



# Stocktake of Child and Adolescent Mental Health Services in New Zealand



JULY 2007



# **The 2006 Stocktake of Child & Adolescent Mental Health Services in New Zealand**

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Feedback from the sector has indicated that the first Stocktake has been of value in supporting sector workforce planning. This is reflected in the prompt response to our 2006 requests for data from providers. I wish to thank all the staff within services who have contributed to this Stocktake and hope that it continues to inform them in their planning of the child and adolescent mental health workforce of the future.

Annemarie Wille  
Project Leader



# Introduction

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## Background

The first Werry Centre Stocktake (Ramage, Bir, Towns, Vague, Cargo, Niumata-Faleafa, 2005) has become widely used by services and planners in service and workforce development.

This is the second Stocktake of the child and adolescent mental health workforce in New Zealand carried out by the Werry Centre. Each of the stocktake provides a snapshot of who is providing and accessing mental health services.

As recommended in *Whakamārama te Huarahi: To Light the Pathway. A Strategic Framework for Child and Adolescent Mental Health Workforce Development 2006-2016*, the Werry Centre has carried out an update of the 2004 Stocktake of Child and Adolescent Mental Health Services (Ramage et al. 2005) and it is the Werry Centre's intention to continue the workforce survey every two years to identify workforce and service trends.

While the 2004 Stocktake included a comprehensive report, this report updates the data in selected key areas such as workforce numbers and access to child and adolescent mental health services. The content of the 2006 update was determined in consultation with the Regional Workforce Development Coordinators and various District Health Board (DHB) staff.

The 2006 update specifically includes:

- Ministry of Health funded DHB (Inpatient & Community) Child & Adolescent Mental Health Services (CAMHS) workforce data (actual & vacant FTEs & ethnicity by occupational group) as at 30<sup>th</sup> June 2006.
- DHB funded Non-Government Organisations (NGOs) workforce data (actual & vacant FTEs by occupational group & ethnicity) as at 30<sup>th</sup> June 2006
- Mental Health Information Collection (MHINC) access to service data for second 6 months of 2004 and the year of 2005.

The workforce data collection occurred in two phases. Phase one commenced in September 2006 and included the survey of all DHB (Inpatient & Community) CAMHS. Phase Two included the survey of DHB funded NGOs and commenced in early November 2006.

The resulting 2006 workforce data from both DHB (Inpatient & Community) CAMHS and DHB funded NGOs is reported by region. The 2006 aggregated workforce data is included in the Appendices.

## 2006 DHB CAMHS Workforce Survey

The workforce surveys were sent to all DHB CEOs and Mental Health Managers in early September 2006 with a two week return date. A 100% response was received.

The resulting 2006 DHB CAMHS workforce data is organised by region and the 2004 workforce data is also presented as a comparison. For a more detailed look at the 2004 workforce data, please refer to the 2005 Stocktake report (Ramage et al. 2005).

### **2006 DHB Funded Child & Adolescent Mental Health Non-Government Organisation Workforce Survey**

Feedback about the 2004 workforce survey from the NGO sector led to a slight revision of the 2004 workforce survey form. The occupational categories in the earlier version were more suited to the specialist DHB child and adolescent mental health workforce. The revised version included broader occupational categories that were more appropriate to the composition of the NGO workforce (see Appendix E).

The list of DHB funded NGOs providing child and adolescent mental health services as at June 2006 was extracted from the 2005/2006 Price Volume Schedules (PVS) supplied by the Ministry of Health. Consultation with Te Rau Matatini resulted in the survey of additional NGO services.

A total of 104 DHB funded NGO providers were identified for the 2006 update. These services were surveyed via post in early November 2006. Telephone survey follow-up from November 2006 to February 2007, conducted by Margaret Vick, identified 100 NGOs as providing DHB funded child and adolescent mental health services for the reporting period (30<sup>th</sup> June 2006). Of the 100 NGOs, 99 provided data for this update resulting in a 99% response rate.

### **Workforce Categories**

The data gathered on the child and adolescent mental health workforce has been split into two categories: Clinical and Non-Clinical.

The Clinical workforce in this report includes Alcohol & Drug workers, Counsellors, Mental Health Nurses, Occupational Therapists, Psychiatrists, Psychotherapists, Clinical or Registered Psychologists, and Social Workers.

The Non-Clinical Workforce includes the non-regulated workforce that provides direct support or care for clients and in this report includes Cultural workers (Kaumatua, kuia or other cultural appointments), Specific Liaison Appointments, Mental Health Support Workers and Mental Health Consumers and Family Workers.

### **2005/2006 DHB & NGO Child & Adolescent Mental Health Funding Data**

The 2005/2006 funding data was extracted from the 2005/2006 Price Volume Schedules supplied by the Ministry of Health.

### **Mental Health Information National Collection Access to Mental Health Services Data**

Mental Health Information National Collection (MHINC) is a national database of information collected by the MOH to support policy formation, monitoring, and research. The database contains information on the provision of secondary mental health and alcohol and drug services purchased by the government. This includes

secondary, inpatient, outpatient and community care provided by hospitals and NGOs.

The whole calendar year of 2003 and the first 6 months of 2004 were presented in the previous Stocktake report. For this report, the second 6 months of 2004 and the whole of 2005 access data was purchased from the New Zealand Health Information Service (NZHIS) and analysed by Raewyn Vague. This update only includes MHINC access data that was relevant to each region and DHB. Access data is presented for the 2<sup>nd</sup> 6 months of 2004 & second 6 months of 2005. The complete analysis for 2004 and 2005 can be downloaded separately from the Werry Centre Website ([www.werrycentre.org.nz](http://www.werrycentre.org.nz)).

## **Children & Adolescent Population Statistics**

Ethnicity Population Statistics used in this report is the “Prioritised Ethnicity.” Prioritised ethnicity is defined as:

*“Where a service user reports one ethnicity, they are reported as Māori first, Pacific second and other ethnicity third. This means that all Māori are reported and Pacific Peoples are reported if they do not also record Māori. All those who record neither Māori, Pacific, nor Asian are reported as Other” (MOH, 2004a, p.16).*

Prioritised ethnicity population statistics is the most frequently used in Ministry of Health statistics and is also widely used in the health and disability sector for funding calculations and monitoring changes in the ethnic composition of service utilisation. The advantage of using prioritised ethnicity statistics is that it produces data that are easy to work with as each individual appears only once so the sum of the ethnic group populations will add up to the total New Zealand population.

Two sets of population statistics have been used in this report.

This report uses the 2006 Census (prioritised ethnicity population statistics, Māori, Pacific, Asian & Other for the 0-19 year age group) for the analysis of the 2006 child and adolescent mental health workforce data.

The previous Stocktake used the 2005 0-19 years population projections (based on the 2001 Census) to calculate the population based access rates for the MHINC section of the report. The projections were also based on prioritised ethnicity; however at the time, this data was only available for three ethnic groups (Māori, Pacific & Other). The Asian population was included in the ‘Other’ ethnic category. Therefore population comparisons between the two stocktakes have been limited to Māori, Pacific and Other ethnic groups only.

## **Māori, Pacific & Asian Sections**

Tania Cargo, Monique Faleafa and Patrick Au have contributed the analyses of the Māori, Pacific and Asian workforce and access rates (respectively). While the Māori analysis has been conducted by region and can be found within each of the regional sections, the Pacific and Asian analyses provides a national perspective and can be found at the end of this report.

## **Limitations**

### ***Workforce Data***

Both DHB CAMHS and NGO workforce data (FTE & Ethnicity data) presented in this report are subject to the quality of the data supplied by the service providers.

The 2004 stocktake data is also presented in this report and serves as a comparison. However, due to the possible inclusion of adult FTEs and the lower response rate to the workforce survey in 2004, the 2004 data may not be directly comparable and may largely explain significant changes to the 2006 child and adolescent mental health workforce. However, with improved data collection processes during this update, the data presented in this report is likely to be a more accurate reflection of the child and adolescent mental health workforce.

Missing data from one large NGO (relating to the Midland region) also impacts on the accuracy of this update. Total FTE volume data from the MOH's PVS was used to estimate this NGOs workforce instead. However, this data does not include FTE information by occupational group therefore limits the analysis of the Midland region workforce.

All services that were surveyed were asked to provide the number of Māori, Pacific & Asian staff (head count) by occupational group. Information on the numbers of staff was provided by managers and not by the individuals themselves. Additionally, FTE data by occupational group and ethnicity was also requested but this data was not provided in a consistent manner. Therefore ethnicity data presented in this update should be interpreted with caution.

Although the limitations mentioned above apply to both DHB CAMHS and NGOs, there were a number of factors that impinged on the provision of accurate data that was specific to the NGO sector.

Obtaining workforce data from the NGO sector via post was not a successful method; however the majority of providers supplied data willingly when contacted by telephone. Despite a better response rate via telephone contact, there continues to be difficulties in obtaining completely accurate information about the NGO sector for the following reasons:

- There is no central agency that holds information on all mental health contracts currently being delivered.
- Contract information from the MOH, Price Volume Schedule, used as a benchmark for this data collection was found to be out of date in some instances.
- A number of child and adolescent contracts are initiated locally and are funded through regional or local funding surpluses. Information around these contracts is not held centrally. Although information around some of these contracts became available during the Stocktake, all data may not have been fully captured.
- As well as MOH funding, many NGO's are funded from a number of different sources (such as MSD, ACC, Youth Justice Etc). Because of their unique blending of services, it is difficult to clearly identify which portion of funding sits with each FTE.
- A number of NGO's with child and adolescent mental health contracts provide a seamless service spanning through to adulthood. In many services, the focus



- may be on mental health issues within the whole family. Identifying which portion of the FTE sits with child and adolescent aspect is difficult for providers.
- Rural and isolated areas have issues around recruiting and retaining staff who have an interest or skills in the child and adolescent area. If the organisation has unfilled FTE positions, they may be required to return funds to the DHB. This can lead to caution around reporting on unfilled vacancies.
  - Some organisations had a concern that the Stocktake was a form of audit.

### ***MHINC Access Data***

MHINC contains the raw data sent in by providers therefore is subject to the quality of information captured by each DHB and NGO's own client management system.

Approximately 30 NGOs were reporting to MHINC in 2005, hence NGOs are excluded from the access analyses. Therefore access data presented in this report is limited to DHB clients and will contribute to the disparity in access rates against the Mental Health Commission's (MHC) strategic access benchmarks.

### ***Population Data***

#### **Prioritised Ethnicity Statistics**

There are several limitations to the use of prioritised ethnic population statistics. Firstly it places people in specific ethnic groups which simplifies yet biases the resulting statistics. It also over represents some groups at the expense of others and it goes against the principle of self identification.

#### **Projected Population Statistics**

The 2004 population projections used in this report are derived from the resident population 30 June 2001. The projections are based on assumptions about fertility, mortality, and migration and provide an indication of possible future changes in the size of each population. Generally, projections of future population size tend to be less accurate and any comparisons with Census data will carry that inaccuracy.



# Key Findings

## Carol Ramage

Comparison of the 2004 and 2006 Stocktakes indicate that there has been progress in increasing the workforce over the last two years. There are increases in the total staffing, a more appropriate ethnic mix of staff and a decrease in the number of vacancies. This still falls significantly short of what is required according to resource benchmarks.

There remains a huge shortfall in Clinical staffing and especially Māori, Pacific and Asian Clinical staffing. There is still a significant gap between current service provision and the MHC Strategic Access Benchmarks.

Data collection is improving and although there are some areas where direct matching is limited, it will not change these findings.

### Progress toward Mental Health Commission's Strategic Access Benchmarks

- ➔ There is no change in national access rates over the 0-19 age group in the two years 2003-2005.
- ➔ Increases in staffing and services have kept pace with population growth but have not moved to bridge the gap between the current level of service and the MHC Strategic Access Benchmarks.

Table 1. National Access Rates compared to MHC Strategic Benchmarks

National Access Rates (2003-2005)	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>
1 <sup>st</sup> 6mo 2003	0.4%	1.4%	2.0%	1.2%
2 <sup>nd</sup> 6mo 2003	0.5%	1.5%	2.1%	1.2%
1 <sup>st</sup> 6mo 2004	0.4%	1.3%	2.1%	1.1%
2 <sup>nd</sup> 6mo 2004	0.5%	1.4%	2.2%	1.2%
1 <sup>st</sup> 6mo 2005	0.5%	1.5%	2.1%	1.2%
2 <sup>nd</sup> 6mo 2005	0.5%	1.6%	2.3%	1.2%

Regional changes in access rates are small but looking across the six month periods there is a slight upward trend for the Northern, Midland and Southern regions and a downward trend in the Central region (see Appendix D, Table 8)

Māori access rates are similar to the total group, in all age groups, nationally and in all regions (see Appendix D, Tables 9 & 10)

### ***Pacific Access Rates***

- ➡ Pacific Access rates are significantly lower than the total group, approximately half the total group, in all age groups, nationally and in all regions. There is a very slowly increasing trend over the three year period (see Appendix D, Tables 11 & 12)

### **A Need for Continued Monitoring**

Access rates for 2003-2005 use the 2000 Census projected for 2003, 2004 and 2005. The future analysis of MHINC 2006 will be able to be matched with 2006 Census data and will be an important benchmark to complete. It will also enable access rates for Asians to be included.

- ➡ Monitoring trends is necessary to track whether progress in staffing and services is keeping pace with population increases and closing the gap between current services and MHC Strategic Access Benchmarks.

### **Progress toward MHC Community Clinical Resource Guidelines**

- ➡ There has been a significant gain over the two year period (31<sup>st</sup> March 2004 to 30<sup>th</sup> June 2006) with an 8% increase in the overall Community Clinical workforce.
- ➡ Nationally, the actual Community Clinical FTEs (i.e. not counting vacancies) need to increase by 59% to meet the MHC's resource guidelines.

**Table 2. Child & Adolescent Community Clinical Workforce % Increase against MHC Blueprint Guidelines**

	<b>March 31<sup>st</sup> 2004</b>	<b>June 30<sup>th</sup> 2006</b>	<b>Increase in staff since March 31<sup>st</sup> 2004</b>
<b>National</b>	<b>74%</b>	<b>59%</b>	<b>8%</b>
Northern	117%	72%	23%
Midland	77%	51%	10%
Central	97%	61%	14%
Southern	66%	47%	-10%

## Staffing to Reflect the Ethnic Mix of the Population

- The total proportion of Māori staff, nationally and in each of the regions is similar to the proportion of Māori in the 0-19 year population but there is a significant under-representation of Māori Clinical staff.
- If the Community Clinical FTE Guidelines are apportioned to reflect the national Māori 0-19 year population, then there is a need for 148 Māori Clinical FTEs (139% increase). The biggest need for increasing Māori Clinical Staff is in Auckland, Counties Manukau and Hawkes Bay DHBs (see Appendix C, Table 3).
- The total proportion of Pacific staff, nationally and in each of the regions except the Northern region is similar to the proportion of Pacific in the 0-19 year population but there is a significant under-representation of Pacific Clinical staff.
- If the Community Clinical FTE Guidelines are apportioned to reflect the national Pacific 0-19 population, then there is a need for 71.2 Pacific Clinical FTEs (277% increase). The biggest need for increasing Pacific Clinical Staff is in Auckland and Counties Manukau DHBs where 56 FTEs would be needed to reach the Guideline (see Appendix C, Table 4).
- The Northern region has a different ethnic makeup from the rest of the country. Thirty-two percent of the Māori, 71% of the Pacific and 67% of the Asian (0-19 years) population live in the Northern Region.
- In the Northern region, based on current staffing, there needs to be an increase of 8% in Pacific staff and 10% in Asian staff to reflect their populations.

## DHB Community Actual & Vacant FTEs

- There has been a 12% increase in DHB Community Clinical Staff. The improvements are in the Northern region with a 24% increase in staff and in the Central region with a 19% increase in staff. Progress to keep up with population growth work toward the resource guidelines and toward the access benchmarks will require funding to expand services. There is currently a 14% vacancy rate which in this field would be an expected level of vacancy. (see Appendix C, Table 1).

The vacancy rates for Mental Health Nurses (**22%**), Psychiatrists (**16%**) and Psychologists (**14%**) and there needs to be a further focus on ways of filling these vacancies and recruiting additional staff.

- Using the WHO Recommendations for Psychiatrists, there is a national need for 117 Psychiatrists for the 0-19 year population. The current staffing of 68 would need to increase by 49 (73%). This is an improvement on 2004 where an additional 60 were required and this equated to an increase of 103% (see Appendix C, Table 5)

### ***Non-Clinical DHB Workforce***

DHB Non-Clinical vacancies over the two year period have reduced from 18% to 12%.

### ***Inpatient Workforce***

The Inpatient workforce has a national vacancy rate of 18% with staffing assumed to be based on an appropriate staffing level. There is a high rate of vacancy in Auckland and at Capital & Coast. Vacancy rates are: Auckland (29%), Capital & Coast (22%) and Canterbury (3%).

### ***NGO Workforce***

The vacancy rate in the NGO workforce is 3%.

### ***Asian Population***

Sixty-six percent of the 0-19 year Asian population live in Auckland and represent 8.7 % of the total 0-19 year population. This is an important group to include when the 2006 MHINC can be analysed with the new Asian population Census data. The number of clients presenting is very small: 248 in the second six months of 2004 and 324 in the second six months of 2006. The Asian workforce would need to increase by 10% to reflect the population.

### ***Funding & Spend per Child***

There was a national increase in funding of 8% from 2004/2005 to 2005/6. This has enabled services to keep up with population growth but did not allow significant progress towards the resource guidelines and the benchmark access rates.

The spend per child on services has increased by 11% on outpatient services and by 14% when inpatient costs are included. It is not possible to tell if this is inflationary or represents some increase in service to each child (see Appendix B, Table 5)

### ***Recommendations***

- Workforce efforts need to continue as workforce numbers need to increase significantly to reach Blueprint targets.
- Workforce planning and action should aim to increase the numbers of Māori, Pacific and Asian Clinical staff.
- Workforce planning should aim to fill child & adolescent Psychiatrist vacancies and expand the service.
- Workforce data should continue to be collected on a consistent basis to improve data, identify trends and to support and monitor forward planning.

# National Summary

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## 2006 National Population Profile

### **Total**

- Children & adolescents (0-19 years) made up 29% of the total 2006 New Zealand population largely (37%) residing in the Northern region.
- Nearly half (48%) of the child & adolescent population were in the 0-9 year age group.

### **Māori**

- Māori children & adolescents made up 22% of the total child & adolescent population residing mainly in the Northern & Midland regions.

### **Pacific**

- Pacific children & adolescents made up 8% of the total child & adolescent population residing largely (72%) in the Northern region.
- Almost half (44%) of the total Pacific population were Pacific children & adolescents (0-19 years).

### **Asian**

- Asian children & adolescents made up 9% of the total child & adolescent population residing largely (67%) in the Northern region.

## 2006 Provision of Child & Adolescent Mental Health & AOD Services

### **DHB CAMHS**

- There are 21 DHB CAMH services providing specialist child & adolescent mental services.
- 3 DHBs provide Inpatient Services: Auckland, Capital & Coast & Canterbury DHBs.
- 3 DHBs provide funded Kaupapa Māori child & adolescent services: Capital & Coast, Wairapapa & Hutt Valley DHBs
- 2 DHBs provide a total of 3 Pacific CAMH Services: Waitemata (Isa Lei & Tupu) & Capital & Coast (Health Pasifika) DHBs.

### **NGOs**

- 104 DHB funded NGOs were identified for the reporting period (as at 30<sup>th</sup> June 2006).
- Of the 100 NGOs that were providing services as at 30<sup>th</sup> June 2006, 99 responded to the 2006 survey resulting in a 99% response rate.
- The Midland region had the largest number of DHB funded NGOs (40).
- Of the 99 NGOs, there were a total of 25 child & adolescent funded Kaupapa Māori NGOs.
- A total of 5 Pacific NGOs was identified as providing child & adolescent funded mental services in the country for the reporting period.

## 2006 Funding of Child & Adolescent Mental Health Services

- Since the 2004/2005 financial year, there was an 8% increase in total funding for child & adolescent mental health services (an 8% increase in total DHB provider funding & a 12% increase in total NGO provider funding) with DHB provider CAMHS receiving 80% of the total funding.
- There was an 11% increase in the total spend per child (excluding Inpatient funding) since the 2004/2005 financial year & a 14% increase when inpatient costs are included.



## **2006 Child & Adolescent Mental Health Workforce**

### ***DHB Inpatient Workforce***

- The DHB Inpatient Units reported a total of **136.41** actual FTEs with a further **25.10** FTEs reported vacant (an 18% vacancy rate).
- Auckland DHB Child & Family Unit reported the largest Inpatient workforce (51.7 actual FTEs) in the country followed by Canterbury (43.7 actual FTEs) & Capital & Coast (40.7 actual FTEs) DHBs.
- The Inpatient Clinical workforce was comprised mainly of Mental Health Nurses (81.7 actual FTEs).
- The Non-Clinical Inpatient workforce was comprised mainly of Mental Health Support Workers (12.3 actual FTEs).

### ***DHB Community Workforce***

- DHB Community CAMHS reported a total of **696.2** actual FTEs with a further **98.59** FTEs reported vacant (a 14% vacancy rate).
- The Northern region DHB CAMHS reported the largest Community workforce (247.15 actual FTEs) in the country followed by Central (168.09 actual FTEs), Southern (161.11 actual FTEs) & Midland (119.85 actual FTEs) DHB CAMHS.
- The DHB Community CAMHS workforce was largely comprised of Social Workers (140.28 actual FTEs), Psychologists (130.1 actual FTEs) & Mental Health Nurses (115 actual FTEs).
- The DHB Community CAMHS Non-Clinical workforce consisted largely of Cultural Workers (29.2 actual FTEs).

### ***NGO Workforce***

- NGOs reported a total of **374.99** actual FTEs with a further **9.5** FTEs reported vacant (a 3% vacancy rate).
- The Southern region NGOs reported the largest workforce (132.55 actual FTEs) in the country followed by Midland (123.68 actual FTEs), Northern (69.26 actual FTEs) & Central (49.5 actual FTEs) regions.
- The total NGO workforce was largely comprised of Non-Clinical staff as mainly Mental Health Support Workers (148.4 actual FTEs).
- The NGO Clinical workforce was mainly comprised of Social Workers (53.9 actual FTEs) & Alcohol & Drug Workers (35.53 actual FTEs).

### ***Total Workforce***

- The 2006 child & adolescent mental health workforce (DHB Inpatient & Community CAMHS & NGOs) equated to **1207.29** actual FTEs with a further **133.19** vacant FTEs.

### ***2006 Community Clinical Workforce compared to MHC Blueprint Resource Guidelines***

- Since 2004, there was an 8% increase in the total Community Clinical workforce. This increase can be largely attributed to a 12% increase in the DHB Community Clinical workforce.
- Based on the total 2006 population, the MHC's Blueprint Resource Guidelines (28.6 FTEs per 100,000 total population) for the national Community Clinical FTEs equated to **1151.72** FTEs.
- DHB CAMHS & NGOs reported a total of **723.28** actual Community Clinical FTEs. Therefore the Community Clinical workforce would need to increase by **59%** to meet the MHC's recommended national Community Clinical resource guideline.

### ***2006 Psychiatry Workforce compared to WHO Recommendations***

- The Northern region reported the largest Psychiatry workforce of 27.88 actual FTEs (a 28% increase since 2004).
- Although there was a total increase of 18% in the Psychiatry workforce since 2004 (from 58.73 to 69.46 actual FTEs), the Psychiatry workforce remains well below the WHO recommendation of 116.77 actual FTEs. Therefore the total Psychiatry workforce would need to increase by 73%.

## **Ethnicity of the 2006 Child & Adolescent Mental Health Workforce**

### ***Māori***

#### **DHB Inpatient Workforce**

- DHB Inpatient Units reported a total of **17** Māori staff.
- Capital & Coast DHB's Inpatient Unit reported the largest Māori inpatient workforce (9).
- Māori staff in the DHB Inpatient Units were largely in Non-Clinical roles as Mental Health Support Workers (14) & Cultural Workers (5).
- Māori Inpatient Clinical staff were Mental Health Nurses (2).

#### **DHB Community Workforce**

- DHB Community CAMHS reported a total of **110** Māori staff.
- The Northern & Midland region equally reported the largest Māori DHB Community CAMHS workforce (34 respectively) followed by Central (33) & Southern (9) regions.
- Māori staff in the DHB Community CAMHS were largely in Clinical roles as Social Workers (24) & Mental Health Nurses (17).
- Māori Non-Clinical staff were mainly Cultural workers (28).

#### **NGO Workforce**

- NGOs reported a total of **144** Māori staff.
- The Midland region reported the largest NGO Māori workforce (69) followed by the Northern (32), Southern (27) & Central (17) regions.
- Māori staff in NGOs were mainly in Non-Clinical roles as Mental Health Support Workers (66).
- Māori NGO Clinical staff were mainly Social Workers (25) & Alcohol & Drug Workers (13).

#### **Total Māori Workforce**

- The total Māori child & adolescent mental health workforce (DHB Inpatient & Community CAMHS & NGOs) equated to **271** Māori staff.

#### **Māori Clinical Workforce compared to the MHC Blueprint Resource Guidelines**

- The total Māori Community Clinical workforce DHB CAMHS & NGOs reported a total of **106.3** actual FTEs. Using the MHC Blueprint Resource Guidelines and proportioning according to the 0-19 population, the Community Clinical Māori workforce would need to increase by 139% (147.8 Community Clinical FTEs) to meet the national recommended guideline of **254.1** FTEs.
- The largest disparity between the Māori Clinical workforce and the Māori population was in the Northern region.

### ***Pacific***

#### **DHB Inpatient Workforce**

- DHB Inpatient Units reported a total of **6** Pacific staff. Three were reported by the Child & Family Unit and two reported by Capital & Coast's Regional Inpatient Units & one reported by Canterbury DHB inpatient Unit.
- Pacific DHB Inpatient Unit staff were in Non-Clinical roles as Mental Health Support Workers (4).
- There were no Pacific Inpatient staff in Clinical roles.

#### **DHB Community Workforce**

- DHB Community CAMHS reported a total of **24** Pacific staff.
- The Northern region reported the largest Pacific DHB Community CAMHS workforce (15) followed by the Central (5), Midland (4) regions. There were no Pacific staff reported by the Southern region DHB Community CAMHS.

- Pacific staff in the DHB Community CAMHS were largely in Clinical roles in various 'Other Clinical' roles, Mental Health Nurses (3), Alcohol & Drug Workers (2) & Social Workers (2).
- Pacific Non-Clinical staff were mainly Cultural workers (4).

#### **NGO Workforce**

- NGOs reported a total of **34** Pacific staff.
- The Southern region reported the largest NGO Pacific workforce (12) followed by the Northern (9), Central (8) & Midland (5) regions.
- Pacific staff in NGOs were largely in Non-Clinical roles as Mental Health Support Workers (13).
- Pacific NGO staff in Clinical roles were mainly Social Workers (11).

#### **Total Pacific Workforce**

- The total Pacific child & adolescent mental health workforce (DHB Inpatient & Community CAMHS & NGOs) equated to **64** Pacific staff.

#### **Pacific Clinical Workforce compared to the MHC Blueprint Resource Guidelines**

- The total Pacific Community Clinical workforce DHB CAMHS & NGOs reported a total of **25.7** actual FTEs. Using the MHC Blueprint Resource Guidelines and proportioning according to the 0-19 population, the Community Clinical Pacific workforce would need to increase by 277% (71.2 Community Clinical FTEs) to meet the regional recommended guideline of 96.9 FTEs.
- The largest disparity between the Pacific Clinical workforce and the Pacific population was in the Northern region.

### **Asian**

#### **DHB Inpatient Workforce**

- The DHB Inpatient Units reported a total of **8** Asian staff.
- Asian DHB Inpatient staff were mainly in Clinical roles as Mental Health Nurses (5).
- Asian Inpatient Non-Clinical staff were Mental Health Support Workers (2)

#### **DHB Community Workforce**

- DHB Community CAMHS reported a total of **5** Asian staff.
- The Northern region reported the largest Asian DHB Community CAMHS workforce (4). There was one Asian staff reported by the Southern region DHB Community CAMHS.
- There were no Asian DHB Community CAMHS staff in the Midland & Central regions.
- Asian staff in the DHB Community CAMHS were in Clinical roles as Psychologists (4).
- There were no Non-Clinical Asian staff in the DHB Community CAMHS.

#### **NGO Workforce**

- NGOs reported a total of **12** Asian staff.
- The Northern region reported the largest Asian NGO workforce (7) followed by the Southern (4) & Midland (1) regions. There were no Asian staff in the Central region NGOs.
- Asian NGO staff were mainly in Non-Clinical roles as Mental Health Support Workers (5).
- Asian NGO Clinical staff were mainly Social Workers (2).

**Total Asian Workforce**

- The total Asian child & adolescent mental health workforce (DHB Inpatient & Community CAMHS & NGOs) equated to **25** Asian staff.

**Asian Workforce as a proportion of the Asian 0-19 years population**

- Based on the 2006 population, the Asian 0-19 years population made up 9% of the total child & adolescent population while the Asian workforce made up only 2% of the total CAMHS workforce.
- Therefore the Asian workforce would need to increase by 7% to reflect the Asian child & adolescent population.

**2005 Access to Child & Adolescent Mental Health Services**

- The Northern region DHBs had the highest number of clients accessing mental health services.
- In total, more males accessed services than females.
- The majority of clients were in the 15-19 year age group.
- Māori children & adolescent made up 20% of the clients accessing mental health services.
- Pacific children & adolescents made up 4% of clients accessing mental health services.
- Asian children and adolescents made up 2% of clients accessing mental health services.

***Access Rates compared to MHC Strategic Access Benchmarks*****Total Access Rates**

- The MHC's Strategic Access Benchmarks for the 0-9, 10-14 and 15-19 year age groups are 1.0%, 3.9% & 5.5% respectively. The Access Benchmark for the total child & adolescent population (0-19 years) is 3.0%.
- The national access rates for the 2<sup>nd</sup> 6 months of 2005 for all three age groups (0.5%, 1.6% & 2.3%) has continued to be well below the MHC's access benchmarks with the largest disparity in the 15-19 year age group.
- The Northern region had the lowest access rates for all three age groups (0.3%, 1.2%, 2.0%).

**Māori Access Rates**

- The total 0-19 years Māori access rate of 1.1% for the end of 2005 was very close to the total 0-19 years client access rate of 1.2% for the same period.
- The access rate of 2.3% for the 15-19 year Māori clients was equal to the access rate of total clients (2.3%) accessing mental health services.
- The Northern region was the only region in the country where the Māori 0-19 years access rate of 1.1% was higher than the region's total access rate of 1.0%.

**Pacific Access Rates**

- The total 0-19 years Pacific access rate of 0.5% for the end of 2005 was lower than the total client access rate 1.2% for the same period across all three age groups and all regions.

**Asian Access Rates**

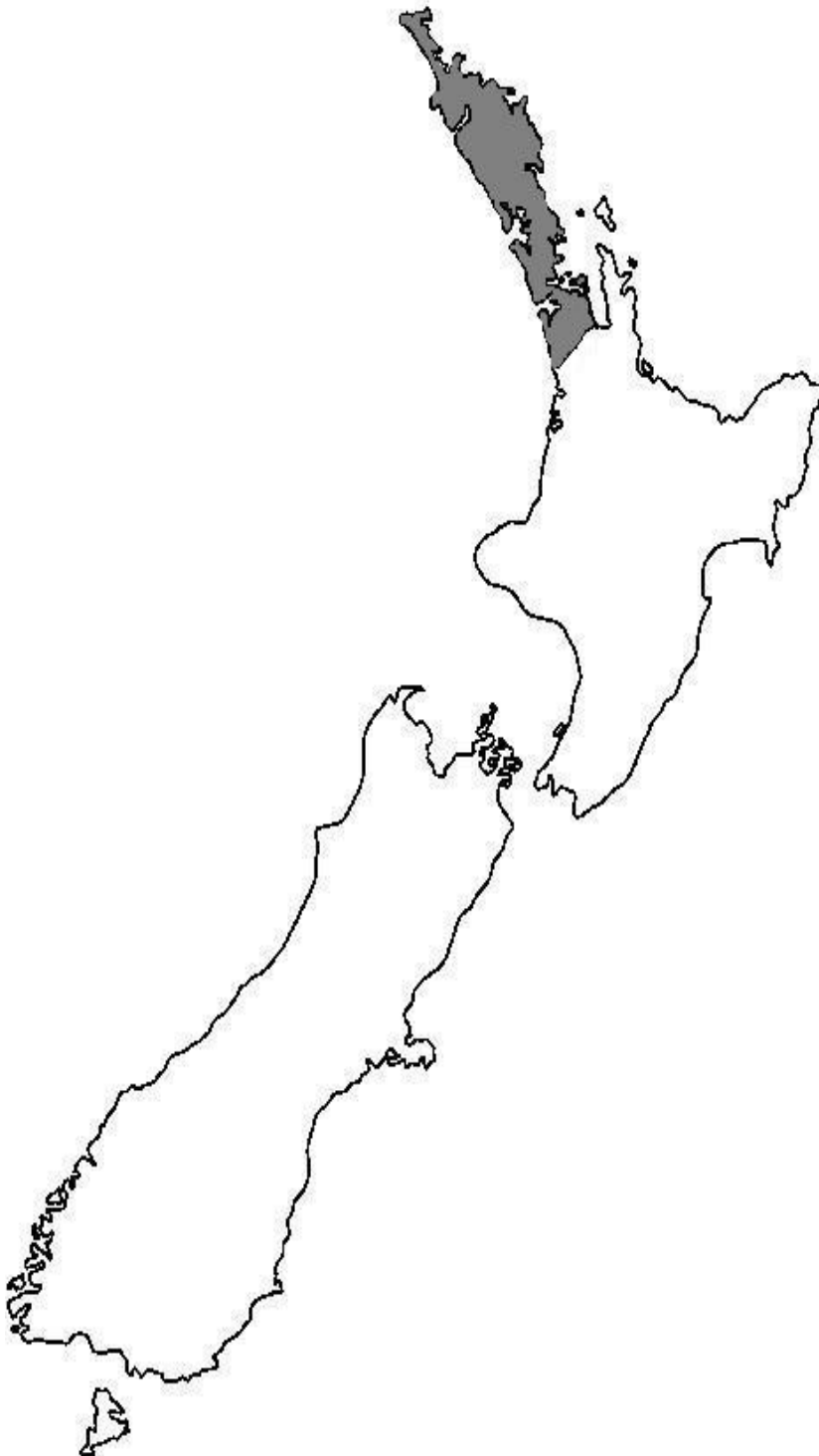
- The total 0-19 years Asian access rate of 0.3% for 2005 (based on the 2006 Census population) was lower than the total client access rate of 1.2% and across all three age groups & regions and was the lowest out of all four ethnic groups.



## **Northern Region**

### **Child & Adolescent Mental Health Workforce**

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## Northern Region Child & Adolescent Population Profile

Based on the 2006 Census (prioritised ethnicity population), the largest percent, 37%, of the New Zealand child and adolescent (0-19 years) population resided in the Northern region mainly in Counties Manukau (34%) and Waitemata DHB (32%) areas (see Appendix A, Table 1 & Table 1).

Nearly half (49%) of the region's child and adolescent population were in the 0-9 year age group (see Table1).

**Table 1. Total Child & Adolescent Population (2006)**

Northern Region	Age Group (yrs)			
	0-9	10-14	15-19	Total 0-19
<b>Regional Total</b>	<b>213,342</b>	<b>112,857</b>	<b>110,145</b>	<b>436,344</b>
Northland	22,029	12,942	10,296	<b>45,267</b>
Waitemata	67,482	36,627	35,649	<b>139,758</b>
Auckland	50,328	25,164	28,647	<b>104,139</b>
Counties Manukau	73,503	38,124	35,553	<b>147,180</b>
<b>NZ 0-19 Total</b>	<b>561,549</b>	<b>305,976</b>	<b>300,195</b>	<b>1,167,720</b>

## Ethnicity

### ***Māori***

The Northern region had one of the largest percentages (32%) of resident Māori child and adolescent population in the country.

Māori children and adolescents made up 19% of the Northern region 0-19 years population with the largest population of Māori children and adolescents (39%) residing in the Counties Manukau DHB area (see Table 2).

Although the Counties Manukau DHB area had the largest population of Māori children & adolescents in the region, the proportion of Māori children and adolescents compared to the local population differed within individual DHB areas. Of note is that almost half (44%) of the Northland child and adolescent population were Māori.

### ***Pacific***

The largest percent (72%) of New Zealand's Pacific children and adolescents resided in the Northern region (see Appendix A, Table 3).

Pacific children and adolescents made up 16% of the Northern region child and adolescent population with over half (53%) residing in the Counties Manukau DHB area (see Table 5). Not only did Counties Manukau DHB area have the largest Pacific children and adolescent population in the Northern region, over a quarter (26%) of the Counties Manukau DHB area's child and adolescent population were Pacific.



**Table 2. Māori, Pacific & Asian Child & Adolescent Population (2006)**

Northern Region	Age Group (yrs)					
	0-9	10-14	15-19	Total 0-19	Total NZ 0-19	Proportion of 0-19 Popn (%)
<b>Māori</b>	<b>43,401</b>	<b>21,480</b>	<b>18,687</b>	<b>83,568</b>	<b>436,344</b>	<b>19</b>
Northland	10,017	5,517	4,188	<b>19,722</b>	<b>45,267</b>	44
Waitemata	10,239	5,001	4,569	<b>19,809</b>	<b>139,758</b>	14
Auckland	5,862	2,907	3,009	<b>11,778</b>	<b>104,139</b>	11
Counties Manukau	17,283	8,055	6,921	<b>32,259</b>	<b>147,180</b>	22
<b>Pacific</b>	<b>36,630</b>	<b>17,904</b>	<b>16,050</b>	<b>70,584</b>	<b>436,344</b>	<b>16</b>
Northland	405	231	186	822	<b>45,267</b>	2
Waitemata	6,891	3,303	2,982	13,176	<b>139,758</b>	9
Auckland	9,534	4,848	4,464	18,846	<b>104,139</b>	18
Counties Manukau	19,800	9,522	8,418	37,740	<b>147,180</b>	26
<b>Asian</b>	<b>29,715</b>	<b>17,700</b>	<b>20,187</b>	<b>67,602</b>	<b>436,344</b>	<b>15</b>
Northland	342	216	171	729	<b>45,267</b>	2
Waitemata	8,958	5,517	5,901	20,376	<b>139,758</b>	15
Auckland	10,380	5,964	7,830	24,174	<b>104,139</b>	23
Counties Manukau	10,035	6,003	6,285	22,323	<b>147,180</b>	15

## **Asian**

The largest percent (67%) of New Zealand's Asian child and adolescent population resided in the Northern region.

Asian children and adolescents made up 15% of the Northern region 0-19 years population with the largest population (36%) residing in the Auckland DHB area. Additionally, almost a quarter (23%) of the Auckland DHB area's child and adolescent population were Asian.

By 2016, this group is projected to make up 21% of the Northern region population equal to that of the Pacific 0-19 year olds, making it the largest growth in the child and adolescent population of all the ethnicities in the region.

Therefore the Northern region will be the only region where Pacific and Asian 0-19 year old population is projected to be larger than the Māori 0-19 year old population which may have implications on access to appropriate mental health services and the capacity and capability of the mental health workforce in the region.

## Provision of Child & Adolescent Mental Health Services in the Northern Region

### Northern Region DHB Child & Adolescent Mental Health Services

Four DHB provider arm services in the Northern region provide specialist services to children, young people (up to & including 19 yrs of age) and their families who are experiencing significant mental health and addiction difficulties. These specialist services (Community & Inpatient services) are provided by Northland, Waitemata, Auckland and Counties Manukau DHBs (see Tables 3-6).

### Northern Region DHB Funded Non-Government Organisations

Child and adolescent mental health services are also provided by DHB funded NGOs. These NGOs include independent community and iwi/Māori organisations. The function of these NGOs vary considerably, however most offer a broad range of primary and secondary mental health services, including residential care, community support and consumer and family support services.

Fourteen DHB funded NGOs in the Northern region were identified from the 2005/2006 Price Volume Schedules. However, only 13 NGOs provided child and adolescent mental health services for the reporting period (30<sup>th</sup> June, 2006) of this update. Therefore service and workforce data from 13 services are presented in this section (see Tables 3-6).

**Table 3. Northland Child & Adolescent Mental Health Services**

<b>Northland DHB</b>	<b>Age Group</b>
Te Roopu Kimiora Child & Youth Mental Health & Alcohol & Other Drug Service	0-19
<b>Northland NGOs (2005/2006)</b>	<b>Age Group</b>
<b><i>Ngati Hine Health Trust Board</i></b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	
Child & Youth Day Services	
<b><i>Northcare Trust<sup>1</sup></i></b>	
Wrap Around Packages of Care: One off Pilot Project (Flexifund component & 1.0 FTE component)	0-18
<b><i>Rubicon Charitable Trust Board</i></b>	
Children & Youth Alcohol & Drug Community Services	11-18
Children & Young People Community Services	
<b><i>Te Hauora O Te Hiku O Te Ika<sup>1</sup> Ngati Kahu Social Services</i></b>	
Advocacy/Peer Support-Families/Whanau	0-18
<b><i>Te Runanga O Te Rarawa Inc</i></b>	
Children & Youth Alcohol & Drug Community Services	

Note: Italicised Services are Kaupapa Māori Service    1 Not in 2005/2006 MoH Price Volume Schedule

**Table 4. Waitemata Child & Adolescent Mental Health Services**

<b>Waitemata DHB</b>	<b>Age Group</b>
Marinoto North Child & Adolescent Mental Health Services	0-20
Marinoto West (Child & Adolescent Teams)	0-20
Early Psychosis Intervention (EPI)	16-25
<b>Regional Services</b>	
Altered High Youth Alcohol & Drug Services (Waitemata, Auckland & Counties Manukau DHB)	13-19
Intensive Clinical Support Services (Waitemata, Auckland & Counties Manukau DHB)	0-19
<b>Pacific Services</b>	
Isa Lei -Pacific Mental Health Service	All Ages
Tupu-Pacific Alcohol & Drug Service	All Ages
<b>Māori Services</b>	
Te Atea Marino-Regional Māori Alcohol & Drug Service (Waitemata, Auckland, Counties Manukau)	

Note: Waitemata DHB had no DHB funded NGOs for the reporting period.

**Table 5. Auckland Child & Adolescent Mental Health Services**

<b>Auckland DHB</b>	<b>Age Group</b>
CAMHS Community Team – East	0-19
CAMHS Community Team – West	0-19
Youth Transitional Programme	13-19
Youth Early Intervention Service	13-19
On TRACC (High & Complex Needs)	0-21
Consult Liaison Service (Starship Hospital)	
<b>Regional Services</b>	
Child & Adolescent Liaison Service (Waitemata & Auckland DHBs)	0-21
Regional Youth Forensic Service (Northland, Waitemata & Auckland DHBs)	14-16
Child & Family Unit (Inpatient Service, Starship) (Northern & Northern Region)	0-18

<b>Auckland NGOs (2005/2006)</b>	<b>Age Group</b>
<b>Odyssey House Trust</b>	
Children & Youth Community Residential Care	13-18
Children & Youth Alcohol & Drug Community Services	
<b>Richmond Fellowship</b>	
Regional Child & Youth Residential Service (Waitemata, Auckland & Counties Manukau DHBs)	13-19
Youth Intensive Support Packages of Care	Up to 20
<b>The Salvation Army of New Zealand*</b>	
Children & Youth Alcohol & Drug Community Services	

\*Funded by the Ministry of Health

**Table 6. Counties Manukau Child & Adolescent Mental Health Services**

Counties Manukau DHB	Age Group
Whirinaki: Child & Adolescent Mental Health Services	0-19
Kidz First Mental Health	12-19

Counties Manukau NGOs (2005/2006)	Age Group
<b>Mahitahi Trust</b>	
Advocacy/Peer Support-Families/Whanau	12-18
<b>Raukura Hauora O Tainui Trust</b>	
Advocacy/Peer Support-Families/Whanau	13-18
<b>Richmond Fellowship/Penina Trust*</b>	
Child & Youth Wrap Around Service	12-20
<b>Waimokoia School</b>	
Advocacy/Peer Support-Families/Whanau	6-13

\*Joint Venture between Richmond Fellowship, Penina Trust & Mahitahi Trust

### **Northern Region Kaupapa Māori Child & Adolescent Mental Health Services**

Kaupapa Māori services, in the Ministry of Health's Price Volume Schedules (PVS), are listed under the MHCS39 purchase unit code.

There were no DHB Kaupapa Māori child and adolescent mental health services identified from the 2004/2005 PVS in the Northern region.

One NGO, *Ngati Hine Health Trust Board*, in Northland, was identified as a child and adolescent funded Kaupapa Māori service in the Northern region (see Table 7).

**Table 7. NGO Kaupapa Māori Child & Adolescent Mental Health Services**

Northern Region Kaupapa Māori Providers (2005/2006)
<b>Northland NGO</b>
Ngati Hine Health Trust Board

## Northern Region Pacific Child & Adolescent Services

As there is no specific purchase unit code to identify Pacific child and adolescent mental health services from the MOH's PVS, Pacific services are identified by the name of the provider instead.

Two DHB Pacific child and adolescent mental health services in the Northern region were identified via the DHB workforce survey (see Table 8).

There was no Pacific NGO child and adolescent mental health services identified from the 2005/2006 PVS in the Northern region. However, there are other Pacific NGOs in the Auckland region that do not receive specific child and adolescent funding but may provide child and adolescent mental health services as part of their family-based service (see Table 9).

**Table 8. DHB Pacific Child & Adolescent Mental Health Services**

<b>Northern Region Child &amp; Youth Funded Pacific Mental Health Providers (2005-2006)</b>
<b>Waitemata DHB</b>
Isa Lei Pacific Mental Health Service
Tupu Alcohol & Drug Services

**Table 9. Non Child & Adolescent Funded Pacific Mental Health Providers**

<b>Northern Region</b>
<b>Auckland</b>
Lotofale Pacific Mental Health Service
Malologa Trust-Richmond Fellowship Inc
Pacificare Trust
Pacific Integrated Care
Pacific Islands Drug & Alcohol Service
Penina Trust
West Auckland Pacific Island Fono

## Northern Region Funding for the Provision of Child & Adolescent Mental Health Services

DHB providers receive child and adolescent funding for Full Time Equivalents (FTEs), Programmes Attendances and Bed Days.

Since the 2004/2005 financial year, the total Northern region funding for child and adolescent mental health services had increased by 10% (DHB provider arm services and NGO funding had increased by 8% & 33% respectively).

In the 2005/2006 financial year, the Northern region DHB provider arm services received 91% of the total regional funding while the Northern region NGOs received 9% (see Tables 10 & 11). The majority of DHB and NGO child and adolescent mental health funding was for FTEs.

**Table 10. DHB & NGO Provider Funding**

Northern Region	DHB		NGO	
	04/05	05/06	04/05	05/06
FTE Volume	223.08	240.48	25.8	36.13
FTE \$	\$22,273,090	\$24,073,497	\$2,175,301	\$2,882,840
Programmes	\$677,022	\$709,707	-	-
Bed Days	\$5,400,860	\$5,739,832	\$116,362	\$158,448
<b>Regional Total</b>	<b>\$28,350,973</b>	<b>\$30,523,036</b>	<b>\$2,291,663</b>	<b>\$3,041,288</b>

Source: MOH 2004-2006 Price Volume Schedules

**Table 11. Total Ministry of Health Funding by DHB**

Northern Region	2004/2005			2005/2006		
	DHB Funded Dollars	NGO Funded Dollars	Total Funded Dollars	DHB Funded Dollars	NGO Funded Dollars	Total Funded Dollars
<b>Regional Total</b>	<b>\$28,350,973</b>	<b>\$2,291,663</b>	<b>\$30,642,636</b>	<b>\$30,523,036</b>	<b>\$3,041,288</b>	<b>\$33,564,324</b>
Northland	\$2,033,627	\$770,892	\$2,804,519	\$2,282,975	\$998,332	\$3,281,307
Waitemata	\$8,407,613	-	\$8,407,613	\$8,694,911	-	\$8,694,911
Auckland	\$12,490,617	\$855,040	\$13,345,657	\$13,774,349	\$916,064	\$14,690,413
Counties Manukau	\$5,419,115	\$665,732	\$6,084,847	\$5,770,801	\$1,126,892	\$6,897,693

Source: MOH 2004-2006 Price Volume Schedules

### ***Northern Region Spend per Child & Adolescent***

The Northern region spend per head of the Northern region child and adolescent population increased by 27% (from \$50.27 in 2004/2005 to \$63.77 in 2005/2006 (Inpatient & Regional costs excluded) (an 11% increase when Inpatient costs are included) (see Tables 12 & 13 & Figures 1 & 2). Although the total regional spend per child had increased by 27%, individual DHB spend per child based on the local population was minimal especially for Waitemata and Counties Manukau DHBs where the region's the largest child and adolescent population resides.



**Table 12. Funding per Child & Adolescent Population (excludes Inpatient funding)**

Northern Region	2004/2005					2005/2006				
	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Popn (0-19 Yrs) 2004 <sup>1</sup>	Funding/ Child <sup>1</sup>	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Popn (0-19 Yrs) 2006	Funding/ Child <sup>1</sup>
<b>Regional Total</b>	<b>\$22,241,776</b>	<b>\$5,400,860</b>	<b>\$30,642,636</b>	<b>442,435</b>	<b>\$50.27</b>	<b>\$27,824,492</b>	<b>\$5,739,832</b>	<b>\$33,564,324</b>	<b>436,344</b>	<b>\$63.77</b>
Northland	\$2,804,519	-	\$2,804,519	45,775	\$61.27	\$3,281,307	-	\$3,281,307	45,267	\$72.49
Waitemata	\$8,407,613	-	\$8,407,613	141,420	\$59.45	\$8,694,911	-	\$8,694,911	139,758	\$62.21
Auckland	\$7,944,797	\$5,400,860	\$13,345,657	110,860	\$71.67	\$8,950,581	\$5,739,832	\$14,690,413	104,139	\$85.95
Counties Manukau	\$6,084,847	-	\$6,084,847	144,380	\$42.14	\$6,897,693	-	\$6,897,693	147,180	\$46.87

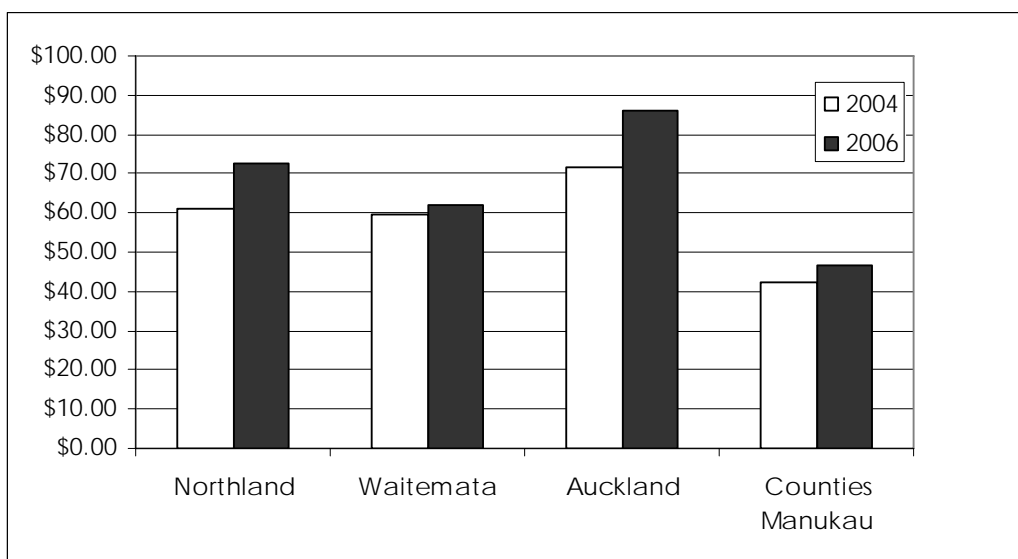
1. 2004 Population based on projections (prioritised ethnicity based on 2001 Census) supplied by StatisticsNZ.

**Table 13. Funding per Child & Adolescent Population (includes Inpatient funding)**

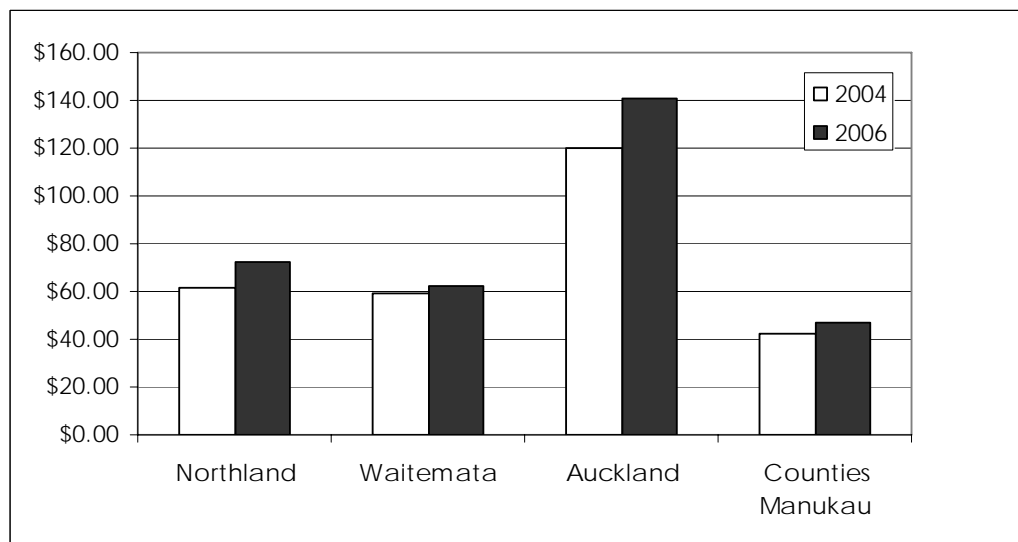
Northern Region	2004/2005					2005/2006				
	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Popn (0-19 Yrs) 2004 <sup>1</sup>	Funding/ Child <sup>1</sup>	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Popn (0-19 Yrs) 2006	Funding/ Child
<b>Regional Total</b>	<b>\$22,241,776</b>	<b>\$5,400,860</b>	<b>\$30,642,636</b>	<b>442,435</b>	<b>\$69.26</b>	<b>\$27,824,492</b>	<b>\$5,739,832</b>	<b>\$33,564,324</b>	<b>436,344</b>	<b>\$76.92</b>
Northland	\$2,804,519	-	\$2,804,519	45,775	\$61.27	\$3,281,307	-	\$3,281,307	45,267	\$72.49
Waitemata	\$8,407,613	-	\$8,407,613	141,420	\$59.45	\$8,694,911	-	\$8,694,911	139,758	\$62.21
Auckland	\$7,944,797	\$5,400,860	\$13,345,657	110,860	\$120.38	\$8,950,581	\$5,739,832	\$14,690,413	104,139	\$141.07
Counties Manukau	\$6,084,847	-	\$6,084,847	144,380	\$42.14	\$6,897,693	-	\$6,897,693	147,180	\$46.87

1. 2004 Population based on projections (prioritised ethnicity based on 2001 Census) supplied by StatisticsNZ.

**Figure 1. Funding per Child & Adolescent Population (excludes Inpatient funding)**



**Figure 2. Funding per Child & Adolescent Population (includes Inpatient funding)**



## Northern Region Child & Adolescent Mental Health Workforce

### *Total Northern Region Child & Adolescent Mental Health Workforce*

As at 30<sup>th</sup> June 2006, the Northern region DHB (Inpatient & Community) CAMHS & NGOs reported a total of **368.11** actual FTEs with a further 59.5 FTEs reported vacant (see Table 16). The Auckland DHB area reported the largest child and adolescent mental health workforce (160.58 actual FTEs) in the region (see Table 14 & Figure 3).

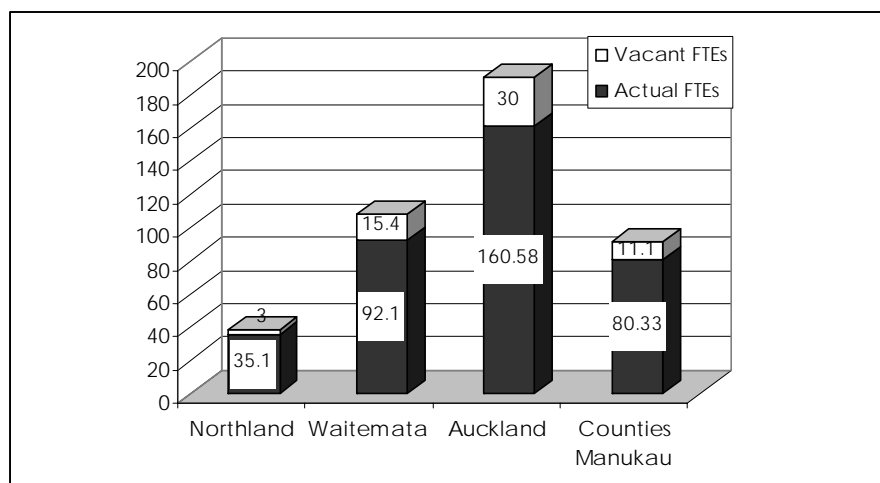
**Table 14. Total Child & Adolescent Mental Health Workforce (2006)**

Northern Region	DHB <sup>1</sup>		NGO		Total	
	Actual FTEs	Vacant FTEs	Actual FTEs	Vacant FTEs	Actual FTEs	Vacant FTEs
Northland	20.6	2.0	14.5	1.0	35.1	3.0
Waitemata	92.1	15.4	-	-	92.1	15.4
Auckland <sup>1</sup>	132.7	26.0	27.88	4.0	160.58	30.0
Counties Manukau	53.45	11.1	26.88	0.0	80.33	11.1
<b>Regional Total<sup>2</sup></b>	<b>298.85</b>	<b>54.5</b>	<b>69.26</b>	<b>5.0</b>	<b>368.11</b>	<b>59.5</b>

1. Includes Inpatient Data

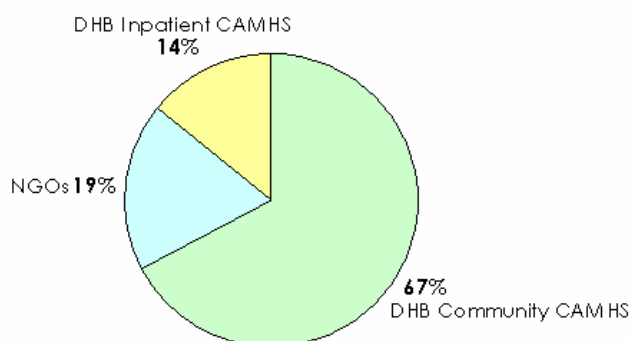
2. Includes Administration/Management Workforce

**Figure 3. Total Northern Region Child & Adolescent Mental Health Workforce (2006)**



DHB Community CAMHS workforce made up 67% of the total child and adolescent mental health workforce in the Northern region followed by DHB Funded NGOs (19%) and the DHB Inpatient CAMH (14%) (Child & Family Unit) service (see Figure 4).

**Figure 4. Distribution of the Northern Region Child & Adolescent Mental Health Workforce**



The Clinical workforce in the Northern region accounted for 76% (281.56 actual FTEs) of the total Northern region child and adolescent workforce, 89% (251.4 actual FTEs) of which were part of the DHB CAMH services.

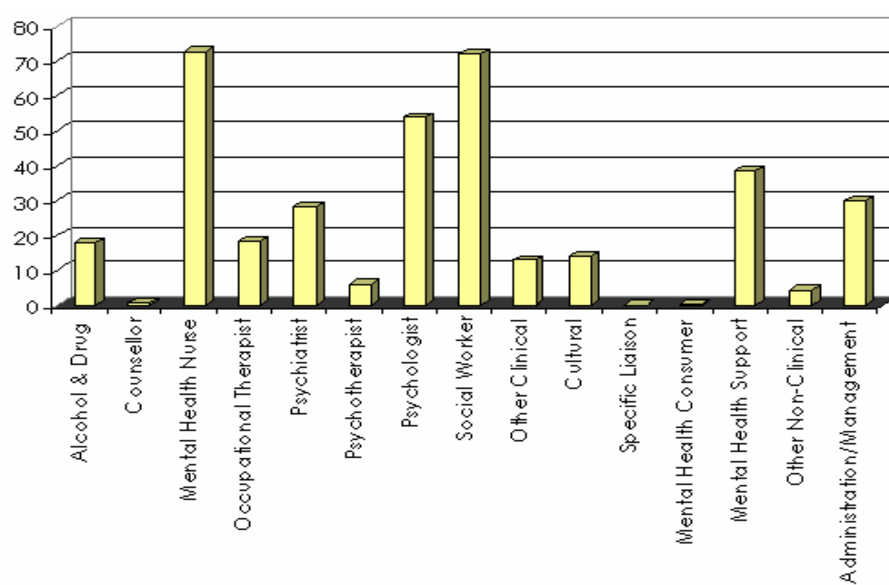
The Clinical workforce was largely made up of Mental Health Nurses (72.7 actual FTEs), Social Workers (72.2 actual FTEs) and Psychologists (53.55 actual FTEs) (see Table 15 & Figure 5).

The majority of the Non-Clinical workforce was Mental Health Support Workers (38.7 actual FTEs).

**Table 15. Total Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

Northern Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
<b>Clinical Sub-Total</b>	<b>39.3</b>	<b>212.1</b>	<b>251.4</b>	<b>30.16</b>	<b>281.56</b>
Alcohol & Drug	-	8.0	8.0	9.63	17.63
Counsellor	-	0.6	0.6	-	0.6
Mental Health Nurse	27.6	43.2	70.8	1.9	72.7
Occupational Therapist	2.0	16	18.0	-	18.0
Psychiatrist	5.5	21.9	27.4	0.48	27.88
Psychotherapist	-	6.1	6.1	-	6.1
Psychologist	2.0	50.8	52.8	0.75	53.55
Social Worker	2.2	55.4	57.6	14.6	72.2
Other Clinical	-	10.1	10.1	2.8	12.9
<b>Non-Clinical Sub-Total</b>	<b>10.4</b>	<b>13.3</b>	<b>23.7</b>	<b>33</b>	<b>56.7</b>
Cultural	1.0	11.6	12.6	1.2	13.8
Specific Liaison	-	-	0	-	0
Mental Health Consumer	-	0.2	0.2	-	0.2
Mental Health Support	9.4	1.5	10.9	27.8	38.7
Other Non-Clinical	-	-	0	4.0	4.0
Administration/Management	2.0	21.75	23.75	6.1	29.85
<b>Regional Total</b>	<b>51.7</b>	<b>247.15</b>	<b>298.85</b>	<b>69.26</b>	<b>368.11</b>

**Figure 5. Total Northern Region Child & Adolescent Mental Health Workforce by Occupational Group (2006)**



### ***DHB Inpatient Child & Adolescent Mental Health Workforce***

Specialist child and adolescent mental health Inpatient services in the Northern region are provided by Auckland DHB's Child and Family Unit. The Child and Family Unit reported a total of 51.7 actual FTEs with a further 14.8 FTEs that were reported vacant (see Table 16).

**Table 16. DHB Inpatient CAMHS Workforce by Occupational Group**

<b>Auckland DHB Inpatient Service: Child &amp; Family Unit</b>	<b>2005</b>		<b>2006</b>	
<b>Occupational Group</b>	<b>Actual FTEs</b>	<b>Vacant FTEs</b>	<b>Actual FTEs</b>	<b>Vacant FTEs</b>
Alcohol & Drug Worker	-	-	-	-
Counsellor	-	-	-	-
Mental Health Nurse	17.0	17.0	27.6	8.9
Occupational Therapist	1.8	0.8	2.0	0.7
Psychiatrist	1.7	1.0	5.5	2.1
Psychotherapist	-	0.8		-
Psychologist	2.3	0.6	2.0	1.7
Social Worker	1.0	1.0	2.2	0.2
Other Clinical	-	-	-	-
<b>Clinical Sub-Total</b>	<b>23.8</b>	<b>21.2</b>	<b>39.3</b>	<b>13.6</b>
Cultural	0.3	-	1.0	-
Specific Liaison	-	-	-	-
Mental Health Consumer	0.1	-	-	-
Mental Health Support	12.6	-	9.4	0.6
Other Non-Clinical Support	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>13.0</b>	<b>0.0</b>	<b>10.4</b>	<b>0.6</b>
Administration/Management	2.8	0.6	2.0	0.6
<b>Total</b>	<b>39.6</b>	<b>21.8</b>	<b>51.7</b>	<b>14.8</b>

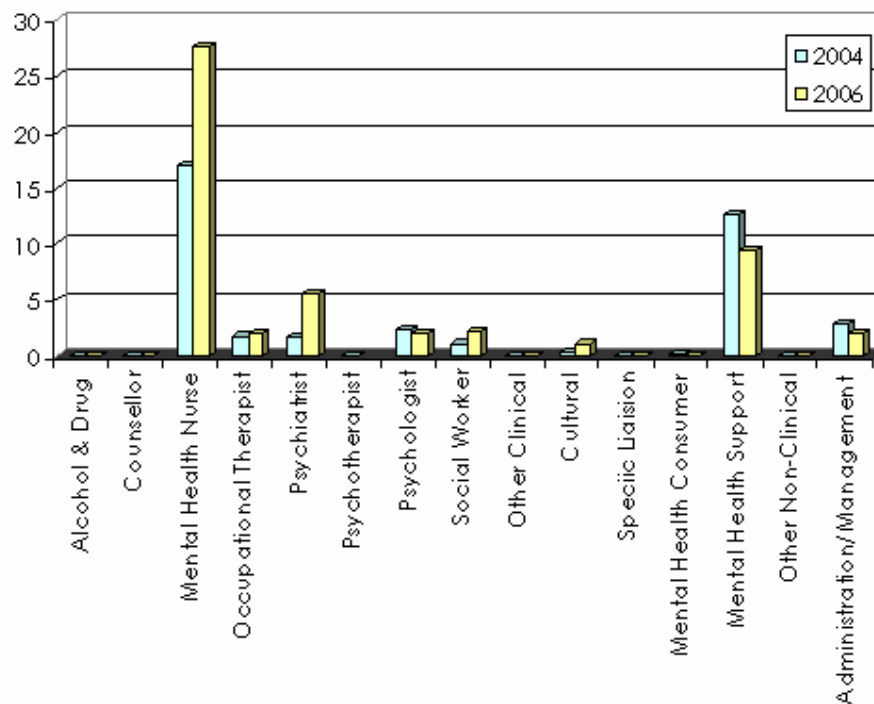
### ***DHB Inpatient Child & Adolescent Mental Health Workforce by Occupational Group***

The Inpatient Clinical workforce accounted for 76% (39.3 actual FTEs) of the total Inpatient workforce and was largely made up of Mental Health Nurses (27.6 actual FTEs) and Psychiatrists (5.5 actual FTEs).

Clinical vacancies were also in the Mental Health Nurse (8.9 vacant FTEs) and Psychiatrist (2.1 vacant FTEs) roles (see Table 16 & Figure 6). Of note is that the 2006 vacancies in the Mental Health Nurse role were significantly less than those reported in 2005.

The Non-Clinical Inpatient workforce was predominantly Mental Health Support Workers (9.4 actual FTEs).

**Figure 6. Northern Region DHB Inpatient CAMHS Workforce by Occupational Group (2004/2006)**



### ***Northern Region DHB Community Child & Adolescent Mental Health Workforce***

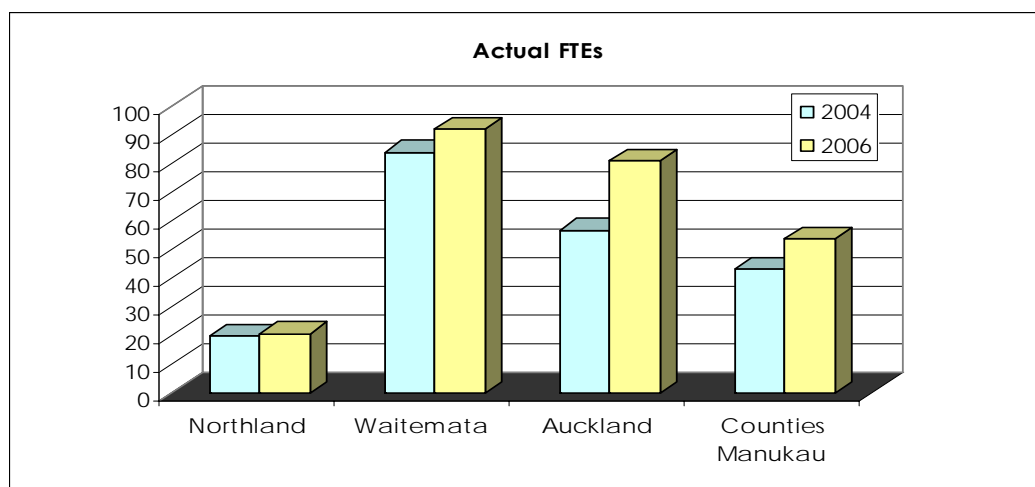
The Northern region DHB Community CAMHS reported a total of 247.15 actual FTEs with a further 39.7 FTEs that were reported vacant, with Waitemata and Auckland DHB Community CAMHS reporting the largest workforce (92.1 & 81.0 actual FTEs respectively) in the region (see Table 17). Since 2004/2005 the Northern regions DHB Community CAMHS have reported a 22% increase in the total Community CAMHS workforce.

Since 2004/2005, there was a 7% decrease in the total number of vacancies reported by the Northern region DHB Community CAMHS. While Northland and Waitemata DHBs reported a slight increase in the number of vacancies, Counties Manukau DHB Community CAMHS reported a 43% decrease (from 19.57 to 11.1 FTEs) in the number of vacant FTEs since 2005.

**Table 17. DHB Community CAMHS Workforce**

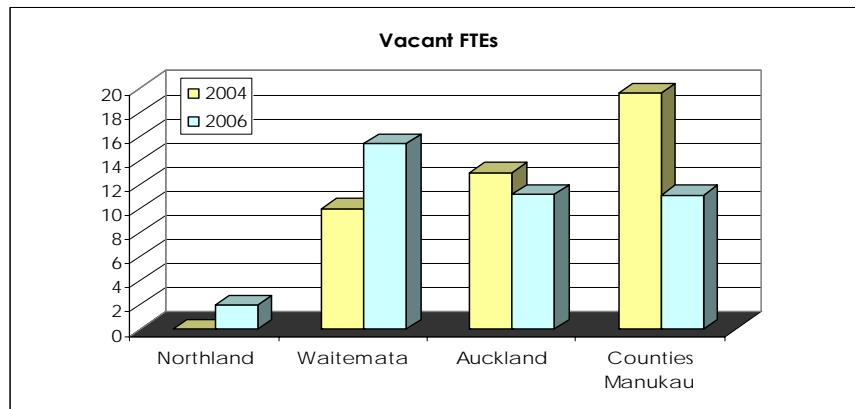
Northern Region	2004			2006		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Northland	19.7	0.0	0	20.6	2.0	10
Waitemata	83.86	10.0	12	92.1	15.4	17
Auckland	56.54	13.0	23	81.0	11.2	14
Counties Manukau	42.93	19.57	46	53.45	11.1	21
<b>Regional Total</b>	<b>203.13</b>	<b>42.57</b>	<b>21</b>	<b>247.15</b>	<b>39.7</b>	<b>16</b>

**Figure 7. Northern Region DHB Community CAMHS Workforce (Actual FTEs)**





**Figure 8. Northern Region DHB Community CAMHS Workforce (Vacant FTEs)**



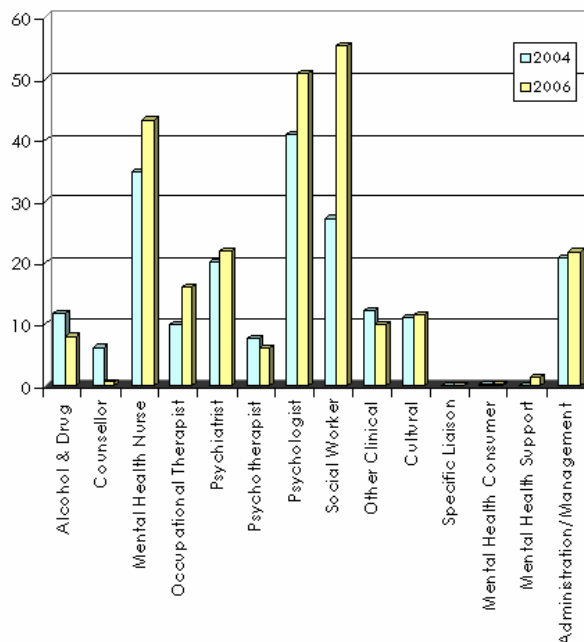
### ***DHB Community Child & Adolescent Mental Health Workforce by Occupational Group***

The 2006 Northern region DHB Community Clinical CAMH workforce accounted for 85% percent (212.1 actual FTEs) of the total DHB Community CAMHS workforce and was largely made up of Social Workers (55.4 actual FTEs) Psychologists (50.8 actual FTEs) and Mental Health Nurses (43.2 actual FTEs) (see Table 18 & Figure 9).

There was a 24% increase in the total Community Clinical workforce with Auckland DHB Community CAMHS reporting the largest growth (46%) since 2005. The largest growth was in the Social Workers Occupational group.

The 2006 Non-Clinical Community CAMHS workforce (13.3 actual FTEs) made up the remainder of the Northern region community workforce mainly in Cultural roles (11.6 actual FTEs) and has remained similar to the 2004 Non-Clinical Community workforce (see Table 18).

**Figure 9. Northern Region DHB Community CAMHS Workforce by Occupational Group**



**Table 18. DHB Community CAMHS Workforce by Occupational Group**

Occupational Group	Northern Region: Actual FTEs (2004/2006)									
	Northland		Waitemata		Auckland <sup>1</sup>		Counties Manukau		Total	
	2004	2006	2005	2006	2005	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	2.0	11.8 <sup>2</sup>	2.0	-	4.0	-	-	11.8	8.0
Counsellor	1.5	0.6	-	-	1.0	-	3.8	-	6.3	0.6
Mental Health Nurse	8.6	11.0	14.8	18.8	5.74	6.5	5.6	6.9	34.74	43.2
Occupational Therapist	-	-	5.1	4.0	3.0	8.0	2.0	4.0	10.1	16.0
Psychiatrist	2.6	0.7	7.1	7.3	6.1	8.0	4.33	5.9	20.13	21.9
Psychotherapist	-	-	4.5	1.3	1.8	0.8	1.4	4.0	7.7	6.1
Psychologist	1.0	1.0	9.9	14.0	22.4	26.1	7.6	9.7	40.9	50.8
Social Worker	1.0	1.8	13.3	24.4	7.4	17.4	5.6	11.8	27.3	55.4
Other Clinical	2.5	0.5	5.1	7.6	1.0	-	3.5	2.0	12.1	10.1
<b>Clinical Sub-Total</b>	<b>17.2</b>	<b>17.6</b>	<b>71.6</b>	<b>79.4</b>	<b>48.44</b>	<b>70.8</b>	<b>33.83</b>	<b>44.3</b>	<b>171.07</b>	<b>212.1</b>
Cultural	-	-	5.56	4.6	3.0	5.0	2.5	2.0	11.06	11.6
Specific Liaison Appointment	-	-	-	-	-	-	-	-	-	-
Mental Health Consumer	-	-	0.2	-	-	0.2	-	-	0.2	0.2
Mental Health Support	-	-	-	-	-	1.5	-	-	-	1.5
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0.0</b>	<b>0.0</b>	<b>5.76</b>	<b>4.6</b>	<b>3.0</b>	<b>6.7</b>	<b>2.5</b>	<b>2.0</b>	<b>11.26</b>	<b>13.3</b>
Administration/Management	2.5	3.0	6.5	8.1	5.2	3.5	6.6	7.15	20.8	21.75
<b>Regional Total</b>	<b>19.7</b>	<b>20.6</b>	<b>83.86</b>	<b>92.1</b>	<b>56.64</b>	<b>81.0</b>	<b>42.93</b>	<b>53.45</b>	<b>203.13</b>	<b>247.15</b>

1. Auckland DHB data includes data from Consult Liaison Service.

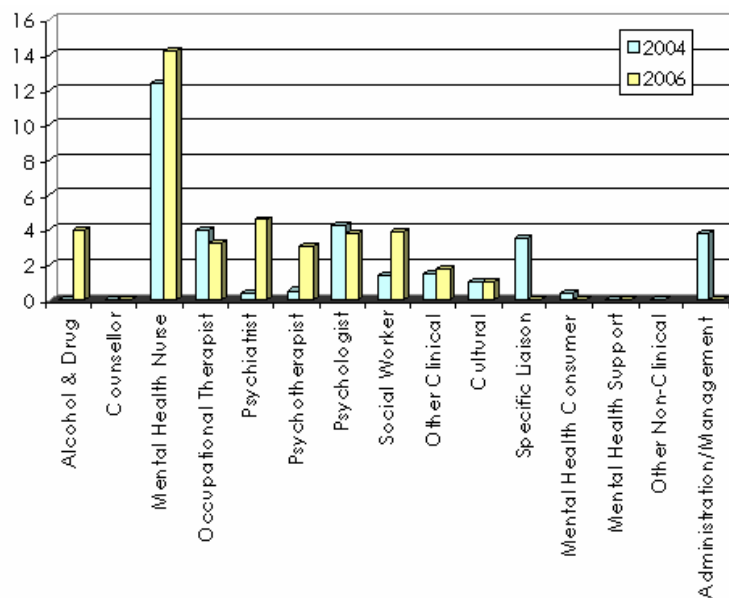
2. The significant discrepancy between the two reporting periods for Alcohol & Drug Workers may be due to the inclusion Adult FTEs in 2004.

### ***DHB Community Child & Adolescent Mental Health Workforce Vacancies by Occupational Group***

In 2006, there was a 14% increase in the total number of Community Clinical vacancies reported in the Northern region with Waitemata DHB Community CAMHS reporting the largest number of Clinical vacancies (66%) since 2005.

The largest number of vacancies in the DHB Community CAMHS Clinical workforce in the Northern region was for Mental Health Nurses (14.2 vacant FTEs) followed by Psychiatrists (4.3 vacant FTEs) and Social Workers (3.9 vacant FTEs) (see Table 19 & Figure 10).

**Figure 10. Northern Region DHB Community CAMHS Workforce: Vacant FTEs by Occupational Group**



**Table 19. DHB Community CAMHS Workforce Vacancies by Occupational Group**

Occupational Group	Northern Region: Vacant FTEs (2004/2006)									
	Northland		Waitemata		Auckland <sup>1</sup>		Counties Manukau		Total	
	2004	2006	2005	2006	2005	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	-	-	-	-	2.0	-	2.0	-	4.0
Counsellor	-	-	-	-	-	-	-	-	-	-
Mental Health Nurse	-	1.0	6.0	6.8	-	0.9	6.4	5.5	12.4	14.2
Occupational Therapist	-	-	1.0	2.3	-	-	3.0	1.0	4.0	3.3
Psychiatrist	-	1.0	0.3	1.1	-	2.5	.07	-	0.37	4.6
Psychotherapist	-	-	0.5	1.5	-	-	-	1.6	0.5	3.1
Psychologist	-	-	1.0	-	-	2.8	3.2	1.0	4.2	3.8
Social Worker	-	-	-	1.9	-	2.0	1.4	-	1.4	3.9
Other Clinical	-	-	0.5	1.8	-	-	1.0	-	1.5	1.8
<b>Clinical Sub-Total</b>	<b>0.0</b>	<b>2.0</b>	<b>9.3</b>	<b>15.4</b>	<b>9.5</b>	<b>10.2</b>	<b>15.07</b>	<b>11.10</b>	<b>33.87</b>	<b>38.7</b>
Cultural	-	-	-	-	-	1.0	1.0	-	1.0	1.0
Specific Liaison	-	-	-	-	-	-	3.5	-	3.5	-
Mental Health Consumer	-	-	0.4	-	-	-	-	-	0.4	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.4</b>	<b>0.0</b>	<b>0.0</b>	<b>1.0</b>	<b>4.5</b>	<b>0.0</b>	<b>4.9</b>	<b>1.0</b>
Administration/Management	0.0	0.0	0.3	0.0	3.5	0.0	0.0	0.0	3.8	0.0
<b>Regional Total</b>	<b>0.0</b>	<b>2.0</b>	<b>10.0</b>	<b>15.4</b>	<b>13.0</b>	<b>11.2</b>	<b>19.57</b>	<b>11.1</b>	<b>33.07<sup>2</sup></b>	<b>39.7</b>

1. Auckland DHB data includes data from Consult Liaison Service.

2. Excludes 9.5 Clinical FTEs from Auckland DHB as FTE data was not provided by Occupational Group.

## NGO Child & Adolescent Mental Health Workforce

As at 30<sup>th</sup> June 2006, a total of 14 NGOs in the Northern region were identified for this update. However, one NGO, Whangarei Central Baptist Trust in Northland, did not hold a child and adolescent mental health contract for the reporting period. Therefore, workforce data from only 13 NGO services are presented in this section.

There were no NGOs in the Waitemata DHB area during the reporting period.

The Northern Region NGOs reported a total of **69.26** actual FTEs and a further 5.0 vacant FTEs, a vacancy rate of 7% compared to 22% in 2004 (see Table 20 & Figure 11).

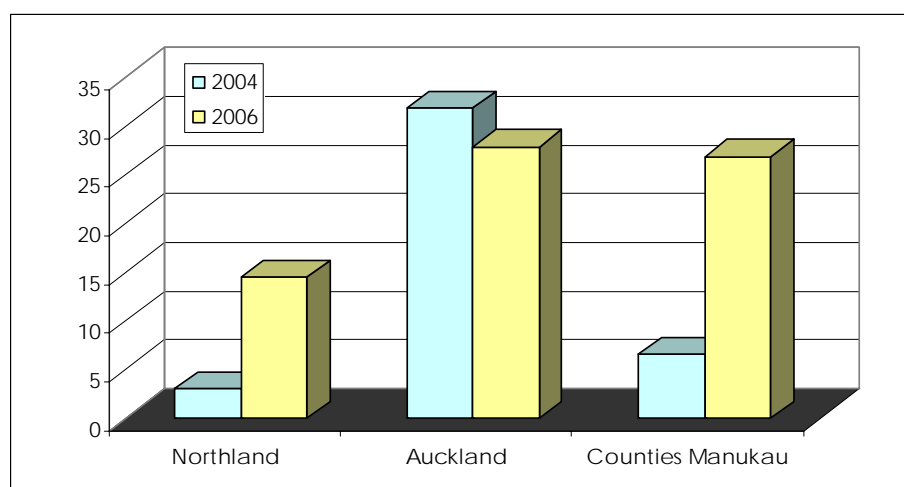
The largest NGO workforce in the Northern region were reported by the NGOs in the Auckland (27.88 actual FTEs) and Counties Manukau (26.88 actual FTEs) DHB areas.

**Table 20. NGO Child & Adolescent Mental Health Workforce**

Northern Region NGOs	2004			2006		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Northland <sup>1</sup>	3.0	0.0	-	14.5	1.0	7
Auckland	31.9	6.0	19	27.88	4.0	14
Counties Manukau	6.5	3.0	46	26.88	0.0	-
<b>Regional Total</b>	<b>41.4</b>	<b>9.0</b>	<b>22</b>	<b>69.26</b>	<b>5.0</b>	<b>7</b>

1. Includes Kaupapa Māori Service

**Figure 11. Northern Region NGO Child & Adolescent Mental Health Workforce: Actual FTEs**

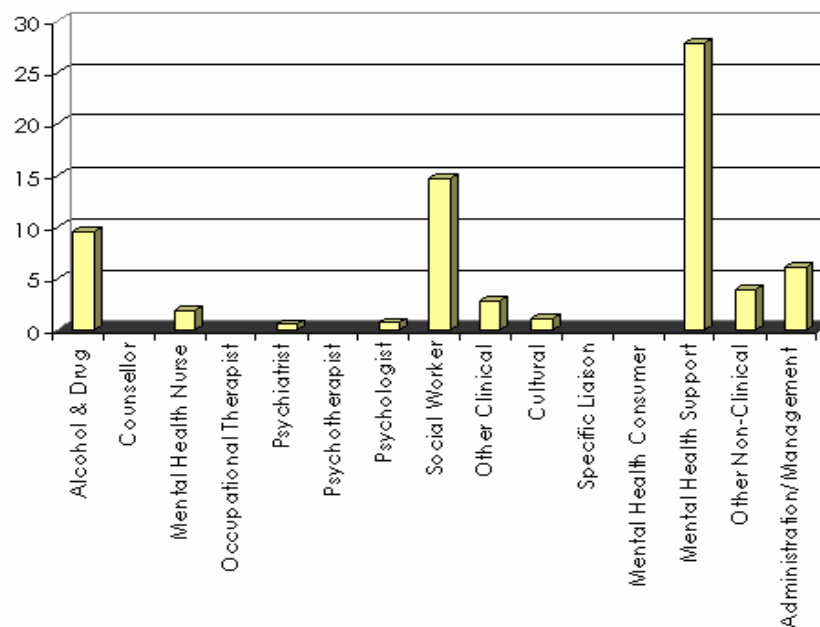


### ***NGO Child & Adolescent Mental Health Workforce by Occupational Group***

The 2006 Northern region NGO Non-Clinical workforce accounted for 48% of the total NGO workforce and was largely comprised of Mental Health Support Workers (27.8 actual FTEs) (see Table 21 & Figure 12). NGOs in the Counties Manukau DHB area reported the largest number of Mental Health Support Workers (18.8 actual FTEs).

The Clinical NGO workforce accounted for 44% of the total Northern region NGO workforce and was mainly comprised of Social Workers (14.6 actual FTEs) and Alcohol & Drug Workers (9.63 actual FTEs).

**Figure 12. Northern Region NGO Child & Adolescent Mental Health Workforce by Occupational Group (2006)**



**Table 21. NGO Child & Adolescent Mental Health Workforce by Occupational Group**

<b>Northern Region NGOs Actual FTEs (June 2006)</b>	<b>Alcohol &amp; Drug</b>	<b>Counsellor</b>	<b>Mental Health Nurse</b>	<b>Occupational Therapist</b>	<b>Psychiatrist</b>	<b>Psychotherapist</b>	<b>Psychologist</b>	<b>Social Worker</b>	<b>Other Clinical</b>	<b>Clinical Sub-Total</b>	<b>Cultural</b>	<b>Specific Liaison</b>	<b>Mental Health Consumer</b>	<b>Mental Health Support</b>	<b>Other Non-Clinical</b>	<b>Non-Clinical Sub-Total</b>	<b>Administration/Ma nagement</b>	<b>Total</b>
<b>Regional Total</b>	<b>9.63</b>	<b>0</b>	<b>1.9</b>	<b>0</b>	<b>0.48</b>	<b>0</b>	<b>0.75</b>	<b>14.6</b>	<b>2.8</b>	<b>30.16</b>	<b>1.2</b>	<b>0</b>	<b>0</b>	<b>27.8</b>	<b>4.0</b>	<b>33.0</b>	<b>6.1</b>	<b>69.26</b>
<b>Northland</b>	<b>4.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8.0</b>	<b>0.0</b>	<b>12.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1.5</b>	<b>0</b>	<b>1.5</b>	<b>1.0</b>	<b>14.5</b>
<i>Ngati Hine Health Trust Board</i>	2.0	-	-	-	-	-	-	2.0	-	4.0	-	-	-	-	-	0	-	4.0
Northcare Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1.0	-	1.0	-	1.0
Rubicon Charitable Trust Board	2.0	-	-	-	-	-	-	-	-	2.0	-	-	-	-	-	0	1.0	3.0
Te Hauora O Te Hiku O Te Ika: Ngati Kahu Social Services	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0.5	-	0.5
Te Runanga O Te Rarawa Inc	-	-	-	-	-	-	-	6.0	-	6.0	-	-	-	-	-	0.0	-	6.0
<b>Auckland</b>	<b>5.63</b>	<b>0</b>	<b>0.9</b>	<b>0</b>	<b>0.4</b>	<b>0</b>	<b>0.25</b>	<b>2.6</b>	<b>1.3</b>	<b>11.08</b>	<b>1.2</b>	<b>0</b>	<b>0.0</b>	<b>7.5</b>	<b>4.0</b>	<b>12.7</b>	<b>4.1</b>	<b>27.88</b>
Odyssey House Trust	5.3	-	0.9	-	0.4	-	0.25	1.6	0.8	9.25	1.2	-	-	5.0	4.0	10.2	4.1	23.55
Richmond Fellowship	-	-	-	-	-	-	-	1.0	0.5	1.5	-	-	-	2.5	-	2.5	-	4.0
The Salvation Army of NZ	0.33	-	-	-	-	-	-	-	-	0.33	-	-	-	-	-	0.0	-	0.33
<b>Counties Manukau</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>0</b>	<b>0.08</b>	<b>0</b>	<b>0.5</b>	<b>4.0</b>	<b>1.5</b>	<b>7.08</b>	<b>0.0</b>	<b>0</b>	<b>0</b>	<b>18.8</b>	<b>0</b>	<b>18.8</b>	<b>1.0</b>	<b>26.88</b>
Mahitahi Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	8.0	-	8.0	-	8.0
Penina Health Trust	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	2.0	-	2.0	-	3.0
Raukura Hauora O Tainui Trust	-	-	1.0	-	-	-	0.5	2.0	-	3.5	-	-	-	-	-	0	-	3.5
Richmond Fellowship	-	-	-	-	-	-	-	1.0	1.5	2.5	-	-	-	8.8	-	8.8	1.0	12.3
Waimokoia School	-	-	-	-	0.08	-	-	-	-	0.08	-	-	-	-	-	0	-	0.08

Note: Italicised Services are Kaupapa Māori Mental Health Services (PU Code: MHCS39)

### ***Community Clinical Workforce compared to the MHC Resource Guidelines***

Based on the 2006 Northern region population and the MHC's 2006 Blueprint resource guidelines (28.6 FTEs per 100,000 total population), the recommended Community Clinical FTEs was 417.64 FTEs. Although the Northern region reported a 23% increase in the regional workforce since 2004, the workforce remained below the recommended regional guideline. The DHB Community CAMHS and NGOs in the Northern region reported a total of 242.26 actual Community Clinical FTEs. This was 175.38 FTEs below the regional guideline with the largest disparity reported by Counties Manukau DHB area (although individual DHB Community Clinical FTEs have been compared to the Blueprint resource guidelines, regional service FTEs have not been allocated across DHBs and therefore individual DHB data should be interpreted with caution) (see Tables 22 & 23 & Figure 13).

**Table 22. Community Clinical Child & Adolescent Mental Health Workforce (2006)**

<b>Northern Region</b>	<b>Actual Community Clinical FTEs</b>	<b>Vacant Community Clinical FTEs</b>	<b>Total Funded Community Clinical FTEs</b>	<b>Vacancy %</b>
DHB	212.1	38.7	250.8	15
NGO	30.16	1.0	31.16	3
<b>Regional Total</b>	<b>242.26</b>	<b>39.7</b>	<b>281.96</b>	<b>14</b>

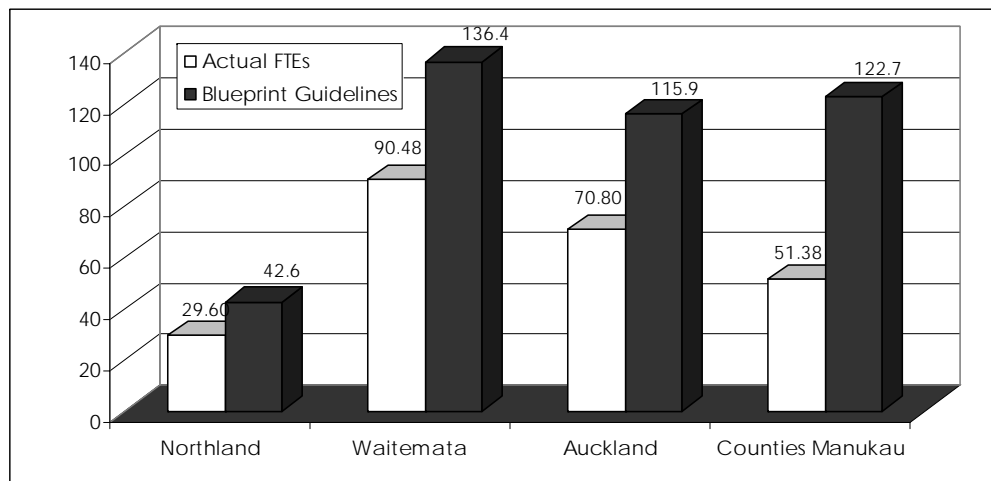
Therefore the Northern region Community Clinical workforce would need to increase by 72% to meet the regional Blueprint resource guideline. Firstly, there would need to be a 14% increase in FTEs to fill vacancies. Once vacant FTEs are filled, there would need to be an increase of 135.68 additionally funded FTEs to meet the 2006 Blueprint resource guideline for the Northern region.



**Table 23. Child & Adolescent Mental Health Community Clinical Workforce compared to MHC Blueprint Guidelines**

Northern Region	March 2004						June 2006					
	Total Popn	0-19 Popn	DHB & NGO Community Clinical FTEs	Blueprint Guidelines	FTE Needed	% Increase	Total Popn	0-19 Popn	DHB & NGO Community Clinical FTEs	Blueprint Guidelines	FTE Needed	% Increase
<b>Regional Total</b>	<b>1,490,150</b>	<b>442,435</b>	<b>196.17</b>	<b>426.18</b>	<b>230.01</b>	<b>117</b>	<b>1,460,265</b>	<b>436,344</b>	<b>242.26</b>	<b>417.64</b>	<b>175.38</b>	<b>72</b>
Northland	147,650	45,775	21.2	42.2	21.0	99	149,004	45,267	29.6	42.6	13.02	<b>44</b>
Waitemata	487,660	141,420	71.6	139.5	67.9	95	476,877	139,758	90.48	136.4	45.91	<b>51</b>
Auckland	427,400	110,860	64.54	122.2	57.66	89	405,282	104,139	70.8	115.9	45.11	<b>64</b>
Counties Manukau	427,440	144,380	38.83	122.2	83.37	215	429,102	147,180	51.38	122.7	71.34	<b>139</b>

**Figure 13. Northern Region Child & Adolescent Mental Health Community Clinical Workforce compared to MHC Blueprint Guidelines (2006)**



### Recommendations for the Child & Adolescent Mental Health Psychiatry Workforce

There was a 28% increase in the child and adolescent Psychiatry workforce since 2004, but based on the 2006 Northern region population and using the WHO recommendation for Psychiatrists (10 per 100,000 total population) there continues to be a shortage of Psychiatry FTEs in the Northern region. Using the WHO recommendation the regional Psychiatry FTEs was **43.63 FTEs**. The Northern region DHB (Inpatient & Community CAMHS) and NGOs reported a total of **27.88** actual FTEs. This was **16.23** FTEs below the recommendation with the largest disparity reported by Northland DHB area (although individual DHB Psychiatry FTEs have been compared to the WHO recommendations, regional service FTEs have not been allocated across DHBs and therefore individual DHB data should be interpreted with caution) (see Table 24 & Figure 14). Therefore the Northern region Psychiatry workforce would need to increase by **59%** to meet the WHO recommendation.

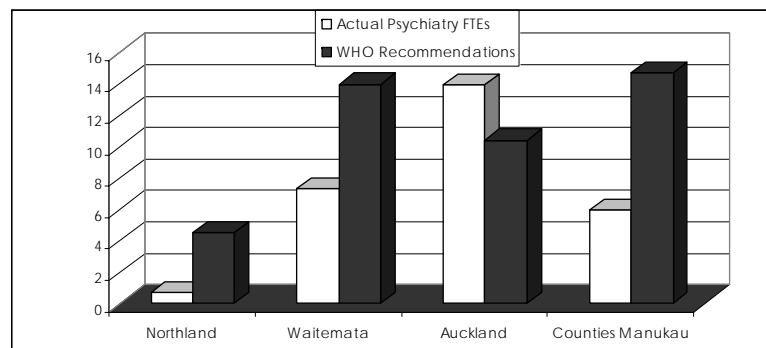
**Table 24. Child & Adolescent Mental Health Psychiatry Workforce compared to WHO Recommendations**

Northern Region	March 2004				June 2006			
	Psychiatrists (Actual FTEs) <sup>1</sup>	WHO Recommendation <sup>2</sup>	FTEs Needed	% Increase	Psychiatrists (Actual FTEs) <sup>1</sup>	WHO Recommendation	FTEs Needed	% Increase
<b>Regional Total</b>	<b>21.83</b>	<b>44.24</b>	<b>22.41</b>	<b>103</b>	<b>27.88</b>	<b>43.63</b>	<b>16.23</b>	<b>59</b>
Northland	2.6	4.58	1.98	76	0.7	4.53	3.83	547
Waitemata	7.1	14.14	7.04	99	7.3	13.98	6.68	91
Auckland	7.8	11.09	3.29	42	13.9	10.41	-3.09	-23
Counties Manukau	4.33	14.44	10.11	233	5.98	14.72	8.82	149

1. Includes DHB & NGO Psychiatry FTEs

2. 2004 WHO recommendations based on 2004 population projections (prioritised ethnicity).

**Figure 14. Northern Region DHB & NGO Child & Adolescent Mental Health Psychiatry Workforce compared to WHO Recommendations (2006)**



## Ethnicity of the Northern Region Child & Adolescent Mental Health Workforce

### Māori

#### *DHB Inpatient Māori Child & Adolescent Mental Health Workforce*

As at 30<sup>th</sup> June 2006, a total of five Māori staff were reported by the Child and Family Unit), a decline of five since 2005 (see Table 25).

There were no Clinical Māori staff in the Child and Family Unit.

The Non-Clinical Māori staff were predominantly Mental Health Support Workers (4).

**Table 25. DHB Inpatient Māori Child & Adolescent Mental Health Workforce**

Auckland Inpatient Service: Child & Family Unit	Māori (Head Count)	
	2005	2006
<b>Occupational Group</b>		
Alcohol & Drug Worker	-	-
Counsellor	-	-
Mental Health Nurse	3	-
Occupational Therapist	-	-
Psychiatrist	-	-
Psychotherapist	-	-
Psychologist	-	-
Social Worker	1	-
Other Clinical	-	-
<b>Clinical Sub-Total</b>	<b>4</b>	<b>0</b>
Cultural	1	1
Specific Liaison	-	-
Mental Health Consumer	-	-
Mental Health Support	5	4
Other Non-Clinical Support	-	-
<b>Non-Clinical Sub-Total</b>	<b>6</b>	<b>5</b>
Administration/Management	0	0
<b>Total</b>	<b>10</b>	<b>5</b>

### ***DHB Community Māori Child & Adolescent Mental Health Workforce***

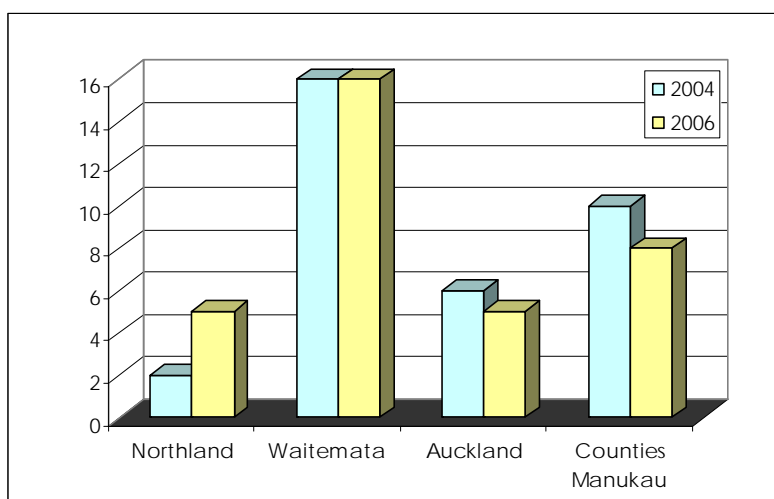
In 2006, the Northern region DHB CAMHS reported a total of **34** Māori staff with Waitemata DHB CAMHS continuing to report the largest Māori workforce in the region (see Table 26).

**Table 26. DHB Community Māori CAMHS Workforce**

Northern Region	Māori (Head Count)	
	2004	2006
Northland	2	5
Waitemata*	16	16
Auckland*	6	5
Counties Manukau	10	8
<b>Regional Total</b>	<b>34</b>	<b>34</b>

\*Auckland & Waitemata provided data for 2005

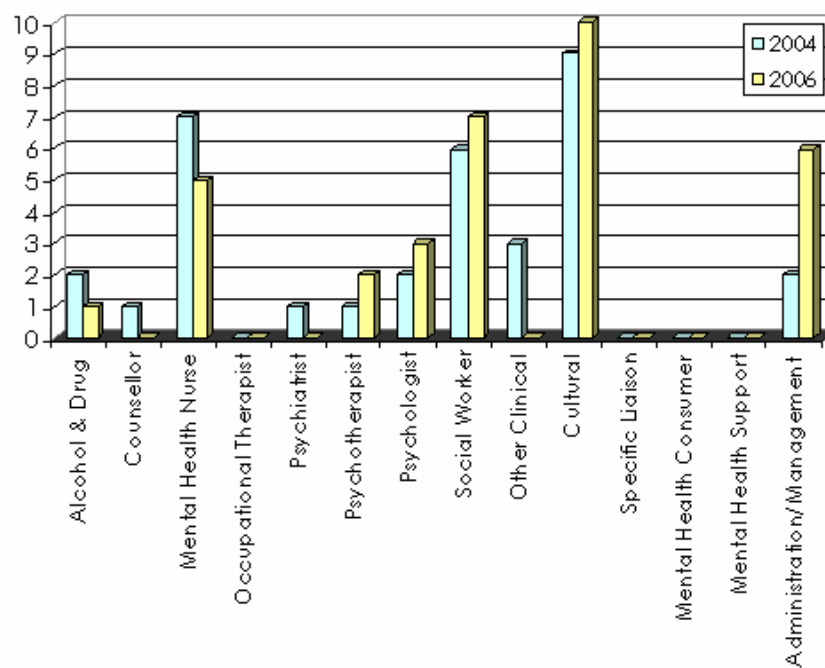
**Figure 15. Northern Region DHB Community Māori CAMHS Workforce**



Māori Clinical staff in the Northern region DHB Community CAMHS were mainly Social Workers (7) and Mental Health Nurses (5).

