|--------------------------------|--|---|--------------------------|----------------------------|--|---|------------------|--------------------|--|---|-----------------------|-------------------------|--|---|---------------------|-----------------------|--|---|--------------------|----------------------|
| | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Bay of Plenty unmet need | Bay of Plenty % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Lakes unmet need | Lakes % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Tairāwhiti unmet need | Tairāwhiti % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Taranaki unmet need | Taranaki % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Waikato unmet need | Waikato % unmet need |
| All Disorders | | | | | | | | | | | | | | | | | | | | |
| 6-15 est | 50 | 10 | 40 | 80 | 38 | 9 | 29 | 76 | 15 | 2 | 13 | 87 | 17 | 1 | 16 | 94 | 141 | 17 | 124 | 88 |
| 16-24 | 33 | 7 | 26 | 79 | 39 | 6 | 33 | 85 | 11 | 3 | 8 | 73 | 16 | 4 | 12 | 75 | 130 | 37 | 93 | 72 |
| 25-44 | 50 | 31 | 19 | 38 | 45 | 18 | 27 | 60 | 17 | 6 | 11 | 65 | 20 | 12 | 8 | 40 | 158 | 63 | 95 | 60 |
| 45-64 | 19 | 9 | 10 | 53 | 21 | 5 | 16 | 76 | 8 | 2 | 6 | 75 | 7 | 6 | 1 | 14 | 61 | 20 | 41 | 67 |
| 65 + | 3 | 2 | 1 | 33 | 3 | 3 | 0 | 0 | 1 | 0 | 1 | 100 | 1 | 2 | -1 | -100 | 12 | 12 | 0 | 0 |
| Total pop over 15 | 107 | 49 | 58 | 54 | 110 | 32 | 78 | 71 | 38 | 11 | 27 | 71 | 44 | 24 | 20 | 45 | 364 | 132 | 232 | 64 |
| Substance Use Disorders | | | | | | | | | | | | | | | | | | | | |
| 6—15 | | | | | | | | | | | | | | | | | | | | |
| 16-24 | 15 | 2 | 13 | 87 | 18 | 1 | 17 | 94 | 5 | 0 | 5 | 100 | 7 | 1 | 6 | 86 | 60 | 5 | 55 | 92 |
| 25-44 | 10 | 11 | (1) | -10 | 9 | 4 | 5 | 56 | 3 | 3 | 0 | 0 | 4 | 1 | 3 | 75 | 30 | 13 | 17 | 57 |
| 45-64 | 4 | 3 | 1 | 25 | 5 | 2 | 3 | 60 | 2 | 0 | 2 | 100 | 2 | 3 | (1) | -50 | 13 | 3 | 10 | 77 |
| 65 + | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 100 |
| Total pop over 15 | 59 | 16 | 43 | 73 | 55 | 6 | 49 | 89 | 20 | 3 | 17 | 85 | 23 | 5 | 18 | 78 | 188 | 21 | 167 | 89 |

Table 40: Number of non Maori, non Pacific people (other) receiving services in a 12 months period compared with the number that could be expected to receive services in that time on the basis of Te Rau Hinengaro prevalence rates

| | Bay of Plenty | | | | Lakes | | | | Tairāwhiti | | | | Taranaki | | | | Waikato | | | |
|--------------------------------|--|---|--------------------------|----------------------------|--|---|------------------|--------------------|--|---|-----------------------|-------------------------|--|---|---------------------|-----------------------|--|---|--------------------|----------------------|
| | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Bay of Plenty unmet need | Bay of Plenty % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Lakes unmet need | Lakes % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Tairāwhiti unmet need | Tairāwhiti % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Taranaki unmet need | Taranaki % unmet need | Expected numbers needing services in 12 months based on Te Rau Hinengaro | Actual number receiving services in 12 months (using PRIMHD data) | Waikato unmet need | Waikato % unmet need |
| All Disorders | | | | | | | | | | | | | | | | | | | | |
| 6-15 est | 1123 | 682 | 441 | 39 | 809 | 338 | 471 | 58 | 177 | 166 | 11 | 6 | 699 | 239 | 460 | 66 | 2179 | 751 | 1428 | 66 |
| 16-24 | 989 | 764 | 225 | 23 | 411 | 249 | 162 | 39 | 141 | 145 | -4 | -3 | 635 | 347 | 288 | 45 | 2258 | 948 | 1310 | 58 |
| 25-44 | 1800 | 1423 | 377 | 21 | 822 | 552 | 270 | 33 | 279 | 260 | 19 | 7 | 1086 | 799 | 287 | 26 | 3504 | 2114 | 1390 | 40 |
| 45-64 | 1543 | 937 | 606 | 39 | 664 | 420 | 244 | 37 | 247 | 170 | 77 | 31 | 871 | 498 | 373 | 43 | 2570 | 1452 | 1118 | 44 |
| 65 + | 326 | 816 | -490 | -150 | 115 | 314 | -199 | -173 | 43 | 98 | -55 | -128 | 162 | 396 | -234 | -144 | 449 | 1149 | -700 | -156 |
| Total pop over 15 | 5268 | 3940 | 1328 | 25 | 2194 | 1535 | 659 | 30 | 789 | 673 | 116 | 15 | 2987 | 2040 | 947 | 32 | 9174 | 5663 | 3511 | 38 |
| Substance Use Disorders | | | | | | | | | | | | | | | | | | | | |
| 6—15 | | 1 | | | | 1 | | | | 1 | | | | 4 | | | | 3 | | |
| 16-24 | 291 | 199 | 92 | 32 | 121 | 29 | 92 | 76 | 41 | 29 | 12 | 29 | 187 | 109 | 78 | 42 | 738 | 153 | 585 | 79 |
| 25-44 | 324 | 451 | -127 | -39 | 148 | 62 | 86 | 58 | 50 | 63 | -13 | -26 | 195 | 314 | -119 | -61 | 631 | 616 | 15 | 2 |
| 45-64 | 136 | 192 | -56 | -41 | 59 | 35 | 24 | 41 | 22 | 30 | -8 | -36 | 77 | 138 | -61 | -79 | 227 | 312 | -85 | -37 |
| 65 + | 1 | 20 | -19 | -1900 | 1 | 1 | 0 | 0 | 1 | 2 | -1 | -100 | 1 | 19 | -18 | -1800 | 1 | 25 | -24 | -2400 |
| Total pop over 15 | 899 | 862 | 37 | 4 | 375 | 127 | 248 | 66 | 135 | 124 | 11 | 8 | 510 | 580 | -70 | -14 | 1566 | 1106 | 460 | 29 |

10.0 APPENDIX 6: COMPARATIVE BENCHMARKING DATA ACROSS MIDLAND REGION DHBS

Table 41: Benchmarking Volumes Against National and Regional Averages

| | | Midland | Bay of Plenty | Lakes | Tairāwhiti | Taranaki | Waikato |
|--|-------------------------|---|---|---|--|--|---|
| Service | Age specific population | How many more or fewer beds or FTEs would be needed for the age specific population if Midland was providing services at the national average | How many more or fewer beds or FTEs would be needed for the age specific population if BOP was providing services at the national average | How many more or fewer beds or FTEs would be needed for the age specific population if Lakes was providing services at the national average | How many more or fewer beds or FTEs would be needed for the age specific population if Tairāwhiti was providing services at the national average | How many more or fewer beds or FTEs would be needed for the age specific population if Taranaki was providing services at the national average | How many more or fewer beds or FTEs would be needed for the age specific population if Waikato was providing services at the national average |
| Adult community clinical FTEs | 20-65 | 0.0 | 0.0 | -17.1 | -10.0 | -8.2 | 35.3 |
| Adult inpatient beds | 20-65 | 28.3 | 7.8 | 8.7 | -1.2 | -0.6 | 13.8 |
| Adult community support FTEs | 20-65 | -16.5 | -11.0 | -19.9 | -2.4 | 8.9 | 7.9 |
| Adult residential beds | 20-65 | 4.7 | -3.3 | -14.0 | -4.1 | 3.4 | 22.7 |
| AOD community FTEs | All | -47.7 | -18.6 | -9.2 | -6.4 | -1.0 | -12.3 |
| AOD beds | All | 31.3 | 21.7 | 2.1 | 5.3 | -7.3 | 9.5 |
| Methadone places | All | 87.9 | 9.8 | 22.0 | 2.4 | -30.4 | 84.1 |
| Child and youth community FTEs | 0-19 | -5.4 | -9.4 | 0.3 | -4.3 | -1.3 | 9.3 |
| Child and youth day programme | 0-19 | 4.9 | -0.1 | 2.4 | 1.2 | 1.5 | -0.2 |
| Child and youth beds (inpatient and community) | 0-19 | 8.1 | 1.8 | 0.8 | -0.1 | 1.5 | 4.1 |
| Forensic beds | 20-65 | -4.3 | -2.3 | -1.4 | 2.4 | -0.9 | -2.1 |
| Forensic community FTEs | 20-65 | -4.4 | 0.6 | -0.3 | 0.0 | -0.1 | -4.5 |
| Older people's community FTEs | 65+ | 9.5 | 1.6 | 0.3 | 1.9 | 0.8 | 4.9 |
| Older people's beds | 65+ | 6.3 | 2.9 | 1.2 | 0.4 | 0.3 | 1.5 |
| Older people's day programme | 65+ | -6.1 | -2.4 | 0.5 | -1.2 | 0.6 | -3.5 |
| Specialist community FTEs | All | 4.6 | 1.3 | 1.7 | -0.5 | 2.6 | -0.6 |
| Specialist Beds | All | 5.7 | 1.5 | 0.7 | 0.3 | 0.8 | 2.5 |
| Non Blueprint | All | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Table 42: Benchmarking Spending Against National and Regional Averages

| | | Midland | Bay of Plenty | Lakes | Tairarwhiti | Taranaki | Waikato |
|--|-------------------------|--|---|--|--|---|--|
| Service | Age specific population | How much more or less would be spent on the age specific population if Midland was providing services at the national average \$m | How much more or less would be spent on the age specific population if BOP was providing services at the national average %m | How much more or less would be spent on the age specific population if Lakes was providing services at the national average \$m | How much more or less would be spent on the age specific population if Tairarwhiti was providing services at the national average \$m | How much more or less would be spent on the age specific population if Taranaki was providing services at the national average \$m | How much more or less would be spent on the age specific population if Waikato was providing services at the national average \$m |
| Adult community clinical FTEs | 20-65 | 0.9 | 0.6 | -1.8 | -0.5 | -1.2 | 3.8 |
| Adult inpatient beds | 20-65 | 3.2 | 0.5 | 1.9 | -0.3 | -1.3 | 2.6 |
| Adult community support FTEs | 20-65 | -1.3 | -0.7 | -1.2 | -0.2 | 0.4 | 0.2 |
| Adult residential beds | 20-65 | 0.7 | -1.2 | -0.2 | 0.0 | 0.4 | 1.7 |
| AOD community FTES | All | -5.1 | -2.0 | -0.7 | -0.5 | -0.3 | -1.6 |
| AOD beds | All | 0.6 | 0.8 | -0.3 | 0.2 | -0.1 | 0.1 |
| Methadone places | All | 0.3 | 0.1 | 0.0 | 0.0 | -0.1 | 0.2 |
| Child and youth community FTES | 0-19 | -0.5 | -0.7 | 0.1 | -0.5 | -0.3 | 0.8 |
| Child and youth day programme | 0-19 | 0.3 | -0.1 | 0.2 | 0.1 | 0.1 | -0.1 |
| Child and youth beds (inpatient and community) | 0-19 | 1.9 | 0.5 | 0.2 | 0.0 | 0.3 | 1.0 |
| Forensic beds | 20-65 | -0.6 | -0.5 | -0.3 | 0.7 | -0.1 | -0.3 |
| Forensic community FTEs | 20-65 | -0.4 | 0.1 | 0.0 | 0.0 | 0.0 | -0.4 |
| Older people's community FTEs | 65+ | -2.6 | -1.0 | -0.3 | 0.1 | -0.3 | -1.0 |
| Older people's beds | 65+ | 1.0 | 0.0 | 0.1 | 0.3 | 0.2 | 0.5 |
| Older people's day programme | 65+ | 1.3 | 0.6 | 0.3 | 0.1 | 0.0 | 0.3 |
| Specialist community FTEs | All | -0.5 | -0.2 | -8.0 | -0.1 | 0.1 | -2.2 |
| Specialist Beds | All | 1.0 | 0.3 | 0.1 | 0.1 | 0.1 | 0.4 |
| Non Blueprint funding | All | -2.2 | 0.8 | -2.2 | -0.3 | -1.0 | 0.4 |

Table 43: Benchmarking volumes against blueprint target volumes: % of blueprint target reached (a figure > 100% indicates that the target has been exceeded, and a figure < 100% indicates that the target has not yet been achieved.)

| Service | NZ % of target reached | Midland % of target reached | Bay of Plenty % of target reached | Lakes % of target reached | Tairāwhiti % of target reached | Taranaki % of target reached | Waikato % of target reached |
|--|---|--|--|--|---|---|--|
| Adult community clinical FTEs | 104.4 | 104.9 | 107.5 | 136 | 147.6 | 121.2 | 84.5 |
| Adult inpatient beds | 77.4 | 65.7 | 66.7 | 45.5 | 88 | 82 | 63.2 |
| Adult community support FTEs | 110.7 | 117.2 | 128.6 | 156.6 | 124 | 94.3 | 105.5 |
| Adult residential beds | 51.3 | 51.7 | 56.9 | 70.4 | 64.7 | 49.2 | 42.6 |
| AOD community FTES | 92.1 | 123.9 | 140.8 | 140.2 | 172.1 | 98.7 | 111.3 |
| AOD beds | 100.2 | 74.5 | 22.6 | 87.4 | 14.1 | 158.7 | 82.4 |
| Methadone places | 70.2 | 66 | 71.8 | 57.6 | 71.7 | 92.9 | 56.4 |
| Child and youth community FTES | 73.4 | 76.4 | 90.8 | 73.4 | 105.4 | 78.2 | 64.9 |
| Child and youth day programme | 33 | 24.7 | 34.1 | 0 | 0 | 11.2 | 33.9 |
| Child and youth beds (inpatient and community) | 60 | 19.2 | 22.5 | 29.4 | 64.3 | 1.4 | 13.3 |
| Forensic beds | 79.5 | 89.5 | 101.5 | 99.8 | 0 | 95.8 | 89 |
| Forensic community FTES | 208.1 | 238.8 | 208.9 | 221.4 | 210.8 | 220.7 | 269.1 |
| Older people's community FTES | 72 | 60.6 | 65.4 | 68 | 24.4 | 64.5 | 57.9 |
| Older people's beds | 76.5 | 60.5 | 51.2 | 48.7 | 58.5 | 70.5 | 67.3 |
| Older people's day programme | 10.4 | 25.7 | 30.5 | 0 | 73.4 | 0 | 32.6 |
| Specialist community FTES | 52.9 | 45.6 | 45.7 | 27.1 | 73.8 | 15.1 | 56.2 |
| Specialist Beds | 18.6 | 0.5 | 0 | 0 | 0 | 0 | 1.1 |
| Non Blueprint funding | | | | | | | |

