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9(2)(a)

RE Official information request CDHB 10535

I refer to your email dated 26 January 2021 requesting the following information under the Official Information Act from Canterbury DHB. Specifically:

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

Inpatient Services

Please refer to **Table One** below, which lists the name, location and number of beds for each of the mental health and intellectual disability units operated by Canterbury DHB. The only service that is currently not used to capacity is the Intellectual Disability Inpatient service due to construction work that is currently being completed.

Table one

| Service | Ward | Beds |
|-------------------------------------|----------|------|
| Adult Inpatient | 6x wards | 103 |
| AOD Detox | Kennedy | 6 |
| Child and Adolescent | CAU | 16 |
| Forensic Services | 3x wards | 37 |
| Intellectual Disability | 2x wards | 20 |
| Mothers & Babies - Eating Disorders | C Ward | 13 |

Outpatient Services

Specialist Mental Health Services provides outpatient services for all clinical areas – Adult including Rural and Early Intervention, Child and Adolescent, Forensic, Alcohol and Other Drugs, Intellectual Disability, Mothers & Babies, Eating Disorders, Anxiety Disorders

Services contracted to community providers

Canterbury District Health Board (CDHB) contracts a number of community Providers to deliver Mental Health and Addiction (MH&A) services in collaboration with specialist services and primary care. Whilst some Providers may focus on one area of service delivery, larger Providers may deliver care across a range of areas including both Alcohol and Drug, Adults, Youth and Children, residential and community support.

Below is a summary of contracted services and supports available in Canterbury that are funded by the CDHB. Some of the Providers that the CDHB contract with provide other services that are funded by other government

agencies or by charitable means. Other providers exist whom are funded by other government departments or by charitable means to provide mental health and addiction care that are not funded by the Canterbury DHB.

Table two: Contracted Mental Health and Addiction Services

| | |
|---|---|
| Canterbury Mental Health and Addiction Information | <p>The Mental Health Education and Resource Centre (MHERC) produces an annually updated Canterbury Mental Health Directory of Mental Health Services in the Canterbury region, including Canterbury District Health Board Specialist Mental Health Services. https://mherc.org.nz/directory</p> <p>HealthInfo Canterbury also has information on Mental Health and Addictions www.healthinfo.org.nz (This website is publicly accessible).</p> <p>People are encouraged to contact their GPs as a first point of reference or they can call 1737, the national helpline number to access mental health information and support.</p> <p>For urgent mental health assistance, the number to call is 0800 920 092.</p> |
| Number of contracted providers | Over 44 Providers (note this is subject to changes due to residential contracts for individuals) |
| Community Support Work | 10 Providers deliver programmes with over 95 full time equivalent (FTE) supporting people with mental health challenges in the community. |
| Mana Ake | Mana Ake delivers 80 FTE providing support to children and families in primary schools |
| Te Tumu Waiora | 17 Health Practitioners and 24.6 Health Coaches/Support workers provide care to Cantabrians based in Primary Health Services |
| Brief Intervention Counselling | 3 Primary Health Organisations and 4 Providers deliver Brief Intervention Counselling. |
| Residential care - ongoing (Excludes AOD treatment) | 193 people provided with 24-hour residential care |
| Housing support | 5 Emergency beds 256 supported accommodation places per annum 25.3 FTE plus providing housing support |
| Respite – residential | 26 respite beds – 2 Providers 7 bed alternative inpatient care – 1 Provider |
| Respite – mobile | 15 FTE Mobile respite |
| Alcohol and Drug Community work | 15 Providers with over 44.6 FTE |
| Alcohol and Drug Residential and Treatment Services | 6 Residential Services provide 83 residential treatment beds and over 37.7 FTE providing care. |
| Community activities and Day programmes | Over 7 programmes with a minimum of 18.5 FTE |
| Employment | 5.5 FTE and 3 Community Providers supporting employment. |
| Peer and Family support | 27.4 FTE and numerous volunteers provide peer and whanau support for consumers and whanau dealing with MH and AOD |
| Cultural Care | 5 Māori agencies 1 Pasifika agency 1 Refugee and Migrant support agency |
| Specialist Programmes | Suicide Prevention, Eating Disorders, Multi-systemic Therapy, Forensic and Services for Offenders, Mosque and Earthquake Psychological support. |