Māori Non-Clinical staff were predominantly in Cultural roles (10) (see Table 27 & Figure 16).

Figure 16. Northern Region DHB Community Māori CAMHS Workforce by Occupational Group



**Table 27. DHB Community Māori CAMHS Workforce by Occupational Group**

Occupational Group	Northern Region: Māori (Head Count)									
	Northland		Waitemata		Auckland <sup>1</sup>		Counties Manukau		Total	
	2004	2006	2005	2006	2005	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	1	2	-	-	-	-	-	2	1
Counsellor	-	-	-	-	-	-	1	-	1	0
Mental Health Nurse	2	2	4	2	-	-	1	1	7	5
Occupational Therapist	-	-	-	-	-	-	-	-	0	0
Psychiatrist	-	-	1	-	-	-	-	-	1	0
Psychotherapist	-	-	-	-	-	-	1	2	1	2
Psychologist	-	-	1	3	-	-	1	-	2	3
Social Worker	-	1	4	4	2	1	-	1	6	7
Other Clinical	-	-	-	-	2	-	1	-	3	0
<b>Clinical Sub-Total</b>	<b>2</b>	<b>4</b>	<b>12</b>	<b>9</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>23</b>	<b>18</b>
Cultural	-	-	4	5	2	4	3	1	9	10
Specific Liaison	-	-	-	-	-	-	-	-	-	-
Mental Health Consumer	-	-	-	-	-	-	-	-	-	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>9</b>	<b>10</b>
Administration/Management	0	1	0	2	0	0	2	3	2	6
<b>Total</b>	<b>2</b>	<b>5</b>	<b>16</b>	<b>16</b>	<b>6</b>	<b>5</b>	<b>10</b>	<b>8</b>	<b>34</b>	<b>34</b>

Note: Waitemata & Auckland DHB CAMHS provided 2005 data for the previous Stocktake. Auckland DHB data includes data from Consult Liaison Service.

### **NGO Māori Child & Adolescent Mental Health Workforce**

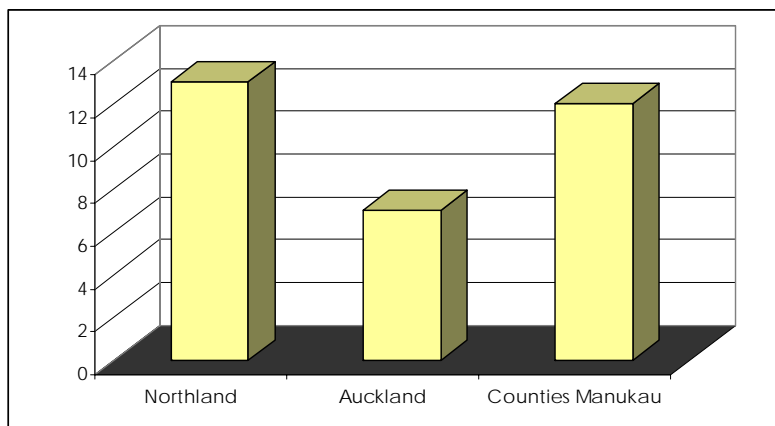
As at 30<sup>th</sup> June 2006, the Northern region NGOs reported a total of **32** Māori Staff which made up approximately 44% of the Northern region NGO workforce. The majority of the Māori staff were employed in Kaupapa Māori services in the Northland and Counties Manukau DHB areas (see Table 28). Due to the poor response rate (42%) of the 2004 workforce survey, it is difficult to ascertain the change in the Northern region Māori workforce in this update.

**Table 28. NGO Māori Child & Adolescent Mental Health Workforce**

Northern Region NGOs	Māori (Head Count)	
	2004	2006
Northland <sup>1</sup>	5	13
Auckland	4	7
Counties Manukau	5	12
<b>Total</b>	<b>14</b>	<b>32</b>

1. Includes Kaupapa Māori Services

**Figure 17. Northern Region NGO Māori Child & Adolescent Mental Health Workforce (2006)**



Fifty percent of the Māori staff in the Northern region NGOs held Clinical positions and were largely Social Workers (10) and Alcohol & Drug workers (5).

The Non-Clinical staff were largely Mental Health Support Workers (12) (see Figure 18 & Table 29).

**Figure 18. Northern Region NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

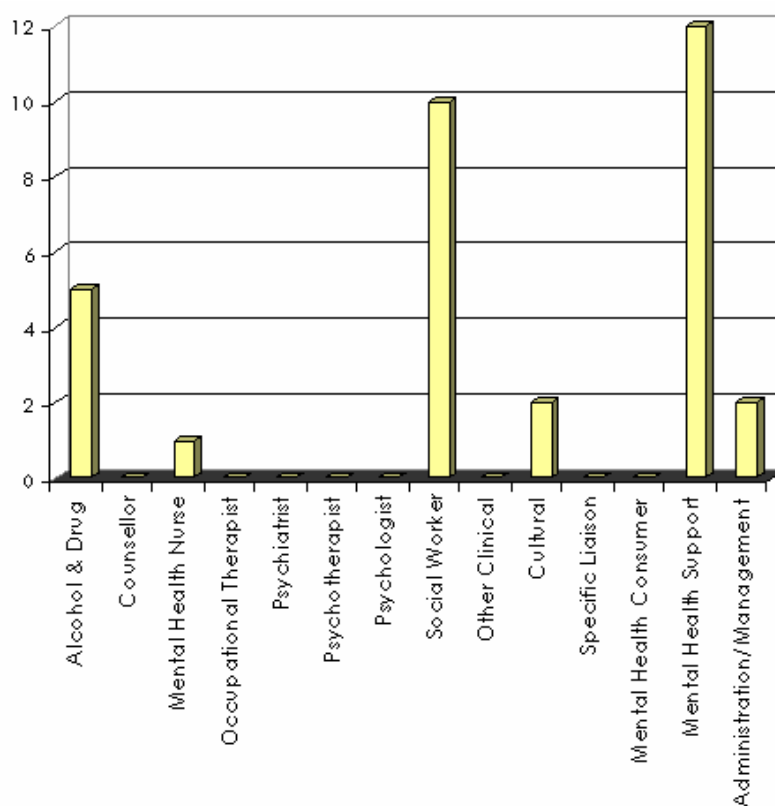




Table 29. NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Northern Region NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	5	0	1	0	0	0	0	10	0	16	2	0	0	12	0	14	2	32
<b>Northland</b>	3	0	0	0	0	0	0	8	0	11	0	0	0	1	0	1	1	13
<i>Ngati Hine Health Trust Board</i>	2	-	-	-	-	-	-	2	-	4	-	-	-	-	-	0	-	4
Rubicon Charitable Trust Board	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	0	1	2
Te Hauora O Te Hiku O Te Ika Ngati Kahu Social Services	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Te Runanga O Te Rarawa Inc	-	-	-	-	-	-	-	6	-	6	-	-	-	-	-	0	-	6
<b>Auckland</b>	2	0	0	0	0	0	0	0	0	2	2	0	0	3	0	5	0	7
Odyssey House Trust	2	-	-	-	-	-	-	-	-	2	2	-	-	-	-	2	-	4
Richmond Fellowship	-	-	-	-	-	-	-	-	-	0	-	-	-	3	-	3	-	3
<b>Counties Manukau</b>	0	0	1	0	0	0	0	2	0	3	0	0	0	8	0	8	1	12
Mahitahi Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	7	-	7	-	7
Raukura Hauora O Tainui Trust	-	-	1	-	-	-	-	2	-	3	-	-	-	-	-	0	-	3
Richmond Fellowship	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	1	2

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

### **Total Māori Child & Adolescent Mental Health Workforce**

The Northern region DHB (Inpatient & Community) CAMHS and NGOs reported a total of **71** Māori staff (includes Administration/Management staff) (see Table 30).

**Table 30. Total Māori Child & Adolescent Mental Health Workforce (2006)**

Northern Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Northland	-	5	5	13	18
Waitemata	-	16	16	-	16
Auckland	5	5	10	7	17
Counties Manukau	-	8	8	12	20
<b>Regional Total</b>	<b>5</b>	<b>34</b>	<b>39</b>	<b>32</b>	<b>71</b>

Note: Includes Inpatient Workforce & Administration/Management Workforce

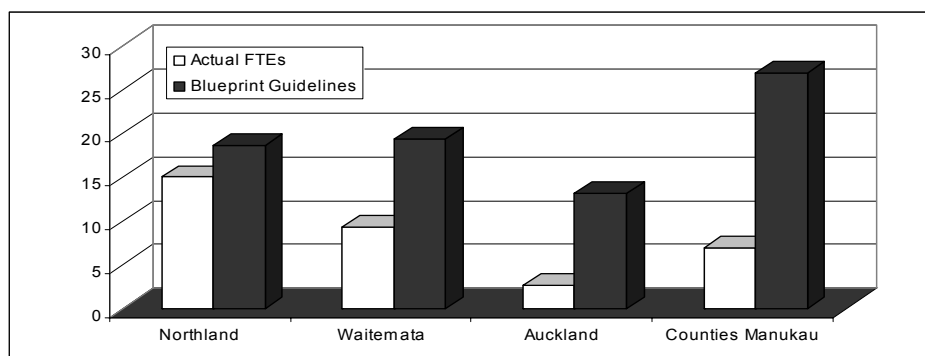
### **Total Māori Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Guidelines**

Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional 0-19 Māori population, the recommended Community Clinical FTEs for the regional Māori workforce was approximately **80** FTEs. The regional Māori Community Clinical workforce totalled **33.9** FTEs. Therefore the regional Māori Community Clinical workforce would need to increase by 136% (46.1 Community Clinical FTEs) to meet the recommended regional guideline (see Table 31 & Figure 19).

**Table 31. Māori Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Guidelines (2006)**

Northern Region	Blueprint Guidelines 28.6/100,000 Total Pop	DHB & NGO Māori FTEs	FTEs per 0-19 yrs Māori Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>417.64</b>	<b>33.9</b>	<b>80.0</b>	<b>46.1</b>	<b>136</b>
Northland	42.6	15	18.6	3.6	24
Waitemata	136.4	9.3	19.3	10.0	108
Auckland	115.9	2.7	13.1	10.4	386
Counties Manukau	122.7	6.9	26.9	20.0	290

**Figure 19. Northern Region Māori Community Clinical Child & Adolescent Mental Health Workforce compared to the MHC Blueprint Guidelines (2006)**



## Pacific

### ***DHB Inpatient Pacific Child & Adolescent Mental Health Workforce***

The Northern region DHB Inpatient Unit reported a total of three Pacific staff, all in Mental Health Support roles (see Table 32).

**Table 32. DHB Inpatient Pacific CAMHS Workforce by Occupational Group**

<b>Auckland Inpatient Service: Child &amp; Family Unit</b>	<b>Pacific (Head Count)</b>	
	<b>2005</b>	<b>2006</b>
<b>Occupational Group</b>		
Alcohol & Drug Worker	-	-
Counsellor	-	-
Mental Health Nurse	-	-
Occupational Therapist	-	-
Psychiatrist	-	-
Psychotherapist	-	-
Psychologist	-	-
Social Worker	-	-
Other Clinical	-	-
<b>Clinical Sub-Total</b>	<b>0</b>	<b>0</b>
Cultural	-	-
Specific Liaison	-	-
Mental Health Consumer	-	-
Mental Health Support	3	3
Other Non-Clinical Support	-	-
<b>Non-Clinical Sub-Total</b>	<b>3</b>	<b>3</b>
Administration/Management	0	0
<b>Total</b>	<b>3</b>	<b>3</b>

### ***DHB Community Pacific Child & Adolescent Mental Health Workforce***

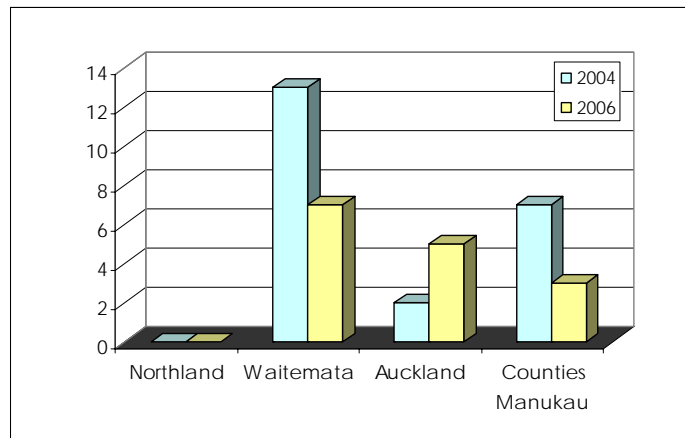
The Northern region DHB Community CAMHS reported a total 15 Pacific staff, a decline of seven staff since 2004 (see Table 33).

**Table 33. DHB Community Pacific CAMHS Workforce**

<b>Northern Region</b>	<b>Pacific (Head Count)</b>	
	<b>2004</b>	<b>2006</b>
Northland	-	-
Waitemata*	13	7
Auckland*	2	5
Counties Manukau	7	3
<b>Regional Total</b>	<b>22</b>	<b>15</b>

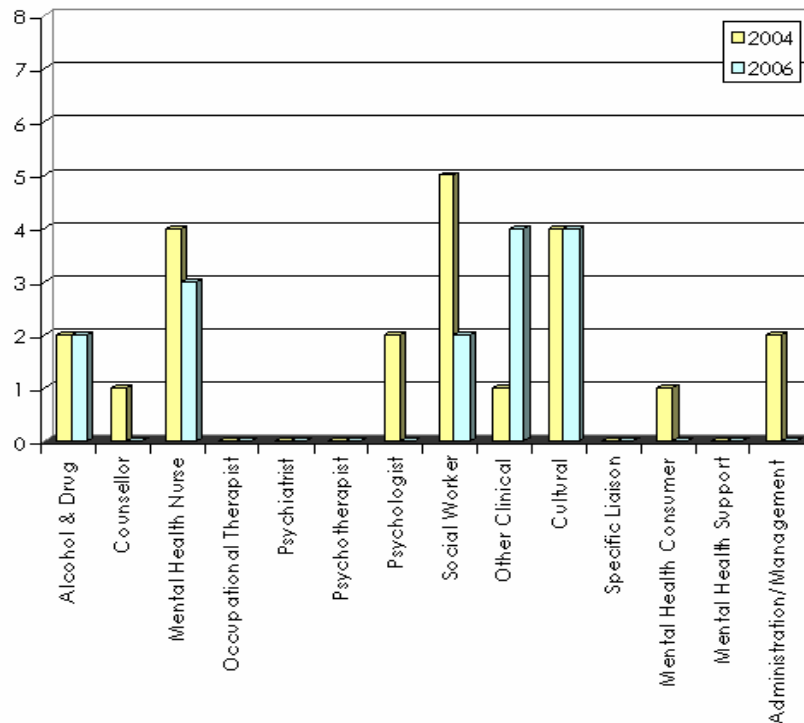
\*Auckland & Waitemata provided data for 2005

**Figure 20. Northern Region DHB Community Pacific CAMHS Workforce**



The DHB Community CAMHS Pacific staff were mainly in Other Clinical (4) and Cultural roles (4), Mental Health Nurses (3), Social Workers (2) and Alcohol & Drug Workers (2) (see Table 34 & Figure 21).

**Figure 21. Northern Region DHB Community Pacific CAMHS Workforce by Occupational Group**



**Table 34. DHB Community Pacific CAMHS Workforce by Occupational Group**

Occupational Group	Northern Region DHB Pacific (Head Count)							
	Waitemata		Auckland <sup>1</sup>		Counties Manukau		Total	
	2005	2006	2005	2006	2004	2006	2004	2006
Alcohol & Drug Worker	2	2	-	-	-	-	2	2
Counsellor	-	-	-	-	1	-	1	-
Mental Health Nurse	2	1	-	-	2	2	4	3
Occupational Therapist	-	-	-	-	-	-	-	-
Psychiatrist	-	-	-	-	-	-	-	-
Psychotherapist	-	-	-	-	-	-	-	-
Psychologist	1	-	-	-	-	-	2	-
Social Worker	3	1	2	1	2	-	5	2
Other Clinical	1	3	2	1	-	-	1	4
<b>Clinical Sub-Total</b>	<b>9</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>15</b>	<b>11</b>
Cultural	2	-	2	3	1	1	4	4
Specific Liaison	-	-	-	-	-	-	-	-
Mental Health Consumer	1	-	-	-	-	-	1	-
Mental Health Support	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>4</b>
Administration/Management	1	0	0	0	1	0	2	0
<b>Regional Total</b>	<b>13</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>7</b>	<b>3</b>	<b>22</b>	<b>15</b>

1. Auckland DHB Data includes data from Consult Liaison Service

### NGO Pacific Child & Adolescent Mental Health Workforce

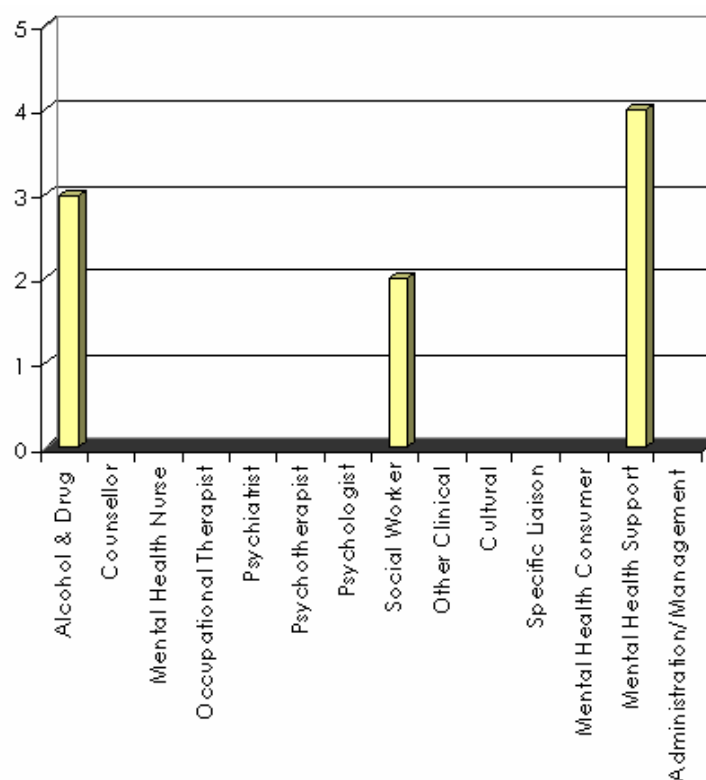
The Northern region NGOs in the Auckland & Counties Manukau DHB areas reported a total of nine Pacific staff (see Table 35) which made up 13% of the total Northern region NGO workforce.

**Table 35. NGO Pacific Child & Adolescent Mental Health Workforce**

Northern Region NGOs	Pacific (Head Count)	
	2004	2006
Northland	1	0
Auckland	0	3
Counties Manukau	0	6
<b>Regional Total</b>	<b>1</b>	<b>9</b>

Pacific NGO staff held mainly Mental Health Support (4), Alcohol & Drug (3) and Social Worker roles (2) see Figure 22 & Table 36).

**Figure 22. Northern Region NGO Pacific Child & Adolescent Mental Health Workforce Workforce by Occupational Group (2006)**



**Table 36. NGO Pacific Child & Adolescent Mental Health Workforce by Occupational Group**

<b>Northern Region NGOs Pacific (Head Count, June 2006)</b>	<b>Alcohol &amp; Drug</b>	<b>Counsellor</b>	<b>Mental Health Nurse</b>	<b>Occupational Therapist</b>	<b>Psychiatrist</b>	<b>Psychotherapist</b>	<b>Psychologist</b>	<b>Social Worker</b>	<b>Other Clinical</b>	<b>Clinical Sub-Total</b>	<b>Cultural</b>	<b>Specific Liaison</b>	<b>Mental Health Consumer</b>	<b>Mental Health Support</b>	<b>Other Non-Clinical</b>	<b>Non-Clinical Sub-Total</b>	<b>Administration/Management</b>	<b>Total</b>
<b>Northern Region Total</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>9</b>
<b>Auckland</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
Odyssey House Trust	3	-	-	-	-	-	-	-	-	3	-	-	-	-	-	0	-	3
<b>Counties Manukau</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>6</b>
Mahitahi Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Penina Health Trust	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	3
Richmond Fellowship	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1	-	2

### **Total Pacific Child & Adolescent Mental Health Workforce**

DHB (Inpatient & Community) CAMHS and NGOs in the Northern region reported a total of 27 Pacific staff including Administration/Management staff (see Table 37).

**Table 37. Total Pacific Child & Adolescent Mental Health Workforce (2006)**

Northern Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Northland	-	-	0	-	0
Waitemata	-	7	7	-	7
Auckland	3	5	8	3	11
Counties Manukau	-	3	3	6	9
<b>Regional Total</b>	<b>3</b>	<b>15</b>	<b>18</b>	<b>9</b>	<b>27</b>

Note: Includes Inpatient Workforce & Administration/Management Workforce

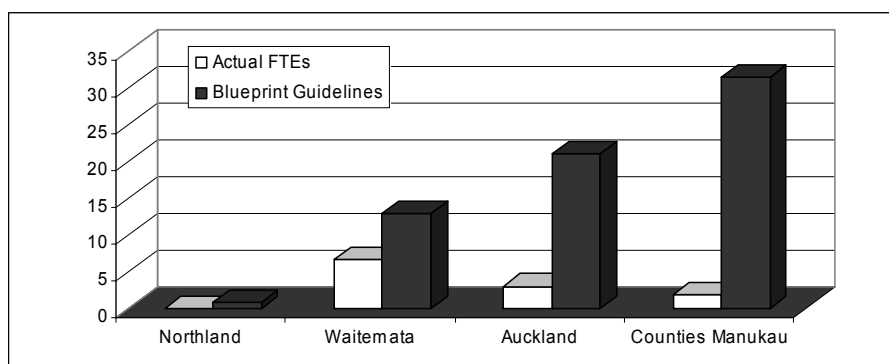
### **Total Pacific Community Clinical Workforce compared to MHC Blueprint Guidelines**

Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the 0-19 Māori population, the recommended Community Clinical FTEs for the regional Pacific workforce was approximately **67.6** FTEs. The regional Pacific Community Clinical workforce totalled **11.6** FTEs. Therefore the regional Pacific Clinical workforce would need to increase by 482% (56 Community Clinical FTEs) to meet the recommended regional guideline (see Table 38 & Figure 23).

**Table 38. Pacific Community Clinical Workforce compared to MHC Blueprint Guidelines (2006)**

Northern Region	Blueprint Guidelines 28.6/100,000 Total Pop	DHB & NGO Pacific Community Clinical FTEs	FTEs per Pacific Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>417.64</b>	<b>11.6</b>	<b>67.6</b>	<b>56.0</b>	<b>482</b>
Northland	42.6	0	0.8	0.8	
Waitemata	136.4	6.7	12.9	6.2	92
Auckland	115.9	3.0	21.0	18.0	599
Counties Manukau	122.7	1.9	31.5	29.6	1556

**Figure 23. Northern Region Pacific Community Clinical Workforce compared to MHC Blueprint Guidelines (2006)**





## Asian

### ***DHB Inpatient Asian Child & Adolescent Mental Health Workforce***

As at 30<sup>th</sup> June 2006, a total of seven Asian staff were reported by the Child and Family Unit (see Table 39).

Asian staff held mainly Clinical positions in Mental Health Nurse roles (4).

**Table 39. DHB Inpatient Asian CAMHS Workforce by Occupational Group**

<b>Auckland Inpatient Service: Child &amp; Family Unit</b>	<b>Asian (Head Count)</b>	
	<b>2005</b>	<b>2006</b>
<b>Occupational Group</b>		
Alcohol & Drug Worker	-	-
Counsellor	-	-
Mental Health Nurse	3	4
Occupational Therapist	1	-
Psychiatrist	-	-
Psychotherapist	-	-
Psychologist	-	1
Social Worker	-	-
Other Clinical	-	-
<b>Clinical Sub-Total</b>	<b>4</b>	<b>5</b>
Cultural	-	-
Specific Liaison	-	-
Mental Health Consumer	-	-
Mental Health Support	2	2
Other Non-Clinical Support	-	-
<b>Non-Clinical Sub-Total</b>	<b>2</b>	<b>2</b>
Administration/Management	0	0
<b>Total</b>	<b>6</b>	<b>7</b>

### ***DHB Community Asian Child & Adolescent Mental Health Workforce***

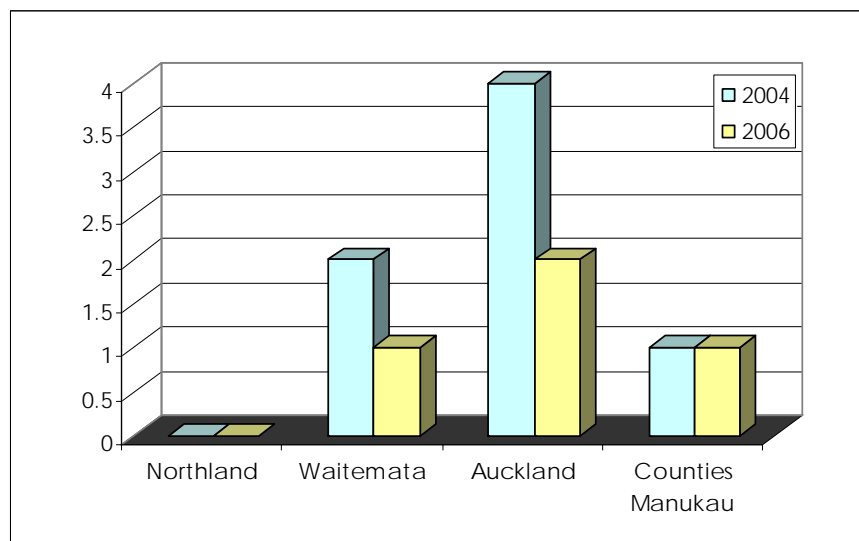
In 2006, the Northern region DHB Community CAMHS reported a total of four Asian staff, a decline of three since 2004 (see Table 40 & Figure 24).

**Table 40. DHB Community Asian CAMHS Workforce**

<b>Northern Region</b>	<b>Asian (Head Count)</b>	
	<b>2004</b>	<b>2006</b>
Northland	-	-
Waitemata*	2	1
Auckland*	4	2
Counties Manukau	1	1
<b>Regional Total</b>	<b>7</b>	<b>4</b>

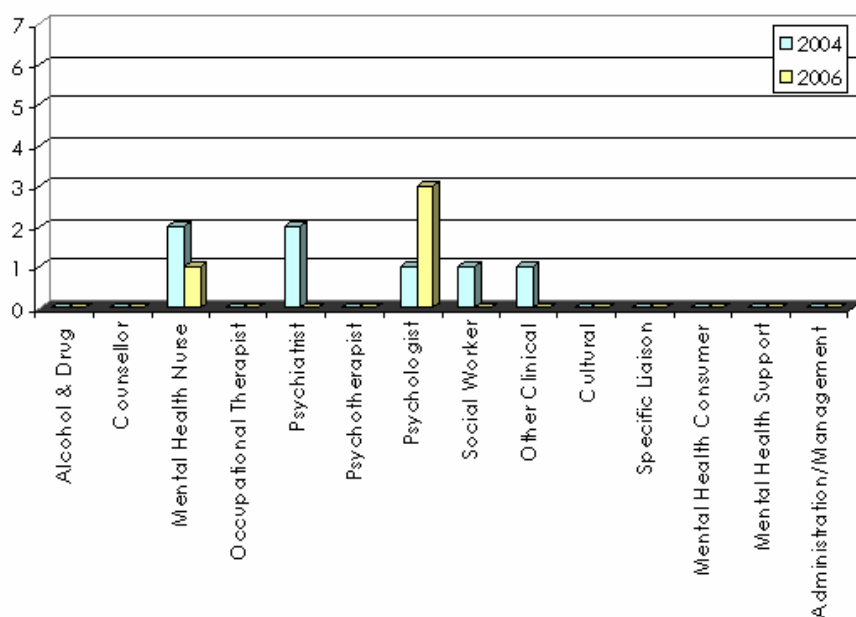
\*Auckland & Waitemata provided data for 2005

**Figure 24. Northern Region DHB Community Asian CAMHS Workforce**



Asian staff in the DHB Community CAMHS were Psychologists (3) and a Mental Health Nurse (1) (see Table 41 & Figure 25).

**Figure 25. Northern Region DHB Community Asian CAMHS Workforce by Occupational Group**



**Table 41. DHB Community Asian CAMHS Workforce by Occupational Group**

Occupational Group	Northern Region DHB: Asian (Head Count)							
	Waitemata		Auckland <sup>1</sup>		Counties Manukau		Total	
	2005	2006	2005	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	-	-	-	-	-	-	-
Counsellor	-	-	-	-	-	-	-	-
Mental Health Nurse	-	1	2	-	-	-	2	1
Occupational Therapist	-	-	-	-	-	-	-	-
Psychiatrist	2	-	-	-	-	-	2	-
Psychotherapist	-	-	-	-	-	-	-	-
Psychologist	-	-	1	2	-	1	1	3
Social Worker	-	-	1	-	-	-	1	-
Other Clinical	-	-	-	-	1	-	1	-
<b>Clinical Sub-Total</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>4</b>
Cultural	-	-	-	-	-	-	-	-
Specific Liaison	-	-	-	-	-	-	-	-
Mental Health Consumer	-	-	-	-	-	-	-	-
Mental Health Support	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Administration/Management	0	0	0	0	0	0	0	0
<b>Regional Total</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>4</b>

1. Auckland DHB data includes data from Consult Liaison Service

## NGO Asian Child & Adolescent Mental Health Workforce

As at June 2006, two NGOs in the Auckland and Counties Manukau DHB areas reported a total of seven Asian staff (see Table 42). Due to the poor response rate of the 2005 workforce survey (42% response rate), it is difficult to ascertain the change in the Asian workforce in this update.

**Table 42. NGO Asian Child & Adolescent Mental Health Workforce**

Northern Region NGOs	Asian (Head Count)	
	2004	2006
Northland <sup>1</sup>	0	0
Auckland	0	5
Counties Manukau	0	2
<b>Total</b>	<b>0</b>	<b>7</b>

1. Includes Kaupapa Māori Services

In 2006, the Asian NGO workforce made up 10% (7) of the total Northern Region workforce mainly in Mental Health Support (2) and Administration/Management roles (2) (see Figure 26 & Table 43).

**Figure 26. Northern Region NGO Asian Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

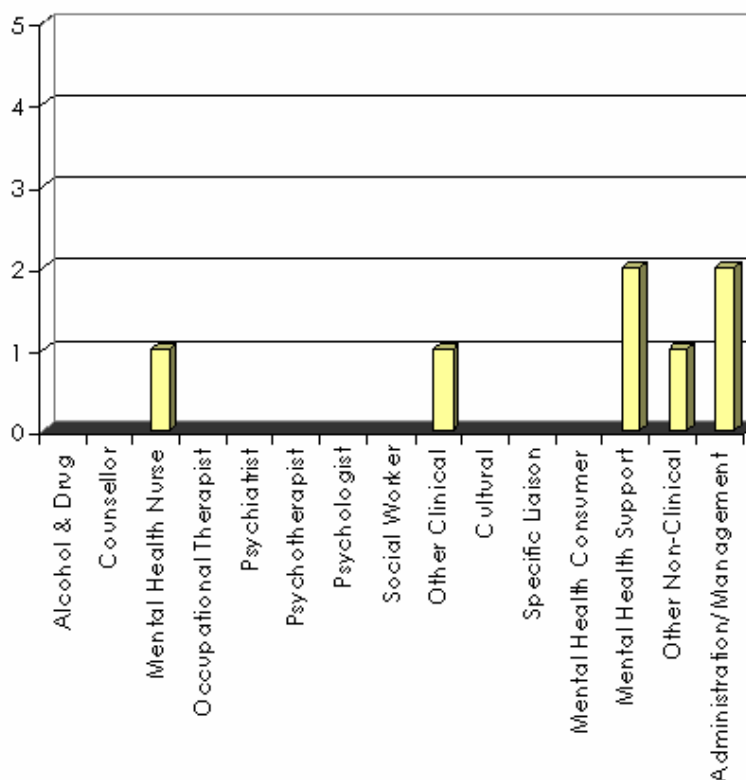


Table 43. NGO Asian Child & Adolescent Mental Health Workforce by Occupational Group

Northern Region NGOs Asian (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologists	Social Worker	Other-Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
Northern Region Total	0	0	1	0	0	0	0	0	1	2	0	0	0	2	1	3	2	7
Auckland	0	0	1	0	0	0	0	0	1	2	0	0	0	0	1	1	2	5
Odyssey House Trust	-	-	1	-	-	-	-	-	1	2	-	-	-	-	1	1	2	5
Counties Manukau	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	2
Richmond Fellowship	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2

### **Total Asian Child & Adolescent Mental Health Workforce**

DHB (Inpatient & Community) CAMHS and NGOs in the Northern region reported a total of **18** Asian staff including Administration/Management staff largely employed in the Auckland DHB area (see Table 44).

**Table 44. Total Asian Child & Adolescent Mental Health Workforce (2006)**

Northern Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Northland	-	-	0	-	0
Waitemata	-	1	1	-	1
Auckland	7	2	9	5	14
Counties Manukau	-	1	1	2	3
<b>Regional Total</b>	<b>7</b>	<b>4</b>	<b>11</b>	<b>7</b>	<b>18</b>

Note: Includes Inpatient Workforce & Administration/Management Workforce

### **Total Asian Workforce as a Proportion of the Asian 0-19 yrs Population**

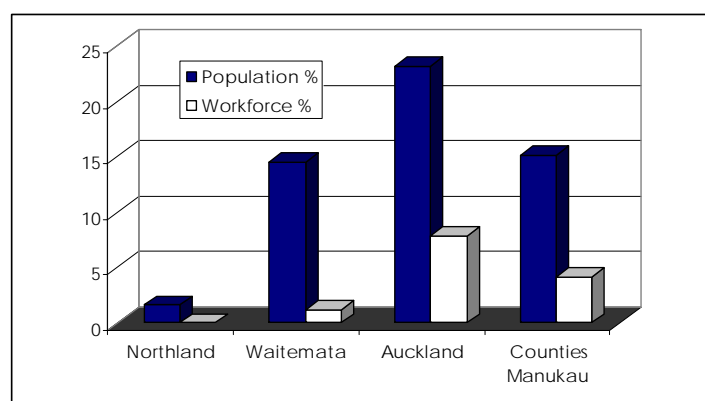
Based on the 2006 Census, Asian children and adolescents made up 15% of the total Northern region population. The total Northern region Asian workforce (DHB CAMHS & NGOs) only accounted for 5% of the total Northern region workforce. Although the regional Asian workforce would need to increase by 10% to reflect the regional proportion of the Asian 0-19 years population, there were significant disparities between individual DHB areas and the proportion of the Asian population, 17% in the Auckland and 13% in the Waitemata DHB areas (see Table 45 & Figure 27).

**Table 45. Total Asian Workforce as a proportion of the Asian 0-19 year Population**

Northern Region	Total 0-19 yrs 2006	Asian 0-19 yrs 2006	%	Total Asian Workforce	Total CAMHS Workforce <sup>1</sup>	%
Northland	45,267	729	2	0	32	0
Waitemata	139,758	20,376	15	1	84	1
Auckland	104,139	24,174	23	12	152	8
Counties Manukau	147,180	22,323	15	3	73	4
<b>Regional Total</b>	<b>436,344</b>	<b>67,602</b>	<b>15</b>	<b>16</b>	<b>341</b>	<b>5</b>

1. Estimated from FTE Data, includes Inpatient Workforce but excludes the Administration/Management Workforce

**Figure 27. Total Northern Region Asian Workforce as a proportion of the Northern Region Asian 0-19 year Population (2006)**



## Northern Region Access to Child & Adolescent Mental Health Services

The following section has been extracted from the MHINC 2004 and 2005 analyses. The majority of the MHINC access data has been analysed nationally and can be accessed separately via the Werry Centre website. Therefore this section contains MHINC access data that was relevant to the Northern region.

The data reported in this section is mainly based on the 2<sup>nd</sup> 6 months of 2005 and the 2<sup>nd</sup> 6 months of 2004 is used as a comparison.

### Northern Region Access by Gender, Age Group & Ethnicity

Since 2004, the Northern region continued to have the highest total number of clients accessing mental health services compared to the other regions, with access to services increasing with age (see Table 48). Since the end of 2004, there was a approximately 17% increase in the total number of clients accessing services in the Northern region.

Waitemata DHB CAMHS have continued to report the highest number of total clients in the Northern region followed by Counties Manukau, Auckland and Northland DHB CAMHS (see Table 46). However, since the end of 2004, Counties Manukau DHB reported the largest increase (31%) in the total number of clients.

**Table 46. Clients by Gender, Age Group & DHB**

Northern Region	Gender									
	Male				Female				Unknown	DHB Total
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total		
<b>2nd 6mo 2004</b>	<b>466</b>	<b>753</b>	<b>1,004</b>	<b>2,223</b>	<b>118</b>	<b>417</b>	<b>1,043</b>	<b>1,578</b>	<b>3</b>	<b>3,804</b>
Northland	64	130	104	<b>298</b>	14	67	113	<b>194</b>	-	<b>492</b>
Waitemata	191	305	500	<b>996</b>	49	154	423	<b>626</b>	1	<b>1,623</b>
Auckland	59	107	173	<b>339</b>	18	73	240	<b>331</b>	-	<b>670</b>
Counties Manukau	152	211	227	<b>590</b>	37	123	267	<b>427</b>	2	<b>1,019</b>
<b>2nd 6mo 2005</b>	<b>504</b>	<b>937</b>	<b>1,211</b>	<b>2,652</b>	<b>150</b>	<b>472</b>	<b>1,194</b>	<b>1,816</b>	<b>2</b>	<b>4,470</b>
Northland	45	126	125	<b>296</b>	8	56	151	<b>215</b>	-	<b>511</b>
Waitemata	172	383	618	<b>1,173</b>	62	193	497	<b>752</b>	1	<b>1,926</b>
Auckland	68	118	183	<b>369</b>	24	73	231	<b>328</b>	-	<b>697</b>
Counties Manukau	219	310	285	<b>814</b>	56	150	315	<b>521</b>	1	<b>1,336</b>

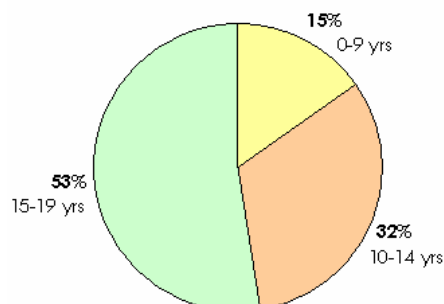
### **Gender**

There continues to be slightly more male clients (59%) accessing mental health services than females. There was a 19% increase in the total number of male clients accessing services in the region.

### **Age Group**

Over half (53%) of the total number of clients accessing mental health services in the Northern region were in the 15-19 year age group (see Figure 28).

**Figure 28. Northern Region Clients by Age Group (2<sup>nd</sup> 6 mo 2005)**



While there were more males accessing mental health services in the 0-9 and 10-14 year age group, there were slightly more females accessing services in the 15-19 year age group.

The largest increase (24%) in access for male clients was in the 10-14 year age group while the largest increase (28%) for female clients was in the 0-9 year age group.

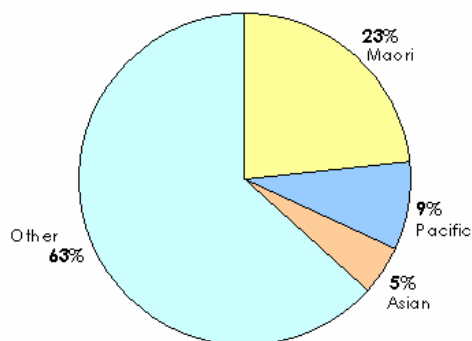
While access increased with age for both male and female clients in Auckland and Waitemata DHBs in the 2<sup>nd</sup> 6 months of 2005, of note is that 10-14 and 15-19 year old male clients were equally accessing mental health services in Northland and Counties Manukau DHBs (see Table 46).

### **Ethnicity**

#### **Māori**

In the second 6 months of 2005, 23% of the total number of clients accessing mental health services in the Northern region were Māori with over half (54%) in the 15-19 year age group (see Figure 29).

**Figure 29. Northern Region Clients by Ethnicity (2<sup>nd</sup> 6 mo 2005)**





From the end of 2004 to the end of 2005, there was a 20% increase in the total number of Māori clients accessing services. There was 26% increase in the number of Māori male clients compared to a 17% increase in the number of Māori female clients (see Table 47).

Although Counties Manukau DHB CAMHS reported the largest number of Māori clients, Northland DHB CAMHS reported the largest proportion of Māori clients (38% of total clients). However, the total number of clients in Northland DHB CAMHS decreased by 7% while Counties Manukau DHB experienced a significant increase (56%) in the number of Māori clients from the end of 2004 to the end of 2005 (see Table 47).

**Table 47. Clients by Gender, Ethnicity & DHB**

Northern Region	Male				Female			
	Māori	Pacific	Asian	Other	Māori	Pacific	Asian	Other
<b>2nd 6mo 2004</b>	<b>502</b>	<b>162</b>	<b>72</b>	<b>1,384</b>	<b>331</b>	<b>116</b>	<b>85</b>	<b>979</b>
Northland	136	2	0	147	65	2	2	114
Waitemata	136	39	19	665	100	27	27	411
Auckland	54	45	31	206	60	29	34	202
Counties Manukau	176	76	22	366	106	58	22	252
<b>2nd 6 mo 2005</b>	<b>631</b>	<b>228</b>	<b>94</b>	<b>1,602</b>	<b>387</b>	<b>143</b>	<b>110</b>	<b>1,121</b>
Northland	127	3	0	160	60	3	1	138
Waitemata	154	48	28	718	102	29	31	470
Auckland	82	58	31	252	54	34	38	219
Counties Manukau	268	119	35	472	171	77	40	294

### Pacific

Nine percent of the total number of clients accessing mental health services in the Northern region was Pacific with over half (62%) in the 15-19 year age group. By the end of 2005, there was a 33% increase in the total number of Pacific clients accessing services, the largest increase out of all ethnic groups in the region. There was a 41% increase in Pacific male access compared to 23% of Pacific females (see Table 51).

Counties Manukau DHB CAMHS also reported the largest number and proportion of Pacific clients in the region and also reported the largest increase (46%) in the total number of Pacific clients since the end of 2004.

### Asian

Five percent of the total number of clients accessing services in the region was Asian clients with over half (61%) in the 15-19 year age group. By the end of 2005, there was a 30% increase in the total number of Asian clients, the second largest increase out of all the ethnic groups in the region.

Although Counties Manukau DHB CAMHS reported the largest number of Asian clients (closely followed by Auckland DHB), Auckland DHB CAMHS had the largest proportion of Asian clients (9% of total clients) in the region. However, the total number of Asian clients in Auckland DHB CAMHS remained relatively similar to the 2004 numbers while Counties Manukau DHB CAMHS experienced a significant increase (70%) in the total number Asian clients (the largest increase out of all ethnic groups) by the end of 2005.

## 2005 Northern Region Access Rates Compared to MHC Blueprint Strategic Benchmarks

The 2004 and 2005 MHINC access data was analysed by six months to determine the six monthly benchmark access rates for each Region and DHB. The access rates presented in this section were calculated by dividing the clients in each age band per six month period by the corresponding 2005 projected population (prioritised ethnicity population).

The access rates have been compared to the Mental Health Commission's benchmarks for access to services for the 0-9, 10-14 and 15-19 age groups which are 1.0%, 3.9% and 5.5% (per 100, 000 under 20 years population) respectively.

Regional access data indicates that the Northern region had the lowest access rates in the country for all three age groups (see Appendix D, Table 8). However, since the end of 2004, there has been a slight increase in access rates but these access rates continue to remain well below the Mental Health Commission's access benchmarks (see Table 48).

**Table 48. Access Rates compared to MHC Strategic Benchmarks**

Northern Region Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
2 <sup>nd</sup> 6mo 2004	0.3%	1.0%	1.7%	1.0%
2 <sup>nd</sup> 6mo 2005	0.3%	1.2%	2.0%	1.0%

By the end of 2005, all four of the Northern Region DHBs reported a slight increase in access rates in all three age groups especially in the 15-19 year age group, with Auckland DHB continuing to report the lowest access rates in the region (see Table 49 & Figures 30-32).

**Table 49. DHB Access Rates compared to MHC Strategic Benchmarks**

Northern Region DHB Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
Northland	0.3%	1.4%	2.4%	1.1%
Waitemata	0.4%	1.4%	2.2%	1.1%
Auckland	0.2%	0.8%	1.6%	0.7%
Counties Manukau	0.4%	1.3%	2.1%	1.0%

Figure 30. Northern Region 0-9 yrs Access Rates compared to MHC Strategic Benchmarks

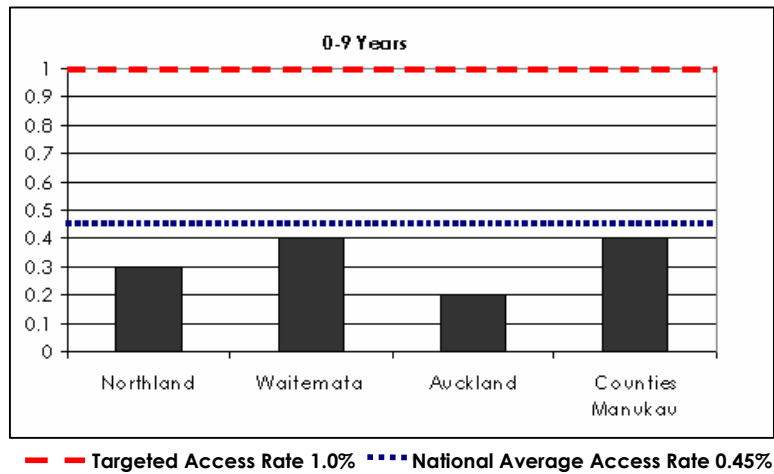


Figure 31. Northern Region 10-14 yrs Access Rates compared to MHC Strategic Benchmarks

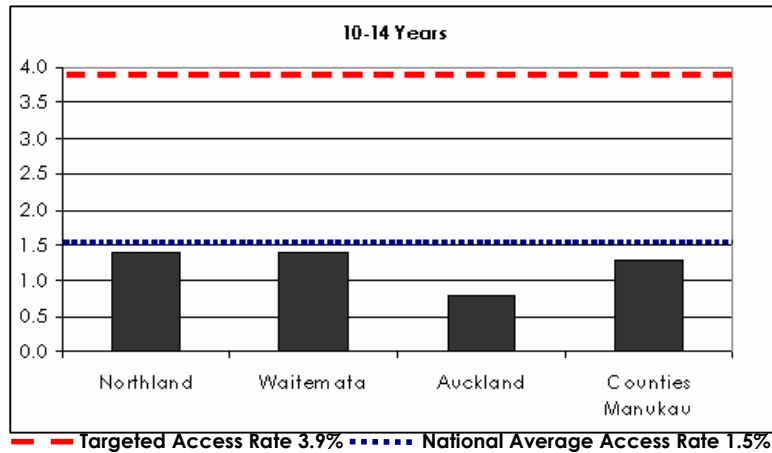
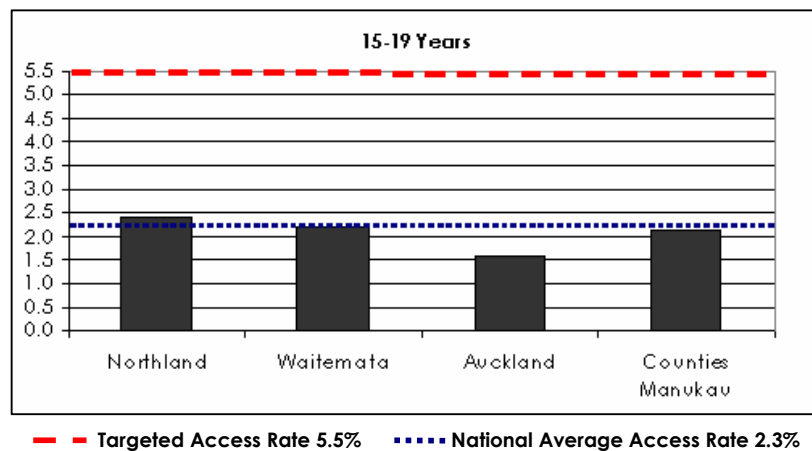


Figure 32. Northern Region 15-19 yrs Access Rates compared to MHC Strategic Benchmarks



## Northern Region Māori Access Rates

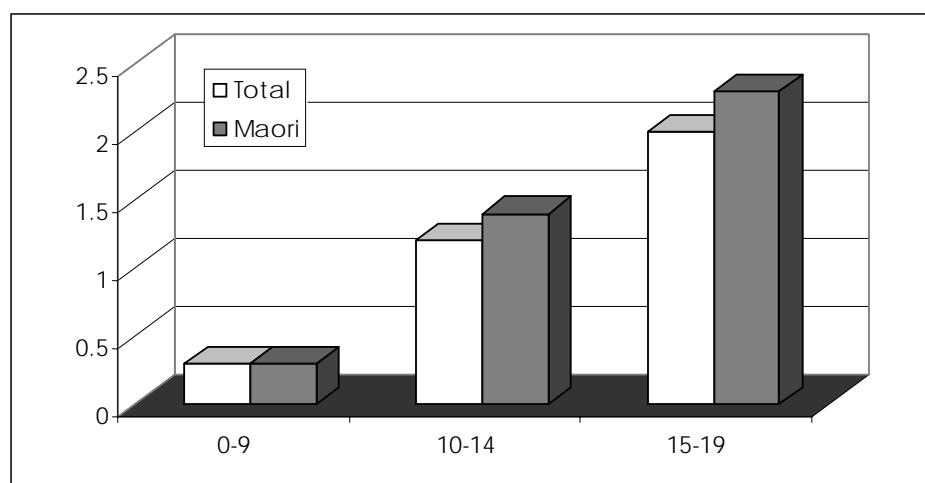
The total Northern region 0-19 years Māori access rate of 1.1% was higher than the regional total rate of 1.0% with the highest access rate reported by Counties Manukau DHB (1.3%) but this remained well below the MHC Strategic Access Benchmark of 3.0% (see Table 50).

Māori access rate for the 0-9 year age group was equal to the region's total 0-9 year access rate but higher in the 0-14 year age and especially in the 15-19 year age group.

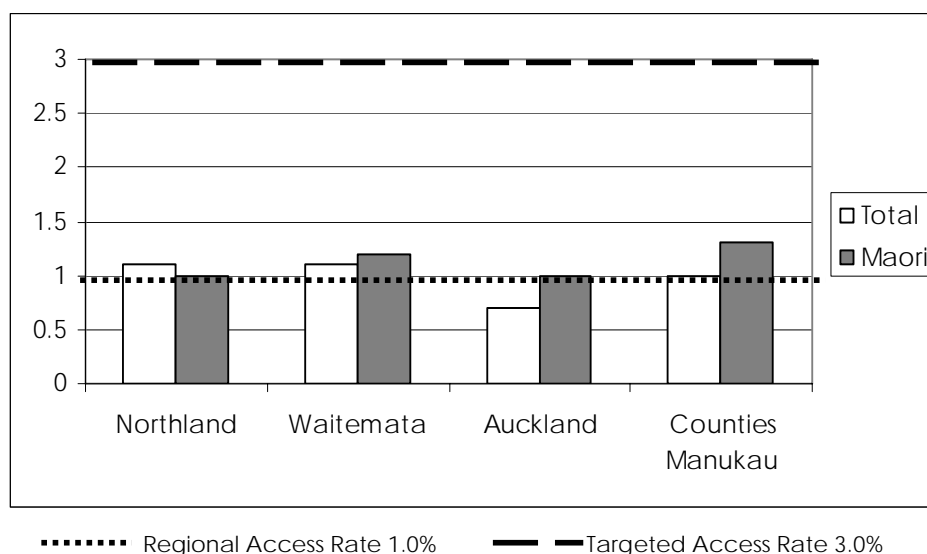
**Table 50. Māori Access Rates compared to MHC Strategic Benchmarks**

Māori Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
<b>Northern Region</b>	<b>0.3%</b>	<b>1.2%</b>	<b>2.0%</b>	<b>1.0%</b>
<b>Total Northern Region Māori</b>	<b>0.3%</b>	<b>1.4%</b>	<b>2.8%</b>	<b>1.1%</b>
<b>Northland</b>	<b>0.3%</b>	<b>1.4%</b>	<b>2.4%</b>	<b>1.1%</b>
Northland Māori	0.3%	1.0%	1.9%	0.9%
<b>Waitemata</b>	<b>0.4%</b>	<b>1.4%</b>	<b>2.2%</b>	<b>1.1%</b>
Waitemata Māori	0.3%	1.5%	3.0%	1.2%
<b>Auckland</b>	<b>0.2%</b>	<b>0.8%</b>	<b>1.6%</b>	<b>0.7%</b>
Auckland Māori	0.1%	1.1%	3.0%	1.0%
<b>Counties Manukau</b>	<b>0.4%</b>	<b>1.3%</b>	<b>2.1%</b>	<b>1.0%</b>
Counties Manukau Māori	0.3%	1.9%	3.0%	1.3%

**Figure 33. Northern Region Māori Access Rates compared to Total Northern Region Access Rates by Age Group (2<sup>nd</sup> 6mo 2005)**



**Figure 34. Northern Region 0-19 yrs Māori Access Rates compared to Northern Region 0-19 yrs Access Rates (2<sup>nd</sup> 6mo 2005)**



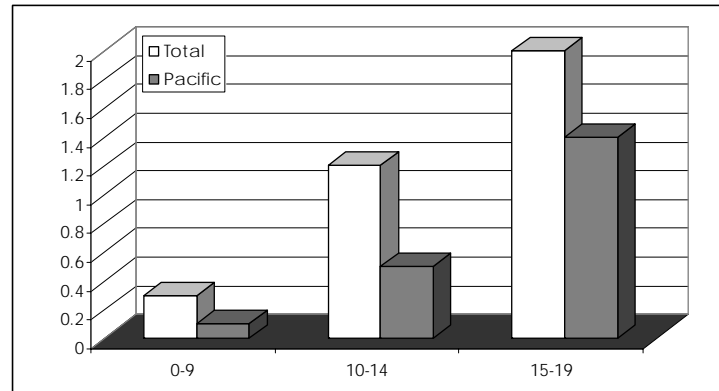
### ***Northern Region Pacific Access Rates***

The total Northern region 0-19 years Pacific access rate of 0.5% was lower than the regional total of 1.0%. Pacific access rates were also lower than the total rates for all three age groups and across all four DHBs and therefore remained well below the MHC Strategic Access Benchmarks (see Table 51).

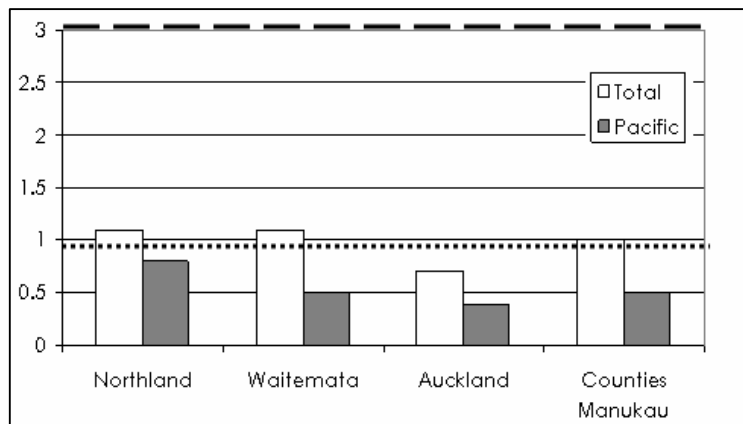
**Table 51. Pacific Access Rates compared to MHC Strategic Benchmarks**

Pacific Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
<b>Northern Region</b>	<b>0.3%</b>	<b>1.2%</b>	<b>2.0%</b>	<b>1.0%</b>
<b>Total Northern Pacific</b>	<b>0.1%</b>	<b>0.5%</b>	<b>1.4%</b>	<b>0.5%</b>
<b>Northland</b>	<b>0.3%</b>	<b>1.4%</b>	<b>2.4%</b>	<b>1.1%</b>
Northland Pacific	0%	0%	3.1%	0.8%
<b>Waitemata</b>	<b>0.4%</b>	<b>1.4%</b>	<b>2.2%</b>	<b>1.1%</b>
Waitemata Pacific	0.1%	0.5%	1.5%	0.5%
<b>Auckland</b>	<b>0.2%</b>	<b>0.8%</b>	<b>1.6%</b>	<b>0.7%</b>
Auckland Pacific	0.1%	0.5%	1.1%	0.4%
<b>Counties Manukau</b>	<b>0.4%</b>	<b>1.3%</b>	<b>2.1%</b>	<b>1.0%</b>
Counties Manukau Pacific	0.1%	0.4%	1.5%	0.5%

**Figure 35. Northern Region Pacific Access Rates compared to Northern Region Access Rates (2<sup>nd</sup> 6mo 2005)**



**Figure 36. Northern Region 0-19 yrs Pacific Access Rates compared to Northern Region 0-19 yrs Access Rates (2<sup>nd</sup> 6mo 2005)**



..... Regional Access Rate 1.0%      — Targeted Access Rate 3.0%

### ***Northern Region Asian Access Rate***

Due to very small numbers of Asian clients accessing mental health services per age group, the population based access rate based on the 2006 Census Statistics (2005 Asian population was not available) was calculated for the total 0-19 year age group only.

The Northern region Asian access rate was 0.3% for 2005 which was clearly the lowest access rate out of the four ethnic groups.

The low access rates against strategic benchmarks in the Northern region can be attributed to a real deficit in service delivery, however, the incomplete DHB returns to MHINC, the very low numbers of NGOs that were contributing to MHINC and the lack of data that is captured from other government funded agencies could also be contributing factors.

## Northern Region Summary

### 2006 Population Profile of the Northern Region

- The Northern region had New Zealand's largest (37%) child & adolescent population residing mainly in Counties Manukau (34%) & Waitemata (32%) DHB areas.
- Nearly half (49%) of the region's child & adolescent population were in the 0-9 year age group.
- The Northern region also had the largest Māori children & adolescent population (32%). However, Māori children & adolescents made up 19% of the region's total 0-19 yrs population.
- Northland DHB area had the largest proportion (44%) of Māori children & adolescents in the region.
- 71% of New Zealand's Pacific child & adolescent population resided in the Northern region with over half (53%) of the region's Pacific population residing in the Counties Manukau DHB area.
- 67% of New Zealand's Asian child & adolescent population resided in the Northern region with the largest proportion (23%) residing the Auckland DHB area.
- Asian 0-19 year population is projected to be equal to that of the Pacific 0-19 years population by 2016.
- Pacific & Asian 0-19 years population in the Northern region is projected to be larger than the Māori 0-19 years population.

### 2006 Northern Region Child & Adolescent Mental Health & AOD Services

- There are 4 DHB CAMH services providing specialist child & adolescent mental services in the Northern region: Northland, Waitemata, Auckland & Counties Manukau DHBs.
- 14 DHB Funded NGOs were identified for the reporting period (as at 30<sup>th</sup> June 2006). However workforce data from only 13 NGOs was included in this update.
- Of the 13 NGOs, there was only one DHB directly funded child & adolescent Kaupapa Māori NGO and there were no Pacific NGOs identified in the Northern region.

### 2006 Northern Region Funding of Child & Adolescent Mental Health & AOD Services

- Since the 2004/2005 financial year, there was a 10% increase in total funding for child & adolescent mental health services (an 8% increase in total DHB & a 33% increase in total NGO funding) with DHB provider CAMHS receiving 91% of the total funding.
- There was a 27% increase in the regional spend per child when inpatient costs are excluded & an 11% increase when inpatient cost are included.
- Spend per child was least for Waitemata & Counties Manukau DHBs where the region's largest child & adolescent population resided.

### 2006 Northern Region Child & Adolescent Mental Health & AOD Workforce

- The Northern region DHB (Inpatient & Community) CAMHS & NGOs reported a total of **368.11** actual FTEs with a further **59.5** FTEs reported vacant with the majority of vacancies (92%) reported by DHB (Inpatient & Community) CAMH services.
- The Northern region DHB (Inpatient & Community) CAMHS reported the largest total child & adolescent workforce (**298.85** actual FTEs) in the region.
- 76% of the Northern region child & adolescent mental health workforce were Clinical staff with the majority (89%) in DHB CAMHS and consisted largely of Mental Health

- Nurses (70.8 actual FTEs), Social Workers (57.6 actual FTEs) & Psychologists (52.8 actual FTEs).
- The DHB CAMHS Non-Clinical workforce consisted largely of Cultural Workers (12.6 actual FTEs) & Mental Health Support Workers (10.9 actual FTEs).
- 15% of the total Northern region workforce were Non-Clinical workforce with the majority (58%) in NGOs & consisted largely of Mental Health Support Workers (27.8 actual FTEs).
- The NGO Clinical workforce consisted largely of Social Workers (14.6 actual FTEs) & Alcohol & Drug Workers (9.63 actual FTEs).
- The Northern region DHB CAMHS & NGOs reported a total of **242.26** actual Community Clinical FTEs. Although there was a 23% increase in the regional workforce since 2004, the workforce would still need to increase by 72% to meet MHC's recommended resource guideline of **438.53** FTEs.
- Although there was a 28% increase in Psychiatry FTEs (from 21.83 FTEs to 27.88 actual FTEs) since 2004, it remained well below the WHO recommendation of 43.63 actual FTEs. Therefore the regional Psychiatry FTEs would need to increase by 59%.

### **Ethnicity of the 2006 Northern Region Child & Adolescent Mental Health & AOD Workforce**

#### ***Māori***

- Northern region DHB (Inpatient & Community) CAMHS & NGOs reported a total of **71** (head count) Māori staff (33.9 Clinical FTEs, 21.9 Non-Clinical FTEs & 6.7 Administration FTEs).
- Over half (**39**) of the region's Māori staff were employed in DHB CAMHS.
- Māori staff in DHB CAMHS were largely in Clinical roles as Mental Health Nurses (7) & Social Workers (6) while Māori staff in Non-Clinical positions were Cultural Workers (9).
- Half (50%) of the Māori staff in NGOs were in Clinical roles as Social Workers (10) & Alcohol & Drug Workers (5). Māori in Non-Clinical roles were mainly Mental Health Support Workers (12) & Cultural Workers (2).
- The Northern region DHB CAMHS & NGOs reported a total of **33.9** actual Community Clinical FTEs. Using the MHC Blueprint Resource Guidelines and proportioning according to the 0-19 years population, the Māori Community Clinical workforce would need to increase by 136% (46.1 Community Clinical FTEs) to meet the regional recommended guideline of 80 FTEs.

#### ***Pacific***

- The Northern region DHB (Inpatient & Community) CAMHS & NGOs reported a total of **27** Pacific Staff (11.6 Clinical FTEs, 4.7 Non-Clinical FTEs).
- Over half (18) of the region's Pacific staff were employed in DHB (Community) CAMHS.
- Pacific staff in the DHB CAMHS were largely in Clinical roles as Social Workers (5), Mental Health Nurses (4), Alcohol & Drug Workers (2) & Psychologists (2). Non-Clinical Pacific staff were in Cultural roles (4).
- In NGOs, there were slightly more Pacific staff in Clinical roles as Alcohol & Drug Workers (3) & Social Workers (2). Pacific staff in Non-Clinical roles were Mental Health Support Workers (4).
- Pacific children & adolescents made up 16% of the total region's 0-19 yrs population while the Pacific workforce made up only 8% of the region's total CAMH workforce. Therefore, the region's Pacific workforce would need to increase by 8% to adequately reflect the region's Pacific proportion of the population.
- The Northern region DHB CAMHS & NGOs reported a total of **11.6** actual Community Clinical FTEs. Using the MHC Blueprint Resource Guidelines and proportioning according to the 0-19 yrs population, the Pacific Community Clinical workforce would need to increase by 482% (56 community clinical FTEs) to meet the regional recommended guideline of 67.6 FTEs.



### **Asian**

- The Northern region DHB (Inpatient & Community) CAMHS & NGOs reported a total of **18** Asian staff.
- Over half (**11**) of the region's Asian staff were employed in DHB CAMHS.
- Asian staff in the DHB CAMHS were largely in Clinical roles as Mental Health Nurses (6), Psychologists (2) & Psychiatrists (2).
- Asian staff in NGOs held both Clinical (Mental Health Nurse & Social Worker) & Non-Clinical (support for client) roles (Mental Health Support Workers).
- Asian children & adolescents made up 15% of the total Northern region 0-19 years population while the Asian workforce made up only 5% of the region's total CAMH workforce. Therefore, the region's Asian workforce would need to increase by 10% to adequately reflect the region's Asian proportion of the population.

### **2005 Northern Region Access to Child & Adolescent Mental Health Services**

- The Northern region reported the highest number of clients in the country with Waitemata DHB CAMHS reporting the highest number (43%) in the region.
- There was a 17% increase in the region's number of clients since 2004 with Counties Manukau DHB reporting the largest increase (31%).
- Access increased with age for both male & female clients with over half (52%) of the clients in the 15-19 year age group.
- While there were more males accessing services in the 0-9 & 10-14 year age groups, there were more female clients in the 15-19 year age.
- The Northern region access rates for the 0-9 yrs, 10-14 yrs & 15-19 yrs age groups were 0.3%, 1.2% & 2.0% respectively.
- The total Northern region access rate for the 2<sup>nd</sup> 6 months of 2005 for the 0-19 yr population (1.0%) continued to be well below the MHC's access benchmark of 3.0% with the largest disparity (3.5%) in the 15-19 year age group.
- 23% of clients in the Northern region were Māori with a 20% increase in Māori clients since 2004.
- The total Māori 0-19 years access rate of 1.1% was higher than the region's total 0-19 yrs access rate of 1.0%. Māori access rates by age group were also higher in the 10-14 & 15-19 yr age group access rates.
- Māori 0-19 yrs access rates were higher than the region's 0-19 yrs access rates in Waitemata, Auckland & Counties Manukau DHBs.
- 9% of clients in the Northern region were Pacific with a 33% increase in Pacific clients since 2004. Counties Manukau DHB reported the largest increase (46%) in Pacific clients in the region.
- The total Pacific 0-19 years access rate of 0.5% was lower than the regional access rate of 1.0% and this was also the case in all three age groups & across all 4 DHBs.
- 5% of clients in the Northern region were Asian with a 30% increase in the number of Asian clients. Counties Manukau DHB reported the largest increase (70%) in Asian clients in the region.
- Based on the 2006 Asian population, the total 0-19 years Asian access rate for the region was 0.3% for 2005, the lowest rate out of the four ethnic groups.
- The low access rates against strategic benchmarks in the Northern region can be attributed to a real deficit in service delivery, however, a small component of the gap could also be due to incomplete DHB returns to MHINC, low numbers of NGOs that were contributing to MHINC & the lack of data that is captured from other government funded agencies.

**Northern Region Māori Tamariki & Rangatahi  
Mental Health Workforce**

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**Tania Cargo**



## Introduction

*Hutia te rito o te harakeke,  
kei hea te komako e ko.  
Rere ki uta  
rere ki tai.*

*Ki mai koe ki au,  
'He aha te mea nui o te Ao?'  
Maku e ki, He tangata, he tangata, he tangata*

If the centre [fruiting] shoot of the flax bush were plucked  
where would the bellbird sing?  
You fly inland  
you fly to the sea  
You ask me,  
'What is the most important thing in the world  
I would say, 'Tis people, 'tis people,' tis people'

Translation: Joan Metge (1995, p13)

In whaikorero, this whakatauki has been used as a metaphor for whānau. Harakeke grows in a fan like formation, with new growth emerging from the centre. This new growth is called the “rito” and is likened, to the young child, with the leaves either side of the rito representing the mātua (parents). In flax harvesting, the rito and mātua are never cut which ensures the plant survives. It is useful then, for this current Stocktake Update of Child, Adolescent Mental Health Services (CAMHS) to view Māori tamariki and rangatahi from within this harakeke metaphor, so that our children are not viewed in isolation but are embodied within their whānau, hapu, iwi.

It is also important to acknowledge both that Māori as Tangata Whenua have their indigenous status validated in government legislation (Treaty of Waitangi) and that their wholistic views of health (Te Whare Tapa Wha) are recognized in a variety of national and international health literature (World Health Organization, 2001).

In order to make this Stocktake Update more regionally relevant, the data is presented in four regional chapters (Northern, Midland, Central & Southern) and “Prioritised Ethnicity” data used from the 2006 Census.

### **Māori Tamariki, Rangatahi & their Whānau**

According to the 2006 Census information, Māori make up almost 15% of the population, with almost one in two Māori being under the age of 20.

The 2006 Census also reveals that the majority of Māori live in urban areas (85%) in the North Island (87%) with almost a quarter (24.3%) of all Māori living in the Auckland region.



The 2001 Census showed<sup>1</sup> that whilst the majority of tamariki live in two parent homes, 35% live in one parent homes where the median income was below \$15,000. It also revealed that Māori tamariki and rangatahi comprised half of all identified speakers of Te Reo.

This information has important implications for the ability of mental health services to respond appropriately to Māori tamariki, rangatahi and their Whānau, both in terms of being able to speak Te Reo but also in their ability to support Whānau with limited financial resources living in urban environments.

## **Prevalence of Mental Health Problems**

Māori rangatahi appear to have almost double the prevalence rates of serious mental health issues than non-Māori youth (Fergusson et. al., 2003) Fergusson and his colleagues (2003, p. 15) noted that Māori children were more likely than non-Māori to be reared in homes where

*“material disadvantage, family dysfunction and parental difficulties that were likely to contribute to future problems of adjustment.”*

However Durie (2005, p. 42) states that even after the material disadvantages are taken into account, disparities remain. He suggests a possible explanation may include discriminatory behaviour in the

*“provision of services and in the access to economic opportunities, culturally inappropriate design of goods and services, and cultural differences in values and aspirations.”*

Durie (2005) also suggests that ethnicity itself is a health determinant which is supported by Reid, Robson & Jones (2002) analysis of socio-economic and ethnic data in health services. In this analysis, Reid and colleagues describe three ethnic inequalities that exist in health services, the distribution gap (Māori are not distributed evenly across all deprivation deciles and are overly represented in the very deprived neighbourhoods (deciles 8-10); the outcome gap (Māori health outcomes are worse even after controlling for deprivation); and the gradient gap (socio-economic hardship impacts more heavily on Māori). These findings have important implications for delivery of appropriate health services to Māori.

During the second six months of 2005, Māori made up almost 20% of all clients seen by DHB specialist CAMHS (although they are 22% of the population).

A worrying trend is that Māori tamariki and rangatahi were overrepresented in the more serious areas of mental health and exhibit a greater severity of symptoms which are associated with poorer mental health outcome:

- 37% of all Early Intervention Psychosis clients (4% increase since 2004)
- 43% of all specialist substance programmes ((30% increase since 2004)
- 30% of all inpatient clients (3% increase since 2004)
- 40% of all court liaison services (8% increase since 2004).

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<sup>1</sup> 2006 Census data information was not available at the time of writing this report

The fact that all these areas increased since the previous year is also cause for concern. The challenge for mental health services is to intervene early (prevention), utilise Māori expertise to enhance culturally unique protective factors (Huriwai, 2002; Durie, 2001; Lawson, 1998) and work towards eliminating discriminatory behaviour in service design, provision and values.

### **Māori Service Provision**

Durie (2003) and others such as Lawson (1998) have argued that Māori must not only gain social, economic and political equity with non-Māori, which will help strengthen whānau (Durie, 2003) but must also be supported to build their own capacity and Kaupapa Māori mental health services.

Given the suggestion that ethnicity is a determinant of health (Reid et al., 2002 & Durie, 2005), the challenge is to provide kaupapa Māori mental health services which addresses not only the inequalities (benchmarked against non-Māori performance) but also develop tangible ways to strengthen Māori participation in Te Ao Māori (Durie, 2005) so that Māori specific measures are used to capture their absolute uniqueness (Pere, 1997).

The Blueprint for Mental Health services (MHC 1998, p. 45) also supported the provision of Kaupapa Māori mental health services.

*"In each region a proportion of the resource guidelines should be allocated to kaupapa Māori services, according to the proportion of Māori in the local population."*

However an analysis of resource (spend per child by DHB area) shows a trend towards those areas with the highest Māori population having less spend per child. Whilst larger spend does not necessarily equate to better service, it does make an economic statement which follows the socio-economic and deprivation indices.

Analysis also reveals that Auckland which has the largest number of Māori tamariki and rangatahi have no access to Ministry of Health funded (MHCS39) Kaupapa Māori mental health services. Whilst it is important to consider that Māori services may well deliver Kaupapa Māori services without receiving Ministry funding (as lack of funding does not transmit to lack of service provision). It would be interesting to know why some Iwi service providers (whom it may be assumed operate from a Kaupapa Māori base) did not have specialist Kaupapa Māori contracts.

Perhaps the final point is that in order to provide appropriate Māori services (now and in the future) the ethnic data collection methods need to be improved across the sector. It would also be useful for the MHC blueprint guidelines to have a comprehensive breakdown of the under 10 year old age group, as this age group covers infants, toddlers and pre-schoolers whose need/use is currently assumed to be the same as school age tamariki.

### **Māori Tamariki, Rangatahi & Whānau Workforce Development**

The Māori child and adolescent mental health workforce must not only grow to reflect true choice for Māori, but must also be able to provide cultural and clinical safety (MOH, 2002). This recognition that clinical competence cannot be separated from culture, identifies a new challenge for both the education and health sectors as they look at dual competency development.

In order to support Māori tamariki, rangatahi and their Whānau appropriately, a range of initiatives developed by and for Māori are required so that mental health services are utilised and have appropriate outcomes for Māori. This may require initiatives which focus on specialist services for infants, children and youth within the context of Whānau Ora (MOH, 2002). It may also require a look at how the sector defines the term 'clinical' and 'clinicians' which values non-Māori knowledge and expertise. As well as ways to work across a range of sectors (Health, Education, Justice and Social Policy) so that Māori need is identified early to enhance better health outcomes.

The following section strives to make the data more relevant and useful for the Māori tamariki, rangatahi and whānau mental health workforce and their agencies within the Northern Region, which includes 8 Māori Iwi/Runanga groupings: Ngāti Kuri, Te Aupouri, Ngāti Kahu, Te Rarawa, Ngāpuhi, Ngāti Wai, Ngāti Whatua and Tainui.

After consultation with our Kaumatua, Rawiri Wharemate and the Cultural Advisory team within the Werry Centre, it was decided to present the Te Tai Tokerau and Tāmaki Makaurau data separately because these regions reflect significantly different Māori communities (rural and urban) and therefore separate data may be more useful for the Māori agencies and their workforce.

## Northern Region Māori Tamariki & Rangatahi Population

A total of 182,937 Māori reside in the Northern region. Of this almost one in two Māori (46%) are tamariki and rangatahi under the age of twenty.

### Te Tai Tokerau Māori Tamariki & Rangatahi Population

According to the 2006 Census (prioritised ethnicity) data, a total of 43,227 Māori resided in the Te Tai Tokerau (Northland) region. Forty-six percent (19,722) were under 20 years of age (see Table 1).

**Table 1. Northern Region Tamariki & Rangatahi Population (2006)**

Northern Region	Age Group (yrs)					
	0-9	10-14	15-19	Total 0-19	Total NZ 0-19	Proportion of 0-19 Popn (%)
<b>Māori</b>	<b>43,401</b>	<b>21,480</b>	<b>18,687</b>	<b>83,568</b>	<b>436,344</b>	<b>19</b>
Northland	10,017	5,517	4,188	<b>19,722</b>	<b>45,267</b>	44
Waitemata	10,239	5,001	4,569	<b>19,809</b>	<b>139,758</b>	14
Auckland	5,862	2,907	3,009	<b>11,778</b>	<b>104,139</b>	11
Counties Manukau	17,283	8,055	6,921	<b>32,259</b>	<b>147,180</b>	22

Māori tamariki and rangatahi comprised 44% of all children and adolescent in the district (see Table 1).

### Tāmaki Makaurau Tamariki & Rangatahi Population

In Tāmaki Makaurau, the 2006 Census reports a total of 139,710 Māori residing in the region. Like Te Tai Tokerau, 46% were under 20 years of age.

Māori tamariki and rangatahi comprised 16% of all children and adolescents in the greater Auckland district (see Table 1). The largest number of Māori tamariki and rangatahi live in the Counties Manukau district, where they comprise 22% of all children and adolescents (see Table 1).



## Northern Region Māori Tamariki & Rangatahi Mental Health Services & Workforce

Specialist child and adolescent mental health services in the Northern region are provided by 4 District Health Boards (DHBs); Northland DHB (in Te Taitokerau), Waitemata, Auckland and Counties Manukau (in Tāmaki makaurau).

There were no Kaupapa Māori DHB CAMHS in the Northern Region in this period.

DHB funded Non-Government Organisations (NGOs) also provide a broad range of primary, secondary and specialist mental health services, including residential care, community support, day programmes, consumer and family support services.

Specialist Kaupapa Māori services are identified as MHCS39 in the Ministry of Health's Price Volume Schedules. There was one specialist Kaupapa Māori service in the Northern Region.

### NGO Tamariki & Rangatahi Mental Health Services

#### *Te Tai Tokerau Māori NGO Mental Health Services*

In the Te Tai Tokerau region, there are three Māori NGO's receiving Ministry of Health funding to deliver child and adolescent mental health services (see Table 2). They are all Iwi providers and Ngati Hine Health Trust also has a MHCS39 contract to deliver specialist Kaupapa Māori services to Māori tamariki and rangatahi.

Table 2. Te Tai Tokerau NGOs (2005/2006)

<b><i>Ngāti Hine Health Trust Board</i></b>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Child & Youth Day Services
<b><i>Te Hauora O Te Hiku O Te Ika' Ngāti Kahu Social Services</i></b>
Advocacy/Peer Support-Families/Whānau
<b><i>Te Runanga O Te Rarawa Inc</i></b>
Children & Youth Alcohol & Drug Community Services

Note: Italicised Services are Kaupapa Māori Services

### NGO Tamariki & Rangatahi Mental Health Workforce

#### *Te Tai Tokerau Māori NGO Mental Health Workforce*

The three Iwi providers had a total Māori workforce of 11 (10 Clinical). The Clinical staff comprised eight Social workers and two Alcohol & Drug workers. The Non-Clinical position was a Mental Health Support Worker (see Table 3).

Table 3. Te Tai Tokerau Māori Child & Adolescent Mental Health Workforce by Occupational Group

Te Tai Tokerau NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Northland Total</b>	3	0	0	0	0	0	0	8	0	11	0	0	0	1	0	1	1	13
<b>Māori NGOs</b>	2	-	-	-	-	-	-	8	-	10	-	-	-	1	-	1	-	11
<i>Ngati Hine Health Trust Board</i>	2	-	-	-	-	-	-	2	-	4	-	-	-	-	-	0	-	4
Te Hauora O Te Hiku O Te Ika Ngati Kahu Social Services	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Te Runanga O Te Rarawa Inc	-	-	-	-	-	-	-	6	-	6	-	-	-	-	-	0	-	6
<b>Mainstream NGOs</b>	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	0	1	2
Northcare Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Rubicon Charitable Trust Board	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	0	1	2

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

### **Mainstream NGO Māori Mental Health Workforce**

There were two additional Māori staff in mainstream NGOs, a Clinical Alcohol & Drug Worker and a Non-Clinical Administration worker (see Table 4).

### **DHB CAMHS Māori Mental Health Workforce**

#### ***Inpatient Workforce***

There were no DHB Inpatient services for tamariki and rangatahi. Whānau travel to Auckland District Health Board's, Child and Family Unit located at the Starship Children's hospital to access specialist mental health Inpatient services.

#### ***Community Workforce***

In the Northland DHB CAMHS, there were a total of 5 Māori staff (4 Clinical), which is a 100% increase in Clinical staff since the 2004 Stoctake (see Table 4). Clinical staff were comprised of two Mental Health Nurses, a Social Worker and an Alcohol & Drug worker. The Non-Clinical workforce contributed 20% of the total workforce.

There were no DHB Kaupapa Māori CAMHS services in the Te Tai Tokerau region.

**Table 4. Te Tai Tokerau DHB CAMHS Māori Community Workforce**

Occupational Group	Te Tai Tokerau: Northland DHB	
	2004	2006
Alcohol & Drug Worker	-	1
Counsellor	-	-
Mental Health Nurse	2	2
Occupational Therapist	-	-
Psychiatrist	-	-
Psychotherapist	-	-
Psychologist	-	-
Social Worker	-	1
Other Clinical	-	-
<b>Clinical Sub-Total</b>	<b>2</b>	<b>4</b>
Cultural	-	-
Specific Liaison	-	-
Mental Health Consumer	-	-
Mental Health Support	-	-
Other Non-Clinical Support	-	-
<b>Non-Clinical Sub-Total</b>	<b>0</b>	<b>0</b>
Administration/Management	0	1
<b>Total</b>	<b>2</b>	<b>5</b>

## Te Tai Tokerau Total Regional Māori Workforce

DHB CAMHS and NGOs in the Te Tai Tokerau region reported a total of 15 Māori Clinical staff from within a total workforce of 18 (see Table 5). The Clinical workforce was predominantly Social Workers (9/15) followed by Alcohol & Drug Workers (4) and Mental Health Nurses (2). The Clinical workforce was located predominantly in the NGO sector (73%) where Māori NGOs contributed 10 of the 11 clinicians (91%).

**Table 5. Total Te Tai Tokerau Māori Workforce**

Te Tai Tokerau Headcount	DHB	Māori NGOs	Mainstream NGOs	Total
Clinical	4	10	1	15
Non-Clinical <sup>1</sup>	1	1	1	3
<b>Total</b>	<b>5</b>	<b>11</b>	<b>2</b>	<b>18</b>

1. Includes Administrative/Management Staff

## NGO Tamariki & Rangatahi Mental Health Services

### *Tāmaki Makaurau Māori NGO Mental Health Services*

In the Tāmaki Makaurau region, there were two Māori NGO's (one Iwi provider) receiving Ministry of Health funding to deliver child and adolescent mental health services (see Table 6). Both services are located in the Counties Manukau district.

There were no DHB funded Māori NGOs in either the Auckland or Waitemata districts.

There were no specialist Kaupapa Māori services (Purchase Unit Code MHCS39) for Māori tamariki, rangatahi and Whānau in the Tāmaki Makaurau region.

**Table 6. Tāmaki Makaurau Māori NGO Services**

Tāmaki Makaurau Māori NGOs	Age Group
<b>Mahitahi Trust</b>	
Advocacy/Peer Support-Families/Whānau	12-18
<b>Raukura Hauora O Tainui Trust</b>	
Advocacy/Peer Support-Families/Whānau	13-18

Table 7. Tāmaki Makau Rau NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Tāmaki Makau Rau NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Tāmaki Makau Rau Total</b>	2	0	1	0	0	0	0	2	0	5	2	0	0	11	0	13	1	19
<b>Auckland</b>	2	0	0	0	0	0	0	0	0	2	2	0	0	3	0	5	0	7
<b>Mainstream NGOs</b>																		
Odyssey House Trust	2	-	-	-	-	-	-	-	-	2	2	-	-	-	-	2	-	4
Richmond Fellowship	-	-	-	-	-	-	-	-	-	0	-	-	-	3	-	3	-	3
<b>Counties Manukau</b>	0	0	1	0	0	0	0	2	0	3	0	0	0	8	0	8	1	12
<b>Māori NGOs</b>																		
Mahitahi Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	7	-	7	-	7
Raukura Hauora O Tainui Trust	-	-	1	-	-	-	-	2	-	3	-	-	-	-	-	0	-	3
<b>Mainstream NGOs</b>																		
Richmond Fellowship	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	1	2

## NGO Tamariki & Rangatahi Mental Health Workforce

### *Māori NGO Mental Health Workforce*

The two Māori NGOs had a total Māori workforce of 10 (7 Non-Clinical). The Non-Clinical staff were all Mental Health Support Workers. The Clinical staff comprised Social Workers (2) and a Mental Health Nurse (see Table 7).

### *Mainstream NGO Māori Mental Health Workforce*

In mainstream NGOs, there were an additional 9 Māori staff (7 Non-Clinical). The Non-Clinical workforce were Mental Health Support Workers (4) and Cultural Workers (2) and an Administration position. The Clinical workforce comprised two Alcohol & Drug Workers (see Table 7).

## DHB CAMHS Māori Mental Health Workforce

### *DHB Inpatient Workforce*

Specialist child and adolescent mental health inpatient services in the Tāmaki Makaurau region are provided by Auckland DHB's Child and Family Unit (CFU). There were 5 Māori staff (all Non-Clinical) reported by CFU. The Non-Clinical staff were Mental Health Support Workers (4) and a Cultural Worker.

In the previous Stocktake, there had been 10 Māori staff (6 Non-Clinical and 4 Clinical). There has been a loss of all Clinical Workers and one Non-Clinical Worker since 2005.

**Table 8. Tāmaki Makau Rau DHB Inpatient Māori CAMHS Workforce**

Auckland Inpatient Service: Child & Family Unit	Māori (Head Count)	
	2005	2006
<b>Occupational Group</b>		
Alcohol & Drug Worker	-	-
Counsellor	-	-
Mental Health Nurse	3	-
Occupational Therapist	-	-
Psychiatrist	-	-
Psychotherapist	-	-
Psychologist	-	-
Social Worker	1	-
Other Clinical	-	-
<b>Clinical Sub-Total</b>	<b>4</b>	<b>0</b>
Cultural	1	1
Specific Liaison	-	-
Mental Health Consumer	-	-
Mental Health Support	5	4
Other Non-Clinical Support	-	-
<b>Non-Clinical Sub-Total</b>	<b>6</b>	<b>5</b>
Administration/Management	0	0
<b>Total</b>	<b>10</b>	<b>5</b>

## **DHB Community Workforce**

There were no specialist DHB Kaupapa Māori CAMHS services in the Te Tai Tokerau region.

There are 3 DHB providers of CAMHS; Waitemata (Marinoto), Auckland (Kari Centre) and Counties Manukau (Whirinaki). CAMHS reported a total of 29 Māori staff (15 Non-Clinical). The Non-Clinical staff were Cultural Workers (10) and Administration workers (5). Both Waitemata and Auckland had a slight increase in Non-Clinical staff since the previous Stocktake (see Table 9).

The 14 Clinical staff comprised Social Workers (6) and Mental Health Nurses (3), Psychologists (3) and Psychotherapists (2). Since the previous Stocktake all DHBs in Tāmaki Makaurau have lost Māori Clinical staff (see Table 9).

In terms of Clinical staff to Māori population ratio, Auckland DHB had a (1: 11,778) ratio, Counties Manukau DHB is slightly better off (1:8064) ratio and Waitemata DHB having the best clinical ratio (1: 2201).

## **Tāmaki Makaurau Total Regional Māori Workforce**

DHB CAMHS and NGO services in the Tāmaki Makaurau Region reported a total of 19 (36%) Clinical staff from a total workforce of 53 Māori staff (see Table 9). The Clinical staff comprised Social workers (8), Mental Health Nurses (4), Psychologists (3), Psychotherapists (2) and Alcohol & Drug Workers (2). Most of the Clinical staff were located in the DHBs (74%).

The Māori workforce is comprised predominantly of Non-Clinical staff (64%), Mental Health workers (15), Cultural (13) and Administration (6). Counties Manukau had the largest total Māori workforce however Waitemata had the largest Māori Clinical workforce (see Table 10).

**Table 9. Total Tāmaki Makaurau Māori Workforce**

<b>Tāmaki Makaurau Māori Head Count June 2006</b>	<b>DHB<sup>1</sup></b>	<b>Māori NGOs</b>	<b>Mainstream NGOs</b>	<b>Total</b>
Clinical	14	3	2	<b>19</b>
Non-Clinical <sup>2</sup>	20	7	7	<b>34</b>
<b>Total</b>	<b>34</b>	<b>10</b>	<b>9</b>	<b>53</b>

1. Includes Inpatient Service

2. Includes the Administration/Management Workforce

**Table 10. Tāmaki Makau Rau DHB Community Māori CAMHS Workforce by Occupational Group**

Occupational Group	Tāmaki Makaurau: DHB Community CAMHS: Māori (Head Count)							
	Waitemata		Auckland		Counties Manukau		Total	
	2005	2006	2005	2006	2004	2006	2004	2006
Alcohol & Drug Worker	2	-	-	-	-	-	2	0
Counsellor	-	-	-	-	1	-	1	0
Mental Health Nurse	4	2	-	-	1	1	5	3
Occupational Therapist	-	-	-	-	-	-	0	0
Psychiatrist	1	-	-	-	-	-	1	0
Psychotherapist	-	-	-	-	1	2	1	2
Psychologist	1	3	-	-	1	-	2	3
Social Worker	4	4	2	1	-	1	6	6
Other Clinical	-	-	2	-	1	-	3	0
<b>Clinical Sub-Total</b>	<b>12</b>	<b>9</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>21</b>	<b>14</b>
Cultural	4	5	2	4	3	1	9	10
Specific Liaison	-	-	-	-	-	-	-	-
Mental Health Consumer	-	-	-	-	-	-	-	-
Mental Health Support	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>9</b>	<b>10</b>
Administration/Management	0	2	0	0	2	3	2	5
<b>Total</b>	<b>16</b>	<b>16</b>	<b>6</b>	<b>5</b>	<b>10</b>	<b>8</b>	<b>32</b>	<b>29</b>



## Māori Clinical Workforce compared to MHC Resource Guidelines

The Mental Health Commission's (MHC's) Blueprint document recommends 28.6 Community Clinical FTEs per 100,000 population. The Blueprint document (1998, p.45) suggested that:

*"In each region a proportion of the resource guidelines should be allocated to kaupapa Māori services, according to the proportion of Māori in the local population."*

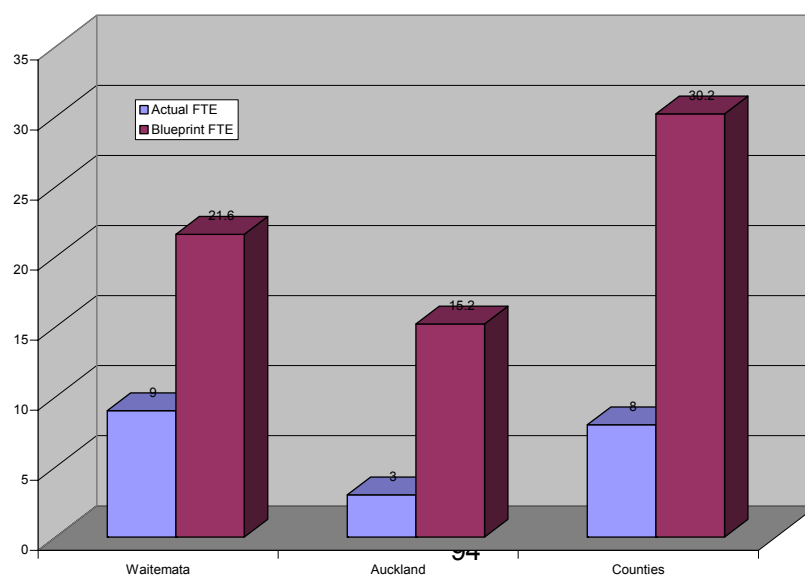
If the Clinical workforce was also allocated according to the proportion of Māori in each region to both reflect choice in service and to allocate funds for Kaupapa Māori service, then 80 Māori Clinical FTEs would be required in the Northern region (18.6 in Te Tai Tokerau and 61.2 in Tāmaki Makaurau). Based on this suggestion, the Clinical workforce would need to grow by 24% in Te Tai Tokerau district and 224 % in Tāmaki Makaurau district (see Table 11).

All DHBs in Tāmaki Makaurau are in need of Māori Clinical staff, Counties Manukau require 20 FTEs, Auckland 10.4 and Waitemata 10.0 (see Figure 1).

**Table 11. Māori Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Guidelines (2006)**

Northern Region	Blueprint Guidelines 28.6/100,000 Total Popn	DHB & NGO Māori FTEs	FTEs per 0-19 yrs Māori Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>417.6</b>	<b>33.9</b>	<b>80.0</b>	<b>46.1</b>	<b>136</b>
<b>Te Tai Tokerau</b>	<b>42.6</b>	<b>15.0</b>	<b>18.6</b>	<b>3.6</b>	<b>24</b>
<b>Tāmaki Makaurau</b>	<b>375.0</b>	<b>18.9</b>	<b>61.2</b>	<b>42.3</b>	<b>224</b>
Waitemata	136.4	9.3	19.3	10.0	108
Auckland	115.9	2.7	13.1	10.4	386
Counties Manukau	122.7	6.9	26.9	20.0	290

**Figure. 1. Northern Region Māori Community Clinical Workforce compared to MHC Blueprint Resource Guidelines**



## Northern Region Spend per Child

### Te Tai Tokerau Spend per Child

The total regional spend per child (excluding Inpatient costs) increased from \$56.57 in 2004/2005 to \$62.76 in the 2005/2006 period. This represents an increase of 11% or an additional \$6.19 per child (see Table 12).

Table 12. Funding per Child & Adolescent Population (excludes Inpatient funding)

Northern Region	2004/2005					2005/2006				
	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2004 <sup>1</sup>	Funding/Child <sup>1</sup>	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2006	Funding/Child <sup>1</sup>
<b>Regional Total</b>	<b>\$22,241,776</b>	<b>\$5,400,860</b>	<b>\$30,642,636</b>	<b>442,435</b>	<b>\$50.27</b>	<b>\$27,824,492</b>	<b>\$5,739,832</b>	<b>\$33,564,324</b>	<b>436,344</b>	<b>\$63.77</b>
<b>Te Tai Tokerau</b>	<b>\$2,804,519</b>	<b>-</b>	<b>\$2,804,519</b>	<b>45,775</b>	<b>\$61.27</b>	<b>\$3,281,307</b>	<b>-</b>	<b>\$3,281,307</b>	<b>45,267</b>	<b>\$72.49</b>
<b>Tāmaki Makaurau</b>	<b>\$22,437,257</b>	<b>\$5,400,860</b>	<b>\$27,838,117</b>	<b>396,660</b>	<b>\$56.57</b>	<b>\$24,543,185</b>	<b>\$5,739,832</b>	<b>\$30,283,017</b>	<b>391,077</b>	<b>\$62.76</b>
Waitemata	\$8,407,613	-	\$8,407,613	141,420	\$59.45	\$8,694,911	-	\$8,694,911	139,758	\$62.21
Auckland*	\$7,944,797	\$5,400,860	\$13,345,657	110,860	\$71.67	\$8,950,581	\$5,739,832	\$14,690,413	104,139	\$85.95
Counties Manukau	\$6,084,847	-	\$6,084,847	144,380	\$42.14	\$6,897,693	-	\$6,897,693	147,180	\$46.87

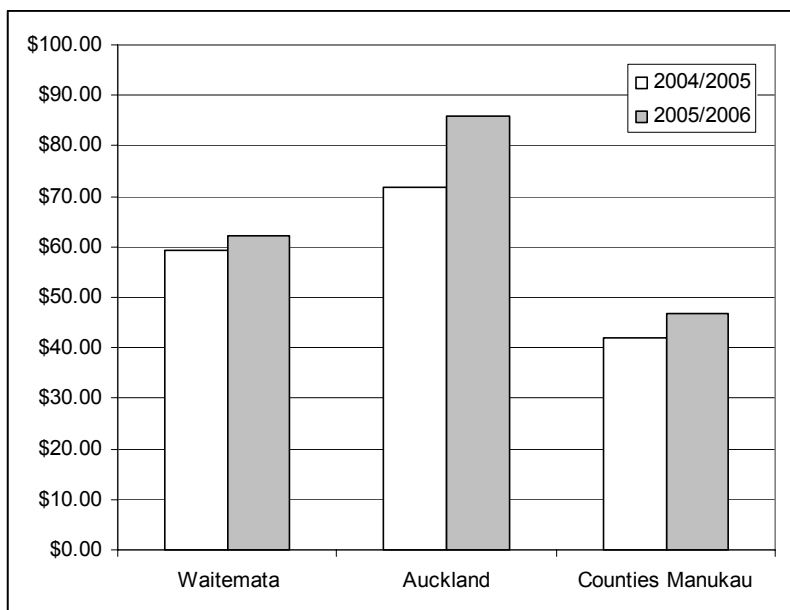
1. 2004 Population based on projections (prioritised ethnicity based on 2001 Census) supplied by StatisticsNZ.

## Tāmaki Makaurau Spend per Child

The Tāmaki Makaurau total region spend per child (excluding Inpatient costs) increased from \$70.18 in 2004/2005 to \$77.43 in the 2005/2006 period. This represents an increase of almost 13% (see Table 11).

However there are significant differences in funding between districts. Counties Manukau, which has the largest Māori tamariki and rangatahi population has the lowest spend per child. The Auckland region has the lowest numbers and the largest spend per child of \$85.95, which is almost a 70% greater spend per child (see Figure 2).

**Figure 2. Tāmaki Makau Rau Spend per Child (excludes Inpatient Funding)**



## Northern Region Māori Access to DHB Tamariki & Rangatahi Mental Health Services

### Northern Region Māori Access Rates

The 2004 and 2005 MHINC access data was analysed by six months to determine the six monthly benchmark access rates for each DHB in the Northern Region. The MHC benchmarks for access to services for the 0-9, 10-14 and 15-19 age groups are 1%, 3.9% and 5.5% (per 100,00 under 20 years population) respectively.

The data shows that none of the DHBs met benchmark access rates for any age groups. It also showed that access rates did improve with age (see Table 13). In most age groups Māori did at least as well as the total population, and in some age groups and districts they did better than the total population.

Table 13. Northern Region Māori Access Rates

Northern Region Access Rates	Age Group (yrs) - Total				Age Group (yrs) - Māori			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
<b>Northland</b>								
2 <sup>nd</sup> 6mo 04	0.34%	1.42%	1.95%	1.02%	0.36%	1.22%	1.69%	0.90%
2 <sup>nd</sup> 6mo 05	0.24%	1.38%	2.39%	1.08%	0.25%	0.96%	1.93%	0.85%
<b>Waitemata</b>								
2 <sup>nd</sup> 6mo 04	0.36%	1.20%	2.07%	1.01%	0.23%	1.28%	3.18%	1.11%
2 <sup>nd</sup> 6mo 05	0.36%	1.40%	2.19%	1.11%	0.29%	1.51%	3.04%	1.19%
<b>Auckland</b>								
2 <sup>nd</sup> 6mo 04	0.13%	0.65%	1.41%	0.60%	0.14%	1.05%	2.43%	0.86%
2 <sup>nd</sup> 6mo 05	0.17%	0.76%	1.56%	0.68%	0.14%	1.12%	3.03%	1.02%
<b>Counties Manukau</b>								
2 <sup>nd</sup> 6mo 04	0.25%	0.89%	1.67%	0.75%	0.27%	1.10%	1.94%	0.81%
2 <sup>nd</sup> 6mo 05	0.36%	1.25%	2.13%	1.01%	0.30%	1.85%	3.00%	1.25%

### Te Tai Tokerau Region Māori Clients

By the end of 2005, 38% of clients who accessed child and adolescent mental health services were Māori, which was 5% less than the second half of 2004 (201/468) (see Figure 3). This access rate is 11% below the Māori tamariki and rangatahi population in the region. Twice as many Māori males accessed CAMHS then did females, which was unique to the Māori data. Unlike all other ethnic groups which showed an increase in numbers of young people being seen in 2004/2005 this was not the case for Māori (see Table 14).

Table 14. Northern Region Clients by Gender, Ethnicity & DHB

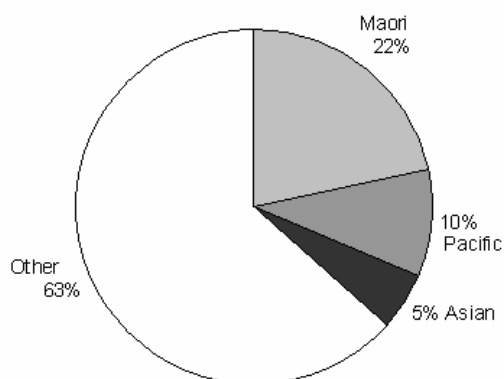
Northern Region	Male				Female			
	Māori	Pacific	Asian	Other	Māori	Pacific	Asian	Other
<b>2nd 6mo 2004</b>	<b>502</b>	<b>162</b>	<b>72</b>	<b>1,384</b>	<b>331</b>	<b>116</b>	<b>85</b>	<b>979</b>
<b>Te Tai Tokerau</b>	<b>136</b>	<b>2</b>	<b>0</b>	<b>147</b>	<b>65</b>	<b>2</b>	<b>2</b>	<b>114</b>
<b>Tāmaki Makaurau</b>	<b>366</b>	<b>160</b>	<b>72</b>	<b>1,237</b>	<b>266</b>	<b>114</b>	<b>83</b>	<b>865</b>
Waitemata	136	39	19	665	100	27	27	411
Auckland	54	45	31	206	60	29	34	202
Counties Manukau	176	76	22	366	106	58	22	252
<b>2nd 6 mo 2005</b>	<b>631</b>	<b>228</b>	<b>94</b>	<b>1,602</b>	<b>387</b>	<b>143</b>	<b>110</b>	<b>1,121</b>
<b>Te Tai Tokerau</b>	<b>127</b>	<b>3</b>	<b>0</b>	<b>160</b>	<b>60</b>	<b>3</b>	<b>1</b>	<b>138</b>
<b>Tāmaki Makaurau</b>	<b>504</b>	<b>225</b>	<b>94</b>	<b>1,442</b>	<b>327</b>	<b>140</b>	<b>109</b>	<b>983</b>
Waitemata	154	48	28	718	102	29	31	470
Auckland	82	58	31	252	54	34	38	219
Counties Manukau	268	119	35	472	171	77	40	294

### ***Tāmaki Makaurau Region Māori Clients***

In the second half of 2005 a total of 831 (504 male & 327 female) tamariki and rangatahi accessed DHB CAMHS (see Table 13). Almost 200 more Māori were seen in the Tāmaki Makaurau region than in the previous 12 months which represents a 31% increase.