Table 44: Benchmarking spending against blueprint target spending: % of blueprint target reached (a figure > 100% indicates that the target has been exceeded, and a figure < 100% indicates that the target has not yet been achieved.)

| Service | NZ % of target reached | Midland % of target reached | Bay of Plenty % of target reached | Lakes % of target reached | Tairāwhiti % of target reached | Taranaki % of target reached | Waikato % of target reached |
|--|---|--|--|--|---|---|--|
| Adult community clinical FTEs | 106 | 106 | 108 | 141 | 149 | 124 | 85 |
| Adult inpatient beds | 81 | 78.2 | 88 | 58 | 93 | 110 | 67 |
| Adult community support FTEs | 110 | 114 | 129 | 155 | 123 | 95 | 101 |
| Adult residential beds | 52 | 49 | 60 | 61 | 59 | 43 | 38 |
| AOD community FTES | 95.3 | 127 | 147 | 147 | 177 | 103 | 113 |
| AOD beds | 48 | 42 | 13 | 73 | 9 | 69 | 44 |
| Methadone places | 71 | 66 | 71 | 61 | 83 | 94 | 56 |
| Child and youth community FTES | 73 | 76 | 91 | 73 | 105 | 78 | 65 |
| Child and youth day programme | 30 | 25 | 37 | 0 | 0 | 11 | 32 |
| Child and youth beds (inpatient and community) | 63 | 20 | 23 | 30 | 66 | 1 | 13 |
| Forensic beds | 80 | 92 | 103 | 101 | 0 | 97 | 90 |
| Forensic community FTEs | 249 | 280 | 244 | 259 | 269 | 258 | 313 |
| Older people's community FTEs | 72 | 61 | 65 | 68 | 24 | 65 | 58 |
| Older people's beds | 77 | 61 | 51 | 49 | 59 | 71 | 67 |
| Older people's day programme | 10 | 26 | 31 | 0 | 73 | 0 | 33 |
| Specialist community FTEs | 57 | 51 | 51 | 27 | 77 | 18 | 61 |
| Specialist Beds | 27 | 0.4 | 0 | 0 | 0 | 0 | 0 |
| Non Blueprint funding | \$42m | \$10.2m | \$1.2m | \$3.2m | \$0.7m | \$2m | \$3.1m |

Table 45: Benchmarking current volumes against the volumes that would be required if provided on a PBF basis (+ve means more would be needed)

| | Midland | BOP | Lakes | Tairāwhiti | Taranaki | Waikato |
|--|---|---|---|--|--|---|
| Service type | Midland - How many more or less beds or FTEs are needed if volumes were PBF based | BOP - How many more or less beds or FTEs are needed if volumes were PBF based | Lakes - How many more or less beds or FTEs are needed if volumes were PBF based | Tairāwhiti - How many more or less beds or FTEs are needed if volumes were PBF based | Taranaki - How many more or less beds or FTEs are needed if volumes were PBF based | Waikato - How many more or less beds or FTEs are needed if volumes were PBF based |
| Adult community clinical FTEs | 58.7 | 10.6 | -4.2 | 1.4 | -7.1 | 58.0 |
| Adult inpatient beds | 51.3 | 11.9 | 13.8 | 3.3 | -0.2 | 22.8 |
| Adult community support FTEs | 34.8 | -1.8 | -8.7 | 7.5 | 9.9 | 27.8 |
| Adult residential beds | 45.0 | 4.0 | -5.2 | 3.8 | 4.1 | 38.3 |
| AOD community FTEs | -30.5 | -15.1 | -5.4 | -3.1 | -0.7 | -6.1 |
| AOD beds | 43.6 | 24.2 | 4.8 | 7.7 | -7.0 | 14.0 |
| Methadone places | 187.1 | 29.9 | 43.6 | 21.8 | -28.3 | 120.0 |
| Child and youth community FTEs | 5.2 | -6.0 | 2.5 | -2.2 | -0.9 | 11.7 |
| Child and youth day programme | 6.0 | 0.3 | 2.6 | 1.4 | 1.6 | 0.0 |
| Child and youth beds (inpatient and community) | 8.8 | 2.0 | 1.0 | 0.1 | 1.5 | 4.2 |
| Forensic beds | 1.8 | -1.2 | -0.1 | 3.6 | -0.8 | 0.2 |
| Forensic community FTEs | 0.6 | 1.5 | 0.8 | 0.9 | 0.0 | -2.6 |
| Older people's community FTEs | -19.4 | -8.4 | -2.1 | 1.2 | -4.0 | -6.1 |
| Older people's beds | -8.2 | -2.1 | -0.1 | 0.0 | -2.1 | -4.0 |
| Older people's day programme | -8.0 | -3.1 | 0.3 | -1.2 | 0.3 | -4.3 |
| Specialist community FTEs | 7.7 | 2.0 | 2.4 | 0.1 | 2.7 | 0.6 |
| Specialist Beds | 6.4 | 1.6 | 0.9 | 0.5 | 0.8 | 2.7 |
| Non Blueprint funding | | | | | | |

Table 46: Benchmarking current spending against the spending that would be required if provided on a PBF basis (+ve means would spend this much more)

| | Midland | BOP | Lakes | Tairawhiti | Taranaki | Waikato |
|--|---|---|---|--|---|---|
| Service Type | Midland -How much more or less would be spent if spending was based on PBF \$m | BOP -How much more or less would be spent if spending was based on PBF \$m | Lakes -How much more or less would be spent if spending was based on PBF \$m | Tairawhiti -How much more or less would be spent if spending was based on PBF \$m | Taranaki -How much more or less would be spent if spending was based on PBF %m | Waikato -How much more or less would be spent if spending was based on PBF \$m |
| Adult community clinical FTEs | 7.6 | 1.8 | -0.4 | 0.8 | -1.1 | 6.4 |
| Adult inpatient beds | 8.0 | 1.3 | 2.9 | 0.6 | -1.2 | 4.4 |
| Adult community support FTEs | 2.4 | 0.0 | -0.3 | 0.5 | 0.4 | 1.7 |
| Adult residential beds | 2.6 | -0.9 | 0.2 | 0.3 | 0.4 | 2.4 |
| AOD community FTEs | -3.4 | -1.6 | -0.3 | -0.2 | -0.2 | -1.0 |
| AOD beds | 1.1 | 0.9 | -0.2 | 0.3 | -0.1 | 0.3 |
| Methadone places | 0.6 | 0.1 | 0.1 | 0.1 | -0.1 | 0.3 |
| Child and youth community FTES | 0.7 | -0.3 | 0.3 | -0.2 | -0.2 | 1.0 |
| Child and youth day programme | 0.4 | -0.1 | 0.2 | 0.1 | 0.1 | -0.1 |
| Child and youth beds (inpatient and community) | 2.1 | 0.5 | 0.2 | 0.0 | 0.3 | 1.0 |
| Forensic beds | 1.1 | -0.2 | 0.1 | 1.0 | -0.1 | 0.3 |
| Forensic community FTEs | 0.3 | 0.2 | 0.1 | 0.1 | 0.0 | -0.2 |
| Older people's community FTEs | -2.6 | -1.2 | -0.2 | 0.2 | -0.4 | -0.9 |
| Older people's beds | -1.7 | -0.5 | 0.0 | 0.0 | -0.5 | -0.8 |
| Older people's day programme | -0.7 | -0.3 | -8.0 | -0.1 | 0.0 | -0.4 |
| Specialist community FTEs | 1.2 | 0.3 | 0.3 | 0.1 | 0.4 | 0.1 |
| Specialist Beds | 1.1 | 0.3 | 0.1 | 0.1 | 0.1 | 0.5 |
| Non Blueprint funding | -1.3 | 1.0 | | -0.1 | -0.9 | 0.7 |

11.0 APPENDIX 7: BAY OF PLENTY DATA NOT INCLUDED ELSEWHERE

Population data: Source: Statistics NZ population projections at 30 June 2007 (2006 base) prepared for the Ministry of Health in September 2010

Table 47: Population Projections by Age and Ethnicity

| Age | 2010 | | | | 2016 | | | | 2021 | | | | 2026 | | | |
|--------------|--------------|---------------|----------------|----------------|--------------|---------------|----------------|----------------|--------------|---------------|----------------|----------------|---------------|---------------|----------------|----------------|
| | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People |
| 00-14 | 1,530 | 17,870 | 24,020 | 950 | 2,090 | 18,850 | 23,350 | 1,040 | 2,640 | 19,700 | 23,130 | 1,120 | 3,000 | 19,720 | 22,890 | 1,170 |
| 15-24 | 990 | 9,390 | 15,490 | 470 | 1,000 | 9,960 | 14,940 | 570 | 1,110 | 9,660 | 14,000 | 630 | 1,410 | 10,530 | 13,710 | 690 |
| 25-44 | 2,270 | 12,440 | 33,730 | 800 | 2,870 | 12,960 | 34,680 | 850 | 3,380 | 14,010 | 36,240 | 890 | 3,810 | 15,080 | 37,860 | 1,030 |
| 45-65 | 1,260 | 9,590 | 44,120 | 450 | 1,610 | 10,720 | 46,720 | 610 | 1,780 | 11,250 | 47,080 | 730 | 1,970 | 11,120 | 45,830 | 790 |
| 65+ | 360 | 2,910 | 32,210 | 130 | 700 | 3,680 | 38,630 | 190 | 1,010 | 4,610 | 44,020 | 250 | 1,340 | 5,820 | 49,770 | 330 |
| Total | 6,410 | 52,200 | 149,570 | 2,800 | 8,270 | 56,170 | 158,320 | 3,260 | 9,920 | 59,230 | 164,470 | 3,620 | 11,530 | 62,270 | 170,060 | 4,010 |

Table 48: Population Projections by Age and % Change Between 2010 and 2026

| Age | 2010 | 2016 | 2021 | 2026 | % increase from 2010-2026 |
|--------------|----------------|----------------|----------------|----------------|---------------------------|
| 00-14 | 44,370 | 45,330 | 46,590 | 46,780 | 5.4 |
| 15-24 | 26,340 | 26,470 | 25,400 | 26,340 | 0.0 |
| 25-44 | 49,240 | 51,360 | 54,520 | 57,780 | 17.3 |
| 45-65 | 55,420 | 59,660 | 60,840 | 59,710 | 7.7 |
| 65+ | 35,610 | 43,200 | 49,890 | 57,260 | 60.8 |
| Total | 210,980 | 226,020 | 237,240 | 247,870 | 17.5 |

Table 49: Deprivation (quintile 1 is lowest deprivation, quintile 5 is highest deprivation)

| | Quintile 1 | Quintile 2 | Quintile 3 | Quintile 4 | Quintile 5 | Total |
|------------------|------------|------------|------------|------------|------------|----------------|
| Maori | 2,196 | 4,248 | 6,996 | 11,378 | 27,444 | 52,262 |
| % of pop | 4% | 8% | 13% | 22% | 53% | |
| Other | 26,032 | 35,218 | 39,183 | 31,525 | 24,022 | 155,980 |
| % of pop | 17% | 23% | 25% | 20% | 15% | |
| Pacific | 152 | 325 | 544 | 746 | 1,033 | 2,800 |
| % of pop | 5% | 12% | 19% | 27% | 37% | |
| Total population | 28,380 | 39,791 | 46,723 | 43,649 | 52,499 | 211,042 |
| % of pop | 13% | 19% | 22% | 21% | 25% | |

Utilisation Data Using the Te Rau Hinengaro Age and Ethnicity Categories

Source: Ministry of Health PRIMHD 18 October 2010 for period 1 April 2009 – 31 March 2010.

DHB of domicile

Ethnicity is defined as the current ethnicity of the NHI

Table 50: Number of Unique Individuals Accessing Mental Health AND Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|----------------------|--------------|--------------|-----------|-------------|--------------|
| All ages | Total | 2,009 | 59 | 4682 | 6,750 |
| | Male | 1,161 | 33 | 2339 | 3533 |
| | Female | 848 | 26 | 2343 | 3217 |
| 0-15 | Total | 445 | 10 | 682 | 1,137 |
| | Male | 299 | 6 | 404 | 709 |
| | Female | 146 | 4 | 278 | 428 |
| 16-24 | Total | 438 | 7 | 764 | 1,209 |
| | Male | 262 | 4 | 400 | 666 |
| | Female | 176 | 3 | 364 | 543 |
| 25-44 | Total | 794 | 31 | 1423 | 2,248 |
| | Male | 459 | 14 | 734 | 1207 |
| | Female | 335 | 17 | 689 | 1041 |
| 45-64 | Total | 268 | 9 | 937 | 1,214 |
| | Male | 110 | 7 | 435 | 552 |
| | Female | 158 | 2 | 502 | 662 |
| 65+ | Total | 64 | 2 | 816 | 882 |
| | Male | 31 | 2 | 306 | 339 |
| | Female | 33 | 0 | 510 | 543 |
| Also another cut for | | | | | |
| 0-19 | Total | 678 | 14 | 1057 | 1,749 |
| | Male | 438 | 8 | 603 | 1049 |
| | Female | 240 | 6 | 454 | 700 |

Table 51: Number of Unique Individuals Accessing Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|----------------------|--------------|------------|-----------|------------|--------------|
| All ages | Total | 450 | 16 | 863 | 1,329 |
| | Male | 294 | 12 | 603 | 909 |
| | Female | 156 | 4 | 260 | 420 |
| 0-15 | Total | 3 | 0 | 1 | 4 |
| | Male | 3 | 0 | -3 | 0 |
| | Female | 0 | 0 | 4 | 4 |
| 16-24 | Total | 130 | 2 | 199 | 331 |
| | Male | 97 | 2 | 143 | 242 |
| | Female | 33 | 0 | 56 | 89 |
| 25-44 | Total | 259 | 11 | 451 | 721 |
| | Male | 161 | 7 | 320 | 488 |
| | Female | 98 | 4 | 131 | 233 |
| 45-64 | Total | 56 | 3 | 192 | 251 |
| | Male | 32 | 3 | 125 | 160 |
| | Female | 24 | 0 | 67 | 91 |
| 65+ | Total | 2 | 0 | 20 | 22 |
| | Male | 1 | 0 | 14 | 15 |
| | Female | 1 | 0 | 6 | 7 |
| Also another cut for | | | | | |
| 0-19 | Total | 52 | 1 | 72 | 125 |
| | Male | 40 | 1 | 53 | 94 |
| | Female | 12 | 0 | 19 | 31 |