- 2. What addiction services does your DHB provide? Please provide details of inpatient facilities and number of beds per facility and whether facilities are currently used at capacity. Please provide details of services contracted to community providers.**

See response to Q1

- 3. How many people do you treat on average every year in your mental health services? Please provide a breakdown by inpatient and outpatient services, for the last six years.**

Table two:

| Calendar Year | # Distinct People Inpatient SMHS | | Calendar Year | # Distinct People Outpatients SMHS |
|---------------|----------------------------------|--|---------------|------------------------------------|
| 2015 | 1471 | | 2015 | 13243 |
| 2016 | 1585 | | 2016 | 13794 |
| 2017 | 1572 | | 2017 | 14066 |
| 2018 | 1558 | | 2018 | 14154 |
| 2019 | 1571 | | 2019 | 14981 |
| 2020 | 1495 | | 2020 | 14542 |

- 4. How many people are currently waiting for mental health treatment after they have been through an initial triage process? What is the average wait time to access services? What is the longest time someone can wait? Please provide breakdown by inpatient/outpatient services.**

All referrals go through an initial triage process and people in crisis requiring acute mental health care are usually seen on the day of referral or the next day. The average waiting time across all of Specialist Mental Health Services from referral to first face to face contact with an outpatient service is 17 days.

Following triage and/or initial assessment, people may need to wait for treatment services. Across the whole service, there are currently 252 people on waiting lists. This is made up of 104 people with the Child, Adolescent, and Family Service, and 148 people with Specialty Services including Anxiety Disorders, Eating Disorders. Whilst waiting, people can access urgent services if needed.

Most of the inpatient mental health services do not use waiting lists for admission – admissions are determined on the basis of need. Units that do use waiting lists have additional factors that influence when a person is admitted. For example, an admission to the Eating Disorders unit may only occur after a person has first been medically stabilised in Christchurch Hospital or an admission to the Mothers & Babies unit may be planned for after a baby is born.

- 5. How many people are currently waiting for addiction treatment after they have been through an initial triage process? What is the average wait time to access services? What is the longest time someone can wait? Please provide breakdown by inpatient/outpatient services.**

Alcohol and drug treatment is provided through a collaborative of NGOs and CDHB teams. A centralised referral pathway is the usual point of entry for access to the full range of supports and interventions, including peer support, one-on-one counselling, group intervention, withdrawal management, opioid substitution and residential treatment.

A subset of people are triaged from the centralised referral pathway to Specialist Mental Health Services. The average waiting time for the outpatient addictions services operated by the Specialist Mental Health Service is 19 days to a first face to face contact. People with co-existing mental health issues and addictions who are in crisis and require acute mental health care are usually seen on the day of referral or the next day.

The inpatient Kennedy Detox Unit is used for people requiring a medical detox from alcohol or other drugs, or establishment on opioid replacement therapy. People planning to attend an addictions programme with a NGO provider in the community have their Kennedy Detox Unit admission date arranged so that there will be no gap between leaving the detox unit and starting the NGO programme, as such wait times are often dependent on the availability of a place on a rehab programme. There are currently 31 people scheduled to be admitted to the Kennedy Detox Unit and a further 25 people waiting to be scheduled.

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

The triage process ensures that those with the most serious concerns are seen as soon as possible. For those non-urgent cases that are waiting for treatment, people are able to access urgent services if needed, they have the ability to contact the treatment services if their condition deteriorates, or they are part of a regular follow up process.

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

We do not hold this information. We are therefore declining a response to this question pursuant to section 18(g) of the Official Information Act.

I trust this satisfies your interest in this matter.

You may, under section 28(3) of the Official Information Act, seek a review of our decision to withhold information by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



Ralph La Salle
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Planning, Funding & Decision Support