Māori were 22% (831/3824) of those seen (see Figure 3). This figure has increased by 2% since the second half of 2004 when 20% (632/3163) of Māori tamariki and rangatahi accessed DHB CAMHS.

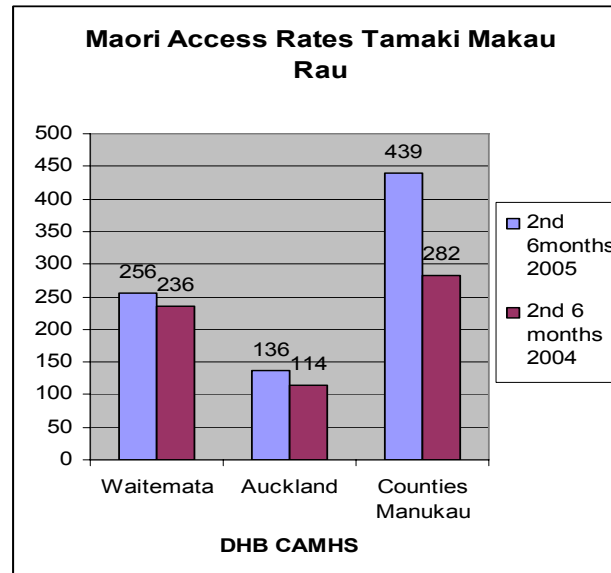
Figure 3. Tāmaki Makau Rau Clients by Ethnicity



Over half (53%) of all Māori were seen by Counties Manukau DHB (439/831), followed by Waitemata 256 (31%) and Auckland with 136 (16%). The figure for Counties Manukau also reflects a significant increase of 56% from the previous year compared with an increase of 19% for Auckland and 8% for Waitemata.

As for other ethnicities (apart from Asian) more Māori males (504) accessed CAMHS than did Māori females (327). This is a growing trend with 38% (138) more males than the previous year accessing CAMHS.

**Figure 4. Tamaki Makau Rau Māori Clients**



## Northern Region Summary

- Te Tai Tokerau- 19,722 Māori tamariki (44% of total population).
- Tāmaki Makaurau- 63,846 Māori tamariki (16% of total population).
  - District variation -11 % Auckland, 14% Waitemata, 22% Counties
- Regional Māori NGO's
  - 3 in Te Tai Tokerau (1 specialist Kaupapa Māori service).
  - 2 in Tāmaki Makaurau (no specialist Kaupapa Māori service).
- Regional DHB Services
  - No DHB Kaupapa Māori services.
  - No Māori staff in Inpatient services.
- Regional workforce 71
  - 34 Clinical –predominantly Social Workers, Nurses and Alcohol & Drug Workers.
  - 37 Con-Clinical –predominantly Support Workers and Cultural workers.
  - Increase of 46 FTEs required
    - 4 in Te Tai Tokerau
    - 42 in Tāmaki Makaurau (20 in Counties Manukau)
- Funding per child increased.
- Areas with the most Māori tamariki have lowest spend.
- Access to service increases with age.
- 24% of clients who accessed CAMHS were Māori.
- Twice as many Māori males than females are seen in CAMHS.
- MHC access guidelines were not met for any age group in Northland.

## Recommendations

- Kaupapa Māori services are needed in the Tamaki Makaurau region to give Māori tamariki and rangatahi choice and acknowledge of their indigenous status.
- Māori workforce numbers need to increase significantly in Tāmaki Makaurau to meet recommended Blueprint targets.
- Recruitment strategies need to target the Māori Clinical workforce.
- Funding and resource issues should be allocated according to Blueprint suggestions based on population.
- Access issues relating to gender need to be further explored.





## **Midland Region Child & Adolescent Mental Health Workforce**

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## Midland Region Child & Adolescent Population Profile

Based on the 2006 Census (prioritised ethnicity population), the Midland region had the third largest percentage (20%) of New Zealand's child and adolescent population with nearly half (44%) of the regional population residing in the Waikato DHB area (see Table 1).

Nearly half (49%) of the region's child and adolescent population were in the 0-9 year age group.

**Table 1. Total Child & Adolescent Population (2006)**

Midland Region	Age Group (yrs)			
	0-9	10-14	15-19	Total 0-19
<b>Regional Total</b>	<b>115,503</b>	<b>64,398</b>	<b>57,372</b>	<b>237,273</b>
Waikato	50,103	27,864	26,607	<b>104,574</b>
Lakes	15,726	8,367	6,897	<b>30,990</b>
Bay of Plenty	27,846	15,825	13,029	<b>56,700</b>
Tairāwhiti	7,443	3,999	3,282	<b>14,724</b>
Taranaki	14,385	8,343	7,557	<b>30,285</b>
<b>NZ 0-19 Total</b>	<b>561,549</b>	<b>305,976</b>	<b>300,195</b>	<b>1,167,720</b>

## Ethnicity

### *Māori*

The Midland region had the second largest Māori child and adolescent population (32%) in the country (see Appendix A, Table 2).

Māori children and adolescents made up 35% of the Midland region 0-19 years population with nearly half (44%) of the region's Māori children and adolescents residing in the Waikato DHB area.

Although the Waikato DHB area had the largest percentage of Māori 0-19 years population residing in the region, the proportion of Māori children and adolescents compared to the local population differed within the individual DHB areas. Of note is that over half in the Tairāwhiti (58%) and nearly half of the child and adolescent population in the Lakes (46%) DHB areas were Māori children and adolescents (see Table 2).

**Table 2. Māori, Pacific & Asian Child & Adolescent Population (2006)**

Midland Region	Age Group (yrs)					
	0-9	10-14	15-19	Total 0-19	Total NZ 0-19	Proportion of 0-19 Popn (%)
<b>Māori</b>	<b>42,150</b>	<b>21,630</b>	<b>18,174</b>	<b>81,954</b>	<b>237,273</b>	<b>35</b>
Waikato	15,999	8,058	7,284	31,341	104,574	30
Lakes	7,374	3,741	3,075	14,190	30,990	46
Bay of Plenty	10,641	5,544	4,290	20,475	56,700	36
Tairāwhiti	4,386	2,352	1,833	8,571	14,724	58
Taranaki	3,750	1,935	1,692	7,377	30,285	24
<b>Pacific</b>	<b>2,862</b>	<b>1,506</b>	<b>1,365</b>	<b>5,733</b>	<b>237,273</b>	<b>2</b>
Waikato	1,557	849	813	3,219	104,574	3
Lakes	426	234	219	879	30,990	3
Bay of Plenty	513	243	201	957	56,700	2
Tairāwhiti	174	75	48	297	14,724	2
Taranaki	192	105	84	381	30,285	1
<b>Asian</b>	<b>3,840</b>	<b>2,394</b>	<b>2,367</b>	<b>8,601</b>	<b>237,273</b>	<b>3</b>
Waikato	2,274	1,437	1,536	5,247	104,574	5
Lakes	420	294	213	927	30,990	3
Bay of Plenty	762	489	399	1,650	56,700	3
Tairāwhiti	102	9	42	153	14,724	2
Taranaki	282	165	177	624	30,285	2

### ***Pacific***

The Midland region had one of the smallest Pacific child and adolescent population (6%) in New Zealand (see Appendix A, Table 3).

Pacific children and adolescents made up only 2% of the total 0-19 years Midland region population with over half (56%) of the region's Pacific children and adolescents residing in the Waikato DHB area with larger proportions residing in the Waikato and Lakes DHB areas (see Table 2).

### ***Asian***

The Midland region had the smallest (9%) Asian child and adolescent population in New Zealand (see Appendix A, Table 4).

Asian children and adolescents made up 3% of the total Midland region child and adolescent population with over half (61%) of the region's Asian 0-19 years population residing in the Waikato DHB area (see Table 2).

## **Provision of Child & Adolescent Mental Health Services in the Midland Region**

### **Midland Region DHB Child & Adolescent Mental Health Services**

Five DHB provider arm services in the Midland region provide specialist services to children, young people (up to & including 19 yrs of age) and their families who are experiencing significant mental health and addiction difficulties. These specialist services are provided by Waikato, Bay of Plenty, Lakes, Tairāwhiti and Taranaki DHBs (see Table 3-7).

### **Midland Region DHB Funded Non-Government Organisations**

Child and adolescent mental health services are also provided by DHB funded NGOs. These NGOs include independent community and iwi/Māori organisations. The function of these NGOs vary considerably, however most offer a broad range of primary and secondary mental health services, including residential care, community support and consumer and family support services.

Forty-one DHB funded NGOs in the Midland region were identified from the 2005/2006 Price Volume Schedules. However, 40 NGOs provided child and adolescent mental health services (see Tables 5-9) for the reporting period (30<sup>th</sup> June 2006). Out of the 40 NGOs, data was unavailable for the largest NGO, Hauora Waikato; therefore total FTE volume extracted from the Price Volume Schedule has been used to estimate this NGO's total workforce. However, the total FTE volume for Hauora Waikato does not provide workforce information by occupational group and ethnicity therefore limits the Midland region workforce analysis. Therefore workforce data from 39 services are presented in this section (see Tables 3-7).

**Table 3. Waikato Child & Adolescent Mental Health Services**

<b>Waikato DHBs</b>	<b>Age Group</b>
Child & Adolescent Mental Health Services	0-19
Whai Marama Youth Connex	0-19
<b>Waikato NGOs (2005/2006)</b>	<b>Age Group</b>
<b>CareNZ Ltd</b>	
Children & Youth Alcohol & Drug Community Services	13-18
<b>Hauora Waikato Māori Mental Health Services</b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	
Children & Young People Community Services	
<b>Linkage Trust</b>	
Child & Young People Community Services	All Ages
<b>Maniapoto Māori Trust Board</b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	0-18
<b>Northern King Country Drug &amp; Alcohol Counselling &amp; Education</b>	
Child & Young People Community Drug & Alcohol & Mental Health Support Service	15 Upwards
<b>Parentline Charitable Trust</b>	
Community Children & Young People Community Services	0-13
<b>Raukawa Trust Board</b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	
<b>Richmond Fellowship</b>	
Child & Youth Community Residential Care	12-20
Child & Youth Community Services	12-20
Child & Youth Planned Respite	12-20
Child & Youth Crisis Respite	12-20
<b>Rostrevor House</b>	
Specialist Support Services	All Ages
<b>Rotorua Pacific Islands Development Charitable Trust</b>	
Children & Young People Community Services	
<b>Te Korowai Hauora o Hauraki Inc</b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	0-18
<b>Te Runanga O Kirikiriroa</b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	
<b>The Youth Horizons Trust</b>	
Children & Young People Community Services	0-18
Child & Youth Intensive Clinical Support Service	0-18
Child & Youth Wrap Around Services	0-18
Child & Youth Planned Respite	0-18
<b>Waikato Pacifica Health Trust: Kaute Pasifika</b>	
Children & Young People Community Services	0-19
<b>Waikato Pacifica Health Trust: South Waikato Pacific Island Health Committee</b>	
Pacific Adolescent Mental Health Services	13-19

Note: Italicised Services are Kaupapa Māori Service (PU Code MHCS39)

**Table 4. Lakes Child & Adolescent Mental Health Services**

<b>Lakes DHB</b>	<b>Age Group</b>
Child & Adolescent Mental Health Services (Taupo/Turangi)	0-19
Child Mental Health Services (Rotorua)	0-14
Youth Specialty Team (Rotorua)	15-19

<b>Lakes NGOs (2005/2006)</b>	<b>Age Group</b>
<b>Care NZ Ltd</b>	
Children & Youth Alcohol & Drug Community Services	
<b>Healthcare of New Zealand</b>	<b>All Ages</b>
Home Based Support Services	
<b><i>Poutiri Charitable Trust: Nga Kano</i></b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	0-19
<b><i>Poutiri Charitable Trust: Rau O Te Huia</i></b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	0-19
Children & Young People Community Services	0-19
<b><i>Poutiri Charitable Trust: Te Toi Huarewa</i></b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	0-19
<b>Rotorua General Practice Group</b>	
Specialist Psychotherapy Service	
<b>Te Aratu Trust</b>	
Children & Youth Day Activity Service	15-19
<b>The Youth Horizons Trust</b>	
Child & Youth Intensive Clinical Support Service	0-18
Child & Youth Crisis Respite	0-18
<b><i>Tuwharetoa Health Services Ltd</i></b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	0-25
Children & Young People Community Services	

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

**Table 5. Bay of Plenty Child & Adolescent Mental Health Services**

<b>Bay of Plenty DHB</b>	<b>Age Group</b>
Child & Adolescent Mental Health Services (Tauranga)	0-17
Voyagers Child & Adolescent Mental Health Services (Whakatane)	0-17
Early Intervention 1 <sup>st</sup> Time Psychosis (Tauranga & Whakatane)	15-25
<b>Bay of Plenty NGOs (2005/2006)</b>	<b>Age Group</b>
<b><i>Maketu Social Services</i></b>	
Tamariki & Rangatahi Mental Health Service	0-18
<b><i>Nga Mataapuna Oranga</i></b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	0-18
Children & Young People Community Services	
<b><i>Piriakau Hauora</i></b>	
Tamariki & Rangatahi Mental Health Service	0-18
<b><i>Poutiri Charitable Trust: Te Ika Whenua a Murapara</i></b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	
Children & Young People Community Services	
<b><i>Runanga Ngai Tamawhaiua Inc</i></b>	
Children & Young People Community Services	
Advocacy/Peer Support/Consumers	
<b><i>Te Manu Toroa Trust</i></b>	
Children & Young People Community Services	
Advocacy/Peer Support/Consumers/Families/Whanau	
<b><i>Poupoua Trust</i></b>	
Advocacy/Peer Support-Families/Whanau	15-19
<b><i>Te Runanga O Te Whanau Charitable Trust</i></b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	0-18
<b><i>Te Tomika Trust</i></b>	
Children & Young People Community Services	0-17
<b><i>Tuhoe Hauora Trust Rakeiwhenua Trust</i></b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	
Children & Young People Community Services	
<b><i>The Youth Horizons Trust</i></b>	
Child & Youth Planned Respite	0-18
Child & Youth Crisis Respite	
<b><i>Whakatohea Māori Trust Board</i></b>	
Children & Young People Community Services	0-18
Advocacy/Peer Support/Consumers/Families/Whanau	
Child & Youth Acute Care Packages	
Child & Youth Crisis Respite	

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)



**Table 6. Tairāwhiti Child & Adolescent Mental Health Services**

<b>Tairāwhiti DHB</b>	<b>Age Group</b>
Child & Adolescent Mental Health Services	0-19

<b>Tairāwhiti NGOs (2005/2006)</b>	<b>Age Group</b>
<i>Te Hauora O Turanganui A Kiwa Ltd</i>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

**Table 7. Taranaki Child & Adolescent Mental Health Services**

<b>Taranaki DHB</b>	<b>Age Group</b>
Child & Adolescent Mental Health Services	0-18

<b>Taranaki NGOs (2005/2006)</b>	<b>Age Group</b>
<b>Linkage Trust</b>	
Children & Young People Community Services	All Ages
<i>Tui Ora Ltd: Mahia Mai</i>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	0-18
<i>Tui Ora Ltd: Raumano</i>	
Kaupapa Māori Services-Mental Health Assessment & Treatment	0-18

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

## Midland Region Kaupapa Māori Child & Adolescent Mental Health Services

Kaupapa Māori services, in the MOH's Price Volume Schedules (PVS) are listed under the MHCS39 purchase unit code.

There were no DHB Kaupapa Māori child and adolescent mental health services identified from the 2004/2005 PVS in the Midland region.

Eighteen DHB funded NGOs were identified as providing child and adolescent Kaupapa Māori services in the Midland region for the reporting period (see Table 8).

**Table 8. DHB & NGO Kaupapa Māori Child & Adolescent Mental Health Services**

<b>Midland Region Kaupapa Māori Services (2005/2006)</b>
<b>Waikato NGOs</b>
Hauora Waikato Māori Mental Health Services
Maniapoto Māori Trust Board
Raukawa Trust Board
Te Korowai Hauora O Hauraki Inc
Te Runanga O Kirikiriroa
<b>Lakes NGOs</b>
Poutiri Charitable Trust: Rau Te Huia
Poutiri Charitable Trust: Nga Kano
Poutiri Charitable Trust: Te Toi Huarewa
Tuwharetoa Health Services
<b>Bay of Plenty NGOs</b>
Maketu Social Services
Nga Mataapuna Oranga
Pirirakau Hauora
Poutiri Charitable Trust: Te Ika Whenua a Murapara
Tuhoe Hauora Trust Rakeiwhenua Trust
Te Runanga O Te Whanau Charitable Trust
<b>Tairāwhiti NGO</b>
Te Hauora O Turanganui I Kiwa Ltd
<b>Taranaki NGOs</b>
Tui Ora Ltd: Mahia Mai
Tui Ora Ltd: Raumano Health

## **Midland Region Pacific Child & Adolescent Mental Health Services**

As there is no specific purchase unit code to identify Pacific child and adolescent NGO mental health services from the MOH's PVS, Pacific NGO providers are identified by the name of the provider.

There were no DHB Pacific CAMH services identified from the DHB workforce survey in the Midland region.

Three child and adolescent funded Pacific NGO services were identified in the Midland region (see Table 9). However, there are other Pacific services in the Midland region that did not receive specific child and adolescent funding but may provide child and adolescent mental health services as part of their family-based service (see Table 10).

**Table 9. DHB & NGO Pacific Child & Adolescent Mental Health Services**

<b>Midland Region Pacific Mental Health Services (2005/2006)</b>
<b>Waikato NGOs</b>
Rotorua Pacific Islands Development Charitable Trust
Waikato Pasifika Health Trust: Kaute Pasifika
Waikato Pasifika Health Trust: South Waikato Pacific Island Health Committee

**Table 10. Non-Child & Adolescent Funded Pacific Mental Health Services**

<b>Midland Region</b>
Pacific Peoples Addiction Services Inc
Youth Mental Health-Bay of Plenty

## Midland Region Funding for the Provision of Child & Adolescent Mental Health Services

DHB providers receive child and adolescent funding for Full Time Equivalents (FTEs), Programmes Attendances and Bed Days.

Since the 2004/2005 financial year, the total Midland region funding for child and adolescent mental health services had increased by 8% (DHB provider arm funding had increased by 13% and NGO funding increased by 4%).

In the 2005/2006 financial year, the Midland region DHB provider arm services received 57% of the total Midland region funding while the NGOs received 43%. The majority of DHB and NGO funding was for FTEs (see Table 11).

**Table 11. DHB & NGO Provider Funding**

Midland Region	DHB		NGO	
	04/05	05/06	04/05	05/06
FTE Volume	100.6	107.41	90.3	97.95
FTE \$	\$9,474,716	\$10,590,009	\$8,156,523	\$8,391,661
Programmes	\$496,519	\$637,310	-	-
Bed Days	\$64,972	\$67,116	\$162,380	\$227,161
<b>Regional Total</b>	<b>\$10,036,207</b>	<b>\$11,294,435</b>	<b>\$8,318,903</b>	<b>\$8,618,822</b>

Source: MOH 2004-2006 Price Volume Schedules

**Table 12. Total Ministry of Health Funding**

Midland Region	2004/2005			2005/2006		
	DHB Funded Dollars	NGO Funded Dollars	TotalFunded Dollars	DHB Funded Dollars	NGO Funded Dollars	Total Funded Dollars
<b>Regional Total</b>	<b>\$10,036,207</b>	<b>\$8,318,903</b>	<b>\$18,355,110</b>	<b>\$11,294,435</b>	<b>\$8,618,822</b>	<b>\$19,846,141</b>
Waikato	\$3,051,410	\$5,425,144	\$8,476,554	\$3,218,179	\$4,929,082	\$8,147,261
Lakes	\$1,775,504	\$394,720	\$2,170,224	\$1,925,747	\$1,088,980	\$3,014,727
Bay of Plenty	\$2,993,392	\$2,032,886	\$5,026,278	\$3,183,105	\$2,119,716	\$5,302,821
Tairāwhiti	\$826,061	\$36,079	\$862,140	\$968,090	\$36,804	\$1,004,894
Taranaki	\$1,389,839	\$430,075	\$1,819,914	\$1,999,314	\$444,240	\$2,443,554

Source: MOH 2003-2006 Price Volume Schedules

### ***Midland Region Spend per Child & Adolescent***

The Midland region spend per head of the Midland region child and adolescent population increased by 18%, from \$70.91 in 2004/2005 to \$83.64 in 2005/2006 (Inpatient & Regional costs excluded) (see Table 13 & Figure 1). The spend per child remained similar when Inpatient & regional costs were included in the calculations with the largest increase in spend per child (104%) in the Taranaki DHB area (see Table 14 & Figure 2). Of note, is that Waikato DHB was the only area where there was a decrease of 3% in the spend per child.

**Table 13. Funding per Child & Adolescent Population (excludes Inpatient funding)**

Midland Region	2004/2005					2005/2006				
	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2004 <sup>1</sup>	Funding/ Child	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2006	Funding/ Child
<b>Regional Total</b>	<b>\$18,355,110</b>	<b>-</b>	<b>\$18,355,110</b>	<b>258,860</b>	<b>\$70.91</b>	<b>\$19,846,141</b>	<b>\$67,116</b>	<b>\$19,913,257</b>	<b>237,273</b>	<b>\$83.64</b>
Waikato	\$8,476,554	-	\$8,476,554	105,800	<b>\$80.12</b>	\$8,147,261		\$8,147,261	104,574	<b>\$77.91</b>
Lakes	\$2,170,224	-	\$2,170,224	32,430	<b>\$66.92</b>	\$3,014,727		\$3,014,727	30,990	<b>\$97.28</b>
Bay of Plenty	\$5,026,278	-	\$5,026,278	59,150	<b>\$84.98</b>	\$5,302,821		\$5,302,821	56,700	<b>\$93.52</b>
Tairāwhiti	\$862,140	-	\$862,140	15,510	<b>\$55.59</b>	\$937,778	\$67,116	\$1,004,894	14,724	<b>\$63.69</b>
Taranaki	\$1,819,914	-	\$1,819,914	45,970	<b>\$39.59</b>	\$2,443,554		\$2,443,554	30,285	<b>\$80.69</b>

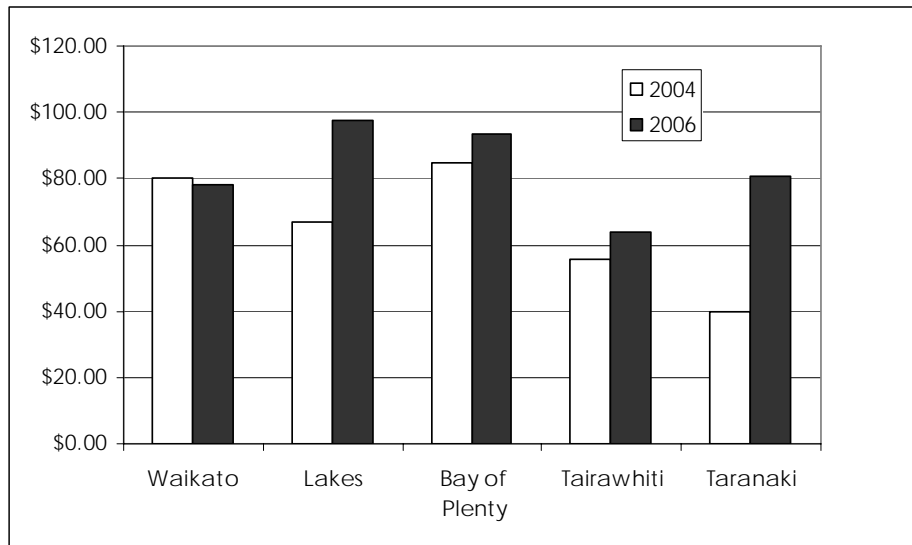
1. 2004 Population projections (prioritised ethnicity based on 2001 Census) supplied by StatisticsNZ.

**Table 14. Midland Region Funding per Child & Adolescent Population (includes Inpatient funding)**

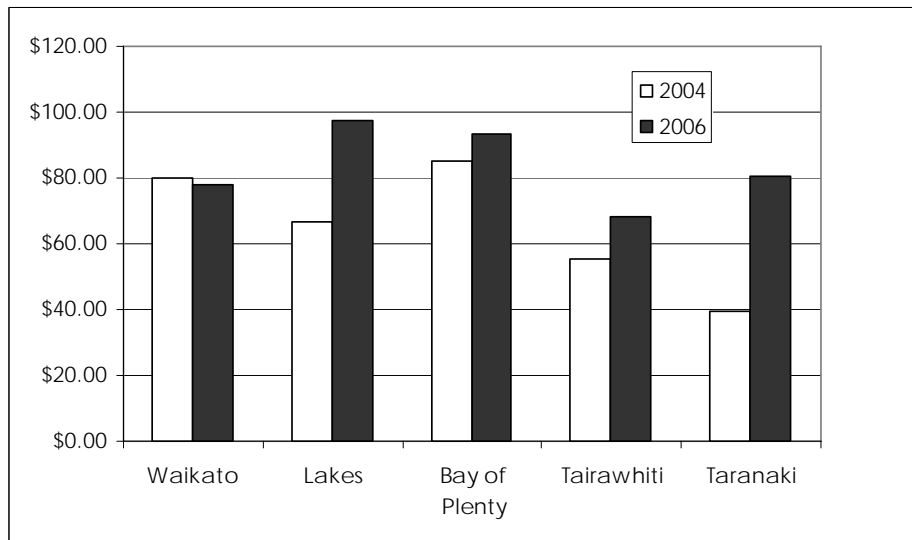
Midland Region	2004/2005					2005/2006				
	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2004 <sup>1</sup>	Funding/ Child	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2006	Funding/ Child
<b>Regional Total</b>	<b>\$18,355,110</b>	<b>-</b>	<b>\$18,355,110</b>	<b>258,860</b>	<b>\$70.91</b>	<b>\$19,846,141</b>	<b>\$67,116</b>	<b>\$19,913,257</b>	<b>237,273</b>	<b>\$83.93</b>
Waikato	\$8,476,554	-	\$8,476,554	105,800	<b>\$80.12</b>	\$8,147,261		\$8,147,261	104,574	<b>\$77.91</b>
Lakes	\$2,170,224	-	\$2,170,224	32,430	<b>\$66.92</b>	\$3,014,727		\$3,014,727	30,990	<b>\$97.28</b>
Bay of Plenty	\$5,026,278	-	\$5,026,278	59,150	<b>\$84.98</b>	\$5,302,821		\$5,302,821	56,700	<b>\$93.52</b>
Tairāwhiti	\$862,140	-	\$862,140	15,510	<b>\$55.59</b>	\$937,778	\$67,116	\$1,004,894	14,724	<b>\$68.25</b>
Taranaki	\$1,819,914	-	\$1,819,914	45,970	<b>\$39.59</b>	\$2,443,554		\$2,443,554	30,285	<b>\$80.69</b>

1. 2004 Population projections (prioritised ethnicity based on 2001 Census) supplied by StatisticsNZ.

**Figure 1. Midland Region Funding per Child & Adolescent Population  
(excludes Inpatient funding)**



**Figure 2. Midland Region Funding per Child & Adolescent Population  
(includes Inpatient funding)**



## Midland Region Child & Adolescent Mental Health Workforce

### Total Midland Region Child & Adolescent Mental Health Workforce

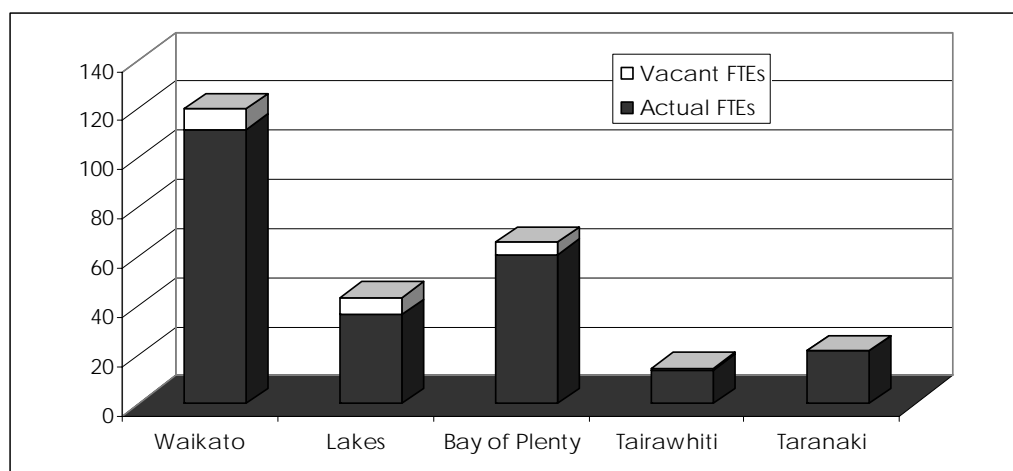
As at 30<sup>th</sup> June 2006, the Midland region DHB Community CAMHS & NGOs reported a total of **243.53** actual FTEs with a further **24.65** FTEs reported vacant. Waikato DHB area reported the largest child and adolescent mental health workforce (111.73 actual FTEs) in the region followed by the Bay of Plenty (60.5 actual FTEs) DHB area (see Table 15 & Figure 3).

**Table 15. Total Midland Region Child & Adolescent Mental Health Workforce (2006)**

Midland Region	DHB <sup>1</sup>		NGO		Total	
	Actual FTEs	Vacant FTEs	Actual FTEs	Vacant FTEs	Actual FTEs	Vacant FTEs
Waikato <sup>1</sup>	40.9	8.0	70.83	3.6	111.73	11.6
Lakes	19.4	7.2	16.7	-	36.1	7.2
Bay of Plenty	32.35	5.20	28.15	-	60.5	5.2
Tairāwhiti	10.7	0.65	3	-	13.7	0.65
Taranaki	16.5	-	5	-	21.5	0
<b>Regional Total</b>	<b>119.85</b>	<b>21.05</b>	<b>123.68</b>	<b>3.6</b>	<b>243.53</b>	<b>24.65</b>

1. 2006 Workforce data includes 20.82 FTEs from Hauora Waikato

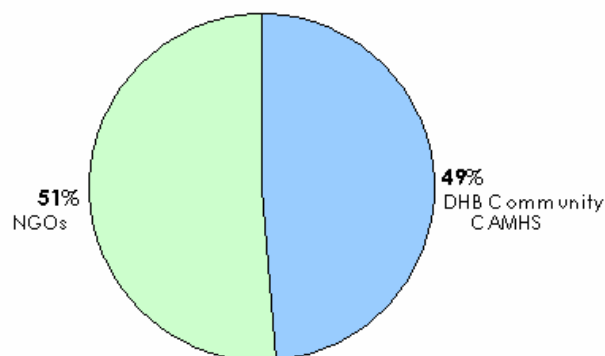
**Figure 3. Total Midland Region Child & Adolescent Mental Health Workforce: Actual & Vacant FTEs (2006)**





NGOs made up 51% of the total child and adolescent mental health workforce in the Midland region followed by DHB Community CAMHS (49%) (see Figure 4).

**Figure 4. Distribution of the Midland Region Child & Adolescent Mental Health Workforce**



The Clinical workforce in the Midland region accounted for 66% (147.96) actual FTEs) of the total child and adolescent workforce, 65% (96.85 actual FTEs) of which were part of the DHB Community CAMH services (see Table 16).

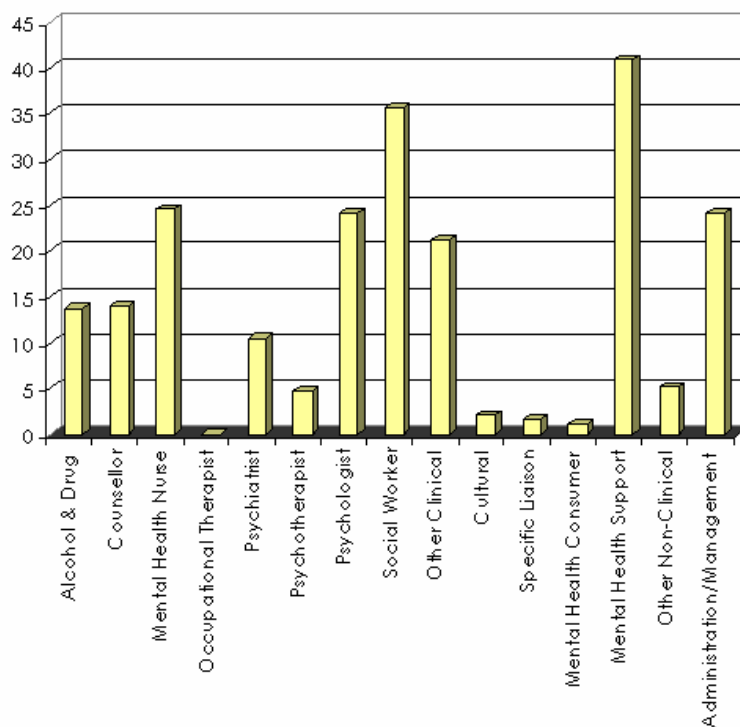
**Table 16. Total Midland Region Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

Midland Region	DHB	NGO	Total
<b>Clinical Sub-Total</b>	<b>96.85</b>	<b>51.11</b>	<b>147.96</b>
Alcohol & Drug	6.0	7.7	13.7
Counsellor	8.25	5.7	13.95
Mental Health Nurse	22.3	2.2	24.5
Occupational Therapist	-	-	0
Psychiatrist	9.9	0.55	10.45
Psychotherapist	4.7	-	4.7
Psychologist	23.2	0.8	24.0
Social Worker	16.5	19.1	35.6
Other Clinical	6.0	15.06	21.06
<b>Non-Clinical Sub-Total</b>	<b>3.9</b>	<b>46.75</b>	<b>50.65</b>
Cultural	2.0	-	2.0
Specific Liaison	1.5	-	1.5
Mental Health Consumer	0.05	1.0	1.05
Mental Health Support	-	40.9	40.9
<b>Other Non-Clinical</b>	<b>0.35</b>	<b>4.85</b>	<b>5.2</b>
Administration/Management	19.1	5.0	24.1
<b>Regional Total</b>	<b>119.85</b>	<b>102.86</b>	<b>222.71<sup>1</sup></b>

1. Excludes 20.82 FTEs from Hauora Waikato

The total Midland region Clinical workforce was largely made up of Social Workers (35.6 actual FTEs) and Mental Health Nurses (24.5 actual FTEs) while the majority of the Non-Clinical workforce were Mental Health Support Workers (40.9 actual FTEs) (see Table 18 & Figure 5).

**Figure 5. Total Midland Region Child & Adolescent Mental Health Workforce by Occupational Group (2006)**



## Midland Region DHB Community Child & Adolescent Mental Health Workforce

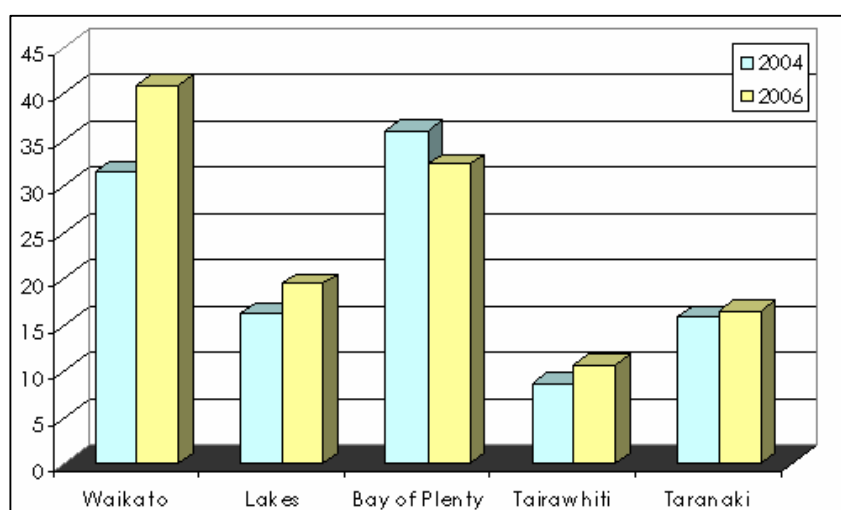
The Midland region DHB Community CAMHS reported a total of 119.85 actual FTEs with a further 21.05 FTEs that were reported vacant (see Table 19). Waikato DHB Community CAMHS reported the largest child and adolescent mental health workforce (40.9 actual FTEs) in the region followed by Bay of Plenty (32.35 actual FTEs), Lakes (19.4 FTEs), Taranaki (16.5 actual FTEs) and Tairāwhiti (10.7 actual FTEs) DHB Community CAMHS (see Table 17 & Figure 6).

Since 2004, there was an 11% increase in the total number vacancies (from 18.9 to 21.05 FTEs).

**Table 17. DHB Community CAMHS Workforce**

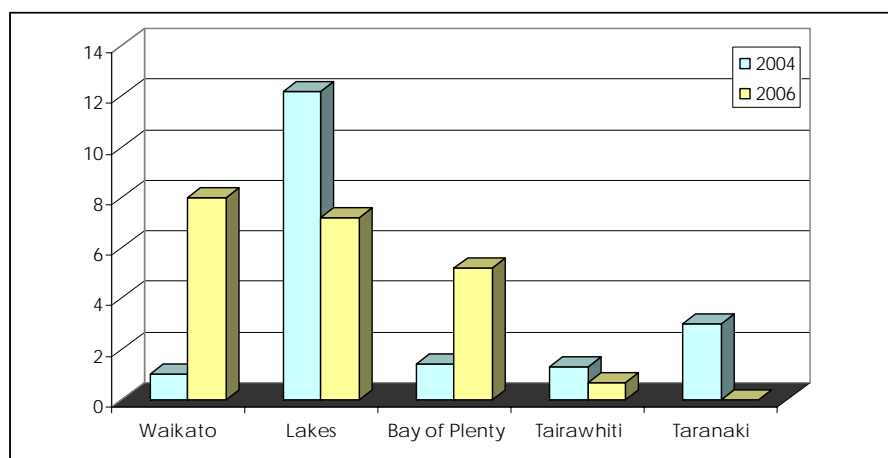
Midland Region	2004			2006		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Waikato	31.61	1.0	3	40.9	8.0	20
Lakes	16.15	12.2	76	19.4	7.2	37
Bay of Plenty	36.1	1.4	4	32.35	5.2	16
Tairāwhiti	8.55	1.3	15	10.7	0.65	6
Taranaki	15.9	3.0	19	16.5	0.0	-
<b>Regional Total</b>	<b>108.31</b>	<b>18.9</b>	<b>17</b>	<b>119.85</b>	<b>21.05</b>	<b>18</b>

**Figure 6. Midland Region DHB Community CAMHS Workforce: Actual FTEs**



Waikato DHB Community CAMHS reported the largest number of vacant FTEs (8.0 vacant FTEs) in the Midland region (see Table 19 & Figure 7).

**Figure 7. Midland Region DHB Community Child & Adolescent Mental Health Workforce: Vacant FTEs**

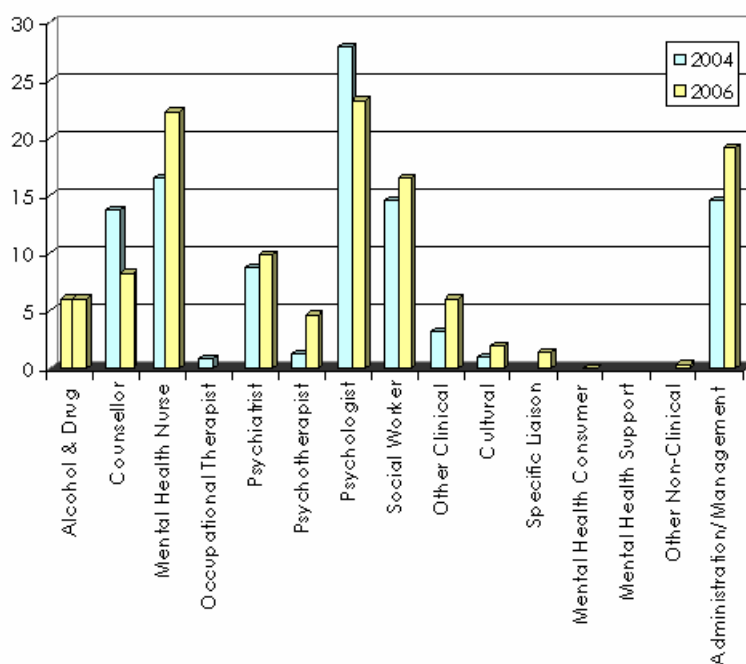


### ***DHB Community Child & Adolescent Mental Health Services by Occupational Group***

The Midland DHB Community CAMH workforce was largely made up of Clinical staff (96.85 actual FTEs) accounting for 81% of the total DHB Community workforce. The Clinical workforce was largely made up of Psychologists (23.2 actual FTEs), Mental Health Nurses (22.3 actual FTEs) and Social Workers (16.5 actual FTEs) (see Table 18 & Figure 8).

The Non-Clinical workforce (3.9 actual FTEs) made up the remainder of the Midland region DHB Community CAMHS workforce mainly in Cultural roles (2.0 actual FTEs) (see Table 18 & Figure 8).

**Figure 8. Midland Region DHB Community CAMHS Workforce by Occupational Group**



**Table 18. DHB Community CAMHS Workforce by Occupational Group**

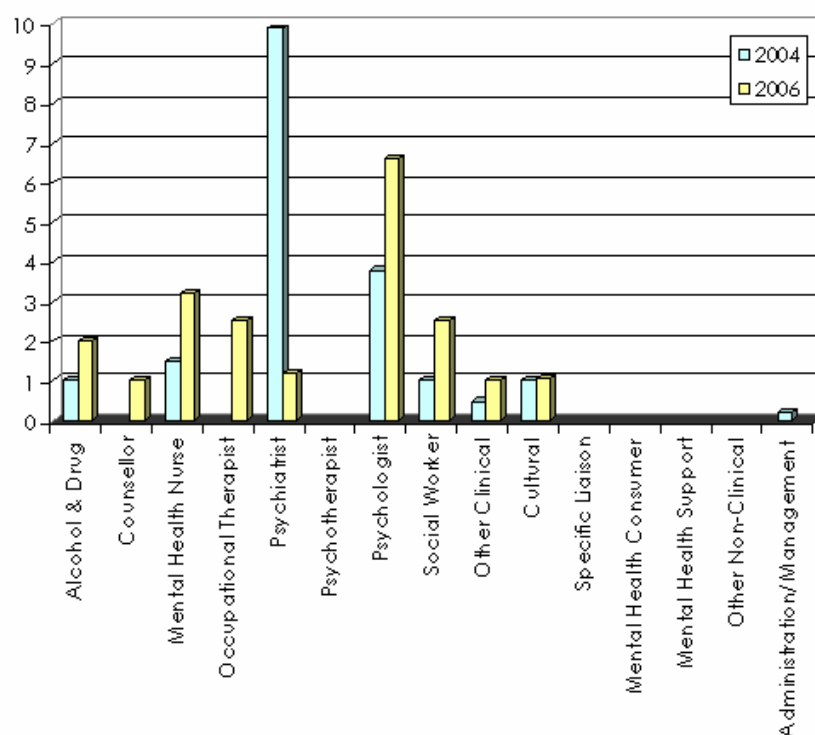
Occupational Group	Midland Region: Actual FTEs (2004/2006)											
	Waikato		Lakes		Bay of Plenty		Tairāwhiti		Taranaki		Total	
	2004	2006	2005	2006	2005	2004	2006	2006	2004	2006	2004	2006
Alcohol & Drug Worker	2.0	2.0	1.0	-	-	1.0	1.0	2.0	2.0	1.0	6.0	6.0
Counsellor	-	1.0	-	2.0	13.7	3.75	-	-	-	1.5	13.7	8.25
Mental Health Nurse	5.0	6.5	3.0	2.0	4.5	5.8	1.0	3.0	3.0	5.0	16.5	22.3
Occupational Therapist	-	-	-	-	-	-	-	-	0.8	-	0.8	-
Psychiatrist	3.62	4.7	0.6	0.8	2.2	2.0	0.3	0.4	2.0	2.0	8.72	9.9
Psychotherapist	1.3	1.9	-	1.8	-	1.0	-	-	-	-	1.3	4.7
Psychologist	8.77	8.2	4.8	5.8	7.8	5.8	1.4	1.0	5.1	2.4	27.87	23.2
Social Worker	3.0	4.5	3.0	3.0	3.9	4.5	2.7	1.7	2.0	2.8	14.6	16.5
Other Clinical	2.86	4.6	-	0.5	-	0.5	0.35	0.4	-	-	3.21	6.0
<b>Clinical Sub-Total</b>	<b>26.55</b>	<b>33.4</b>	<b>12.4</b>	<b>15.9</b>	<b>32.1</b>	<b>24.35</b>	<b>6.75</b>	<b>8.5</b>	<b>14.9</b>	<b>14.7</b>	<b>92.7</b>	<b>96.85</b>
Cultural	-	-	1.0	1.0	-	1.0	-	-	-	-	1.0	2.0
Specific Liaison Appointment	-	-	-	-	-	1.5	-	-	-	-	-	1.5
Mental Health Consumer	-	-	-	-	-	-	-	0.05	-	-	-	0.05
Mental Health Support	-	-	-	-	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	0.35	-	-	-	0.35
<b>Non-Clinical Sub-Total</b>	<b>0.0</b>	<b>0.0</b>	<b>1.0</b>	<b>1.0</b>	<b>0.0</b>	<b>2.5</b>	<b>0.0</b>	<b>0.4</b>	<b>0.0</b>	<b>0.0</b>	<b>1.0</b>	<b>3.90</b>
Administration/Management	5.06	7.5	2.75	2.5	4.0	5.5	1.8	1.8	1.0	1.8	14.61	19.10
<b>Regional Total</b>	<b>31.61</b>	<b>40.9</b>	<b>16.15</b>	<b>19.4</b>	<b>36.1</b>	<b>32.35</b>	<b>8.55</b>	<b>10.7</b>	<b>15.9</b>	<b>16.5</b>	<b>108.31</b>	<b>119.85</b>

### **Midland Region DHB Community Child & Adolescent Mental Health Workforce Vacancies by Occupational Group**

The total number of Clinical vacancies in the Midland region DHB Community CAMHS remained similar to 2004. Waikato DHB Community CAMHS reported the largest number of Clinical vacancies (8.0 vacant FTEs) in the region (see Table 19 & Figure 9).

Clinical Community CAMHS vacancies were predominantly for Psychologists (6.6 vacant FTEs) and Mental Health Nurses (3.2 vacant FTEs) (see Table 19 & Figure 9).

**Figure 9. Midland Region DHB Community CAMHS Workforce: Vacant FTEs by Occupational Group**



**Table 19. DHB Community CAMHS Vacant FTEs by Occupational Group**

Occupational Group	Midland Region: Vacant FTEs (2004/2006)											
	Waikato		Lakes		Bay of Plenty		Tairāwhiti		Taranaki		Total	
	2004	2006	2005	2006	2005	2004	2006	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	1.0	-	-	-	1.0	-	-	1.0	-	1.0	2.0
Counsellor	-	-	-	1.0	-	-	-	-	-	-	-	1.0
Mental Health Nurse	-	1.0	-	2.0	0.5	0.2	-	-	1.0	-	1.5	3.2
Occupational Therapist	-	0.5	-	-	-	2.0	-	-	-	-	-	2.5
Psychiatrist	-	-	8.0	0.2	0.7	1.0	0.2	-	1.0	-	9.9	1.2
Psychotherapist	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist	-	3.0	3.2	2.0	-	1.0	0.6	0.6	-	-	3.8	6.6
Social Worker	1.0	0.5	-	2.0	-	-	-	-	-	-	1.0	2.5
Other Clinical	-	1.0	-	-	-	-	0.5	-	-	-	0.5	1.0
<b>Clinical Sub-Total</b>	<b>1.0</b>	<b>7.0</b>	<b>11.2</b>	<b>7.2</b>	<b>1.2</b>	<b>5.2</b>	<b>1.3</b>	<b>0.6</b>	<b>3.0</b>	<b>0.0</b>	<b>17.7</b>	<b>20.0</b>
Cultural	-	1.0	1.0	-	-	-	-	0.05	-	-	1.0	1.05
Specific Liaison	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Consumer	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0.0</b>	<b>1.0</b>	<b>1.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.05</b>	<b>0.0</b>	<b>0.0</b>	<b>1.0</b>	<b>1.05</b>
Administration/Management	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.2	0.0
<b>Regional Total</b>	<b>1.0</b>	<b>8.0</b>	<b>12.2</b>	<b>7.2</b>	<b>1.4</b>	<b>5.2</b>	<b>1.3</b>	<b>0.65</b>	<b>3.0</b>	<b>0.0</b>	<b>18.9</b>	<b>21.05</b>

## NGO Child & Adolescent Mental Health Workforce

A total of 40 NGOs in the Midland region were identified for this update. However, due to the unavailability of data from Hauora Waikato Māori Mental Health Services, total FTE volume extracted from the 2005/2006 Price Volume Schedule has been used to estimate this NGOs total workforce. The use of total FTE volume does not allow the break down of the workforce by occupational groups or ethnicity therefore this data was not available for this service. One NGO, Turning Point Trust, in Bay of Plenty did not hold a child and adolescent mental health contract for the reporting period, hence is not included in this report. Therefore, NGO workforce data from only 38 services are presented in this section.

As at 30<sup>th</sup> June 2006, the Midland region NGOs reported a total of **123.68** actual FTEs and a further 3.6 vacant FTEs reported by NGOs in the Waikato DHB area (see Table 20 & Figure 10)

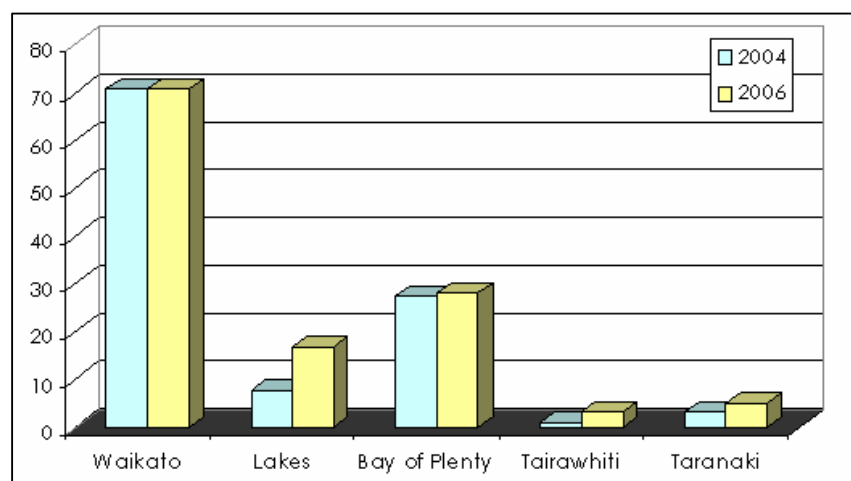
In 2006, the majority (57%) of the NGO workforce in the Midland region was largely in Waikato (70.83 actual FTEs) followed by Bay of Plenty (28.15 actual FTEs) and Lakes (16.7 actual FTEs) DHB areas. Taranaki and Tairāwhiti DHB areas reported the smallest NGO workforce (5.0 & 3.0 actual FTEs respectively) in the region.

**Table 20. NGO Child & Adolescent Mental Health Workforce**

Midland Region	2004			2006		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Waikato <sup>1</sup>	70.7	3.0	4	70.83	3.6	5
Lakes	7.7	1.0	13	16.7	-	-
Bay of Plenty	27.3	1.25	5	28.15	-	-
Tairāwhiti	1.0	-	-	3.0	-	-
Taranaki	3.0	-	-	5.0	-	-
<b>Regional Total</b>	<b>109.7</b>	<b>5.25</b>	<b>5</b>	<b>123.68</b>	<b>3.6</b>	<b>3</b>

1. 2006 NGO Workforce includes 20.82 FTEs from Hauora Waikato

**Figure 10. Midland Region NGO Child & Adolescent Mental Health Workforce (2004/2006)**





### ***NGO Child & Adolescent Mental Health Workforce by Occupational Group***

The 2006 Midland region NGO Non-Clinical workforce accounted for 41% of the total NGO workforce and was largely comprised of Mental Health Support Workers (40.9 actual FTEs) (see Table 21 & Figure 11). NGOs in the Waikato DHB area reported the largest number of Mental Health Support Workers (19.9 actual FTEs).

The NGO Clinical workforce accounted for 41% (51.11 actual FTEs) of the total NGO workforce and was mainly comprised of Social Workers (19.1 actual FTEs) and Other Clinical (15.06 actual FTEs) workers (see Table 21 & Figure 11).

**Figure 11. Midland Region NGO Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

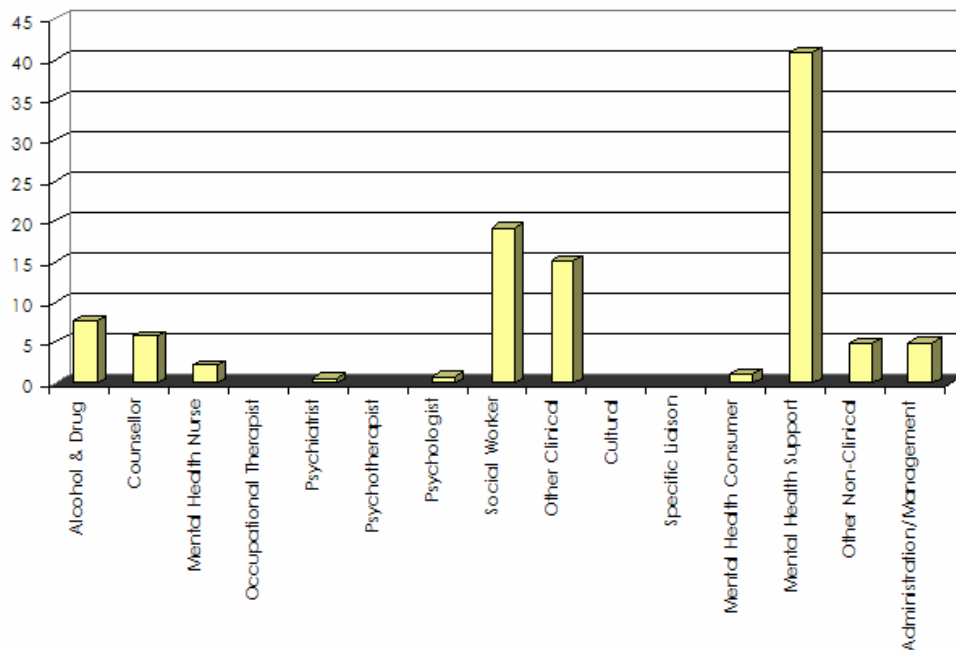


Table 21. NGO Child & Adolescent Mental Health Workforce by Occupational Group

Midland Region NGOs Actual FTEs (June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Regional Total</b>	<b>7.7</b>	<b>5.7</b>	<b>2.2</b>	<b>0</b>	<b>0.55</b>	<b>0</b>	<b>0.8</b>	<b>19.1</b>	<b>15.06</b>	<b>51.11</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>40.9</b>	<b>4.85</b>	<b>46.75</b>	<b>5.0</b>	<b>123.68</b>
<b>Waikato</b>	<b>3.7</b>	<b>4.7</b>	<b>2.2</b>	<b>0</b>	<b>0.55</b>	<b>0</b>	<b>0.6</b>	<b>5.3</b>	<b>7.06</b>	<b>24.11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19.9</b>	<b>3.0</b>	<b>22.9</b>	<b>3.0</b>	<b>70.83</b>
CareNZ Ltd	2.7	-	-	-	-	-	-	-	-	2.7	-	-	-	-	-	0	-	2.7
<i>Hauora Waikato Māori Mental Health Services</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	20.82
Linkage Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1.0	1.0	-	1.0
<i>Maniapoto Māori Trust Board</i>	-	-	-	-	-	-	-	0.5	1.0	1.5	-	-	-	1.0	-	1.0	-	2.5
Northern King Country Drug & Alcohol Counselling & Education	-	-	-	-	-	-	-	-	1.06	1.06	-	-	-	-	-	0	-	1.06
Parentline Parentline Charitable Trust	-	2.5	-	-	0.05	-	0.6	1.0	-	4.15	-	-	-	-	-	0	-	4.15
<i>Raukawa Trust Board</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1.0	-	1.0	-	1.0
Richmond Fellowship	-	-	1.0	-	-	-	-	-	-	1.0	-	-	-	7.0	2.0	9.0	-	10.0
Rostrevor House	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	-	-	0	-	1.0
Rotorua Pacific Islands Development Charitable Trust	-	-	0.2	-	-	-	-	0.8	-	1.0	-	-	-	-	-	0	-	1.0
<i>Te Korowai Hauora o Hauraki Inc</i>	-	1.0	-	-	-	-	-	-	-	1.0	-	-	-	0.5	-	0.5	-	1.5
<i>Te Runanga o Kirikiriroa</i>	1.0	1.0	-	-	-	-	-	1.0	-	3.0	-	-	-	8.4	-	8.4	3.0	14.4
The Youth Horizons Trust	-	-	-	-	0.5	-	-	1.0	5.0	6.5	-	-	-	-	-	0	-	6.5
Kaute Pasifika	-	-	1.0	-	-	-	-	-	-	1.0	-	-	-	1.0	-	1.0	-	2.0
South Waikato Pacific Island Health Committee	-	0.2	-	-	-	-	-	-	-	0.2	-	-	-	1.0	-	1.0	-	1.2

Note: Italicised Services are Kaupapa Māori Mental Health Services (PU Code MHCS39)

Table 21. NGO Child & Adolescent Mental Health Workforce by Occupational Group

Midland Region NGOs Actual FTEs (June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Ma nagement	Total
<b>Regional Total</b>	<b>7.7</b>	<b>5.7</b>	<b>2.2</b>	<b>0</b>	<b>0.55</b>	<b>0</b>	<b>0.8</b>	<b>19.1</b>	<b>15.06</b>	<b>51.11</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>40.9</b>	<b>4.85</b>	<b>46.75</b>	<b>5.0</b>	<b>123.68</b>
<b>Lakes</b>	<b>2.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.2</b>	<b>3.0</b>	<b>6.0</b>	<b>11.2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19.9</b>	<b>3.0</b>	<b>22.9</b>	<b>3.0</b>	<b>70.83</b>
Care NZ Ltd	2.0	-	-	-	-	-	-	-	-	2.0	-	-	-	-	-	0	-	2.7
Healthcare NZ	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	20.82
<i>Poutiri Charitable Trust: Rau O Te Huia</i>	-	-	-	-	-	-	-	-	3.0	3.0	-	-	-	-	1.0	1.0	-	1.0
Rotorua General Practice	-	-	-	-	-	-	0.2	-	-	0.2	-	-	-	1.0	-	1.0	-	2.5
Te Aratu Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	1.06
<i>Tuwharetoa Health Services Ltd</i>	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	-	-	0	-	4.15
The Youth Horizons Trust	-	-	-	-	-	-	-	2.0	3.0	5.0	-	-	-	1.0	-	1.0	-	1.0

Note: Italicised Services are Kaupapa Māori Mental Health Services (PU Code MHCS39)

Table 21. NGO Community Child & Adolescent Mental Health Workforce by Occupational Group

Midland Region NGOs Actual FTEs (June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Ma nagement	Total
<b>Regional Total</b>	<b>7.7</b>	<b>5.7</b>	<b>2.2</b>	<b>0</b>	<b>0.55</b>	<b>0</b>	<b>0.8</b>	<b>19.1</b>	<b>15.06</b>	<b>51.11</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>40.9</b>	<b>4.85</b>	<b>46.75</b>	<b>5.0</b>	<b>123.68</b>
<b>Bay of Plenty</b>	<b>1.0</b>	<b>1.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5.8</b>	<b>2.0</b>	<b>9.8</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>13.5</b>	<b>1.85</b>	<b>16.35</b>	<b>2.0</b>	<b>28.15</b>
Maketu Social Services	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	-	-	0	-	1.0
<i>Nga Mataapuna Oranga</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	2.5	-	2.5	-	2.5
Pirirakau Hauora	-	-	-	-	-	-	-	-	1.0	1.0	-	-	-	-	-	0	-	1.0
<i>Poutiri Charitable Trust: Nga Kakano</i>	-	-	-	-	-	-	-	-	1.0	1.0	-	-	-	-	-	0	-	1.0
<i>Poutiri Charitable Trust: Te Ika Whenua A Murapara</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1.0	-	1.0	-	1.0
<i>Poutiri Charitable Trust: Te Toi Huarewa</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1.0	-	1.0	-	1.0
Runanga Ngai Tamawhaiua Inc	-	-	-	-	-	-	-	-	-	0	-	-	-	2.0	-	2.0	-	2.0
Te Manu Toroa Trust	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	2.0	0.85	2.85	-	3.85
Poupoua Trust	1.0	1.0	-	-	-	-	-	-	-	2.0	-	-	-	1.0	1.0	2.0	2.0	6.0
<i>Te Runanga O Te Whanau Charitable Trust</i>	-	-	-	-	-	-	-	2.8	-	2.8	-	-	-	-	-	0	-	2.8
Te Tomika Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	2.0	-	2.0	-	2.0
<i>Tuhoe Hauora Trust Rakeiwhenua Trust</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1.0	-	1.0	-	1.0
Whakatohea Māori Trust Board	-	-	-	-	-	-	-	1.0	-	1.0	-	-	1.0	1.0	-	2.0	-	3.0

Note: Italicised Services are Kaupapa Māori Mental Health Services (PU Code MHCS39)

**Table 21. NGO Community Child & Adolescent Mental Health Workforce by Occupational Group**

Midland Region NGOs Actual FTEs (June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Ma nagement	Total
<b>Regional Total</b>	<b>7.7</b>	<b>5.7</b>	<b>2.2</b>	<b>0</b>	<b>0.55</b>	<b>0</b>	<b>0.8</b>	<b>19.1</b>	<b>15.06</b>	<b>51.11</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>40.9</b>	<b>4.85</b>	<b>46.75</b>	<b>5.0</b>	<b>123.68</b>
<b>Tairāwhiti</b>	<b>1.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2.0</b>	<b>0</b>	<b>2.0</b>	<b>0.0</b>	<b>3.0</b>
<i>Te Hauora O Turanganui A Kiwa Ltd</i>	1.0	-	-	-	-	-	-	-	-	1.0	-	-	-	2.0	-	2.0	-	3.0
<b>Taranaki</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5.0</b>	<b>0</b>	<b>5.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0</b>	<b>5.0</b>
Linkage Trust	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	-	-	0	-	1.0
<i>Tui Ora: Mahia Mai</i>	-	-	-	-	-	-	-	2.0	-	2.0	-	-	-	-	-	0	-	2.0
<i>Tui Ora: Raumano</i>	-	-	-	-	-	-	-	2.0	-	2.0	-	-	-	-	-	0	-	2.0

Note: Italicised Services are Kaupapa Māori Mental Health Services (PU Code MHCS39)

## 2006 Midland Region Community Clinical Workforce compared to the MHC Resource Guidelines

Based on the 2006 Midland region projected population and the MHC's Blueprint resource guidelines (28.6 FTEs per 100,000 total population) the recommended regional Community Clinical FTEs were **223.52 FTEs**. Although the Midland region reported a 10% increase in the regional workforce since 2004, the workforce remained below the regional recommended guideline. The Midland region DHB Community CAMHS and NGOs reported a total of **147.96** actual Community Clinical FTEs. This was **75.6** FTEs below the regional guideline with the largest disparity reported by services in the Waikato DHB area (although individual DHB Community Clinical FTEs have also been compared to the Blueprint resource guidelines, regional service FTEs have not been allocated across DHBs and therefore individual DHB data should be interpreted with caution)(see Tables 22 & 23 & Figure 12).

Therefore the Midland region Community Clinical workforce would need to increase by **51%** to meet the regional Blueprint guideline. Firstly, there would need to be a 14% increase in FTEs to fill vacancies. Once vacant FTEs are filled, there would need to be an increase of **51.96** additionally funded FTEs to meet the 2006 Blueprint resource guideline for the Midland region.

The data in Table 23 indicates a 10% increase in the total Midland region Community Clinical workforce since the 2004 Stocktake. Although this increase could be attributed to a 5% increase in the DHB Community CAMHS workforce since 2004, it could also be attributed to higher reporting (99% response rate) from the Midland region NGO sector.

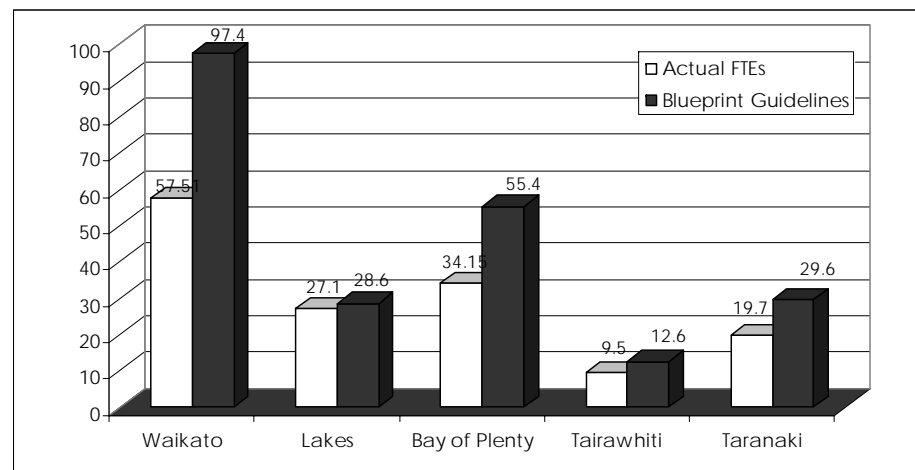
**Table 22. Community Clinical Child & Adolescent Mental Health Workforce (2006)**

Midland Region	Actual Community Clinical FTEs	Vacant Community Clinical FTEs	Total Funded Community Clinical FTEs	Vacancy %
DHB	96.85	20.0	116.85	17
NGO	51.11	3.6	54.71	7
<b>Regional Total</b>	<b>147.96</b>	<b>23.6</b>	<b>171.56</b>	<b>14</b>

**Table 23. Child & Adolescent Mental Health Community Clinical Workforce compared to MHC Blueprint Guidelines**

Midland Region	March 2004						June 2006					
	Total Popn	0-19 Popn	DHB & NGO Community Clinical FTEs	Blueprint Guidelines	FTE Needed	% Increase	Total Popn	0-19 Popn	DHB & NGO Community Clinical FTEs	Blueprint Guidelines	FTE Needed	% Increase
<b>Regional Total</b>	<b>830,940</b>	<b>258,860</b>	<b>134.4</b>	<b>237.65</b>	<b>103.25</b>	<b>77</b>	<b>781,536</b>	<b>237,273</b>	<b>147.96</b>	<b>223.52</b>	<b>75.6</b>	<b>51</b>
Waikato	337,290	105,800	56.55	96.5	39.95	<b>71</b>	340,434	104,574	57.51	97.4	39.9	<b>69</b>
Lakes	102,140	32,430	15.6	29.2	13.6	<b>87</b>	99,945	30,990	27.1	28.6	1.5	<b>5</b>
Bay of Plenty	196,810	59,150	37.6	56.3	18.7	<b>50</b>	193,602	56,700	34.15	55.4	21.2	<b>62</b>
Tairāwhiti	45,130	15,510	7.75	12.9	5.15	<b>66</b>	43,980	14,724	9.5	12.6	3.1	<b>32</b>
Taranaki	149,570	45,970	16.9	42.8	25.9	<b>153</b>	103,575	30,285	19.7	29.6	9.9	<b>50</b>

**Figure 12. Midland Region Child & Adolescent Mental Health Community Clinical Workforce compared to MHC Blueprint Guidelines (2004/2006)**



## Recommendations for the Midland Region Child & Adolescent Mental Health Psychiatry Workforce

There was a 20% increase in the Psychiatry workforce since 2004, but based on the 2006 Midland region population and using the WHO recommendation for Psychiatrists (10 per 100,000 total population) there continues to be a shortage of Psychiatry FTEs in the Midland region. Using the WHO recommendation, the regional Psychiatry FTEs was **23.73** FTEs. The Midland region DHB (Inpatient & Community CAMHS) and NGOs reported a total of **10.45** actual. This was **13.83** FTEs below the recommendation with large disparities reported by almost all of the DHBs in the region (although individual DHB Psychiatry FTEs have been compared to the WHO recommendations, regional service FTEs have not been allocated across DHBs and therefore individual DHB data should be interpreted with caution) (see Table 24 & Figure 13). Therefore the Midland region Psychiatry workforce would need to increase by 140% to meet the WHO recommendation.

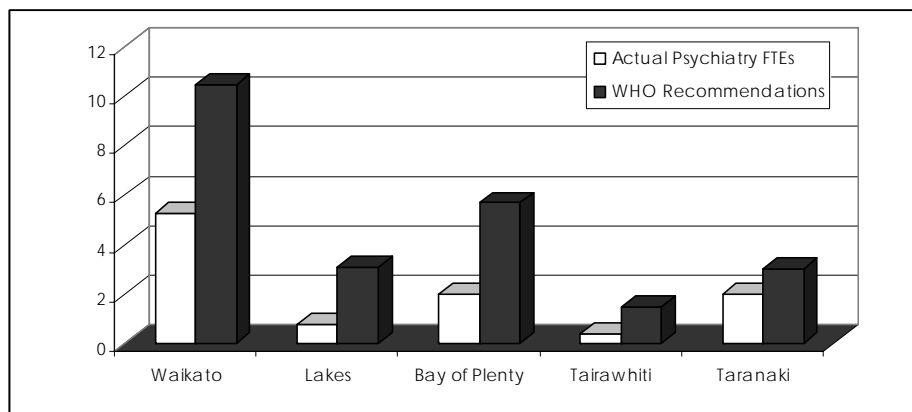
**Table 24. Midland Region DHB & NGO Psychiatry Workforce compared to WHO Recommendations**

Midland Region	March 2004				June 2006			
	Psychiatrists (Actual FTEs)	WHO Recommendation <sup>1</sup>	FTEs Needed	% Increase	Psychiatrists (Actual FTEs)	WHO Recommendation	FTEs Needed	% Increase
<b>Regional Total</b>	<b>8.72</b>	<b>24.46</b>	<b>15.74</b>	<b>180</b>	<b>10.45</b>	<b>23.73</b>	<b>13.83</b>	<b>140</b>
Waikato	3.62	10.58	6.96	192	5.25	10.46	5.76	122
Lakes	0.6	3.24	2.64	441	0.8	3.10	2.30	287
Bay of Plenty	2.2	5.92	3.72	169	2	5.67	3.67	184
Tairāwhiti	0.3	1.55	1.25	417	0.4	1.47	1.07	268
Taranaki	2.0	3.17	1.17	58	2.0	3.03	1.03	51

1. 2004 WHO recommendations based on 2004 population projections (prioritised ethnicity).



**Figure 13. Midland Region DHB & NGO Psychiatry Workforce compared to WHO Recommendations (2004/2006)**



## Ethnicity of the Midland Region Child & Adolescent Mental Health Workforce

Ethnicity data was provided by managers and not necessarily by the individual staff member, therefore data reported in this section should be interpreted with caution. Furthermore, due to the poor response rate for the 2004 Stocktake (59% response rate), and the possible inclusion of adult FTEs, it is difficult to ascertain the change in the 2006 Midland region NGO Māori, Pacific & Asian workforce.

### Māori

#### *DHB Community Māori Child & Adolescent Mental Health Workforce*

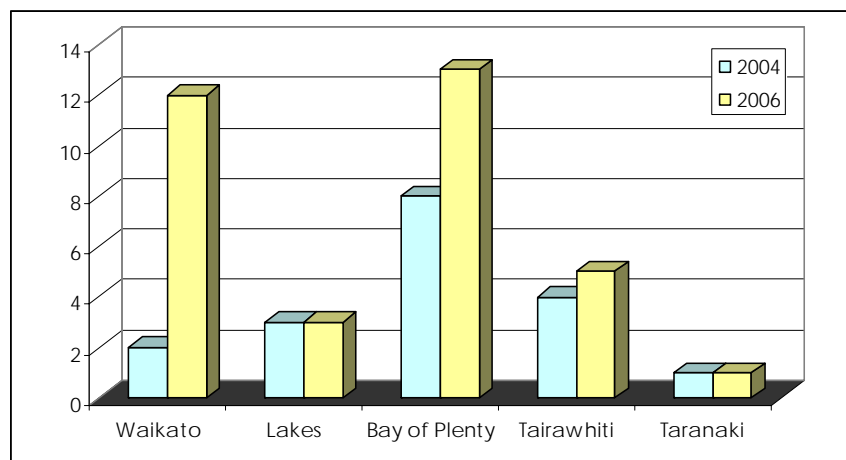
As at 30<sup>th</sup> June, 2006, the Midland region DHB Community CAMHS reported a total of **34** Māori staff (18.5 Clinical FTEs, 2.0 Non-Clinical FTEs & 6.8 Administration FTEs) which made up approximately 28% of the total DHB Community CAMHS workforce with Bay of Plenty and Waikato DHB CAMHS reporting the largest Māori workforce (13 & 12 respectively) in the region.

The total DHB Community CAMHS Māori workforce in the Midland region had increased by 16 since the 2004 Stocktake with Waikato DHB Community CAMHS reporting the largest growth in Māori staff numbers (from 2 to 12) (see Table 25 & Figure 14).

**Table 25. Midland Region DHB Community Māori CAMHS Workforce**

Midland Region DHBs	Māori (Head Count)	
	2004	2006
Waikato	2	12
Lakes	3	3
Bay of Plenty	8	13
Tairāwhiti	4	5
Taranaki	1	1
<b>Total</b>	<b>18</b>	<b>34</b>

**Figure 14. Midland Region DHB Community Māori Child & Adolescent Mental Health Workforce**

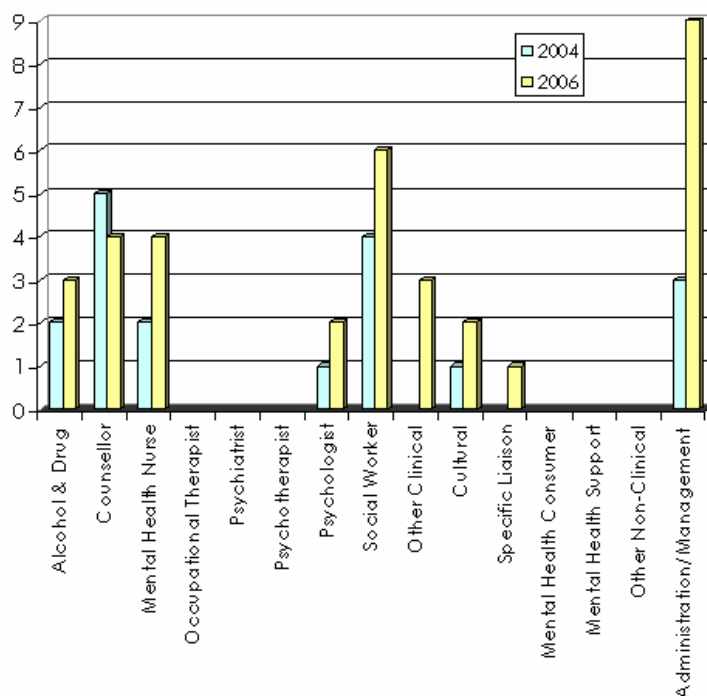


There was a growth in the Māori Clinical staff numbers in the Midland region DHB Community CAMHS. The Māori Clinical staff were mainly Social Workers (6), Mental Health Nurses (4), Counsellors (4) and Alcohol & Drug workers (3) (see Table 26 & Figure 15).

The Non-Clinical Māori staff were mainly in Cultural roles (2).

A significant number of Māori staff (9) held Administration and Management roles in the Midland region DHB Community CAMHS.

**Figure 15. Midland Region DHB Community Māori Child & Adolescent Mental Health Workforce by Occupational Group**



**Table 26. DHB Community Māori CAMHS Workforce by Occupational Group**

Occupational Group	Midland Region: Māori (Head Count)											
	Waikato		Lakes		Bay of Plenty		Tairāwhiti		Taranaki		Total	
	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006
Alcohol & Drug Worker	1	1	-	-	-	-	1	2	-	-	2	3
Counsellor	-	1	-	1	5	2	-	-	-	-	5	4
Mental Health Nurse	-	1	1	1	-	1	1	1	-	-	2	4
Occupational Therapist	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatrist	-	-	-	-	-	-	-	-	-	-	-	-
Psychotherapist	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist	1	2	-	-	-	-	-	-	-	-	1	2
Social Worker	-	1	-	-	2	4	2	1	-	-	4	6
Other Clinical	-	3	-	-	-	-	-	-	-	-	-	3
<b>Clinical Sub-Total</b>	<b>2</b>	<b>9</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>22</b>
Cultural	-	-	1	1	-	1	-	-	-	-	1	2
Specific Liaison	-	-	-	-	-	1	-	-	-	-	-	1
Mental Health Consumer	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>
Administration/Management	0	3	1	0	1	4	0	1	1	1	3	9
<b>Total</b>	<b>2</b>	<b>12</b>	<b>3</b>	<b>3</b>	<b>8</b>	<b>13</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>18</b>	<b>34</b>

### **NGO Māori Child & Adolescent Mental Health Workforce**

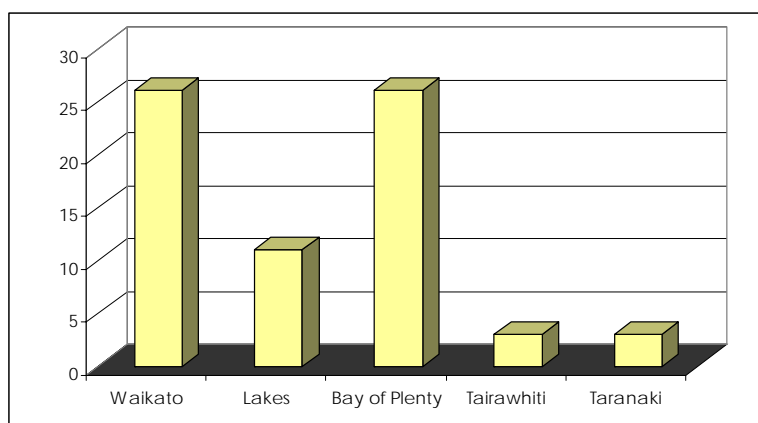
As at 30<sup>th</sup> June 2006, the Midland region NGOs reported a total of **69** Māori staff (26.8 Clinical FTEs, 34.0 Non-Clinical FTEs & 5.0 Administration FTEs) which made up approximately 56% of the total Midland region NGO workforce. NGOs in the Bay of Plenty and Waikato DHB areas reported the largest Māori workforce (26 respectively) followed by NGOs in the Lakes DHB area (see Table 27 & Figure 16).

**Table 27. NGO Community Māori Child & Adolescent Mental Health Workforce**

Midland Region NGOs	Māori (Head Count)	
	2004	2006
Waikato	26	26
Lakes	16	11
Bay of Plenty	17	26
Tairāwhiti	1	3
Taranaki	1	3
<b>Total</b>	<b>61</b>	<b>69</b>

Note: Includes Kaupapa Māori Services

**Figure 16. Midland Region NGO Community Māori Child & Adolescent Mental Health Workforce (2006)**



The Non-Clinical Māori staff in the Midland NGO workforce were mainly Mental Health Support Workers (32) while Clinical staff were mainly Social Workers (11) and held Other Clinical roles (6) (see Figure 17 & Table 30).

**Figure 17. Midland Region NGO Community Māori Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

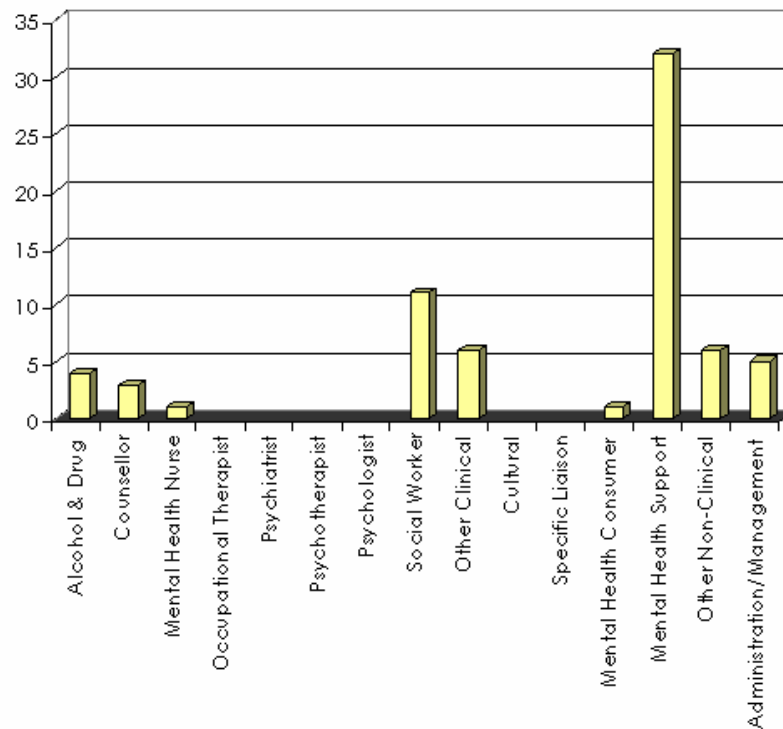


Table 28. NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Midland Region NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>6</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>32</b>	<b>6</b>	<b>39</b>	<b>5</b>	<b>69</b>
<b>Waikato</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>3</b>	<b>16</b>	<b>3</b>	<b>26</b>
Linkage Trust	-	-	-	-	-	-	-	-	-	0	-	-	-		1	1	-	1
<i>Maniapoto Māori Trust Board</i>	-	-	-	-	-	-	-	1		1	-	-	-	1		1	-	2
Parentline Parentline Charitable Trust	-	2	-	-	-	-	-			2	-	-	-	-	-	0	-	2
<i>Raukawa Trust Board</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1		1	-	1
Richmond Fellowship	-	-	1	-	-	-	-	-	-	1	-	-	-	2	2	4	-	5
<i>Te Korowai Hauora o Hauraki Inc</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<i>Te Runanga O Kirikiriroa</i>	1	-	-	-	-	-	-	1	-	2	-	-	-	8	-	8	3	13
The Youth Horizons Trust	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	0	-	1

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

Table 28. NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Midland Region NGOs Māori (Head Count June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>6</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>32</b>	<b>6</b>	<b>39</b>	<b>5</b>	<b>69</b>
<b>Lakes</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>11</b>
Care NZ Ltd	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
Healthcare NZ	-	-	-	-	-	-	-	-	-	0	-	-	-	3	-	3	-	3
<i>Poutiri Charitable Trust: Rau O Te Huia</i>	-	-	-	-	-	-	-	-	3	3	-	-	-	1	-	1	-	4
Te Aratu Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<i>Tuwharetoa Health Services Ltd</i>	-	-	-	-	-	-	-	1	-	0	-	-	-	-	-	0	-	1
The Youth Horizons Trust	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	0	-	1

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)



Table 28. NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Midland Region NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>6</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>32</b>	<b>6</b>	<b>39</b>	<b>5</b>	<b>69</b>
<b>Bay of Plenty</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>12</b>	<b>3</b>	<b>16</b>	<b>2</b>	<b>26</b>
Maketu Social Services	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1
<i>Nga Mataapuna Oranga</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	3	-	3	-	3
<i>Piriakau Hauora</i>	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	0	-	1
<i>Poutiri Charitable Trust: Te Toi Huarewa</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<i>Poutiri Charitable Trust: Te Ika Whenua a Murapara</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Runanga Ngai Tamawhaiua Inc	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2
Te Manu Toroa Trust	-	-	-	-	-	-	-	1	-	1	-	-	-	1	2	3	-	4
Poupoua Trust	1	1	-	-	-	-	-	-	-	2	-	-	-	1	1	2	2	6
<i>Te Runanga O Te Whanau Charitable Trust</i>	-	-	-	-	-	-	-	3	-	3	-	-	-	-	-	0	-	3
Te Tomika Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2
Whakatohea Māori Trust Board	-	-	-	-	-	-	-	-	-	0	-	-	1	1	-	2	-	2

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

Table 28 cont. NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Midland Region NGOs Māori (Head Count June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	4	3	1	0	0	0	0	11	6	25	0	0	1	32	6	39	5	69
<b>Tairāwhiti</b>	1	0	0	0	0	0	0	0	0	1	0	0	0	2	0	2	0	3
<i>Te Hauora O Turanganui A Kiwa Ltd</i>	1	-	-	-	-	-	-	-	-	1	-	-	-	2	-	2	-	3
<b>Taranaki</b>	0	0	0	0	0	0	0	3	0	3	0	0	0	0	0	0	0	3
<i>Tui Ora: Mahia Mai</i>	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-	0	-	2
<i>Tui Ora: Raumano</i>	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

### ***Total Midland Region Māori Child & Adolescent Mental Health Workforce***

The Midland region DHB Community CAMHS and NGOs reported a total of **103** Māori staff (including Administration/Management staff) (45.3 Clinical FTEs, 36.0 Non-Clinical FTEs & 11.8 Administration FTEs) with the majority (67%) in the NGOs (see Table 29).

**Table 29. Total Māori Child & Adolescent Mental Health Workforce (2006)**

Midland Region	DHB Total	NGO	Total
Waikato	12	26	38
Lakes	3	11	14
Bay of Plenty	13	26	39
Tairāwhiti	5	3	8
Taranaki	1	3	4
<b>Regional Total</b>	<b>34</b>	<b>69</b>	<b>103</b>

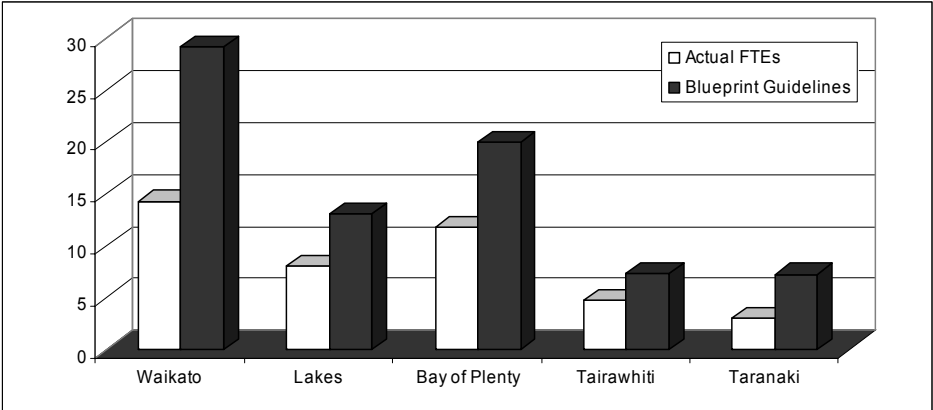
### ***Midland Region Māori Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines***

Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional Māori 0-19 population, the recommended Community Clinical FTEs for the regional Māori Community Clinical workforce was approximately **77.2** FTEs. However the regional Māori Community Clinical workforce totalled **41.8** FTEs. Therefore the regional Māori Community Clinical workforce would need to increase by 76% (31.9 Community Clinical FTEs) to meet the recommended regional guideline (see Table 30 & Figure 18).

**Table 30. Māori Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines (2006)**

Midland Region	Blueprint Guidelines 28.6/100,000 total Popn	DHB & NGO Māori Community Clinical FTEs	FTEs per Māori Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>223.52</b>	<b>41.8</b>	<b>77.2</b>	<b>31.9</b>	<b>76</b>
Waikato	97.4	14.3	29.2	14.4	101
Lakes	28.6	8.0	13.1	5.1	64
Bay of Plenty	55.4	11.8	20.0	5.2	44
Tairāwhiti	12.6	4.7	7.3	2.6	56
Taranaki	29.6	3.0	7.2	4.2	141

**Figure 18. Midland Region Māori Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines (2006)**



## Pacific

### ***Midland Region DHB Community Pacific Child & Adolescent Mental Health Workforce***

As at 30<sup>th</sup> June 2006, four Pacific staff were reported at Bay of Plenty and Tairāwhiti DHB CAMHS (1.3 Clinical FTEs, 0.5 Non-Clinical FTEs) (Mental Health Nurse, Social Worker, Other Clinical & Mental Health Support Worker) (see Tables 31 & 33).

**Table 31. DHB Community Pacific CAMHS Workforce**

Midland Region DHBs	Pacific (Head Count)	
	2004	2006
Waikato	-	-
Lakes	-	-
Bay of Plenty	3	3
Tairāwhiti	1	1
Taranaki	-	-
<b>Total</b>	<b>4</b>	<b>4</b>

**Table 32. DHB Community Pacific CAMHS Workforce by Occupational Group**

Occupational Group	Midland Region DHB: Pacific (Head Count June 2006)											
	Waikato		Lakes		Bay of Plenty		Tairāwhiti		Taranaki		Total	
	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	-	-	-	-	-	-	-	-	-	-	-
Counsellor	-	-	-	-	2	-	-	-	-	-	2	-
Mental Health Nurse	-	-	-	-	1	1	-	-	-	-	1	1
Occupational Therapist	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatrist	-	-	-	-	-	-	-	-	-	-	-	-
Psychotherapist	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist	-	-	-	-	-	-	-	-	-	-	-	-
Social Worker	-	-	-	-	-	-	1	1	-	-	1	1
Other Clinical	-	-	-	-	-	1	-	-	-	-	-	1
<b>Clinical Sub-Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>3</b>
Cultural	-	-	-	-	-	-	-	-	-	-	-	-
Specific Liaison	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Consumer	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Support	-	-	-	-	-	1	-	-	-	-	-	1
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Administration/Management	0	0	0	0	0	0	0	0	0	0	0	0
<b>Regional Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>4</b>

### **NGO Pacific Child & Adolescent Mental Health Workforce**

As at June 30<sup>th</sup> June 2006, a total of five Pacific staff (1.8 Clinical FTEs, 3.0 Non-Clinical FTEs) (1 Mental Health Nurse, 1 Social Worker & 3 Mental Health Support Workers) were reported by Richmond Fellowship and the three Pacific NGO services (Rotorua Pacific Islands Development Charitable Trust, Kaute Pasifika & South Waikato Pacific Island Health Committee) in the Waikato DHB area. The Pacific NGO workforce made up approximately 5% of the Midland region NGO workforce (see Tables 33 & 34).

There appears to be a large drop in the numbers of Pacific staff in the Midland region since 2004. This could be due to the inclusion of adult FTEs in the previous stocktake data (see Table 33).

**Table 33. NGO Community Pacific Child & Adolescent Mental Health Workforce**

<b>Midland Region NGOs</b>	<b>Pacific</b>	
	<b>2004</b>	<b>2006</b>
Waikato	17	5
Lakes	1	-
Bay of Plenty	-	-
Tairāwhiti	-	-
Taranaki	-	-
<b>Regional Total</b>	<b>18</b>	<b>5</b>

**Table 34. NGO Pacific Child & Adolescent Mental Health Workforce by Occupational Group**

Midland Region NGOs Pacific (Head Count June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>5</b>
<b>Waikato</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>5</b>
Richmond Fellowship	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Rotorua Pacific Islands Development Charitable Trust	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1
Kaute Pasifika	-	-	1	-	-	-	-	-	-	1	-	-	-	1	-	1	-	2
South Waikato Pacific Island Health Committee	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1



### **Total Midland Region Pacific Child & Adolescent Mental Health Workforce**

DHB Community CAMHS and NGOs in the Northern region reported a total of **9** Pacific staff including Administration/Management staff (see Table 35).

**Table 35. Total Region Pacific Child & Adolescent Mental Health Workforce (2006)**

Midland Region	DHB Total	NGO	Total
Waikato	3	5	8
Lakes	-	-	-
Bay of Plenty	-	-	-
Tairāwhiti	1	-	1
Taranaki	-	-	-
<b>Regional Total</b>	<b>4</b>	<b>5</b>	<b>9</b>

Note: Includes Administration/Management Workforce

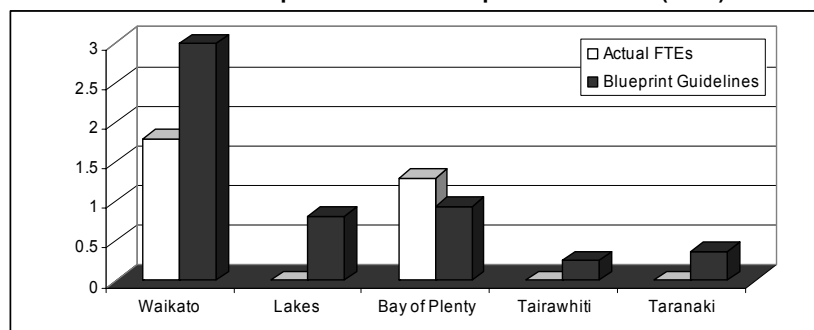
### **Midland Region Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines**

Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional Pacific 0-19 population, the recommended Community Clinical FTEs for the regional Pacific Community Clinical workforce was approximately **5.4** FTEs. However the regional Pacific Community Clinical workforce totalled **3.1** FTEs. Therefore the regional Pacific Community Clinical workforce would need to increase by 74% (2.3 Community Clinical FTEs) to meet the recommended regional guideline (see Table 36 & Figure 19).

**Table 36. Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Guidelines (2006)**

Midland Region	Blueprint Guidelines 28.6/100,000 Total Pop	DHB & NGO Pacific Community Clinical FTEs	FTEs per Pacific Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>223.52</b>	<b>3.1</b>	<b>5.4</b>	<b>2.3</b>	<b>74</b>
Waikato	97.4	1.8	3.0	1.2	67
Lakes	28.6	0	0.8	0.8	-
Bay of Plenty	55.4	1.3	0.9	-0.4	-28
Tairāwhiti	12.6	0	0.3	0.3	-
Taranaki	29.6	0	0.4	0.4	-

**Figure 19. Midland Region Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Guidelines (2006)**



## Asian

### ***Midland Region DHB Community Asian Child & Adolescent Mental Health Workforce***

As at 30<sup>th</sup> June 2006, there were no Asian staff reported by the Midland region DHB Community CAMHS (see Table 37).

**Table 37. DHB & NGO Community Asian Child & Adolescent Mental Health Workforce**

Midland Region Asian (Head Count)	DHB		NGO	
	2004	2006	2004	2006
Waikato	2	-	-	-
Lakes	2	-	-	-
Bay of Plenty	-	-	-	-
Tairāwhiti	-	-	-	-
Taranaki	-	-	-	1
<b>Regional Total</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>

### ***NGO Asian Child & Adolescent Mental Health Workforce***

As at 30<sup>th</sup> June 2006, one NGO in the Midland region, Raumanu Health in Taranaki, reported one Asian staff member (Social Worker) which made up approximately 1% of the total Midland region NGO workforce (see Table 39).

### ***Asian Workforce as a proportion of the Asian 0-19 yrs Population***

In 2006, 4% of the total Midland Region 0-19 years population were Asian children and adolescents with the majority (61%) and the largest proportion (5%) residing in the Waikato DHB area (see Table 40). However, the total Midland region Asian child and adolescent mental health workforce only accounted for 0.4% of the total Midland region workforce with disparities between the workforce and the population in almost all of the DHB areas in the region, especially in the Waikato DHB area where the largest proportion of the Asian 0-19 population resides (see Table 38 & Figure 20).

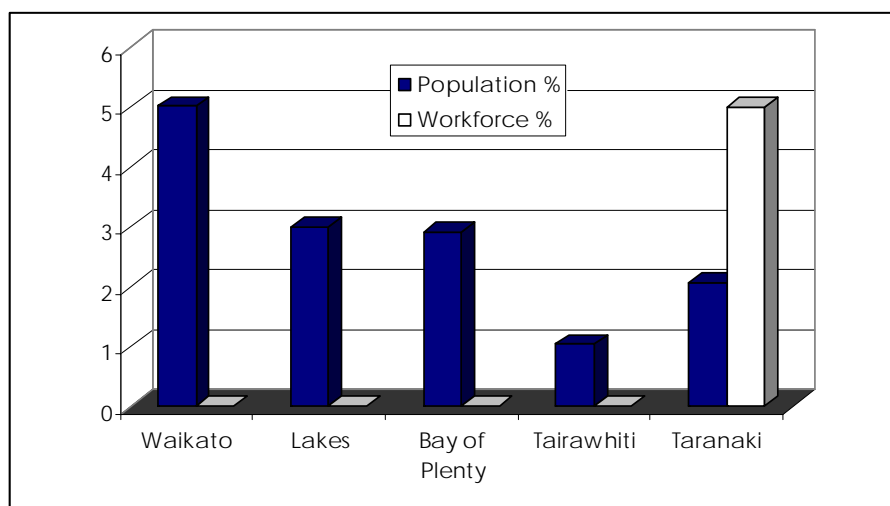
There needs to be a 3.6% increase (approximately an extra 8 Asian staff) to reflect the regional Asian 0-19 years population.

**Table 38. Asian Child & Adolescent Mental Health Workforce as a proportion of the Asian 0-19 yrs Population (2006)**

<b>Midland Region</b>	<b>Total 0-19 yrs</b>	<b>Asian 0-19 yrs</b>	<b>%</b>	<b>Total Asian Workforce</b>	<b>Total Workforce</b>	<b>%</b>
Waikato	104,574	5,247	5	0	102	0
Lakes	30,990	927	3	0	34	0
Bay of Plenty	56,700	1,650	3	0	55	0
Tairāwhiti	14,724	153	1	0	12	0
Taranaki	30,285	624	2	1	20	5
<b>Regional Total</b>	<b>237,273</b>	<b>8,601</b>	<b>4</b>	<b>1</b>	<b>223</b>	<b>0.4</b>

Note: Excludes the Administration/Management Workforce

**Figure 20. Midland Region Asian Child & Adolescent Mental Health Workforce as a proportion of the Midland Region Asian 0-19 yrs Population (2006)**



## Midland Region Access to Child & Adolescent Mental Health Services

The following section has been extracted from the MHINC 2004 and 2005 analyses. The majority of the MHINC access data has been analysed nationally and can be accessed separately via the Werry Centre website. Therefore this section contains access data that was relevant to the Midland region.

The data reported in this section is mainly based on the 2<sup>nd</sup> 6 months of 2005 and the 2<sup>nd</sup> 6 months of 2004 is used as a comparison.

### Midland Region Access by Gender, Age Group & Ethnicity

Since the end of 2004, the Midland region continued to report the lowest number of total clients (22%) accessing mental health services compared to the other regions (see Appendix D, Table 4). Since the end of 2004, there was an approximately 6% increase in the total number of clients accessing services in the region.

Waikato DHB CAMHS has continued to report the highest number of total clients (41%) in the region followed by Bay of Plenty, Taranaki, Lakes and Tairāwhiti DHB CAMHS (see Table 39). However, since the end of 2004, Taranaki DHB reported the largest increase (26%) in the total number of clients.

**Table 39. Clients by Gender, Age Group & DHB**

Midland Region	Male				Female				DHB Total
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total	
<b>2nd 6mo 2004</b>	<b>395</b>	<b>672</b>	<b>611</b>	<b>1,678</b>	<b>176</b>	<b>421</b>	<b>698</b>	<b>1,295</b>	<b>2,973</b>
Waikato	102	256	254	612	45	155	284	484	1,096
Lakes	65	60	66	191	33	51	79	163	354
Bay of Plenty	113	173	138	424	47	120	172	339	763
Tairāwhiti	32	64	53	149	20	33	52	105	254
Taranaki	83	119	100	302	31	62	111	204	506
<b>2nd 6mo 2005</b>	<b>437</b>	<b>748</b>	<b>668</b>	<b>1,853</b>	<b>144</b>	<b>366</b>	<b>774</b>	<b>1,284</b>	<b>3,137</b>
Waikato	87	262	238	587	38	103	302	443	1,030
Lakes	69	88	53	210	23	46	98	167	377
Bay of Plenty	129	210	166	505	41	103	183	327	832
Tairāwhiti	43	56	68	167	12	31	50	93	260
Taranaki	109	132	143	384	30	83	141	254	638

### Gender

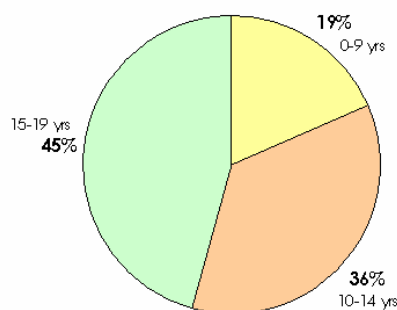
Over half (59%) of the total number of clients accessing mental health services in the region were male.

There was an 11% increase in the total number of male clients and a 1% decrease in female clients in the region.

### **Age Group**

Almost half (45%) of the total number of clients accessing mental health services in the Midland region were in the 15-19 year age group (Figure 21).

**Figure 21. Midland Region Clients by Age Group (2<sup>nd</sup> 6mo 2005)**



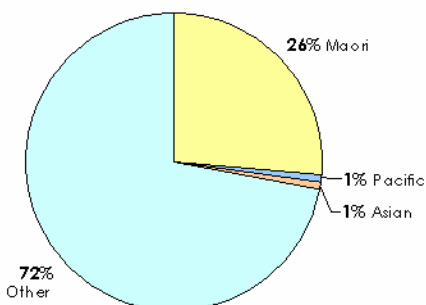
While female access to mental health services increased with age across all DHBs in the region, 10-14 year old males were accessing services more than male clients in the other two age groups.

### **Ethnicity**

#### **Māori**

At the end of 2005, 26% of the Midland region clients were Māori. From the end of 2004 to the end of 2005, there was a 7% increase in the total number of Māori clients accessing mental health services in the region with the largest increase (15%) in the 15-19 year age group (see Table 42 & Figure 22).

**Figure 22. Midland Region Clients by Ethnicity (2<sup>nd</sup> 6mo 2005)**



There was a 14% increase in the number of Māori male clients compared to a 4% increase in number of Māori female clients.

While Bay of Plenty DHB had the highest number of Māori clients accessing mental health services in the region, Tairāwhiti DHB had the largest proportion (48% of total clients) of Māori clients in the region. However, since the end of 2004, the total number of Māori clients in Tairāwhiti DHB decreased by 5%.

The largest increase (42%) in Māori clients since the end of 2004 was reported by Taranaki DHB.