12.0 APPENDIX 8: LAKES DHB DATA NOT INCLUDED ELSEWHERE

Population data: Source: Statistics NZ population projections at 30 June 2007 (2006 base) prepared for the Ministry of Health in September 2010

Table 52: Population Projections by Age and Ethnicity

| Age | 2010 | | | | 2016 | | | | 2021 | | | | 2026 | | | |
|--------------|--------------|---------------|---------------|----------------|--------------|---------------|---------------|----------------|--------------|---------------|---------------|----------------|--------------|---------------|---------------|----------------|
| | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People |
| 00-14 | 780 | 11,960 | 10,340 | 720 | 980 | 12,250 | 9,100 | 670 | 1,170 | 12,420 | 8,230 | 630 | 1,270 | 12,070 | 7,410 | 620 |
| 15-24 | 600 | 6,600 | 6,210 | 510 | 590 | 6,740 | 5,490 | 470 | 530 | 6,480 | 4,780 | 430 | 650 | 6,900 | 4,230 | 410 |
| 25-44 | 1,360 | 8,690 | 15,070 | 720 | 1,550 | 8,800 | 14,010 | 740 | 1,770 | 9,260 | 13,390 | 790 | 1,890 | 9,730 | 12,940 | 780 |
| 45-65 | 880 | 6,320 | 18,650 | 510 | 1,090 | 7,060 | 18,560 | 570 | 1,130 | 7,320 | 17,990 | 580 | 1,100 | 7,050 | 16,540 | 560 |
| 65+ | 230 | 1,720 | 11,280 | 140 | 410 | 2,170 | 13,500 | 180 | 630 | 2,700 | 15,140 | 220 | 930 | 3,470 | 16,870 | 320 |
| Total | 3,850 | 35,290 | 61,550 | 2,600 | 4,620 | 37,020 | 60,660 | 2,630 | 5,230 | 38,180 | 59,530 | 2,650 | 5,840 | 39,220 | 57,990 | 2,690 |

Table 53: Population Projections by Age and % Change Between 2010 and 2026

| Age | 2010 | 2016 | 2021 | 2026 | % increase from 2010-2026 |
|--------------|----------------|----------------|----------------|----------------|---------------------------|
| 00-14 | 23,800 | 23,000 | 22,450 | 21,370 | -10.2 |
| 15-24 | 13,920 | 13,290 | 12,220 | 12,190 | -12.4 |
| 25-44 | 25,840 | 25,100 | 25,210 | 25,340 | -1.9 |
| 45-65 | 26,360 | 27,280 | 27,020 | 25,250 | -4.2 |
| 65+ | 13,370 | 16,260 | 18,690 | 21,590 | 61.5 |
| Total | 103,290 | 104,930 | 105,590 | 105,740 | 2.3 |

Table 54: Deprivation (quintile 1 is lowest deprivation, quintile 5 is highest deprivation)

| | Quintile 1 | Quintile 2 | Quintile 3 | Quintile 4 | Quintile 5 | Total |
|----------|------------|------------|------------|------------|------------|----------------|
| Maori | 2,259 | 2,910 | 3,943 | 8,334 | 17,843 | 35,289 |
| % of pop | 6% | 8% | 11% | 24% | 51% | |
| Other | 15,734 | 14,399 | 10,315 | 13,058 | 11,895 | 65,401 |
| % of pop | 24% | 22% | 16% | 20% | 18% | |
| Pacific | 147 | 201 | 300 | 610 | 1,341 | 2,599 |
| % of pop | 6% | 8% | 12% | 23% | 52% | |
| Total | 18,140 | 17,510 | 14,558 | 22,002 | 31,079 | 103,289 |
| % of pop | 18% | 17% | 14% | 21% | 30% | |

Utilisation data using the Te Rau Hinengaro age and ethnicity categories

Source: Ministry of Health PRIMHD 18 October 2010 for period 1 April 2009 – 31 March 2010.

DHB of domicile

Ethnicity is defined as the current ethnicity of the NHI

Table 55: Number of Individuals Accessing Mental Health AND Alcohol and Drug services

| | | Maori | Pacific | Other | Total |
|----------------------|--------------|--------------|-----------|-------------|--------------|
| All ages | Total | 1,135 | 41 | 1873 | 3,049 |
| | Male | 637 | 28 | 974 | 1639 |
| | Female | 498 | 13 | 899 | 1410 |
| 0-15 | Total | 177 | 9 | 338 | 524 |
| | Male | 115 | 7 | 227 | 349 |
| | Female | 62 | 2 | 111 | 175 |
| 16-24 | Total | 254 | 6 | 249 | 509 |
| | Male | 152 | 3 | 123 | 278 |
| | Female | 102 | 3 | 126 | 231 |
| 25-44 | Total | 454 | 18 | 552 | 1,024 |
| | Male | 257 | 13 | 273 | 543 |
| | Female | 197 | 5 | 279 | 481 |
| 45-64 | Total | 194 | 5 | 420 | 619 |
| | Male | 87 | 4 | 216 | 307 |
| | Female | 107 | 1 | 204 | 312 |
| 65+ | Total | 56 | 3 | 314 | 373 |
| | Male | 26 | 1 | 135 | 162 |
| | Female | 30 | 2 | 179 | 211 |
| Also another cut for | | | | | |
| 0-19 | Total | 288 | 10 | 454 | 752 |
| | Male | 179 | 7 | 275 | 461 |
| | Female | 109 | 3 | 179 | 291 |

Table 56: Number of Unique Individuals Accessing Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|----------------------|--------------|-----------|----------|------------|------------|
| All ages | Total | 92 | 7 | 128 | 227 |
| | Male | 54 | 7 | 82 | 143 |
| | Female | 38 | 0 | 46 | 84 |
| 0-15 | Total | 2 | 0 | 1 | 3 |
| | Male | 0 | 0 | 1 | 1 |
| | Female | 2 | 0 | 0 | 2 |
| 16-24 | Total | 20 | 1 | 29 | 50 |
| | Male | 10 | 1 | 20 | 31 |
| | Female | 10 | 0 | 9 | 19 |
| 25-44 | Total | 59 | 4 | 62 | 125 |
| | Male | 37 | 4 | 40 | 81 |
| | Female | 22 | 0 | 22 | 44 |
| 45-64 | Total | 9 | 2 | 35 | 46 |
| | Male | 6 | 2 | 20 | 28 |
| | Female | 3 | 0 | 15 | 18 |
| 65+ | Total | 2 | 0 | 1 | 3 |
| | Male | 1 | 0 | 1 | 2 |
| | Female | 1 | 0 | 0 | 1 |
| Also another cut for | | | | | |
| 0-19 | Total | 14 | 0 | 5 | 19 |
| | Male | 5 | 0 | 5 | 10 |
| | Female | 9 | 0 | 0 | 9 |

13.0 APPENDIX 9: TAIRAWHITI DHB DATA NOT INCLUDED ELSEWHERE

Population data: Source: Statistics NZ population projections at 30 June 2007 (2006 base) prepared for the Ministry of Health in September 2010

Table 57: Population Projections by Age and Ethnicity

| Age | 2010 | | | | 2016 | | | | 2021 | | | | 2026 | | | |
|--------------|------------|---------------|---------------|----------------|------------|---------------|---------------|----------------|--------------|---------------|---------------|----------------|--------------|---------------|---------------|----------------|
| | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People |
| 00-14 | 195 | 7,270 | 3,790 | 305 | 235 | 7,390 | 3,310 | 290 | 265 | 7,480 | 2,980 | 265 | 270 | 7,180 | 2,710 | 270 |
| 15-24 | 90 | 3,960 | 2,320 | 155 | 100 | 3,930 | 1,750 | 175 | 120 | 3,580 | 1,380 | 210 | 145 | 3,800 | 1,110 | 200 |
| 25-44 | 275 | 5,240 | 5,300 | 265 | 305 | 5,260 | 5,130 | 255 | 300 | 5,580 | 4,840 | 255 | 355 | 5,770 | 4,510 | 285 |
| 45-65 | 165 | 4,360 | 7,110 | 195 | 185 | 4,810 | 6,940 | 220 | 205 | 4,830 | 6,510 | 250 | 190 | 4,590 | 5,870 | 250 |
| 65+ | 65 | 1,450 | 4,260 | 35 | 90 | 1,780 | 4,890 | 55 | 115 | 2,200 | 5,500 | 80 | 150 | 2,750 | 6,130 | 90 |
| Total | 790 | 22,280 | 22,780 | 955 | 915 | 23,170 | 22,020 | 995 | 1,005 | 23,670 | 21,210 | 1,060 | 1,110 | 24,090 | 20,330 | 1,095 |

Table 58: Population Projections by Age and % Change Between 2010 and 2026

| Age | 2010 | 2016 | 2021 | 2026 | % increase from 2010-2026 |
|--------------|---------------|---------------|---------------|---------------|---------------------------|
| 00-14 | 11,560 | 11,225 | 10,990 | 10,430 | -9.7 |
| 15-24 | 6,525 | 5,955 | 5,290 | 5,255 | -19.4 |
| 25-44 | 11,080 | 10,950 | 10,975 | 10,920 | -14.4 |
| 45-65 | 11,830 | 12,155 | 11,795 | 10,900 | -7.9 |
| 65+ | 5,810 | 6,815 | 7,895 | 9,120 | 56.9 |
| Total | 46,805 | 47,100 | 46,945 | 46,625 | -0.3 |

Table 59: Deprivation (quintile 1 is lowest deprivation, quintile 5 is highest deprivation)

| | Quintile 1 | Quintile 2 | Quintile 3 | Quintile 4 | Quintile 5 | Total |
|----------|------------|------------|------------|------------|------------|---------------|
| Maori | 688 | 1,151 | 1,812 | 3,804 | 14,824 | 22,279 |
| % of pop | 3% | 5% | 8% | 17% | 67% | |
| Other | 3,633 | 4,570 | 4,171 | 5,567 | 5,630 | 23,571 |
| % of pop | 15% | 19% | 18% | 24% | 24% | |
| Pacific | 6 | 56 | 70 | 165 | 658 | 955 |
| % of pop | 1% | 6% | 7% | 17% | 69% | |
| Total | 4,327 | 5,777 | 6,053 | 9,536 | 21,112 | 46,805 |
| % of pop | 9% | 12% | 13% | 20% | 45% | |

Utilisation data using the Te Rau Hinengaro age and ethnicity categories

Source: Ministry of Health PRIMHD 18 October 2010 for period 1 April 2009 – 31 March 2010.

DHB of domicile

Ethnicity is defined as the current ethnicity of the NHI

Table 60: Number of Unique Individuals Accessing Mental Health AND Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|----------------------|--------------|------------|----------|------------|--------------|
| All ages | Total | 903 | 9 | 711 | 1,623 |
| | Male | 548 | 6 | 366 | 920 |
| | Female | 355 | 3 | 345 | 703 |
| 0-15 | Total | 232 | 1 | 152 | 385 |
| | Male | 161 | 0 | 93 | 254 |
| | Female | 71 | 1 | 59 | 131 |
| 16-24 | Total | 175 | 3 | 114 | 292 |
| | Male | 106 | 2 | 53 | 161 |
| | Female | 69 | 1 | 61 | 131 |
| 25-44 | Total | 339 | 2 | 221 | 562 |
| | Male | 203 | 2 | 114 | 319 |
| | Female | 136 | 0 | 107 | 243 |
| 45-64 | Total | 137 | 3 | 141 | 281 |
| | Male | 68 | 2 | 70 | 140 |
| | Female | 69 | 1 | 71 | 141 |
| 65+ | Total | 20 | 0 | 83 | 103 |
| | Male | 10 | 0 | 36 | 46 |
| | Female | 10 | 0 | 47 | 57 |
| Also another cut for | | | | | |
| 0-19 | Total | 323 | 4 | 211 | 538 |
| | Male | 208 | 2 | 119 | 329 |
| | Female | 115 | 2 | 92 | 209 |

Table 61: Number of Unique Individuals Accessing Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|----------------------|--------------|------------|----------|-----------|------------|
| All ages | Total | 226 | 2 | 90 | 318 |
| | Male | 163 | 2 | 65 | 230 |
| | Female | 63 | 0 | 25 | 88 |
| 0-15 | Total | 1 | 0 | 1 | 2 |
| | Male | 0 | 0 | 1 | 1 |
| | Female | 1 | 0 | 0 | 1 |
| 16-24 | Total | 49 | 0 | 16 | 65 |
| | Male | 34 | 0 | 12 | 46 |
| | Female | 15 | 0 | 4 | 19 |
| 25-44 | Total | 143 | 2 | 48 | 193 |
| | Male | 102 | 2 | 33 | 137 |
| | Female | 41 | 0 | 15 | 56 |
| 45-64 | Total | 33 | 0 | 23 | 56 |
| | Male | 27 | 0 | 17 | 44 |
| | Female | 6 | 0 | 6 | 12 |
| 65+ | Total | 0 | 0 | 2 | 2 |
| | Male | 0 | 0 | 2 | 2 |
| | Female | 0 | 0 | 0 | 0 |
| Also another cut for | | | | | |
| 0-19 | Total | 26 | 0 | 5 | 31 |
| | Male | 17 | 0 | 4 | 21 |
| | Female | 9 | 0 | 1 | 10 |

14.0 APPENDIX 10: TARANAKI DHB DATA NOT INCLUDED ELSEWHERE

Population data: Source: Statistics NZ population projections at 30 June 2007 (2006 base) prepared for the Ministry of Health in September 2010

Table 62: Population Projections by Age and Ethnicity

| Age | 2010 | | | | 2016 | | | | 2021 | | | | 2026 | | | |
|--------------|--------------|---------------|---------------|----------------|--------------|---------------|---------------|----------------|--------------|---------------|---------------|----------------|--------------|---------------|---------------|----------------|
| | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People |
| 00-14 | 600 | 6,490 | 15,300 | 330 | 810 | 7,180 | 14,220 | 370 | 980 | 7,770 | 13,310 | 405 | 1,050 | 7,740 | 11,880 | 415 |
| 15-24 | 420 | 3,510 | 10,160 | 215 | 370 | 3,470 | 8,630 | 210 | 370 | 3,340 | 7,280 | 200 | 500 | 3,920 | 7,000 | 225 |
| 25-44 | 1,050 | 4,390 | 20,670 | 315 | 1,270 | 4,770 | 19,390 | 350 | 1,420 | 5,070 | 18,670 | 395 | 1,500 | 5,400 | 17,730 | 415 |
| 45-65 | 570 | 3,080 | 25,040 | 175 | 700 | 3,520 | 24,820 | 235 | 760 | 3,750 | 23,670 | 265 | 820 | 3,780 | 21,370 | 300 |
| 65+ | 220 | 980 | 15,960 | 55 | 390 | 1,290 | 18,450 | 100 | 580 | 1,560 | 20,590 | 140 | 770 | 1,990 | 22,990 | 180 |
| Total | 2,860 | 18,450 | 87,130 | 1,090 | 3,540 | 20,230 | 85,510 | 1,265 | 4,110 | 21,490 | 83,520 | 1,405 | 4,640 | 22,830 | 80,970 | 1,535 |