**Table 40. Clients by Gender, Ethnicity & DHB**

Midland Region	Male				Female			
	Māori	Pacific	Asian	Other	Māori	Pacific	Asian	Other
<b>2nd 6mo 2004</b>	<b>487</b>	<b>16</b>	<b>11</b>	<b>1,205</b>	<b>311</b>	<b>10</b>	<b>9</b>	<b>978</b>
Waikato	132	4	6	490	98	4	4	381
Lakes	75	5	0	116	52	2	1	119
Bay of Plenty	148	6	2	284	92	4	3	245
Tairāwhiti	83	0	1	57	41	0	1	57
Taranaki	49	1	2	258	28	0	0	176
<b>2nd 6mo 2005</b>	<b>555</b>	<b>19</b>	<b>14</b>	<b>1,325</b>	<b>298</b>	<b>8</b>	<b>11</b>	<b>987</b>
Waikato	147	7	3	437	92	5	4	349
Lakes	70	6	1	143	53	1	4	111
Bay of Plenty	179	5	7	343	85	2	2	253
Tairāwhiti	87	1	-	70	31	0	0	57
Taranaki	72	0	3	332	37	0	1	217

### **Pacific**

One percent of the total number of clients accessing mental health services in the Midland region were Pacific clients with almost half (44%) in the 15-19 year age group (see Table 40 & Figure 22).

Since the end of 2004, there was a 4% increase in the total number of Pacific clients accessing mental health services in the region.

All DHBs in the region reported very low number of Pacific clients with very little change in access since 2004.

### **Asian**

One percent of the total number of clients accessing mental health services in the Midland region were Asian clients with almost half (42%) in the 15-19 year age group (see Table 40 & Figure 22)

All DHBs in the region reported very low number of Asian clients with very little change in access since 2004.

## 2005 Midland Region Access Rates Compared to Mental Health Commission's Blueprint Strategic Benchmarks

The 2004 and 2005 MHINC access data was analysed by six months to determine the six monthly benchmark access rates for each Region and DHB. The access rates presented in this section were calculated by dividing the clients in each age band per six month period by the corresponding 2004/2005 projected population (prioritised ethnicity statistics).

The regional access rates have been compared to the Mental Health Commission's benchmarks for access to services for the 0-9, 10-14 and 15-19 age groups which are 1%, 3.9% and 5.5% (per 100, 000 under 20 years population) respectively.

Since 2004, there has been little change in access rates in all three age groups in the Midland region and these rates have continued to remain well below the Mental Health Commission's Strategic access benchmarks (see Table 41).

**Table 41. Access Rates compared to MHC Strategic Benchmarks**

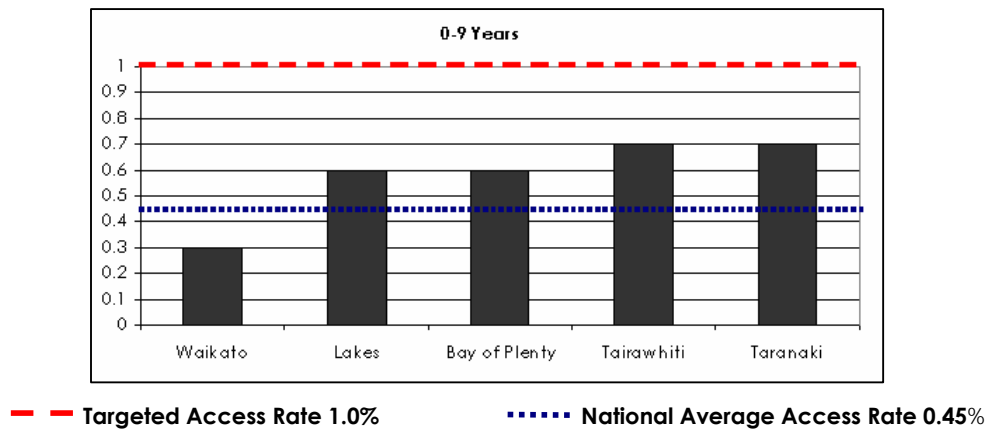
Midland Region Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
2 <sup>nd</sup> 6mo 2004	0.5%	1.6%	2.0%	1.2%
2 <sup>nd</sup> 6mo 2005	0.5%	1.6%	2.3%	1.2%

The 2005 access rates of the majority of the DHB CAMHS in the Midland region remained well below the strategic access benchmarks in all three age groups especially in the 15-19 year age group, with Waikato DHB reporting the lowest access rates in the Midland region (see Table 42 & Figures 23-25).

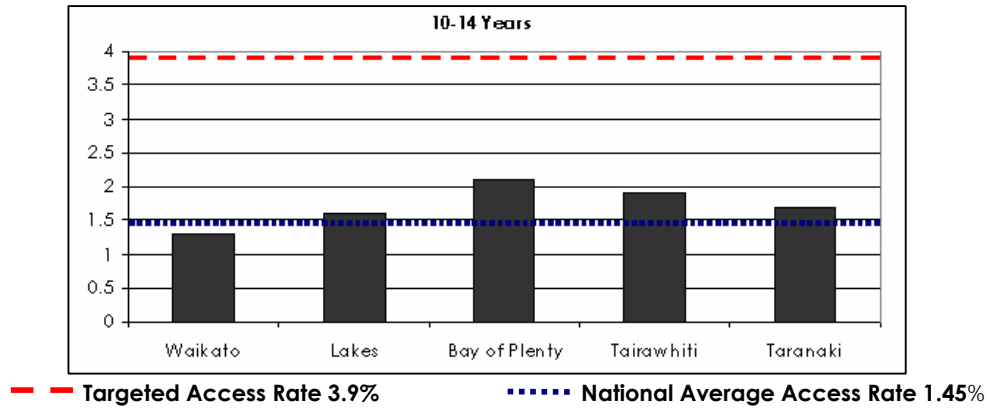
**Table 42. DHB Access Rates compared to MHC Strategic Benchmarks by Age Group & DHB**

Midland Region Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
Waikato	0.3%	1.3%	2.0%	1.0%
Lakes	0.6%	1.6%	2.0%	1.2%
Bay of Plenty	0.6%	2.1%	2.6%	1.5%
Tairāwhiti	0.7%	1.9%	3.1%	1.6%
Taranaki	0.7%	1.7%	2.7%	1.3%

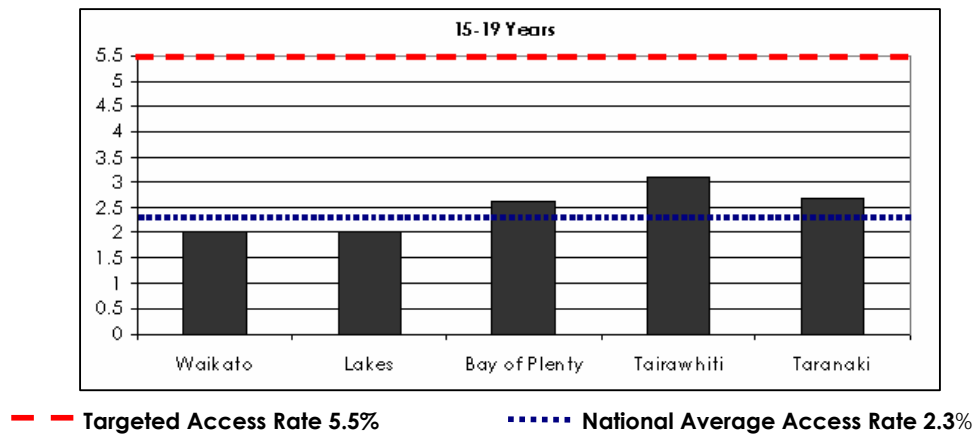
**Figure 23. Midland Region 0-9 yrs Access Rates compared to MHC Strategic Benchmarks by DHB**



**Figure 24. Midland Region 10-14 yrs Access Rates compared to MHC Strategic Benchmarks by DHB**



**Figure 25. Midland Region 15-19 yrs Access Rates compared to MHC Strategic Benchmarks by DHB**





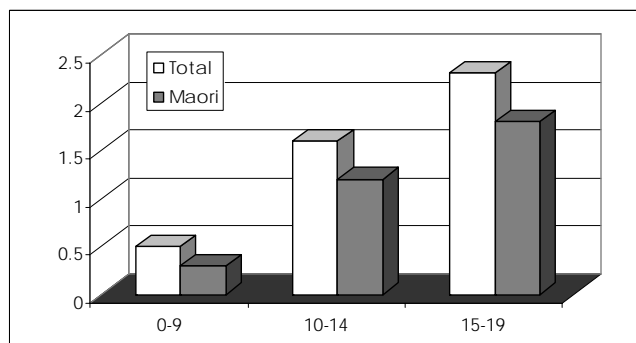
## Midland Region Māori Access Rates

The total Midland region 0-19 years Māori access rate of 0.9% was lower than the regional total of 1.2% and therefore remained well below the MHC's strategic access benchmark of 3.0% (see Table 43 & Figure 26). Māori access rates were lower than the total client access rates across all three age groups and all DHBs with the lowest Māori access rates in Taranaki DHB (see Table 43 & Figure 27).

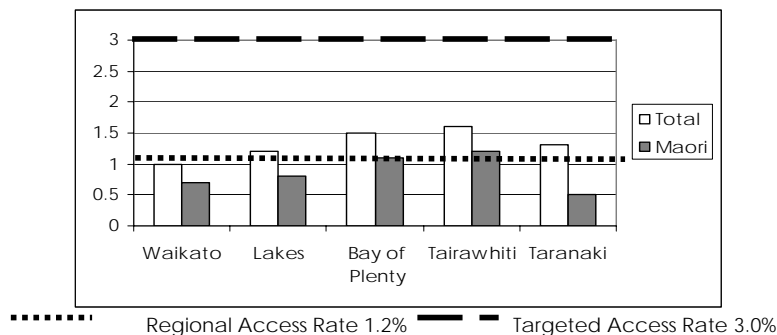
**Table 43. Māori Access Rates compared to MHC Strategic Benchmarks by Age Group & DHB**

Midland Region Māori Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
<b>Total Midland Region</b>	<b>0.5%</b>	<b>1.6%</b>	<b>2.3%</b>	<b>1.2%</b>
<b>Total Midland Region Māori</b>	<b>0.3%</b>	<b>1.2%</b>	<b>1.7%</b>	<b>0.9%</b>
<b>Waikato</b>	<b>0.3%</b>	<b>1.3%</b>	<b>2.0%</b>	<b>1.0%</b>
Māori	0.1%	1.0%	1.7%	0.7%
<b>Lakes</b>	<b>0.6%</b>	<b>1.6%</b>	<b>2.0%</b>	<b>1.2%</b>
Māori	0.3%	1.0%	1.5%	0.8%
<b>Bay of Plenty</b>	<b>0.6%</b>	<b>2.1%</b>	<b>2.6%</b>	<b>1.5%</b>
Māori	0.5%	1.8%	1.8%	1.1%
<b>Tairāwhiti</b>	<b>0.7%</b>	<b>1.9%</b>	<b>3.1%</b>	<b>1.6%</b>
Māori	0.5%	1.6%	2.4%	1.2%
<b>Taranaki</b>	<b>0.5%</b>	<b>1.7%</b>	<b>2.3%</b>	<b>1.3%</b>
Māori	0.3%	0.4%	1.1%	0.5%

**Figure 26. Midland Region Māori Access Rates compared to Total Midland Region Access Rates by Age Group (2<sup>nd</sup> 6 mo 2005)**



**Figure 27. Midland Region 0-19 yrs Māori Access Rates compared to 0-19 yrs Midland Region Access Rates (2<sup>nd</sup> 6 mo 2005)**



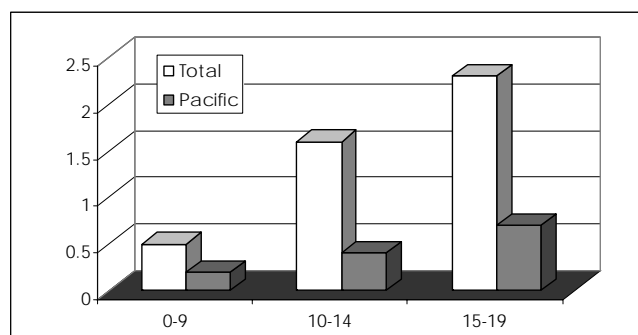
## Midland Region Pacific Access Rates

The total Midland region 0-19 years Pacific access rate of 0.4% was lower than the regional total of 1.2% across all 5 DHBs and across all three age groups, remaining well below the MHC's Strategic Access Benchmark of 3.0% (see Table 44 & Figures 28& 29)

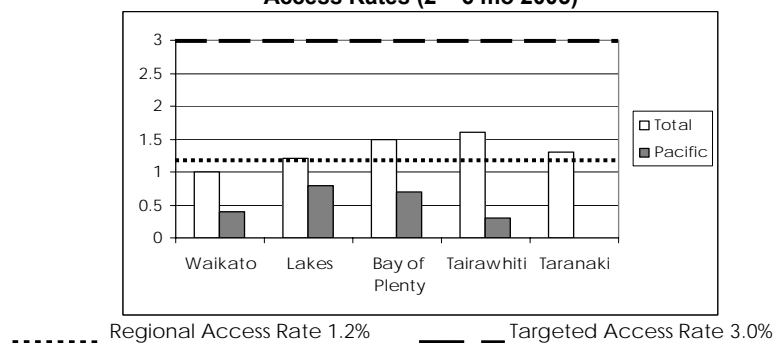
**Table 44. Pacific Access Rates compared to MHC Strategic Benchmarks**

Midland Region Pacific Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%
Total Midland Region	0.5%	1.6%	2.3%	1.2%
Total Midland Pacific	0.2%	0.4%	0.7%	0.4%
Waikato	0.3%	1.3%	2.0%	1.0%
Pacific	0.1%	0.5%	0.9%	0.4%
Lakes	0.6%	1.6%	2.0%	1.2%
Pacific	0.5%	0.9%	1.4%	0.8%
Bay of Plenty	0.6%	2.1%	2.6%	1.5%
Pacific	0.8%	0.4%	1.1%	0.7%
Tairāwhiti	0.7%	1.9%	3.1%	1.6%
Pacific	0.6%	0%	0%	0.3%
Taranaki	0.5%	1.7%	2.3%	1.3%
Pacific	0%	0%	0%	0%

**Figure 28. Midland Region Māori Access Rates compared to Total Midland Region Access Rates by Age Group (2<sup>nd</sup> 6 mo 2005)**



**Figure 29. Midland Region 0-19 yrs Māori Access Rates compared to Midland Region 0-19 yrs Access Rates (2<sup>nd</sup> 6 mo 2005)**



### ***Midland Region Asian Access Rates***

Due to very small numbers of Asian clients accessing mental health services per age group, the population based access rate based on the 2006 Census Statistics (2005 Asian population was not available) was calculated for the total 0-19 years age group only.

The Midland region Asian access rate was 0.3% for 2005 which was the lowest access rate out of the four ethnic groups.

The low access rates against strategic benchmarks can be attributed to a real deficit in service delivery, however the incomplete DHB returns to MHINC, the lack of data that is captured from other government funded agencies and most importantly, the very low numbers of NGOs that were contributing to MHINC especially when the region has the largest number of services delivered by NGOs, could also be contributing factors.

## Midland Region Summary

### 2006 Projected Population Profile of the Midland Region

- Midland region had New Zealand's 3rd largest (20%) child & adolescent population mainly residing in Waikato (43%) & Bay of Plenty (25%) DHB areas.
- Nearly half (49%) of the region's child & adolescent population were in the 0-9 year age group.
- Although the Midland region had New Zealand's second largest (32%) Māori child & adolescent population, the region had the largest proportion of Māori children and adolescents in the country. The largest proportions resided in Tairāwhiti, Lakes & Bay of Plenty DHB areas.
- The Midland region had one of the smallest population (6%) of New Zealand's Pacific child & adolescent population making up only 2% of the region's 0-19 yrs population with over half residing in the Waikato DHB area.
- The Midland region also had the smallest (9%) population of New Zealand's Asian child & adolescent population making up only 3% of the region's 0-19 yrs population residing mainly in the Waikato DHB area.

### 2006 Midland Region Child & Adolescent Mental Health Services

- There are 5 DHB CAMH services providing specialist child & adolescent mental health services in the Midland region: Waikato, Lakes, Bay of Plenty, Tairāwhiti & Taranaki DHBs.
- 41 DHB Funded NGOs were identified for the reporting period (as at 30<sup>th</sup> June 2006). However, workforce data from only 39 NGOs was included in this update.
- Of the 41 NGOs, there were 15 child & adolescent funded Kaupapa Māori & two Pacific NGOs identified in the region.

### 2006 Midland Region Funding of Child & Adolescent Mental Health Services

- Since the 2004/2005 financial year, there was an 8% increase in the total funding of child & adolescent mental health services (a 13% increase in DHB & a 4% increase in NGO provider funding) with DHB providers receiving 57% of the total funding.
- Since 2004/2005 financial year, there was a 13% increase in total DHB & a 4% increase in total NGO funding with DHBs receiving 57% of the total regional funding.
- There was an 18% increase in the regional spend per child which remained the same when inpatient costs were included.
- There was a 3% decrease in spend per child for Waikato DHB where the region's largest child & adolescent population resided.

### 2006 Midland Region Child & Adolescent Mental Health Workforce

- The Midland region DHB Community CAMHS & NGOs reported a total of **243.56** actual FTEs with a further **24.65** FTEs reported vacant with the majority of vacancies (85%) reported by DHB CAMH services.
- The Midland region NGOs reported the largest total child & adolescent workforce (**123.68** actual FTEs) in the region.
- 66% of the region's child & adolescent mental health workforce were Clinical staff with the majority (65%) in DHB CAMH services and consisting largely of Psychologists (23.2 actual FTEs), Mental Health Nurses (22.3 actual FTEs) & Social Workers (16.5 actual FTEs).

- The DHB CAMHS Non-Clinical workforce consisted largely of Cultural Workers (2.0 actual FTEs).
- 23% of the total Midland region workforce were Non-Clinical workforce with the majority (92%) in NGOs & consisted largely of Mental Health Support Workers (40.9 actual FTEs).
- The NGO Clinical workforce consisted largely of Social Workers (19.1 actual FTEs), Other Clinical Workers (15.06 actual FTEs) & Alcohol & Drug Workers (7.7 actual FTEs).
- The Midland region DHB CAMHS & NGOs reported a total of **147.96** actual Community Clinical FTEs. Although there was a 10% increase in the regional workforce since 2004, the workforce would still need to increase by 51% to meet MHC's recommended Community Clinical resource guideline of 240.5 actual FTEs.
- Although there was a 20% increase in the regional Psychiatry workforce (from 8.72 to 10.45 actual FTEs) since 2004, it remained well below the WHO recommendation of 23.73 actual FTEs. Therefore the regional Psychiatry FTEs would need to increase by 140%.

### **Ethnicity of the Midland Region Child & Adolescent Mental Health Workforce**

#### ***Māori***

- Midland region DHB CAMHS & NGOs reported a total of **103** (45.3 Clinical FTEs, 36.0 Non-Clinical FTEs & 11.8 Administration FTEs) Māori staff.
- Over half (67%) of the region's Māori staff were employed in NGOs.
- Māori staff in the DHB CAMHS were largely in Clinical roles as Social Workers (6), Mental Health Nurses (4) & Counsellors (4).
- Over half (56%) of the Māori staff in NGOs were in Non-Clinical (support for client) roles as Mental Health Support Workers (32).
- The Midland region DHB CAMHS & NGOs reported a total of **45.3** actual Community Clinical FTEs. Using the MHC Blueprint Resource Guidelines and proportioning according to the 0-19 yr population, the regional Māori Community Clinical workforce would need to increase by 70% (31.9 community clinical FTEs) to meet the regional recommended guideline of 77.2 FTEs.

#### ***Pacific***

- Midland region DHB CAMHS & NGOs reported a total of **9** Pacific Staff.
- There were slightly more numbers of Pacific staff in NGOs (5) than in DHB CAMHS (5).
- Pacific staff in the DHB CAMHS were largely in Clinical roles as Mental Health Nurse (1) Social Worker (1) & Other Clinical role (1).
- Pacific staff in NGOs were largely in Non-Clinical (support for client) roles as Mental Health Support Workers (3).
- The Midland region DHB CAMHS & NGOs reported a total of 3.1 actual Community Clinical FTEs. Using the MHC Blueprint Resource Guidelines and proportioning according to the 0-19 yr population, the regional Pacific Community Clinical workforce would need to increase by 74% (2.3 community clinical FTEs) to meet the regional recommended guideline of 5.4 FTEs.

#### ***Asian***

- There was only **1** Asian Staff member, a Social Worker, reported by a Midland region NGO.
- Asian children & adolescents made up 4% of the region's 0-19 yrs population while the Asian workforce only made up 0.4% of the region's total CAMH workforce. Therefore the region's Asian workforce would need to increase by 3.6% to adequately reflect the region's Asian proportion of the population.

## **2005 Midland Region Access to Child & Adolescent Mental Health Services**

- The Midland region reported the lowest number of clients in the country with Waikato DHB reporting the highest number (41%) in the Midland region.
- There was a 6% increase in the number of clients since 2004 with Taranaki DHB reporting the largest increase (26%).
- Access increased with age with almost half (49%) of the clients in the 15-19 year age group.
- While access increased with age for female clients, there were slightly more males accessing services in the 10-14 year age group.
- The Midland region access rates for the 0-9, 10-14 & 15-19 yr age groups were 0.5%, 1.6% & 2.3% respectively.
- The total Midland region access rates for the 2<sup>nd</sup> 6 months of 2005 for the 0-19 yr population (1.2%) continued to be well below the MHC's access benchmarks (3.0%) with the largest disparity (3.2%) in the 15-19 year age group.
- 26% of clients in the Midland region with a 7% increase in Māori clients since 2004.
- The total Māori 0-19 years access rate of 0.9% was lower than the region's total access rate of 1.2% and this was the case across all three age groups across all 5 DHBs.
- 1% of clients in the Midland region were Pacific with very little change in numbers since 2004.
- The total Pacific access rate of 0.4% was lower than the regional total access rate of 1.2% and this was the case in all three age groups & across all 5 DHBs.
- 1% of clients in the Midland region were Asian with very little change in numbers since 2004.
- The 0-19 year Asian access rate for the region was 0.3% for 2005, the lowest rate out of the four ethnic groups.
- The low access rates in the Midland region can be attributed to a real deficit in service delivery, however, incomplete DHB returns to MHINC, lack of data from other government funded agencies & very low numbers of NGOs that were contributing to MHINC especially when the region has the largest number of NGOs, could also be contributing factors.

**Midland Region Māori Tamariki & Rangatahi  
Mental Health Workforce**

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**Tania Cargo**





## Introduction

*Hutia te rito o te harakeke,  
kei hea te komako e ko.  
Rere ki uta  
rere ki tai.*

*Ki mai koe ki au,  
'He aha te mea nui o te Ao?'  
Maku e ki, He tangata, he tangata, he tangata*

If the centre [fruiting] shoot of the flax bush were plucked  
where would the bellbird sing?  
You fly inland  
you fly to the sea  
You ask me,  
'What is the most important thing in the world  
I would say, 'Tis people, 'tis people,' tis people'

Translation: Joan Metge (1995, p13)

In whaikorero, this whakatauki has been used as a metaphor for whānau. Harakeke grows in a fan like formation, with new growth emerging from the centre. This new growth is called the “rito” and is likened, to the young child, with the leaves either side of the rito representing the mātua (parents). In flax harvesting, the rito and mātua are never cut which ensures the plant survives. It is useful then, for this current Stocktake Update of Child, Adolescent Mental Health Services (CAMHS) to view Māori tamariki and rangatahi from within this harakeke metaphor, so that our children are not viewed in isolation but are embodied within their whānau, hapu, iwi.

It is also important to acknowledge both that Māori as Tangata Whenua have their indigenous status validated in government legislation (Treaty of Waitangi) and that their wholistic views of health (Te Whare Tapa Wha) are recognized in a variety of national and international health literature (World Health Organization, 2001).

In order to make this Stocktake Update more regionally relevant, the data is presented in four regional chapters (Northern, Midland, Central & Southern) and “Prioritised Ethnicity” data used from the 2006 Census.

### **Māori Tamariki, Rangatahi & their Whānau**

According to the 2006 Census information, Māori make up almost 15% of the population, with almost one in two Māori being under the age of 20.

The 2006 Census also reveals that the majority of Māori live in urban areas (85%) in the North Island (87%) with almost a quarter (24.3%) of all Māori living in the Auckland region.

The 2001 Census showed<sup>2</sup> that whilst the majority of tamariki live in two parent homes, 35% live in one parent homes where the median income was below \$15,000.



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<sup>2</sup> 2006 Census data information was not available at the time of writing this report

It also revealed that Māori tamariki and rangatahi comprised half of all identified speakers of Te Reo.

This information has important implications for the ability of mental health services to respond appropriately to Māori tamariki, rangatahi and their Whānau, both in terms of being able to speak Te Reo but also in their ability to support Whānau with limited financial resources living in urban environments.

### **Prevalence of Mental Health Problems**

Māori rangatahi appear to have almost double the prevalence rates of serious mental health issues than non-Māori youth (Fergusson et. al., 2003) Fergusson and his colleagues (2003, p. 15) noted that Māori children were more likely than non-Māori to be reared in homes where

*“material disadvantage, family dysfunction and parental difficulties that were likely to contribute to future problems of adjustment.”*

However Durie (2005, p. 42) states that even after the material disadvantages are taken into account, disparities remain. He suggests a possible explanation may include discriminatory behaviour in the

*“provision of services and in the access to economic opportunities, culturally inappropriate design of goods and services, and cultural differences in values and aspirations.”*

Durie (2005) also suggests that ethnicity itself is a health determinant which is supported by Reid, Robson & Jones (2002) analysis of socio-economic and ethnic data in health services. In this analysis, Reid and colleagues describe three ethnic inequalities that exist in health services, the distribution gap (Māori are not distributed evenly across all deprivation deciles and are overly represented in the very deprived neighbourhoods (deciles 8-10); the outcome gap (Māori health outcomes are worse even after controlling for deprivation); and the gradient gap (socio-economic hardship impacts more heavily on Māori). These findings have important implications for delivery of appropriate health services to Māori.

During the second six months of 2005, Māori made up almost 20% of all clients seen by DHB specialist CAMHS (although they are 22% of the population).

A worrying trend is that Māori tamariki and rangatahi were overrepresented in the more serious areas of mental health and exhibit a greater severity of symptoms which are associated with poorer mental health outcome:

- 37% of all Early Intervention Psychosis clients (4% increase since 2004)
- 43% of all specialist substance programmes ((30% increase since 2004)
- 30% of all inpatient clients (3% increase since 2004)
- 40% of all court liaison services (8% increase since 2004).

The fact that all these areas increased since the previous year is also cause for concern. The challenge for mental health services is to intervene early (prevention), utilise Māori expertise to enhance culturally unique protective factors (Huriwai, 2002; Durie, 2001; Lawson, 1998) and work towards eliminating discriminatory behaviour in service design, provision and values.

## **Māori Service Provision**

Durie (2003) and others such as Lawson (1998) have argued that Māori must not only gain social, economic and political equity with non-Māori, which will help strengthen whānau (Durie, 2003) but must also be supported to build their own capacity and Kaupapa Māori mental health services.

Given the suggestion that ethnicity is a determinant of health (Reid et al., 2002 & Durie, 2005), the challenge is to provide kaupapa Māori mental health services which addresses not only the inequalities (benchmarked against non-Māori performance) but also develop tangible ways to strengthen Māori participation in Te Ao Māori (Durie, 2005) so that Māori specific measures are used to capture their absolute uniqueness (Pere, 1997).

The Blueprint for Mental Health services (MHC 1998, p. 45) also supported the provision of Kaupapa Māori mental health services.

*"In each region a proportion of the resource guidelines should be allocated to kaupapa Māori services, according to the proportion of Māori in the local population."*

However an analysis of resource (spend per child by DHB area) shows a trend towards those areas with the highest Māori population having less spend per child. Whilst larger spend does not necessarily equate to better service, it does make an economic statement which follows the socio-economic and deprivation indices.

Analysis also reveals that Auckland which has the largest number of Māori tamariki and rangatahi have no access to Ministry of Health funded (MHCS39) Kaupapa Māori mental health services. Whilst it is important to consider that Māori services may well deliver Kaupapa Māori services without receiving Ministry funding (as lack of funding does not transmit to lack of service provision). It would be interesting to know why some Iwi service providers (whom it may be assumed operate from a Kaupapa Māori base) did not have specialist Kaupapa Māori contracts.

Perhaps the final point is that in order to provide appropriate Māori services (now and in the future) the ethnic data collection methods need to be improved across the sector. It would also be useful for the MHC blueprint guidelines to have a comprehensive breakdown of the under 10 year old age group, as this age group covers infants, toddlers and pre-schoolers whose need/use is currently assumed to be the same as school age tamariki.

## **Māori Tamariki, Rangatahi & Whānau Workforce Development**

The Māori child and adolescent mental health workforce must not only grow to reflect true choice for Māori, but must also be able to provide cultural and clinical safety (MOH, 2002). This recognition that clinical competence cannot be separated from culture identifies a new challenge for both the education and health sectors as they look at dual competency development.

In order to support Māori tamariki, rangatahi and their Whānau appropriately, a range of initiatives developed by and for Māori are required so that mental health services are utilised and have appropriate outcomes for Māori. This may require initiatives which focus on specialist services for infants, children and youth within the context of Whānau Ora (MOH, 2002). It may also require a look at how the sector defines the term 'clinical' and 'clinicians' which values non-Māori knowledge and expertise. As

well as ways to work across a range of sectors (Health, Education, Justice & Social Policy) so that Māori need is identified early to enhance better health outcomes.

The following section strives to make the data more relevant and useful for the Māori tamariki, rangatahi and whānau mental health workforce and their agencies within the Midlands Region, which includes at least 33 Māori Iwi/Runanga groupings:

**Tainui** (Ngāti Paoa, Ngāti Ata, Waikato, Ngāti Mahuta, Ngāti Raukawa, Ngāi Toa, Ngāti Maniapoto).

**Hauraki** (Ngāti Whānaunga, Ngāti Tamatera, Ngāti Maru).

**Arawa** (Te Arawa, Ngāti Tuwharetoa).

**Mataatua** (Ngāi Te Rangi, Ngāti Ranginui, Ngāti Awa, Tuhoe, Whakatohea, Ngāi Tai, Whānau- A-Apanui).

**Te Tairāwhiti** (Ngāti Porou, Atianga-A-Hauiti, Atianga-A-Mahaki, Ngāi Tutekohe, Ngāti Ruapani, Rongowhaka, Ngāi Tamanuhiri).

**Taranaki** (Ngāti Tama, Ngāti Mutunga, Ngāti Maru, Te Atiawa, Taranaki, Ngāti Ruanui, Ngāti Rauru).

## Midland Region Māori Tamariki & Rangatahi Population

According to the 2006 Census data, a total of 179,490 Māori resided in the Midland region. Of this, almost one in two Māori (46%) are tamariki and rangatahi under the age of twenty. Māori tamariki and rangatahi comprised 35% of all children and adolescents in the region (see Table 1).

Within the region, there is significant district variation. For example, Māori tamariki and rangatahi make up 58% of all children and adolescents in Te Tairāwhiti and 46% in Lakes, but only 24% in the Taranaki district.

**Table 1. Midland Region Māori Tamariki & Rangatahi Population (2006)**

Midland Region	Age Group (yrs)					
	0-9	10-14	15-19	Total 0-19	Total NZ 0-19	Proportion of 0-19 Popn (%)
<b>Māori</b>	<b>42,150</b>	<b>21,630</b>	<b>18,174</b>	<b>81,954</b>	<b>237,273</b>	<b>35</b>
Waikato	15,999	8,058	7,284	<b>31,341</b>	<b>104,574</b>	<b>30</b>
Lakes	7,374	3,741	3,075	<b>14,190</b>	<b>30,990</b>	<b>46</b>
Bay of Plenty	10,641	5,544	4,290	<b>20,475</b>	<b>56,700</b>	<b>36</b>
Tairāwhiti	4,386	2,352	1,833	<b>8,571</b>	<b>14,724</b>	<b>58</b>
Taranaki	3,750	1,935	1,692	<b>7,377</b>	<b>30,285</b>	<b>24</b>

The largest number of Māori tamariki and rangatahi live in the Waikato district, where more than a third of children and adolescents are Māori (see Table 1).

## **Midland Region Māori Tamariki & Rangatahi Mental Health Services & Workforce**

Specialist Child and adolescent mental health services for Māori tamariki, rangatahi and their whānau are provided by five District Health Boards (Waikato, Bay of Plenty, Lakes, Tairāwhiti and Taranaki), and DHB funded Non-Government Organisations (NGOs) including independent community and iwi/Māori organisations. The function of these NGOs vary considerably, however most offer a broad range of primary and secondary mental health services, including residential care, community, consumer and family support services.

### **NGO Tamariki & Rangatahi Mental Health Services**

#### ***Māori NGO Mental Health Services***

In the Midland region, there was 24 Māori NGO's receiving Ministry of Health funding to deliver child and adolescent mental health services. Of note is the fact that there are 18 specialist Kaupapa Māori services (Purchase Unit Code MHCS39) which is the most of any region throughout New Zealand, meaning Māori whānau in the Midland region have the most choice in being able to access a variety of services: Kaupapa Māori, Māori NGO, DHB or Mainstream specialist mental health services.

The 18 specialist NGO Kaupapa Māori services for Māori tamariki and rangatahi are:

1. Hauora Waikato
2. Maniapoto Māori Trust Board
3. Raukawa Trust Board
4. Te Korowai Hauora o Hauraki Inc
5. Te Runanga O Kirikiriroa
6. Poutiri Charitable Trust (Rau o te Huia)
7. Tuwharetoa Health Trust
8. Maketu Social Services
9. Nga Mataapuna Oranga
10. Pirirakau Hauora
11. Poutiri Charitable Trust: Nga Kakano
12. Poutiri Charitable Trust: Te Toi Huarewa
13. Poutiri Charitable Trust: Te Ika Whenua A Murupara
14. Te Runanga O Te Whānau Charitable Trust
15. Tuhoe Hauora Trust Rakeiwhenua Trust
16. Te Hauora o Turanganui a Kiwa Ltd
17. Tui Ora: Mahia Mai
18. Tui Ora: Raumano

The Māori NGOs provide a variety of services including specialist day programmes, advocacy/support and alcohol and drug programmes (see Table 2). They also contribute significantly to the specialist child and adolescent mental health workforce across the region with a total of 55 Māori staff.

## **NGO Tamariki & Rangatahi Mental Health Workforce**

### ***Māori NGO Mental Health Workforce***

The largest Māori workforce was in the Bay of Plenty (26). Bay of Plenty has 13 Māori NGO's (8 specialist Kaupapa Māori services), with 8 Māori Clinical staff, 31% of the total workforce. The Clinical staff comprised Social Workers (5), a Counsellor, an Alcohol & Drug worker and one other Clinical position. The Non-Clinical staff were Mental Health Support Workers (12), other Non-Clinical (3), Administration (2) and a Mental Health Consumer position (see Table 2).

Waikato district had the largest Māori population. Due to the unavailability of data from Hauora Waikato (a large provider), only the total FTE figure, 20.82 FTEs, was known (provided by the MoH, Price Volume Schedule). Māori staff numbers (Clinical & Non-Clinical occupational groups) could not be determined and workforce analysis could not be conducted on this data.

Lakes District has 3 organisations (2 kaupapa Māori) with four of the six staff employed clinically as Other Clinicians (3) and a Social Worker. The Non-Clinical staff were Mental Health Support Workers.

Te Tai Rawhiti has one specialist Kaupapa Māori service, with 3 Māori staff (1 Alcohol & Drug worker & 2 Mental Health Support Workers).

Taranaki has two Kaupapa Māori organisations employing 3 Māori Clinical staff who were all Social Workers (see Table 2).

### ***Mainstream NGO Māori Mental Health Workforce***

In mainstream NGOs, there were an additional 14 Māori staff (6 Clinical). The Clinical workforce comprised Counsellors (2), Other Clinical positions (2), an Alcohol & Drug Worker and a Mental Health Nurse. The Non-Clinical staff were Mental Health Support Workers (5) and Other Non-Clinical Workers (3) (see Table 3).

Table 2. Māori NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Midland Region Māori NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Regional Total</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>4</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>27</b>	<b>3</b>	<b>31</b>	<b>5</b>	<b>55</b>
<b>Waikato</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>11</b>	<b>3</b>	<b>17</b>
<i>Maniapoto Māori Trust Board</i>	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1	-	2
<i>Raukawa Trust Board</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<i>Te Korowai Hauora o Hauraki Inc</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<i>Te Runanga O Kirikiriroa</i>	1	-	-	-	-	-	-	1	-	2	-	-	-	8	-	8	3	13
<b>Lakes</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>6</b>
<i>Poutiri Charitable Trust: Rau O Te Huia</i>	-	-	-	-	-	-	-	-	3	3	-	-	-	1	-	1	-	4
Te Aratu Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<i>Tuwharetoa Health Services Ltd</i>	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)



Table 2. Māori NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Midland Region Māori NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>4</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>27</b>	<b>3</b>	<b>31</b>	<b>5</b>	<b>55</b>
<b>Bay of Plenty</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>12</b>	<b>3</b>	<b>16</b>	<b>2</b>	<b>26</b>
<i>Maketu Social Services</i>	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1
<i>Nga Mataapuna Oranga</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	3	-	3	-	3
<i>Piriakau Hauora</i>	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	0	-	1
<i>Poutiri Charitable Trust: Nga Kano</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
<i>Poutiri Charitable Trust: Te Toi Huarewa</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<i>Poutiri Charitable Trust: Te Ika Whenua a Murapara</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Runanga Ngai Tamawhaiua Inc	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2
Te Manu Toroa Trust	-	-	-	-	-	-	-	1	-	1	-	-	-	1	2	3	-	4
Poupoua Trust	1	1	-	-	-	-	-	-	-	2	-	-	-	1	1	2	2	6
<i>Te Runanga O Te Whānau Charitable Trust</i>	-	-	-	-	-	-	-	3	-	3	-	-	-	-	-	0	-	3
Te Tomika Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2
<i>Tuhoe Hauora Trust Rakeiwhenua Trust</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Whakatohea Māori Trust Board	-	-	-	-	-	-	-	-	-	0	-	-	1	1	-	2	-	2

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

Table 2. Māori NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Midland Region NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	3	1	0	0	0	0	0	11	4	19	0	0	1	27	3	31	5	55
<b>Tairāwhiti</b>	1	0	0	0	0	0	0	0	0	1	0	0	0	2	0	2	0	3
<i>Te Hauora O Turanganui A Kiwa Ltd</i>	1	-	-	-	-	-	-	-	-	1	-	-	-	2	-	2	-	3
<b>Taranaki</b>	0	0	0	0	0	0	0	3	0	3	0	0	0	0	0	0	0	3
<i>Tui Ora: Mahia Mai</i>	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-	0	-	2
<i>Tui Ora: Raumano</i>	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

**Table 3. Mainstream NGO Māori Workforce by Occupational Group**

Midland Region Mainstream NGOs  Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Regional Total</b>	1	2	1	0	0	0	0	0	2	6	0	0	0	5	3	8	0	14
<b>Waikato</b>	0	2	1	0	0	0	0	0	1	4	0	0	0	2	3	5	0	9
Linkage Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1	1	-	1
Parentline Charitable Trust	-	2	-	-	-	-	-	-	-	2	-	-	-	-	-	0	-	2
Richmond Fellowship	-	-	1	-	-	-	-	-	-	1	-	-	-	2	2	4	-	5
The Youth Horizons Trust	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	0	-	1
<b>Lakes</b>	1	0	0	0	0	0	0	0	1	2	0	0	0	3	0	3	0	5
Care NZ Ltd	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
Healthcare NZ	-	-	-	-	-	-	-	-	-	0	-	-	-	3	-	3	-	3
The Youth Horizons Trust	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	0	-	1

### **DHB Māori Mental Health Workforce**

There are 5 DHB providers of CAMHS (see Table 4). They provide a variety of services including satellite services in Lakes (Rotorua, Taupo & Turangi) and Bay of Plenty (Tauranga & Whakatane).

### ***DHB Inpatient Māori Workforce***

There were no DHB Inpatient services in the region. Whānau across the region travel to Auckland District Health Board's Child and Family Unit located at the Starship Children's Hospital to access specialist mental health Inpatient services.

### ***DHB Community Māori Workforce***

There were no specialist DHB Kaupapa Māori CAMHS services in the region.

CAMHS reported a total of 34 Māori staff (22 Clinical). The Clinical staff were Social Workers (6), Counsellors (4), Mental Health Nurses (4), Alcohol & Drug Workers (3), Other Clinical (3), and Psychologists (2). Since the previous Stocktake, the Māori Clinical workforce has increased by 57%. The Non-Clinical staff were Administration (9), Cultural (2) and Specific Liaison (1).

Bay of Plenty DHB CAMHS reported the largest Māori workforce (13) but Waikato DHB had the largest Māori Clinical workforce (9), whilst Taranaki had the lowest numbers of Māori staff (1) and no Māori Clinical positions.

In terms of Clinical staff to Māori population ratio, Te Tai Rawhiti had the highest ratio with (1: 2,143), followed by Bay of Plenty (1:2,925), Waikato (1:3,482), Lakes (1:7,095) and Taranaki (0: 7,377).

**Table 4. DHB Community CAMHS Māori Workforce by Occupational Group**

Occupational Group	Midland Region DHb: Māori (Head Count)											
	Waikato		Lakes		Bay of Plenty		Tairāwhiti		Taranaki		Total	
	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006
Alcohol & Drug Worker	1	1	-	-	-	-	1	2	-	-	2	3
Counsellor	-	1	-	1	5	2	-	-	-	-	5	4
Mental Health Nurse	-	1	1	1	-	1	1	1	-	-	2	4
Occupational Therapist	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatrist	-	-	-	-	-	-	-	-	-	-	-	-
Psychotherapist	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist	1	2	-	-	-	-	-	-	-	-	1	2
Social Worker	-	1	-	-	2	4	2	1	-	-	4	6
Other Clinical	-	3	-	-	-	-	-	-	-	-	-	3
<b>Clinical Sub-Total</b>	<b>2</b>	<b>9</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>22</b>
Cultural	-	-	1	1	-	1	-	-	-	-	1	2
Specific Liaison	-	-	-	-	-	1	-	-	-	-	-	1
Mental Health Consumer	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>
Administration/Management	0	3	1	0	1	4	0	1	1	1	3	9
<b>Total</b>	<b>2</b>	<b>12</b>	<b>3</b>	<b>3</b>	<b>8</b>	<b>13</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>18</b>	<b>34</b>

## Midland Region Total Māori Workforce

DHB CAMHS and NGOs in the Midland region reported a total of 103 Māori Staff (does not include data from Hauora Waikato) with 54% of staff holding Non-Clinical positions (see Table 5). The Non-Clinical positions were predominantly Mental Health Support Workers and Administration positions.

The Clinical positions were Social Workers (17), Other Clinical positions (9), Alcohol & Drug Workers (7) and Counsellors (7) (see Figure 2).

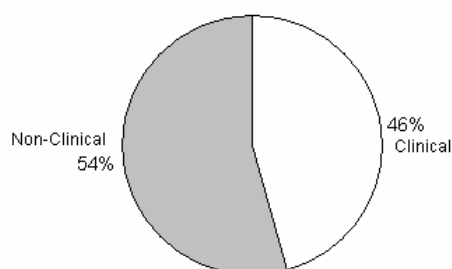
According to the data that was available for the current Stocktake, over half (53%) of the Māori Clinical workforce comes from the NGO sector (see Table 5).

**Table 5. Total Midland Region Māori Workforce**

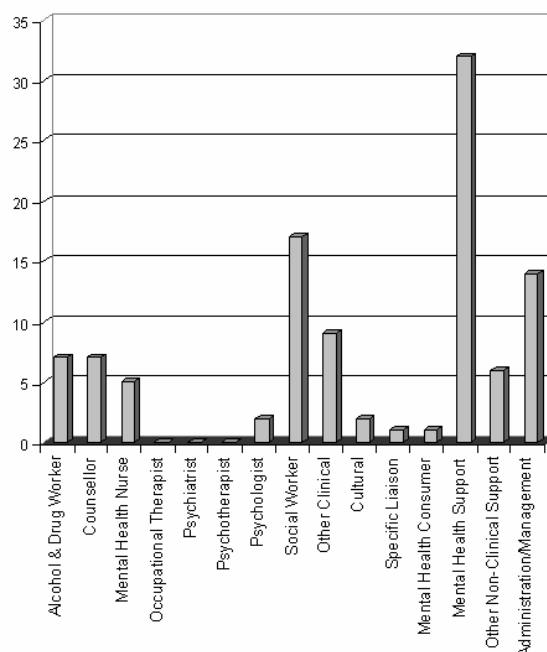
Midland Region	DHB	Māori NGOs	Mainstream NGOs	Total
Clinical	22	19	6	<b>47</b>
Non-Clinical <sup>1</sup>	12	36	8	<b>56</b>
<b>Total</b>	<b>34</b>	<b>55</b>	<b>14</b>	<b>103</b>

1. Includes Administrative/Management Staff

**Figure 1. Midland Region Māori Clinical & Non-Clinical Workforce**



**Figure 2. Total Midland Region Māori Workforce by Occupational Group**



## Midland Region Māori Clinical Workforce compared to MHC Resource Guidelines

The Mental Health Commission's (MHC's) Blueprint document recommends 28.6 Community Clinical FTEs per 100,000 population. The Blueprint document (1998, p.45) suggested that:

*"In each region a proportion of the resource guidelines should be allocated to kaupapa Māori services, according to the proportion of Māori in the local population."*

If the Clinical workforce was also allocated according to the proportion of Māori in each region to both reflect choice in service and to allocate funds for Kaupapa Māori service, then 77 Māori Clinical FTEs would be required in the Midland region. Based on this suggestion, the Clinical workforce would need to grow by 76% or 32 FTEs (see Table 6).

All districts are in need of Māori Clinical staff with Waikato requiring the largest increase 14.4 FTEs. However given that Hauora Waikato data is not included, this figure is not accurate. Tairāwhiti requires the smallest growth of 2.6 FTE whilst the other districts require around 5 FTE each (see Table 6).

**Table 6. Māori Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines (2006)**

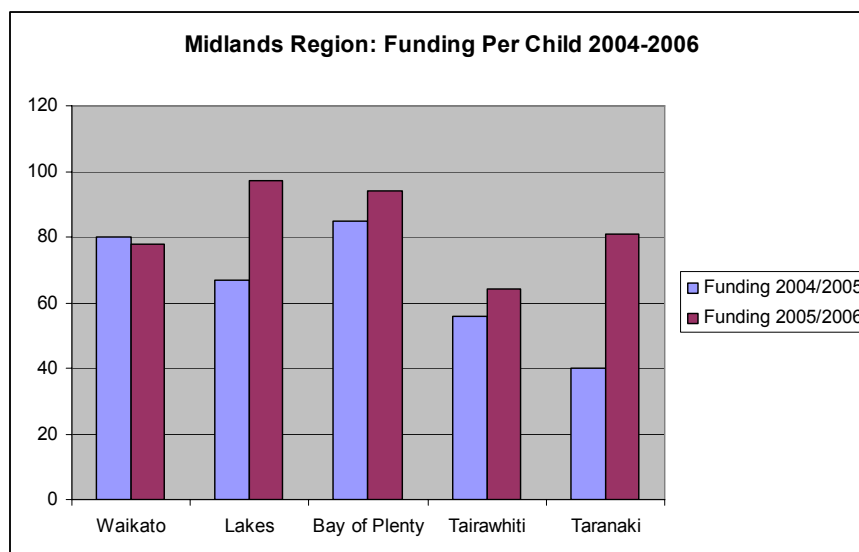
Midland Region	Blueprint Guidelines 28.6/100,000 total Popn	DHB & NGO Māori Community Clinical FTEs	FTEs per Māori Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>223.52</b>	<b>41.8</b>	<b>77.2</b>	<b>31.9</b>	<b>76</b>
Waikato <sup>1</sup>	97.4	14.3	29.2	14.4	101
Lakes	28.6	8.0	13.1	5.1	64
Bay of Plenty	55.4	11.8	20.0	5.2	44
Tairāwhiti	12.6	4.7	7.3	2.6	56
Taranaki	29.6	3.0	7.2	4.2	141

1. Does not include data from Hauora Waikato

## Midland Region Spend per Child

The Midland region total spend per child increased from \$70.91 in 2004/2005 to \$83.64 in the 2005/2006 period. This represents an increase of almost 18%, however there are significant differences in the increase in funding between districts. Waikato, which has the largest Māori tamariki and rangatahi population, had a decrease in spend per child. Taranaki has the lowest numbers and had the largest increase in spend per child (see Figure 3).

Figure 3. Midland Region Spend per Child





## Midland Region Māori Access to DHB Tamariki & Rangatahi Mental Health Services

### Midland Region Māori Access Rates

The 2004 and 2005 MHINC access data was analysed by six months to determine the six monthly benchmark access rates for each DHB in the Midlands Region. The MHC benchmarks for access to services for the 0-9, 10-14 and 15-19 age groups are 1%, 3.9% and 5.5% (per 100,00 under 20 years population) respectively.

Table 7. Midland Region Māori Access Rates

Midland Region Access Rates	Age Group (yrs) - Total				Age Group (yrs) - Māori			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>
<b>Waikato</b>								
2 <sup>nd</sup> 6mo 2004	0.31%	1.49%	1.99%	1.06%	0.09%	1.11%	1.57%	0.68%
2 <sup>nd</sup> 6mo 2005	0.26%	1.31%	1.95%	0.99%	0.14%	0.95%	1.70%	0.70%
<b>Lakes</b>								
2 <sup>nd</sup> 6mo 2004	0.64%	1.40%	1.92%	1.14%	0.34%	0.98%	1.69%	0.80%
2 <sup>nd</sup> 6mo 2005	0.61%	1.57%	2.03%	1.21%	0.30%	1.05%	1.53%	0.77%
<b>Bay of Plenty</b>								
2 <sup>nd</sup> 6mo 2004	0.55%	1.83%	2.34%	1.33%	0.41%	1.64%	1.81%	1.04%
2 <sup>nd</sup> 6mo 2005	0.60%	2.05%	2.57%	1.47%	0.49%	1.81%	1.81%	1.13%
<b>Tairāwhiti</b>								
2 <sup>nd</sup> 6mo 2004	0.66%	2.09%	2.82%	1.55%	0.44%	2.10%	2.22%	1.28%
2 <sup>nd</sup> 6mo 2005	0.70%	1.89%	3.10%	1.60%	0.49%	1.59%	2.36%	1.22%
<b>Taranaki</b>								
2 <sup>nd</sup> 6mo 2004	0.46%	1.29%	2.03%	1.07%	0.22%	0.50%	0.92%	0.45%
2 <sup>nd</sup> 6mo 2005	0.54%	1.67%	2.26%	1.28%	0.25%	0.40%	1.09%	0.48%

The data shows that none of the DHBs meet benchmark access rates for any age groups. Regionally, every age group needs to increase the access rate by over 200% on average, (203 in the 0-9 group, 274 in the 10-14 group and 224 in the 15-19 group).

In all age groups, Māori access rates were lower than the total population for example, 66% lower in the 0-9 age group, 46% lower in the 10-14 age group, and 40% in the 15-19 year age group. However access does improve with age.

Individual DHB figures revealed that in the 0-9 age group, both Bay of Plenty and Te Tairāwhiti had the highest access rates 0.49%. In the 10-14 year age group Bay of Plenty had the highest access rate (1.81%), while in the 15-19 year age group, Te Tairāwhiti had the highest access rate (2.36%).

## Midland Region Māori Clients

By the end of the 2005, 840 Māori clients accessed specialist child and adolescent mental health services (see Table 8). This represents 26% of all clients seen in the Midland region (see Figure 4) although they make up 35% of the regional client group.

Almost half (46%) of the Māori clients seen were in the 15-19 year age group, although they comprise only 22% of the under twenty Māori population (see Table 8).

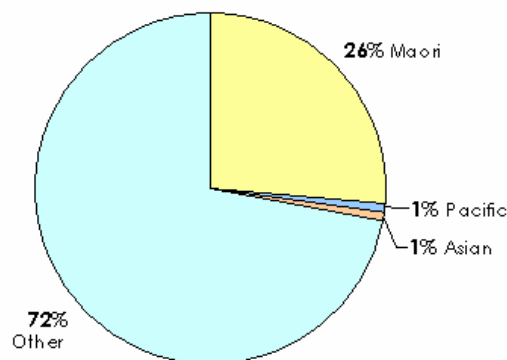
Significantly, 86% more Māori males accessed the services than did Māori females. Seven percent more Māori were seen than the previous period in 2004 (see Table 8).

Bay of Plenty DHB saw the largest numbers of Māori clients (146), followed by Waikato (239) and Taranaki (109).

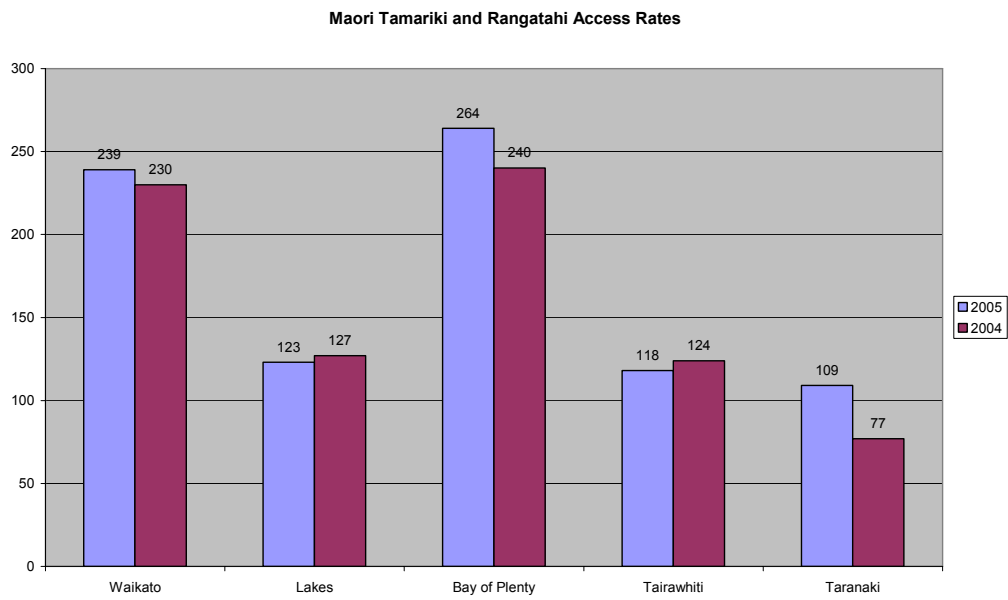
**Table 8. Midland Region DHB Clients by Ethnicity**

Midland Region	Ethnicity			
	Māori	Pacific	Asian	Other
<b>2<sup>nd</sup> 6mo 2004</b>	<b>784</b>	<b>26</b>	<b>20</b>	<b>2,172</b>
0-9	135	7	5	435
10-14	312	6	5	790
15-19	337	13	10	947
<b>2<sup>nd</sup> 6mo 2005</b>	<b>840</b>	<b>27</b>	<b>24</b>	<b>2,293</b>
0-9	151	8	6	423
10-14	300	7	8	810
15-19	389	12	10	1,060

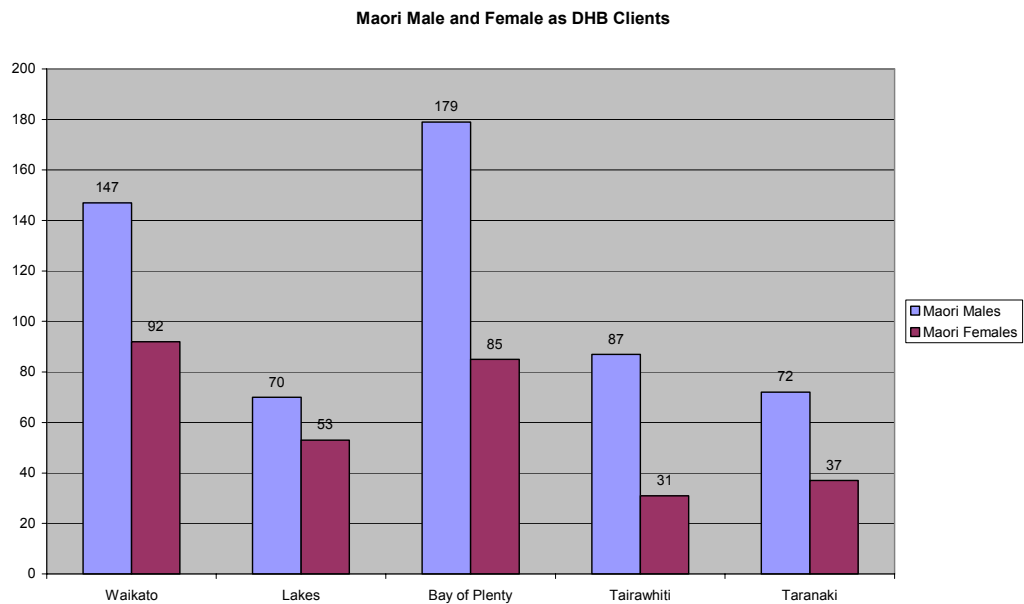
**Figure 4. Midland Region Clients by Ethnicity**



**Figure 5. Midland Region Māori Clients by DHB**



**Figure 6. Midland Region Māori Clients by Gender**



## Midland Region Summary

- There are 33 major Iwi/Runanga groups in the Midland Region.
- There are 81,954 Māori tamariki (35% of total population)
  - District variation-58% Te Tai Rawhiti and 24% Taranaki
- Regional Māori NGOs
  - 24 Māori NGO's (18 specialist Kaupapa Māori services).
- Regional DHB Services
  - No DHB Kaupapa Māori services.
  - The Māori Clinical workforce was 22 Māori staff.
- Regional workforce 103<sup>3</sup>
  - 47 Clinical –predominantly Social Workers
  - 56 Non-Clinical predominantly Administration
  - increase of 32 FTE required
  - NGOs contribute 53% of Clinical FTEs.
- DHBs have 22/34 (65%) of Māori Clinical staff.
  - Clinical staff to population ratio
    - Highest in Tai Tokerau DHB (1: 2,143).
    - Lowest in Taranaki (0: 7,377).
- Regional Funding
  - Increased per child
  - Areas with the most Māori tamariki had the lowest increase in funding.
- Regional Access to Service
  - Māori had lower access rates in all age groups
  - Access increases with age
  - At least a 200% increase in access rates are needed to meet benchmark
- DHB Access
  - 26% of clients who accessed mental health services were Māori although they were 35% of the population
  - 86% more Māori males than females accessed the services.

## Recommendations

- Recruitment strategies need to target Māori Clinical workforce.
- Funding and resource issues should be allocated according to Blueprint suggestions based on population.
- Access issues relating to gender need to be further explored.

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<sup>3</sup> Hauora Waikato data not included in Clinical analysis.



## **Central Region**

### **Child & Adolescent Mental Health Workforce**

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## Central Region Child & Adolescent Population Profile

Based on the 2006 Census (prioritised ethnicity statistics), the smallest percent, 20% of the New Zealand child and adolescent (0-19 years) population resided in the Central region mainly in the Capital & Coast DHB area (30%) (see Appendix A, Table 1).

Nearly half (48%) of the region's child and adolescent population were in the 0-9 year age group (see Table 1)

**Table 1. Total Child & Adolescent Population (2006)**

Central Region	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>Central Region Total</b>	<b>112,059</b>	<b>60,879</b>	<b>61,155</b>	<b>234,093</b>
Hawke's Bay	21,942	12,540	10,845	<b>45,327</b>
MidCentral	21,822	12,087	12,807	<b>46,716</b>
Whanganui	8,682	5,355	4,902	<b>18,939</b>
Capital & Coast	34,368	17,118	19,584	<b>71,070</b>
Hutt Valley	20,085	10,425	10,275	<b>40,785</b>
Wairarapa	5,160	3,354	2,742	<b>11,256</b>
<b>NZ 0-19 Total</b>	<b>561,549</b>	<b>305,976</b>	<b>300,195</b>	<b>1,167,720</b>

### Ethnicity

#### **Māori**

The Central region had the second largest population (23%) of Māori children and adolescent population in the country (see Appendix A, Table 2).

Māori children and adolescents made up 25% of the total Central region 0-19 years population with the largest population of Māori children and adolescents (30%) residing in the Capital & Coast DHB area. Although Capital & Coast DHB area had the largest population of Māori children and adolescents in the region, the proportion of Māori children and adolescents compared to the local 0-19 population differed within individual DHB areas. For example, the largest proportions of Māori 0-19 years population resided in Whanganui and Hawke's Bay DHB areas (336% & 33% respectively) (see Table 2).

#### **Pacific**

The Central region had the second largest (16%) Pacific child and adolescent population in New Zealand (see Appendix A, Table 3).

Pacific children and adolescents made up 7% of the total Central region 0-19 years population with almost half of the region's population (49%) residing in the Capital & Coast DHB area. The Capital & Coast and Hutt Valley DHB areas also had the largest proportion (11% & 10% respectively) of Pacific children and adolescents in the region (see Table 2).



**Table 2. Māori, Pacific & Asian Child & Adolescent Population (2006)**

Central Region	Age Group (yrs)					
	0-9	10-14	15-19	Total 0-19	Total NZ 0-19	Proportion of 0-19 Popn (%)
<b>Māori</b>	<b>29,652</b>	<b>15,132</b>	<b>13,515</b>	<b>58,299</b>	<b>234,093</b>	<b>25</b>
Hawke's Bay	7,299	4,242	3,483	15,024	45,327	33
MidCentral	6,600	3,228	2,910	12,738	46,716	27
Whanganui	3,360	1,788	1,581	6,729	18,939	36
Capital & Coast	5,814	2,700	2,766	11,280	71,070	16
Hutt Valley	5,265	2,358	2,187	9,810	40,785	24
Wairarapa	1,314	816	588	2,718	11,256	24
<b>Pacific</b>	<b>7,884</b>	<b>3,978</b>	<b>3,771</b>	<b>15,633</b>	<b>234,093</b>	<b>7</b>
Hawke's Bay	915	459	390	1,764	45,327	4
MidCentral	771	381	399	1,551	46,716	3
Whanganui	174	108	123	405	18,939	2
Capital & Coast	3,804	1,953	1,845	7,602	71,070	11
Hutt Valley	2,070	990	957	4,017	40,785	10
Wairarapa	150	87	57	294	11,256	3
<b>Asian</b>	<b>6,159</b>	<b>3,174</b>	<b>3,639</b>	<b>12,972</b>	<b>234,093</b>	<b>6</b>
Hawke's Bay	504	237	243	984	45,327	2
MidCentral	804	474	621	1,899	46,716	4
Whanganui	168	102	126	396	18,939	2
Capital & Coast	3,249	1,626	1,890	6,765	71,070	10
Hutt Valley	1,374	675	717	2,766	40,785	7
Wairarapa	60	60	42	162	11,256	1

### **Asian**

The Central region had the second largest (13%) Asian child and adolescent population in the country (see Appendix A, Table 4).

Asian children and adolescents made up 6% of the total Central region population with over half (52%) of the region's Asian population residing in the Capital & Coast DHB area. Capital & Coast DHB area also the largest proportion (10%) of the Asian children and adolescents in the region (see Table 2).

## Provision of Child & Adolescent Mental Health Services in the Central Region

### Central Region DHB Child & Adolescent Mental Health Services

Six DHB provider arm services in the Central region provide specialist services to children, young people (up to & including 19 yrs of age) and their families who are experiencing significant mental health and addiction difficulties. These specialist services (Community & Inpatient services) are provided by Hawke's Bay, MidCentral, Whanganui, Capital & Coast, Hutt Valley and Wairarapa DHB CAMHS (see Tables 5-10).

### Central Region DHB Funded Non-Government Organisations

Child and adolescent mental health services are also provided by DHB funded NGOs. These NGOs include independent community and iwi/Māori organisations. The function of these NGOs vary considerably, however most offer a broad range of primary and secondary mental health services, including residential care, community support and consumer and family support services.

Twenty DHB funded NGOs were identified from the 2005/2006 Price Volume Schedules provided by the Ministry of Health. All 20 NGOs were surveyed with a 100% response rate. Of the 20 NGOs surveyed, only 19 were providing child and adolescent mental health services for the reporting period (as at 30<sup>th</sup> June 2006) of this update. Therefore service and workforce data from 19 NGOs are presented in this section (see Tables 3-8).

**Table 3. Hawke's Bay Child & Adolescent Mental Health Services**

<b>Hawke's Bay DHB</b>	<b>Age Group</b>
Child & Adolescent Mental Health Services	0-19

<b>Hawke's Bay NGOs (2005/2006)</b>	<b>Age Group</b>
<i><b>Te Kupenga Hauora-Ahuriri</b></i>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	15-19
<i><b>Te Taiwhenua O Heretaunga</b></i>	
Children & Young People Community Services	5-19
Child & Youth Planned Respite	
<i><b>Te Taiwhenua O Te Whanganui A Orotu</b></i>	
Children & Young People Community Services	
<i><b>Te Whatuiapiti Trust</b></i>	
Child & Youth Community Alcohol & Drug Residential Services	
<i><b>Richmond Fellowship</b></i>	
Child & Youth Community Residential Care	12-20
Children & Young People Community Services	

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

**Table 4. MidCentral Child & Adolescent Mental Health Services**

<b>MidCentral DHB</b>	<b>Age Group</b>
Child, Adolescent & Family Mental Health Services (Palmerston North)	0-19
Child, Adolescent & Family Mental Health Services (Levin)	0-19
Alcohol & Other Drugs	0-19
Oranga Hinengaro Child & Adolescent Mental Health Services	0-19

<b>MidCentral NGOs (2005/2006)</b>	<b>Age Group</b>
<b>M.A.S.H Trust Board</b>	
Child & Youth Crisis Respite	4-19
<b>Richmond Fellowship</b>	
Child & Youth Planned Respite	0-18
<b>Te Runanga O Raukawa Inc</b>	
Children & Young People Community Services	0-17

**Table 5. Whanganui Child & Adolescent Mental Health Services**

<b>Whanganui DHB</b>	<b>Age Group</b>
Child, Adolescent & Family Mental Health Services (Tauranga)/Alcohol & Other Drug Service	0-20
Te Hunga-Piki-Te Ora Māori Mental Health (Mainstream)	0-20

<b>Whanganui NGOs (2005/2006)</b>	<b>Age Group</b>
<b>Life to the Max Trust</b>	
Child & Youth Wrap Around Services	5-13
<b>Te Oranga Nui Trust Inc</b>	
Children & Young People Community Services	0-18

**Table 6. Capital & Coast Child & Adolescent Mental Health Services**

<b>Capital &amp; Coast DHB</b>	<b>Age Group</b>
Child & Adolescent Mental Health Services (Wellington)	0-19
Child & Adolescent Mental Health Services (Porirua/Kapiti)	0-19
Youth Specialty Service	13-19
<b>Kaupapa Māori Service</b>	
<i>Te Whare Marie Māori Child, Adolescent &amp; Family Services</i>	<i>0-19</i>
<b>Pacific Service</b>	
Health Pasifika Child, Adolescent & Family Services	0-19
<b>Regional Services</b>	
Early Intervention Service (Central Region)	13-25
Regional Rangitahi Inpatient Unit (Central Region)	13-19

<b>Capital &amp; Coast NGOs (2005/2006)</b>	<b>Age Group</b>
<b>Taeaomanino Trust</b>	
Pacific Children & Young People Community Services	0-17
<b>The Wellink Trust</b>	
Child & Youth Crisis Respite	14-17
<b>Wellington Refugees as Survivors Trust</b>	
Children & Young People Community Services	0-19
Liaison with Child Youth & Family Service	

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

**Table 7. Hutt Valley Child & Adolescent Mental Health Services**

<b>Hutt Valley DHB CAMH Services</b>	<b>Age Group</b>
Child Specialty Service	0-12
Youth Specialty Service	13-19
Facilitating Long Term Integrated Plans (FLIP)	
<b>Kaupapa Māori Service</b>	
<i>Alcohol &amp; Other Drug Service</i>	13-19
<b>Regional Services</b>	
Intensive Clinical Support Services (Capital & Coast, Wairarapa & Hutt Valley DHBs)	10-19

<b>Hutt Valley NGOs (2005/2006)</b>	<b>Age Group</b>
<b>Vibe</b>	
Children & Youth Day Activity Service	10-24
<b>Q-Nique</b>	
Children & Youth Day Activity Service	
<b>Richmond Fellowship</b>	
Child & Youth Community Residential Care	15-19
Child & Youth Planned Respite	
<b>Te Paepae Arahi Trust</b>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	0-18
<b>WellTrust<sup>1</sup></b>	
Children and Youth Alcohol and Drug Community Services	13-19

Funded by the Ministry of Health

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

**Table 8. Wairarapa Child & Adolescent Mental Health Services**

<b>Wairarapa DHB CAMH Services</b>	<b>Age Group</b>
Child & Adolescent Mental Health Service	0-12
<b>Wairarapa NGOs (2005/2006)</b>	<b>Age Group</b>
<b>King Street Artworks Inc</b>	
Children & Youth Day Activity Service	
<b>Wairarapa Addiction Service Inc</b>	
Children & Youth Alcohol & Drug Community Services	0-25

## Central Region Kaupapa Māori Child & Adolescent Mental Health Services

Kaupapa Māori services, in the MOH's Price Volume Schedules, are purchased under the MHCS39 purchase unit code.

Three DHB CAMHS, Capital & Coast, Hutt Valley and Whanganui, were identified from the 2006 PVS as providing funded Kaupapa Māori child and adolescent mental health services in the Central region (see Table 9).

Two NGOs were identified as child and adolescent funded Kaupapa Māori services (see Table 9) in the Central region.

**Table 9. DHB & NGO Kaupapa Māori Child & Adolescent Mental Health Services**

<b>Central Region DHB Kaupapa Māori Services (2005/2006)</b>
<b>Capital &amp; Coast DHB</b>
Te Whare Marie Māori Child, Adolescent & Family Services
<b>Hutt Valley DHB</b>
Māori Alcohol & Other Drug Service
<b>Wairarapa DHB</b>
Receive funding for 2 FTEs for Māori mental health professionals

<b>Central Region NGO Kaupapa Māori Services (2005/2006)</b>
<b>Hawke's Bay</b>
Te Kupenga Hauora-Ahuriri
<b>Hutt Valley NGO</b>
Te Paepae Arahi Trust

## Central Region Pacific Child & Adolescent Mental Health Services

As there is no specific purchase unit code to identify Pacific child and adolescent mental health services from the MOH's PVS, Pacific services are identified by the name of the provider.

One DHB and one NGO child and adolescent funded Pacific service were identified in the Central Region (see Table 10). However, there are other NGO Pacific services in the region that do not receive specific child and adolescent funding but may provide child and adolescent mental health services as part of their family-based service (see Table 11).

**Table 10. DHB & NGO Pacific Child & Adolescent Mental Health Services**

<b>Central Region Pacific Mental Health Services (2005/2006)</b>
<b>Capital &amp; Coast DHB</b>
Health Pasifika Child, Adolescent & Family Service
<b>Central Region NGO Pacific Mental Health Services</b>
<b>Capital &amp; Coast NGO</b>
Taeaomanino Trust

**Table 11. Non Child & Adolescent Funded Pacific Mental Health Services**

<b>Central Region Non-Child &amp; Adolescent Funded Pacific Mental Health Services</b>
Maninoa Trust
Vakaola Pacific Community Health Inc.

## Central Region Funding for the Provision of Child & Adolescent Mental Health Services

DHB providers receive child and adolescent funding for Full Time Equivalents (FTEs), Programmes Attendances and Bed Days.

Since the 2004/2005 financial year, the total Central region funding for child and adolescent mental health services had increased by 13% (DHB provider arm services has increased by 10% while NGO funding had increased by 47%).

In the 2005/2006 financial year, the Central region DHB provider arm services received 88% of the total regional funding while the Central region NGOs received only 12% (see Table 12). The majority of DHB and NGO funding for child and adolescent mental health services was for FTEs.

**Table 12. DHB & NGO Provider Funding**

Central Region	DHB		NGO	
	04/05	05/06	04/05	05/06
FTE Volume	147.5	134.4	14.0	24.71
FTE \$	\$14,131,360	\$13,233,625	\$994,667	\$1,886,287
Programmes	\$2,100,502	\$4,780,167	-	-
Bed Days	\$2,727,061	\$2,781,510	\$952,384	\$972,864
<b>Regional Total</b>	<b>\$18,958,923</b>	<b>\$20,795,303</b>	<b>\$1,947,051</b>	<b>\$2,859,151</b>

Source: MOH 2003-2006 Price Volume Schedules



**Table 13. Total Ministry of Health Funding**

Central Region	2004/2005			2005/2006		
	DHB Funded Dollars	NGO Funded Dollars	Total Funded Dollars	DHB Funded Dollars	NGO Funded Dollars	Total Funded Dollars
<b>Regional Total</b>	<b>\$18,958,923</b>	<b>\$1,947,051</b>	<b>\$20,905,973</b>	<b>\$20,795,303</b>	<b>\$2,859,151</b>	<b>\$23,654,455</b>
Hawke's Bay	\$2,495,263	\$836,580	\$3,331,843	\$2,460,683	\$1,005,464	\$3,466,147
MidCentral	\$2,020,200	\$82,834	\$2,103,034	\$2,086,867	\$188,670	\$2,275,537
Whanganui	\$1,575,042	\$154,020	\$1,729,062	\$1,526,370	\$149,356	\$1,675,726
Capital & Coast	\$9,315,614	\$293,151	\$9,608,766	\$11,014,990	\$429,609	\$11,444,599
Hutt Valley	\$2,778,763	\$453,012	\$3,231,775	\$2,895,462	\$954,388	\$3,849,850
Wairarapa	\$774,041	\$127,454	\$901,495	\$810,932	\$131,664	\$942,596

Source: MOH (Includes Inpatient & Regional Funding)

### Central Region Spend per Child & Adolescent

Since 2004/2005 the Central region spend per head of the Central region child and adolescent population increased by 16% (from \$76.63 to \$89.17 (Inpatient & Regional costs excluded), this is only a 9% increase when Inpatient funding is included (see Tables 14 & 15 & Figures 1 & 2). Hutt Valley DHB area had the largest increase (20% excluding inpatient costs & 23% with inpatient costs included) in spend per child. Hawke's Bay DHB area was the only area in the region where there was a 27% decrease in spend per child (inpatient costs included).

**Table 14. Funding per Child & Adolescent Population (excludes Inpatient funding)**

Central Region	2004/2005					2005/2006				
	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	2004 <sup>1</sup> 0-19 yrs Popn	Funding/ Child	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	2006 0-19 yrs Popn	Funding/ Child <sup>1</sup>
<b>Regional Total</b>	<b>\$20,425,706</b>	<b>\$480,267</b>	<b>\$20,905,973</b>	<b>226,550</b>	<b>\$76.63</b>	<b>\$20,872,945</b>	<b>\$2,781,510</b>	<b>\$23,654,455</b>	<b>234,093</b>	<b>\$89.17</b>
Hawke's Bay	\$3,331,843	-	\$3,331,843	31,690	\$105.14	\$3,466,147	-	\$3,466,147	45,327	\$76.47
MidCentral	\$2,103,034	-	\$2,103,034	49,390	\$42.58	\$2,275,537	-	\$2,275,537	46,716	\$48.71
Whanganui	\$1,729,062	-	\$1,729,062	19,745	\$87.57	\$1,675,726	-	\$1,675,726	18,939	\$88.48
Capital & Coast	\$9,128,499	\$480,267	\$9,608,766	72,320	\$126.22	\$8,752,354	\$2,692,245	\$11,444,599	71,070	\$123.15
Hutt Valley	\$3,231,775	-	\$3,231,775	42,050	\$76.86	\$3,492,522	\$89,265	\$3,849,850	40,785	\$92.21
Wairarapa	\$901,495	-	\$901,495	11,355	\$79.39	\$942,596	-	\$942,596	11,256	\$83.74

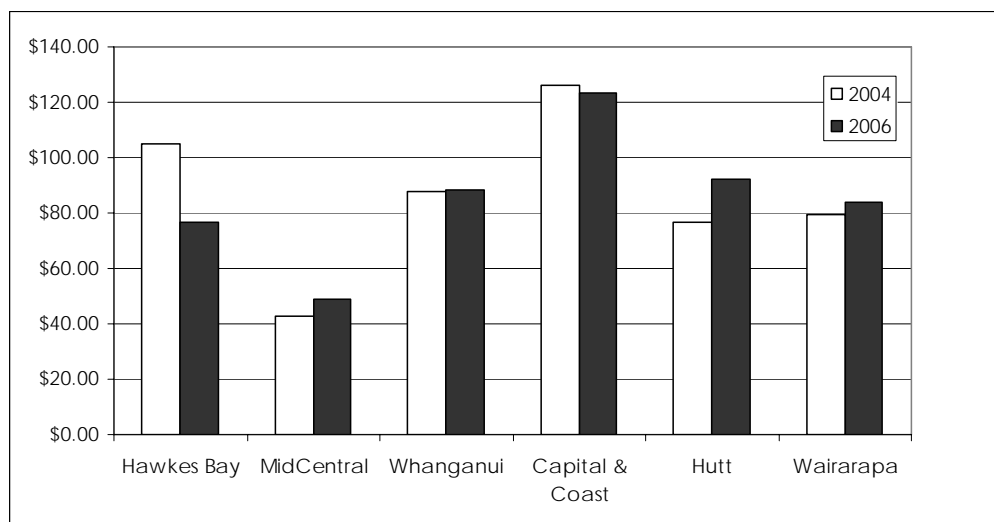
1. 2004 Population projections (prioritised ethnicity based on 2001 Census) supplied by StatisticsNZ.

**Table 15. Funding per Child & Adolescent Population (includes Inpatient funding)**

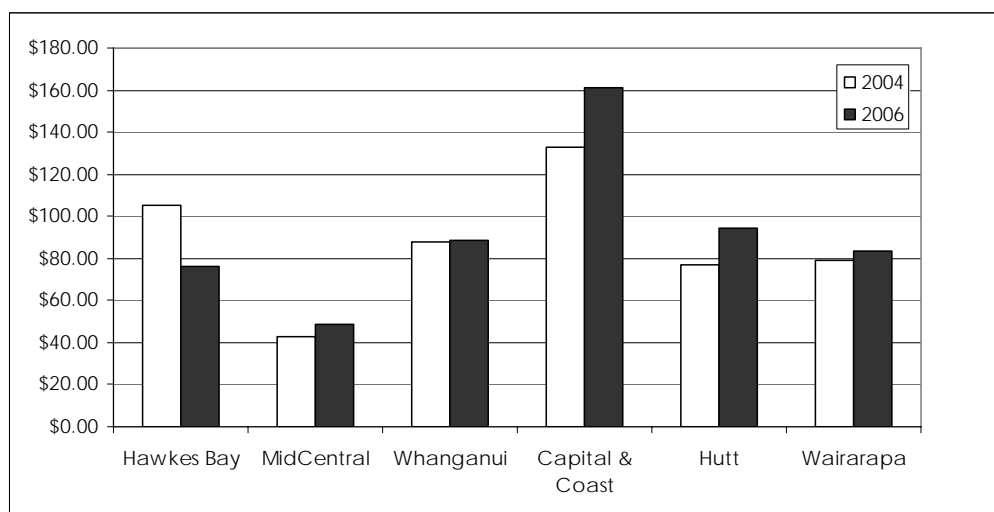
Central Region	2004/2005					2005/2006				
	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2004 <sup>1</sup>	Funding/ Child	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2006	Funding/ Child <sup>1</sup>
<b>Regional Total</b>	<b>\$20,425,706</b>	<b>\$480,267</b>	<b>\$20,905,973</b>	<b>226,550</b>	<b>\$92.30</b>	<b>\$20,872,945</b>	<b>\$2,781,510</b>	<b>\$23,654,455</b>	<b>234,093</b>	<b>\$101.05</b>
Hawke's Bay	\$3,331,843	-	\$3,331,843	31,690	\$105.14	\$3,466,147	-	\$3,466,147	45,327	\$76.47
MidCentral	\$2,103,034	-	\$2,103,034	49,390	\$42.58	\$2,275,537	-	\$2,275,537	46,716	\$48.71
Whanganui	\$1,729,062	-	\$1,729,062	19,745	\$87.57	\$1,675,726	-	\$1,675,726	18,939	\$88.48
Capital & Coast	\$9,128,499	\$480,267	\$9,608,766	72,320	\$132.86	\$8,752,354	\$2,692,245	\$11,444,599	71,070	\$161.03
Hutt Valley	\$3,231,775	-	\$3,231,775	42,050	\$76.86	\$3,492,522	\$89,265	\$3,849,850	40,785	\$94.39
Wairarapa	\$901,495	-	\$901,495	11,355	\$79.39	\$942,596	-	\$942,596	11,256	\$83.74

1. 2004 Population projections (prioritised ethnicity based on 2001 Census) supplied by StatisticsNZ.

**Figure 1. Central Region Funding per Child & Adolescent Population (excludes Inpatient funding) (2004-2006)**



**Figure 2. Central Region Funding per Child & Adolescent Population (includes Inpatient funding) (2004-2006)**



## Central Region Child & Adolescent Mental Health Workforce

### Total Central Region Child & Adolescent Mental Health Workforce

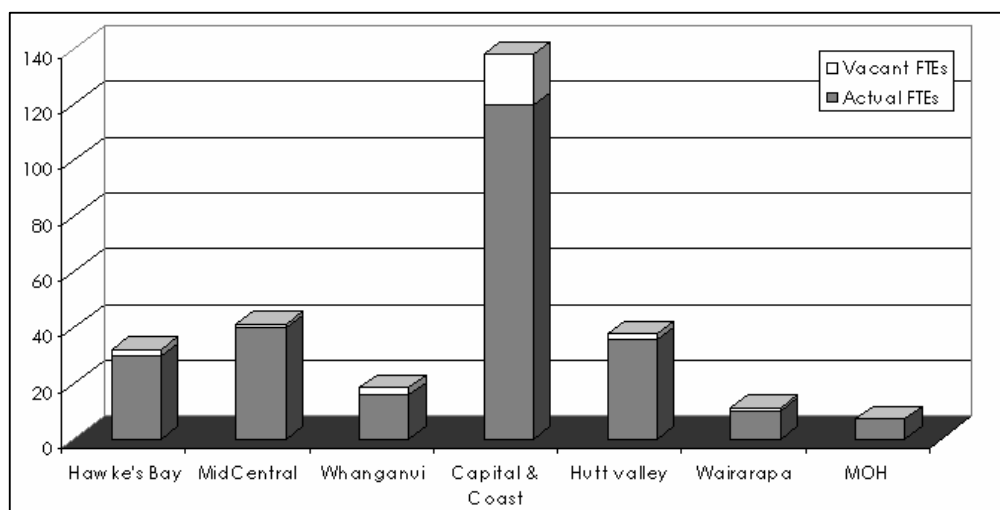
As at 30<sup>th</sup> June 2006, the Central region DHB (Inpatient & Community) CAMHS & NGOs reported a total of **258.29** actual FTEs with a further **27.5** FTEs reported vacant (see Table 16). The Capital & Coast DHB area reported the largest child and adolescent mental health workforce (119.4 actual FTEs) followed by the MidCentral DHB area (39.95 actual FTEs) (see Table 18 & Figure 3). The Wairarapa DHB area reported the smallest child and adolescent workforce (10.4 actual FTEs) in the Central region.

**Table 16. Total Child & Adolescent Mental Health Workforce (2006)**

Central Region	DHB <sup>1</sup>		NGO		Total	
	Actual FTEs	Vacant FTEs	Actual FTEs	Vacant FTEs	Actual FTEs	Vacant FTEs
Hawke's Bay	19.5	2.4	10.0	-	29.5	2.4
MidCentral	28.95	0.8	11.0	0.4	39.95	1.2
Whanganui	14.04	2.4	2.0	-	16.04	2.4
Capital & Coast	108.7	18.5	10.7	-	119.4	18.5
Hutt Valley	29.2	2.0	6.7	-	35.9	2.0
Wairarapa	8.4	1.0	2.0	-	10.4	1.0
MOH	-	-	7.1	-	7.1	-
<b>Regional Total</b>	<b>208.79</b>	<b>27.1</b>	<b>49.5</b>	<b>0.4</b>	<b>258.29</b>	<b>27.5</b>

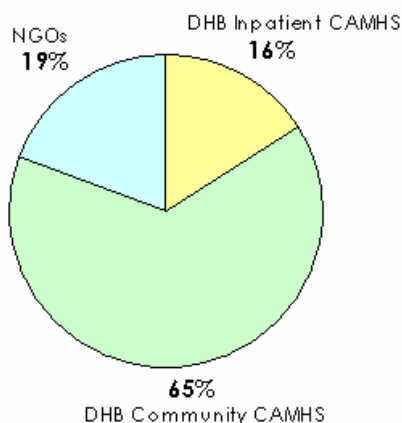
1. Includes Inpatient Data

**Figure 3. Total Central Region Child & Adolescent Mental Health Workforce: Actual & Vacant FTEs (2006)**



DHB Community CAMHS made up 65% of the total regional child and adolescent mental health workforce followed by DHB funded NGOs (19%) and the DHB Inpatient Units (16%) (see Figure 4).

**Figure 4. Distribution of the Central Region Child & Adolescent Mental Health Workforce**



The Clinical workforce in the Central region accounted for 67% (174.65 actual FTEs) of the total child and adolescent workforce, 91% (159.05 actual FTEs) of these were part of the DHB CAMH services (Inpatient & Community services) (see Table 17).

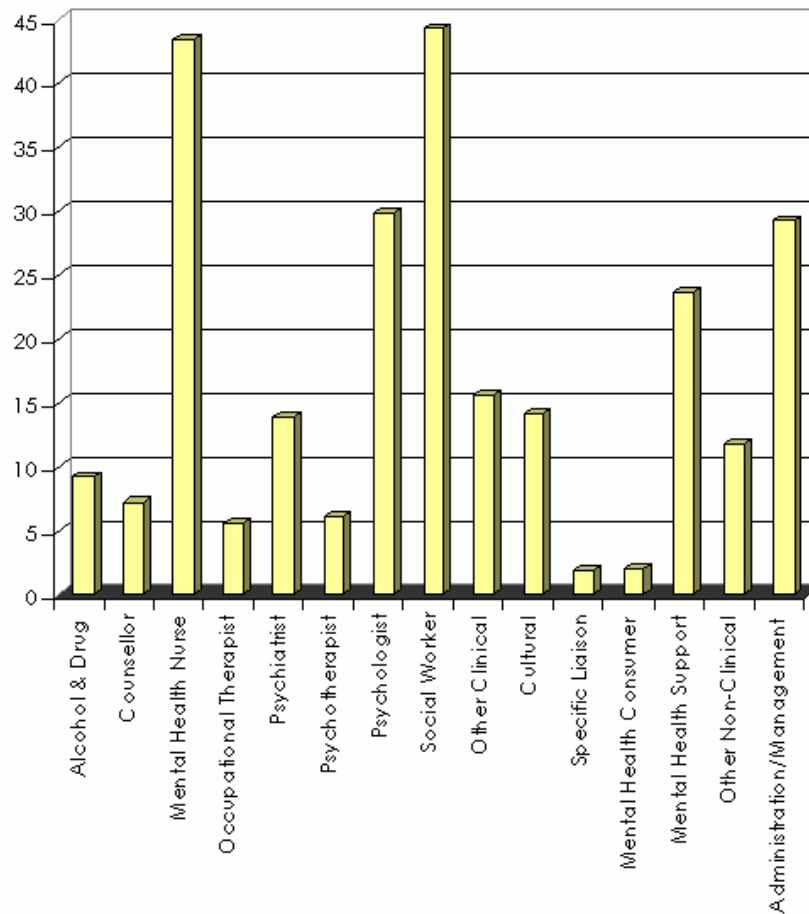
**Table 17. Total Central Region Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

Central Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
<b>Clinical Sub-Total</b>	<b>30.8</b>	<b>128.25</b>	<b>159.05</b>	<b>15.6</b>	<b>174.65</b>
Alcohol & Drug	-	3.0	3.0	6.1	9.1
Counsellor	-	5.4	5.4	1.8	7.2
Mental Health Nurse	24.3	18.6	42.9	0.5	43.4
Occupational Therapist	2.0	3.5	5.5	-	5.5
Psychiatrist	1.5	12.3	13.8	-	13.8
Psychotherapist	-	6.0	6.0	-	6.0
Psychologist	1.0	28.45	29.45	0.4	29.85
Social Worker	2.0	37.8	39.8	4.5	44.3
Other Clinical	-	13.2	13.2	2.3	15.5
<b>Non-Clinical Sub-Total</b>	<b>7.9</b>	<b>15.7</b>	<b>23.6</b>	<b>29.8</b>	<b>53.4</b>
Cultural	3.0	10.8	13.8	0.3	14.1
Specific Liaison	-	1.9	1.9	-	1.9
Mental Health Consumer	2.0		2.0	-	2.0
Mental Health Support	2.9		2.9	20.7	23.6
Other Non-Clinical	-	3.0	3.0	8.8	11.8
Administration/Management	2.0	24.14	26.14	3.1	29.24
<b>Regional Total</b>	<b>40.7</b>	<b>168.09</b>	<b>208.79</b>	<b>48.5<sup>1</sup></b>	<b>257.29</b>

1. NGO total excludes 1 FTE from King Street Artworks

The Central region Clinical workforce was largely made up of Social Workers (44.3 actual FTEs), Mental Health Nurses (43.4 actual FTEs) and Psychologists (29.85 actual FTEs) while the majority of the Non-Clinical (support for client) workforce were Mental Health Support Workers (23.6 actual FTEs) (see Table 19 & Figure 5).

**Figure 5. Total Central Region Child & Adolescent Mental Health Workforce by Occupational Group (2006)**



## DHB Inpatient Child & Adolescent Mental Health Workforce

Specialist child and adolescent mental health Inpatient services in the Central region are provided by Capital & Coast DHB's Regional Rangatahi Inpatient Unit. This unit reported a total of **40.7** actual FTEs with a further 9.0 FTEs that were reported vacant (see Table 18).

**Table 18. DHB Inpatient CAMHS Workforce by Occupational Group**

<b>Capital &amp; Coast Inpatient Service: Regional Rangitahi Inpatient Unit</b>	<b>2004</b>		<b>2006</b>	
<b>Occupational Group</b>	<b>Actual FTEs</b>	<b>Vacant FTEs</b>	<b>Actual FTEs</b>	<b>Vacant FTEs</b>
Alcohol & Drug Worker	-	-	-	-
Counsellor	-	-	-	-
Mental Health Nurse	18.0	2.0	24.3	6.6
Occupational Therapist	1.0	-	2.0	-
Psychiatrist	2.5	-	1.5	0.5
Psychotherapist	-	-	-	-
Psychologist	1.0	-	1.0	-
Social Worker	2.0	-	2.0	-
Other Clinical	-	-	-	-
<b>Clinical Sub-Total</b>	<b>24.5</b>	<b>2.0</b>	<b>30.8</b>	<b>7.1</b>
Cultural	1.5	-	3.0	-
Specific Liaison	1.0	-	-	-
Mental Health Consumer	-	0.9	2.0	0.9
Mental Health Support	12.0	2.0	2.9	1.0
Other Non-Clinical Support	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>14.5</b>	<b>2.9</b>	<b>7.9</b>	<b>1.9</b>
Administration/Management	2.0	0.0	2.0	0.0
<b>Total</b>	<b>41.0</b>	<b>4.9</b>	<b>40.7</b>	<b>9.0</b>

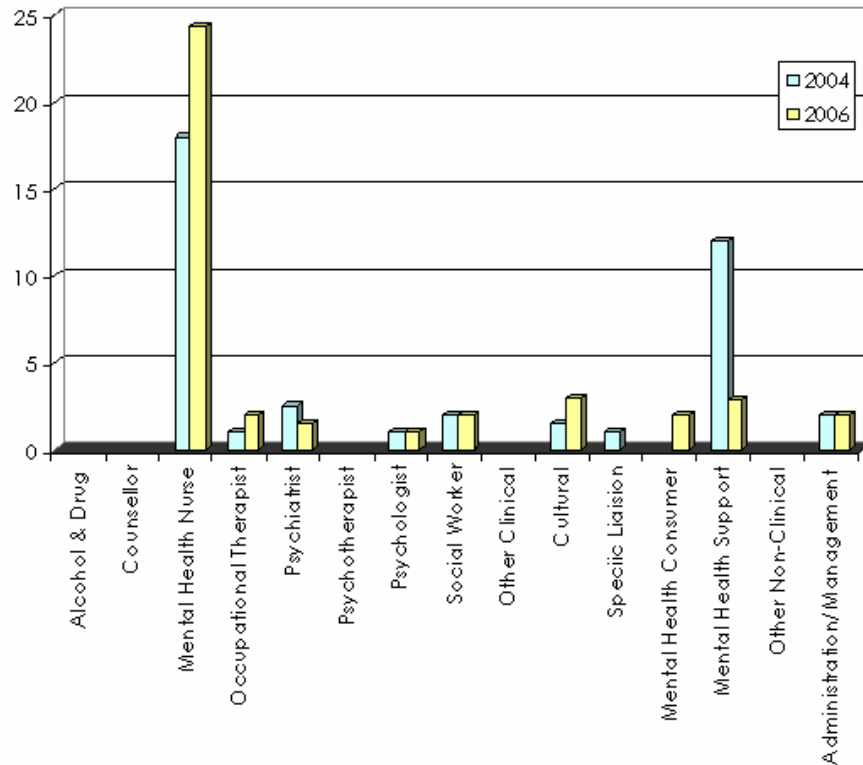


### ***DHB Inpatient Workforce by Occupational Group***

The Central region Clinical DHB Inpatient workforce accounted for 76% (30.8 actual FTEs) of the total Inpatient workforce which was largely made up of Mental Health Nurses (24.3 actual FTEs) (see Table 20 & Figure 6).

Clinical vacancies were mainly in the Mental Health Nurse roles (6.6 vacant FTEs).

**Figure 6. Central Region DHB Inpatient Child & Adolescent Mental Health Workforce by Occupational Group (2004/2006)**



## DHB Community Child & Adolescent Mental Health Workforce

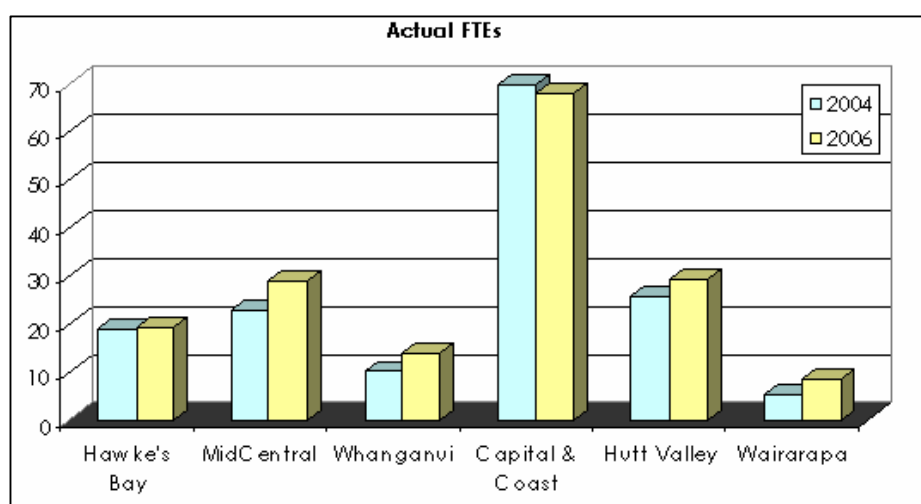
As at 30<sup>th</sup> June 2006, the Central region DHB Community CAMHS reported a total of 164.09 actual FTEs with a further 18.1 FTEs that were reported vacant with Capital & Coast DHB CAMHS reporting the largest workforce (68.0 actual FTEs) followed by MidCentral (28.95 actual FTEs), Hutt Valley (25.2 actual FTEs), Hawke's Bay (19.5 actual FTEs), Whanganui (14.04 actual FTEs) and Wairarapa (8.4 actual FTEs) DHBs (see Table 19 & Figure 7).

Since 2004, there was an 8% decrease (from 19.63 to 18.1 FTEs) in the total number of vacancies reported by the Central region DHB Community CAMHS.

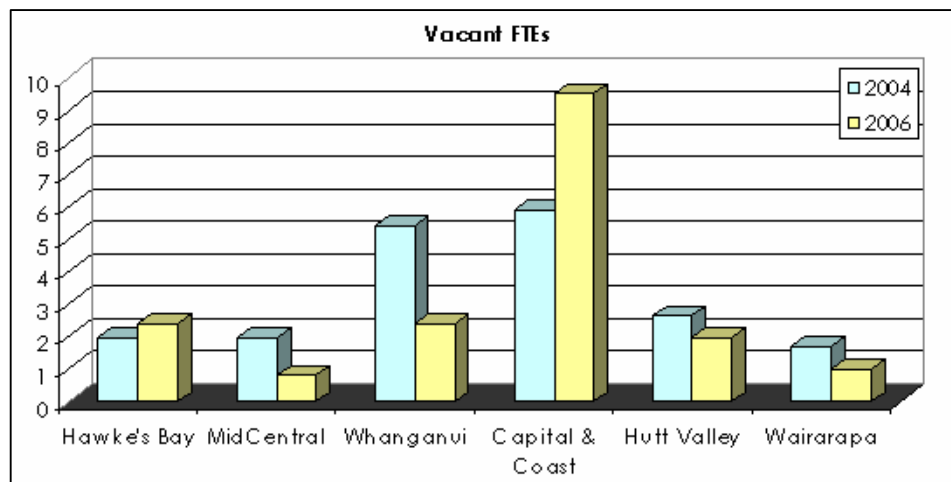
**Table 19. DHB Community CAMHS Workforce**

Central Region	2004			2006		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Hawke's Bay	19.16	2.0	10	19.5	2.4	12
MidCentral	22.8	2.0	9	28.95	0.8	3
Whanganui	10.3	5.4	52	14.04	2.4	17
Capital & Coast	69.6	5.9	8	68.0	9.5	14
Hutt Valley	25.88	2.63	10	29.2	2.0	8
Wairarapa	5.4	1.7	31	8.4	1.0	12
<b>Regional Total</b>	<b>153.14</b>	<b>19.63</b>	<b>13</b>	<b>168.09</b>	<b>18.1</b>	<b>11</b>

**Figure 7. Central Region DHB Community CAMHS Workforce (Actual FTEs)**



**Figure 8. Central Region DHB Community CAMHS Workforce (Vacant FTEs)**

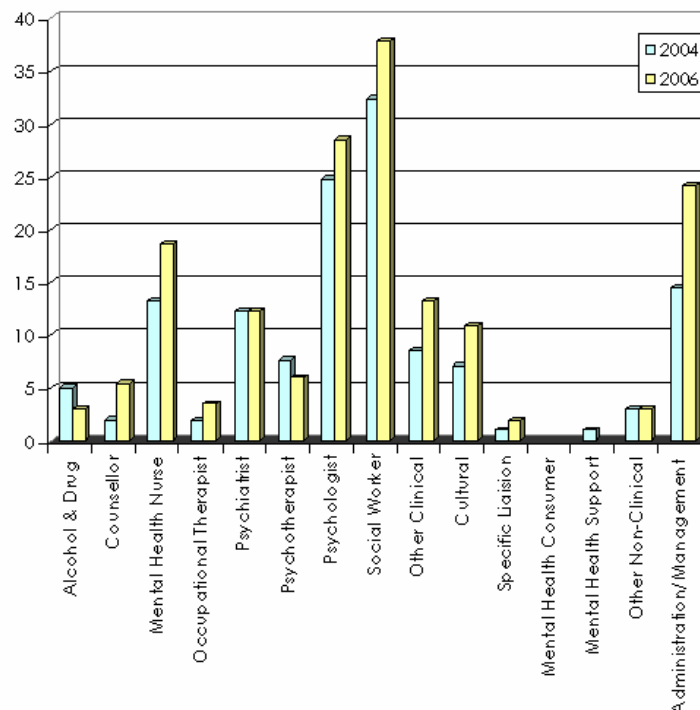


### ***DHB Community Child & Adolescent Mental Workforce by Occupational Group***

Since March 2004, the Central region DHB Community CAMHS reported a 15% increase in the Clinical workforce. The 2006 DHB Community CAMHS Clinical workforce accounted for 76% (128.25 actual FTEs) of the total DHB Community CAMHS workforce which was largely made up of Social Workers (37.8 actual FTEs), Psychologists (28.45 actual FTEs), Mental Health Nurses (18.6 actual FTEs) and Psychiatrists (12.3 actual FTEs) (see Table 20 & Figure 9).

The Non-Clinical workforce (15.7 actual FTEs) made up the remainder of the Central region DHB Community CAMHS workforce mainly in Other Non-Clinical roles (3.0 actual FTEs) (see Table 20 & Figure 9).

**Figure 9. Central Region DHB Community CAMHS Workforce by Occupational Group**



**Table 20. DHB Community CAMHS Workforce by Occupational Group**

Occupational Group	Central Region DHB: Actual FTEs (2004/2006)													
	Hawke's Bay		MidCentral		Whanganui		Capital & Coast		Hutt Valley		Wairarapa		Total	
	2004	2006	2005	2006	2005	2004	2004	2006	2004	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	-	2.0	-	-	-	3.0	2.5	-	0.5	-	-	5.0	3.0
Counsellor	-	-	-	4.8	-	-	-	-	-	-	2.0	0.6	2.0	5.4
Mental Health Nurse	3.4	2.0	1.8	1.2	3.0	3.5	4.0	9.4	-	2.0	1.0	0.5	13.2	18.6
Occupational Therapist	0.88	0.9	-	-	-	-	1.0	1.6	-	-	-	1.0	1.88	3.5
Psychiatrist	1.7	-	0.8	3.0	0.8	-	5.8	5.8	2.4	1.7	0.8	0.8	12.3	12.3
Psychotherapist	1.4	-	-	-	1.0	1.8	2.2	2.2	3.0	2.0	-	1.8	7.6	6.0
Psychologist	3.5	4.0	6.0	7.15	-	0.6	11.1	11.7	4.2	5.0	-	-	24.78	28.45
Social Worker	7.18	7.7	9.0	7.4	2.0	3.5	9.5	10.7	4.1	7.5	0.6	1.0	32.38	37.8
Other Clinical	-	1.0	0.8	-	-	-	-	4.2	7.7	7.0	-	1.0	8.5	13.2
<b>Clinical Sub-Total</b>	<b>18.06</b>	<b>15.6</b>	<b>20.4</b>	<b>23.55</b>	<b>6.8</b>	<b>9.4</b>	<b>36.6</b>	<b>48.1</b>	<b>21.38</b>	<b>25.7</b>	<b>4.4</b>	<b>5.9</b>	<b>107.64</b>	<b>128.25</b>
Cultural	1.1	2.3	-	-	-	1.0	6.0	5.5	-	-	-	2.0	7.1	10.8
Specific Liaison Appointment	-	-	-	-	-	-	1.0	1.9	-	-	-	-	1.0	1.9
Mental Health Consumer	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-	1.0	-	1.0	-
Other Non-Clinical Support	-	-	2.4	-	-	-	0.6	2.0	-	1.0	-	-	3.0	3.0
<b>Non-Clinical Sub-Total</b>	<b>1.1</b>	<b>2.3</b>	<b>2.4</b>	<b>0.0</b>	<b>0.0</b>	<b>1.0</b>	<b>7.6</b>	<b>9.4</b>	<b>0.0</b>	<b>1.0</b>	<b>1.0</b>	<b>2.0</b>	<b>12.1</b>	<b>15.7</b>
Administration/Management	0.0	1.6	0.0	5.4	3.5	3.64	6.5	10.5	4.5	2.5	0.0	0.5	14.5	24.14
<b>Regional Total</b>	<b>19.16</b>	<b>19.5</b>	<b>22.8</b>	<b>28.95</b>	<b>10.3</b>	<b>14.04</b>	<b>69.6<sup>1</sup></b>	<b>68.0</b>	<b>25.88</b>	<b>29.2</b>	<b>5.4</b>	<b>8.4</b>	<b>153.14</b>	<b>168.09</b>

1. 2004 Capital & Coast total includes 18.9 FTEs from the Early Intervention Service.

### ***DHB Community Child & Adolescent Mental Health Workforce Vacancies by Occupational Group***

In 2006, the total number of Clinical vacancies in the Central region DHB Community CAMHS remained similar to 2004 with Capital & Coast DHB reporting the largest number of Clinical vacancies (7.5 vacant FTEs) in the region (see Table 21).

Clinical vacancies were predominantly for Psychologists (4.3 vacant FTEs) and have remained so since March 2004 (see Table 21).

**Figure 10. Central Region DHB Community Child & Adolescent Mental Health Workforce Vacancies by Occupational Group**

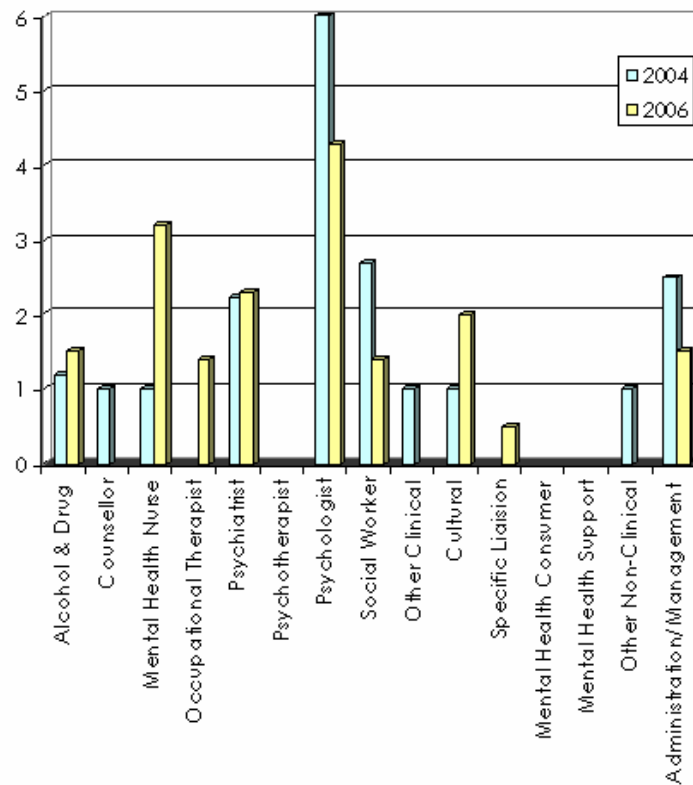


Table 21. DHB Community CAMHS by Occupational Group

Occupational Group	Central Region DHB: Vacant FTEs (2004/2006)													
	Hawke's Bay		MidCentral		Whanganui		Capital & Coast		Hutt Valley		Wairarapa		Total	
	2004	2006	2005	2006	2005	2004	2004	2006	2004	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	-	1.0	-	0.2	1.0	-	0.5	-	-	-	-	1.2	1.5
Counsellor	-	-	-	-	-	-	-	-	-	-	1.0	-	1.0	-
Mental Health Nurse	-	1.4	-	0.8	1.0	1.0	-	-	-	-	-	-	1.0	3.2
Occupational Therapist	-	-	-	-	-	-	-	1.4	-	-	-	-	-	1.4
Psychiatrist	-	-	-	-	1.2	-	0.4	0.3	0.63	2.0	-	-	2.23	2.3
Psychotherapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist	2.0	-	-	-	1.0	0.4	2.0	3.9	1.0	-	-	-	6.0	4.3
Social Worker	-	-	-	-	1.0	-	1.0	1.4	-	-	0.7	-	2.7	1.4
Other Clinical	-	-	-	-	-	-	-	-	1.0	-	-	-	1.0	-
<b>Clinical Sub-Total</b>	<b>2.0</b>	<b>1.4</b>	<b>1.0</b>	<b>0.8</b>	<b>4.4</b>	<b>2.4</b>	<b>3.4</b>	<b>7.5</b>	<b>2.63</b>	<b>2.0</b>	<b>1.7</b>	<b>0.0</b>	<b>15.13</b>	<b>14.1</b>
Cultural	-	1.0	-	-	1.0	-	-	-	-	-	-	1.0	1.0	2.0
Specific Liaison Appointment	-	-	-	-	-	-	-	0.5	-	-	-	-	-	0.5
Mental Health Consumer	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	1.0	-	-	-	-	-	-	-	-	-	1.0	-
<b>Non-Clinical Sub-Total</b>	<b>0.0</b>	<b>1.0</b>	<b>1.0</b>	<b>0.0</b>	<b>1.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.5</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>1.0</b>	<b>2.0</b>	<b>2.5</b>
Administration/Management	0.0	0.0	0.0	0.0	0.0	0.0	2.5	1.5	0.0	0.0	0.0	0.0	2.5	1.5
<b>Regional Total</b>	<b>2.0</b>	<b>2.4</b>	<b>2.0</b>	<b>0.8</b>	<b>5.4</b>	<b>2.4</b>	<b>5.9</b>	<b>9.5</b>	<b>2.63</b>	<b>2.0</b>	<b>1.7</b>	<b>1.0</b>	<b>19.63</b>	<b>18.1</b>

## NGO Child & Adolescent Mental Health Workforce

As at 30<sup>th</sup> June 2006, 20 NGOs in the Central region were identified for this update. However, one NGO, Take 5 and Te Whare Marama Inc in Hutt Valley did not hold a child and adolescent mental health contract for the reporting period. Therefore, workforce data from only 19 services are presented in this section.

The Central Region NGOs reported a total of **49.5** actual FTEs and a further 0.4 vacant FTEs (see Tables 22 & Figure). The discrepancy between 2004 and 2006 figures is the result of a 59% response rate for the 2004 workforce survey compared to the 100% response rate from the Central region NGOs for the 2006 update.

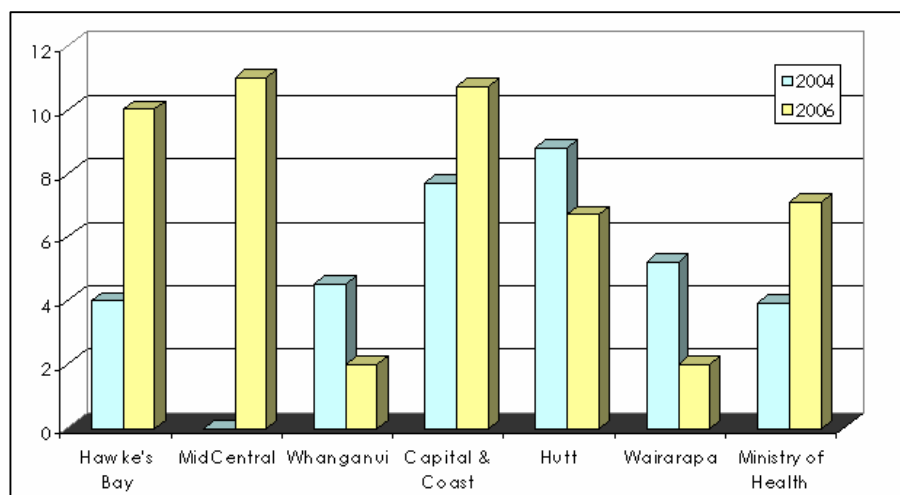
NGOs in the MidCentral DHB area reported the largest workforce (11.0 actual FTEs) in the region followed by Capital & Coast (10.7 actual FTEs) and Hawke's Bay DHB areas (10.0 actual FTEs). NGOs in the Whanganui and Wairarapa DHB areas reported the smallest workforce (2.0 actual FTEs) in the region.

**Table 22. Central Region NGO Child & Adolescent Mental Health Workforce**

Central Region NGOs	2004		2006	
	Actual FTEs	Vacant FTEs	Actual FTEs	Vacant FTEs
Hawke's Bay	4.0	-	10.0	-
MidCentral	-	-	11.0	0.4
Whanganui	4.5	1.0	2.0	-
Capital & Coast	7.7	-	10.7	-
Hutt Valley	8.8	1.2	6.7	-
Wairarapa	5.2	-	2.0	-
Ministry of Health	3.9	-	7.1	-
<b>Regional Total</b>	<b>34.1</b>	<b>1.2</b>	<b>49.5</b>	<b>0.4</b>

Note: Includes Kaupapa Māori Services

**Figure 11. Central Region NGO Child & Adolescent Mental Health Workforce: Actual FTEs**



### ***NGO Child & Adolescent Mental Health Workforce by Occupational Group***

Sixty percent of the Central region NGO workforce was in Non-Clinical occupational groups and were largely Mental Health Support Workers (20.7 actual FTEs) (see Table 23 & Figure 12). NGOs in the Hawke's Bay DHB area reported the largest number of Mental Health Support Workers (9.0 actual FTEs) in the region.

The NGO Clinical workforce accounted for 32% (15.6 actual FTEs) of the total Central region NGO workforce and were mainly Alcohol & Drug Workers (6.1 actual FTEs) and Social Workers (4.5 actual FTEs).

**Figure 12. Central Region NGO Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

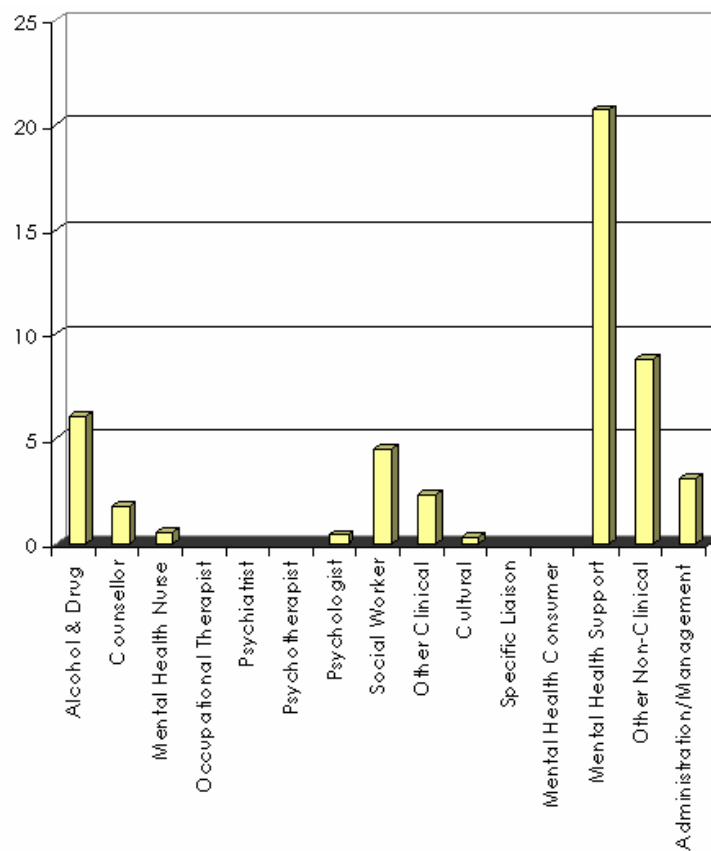




Table 23. NGO Child & Adolescent Mental Health Workforce by Occupational Group

Central Region NGOs Actual FTEs (June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	6.1	1.8	0.5	0	0	0	0.4	4.5	2.3	15.6	0.3	0	0	20.7	8.8	29.8	3.1	49.5
<b>Hawke's Bay</b>	0	0	0.5	0	0	0	0	0	0.5	1.0	0	0	0	9.0	0	9.0	0	10.0
<i>Te Kupenga Hauora-Ahuriri</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	2.0	-	2.0	-	2.0
Te Taiwhenua O Heretaunga	-	-	-	-	-	-	-	-	-	0	-	-	-	1.0	-	1.0	-	1.0
Te Taiwhenua O Te Whanganui A Orotu	-	-	-	-	-	-	-	-	-	0	-	-	-	1.0	-	1.0	-	1.0
Te Whatuiapiti Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	2.0	-	2.0	-	2.0
Richmond Fellowship	-	-	0.5	-	-	-	-	-	0.5	1.0	-	-	-	3.0	-	3.0	-	4.0
<b>MidCentral</b>	0	0	0	0	0	0	0	0	1.0	1.0	0	0	0	3.2	6.8	10.0	0	11.0
M.A.S.H Trust Board	-	-	-	-	-	-	-	-	-	0	-	-	-	-	6.8	6.8	-	6.8
Richmond Fellowship	-	-	-	-	-	-	-	-	1.0	1.0	-	-	-	1.2	-	1.2	-	2.2
Te Runanga O Raukawa Inc	-	-	-	-	-	-	-	-	-	0	-	-	-	2.0	-	2.0	-	2.0
<b>Whanganui</b>	0	0	0	0	0	0	0	1.0	0	1.0	0.0	0	0	1.0	0	1.0	0	2.0
Life to the Max Trust	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	-	-	0	-	1.0
Te Oranga Nui Trust Inc	-	-	-	-	-	-	-	-	-	0	-	-	-	1.0	-	1.0	-	1.0

Note: Italicised Services are Kaupapa Māori Mental Health Services (PU Code MHCS39)

**Table 23. NGO Child & Adolescent Mental Health Workforce by Occupational Group**

<b>Central Region NGOs</b> <b>Actual FTEs</b> <b>(June 2006)</b>	<b>Alcohol &amp; Drug</b>	<b>Counsellor</b>	<b>Mental Health Nurse</b>	<b>Occupational Therapist</b>	<b>Psychiatrist</b>	<b>Psychotherapist</b>	<b>Psychologist</b>	<b>Social Worker</b>	<b>Other Clinical</b>	<b>Clinical Sub-Total</b>	<b>Cultural</b>	<b>Specific Liaison</b>	<b>Mental Health Consumer</b>	<b>Mental Health Support</b>	<b>Other Non-Clinical</b>	<b>Non-Clinical Sub-Total</b>	<b>Administration/Management</b>	<b>Total</b>
<b>Regional Total</b>	<b>6.1</b>	<b>1.8</b>	<b>0.5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.4</b>	<b>4.5</b>	<b>2.3</b>	<b>15.6</b>	<b>0.3</b>	<b>0</b>	<b>0</b>	<b>20.7</b>	<b>8.8</b>	<b>29.8</b>	<b>3.1</b>	<b>49.5</b>
<b>Capital &amp; Coast</b>	<b>1.0</b>	<b>0.8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.4</b>	<b>3.5</b>	<b>0</b>	<b>5.7</b>	<b>0.3</b>	<b>0</b>	<b>0</b>	<b>3.0</b>	<b>0</b>	<b>3.3</b>	<b>1.7</b>	<b>10.7</b>
Taeaomanino Trust	1.0	-	-	-	-	-	-	3.0	-	4.0	-	-	-	-	-	0	1.7	5.7
The Wellink Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	3.0	-	3.0	-	3.0
Wellington Refugees as Survivors Trust	-	0.8	-	-	-	-	0.4	0.5	-	1.7	0.3	-	-	-	-	0.3	-	2.0
<b>Hutt Valley</b>	<b>5.1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.8</b>	<b>5.9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4.5</b>	<b>2.</b>	<b>6.5</b>	<b>1.4</b>	<b>13.8</b>
Vibe	-	-	-	-	-	-	-	-	-	0	-	-	-	-	0.2	0.2	-	0.2
Q-Nique Ltd	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1.8	1.8	-	1.8
Richmond Fellowship	-	-	-	-	-	-	-	-	0.2	0.2	-	-	-	3.5	-	3.5	-	3.7
<i>Te Paepae Arahi Trust</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1.0	-	1.0	-	1.0
WellTrust <sup>1</sup>	5.1	-	-	-	-	-	-	-	0.6	5.7	-	-	-	-	-	0	1.4	7.1
<b>Wairarapa</b>	<b>0</b>	<b>1.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2.0</b>
King Street Artworks Inc <sup>2</sup>	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	1.0
Wairarapa Addiction Service Inc	-	1.0	-	-	-	-	-	-	-	1.0	-	-	-	-	-	0	-	1.0

Note: Italicised Services are Kaupapa Māori Mental Health Services (PU Code MHCS39)

1. MOH Funded 2. 1.0 FTE shared across several Occupational Groups to provide child & adolescent programmes.

## Community Clinical Workforce compared to MHC Resource Guidelines

Based on the 2006 Central region population and the MHC's Blueprint resource guidelines (28.6 FTEs per 100,000 total population) the recommended regional Community Clinical FTEs were **231.89 FTEs**. Although the Central region reported a 14% increase in the regional workforce since 2004, the workforce remained below the resource guidelines. The DHB Community CAMHS and NGOs in the Central region reported a total of **143.85** actual Community Clinical FTEs. This was **88.04** FTEs below the regional guideline with the largest disparities in MidCentral and Hawke's Bay DHB areas (although individual DHB Community Clinical FTEs have also been compared to the Blueprint resource guidelines, regional service FTEs have not been allocated across DHBs and therefore individual DHB data should be interpreted with caution) (see Table 24 & 25 & Figure 13).

**Table 24. Community Clinical Child & Adolescent Mental Health Workforce (2006)**

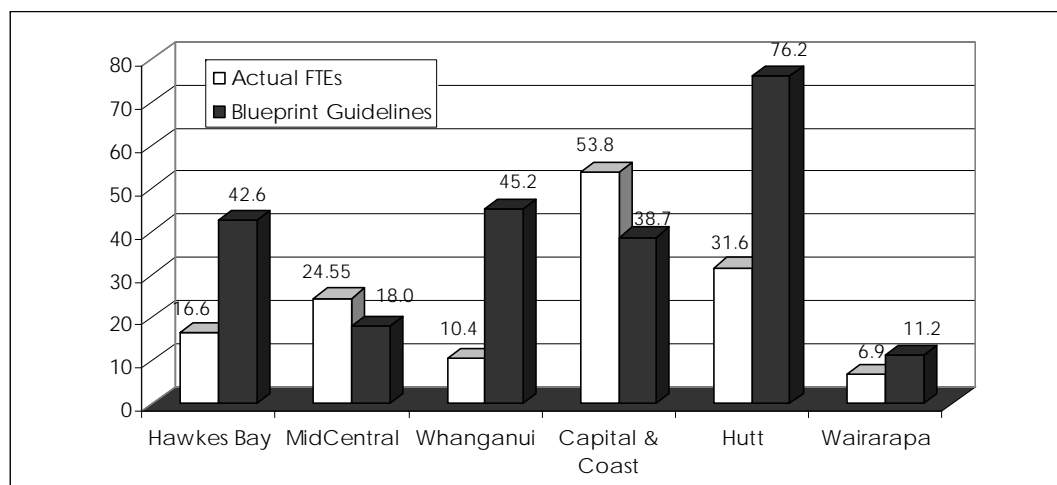
Central Region	Actual Community Clinical FTEs	Vacant Community Clinical FTEs	Total Funded Community Clinical FTEs	Vacancy %
DHB	128.25	14.1	142.35	10
NGO	15.6	-	15.6	0
<b>Regional Total</b>	<b>143.85</b>	<b>14.1</b>	<b>157.95</b>	<b>9</b>

Therefore the Central region Community Clinical workforce would need to increase by **61%** to meet the regional Blueprint guideline. Firstly, there would need to be a 9% increase in FTEs to fill vacancies. Once vacant FTEs are filled, there would need to be an increase of **73.94** additionally funded FTEs to meet the 2006 Blueprint resource guideline for the Central region.

**Table 25. Child & Adolescent Mental Health Community Clinical Workforce compared to MHC Blueprint Guidelines**

Central Region	2004						2006					
	Total Popn	0-19 Popn	DHB & NGO Community Clinical FTEs	Blueprint Guidelines	FTE Needed	% Increase	Total Popn	0-19 Popn	DHB & NGO Community Clinical FTEs	Blueprint Guidelines	FTE Needed	% Increase
<b>Regional Total</b>	<b>780,320</b>	<b>226,550</b>	<b>126.04</b>	<b>223.17</b>	<b>97.13</b>	<b>77</b>	<b>810,804</b>	<b>234,093</b>	<b>143.85</b>	<b>231.89</b>	<b>88.04</b>	<b>61</b>
Hawke's Bay	105,645	31,690	18.06	30.2	12.14	67	148,818	45,327	16.6	42.6	26.0	156
MidCentral	164,660	49,390	20.4	47.1	26.7	131	157,959	46,716	24.55	45.2	20.6	84
Whanganui	64,875	19,745	8.8	18.6	9.8	111	63,111	18,939	10.4	18.0	7.6	74
Capital & Coast	267,950	72,320	47.0	76.6	29.6	63	266,568	71,070	53.8	76.2	22.4	42
Hutt Valley	137,870	42,050	26.38	39.4	13.02	49	135,339	40,785	31.6	38.7	7.1	22
Wairarapa	39,320	11,355	5.4	11.2	5.8	107	39,009	11,256	6.9	11.2	4.3	62

**Figure 13. Central Region Child & Adolescent Mental Health Community Clinical Workforce compared to MHC Blueprint Guidelines (2006)**



## Recommendations for the Central Region Child & Adolescent Mental Health Psychiatry Workforce

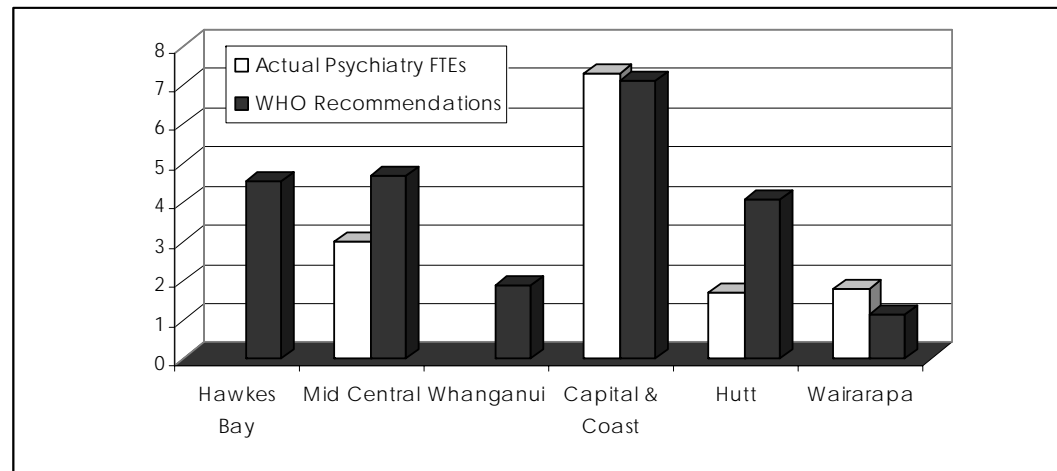
There was a 7% decrease in the regional Psychiatry workforce since 2004 but based on the 2006 Central region population and using the WHO recommendation for Psychiatrists (10 per 100,000 total population), the recommended regional Psychiatry FTEs was **23.41** FTEs. The Central region DHB (Inpatient & Community CAMHS) and NGOs reported a total of **13.8** actual FTEs. This was **9.61** FTEs below the recommendation with the large disparities reported by four out of the six DHBs in the region (although individual DHB Psychiatry FTEs have been compared to the WHO recommendations, regional service FTEs have not been allocated across DHBs and therefore individual DHB data should be interpreted with caution) (see Table 26 & Figure 14). Therefore the Central region Psychiatry workforce would need to increase by **70%** to meet the WHO recommendation.

**Table 26. DHB & NGO Child & Adolescent Mental Health Psychiatry Workforce compared to WHO Recommendations**

Central Region	2004				2006			
	Psychiatrists (Actual FTEs)	WHO Recommendation <sup>1</sup>	FTEs Needed	% Increase	Psychiatrists (Actual FTEs)	WHO Recommendation	FTEs Needed	% Increase
<b>Regional Total</b>	<b>14.8</b>	<b>24.08</b>	<b>9.28</b>	<b>63</b>	<b>13.8</b>	<b>23.41</b>	<b>9.61</b>	<b>70</b>
Hawke's Bay	1.7	4.60	2.90	170	-	4.53	4.53	-
Mid Central	0.8	4.94	4.14	517	3	4.67	1.67	56
Whanganui	0.8	1.97	1.17	147	-	1.89	1.89	-
Capital and Coast	8.3	7.23	-1.07	-13	7.3	7.11	-0.19	-3
Hutt	2.4	4.21	1.81	75	1.7	4.08	2.38	140
Wairarapa	0.8	1.14	0.34	42	1.8	1.13	-0.67	-37

1. 2004 WHO recommendations based on 2004 population projections (prioritised ethnicity).

**Figure 14. Central Region DHB & NGO Child & Adolescent Mental Health Psychiatry Workforce compared to WHO Recommendations (2006)**



## Ethnicity of the Central Region Child & Adolescent Mental Health Workforce

Ethnicity data was provided by managers and not necessarily by the individual staff member; therefore ethnicity data reported in this section should be interpreted with caution. Additionally due to the poor response rate for the 2004 Stocktake (59% response rate), and the possible inclusion of adult FTEs, it is difficult to ascertain the change in the 2006 NGO Māori, Pacific & Asian workforce in the Central region.

### Māori

#### *DHB Inpatient Māori Child & Adolescent Mental Health Workforce*

As at 30<sup>th</sup> June 2006, The Capital & Coast Inpatient Unit (The Regional Rangatahi Inpatient Unit) reported a total of **10** Māori staff (2.0 Clinical FTEs, 2.0 Non-Clinical FTEs & 1.0 Administration FTE), an increase of three since March 2004 (see Table 27).

Māori staff in the Regional Rangatahi Inpatient Unit were mainly in Non-Clinical (support for client) roles as Mental Health Support Workers (5) and in Cultural roles (2).

Two Māori staff members were in Clinical roles as Mental Health Nurses (2).

One Māori staff member was in an Administration/Management role.

**Table 27. DHB Inpatient Māori CAMHS Workforce**

<b>Capital &amp; Coast Inpatient Service: Regional Rangitahi Inpatient Unit</b>	<b>Māori (Head Count)</b>	
	<b>2004</b>	<b>2006</b>
<b>Occupational Group</b>		
Alcohol & Drug Worker	-	-
Counsellor	-	-
Mental Health Nurse	1	2
Occupational Therapist	-	-
Psychiatrist	-	-
Psychotherapist	-	-
Psychologist	-	-
Social Worker	-	-
Other Clinical	-	-
<b>Clinical Sub-Total</b>	<b>1</b>	<b>2</b>
Cultural	2	2
Specific Liaison	-	-
Mental Health Consumer	-	-
Mental Health Support	4	5
Other Non-Clinical Support	-	-
<b>Non-Clinical Sub-Total</b>	<b>6</b>	<b>7</b>
Administration/Management	0	1
<b>Total</b>	<b>7</b>	<b>10</b>

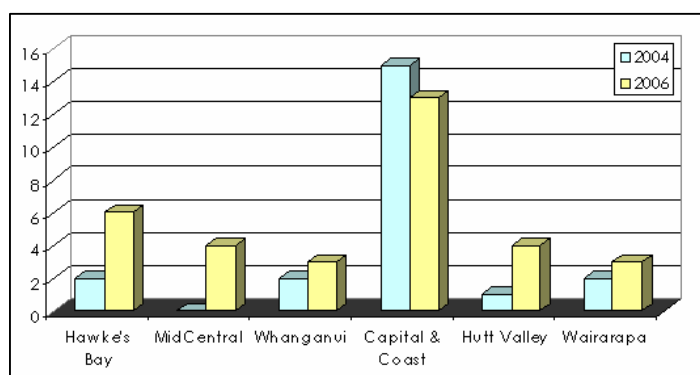
## DHB Community Māori Child & Adolescent Mental Health Workforce

The Central region DHB Community CAMHS reported a total of **33** Māori staff (18.9 Clinical FTEs, 9.3 Non-Clinical FTEs & 4.49 Administration FTEs), an increase of 11 since March 2004. Capital & Coast DHB Community CAMHS reported the largest Māori workforce (13) (see Table 28).

**Table 28. DHB Community Māori CAMHS Workforce**

Central Region	Māori (Head Count)	
	2004	2006
Hawke's Bay	2	6
MidCentral	-	4
Whanganui	2	3
Capital & Coast	15	13
Hutt Valley	1	4
Wairarapa	2	3
<b>Regional Total</b>	<b>22</b>	<b>33</b>

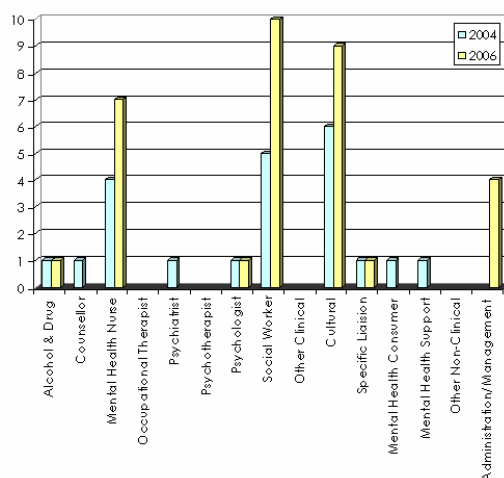
**Figure 15. Central Region DHB Community Māori CAMHS Workforce**



Over half (56%) of the DHB Community Māori staff were in Clinical roles as Social Workers (10) and Mental Health Nurses (7).

The Māori Non-Clinical staff was mainly in Cultural roles (9) and in Administration/Management positions (4) (see Table 29 & Figure 16).

**Figure 16. Central Region DHB Community Māori CAMHS Workforce by Occupational Group**





**Table 29. DHB Community Māori CAMHS Workforce by Occupational Group**

Occupational Group	Central Region DHB: Māori (Head Count 2004/2006))													
	Hawke's Bay		MidCentral		Whanganui		Capital & Coast		Hutt Valley		Wairarapa		Total	
	2004	2006	2004	2006	2004	2004	2004	2006	2004	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-		-	-	-	-	1	1	-	-	-	-	1	1
Counsellor	-	-	-	-	-	-	-	-	-	-	1	-	1	-
Mental Health Nurse	1	1	-	-	1	2	2	3	-	1	-	-	4	7
Occupational Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatrist	-	-	-	-	-	-	1	-	-	-	-	-	1	-
Psychotherapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist	-	-	-	-	-	-	1	-	-	-	-	1	1	1
Social Worker	1	1	-	4	-	-	4	2	-	3	-	-	5	10
Other Clinical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Clinical Sub-Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>9</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>13</b>	<b>19</b>
Cultural	-	3	-	-	1	1	5	3	-	-	-	2	6	9
Specific Liaison	-	-	-	-	-	-	1	1	-	-	-	-	1	1
Mental Health Consumer	-	-	-	-	-	-	-	-	1	-	-	-	1	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-	1	-	1	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>9</b>	<b>10</b>
Administration/ Management	-	1	-	-	-	-	-	3	-	-	-	-	-	4
<b>Total</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>15</b>	<b>13</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>22</b>	<b>33</b>

## NGO Māori Child & Adolescent Mental Health Workforce

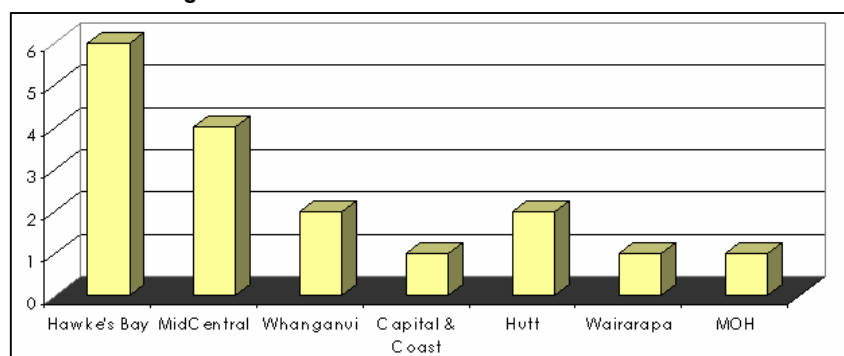
As at 30<sup>th</sup> June 2006, approximately 35% (17; 2 Clinical FTEs, 14.6 Non-Clinical FTEs & 0.2 Administration FTEs) of the Central region NGO workforce was Māori with Hawke's Bay (6) and MidCentral (4) reporting the largest Māori workforce (see Table 30 & Figure 17) in the region.

**Table 30. NGO Māori Child & Adolescent Mental Health Workforce**

Central Region NGOs	Māori (Head Count)	
	2004	2006
Hawke's Bay	-	6
MidCentral	-	4
Whanganui	1	2
Capital & Coast	5	1
Hutt Valley	7	2
Wairarapa	-	1
Ministry of Health	-	1
<b>Regional Total</b>	<b>13</b>	<b>17</b>

Note: Includes Kaupapa Māori Services

**Figure 17. Central Region NGO Māori Child & Adolescent Mental Health Workforce (2006)**



The Central region Māori NGO workforce was largely in Non-Clinical roles as Mental Health Support Workers (11) and in Other Non-Clinical roles (3) (see Figure 18 & Table 31).

Two Māori staff held Clinical positions as a Counsellor and a Social Worker.

**Figure 18. Central Region NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

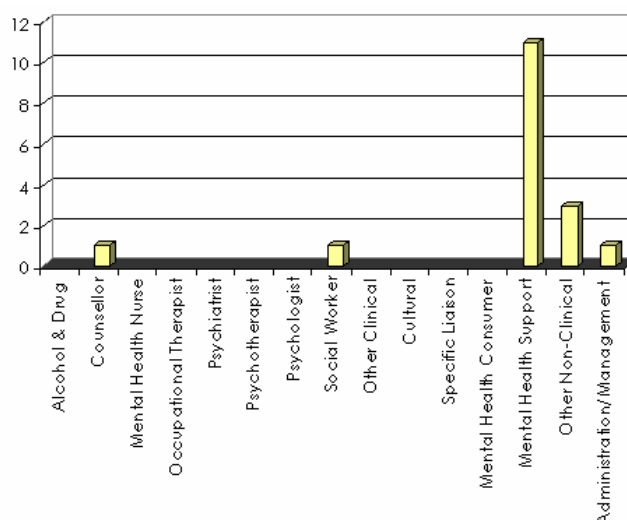


Table 31. NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Central Region NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Regional Total</b>	0	1	0	0	0	0	0	1	0	2	0	0	0	11	3	14	1	17
<b>Hawkes Bay</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	6	0	6
<i>Te Kupenga Hauora-Ahuriri</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2
Te Taiwhenua O Heretaunga	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Te Taiwhenua O Te Whanganui A Orotu	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Te Whatuiapiti Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2
<b>MidCentral</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	4	0	4
M.A.S.H Trust Board	-	-	-	-	-	-	-	-	-	0	-	-	-	-	2	2	-	2
Te Runanga O Raukawa Inc	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2
<b>Whanganui</b>	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	0	2
Life to the Max Trust	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1
Te Oranga Nui Trust Inc	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

**Table 31. NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group**

Central Region NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	0	1	0	0	0	0	0	1	0	2	0	0	0	11	3	14	1	17
<b>Capital &amp; Coast</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
The Wellink Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Hutt Valley	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	0	2
Q-Nique Ltd	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1	1	-	1
Te Paepae Arahi Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<b>Wairarapa</b>	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Wairarapa Addiction Service Inc	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
<b>Ministry of Health</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
WellTrust*	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	1	1

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

\* Funded by MoH

### ***Total Central Region Māori Child & Adolescent Mental Health Workforce***

The Central region DHB (Inpatient & Community) CAMHS and NGOs reported a total of **60** Māori staff including Administration and Management staff with the majority (38%) in Capital and Coast DHB CAMH services (see Table 32).

**Table 32. Total Māori Child & Adolescent Mental Health Workforce (2006)**

Central Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Hawke's Bay	-	6	6	6	12
MidCentral	-	4	4	4	8
Whanganui	-	3	3	2	5
Capital & Coast	10	13	23	2	25
Hutt Valley	-	4	4	2	6
Wairarapa	-	3	3	1	4
<b>Regional Total</b>	<b>10</b>	<b>33</b>	<b>43</b>	<b>17</b>	<b>60</b>

Note: Includes the Administration/Management Workforce

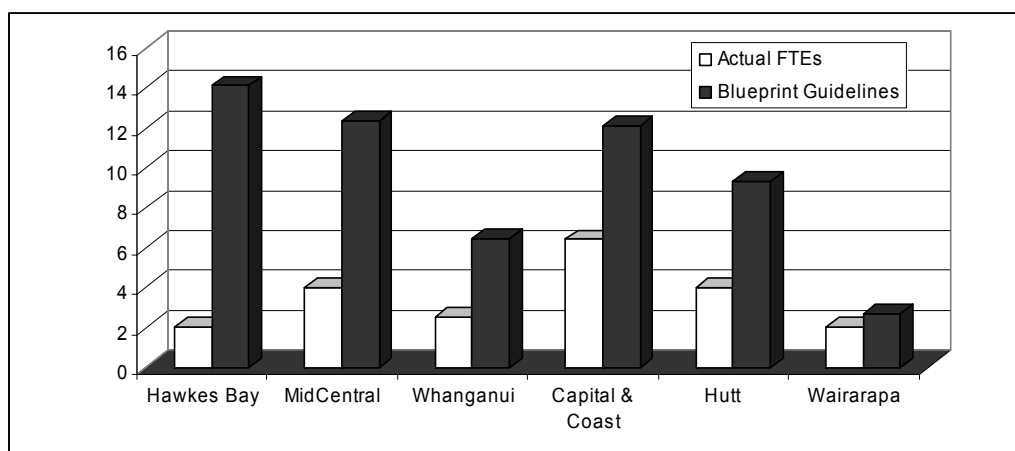
### ***Māori Community Clinical Child & Adolescent Mental Health Workforce compared to the MHC Blueprint Resource Guidelines***

Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional Māori 0-19 population, the recommended Community Clinical FTEs for the regional Māori workforce was approximately **57.8** FTEs. However the regional Māori Community Clinical workforce totalled **20.9** FTEs. Therefore the regional Māori Community Clinical workforce would need to increase by 176% (36.9 Community Clinical FTEs) to meet the recommended regional guideline (see Table 33 & Figure 19).

**Table 33. Māori Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Guidelines (2006)**

Central Region	Blueprint Guidelines 28.6/100,000 Total Popn	DHB & NGO Māori FTEs	FTEs per 0-19 yrs Māori Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>231.89</b>	<b>20.9</b>	<b>57.8</b>	<b>36.9</b>	<b>176</b>
Hawke's Bay	42.6	2	14.1	12.1	605
MidCentral	45.2	4	12.3	8.3	208
Whanganui	18.0	2.5	6.4	3.9	157
Capital & Coast	76.2	6.4	12.1	5.7	89
Hutt	38.7	4	9.3	5.3	133
Wairarapa	11.2	2	2.7	0.7	35

**Figure 19. Central Region Māori Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Guidelines (2006)**



## Pacific

### ***DHB Inpatient Pacific Child & Adolescent Mental Health Workforce***

The Central region Inpatient Unit (Capital & Coast DHB Regional Rangatahi Unit) reported a total of two Pacific staff (which has remained the same as 2004). Both held Non-Clinical positions, one in a Cultural role and the other as a Mental Health Support Worker.

### ***Pacific DHB Community CAMHS Workforce***

In 2006, Capital & Coast DHB Community CAMHS was the only DHB Community CAMHS in the Central region to report a total of five Pacific staff (an increase of 3 since March 2004), making up 3% of the total Central region DHB Community CAMHS workforce (see Table 34).

There was only one Pacific staff member who held a Clinical position as a Mental Health Nurse.

The remainder of the Pacific staff held Cultural (2) and Administration/Management (2) roles.

**Table 34. DHB Community Pacific CAMHS Workforce**

Central Region DHB	Pacific (Head Count)	
	2004	2006
Hawke's Bay	-	-
MidCentral	-	-
Whanganui	-	-
Capital & Coast	1	5
Hutt Valley	1	0
Wairarapa	0	0
<b>Regional Total</b>	<b>2</b>	<b>5</b>

### ***NGO Pacific Child & Adolescent Mental Health Workforce***

NGOs in the Capital & Coast DHB area reported a total of 8 (4 Clinical FTEs, 2 Non-Clinical FTEs & 1.7 Administration FTEs) Pacific staff which made up approximately 15% of the total Central region NGO workforce (see Table 35).

Four NGO Pacific staff were in Clinical positions, three were Social Workers and one was an Alcohol & Drug Worker while the remainder were in Non-Clinical positions as a Mental Health Support Worker (1) and in a 'Other Non-Clinical position and two held Administration/Management roles (see Table 35).

**Table 35. NGO Pacific Child & Adolescent Mental Health Workforce by Occupational Group**

Central Region NGOs Pacific (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Regional Total</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>8</b>
<b>Capital &amp; Coast</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>7</b>
Taeaomanino Trust	1	-	-	-	-	-	-	3	-	4	-	-	-	-	-	0	2	6
The Wellink Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<b>Hutt Valley</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>
Vibe	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1	1	-	1



### ***Total Pacific Child & Adolescent Mental Health Workforce***

The Central region DHB CAMHS (Inpatient & Community Services) and NGOs in the Capital & Coast DHB area reported a total of **15** Pacific staff (including Administration/Management staff) evenly split between DHB CAMHS and NGOs (see Table 36).

**Table 36. Total Pacific Child & Adolescent Mental Health Workforce (2006)**

Central Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Hawke's Bay	-	-	-	-	-
Midcentral	-	-	-	-	-
Whanganui	-	-	-	-	-
Capital & Coast	2	5	7	7	14
Hutt Valley	-	-	-	1	-
Wairarapa	-	-	-	-	-
<b>Total</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>8</b>	<b>15</b>

Note: Includes Administration/Management Workforce

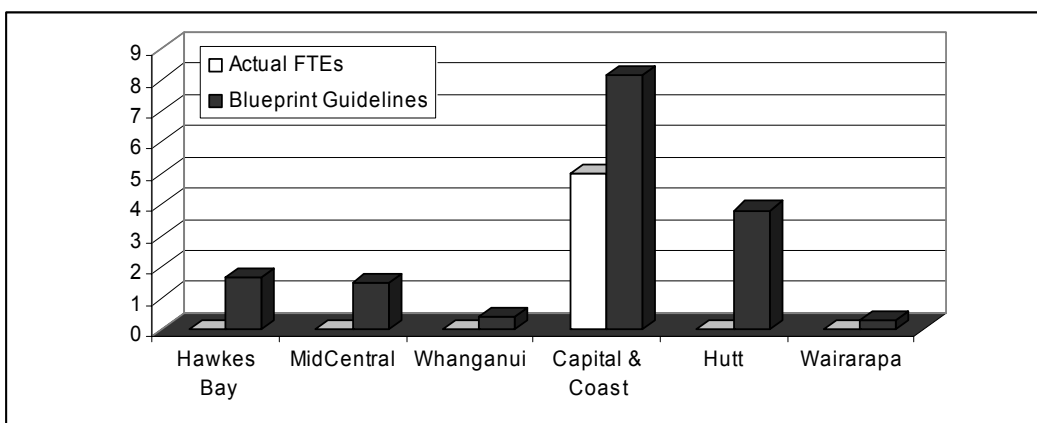
### ***Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines***

Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional Pacific 0-19 population, the recommended Community Clinical FTEs for the regional Pacific workforce was approximately **15.5** FTEs. However the regional Pacific Community Clinical workforce totalled **5.0** FTEs. Therefore the regional Pacific Community Clinical workforce would need to increase by 210% (10.5 Community Clinical FTEs) to meet the recommended regional guideline (see Table 37 & Figure 20).

**Table 37. Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines**

Central Region	Blueprint Guidelines 28.6/100,000 Total Pop	DHB & NGO Pacific Community Clinical FTEs	FTEs per Pacific Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>231.89</b>	<b>5.0</b>	<b>15.5</b>	<b>10.5</b>	<b>210</b>
Hawke's Bay	42.6	0	1.7	1.7	-
MidCentral	45.2	0	1.5	1.5	-
Whanganui	18.0	0	0.4	0.4	-
Capital & Coast	76.2	5.0	8.2	3.2	63
Hutt	38.7	0	3.8	3.8	-
Wairarapa	11.2	0	0.3	0.3	-

**Figure 20. Central Region Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines (2006)**



## **Asian**

### ***DHB Inpatient Asian Child & Adolescent Mental Health Workforce***

As at 30<sup>th</sup> June 2006, the Regional Rangatahi Inpatient Unit reported one Asian staff member (one down from 2004) who held a Mental Health Nurse role.

### ***DHB Community Asian Child & Adolescent Mental Health Workforce***

As at 30<sup>th</sup> June 2006, there were no Asian staff reported by the Central region DHB Community CAMHS.

### ***NGO Asian Child & Adolescent Mental Health Workforce***

As at 30<sup>th</sup> June 2006, there were no Asian staff reported by the Central region NGOs.

### ***Total Asian Child & Adolescent Mental Health Workforce***

Capital & Coast DHB Inpatient CAMHS reported the only Asian staff member for the Central region (see Table 38).

**Table 38. Total Asian Child & Adolescent Mental Health Workforce (2006)**

Central Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Hawke's Bay	-	-	0	-	0
Midcentral	-	-	0	-	0
Whanganui	-	-	0	-	0
Capital & Coast	1	-	1	-	1
Hutt	-	-	0	-	0
Wairarapa	-	-	0	-	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

Note: Includes the Administration/Management Workforce

### ***Asian Workforce as a proportion of the Asian 0-19 yrs Population***

In 2006, 6% of the total Central Region child and adolescent population were Asian children and adolescents with the largest proportion residing in the Capital & Coast DHB area (10%) followed by Hutt Valley DHB area (7%) (see Table 39). However, the total Central region Asian workforce only accounted for 0.4% of the total Central region workforce. Therefore, regionally, there was a 4.6% disparity between the total Asian workforce and the percentage of the Asian 0-19 years population in the Central region.

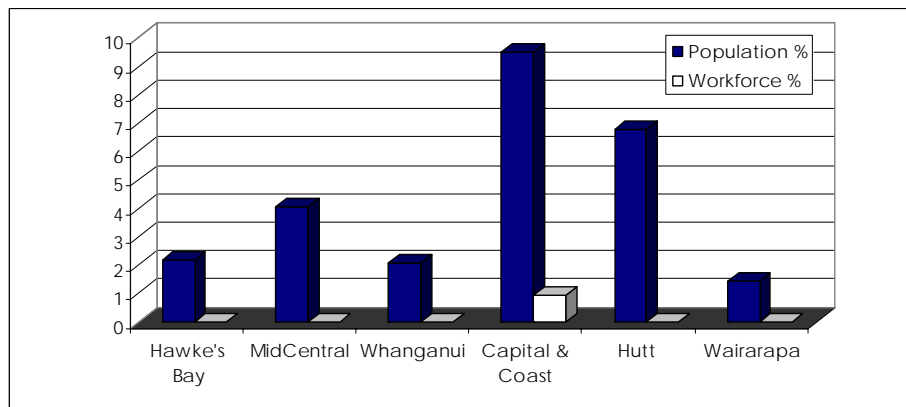
Larger disparities existed within the majority of the DHB areas in the region where there was no Asian workforces reported. The largest disparities were in the Capital & Coast and Hutt Valley DHB areas where the larger proportions of the Central region Asian 0-19 year population resided (see Table 39 & Figure 21).

**Table 39. Asian Workforce as a proportion of the Asian 0-19 yrs Population (2006)**

Central Region	Total 0-19	Asian 0-19	%	Total Asian Workforce	Total Workforce	%
Hawke's Bay	45,327	984	2	0	28	0
MidCentral	46,716	1,899	4	0	35	0
Whanganui	18,939	396	2	0	13	0
Capital & Coast	71,070	6,765	10	1	107	1
Hutt Valley	40,785	2,766	7	0	40	0
Wairarapa	11,256	162	1	0	10	0
<b>Regional Total</b>	<b>234,093</b>	<b>12,972</b>	<b>6</b>	<b>1</b>	<b>233<sup>1</sup></b>	<b>0.4</b>

Note: Excludes the Administration/Management Workforce

**Figure 21. Central Region Asian Workforce as a proportion of the Central Region Asian 0-19 yrs Population (2006)**



## Central Region Access to Child & Adolescent Mental Health Services

The following section has been extracted from the MHINC 2004 and 2005 analyses. The majority of the MHINC access data has been analysed nationally and can be accessed separately via the Werry Centre website. Therefore this section only contains access data that was relevant to the Central region.

The data reported in this section is mainly based on the 2<sup>nd</sup> 6 months of 2005 and the 2<sup>nd</sup> 6 months of 2004 is used as a comparison.

### Central Region Access by Age Group & Gender

Since the end of 2004, the Central region has continued to have the third highest number of total clients accessing mental health services compared to the other regions (see Appendix D, Table 5). Since the end of 2004, there was an approximately 7% decrease in the total number of clients in the Central region.

Capital & Coast DHB CAMHS has continued to report the highest total number of clients in the Central region followed by Hutt Valley, MidCentral, Hawke's Bay, Whanganui and Wairarapa DHB CAMHS (see Table 40). However, Wairarapa DHB reported the largest percentage increase (36%) in the total number of clients.

**Table 40. Clients by Gender, Age Group & DHB**

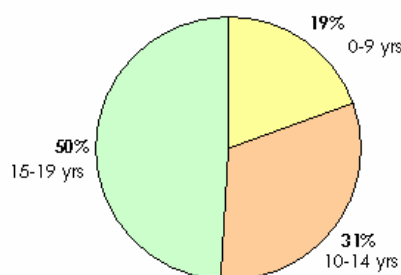
Central Region	Gender									
	Male				Female				Unknown	DHB Total
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total		
<b>2nd 6mo 2004</b>	<b>404</b>	<b>561</b>	<b>712</b>	<b>1,677</b>	<b>201</b>	<b>404</b>	<b>724</b>	<b>1,329</b>	<b>1</b>	<b>3,007</b>
Hawke's Bay	37	49	101	187	8	56	101	165		352
MidCentral	82	146	159	387	44	98	186	328		715
Whanganui	41	56	97	194	16	43	83	142		336
Capital & Coast	133	192	253	578	72	119	223	414	1	993
Hutt Valley	102	97	81	280	54	69	101	224		504
Wairarapa	9	21	21	51	7	19	30	56		107
<b>2nd 6mo 2005</b>	<b>368</b>	<b>537</b>	<b>662</b>	<b>1,220</b>	<b>175</b>	<b>340</b>	<b>716</b>	<b>1,231</b>	<b>0</b>	<b>2,798</b>
Hawke's Bay	28	66	106	200	16	54	105	175		375
MidCentral	75	115	134	324	27	67	149	243		567
Whanganui	39	51	94	184	9	45	99	153		337
Capital & Coast	113	181	218	512	62	100	222	384		896
Hutt Valley	94	99	80	273	56	52	97	205		478
Wairarapa	19	25	30	74	5	22	44	71		145

## Gender & Age Group

At the end of 2005, there were slightly more female clients accessing mental health services in the Central region.

Half (50%) of the total number of clients were in the 15-19 year age group with more female clients exceeding male clients in this age group only (see Table 40 & Figure 22).

Figure 22. Central Region Clients by Age Group (2<sup>nd</sup> 6mo 2005)



There was a decrease in the numbers of female clients in the 0-9 (16%) & 10-14 (11%) years age group only, while male clients decreased in all three age groups.

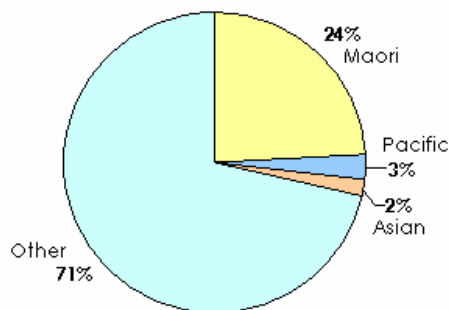
For the majority of the DHB CAMHS in the Central region, access increased with age for both male and female clients. However, male clients in the 10-14 and 15-19 age groups were equally accessing mental health services in Hutt Valley and Wairarapa DHB CAMHS. Female clients in the 0-9 and 10-14 year age group were equally accessing mental health services in Hutt Valley DHB CAMHS.

## Ethnicity

### Māori

In the second 6 months of 2005, 24% of the total number of clients accessing mental health services in the Central region were Māori (see Table 41 & Figure 23).

Figure 23. Central Region Clients by Ethnicity (2<sup>nd</sup> 6 mo 2005)



Since the end of 2004, there was a 4% decrease in the total number of Māori clients accessing services in the region.

Although Capital & Coast DHB reported the largest number of Māori clients, Hawke's Bay DHB reported the largest proportion of Māori clients (31% of total clients) in the region (see Table 41). While most of the DHBs in the region had an increase in the total number of Māori clients since the end of 2004, Capital & Coast and Hawke's Bay DHBs reported a decrease (22% and 11% respectively) in the total number of Māori clients.

**Table 41. Clients by Gender, Ethnicity & DHB**

Central Region	Male				Female			
	Māori	Pacific	Asian	Other	Māori	Pacific	Asian	Other
<b>2nd 6mo 2004</b>	<b>408</b>	<b>34</b>	<b>24</b>	<b>1,090</b>	<b>257</b>	<b>31</b>	<b>17</b>	<b>927</b>
Hawke's Bay	88	4	2	110	53	2	0	115
MidCentral	79	4	1	260	47	3	4	242
Whanganui	60	2	2	141	33	0	2	111
Capital & Coast	107	17	13	367	81	20	9	284
Hutt Valley	74	7	6	212	43	6	2	175
Wairarapa	17	1	0	40	11	0	0	38
<b>2nd 6 mo 2005</b>	<b>401</b>	<b>35</b>	<b>26</b>	<b>1,061</b>	<b>261</b>	<b>36</b>	<b>23</b>	<b>883</b>
Hawke's Bay	75	3	0	137	50	2	0	132
MidCentral	90	1	0	217	50	2	4	164
Whanganui	51	2	1	135	46	3	2	106
Capital & Coast	91	20	15	339	56	21	11	280
Hutt Valley	73	9	9	180	45	8	6	142
Wairarapa	21	0	1	53	14	0	0	59

### Pacific

Three percent of the total number of clients accessing mental health services in the Central region were Pacific with nearly half (47%) in the 15-19 year age group (see Table 41 & Figure 23).

Since the end of 2004, there was a 10% increase in the total numbers of Pacific clients accessing services in the region.

Capital Coast reported the largest number and proportion (5% of total clients) of Pacific clients in the region. There was very little change in the total number of Pacific clients across all DHBs since the end of 2004.

### Asian

Two percent of the total number of clients accessing mental health services in the Central region was Asian (see Table 41 & Figure 23). There was very little change in the total number of Asian clients across all DHBs in the region since 2004.

## 2005 Central Region Access Rates Compared to Mental Health Commission's Blueprint Strategic Benchmarks

The 2004 and 2005 MHINC access data was analysed by six months to determine the six monthly benchmark access rates for each Region and DHBs. The access rates presented in this section were calculated by dividing the clients in each age band per six month period by the corresponding 2004/2005 projected population (prioritised ethnicity statistics). The regional access rates have been compared to the Mental Health Commission's benchmarks for access to services for the 0-9, 10-14 and 15-19 age groups which are 1%, 3.9% and 5.5% (per 100, 000 under 20 years population) respectively.

Since 2004, there has been little change in access rates in all three age groups in the Central region and these rates have continued to remain well below the Mental Health Commission's access benchmarks (see Table 42).

**Table 42. Access Rates compared to MHC Strategic Benchmarks**

Central Region Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
2 <sup>nd</sup> 6mo 2004	0.6%	1.6%	2.3%	1.3%
2 <sup>nd</sup> 6mo 2005	0.6%	1.9%	2.8%	1.2%

The 2005 access rates in the majority of the DHB CAMHS in the Central region remained well below the strategic access benchmarks in all three age groups with MidCentral and Hutt Valley DHBs reporting the lowest access rates, especially in the 15-19 year age group (see Table 43 & Figures 24-26).

**Table 43. DHB Access Rates compared to MHC Strategic Benchmarks**

Central Region Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
Hawke's Bay	0.3%	1.4%	2.8%	1.3%
MidCentral	0.5%	1.3%	1.8%	1.1%
Whanganui	0.5%	1.9%	3.8%	1.8%
Capital & Coast	0.5%	1.6%	1.9%	1.2%
Hutt Valley	0.7%	1.2%	1.8%	1.1%
Wairarapa	0.4%	1.5%	2.8%	1.3%



Figure 24. Central Region 0-9 yrs Access Rates compared to MHC Strategic Benchmark

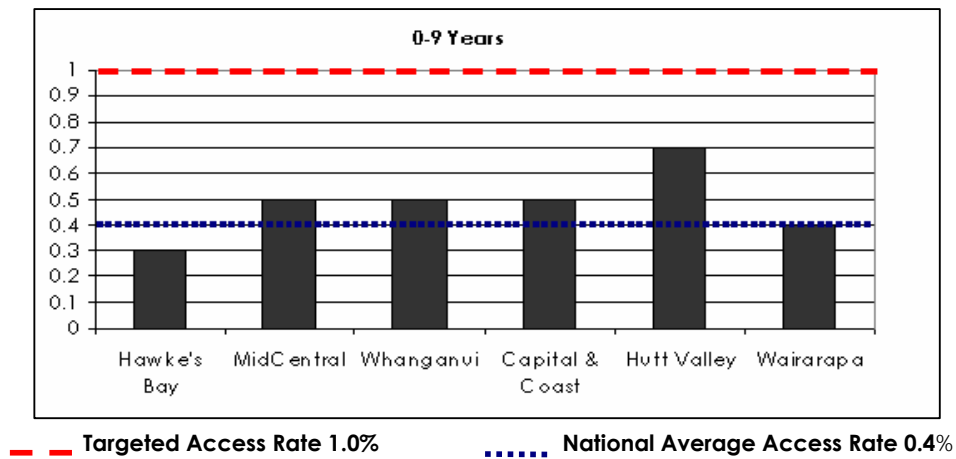


Figure 25. Central Region 10-14 yrs Access Rates compared to MHC Strategic Benchmark

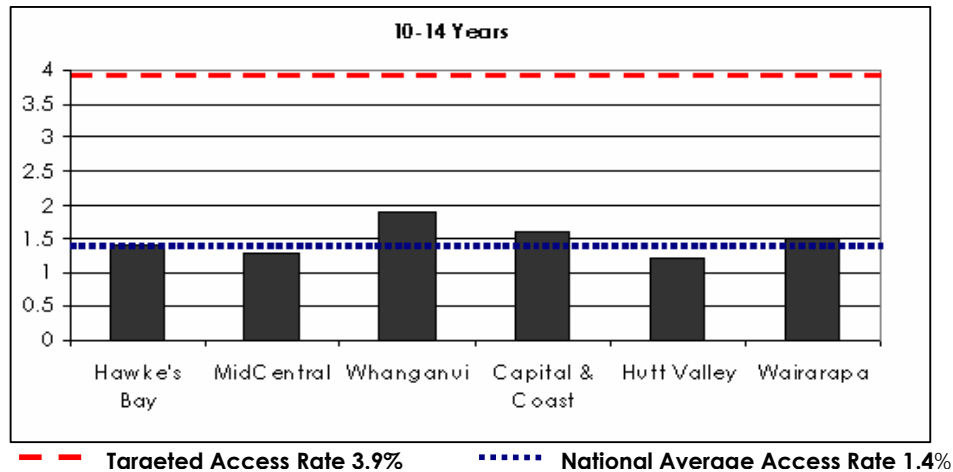
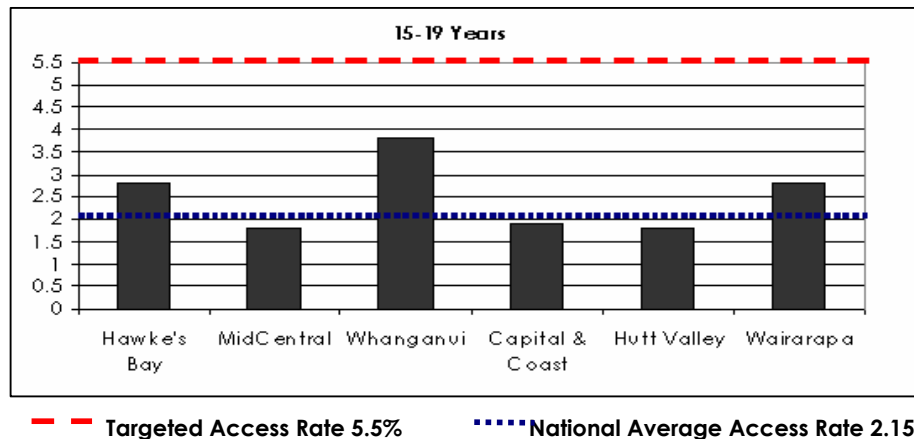


Figure 26. Central Region 15-19 yrs Access Rates compared to MHC Strategic Benchmark



## Central Region Māori Access Rates

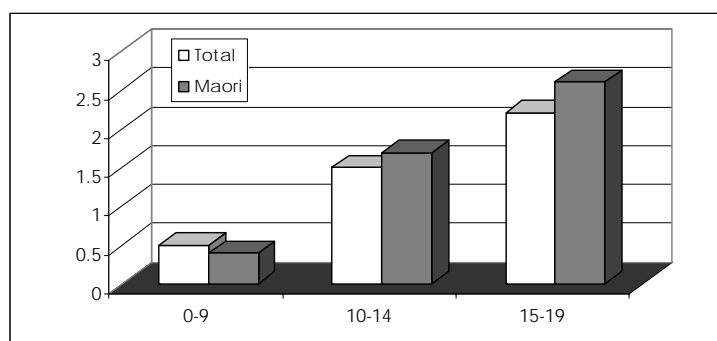
The total Central region 0-19 years Māori access rate of 1.2% were equal to the regional total access rate of 1.2%, but remained well below the MHC's strategic access benchmark of 3.0% (see Table 44 & Figure 27).

Māori access rates were higher than the total client access rate for the 10-14 and 15-19 year age groups for most of the DHBs in the region (see Table 44 & Figure 28).

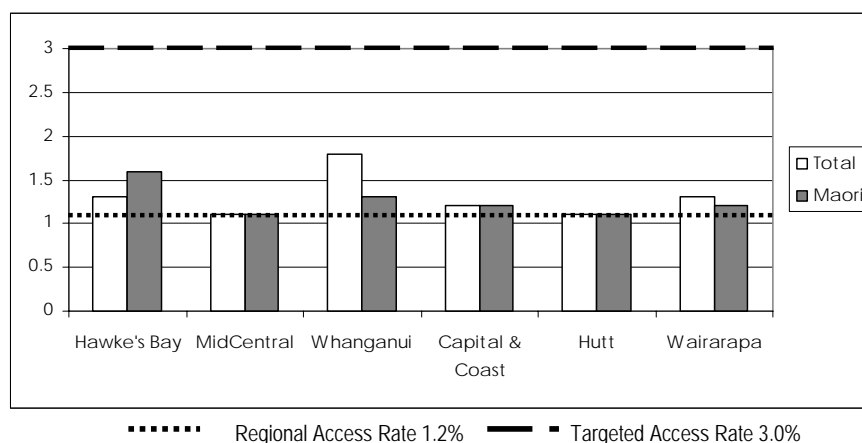
**Table 44. Māori Access Rates compared to MHC Strategic Benchmarks**

Māori Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
<b>Central Region</b>	<b>0.5%</b>	<b>1.5%</b>	<b>2.2%</b>	<b>1.2%</b>
<b>Total Central Region Māori</b>	<b>0.4%</b>	<b>1.7%</b>	<b>2.7%</b>	<b>1.2%</b>
<b>Hawke's Bay</b>	<b>0.3%</b>	<b>1.4%</b>	<b>2.8%</b>	<b>1.3%</b>
Māori	0.3%	2.1%	3.7%	1.6%
<b>MidCentral</b>	<b>0.5%</b>	<b>1.3%</b>	<b>1.8%</b>	<b>1.1%</b>
Māori	0.4%	1.7%	1.9%	1.1%
<b>Whanganui</b>	<b>0.5%</b>	<b>1.9%</b>	<b>3.8%</b>	<b>1.8%</b>
Māori	0.2%	1.7%	3.4%	1.3%
<b>Capital &amp; Coast</b>	<b>0.5%</b>	<b>1.6%</b>	<b>1.9%</b>	<b>1.2%</b>
Māori	0.4%	1.7%	2.6%	1.2%
<b>Hutt Valley</b>	<b>0.7 %</b>	<b>1.2%</b>	<b>1.8%</b>	<b>1.1%</b>
Māori	0.6%	1.4%	2.1%	1.1%
<b>Wairarapa</b>	<b>0.4%</b>	<b>1.5%</b>	<b>2.8%</b>	<b>1.3%</b>
Māori	0.3%	1.6%	2.7%	1.2%

**Figure 27. Central Region Māori Access Rates compared to Total Central Region Access Rates by Age Group (2<sup>nd</sup> 6 mo 2005)**



**Figure 28. Central Region 0-19 yrs Māori Access Rates compared to Central Region 0-19 yrs Access Rates (2<sup>nd</sup> 6 mo 2005)**



### **Central Region Pacific Access Rates**

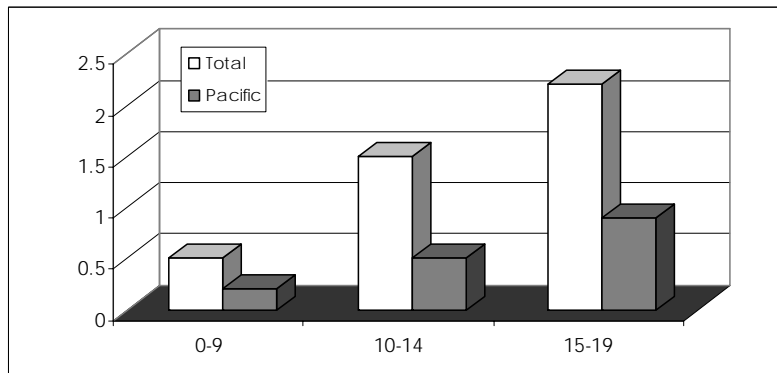
The total Central region 0-19 years Pacific access rate of 0.5% was lower than the regional total access rate of 1.2%, and remained well below the MHC's strategic access benchmark of 3.0% (see Table 45 & Figure 29).

Except for Hawke's Bay DHB, Pacific access rates were lower than the total client access rate across all three age groups and DHBs (see Table 45 & Figure 30).

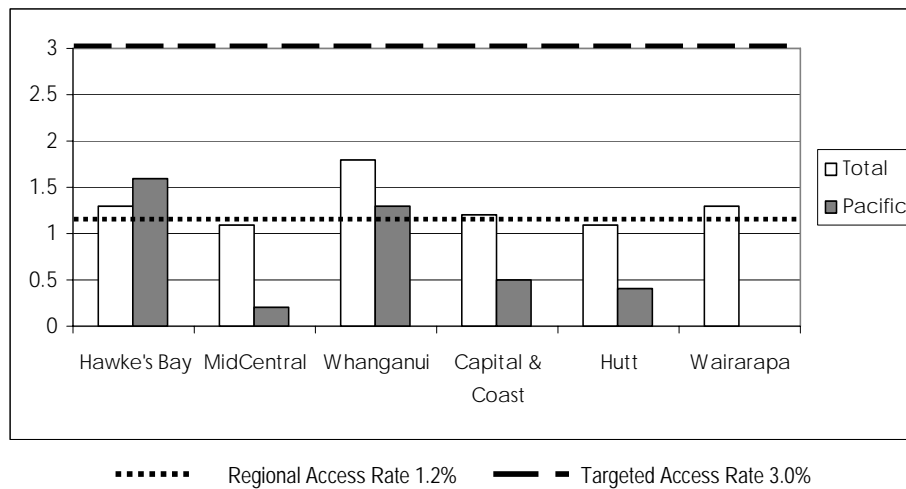
**Table 45. Pacific Access Rates compared to MHC Strategic Benchmarks**

Pacific Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
<b>Central Region</b>	<b>0.5%</b>	<b>1.5%</b>	<b>2.2%</b>	<b>1.2%</b>
<b>Total Central Pacific</b>	<b>0.2%</b>	<b>0.5%</b>	<b>0.9%</b>	<b>0.5%</b>
<b>Hawke's Bay</b>	<b>0.3%</b>	<b>1.4%</b>	<b>2.8%</b>	<b>1.3%</b>
Pacific	0%	1.5%	4.0%	1.6%
<b>MidCentral</b>	<b>0.5%</b>	<b>1.3%</b>	<b>1.8%</b>	<b>1.1%</b>
Pacific	0%	0.5%	0.3%	0.2%
<b>Whanganui</b>	<b>0.5%</b>	<b>1.9%</b>	<b>3.8%</b>	<b>1.8%</b>
Pacific	1.1%	0%	3.0%	1.3%
<b>Capital &amp; Coast</b>	<b>0.5%</b>	<b>1.6%</b>	<b>1.9%</b>	<b>1.2%</b>
Pacific	0.2%	0.6%	0.9%	0.5%
<b>Hutt Valley</b>	<b>0.7 %</b>	<b>1.2%</b>	<b>1.8%</b>	<b>1.1%</b>
Pacific	0.3%	0.4%	0.7%	0.4%
<b>Wairarapa</b>	<b>0.4%</b>	<b>1.5%</b>	<b>2.8%</b>	<b>1.3%</b>
Pacific	0%	0%	0%	0%

**Figure 29. Central Region Pacific Access Rates compared to Total Central Region Access Rates by Age Group (2<sup>nd</sup> 6 mo 2005)**



**Figure 30. Central Region 0-19 yrs Pacific Access Rates compared to Central Region 0-19 yrs Access Rates (2<sup>nd</sup> 6 mo 2005)**



### **Central Region Asian Access Rates**

Due to very small numbers of Asian clients accessing mental health services per age group, the population based access rate which is based on the 2006 Census Statistics (the 2005 Asian population was not available) was calculated for the total 0-19 year age group only.

The Central region Asian access rate was 0.4% for 2005 which was the lowest rate out of the four ethnic groups.

The low access rates against strategic benchmarks can be attributed to a real deficit in service delivery; however the incomplete DHB returns to MHINC, the very low numbers of NGOs that contribute to MHINC and the lack of data that is captured from other government funded agencies could also be contributing factors.

## Central Region Summary

### Population Profile of the Central Region

- Central region had one of New Zealand's smallest child & adolescent population mainly residing in the Capital & Coast (30%) DHB area.
- Nearly half (48%) of the region's child & adolescent population were in the 0-9 year age group.
- The third largest Māori children & adolescent population resided in the Central region and made up 25% of the region's 0-19 yrs population.
- The largest proportions of Māori children & adolescents resided in the Whanagnui (36%) & Hawke's Bay (33%) DHB areas.
- The Central region had the second largest population of Pacific children & adolescents making up 7% of the region's 0-19 yrs population with almost half of the population residing in the Capital & Coast DHB area.
- The Central region also had the second largest Asian child & adolescent population making up 6% of the region's 0-19 yrs population with over half of the population residing in Capital & Coast DHB area.

### Central Region Child & Adolescent Mental Health Services

- There are 6 DHB CAMH services providing specialist child & adolescent mental health services in the Central region: Hawke's Bay, MidCentral, Whanganui, Capital & Coast, Hutt Valley & Wairarapa DHBs.
- 3 DHBs provided Kaupapa Māori services: Capital & Coast, Hutt Valley & Wairarapa.
- 1 DHB, Capital & Coast DHB provided Pacific mental health services.
- 20 DHB funded NGOs were identified for the reporting period (as at 30<sup>th</sup> June 2006). However workforce data from only 19 NGOs was included in this update.
- Of the 19 NGOs, there were 2 child & adolescent funded Kaupapa Māori NGOs and 1 Pacific NGO identified in the Central region.

### Central Region Funding of Child & Adolescent Mental Health Services

- Since the 2004/2005 financial year, there was a 13% increase in the total funding for child & adolescent mental health services (a 10% increase in total DHB & a 47% increase in total NGO provider funding) with DHB providers receiving 88% of the total funding.
- There was a 16% increase in the regional spend per child (inpatient costs excluded) and a 9% increase when inpatient costs were included.

### Central Region Child & Adolescent Mental Health Workforce

- The Central region DHB (Inpatient & Community) CAMHS & NGOs reported a total of **258.29** actual FTEs with a further **27.5** FTEs reported vacant with the majority of vacancies (99%) reported by DHB CAMH services.
- The Central region DHB CAMHS reported the largest total child & adolescent workforce (**208.79** actual FTEs) in the region.
- 68% of the Central region child & adolescent mental health workforce were Clinical staff with the majority (91%) in DHB (Inpatient & Community) CAMH services & consisted largely of Mental Health Nurses (42.9 actual FTEs), Social Workers (39.8 actual FTEs), Psychologists (29.45 actual FTEs) & Psychiatrists (13.8).
- The DHB CAMHS Non-Clinical workforce consisted largely of Cultural Workers (10.8 actual FTEs).
- 21% of the total Central region workforce were Non-Clinical workforce with the majority (56%) in NGOs & consisted largely of Mental Health Support Workers (20.7 actual FTEs).

- The NGO Clinical workforce consisted largely of Alcohol & Drug Workers (6.1 actual FTEs) & Social Workers (4.5 actual FTEs).
- The Central region DHB CAMHS & NGOs reported a total of **143.85** actual Community Clinical FTEs. Although there was a 14% increase in the total Community Clinical workforce since 2004, the workforce would still need to increase by 61% to meet the regional MHC resource guideline of 231.89 actual FTEs.
- There was a 7% decrease in the regional Psychiatry workforce (from 14.8 to 13.8 FTEs) since 2004 therefore remains below the WHO recommendation of 23.41 actual FTEs for the region. The regional Psychiatry FTEs would need to increase by 70%

## **Ethnicity of the Central Region Child & Adolescent Mental Health Workforce**

### ***Māori***

- Central region DHB CAMHS & NGOs reported a total of **60** (22.9 Clinical FTEs, 25.9 Non-Clinical FTEs & 5.69 Administration FTEs) Māori staff.
- Almost ¾ (72%) of the region's Māori staff were employed in DHB CAMHS.
- Over half (56%) of the Māori staff in DHB CAMHS were in Clinical roles as Social Workers (10) & Mental Health Nurses (8).
- Over ¾ (82%) of Māori staff in NGOs were in Non-Clinical (support for client) roles as Mental Health Support Workers (11).
- The Central region DHB CAMHS & NGOs reported a total of **20.9** actual Community Clinical FTEs. Using the MHC's Blueprint Resource Guidelines and proportioning according to the 0-19 yr population, the regional Māori Community Clinical workforce would need to increase by 176% (36.9 community clinical FTEs) to meet the regional recommended guideline of 57.8 FTEs.

### ***Pacific***

- Central region DHB CAMHS & NGOs reported a total of **14** (5 Clinical FTEs, 4.5 Non-Clinical FTEs & 2.7 Administration FTEs) Pacific Staff.
- There were roughly equal numbers of Pacific staff employed in DHB CAMHS & NGOs.
- Pacific staff in DHB CAMHS were largely in Clinical roles as Social Workers (3).
- Pacific staff in NGOs were largely in Clinical roles as Social Workers (3).
- The Central region DHB CAMHS & NGOs reported a total of **5.0** actual Community Clinical FTEs. Using the MHC's Blueprint Resource Guidelines and proportioning according to the 0-19 yr population, the Pacific Community Clinical workforce would need to increase by 210% (10.5 community clinical FTEs) to meet the regional recommended guideline of 15.5 FTEs.

### ***Asian***

- There was only **1** Asian Staff, a Mental Health Nurse, reported by the Capital & Coast DHB Inpatient Unit.
- Asian children & adolescents made up 6% of the region's 0-19 yrs population while the Asian workforce only made up 0.4%. Therefore the region's Asian workforce would need to increase by 5.6% to adequately reflect the region's the Asian proportion of the population.

## **2005 Central Region Access to Child & Adolescent Mental Health Services**

- The Central region reported the 3<sup>rd</sup> largest number of clients accessing mental health services in the country with Capital & Coast DHB reporting the highest number (41%) in the Central region.
- Regionally, there was a 4% decrease in the number of clients since 2004 with the largest decrease reported by MidCentral DHB.
- While access increased with age, there were slightly more females accessing services in the 15-19 year age group.

- The Central region access rates for the 0-9, 10-14, 15-19 yr age groups were 0.5%, 1.5% & 2.2% respectively.
- The Central region total access rate for the second 6 months of 2005 for the 0-19 year population of 1.2% continued to be well below the MHC's strategic access benchmark of 3.0%.
- 24% of clients in the Central region were Māori with a 4% increase in Māori clients since 2004.
- The total Māori 0-19 yr access rate of 1.2% was the same as the region's total 0-19 yrs access rate of 1.2% although Māori access rates were higher than the region's access rates for the 10-14 & 15-19 yr age groups only.
- 3% of clients in the Central region were Pacific with very little change in numbers since 2004.
- The total Pacific 0-19 years access rate of 0.5% was lower than the regional total access rate of 1.2% and this was the case in all three age groups. While Pacific access rates were lower than the total in most DHBs in the region, Pacific 0-19 yrs access rates were higher than Hawke's Bay's total 0-19 yrs access rates.
- 2% of clients in the Central region were Asian. There was very little change in numbers since 2004.
- Based on the 2006 Asian population, the total 0-19 years Asian access rate for the region was 0.4% for 2005, the lowest rate out of the four ethnic groups.
- The low access rates against strategic benchmarks can be attributed to a real deficit in service delivery; however the incomplete DHB returns to MHINC, the very low numbers of NGOs that were contributing to MHINC and the lack of data that is captured from other government funded agencies could also be contributing factors.





**Central Region Māori Tamariki & Rangatahi  
Mental Health Workforce**

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**Tania Cargo**



## Introduction

*Hutia te rito o te harakeke,  
kei hea te komako e ko.  
Rere ki uta  
rere ki tai.*

*Ki mai koe ki au,  
'He aha te mea nui o te Ao?'  
Maku e ki, He tangata, he tangata, he tangata*

If the centre [fruiting] shoot of the flax bush were plucked  
where would the bellbird sing?  
You fly inland  
you fly to the sea  
You ask me,  
'What is the most important thing in the world  
I would say, 'Tis people, 'tis people,' tis people'

Translation: Joan Metge (1995, p13)

In whaikorero, this whakatauki has been used as a metaphor for whānau. Harakeke grows in a fan like formation, with new growth emerging from the centre. This new growth is called the “rito” and is likened, to the young child, with the leaves either side of the rito representing the mātua (parents). In flax harvesting, the rito and mātua are never cut which ensures the plant survives. It is useful then, for this current Stocktake Update of Child, Adolescent Mental Health Services (CAMHS) to view Māori tamariki and rangatahi from within this harakeke metaphor, so that our children are not viewed in isolation but are embodied within their whānau, hapu, iwi.

It is also important to acknowledge both that Māori as Tangata Whenua have their indigenous status validated in government legislation (Treaty of Waitangi) and that their wholistic views of health (Te Whare Tapa Wha) are recognized in a variety of national and international health literature (World Health Organization, 2001).

In order to make this Stocktake Update more regionally relevant, the data is presented in four regional chapters (Northern, Midland, Central & Southern) and “Prioritised Ethnicity” data used from the 2006 Census.

### **Māori Tamariki, Rangatahi & their Whānau**

According to the 2006 Census information, Māori make up almost 15% of the population, with almost one in two Māori being under the age of 20.

The 2006 Census also reveals that the majority of Māori live in urban areas (85%) in the North Island (87%) with almost a quarter (24.3%) of all Māori living in the Auckland region.



The 2001 Census showed<sup>4</sup> that whilst the majority of tamariki live in two parent homes, 35% live in one parent homes where the median income was below \$15,000. It also revealed that Māori tamariki and rangatahi comprised half of all identified speakers of Te Reo.

This information has important implications for the ability of mental health services to respond appropriately to Māori tamariki, rangatahi and their Whānau, both in terms of being able to speak Te Reo but also in their ability to support Whānau with limited financial resources living in urban environments.

## **Prevalence of Mental Health Problems**

Māori rangatahi appear to have almost double the prevalence rates of serious mental health issues than non-Māori youth (Fergusson et. al., 2003) Fergusson and his colleagues (2003, p. 15) noted that Māori children were more likely than non-Māori to be reared in homes where

*“material disadvantage, family dysfunction and parental difficulties that were likely to contribute to future problems of adjustment.”*

However Durie (2005, p. 42) states that even after the material disadvantages are taken into account, disparities remain. He suggests a possible explanation may include discriminatory behaviour in the

*“provision of services and in the access to economic opportunities, culturally inappropriate design of goods and services, and cultural differences in values and aspirations.”*

Durie (2005) also suggests that ethnicity itself is a health determinant which is supported by Reid, Robson & Jones (2002) analysis of socio-economic and ethnic data in health services. In this analysis, Reid and colleagues describe three ethnic inequalities that exist in health services, the distribution gap (Māori are not distributed evenly across all deprivation deciles and are overly represented in the very deprived neighbourhoods (deciles 8-10); the outcome gap (Māori health outcomes are worse even after controlling for deprivation); and the gradient gap (socio-economic hardship impacts more heavily on Māori). These findings have important implications for delivery of appropriate health services to Māori.

During the second six months of 2005, Māori made up almost 20% of all clients seen by DHB specialist CAMHS (although they are 22% of the population).

A worrying trend is that Māori tamariki and rangatahi were overrepresented in the more serious areas of mental health and exhibit a greater severity of symptoms which are associated with poorer mental health outcome:

- 37% of all Early Intervention Psychosis clients (4% increase since 2004)
- 43% of all specialist substance programmes ((30% increase since 2004)
- 30% of all inpatient clients (3% increase since 2004)
- 40% of all court liaison services (8% increase since 2004).

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<sup>4</sup> 2006 Census data information was not available at the time of writing this report

The fact that all these areas increased since the previous year is also cause for concern. The challenge for mental health services is to intervene early (prevention), utilise Māori expertise to enhance culturally unique protective factors (Huriwai, 2002; Durie, 2001; Lawson, 1998) and work towards eliminating discriminatory behaviour in service design, provision and values.

### **Māori Service Provision**

Durie (2003) and others such as Lawson (1998) have argued that Māori must not only gain social, economic and political equity with non-Māori, which will help strengthen whānau (Durie, 2003) but must also be supported to build their own capacity and Kaupapa Māori mental health services.

Given the suggestion that ethnicity is a determinant of health (Reid et al., 2002 & Durie, 2005), the challenge is to provide kaupapa Māori mental health services which addresses not only the inequalities (benchmarked against non-Māori performance) but also develop tangible ways to strengthen Māori participation in Te Ao Māori (Durie, 2005) so that Māori specific measures are used to capture their absolute uniqueness (Pere, 1997).

The Blueprint for Mental Health services (MHC 1998, p. 45) also supported the provision of Kaupapa Māori mental health services.

*"In each region a proportion of the resource guidelines should be allocated to kaupapa Māori services, according to the proportion of Māori in the local population."*

However an analysis of resource (spend per child by DHB area) shows a trend towards those areas with the highest Māori population having less spend per child. Whilst larger spend does not necessarily equate to better service, it does make an economic statement which follows the socio-economic and deprivation indices.

Analysis also reveals that Auckland which has the largest number of Māori tamariki and rangatahi have no access to Ministry of Health funded (MHCS39) Kaupapa Māori mental health services. Whilst it is important to consider that Māori services may well deliver Kaupapa Māori services without receiving Ministry funding (as lack of funding does not transmit to lack of service provision). It would be interesting to know why some Iwi service providers (whom it may be assumed operate from a Kaupapa Māori base) did not have specialist Kaupapa Māori contracts.

Perhaps the final point is that in order to provide appropriate Māori services (now and in the future) the ethnic data collection methods need to be improved across the sector. It would also be useful for the MHC blueprint guidelines to have a comprehensive breakdown of the under 10 year old age group, as this age group covers infants, toddlers and pre-schoolers whose need/use is currently assumed to be the same as school age tamariki.

### **Māori Tamariki, Rangatahi & Whānau Workforce Development**

The Māori child and adolescent mental health workforce must not only grow to reflect true choice for Māori, but must also be able to provide cultural and clinical safety (MOH, 2002). This recognition that clinical competence cannot be separated from culture, identifies a new challenge for both the education and health sectors as they look at dual competency development.

In order to support Māori tamariki, rangatahi and their Whānau appropriately, a range of initiatives developed by and for Māori are required so that mental health services are utilised and have appropriate outcomes for Māori. This may require initiatives which focus on specialist services for infants, children and youth within the context of Whānau Ora (MOH, 2002). It may also require a look at how the sector defines the term 'clinical' and 'clinicians' which values non-Māori knowledge and expertise. As well as ways to work across a range of sectors (Health, Education, Justice and Social Policy) so that Māori need is identified early to enhance better health outcomes.

The following section strives to make the data more relevant and useful for the Māori tamariki, rangatahi and whānau mental health workforce and their agencies within the Central Region, which includes at least 10 Māori Iwi/Runanga groupings: Ngāti Kahungungu Ki Te Wairoa, Ngāti Kahungungu Ki Te Heretaunga, Ngāti Kahungungu Ki Wairarapa, Ngāti Apa, Ngāti Raukawa, Rangitane, Muaupoko, Te Atiawa, Ngāti Toa, Ngai Koata and Ngāti Hau.

## Central Region Māori Tamariki & Rangatahi Population

According to the 2006 Census data, a total of 129,189 Māori resided in the Central Region, with 45% (58,299) being Māori tamariki and rangatahi under the age of twenty. Māori tamariki and rangatahi comprised 25% of all children and young people in the Central region (see Table 1)

**Table 1. Central Region Māori Tamariki & Rangatahi Population (2006)**

Central Region Māori	Age Group (yrs)					
	0-9	10-14	15-19	Total 0-19	Total NZ 0-19	Proportion of 0-19 Popn (%)
<b>Total</b>	<b>29,652</b>	<b>15,132</b>	<b>13,515</b>	<b>58,299</b>	<b>234,093</b>	<b>25</b>
Hawke's Bay	7,299	4,242	3,483	15,024	45,327	<b>33</b>
MidCentral	6,600	3,228	2,910	12,738	46,716	<b>27</b>
Whanganui	3,360	1,788	1,581	6,729	18,939	<b>36</b>
Capital & Coast	5,814	2,700	2,766	11,280	71,070	<b>16</b>
Hutt Valley	5,265	2,358	2,187	9,810	40,785	<b>24</b>
Wairarapa	1,314	816	588	2,718	11,256	<b>24</b>

The largest number of Māori tamariki and rangatahi live in the Hawke's Bay district where they comprised 33% of the children and young people (see Table 1). However the largest proportion of Māori tamariki and rangatahi were in Whanganui (36%).

## Central Region Māori Tamariki & Rangatahi Mental Health Services & Workforce

Specialist Child and adolescent mental health services in this region for Māori tamariki, rangatahi and their whānau are provided by six DHBs (Hawkes Bay, MidCentral, Whanganui, Capital & Coast, Hutt Valley & Wairarapa), and DHB funded Non-Government Organisations (NGOs) including community and iwi/Māori organisations. The function of these NGOs vary considerably, however most offer a broad range of primary and secondary mental health services, including residential care, community, consumer and family support services.

### NGO Tamariki & Rangatahi Mental Health Services

#### *Māori NGO Mental Health Services*

In the Central region, there are 7 Māori NGO's (2 specialist Kaupapa Māori services) receiving Ministry of Health funding to deliver child and adolescent mental health services. These kaupapa Māori services are located in Hawke's Bay and Hutt Valley (see Table 2).

**Table 2. Central Region Māori NGO Tamariki & Rangatahi Mental Health Services**

Central Region Māori NGOs (2005/2006)	Age Group
<b>Hawke's Bay</b>	
<i>Te Kupenga Hauora-Ahuriri</i>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	15-19
<b>Te Taiwhenua O Heretaunga</b>	
Children & Young People Community Services	5-19
Child & Youth Planned Respite	
<b>Te Taiwhenua O Te Whanganui A Orotu</b>	
Children & Young People Community Services	
<b>Te Whatuiapiti Trust</b>	
Child & Youth Community Alcohol & Drug Residential Services	
<b>MidCentral</b>	
<b>Te Runanga O Raukawa Inc</b>	
Children & Young People Community Services	0-17
<b>Whanganui</b>	
<b>Te Oranga Nui Trust Inc</b>	
Children & Young People Community Services	0-18
<b>Hutt Valley</b>	
<i>Te Paepae Arahi Trust</i>	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	0-18

Note: Italicised Services are Kaupapa Māori Services



## **NGO Tamariki & Rangatahi Mental Health Workforce**

### ***Māori NGO Workforce***

The seven Māori NGOs had a total Māori workforce of 10 (all Non-Clinical). The Non-Clinical workforce were all Mental Health Support Workers (10). There were no Clinical staff (see Table 3).

### ***Mainstream NGO Māori Mental Health Workforce***

In mainstream NGOs, there were an additional 7 Māori staff (5 Non-Clinical). The Non-Clinical workforce were Other Non-Clinical positions (3), one Mental Health Support Worker and an Administration position. The Clinical workforce comprised a Social Worker and a Counsellor (see Table 3).

**Table 3. Māori NGO Māori Tamariki & Rangatahi Mental Health Workforce by Occupational Group**

<b>Central Region Māori NGOs Māori (Head Count, June 2006)</b>	<b>Alcohol &amp; Drug</b>	<b>Counsellor</b>	<b>Mental Health Nurse</b>	<b>Occupational Therapist</b>	<b>Psychiatrist</b>	<b>Psychotherapist</b>	<b>Psychologist</b>	<b>Social Worker</b>	<b>Other Clinical</b>	<b>Clinical Sub-Total</b>	<b>Cultural</b>	<b>Specific Liaison</b>	<b>Mental Health Consumer</b>	<b>Mental Health Support</b>	<b>Other Non-Clinical</b>	<b>Non-Clinical Sub- Total</b>	<b>Administration/ Management</b>	<b>Total</b>
<b>Regional Total</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0	10	0	10
<b>Hawke's Bay</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	6	0	6
<i>Te Kupenga Hauora-Ahuriri</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2
Te Taiwhenua O Heretaunga	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Te Taiwhenua O Te Whanganui A Orotu	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Te Whatuiapiti Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2
<b>MidCentral</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	2
Te Runanga O Raukawa Inc	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2
<b>Whanganui</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
Te Oranga Nui Trust Inc	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<b>Hutt</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
<i>Te Paepae Arahi Trust</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

Table 4. Mainstream NGO Māori Tamariki & Rangatahi Mental Health Workforce by Occupational Group

Central Region Mainstream NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	0	1	0	0	0	0	0	1	0	2	0	0	0	1	3	4	1	7
<b>MidCentral</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	0	2
M.A.S.H Trust Board	-	-	-	-	-	-	-	-	-	0	-	-	-	-	2	2	-	2
<b>Whanganui</b>	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1
Life to the Max Trust	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1
<b>Capital &amp; Coast</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
The Wellink Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<b>Hutt</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	2
Q-Nique Ltd	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1	1	-	1
WellTrust*	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	1	1
<b>Wairarapa</b>	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Wairarapa Addiction Service Inc	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1

\*Funded by the Ministry of Health

## DHB CAMHS Māori Mental Health Workforce

### *DHB Inpatient Workforce*

Specialist child and adolescent mental health inpatient services in the Central region are provided by Capital & Coast DHB's Regional Rangatahi Inpatient Unit (RRU). There were a total of 10 (8 Non-Clinical) Māori staff reported by RRU. The Non-Clinical staff were Mental Health Support Workers (5), Cultural workers (2) and an Administration position (see Table 5). This was an increase of one Clinical staff position, two Non-Clinical staff positions since the previous stocktake in 2004.

**Table 5. DHB Inpatient CAMHS Māori Workforce (Head Count)**

<b>Capital &amp; Coast Inpatient Service: Regional Rangatahi Inpatient Unit</b>	<b>Māori (Head Count)</b>	
<b>Occupational Group</b>	<b>2004</b>	<b>2006</b>
Alcohol & Drug Worker	-	-
Counsellor	-	-
Mental Health Nurse	1	2
Occupational Therapist	-	-
Psychiatrist	-	-
Psychotherapist	-	-
Psychologist	-	-
Social Worker	-	-
Other Clinical	-	-
<b>Clinical Sub-Total</b>	<b>1</b>	<b>2</b>
Cultural	2	2
Specific Liaison	-	-
Mental Health Consumer	-	-
Mental Health Support	4	5
Other Non-Clinical Support	-	-
<b>Non-Clinical Sub-Total</b>	<b>6</b>	<b>7</b>
Administration/Management	0	1
<b>Total</b>	<b>7</b>	<b>10</b>

## DHB Community Workforce

There are two specialist DHB Kaupapa Māori CAMHS services in the region at Capital & Coast and Hutt Valley. At the time of writing this report they were the only DHB Kaupapa Māori service in New Zealand.

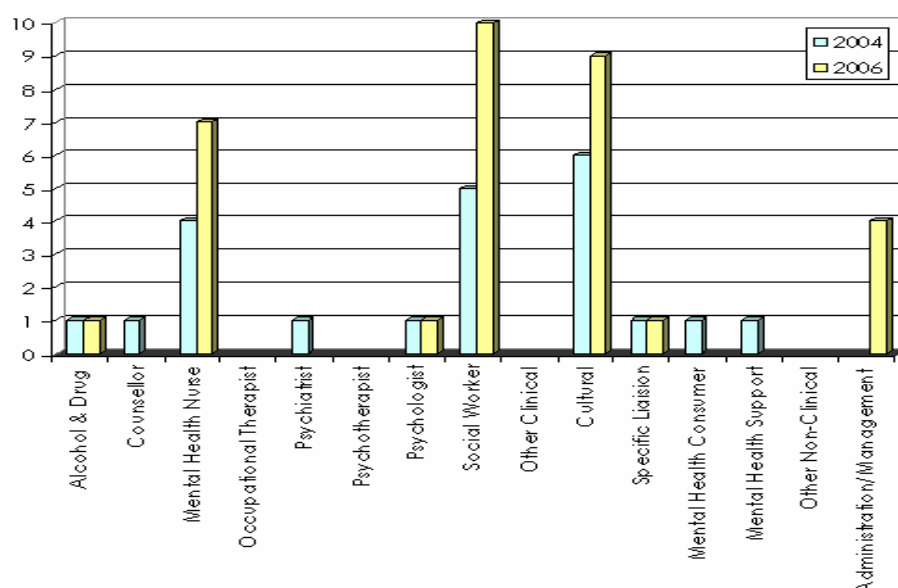
**Table 6. Central Region DHB Kaupapa Māori Services**

<b>DHB Kaupapa Māori Tamariki &amp; Rangatahi Mental Health Services</b>
<b>Capital &amp; Coast DHB</b>
Te Whare Marie Māori Child, Adolescent & Family Services
<b>Hutt Valley DHB</b>
Alcohol & Other Drug Service

The Central region DHB CAMHS reported a total of 33 Māori staff (19 Clinical). The Clinical Staff were Mental Health Nurses (7), Social Workers (10) a Psychologist and an Alcohol & Drug Worker. The 14 Non-Clinical positions were Cultural (9), Administration (4) and Liaison (1). Since the previous Stocktake, the total Māori Clinical workforce numbers have increased from 13 to 19 (46%) and the Non-Clinical workforce has increased by 55% (see Figure 1).

In terms of Clinical staff to Māori population ratio, had the best ratio with (1: 1,880), followed by Hutt Valley (1:2,453), Wairarapa (1:2,718), MidCentral (1:3,185), Whanganui (1: 3,365) and Hawkes Bay (1: 7,512).

**Figure 1. Central Region DHB Community Māori Workforce by Occupational Group**



**Table 7. DHB Community Māori CAMHS Workforce by Occupational Group**

Occupational Group	Central Region: Māori (Head Count 2004/2006))													
	Hawke's Bay		MidCentral		Whanganui		Capital & Coast		Hutt Valley		Wairarapa		Total	
	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	-	-	-	-	-	1	1	-	-	-	-	1	1
Counsellor	-	-	-	-	-	-	-	-	-	-	1	-	1	-
Mental Health Nurse	1	1	-	-	1	2	2	3	-	1	-	-	4	7
Occupational Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatrist	-	-	-	-	-	-	1	-	-	-	-	-	1	-
Psychotherapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist	-	-	-	-	-	-	1	-	-	-	-	1	1	1
Social Worker	1	1	-	4	-	-	4	2	-	3	-	-	5	10
Other Clinical	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Clinical Sub-Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>9</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>13</b>	<b>19</b>
Cultural	-	3	-	-	1	1	5	3	-	-	-	2	6	9
Specific Liaison	-	-	-	-	-	-	1	1	-	-	-	-	1	1
Mental Health Consumer	-	-	-	-	-	-	-	-	1	-	-	-	1	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-	1	-	1	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>9</b>	<b>10</b>
Administration/Management	0	1	0	0	0	0	0	3	0	0	0	0	0	4
<b>Total</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>15</b>	<b>13</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>22</b>	<b>33</b>

## Central Region Total Māori Workforce

DHB CAMHS and NGOs in the Central region reported a total of 60 Māori Staff with 37 (62%) staff holding Non-Clinical positions (see Figure 2). The Non-Clinical positions were predominantly Mental Health Support workers (16) and Cultural positions (11).

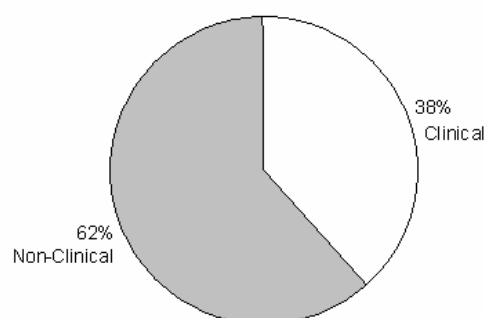
**Table 8. Total Central Region Māori Tamariki & Rangatahi Workforce (2006)**

Central Region Actual FTEs	DHB <sup>2</sup>	Māori NGOs	Mainstream NGOs	Total
Clinical	21	0	2	23
Non-Clinical <sup>1</sup>	22	10	5	37
<b>Total</b>	<b>43</b>	<b>10</b>	<b>7</b>	<b>60</b>

1. Includes Administrative/Management Staff

2. Includes Inpatient Staff

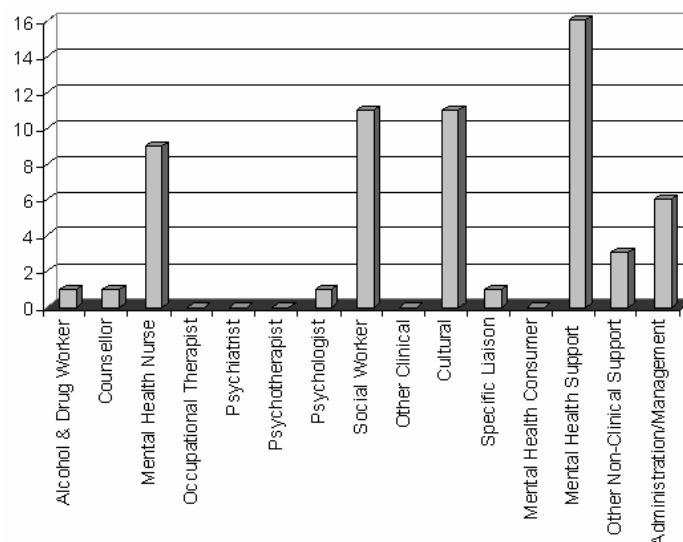
**Figure 2. Central Region Māori Clinical & Non-Clinical Workforce (2006)**



The Clinical positions were Social Workers (11), Mental Health Nurses (9), Alcohol & Drug (1), Psychologist (1) and Counsellor (1) (see Figure 3).

According to the data, 21 of the 23 Māori Clinical workforce (91%) came from the DHB sector (see Table 8).