Table 63: Population Projections by Age and % Change Between 2010 and 2026

| Age | 2010 | 2016 | 2021 | 2026 | % increase from 2010-2026 |
|--------------|----------------|----------------|----------------|----------------|---------------------------|
| 00-14 | 22,720 | 22,580 | 22,465 | 21,085 | -7.2 |
| 15-24 | 14,305 | 12,680 | 11,190 | 11,645 | -18.6 |
| 25-44 | 26,425 | 25,780 | 25,555 | 25,045 | -5.2 |
| 45-65 | 28,865 | 29,275 | 28,445 | 26,270 | -9.0 |
| 65+ | 17,215 | 20,230 | 22,870 | 25,930 | 50.6 |
| Total | 109,530 | 110,545 | 110,525 | 109,975 | 0.4 |

Table 64: Deprivation (quintile 1 is lowest deprivation, quintile 5 is highest deprivation)

| | Quintile 1 | Quintile 2 | Quintile 3 | Quintile 4 | Quintile 5 | Total |
|----------|------------|------------|------------|------------|------------|----------------|
| Maori | 807 | 2,121 | 4,015 | 5,034 | 6,472 | 18,449 |
| % of pop | 4% | 11% | 22% | 27% | 35% | |
| Other | 12,171 | 20,244 | 23,621 | 21,909 | 12,045 | 89,990 |
| % of pop | 14% | 22% | 26% | 24% | 13% | |
| Pacific | 29 | 97 | 404 | 259 | 301 | 1,090 |
| % of pop | 3% | 9% | 37% | 24% | 28% | |
| Total | 13,007 | 22,462 | 28,040 | 27,202 | 18,818 | 109,529 |
| % of pop | 12% | 21% | 26% | 25% | 17% | |

Utilisation data using the Te Rau Hinengaro age and ethnicity categories

Source: Ministry of Health PRIMHD 18 October 2010 for period 1 April 2009 – 31 March 2010.

DHB of domicile

Ethnicity is defined as the current ethnicity of the NHI

Table 65: Number of Unique Individuals Accessing Mental Health AND Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|-----------------------------|--------------|------------|-----------|-------------|--------------|
| All ages | Total | 704 | 25 | 2279 | 3,008 |
| | Male | 410 | 9 | 1162 | 1581 |
| | Female | 294 | 16 | 1117 | 1427 |
| 0-15 | Total | 94 | 1 | 239 | 334 |
| | Male | 63 | 0 | 147 | 210 |
| | Female | 31 | 1 | 92 | 124 |
| 16-24 | Total | 161 | 4 | 347 | 512 |
| | Male | 99 | 2 | 185 | 286 |
| | Female | 62 | 2 | 162 | 226 |
| 25-44 | Total | 288 | 12 | 799 | 1,099 |
| | Male | 172 | 3 | 442 | 617 |
| | Female | 116 | 9 | 357 | 482 |
| 45-64 | Total | 135 | 6 | 498 | 639 |
| | Male | 67 | 4 | 229 | 300 |
| | Female | 68 | 2 | 269 | 339 |
| 65+ | Total | 26 | 2 | 396 | 424 |
| | Male | 9 | 0 | 159 | 168 |
| | Female | 17 | 2 | 237 | 256 |
| Also another cut for | | | | | |
| 0-19 | Total | 164 | 4 | 408 | 576 |
| | Male | 105 | 2 | 240 | 347 |
| | Female | 59 | 2 | 168 | 229 |

Table 66: Number of Unique Individuals Accessing Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|-----------------------------|--------------|------------|----------|------------|------------|
| All ages | Total | 250 | 5 | 584 | 839 |
| | Male | 163 | 4 | 352 | 519 |
| | Female | 87 | 1 | 232 | 320 |
| 0-15 | Total | 7 | 0 | 4 | 11 |
| | Male | 5 | 0 | 3 | 8 |
| | Female | 2 | 0 | 1 | 3 |
| 16-24 | Total | 64 | 1 | 109 | 174 |
| | Male | 48 | 1 | 72 | 121 |
| | Female | 16 | 0 | 37 | 53 |
| 25-44 | Total | 132 | 1 | 314 | 447 |
| | Male | 84 | 1 | 187 | 272 |
| | Female | 48 | 0 | 127 | 175 |
| 45-64 | Total | 45 | 3 | 138 | 186 |
| | Male | 24 | 2 | 80 | 106 |
| | Female | 21 | 1 | 58 | 80 |
| 65+ | Total | 2 | 0 | 19 | 21 |
| | Male | 2 | 0 | 10 | 12 |
| | Female | 0 | 0 | 9 | 9 |
| Also another cut for | | | | | |
| 0-19 | Total | 33 | 1 | 48 | 82 |
| | Male | 24 | 1 | 35 | 60 |
| | Female | 9 | 0 | 13 | 22 |

15.0 APPENDIX 11: WAIKATO DHB DATA NOT INCLUDED ELSEWHERE

Population data: Source: Statistics NZ population projections at 30 June 2007 (2006 base) prepared for the Ministry of Health in September 2010

Table 67: Population Projections by Age and Ethnicity

| Age | 2010 | | | | 2016 | | | | 2021 | | | | 2026 | | | |
|--------------|---------------|---------------|----------------|----------------|---------------|---------------|----------------|----------------|---------------|---------------|----------------|----------------|---------------|---------------|----------------|----------------|
| | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People | Asian | Maori | Other | Pacific People |
| 00-14 | 4,510 | 27,110 | 45,230 | 2,710 | 5,750 | 29,240 | 43,000 | 2,910 | 7,020 | 30,770 | 40,730 | 3,060 | 7,690 | 30,380 | 38,120 | 3,150 |
| 15-24 | 4,600 | 15,370 | 32,310 | 1,760 | 4,910 | 15,190 | 31,480 | 1,740 | 4,920 | 14,990 | 29,410 | 1,740 | 5,570 | 16,920 | 28,880 | 1,890 |
| 25-44 | 7,960 | 19,490 | 62,120 | 2,500 | 9,800 | 21,220 | 59,020 | 2,760 | 11,490 | 22,680 | 58,820 | 3,020 | 12,360 | 23,770 | 58,760 | 3,220 |
| 45-65 | 4,140 | 12,990 | 71,460 | 1,450 | 5,250 | 14,800 | 73,130 | 1,830 | 5,830 | 15,730 | 71,350 | 2,060 | 6,900 | 16,230 | 66,640 | 2,270 |
| 65+ | 1,300 | 3,680 | 43,580 | 520 | 2,370 | 4,900 | 51,830 | 710 | 3,450 | 6,290 | 58,430 | 930 | 4,770 | 7,960 | 65,530 | 1,130 |
| Total | 22,510 | 78,640 | 254,700 | 8,940 | 28,080 | 85,350 | 258,460 | 9,950 | 32,710 | 90,460 | 258,740 | 10,810 | 37,290 | 95,260 | 257,930 | 11,660 |

Table 68: Population Projections by Age and % Change Between 2010 and 2026

| Age | 2010 | 2016 | 2021 | 2026 | % increase from 2010-2026 |
|--------------|----------------|----------------|----------------|----------------|---------------------------|
| 00-14 | 79,560 | 80,900 | 81,580 | 79,340 | -0.8 |
| 15-24 | 54,040 | 53,320 | 51,060 | 53,260 | -1.4 |
| 25-44 | 92,070 | 92,800 | 96,010 | 98,110 | 6.6 |
| 45-65 | 90,040 | 95,010 | 94,970 | 92,040 | 2.2 |
| 65+ | 49,080 | 59,810 | 69,100 | 79,390 | 61.8 |
| Total | 364,790 | 381,840 | 392,720 | 402,140 | 10.2 |

Table 69: Deprivation (quintile 1 is lowest deprivation, quintile 5 is highest deprivation)

| | Quintile 1 | Quintile 2 | Quintile 3 | Quintile 4 | Quintile 5 | Total |
|----------|------------|------------|------------|------------|------------|----------------|
| Maori | 3,968 | 8,049 | 12,500 | 19,395 | 34,727 | 78,639 |
| % of pop | 5% | 10% | 16% | 25% | 44% | |
| Other | 48,918 | 58,620 | 61,260 | 59,096 | 49,316 | 277,210 |
| % of pop | 18% | 21% | 22% | 21% | 18% | |
| Pacific | 438 | 801 | 1,171 | 1,988 | 4,541 | 8,939 |
| % of pop | 5% | 9% | 13% | 22% | 51% | |
| Total | 53,324 | 67,470 | 74,931 | 80,479 | 88,584 | 364,788 |
| % of pop | 15% | 18% | 21% | 22% | 24% | |

Utilisation data using the Te Rau Hinengaro age and ethnicity categories

Source: Ministry of Health PRIMHD 18 October 2010 for period 1 April 2009 – 31 March 2010.

DHB of domicile

Ethnicity is defined as the current ethnicity of the NHI

Table 70: Number of Unique Individuals Accessing Mental Health AND Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|----------------------|--------|-------|---------|-------|-------|
| All ages | Total | 2,078 | 149 | 6414 | 8,641 |
| | Male | 1181 | 79 | 3138 | 4398 |
| | Female | 897 | 70 | 3276 | 4243 |
| 0-15 | Total | 238 | 17 | 751 | 1,006 |
| | Male | 150 | 12 | 445 | 607 |
| | Female | 88 | 5 | 306 | 399 |
| 16-24 | Total | 465 | 37 | 948 | 1,450 |
| | Male | 264 | 16 | 475 | 755 |
| | Female | 201 | 21 | 473 | 695 |
| 25-44 | Total | 956 | 63 | 2114 | 3,133 |
| | Male | 549 | 35 | 1037 | 1621 |
| | Female | 407 | 28 | 1077 | 1512 |
| 45-64 | Total | 352 | 20 | 1452 | 1,824 |
| | Male | 185 | 11 | 733 | 929 |
| | Female | 167 | 9 | 719 | 895 |
| 65+ | Total | 67 | 12 | 1149 | 1,228 |
| | Male | 33 | 5 | 448 | 486 |
| | Female | 34 | 7 | 701 | 742 |
| Also another cut for | | | | | |
| 0-19 | Total | 452 | 27 | 1190 | 1,669 |
| | Male | 272 | 16 | 660 | 948 |
| | Female | 180 | 11 | 530 | 721 |

Table 71: Number of Unique Individuals Accessing Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|----------------------|--------|-------|---------|-------|-------|
| All ages | Total | 408 | 21 | 1109 | 1,538 |
| | Male | 255 | 12 | 692 | 959 |
| | Female | 153 | 9 | 417 | 579 |
| 0-15 | Total | 3 | 0 | 3 | 6 |
| | Male | 2 | 0 | 2 | 4 |
| | Female | 1 | 0 | 1 | 2 |
| 16-24 | Total | 106 | 5 | 153 | 264 |
| | Male | 68 | 4 | 101 | 173 |
| | Female | 38 | 1 | 52 | 91 |
| 25-44 | Total | 236 | 13 | 616 | 865 |
| | Male | 149 | 8 | 380 | 537 |
| | Female | 87 | 5 | 236 | 328 |
| 45-64 | Total | 60 | 3 | 312 | 375 |
| | Male | 33 | 0 | 194 | 227 |
| | Female | 27 | 3 | 118 | 148 |
| 65+ | Total | 3 | 0 | 25 | 28 |
| | Male | 3 | 0 | 15 | 18 |
| | Female | 0 | 0 | 10 | 10 |
| Also another cut for | | | | | |
| 0-19 | Total | 46 | 0 | 49 | 95 |
| | Male | 30 | 0 | 36 | 66 |
| | Female | 16 | 0 | 13 | 29 |

16.0 APPENDIX 12: NEW ZEALAND AND MIDLAND UTILISATION DATA FOR DHBS TO BENCHMARKING AGAINST

Utilisation data using the Te Rau Hinengaro age and ethnicity categories

Source: Ministry of Health PRIMHD 18 October 2010 for period 1 April 2009 – 31 March 2010.