**Figure 3. Total Central Region Māori Workforce by Occupational Group**



## Central Region Māori Clinical Workforce compared to MHC Resource Guidelines

The Mental Health Commission's (MHC's) Blueprint document recommends 28.6 Community Clinical FTEs per 100,000 population. The Blueprint document (1998, p.45) suggested that:

*"In each region a proportion of the resource guidelines should be allocated to kaupapa Māori services, according to the proportion of Māori in the local population."*

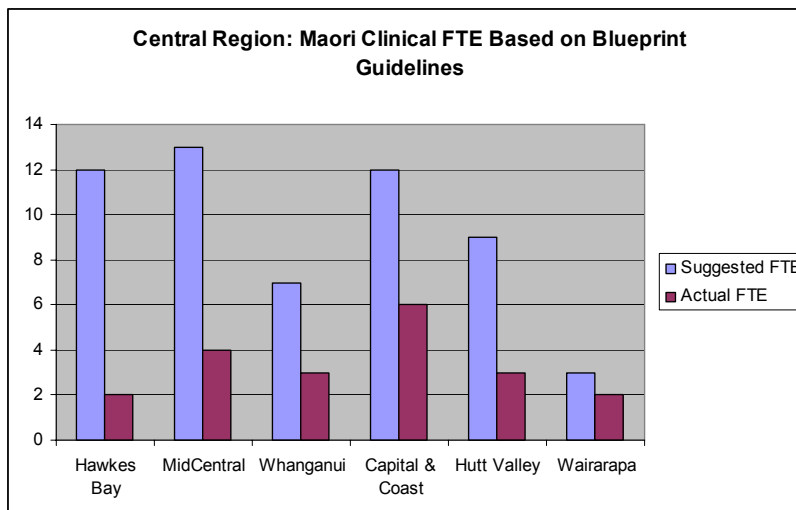
If the Clinical workforce was also allocated according to the proportion of Māori in each region to both reflect choice in service and to allocate funds for Kaupapa Māori service, then 57.8 Māori Clinical FTEs would be required in the Central region. Based on this suggestion, the Clinical workforce would need to grow by 36.9 FTEs or 176 % (see Table 9).

All districts are in need of additional Māori Clinical staff with Hawkes Bay requiring the largest increase 12.1 FTEs. Wairarapa requires the smallest growth of 0.7 FTE whilst the other districts require between 3 and 8 FTE each (see Figure 4).

**Table 9. Māori Community Clinical FTEs compared to MHC Blueprint Guidelines (2006)**

Central Region	Blueprint Guidelines 28.6/100,000 Total Popn	DHB & NGO Māori FTEs	FTEs per 0-19 yrs Māori Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>231.89</b>	<b>20.9</b>	<b>57.8</b>	<b>36.9</b>	<b>176</b>
Hawke's Bay	42.6	2	14.1	12.1	605
MidCentral	45.2	4	12.3	8.3	208
Whanganui	18.0	2.5	6.4	3.9	157
Capital & Coast	76.2	6.4	12.1	5.7	89
Hutt	38.7	4	9.3	5.3	133
Wairarapa	11.2	2	2.7	0.7	35

**Figure 4. Central Region Māori Community Clinical FTEs compared to Blueprint Guidelines**

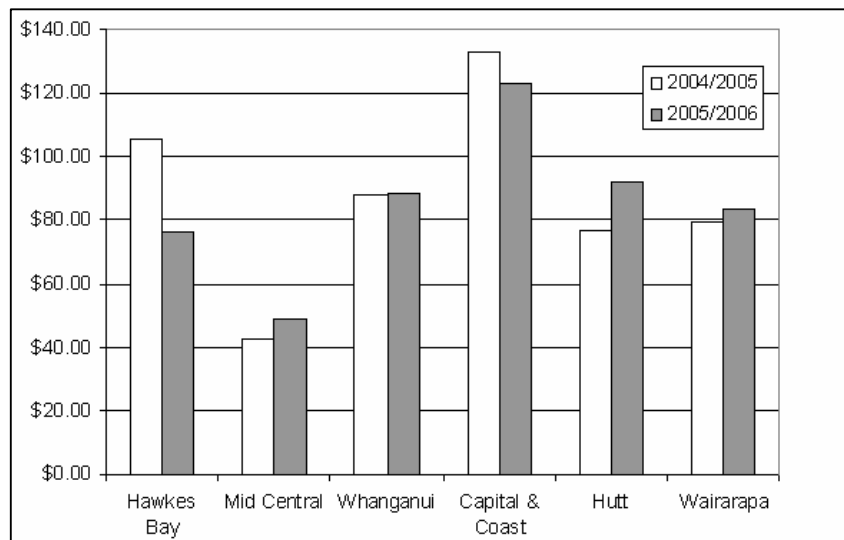




## Central Region Spend per Child

The Central region total spend per child (excluding inpatient costs) increased from \$76.63 in 2004/2005 to \$89.17 in the 2005/2006 period (see Figure 5). This represents an increase of 16% however there are significant differences in the increase in funding between districts, Hawkes Bay and MidCentral which have the highest numbers of Māori tamariki and rangatahi have the lowest funding per child. The Hawkes Bay district which has the largest Māori population had an almost 30% decrease in funding from the 2004 period (down from \$105.14 to \$76.47 per child).

**Figure 5. Central Region Spend per Child (excludes Inpatient Funding)**



## Central Region Māori Access to DHB Tamariki & Rangatahi Mental Health Services

### Central Region Māori Access Rates

The 2004 and 2005 MHINC access data was analysed by six months to determine the six monthly benchmark access rates for each DHB in the Central Region. The MHC benchmarks for access to services for the 0-9, 10-14 and 15-19 age groups are 1%, 3.9% and 5.5% (per 100,00 under 20 years population) respectively (see Table 10).

Table 10. Central Region Māori Access Rates

Central Region Access Rates	Age Group (yrs) - Total				Age Group (yrs) - Māori			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
<b>Hawke's Bay</b>								
2 <sup>nd</sup> 6mo 2004	0.31%	1.19%	2.72%	1.18%	0.41%	1.89%	4.62%	1.80%
2 <sup>nd</sup> 6mo 2005	0.33%	1.42%	2.77%	1.28%	0.28%	2.13%	3.69%	1.60%
<b>Mid Central</b>								
2 <sup>nd</sup> 6mo 2004	0.53%	1.67%	2.19%	1.30%	0.50%	1.30%	1.77%	0.99%
2 <sup>nd</sup> 6mo 2005	0.45%	1.34%	1.78%	1.07%	0.44%	1.71%	1.87%	1.09%
<b>Whanganui</b>								
2 <sup>nd</sup> 6mo 2004	0.67%	1.89%	3.73%	1.78%	0.34%	1.46%	3.23%	1.26%
2 <sup>nd</sup> 6mo 2005	0.54%	1.91%	3.81%	1.78%	0.21%	1.68%	3.39%	1.32%
<b>Capital &amp; Coast</b>								
2 <sup>nd</sup> 6mo 2004	0.58%	1.75%	2.00%	1.24%	0.56%	2.15%	3.42%	1.57%
2 <sup>nd</sup> 6mo 2005	0.52%	1.61%	1.87%	1.15%	0.40%	1.74%	2.59%	1.21%
<b>Hutt</b>								
2 <sup>nd</sup> 6mo 2004	0.77%	1.47%	1.98%	1.25%	0.61%	1.41%	2.29%	1.15%
2 <sup>nd</sup> 6mo 2005	0.72%	1.23%	1.78%	1.12%	0.64%	1.41%	2.12%	1.14%
<b>Wairarapa</b>								
2 <sup>nd</sup> 6mo 2004	0.32%	1.12%	1.96%	0.94%	0.20%	1.18%	2.39%	0.95%
2 <sup>nd</sup> 6mo 2005	0.40%	1.52%	2.82%	1.32%	0.27%	1.60%	2.68%	1.19%

The data shows that none of the DHBs in the Central region met benchmark access rates for any age groups. Regionally, every age group needs to increase its access

rate by over 100% (168% in the 0-9 group, 128% in the 10-14 group and 102% in the 15-19 group).

Māori access rates in the 0-9 year age group (across all DHBs) were lower than the average total population across the region (0.37% compared to 0.55%).

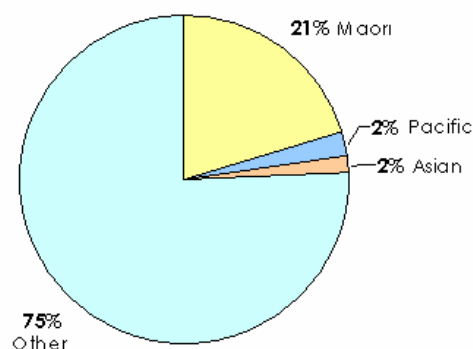
Māori access rates, on average, across the region were better than the total population in the older age groups, 1.71% compared to 1.51% in the 10-14 year age group and 2.72% compared to 2.47% in the 15-19 year age group. Access on average improved with age.

Individual DHB figures revealed that across the entire 0-19 year age group, Hawkes' Bay had the highest access rate (1.6%), they had the highest rates in the 10-14 and 15-19 age groups. While in the 0-9 year age group, Hutt Valley had the highest access rate (0.64%).

### Central Region DHB Māori Clients

By the end of the 2005, 713 Māori clients accessed specialist child and adolescent mental health services (see Table 11). This represents almost 21% of all clients seen in the Central region, although they make up 25% of the regional client group (see Figure 6)

Figure 6. Central Region Clients by Ethnicity



Almost half (49%) of the Māori clients seen were in the 15-19 year age group, although they comprise only 23% of the under 20 Māori population. Significantly 54% more Māori males accessed the services than did Māori females.

Capital Coast DHB saw the largest number of Maori clients with 147 followed by MidCentral (140) whilst Wairarapa reported only 35 Māori tamariki and rangatahi.

**Table 11. Central Region Clients by Ethnicity**

Central Region	Ethnicity			
	Māori	Pacific	Asian	Other
<b>2nd 6mo 2004</b>	<b>762</b>	<b>71</b>	<b>44</b>	<b>2,715</b>
0-9	147	22	11	549
10-14	242	17	8	916
15-19	373	32	25	1,250
<b>2nd 6mo 2005</b>	<b>713</b>	<b>78</b>	<b>54</b>	<b>2,621</b>
0-9	122	18	14	511
10-14	245	23	12	834
15-19	346	37	28	1,276

Māori males made up 60% (401/662) of the clients who accessed CAMHS by the end of 2005. Capital & Coast DHB saw the largest number of Māori clients with 147 followed by MidCentral (140) whilst Wairarapa reported only 35 Māori tamariki and rangatahi.

Access to service increased with age; the 15-19 year age group consistently reporting higher rates of access. However no age group met the Mental Health Commissions benchmark for access to services.

**Table 12. Clients by Gender, Ethnicity & DHB**

Central Region	Male				Female			
	Māori	Pacific	Asian	Other	Māori	Pacific	Asian	Other
<b>2nd 6mo 2004</b>	<b>408</b>	<b>34</b>	<b>24</b>	<b>1,090</b>	<b>257</b>	<b>31</b>	<b>17</b>	<b>927</b>
Hawke's Bay	88	4	2	110	53	2	0	115
MidCentral	79	4	1	260	47	3	4	242
Whanganui	60	2	2	141	33	0	2	111
Capital & Coast	107	17	13	367	81	20	9	284
Hutt Valley	74	7	6	212	43	6	2	175
Wairarapa	17	1	0	40	11	0	0	38
<b>2nd 6 mo 2005</b>	<b>401</b>	<b>35</b>	<b>26</b>	<b>1,061</b>	<b>261</b>	<b>36</b>	<b>23</b>	<b>883</b>
Hawke's Bay	75	3	0	137	50	2	0	132
MidCentral	90	1	0	217	50	2	4	164
Whanganui	51	2	1	135	46	3	2	106
Capital & Coast	91	20	15	339	56	21	11	280
Hutt Valley	73	9	9	180	45	8	6	142
Wairarapa	21	0	1	53	14	0	0	59

## Central Region Summary

- There are 10 major Iwi within the Central region.
- There are 58,299 Māori tamariki (25% of total population).
  - District variation: 16% Capital & Coast and 36% Whanganui.
- Regional Māori NGOs
  - 7 Māori NGOs (2 specialist Kaupapa Māori services).
- Regional DHB services
  - 2 Kaupapa Māori services.
  - The Māori Clinical workforce was 21 Māori staff (includes Inpatient staff).
- Regional workforce: 60
  - 23 Clinical predominately Social Workers (11) and Mental Health Nurses (9).
  - 37 Non-Clinical predominantly Mental Health Support Workers (16) and Cultural (11).
  - Increase of 36.9 FTEs required to meet MHC Blueprint Resource Guidelines.
- DHBs have 21/23 (91%) of Māori Clinical staff:
  - Clinical staff to population ratio:
    - Highest in Capital & Coast (1:1,880).
    - Lowest in Hawke's Bay (1: 7,512).
- Regional Funding:
  - Increased per child.
  - Areas with most Maori tamariki had the lowest funding.
- Regional access to service:
  - Māori had lower access rates in the 0-9 year age group across all DHBs.
  - Māori had higher access rates (on average) in the 10-19 year age group across most DHBs.
  - Access increased with age.
  - At least a 100% increase in access rates are needed to meet benchmark.
- DHB access:
  - 21% of clients who accessed mental health services were Māori although they were 25% of the population.
  - 54% more Māori males than females accessed services.

## Recommendations

- Recruitment strategies need to target Māori Clinical workforce.
- Successful recruitment of Clinical staff into NGOs need to be researched further.
- Funding and resource issues should be allocated according to Blueprint suggestions based on population.
- Higher Māori access rates warrant further attention.
- Access issues relating to gender need to be further explored.



## **Southern Region**

### **Child & Adolescent Mental Health Workforce**

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## Southern Region Child & Adolescent Population Profile

Based on the 2006 Census (prioritised ethnicity statistics), the second largest percent, 22%, of the New Zealand child and adolescent (0-19 years) population resided in the Southern region with nearly half (48%) of the region's child and adolescent population residing in the Canterbury DHB area (see Appendix A, Table 1 & Table 1).

Nearly half (46%) of the region's child and adolescent population were in the 0-9 year age group.

**Table 1. Total Child & Adolescent Population (2006)**

Southern Region	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>Regional Total</b>	<b>120,645</b>	<b>67,842</b>	<b>71,523</b>	<b>260,010</b>
Nelson Marlborough	16,362	9,789	8,655	<b>34,806</b>
West Coast	3,921	2,319	1,911	<b>81,51</b>
Canterbury	59,424	32,313	34,095	<b>125,832</b>
South Canterbury	6,486	4,038	3,522	<b>14,046</b>
Otago	20,454	11,754	16,527	<b>48,735</b>
Southland	13,998	7,629	6,813	<b>28,440</b>
<b>NZ 0-19 Total</b>	<b>561,549</b>	<b>305,976</b>	<b>300,195</b>	<b>1,167,720</b>

## Ethnicity

### *Māori*

The Southern region had the smallest Māori child and adolescent population (13%) in the country (see Appendix A, Table 2).

Māori children and adolescents made up 13% of the total 0-19 years Southern region population with almost half (46%) of the regions 0-19 years Māori population residing in the Canterbury DHB area (see Table 2). Although the Canterbury DHB area had the largest population of Māori children and adolescents, larger proportions of Māori children and adolescents resided in Southland (18%), West Coast (17%) and Nelson Marlborough (15%) DHB areas (see Table 2)

**Table 2. Māori, Pacific & Asian Child & Adolescent Population (2006)**

Southern Region	Age Group (yrs)					
	0-9	10-14	15-19	Total 0-19	Total NZ 0-19	Proportion of 0-19 Popn (%)
<b>Māori</b>	<b>17,160</b>	<b>8,469</b>	<b>8,178</b>	<b>33,807</b>	<b>260,010</b>	<b>13</b>
Nelson Marlborough	2,481	1,389	1,209	<b>5,079</b>	<b>34,806</b>	15
West Coast	666	396	294	<b>1,356</b>	<b>81,51</b>	17
Canterbury	8,013	3,798	3,609	<b>15,420</b>	<b>125,832</b>	12
South Canterbury	786	384	366	<b>1,536</b>	<b>14,046</b>	11
Otago	2,559	1,260	1,527	<b>5,346</b>	<b>48,735</b>	11
Southland	2,655	1,242	1,173	<b>5,070</b>	<b>28,440</b>	18
<b>Pacific</b>	<b>3,123</b>	<b>1,605</b>	<b>1,617</b>	<b>6,345</b>	<b>260,010</b>	<b>2</b>
Nelson Marlborough	300	141	135	576	<b>34,806</b>	2
West Coast	6	18	9	33	<b>81,51</b>	0
Canterbury	1,965	993	960	3,918	<b>125,832</b>	3
South Canterbury	66	48	33	147	<b>14,046</b>	1
Otago	537	276	381	1,194	<b>48,735</b>	2
Southland	249	129	99	477	<b>28,440</b>	2
<b>Asian</b>	<b>4,467</b>	<b>2,961</b>	<b>4,449</b>	<b>11,877</b>	<b>260,010</b>	<b>5</b>
Nelson Marlborough	345	192	198	735	<b>34,806</b>	<b>2</b>
West Coast	15	15	15	45	<b>8,151</b>	<b>1</b>
Canterbury	3,132	2,217	2,790	8,139	<b>125,832</b>	<b>6</b>
South Canterbury	132	54	81	267	<b>14,046</b>	<b>2</b>
Otago	558	342	1,254	2,154	<b>48,735</b>	<b>4</b>
Southland	285	141	111	537	<b>28,440</b>	<b>2</b>

### ***Pacific***

The Southern region had the third largest (12%) Pacific child and adolescent population in the country (see Appendix A, Table 3).

Pacific children and adolescents made up 2% of the total Southern region population with over half (62%) of the region's Pacific population residing in the Canterbury DHB area (see Table 2).

### ***Asian***

The Southern region had the third largest (12%) Asian child and adolescent population in the country (see Appendix A, Table 4).

Asian children and adolescents 0-19 made up 5% of the total Southern region population with over half (69%) of the region's Asian population residing in the Canterbury DHB area (see Table 2).

## Provision of Child & Adolescent Mental Health Services in the Southern Region

### DHB Child & Adolescent Mental Health Services

Six DHB provider arm services in the Southern region provide specialist services to children, young people (up to & including 19 yrs of age) and their families who are experiencing significant mental health and addiction difficulties. These specialist services (Community & Inpatient services) include Nelson Marlborough, West Coast, Canterbury, South Canterbury, Otago and Southland DHBs (see Tables 3-8).

### DHB Funded Non-Government Organisations

Child and adolescent mental health services are also provided by DHB funded NGOs. These NGOs include independent community and iwi/Māori organisations. The function of these NGOs vary considerably, however most offer a broad range of primary and secondary mental health services, including residential care, community support and consumer and family support services.

Twenty-eight DHB funded NGOs were identified from the 2005/2006 Price Volume Schedules provided by the Ministry of Health. All 28 NGOs were surveyed with a 100% response rate. Of the 28 NGOs surveyed, only 27 were providing child and adolescent mental health services for the reporting period (as at 30<sup>th</sup> June 2006) of this update. Therefore service and workforce data from 27 NGOs are presented in this section (see Tables 3-8).

**Table 3. Nelson/Marlborough Child & Adolescent Mental Health Services**

<b>Nelson Marlborough DHB</b>	<b>Age Group</b>
Child & Adolescent Mental Health Services	0-19
Adult Community Team	17-19
Alcohol & Other Drugs	All Ages
Day Hospital Programme	16-19
24 Hour Crisis Intervention	0-19
Early Intervention Psychosis	16-24

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

<b>Nelson Marlborough NGOs (2005/2006)</b>	<b>Age Group</b>
<b>Care Solutions</b>	<b>0-17</b>
Child & Youth Planned Respite	
Child & Youth Crisis Respite	
<b>Gateway Housing Trust</b>	
Child & Youth Community Residential Care	
<b>Horizon Trust Board</b>	<b>13-19</b>
Children & Youth Alcohol & Drug Community Services	
<b><i>Ko Te Poumanawa Oranga O Te Tau Ihu O Te Waka A Maui Ltd</i></b>	<b>15-25</b>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	
<b><i>Te Rapuora O Te Waiharakeke Trust</i></b>	<b>5-17</b>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	

**Table 4. West Coast Child & Adolescent Mental Health Services**

<b>West Coast DHB</b>	<b>Age Group</b>
Child & Adolescent Mental Health & Alcohol & Drug Services	0-19

**Note: West Coast DHB had no DHB Funded NGOs for the reporting period.**

**Table 5. Canterbury Child & Adolescent Mental Health Services**

<b>Canterbury DHB</b>	<b>Age Group</b>
Child Specialty Services	0-13
Youth Specialty Services	13-18
Family Mental Health	0-65
Youth Day Programme	13-18
Child Day Programme	0-15
<b>Regional Services</b>	
Child Inpatient Unit (Southern Region)	0-15
Youth Inpatient Unit (Southern Region)	16-18
Intensive Case Management (West Coast DHB)	0-18
Regional Consultation Service (West Coast & South Canterbury DHBs)	

<b>Canterbury NGOs (2005/2006)</b>	<b>Age Group</b>
<b>Adventure Development Ltd</b>	<b>13-19</b>
Children & Youth Alcohol & Drug Community Services	
<b>Ashburton Community Alcohol &amp; Drug Service Inc</b>	<b>13+</b>
Children & Youth Alcohol & Drug Community Services	
<b>Christchurch City Mission</b>	
Children & Youth Alcohol & Drug Community Services	
<b>Depression Support Network</b>	
Children & Young People Community Services	
Advocacy/Peer Support/Consumers	
<b>Odyssey House Trust</b>	<b>14-18</b>
Child & Youth Community Alcohol & Drug Residential Services	
Children & Youth Day Activity Service	
<b>Pacific Trust Canterbury</b>	
Children & Young People Community Services	
Children & Youth Alcohol & Drug Community Services	
<b><i>Purapura Whetu Trust</i></b>	<b>5-18</b>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	
<b>Richmond Fellowship</b>	
Child & Youth Community Residential Care	
Children & Young People Community Services	
Child & Youth Planned Respite	
<b>Stepping Stone Trust</b>	<b>14-19</b>
Child & Youth Community Residential Care	
Children & Young People Community Services	
Child & Youth Planned Respite	
Child & Youth Crisis Respite	
<b>St John of God Youth &amp; Community Services-Waipuna Trust</b>	<b>12-19</b>
Children & Youth Alcohol & Drug Community Services	
<b><i>Stop Trust</i></b>	<b>12-19</b>
Children & Young People Community Services	
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi	
<b>Waimakariri Community Development Trust</b>	<b>12-19</b>
Children & Youth Alcohol & Drug Community Services	

Note: Italicised Services are Kaupapa Māori Services

**Table 6. South Canterbury Child & Adolescent Mental Health Services**

<b>South Canterbury DHB</b>	<b>Age Group</b>
Child & Adolescent Psychiatric Services	0-19
Māori Mental Health Team	0-65
Youth Alcohol & Other Drug Service	0-19

<b>South Canterbury NGOs (2005/2006)</b>	<b>Age Group</b>
<b>Arowhenua Whanau Services</b>	
Children & Youth Alcohol & Drug Community Services	13-18

**Table 7. Otago Child & Adolescent Mental Health Services**

<b>Otago DHB</b>	<b>Age Group</b>
Child & Family Service	0-13
Youth Specialty Service	14-19

<b>Otago NGOs (2005/2006)</b>	<b>Age Group</b>
<b>Adventure Development Ltd</b>	<b>13-19</b>
Children & Young People Community Services	
Children & Youth Alcohol & Drug Community Services	
<b>Aroha Ki Tamariki Charitable Trust</b>	<b>13-19</b>
Children & Young People Community Services	
Children & Youth Alcohol & Drug Community Services	
Child & Youth Planned Respite	
<b>Costorphine Baptist Community Trust</b>	
Children & Young People Community Services	
<b>Miramare Ltd</b>	
Needs Assessment & Service Co-ordination	
<b>Otago Youth Wellness Trust</b>	<b>11-18</b>
Children & Young People Community Services	
<b>The Mount Cargill Trust</b>	<b>14+</b>
Child & Youth Community Residential Care	

**Table 8. Southland Child & Adolescent Mental Health Services**

<b>Southland DHB</b>	<b>Age Group</b>
Child, Adolescent & Family Service	0-19

<b>Southland NGOs (2005/2006)</b>	<b>Age Group</b>
<b>Adventure Development Ltd</b>	<b>13-19</b>
Children & Young People Community Services	
Children & Youth Alcohol & Drug Community Services	
<b>PACT Group</b>	<b>0-17</b>
Child & Youth Community Residential Care	
Children & Young People Community Services	
Children & Youth Day Activity Service	
Child & Youth Crisis Respite	

### **Southern Region Kaupapa Māori Child & Adolescent Mental Health Services**

Kaupapa Māori services in the MOH's Price Volume Schedules are purchased under the MHCS39 purchase unit code.

There were no DHB child and adolescent mental health funded Kaupapa Māori services identified from the 2005/2006 PVS in the Southern region.

Four NGOs were identified as providing child and adolescent funded Kaupapa Māori mental health services in the Southern Region (see Table 9).

**Table 9. NGO Kaupapa Māori Child & Adolescent Mental Health Services**

<b>Southern Region Kaupapa Māori Providers (2005/2006)</b>
<b>Nelson Marlborough NGOs</b>
Ko Te Poumanawa Oranga O Te Tau Ihu O Te Waka A Maui Ld
Te Rapuora O Te Waiharakeke Trust
<b>Canterbury NGOs</b>
Purapura Whetu Trust
STOP Trust

### **Southern Region Pacific Child & Adolescent Mental Health Services**

As there is no specific purchase unit code to identify Pacific child and adolescent services from the MOH's Price Volume Schedules, the following Pacific services were identified by the name of the provider.

Only one DHB funded NGO Pacific service, *Pacific Trust*, was identified in Canterbury as providing child and adolescent mental health services in the Southern region (see Table10).

**Table 10. NGO Pacific Child & Adolescent Mental Health Services**

<b>Southern Region Child &amp; Youth Funded Pacific Mental Health Providers</b>
<b>Canterbury NGO</b>
Pacific Trust Canterbury



## Southern Region Funding for the Provision of Child & Adolescent Mental Health Services

DHB providers receive child and adolescent funding for Full Time Equivalents (FTEs), Programmes Attendances and Bed Days.

Since the 2004/2005 financial year, the total Southern region funding for child and adolescent mental health services had increased by 4% (DHB provider arm services increased by 4% and NGO funding had increased by 7%).

In the 2005/2006 financial year, the Southern region DHB provider arm services received 78% of the total regional funding while the Southern region NGOs received only 22% (see Table 11). The majority of the DHB and NGO funding for child and adolescent mental health services were for FTEs (see Table 11).

**Table 11. Southern Region Provider Funding**

Southern Region	DHB		NGO	
	04/05	05/06	04/05	05/06
FTE Volume	155.5	153.6	45.5	55.81
FTE \$	\$15,372,310	\$15,973,732	\$3,438,851	\$3,819,614
Programmes	\$315,199	\$324,044	-	-
Bed Days	\$4,317,583	\$4,443,286	\$2,250,376	\$2,268,491
Attendance	\$371,583	\$381,988	-	-
<b>Regional Total</b>	<b>\$20,376,676</b>	<b>\$21,123,049</b>	<b>\$5,689,227</b>	<b>\$6,088,105</b>

Source: MOH 2004-2006 Price Volume Schedules

**Table 12. Total Ministry of Health Funding**

Southern Region	2004/2005			2005/2006		
	DHB Funded Dollars	NGO Funded Dollars	Total Funded Dollars	DHB Funded Dollars	NGO Funded Dollars	Total Funded Dollars
<b>Regional Total</b>	<b>\$20,376,676</b>	<b>\$5,689,227</b>	<b>\$26,065,903</b>	<b>\$21,123,049</b>	<b>\$6,088,105</b>	<b>\$27,211,154</b>
Nelson Marlborough	\$2,441,255	\$562,546	\$3,003,801	\$2,671,470	\$678,893	\$3,350,363
West Coast	\$771,997	\$0	\$771,997	\$815,154	\$0	\$815,154
Canterbury	\$11,109,805	\$3,226,506	\$14,336,312	\$11,802,867	\$3,364,145	\$15,167,012
South Canterbury	\$884,255	\$0	\$884,255	\$983,894	\$54,000	\$1,037,894
Otago	\$3,414,120	\$1,225,833	\$4,639,953	\$3,418,959	\$1,184,433	\$4,603,392
Southland	\$1,755,244	\$674,343	\$2,429,586	\$1,430,705	\$806,634	\$2,237,339

Source: MOH 2004-2006 Price Volume Schedules

## Southern Region Spend per Child & Adolescent

Since 2004/2005, the Southern region spend per head of the Southern region child and adolescent population increased by 2%, from \$86.18 in to \$87.57 (Inpatient & Regional costs excluded) (see Table 13 & Figure 1) and a 5% increase when Inpatient funding were included in the calculations (see Table 14 & Figure 2).

**Table 13. Funding per Child & Adolescent Population (excludes Inpatient funding)**

Southern Region	2004/2005					2005/2006				
	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2004 <sup>1</sup>	Funding/ Child	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2006	Funding/ Child
<b>Regional Total</b>	<b>\$22,609,338</b>	<b>\$3,456,565</b>	<b>\$26,065,903</b>	<b>262,350</b>	<b>\$86.18</b>	<b>\$22,767,868</b>	<b>\$4,443,286</b>	<b>\$27,211,154</b>	<b>260,010</b>	<b>\$87.57</b>
Nelson Marlborough	\$3,003,801	-	\$3,003,801	36,540	\$82.21	\$2,904,960	\$445,403	\$3,350,363	34,806	\$83.46
West Coast	\$771,997	-	\$771,997	8,575	\$90.03	\$815,154	-	\$815,154	8,151	\$100.01
Canterbury	\$11,109,805	\$3,456,565	\$14,336,312	123,960	\$89.62	\$11,613,663	\$3,553,349	\$15,167,012	125,832	\$92.29
South Canterbury	\$884,255	-	\$884,255	14,385	\$61.47	\$1,037,894	-	\$1,037,894	14,046	\$73.89
Otago	\$4,639,953	-	\$4,639,953	48,610	\$95.45	\$4,158,858	\$444,534	\$4,603,392	48,735	\$85.34
Southland	\$2,429,586	-	\$2,429,586	30,280	\$80.24	\$2,237,339	-	\$2,237,339	28,440	\$78.67

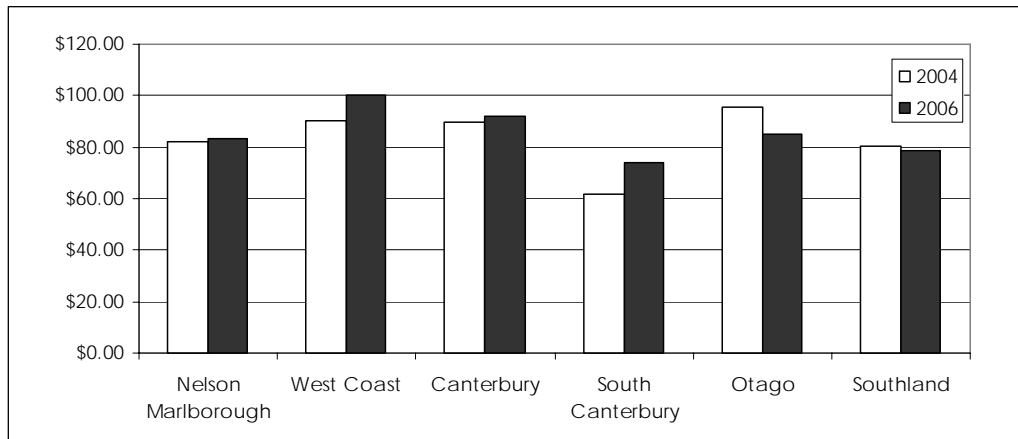
1. 2004 Population projections (prioritised ethnicity based on 2001 Census) supplied by StatisticsNZ.

**Table 14. Funding per Child & Adolescent Population (includes Inpatient funding)**

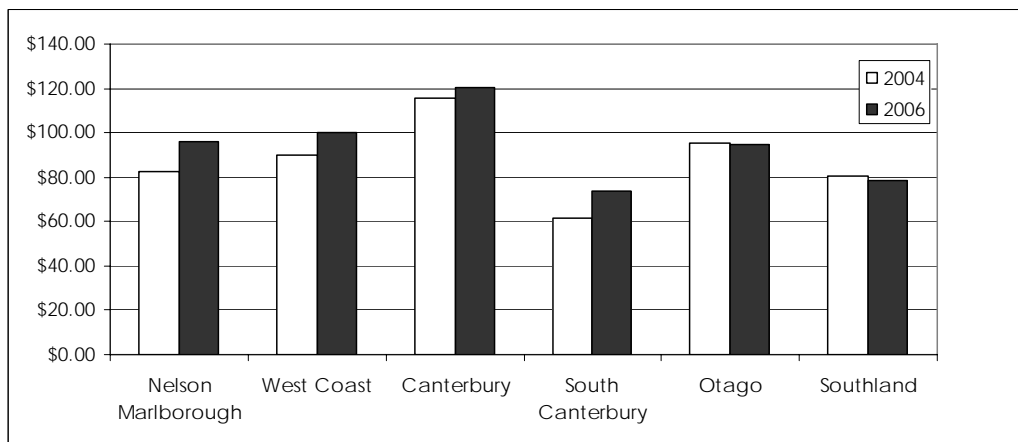
Southern Region	2004/2005					2005/2006				
	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2004 <sup>1</sup>	Funding/Child	Funding (DHB & NGO)	Inpatient Unit Cost	Total Funding	Population (0-19 Yrs) 2006	Funding/Child
<b>Regional Total</b>	<b>\$22,609,338</b>	<b>\$3,456,565</b>	<b>\$26,065,903</b>	<b>262,350</b>	<b>\$99.36</b>	<b>\$22,767,868</b>	<b>\$4,443,286</b>	<b>\$27,211,154</b>	<b>260,010</b>	<b>\$104.65</b>
Nelson Marlborough	\$3,003,801	-	\$3,003,801	36,540	\$82.21	\$2,904,960	\$445,403	\$3,350,363	34,806	\$96.26
West Coast	\$771,997	-	\$771,997	8,575	\$90.03	\$815,154	-	\$815,154	8,151	\$100.01
Canterbury	\$11,109,805	\$3,456,565	\$14,336,312	123,960	\$115.65	\$11,613,663	\$3,553,349	\$15,167,012	125,832	\$120.53
South Canterbury	\$884,255	-	\$884,255	14,385	\$61.47	\$1,037,894	-	\$1,037,894	14,046	\$73.89
Otago	\$4,639,953	-	\$4,639,953	48,610	\$95.45	\$4,158,858	\$444,534	\$4,603,392	48,735	\$94.46
Southland	\$2,429,586	-	\$2,429,586	30,280	\$80.24	\$2,237,339	-	\$2,237,339	28,440	\$78.67

1. 2004 Population projections (prioritised ethnicity based on 2001 Census) supplied by StatisticsNZ.

**Figure 1. Southern Region Funding per Child & Adolescent Population  
(excludes Inpatient funding) (2004-2006)**



**Figure 2. Southern Region Funding per Child & Adolescent Population  
(includes Inpatient funding) (2004-2006)**



## Southern Region Child & Adolescent Mental Health Workforce

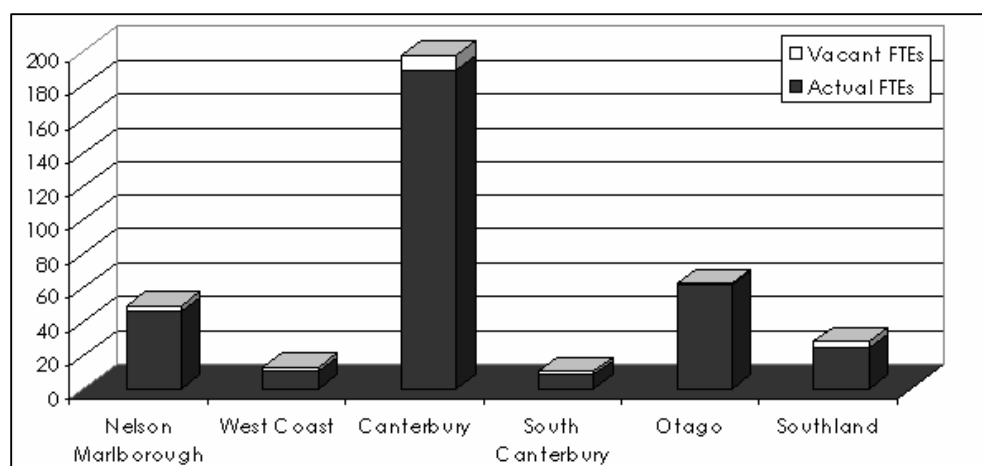
### Total Child & Adolescent Mental Health Workforce

As at 30<sup>th</sup> June 2006, the Southern region total DHB (Inpatient & Community) CAMHS & NGOs reported a total of **337.36** actual FTEs with a further **21.54** FTEs reported vacant. Canterbury reported the largest child and adolescent mental health workforce (188.35 actual FTEs) in the region followed by Otago (61.61 actual FTEs) (see Table 15 & Figure 3). South Canterbury reported the smallest (8.55 actual FTEs) workforce in the region.

**Table 15. Total Child & Adolescent Mental Health Workforce (2006)**

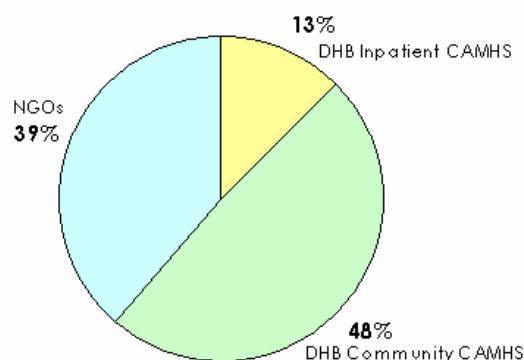
Southern Region	DHB		NGO		Total	
	Actual FTEs	Vacant FTEs	Actual FTEs	Vacant FTEs	Actual FTEs	Vacant FTEs
Nelson Marlborough	26.6	3.5	17.25	-	<b>43.85</b>	<b>3.5</b>
West Coast	10.4	2.5	-	-	<b>10.4</b>	<b>2.5</b>
Canterbury	113.35	9.14	75.0	-	<b>188.35</b>	<b>9.14</b>
South Canterbury	7.85	2.2	0.7	-	<b>8.55</b>	<b>2.2</b>
Otago	33.51	-	28.1	0.5	<b>61.61</b>	<b>0.5</b>
Southland	13.1	3.7	11.5	-	<b>24.6</b>	<b>3.7</b>
<b>Regional Total</b>	<b>204.81</b>	<b>21.04</b>	<b>132.55</b>	<b>0.5</b>	<b>337.36</b>	<b>21.54</b>

**Figure 3. Total Southern Region Child & Adolescent Mental Health Workforce: Actual & Vacant FTEs (2006)**



DHB Community CAMHS made up 48% of the total child and adolescent mental health workforce in the region followed by NGOs (39%) and the DHB Inpatient Units (13%) (see Figure 4).

**Figure 4. Distribution of the Southern Region Child & Adolescent Mental Health Workforce**



The Clinical workforce in the Southern region accounted for 67% (226.61 actual FTEs) of the total child and adolescent workforce, 74% (167.31 actual FTEs) of which were part of the DHB CAMH services (Inpatient & Community services) (see Table 16).

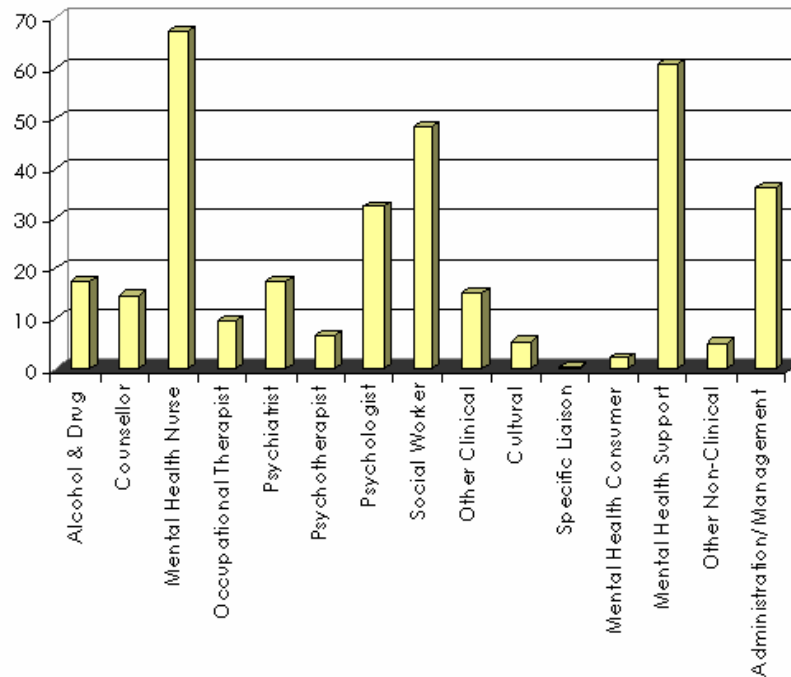
**Table 16. Total Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

Southern Region Occupational Group	DHB		DHB Total	NGO	Total
	Inpatient	Community			
<b>Clinical Sub-Total</b>	<b>37.4</b>	<b>129.91</b>	<b>167.31</b>	<b>59.3</b>	<b>226.61</b>
Alcohol & Drug	-	5.3	5.3	12.1	17.4
Counsellor	-	2.3	2.3	12.5	14.8
Mental Health Nurse	29.8	30.9	60.7	5.5	66.2
Occupational Therapist	1.5	6.0	7.5	2.2	9.7
Psychiatrist	2.4	14.18	16.58	0.75	17.33
Psychotherapist	-	3.1	3.1	3.5	6.6
Psychologist	0.8	27.65	28.45	3.8	32.25
Social Worker	0.9	30.58	31.48	15.7	47.18
Other Clinical	2.0	9.9	11.9	3.25	15.15
<b>Non-Clinical Sub-Total</b>	<b>0.6</b>	<b>7.7</b>	<b>8.3</b>	<b>65.25</b>	<b>73.55</b>
Cultural	0.6	4.8	5.4	-	5.4
Specific Liaison	-	0.2	0.2	-	0.2
Mental Health Consumer	-	1.0	1	1.1	2.1
Mental Health Support	-	1.7	1.7	59.0	60.7
Other Non-Clinical	-	-	0	5.15	5.15
Administration/Management	5.7	23.5	29.2	7.0	36.2
<b>Regional Total</b>	<b>43.7</b>	<b>161.11</b>	<b>204.81</b>	<b>131.55</b>	<b>336.36</b>

Note: Excludes 1.0 FTE from Otago Youth Wellness Trust. FTE not assigned to a single occupational group.

The total Southern region Clinical workforce was largely made up of Mental Health Nurses (66.2 actual FTEs), Social Workers (47.18 actual FTEs) and Psychologists (32.25 actual FTEs) while the majority of the Non-Clinical workforce were Mental Health Support Workers (60.7 actual FTEs) (see Table 16 & Figure 5).

**Figure 5. Total Southern Region Child & Adolescent Mental Health Workforce by Occupational Group (2006)**





## DHB Inpatient Child & Adolescent Mental Health Workforce

Specialist child and adolescent mental health Inpatient services in the Southern region are provided by Canterbury DHB's Child and Youth Inpatient Units. The units reported a total of 43.7 actual FTEs with a further 1.3 FTEs that were reported vacant (see Table 17).

**Table 17. DHB Inpatient CAMHS by Occupational Group**

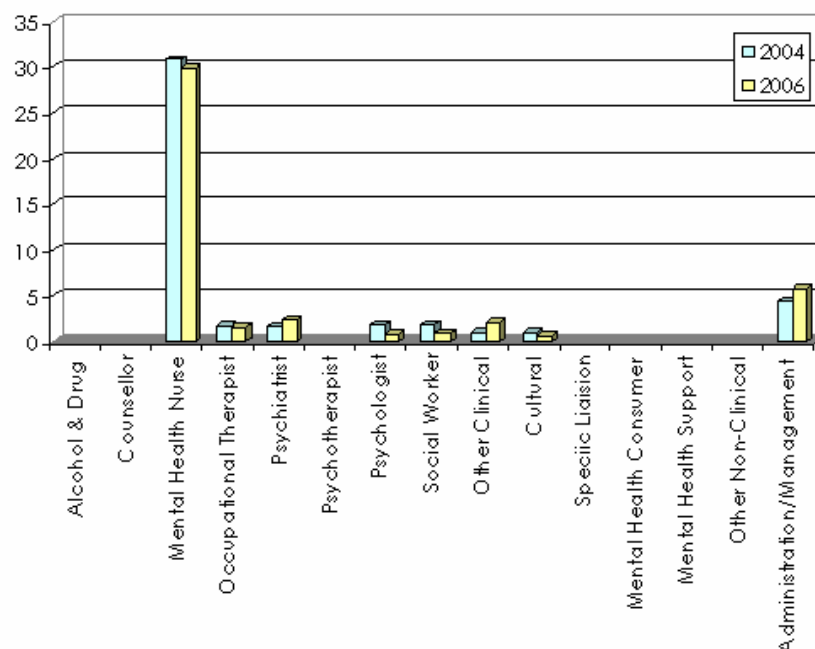
<b>Canterbury DHB Inpatient Service: Child &amp; Youth Inpatient Units</b>	<b>2004</b>		<b>2006</b>	
<b>Occupational Group</b>	<b>Actual FTEs</b>	<b>Vacant FTEs</b>	<b>Actual FTEs</b>	<b>Vacant FTEs</b>
Alcohol & Drug Worker	-	-	-	-
Counsellor	-	-	-	-
Mental Health Nurse	30.8	-	29.8	1.0
Occupational Therapist	1.7	-	1.5	-
Psychiatrist	1.6	0.3	2.4	-
Psychotherapist	-	-	-	-
Psychologist	1.8	0.2	0.8	-
Social Worker	1.8	0.2	0.9	-
Other Clinical	1.0	-	2.0	-
<b>Clinical Sub-Total</b>	<b>38.7</b>	<b>0.7</b>	<b>37.4</b>	<b>1.0</b>
Cultural	1.0	-	0.6	-
Specific Liaison	-	-	-	-
Mental Health Consumer	-	-	-	-
Mental Health Support	-	-	-	-
Other Non-Clinical Support	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>1.0</b>	<b>0.0</b>	<b>0.6</b>	<b>0.0</b>
Administration/Management	4.4	0.0	5.7	0.3
<b>Total</b>	<b>44.1</b>	<b>0.7</b>	<b>43.7</b>	<b>1.3</b>

### ***DHB Inpatient Workforce by Occupational Group***

The 2006 Southern region DHB Inpatient Clinical workforce accounted for 86% (37.4 actual FTEs) of the total Inpatient workforce which was largely made up of Mental Health Nurses (29.8 actual FTEs) (see Table 17 & Figure 6).

There was only one Clinical vacancy in the Mental Health Nurse role (6.6 vacant FTEs) for the reporting period.

**Figure 6. Southern Region DHB Inpatient CAMHS Workforce by Occupational Group**



### ***DHB Community Child & Adolescent Mental Health Workforce***

As at 30<sup>th</sup> June 2006, the Southern region DHB Community CAMHS reported a total of 161.11 actual FTEs with a further 19.74 FTEs that were reported vacant (see Table 18). Canterbury DHB reported the largest community child and adolescent mental health workforce (69.65 actual FTEs) followed by Otago (33.51 actual FTEs), Nelson Marlborough (28.6 FTEs), Southland (13.1 actual FTEs), West Coast (10.4 actual FTEs) and South Canterbury (10.4 actual FTEs) DHBs.

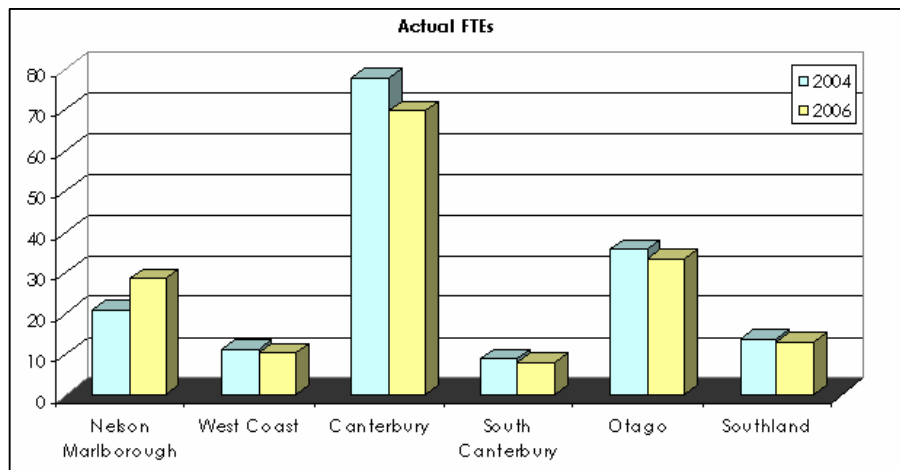
The 2006 Southern region total DHB community workforce has remained similar to the 2004 workforce.

In 2006, Canterbury DHB also reported the largest number of vacant FTEs (7.84 vacant FTEs) in the Southern region. There were no vacancies in Otago DHB for the reporting period.

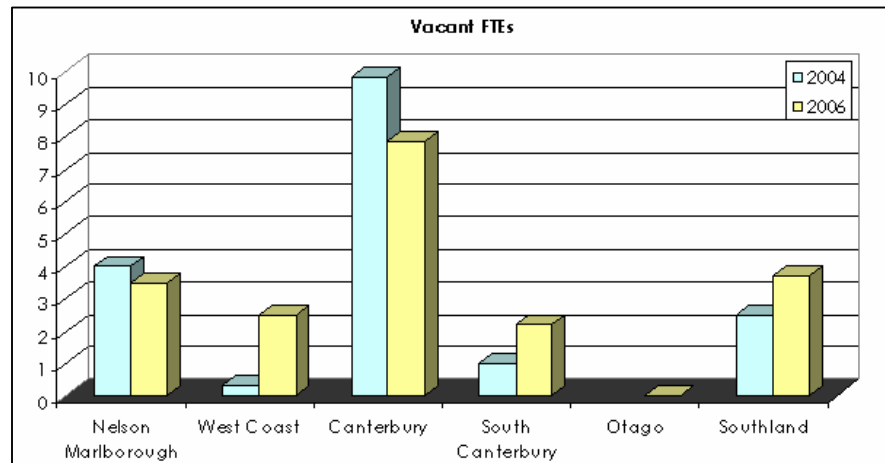
**Table 18. DHB Community CAMHS Workforce**

Southern Region	2004			2006		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Nelson Marlborough	20.67	4.0	19	26.6	3.5	12
West Coast	11.4	0.3	3	10.4	2.5	24
Canterbury	77.74	9.87	13	69.65	7.84	11
South Canterbury	8.8	1.0	11	7.85	2.2	28
Otago	35.9	0.0	0	33.51	0.0	0
Southland	13.85	2.5	18	13.1	3.7	28
<b>Regional Total</b>	<b>168.36</b>	<b>17.67</b>	<b>10</b>	<b>161.11</b>	<b>19.74</b>	<b>12</b>

**Figure 7. Southern Region DHB Community CAMHS Workforce**



**Figure 8. Southern Region DHB Community CAMHS Vacancies**

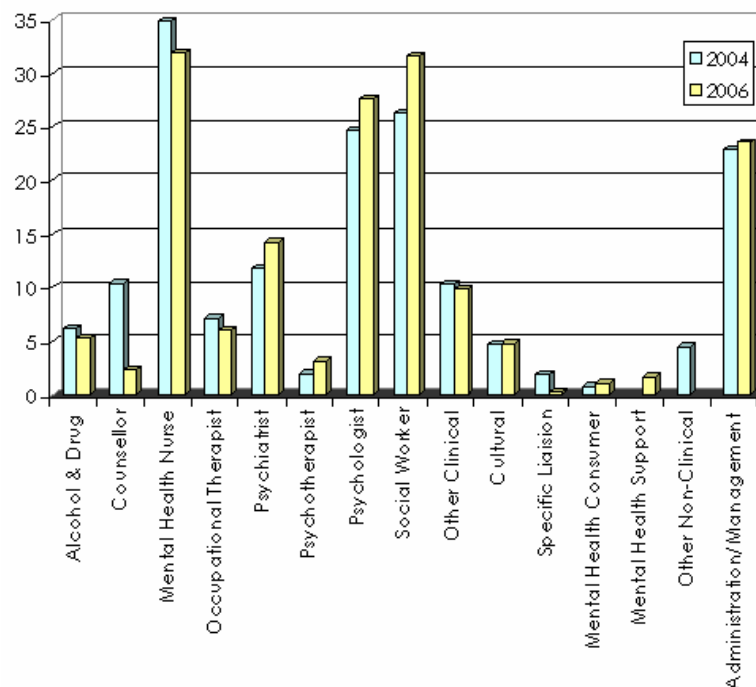


### ***DHB Community Child & Adolescent Mental Health Workforce by Occupational Group***

The 2006 Southern region DHB Community Clinical workforce accounted for 81% (129.91 actual FTEs) of the total DHB Community CAMHS workforce which was largely made up of Mental Health Nurses (30.9 actual FTEs), Social Workers (30.58 actual FTEs) and Psychologists (27.65 actual FTEs) (see Table 19 & Figure 9).

The Non-Clinical workforce (7.7 actual FTEs) made up the remainder of the Southern region Community workforce mainly in Cultural roles (see Table 19 & Figure 9).

**Figure 9. Southern Region DHB Community CAMHS Workforce by Occupational Group**



**Table 19. DHB Community CAMHS Workforce by Occupational Group**

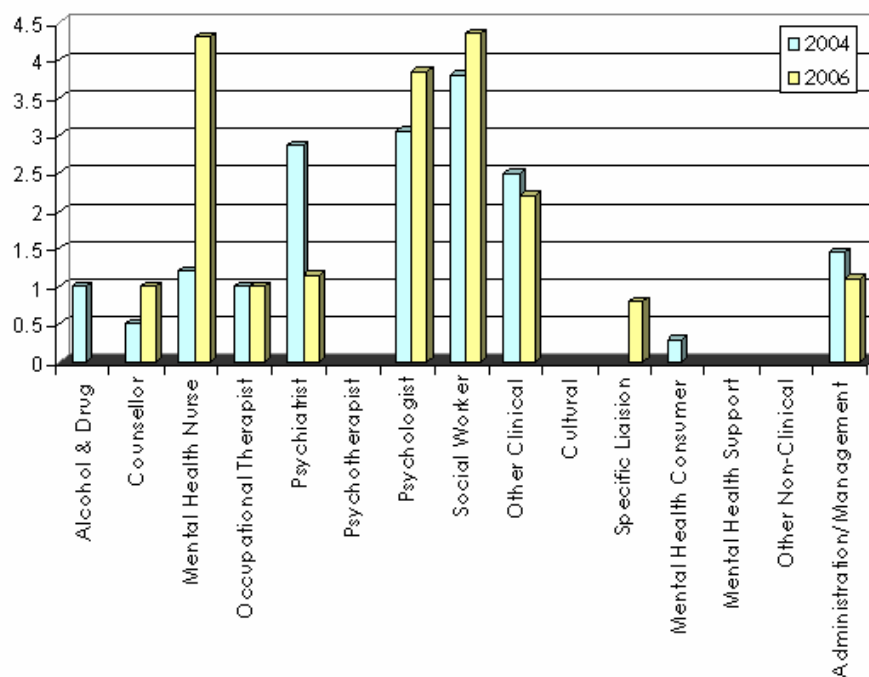
Occupational Group	Southern Region: Actual FTEs (2004/2006)													
	Nelson Marlborough		West Coast		Canterbury		South Canterbury		Otago		Southland		Total	
	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	-	1.5	1.5	1.0	1.0	1.6	1.8	1.0	1.0	1.0	-	6.1	5.3
Counsellor	2.0	0.3	4.0	-	-	-	-	-	3.8	1.0	0.6	1.0	10.4	2.3
Mental Health Nurse	7.6	9.0	-	1.0	14.9	9.9	2.0	1.4	8.7	8.6	1.75	1.0	34.95	30.9
Occupational Therapist	-	-	0.2	0.2	3.0	2.8	1.0	1.0	2.0	1.0	1.0	1.0	7.2	6.0
Psychiatrist	1.0	1.6	0.2	0.2	5.78	6.43	0.4	0.2	4.4	1.9	-	1.4	11.78	14.18
Psychotherapist	-	-	-	-	-	-	1.0	0.25	-	1.7	1.0	0.3	2.0	3.1
Psychologist	3.95	5.8	1.0	1.0	12.23	12.35	1.0	0.2	4.5	2.8	2.0	3.6	24.68	27.65
Social Worker	2.2	6.0	-	1.0	17.7	16.4	0.8	2.7	3.8	4.7	1.8	0.8	26.3	30.58
Other Clinical	0.7	3.0	1.8	1.5	5.8	3.6	1.0	-	-	3.68	1.0	1.8	10.3	9.9
<b>Clinical Sub-Total</b>	<b>17.45</b>	<b>25.7</b>	<b>8.7</b>	<b>6.4</b>	<b>60.41</b>	<b>52.98</b>	<b>8.8</b>	<b>7.55</b>	<b>28.2</b>	<b>26.38</b>	<b>10.15</b>	<b>10.9</b>	<b>133.71</b>	<b>129.91</b>
Cultural	-	-	-	0.2	2.7	2.6	-	-	2.0	2.0	-	-	4.7	4.8
Specific Liaison Appointment	-	-	0.2	-	-	-	-	-	0.2	-	1.5	0.2	1.9	0.2
Mental Health Consumer	-	-	0.7	1.0	-	-	-	-	-	-	-	-	0.7	1.0
Mental Health Support	-	0.7	-	1.0	-	-	-	-	-	-	-	-	-	1.7
Other Non-Clinical Support	1.0	-	-	-	-	-	-	-	3.5	-	-	-	4.5	-
<b>Non-Clinical Sub-Total</b>	<b>1.0</b>	<b>0.7</b>	<b>0.9</b>	<b>2.2</b>	<b>2.7</b>	<b>2.6</b>	<b>0.0</b>	<b>0.0</b>	<b>5.7</b>	<b>2.0</b>	<b>1.5</b>	<b>0.2</b>	<b>11.8</b>	<b>7.7</b>
Administration/Management	2.22	0.2	1.8	1.8	14.63	14.07	0.0	0.3	2.0	5.13	2.2	2.0	22.85	23.5
<b>Regional Total</b>	<b>20.67</b>	<b>26.6</b>	<b>11.4</b>	<b>10.4</b>	<b>77.74</b>	<b>69.65</b>	<b>8.8</b>	<b>7.85</b>	<b>35.9</b>	<b>33.51</b>	<b>13.85</b>	<b>13.1</b>	<b>168.36</b>	<b>161.11</b>

### ***DHB Community Child & Adolescent Mental Health Workforce Vacancies by Occupational Group***

Since March 2004, the total number of Clinical vacancies in the Southern region was up by 1.9 FTEs with Canterbury DHB reporting the largest number of Clinical vacancies (7.03 vacant FTEs) in the region (see Table 20 & Figure 10).

Clinical vacancies were predominantly for Social Workers (4.34 vacant FTEs), Mental Health Nurses (4.3 vacant FTEs) and Psychologists (3.84 vacant FTEs) (see Table 20 & Figure 10).

**Figure 10. Southern Region DHB Community CAMHS Workforce Vacancies by Occupational Group**



**Table 20. DHB Community CAMHS Workforce Vacancies by Occupational Group**

Occupational Group	Southern Region: Vacant FTEs (2004/2006)													
	Nelson Marlborough		West Coast		Canterbury		South Canterbury		Otago <sup>1</sup>		Southland		Total	
	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	-	-	-	-	-	-	-	-	-	1.0	-	1.0	-
Counsellor	-	-	-	1.0	-	-	-	-	-	-	0.5	-	0.5	1.0
Mental Health Nurse	-	2.0	-	-	1.2	1.3	-	1.0	-	-	-	-	1.2	4.3
Occupational Therapist	1.0	-	-	-	-	-	-	1.0	-	-	-	-	1.0	1.0
Psychiatrist	-	-	-	-	1.87	0.75	-	-	-	-	1.0	0.4	2.87	1.15
Psychotherapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist	1.0	1.0	-	-	2.05	1.64	-	0.2	-	-	-	1.0	3.05	3.84
Social Worker	1.0	0.5	-	-	1.8	2.64	1.0	-	-	-	-	1.2	3.8	4.34
Other Clinical	1.0	-	-	1.5	1.5	0.7	-	-	-	-	-	-	2.5	2.2
<b>Clinical Sub-Total</b>	<b>4.0</b>	<b>3.5</b>	<b>0.0</b>	<b>2.5</b>	<b>8.42</b>	<b>7.03</b>	<b>1.0</b>	<b>2.2</b>	<b>0</b>	<b>0</b>	<b>2.5</b>	<b>2.6</b>	<b>15.92</b>	<b>17.83</b>
Cultural	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Specific Liaison Appointment	-	-	-	-	-	-	-	-	-	-	-	0.8	-	0.8
Mental Health Consumer	-	-	0.3	-	-	-	-	-	-	-	-	-	0.3	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.8</b>	<b>0.3</b>	<b>0.0</b>
Administration/Management	0.0	0.0	0.3	0.0	1.45	0.81	0.0	0.0	0.0	0.0	0.0	0.3	1.45	1.11
<b>Regional Total</b>	<b>4.0</b>	<b>3.5</b>	<b>0.3</b>	<b>2.5</b>	<b>9.87</b>	<b>7.84</b>	<b>1.0</b>	<b>2.2</b>	<b>0</b>	<b>0</b>	<b>2.5</b>	<b>3.7</b>	<b>17.67</b>	<b>19.74</b>

1. Otago DHB reported no vacancies in 2004 & 2006

## NGO Child & Adolescent Mental Health Workforce

As at 30<sup>th</sup> June 2006, 28 NGOs in the Southern region were identified for this update. There were no NGOs in the West Coast DHB area for the reporting period. One NGO, *Te Huarahi Ki Te Oranga Pai Trust*, in Southland did not hold a child and adolescent mental health contract for the reporting period. Therefore, workforce data from only 27 services are included in this section.

The Southern region NGOs reported a total of **132.55** actual FTEs and a further **0.5** vacant FTEs (see Tables 21 & 11). The discrepancy between 2004 and 2006 workforce data is due to the inclusion of a number of adult mental health FTEs, hence the over-representation of the 2004 Southern region NGO child and adolescent mental health workforce.

NGOs in the Canterbury DHB area reported the largest workforce (75 actual FTEs) followed by Otago (28.1 actual FTEs) and Nelson Marlborough (17.25 actual FTEs) DHB areas. South Canterbury reported the smallest NGO workforce (0.7 actual FTEs) in the region.

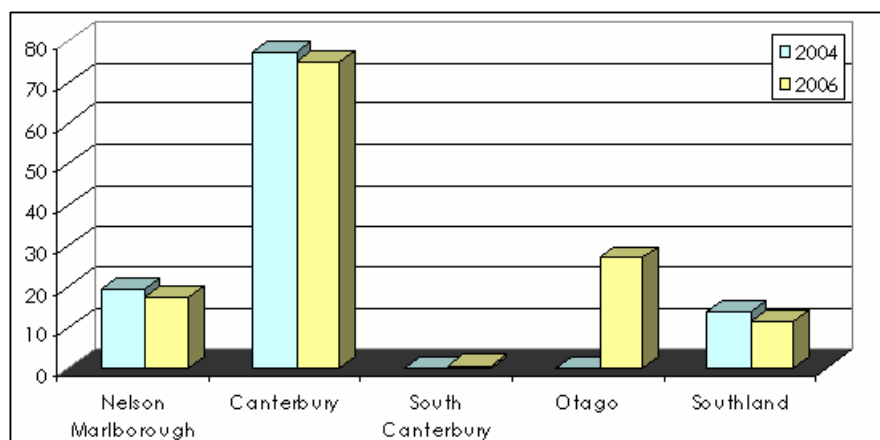
**Table 21. NGO Child & Adolescent Mental Health Workforce**

Southern Region NGOs	2004 <sup>1</sup>			2006		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Nelson Marlborough	19.4	3.8	20	17.25	-	-
Canterbury	77.5	-	-	75.0	-	-
South Canterbury	-	-	-	0.7	-	-
Otago	39.1*	-	-	28.1	0.5	2
Southland	14.0	-	-	11.5	-	-
<b>Regional Total</b>	<b>150.0</b>	<b>3.8</b>	<b>2.5</b>	<b>132.55</b>	<b>0.5</b>	<b>0.4</b>

1. 2004 data includes adult mental health FTEs

Note: Includes Kaupapa Māori Services

**Figure 11. Southern Region NGO Child & Adolescent Mental Health Workforce**





### ***NGO Child & Adolescent Mental Health Workforce by Occupational Group***

The Southern region NGO workforce was largely made up of Non-Clinical staff (47%) who were mainly Mental Health Support Workers (59.0 actual FTEs) (see Table 21).

The Clinical NGO workforce accounted for 45% (59.3 actual FTEs) of the total NGO workforce and was mainly comprised of Social Workers (15.7 actual FTEs), Counsellors (12.5 Actual FTEs) and Alcohol & Drug Workers (12.5 actual FTEs) (see Table 21 & Figure 12).

**Figure 12. Southern Region NGO Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

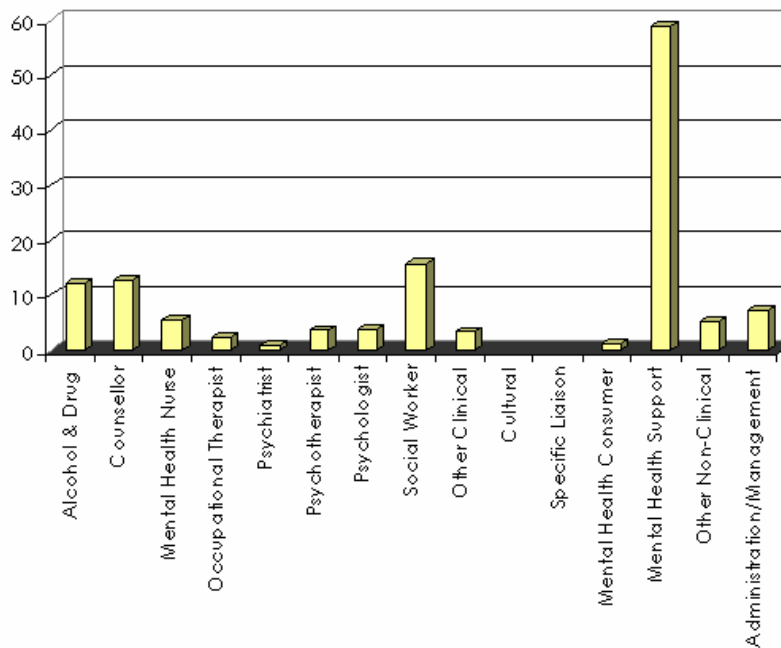


Table 22. NGO Child & Adolescent Mental Health Workforce by Occupational Group

Southern Region NGOs Actual FTEs (June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	12.1	12.5	5.5	2.2	0.75	3.5	3.8	15.7	3.25	59.3	0	0	1.1	59.0	5.15	62.25	7.0	131.55
<b>Nelson Marlborough</b>	0	0	1.4	0.6	0	0	0.0	2.0	1.0	5.0	0	0	1.0	7.5	1.0	9.5	2.75	17.25
Care Solutions	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	1.0	-	1.0	0.75	2.75
Gateway Housing Trust	-	-	-	-	-	-	-	-	-	0.0	-	-	-	6.5	-	6.5	1.0	7.5
Horizon Trust Board	-	-	0.4	0.6	-	-	-	-	1.0	2.0	-	-	1.0	-	-	1.0	1.0	4.0
<i>Ko Te Poumanawa Oranga O Te Tau Ihu O Te Waka A Maui Ltd</i>	-	-	-	-	-	-	-	-	-	0.0	-	-	-	-	1.0	1.0	-	1.0
<i>Te Rāpuora O Te Waiharakeke Trust</i>	-	-	1.0	-	-	-	-	1.0	-	2.0	-	-	-	-	-	0	-	2.0

Note: Italicised Services are Kaupapa Māori Mental Health Services (PU Code MHCS39)

Table 22. NGO Child & Adolescent Mental Health Workforce by Occupational Group

<b>Southern Region NGOs</b>  <b>Actual FTEs (June 2006)</b>	<b>Alcohol &amp; Drug</b>	<b>Counsellor</b>	<b>Mental Health Nurse</b>	<b>Occupational Therapist</b>	<b>Psychiatrist</b>	<b>Psychotherapist</b>	<b>Psychologist</b>	<b>Social Worker</b>	<b>Other Clinical</b>	<b>Clinical Sub-Total</b>	<b>Cultural</b>	<b>Specific Liaison</b>	<b>Mental Health Consumer</b>	<b>Mental Health Support</b>	<b>Other Non-Clinical</b>	<b>Non-Clinical Sub-Total</b>	<b>Administration/ Management</b>	<b>Total</b>
<b>Regional Total</b>	<b>12.1</b>	<b>12.5</b>	<b>5.5</b>	<b>2.2</b>	<b>0.75</b>	<b>3.5</b>	<b>3.8</b>	<b>15.7</b>	<b>3.25</b>	<b>59.3</b>	<b>0</b>	<b>0</b>	<b>1.1</b>	<b>59.0</b>	<b>5.15</b>	<b>62.25</b>	<b>7.0</b>	<b>131.55</b>
<b>Canterbury</b>	<b>7.2</b>	<b>5.6</b>	<b>4.1</b>	<b>-</b>	<b>0.75</b>	<b>3.5</b>	<b>1.0</b>	<b>11.0</b>	<b>2.25</b>	<b>26.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35.5</b>	<b>1.75</b>	<b>37.25</b>	<b>1.75</b>	<b>75.0</b>
Adventure Development Ltd	-	2.6	-	-	-	-	-	-	-	2.6	-	-	-	-	-	0	-	2.6
Ashburton Community Alcohol & Drug Service Inc	1.7	-	-	-	-	-	-	-	-	1.7	-	-	-	-	-	0	-	1.7
Christchurch City Mission	1.0	-	-	-	-	-	-	-	-	1.0	-	-	-	-	-	0	-	1.0
Depression Support Network	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1.0	1.0	-	1.0
Odyssey House Trust	1.0	3.0	-	-	-	-	-	-	-	4.0	-	-	-	7.0	-	7.0	-	11.0
Pacific Trust Canterbury	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	1.0	-	1.0	-	2.0
Purapura Whetu Trust	-	-	-	-	-	-	-	-	2.0	2.0	-	-	-	-	-	0.0	-	2.0
Richmond Fellowship	-	-	0.5	-	-	-	1.0	-	-	5.5	-	-	-	22.0	-	22.0	-	27.5
Stepping Stone Trust	-	-	3.6	-	-	-	-	-	-	10.2	-	-	-	5.5	-	5.5	1.75	17.45
St John of God Youth & Community Services-Waipuna Trust	1.0	-	-	-	-	-	-	-	-	1.0	-	-	-	-	-	0	-	1.0
<i>Stop Trust</i>	-	-	-	-	-	3.5	-	-	-	3.5	-	-	-	-	-	0	-	3.5
Waimakariri Community Development Trust	1.25	-	-	-	-	-	-	-	-	1.25	-	-	-	-	-	0.	-	1.25
Youth Health Trust	1.25	-	-	-	0.75	-	-	-	0.25	2.25	-	-	-	-	0.75	0.75	-	3.0

Table 22. NGO Child & Adolescent Mental Health Workforce by Occupational Group

<b>Southern Region NGOs</b> <b>Actual FTEs</b> <b>(June 2006)</b>	<b>Alcohol &amp; Drug</b>	<b>Counsellor</b>	<b>Mental Health Nurse</b>	<b>Occupational Therapist</b>	<b>Psychiatrist</b>	<b>Psychotherapist</b>	<b>Psychologist</b>	<b>Social Worker</b>	<b>Other Clinical</b>	<b>Clinical Sub-Total</b>	<b>Cultural</b>	<b>Specific Liaison</b>	<b>Mental Health Consumer</b>	<b>Mental Health Support</b>	<b>Other Non-Clinical</b>	<b>Non-Clinical Sub-Total</b>	<b>Administration/ Management</b>	<b>Total</b>
<b>Regional Total</b>	12.1	12.5	5.5	2.2	0.75	3.5	3.8	15.7	3.25	59.3	0	0	1.1	59.0	5.15	62.25	7.0	131.55
<b>South Canterbury</b>	0	0	0	0	0	0	0	0.7	0	0.7	0	0	0	0	0	0	0	0.7
Arowhenua Whanau Services	-	-	-	-	-	-	-	0.7	-	0.7	-	-	-	-	-	0	-	0.7
<b>Otago</b>	4.9	5.4	0	0	0	0	1.8	0	0	12.1	0	0	0.1	10.0	2.4	12.5	2.5	28.1 <sup>1</sup>
Adventure Development Ltd	-	2.2	-	-	-	-	1.8	-	-	4.0	-	-	-	-	-	0	1.0	5.0
Aroha Ki Tamariki Charitable Trust	4.9	3.2	-	-	-	-	-	-	-	8.1	-	-	-	-	-	0	1.5	9.6
Costorphine Baptist Community Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	6.0	0.4	6.4	-	6.4
Miramare Ltd	-	-	-	-	-	-	-	-	-	0	-	-	0.1	-	2.0	2.1	-	2.1
Otago Youth Wellness Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	1.0
The Mount Cargill Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	4.0	-	4.0	-	4.0
<b>Southland</b>	0	1.5	0	1.0	0	0	1.0	2.0	0.0	5.5	0	0	0	6.0	0	6.0	0	11.5
Adventure Development Ltd	-	1.5	-	-	-	-	1.0	-	-	2.5	-	-	-	-	-	0	-	2.5
PACT Group	-	-	-	1.0	-	-	-	2.0	-	3.0	-	-	-	6.0	-	6.0	-	9.0

1. Otago FTE total includes 1.0 FTE from Otago Youth Wellness Trust

## Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Resource Guidelines

Based on the 2006 Southern region population and the MHC's Blueprint resource guidelines (28.6 FTEs per 100,000 total population) the recommended regional Community Clinical FTEs for the child and adolescent mental health workforce were **278.68 FTEs**. The DHB CAMHS and NGO services in the Southern region reported a total of **189.21** actual Community Clinical FTEs. This was **89.5** FTEs below the regional guideline with the largest disparities reported by Southland and South Canterbury (although individual DHB Community Clinical FTEs have also been compared to the Blueprint resource guidelines, regional service FTEs have not been allocated across DHBs and therefore individual DHB data should be interpreted with caution) (see Tables 23 & 24 & Figure 13).

**Table 23. Community Clinical Child & Adolescent Mental Health Workforce (2006)**

Southern Region	Actual Community Clinical FTEs	Vacant Community Clinical FTEs	Total Funded Community Clinical FTEs	Vacancy %
DHB	129.91	19.74	149.65	13
NGO	59.3	0.5	59.8	1
<b>Regional Total</b>	<b>189.21</b>	<b>20.24</b>	<b>209.45</b>	<b>10</b>

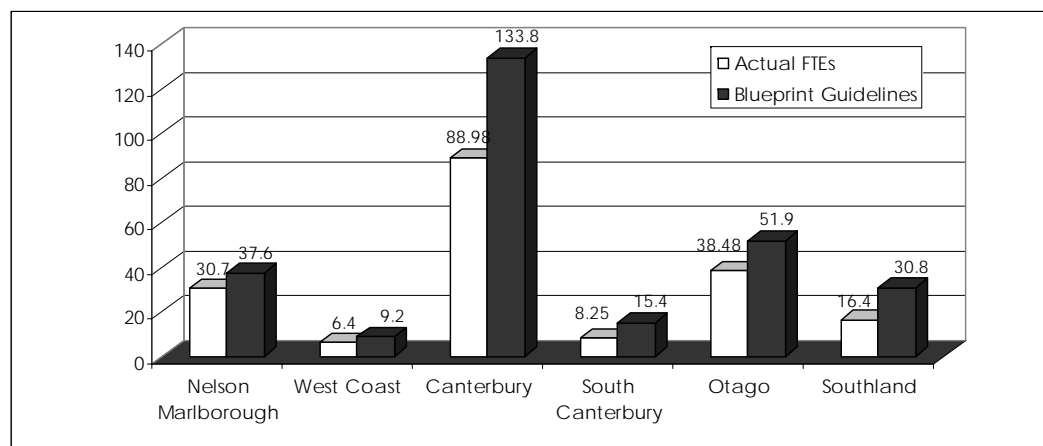
Therefore the Southern region Community Clinical child and adolescent mental health workforce would need to increase by **47%** to meet the regional Blueprint guidelines. Firstly, there would need to be a 10% increase in FTEs to fill vacancies. Once vacant FTEs are filled, there would need to be an increase of **69.23** additionally funded FTEs to meet the 2006 Blueprint resource target for the Southern region.

The data in Table 24 indicates a 10% decrease in the total Southern region Community Clinical child and adolescent mental health workforce. The larger 2004 Community Clinical workforce could also be due to the inclusion of a number of adult FTEs from the NGO sector. This reporting error has been corrected in this update, and coupled with a 100% response rate from the Southern region NGO sector, the data represents a more accurate indication of the Southern region Community Clinical workforce compared to the MHC's Blueprint resource guideline.

**Table 24. Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Guidelines**

Southern Region	2004						2006					
	Total Pop	0-19 Pop	DHB & NGO Community Clinical FTEs	Blueprint Guidelines	FTE Needed	% Increase	Total Pop	0-19 Pop	DHB & NGO Community Clinical FTEs	Blueprint Guidelines	FTE Needed	% Increase
<b>Regional Total</b>	<b>966,315</b>	<b>262,350</b>	<b>210.21</b>	<b>276.37</b>	<b>66.16</b>	<b>31</b>	<b>974,397</b>	<b>260,010</b>	<b>189.21</b>	<b>278.68</b>	<b>89.5</b>	<b>47</b>
Nelson Marlborough	133,225	36,540	20.15	38.1	17.95	89	131,604	34806	30.7	37.6	6.9	23
West Coast	30,630	8,575	8.7	8.8	0.1	1	32,007	8151	6.4	9.2	2.8	43
Canterbury	460,680	123,960	106.11	131.8	25.69	24	467,787	125832	88.98	133.8	44.8	50
South Canterbury	53,825	14,385	8.8	15.4	6.6	75	53,808	14046	8.25	15.4	7.1	87
Otago	180,220	48,610	52.3	51.5	-0.8	-	181,353	48735	38.48	51.9	13.4	35
Southland	107,735	30,280	14.15	30.8	16.65	118	107,838	28440	16.4	30.8	14.4	88

**Figure 13. Southern Region Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Guidelines (2006)**



## Recommendations for the Child & Adolescent Mental Health Psychiatry Workforce

There was a 30% increase in the regional child and adolescent Psychiatry workforce since March 2004, but based on the 2006 Southern region population and using the WHO recommendation for Psychiatrists (10 per 100,000 total population) there continues to be shortage of Psychiatry FTEs in the Southern region. Using the WHO recommendation, the regional Psychiatry FTEs was **26.0** actual FTEs. The Southern region DHB (Inpatient & Community CAMHS) and NGOs reported a total of **17.33** actual FTEs. This was **9.42** FTEs below the recommendation with large disparities reported by almost all of the DHBs in the region (although individual DHB Psychiatry FTEs have been compared to the WHO recommendations, regional service FTEs have not been allocated across DHBs and therefore individual DHB data should be interpreted with caution) (see Table 25 & Figure 14). Therefore the Southern region Psychiatry workforce would need to increase by **57%** to meet the WHO recommendation.

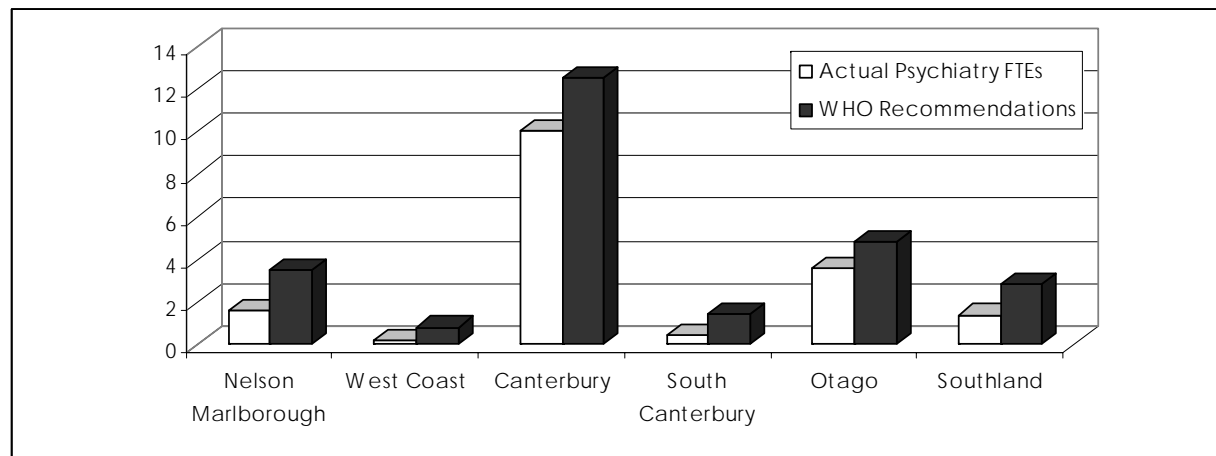
**Table 25. Child & Adolescent Mental Health Psychiatry Workforce compared to WHO Recommendations**

Southern Region	2004				2006			
	Psychiatrists (Actual FTEs)	WHO Recommendation <sup>1</sup>	FTEs Needed	% Increase	Psychiatrists (Actual FTEs)	WHO Recommendation	FTEs Needed	% Increase
<b>Regional Total</b>	<b>13.38</b>	<b>26.24</b>	<b>12.86</b>	<b>96</b>	<b>17.33</b>	<b>26.00</b>	<b>9.42</b>	<b>57</b>
Nelson Marlborough	1	3.65	2.65	265	1.6	3.48	1.88	118
West Coast	0.2	0.86	0.66	329	0.2	0.82	0.62	308
Canterbury	7.38	12.40	5.02	68	10.08	12.58	3.25	35
South Canterbury	0.4	1.44	1.04	260	0.45	1.40	0.95	212
Otago	4.4	4.86	0.46	10	3.6	4.87	1.27	35
Southland	0	3.03	3.03	-	1.4	2.84	1.44	103

1. 2004 WHO recommendations based on 2004 population projections (prioritised ethnicity).

Note: Includes DHB & NGO Psychiatry FTEs

**Figure 14. Southern Region DHB & NGO Child & Adolescent Mental Health Psychiatry Workforce compared to WHO Recommendations (2006)**





## Ethnicity of the Southern Region Child & Adolescent Mental Health Workforce

Ethnicity data was provided by management and not necessarily by the individual staff member; therefore ethnicity data reported in this section should be interpreted with caution. Additionally due to the poor response rate for the 2004 Stocktake (59% response rate), and the possible inclusion of adult FTEs, it is difficult to ascertain the change in the 2006 NGO Māori, Pacific & Asian workforce in the Southern region

### Māori

#### *DHB Inpatient Māori Child & Adolescent Mental Health Workforce*

As at 30<sup>th</sup> June 2006, the Canterbury DHB Child and Youth Inpatient Units reported a total of two Māori staff both in Cultural roles. The Māori staff numbers remained the same since 2004.

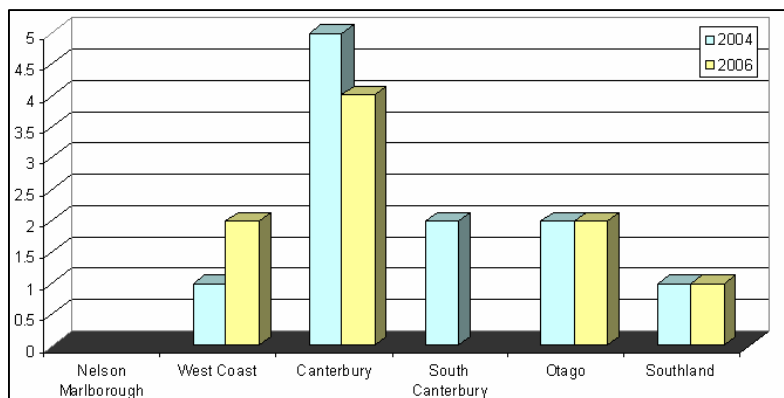
#### *DHB Community Māori Child & Adolescent Mental Health Workforce*

The Southern region DHB Community CAMHS reported a total of **9** Māori staff with Canterbury DHB CAMHS reporting the largest Māori workforce (4) in the region (see Table 26 & Figure 15).

**Table 26. Southern Region DHB Community Māori CAMHS Workforce**

Southern Region	Māori (Head Count)	
	2004	2006
Nelson Marlborough	-	-
West Coast	1	2
Canterbury	5	4
South Canterbury	2	-
Otago	2	2
Southland	1	1
<b>Regional Total</b>	<b>11</b>	<b>9</b>

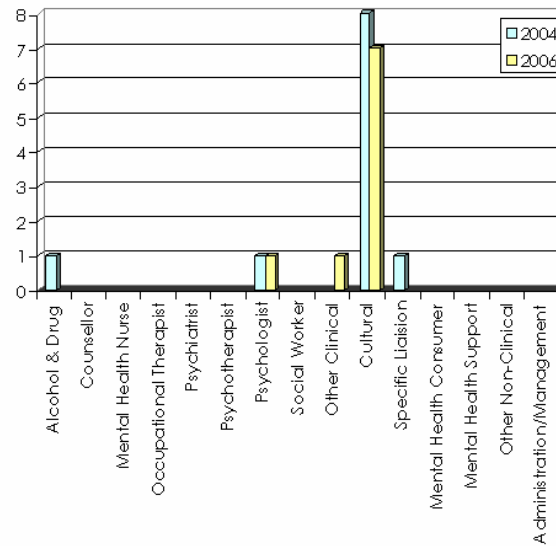
**Figure 15. Southern Region DHB Community Māori CAMHS Workforce**



The DHB Māori Community CAMHS workforce was predominantly in Cultural roles (7) (Figure 16 & Table 28).

Since March 2004, there was a decrease of two Māori Clinical staff.

**Figure 16. Southern Region DHB Community Māori CAMHS Workforce by Occupational Group**



**Table 27. DHB Community Māori CAMHS Workforce by Occupational Group**

Occupational Group	Southern Region: Māori (Head Count)													
	Nelson Marlborough		West Coast		Canterbury		South Canterbury		Otago		Southland		Total	
	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	-	1	-	-	-	-	-	-	-	-	-	1	-
Counsellor	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Nurse	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Occupational Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatrist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychotherapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist	-	-	-	-	1	-	-	-	-	-	-	1	1	1
Social Worker	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Clinical	-	-	-	1	-	-	-	-	-	-	-	-	-	1
<b>Clinical Sub-Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>2</b>
Cultural	-	-	-	1	4	4	2	-	2	2	-	-	8	7
Specific Liaison Appointment	-	-	-	-	-	-	-	-	-	-	1	-	1	-
Mental Health Consumer	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>9</b>	<b>7</b>
Administration/Management													-	-
<b>Regional Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>11</b>	<b>9</b>

### NGO Māori Child & Adolescent Mental Health Workforce

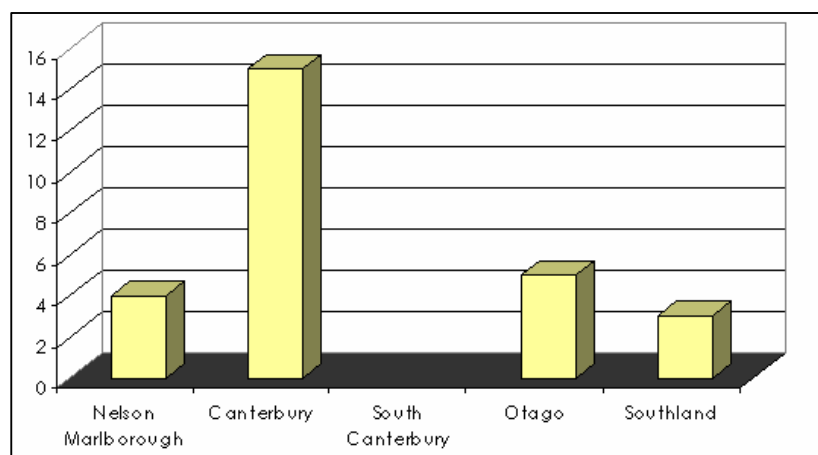
As at 30<sup>th</sup> June 2006, approximately 20% (27; 9.7 Clinical FTEs, 14 Non-Clinical FTEs) of the Southern region NGO workforce was Māori with Canterbury reporting the largest Māori workforce (15) in the region (see Table 28 & Figure 17). Due to the inclusion of some adult mental health FTE data in the previous Stocktake (2004), it is difficult to ascertain the change in the 2006 Southern region Māori, Pacific and Asian workforce.

**Table 28. NGO Māori Child & Adolescent Mental Health Workforce**

Southern Region NGOs	Māori (Head Count)	
	2004	2006
Nelson Marlborough	2	4
Canterbury	17	15
South Canterbury	-	-
Otago	10	5
Southland	4	3
<b>Regional Total</b>	<b>33</b>	<b>27</b>

Note: Includes Kaupapa Māori Services

**Figure 17. Southern Region NGO Māori Child & Adolescent Mental Health Workforce (2006)**



The majority (55%) of the Southern region Māori NGO staff held Non-Clinical positions mainly as Mental Health Support Workers (12) (see Figure 18 & Table 29). Two held Other Non-Clinical roles and one was a Mental Health Consumer.

There were 12 Māori staff that held Clinical roles mainly as Alcohol & Drug Workers (4) and Social Workers (3). Two held 'Other Clinical' roles and one was a Psychiatrist (see Table 29).

**Figure 18. Southern Region NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

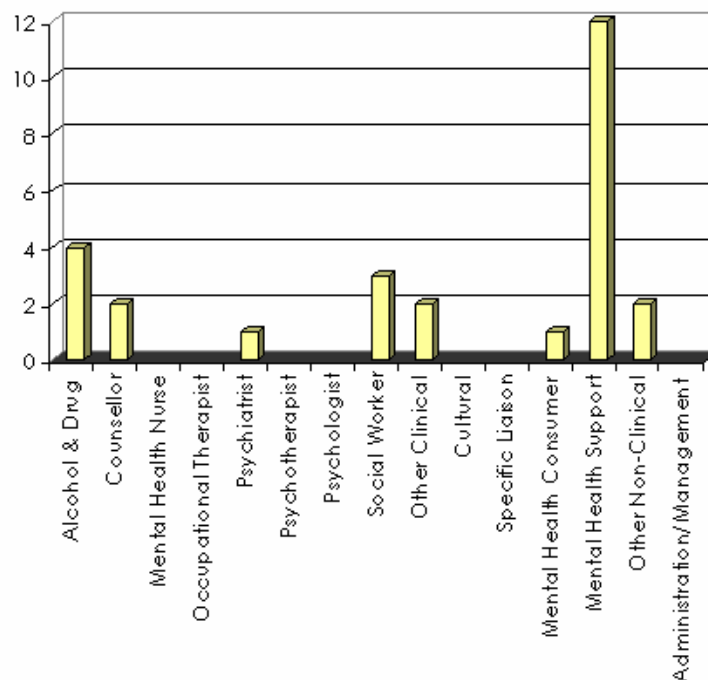


Table 29. NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Southern Region NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>12</b>	<b>2</b>	<b>15</b>	<b>0</b>	<b>27</b>
<b>Nelson Marlborough</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>3</b>
Gateway Housing Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1		1		1
Horizon Trust Board	-	-	-	-	-	-	-	-	-	0	-	-	1			1		1
<i>Ko Te Poumanawa Oranga O Te Tau Ihu O Te Waka A Maui Ltd</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	-		0		0
<i>Te Rapuora O Te Waiharakeke Trust</i>	-	-	-	-	-	-	-	1	-	1	-	-	-	-		0		1
<b>Canterbury</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>15</b>
Christchurch City Mission	1	-	-	-	-	-	-	-	-	1	-	-	-	-		0		1
Odyssey House Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1		1		1
<i>Purapura Whetu Trust</i>	-	-	-	-	-	-	-		2	2	-	-	-	-		0		2
Richmond Fellowship	-	-	-	-	-	-	-	-	-	0	-	-	-	5		5		5
Stepping Stone Trust	-	-	-	-	-	-	-	2	-	2	-	-	-	2		2		4
<i>Stop Trust</i>	-	-	-	-	-	1	-	-	-	1	-	-	-	-		0		1
Waimakariri Community Development Trust	-	1	-	-	-	-	-	-	-	1	-	-	-	-		0		1

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

Table 29. NGO Māori Child & Adolescent Mental Health Workforce by Occupational Group

Southern Region NGOs Māori (Head Count June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>12</b>	<b>2</b>	<b>15</b>	<b>0</b>	<b>27</b>
<b>Otago</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>5</b>
Adventure Development Ltd	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
Aroha Ki Tamariki Charitable Trust	3	-	-	-	-	-	-	-	-	3	-	-	-	-	-	0	-	3
Costorphine Baptist Community Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1	1	-	1
<b>Southland</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>
PACT Group	-	-	-	-	-	-	-	-	-	0	-	-	-	3	-	3	-	3

### **Total Southern Region Māori Child & Adolescent Mental Health Workforce**

The Southern region DHB CAMHS (Inpatient & Community) and NGOs reported a total of **38** Māori staff (including Administration/Management staff) with the majority (71%) in NGOs (see Table 30).

**Table 30. Total Māori Child & Adolescent Mental Health Workforce**

Southern Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Nelson Marlborough	-	-	-	4	4
West Coast	-	2	2	-	2
Canterbury	2	4	6	15	21
South Canterbury	-	-	0	-	0
Otago	-	2	2	5	7
Southland	-	1	1	3	4
<b>Regional Total</b>	<b>2</b>	<b>9</b>	<b>11</b>	<b>27</b>	<b>38</b>

Note: Includes the Administration/Management Workforce

### **Māori Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Guidelines**

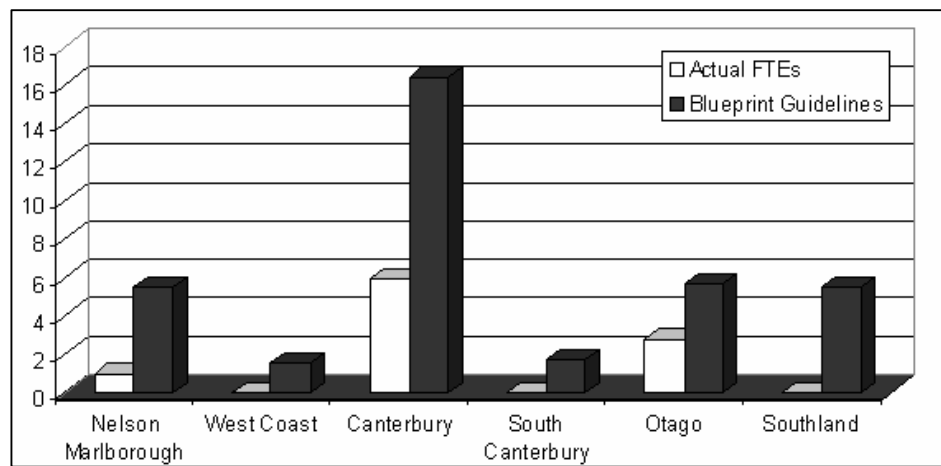
Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional Māori 0-19 population, the recommended Community Clinical FTEs for the regional Māori workforce was approximately **36.2** FTEs. However the regional Māori Community Clinical workforce totalled **9.7** FTEs. Therefore the regional Māori Community Clinical workforce would need to increase by 274% (26.5 Community Clinical FTEs) to meet the recommended regional guideline (see Table 31 & Figure 19).

**Table 31. Māori Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Guidelines (2006)**

Southern Region	Blueprint Guidelines 28.6/100,000 Total Pop	DHB & NGO Māori FTEs	FTEs per 0-19 yrs Māori Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>278.68</b>	<b>9.7</b>	<b>36.2</b>	<b>26.5</b>	<b>274</b>
Nelson Marlborough	37.6	1	5.5	4.5	
West Coast	9.2	0	1.5	1.5	-
Canterbury	133.8	5.9	16.4	10.5	178
South Canterbury	15.4	0	1.7	1.7	-
Otago	51.9	2.8	5.7	2.9	103
Southland	30.8	0	5.5	5.5	-



**Figure 19. Southern Region Māori Community Clinical Child & Adolescent Mental Health Workforce compared to the MHC Blueprint Guidelines (2006)**



## Pacific

### ***DHB Inpatient Pacific Child & Adolescent Mental Health Workforce***

Since March 2004, one Pacific staff member had joined the Canterbury DHB Inpatient Units as a Mental Health Nurse.

### ***Pacific DHB Community CAMHS Workforce***

While there was only one Pacific Psychologist reported by one Southern region DHB Community CAMHS in March 2004, there were no Pacific staff members reported by any of the region's DHB Community CAMHS in 2006.

### ***NGO Pacific Workforce***

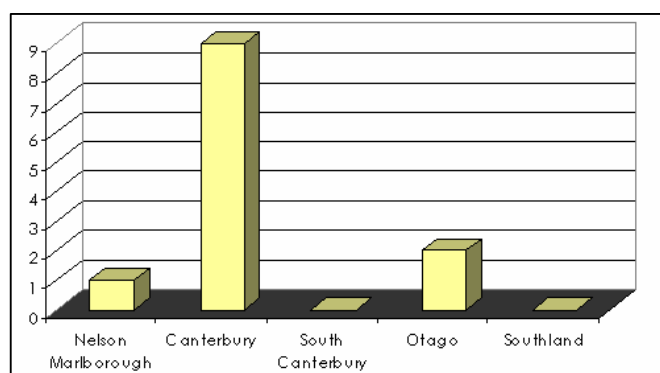
As at 30<sup>th</sup> June 2006, the Southern region NGOs reported a total of **12** Pacific staff (6 Clinical & 6 Non-Clinical FTEs) which made up approximately 9% of the total Southern region NGO workforce. The NGOs in the Canterbury DHB area reported the largest Pacific NGO workforce (9) (see Table 32 & Figure 20).

**Table 32. NGO Pacific Child & Adolescent Mental Health Workforce**

Southern Region NGOs	Pacific	
	2004	2006
Nelson Marlborough	-	1
Canterbury	7	9
South Canterbury	-	-
Otago	-	2
Southland	-	-
<b>Regional Total</b>	<b>7</b>	<b>12</b>

Note: Includes Kaupapa Māori Services

**Figure 20. Southern Region NGO Pacific Child & Adolescent Mental Health Workforce (2006)**



There was an equal number of Pacific staff that held both Clinical and Non-Clinical positions (see Table 35). Pacific staff in Clinical roles (6) were mainly Social Workers (5) and one was a Mental Health Nurse.

Pacific staff in Non-Clinical roles were mainly Mental Health Support Workers (5) and one held a Non-Clinical position (see Figure 21 & Table 35).

**Figure 21. Southern Region NGO Pacific Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

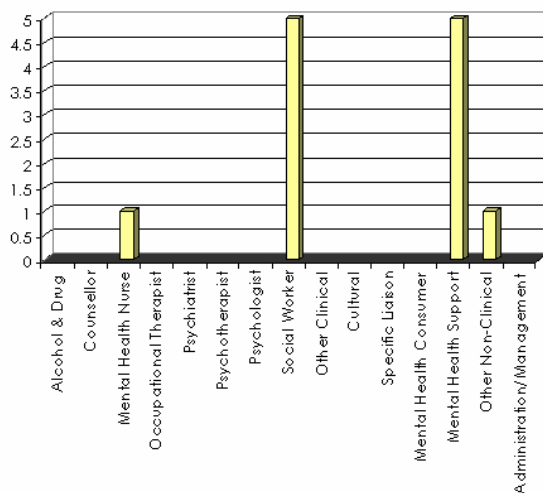


Table 33. NGO Pacific Child & Adolescent Mental Health Workforce by Occupational Group

Southern Region NGOs Pacific (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Regional Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>12</b>
<b>Nelson Marlborough</b>	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
<i>Te Rapuora O Te Waiharakeke Trust</i>	-		1	-	-	-	-	-		1	-	-	-	-	-	0	-	1
<b>Canterbury</b>	0	0	0	0	0	0	0	5	0	5	0	0	0	4	0	4	0	9
Odyssey House Trust	-	-	-	-	-	-	-			0	-	-	-	1	-	0	-	1
Pacific Trust Canterbury	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1	-	2
Richmond Fellowship	-	-	-	-	-	-	-	4	-	4	-	-	-	1	-	1	-	5
Stepping Stone Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<b>Otago</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	0	2
Costorphine Baptist Community Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1	1	-	1
The Mount Cargill Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

### **Total Southern Region Pacific Child & Adolescent Mental Health Workforce**

The Southern region DHB CAMHS (Inpatient & Community Services) and NGOs reported a total of **13** Pacific staff (including Administration/Management staff) with the majority (92%) in NGOs (see Table 34).

**Table 34. Total Pacific Child & Adolescent Mental Health Workforce (2006)**

Southern Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Nelson Marlborough	-	-	0	1	1
West Coast	-	-	0	-	0
Canterbury	1	-	1	9	10
South Canterbury	-	-	0	-	0
Otago	-	-	0	2	2
Southland	-	-	0	-	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>12</b>	<b>13</b>

Note: Includes the Administration/Management Workforce

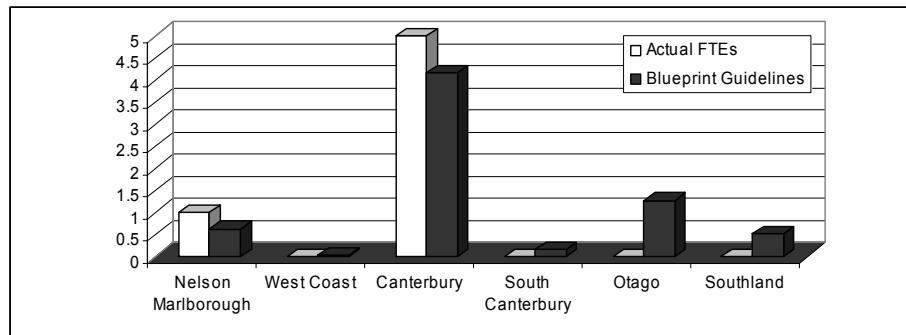
### **Southern Region Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines**

Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional Pacific 0-19 population, the recommended Community Clinical FTEs for the regional Pacific workforce was approximately **6.8** FTEs. The regional Pacific Community Clinical workforce totalled **6.0** FTEs. Therefore the regional Pacific Community Clinical workforce is very close to Blueprint levels and would only need to increase by 13% (0.8 Community Clinical FTEs) to meet the recommended regional guideline (see Table 35 & Figure 22)

**Table 35. Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines (2006)**

Southern Region	Blueprint Guidelines 28.6/100,000 Total Pop	DHB & NGO Pacific Community Clinical FTEs	FTEs per Pacific Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>278.68</b>	<b>6.0</b>	<b>6.8</b>	<b>0.8</b>	<b>13</b>
Nelson Marlborough	37.6	1.0	0.6	-0.4	-38
West Coast	9.2	0	0.0	0.0	-
Canterbury	133.8	5.0	4.2	-0.8	-17
South Canterbury	15.4	0	0.2	0.2	-
Otago	51.9	0	1.3	1.3	-
Southland	30.8	0	0.5	0.5	-

**Figure 22. Southern Region Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guideline (2006)**



## **Asian**

### ***DHB Inpatient Asian Child & Adolescent Mental Health Workforce***

As at June 2006, there were no Asian workforce reported by the Canterbury DHB Inpatient Units.

### ***DHB Community Asian Child & Adolescent Mental Health Workforce***

As at 30<sup>th</sup> June 2006, only one Southern region DHB Community CAMHS, Nelson Marlborough, reported one Asian staff member that held a Clinical position as a Psychologist.

### ***NGO Asian Child & Adolescent Mental Health Workforce***

As at 30<sup>th</sup> June 2006, only one NGO in the Southern region, *Stepping Stone Trust, Canterbury*, reported a total of 4 Asian staff. One held a Clinical position as a Social Worker and three held Non-Clinical positions as Mental Health Support Workers (see Table 38).

### ***Total Southern Region Asian Child & Adolescent Mental Health Workforce***

Nelson Marlborough DHB Community CAMHS and NGOs in the Canterbury DHB area reported a total of **5** Asian staff (including Administration/Management staff) in the Southern region (see Table 36).

**Table 36. Total Asian Child & Adolescent Mental Health Workforce (2006)**

Southern Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Nelson Marlborough	-	1	1	-	1
West Coast	-	-	0	-	0
Canterbury	-	-	0	4	4
South Canterbury	-	-	0	-	0
Otago	-	-	0	-	0
Southland	-	-	0	-	0
<b>Regional Total</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>5</b>

Note: Includes the Administration/Management Workforce

***Southern Region Asian Child & Adolescent Mental Health Workforce as a proportion of the Asian 0-19 yrs Population***

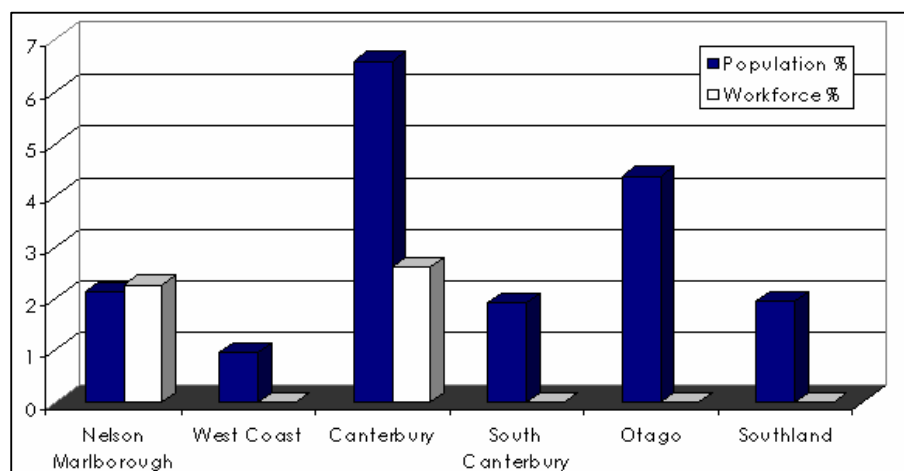
In 2006, 5% of the total Southern region child and adolescent population were Asian children and adolescents with the majority (69%) residing in Canterbury DHB area. The total Southern region Asian workforce accounted for 2% of the total workforce. Therefore, regionally, there was a 3% disparity between the total Asian workforce and the percentage of the Asian 0-19 years population in the region. Larger disparities existed within the majority of the individual DHB areas where there were no Asian workforce reported, with the largest disparity in the Otago DHB area where one of the larger proportions (4%) of the Southern region Asian 0-19 year population resides (see Table 37 & Figure 23).

**Table 37. Asian Child & Adolescent Mental Health Workforce as a proportion of the Asian 0-19 yrs Population**

Southern Region	2006 0-19 yrs Popn	2006 Asian 0-19 yrs Popn	%	Total 2006 Asian Workforce	Total 2006 CAMHS Workforce <sup>1</sup>	%
Nelson Marlborough	34,806	735	2	1	44	2
West Coast	8,151	45	1	0	9	0
Canterbury	125,832	8,139	6	4	153	3
South Canterbury	14,046	267	2	0	9	0
Otago	48,735	2,154	4	0	54	0
Southland	28,440	537	2	0	24	0
<b>Regional Total</b>	<b>260,010</b>	<b>11,877</b>	<b>5</b>	<b>5</b>	<b>293</b>	<b>2</b>

1. Estimated from Actual FTE Data

**Figure 23. Southern Region Asian Child & Adolescent Mental Health Workforce as a proportion of the Asian 0-19 yrs Population (2006)**





## Southern Region Access to Child & Adolescent Mental Health Services

The following section has been extracted from the MHINC 2004 and 2005 analyses. The majority of the MHINC access data has been analysed nationally and can be accessed separately via the Werry Centre website. Therefore this section only contains access data that was relevant to the Southern region.

The data reported in this section is mainly based on the 2<sup>nd</sup> 6 months of 2005 and the 2<sup>nd</sup> 6 months of 2004 is used as a comparison.

### Southern Region Access by Gender, Age Group & Ethnicity

Since the end of 2004, the Southern region continued to have the second highest number of total clients accessing mental health services compared to other the regions (see Appendix D, Table 5). There was approximately a 5% increase in the total number of clients accessing services in the Central region.

Canterbury DHB CAMHS has continued to report the highest number of total clients (60%) in the region followed by Otago, Nelson Marlborough, Southland, West Coast and South Canterbury DHB CAMHS (see Table 38). While most of the DHBs in the region experienced an increase in the number of clients, South Canterbury had a 15% decrease in clients since the end of 2004.

**Table 38. Clients by Gender & Age Group**

Southern Region	Gender								
	Male				Female				DHB Total
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total	
<b>2nd 6mo 2004</b>	<b>560</b>	<b>862</b>	<b>936</b>	<b>2,358</b>	<b>232</b>	<b>512</b>	<b>1,159</b>	<b>1,903</b>	<b>4,261</b>
Nelson Marlborough	79	134	169	382	43	113	205	361	743
West Coast	30	52	47	129	8	23	53	84	213
Canterbury	230	308	340	878	100	169	425	694	1,572
South Canterbury	39	41	39	119	8	27	47	82	201
Otago	135	224	230	589	57	129	295	481	1,070
Southland	47	103	111	261	16	51	134	201	462
<b>2nd 6mo 2005</b>	<b>545</b>	<b>897</b>	<b>1,053</b>	<b>2,495</b>	<b>217</b>	<b>557</b>	<b>1,230</b>	<b>2,004</b>	<b>4,499</b>
Nelson Marlborough	90	135	198	423	30	112	216	358	781
West Coast	24	48	45	117	13	22	55	90	207
Canterbury	260	347	387	994	99	192	454	745	1,739
South Canterbury	20	36	54	110		13	48	61	171
Otago	109	214	269	592	60	145	297	502	1,094
Southland	42	117	100	259	15	73	160	248	507

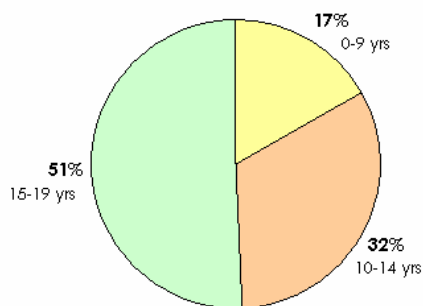
### **Gender**

At the end of 2005, over half (55%) of the total number of clients in the region were male.

### **Age Group**

Access to mental health services in the Southern region increased with age for both male and female clients with just over half (51%) of the clients in the 15-19 year age group (see Table 38).

**Figure 24. Southern Region Clients by Age Group (2<sup>nd</sup> 6mo 2005)**



While there were more male clients accessing services in the 0-9 and the 10-14 year age group, there were slightly more female clients accessing services in the 15-19 year age group.

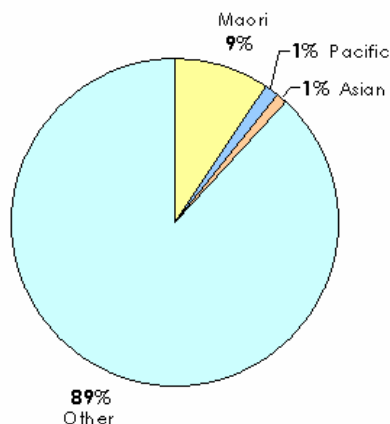
Both male and female client access to mental health services in all of the DHB CAMHS in the Southern region increased with age. While the majority of clients accessing mental health services in the 0-9 and 10-14 year age group were male, there were slightly more females accessing services in the 15-19 year age group in all of the DHB CAMHS (see Table 38).

### **Ethnicity**

#### **Māori**

In the second 6 months of 2005, 9% of the total number of clients accessing mental health services in the Southern region were Māori with almost half (48%) of the total Māori clients in the 15-19 year age group (see Table 39 & Figure 25).

**Figure 25. Southern Region Clients by Ethnicity (2<sup>nd</sup> 6 mo 2005)**



From the end of 2004 to the end of 2004, there was a 4% increase in the total number of Māori clients accessing services in the region.

Although Canterbury DHB reported the largest number of Māori clients in the region, West Coast DHB reported the largest proportion of Māori clients (19% of total clients). While most of the DHBs in the region experienced an increase in the total number of Māori clients, Nelson Marlborough and West Coast DHBs reported a decrease in Māori clients.

**Table 39. Clients by Gender & Ethnicity**

Southern Region	Male				Female			
	Māori	Pacific	Asian	Other	Māori	Pacific	Asian	Other
<b>2nd 6mo 2004</b>	<b>202</b>	<b>16</b>	<b>18</b>	<b>1,805</b>	<b>145</b>	<b>20</b>	<b>14</b>	<b>1,484</b>
Nelson Marlborough	38	2	3	331	36	3	0	306
West Coast	26	2	1	102	17	1	0	73
Canterbury	72	6	8	743	56	8	9	590
South Canterbury	11	1	0	100	4	2	1	69
Otago	55	5	6	529	32	6	4	446
Southland	31	3	1	209	24	3	0	165
<b>2nd 6mo 2005</b>	<b>206</b>	<b>27</b>	<b>24</b>	<b>1,767</b>	<b>136</b>	<b>21</b>	<b>22</b>	<b>1,425</b>
Nelson Marlborough	40	5	2	365	21	2	4	327
West Coast	19	3	1	99	10	0	0	78
Canterbury	93	13	8	848	53	9	16	631
South Canterbury	10	1	0	91	4	0	1	60
Otago	49	6	13	532	43	10	3	445
Southland	35	4	2	197	26	2	2	211

### Pacific

One percent of the total number of clients accessing mental health services in the Southern region were Pacific clients with over half (58%) in the 15-19 year age group (see Table 41 & Figure 25).

Since the end of 2004, there was very little change in the total number of Pacific clients across all DHBs in the region.

### Asian

One percent of the total number of clients accessing mental health services in the Southern region were Asian clients with almost three quarters (70%) of the clients in the 15-19 year age group (see Table 41 & Figure 25).

There was very little change in the total number of Asian clients accessing services across all DHBs in the region.

## 2005 Northern Region Access Rates compared to MHC Blueprint Strategic Benchmarks

The 2004 and 2005 MHINC access data was analysed by six months to determine the six monthly benchmark access rates for each region and DHB. The access rates presented in this section were calculated by dividing the clients in each age band per six month period by the corresponding 2004/2005 projected population (prioritised ethnicity statistics). The regional access rates have been compared to the Mental Health Commission's benchmarks for access to services for the 0-9, 10-14 and 15-19 age groups which are 1%, 3.9% and 5.5% (per 100, 000 under 20 years population) respectively.

Regional access data indicates that the Southern region had the highest access rates in the country (see Appendix D, Table 8). Since 2004, there has been a slight increase in access rates but these rates have continued to remain well below the Mental Health Commission's access benchmarks for all three age groups especially in the 15-19 year age group (see Tables 40 & 41).

**Table 40. Access Rates compared to MHC Strategic Benchmarks**

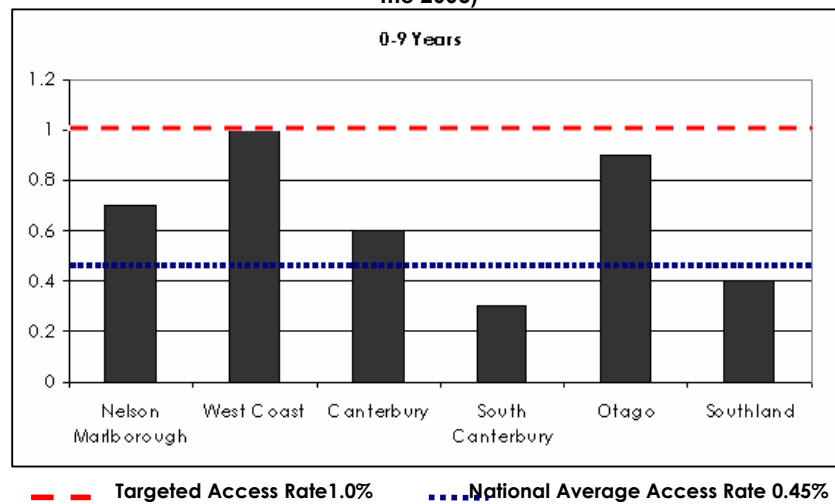
Southern Region Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
2 <sup>nd</sup> 6mo 2004	0.7%	1.9%	2.8%	1.6%
2 <sup>nd</sup> 6mo 2005	0.6%	2.1%	3.0%	1.7%

Access rates for the majority the DHB CAMHS remained below the strategic assess benchmarks for all three age groups. Access rates for West Coast DHB indicates that the DHB met the strategic access benchmark for the 0-9 year age group and came close to benchmark levels in the other two age groups (see Table 41 & Figures 26-28).

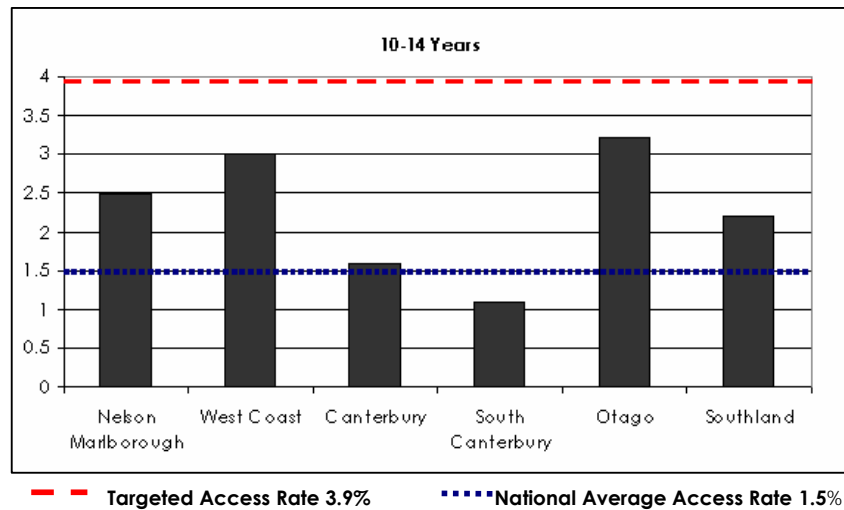
**Table 41. DHB Access Rates compared to MHC Strategic Benchmarks**

Southern Region Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
Nelson Marlborough	0.7%	2.5%	4.1%	2.1%
West Coast	1.0%	3.0%	4.5%	2.5%
Canterbury	0.6%	1.6%	2.3%	1.4%
South Canterbury	0.3%	1.1%	2.7%	1.2%
Otago	0.9%	3.2%	3.4%	2.3%
Southland	0.4%	2.2%	3.2%	1.6%

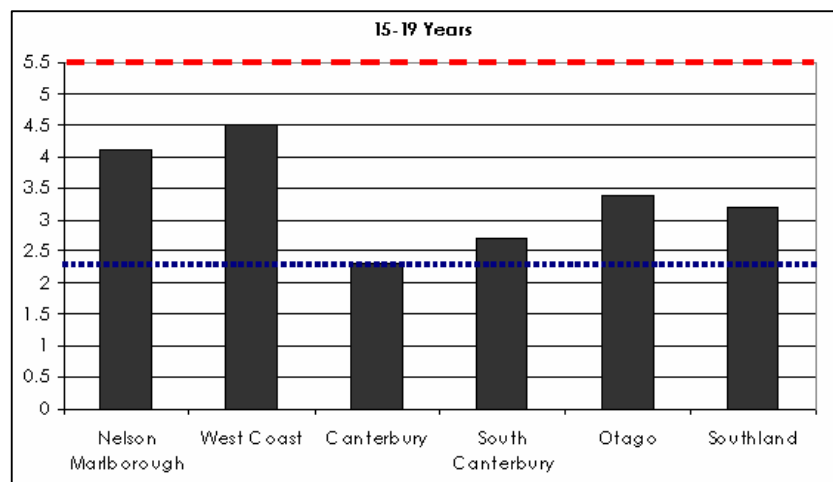
**Figure 26. Southern Region 0-9 yrs Access Rates compared to MHC Strategic Benchmarks (2<sup>nd</sup> 6 mo 2005)**



**Figure 27. Southern Region 10-14 yrs Access Rates compared to MHC Strategic Benchmarks (2<sup>nd</sup> 6 mo 2005)**



**Figure 28. Southern Region 10-15 yrs Access Rates compared to MHC Strategic Benchmarks (2<sup>nd</sup> 6 mo 2005)**



## Southern Region Māori Access Rates

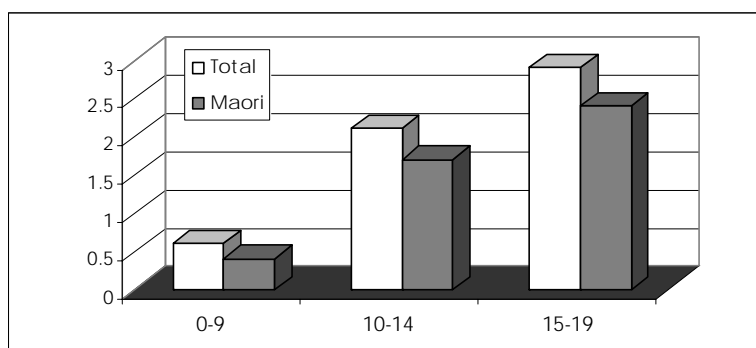
The total Southern region 0-19 years Māori access rate of 1.2% was lower than the total regional access rate of 1.7%, but remained well below the MHC's strategic access benchmark of 3.0% (see Table 42 & Figures 29 & 30).

Māori access rates were lower than the regional client access rates across all three age groups and DHBs with the lowest access rates in South Canterbury and Canterbury DHB areas (see Table 42 & Figure 30).

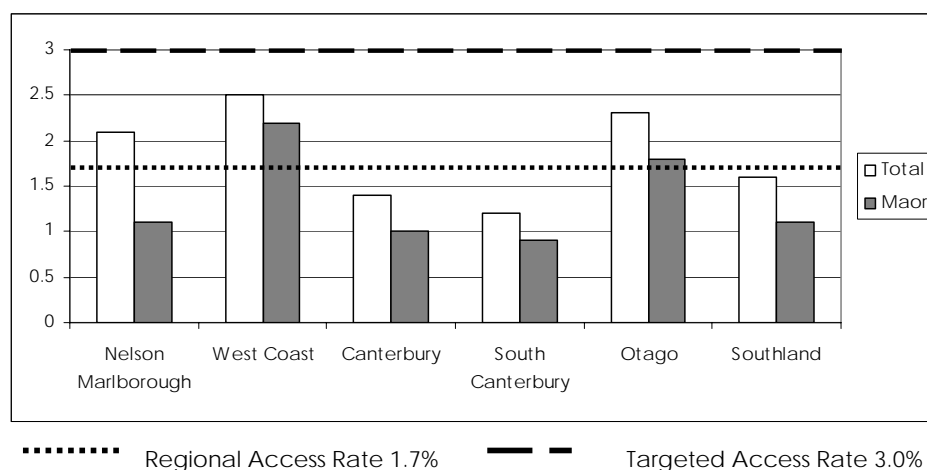
**Table 42. Māori Access Rates compared to MHC Strategic Benchmarks**

Māori Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
<b>Southern Region</b>	<b>0.6%</b>	<b>2.1%</b>	<b>2.9%</b>	<b>1.7%</b>
<b>Total Southern Region Māori</b>	<b>0.4%</b>	<b>1.7%</b>	<b>2.4%</b>	<b>1.2%</b>
<b>Nelson Marlborough</b>	<b>0.7%</b>	<b>2.5%</b>	<b>4.1%</b>	<b>2.1%</b>
Māori	0.3%	1.5%	2.7%	1.1%
<b>West Coast</b>	<b>1.0%</b>	<b>3.0%</b>	<b>4.5%</b>	<b>2.5%</b>
Māori	0.9%	3.5%	2.9%	2.2%
<b>Canterbury</b>	<b>0.6%</b>	<b>1.6%</b>	<b>2.3%</b>	<b>1.4%</b>
Māori	0.3%	1.5%	1.9%	1.0%
<b>South Canterbury</b>	<b>0.3%</b>	<b>1.1%</b>	<b>2.8%</b>	<b>1.2%</b>
Māori	0.4%	1.0%	1.9%	0.9%
<b>Otago</b>	<b>0.9%</b>	<b>3.2%</b>	<b>3.4%</b>	<b>2.3%</b>
Māori	0.5%	2.5%	3.3%	1.8%
<b>Southland</b>	<b>0.4%</b>	<b>2.2%</b>	<b>3.2%</b>	<b>1.3%</b>
Māori	0.3%	1.6%	2.3%	1.1%

**Figure 29. Southern Region Māori Access Rates compared to Southern Region Access Rates (2<sup>nd</sup> 6 mo 2005)**



**Figure 30. Southern Region 0-19 Māori Access Rate compared to Southern Region 0-19 Access Rate (2<sup>nd</sup> 6mo 2005)**



### ***Southern Region Pacific Access Rates***

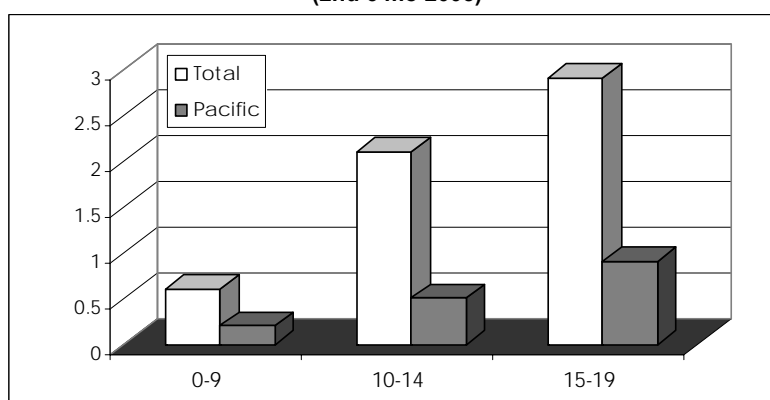
The total Southern region 0-19 years Pacific access rate of 0.9% was lower than the total regional access rate of 1.7%, and remained well below the MHC's strategic access benchmark of 3.0% (see Table 43 & Figure 31).

Pacific access rates were lower than the regional client access rates across all three age groups and all but one DHB in the region. Pacific access rates were higher than West Coast DHB's access rates for the 0-9 and 10-14 year age groups and higher than the total 0-19 years access rate. The Pacific 0-19 year access rate was also higher than the MHC's strategic access benchmark (see Table 43 & Figure 32).

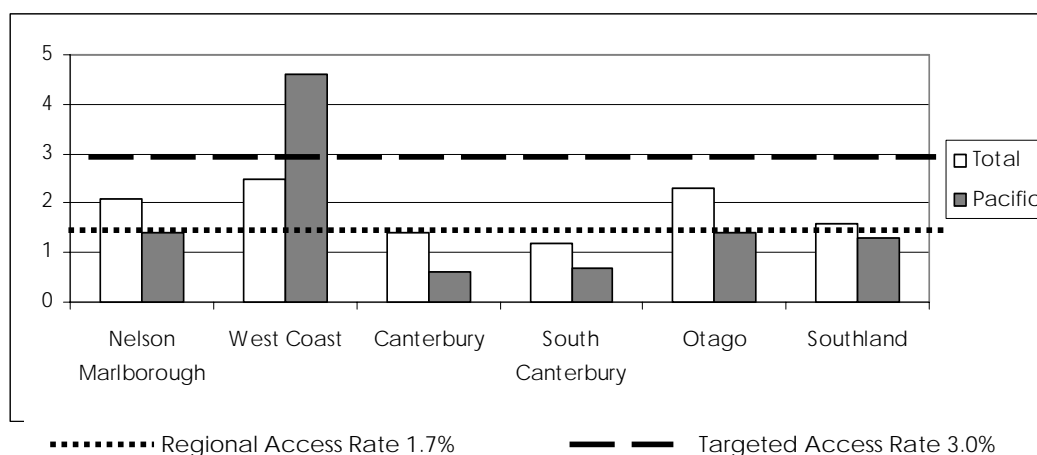
**Table 43. Pacific Access Rates compared to MHC Strategic Benchmarks**

Pacific Access Rates 2 <sup>nd</sup> 6mo 2005	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
<b>Southern Region</b>	<b>0.6%</b>	<b>2.1%</b>	<b>2.9%</b>	<b>1.7%</b>
<b>Total Southern Region Pacific</b>	<b>0.2%</b>	<b>1.1%</b>	<b>2.1%</b>	<b>0.9%</b>
<b>Nelson Marlborough</b>	<b>0.7%</b>	<b>2.5%</b>	<b>4.1%</b>	<b>2.1%</b>
Pacific	0%	2.2%	3.2%	1.4%
<b>West Coast</b>	<b>1.0%</b>	<b>3.0%</b>	<b>4.5%</b>	<b>2.5%</b>
Pacific	4.0%	6.7%	4.0%	4.6%
<b>Canterbury</b>	<b>0.6%</b>	<b>1.6%</b>	<b>2.3%</b>	<b>1.4%</b>
Pacific	0.1%	1.0%	1.3%	0.6%
<b>South Canterbury</b>	<b>0.3%</b>	<b>1.1%</b>	<b>2.8%</b>	<b>1.2%</b>
Pacific	0%	3.3%	0.0%	0.7%
<b>Otago</b>	<b>0.9%</b>	<b>3.2%</b>	<b>3.4%</b>	<b>2.3%</b>
Pacific	0.7%	0%	4.0%	1.4%
<b>Southland</b>	<b>0.4%</b>	<b>2.2%</b>	<b>3.2%</b>	<b>1.6%</b>
Pacific	0%	2.9%	2.1%	1.3%

**Figure 31. Southern Region Pacific Access Rates compared to Southern Region Access Rates (2nd 6 mo 2005)**



**Figure 32. Southern Region Pacific 0-19 yrs Access Rates compared to Southern Region 0-19 yrs Access Rates (2<sup>nd</sup> 6mo 2005)**



### ***Southern Region Asian Access Rate***

Due to very small numbers of Asian clients accessing mental health services per age group, the population based access rate based on the 2006 Census Statistics (2005 Asian population was not available) was calculated for the 0-19 year age group only.

The Southern region Asian access rate was 0.4% for 2005 which was clearly the lowest rate out of the four ethnic groups.

The low access rates against strategic benchmarks in the Southern region can be attributed to a real deficit in service delivery, however, incomplete DHB returns to MHINC, low numbers of NGOs that were contributing to MHINC and the lack of data that is captured from other government funded agencies could also be contributing factors.



## Southern Region Summary

### Population Profile of the Southern Region

- The Southern region had New Zealand's 2nd largest (22%) child & adolescent population mainly residing in the Canterbury (48%) DHB area.
- Nearly half (46%) of the region's child & adolescent population were in the 0-9 year age group.
- The Southern region had New Zealand's smallest (13%) Māori child & adolescent population. Although Canterbury had the largest Māori population, Southland DHB had the largest proportion of Māori children & adolescents in the region.
- The Southern region had New Zealand's third largest (6%) Pacific child & adolescent population residing largely in the Canterbury DHB area.
- The Southern region had the third largest (12%) Asian child & adolescent population residing largely in the Canterbury DHB area.

### Southern Region Child & Adolescent Mental Health Services

- There are 6 DHB CAMHS providing specialist child & adolescent mental services in the Southern region: Nelson Marlborough, West Coast, Canterbury, South Canterbury & Otago & Southland DHBs.
- 28 DHB Funded NGOs were identified for the reporting period (as at 30<sup>th</sup> June 2006) and workforce data from 27 NGOs was included in this update.
- Of the 27 NGOs, there were 5 child & adolescent funded Kaupapa Māori NGOs and one Pacific NGO identified in the Southern region.

### Southern Region Funding of Child & Adolescent Mental Health Services

- Since the 2004/2005 financial year, there was a 4% increase in the total funding for child & adolescent mental health services (a 4% increase in total DHB & a 7% increase in total NGO provider funding) with DHB providers receiving 78% of the total funding.
- There was a 2% increase in the regional spend per child (excluding Inpatient costs) and a 5% increase when Inpatient costs were included.

### Southern Region Child & Adolescent Mental Health Workforce

- The Southern region DHB (Inpatient & Community) CAMHS & NGOs reported a total of **337.36** actual FTEs with a further **21.54** FTEs reported vacant with the majority of vacancies (98%) reported by the DHB CAMHS.
- The Southern region DHB (Inpatient & Community) CAMHS reported the largest total child & adolescent workforce (**204.81** actual FTEs) in the region.
- 67% of the Southern region child & adolescent mental health workforce were Clinical staff with the majority (74%) in DHB CAMHS & consisted largely of Mental Health Nurses (60.7 actual FTEs), Social Workers (31.48 actual FTEs) & Psychologists (28.45 actual FTEs).
- The DHB CAMHS Non-Clinical workforce consisted largely of Cultural Workers (5.4 actual FTEs).
- 22% of the total region's workforce were Non-Clinical workforce with the majority (89%) in NGOs & consisted largely of Mental Health Support Workers (59.0 actual FTEs).
- The NGO Clinical workforce consisted largely of Social Workers (15.7 actual FTEs).
- DHB CAMHS & NGOs reported a total of **189.21** actual Community Clinical FTEs. Therefore the Community Clinical workforce would need to increase by **47%** to meet the MHC's recommended Community Clinical resource guideline of 278.68 actual FTEs.
- Since 2004, there was a 10% decrease in the total Community Clinical workforce. The larger 2004 Clinical workforce can be attributed to the inclusion of a number of adult

FTEs from the NGO sector. With improved data collection processes and coupled with higher reporting (100% response rate) from the NGO sector, the data is a more accurate reflection of the Southern region Community Clinical workforce.

- Although there was a 30% increase in the regional Psychiatry workforce (from 13.38 to 17.33 actual FTEs) since 2004, the workforce remained well below the regional WHO recommendation of 26.0 actual FTEs. Therefore the regional Psychiatry workforce would need to increase by 57%.

## **Ethnicity of the Northern Region Child & Adolescent Mental Health Workforce**

### ***Māori***

- Southern region DHB CAMHS & NGOs reported a total of **38** (9.7 Clinical FTEs, 16.8 Non-Clinical FTEs) Māori staff.
- The majority of the region's Māori workforce (71%) was employed in NGOs.
- Māori staff in DHB CAMHS were largely in Non-Clinical roles as Cultural Workers (7).
- Over half (56%) of the Māori staff were in Non-Clinical roles mainly as Mental Health Support Workers (12).
- Māori NGO Clinical staff were mainly Alcohol & Drug Workers (4), Social Workers (3) & Counsellors (2).
- The Southern region DHB CAMHS & NGOs reported a total of **9.7** actual Community Clinical FTEs. Using the MHC Blueprint Resource Guidelines and proportioning according to the 0-19 yr population, for the regional Māori Community Clinical workforce would need to increase by 274% (26.5 Community Clinical FTEs) to meet the regional recommended guideline of 36.2 FTEs.

### ***Pacific***

- Southern region DHB CAMHS & NGOs reported a total of **13** (6.5 Clinical FTEs & 6 Non-Clinical FTEs) Pacific Staff.
- Almost all (92%) of the region's Pacific staff were employed in NGOs.
- There was only one Pacific staff reported by Canterbury DHB Inpatient CAMHS who held a Clinical position as a Mental Health Nurse.
- In NGOs, there were equal numbers of Pacific staff in Clinical & Non-Clinical (support for client) roles. Pacific Clinical staff were mainly Social Workers (5) & Non-Clinical staff were mainly Mental Health Support Workers (5).
- The Southern region DHB CAMHS & NGOs reported a total of **6.0** actual Community Clinical FTEs. Using the MHC Blueprint Resource Guidelines and proportioning according to the 0-19 yr population, the Pacific Community Clinical workforce would need to increase by 13% (0.8 community clinical FTEs) to meet the regional recommended guideline of 6.8 FTEs.

### ***Asian***

- Southern region DHB CAMHS & NGOs reported a total of 5 Asian Staff.
- The majority of the Asian staff (80%) were employed in NGOs.
- There was one Asian staff (Psychologist) reported by Nelson Marlborough DHB Community CAMHS.
- There was 4 Asian staff reported by a Southern region NGO. The majority held Non-Clinical positions as Mental Health Support Workers (3) & one held a Clinical position as a Social Worker.
- Asian children & adolescents made up 5% of the total Southern region's 0-19 yrs population while the Asian workforce made up 2% of the region's total CAMH workforce. Therefore, the region's Asian workforce would need to increase by 3% to adequately reflect the region's Asian proportion of the population.

## **2005 Southern Region Access to Child & Adolescent Mental Health Services**

- The Southern region reported the second highest number of clients accessing mental health services in the country with Canterbury DHB reporting the highest number (60%) in the region.
- There was a 5% increase in the total number of clients in the Southern region.
- Just over half (51%) of the total number of clients were in the 15-19 year age group. While there more male clients accessing services in the 0-9 & 10-14 year age groups, there more female clients accessing services in the 15-19 year age group.
- The Southern region access rates (2<sup>nd</sup> 6 months 2005) for the 0-9, 10-14, 15-19 yr age groups were 0.6%, 2.1%, 2.9% respectively.
- The Southern region access rates for the 2<sup>nd</sup> 6 months of 2005 for the 0-19 year population of 1.7% continued to be well below the MHC's access benchmark of 3.0% with the largest disparity (3.1%) in the 15-19 year age group.
- 9% of clients in the Southern region were Māori with a 4% increase in Māori clients since 2004.
- The total Māori 0-19 years access rate of 1.2% was lower than the region's total access rate of 1.7% and this was the case for all three age groups & across all DHBs.
- 1% of clients in the Southern region were Pacific with very little change in numbers since 2004.
- The total Pacific 0-19 years access rate of 0.9% was also lower than the region's total access rate of 1.7% and this was the case for all three age groups across DHBs in the region except for West Coast DHB where the Pacific access rates were higher than the DHB's total access rates. Pacific access rates were also higher than the MHC's strategic access benchmarks. However, these rates are possibly due to the very small Pacific population in the DHB area.
- 1% of clients accessing mental health services in the Southern region were Asian with very little change in numbers since 2004.
- Based on the 2006 Asian population, the total 0-19 years Asian access rate for the region was 0.4% for 2005, the lowest rate out of the four ethnic groups.
- The low access rates against strategic benchmarks in the Southern region can be attributed to a real deficit in service delivery, however, incomplete DHB returns to MHINC, low numbers of NGOs that were contributing to MHINC & the lack of data that is captured from other government funded agencies could also be contributing factors.



**Southern Region Māori Tamariki & Rangatahi  
Mental Health Workforce**

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**Tania Cargo**



## Introduction

*Hutia te rito o te harakeke,  
kei hea te komako e ko.  
Rere ki uta  
rere ki tai.*

*Ki mai koe ki au,  
'He aha te mea nui o te Ao?'  
Maku e ki, He tangata, he tangata, he tangata*

If the centre [fruiting] shoot of the flax bush were plucked  
where would the bellbird sing?  
You fly inland  
you fly to the sea  
You ask me,  
'What is the most important thing in the world  
I would say, 'Tis people, 'tis people,' tis people'

Translation: Joan Metge (1995, p13)

In whaikorero, this whakatauki has been used as a metaphor for whānau. Harakeke grows in a fan like formation, with new growth emerging from the centre. This new growth is called the “rito” and is likened, to the young child, with the leaves either side of the rito representing the mātua (parents). In flax harvesting, the rito and mātua are never cut which ensures the plant survives. It is useful then, for this current Stocktake Update of Child, Adolescent Mental Health Services (CAMHS) to view Māori tamariki and rangatahi from within this harakeke metaphor, so that our children are not viewed in isolation but are embodied within their whānau, hapu, iwi.

It is also important to acknowledge both that Māori as Tangata Whenua have their indigenous status validated in government legislation (Treaty of Waitangi) and that their wholistic views of health (Te Whare Tapa Wha) are recognized in a variety of national and international health literature (World Health Organization, 2001).

In order to make this Stocktake Update more regionally relevant, the data is presented in four regional chapters (Northern, Midland, Central & Southern) and “Prioritised Ethnicity” data used from the 2006 Census.

### **Māori Tamariki, Rangatahi & their Whānau**

According to the 2006 Census information, Māori make up almost 15% of the population, with almost one in two Māori being under the age of 20.

The 2006 Census also reveals that the majority of Māori live in urban areas (85%) in the North Island (87%) with almost a quarter (24.3%) of all Māori living in the Auckland region.



The 2001 Census showed<sup>5</sup> that whilst the majority of tamariki live in two parent homes, 35% live in one parent homes where the median income was below \$15,000. It also revealed that Māori tamariki and rangatahi comprised half of all identified speakers of Te Reo.

This information has important implications for the ability of mental health services to respond appropriately to Māori tamariki, rangatahi and their Whānau, both in terms of being able to speak Te Reo but also in their ability to support Whānau with limited financial resources living in urban environments.

## **Prevalence of Mental Health Problems**

Māori rangatahi appear to have almost double the prevalence rates of serious mental health issues than non-Māori youth (Fergusson et. al., 2003) Fergusson and his colleagues (2003, p. 15) noted that Māori children were more likely than non-Māori to be reared in homes where

*“material disadvantage, family dysfunction and parental difficulties that were likely to contribute to future problems of adjustment.”*

However Durie (2005, p. 42) states that even after the material disadvantages are taken into account, disparities remain. He suggests a possible explanation may include discriminatory behaviour in the

*“provision of services and in the access to economic opportunities, culturally inappropriate design of goods and services, and cultural differences in values and aspirations.”*

Durie (2005) also suggests that ethnicity itself is a health determinant which is supported by Reid, Robson & Jones (2002) analysis of socio-economic and ethnic data in health services. In this analysis, Reid and colleagues describe three ethnic inequalities that exist in health services, the distribution gap (Māori are not distributed evenly across all deprivation deciles and are overly represented in the very deprived neighbourhoods (deciles 8-10); the outcome gap (Māori health outcomes are worse even after controlling for deprivation); and the gradient gap (socio-economic hardship impacts more heavily on Māori). These findings have important implications for delivery of appropriate health services to Māori.

During the second six months of 2005, Māori made up almost 20% of all clients seen by DHB specialist CAMHS (although they are 22% of the population).

A worrying trend is that Māori tamariki and rangatahi were overrepresented in the more serious areas of mental health and exhibit a greater severity of symptoms which are associated with poorer mental health outcome:

- 37% of all Early Intervention Psychosis clients (4% increase since 2004)
- 43% of all specialist substance programmes ((30% increase since 2004)
- 30% of all inpatient clients (3% increase since 2004)
- 40% of all court liaison services (8% increase since 2004).

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<sup>5</sup> 2006 Census data information was not available at the time of writing this report



The fact that all these areas increased since the previous year is also cause for concern. The challenge for mental health services is to intervene early (prevention), utilise Māori expertise to enhance culturally unique protective factors (Huriwai, 2002; Durie, 2001; Lawson, 1998) and work towards eliminating discriminatory behaviour in service design, provision and values.

### **Māori Service Provision**

Durie (2003) and others such as Lawson (1998) have argued that Māori must not only gain social, economic and political equity with non-Māori, which will help strengthen whānau (Durie, 2003) but must also be supported to build their own capacity and Kaupapa Māori mental health services.

Given the suggestion that ethnicity is a determinant of health (Reid et al., 2002 & Durie, 2005), the challenge is to provide kaupapa Māori mental health services which addresses not only the inequalities (benchmarked against non-Māori performance) but also develop tangible ways to strengthen Māori participation in Te Ao Māori (Durie, 2005) so that Māori specific measures are used to capture their absolute uniqueness (Pere, 1997).

The Blueprint for Mental Health services (MHC 1998, p. 45) also supported the provision of Kaupapa Māori mental health services.

*"In each region a proportion of the resource guidelines should be allocated to kaupapa Māori services, according to the proportion of Māori in the local population."*

However an analysis of resource (spend per child by DHB area) shows a trend towards those areas with the highest Māori population having less spend per child. Whilst larger spend does not necessarily equate to better service, it does make an economic statement which follows the socio-economic and deprivation indices.

Analysis also reveals that Auckland which has the largest number of Māori tamariki and rangatahi have no access to Ministry of Health funded (MHCS39) Kaupapa Māori mental health services. Whilst it is important to consider that Māori services may well deliver Kaupapa Māori services without receiving Ministry funding (as lack of funding does not transmit to lack of service provision). It would be interesting to know why some Iwi service providers (whom it may be assumed operate from a Kaupapa Māori base) did not have specialist Kaupapa Māori contracts.

Perhaps the final point is that in order to provide appropriate Māori services (now and in the future) the ethnic data collection methods need to be improved across the sector. It would also be useful for the MHC blueprint guidelines to have a comprehensive breakdown of the under 10 year old age group, as this age group covers infants, toddlers and pre-schoolers whose need/use is currently assumed to be the same as school age tamariki.

### **Māori Tamariki, Rangatahi & Whānau Workforce Development**

The Māori child and adolescent mental health workforce must not only grow to reflect true choice for Māori, but must also be able to provide cultural and clinical safety (MOH, 2002). This recognition that clinical competence cannot be separated from

culture identifies a new challenge for both the education and health sectors as they look at dual competency development.

In order to support Māori tamariki, rangatahi and their Whānau appropriately, a range of initiatives developed by and for Māori are required so that mental health services are utilised and have appropriate outcomes for Māori. This may require initiatives which focus on specialist services for infants, children and youth within the context of Whānau Ora (MOH, 2002). It may also require a look at how the sector defines the term 'clinical' and 'clinicians' which values non-Māori knowledge and expertise. As well as ways to work across a range of sectors (Health, Education, Justice and Social Policy) so that Māori need is identified early to enhance better health outcomes.

The following section strives to make the data more relevant and useful for the Māori tamariki, rangatahi and whānau mental health workforce and their agencies within the Southern Region, which includes at least 12 Māori Iwi/Runanga groupings: Ngāti Koata, Ngāti Raru, Te Atiawa, Ngāti Tama, Ngāti Kuia, Rangitane, Ngāti Apa, Ngāi Tahu, Ngāti Mamoe, Waitaha, Poutini Ngāi Tahu, Rakiura.

## Southern Region Māori Tamariki & Rangatahi Population

According to the 2006 Census data, a total of 73,653 Māori resided in the Southern Region. Of this, almost one in two (46%) are tamariki and rangatahi under the age of twenty. Māori tamariki and rangatahi comprised 13% of all children and adolescents in the Southern region (see Table 1).

**Table 1. Southern Region Tamariki & Rangatahi Population (2006)**

Southern Region Māori	Age Group (yrs)					
	0-9	10-14	15-19	Total 0-19	Total NZ 0-19	Proportion of 0-19 Popn (%)
<b>Total</b>	<b>17,160</b>	<b>8,469</b>	<b>8,178</b>	<b>33,807</b>	<b>260,010</b>	<b>13</b>
Nelson Marlborough	2,481	1,389	1,209	<b>5,079</b>	<b>34,806</b>	15
West Coast	666	396	294	<b>1,356</b>	<b>8,151</b>	17
Canterbury	8,013	3,798	3,609	<b>15,420</b>	<b>125,832</b>	12
South Canterbury	786	384	366	<b>1,536</b>	<b>14,046</b>	11
Otago	2,559	1,260	1,527	<b>5,346</b>	<b>48,735</b>	11
Southland	2,655	1,242	1,173	<b>5,070</b>	<b>28,440</b>	18

The largest number of Māori tamariki and rangatahi live in the Canterbury district where they comprised 12% of the child and adolescent population (see Table 1). However the largest proportion of Māori tamariki and rangatahi were in Southland (18%) and the West Coast (17%).

## Southern Region Māori Tamariki & Rangatahi Mental Health Services & Workforce

Specialist Child and adolescent mental health services in this region for Māori tamariki, rangatahi and their whānau are provided by six District Health Boards (Nelson Marlborough, West Coast, Canterbury, South Canterbury, Otago and Southland), and DHB funded Non-Government Organisations (NGOs) including community and iwi/Māori organisations. The function of these NGOs vary considerably, however most offer a broad range of primary and secondary mental health services, including residential care, community, consumer and family support services.

### NGO Māori Tamariki & Rangatahi Mental Health Services

#### *Māori NGO Mental Health Services*

In the Southern region there are 5 Māori NGO's (4 specialists Kaupapa Māori services) receiving Ministry of Health funding to deliver child and adolescent mental health services (see Table 2). These kaupapa Māori services are located in Canterbury and Nelson/Marlborough (see Table 2).

**Table 2. Southern Region Kaupapa Māori NGO Tamariki & Rangatahi Mental Health Services**

<b>Nelson Marlborough NGOs</b>
<i>Ko Te Poumanawa Oranga O Te Tau Ihu O Te Waka A Maui Ld</i>
<i>Te Rapuora O Te Waiharakeke Trust</i>
<b>Canterbury NGOs</b>
<i>Purapura Whetu Trust</i>
<i>STOP Trust</i>
<b>Otago</b>
<i>Aroha Ki Tamariki Charitable Trust</i>

Note: Italicised Services are Kaupapa Māori Services

### NGO Tamariki & Rangatahi Mental Health Workforce

#### *Māori NGO Workforce*

The five Māori NGOs had a total Māori workforce of 8 (7 Clinical). The Clinical workforce was comprised of Alcohol & Drug workers (3), Other Clinical Workers (2), a Psychologist and a Psychotherapist (see Table 3).

#### *Mainstream NGO Māori Mental Health Workforce*

In mainstream NGOs, there were an additional 19 Māori staff (14 Non-Clinical). The Non-Clinical workforce were Mental Health Support Workers (12) and a Mental Health Consumer and a Other Non-Clinical position. The Clinical workforce comprised Social Workers (2), Counsellors (2) and an Alcohol & Drug Worker (see Table 4).

Table 3. Māori NGO Māori Tamariki & Rangatahi Child & Adolescent Mental Health Workforce by Occupational Group

Southern Region Māori NGOs Māori (Head Count, June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Regional Total</b>	3	0	0	0	0	1	0	1	2	7	0	0	0	0	1	1	0	8
<b>Nelson Marlborough</b>	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	1	0	2
<i>Ko Te Poumanawa Oranga O Te Tau Ihu O Te Waka A Maui Ltd</i>	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1	1	-	1
<i>Te Rapuora O Te Waiharakeke Trust</i>	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1
<b>Canterbury</b>	0	0	0	0	0	1	0	0	2	3	0	0	0	0	0	0	0	3
<i>Purapura Whetu Trust</i>	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-	0	-	2
<i>Stop Trust</i>	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	0	-	1
<b>Otago</b>	3	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	3
Aroha Ki Tamariki Charitable Trust	3	-	-	-	-	-	-	-	-	3	-	-	-	-	-	0	-	3

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

**Table 4. Mainstream NGO Māori Tamariki & Rangatahi Child & Adolescent Mental Health Workforce by Occupational Group**

<b>Southern Region Mainstream NGOs</b>  <b>Māori</b> <b>(Head Count, June 2006)</b>	<b>Alcohol &amp; Drug</b>	<b>Counsellor</b>	<b>Mental Health Nurse</b>	<b>Occupational Therapist</b>	<b>Psychiatrist</b>	<b>Psychotherapist</b>	<b>Psychologist</b>	<b>Social Worker</b>	<b>Other Clinical</b>	<b>Clinical Sub-Total</b>	<b>Cultural</b>	<b>Specific Liaison</b>	<b>Mental Health Consumer</b>	<b>Mental Health Support</b>	<b>Other Non-Clinical</b>	<b>Non-Clinical Sub-Total</b>	<b>Administration/Management</b>	<b>Total</b>
<b>Regional Total</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>12</b>	<b>1</b>	<b>14</b>	<b>0</b>	<b>19</b>
<b>Nelson Marlborough</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>
Gateway Housing Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Horizon Trust Board	-	-	-	-	-	-	-	-	-	0	-	-	1	-	-	1	-	1
<b>Canterbury</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>12</b>
Christchurch City Mission	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
Odyssey House Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Richmond Fellowship	-	-	-	-	-	-	-	-	-	0	-	-	-	5	-	5	-	5
Stepping Stone Trust	-	-	-	-	-	-	-	2	-	2	-	-	-	2	-	2	-	4
Waimakariri Community Development Trust	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
<b>Otago</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>
Adventure Development Ltd	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
Costorphine Baptist Community Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1	1	-	1
<b>Southland</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>
PACT Group	-	-	-	-	-	-	-	-	-	0	-	-	-	3	-	3	-	3

## DHB Māori Mental Health Workforce

### *DHB Inpatient Workforce*

Specialist child and adolescent mental health Inpatient services in the Southern region are provided by Canterbury DHB's Child and Youth Inpatient Unit (CYU). There were no Māori staff reported by CYU. The Non-Clinical staff were Cultural workers which remains the same as the 2004 period (see Table 5).

**Table 5. Southern Region DHB Inpatient CAMHS Māori Workforce**

<b>Canterbury Inpatient Service: Child &amp; Youth Inpatient Units</b>	<b>Māori (Head Count)</b>	
	<b>2004</b>	<b>2006</b>
<b>Occupational Group</b>		
Alcohol & Drug Worker	-	-
Counsellor	-	-
Mental Health Nurse	-	-
Occupational Therapist	-	-
Psychiatrist	-	-
Psychotherapist	-	-
Psychologist	-	-
Social Worker	-	-
Other Clinical	-	-
<b>Clinical Sub-Total</b>	<b>0</b>	<b>0</b>
Cultural	2	2
Specific Liaison	-	-
Mental Health Consumer	-	-
Mental Health Support	-	-
Other Non-Clinical Support	-	-
<b>Non-Clinical Sub-Total</b>	<b>2</b>	<b>2</b>
Administration/Management	0	0
<b>Total</b>	<b>2</b>	<b>2</b>

### ***DHB Community Māori Workforce***

There were no specialist DHB Kaupapa Māori CAMHS services in the region.

The Southern region DHB CAMHS reported a total of 9 Māori staff (7 Non-Clinical). The Non-Clinical staff were all Cultural workers. The two Clinical positions were a Psychologist (Southland) and an Other Clinical position (West Coast). Since the previous Stocktake the total Māori Clinical workforce numbers have remained the same but there has been a loss of two Non-Clinical positions.

There are four DHBs without any Māori Clinical staff, Nelson Marlborough, South Canterbury, Otago and Canterbury (with the largest Māori population).

There are two DHBs without any Māori staff (Nelson Marlborough & South Canterbury).

In terms of Clinical staff to Māori population ratio, West Coast had the highest ratio with (1: 8,151), followed by Southland (1:28, 440). The other districts have no Clinical staff.



**Table 6. DHB Community Māori CAMHS Workforce by Occupational Group**

Occupational Group	Southern Region: Māori (Head Count)													
	Nelson Marlborough		West Coast		Canterbury		South Canterbury		Otago		Southland		Total	
	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006	2004	2006
Alcohol & Drug Worker	-	-	1	-	-	-	-	-	-	-	-	-	1	-
Counsellor	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Nurse	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Occupational Therapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatrist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychotherapist	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psychologist	-	-	-	-	1	-	-	-	-	-	-	1	1	1
Social Worker	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Clinical	-	-	-	1	-	-	-	-	-	-	-	-	-	1
<b>Clinical Sub-Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>2</b>
Cultural	-	-	-	1	4	4	2	-	2	2	-	-	8	7
Specific Liaison Appointment	-	-	-	-	-	-	-	-	-	-	1	-	1	-
Mental Health Consumer	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Non-Clinical Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Non-Clinical Sub-Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>9</b>	<b>7</b>
Administration/Management													0	0
<b>Regional Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>11</b>	<b>9</b>

## Southern Region Total Māori Workforce

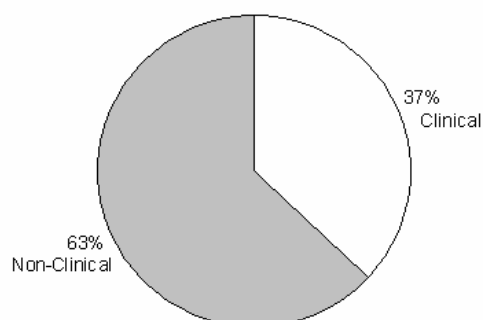
DHB CAMHS and NGOs in the Southern region reported a total of 38 Māori Staff with 24 (63%) staff holding Non-Clinical positions (see Figure 1). The Non-Clinical positions were predominantly Mental Health Support Workers (12) and Cultural positions (9).

**Table 7. Southern Region Total Māori Tamariki & Rangatahi Workforce (2006)**

Southern Region	DHB <sup>2</sup>	Māori NGOs	Mainstream NGOs	Total
Clinical	2	7	5	14
Non-Clinical <sup>1</sup>	9	1	14	24
<b>Total</b>	<b>11</b>	<b>8</b>	<b>19</b>	<b>38</b>

1. Includes Inpatient Staff

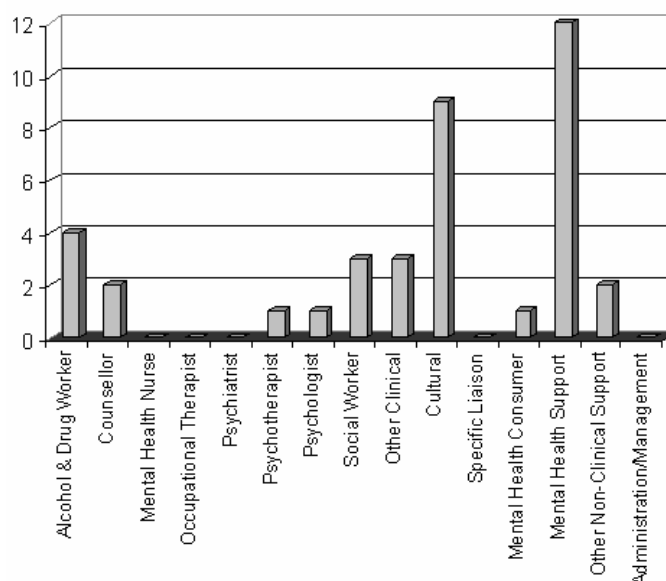
**Figure 1. Southern Region Māori Clinical & Non-Clinical Workforce (2006)**



The Clinical positions were Alcohol & Drug (4), Other Clinical (3), Psychologists (2), Social Workers (2), Counsellors (2) and a Psychotherapist (see Figure 2).

According to the data 12 of the 14 Māori Clinical workforce (86%) came from the NGO sector (see Table 7).

**Figure 2. Total Southern Region Māori Workforce by Occupational Group (2006)**



## Southern Region Māori Clinical Workforce compared to MHC Resource Guidelines

The Mental Health Commission's (MHC's) Blueprint document recommends 28.6 Community Clinical FTEs per 100,000 population. The Blueprint document (1998, p.45) suggested that:

*"In each region a proportion of the resource guidelines should be allocated to kaupapa Māori services, according to the proportion of Māori in the local population."*

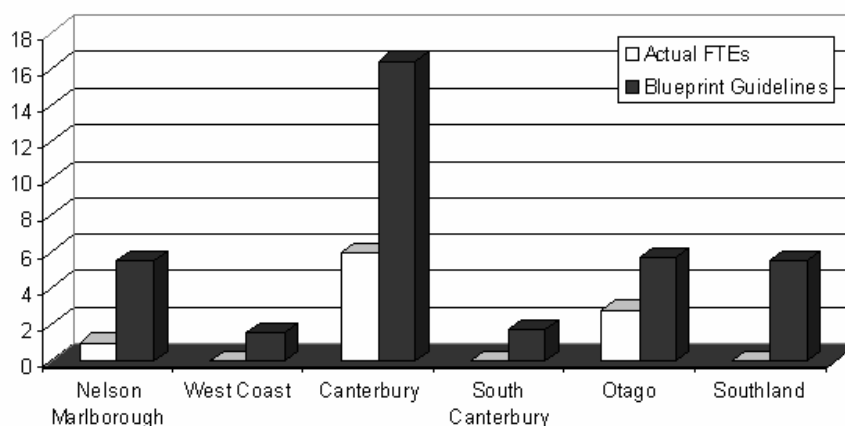
If the Clinical workforce was also allocated according to the proportion of Māori in each region to both reflect choice in service and to allocate funds for Kaupapa Māori service, then 36.2 Māori Clinical FTEs would be required in the Southern region. Based on this suggestion, the Clinical workforce would need to grow by 26.5 FTEs or 274% (see Table 8).

All districts are in need of additional Māori Clinical staff with Canterbury requiring the largest increase 10.5 FTEs. West Coast requires the smallest growth of 1.5 FTE whilst the other districts require between 2 and 5 FTE each (see Figure 3).

**Table 8. Māori Community Clinical Tamariki & Rangatahi Mental Health Workforce compared to MHC Blueprint Guidelines (2006)**

Southern Region	Blueprint Guidelines 28.6/100,000 Total Popn	DHB & NGO Māori FTEs	FTEs per 0-19 yrs Māori Proportion	FTEs Needed	% Increase
<b>Regional Total</b>	<b>278.68</b>	<b>9.7</b>	<b>36.2</b>	<b>26.5</b>	<b>274</b>
Nelson Marlborough	37.6	1	5.5	4.5	449
West Coast	9.2	0	1.5	1.5	
Canterbury	133.8	5.9	16.4	10.5	178
South Canterbury	15.4	0	1.7	1.7	
Otago	51.9	2.8	5.7	2.9	103
Southland	30.8	0	5.5	5.5	

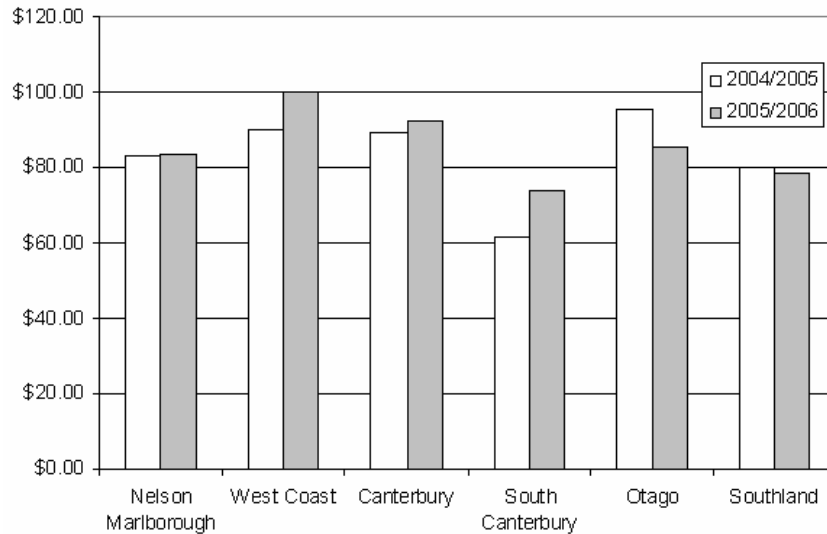
**Figure 3. Southern Region Māori Community Clinical FTEs compared to MHC Blueprint Guidelines**



## Southern Region Funding per Child

The Southern region total spend per child (excluding Inpatient costs) increased from \$86.18 in 2004/2005 to \$87.57 in the 2005/2006 period (see Figure 4). This represents an increase of 5% however there are significant differences in the increase in funding between districts with the West Coast region having the largest funding per child (\$100.01) which has the lowest Māori population. South Canterbury has the lowest funding per child (\$73.89) and the third largest Māori population.

**Figure 4. Southern Region Spend per Child (excludes Inpatient Funding)**



## Southern Region Māori Access to DHB Tamariki & Rangatahi Mental Health Services

### Southern Region Māori Access Rates

The 2004 and 2005 MHINC access data was analysed by six months to determine the six monthly benchmark access rates for each DHB in the Southern Region. The MHC benchmarks for access to services for the 0-9, 10-14 and 15-19 year age groups are 1%, 3.9% and 5.5% (per 100,00 under 20 years population) respectively (see Table 9).

**Table 9. Southern Region Māori Access Rates**

Southern Region Access Rates	Age Group (yrs) - Total				Age Group (yrs) - Māori			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>
<b>Nelson Marlborough</b>								
2 <sup>nd</sup> 6mo 2004	0.73%	2.36%	3.77%	1.97%	0.43%	1.82%	3.19%	1.38%
2 <sup>nd</sup> 6mo 2005	0.71%	2.48%	4.11%	2.10%	0.29%	1.47%	2.74%	1.13%
<b>West Coast</b>								
2 <sup>nd</sup> 6mo 2004	0.97%	3.18%	4.94%	2.59%	0.60%	4.50%	7.24%	3.16%
2 <sup>nd</sup> 6mo 2005	1.02%	2.99%	4.54%	2.49%	0.94%	3.50%	2.90%	2.15%
<b>Canterbury</b>								
2 <sup>nd</sup> 6mo 2004	0.54%	1.39%	2.14%	1.20%	0.24%	0.99%	2.17%	0.85%
2 <sup>nd</sup> 6mo 2005	0.60%	1.64%	2.30%	1.35%	0.30%	1.46%	1.93%	0.95%
<b>South Canterbury</b>								
2 <sup>nd</sup> 6mo 2004	0.74%	1.50%	2.15%	1.31%	0.77%	0.51%	1.94%	0.98%
2 <sup>nd</sup> 6mo 2005	0.34%	1.07%	2.75%	1.17%	0.39%	1.03%	1.89%	0.92%
<b>Otago</b>								
2 <sup>nd</sup> 6mo 2004	0.96%	3.05%	3.18%	2.23%	0.73%	2.20%	2.87%	1.68%
2 <sup>nd</sup> 6mo 2005	0.86%	3.24%	3.36%	2.30%	0.48%	2.52%	3.29%	1.77%
<b>Southland</b>								
2 <sup>nd</sup> 6mo 2004	0.45%	1.67%	3.03%	1.44%	0.38%	1.71%	1.41%	0.97%
2 <sup>nd</sup> 6mo 2005	0.37%	2.22%	3.22%	1.60%	0.28%	1.58%	2.26%	1.08%

The data shows that none of the DHBs met benchmark access rates for any age groups. Regionally every age group needs to increase its access rate by over 100% (124% in the 0-9 years age group, 102% in the 10-14 years age group & 120% in the 15-19 age group).

In all age groups across all DHBs (except West Coast 10-14) the Māori access rates were lower than the total population. For example 47% lower in the 0-9 age group, 40% lower in the 10-14 age group, and 42% in the 15-19 year age group. However access on average improves with age.

Individual DHB figures revealed that across the entire 0-19 year age group West Coast had the highest access rate (2.15%), they had the highest rate in the 0-9 and

10-14 year age groups. While in the 15-19 year age group Otago had the highest access rate (3.29%).

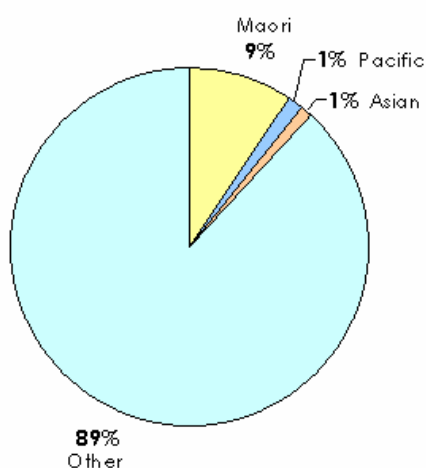
### Southern Region DHB Māori Clients

By the end of the 2005, 341 Māori clients accessed specialist child and adolescent mental health services (see Table 10). This represents almost 9% of all clients seen in the Southern region (see Figure 5) although they make up 13% of the regional client group.

Almost half (48%) of the Māori clients seen were in the 15-19 year age group, although they comprise only 24% of the under twenty Māori population (see Table 10).

Significantly, 66% more Māori males accessed the services than did Māori females. Canterbury DHB saw the largest number of Māori clients with 146 followed by Otago (92) whilst South Canterbury reported only 14 Māori tamariki and rangatahi.

**Figure 5. Southern Region Clients by Ethnicity**



**Table 10. Southern Region Clients by Ethnicity**

Southern Region	Ethnicity			
	Māori	Pacific	Asian	Other
<b>2nd 6mo 2004</b>	<b>327</b>	<b>37</b>	<b>30</b>	<b>3,017</b>
0-9	58	4	5	587
10-14	109	3	7	968
15-19	160	30	18	1,462
<b>2nd 6mo 2005</b>	<b>341</b>	<b>48</b>	<b>46</b>	<b>3,177</b>
0-9	53	6	5	561
10-14	124	14	9	1,045
15-19	164	28	32	1,571

**Table 11. Clients by Gender & Ethnicity**

Southern Region	Male				Female			
	Māori	Pacific	Asian	Other	Māori	Pacific	Asian	Other
<b>2nd 6mo 2004</b>	<b>202</b>	<b>16</b>	<b>18</b>	<b>1,805</b>	<b>145</b>	<b>20</b>	<b>14</b>	<b>1,484</b>
Nelson Marlborough	38	2	3	331	36	3	0	306
West Coast	26	2	1	102	17	1	0	73
Canterbury	72	6	8	743	56	8	9	590
South Canterbury	11	1	0	100	4	2	1	69
Otago	55	5	6	529	32	6	4	446
Southland	31	3	1	209	24	3	0	165
<b>2nd 6mo 2005</b>	<b>206</b>	<b>27</b>	<b>24</b>	<b>1,767</b>	<b>136</b>	<b>21</b>	<b>22</b>	<b>1,425</b>
Nelson Marlborough	40	5	2	365	21	2	4	327
West Coast	19	3	1	99	10	0	0	78
Canterbury	93	13	8	848	53	9	16	631
South Canterbury	10	1	0	91	4	0	1	60
Otago	49	6	13	532	43	10	3	445
Southland	35	4	2	197	26	2	2	211

## Southern Region Summary

- There are 12 major Iwi/Runanga groups in the Southern Region.
- There are 33,807 Māori tamariki (13% of total population)
  - District variation-11% Otago and South Canterbury and 18% Southland.
- Regional Māori NGOs
  - 5 Māori NGO's (4 specialist Kaupapa Māori services).
- Regional DHB Services
  - No DHB Kaupapa Māori services.
  - The Māori Clinical workforce was 9 Māori staff.
- Regional workforce 38
  - 14 Clinical –predominantly Alcohol & Drug workers (4)
  - 24 Non-Clinical predominantly Mental Health Support workers (12)
  - Increase of 26.5 FTE required
  - NGOs contribute 86% of Clinical FTEs
- DHBs have 11/38 (29%) of Māori Clinical staff.
  - Clinical staff to population ratio
    - highest in West Coast (1; 1356).
    - Lowest in Canterbury (0:15,420).
- Regional Funding
  - Increased per child
  - Areas with the most Māori tamariki had the lowest funding.
- Regional Access to Service
  - Māori had lower access rates in all age groups across all DHBs (except for West Coast 10-14).
  - Access increases with age
  - At least a 100% increase in access rates are needed to meet benchmark
- DHB Access
  - 9% of clients who accessed mental health services were Māori although they were 13% of the population
  - 66% more Māori males than females accessed the services.

## Recommendations

- Recruitment strategies need to target Māori Clinical workforce.
- Successful recruitment of Clinical staff into NGOs need to be researched further.
- Funding and resource issues should be allocated according to Blueprint suggestions based on population.
- Access issues relating to gender need to be further explored.





## **Pacific Child & Adolescent Mental Health Workforce**

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**Monique Faleafa**



## **A Snapshot of the Pacific Population**

According to the 2006 Census 265,974 people (based on total responses) identified with the Pacific peoples ethnic group, representing 6.9% of the total New Zealand population. Almost half of this Pacific population are Samoan (131,103), followed by Cook Island (58,008), Tongan (50,481), Niuean (22,476), Fijian (9,864), Tokelauan (6,819) and Tuvaluan (2,628). Pacific people residing in New Zealand are mostly urban, with 93.4% living in the North Island and two-thirds of the Pacific population living in the Auckland region (Pacific Quickstats, Statistics NZ, 2007).

In New Zealand, children are more ethnically diverse than adults with 19.4% of all children reporting as belonging to two or more ethnic groups (Quickstats about culture and identity, StatisticsNZ 2007).

### ***Pacific Child & Adolescent Population Profile***

Child and adolescent issues are particularly relevant for the Pacific population in New Zealand because, of all the major ethnic groups, the Pacific ethnic group has the highest proportion of children (aged 0 to 14 years), at 37.7% (Pacific Quickstats, StatisticsNZ, 2007). Pacific children and adolescents aged 0 to 19 years made up 44% of the total Pacific population.

Of the total New Zealand 0-19 years population, Pacific children and adolescents made up 8% of the total New Zealand population (based on prioritised ethnicity population).

The largest percentage (72%) of the total Pacific child and adolescent population resided in the Northern region with over half (53%) residing in the Counties Manukau DHB area (see Table 1 & Figure 1). Pacific children and adolescents also made up just over a quarter (26%) of the total Counties Manukau DHB area's child and adolescent population.

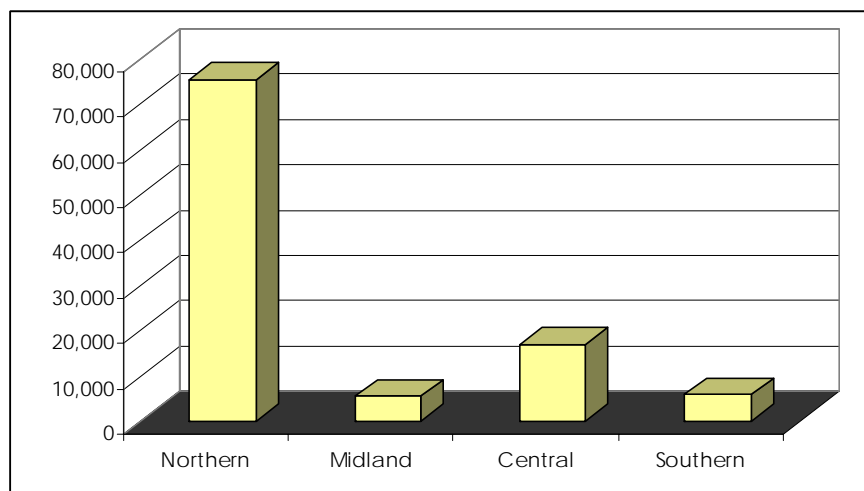
The second largest (16%) Pacific child and adolescent population resided in the Central region. Pacific children and adolescents made up 7% of the total Central region 0-19 years population with almost half of the region's population (49%) residing in the Capital & Coast DHB area. The Pacific children and adolescents made up almost a quarter (20%) of the Capital & Coast DHB area's total child and adolescent population.

**Table 1. Pacific Child & Adolescent Population (2006)**

Pacific	Age Group (yrs)					Proportion of 0-19 Popn (%)
	0-9	10-14	15-19	0-19	NZ 0-19	
Northern	36,630	17,904	16,050	70,584	436,344	16
Midland	2,862	1,506	1,365	5,733	237,273	2
Central	7,884	3,978	3,771	15,633	234,093	7
Southern	3,123	1,605	1,617	6,345	260,010	2
<b>National Total</b>	<b>50,499</b>	<b>24,993</b>	<b>22,803</b>	<b>98,295</b>	<b>1,167,720</b>	<b>8</b>

Note: 2006 Census based on prioritised ethnicity statistics

**Figure 1. Pacific 0-19 yrs Population (2006)**



## Pacific Child & Adolescent Mental Health Services

Three DHB Pacific CAMH services were identified via this Stocktake, two were located in the Northern region and one in the Central region (see Table 2).

There were a total of five Pacific NGO child and adolescent mental health services identified from the 2005/2006 Price Volume Schedule (PVS). Two were located in Waikato, one in Capital & Coast and one in the Canterbury DHB areas. However, there are other Pacific NGOs that do not receive specific child and adolescent funding but may provide child and adolescent mental health services as part of their family-based service.

**Table 2. DHB & NGO Providers of Pacific Child & Adolescent Mental Health Services**

Pacific DHB CAMHS (2005/2006)		
Service	DHB	Region
Isa Lei Pacific Mental Health Service	Waitemata	Northern
Tupu Regional Alcohol & Drug Services	Waitemata	Northern
Health Pasifika Child, Adolescent & Family Services	Capital & Coast	Central

Pacific DHB Funded NGOs (2005/2006)		
Service	DHB	Region
Rotorua Pacific Islands Development Charitable Trust	Waikato	Midland
Waikato Pasifika Health Trust: Kaute Pasifika	Waikato	Midland
Waikato Pasifika Health Trust: South Waikato Pacific Island Health Committee	Waikato	Midland
Taeamanino Trust	Capital & Coast	Central
Pacific Trust Canterbury	Canterbury	Southern

## Pacific Child & Adolescent Mental Health Workforce

All services (mainstream and Pacific services) that were surveyed were asked to provide the number of Pacific staff (head count) by occupation. Information on the number of Pacific staff was provided by managers and not by the individuals themselves.

Provision of FTE data for the 2004 stocktake and the current stocktake was not provided in a consistent manner therefore comparisons between the two Stocktake's should be interpreted with caution.

### Total Pacific Child & Adolescent Mental Health Workforce

As at 30<sup>th</sup> June 2006, a total of **64** Pacific staff (47.6 actual FTEs) were reported by the DHB CAMHS and NGOs surveyed. The total is unchanged from the 2004 stocktake (see Table 3).

The majority of the Pacific workforce was reported in the Northern region, largely employed in DHB Community CAMHS.

**Table 3. Total Pacific Child & Adolescent Mental Health Workforce**

Pacific (Head Count 2006)	DHB			NGO	Total
	Inpatient	Community	Total		
Northern	3	15	<b>18</b>	9	<b>27</b>
Midland	-	4	<b>4</b>	5	<b>9</b>
Central	2	5	<b>7</b>	8	<b>15</b>
Southern	1	0	<b>1</b>	12	<b>13</b>
<b>Total</b>	<b>6</b>	<b>24</b>	<b>30</b>	<b>34</b>	<b>64</b>

Note: Total FTEs=47.6 (26.2 FTEs=Clinical FTEs, 21.4=Non-Clinical FTEs)

### DHB Inpatient Pacific CAMHS Workforce

DHB Inpatient Units reported a total of six Pacific staff. Three were reported by the Child & Family Unit (Starship, ADHB) and two were reported by Capital & Coast's Regional Inpatient Units and one by Canterbury DHB Inpatient Unit.

Five of the six staff were in Non-Clinical (support for client) roles - four were Mental Health Support Workers and one was a Cultural worker. There was only one Pacific Inpatient staff in a Clinical role as a Mental Health Nurse reported by Canterbury DHB Inpatient Unit.

There was an increase of one Pacific staff member (Clinical staff) in the total DHB Inpatient workforce since the 2004 Stocktake.

## DHB Community Pacific CAMHS Workforce

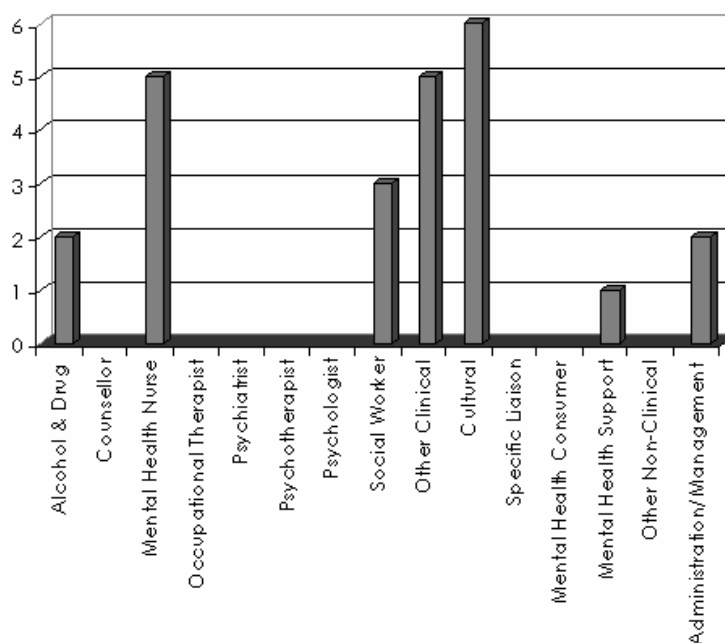
The DHB Community CAMH services reported a total of 24 Pacific staff (15.6 FTEs).

The Northern region reported the largest Pacific DHB Community CAMHS workforce (15), mostly employed in the Waitemata DHB Pacific services (7) followed by Auckland DHB Community CAMHS (5) (see Table 4).

The Central region reported the second largest Pacific workforce in the country (5), all employed with Capital & Coast DHB Community CAMHS. The Midland region reported a total of 4 Pacific staff while the Southern region reported none.

Sixty-three percent of the Pacific DHB Community CAMHS staff (15) were in Clinical roles as: Mental Health Nurses (5), various 'Other Clinical' roles (5), Social Workers (3) and Alcohol & Drug Workers (2). The Pacific Non-Clinical staff were mainly Cultural workers (6) (see Figure 2).

**Figure 2. DHB Community Pacific CAMHS Workforce by Occupational Group (2006)**





**Table 4. DHB Community Pacific CAMHS Workforce by Occupational Group**

DHB Pacific (Head Count June 2006)	Alcohol & Drug	Counsellors	Mental Health Nurses	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub- Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support Worker	Other Non- Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Northern</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>11</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>15</b>
Northland	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Waitemata	2	-	1	-	-	-	-	1	3	7	-	-	-	-	-	0	-	7
Auckland <sup>1</sup>	-	-	-	-	-	-	-	1	1	2	3	-	-	-	-	3	-	5
Counties Manukau	-	-	2	-	-	-	-	-	-	2	1	-	-	-	-	1	-	3
<b>Midland</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>4</b>
Waikato	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Lakes	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Bay of Plenty	-	-	1	-	-	-	-	-	1	2	-	-	-	1	-	1	-	3
Tairāwhiti	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1
Taranaki	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
<b>Central</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>5</b>
Hawke's Bay	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
MidCentral	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Whanganui	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Capital & Coast	-	-	1	-	-	-	-	-	-	1	2	-	-	-	-	2	2	5
Hutt	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Wairarapa	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
<b>Southern</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Nelson Marlborough	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
West Coast	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Canterbury	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
South Canterbury	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Otago	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Southland	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
<b>National Total</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>15</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>24</b>

Note: Total FTEs=15.6 (9.9 FTEs Clinical FTEs, 5.7=Non-Clinical FTEs)

### NGO Pacific Child & Adolescent Mental Health Workforce

The NGOs reported a total of 34 Pacific staff (30.5 FTEs). The Southern region reported the largest NGO Pacific workforce of 12, largely in the Canterbury DHB area (9) (see Table 5).

The Northern region reported the second largest NGO workforce of 9, largely employed in NGOs in the Counties Manukau DHB area (6).

The Central region had the third largest Pacific NGO workforce of 8, largely in NGOs in the Capital & Coast DHB area (7).

Seventeen NGO Pacific staff were in Clinical roles, being mainly Social Workers (11). Fifteen were in Non-Clinical (support for client) roles, which were mainly Mental Health Support Workers (13) (see Figure 3).

**Figure 3. NGO Pacific Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

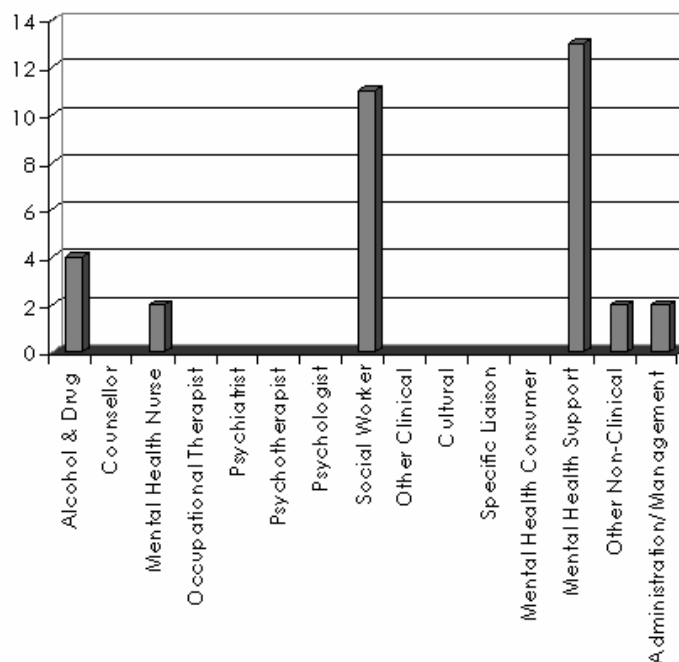


Table 5. NGO Pacific Child & Adolescent Mental Health Workforce

NGOs	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Pacific (Head Count June 2006)</b>																		
<b>Northern</b>	3	0	0	0	0	0	0	2	0	5	0	0	0	4	0	4	0	9
Auckland: Odyssey House Trust	3	-	-	-	-	-	-	-	-	3	-	-	-	-	-	0	-	3
<b>Counties Manukau</b>	0	0	0	0	0	0	0	2	0	2	0	0	0	4	0	4	0	6
Mahitahi Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Penina Health Trust	-	-	-	-	-	-	-	1	-	1	-	-	-	2	-	2	-	3
Richmond Fellowship	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1	-	2
<b>Midland</b>	0	0	1	0	0	0	0	1	0	2	0	0	0	3	0	3	0	5
<b>Waikato</b>	0	0	1	0	0	0	0	1	0	2	0	0	0	3	0	3	0	5
Richmond Fellowship	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Rotorua Pacific Islands Development Charitable Trust	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1
Kaute Pasifika	-	-	1	-	-	-	-	-	-	1	-	-	-	1	-	1	-	2
South Waikato Pacific Island Health Committee	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<b>Central</b>	1	0	0	0	0	0	0	3	0	4	0	0	0	1	1	2	2	8
<b>Capital &amp; Coast</b>	1	0	0	0	0	0	0	3	0	4	0	0	0	1	0	1	2	7
Taeaomanino Trust	1	-	-	-	-	-	-	3	-	4	-	-	-	-	-	0	2	6
The Wellink Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Hutt: Vibe	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1	1	-	1
<b>Southern</b>	0	0	1	0	0	0	0	5	0	6	0	0	0	5	1	6	0	12
Nelson Marlborough: <i>Te Rapuora O Te Waiharakeke Trust</i>	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
<b>Canterbury</b>	0	0	0	0	0	0	0	5	0	5	0	0	0	4	0	4	0	9
Odyssey House Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Pacific Trust Canterbury	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1	-	2
Richmond Fellowship	-	-	-	-	-	-	-	4	-	4	-	-	-	1	-	1	-	5
Stepping Stone Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<b>Otago</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	0	2
Costorphine Baptist Community Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1	1	-	1
The Mount Cargill Trust	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
<b>Total</b>	4	0	2	0	0	0	0	11	0	17	0	0	0	13	2	15	2	34

Total FTEs=30.5 (15.8 FTEs=Clinical FTEs, 14.7=Non-Clinical FTEs)

Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)

## Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines

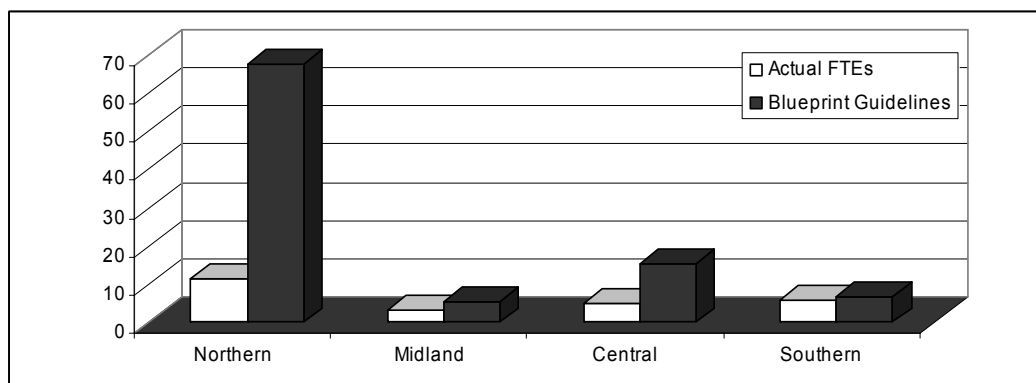
Using the MHC Blueprint Resource Guidelines (28.6 FTEs per 100,000 total population) and proportioning according to the 0-19 Pacific population, the recommended Community Clinical FTEs for the Pacific workforce was approximately **96.9** Community Clinical FTEs. The total 2006 Pacific Community Clinical workforce totalled **25.7** actual FTEs which was **71.2** FTEs below the recommended national guideline. There was a significantly large disparity reported in the Northern region (see Table 5).

**Table 5. Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines (2006)**

Region/DHB	Blueprint Guidelines 28.6/100,000 Total Population	DHB & NGO Pacific Community Clinical FTEs	Recommended FTEs per Pacific Proportion of the Population	FTEs Needed
Northern	417.64	11.6	67.6	56.0
Midland	223.52	3.1	5.4	2.3
Central	231.89	5.0	15.5	10.5
Southern	278.68	6.0	6.8	0.8
<b>Total</b>	<b>1151.72</b>	<b>25.7</b>	<b>96.9</b>	<b>71.2</b>

Note: 2006 Census Data is based on Prioritised Ethnicity Statistics

**Figure 4. Pacific Community Clinical Child & Adolescent Mental Health Workforce compared to MHC Blueprint Resource Guidelines (2006)**



## Pacific Access to Child & Adolescent Mental Health Services

Pacific 2005 (July 2005-December 2005) access data presented in this section has been extracted from the Mental Health Information Collection (MHINC).

Pacific children and adolescents made up around 3% of the total number of children and adolescent accessing mental health services in the second half of 2004 and 2005. As with all ethnic groups, access for Pacific clients also increased with age with over half of the total number of clients in the 15-19 year age group (see Tabel 6).

**Table 6. Total Number of Pacific Clients by Age Group**

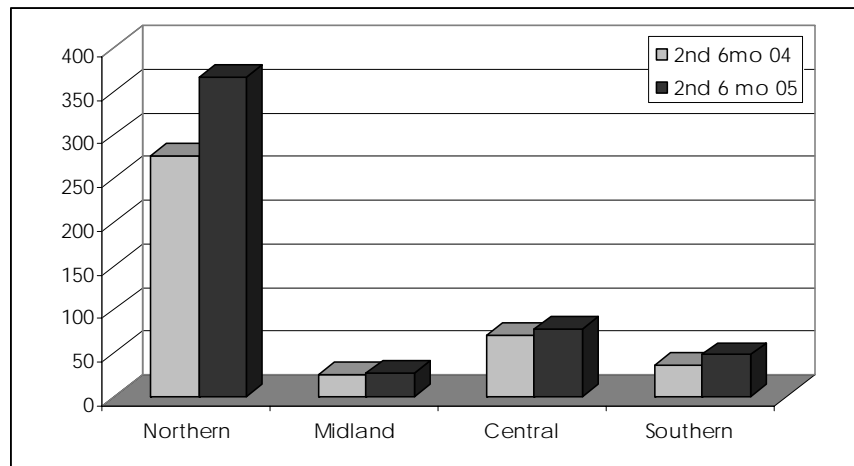
Pacific Clients	Age Group (yrs)			Total	%
	0-9	10-14	15-19		
2nd 6mo 2004	65	80	266	411	3.0
<b>Total Clients</b>	<b>2,538</b>	<b>4,503</b>	<b>6,515</b>	<b>13,556</b>	
2nd 6mo 2005	81	134	306	521	3.6
<b>Total Clients</b>	<b>2,519</b>	<b>4,780</b>	<b>7,148</b>	<b>14,447</b>	

The services in the Northern region were seeing 70% of the total number of Pacific clients accessing mental health services in the country with Counties Manukau DHB reporting the largest number of Pacific clients (196) in the region (see Table 7).

**Table 7. Total Number of Pacific Clients by Age Group & Region**

Region	2 <sup>nd</sup> 6mo 2004	2 <sup>nd</sup> 6mo 2005
<b>Northern</b>	<b>276</b>	<b>366</b>
0-9	32	49
10-14	54	90
15-19	190	227
<b>Midland</b>	<b>26</b>	<b>27</b>
0-9	7	8
10-14	6	7
15-19	13	12
<b>Central</b>	<b>71</b>	<b>78</b>
0-9	22	18
10-14	17	23
15-19	32	37
<b>Southern</b>	<b>37</b>	<b>48</b>
0-9	4	6
10-14	3	14
15-19	30	28
<b>Total</b>	<b>410</b>	<b>519</b>
<b>Unique Total</b>	<b>411</b>	<b>521</b>

**Figure 5. Pacific Clients by Region**



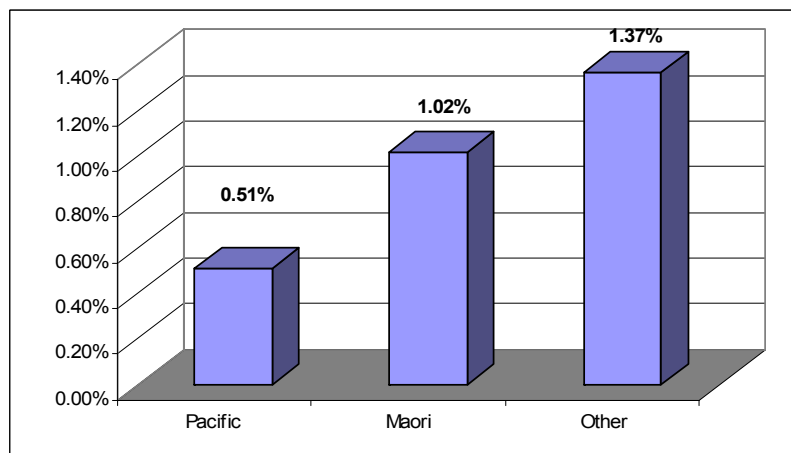
### ***Pacific Access Rates compared to MHC Access Benchmarks***

Pacific access rates were calculated by dividing the clients in each age band per six month period by the corresponding 2005 projected population. Access rates have been compared to the MHC benchmarks for access to services for the 0-9, 10-14 and 15-19 year age groups.

The *Blueprint* benchmarks for access for the age groups, 0-9 years, 10-14 years and 15-19 years over a six month period are 1%, 3.9% and 5.5% respectively (3% for the total 0-19 year age group).

Access rates were well below benchmark targets in all age groups regardless of ethnicity. It is clear however that the Pacific access rates was the lowest rate out of the three ethnicities (see Table 8). The total (0-19 yrs) Pacific access rate was 0.51% for 2005. Consistent with other population groups, access increased with age so that the 15-19 year old clients were the largest age group of Pacific clients.

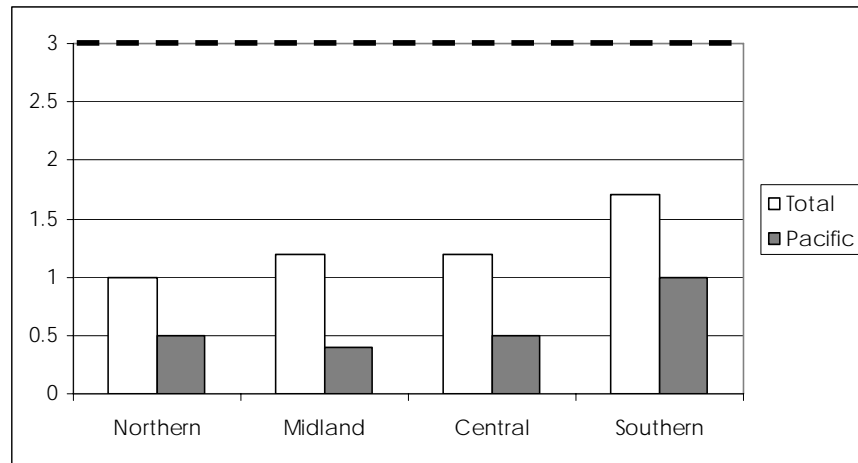
**Figure 6. Total Access Rates by Ethnicity (2<sup>nd</sup> 6mo 2005)**



**Table 8. Pacific Access Rates Compared to MHC Access Benchmarks**

	Age Group (yrs) - Total				Age Group (yrs) - Pacific			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
<b>MHC Access Benchmarks</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>	<b>1.0%</b>	<b>3.9%</b>	<b>5.5%</b>	<b>3.0%</b>
<b>Total 2nd 6mo 2005</b>	<b>0.5%</b>	<b>1.6%</b>	<b>2.3%</b>	<b>1.2%</b>	<b>0.2%</b>	<b>0.5%</b>	<b>1.3%</b>	<b>0.5%</b>
Northern	0.3%	1.2%	2.0%	1.0%	0.1%	0.5%	1.4%	0.5%
Midland	0.5%	1.6%	2.3%	1.2%	0.2%	0.4%	0.7%	0.4%
Central	0.5%	1.5%	2.2%	1.2%	0.2%	0.5%	1.0%	0.5%
Southern	0.6%	2.1%	3.0%	1.7%	0.2%	1.1%	2.1%	1.0%

**Figure 7. Pacific 0-19 yrs Access Rates compared to the Total 0-19 yrs Access Rate**



--- Targeted Access Rate 3.0%

## Summary

Pacific children and adolescents aged 0 to 19 years make up 44% of the total Pacific population. Seventy-two percent of this Pacific 0-19 year old group reside in the northern region. Of the total New Zealand child and adolescent 0-19 year old population, Pacific make up 8%.

Throughout New Zealand, three DHBs and five NGO's were identified as receiving specific MoH child and adolescent mental health funding for Pacific services.

As at 30<sup>th</sup> June 2006, a total of **64** Pacific staff were reported by the DHB CAMHS and NGOs surveyed. The majority of this Pacific workforce lies in the Northern region. Thirty-three of the 64 staff were reported as Clinical, mainly employed as Social Workers followed by Mental Health Nurses. The remaining Non-Clinical staff were mainly Mental Health Support Workers followed by Cultural Workers. Of the total 64 staff, 30 were employed in DHB's and 34 were employed in NGO's.

The Pacific access rates were one of the lowest rates by ethnicity. Consistent with other population groups, access increased with age so that the 15-19 year old clients were the largest age group of Pacific clients.

The total 2006 Pacific Community Clinical workforce totalled **25.7** actual FTEs. The Blueprint Resource Guidelines for the Pacific population was **96.9** FTEs which was **71.2** FTEs below the national guideline with the largest disparity reported in the Northern region.





## **Asian Child & Adolescent Mental Health Workforce**

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**Patrick Au**



## Introduction

The 2001 Census identified Asian people as the third largest ethnic group in the population. Census 2006 data indicates that the Asian population continues to grow by migration and by birth. By 2016, this group is projected to make up 21% of the Northern region's population, making it the largest growth in the child and adolescent population of all the ethnicities in the region.

Since then, a number of national and local initiatives were introduced. The first project (a literature review) to address the mental health needs and issues of Asian peoples in New Zealand was undertaken by the Mental Health Commission. The review highlighted that there is a need for the development of professional interpreter services as well as increasing the mainstream providers' awareness of Asian cultural issues (Ho, Au, Bedford & Cooper, 2003).

At the national level, *Te Tahuhu- Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan (2005)* became the first Ministry document which identified the need to improve the responsiveness of services for Asians. *Te Kokiri: the Mental Health and Addiction Action Plan 2006-2015* (which is the implementation plan of *Te Tahuhu*) had specific challenges to increase the understanding of the Asian peoples' needs and to increase the Asian workforce.

At the regional level, the Northern District, which has the largest Asian population, initiated a number of projects aimed at improving and enhancing mental health services to meet the needs of Asian. Providing training to the Asian Interpreters and clinicians was identified as their priority. To date, over 90 Asian interpreters and more than 120 clinicians have been trained.

## Asian Population Distribution

Young Asians who are between the 0 and 19 years are the third largest ethnic group in New Zealand. This category constitutes 8.7% of the total 0 to 19 population.

**Table 1. Child & Adolescent (0-19 yrs) Population by Ethnicity (2006)**

0-19 yrs	Ethnicity				
	Māori	Pacific	Asian	Others	Total
National Total	257,628	98,295	101,052	710,745	1,167,720
%	22%	8.4%	8.7%	61%	100%

The majority of young Asians (66%) resided in the Auckland region.

**Table 2. Asian 0-19 yrs Population by Region (2006)**

<b>Auckland<sup>1</sup></b>	<b>Northland</b>	<b>Midland</b>	<b>Central</b>	<b>Southern</b>	<b>Total Asians</b>
66,873	729	8,601	12,972	11,877	<b>101,052</b>
<b>66%</b>	<b>0.7%</b>	<b>8.5%</b>	<b>12.9%</b>	<b>11.9%</b>	<b>100%</b>

1. Includes Asian populations from the Waitemata, Auckland & Counties Manukau DHB areas.

Because of the skewed population distribution, policy makers from other regions may perceive this as a “local issue” with fewer projects involving Asians in regions other than Auckland.

As the New Zealand Government is opening our education system for overseas students, there is a simultaneous increase in the number of Asian non-residents. This group of “sojourner” students is usually mobile and transient; they are however of a significant number that should not be overlooked by policy makers and service providers. While the Census also presented figures on visitors from overseas in New Zealand, these figures may not truly reflect the number of Asian International students who may or may not take part in the Census statistics. According to the Ministry of Education, between 2005 and 2006, the top three groups of Asian students who had been granted student visas and permits to study in New Zealand were from China (43,081), Japan (4,685) and South Korea (12,744) (NZ Ministry of Education website, September 2006). Of these group of students, 1,765 (4%) Chinese students, 1,676 (35%) Japanese students and 5,080 (40%) South Korean students studied at secondary schools. Some CAMH services also report having worked with International Students with Asian backgrounds in the past.

The Census figures cover those who intended to live in New Zealand more than a year. However, a Post-numeration Survey after the 2006 Census found that Asian had the highest percent (5.2%) of undercount (Statistics New Zealand, 2007).

### **The Diversity of the Asian Group**

The “Asian” group is comprised of a variety of ethnic subgroups. Therefore all Asian people cannot be assumed to be the same. According to Census 2006, the seven largest Asian ethnic groups are Chinese, Indians, Koreans, Filipinos, Japanese, Sri Lankan and Cambodian. These groups could share different languages, religions, and values. Within each subgroup, people may come from different continents or countries of origin, for example Chinese people may come from Mainland China, Taiwan, Hong Kong and other continents and Indians may come from India, Fiji and South Africa.

Not only is diversity of countries of origin an issue, family members from the same ethnic background may experience different rate of acculturation depending on a number of settlement factors, including level of education and exposure to the mainstream culture. It is assumed that most Asian children and young people who have been in New Zealand for some time are more acculturated to the New Zealand culture due to their regular contact with the mainstream education system. It is not uncommon for clinicians to encounter problems when they work with families whose members present with various levels of acculturation. Epidemiology

Little is known regarding the mental health needs of Asian children and adolescents. Traditionally, mental health is considered a family secret and taboo. Due to their lack of knowledge about mental health, in particular child and adolescent mental health, it is not uncommon that young Asians are mistakenly taken as having behaviour problems and treatment is usually delayed. To date no epidemiological studies have been conducted in New Zealand to address the mental health needs of the Asian population in New Zealand (Kumar, Tse, Fernando & Wong, 2006). Kumar et al argued that, despite the rapid growth of the Asian populations, no well designed epidemiological study has been conducted when considering that most of them are within the “vulnerable age group of mental morbidity” and most of these young people need to undergo the normal developmental stages before reaching adulthood and at the same time faced with the processes of migration.

Although there is scant research addressing the mental health needs of young Asians, a Youth 2000 Survey (Rasanathan, Ameratunga, Chen, Robinson, Young, Wong, Garrett, & Watson, 2006) revealed that a significant number of Asian High School students in Auckland reported high levels of anxiety and depressive symptoms, and suicidal thoughts. Therefore, Asian young people should not be considered as emotionally healthy as previously thought simply because of their low access to mental health services.

### **Access to Mental Health Services**

The access to mental health services by Asian migrants has been found to be low worldwide (Ho et al, 2003, McDonald & Steel, 1997).

An epidemiological analysis of immigrants conducted by McDonald & Steel (1997) in New South Wales, Australia, highlighted a similar phenomenon that *“the lowest rates of hospitalisation for mental disorders were for people from Northeast Asia followed by Southeast Asia and Southern Asia”* (pxiii).

While one could speculate that immigrant Asians are mentally healthier compared to the mainstream population, there could be other factors which contribute to the low access rate.

Ho et al (2003) identified that the barriers to accessing mental health services for Asian clients included: stigmatisation, perceiving mental disorders as shameful and as punishment for previous wrong doings; language barrier; insufficient understanding of the mainstream health and social system and cultural differences in the assessment and treatment methods.

Low access is also evident in New Zealand.

The following access data to mental health services have been extracted from the Mental Health Information National Collection (MHINC) 2004 and 2005 analyses. Currently the MNINC access data is mainly limited to DHB clients and therefore may not accurately reflect access to NGOs and other government agencies.

Of the 13,566 clients seen by DHB CAMHS in the second half of 2004, only 248 (1.8%) were of Asian ethnicities (see Table 4). In the Northern region, where most Asian young people resided, the total number of clients was low (4.3%) (see Table 3).