DHB of domicile. Ethnicity is defined as the current ethnicity of the NHI

New Zealand utilisation data

Table 72: Number of Individuals Accessing Mental Health AND Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|----------------------|--------------|---------------|--------------|---------------|----------------|
| All ages | Total | 24,498 | 6,425 | 83,695 | 114,618 |
| | Male | 14,286 | 4,091 | 43,333 | 61,710 |
| | Female | 10,212 | 2,334 | 40,362 | 52,908 |
| 0-15 | Total | 4,273 | 1,034 | 11,914 | 17,221 |
| | Male | 2,762 | 617 | 7,118 | 10,497 |
| | Female | 1,511 | 417 | 4,796 | 6,724 |
| 16-24 | Total | 5,876 | 1,643 | 14,245 | 21,764 |
| | Male | 3,525 | 1,081 | 7,539 | 12,145 |
| | Female | 2,351 | 562 | 6,706 | 9,619 |
| 25-44 | Total | 10,206 | 2,668 | 28,171 | 41,045 |
| | Male | 5,878 | 1,803 | 14,832 | 22,513 |
| | Female | 4,328 | 865 | 13,339 | 18,532 |
| 45-64 | Total | 3,620 | 847 | 18,655 | 23,122 |
| | Male | 1,885 | 500 | 9,583 | 11,968 |
| | Female | 1,735 | 347 | 9,072 | 11,154 |
| 65+ | Total | 523 | 233 | 10,710 | 11,466 |
| | Male | 236 | 90 | 4,261 | 4,587 |
| | Female | 287 | 143 | 6,449 | 6,879 |
| Also another cut for | | | | | |
| 0-19 | Total | 7,049 | 1,799 | 19,090 | 27,938 |
| | Male | 4,402 | 1,097 | 10,809 | 16,308 |
| | Female | 2,647 | 702 | 8,281 | 11,630 |

Table 73: Number of Unique Individuals Accessing Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|----------------------|--------------|--------------|--------------|---------------|---------------|
| All ages | Total | 7,444 | 1,399 | 18,460 | 27,303 |
| | Male | 4,851 | 1,145 | 12,049 | 18,045 |
| | Female | 2,593 | 254 | 6,411 | 9,258 |
| 0-15 | Total | 259 | 20 | 188 | 467 |
| | Male | 173 | 13 | 129 | 315 |
| | Female | 86 | 7 | 59 | 152 |
| 16-24 | Total | 1,994 | 451 | 3,407 | 5,852 |
| | Male | 1,395 | 386 | 2,424 | 4,205 |
| | Female | 599 | 65 | 983 | 1,647 |
| 25-44 | Total | 4,043 | 752 | 9,498 | 14,293 |
| | Male | 2,526 | 610 | 6,170 | 9,306 |
| | Female | 1,517 | 142 | 3,328 | 4,987 |
| 45-64 | Total | 1,123 | 170 | 4,964 | 6,257 |
| | Male | 737 | 131 | 3,093 | 3,961 |
| | Female | 386 | 39 | 1,871 | 2,296 |
| 65+ | Total | 25 | 6 | 407 | 438 |
| | Male | 20 | 5 | 238 | 263 |
| | Female | 5 | 1 | 169 | 175 |
| Also another cut for | | | | | |
| 0-19 | Total | 1,049 | 169 | 1,386 | 2,604 |
| | Male | 733 | 31 | 1,120 | 1,884 |
| | Female | 316 | 138 | 266 | 720 |

Midland Region Utilisation Data

Table 74: Number of Individuals Accessing Mental Health AND Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|-----------------------------|--------------|--------------|------------|---------------|---------------|
| All ages | Total | 6,621 | 281 | 15,668 | 22,570 |
| | Male | 3,802 | 154 | 7,801 | 11,757 |
| | Female | 2,819 | 127 | 7,867 | 10,813 |
| 0-15 | Total | 1,164 | 38 | 2,128 | 3,330 |
| | Male | 776 | 25 | 1,296 | 2,097 |
| | Female | 388 | 13 | 832 | 1,233 |
| 16-24 | Total | 1,430 | 56 | 2,114 | 3,600 |
| | Male | 841 | 27 | 1,052 | 1,920 |
| | Female | 589 | 29 | 1,062 | 1,680 |
| 25-44 | Total | 2,740 | 125 | 4,988 | 7,853 |
| | Male | 1,578 | 66 | 2,517 | 4,161 |
| | Female | 1,162 | 59 | 2,471 | 3,692 |
| 45-64 | Total | 1,061 | 43 | 3,401 | 4,505 |
| | Male | 504 | 28 | 1,656 | 2,188 |
| | Female | 557 | 15 | 1,745 | 2,317 |
| 65+ | Total | 227 | 19 | 2,800 | 3,046 |
| | Male | 104 | 8 | 1,138 | 1,250 |
| | Female | 123 | 11 | 1,662 | 1,796 |
| Also another cut for | | | | | |
| 0-19 | Total | 1,847 | 59 | 3259 | 5,165 |
| | Male | 1168 | 35 | 1865 | 3068 |
| | Female | 679 | 24 | 1394 | 2097 |

Table 75: Number of Unique Individuals Accessing Alcohol and Drug Services

| | | Maori | Pacific | Other | Total |
|-----------------------------|--------------|--------------|-----------|-------------|--------------|
| All ages | Total | 1,402 | 51 | 2710 | 4,163 |
| | Male | 912 | 37 | 1748 | 2697 |
| | Female | 490 | 14 | 962 | 1466 |
| 0-15 | Total | 16 | 0 | 10 | 26 |
| | Male | 10 | 0 | 8 | 18 |
| | Female | 6 | 0 | 2 | 8 |
| 16-24 | Total | 358 | 9 | 488 | 855 |
| | Male | 250 | 8 | 334 | 592 |
| | Female | 108 | 1 | 154 | 263 |
| 25-44 | Total | 818 | 31 | 1458 | 2,307 |
| | Male | 525 | 22 | 937 | 1484 |
| | Female | 293 | 9 | 521 | 823 |
| 45-64 | Total | 202 | 11 | 688 | 901 |
| | Male | 121 | 7 | 428 | 556 |
| | Female | 81 | 4 | 260 | 345 |
| 65+ | Total | 8 | 0 | 66 | 74 |
| | Male | 6 | 0 | 41 | 47 |
| | Female | 2 | 0 | 25 | 27 |
| Also another cut for | | | | | |
| 0-19 | Total | 165 | 2 | 176 | 343 |
| | Male | 112 | 2 | 131 | 245 |
| | Female | 53 | 0 | 45 | 98 |

17.0 APPENDIX 13: BENCHMARK CALCULATIONS

Table 76: Calculations of What Would be Spent if DHBs Were Spending at PBF Share (positive means would spend more i.e. under PBF share)

| | NZ | Midland | | | | BOP | | | | Lakes | | | | Tairāwhiti | | | | Taranaki | | | | Waikato | | | |
|--|-----------|-----------|--|---|---------------------------|-----------|---|---|---------------------------|-----------|---|---|---------------------|------------|---|---|---------------------|-----------|---|---|---------------------|-----------|---|---|---------------------|
| | \$s spent | \$s spent | \$s that would be spent if at PBF share (21.25%) | How much more or less would be spent if spending was based on PBF | % variance from PBF share | \$s spent | \$s that would be spent if at PBF share (5.26%) | How much more or less would be spent if spending was based on PBF | % variance from PBF share | \$s spent | \$s that would be spent if at PBF share (2.83%) | How much more or less would be spent if spending was based on PBF | % variance from PBF | \$s spent | \$s that would be spent if at PBF share (1.49%) | How much more or less would be spent if spending was based on PBF | % variance from PBF | \$s spent | \$s that would be spent if at PBF share (1.49%) | How much more or less would be spent if spending was based on PBF | % variance from PBF | \$s spent | \$s that would be spent if at PBF share (9.12%) | How much more or less would be spent if spending was based on PBF | % variance from PBF |
| Adult community clinical FTEs | 269.8 | 49.7 | 57.3 | 7.6 | 13.3 | 12.4 | 14.2 | 1.8 | 12.6 | 8 | 7.6 | -0.4 | -4.8 | 3.2 | 4.0 | 0.8 | 20.4 | 8 | 6.9 | -1.1 | -16.3 | 18.2 | 24.6 | 6.4 | 26.0 |
| Adult inpatient beds | 188.6 | 32.1 | 40.1 | 8.0 | 19.9 | 8.6 | 9.9 | 1.3 | 13.3 | 2.4 | 5.3 | 2.9 | 55.0 | 2.2 | 2.8 | 0.6 | 21.7 | 6 | 4.8 | -1.2 | -24.8 | 12.8 | 17.2 | 4.4 | 25.6 |
| Adult community support FTEs | 150.3 | 29.5 | 31.9 | 2.4 | 7.6 | 7.9 | 7.9 | 0.0 | 0.1 | 4.6 | 4.3 | -0.3 | -8.1 | 1.7 | 2.2 | 0.5 | 24.1 | 3.4 | 3.8 | 0.4 | 11.3 | 12 | 13.7 | 1.7 | 12.5 |
| Adult residential beds | 74.9 | 13.3 | 15.9 | 2.6 | 16.4 | 4.8 | 3.9 | -0.9 | -21.8 | 1.9 | 2.1 | 0.2 | 10.4 | 0.8 | 1.1 | 0.3 | 28.3 | 1.5 | 1.9 | 0.4 | 21.5 | 4.4 | 6.8 | 2.4 | 35.6 |
| AOD community FTES | 77.1 | 19.8 | 16.4 | -3.4 | -20.9 | 5.7 | 4.1 | -1.6 | -40.6 | 2.5 | 2.2 | -0.3 | -14.6 | 1.3 | 1.1 | -0.2 | -13.2 | 2.2 | 2.0 | -0.2 | -11.9 | 8 | 7.0 | -1.0 | -13.8 |
| AOD beds | 20.5 | 3.3 | 4.4 | 1.1 | 24.2 | 0.2 | 1.1 | 0.9 | 81.5 | 0.8 | 0.6 | -0.2 | -37.9 | 0 | 0.3 | 0.3 | 100.0 | 0.6 | 0.5 | -0.1 | -14.8 | 1.6 | 1.9 | 0.3 | 14.4 |
| Methodone places | 13.6 | 2.3 | 2.9 | 0.6 | 20.4 | 0.6 | 0.7 | 0.1 | 16.1 | 0.3 | 0.4 | 0.1 | 22.1 | 0.1 | 0.2 | 0.1 | 50.7 | 0.4 | 0.3 | -0.1 | -15.3 | 0.9 | 1.2 | 0.3 | 27.4 |
| Child and youth community FTES | 100.2 | 20.6 | 21.3 | 0.7 | 3.3 | 5.6 | 5.3 | -0.3 | -6.3 | 2.5 | 2.8 | 0.3 | 11.8 | 1.7 | 1.5 | -0.2 | -13.9 | 2.8 | 2.6 | -0.2 | -9.6 | 8.1 | 9.1 | 1.0 | 11.4 |
| Child and youth day programme | 7.8 | 1.3 | 1.7 | 0.4 | 21.6 | 0.5 | 0.4 | -0.1 | -21.9 | 0 | 0.2 | 0.2 | 100.0 | 0 | 0.1 | 0.1 | 100.0 | 0.1 | 0.2 | 0.1 | 49.7 | 0.8 | 0.7 | -0.1 | -12.5 |
| Child and youth beds (inpatient and community) | 13.7 | 0.8 | 2.9 | 2.1 | 72.5 | 0.2 | 0.7 | 0.5 | 72.2 | 0.2 | 0.4 | 0.2 | 48.4 | 0.2 | 0.2 | 0.0 | 2.0 | 0 | 0.3 | 0.3 | 100.0 | 0.2 | 1.2 | 1.0 | 84.0 |
| Forensic beds | 67.4 | 13.2 | 14.3 | 1.1 | 7.8 | 3.7 | 3.5 | -0.2 | -4.4 | 1.8 | 1.9 | 0.1 | 5.6 | 0 | 1.0 | 1.0 | 100.0 | 1.8 | 1.7 | -0.1 | -4.7 | 5.8 | 6.1 | 0.3 | 5.6 |
| Forensic community FTES | 25.2 | 5.1 | 5.4 | 0.3 | 4.8 | 1.1 | 1.3 | 0.2 | 17.0 | 0.6 | 0.7 | 0.1 | 15.9 | 0.3 | 0.4 | 0.1 | 20.1 | 0.6 | 0.6 | 0.0 | 6.6 | 2.5 | 2.3 | -0.2 | -8.8 |
| Older people's community FTES | 18.8 | 6.6 | 4.0 | -2.6 | -65.2 | 2.2 | 1.0 | -1.2 | -122.5 | 0.7 | 0.5 | -0.2 | -31.6 | 0.1 | 0.3 | 0.2 | 64.3 | 0.9 | 0.5 | -0.4 | -87.7 | 2.6 | 1.7 | -0.9 | -51.6 |
| Older people's beds | 15.9 | 5.1 | 3.4 | -1.7 | -50.9 | 1.3 | 0.8 | -0.5 | -55.4 | 0.4 | 0.4 | 0.0 | 11.1 | 0.2 | 0.2 | 0.0 | 15.6 | 0.9 | 0.4 | -0.5 | -122.0 | 2.3 | 1.5 | -0.8 | -58.6 |

| | NZ | Midland | | | | BOP | | | | Lakes | | | | Tairāwhiti | | | | Taranaki | | | | Waikato | | | |
|------------------------------|------|---------|-----|------|--------|-----|-----|------|--------|-------|-----|------|----------|------------|-----|------|--------|----------|-----|------|-------|---------|-----|------|--------|
| Older people's day programme | 0.9 | 0.9 | 0.2 | -0.7 | -370.6 | 0.3 | 0.0 | -0.3 | -533.7 | 8 | 0.0 | -8.0 | -31309.5 | 0.1 | 0.0 | -0.1 | -645.7 | | 0.0 | 0.0 | 100.0 | 0.5 | 0.1 | -0.4 | -509.2 |
| Specialist community FTEs | 18.7 | 2.8 | 4.0 | 1.2 | 29.5 | 0.7 | 1.0 | 0.3 | 28.8 | 0.2 | 0.5 | 0.3 | 62.2 | 0.2 | 0.3 | 0.1 | 28.2 | 0.1 | 0.5 | 0.4 | 79.0 | 1.6 | 1.7 | 0.1 | 6.2 |
| Specialist Beds | 5.3 | 0 | 1.1 | 1.1 | 100.0 | 0 | 0.3 | 0.3 | 100.0 | 0 | 0.1 | 0.1 | 100.0 | 0 | 0.1 | 0.1 | 100.0 | 0 | 0.1 | 0.1 | 100.0 | 0 | 0.5 | 0.5 | 100.0 |
| Non Blueprint funding | 41.8 | 10.2 | 8.9 | -1.3 | -14.8 | 1.2 | 2.2 | 1.0 | 45.4 | 3.2 | 1.2 | | -170.5 | 0.7 | 0.6 | -0.1 | -12.4 | 2 | 1.1 | -0.9 | -87.6 | 3.1 | 3.8 | 0.7 | 18.7 |

Table 77: Calculations of What Volumes Would be Provided if DHBs were Providing at PBF Level (positive means would provide more services i.e. providing under PBF share)

| | NZ | Midland | | | | BOP | | | | Lakes | | | | Tairāwhiti | | | | Taranaki | | | | Waikato | | | |
|--------------------------------|-----------------|-----------------|---|---|--|-----------------|--|---|--|-----------------|--|---|---------------------------|-----------------|--|--|---------------------------|-----------------|-------------------------------|--|---------------------------|-----------------|--|---|---------------------------|
| | Current volumes | Current volumes | Volumes if provided at PBF share (21.25%) | Midland - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share (positive means under PBF share) | Current volumes | Volumes if provided at PBF share (5.26%) | BOP - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share (positive means under PBF share) | Current volumes | Volumes if provided at PBF share (2.83%) | Lakes - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share | Current volumes | Volumes if provided at PBF share (1.49%) | Tairāwhiti - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share | Current volumes | \$ spent if PBF share (1.49%) | Taranaki - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share | Current volumes | Volumes if provided at PBF share (9.12%) | Waikato - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share |
| Adult community clinical FTEs | 2334.6 | 437.4 | 496.1 | 58.7 | 11.8 | 112.2 | 122.8 | 10.6 | 8.6 | 70.3 | 66.1 | -4.2 | -6.4 | 33.4 | 34.8 | 1.4 | 4.0 | 66.6 | 59.5 | -7.1 | -11.9 | 154.9 | 212.9 | 58.0 | 27.2 |
| Adult inpatient beds | 918.7 | 143.9 | 195.2 | 51.3 | 26.3 | 36.4 | 48.3 | 11.9 | 24.7 | 12.2 | 26.0 | 13.8 | 53.1 | 10.4 | 13.7 | 3.3 | 24.0 | 23.6 | 23.4 | -0.2 | -0.7 | 61 | 83.8 | 22.8 | 27.2 |
| Adult community support FTEs | 2042.6 | 399.3 | 434.1 | 34.8 | 8.0 | 109.2 | 107.4 | -1.8 | -1.6 | 66.5 | 57.8 | -8.7 | -15.0 | 22.9 | 30.4 | 7.5 | 24.8 | 42.2 | 52.1 | 9.9 | 19.0 | 158.5 | 186.3 | 27.8 | 14.9 |
| Adult residential beds | 1608.7 | 296.8 | 341.8 | 45.0 | 13.2 | 80.6 | 84.6 | 4.0 | 4.7 | 50.7 | 45.5 | -5.2 | -11.4 | 20.2 | 24.0 | 3.8 | 15.7 | 36.9 | 41.0 | 4.1 | 10.0 | 108.4 | 146.7 | 38.3 | 26.1 |
| AOD community FTEs | 801.5 | 200.8 | 170.3 | -30.5 | -17.9 | 57.3 | 42.2 | -15.1 | -35.9 | 28.1 | 22.7 | -5.4 | -23.9 | 15 | 11.9 | -3.1 | -25.6 | 21.1 | 20.4 | -0.7 | -3.2 | 79.2 | 73.1 | -6.1 | -8.3 |
| AOD beds | 571.1 | 77.8 | 121.4 | 43.6 | 35.9 | 5.8 | 30.0 | 24.2 | 80.7 | 11.4 | 16.2 | 4.8 | 29.5 | 0.8 | 8.5 | 7.7 | 90.6 | 21.6 | 14.6 | -7.0 | -48.3 | 38.1 | 52.1 | 14.0 | 26.8 |
| Methadone places | 4616.5 | 793.9 | 981.0 | 187.1 | 19.1 | 212.9 | 242.8 | 29.9 | 12.3 | 87 | 130.6 | 43.6 | 33.4 | 47 | 68.8 | 21.8 | 31.7 | 146 | 117.7 | -28.3 | -24.0 | 301 | 421.0 | 120.0 | 28.5 |
| Child and youth community FTEs | 866.6 | 179 | 184.2 | 5.2 | 2.8 | 51.6 | 45.6 | -6.0 | -13.2 | 22 | 24.5 | 2.5 | 10.3 | 15.1 | 12.9 | -2.2 | -16.9 | 23 | 22.1 | -0.9 | -4.1 | 67.3 | 79.0 | 11.7 | 14.8 |
| Child and youth day programme | 92.6 | 13.7 | 19.7 | 6.0 | 30.4 | 4.6 | 4.9 | 0.3 | 5.6 | 0 | 2.6 | 2.6 | 100.0 | 0 | 1.4 | 1.4 | 100.0 | 0.8 | 2.4 | 1.6 | 66.1 | 8.4 | 8.4 | 0.0 | 0.5 |

| | NZ | Midland | | | | BOP | | | | Lakes | | | | Tairāwhiti | | | | Taranaki | | | | Waikato | | | |
|--|-----------------|-----------------|---|---|--|-----------------|--|---|--|-----------------|--|---|---------------------------|-----------------|--|--|---------------------------|-----------------|-------------------------------|--|---------------------------|-----------------|--|---|---------------------------|
| | Current volumes | Current volumes | Volumes if provided at PBF share (21.25%) | Midland - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share (positive means under PBF share) | Current volumes | Volumes if provided at PBF share (5.26%) | BOP - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share (positive means under PBF share) | Current volumes | Volumes if provided at PBF share (2.83%) | Lakes - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share | Current volumes | Volumes if provided at PBF share (1.49%) | Tairāwhiti - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share | Current volumes | \$ spent if PBF share (1.49%) | Taranaki - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share | Current volumes | Volumes if provided at PBF share (9.12%) | Waikato - How many more or less beds or FTEs are needed if volumes were PBF based | % variance from PBF share |
| Child and youth beds (inpatient and community) | 59.5 | 3.8 | 12.6 | 8.8 | 69.9 | 1.1 | 3.1 | 2.0 | 64.9 | 0.7 | 1.7 | 1.0 | 58.4 | 0.8 | 0.9 | 0.1 | 9.8 | 0 | 1.5 | 1.5 | 100.0 | 1.2 | 5.4 | 4.2 | 77.9 |
| Forensic beds | 243.7 | 50 | 51.8 | 1.8 | 3.4 | 14 | 12.8 | -1.2 | -9.2 | 7 | 6.9 | -0.1 | -1.5 | 0 | 3.6 | 3.6 | 100.0 | 7 | 6.2 | -0.8 | -12.6 | 22 | 22.2 | 0.2 | 1.0 |
| Forensic community FTEs | 197.6 | 41.4 | 42.0 | 0.6 | 1.4 | 8.9 | 10.4 | 1.5 | 14.4 | 4.8 | 5.6 | 0.8 | 14.2 | 2 | 2.9 | 0.9 | 32.1 | 5 | 5.0 | 0.0 | 0.8 | 20.6 | 18.0 | -2.6 | -14.3 |
| Older people's community FTEs | 150.2 | 51.3 | 31.9 | -19.4 | -60.7 | 16.3 | 7.9 | -8.4 | -106.3 | 6.4 | 4.3 | -2.1 | -50.6 | 1 | 2.2 | 1.2 | 55.3 | 7.8 | 3.8 | -4.0 | -103.7 | 19.8 | 13.7 | -6.1 | -44.5 |
| Older people's beds | 75 | 24.1 | 15.9 | -8.2 | -51.2 | 6 | 3.9 | -2.1 | -52.1 | 2.2 | 2.1 | -0.1 | -3.7 | 1.1 | 1.1 | 0.0 | 1.6 | 4 | 1.9 | -2.1 | -109.2 | 10.8 | 6.8 | -4.0 | -57.9 |
| Older people's day programme | 10.2 | 10.2 | 2.2 | -8.0 | -370.6 | 3.6 | 0.5 | -3.1 | -571.0 | 0 | 0.3 | 0.3 | 100.0 | 1.4 | 0.2 | -1.2 | -821.2 | 0 | 0.3 | 0.3 | 100.0 | 5.2 | 0.9 | -4.3 | -459.0 |
| Specialist community FTEs | 145.5 | 23.2 | 30.9 | 7.7 | 25.0 | 5.7 | 7.7 | 2.0 | 25.5 | 1.7 | 4.1 | 2.4 | 58.7 | 2.1 | 2.2 | 0.1 | 3.1 | 1 | 3.7 | 2.7 | 73.0 | 12.7 | 13.3 | 0.6 | 4.3 |
| Specialist Beds | 30.6 | 0.1 | 6.5 | 6.4 | 98.5 | 0 | 1.6 | 1.6 | 100.0 | 0 | 0.9 | 0.9 | 100.0 | 0 | 0.5 | 0.5 | 100.0 | 0 | 0.8 | 0.8 | 100.0 | 0.1 | 2.8 | 2.7 | 96.4 |
| Non Blueprint funding | | | | | | | | | | | | | | | | | | | | | | | | | |

Maori

Table 78: Calculating the Expected Number of Maori with any Disorder - Mental Health and Substance Use

| Age Group | Severity of disorder | National Prevalence | Demographic information - number of people | | | | | | | Expected number of people with mental health needs | | | | | | |
|------------------|----------------------|---------------------|--|---------|--------|-------|------------|----------|---------|---|---------|------|-------|------------|----------|---------|
| | | | NZ | Midland | BOP | Lakes | Tairāwhiti | Taranaki | Waikato | NZ | Midland | BOP | Lakes | Tairāwhiti | Taranaki | Waikato |
| 0-15 | Any | | 241360 | 75130 | 19060 | 12720 | 7740 | 6880 | 28730 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | Mild and moderate | | 241360 | 75130 | 19060 | 12720 | 7740 | 6880 | 28730 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | Severe | | 241360 | 75130 | 19060 | 12720 | 7740 | 6880 | 28730 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 6--15 | Severe - estimate | 8.6 | 144816 | 45078 | 11436 | 7632 | 4644 | 4128 | 17238 | 12454.176 | 3877 | 983 | 656 | 399 | 355 | 1482 |
| 16-24 | Any | 33.2 | 112160 | 34420 | 8220 | 5860 | 3490 | 3120 | 13730 | 37237 | 11427 | 2729 | 1946 | 1159 | 1036 | 4558 |
| 16-24 | Mild and moderate | 24.6 | 112160 | 34420 | 8220 | 5860 | 3490 | 3120 | 13730 | 27591 | 8467 | 2022 | 1442 | 859 | 768 | 3378 |
| 16-24 | Severe | 8.6 | 112160 | 34420 | 8220 | 5860 | 3490 | 3120 | 13730 | 9646 | 2960 | 707 | 504 | 300 | 268 | 1181 |
| 25-44 | Any | 32.9 | 166990 | 50250 | 12440 | 8690 | 5240 | 4390 | 19490 | 54940 | 16532 | 4093 | 2859 | 1724 | 1444 | 6412 |
| 25-44 | Mild and moderate | 22.7 | 166990 | 50250 | 12440 | 8690 | 5240 | 4390 | 19490 | 37907 | 11407 | 2824 | 1973 | 1189 | 997 | 4424 |
| 25-44 | Severe | 10.2 | 166990 | 50250 | 12440 | 8690 | 5240 | 4390 | 19490 | 17033 | 5126 | 1269 | 886 | 534 | 448 | 1988 |
| 45-64 | Any | 23.7 | 112900 | 36340 | 9590 | 6320 | 4360 | 3080 | 12990 | 26757 | 8613 | 2273 | 1498 | 1033 | 730 | 3079 |
| 45-64 | Mild and moderate | 16.3 | 112900 | 36340 | 9590 | 6320 | 4360 | 3080 | 12990 | 18403 | 5923 | 1563 | 1030 | 711 | 502 | 2117 |
| 45-64 | Severe | 7.4 | 112900 | 36340 | 9590 | 6320 | 4360 | 3080 | 12990 | 8355 | 2689 | 710 | 468 | 323 | 228 | 961 |
| 65+ | Any | 7.9 | 30800 | 10740 | 2910 | 1720 | 1450 | 980 | 3680 | 2433 | 848 | 230 | 136 | 115 | 77 | 291 |
| 65 + | Mild and moderate | 6.1 | 30800 | 10740 | 2910 | 1720 | 1450 | 980 | 3680 | 1879 | 655 | 178 | 105 | 88 | 60 | 224 |
| 65 + | Severe | 1.8 | 30800 | 10740 | 2910 | 1720 | 1450 | 980 | 3680 | 554 | 193 | 52 | 31 | 26 | 18 | 66 |
| All ages over 15 | Any | 29.5 | 422850 | 131750 | 33,160 | 22590 | 14540 | 11570 | 49890 | 124740.75 | 38866 | 9782 | 6664 | 4289 | 3413 | 14718 |
| All ages over 15 | Mild | 8.2 | 422850 | 131750 | 33,160 | 22590 | 14540 | 11570 | 49890 | 34674 | 10804 | 2719 | 1852 | 1192 | 949 | 4091 |
| All ages over 15 | Moderate | 12.6 | 422850 | 131750 | 33,160 | 22590 | 14540 | 11570 | 49890 | 53279 | 16601 | 4178 | 2846 | 1832 | 1458 | 6286 |
| All ages over 15 | Severe | 8.7 | 422850 | 131750 | 33,160 | 22590 | 14540 | 11570 | 49890 | 36787.95 | 11462 | 2885 | 1965 | 1265 | 1007 | 4340 |

Table 79: Calculating the Expected Number of Maori with Substance Use Disorders

| Age Group | Severity of disorder | National Prevalence | Demographic information - number of people | | | | | | | Expected number of people with mental health needs | | | | | | |
|--------------------|----------------------|---------------------|--|---------|--------|--------|------------|----------|---------|---|---------|-------|-------|------------|----------|---------|
| | | | NZ | Midland | BOP | Lakes | Tairāwhiti | Taranaki | Waikato | NZ | Midland | BOP | Lakes | Tairāwhiti | Taranaki | Waikato |
| 0-15 | Any | | 241,360 | 75,130 | 19,060 | 12,720 | 7,740 | 6,880 | 28,730 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | Mild and moderate | | 241,360 | 75,130 | 19,060 | 12,720 | 7,740 | 6,880 | 28,730 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | Severe | | 241,360 | 75,130 | 19,060 | 12,720 | 7,740 | 6,880 | 28,730 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 16-24 | Any | 18.2 | 112,160 | 34,420 | 8,220 | 5,860 | 3,490 | 3,120 | 13,730 | 20,413 | 6,264 | 1,496 | 1,067 | 635 | 568 | 2,499 |
| 16-24 | Mild and moderate | 12.1 | 112,160 | 34,420 | 8,220 | 5,860 | 3,490 | 3,120 | 13,730 | 13,571 | 4,165 | 995 | 709 | 422 | 378 | 1,661 |
| 16-24 | Severe | 6.1 | 112,160 | 34,420 | 8,220 | 5,860 | 3,490 | 3,120 | 13,730 | 6,842 | 2,100 | 501 | 357 | 213 | 190 | 838 |
| 25-44 | Any | 8.5 | 166,990 | 50,250 | 12,440 | 8,690 | 5,240 | 4,390 | 19,490 | 14,194 | 4,271 | 1,057 | 739 | 445 | 373 | 1,657 |
| 25-44 | Mild and moderate | 5.7 | 166,990 | 50,250 | 12,440 | 8,690 | 5,240 | 4,390 | 19,490 | 9,518 | 2,864 | 709 | 495 | 299 | 250 | 1,111 |
| 25-44 | Severe | 2.8 | 166,990 | 50,250 | 12,440 | 8,690 | 5,240 | 4,390 | 19,490 | 4,676 | 1,407 | 348 | 243 | 147 | 123 | 546 |
| 45-64 | Any | 2.6 | 112,900 | 36,340 | 9,590 | 6,320 | 4,360 | 3,080 | 12,990 | 2,935 | 945 | 249 | 164 | 113 | 80 | 338 |
| 45-64 | Mild and moderate | 1.7 | 112,900 | 36,340 | 9,590 | 6,320 | 4,360 | 3,080 | 12,990 | 1,919 | 618 | 163 | 107 | 74 | 52 | 221 |
| 45-64 | Severe | 0.9 | 112,900 | 36,340 | 9,590 | 6,320 | 4,360 | 3,080 | 12,990 | 1,016 | 327 | 86 | 57 | 39 | 28 | 117 |
| 65+ | Any | 0.4 | 30,800 | 10,740 | 2,910 | 1,720 | 1,450 | 980 | 3,680 | 123 | 43 | 12 | 7 | 6 | 4 | 15 |
| 65 + | Mild and moderate | 0.3 | 30,800 | 10,740 | 2,910 | 1,720 | 1,450 | 980 | 3,680 | 92 | 32 | 9 | 5 | 4 | 3 | 11 |
| 65 + | Severe | 0.1 | 30,800 | 10,740 | 2,910 | 1,720 | 1,450 | 980 | 3,680 | 31 | 11 | 3 | 2 | 1 | 1 | 4 |
| All ages (over 15) | Any | 8.6 | 422,850 | 131,750 | 33,160 | 22,590 | 14,540 | 11,570 | 49,890 | 36,365 | 11,331 | 2,852 | 1,943 | 1,250 | 995 | 4,291 |
| All ages (over 15) | Mild | 2.2 | 422,850 | 131,750 | 33,160 | 22,590 | 14,540 | 11,570 | 49,890 | 9,303 | 2,899 | 730 | 497 | 320 | 255 | 1,098 |
| All ages (over 15) | Moderate | 3.5 | 422,850 | 131,750 | 33,160 | 22,590 | 14,540 | 11,570 | 49,890 | 14,800 | 4,611 | 1,161 | 791 | 509 | 405 | 1,746 |
| All ages (over 15) | Severe | 2.9 | 422,850 | 131,750 | 33,160 | 22,590 | 14,540 | 11,570 | 49,890 | 12,263 | 3,821 | 962 | 655 | 422 | 336 | 1,447 |

Pacific

Table 80: Calculating the Expected Number of Pacific People with any Disorder - Mental Health and Substance Use

| Age Group | Severity of disorder | National Prevalence | Demographic information - number of people | | | | | | | Expected number of people with mental health needs | | | | | | |
|------------------|----------------------|---------------------|--|---------|-------|-------|------------|----------|---------|---|---------|-----|-------|------------|----------|---------|
| | | | NZ | Midland | BOP | Lakes | Tairāwhiti | Taranaki | Waikato | NZ | Midland | BOP | Lakes | Tairāwhiti | Taranaki | Waikato |
| 0-15 | Any | | 94,550 | 5,315 | 1,020 | 770 | 310 | 345 | 2,870 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | Mild and moderate | | 94,550 | 5,315 | 1,020 | 770 | 310 | 345 | 2,870 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | Severe | | 94,550 | 5,315 | 1,020 | 770 | 310 | 345 | 2,870 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 6--15 | Severe - estimate | 8.2 | 56,730 | 3,189 | 612 | 462 | 186 | 207 | 1,722 | 4,652 | 261 | 50 | 38 | 15 | 17 | 141 |
| 16-24 | Any | 28.4 | 46,985 | 2,790 | 400 | 470 | 140 | 190 | 1,590 | 13,344 | 792 | 114 | 133 | 40 | 54 | 452 |
| 16-24 | Mild and moderate | 20.2 | 46,985 | 2,790 | 400 | 470 | 140 | 190 | 1,590 | 9,491 | 564 | 81 | 95 | 28 | 38 | 321 |
| 16-24 | Severe | 8.2 | 46,985 | 2,790 | 400 | 470 | 140 | 190 | 1,590 | 3,853 | 229 | 33 | 39 | 11 | 16 | 130 |
| 25-44 | Any | 26.8 | 77,755 | 4,600 | 800 | 720 | 265 | 315 | 2,500 | 20,838 | 1,233 | 214 | 193 | 71 | 84 | 670 |
| 25-44 | mild and moderate | 20.5 | 77,755 | 4,600 | 800 | 720 | 265 | 315 | 2,500 | 15,940 | 943 | 164 | 148 | 54 | 65 | 513 |
| 25-44 | Severe | 6.3 | 77,755 | 4,600 | 800 | 720 | 265 | 315 | 2,500 | 4,899 | 290 | 50 | 45 | 17 | 20 | 158 |
| 45-64 | Any | 17.1 | 46,515 | 2,780 | 450 | 510 | 195 | 175 | 1,450 | 7,954 | 475 | 77 | 87 | 33 | 30 | 248 |
| 45-64 | mild and moderate | 1.3 | 46,515 | 2,780 | 450 | 510 | 195 | 175 | 1,450 | 605 | 36 | 6 | 7 | 3 | 2 | 19 |
| 45-64 | Severe | 4.2 | 46,515 | 2,780 | 450 | 510 | 195 | 175 | 1,450 | 1,954 | 117 | 19 | 21 | 8 | 7 | 61 |
| 65+ | Any | 16.1 | 13,495 | 880 | 130 | 140 | 35 | 55 | 520 | 2,173 | 142 | 21 | 23 | 6 | 9 | 84 |
| 65 + | mild and moderate | 13.8 | 13,495 | 880 | 130 | 140 | 35 | 55 | 520 | 1,863 | 121 | 18 | 19 | 5 | 8 | 72 |
| 65 + | Severe | 2.3 | 13,495 | 880 | 130 | 140 | 35 | 55 | 520 | 310 | 20 | 3 | 3 | 1 | 1 | 12 |
| All ages over 15 | Any | 24.2 | 184,750 | 11,050 | 1,780 | 1,840 | 635 | 735 | 6,060 | 44,710 | 2,674 | 431 | 445 | 154 | 178 | 1,467 |
| All ages over 15 | Mild | 7.5 | 184,750 | 11,050 | 1,780 | 1,840 | 635 | 735 | 6,060 | 13,856 | 829 | 134 | 138 | 48 | 55 | 455 |
| All ages over 15 | Moderate | 10.9 | 184,750 | 11,050 | 1,780 | 1,840 | 635 | 735 | 6,060 | 20,138 | 1,204 | 194 | 201 | 69 | 80 | 661 |
| All ages over 15 | Severe | 6 | 184,750 | 11,050 | 1,780 | 1,840 | 635 | 735 | 6,060 | 11,085 | 663 | 107 | 110 | 38 | 44 | 364 |

Table 81: Calculating the Expected Number of Pacific People with Substance Use Disorders

| Age Group | Severity of disorder | National Prevalence | Demographic information - number of people | | | | | | | Expected number of people with mental health needs | | | | | | |
|------------------|----------------------|---------------------|--|---------|-------|-------|------------|----------|---------|---|---------|-----|-------|------------|----------|---------|
| | | | NZ | Midland | BOP | Lakes | Tairawhiti | Taranaki | Waikato | NZ | Midland | BOP | Lakes | Tairawhiti | Taranaki | Waikato |
| 0-15 | Any | | 94,550 | 5,315 | 1,020 | 770 | 310 | 345 | 2,870 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | Mild and moderate | | 94,550 | 5,315 | 1,020 | 770 | 310 | 345 | 2,870 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | severe | | 94,550 | 5,315 | 1,020 | 770 | 310 | 345 | 2,870 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 16-24 | Any | 8.8 | 46,985 | 2,790 | 400 | 470 | 140 | 190 | 1,590 | 4,135 | 246 | 35 | 41 | 12 | 17 | 140 |
| 16-24 | Mild and moderate | 5 | 46,985 | 2,790 | 400 | 470 | 140 | 190 | 1,590 | 2,349 | 140 | 20 | 24 | 7 | 10 | 80 |
| 16-24 | Severe | 3.8 | 46,985 | 2,790 | 400 | 470 | 140 | 190 | 1,590 | 1,785 | 106 | 15 | 18 | 5 | 7 | 60 |
| 25-44 | Any | 4.6 | 77,755 | 4,600 | 800 | 720 | 265 | 315 | 2,500 | 3,577 | 212 | 37 | 33 | 12 | 14 | 115 |
| 25-44 | Mild and moderate | 3.4 | 77,755 | 4,600 | 800 | 720 | 265 | 315 | 2,500 | 2,644 | 156 | 27 | 24 | 9 | 11 | 85 |
| 25-44 | Severe | 1.2 | 77,755 | 4,600 | 800 | 720 | 265 | 315 | 2,500 | 933 | 55 | 10 | 9 | 3 | 4 | 30 |
| 45-64 | Any | 2.2 | 46,515 | 2,780 | 450 | 510 | 195 | 175 | 1,450 | 1,023 | 61 | 10 | 11 | 4 | 4 | 32 |
| 45-64 | | 1.3 | 46,515 | 2,780 | 450 | 510 | 195 | 175 | 1,450 | 605 | 36 | 6 | 7 | 3 | 2 | 19 |
| 45-64 | Severe | 0.9 | 46,515 | 2,780 | 450 | 510 | 195 | 175 | 1,450 | 419 | 25 | 4 | 5 | 2 | 2 | 13 |
| 65+ | Any | 0.2 | 13,495 | 880 | 130 | 140 | 35 | 55 | 520 | 27 | 2 | 0 | 0 | 0 | 0 | 1 |
| 65 + | Mild and moderate | 0.1 | 13,495 | 880 | 130 | 140 | 35 | 55 | 520 | 13 | 1 | 0 | 0 | 0 | 0 | 1 |
| 65 + | Severe | 0.1 | 13,495 | 880 | 130 | 140 | 35 | 55 | 520 | 13 | 1 | 0 | 0 | 0 | 0 | 1 |
| All ages over 15 | Any | 4.9 | 184,750 | 11,050 | 1,780 | 1,840 | 635 | 735 | 6,060 | 9,053 | 541 | 87 | 90 | 31 | 36 | 297 |
| All ages over 15 | Mild | 1.1 | 184,750 | 11,050 | 1,780 | 1,840 | 635 | 735 | 6,060 | 2,032 | 122 | 20 | 20 | 7 | 8 | 67 |
| All ages over 15 | Moderate | 1.7 | 184,750 | 11,050 | 1,780 | 1,840 | 635 | 735 | 6,060 | 3,141 | 188 | 30 | 31 | 11 | 12 | 103 |
| All ages over 15 | Severe | 2.1 | 184,750 | 11,050 | 1,780 | 1,840 | 635 | 735 | 6,060 | 3,880 | 232 | 37 | 39 | 13 | 15 | 127 |

Other

Table 82: Calculating the Expected Number of “other” with any Disorder - Mental Health and Substance Use

| Age Group | Severity of disorder | National Prevalence | Demographic information - number of people | | | | | | | Expected number of people with mental health needs | | | | | | |
|------------------|----------------------|---------------------|--|---------|---------|--------|------------|----------|---------|---|---------|--------|--------|------------|----------|---------|
| | | | NZ | Midland | BOP | Lakes | Tairawhiti | Taranaki | Waikato | NZ | Midland | BOP | Lakes | Tairawhiti | Taranaki | Waikato |
| 0-15 | Any | | 621,240 | 114,305 | 27,530 | 11,900 | 4,345 | 17,130 | 53,400 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | mild and moderate | | 621,240 | 114,305 | 27,530 | 11,900 | 4,345 | 17,130 | 53,400 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | severe | | 621,240 | 114,305 | 27,530 | 11,900 | 4,345 | 17,130 | 53,400 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 6—15 | severe - estimate | 6.8 | 372,744 | 68,583 | 16,518 | 7,140 | 2,607 | 10,278 | 32,040 | 25,347 | 4,664 | 1,123 | 809 | 177 | 699 | 2,179 |
| 16-24 | Any | 27.5 | 415,340 | 65,190 | 14,540 | 6,040 | 2,070 | 9,340 | 33,200 | 114,219 | 17,927 | 3,999 | 1,661 | 569 | 2,569 | 9,130 |
| 16-24 | Mild and moderate | 20.7 | 415,340 | 65,190 | 14,540 | 6,040 | 2,070 | 9,340 | 33,200 | 85,975 | 13,494 | 3,010 | 1,250 | 428 | 1,933 | 6,872 |
| 16-24 | Severe | 6.8 | 415,340 | 65,190 | 14,540 | 6,040 | 2,070 | 9,340 | 33,200 | 28,243 | 4,433 | 989 | 411 | 141 | 635 | 2,258 |
| 25-44 | Any | 23.7 | 931,870 | 149,805 | 36,000 | 16,430 | 5,575 | 21,720 | 70,080 | 220,853 | 35,504 | 8,532 | 3,894 | 1,321 | 5,148 | 16,609 |
| 25-44 | Mild and moderate | 18.7 | 931,870 | 149,805 | 36,000 | 16,430 | 5,575 | 21,720 | 70,080 | 174,260 | 28,014 | 6,732 | 3,072 | 1,043 | 4,062 | 13,105 |
| 25-44 | Severe | 5 | 931,870 | 149,805 | 36,000 | 16,430 | 5,575 | 21,720 | 70,080 | 46,594 | 7,490 | 1,800 | 822 | 279 | 1,086 | 3,504 |
| 45-64 | Any | 16.8 | 936,980 | 173,395 | 45,380 | 19,530 | 7,275 | 25,610 | 75,600 | 157,413 | 29,130 | 7,624 | 3,281 | 1,222 | 4,302 | 12,701 |
| 45-64 | Mild and moderate | 13.4 | 936,980 | 173,395 | 45,380 | 19,530 | 7,275 | 25,610 | 75,600 | 125,555 | 23,235 | 6,081 | 2,617 | 975 | 3,432 | 10,130 |
| 45-64 | Severe | 3.4 | 936,980 | 173,395 | 45,380 | 19,530 | 7,275 | 25,610 | 75,600 | 31,857 | 5,895 | 1,543 | 664 | 247 | 871 | 2,570 |
| 65+ | Any | 6.9 | 524,480 | 109,465 | 32,570 | 11,510 | 4,325 | 16,180 | 44,880 | 36,189 | 7,553 | 2,247 | 794 | 298 | 1,116 | 3,097 |
| 65 + | Mild and moderate | 5.1 | 524,480 | 109,465 | 32,570 | 11,510 | 4,325 | 16,180 | 44,880 | 26,748 | 5,583 | 1,661 | 587 | 221 | 825 | 2,289 |
| 65 + | Severe | 1 | 524,480 | 109,465 | 32,570 | 11,510 | 4,325 | 16,180 | 44,880 | 5,245 | 1,095 | 326 | 115 | 43 | 162 | 449 |
| All ages over 15 | Any | 19.3 | 2,808,670 | 497,855 | 128,490 | 53,510 | 19,245 | 72,850 | 223,760 | 542,073 | 96,086 | 24,799 | 10,327 | 3,714 | 14,060 | 43,186 |
| All ages over 15 | Mild | 15.2 | 2,808,670 | 497,855 | 128,490 | 53,510 | 19,245 | 72,850 | 223,760 | 426,918 | 75,674 | 19,530 | 8,134 | 2,925 | 11,073 | 34,012 |
| All ages over 15 | Moderate | | 2,808,670 | 497,855 | 128,490 | 53,510 | 19,245 | 72,850 | 223,760 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| All ages over 15 | Severe | 4.1 | 2,808,670 | 497,855 | 128,490 | 53,510 | 19,245 | 72,850 | 223,760 | 115,155 | 20,412 | 5,268 | 2,194 | 789 | 2,987 | 9,174 |

Table 83: Calculating the Expected Number of Pacific people with Substance Use Disorders

| Age Group | Severity of disorder | National Prevalence | Demographic information - number of people | | | | | | | Expected number of people with mental health needs | | | | | | |
|------------------|----------------------|---------------------|--|---------|---------|--------|------------|----------|---------|---|---------|-------|-------|------------|----------|---------|
| | | | NZ | Midland | BOP | Lakes | Tairāwhiti | Taranaki | Waikato | NZ | Midland | BOP | Lakes | Tairāwhiti | Taranaki | Waikato |
| 0-15 | Any | | 621,240 | 114,305 | 27,530 | 11,900 | 4,345 | 17,130 | 53,400 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | mild and moderate | | 621,240 | 114,305 | 27,530 | 11,900 | 4,345 | 17,130 | 53,400 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | severe | | 621,240 | 114,305 | 27,530 | 11,900 | 4,345 | 17,130 | 53,400 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 16-24 | Any | 7.6 | 415,340 | 65,190 | 14,540 | 6,040 | 2,070 | 9,340 | 33,200 | 31,566 | 4,954 | 1,105 | 459 | 157 | 710 | 2,523 |
| 16-24 | Mild and moderate | 5.6 | 415,340 | 65,190 | 14,540 | 6,040 | 2,070 | 9,340 | 33,200 | 23,259 | 3,651 | 814 | 338 | 116 | 523 | 1,859 |
| 16-24 | Severe | 2 | 415,340 | 65,190 | 14,540 | 6,040 | 2,070 | 9,340 | 33,200 | 8,307 | 1,304 | 291 | 121 | 41 | 187 | 664 |
| 25-44 | Any | 3.5 | 931,870 | 149,805 | 36,000 | 16,430 | 5,575 | 21,720 | 70,080 | 32,615 | 5,243 | 1,260 | 575 | 195 | 760 | 2,453 |
| 25-44 | Mild and moderate | 2.6 | 931,870 | 149,805 | 36,000 | 16,430 | 5,575 | 21,720 | 70,080 | 24,229 | 3,895 | 936 | 427 | 145 | 565 | 1,822 |
| 25-44 | Severe | 0.9 | 931,870 | 149,805 | 36,000 | 16,430 | 5,575 | 21,720 | 70,080 | 8,387 | 1,348 | 324 | 148 | 50 | 195 | 631 |
| 45-64 | Any | 1 | 936,980 | 173,395 | 45,380 | 19,530 | 7,275 | 25,610 | 75,600 | 9,370 | 1,734 | 454 | 195 | 73 | 256 | 756 |
| 45-64 | Mild and moderate | 0.7 | 936,980 | 173,395 | 45,380 | 19,530 | 7,275 | 25,610 | 75,600 | 6,559 | 1,214 | 318 | 137 | 51 | 179 | 529 |
| 45-64 | Severe | 0.3 | 936,980 | 173,395 | 45,380 | 19,530 | 7,275 | 25,610 | 75,600 | 2,811 | 520 | 136 | 59 | 22 | 77 | 227 |
| 65+ | Any | 0 | 524,480 | 109,465 | 32,570 | 11,510 | 4,325 | 16,180 | 44,880 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 65 + | Mild and moderate | 0 | 524,480 | 109,465 | 32,570 | 11,510 | 4,325 | 16,180 | 44,880 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 65 + | Severe | 0 | 524,480 | 109,465 | 32,570 | 11,510 | 4,325 | 16,180 | 44,880 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| All ages over 15 | Any | 2.7 | 2,808,670 | 497,855 | 128,490 | 53,510 | 19,245 | 72,850 | 223,760 | 75,834 | 13,442 | 3,469 | 1,445 | 520 | 1,967 | 6,042 |
| All ages over 15 | Mild | 1 | 2,808,670 | 497,855 | 128,490 | 53,510 | 19,245 | 72,850 | 223,760 | 28,087 | 4,979 | 1,285 | 535 | 192 | 729 | 2,238 |
| All ages over 15 | Moderate | 1 | 2,808,670 | 497,855 | 128,490 | 53,510 | 19,245 | 72,850 | 223,760 | 28,087 | 4,979 | 1,285 | 535 | 192 | 729 | 2,238 |
| All ages over 15 | Severe | 0.7 | 2,808,670 | 497,855 | 128,490 | 53,510 | 19,245 | 72,850 | 223,760 | 19,661 | 3,485 | 899 | 375 | 135 | 510 | 1,566 |

All Ethnicities

Table 84: Calculating the Expected Number of all Ethnicities with Any Disorder - Mental Health and Substance Use

| Age Group | Severity of disorder | National Prevalence | Demographic information - number of people | | | | | | | Expected number of people with mental health needs | | | | | | |
|------------------|----------------------|---------------------|--|---------|---------|--------|------------|----------|---------|---|---------|--------|--------|------------|----------|---------|
| | | | NZ | Midland | BOP | Lakes | Tairāwhiti | Taranaki | Waikato | NZ | Midland | BOP | Lakes | Tairāwhiti | Taranaki | Waikato |
| 0-15 | Any | | 957,150 | 196,740 | 47,580 | 25,370 | 12,380 | 24,370 | 85,030 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | mild and moderate | | 957,150 | 196,740 | 47,580 | 25,370 | 12,380 | 24,370 | 85,030 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | severe | | 957,150 | 196,740 | 47,580 | 25,370 | 12,380 | 24,370 | 85,030 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 6--15 | severe estimate | 7.2 | 574,290 | 118,044 | 28,548 | 15,222 | 7,428 | 14,622 | 51,018 | 41,349 | 8,499 | 2,055 | 1,096 | 535 | 1,053 | 3,673 |
| 16-24 | Any | 28.6 | 574,485 | 102,380 | 23,160 | 12,350 | 5,695 | 12,655 | 48,520 | 164,303 | 29,281 | 6,624 | 3,532 | 1,629 | 3,619 | 13,877 |
| 16-24 | Mild and moderate | 21.4 | 574,485 | 102,380 | 23,160 | 12,350 | 5,695 | 12,655 | 48,520 | 122,940 | 21,909 | 4,956 | 2,643 | 1,219 | 2,708 | 10,383 |
| 16-24 | Severe | 7.2 | 574,485 | 102,380 | 23,160 | 12,350 | 5,695 | 12,655 | 48,520 | 41,363 | 7,371 | 1,668 | 889 | 410 | 911 | 3,493 |
| 25-44 | Any | 25.1 | 1,176,615 | 204,655 | 49,240 | 25,840 | 11,080 | 26,425 | 92,070 | 295,330 | 51,368 | 12,359 | 6,486 | 2,781 | 6,633 | 23,110 |
| 25-44 | Mild and moderate | 19.3 | 1,176,615 | 204,655 | 49,240 | 25,840 | 11,080 | 26,425 | 92,070 | 227,087 | 39,498 | 9,503 | 4,987 | 2,138 | 5,100 | 17,770 |
| 25-44 | Severe | 5.8 | 1,176,615 | 204,655 | 49,240 | 25,840 | 11,080 | 26,425 | 92,070 | 68,244 | 11,870 | 2,856 | 1,499 | 643 | 1,533 | 5,340 |
| 45-64 | Any | 17.4 | 1,096,395 | 212,515 | 55,420 | 26,360 | 11,830 | 28,865 | 90,040 | 190,773 | 36,978 | 9,643 | 4,587 | 2,058 | 5,023 | 15,667 |
| 45-64 | Mild and moderate | 13.6 | 1,096,395 | 212,515 | 55,420 | 26,360 | 11,830 | 28,865 | 90,040 | 149,110 | 28,902 | 7,537 | 3,585 | 1,609 | 3,926 | 12,245 |
| 45-64 | Severe | 3.8 | 1,096,395 | 212,515 | 55,420 | 26,360 | 11,830 | 28,865 | 90,040 | 41,663 | 8,076 | 2,106 | 1,002 | 450 | 1,097 | 3,422 |
| 65+ | Any | 7.1 | 568,775 | 121,085 | 35,610 | 13,370 | 5,810 | 17,215 | 49,080 | 40,383 | 8,597 | 2,528 | 949 | 413 | 1,222 | 3,485 |
| 65+ | Mild and moderate | 6 | 1,096,395 | 212,515 | 55,420 | 26,360 | 11,830 | 28,865 | 90,040 | 65,784 | 12,751 | 3,325 | 1,582 | 710 | 1,732 | 5,402 |
| 65 + | Severe | 1.1 | 568,775 | 121,085 | 35,610 | 13,370 | 5,810 | 17,215 | 49,080 | 6,257 | 1,332 | 392 | 147 | 64 | 189 | 540 |
| All ages over 15 | Any | 20.7 | 3,416,270 | 640,635 | 163,430 | 77,920 | 34,415 | 85,160 | 279,710 | 707,168 | 132,611 | 33,830 | 16,129 | 7,124 | 17,628 | 57,900 |
| All ages over 15 | Mild | 6.6 | 3,416,270 | 640,635 | 163,430 | 77,920 | 34,415 | 85,160 | 279,710 | 225,474 | 42,282 | 10,786 | 5,143 | 2,271 | 5,621 | 18,461 |
| All ages over 15 | Moderate | 9.4 | 3,416,270 | 640,635 | 163,430 | 77,920 | 34,415 | 85,160 | 279,710 | 321,129 | 60,220 | 15,362 | 7,324 | 3,235 | 8,005 | 26,293 |
| All ages over 15 | Severe | 4.7 | 3,416,270 | 640,635 | 163,430 | 77,920 | 34,415 | 85,160 | 279,710 | 160,565 | 30,110 | 7,681 | 3,662 | 1,618 | 4,003 | 13,146 |

Table 85: Calculating the Expected Number of all Ethnicities with Substance Use Disorders

| Age Group | Severity of disorder | National Prevalence | Demographic information - number of people | | | | | | | Expected number of people with mental health needs | | | | | | |
|------------------|----------------------|---------------------|--|---------|---------|--------|------------|----------|---------|---|---------|-------|-------|------------|----------|---------|
| | | | NZ | Midland | BOP | Lakes | Tairawhiti | Taranaki | Waikato | NZ | Midland | BOP | Lakes | Tairawhiti | Taranaki | Waikato |
| 0-15 | Any | | 957,150 | 196,740 | 47,580 | 25,370 | 12,380 | 24,370 | 85,030 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | mild and moderate | | 957,150 | 196,740 | 47,580 | 25,370 | 12,380 | 24,370 | 85,030 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 0-15 | severe | | 957,150 | 196,740 | 47,580 | 25,370 | 12,380 | 24,370 | 85,030 | No information in Te Rau Hinengaro and no estimate made | | | | | | |
| 16-24 | Any | 9.6 | 574,485 | 102,380 | 23,160 | 12,350 | 5,695 | 12,655 | 48,520 | 55,151 | 9,828 | 2,223 | 1,186 | 547 | 1,215 | 4,658 |
| 16-24 | Mild and moderate | 6.8 | 574,485 | 102,380 | 23,160 | 12,350 | 5,695 | 12,655 | 48,520 | 39,065 | 6,929 | 1,567 | 836 | 385 | 856 | 3,284 |
| 16-24 | Severe | 2.8 | 574,485 | 102,380 | 23,160 | 12,350 | 5,695 | 12,655 | 48,520 | 16,086 | 2,899 | 656 | 350 | 161 | 358 | 1,374 |
| 25-44 | Any | 4.2 | 1,176,615 | 204,655 | 49,240 | 25,840 | 11,080 | 26,425 | 92,070 | 49,418 | 8,596 | 2,068 | 1,085 | 465 | 1,110 | 3,867 |
| 25-44 | Mild and moderate | 3.0 | 1,176,615 | 204,655 | 49,240 | 25,840 | 11,080 | 26,425 | 92,070 | 35,298 | 6,060 | 1,458 | 765 | 328 | 782 | 2,726 |
| 25-44 | Severe | 1.2 | 1,176,615 | 204,655 | 49,240 | 25,840 | 11,080 | 26,425 | 92,070 | 14,119 | 2,536 | 610 | 320 | 137 | 327 | 1,141 |
| 45-64 | Any | 1.2 | 1,096,395 | 212,515 | 55,420 | 26,360 | 11,830 | 28,865 | 90,040 | 13,157 | 2,550 | 665 | 316 | 142 | 346 | 1,080 |
| 45-64 | Mild and moderate | 0.8 | 1,096,395 | 212,515 | 55,420 | 26,360 | 11,830 | 28,865 | 90,040 | 8,771 | 1,798 | 469 | 223 | 100 | 244 | 762 |
| 45-64 | Severe | 0.4 | 1,096,395 | 212,515 | 55,420 | 26,360 | 11,830 | 28,865 | 90,040 | 4,386 | 752 | 196 | 93 | 42 | 102 | 319 |
| 65+ | Any | <0.1 | 568,775 | 121,085 | 35,610 | 13,370 | 5,810 | 17,215 | 49,080 | <569 | <121 | <36 | <13 | <6 | <17 | <49 |
| 65 + | Mild and moderate | 0 | 568,775 | 121,085 | 35,610 | 13,370 | 5,810 | 17,215 | 49,080 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 65 + | Severe | 0 | 568,775 | 121,085 | 35,610 | 13,370 | 5,810 | 17,215 | 49,080 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| All ages over 15 | Any | 3.5 | 3,416,270 | 640,635 | 163,430 | 77,920 | 34,415 | 85,160 | 279,710 | 119,569 | 22,422 | 5,720 | 2,727 | 1,205 | 2,981 | 9,790 |
| All ages over 15 | Mild | 1.2 | 3,416,270 | 640,635 | 163,430 | 77,920 | 34,415 | 85,160 | 279,710 | 40,995 | 7,688 | 1,961 | 935 | 413 | 1,022 | 3,357 |
| All ages over 15 | Moderate | 1.3 | 3,416,270 | 640,635 | 163,430 | 77,920 | 34,415 | 85,160 | 279,710 | 44,412 | 8,328 | 2,125 | 1,013 | 447 | 1,107 | 3,636 |
| All ages over 15 | Severe | 1 | 3,416,270 | 640,635 | 163,430 | 77,920 | 34,415 | 85,160 | 279,710 | 34,163 | 6,406 | 1,634 | 779 | 344 | 852 | 2,797 |

18.0 APPENDIX 14: BIBLIOGRAPHY

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