**Table 3. Total Asian Client Access**

<b>Asian Clients</b>	<b>July-Dec 2004</b>	<b>July-Dec 2005</b>
National % of Asian Clients	1.8%	2.2%
Northern Region % of Asian Clients	4.3%	4.8%

**Table 4. Total Clients by Age Group & Ethnicity (2<sup>nd</sup> 6 mo 2004)**

<b>Ethnicity of Clients</b>	<b>Age Group (yrs)</b>			<b>Total</b>	<b>%</b>
	<b>0-9</b>	<b>10-14</b>	<b>15-19</b>		
Other	1,968	3,444	4,822	<b>10,234</b>	75.5
Māori	464	919	1,280	<b>2,663</b>	19.6
Pacific	65	80	266	<b>411</b>	3.0
Asian	41	60	147	<b>248</b>	1.8
<b>Total</b>	<b>2,538</b>	<b>4,503</b>	<b>6,515</b>	<b>13,556</b>	<b>100</b>

**Table 5. Clients by Region, Age Group & Ethnicity (2<sup>nd</sup> 6 mo 2004)**

Region	Ethnicity			
	Asian	Māori	Other	Pacific
<b>Northern</b>	<b>155 (4.3%)</b>	<b>818 (23%)</b>	<b>2,350 (65%)</b>	<b>276 (7.7%)</b>
0-9	20	127	395	32
10-14	40	267	779	54
15-19	95	424	1,176	190
<b>Midland</b>	<b>20</b>	<b>784</b>	<b>2,172</b>	<b>26</b>
0-9	5	135	435	7
10-14	5	312	790	6
15-19	10	337	947	13
<b>Central</b>	<b>44</b>	<b>762</b>	<b>2,715</b>	<b>71</b>
0-9	11	147	549	22
10-14	8	242	916	17
15-19	25	373	1,250	32
<b>Southern</b>	<b>30</b>	<b>327</b>	<b>3,017</b>	<b>37</b>
0-9	5	58	587	4
10-14	7	109	968	3
15-19	18	160	1,462	30
<b>Total</b>	<b>249</b>	<b>2,691</b>	<b>10,254</b>	<b>410</b>
<b>Unique Total</b>	<b>248</b>	<b>2,663</b>	<b>10,234</b>	<b>411</b>

Note: All regional analyses have been conducted using the geographic codes in the access file mapped to regions. The number of unique clients is less than the sum of clients by DHBs, as clients can live in more than one DHB region in one year and maybe counted more than once.

Between July and December 2005, the number of Asian clients was similar to the same period in 2004, with Asian clients only making 2.2% of total clients (nationally) (see Table 6).

**Table 6. Total Clients by Age & Ethnicity**

Ethnicity of Clients	Age Group (yrs)			Total	%
	0-9	10-14	15-19		
Other	1,930	3,578	5,237	10,745	74.4
Māori	453	990	1,414	2,857	19.8
Pacific	81	134	306	521	3.6
Asian	55	78	191	324	2.2
<b>Total</b>	<b>2,519</b>	<b>4,780</b>	<b>7,148</b>	<b>14,447</b>	<b>100</b>



In the Northern region, during that same period, Asian clients made up only 4.8% of the total number of clients (see Table 7).

**Table 7. Total Clients by Region, Age Group & Ethnicity (2<sup>nd</sup> 6mo 2005)**

Region	Ethnicity			
	Asian	Māori	Other	Pacific
<b>Northern</b>	<b>202 (4.8%)</b>	<b>984 (23.2%)</b>	<b>2,674 (63.3%)</b>	<b>366 (8.7%)</b>
0-9	30	127	443	49
10-14	49	326	897	90
15-19	123	531	1,334	227
<b>Midland</b>	<b>24</b>	<b>840</b>	<b>2,293</b>	<b>27</b>
0-9	6	151	423	8
10-14	8	300	810	7
15-19	10	389	1,060	12
<b>Central</b>	<b>54</b>	<b>713</b>	<b>2,621</b>	<b>78</b>
0-9	14	122	511	18
10-14	12	245	834	23
15-19	28	346	1,276	37
<b>Southern</b>	<b>46</b>	<b>341</b>	<b>3,177</b>	<b>48</b>
0-9	5	53	561	6
10-14	9	124	1,045	14
15-19	32	164	1,571	28
<b>Total</b>	<b>326</b>	<b>2,878</b>	<b>10,765</b>	<b>519</b>
<b>Unique Total</b>	<b>324</b>	<b>2,857</b>	<b>10,745</b>	<b>521</b>

While the above figures presented the percentage of young people seen by CAMHS, this number did not reflect the population based access rate for Asian clients. Based on the 2006 Census data, the national utilisation rate for Asian population (0-19 yrs) was 0.3% for 2005, the lowest out of all four ethnic groups (Māori 1.0%, Pacific 0.5% & Other 1.4%).

In regards to the types of mental health services accessed by Asian child and adolescents, fewer than 3% of these young Asians received treatment in Hospital. Most of the young Asian users sought help from community mental health services.

## The Northern Region Asian Workforce

Because of the population distribution, it is not surprising to notice that the majority of the Asian workforce is found in Auckland. DHB (Inpatient & Community) CAMHS and NGOs in the Northern region reported a total of **18** Asian staff including Administration/Management staff largely employed in Auckland DHB area (see Table 8).

**Table 8. Northern Region Asian Child & Adolescent Mental Health Workforce (2006)**

Northern Region	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Northland	-	-	0	-	0
Waitemata	-	1	1	-	1
Auckland	7	2	9	5	14
Counties Manukau	-	1	1	2	3
<b>Regional Total</b>	<b>7</b>	<b>4</b>	<b>11</b>	<b>7</b>	<b>18</b>

As on 30 June 2006, the distribution of Asian workforce was noted as follows:

**Table 9. Northern Region Asian Child & Adolescent Mental Health Workforce by Occupational Group (2006)**

Occupational Group	DHB Inpatient	DHB CAMHS	NGOs
Nurses	4	1	1
Psychologist	1	3	-
MH Support	2	-	2
Other Clinical	-	-	1
Other Non-Clinical	-	-	1
Administration	-	-	2
<b>Total Auckland<sup>1</sup></b>	<b>7</b>	<b>4</b>	<b>7</b>

1. Includes Waitemata, Auckland & Counties Manukau DHBs

The majority of the workforce was from the Mental Health Nursing discipline, this was followed by Psychologists. Of the nursing group, only a minority of them worked in the community. While recruitment of staff is already problematic in the child and adolescent mental health services nation wide, recruitment of Asian staff members is more difficult for the following reasons:

1. Traditionally, nurses are more attracted to working in the inpatient units for a variety of reasons including not being too familiar with providing therapeutic treatment modalities.
2. Traditionally, CAMHS prefers recruiting “more experienced clinicians”. There are insufficient experienced Asian professionals who can work in the child and adolescent area.
3. Traditionally, Psychology is the preferred discipline to work for CAMHS community services.

4. The writer understands that, for mature Asian people, their preference of choice of work is usually adult mental health, while child and adolescent mental health appears more attractive to the newer generation.
5. Systemic issues: within the tertiary training systems, the easiest access to clinical training is through nursing, social work, occupational therapy and psychotherapy. Hence the Asian workforce is mainly found in these four disciplines. Other professional teams including Psychology and Medicine appear to have stricter entrance and selection criteria and limited spaces are also factors. It is only recently (early 2007) that one of the training tertiary institutions introduced Asian Mental Health in their undergraduate professional training.
6. Inpatient services provide better payment rewards due to the payment of penal rates.
7. Increases in the attrition rate due to better pay overseas and retention rate is generally low.
8. Traditionally, due to cultural taboos, mental health is not the Asian people's preferred work of choice.

#### ***Northern Region Asian Workforce as a Proportion of the Asian 0-19 yrs Population***

Based on the 2006 prioritised population, there were 67,602 Asian young people who were between 0-19 years old. Of this, 66% resided in Auckland. Asian constituted 15% of the total 0-19 population in the Northern region. However, the total Northern region Asian workforce (DHB CAMHS & NGOs) only accounted for 5% of the total Northern region workforce. There is a significant disparity between the Auckland proportion of the 0-19 year Asian population and the Auckland Asian workforce. In total, the Asian workforce in the Northern region needs to increase by 10% to reflect the Northern region Asian proportion of the 0-19 years population.

**Table 10. Asian Workforce as a proportion of the 2006 Asian 0-19 Population (2006)**

<b>Northern Region</b>	<b>2006 0-19 Popn</b>	<b>2006 Asian 0-19 Popn</b>	<b>%</b>	<b>Total 2006 Asian Workforce</b>	<b>Total 2006 CAMHS Workforce</b>	<b>%</b>
Northland	45,267	729	<b>2</b>	0	32	<b>0</b>
Waitemata	139,758	20,376	<b>14</b>	1	84	<b>1</b>
Auckland	104,139	24,174	<b>23</b>	12	152	<b>8</b>
Counties Manukau	147,180	22,323	<b>15</b>	3	73	<b>4</b>
<b>Regional Total</b>	<b>436,344</b>	<b>67,602</b>	<b>15</b>	<b>16</b>	<b>341</b>	<b>5</b>

Although the Northern region reported the largest Asian workforce in the country, when compared with the region's Māori and Pacific workforce, the Asian workforce is considered low.

### ***Asian Workforce outside the Northern Region***

Asian clinical workers are considered to be a “rarity” in child and adolescent mental health services outside the Auckland area. This is illustrated by the following tables:

**Table 11. DHB Inpatient Asian CAMHS Workforce**

<b>DHB Asian Head Count June 2006)</b>	<b>Mental Health Nurse</b>	<b>Psychologist</b>	<b>Clinical Sub- Total</b>	<b>Mental Health Support Worker</b>	<b>Non- Clinical Sub-Total</b>	<b>Total</b>
<b>Asian Total</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>8</b>
Auckland	4	1	5	2	2	7
Capital & Coast	1	-	1	-	0	1
Canterbury	-	-	0	-	0	0

**Table 12. DHB Community Asian CAMHS Workforce**

<b>DHB Asian Head Count (June 2006)</b>	<b>Mental Health Nurse</b>	<b>Psychologist</b>	<b>Clinical Sub- Total</b>	<b>Non Clinical Sub-Total</b>	<b>Administration</b>	<b>Total</b>	<b>Total Access (2<sup>nd</sup> 6mo 2005)</b>	<b>Asian Population</b>
<b>Northern</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>202</b>	<b>67,602</b>
Northland			0	0	-	0		729
Waitemata	1		1	0	-	1		20,376
Auckland	-	2	2	0	-	2		24,174
Counties Manukau	-	1	1	0	-	1		22,323
<b>Midland</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>8,601</b>
<b>Central</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>54</b>	<b>12,972</b>
<b>Southern</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>46</b>	<b>11,877</b>
Nelson Marlborough	-	1	1	0	-	1		735
West Coast	-	-	0	0	-	0		45
Canterbury	-	-	0	0	-	0		8,139
South Canterbury	-	-	0	0	-	0		267
Otago	-	-	0	0	-	0		2,154
Southland	-	-	0	0	-	0		537
<b>National Total</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>326</b>	<b>101,052</b>

Table 13. NGO Asian Workforce (2006)

NGOs	Mental Health Nurse	Social Worker	Other Clinical	Clinical Sub- Total	Mental Health Support Worker	Other Non-Clinical	Non Clinical Sub-Total	Administration	Total
<b>Northern</b>	1	0	1	2	2	1	3	2	7
<b>Auckland</b> Odyssey House Trust	1	-	1	2	-	1	1	2	5
<b>Counties Manukau</b> Richmond Fellowship	-	-	-	0	2	-	2	-	2
<b>Midland</b>	0	1	0	1	0	0	0	0	1
<b>Taranaki</b> <i>Tui Ora: Raumano</i>	-	1	-	1	-	-	0	-	1
<b>Central</b>	0	0	0	0	0	0	0	0	0
<b>Southern</b>	0	1	0	1	3	0	3	0	4
<b>Canterbury</b> Stepping Stone Trust	-	1	-	1	3	-	3	-	4
<b>Total</b>	1	2	1	4	5	1	6	2	12

Note: Italicised Services are Kaupapa Māori Services (MHCS39)

Table 14. Māori Pacific &amp; Asian Workforce

June 2006	Māori (0-19 yrs 83,568)			Pacific (0-19 yrs 70,584)			Asians (0-19 yrs 67,602)		
	Inpatient	Community	NGO	Inpatient	Community	NGO	Inpatient	Community	NGO
<b>Total</b>	5	34	32	3	15	6	7	4	7

## **Workforce Development & Impact on Access**

According to the Census 2006 population data, the distribution of the Asian community residing in New Zealand is skewed. Over 67% of people who identified with one or more Asian ethnic group(s) (66.1% or 234,222 people of all ages) usually lived in the Auckland Region. There is also a high proportion of young adults (31%) aged between 15 and 29 years (this group of people is where the potential workforce comes from). Therefore Auckland appears to be the ideal place for workforce development. Moreover, considering that 66% of the young Asians reside in Auckland, Auckland is also where the highest demand is.

Outside the Auckland area, not only access to service is low, there is also a relatively smaller Asian population therefore developing an Asian workforce could be difficult.

However, one needs to be realistic that increasing the workforce would not necessarily mean an increase in the access rate. Increasing the workforce only focuses on equipping people with the necessary skills to implement their work. Accessibility or utilisation is to ensure that whoever needs assistance from the mental health services will use the service. Because of the cultural stigma and a lack of understanding of the health system and mental health problems presented by the Asian young people and their families, work is yet to be done to improve their access to service. Workforce development should therefore include education and up-skilling of the current workforce (including the primary health workforce: GP's, Practice Nurses, Interpreters, Midwives, School Teachers and other health and social professionals) who can help to identify the "at risk" Asian young people early.

## **Future Focus for Workforce Development**

### ***Use of Non-Clinical Asian Staff***

Non-Clinical services such as the Asian Community Support Worker (CSW) service in the adult mental health service have proved to be of significant help to the clients and their families. Although not trained clinically, some Asian staff are very academically and culturally proficient to provide cultural bridging work between the clinical teams and the Asian communities. Their skills should be more fully utilised. These "cultural bridgers" could work alongside other primary health, education and social services including the Asian GP and teachers to enhance clinical outcomes. The CSW services or Non-Clinical services are under-developed in the child and adolescent mental health sector. Non-Clinically trained Asian staff could be trained and recruited to carry out cultural and clinical support roles.

### ***Efficient use of the Current Asian Workforce***

While it is ideal to recruit more Asian workers, it is envisaged that it will take some time to develop a new and fully matured Asian Workforce. In the immediate future, efficient use of the existing workforce would provide both the resources needed for consultation and liaison and also provide the critical mass to incubate workforce development.

### ***Up-skilling the CAMHS Workforce***

Asian mental health perspectives should become part of the training curriculum for professionals provided by the tertiary training institutes. CAMHS should work together with the tertiary training institutes to increase Asian recruitment and this should be targeted at all the professional disciplines.



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# Appendices

## Appendix A: Population Data

Table 1. 2006 Census 0-19 yrs Population (prioritised ethnicity)

Region	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>Northern</b>	<b>213,342</b>	<b>112,857</b>	<b>110,145</b>	<b>436,344</b>
Northland	22,029	12,942	10,296	<b>45,267</b>
Waitemata	67,482	36,627	35,649	<b>139,758</b>
Auckland	50,328	25,164	28,647	<b>104,139</b>
Counties Manukau	73,503	38,124	35,553	<b>147,180</b>
<b>Midland</b>	<b>115,503</b>	<b>64,398</b>	<b>57,372</b>	<b>237,273</b>
Waikato	50,103	27,864	26,607	<b>104,574</b>
Lakes	15,726	8,367	6,897	<b>30,990</b>
Bay of Plenty	27,846	15,825	13,029	<b>56,700</b>
Tairāwhiti	7,443	3,999	3,282	<b>14,724</b>
Taranaki	14,385	8,343	7,557	<b>30,285</b>
<b>Central</b>	<b>112,059</b>	<b>60,879</b>	<b>61,155</b>	<b>234,093</b>
Hawke's Bay	21,942	12,540	10,845	<b>45,327</b>
Midcentral	21,822	12,087	12,807	<b>46,716</b>
Whanganui	8,682	5,355	4,902	<b>18,939</b>
Capital and Coast	34,368	17,118	19,584	<b>71,070</b>
Hutt Valley	20,085	10,425	10,275	<b>40,785</b>
Wairarapa	5,160	3,354	2,742	<b>11,256</b>
<b>Southern</b>	<b>120,645</b>	<b>67,842</b>	<b>71,523</b>	<b>260,010</b>
Nelson Marlborough	16,362	9,789	8,655	<b>34,806</b>
West Coast	3,921	2,319	1,911	<b>8,151</b>
Canterbury	59,424	32,313	34,095	<b>125,832</b>
South Canterbury	6,486	4,038	3,522	<b>14,046</b>
Otago	20,454	11,754	16,527	<b>48,735</b>
Southland	13,998	7,629	6,813	<b>28,440</b>
<b>Total</b>	<b>56,1549</b>	<b>305,976</b>	<b>300,195</b>	<b>1,167,720</b>

Source: Statistics NZ Ref: KID16173

**Table 2. 2006 Census: Māori 0-19 yrs Population (prioritised ethnicity)**

Region	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>Northern</b>	<b>43,401</b>	<b>21,480</b>	<b>18,687</b>	<b>83,568</b>
Northland	10,017	5,517	4,188	19,722
Waitemata	10,239	5,001	4,569	19,809
Auckland	5,862	2,907	3,009	11,778
Counties Manukau	17,283	8,055	6,921	32,259
<b>Midland</b>	<b>42,150</b>	<b>21,630</b>	<b>18,174</b>	<b>81,954</b>
Waikato	15,999	8,058	7,284	31,341
Lakes	7,374	3,741	3,075	14,190
Bay of Plenty	10,641	5,544	4,290	20,475
Tairāwhiti	4,386	2,352	1,833	8,571
Taranaki	3,750	1,935	1,692	7,377
<b>Central</b>	<b>29,652</b>	<b>15,132</b>	<b>13,515</b>	<b>58,299</b>
Hawke's Bay	7,299	4,242	3,483	15,024
Midcentral	6,600	3,228	2,910	12,738
Whanganui	3,360	1,788	1,581	6,729
Capital and Coast	5,814	2,700	2,766	11,280
Hutt Valley	5,265	2,358	2,187	9,810
Wairarapa	1,314	816	588	2,718
<b>Southern</b>	<b>17,160</b>	<b>8,469</b>	<b>8,178</b>	<b>33,807</b>
Nelson Marlborough	2,481	1,389	1,209	5,079
West Coast	666	396	294	1,356
Canterbury	8,013	3,798	3,609	15,420
South Canterbury	786	384	366	1,536
Otago	2,559	1,260	1,527	5,346
Southland	2,655	1,242	1,173	5,070
<b>Total</b>	<b>132,363</b>	<b>66,711</b>	<b>58,554</b>	<b>257,628</b>

Source: Statistics NZ Ref: KID16173

**Table 3. 2006 Census: Pacific 0-19 yrs Population (prioritised ethnicity)**

Region	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>Northern</b>	<b>36,630</b>	<b>17,904</b>	<b>16,050</b>	<b>70,584</b>
Northland	405	231	186	<b>822</b>
Waitemata	6,891	3,303	2,982	<b>13,176</b>
Auckland	9,534	4,848	4,464	<b>18,846</b>
Counties Manukau	19,800	9,522	8,418	<b>37,740</b>
<b>Midland</b>	<b>2,862</b>	<b>1,506</b>	<b>1,365</b>	<b>5,733</b>
Waikato	1,557	849	813	<b>3,219</b>
Lakes	426	234	219	<b>879</b>
Bay of Plenty	513	243	201	<b>957</b>
Tairāwhiti	174	75	48	<b>297</b>
Taranaki	192	105	84	<b>381</b>
<b>Central</b>	<b>7,884</b>	<b>3,978</b>	<b>3,771</b>	<b>15,633</b>
Hawke's Bay	915	459	390	<b>1,764</b>
Midcentral	771	381	399	<b>1,551</b>
Whanganui	174	108	123	<b>405</b>
Capital and Coast	3,804	1,953	1,845	<b>7,602</b>
Hutt Valley	2,070	990	957	<b>4,017</b>
Wairarapa	150	87	57	<b>294</b>
<b>Southern</b>	<b>3,123</b>	<b>1,605</b>	<b>1,617</b>	<b>6,345</b>
Nelson Marlborough	300	141	135	<b>576</b>
West Coast	6	18	9	<b>33</b>
Canterbury	1,965	993	960	<b>3,918</b>
South Canterbury	66	48	33	<b>147</b>
Otago	537	276	381	<b>1,194</b>
Southland	249	129	99	<b>477</b>
<b>Total</b>	<b>50,499</b>	<b>24,993</b>	<b>22,803</b>	<b>98,295</b>

Source: Statistics NZ Ref: KID16173

**Table 4. 2006 Census: Asian 0-19 yrs Population (prioritised ethnicity)**

Region	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>Northern</b>	<b>29,715</b>	<b>17,700</b>	<b>20,187</b>	<b>67,602</b>
Northland	342	216	171	729
Waitemata	8,958	5,517	5,901	20,376
Auckland	10,380	5,964	7,830	24,174
Counties Manukau	10,035	6,003	6,285	22,323
<b>Midland</b>	<b>3,840</b>	<b>2,394</b>	<b>2,367</b>	<b>8,601</b>
Waikato	2,274	1,437	1,536	5,247
Lakes	420	294	213	927
Bay of Plenty	762	489	399	1,650
Tairāwhiti	102	9	42	153
Taranaki	282	165	177	624
<b>Central</b>	<b>6,159</b>	<b>3,174</b>	<b>3,639</b>	<b>12,972</b>
Hawke's Bay	504	237	243	984
Midcentral	804	474	621	1,899
Whanganui	168	102	126	396
Capital and Coast	3,249	1,626	1,890	6,765
Hutt Valley	1,374	675	717	2,766
Wairarapa	60	60	42	162
<b>Southern</b>	<b>4,467</b>	<b>2,961</b>	<b>4,449</b>	<b>11,877</b>
Nelson Marlborough	345	192	198	735
West Coast	15	15	15	45
Canterbury	3,132	2,217	2,790	8,139
South Canterbury	132	54	81	267
Otago	558	342	1,254	2,154
Southland	285	141	111	537
<b>Total</b>	<b>44,181</b>	<b>26,229</b>	<b>30,642</b>	<b>101,052</b>

Source: Statistics NZ Ref: KID16173

## Appendix B: Funding Data

**Table 1. DHB Provider Funding for FTEs, Programmes & Bed Days (2004/2005)**

Region	FTE	Programmes	Bed Days	Attendances	Total
Northern	\$22,273,090	\$677,022	\$5,400,860		<b>\$28,350,973</b>
Midland	\$9,474,716	\$496,519	\$64,972		<b>\$10,036,207</b>
Central	\$14,131,360	\$2,100,502	\$2,727,061		<b>\$18,958,923</b>
Southern	\$15,372,310	\$315,199	\$4,317,583	\$371,583	<b>\$20,376,676</b>
<b>Total</b>	<b>\$61,251,476</b>	<b>\$3,589,242</b>	<b>\$12,510,477</b>	<b>\$371,583</b>	<b>\$77,722,778</b>

**Table 2. DHB Provider Funding for FTEs, Programmes & Bed Days (2005/2006)**

Region	FTE Volume	FTE \$	Programmes	Bed Days	Attendances	Total
Northern	240.48	\$24,073,497	\$709,707	\$5,739,832	-	<b>\$30,523,036</b>
Midland	107.41	\$10,590,009	\$637,310	\$67,116	-	<b>\$11,294,435</b>
Central	134.4	\$13,233,625	\$4,780,167	\$2,781,510	-	<b>\$20,795,303</b>
Southern	153.6	\$15,973,732	\$324,044	\$4,443,286	\$381,988	<b>\$21,123,049</b>
<b>Total</b>	<b>635.89</b>	<b>\$63,870,863</b>	<b>\$6,451,228</b>	<b>\$13,031,744</b>	<b>\$381,988</b>	<b>\$83,735,823</b>

**Table 3. NGO Provider Funding for FTEs, Programmes & Bed Days**

	2004/2005			2005/2006			
	FTE \$	Bed Days	Total	FTE Volume	FTE \$	Bed Days	Total
Northern	\$2,175,301	\$116,362	<b>\$2,291,663</b>	36.13	\$3,041,288	\$158,448	<b>\$3,041,288</b>
Midland	\$8,156,523	\$162,380	<b>\$8,318,903</b>	97.95	\$8,391,661	\$227,161	<b>\$8,618,822</b>
Central	\$994,667	\$952,384	<b>\$1,947,051</b>	20.69	\$1,528,959	\$972,864	<b>\$2,501,823</b>
Southern	\$3,438,851	\$2,250,376	<b>\$5,689,227</b>	55.81	\$3,819,614	\$2,268,491	<b>\$6,088,105</b>
<b>Total</b>	<b>\$3,438,851</b>	<b>\$2,250,376</b>	<b>\$5,689,227</b>	<b>210.58</b>	<b>\$16,781,522</b>	<b>\$3,626,964</b>	<b>\$20,250,038</b>

**Table 4. Ministry of Health National Funding by DHB**

Provider	2004/2005			2005/2006		
	DHB	NGO	Total \$	DHB	NGO	Total \$
<b>Northern</b>	<b>\$28,350,973</b>	<b>\$2,291,663</b>	<b>\$30,642,636</b>	<b>\$30,523,036</b>	<b>\$3,012,952</b>	<b>\$33,535,988</b>
Northland	\$2,033,627	\$770,892	\$2,804,519	\$2,282,975	\$998,332	\$3,281,307
Waitemata	\$8,407,613	\$0	\$8,407,613	\$8,694,911	\$0	\$8,694,911
Auckland	\$12,490,617	\$855,040	\$13,345,657	\$13,774,349	\$887,728	\$14,662,077
Counties Manukau	\$5,419,115	\$665,732	\$6,084,847	\$5,770,801	\$1,126,892	\$6,897,693
<b>Midland</b>	<b>\$10,036,207</b>	<b>\$8,318,903</b>	<b>\$18,355,110</b>	<b>\$11,294,435</b>	<b>\$8,618,822</b>	<b>\$19,913,257</b>
Waikato	\$3,051,410	\$5,425,144	\$8,476,554	\$3,218,179	\$4,929,082	\$8,147,261
Lakes	\$1,775,504	\$394,720	\$2,170,224	\$1,925,747	\$1,088,980	\$3,014,727
Bay of Plenty	\$2,993,392	\$2,032,886	\$5,026,278	\$3,183,105	\$2,119,716	\$5,302,821
Tairāwhiti	\$826,061	\$36,079	\$862,140	\$968,090	\$36,804	\$1,004,894
Taranaki	\$1,389,839	\$430,075	\$1,819,914	\$1,999,314	\$444,240	\$2,443,554
<b>Central</b>	<b>\$18,958,923</b>	<b>\$2,169,273</b>	<b>\$21,128,196</b>	<b>\$20,795,303</b>	<b>\$2,530,159</b>	<b>\$23,325,463</b>
Hawke's Bay	\$2,495,263	\$836,580	\$3,331,843	\$2,460,683	\$1,005,464	\$3,466,147
MidCentral	\$2,020,200	\$82,834	\$2,103,034	\$2,086,867	\$188,670	\$2,275,537
Whanganui	\$1,575,042	\$154,020	\$1,729,062	\$1,526,370	\$149,356	\$1,675,726
Capital & Coast	\$9,315,614	\$293,151	\$9,608,766	\$11,014,990	\$429,609	\$11,444,599
Hutt Valley	\$2,778,763	\$675,234	\$3,453,997	\$2,895,462	\$625,396	\$3,520,858
Wairarapa	\$774,041	\$127,454	\$901,495	\$810,932	\$131,664	\$942,596
<b>Southern</b>	<b>\$20,376,676</b>	<b>\$5,689,227</b>	<b>\$26,065,903</b>	<b>\$21,123,049</b>	<b>\$6,088,105</b>	<b>\$27,211,154</b>
Nelson Marlborough	\$2,441,255	\$562,546	\$3,003,801	\$2,671,470	\$678,893	\$3,350,363
West Coast	\$771,997	\$0	\$771,997	\$815,154	\$0	\$815,154
Canterbury	\$11,109,805	\$3,226,506	\$14,336,312	\$11,802,867	\$3,364,145	\$15,167,012
South Canterbury	\$884,255	\$0	\$884,255	\$983,894	\$54,000	\$1,037,894
Otago	\$3,414,120	\$1,225,833	\$4,639,953	\$3,418,959	\$1,184,433	\$4,603,392
Southland	\$1,755,244	\$674,343	\$2,429,586	\$1,430,705	\$806,634	\$2,237,339
<b>Ministry of Health</b>	<b>\$18,958,923</b>	<b>\$1,947,051</b>	<b>\$20,905,973</b>		<b>\$357,328</b>	<b>\$357,328</b>
Well Trust	\$0	\$222,222	\$222,222	-	\$328,992	\$328,992
Salvation Army of NZ	-	-	-	-	\$28,336	\$28,336
<b>Total</b>	<b>\$77,722,778</b>	<b>\$18,469,066</b>	<b>\$96,191,844</b>	<b>\$83,735,823</b>	<b>\$20,607,366</b>	<b>\$104,343,190</b>

**Table 5. National Funding per Child (2004-2006)**

Region/ DHB	2004/2005			2005/2006		
	Total DHB & NGO	Spend/Child (excludes Inpatient Costs)	Spend/Child (includes Inpatient Costs)	Total DHB & NGO	Spend/Child (excludes Inpatient Costs)	Spend/Child (includes Inpatient Costs)
<b>Northern</b>	<b>\$30,642,636</b>	<b>\$50.27</b>	<b>\$69.26</b>	<b>\$33,564,324</b>	<b>\$63.77</b>	<b>\$76.92</b>
Northland	\$2,804,519	\$61.27	\$61.27	\$3,281,307	\$72.49	\$72.49
Waitemata	\$8,407,613	\$59.45	\$59.45	\$8,694,911	\$62.21	\$62.21
Auckland	\$13,345,657	\$71.67	\$120.38	\$14,690,413	\$85.95	\$141.07
Counties Manukau	\$6,084,847	\$42.14	\$42.14	\$6,897,693	\$46.87	\$46.87
<b>Midland</b>	<b>\$18,355,110</b>	<b>\$70.91</b>	<b>\$70.91</b>	<b>\$19,913,257</b>	<b>\$83.64</b>	<b>\$83.93</b>
Waikato	\$8,476,554	\$80.12	\$80.12	\$8,147,261	\$77.91	\$77.91
Lakes	\$2,170,224	\$66.92	\$66.92	\$3,014,727	\$97.28	\$97.28
Bay of Plenty	\$5,026,278	\$84.98	\$84.98	\$5,302,821	\$93.52	\$93.52
Tairāwhiti	\$862,140	\$55.59	\$55.59	\$1,004,894	\$63.69	\$68.25
Taranaki	\$1,819,914	\$39.59	\$39.59	\$2,443,554	\$80.69	\$80.69
<b>Central</b>	<b>\$20,905,973</b>	<b>\$76.63</b>	<b>\$92.30</b>	<b>\$23,654,455</b>	<b>\$89.17</b>	<b>\$101.05</b>
Hawkes Bay	\$3,331,843	\$105.14	\$105.14	\$3,466,147	\$76.47	\$76.47
Mid Central	\$2,103,034	\$42.58	\$42.58	\$2,275,537	\$48.71	\$48.71
Whanganui	\$1,729,062	\$87.57	\$87.57	\$1,675,726	\$88.48	\$88.48
Capital & Coast	\$9,608,766	\$126.22	\$132.86	\$11,444,599	\$123.15	\$161.03
Hutt	\$3,231,775	\$76.86	\$76.86	\$3,849,850	\$92.21	\$94.39
Wairarapa	\$901,495	\$79.39	\$79.39	\$942,596	\$83.74	\$83.74
<b>Southern</b>	<b>\$26,065,903</b>	<b>\$86.18</b>	<b>\$99.36</b>	<b>\$27,211,154</b>	<b>\$87.57</b>	<b>\$104.65</b>
Nelson Marlborough	\$3,003,801	\$82.21	\$82.21	\$3,350,363	\$83.46	\$96.26
West Coast	\$771,997	\$90.03	\$90.03	\$815,154	\$100.01	\$100.01
Canterbury	\$14,336,312	\$89.62	\$115.65	\$15,167,012	\$92.29	\$120.53
South Canterbury	\$884,255	\$61.47	\$61.47	\$1,037,894	\$73.89	\$73.89
Otago	\$4,639,953	\$95.45	\$95.45	\$4,603,392	\$85.34	\$94.46
Southland	\$2,429,586	\$80.24	\$80.24	\$2,237,339	\$78.67	\$78.67
<b>Grand Total</b>	<b>\$92,969,622</b>	<b>\$70.27</b>	<b>\$78.11</b>	<b>\$104,343,190</b>	<b>\$78.20</b>	<b>\$89.36</b>



## Appendix C: Child & Adolescent Mental Health Workforce Data

**Table 1. DHB Community Actual FTEs (2004-2006)**

DHB Community Clinical Workforce	Actual Clinical FTEs			Vacant Clinical FTEs		
	2004	2006	% Change	2004	2006	% Change
<b>National</b>	<b>505.1</b>	<b>567.1</b>	<b>12</b>	<b>82.6</b>	<b>90.6</b>	<b>10</b>
Northern	171.1	212.1	24	33.9	38.7	14
Midland	92.7	96.85	4	17.7	20.0	13
Central	107.6	128.25	19	15.1	14.1	7
Southern	133.7	129.91	-3	15.9	17.83	12

**Table 2. Community Clinical Workforce vs MHC Resource Guidelines**

DHBs	March 2004				June 2006			
	DHB & NGO FTEs	Blueprint Guidelines	FTEs Needed	% Increase	DHB & NGO FTEs	Blueprint Guidelines	FTEs Needed	% Increase
<b>Northern</b>	<b>196.17</b>	<b>426.18</b>	<b>230.01</b>	<b>117</b>	<b>242.26</b>	<b>417.64</b>	<b>175.38</b>	<b>72</b>
Northland	21.20	42.2	21.0	99	29.60	42.6	13.02	44
Waitemata	71.60	139.5	67.9	95	90.48	136.4	45.91	51
Auckland	64.54	122.2	57.66	89	70.80	115.9	45.11	64
Counties Manukau	38.83	122.2	83.37	215	51.38	122.7	71.34	139
<b>Midland</b>	<b>134.40</b>	<b>237.65</b>	<b>103.25</b>	<b>77</b>	<b>147.96</b>	<b>223.52</b>	<b>75.6</b>	<b>51</b>
Waikato	56.55	96.5	39.95	71	57.51	97.4	39.9	69
Lakes	15.60	29.2	13.6	87	27.1	28.6	1.5	5
Bay of Plenty	37.60	56.3	18.7	50	34.15	55.4	21.2	62
Tairāwhiti	7.75	12.9	5.15	66	9.5	12.6	3.1	32
Taranaki	16.90	42.8	25.9	153	19.7	29.6	9.9	50
<b>Central</b>	<b>126.04</b>	<b>223.17</b>	<b>97.13</b>	<b>77</b>	<b>143.85</b>	<b>231.89</b>	<b>88.04</b>	<b>61</b>
Hawkes Bay	18.06	30.2	12.14	67	16.6	42.6	26.0	156
MidCentral	20.40	47.1	26.7	131	24.55	45.2	20.6	84
Whanganui	8.80	18.6	9.8	111	10.4	18.0	7.6	74
Capital & Coast	47.00	76.6	29.6	63	53.8	76.2	22.4	42
Hutt	26.38	39.4	13.02	49	31.6	38.7	7.1	22
Wairarapa	5.40	11.2	5.8	107	6.9	11.2	4.3	62
<b>Southern</b>	<b>210.21</b>	<b>276.37</b>	<b>66.16</b>	<b>31</b>	<b>189.21</b>	<b>278.68</b>	<b>89.5</b>	<b>47</b>
Nelson Marlborough	20.15	38.1	17.95	89	30.7	37.6	6.9	23
West Coast	8.70	8.8	0.1	1	6.4	9.2	2.8	43
Canterbury	106.11	131.8	25.69	24	88.98	133.8	44.8	50
South Canterbury	8.80	15.4	6.6	75	8.25	15.4	7.1	87
Otago	52.30	51.5	-0.8	-	38.48	51.9	13.4	35
Southland	14.15	30.8	16.65	118	16.4	30.8	14.4	88
<b>Total</b>	<b>666.82</b>	<b>1,163.37</b>	<b>66.16</b>	<b>74</b>	<b>189.21</b>	<b>1,151.72</b>	<b>428.4</b>	<b>59</b>

**Table 3. Māori Community Clinical Workforce vs MHC Blueprint Guidelines (2006)**

Region/DHB	Total Pop All Ages	Blueprint Guidelines 28.6/100,000 Total Popn	Total 0-19 Popn	0-19 Māori Popn	Proportion of Māori 0-19 yrs	DHB & NGO Māori Community Clinical FTEs	FTEs per Māori Proportion	FTEs Needed	% Increase
<b>Northern</b>	<b>1,460,265</b>	<b>417.64</b>	<b>436,344</b>	<b>83,568</b>	<b>19</b>	<b>33.9</b>	<b>80.0</b>	<b>46.1</b>	<b>136</b>
Northland	149,004	42.6	45,267	19,722	44	15	18.6	3.6	24
Waitemata	476,877	136.4	139,758	19,809	14	9.3	19.3	10.0	108
Auckland	405,282	115.9	104,139	11,778	11	2.7	13.1	10.4	386
Counties Manukau	429,102	122.7	147,180	32,259	22	6.9	26.9	20.0	290
<b>Midland</b>	<b>781,536</b>	<b>223.52</b>	<b>237,273</b>	<b>81,954</b>	<b>35</b>	<b>41.8</b>	<b>77.2</b>	<b>31.9</b>	<b>76</b>
Waikato	340,434	97.4	104,574	31,341	30	14.3	29.2	14.4	101
Lakes	99,945	28.6	30,990	14,190	46	8	13.1	5.1	64
Bay of Plenty	193,602	55.4	56,700	20,475	36	11.8	20.0	5.2	44
Tairāwhiti	43,980	12.6	14,724	8,571	58	4.7	7.3	2.6	56
Taranaki	103,575	29.6	30,285	7,377	24	3	7.2	4.2	141
<b>Central</b>	<b>810,804</b>	<b>231.89</b>	<b>234,093</b>	<b>58,299</b>	<b>25</b>	<b>20.9</b>	<b>57.8</b>	<b>36.9</b>	<b>176</b>
Hawkes Bay	148,818	42.6	45,327	15,024	33	2	14.1	12.1	605
MidCentral	157,959	45.2	46,716	12,738	27	4	12.3	8.3	208
Whanganui	63,111	18.0	18,939	6,729	36	2.5	6.4	3.9	157
Capital & Coast	266,568	76.2	71,070	11,280	16	6.4	12.1	5.7	89
Hutt	135,339	38.7	40,785	9,810	24	4	9.3	5.3	133
Wairarapa	39,009	11.2	11,256	2,718	24	2	2.7	0.7	35
<b>Southern</b>	<b>974,397</b>	<b>278.68</b>	<b>260,010</b>	<b>33,807</b>	<b>13</b>	<b>9.7</b>	<b>36.2</b>	<b>26.5</b>	<b>274</b>
Nelson Marlborough	131,604	37.6	34,806	5,079	15	1	5.5	4.5	449
West Coast	32,007	9.2	8,151	1,356	17	0	1.5	1.5	
Canterbury	467,787	133.8	125,832	15,420	12	5.9	16.4	10.5	178
South Canterbury	53,808	15.4	14,046	1,536	11	0	1.7	1.7	
Otago	181,353	51.9	48,735	5,346	11	2.8	5.7	2.9	103
Southland	107,838	30.8	28,440	5,070	18	0	5.5	5.5	
<b>Total</b>	<b>4,027,002</b>	<b>1151.72</b>	<b>1,167,720</b>	<b>257,628</b>	<b>22</b>	<b>106.3</b>	<b>254.1</b>	<b>147.8</b>	<b>139</b>

**Table 4. Pacific Community Clinical Workforce vs MHC Blueprint Guidelines (2006)**

Region/DHB	Total Pop All Ages	Blueprint Guidelines 28.6/100,000 Total Pop	Total 0-19 Pop	0-19 Pacific Pop	Proportion of Pacific 0-19 yrs	Pacific Community Clinical FTEs	FTEs per Pacific Proportion	FTEs Needed	% Increase
<b>Northern</b>	<b>1,460,265</b>	<b>417.64</b>	<b>436,344</b>	<b>70,584</b>	<b>16</b>	<b>11.6</b>	<b>67.6</b>	<b>56.0</b>	<b>482</b>
Northland	149,004	42.6	45267	822	2	0	0.8	0.8	
Waitemata	476,877	136.4	139758	13,176	9	6.7	12.9	6.2	92
Auckland	405,282	115.9	104139	18,846	18	3.0	21.0	18.0	599
Counties Manukau	429,102	122.7	147180	37,740	26	1.9	31.5	29.6	1556
<b>Midland</b>	<b>781,536</b>	<b>223.52</b>	<b>237,273</b>	<b>5,733</b>	<b>2</b>	<b>3.1</b>	<b>5.4</b>	<b>2.3</b>	<b>74</b>
Waikato	340,434	97.4	104574	3,219	3	1.8	3.0	1.2	67
Lakes	99,945	28.6	30990	879	3	0	0.8	0.8	
Bay of Plenty	193,602	55.4	56700	957	2	1.3	0.9	-0.4	-28
Tairāwhiti	43,980	12.6	14724	297	2	0	0.3	0.3	
Taranaki	103,575	29.6	30285	381	1	0	0.4	0.4	
<b>Central</b>	<b>810,804</b>	<b>231.89</b>	<b>234,093</b>	<b>15,633</b>	<b>7</b>	<b>5.0</b>	<b>15.5</b>	<b>10.5</b>	<b>210</b>
Hawkes Bay	148,818	42.6	45327	1,764	4	0	1.7	1.7	
MidCentral	157,959	45.2	46716	1,551	3	0	1.5	1.5	
Whanganui	63,111	18.0	18939	405	2	0	0.4	0.4	
Capital & Coast	266,568	76.2	71070	7,602	11	5.0	8.2	3.2	63
Hutt	135,339	38.7	40785	4,017	10	0	3.8	3.8	
Wairarapa	39,009	11.2	11256	294	3	0	0.3	0.3	
<b>Southern</b>	<b>974,397</b>	<b>278.68</b>	<b>260,010</b>	<b>6,345</b>	<b>2</b>	<b>6.0</b>	<b>6.8</b>	<b>0.8</b>	<b>13</b>
Nelson Marlborough	131,604	37.6	34806	576	2	1.0	0.6	-0.4	-38
West Coast	32,007	9.2	8151	33	0	0	0.0	0.0	
Canterbury	467,787	133.8	125832	3,918	3	5.0	4.2	-0.8	-17
South Canterbury	53,808	15.4	14046	147	1	0	0.2	0.2	
Otago	181,353	51.9	48735	1,194	2	0	1.3	1.3	
Southland	107,838	30.8	28440	477	2	0	0.5	0.5	
<b>Total</b>	<b>4,027,002</b>	<b>1151.72</b>	<b>1,167,720</b>	<b>98,295</b>	<b>8</b>	<b>25.7</b>	<b>96.9</b>	<b>71.2</b>	<b>277</b>

**Table 5. Psychiatrist FTEs vs WHO Recommendations**

DHB Name	2004				2006			
	Psychiatrists Actual FTEs <sup>1</sup>	WHO Recommendation	FTEs Needed	% Increase	Psychiatrists Actual FTEs <sup>1</sup>	WHO Recommendation	FTEs Needed	% Increase
<b>Northern</b>	<b>21.83</b>	<b>44.24</b>	<b>22.41</b>	<b>103</b>	<b>27.4</b>	<b>43.63</b>	<b>16.23</b>	<b>59</b>
Northland	2.6	4.58	1.98	76	0.7	4.53	3.83	547
Waitemata	7.1	14.14	7.04	99	7.3	13.98	6.68	91
Auckland	7.8	11.09	3.29	42	13.5	10.41	-3.09	-23
Counties Manukau	4.33	14.44	10.11	233	5.9	14.72	8.82	149
<b>Midland</b>	<b>8.72</b>	<b>24.46</b>	<b>15.74</b>	<b>180</b>	<b>9.9</b>	<b>23.73</b>	<b>13.83</b>	<b>140</b>
Waikato	3.62	10.58	6.96	192	4.7	10.46	5.76	122
Lakes	0.6	3.24	2.64	441	0.8	3.10	2.30	287
Bay of Plenty	2.2	5.92	3.72	169	2	5.67	3.67	184
Tairāwhiti	0.3	1.55	1.25	417	0.4	1.47	1.07	268
Taranaki	2.0	3.17	1.17	58	2.0	3.03	1.03	51
<b>Central</b>	<b>14.8</b>	<b>24.08</b>	<b>9.28</b>	<b>63</b>	<b>13.8</b>	<b>23.41</b>	<b>9.61</b>	<b>70</b>
Hawkes Bay	1.7	4.60	2.90	170		4.53	4.53	
Mid Central	0.8	4.94	4.14	517	3	4.67	1.67	56
Whanganui	0.8	1.97	1.17	147		1.89	1.89	
Capital and Coast	8.3	7.23	-1.07	-13	7.3	7.11	-0.19	-3
Hutt	2.4	4.21	1.81	75	1.7	4.08	2.38	140
Wairarapa	0.8	1.14	0.34	42	1.8	1.13	-0.67	-37
<b>Southern</b>	<b>13.38</b>	<b>26.24</b>	<b>12.86</b>	<b>96</b>	<b>16.58</b>	<b>26.00</b>	<b>9.42</b>	<b>57</b>
Nelson Marlborough	1	3.65	2.65	265	1.6	3.48	1.88	118
West Coast	0.2	0.86	0.66	329	0.2	0.82	0.62	308
Canterbury	7.38	12.40	5.02	68	9.33	12.58	3.25	35
South Canterbury	0.4	1.44	1.04	260	0.45	1.40	0.95	212
Otago	4.4	4.86	0.46	10	3.6	4.87	1.27	35
Southland	0	3.03	3.03		1.4	2.84	1.44	103
<b>Total</b>	<b>58.73</b>	<b>119.02</b>	<b>60.29</b>	<b>103</b>	<b>67.68</b>	<b>116.77</b>	<b>49.09</b>	<b>73</b>

1. Includes DHB & NGO Psychiatry FTEs

Table 6. DHB Inpatient CAMHS Workforce (June 2006)

DHBs	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Actual FTEs</b>	<b>0.0</b>	<b>0.0</b>	<b>81.7</b>	<b>5.5</b>	<b>9.4</b>	<b>0.0</b>	<b>3.8</b>	<b>5.1</b>	<b>2.0</b>	<b>107.5</b>	<b>4.6</b>	<b>0.0</b>	<b>2.0</b>	<b>12.3</b>	<b>0.0</b>	<b>18.9</b>	<b>9.7</b>	<b>136.1</b>
Auckland	-	-	27.6	2.0	5.5	-	2.0	2.2	-	39.3	1.0	-	-	9.4	-	10.4	2.0	51.7
Capital & Coast	-	-	24.3	2.0	1.5	-	1.0	2.0	-	30.8	3.0	-	2.0	2.9	-	7.9	2.0	40.7
Canterbury	-	-	29.8	1.5	2.4	-	0.8	0.9	2.0	37.4	0.6	-	-	-	-	0.6	5.70	43.7
<b>Vacant FTEs</b>	<b>0.0</b>	<b>0.0</b>	<b>16.5</b>	<b>0.7</b>	<b>2.6</b>	<b>0.0</b>	<b>1.7</b>	<b>0.2</b>	<b>0.0</b>	<b>21.7</b>	<b>0.0</b>	<b>0.0</b>	<b>0.9</b>	<b>1.6</b>	<b>0.0</b>	<b>2.5</b>	<b>0.9</b>	<b>25.1</b>
Auckland	-	-	8.9	0.7	2.1	-	1.7	0.2	-	13.6	-	-	-	0.6	-	0.6	0.6	14.8
Capital & Coast	-	-	6.6	-	0.5	-	-	-	-	7.1	-	-	0.9	1.0	-	1.9	-	9.0
Canterbury	-	-	1.0	-	-	-	-	-	-	1.0	-	-	-	-	-	0.0	0.3	1.3

**Table 7. DHB Inpatient Māori, Pacific & Asian CAMHS Workforce**

<b>DHB Head Count June 2006</b>	<b>Alcohol &amp; Drug</b>	<b>Counsellor</b>	<b>Mental Health Nurse</b>	<b>Occupational Therapist</b>	<b>Psychiatrist</b>	<b>Psychotherapist</b>	<b>Psychologist</b>	<b>Social Worker</b>	<b>Other Clinical</b>	<b>Clinical Sub-Total</b>	<b>Cultural</b>	<b>Specific Liaison</b>	<b>Mental Health Consumer</b>	<b>Mental Health Support Worker</b>	<b>Other Non-Clinical</b>	<b>Non-Clinical Sub-Total</b>	<b>Administration/ Management</b>	<b>Total</b>
<b>Māori</b>	0	0	2	0	0	0	0	0	0	2	5	0	0	9	0	14	1	17
Auckland	-	-	-	-	-	-	-	-	-	0	1	-	-	4	-	5	-	5
Capital & Coast	-	-	2	-	-	-	-	-	-	2	2	-	-	5	-	7	1	9
Canterbury	-	-	-	-	-	-	-	-	-	0	2	-	-	-	-	2	-	2
<b>Pacific</b>	0	0	1	0	0	0	0	0	0	1	1	0	0	4	0	5	0	6
Auckland	-	-	-	-	-	-	-	-	-	0	-	-	-	3	-	3	-	3
Capital & Coast	-	-	-	-	-	-	-	-	-	0	1	-	-	1	-	2	-	2
Canterbury	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
<b>Asian</b>	0	0	5	0	0	0	1	0	0	6	0	0	0	2	0	2	0	8
Auckland	-	-	4	-	-	-	1	-	-	5	-	-	-	2	-	2	-	7
Capital & Coast	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
Canterbury	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0

Table 8. DHB CAMHS Workforce (Actual FTEs June 2006)

DHB	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Northern</b>	<b>8.0</b>	<b>0.6</b>	<b>43.2</b>	<b>16.0</b>	<b>21.9</b>	<b>6.1</b>	<b>50.8</b>	<b>55.4</b>	<b>10.1</b>	<b>212.1</b>	<b>11.6</b>	<b>0</b>	<b>0.2</b>	<b>1.5</b>	<b>0</b>	<b>13.3</b>	<b>21.75</b>	<b>247.15</b>
Northland	2.0	0.6	11.0	-	0.7	-	1.0	1.8	0.5	17.6	-	-	-	-	-	0	3.0	20.6
Waitemata	2.0	-	18.8	4.0	7.3	1.3	14.0	24.4	7.6	79.4	4.6	-	-	-	-	4.6	8.1	92.1
Auckland <sup>1</sup>	4.0	-	6.5	8.0	8.0	0.8	26.1	17.4	-	70.8	5.0	-	0.2	1.5	-	6.7	3.5	81.0
Counties Manukau	-	-	6.9	4.0	5.9	4.0	9.7	11.8	2.0	44.3	2.0	-	-	-	-	2.0	7.15	53.45
<b>Midland</b>	<b>6.0</b>	<b>8.25</b>	<b>22.3</b>	<b>0.0</b>	<b>9.9</b>	<b>4.7</b>	<b>23.2</b>	<b>16.5</b>	<b>6.0</b>	<b>96.85</b>	<b>2.0</b>	<b>1.5</b>	<b>0.05</b>	<b>0</b>	<b>0.35</b>	<b>3.9</b>	<b>19.1</b>	<b>119.85</b>
Waikato	2.0	1.0	6.5	-	4.7	1.9	8.2	4.5	4.6	33.4	-	-	-	-	-	0	7.5	40.9
Lakes	-	2.0	2.0	-	0.8	1.8	5.8	3.0	0.5	15.9	1.0	-	-	-	-	1.0	2.5	19.4
Bay of Plenty	1.0	3.75	5.8	-	2.0	1.0	5.8	4.5	0.5	24.35	1.0	1.5	-	-	-	2.5	5.5	32.35
Tairāwhiti	2.0	-	3.0	-	0.4	-	1.0	1.7	0.4	8.5	-	-	0.05	-	0.35	0.4	1.8	10.7
Taranaki	1.0	1.5	5.0	-	2.0	-	2.4	2.8	-	14.7	-	-	-	-	-	0	1.8	16.5
<b>Central</b>	<b>3.0</b>	<b>5.4</b>	<b>18.6</b>	<b>3.5</b>	<b>12.3</b>	<b>6.0</b>	<b>28.45</b>	<b>37.8</b>	<b>13.2</b>	<b>128.25</b>	<b>10.8</b>	<b>1.9</b>	<b>0</b>	<b>0</b>	<b>3.0</b>	<b>15.7</b>	<b>24.14</b>	<b>168.09</b>
Hawke's Bay	-	-	2.0	0.9	-	-	4.0	7.7	1.0	15.6	2.3	-	-	-	-	2.3	1.6	19.5
MidCentral	-	4.8	1.2	-	3.0	-	7.15	7.4	-	23.55	-	-	-	-	-	0	5.4	28.95
Whanganui	-	-	3.5	-	-	1.8	0.6	3.5	-	9.4	1.0	-	-	-	-	1.0	3.64	14.04
Capital & Coast	2.5	-	9.4	1.6	5.8	2.2	11.7	10.7	4.2	48.1	5.5	1.9	-	-	2.0	9.4	10.5	68.0
Hutt	0.5	-	2.0	-	1.7	2.0	5.0	7.5	7.0	25.7	-	-	-	-	1.0	1.0	2.5	29.2
Wairarapa	-	0.6	0.5	1.0	1.80	-	-	1.0	1.0	5.9	2.0	-	-	-	-	2.0	0.5	8.4
<b>Southern</b>	<b>5.3</b>	<b>2.3</b>	<b>30.9</b>	<b>6.0</b>	<b>14.18</b>	<b>3.10</b>	<b>27.65</b>	<b>30.58</b>	<b>9.90</b>	<b>129.91</b>	<b>4.8</b>	<b>0.2</b>	<b>1.0</b>	<b>1.7</b>	<b>0</b>	<b>7.7</b>	<b>23.5</b>	<b>161.11</b>
Nelson Marlborough	-	0.3	9.0	-	1.6	-	5.8	6.0	3.0	27.7	-	-	-	0.7	-	0.7	0.2	26.6
West Coast	1.5	-	1.0	0.2	0.2	-	1.0	1.0	1.5	6.4	0.2	-	1.0	1.0	-	2.2	1.8	10.4
Canterbury	1.0	-	9.9	2.8	6.93	-	12.35	16.4	3.6	52.98	2.6	-	-	-	-	2.6	14.07	69.65
South Canterbury	1.8	-	1.4	1.0	0.45	-	0.2	2.7	-	7.55	-	-	-	-	-	0	0.3	7.85
Otago	1.0	1.0	8.6	1.0	3.6	2.8	4.7	3.68	-	26.38	2.0	-	-	-	-	2.0	5.13	33.51
Southland	-	1.0	1.0	1.0	1.4	0.3	3.6	0.8	1.8	10.9	-	0.2	-	-	-	0.2	2.0	13.1
<b>Total</b>	<b>22.3</b>	<b>16.6</b>	<b>115.0</b>	<b>25.5</b>	<b>58.28</b>	<b>19.9</b>	<b>130.1</b>	<b>140.3</b>	<b>39.2</b>	<b>567.1</b>	<b>29.2</b>	<b>3.6</b>	<b>1.3</b>	<b>3.2</b>	<b>3.4</b>	<b>40.6</b>	<b>88.5</b>	<b>696.2</b>

1. Auckland DHB data includes data from Consult Liaison Services.

**Table 9. DHB Community CAMHS (Vacant FTEs June 2006)**

Region//DHB	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Northern</b>	<b>4.0</b>	<b>0</b>	<b>14.2</b>	<b>3.3</b>	<b>4.6</b>	<b>3.1</b>	<b>3.8</b>	<b>3.9</b>	<b>1.8</b>	<b>38.7</b>	<b>1.0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>0</b>	<b>39.7</b>
Northland	-	-	1.0	-	1.0	-	-	-	-	2.0	-	-	-	-	-	0	-	2.0
Waitemata	-	-	6.8	2.3	1.1	1.5	-	1.9	1.8	15.4	-	-	-	-	-	0	-	15.4
Auckland <sup>1</sup>	2.0	-	0.9	-	2.5	-	2.8	2.0	-	10.2	1.0	-	-	-	-	1.0	-	11.2
Counties Manukau	2.0	-	5.5	1.0	-	1.6	1.0	-	-	11.1	-	-	-	-	-	0	-	11.1
<b>Midland</b>	<b>2.0</b>	<b>1.0</b>	<b>3.2</b>	<b>2.5</b>	<b>1.2</b>	<b>0</b>	<b>6.6</b>	<b>2.5</b>	<b>1.0</b>	<b>20.0</b>	<b>1.05</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1.05</b>	<b>0</b>	<b>21.05</b>
Waikato	1.0	-	1.0	0.5	-	-	3.0	0.5	1.0	7.0	1.0	-	-	-	-	1.0	-	8.0
Lakes	-	1.0	2.0	-	0.2	-	2.0	2.0	-	7.2	-	-	-	-	-	0	-	7.2
Bay of Plenty	1.0	-	0.2	2.0	1.0	-	1.0	-	-	5.2	-	-	-	-	-	0	-	5.2
Tairāwhiti	-	-	-	-	-	-	0.6	-	-	0.6	0.05	-	-	-	-	0.05	-	0.65
Taranaki	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
<b>Central</b>	<b>1.5</b>	<b>0</b>	<b>3.2</b>	<b>1.4</b>	<b>2.3</b>	<b>0</b>	<b>4.3</b>	<b>1.4</b>	<b>0</b>	<b>14.1</b>	<b>2.0</b>	<b>0.5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2.5</b>	<b>1.5</b>	<b>18.1</b>
Hawke's Bay	-	-	1.4	-	-	-	-	-	-	1.4	1.0	-	-	-	-	1.0	-	2.4
MidCentral	-	-	0.8	-	-	-	-	-	-	0.8	-	-	-	-	-	0	-	0.8
Whanganui	1.0	-	1.0	-	-	-	0.4	-	-	2.4	-	-	-	-	-	0	-	2.4
Capital & Coast	0.5	-	-	1.4	0.3	-	3.9	1.4	-	7.5	-	0.5	-	-	-	0.5	1.5	9.5
Hutt	-	-	-	-	2.0	-	-	-	-	2.0	-	-	-	-	-	0	-	2.0
Wairarapa	-	-	-	-	-	-	-	-	-	0	1.0	-	-	-	-	1.0	-	1.0
<b>Southern</b>	<b>0</b>	<b>1.0</b>	<b>4.3</b>	<b>1.0</b>	<b>1.15</b>	<b>0</b>	<b>3.84</b>	<b>4.34</b>	<b>2.2</b>	<b>17.83</b>	<b>0</b>	<b>0.8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.8</b>	<b>1.11</b>	<b>19.74</b>
Nelson Marlborough	-	-	2.0	-	-	-	1.0	0.5	-	3.5	-	-	-	-	-	0	-	3.5
West Coast	-	1.0	-	-	-	-	-	-	1.5	2.5	-	-	-	-	-	0	-	2.5
Canterbury	-	-	1.3	-	0.75	-	1.64	2.64	0.7	7.03	-	-	-	-	-	0	0.81	7.84
South Canterbury	-	-	1.0	1.0	-	-	0.2	-	-	2.2	-	-	-	-	-	0	-	2.2
Otago	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
Southland	-	-	-	-	0.4	-	1.0	1.2	-	2.6	-	0.8	-	-	-	0.8	0.3	3.7
<b>Total</b>	<b>7.5</b>	<b>2.0</b>	<b>24.9</b>	<b>8.2</b>	<b>9.3</b>	<b>3.1</b>	<b>18.5</b>	<b>12.1</b>	<b>5.0</b>	<b>90.6</b>	<b>4.1</b>	<b>1.3</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>5.4</b>	<b>2.6</b>	<b>98.6</b>

1. Auckland DHB data includes data from Consult Liaison Services.



**Table 10. DHB Community Māori CAMHS Workforce (Head Count June 2006)**

DHB	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support Worker	Other Non-Clinical	Non-Clinical Sub-Total	Administration/Management	Total
<b>Northern</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>7</b>	<b>0</b>	<b>18</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>6</b>	<b>34</b>
Northland	1	-	2	-	-	-	-	1	-	4	-	-	-	-	-	0	1	5
Waitemata	-	-	2	-	-	-	3	4	-	9	5	-	-	-	-	5	2	16
Auckland <sup>1</sup>	-	-	-	-	-	-	-	1	-	1	4	-	-	-	-	4	-	5
Counties Manukau	-	-	1	-	-	2	-	1	-	4	1	-	-	-	-	1	3	8
<b>Midland</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>22</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>9</b>	<b>34</b>
Waikato	1	1	1	-	-	-	2	1	3	9	-	-	-	-	-	0	3	12
Lakes	-	1	1	-	-	-	-	-	-	2	1	-	-	-	-	1	-	3
Bay of Plenty	-	2	1	-	-	-	-	4	-	7	1	1	-	-	-	2	4	13
Tairāwhiti	2	-	1	-	-	-	-	1	-	4	-	-	-	-	-	0	1	5
Taranaki	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	1	1
<b>Central</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>19</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>4</b>	<b>33</b>
Hawke's Bay	-	-	1	-	-	-	-	1	-	2	3	-	-	-	-	3	1	6
MidCentral	-	-	-	-	-	-	-	4	-	4	-	-	-	-	-	0	-	4
Whanganui	-	-	2	-	-	-	-	-	-	2	1	-	-	-	-	1	-	3
Capital & Coast	1	-	3	-	-	-	-	2	-	6	3	1	-	-	-	4	3	13
Hutt	-	-	1	-	-	-	-	3	-	4	-	-	-	-	-	0	-	4
Wairarapa	-	-	-	-	-	-	1	-	-	1	2	-	-	-	-	2	-	3
<b>Southern</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>9</b>
Nelson Marlborough	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	-	0
West Coast	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-	1	-	2
Canterbury	-	-	-	-	-	-	-	-	-	0	4	-	-	-	-	4	-	4
Otago	-	-	-	-	-	-	-	-	-	0	2	-	-	-	-	2	-	2
Southland	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	0	-	1
<b>National Total</b>	<b>5</b>	<b>4</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>7</b>	<b>23</b>	<b>4</b>	<b>61</b>	<b>28</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30</b>	<b>19</b>	<b>110</b>

1. Auckland DHB data includes data from Consult Liaison Services.

**Table 11. DHB Community Pacific CAMHS Workforce**

<b>DHB Pacific (Head Count, June 2006)</b>	<b>Alcohol &amp; Drug</b>	<b>Counsellor</b>	<b>Mental Health Nurse</b>	<b>Occupational Therapist</b>	<b>Psychiatrist</b>	<b>Psychotherapist</b>	<b>Psychologist</b>	<b>Social Worker</b>	<b>Other Clinical</b>	<b>Clinical Sub-Total</b>	<b>Cultural</b>	<b>Specific Liaison</b>	<b>Mental Health Consumer</b>	<b>Mental Health Support Worker</b>	<b>Other Non-Clinical</b>	<b>Non-Clinical Sub-Total</b>	<b>Administration/ Management</b>	<b>Total</b>
<b>Northern</b>	2	0	3	0	0	0	0	2	4	11	4	0	0	0	0	4	0	15
Waitemata	2	-	1	-	-	-	-	1	3	7	-	-	-	-	-	0	-	7
Auckland <sup>1</sup>	-	-	-	-	-	-	-	1	1	2	3	-	-	-	-	3	-	5
Counties Manukau	-	-	2	-	-	-	-	-	-	2	1	-	-	-	-	1	-	3
<b>Midland</b>	0	0	1	0	0	0	0	1	1	3	0	0	0	1	0	1	0	4
Bay of Plenty	-	-	1	-	-	-	-	-	1	2	-	-	-	1	-	1	-	3
Tairāwhiti	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1
<b>Central</b>	0	0	1	0	0	0	0	0	0	1	2	0	0	0	0	2	2	5
Capital & Coast	-	-	1	-	-	-	-	-	-	1	2	-	-	-	-	2	2	5
<b>National Total</b>	2	0	5	0	0	0	0	3	5	15	6	0	0	1	0	7	2	24

1. Auckland DHB data includes data from Consult Liaison Services

**Table 12. DHB Community Asian CAMHS Workforce**

<b>DHB Asian (Head Count, June 2006)</b>	<b>Alcohol &amp; Drug</b>	<b>Counsellor</b>	<b>Mental Health Nurse</b>	<b>Occupational Therapist</b>	<b>Psychiatrist</b>	<b>Psychotherapist</b>	<b>Psychologist</b>	<b>Social Worker</b>	<b>Other Clinical</b>	<b>Clinical Sub- Total</b>	<b>Cultural</b>	<b>Specific Liaison</b>	<b>Mental H health Consumer</b>	<b>Mental Health Support Worker</b>	<b>Other Non-Clinical</b>	<b>Non Clinical Sub-Total</b>	<b>Administration/ Management</b>	<b>Total</b>
<b>Northern</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
Waitemata	-	-	1	-	-	-		-	-	1	-	-	-	-	-	0	-	1
Auckland <sup>1</sup>	-	-	-	-	-	-	2	-	-	2	-	-	-	-	-	0	-	2
Counties Manukau	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	0	-	1
<b>Southern</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Nelson Marlborough	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	0	-	1
<b>National Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>

1. Auckland DHB data includes data from Consult Liaison Service

Table 13. NGO Workforce (Actual FTEs June 2006)

NGOs	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Northern</b>	<b>9.63</b>	<b>0</b>	<b>1.9</b>	<b>0.0</b>	<b>0.48</b>	<b>0</b>	<b>0.75</b>	<b>14.6</b>	<b>2.8</b>	<b>30.16</b>	<b>1.2</b>	<b>0</b>	<b>0</b>	<b>27.8</b>	<b>4.0</b>	<b>33.0</b>	<b>6.1</b>	<b>69.26</b>
Northland	4.0	-	-	-	-	-	-	8.0	-	12.0	-	-	-	1.5	-	1.5	1.0	14.5
Auckland	5.63	-	0.9	-	0.4	-	0.25	2.6	1.3	11.08	1.2	-	-	7.5	4.0	12.7	4.1	27.88
Counties Manukau	-	-	1.0	-	0.08	-	0.5	4.0	1.5	7.08	-	-	-	18.8	-	18.8	1.0	26.88
<b>Midland</b>	<b>7.7</b>	<b>5.7</b>	<b>2.2</b>	<b>0</b>	<b>0.55</b>	<b>0</b>	<b>0.8</b>	<b>19.1</b>	<b>15.06</b>	<b>51.11</b>	<b>0</b>	<b>0</b>	<b>1.0</b>	<b>40.9</b>	<b>4.85</b>	<b>46.75</b>	<b>5.0</b>	<b>123.68</b>
Waikato	3.7	4.7	2.2	-	0.55	-	0.6	5.3	7.06	24.11	-	-	-	19.9	3.0	22.9	3.0	70.83
Lakes	2.0	-	-	-	-	-	0.2	3.0	6.0	11.2	-	-	-	5.5	-	5.5	-	16.7
Bay of Plenty	1.0	1.0	-	-	-	-	-	5.8	2.0	9.8	-	-	1.0	13.5	1.85	16.35	2.0	28.15
Tairāwhiti	1.0	-	-	-	-	-	-	-	-	1.0	-	-	-	2.0	-	2.0	-	3.0
Taranaki	-	-	-	-	-	-	-	5.0	-	5.0	-	-	-	-	-	0	-	5.0
<b>Central</b>	<b>6.1</b>	<b>1.8</b>	<b>0.5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.4</b>	<b>4.5</b>	<b>2.3</b>	<b>15.6</b>	<b>0.3</b>	<b>0</b>	<b>0</b>	<b>20.7</b>	<b>8.8</b>	<b>29.8</b>	<b>3.1</b>	<b>49.5</b>
Hawkes Bay	-	-	0.5	-	-	-	-	-	0.5	1.0	-	-	-	9.0	-	9.0	-	10.0
MidCentral	-	-	-	-	-	-	-	-	1.0	1.0	-	-	-	3.2	6.8	10.0	-	11.0
Whanganui	-	-	-	-	-	-	-	1.0	-	1.0	-	-	-	1.0	-	1.0	-	2.0
Capital & Coast	1.0	0.8	-	-	-	-	0.4	3.5	-	5.7	0.3	-	-	3.0	-	3.3	1.7	10.7
Hutt	5.1	-	-	-	-	-	-	-	0.8	5.9	-	-	-	4.5	2.0	6.5	1.4	13.8
Wairarapa	-	1.0	-	-	-	-	-	-	-	1.0	-	-	-	-	-	-	-	2.0
<b>Southern</b>	<b>12.1</b>	<b>12.5</b>	<b>5.5</b>	<b>2.2</b>	<b>0.75</b>	<b>3.5</b>	<b>3.8</b>	<b>15.7</b>	<b>3.25</b>	<b>59.3</b>	<b>0</b>	<b>0</b>	<b>1.1</b>	<b>59.0</b>	<b>5.15</b>	<b>65.25</b>	<b>7.0</b>	<b>132.55</b>
Nelson Marlborough	-	-	1.4	0.6	-	-	-	2.0	1.0	5.0	-	-	1.0	7.5	1.0	9.5	2.75	17.25
Canterbury	7.2	5.6	4.1	0.6	0.75	3.5	1.0	11.0	2.25	36.0	-	-	-	35.5	1.75	37.25	1.75	75.0
South Canterbury	-	-	-	-	-	-	-	0.7	-	0.7	-	-	-	-	-	-	-	0.7
Otago	4.9	5.4	-	-	-	-	1.8	0	-	12.1	-	-	0.1	10.0	2.4	12.5	2.5	28.1
Southland	-	1.5	-	1.0	-	-	1.0	2.0	-	5.5	-	-	-	6.0	-	6.0	-	11.5
<b>Total</b>	<b>35.5</b>	<b>20.0</b>	<b>10.1</b>	<b>2.2</b>	<b>1.8</b>	<b>3.5</b>	<b>5.8</b>	<b>53.9</b>	<b>23.4</b>	<b>156.17</b>	<b>1.5</b>	<b>0.0</b>	<b>2.1</b>	<b>148.4</b>	<b>22.8</b>	<b>174.8</b>	<b>21.2</b>	<b>374.99</b>

**Table 14. NGO Vacant FTEs (June 2006)**

NGOs	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Northern</b>	1.0	0	0	0	0	0	0	0	0	1.0	0	0	0	3.0	0	4.0	0	5.0
Northland	-	-	-	-	-	-	-	-	-	0	-	-	-	1.0	-	1.0	-	1.0
Auckland	1.0	-	-	-	-	-	-	-	-	1.0	-	-	-	3.0	-	3.0	-	4.0
<b>Midland</b>	1.0	0	0	0	0	0	0.6	0	2.0	3.6	0	0	0	0	0	0	0	3.6
Waikato	1.0	-	-	-	-	-	0.6	-	2.0	3.6	-	-	-	-	-	0	-	3.6
<b>Central</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.4	0.4	0	0.4
MidCentral	-	-	-	-	-	-	-	-	-	0	-	-	-	-	0.4	0.4	-	0.4
<b>Southern</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.5	0.5
Otago	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	0	0.5	0.5
<b>Total</b>	2.0	0	0	0	0	0	0.6	0	2.0	4.6	0	0	0	3.0	0.4	4.4	0.5	9.5

Table 15. NGO Māori Workforce

NGO Māori (Head Count June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Northern</b>	5	0	1	0	0	0	0	10	0	16	2	0	0	12	0	14	2	32
Northland	3	-	-	-	-	-	-	8	-	11	-	-	-	1	-	1	1	13
Auckland	2	-	-	-	-	-	-	-	-	2	2	-	-	3	-	5	-	7
Counties Manukau	-	-	1	-	-	-	-	2	-	3	-	-	-	8	-	8	1	12
<b>Midland</b>	4	3	1	0	0	0	0	11	6	25	0	0	1	32	6	39	5	69
Waikato	1	2	1	-	-	-	-	2	1	7	-	-	-	13	3	16	3	26
Lakes	1	-	-	-	-	-	-	1	4	6	-	-	-	5	-	5	-	11
Bay of Plenty	1	1	-	-	-	-	-	5	1	8	-	-	1	12	3	16	2	26
Tairāwhiti	1	-	-	-	-	-	-	-	-	1	-	-	-	2	-	2	-	3
Taranaki	-	-	-	-	-	-	-	3	-	3	-	-	-	-	-	0	-	3
<b>Central</b>	0	1	0	0	0	0	0	1	0	2	0	0	0	11	3	14	1	17
Hawkes Bay	-	-	-	-	-	-	-	-	-	0	-	-	-	6	-	6	-	6
MidCentral	-	-	-	-	-	-	-	-	-	0	-	-	-	2	2	4	-	4
Whanganui	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1	-	2
Capital & Coast	-	-	-	-	-	-	-	-	-	0	-	-	-	1	-	1	-	1
Hutt	-	-	-	-	-	-	-	-	-	0	-	-	-	1	1	2	1	3
Wairarapa	-	1	-	-	-	-	-	-	-	1	-	-	-	0	-	0	-	1
<b>Southern</b>	4	2	0	0	1	0	0	3	2	12	0	0	1	12	2	15	0	27
Nelson Marlborough	-	-	-	-	-	-	-	1	-	1	-	-	1	1	1	3	-	4
Canterbury	1	1	-	-	1	-	-	2	2	7	-	-	-	8	-	8	-	15
Otago	3	1	-	-	-	-	-	-	-	4	-	-	-	-	1	1	-	5
Southland	-	-	-	-	-	-	-	-	-	0	-	-	-	3	-	3	-	3
<b>Total</b>	13	6	2	0	1	0	0	25	8	55	2	0	2	66	11	81	8	144

**Table 16. NGO Pacific Workforce**

NGO Pacific (Head Count June 2006))	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Northern</b>	3	0	0	0	0	0	0	2	0	5	0	0	0	4	0	4	0	9
Auckland	3	-	-	-	-	-	-	-	-	3	-	-	-	-	-	0	-	3
Counties Manukau	-	-	-	-	-	-	-	2	-	2	-	-	-	4	-	4	-	6
<b>Midland: Waikato</b>	0	0	1	0	0	0	0	1	0	2	0	0	0	3	0	3	0	5
<b>Central</b>	1	0	0	0	0	0	0	3	0	4	0	0	0	1	1	2	2	8
Capital & Coast	1	-	-	-	-	-	-	3	-	4	-	-	-	1	-	1	2	7
Hutt	-	-	-	-	-	-	-	-	-	0	-	-	-	-	1	1	-	1
<b>Southern</b>	0	0	1	0	0	0	0	5	0	6	0	0	0	5	1	6	0	12
Nelson Marlborough	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	0	-	1
Canterbury	-	-	-	-	-	-	-	5	-	5	-	-	-	4	-	4	-	9
Otago	-	-	-	-	-	-	-	-	-	0	-	-	-	1	1	2	-	2
<b>Total</b>	4	0	2	0	0	0	0	11	0	17	0	0	0	13	2	15	2	34

Table 17. NGO Asian Workforce (Head Count June 2006)

NGOs Asian (Head Count June 2006)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub-Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Other Non-Clinical	Non-Clinical Sub-Total	Administration/ Management	Total
<b>Northern</b>	0	0	1	0	0	0	0	0	1	2	0	0	0	2	1	3	2	7
Auckland	-	-	1	-	-	-	-	-	1	2	-	-	-	-	1	1	2	5
Counties Manukau	-	-	-	-	-	-	-	-	-	0	-	-	-	2	-	2	-	2
<b>Midland</b>	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	1
Taranaki	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	0	-	1
<b>Southern</b>	0	0	0	0	0	0	0	1	0	1	0	0	0	3	0	3	0	4
Canterbury	-	-	-	-	-	-	-	1	-	1	-	-	-	3	-	3	-	4
<b>Total</b>	0	0	1	0	0	0	0	2	1	4	0	0	0	5	1	6	2	12



**Table 18. Asian Workforce as a Proportion of the Asian 0-19 yrs Population**

<b>DHBs</b>	<b>Total 0-19 yrs Popn</b>	<b>Total Asian 0-19 yrs Popn</b>	<b>Asian proportion of 0-19 yrs Popn</b>	<b>Total Asian Workforce</b>	<b>Total CAMH Workforce<sup>1</sup></b>	<b>Asian proportion of Total Workforce</b>
Northern	436,344	67,602	15	16	341	5
Midland	237,273	8,601	4	1	223	0.4
Central	234,093	12,972	6	1	233	0.4
Southern	260,010	11,877	5	5	315	2
<b>Total</b>	<b>1,167,720</b>	<b>101,052</b>	<b>9</b>	<b>23</b>	<b>1,112<sup>1</sup></b>	<b>2</b>

1. Estimated from FTE data and excludes the Administration/Management workforce

## Appendix D: Mental Health Information Collection (MHINC) Access Data

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**Table 1. 2005 NZ 0-19 yrs Population Projections Resident Population (2001-Base)**

Ethnicity	Male			Female			Total			Total
	0-9	10-14	15-19	0-9	10-14	15-19	0-9	10-14	15-19	
Other	188,480	110,800	115,430	179,370	104,460	110,260	367,850	215,260	225,690	808,800
Māori	74,950	36,470	32,120	70,740	34,250	31,630	145,690	70,720	63,750	280,160
Pacific	26,900	13,560	12,060	25,830	12,680	11,490	52,730	26,240	23,550	102,520
<b>Total</b>	<b>290,330</b>	<b>160,830</b>	<b>159,610</b>	<b>275,940</b>	<b>151,390</b>	<b>153,380</b>	<b>566,270</b>	<b>312,220</b>	<b>312,990</b>	<b>1,191,480</b>

Source: Statistics New Zealand Ref No: CI 3835RS

**Table 2. 2005 Projected 0-19 yrs Resident Population by Region**

Age Grouping				
Region	0-9	10-14	15-19	Grand Total
Northern	218,635	115,295	112,635	446,565
Midland	123,315	69,830	65,015	258,160
Central	106,090	58,960	60,575	225,625
Southern	118,220	68,115	74,740	261,075
<b>Total</b>	<b>566,260</b>	<b>312,200</b>	<b>312,965</b>	<b>1,191,425</b>

Source: Statistics New Zealand Ref No: CI 3835RS

**Table 3. Clients by Region, Age Group & Gender (2nd 6mo 2005)**

Region	Age Group (yrs)			Total
	0-9	10-14	15-19	
<b>Northern</b>	<b>649</b>	<b>1,362</b>	<b>2,215</b>	<b>4,226</b>
Male	499	901	1,101	2,501
Female	150	461	1,114	1,725
<b>Midland</b>	<b>588</b>	<b>1,125</b>	<b>1,471</b>	<b>3,184</b>
Male	443	765	686	1,894
Female	145	360	785	1,290
<b>Central</b>	<b>665</b>	<b>1,114</b>	<b>1,687</b>	<b>3,466</b>
Male	461	674	786	1,921
Female	204	440	901	1,545
<b>Southern</b>	<b>625</b>	<b>1,192</b>	<b>1,795</b>	<b>3,612</b>
Male	442	744	828	2,014
Female	183	448	967	1,598
<b>Total</b>	<b>2,527</b>	<b>4,793</b>	<b>7,168</b>	<b>14,488</b>
<b>Unique Total</b>	<b>2,519</b>	<b>4,780</b>	<b>7,148</b>	<b>14,447</b>

**Table 4. Clients by Region, Age Group & Ethnicity (2nd 6mo 2005)**

Region	Ethnicity			
	Asian	Māori	Other	Pacific
<b>Northern</b>	<b>202</b>	<b>984</b>	<b>2,674</b>	<b>366</b>
0-9	30	127	443	49
10-14	49	326	897	90
15-19	123	531	1,334	227
<b>Midland</b>	<b>24</b>	<b>840</b>	<b>2,293</b>	<b>27</b>
0-9	6	151	423	8
10-14	8	300	810	7
15-19	10	389	1,060	12
<b>Central</b>	<b>54</b>	<b>713</b>	<b>2,621</b>	<b>78</b>
0-9	14	122	511	18
10-14	12	245	834	23
15-19	28	346	1,276	37
<b>Southern</b>	<b>46</b>	<b>341</b>	<b>3,177</b>	<b>48</b>
0-9	5	53	561	6
10-14	9	124	1,045	14
15-19	32	164	1,571	28
<b>Total</b>	<b>326</b>	<b>2,878</b>	<b>10,765</b>	<b>519</b>
<b>Unique Total</b>	<b>324</b>	<b>2,857</b>	<b>10,745</b>	<b>521</b>

**Table 5. Clients by DHBs, Age Group & Gender (2nd 6 Months 2005)**

DHB	Male				Female				Unknown	DHB Total
Name	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total		
Northland	45	126	125	<b>296</b>	8	56	151	<b>215</b>		<b>511</b>
Waitemata	172	383	618	<b>1173</b>	62	193	497	<b>752</b>	1	<b>1926</b>
Auckland	68	118	183	<b>369</b>	24	73	231	<b>328</b>		<b>697</b>
Counties Manukau	219	310	285	<b>814</b>	56	150	315	<b>521</b>	1	<b>1336</b>
Waikato	87	262	238	<b>587</b>	38	103	302	<b>443</b>		<b>1030</b>
Lakes	69	88	53	<b>210</b>	23	46	98	<b>167</b>		<b>377</b>
Bay of Plenty	129	210	166	<b>505</b>	41	103	183	<b>327</b>		<b>832</b>
Tairāwhiti	43	56	68	<b>167</b>	12	31	50	<b>93</b>		<b>260</b>
Hawke's Bay	28	66	106	<b>200</b>	16	54	105	<b>175</b>		<b>375</b>
Taranaki	109	132	143	<b>384</b>	30	83	141	<b>254</b>		<b>638</b>
Mid Central	75	115	134	<b>324</b>	27	67	149	<b>243</b>		<b>567</b>
Whanganui	39	51	94	<b>184</b>	9	45	99	<b>153</b>		<b>337</b>
Capital and Coast	113	181	218	<b>512</b>	62	100	222	<b>384</b>		<b>896</b>
Hutt Valley	94	99	80	<b>273</b>	56	52	97	<b>205</b>		<b>478</b>
Wairarapa	19	25	30	<b>74</b>	5	22	44	<b>71</b>		<b>145</b>
Nelson Marlborough	90	135	198	<b>423</b>	30	112	216	<b>358</b>		<b>781</b>
West Coast	24	48	45	<b>117</b>	13	22	55	<b>90</b>		<b>207</b>
Canterbury	260	347	387	<b>994</b>	99	192	454	<b>745</b>		<b>1739</b>
South Canterbury	20	36	54	<b>110</b>		13	48	<b>61</b>		<b>171</b>
Otago	109	214	269	<b>592</b>	60	145	297	<b>502</b>		<b>1094</b>
Southland	42	117	100	<b>259</b>	15	73	160	<b>248</b>		<b>507</b>
<b>Total</b>	<b>1,854</b>	<b>3,119</b>	<b>3,594</b>	<b>8,567</b>	<b>686</b>	<b>1,735</b>	<b>3,914</b>	<b>6,335</b>	<b>2</b>	<b>14,904</b>
<b>Unique Clients</b>										<b>14,403</b>

**Table 6. Clients by DHBs of Domicile by Ethnicity & Gender (2nd 6mo 2005)**

	Gender	(N = 14,681)			
		Ethnicity			
		Asian	Māori	Other	Pacific
Northland	Female	1	60	138	3
	Male		127	160	3
Waitemata	Female	31	102	470	29
	Male	28	154	718	48
	Unknown			1	
Auckland	Female	38	54	219	34
	Male	31	82	252	58
Counties Manukau	Female	40	171	294	77
	Male	35	268	472	119
	Unknown		1		
Waikato	Female	4	92	349	5
	Male	3	147	437	7
Lakes	Female	4	53	111	1
	Male	1	70	143	6
Bay of Plenty	Female	2	85	253	2
	Male	7	179	343	5
Tairāwhiti	Female		31	57	
	Male		87	70	1
Hawkes Bay	Female		50	132	2
	Male		75	137	3
Taranaki	Female	1	37	217	
	Male	3	72	332	
Midcentral	Female	4	50	164	2
	Male		90	217	1
Whanganui	Female	2	46	106	3
	Male	1	51	135	2
Capital and Coast	Female	11	56	280	21
	Male	15	91	339	20
Hutt	Female	6	45	142	8
	Male	9	73	180	9
Wairarapa	Female		14	59	
	Male	1	21	53	
Nelson Marlborough	Female	4	21	327	2
	Male	2	40	365	5
West Coast	Female		10	78	
	Male	1	19	99	3
Canterbury	Female	16	53	631	9
	Male	8	93	848	13
Sth Canterbury	Female	1	4	60	
	Male		10	91	1
Otago	Female	3	43	445	10
	Male	13	49	532	6
Southland	Female	2	26	211	2
	Male	2	35	197	4
unknown	Female	1	1	5	1
	Male		6	11	1
<b>Total</b>		<b>331</b>	<b>2,944</b>	<b>10,880</b>	<b>526</b>

**Table 7. National Access Rates (2003-2005)**

National Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>
1 <sup>st</sup> 6mo 2003	0.4%	1.4%	2.0%	1.2%
2 <sup>nd</sup> 6mo 2003	0.5%	1.5%	2.1%	1.2%
1 <sup>st</sup> 6mo 2004	0.4%	1.3%	2.1%	1.1%
2 <sup>nd</sup> 6mo 2004	0.5%	1.4%	2.2%	1.2%
1 <sup>st</sup> 6mo 2005	0.5%	1.5%	2.1%	1.2%
2 <sup>nd</sup> 6mo 2005	0.5%	1.6%	2.3%	1.2%

**Table 8. Access Rates by Region (2003-2005)**

Regional Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>
<b>Northern Region</b>				
1 <sup>st</sup> 6mo 2003	0.2%	0.8%	1.4%	
2 <sup>nd</sup> 6mo 2003	0.2%	0.9%	1.5%	
1 <sup>st</sup> 6mo 2004	0.2%	0.9%	1.5%	0.68%
2 <sup>nd</sup> 6mo 2004	0.3%	1.0%	1.7%	0.81%
1 <sup>st</sup> 6mo 2005	0.3%	1.0%	1.7%	0.84%
2 <sup>nd</sup> 6mo 2005	0.3%	1.2%	2.0%	0.95%
<b>Midland Region</b>				
1 <sup>st</sup> 6mo 2003	0.4%	1.4%	2.1%	
2 <sup>nd</sup> 6mo 2003	0.5%	1.5%	2.1%	
1 <sup>st</sup> 6mo 2004	0.45%	1.45%	2.00%	1.10%
2 <sup>nd</sup> 6mo 2004	0.46%	1.58%	2.06%	1.16%
1 <sup>st</sup> 6mo 2005	0.45%	1.50%	2.12%	1.16%
2 <sup>nd</sup> 6mo 2005	0.48%	1.61%	2.26%	1.23%
<b>Central Region</b>				
1 <sup>st</sup> 6mo 2003	0.7%	2.1%	2.9%	
2 <sup>nd</sup> 6mo 2003	0.8%	2.3%	3.0%	
1 <sup>st</sup> 6mo 2004	0.52%	1.54%	2.30%	1.26%
2 <sup>nd</sup> 6mo 2004	0.56%	1.58%	2.29%	1.28%
1 <sup>st</sup> 6mo 2005	0.50%	1.55%	2.09%	1.20%
2 <sup>nd</sup> 6mo 2005	0.51%	1.47%	2.16%	1.21%
<b>Southern Region</b>				
1 <sup>st</sup> 6mo 2003	0.5%	1.8%	2.2%	
2 <sup>nd</sup> 6mo 2003	0.6%	1.8%	2.3%	
1 <sup>st</sup> 6mo 2004	0.57%	1.86%	2.79%	1.53%
2 <sup>nd</sup> 6mo 2004	0.65%	1.93%	2.75%	1.58%
1 <sup>st</sup> 6mo 2005	0.68%	2.06%	2.76%	1.63%
2 <sup>nd</sup> 6mo 2005	0.63%	2.12%	2.94%	1.68%

**Table 9. National Māori Access Rates (2003-2005)**

Access Rates	Age Group (yrs) - Total				Age Group (yrs) - Māori			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>
1 <sup>st</sup> 6mo 2003	0.4%	1.4%	2.0%	1.2%	0.3	1.1%	2.0%	
2 <sup>nd</sup> 6mo 2003	0.5%	1.5%	2.1%	1.2%	0.3	1.3%	2.1%	
1 <sup>st</sup> 6mo 2004	0.40%	1.33%	2.09%	1.08%	0.27%	1.14%	2.04%	0.88%
2 <sup>nd</sup> 6mo 2004	0.45%	1.44%	2.17%	1.15%	0.32%	1.32%	2.15%	0.98%
1st 6mo 2005	0.45%	1.47%	2.13%	1.16%	0.30%	1.30%	2.05%	0.95%
2 <sup>nd</sup> 6mo 2005	0.45%	1.55%	2.32%	1.23%	0.31%	1.43%	2.30%	1.05%

**Table 10. Māori Access Rates by Region (2003-2005)**

Regional Access Rates	Age Group (yrs) - Total				Age Group (yrs) - Māori			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>
<b>Northern Region</b>								
1 <sup>st</sup> 6mo 2003	0.4%	1.4%	2.0%		0.2%	0.9%	1.8%	
2 <sup>nd</sup> 6mo 2003	0.5%	1.5%	2.1%					
1 <sup>st</sup> 6mo 2004	0.21%	0.82%	1.50%	0.68%	0.19%	0.88%	1.99%	0.75%
2 <sup>nd</sup> 6mo 2004	0.26%	0.99%	1.73%	0.81%	0.26%	1.17%	2.23%	0.91%
1 <sup>st</sup> 6mo 2005	0.29%	1.04%	1.70%	0.84%	0.26%	1.29%	2.22%	0.95%
2 <sup>nd</sup> 6mo 2005	0.30%	1.18%	1.97%	0.95%	0.26%	1.44%	2.74%	1.11%
<b>Midland Region</b>								
1 <sup>st</sup> 6mo 2003	0.4%	1.4%	2.1%		0.2%	0.9%	1.6%	
2 <sup>nd</sup> 6mo 2003	0.5%	1.5%	2.1%					
1 <sup>st</sup> 6mo 2004	0.45%	1.45%	2.00%	1.10%	0.24%	1.02%	1.38%	0.70%
2 <sup>nd</sup> 6mo 2004	0.46%	1.58%	2.06%	1.16%	0.26%	1.23%	1.57%	0.80%
1 <sup>st</sup> 6mo 2005	0.45%	1.50%	2.12%	1.16%	0.28%	0.97%	1.56%	0.75%
2 <sup>nd</sup> 6mo 2005	0.48%	1.61%	2.26%	1.23%	0.30%	1.19%	1.72%	0.85%
<b>Central Region</b>								
1 <sup>st</sup> 6mo 2003	0.7%	2.1%	2.9%		0.5%	1.9%	3.3%	
2 <sup>nd</sup> 6mo 2003	0.8%	2.3%	3.0%					
1 <sup>st</sup> 6mo 2004	0.52%	1.54%	2.30%	1.26%	0.45%	1.61%	3.07%	1.32%
2 <sup>nd</sup> 6mo 2004	0.56%	1.58%	2.29%	1.28%	0.48%	1.62%	2.92%	1.31%
1 <sup>st</sup> 6mo 2005	0.50%	1.55%	2.09%	1.20%	0.40%	1.61%	2.46%	1.18%
2 <sup>nd</sup> 6mo 2005	0.51%	1.47%	2.16%	1.21%	0.41%	1.71%	2.62%	1.24%
<b>Southern Region</b>								
1 <sup>st</sup> 6mo 2003	0.5%	1.8%	2.2%		0.3%	1.4%	2.1%	
2 <sup>nd</sup> 6mo 2003	0.6%	1.8%	2.3%					
1 <sup>st</sup> 6mo 2004	0.57%	1.86%	2.79%	1.53%	0.31%	1.46%	2.45%	1.10%
2 <sup>nd</sup> 6mo 2004	0.65%	1.93%	2.75%	1.58%	0.40%	1.56%	2.48%	1.18%
1 <sup>st</sup> 6mo 2005	0.68%	2.06%	2.76%	1.63%	0.33%	1.86%	2.35%	1.19%
2 <sup>nd</sup> 6mo 2005	0.63%	2.12%	2.94%	1.68%	0.35%	1.71%	2.38%	1.17%



**Table 11. National Pacific Access Rates (2003-2005)**

National Access Rates	Age Group (yrs) - Total				Age Group (yrs) - Pacific Island			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>
1 <sup>st</sup> 6mo 2003	0.4%	1.4%	2.0%	1.2%	0.1%	0.3%	1.0%	0.3%
2 <sup>nd</sup> 6mo 2003	0.5%	1.5%	2.1%	1.2%	0.1%	0.4%	1.0%	0.4%
1 <sup>st</sup> 6mo 2004	0.40%	1.33%	2.09%	1.08%	0.12%	0.31%	0.92%	0.34%
2 <sup>nd</sup> 6mo 2004	0.45%	1.44%	2.17%	1.15%	0.12%	0.31%	1.20%	0.41%
1st 6mo 2005	0.45%	1.47%	2.13%	1.16%	0.15%	0.37%	1.13%	0.43%
2 <sup>nd</sup> 6mo 2005	0.45%	1.55%	2.32%	1.23%	0.15%	0.51%	1.31%	0.51%

Table 12. Pacific Access Rates by Region (2003-2005)

Regional Access Rates	Age Group (yrs) - Total				Age Group (yrs) - Pacific Island			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
<b>MHC Strategic Access Benchmarks</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>	<b>1.00%</b>	<b>3.90%</b>	<b>5.50%</b>	<b>3.00%</b>
1 <sup>st</sup> 6mo 2003	0.2%	0.8%	1.4%		0.04%	0.2%	0.9%	0.1%
2 <sup>nd</sup> 6mo 2003	0.2%	0.9%	1.5%					
1 <sup>st</sup> 6mo 2004	0.21%	0.82%	1.50%	0.68%	0.09%	0.20%	0.93%	0.30%
2 <sup>nd</sup> 6mo 2004	0.26%	0.99%	1.73%	0.81%	0.08%	0.29%	1.22%	0.38%
1st 6mo 2005	0.29%	1.04%	1.70%	0.84%	0.10%	0.35%	1.12%	0.39%
2 <sup>nd</sup> 6mo 2005	0.30%	1.18%	1.97%	0.95%	0.13%	0.48%	1.38%	0.50%
<b>Midland</b>								
1 <sup>st</sup> 6mo 2003	0.4%	1.4%	2.1%		0.2%	0.1%	1.0%	
2 <sup>nd</sup> 6mo 2003	0.5%	1.5%	2.1%					
1 <sup>st</sup> 6mo 2004	0.45%	1.45%	2.00%	1.10%	0.25%	0.37%	0.50%	0.34%
2 <sup>nd</sup> 6mo 2004	0.46%	1.58%	2.06%	1.16%	0.19%	0.32%	0.81%	0.37%
1st 6mo 2005	0.45%	1.50%	2.12%	1.16%	0.22%	0.22%	0.77%	0.35%
2 <sup>nd</sup> 6mo 2005	0.48%	1.61%	2.26%	1.23%	0.22%	0.38%	0.71%	0.38%
<b>Central</b>								
1 <sup>st</sup> 6mo 2003	0.7%	2.1%	2.9%		0.2%	0.8%	1.3%	
2 <sup>nd</sup> 6mo 2003	0.8%	2.3%	3.0%					
1 <sup>st</sup> 6mo 2004	0.52%	1.54%	2.30%	1.26%	0.18%	0.68%	0.74%	0.44%
2 <sup>nd</sup> 6mo 2004	0.56%	1.58%	2.29%	1.28%	0.28%	0.44%	0.77%	0.44%
1st 6mo 2005	0.50%	1.55%	2.09%	1.20%	0.35%	0.39%	0.72%	0.45%
2 <sup>nd</sup> 6mo 2005	0.51%	1.47%	2.16%	1.21%	0.23%	0.52%	0.92%	0.47%
<b>Southern</b>								
1 <sup>st</sup> 6mo 2003	0.5%	1.8%	2.2%		0.3%	0.5%	1.3%	
2 <sup>nd</sup> 6mo 2003	0.6%	1.8%	2.3%					
1 <sup>st</sup> 6mo 2004	0.57%	1.86%	2.79%	1.53%	0.18%	0.64%	1.69%	0.68%
2 <sup>nd</sup> 6mo 2004	0.65%	1.93%	2.75%	1.58%	0.14%	0.19%	2.37%	0.72%
1st 6mo 2005	0.68%	2.06%	2.76%	1.63%	0.28%	0.73%	2.48%	0.96%
2 <sup>nd</sup> 6mo 2005	0.63%	2.12%	2.94%	1.68%	0.21%	1.12%	2.09%	0.93%



## Appendix E: 2006 DHB & NGO Workforce Surveys

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### DHB WORKFORCE SURVEY ON CHILD & ADOLESCENT MENTAL HEALTH SERVICES 2006

There are **two sections** to this survey:

#### **Section One: DHB Provider Arm List of Child & Adolescent Mental Health Services**

In this section, we have provided a list of child & adolescent mental health services (as reported for the 2004 Stocktake) for your verification. Please feel free to amend as necessary.

#### **Section Two: Workforce Information**

In this section please complete the following tables:

1. DHB Provider Arm Workforce Information (Inpatient & Community CAMHS actual & vacant FTEs) by occupational group as at **30<sup>th</sup> June 2006**.
2. Ethnicity (Māori, Pacific & Asian workforce) as at **30<sup>th</sup> June 2006**.

Please note: To get the most accurate representation of ethnicity, please confirm ethnicity with the individual.

Completed surveys can be posted, faxed or emailed back to **Julliet Bir** at The Werry Centre by the **18<sup>th</sup> of September 2006**.

Please contact **Julliet Bir** (contact details are provided below) if you would like an electronic version of your survey.

For more information please contact:

#### **Julliet Bir**

Assistant Research Fellow  
The Werry Centre  
Psychological Medicine  
University of Auckland  
Private Bag 92019  
Auckland

Email: [j.bir@auckland.ac.nz](mailto:j.bir@auckland.ac.nz)  
Tel: 09 369 7326  
Fax: 09 379 4034

### **DHB Child & Adolescent Mental Health Services**

Child & Adolescent Mental Health Services (CAMHS) are defined by this survey as all Mental Health Services provided specifically for ages 0-19 years. To capture how your services are structured, please list your service teams including any specialist Māori or Pasifika teams and the age group for which they provide services (e.g. CAMHS, YSS, CSS, & AOD etc.).

Please check and confirm the list of services below and amend as necessary:

<b>Service Teams</b>	<b>Age Group</b>

<b>Regional &amp; Sub-Regional Services</b>	<b>DHB Areas Covered</b>

Please ensure the workforce information is collected from all of these teams.

## DHB Child & Adolescent Mental Health Services

FTEs & Vacancies as at 30th June 2006. Please provide FTEs to 1 decimal point.

<b>CAMHS/YSS Occupational Group</b>	<b>Actual FTEs as at 30<sup>th</sup> June 2006</b>	<b>Vacant FTEs as at 30<sup>th</sup> June 2006</b>	<b>FTEs Vacant &gt; 3 Months at 30<sup>th</sup> June 2006*</b>	<b>FTEs Vacant &gt; 6 Months at 30<sup>th</sup> June 2006*</b>
Alcohol & Drug Workers				
Counsellors				
Mental Health Nurses				
Occupational Therapists				
Child Psychiatrists				
Adult Psychiatrists or other SMO				
Psychotherapists				
Registered Psychologists				
Social Workers				
Other Clinical				
Kaumātua, Kuia or Cultural Appointments				
Specific Liaison Appointment				
Mental Health Consumer & Family Workers				
Mental Health Support Workers				
Other Non-Clinical Support (for clients)				
Administrative/Management/Quality/Training				
<b>Total</b>				

\*Count from departure of previous employee, or establishment of new position.

**Ethnicity of the above Workforce as at 30<sup>th</sup> June 2006.**  
**Please confirm ethnicity with the individual.**

<b>Occupational Group</b>	<b>Ethnic Groups</b>							
	<b>Māori</b>		<b>Pacific</b>		<b>Asian</b>		<b>Māori &amp; Pacific*</b>	
	<b>Actual FTEs</b>	<b>Head Count</b>	<b>Actual FTEs</b>	<b>Head Count</b>	<b>Actual FTEs</b>	<b>Head Count</b>	<b>Actual FTEs</b>	<b>Head Count</b>
Alcohol & Drug Workers								
Counsellors								
Mental Health Nurses								
Occupational Therapists								
Child Psychiatrists								
Adult Psychiatrists or other SMO								
Psychotherapists								
Registered Psychologists								
Social Workers								
Other Clinical								
Kaumātua, Kuia or Cultural Appointments								
Specific Liaison Appointment								
Mental Health Support Workers								
Mental Health Consumer & Family Workers								
Other Non Clinical Support (for clients)								
Administrative/Management/Quality/Training								
<b>Total</b>								

\*Please do not count in Māori or Pacific columns if Ethnicity is 'Māori & Pacific'



## WORKFORCE SURVEY OF DHB FUNDED NGOs ON CHILD & ADOLESCENT MENTAL HEALTH SERVICES 2006

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There are **two sections** to this survey:

### **Section One: DHB Funded Child & Adolescent Mental Health Services**

In this section, we have provided a list of DHB funded child & adolescent mental health services extracted from the 2005/2006 Price Volume Schedules provided by the Ministry of Health for your verification. Please feel free to amend as necessary.

### **Section Two: Workforce Information**

In this section please complete the following tables:

1. *NGO Workforce Information (actual & vacant FTEs) by occupational group as at 30<sup>th</sup> June 2006.*
2. *Ethnicity (Māori, Pacific & Asian workforce) as at 30<sup>th</sup> June 2006.*

Please note:

- a. Please provide workforce data on the **DHB funded child & youth contract only** as outlined in section one.
  - To get the most accurate representation of ethnicity, please confirm ethnicity with the individual.

Completed surveys can be posted, faxed or emailed back to **Julliet Bir** at The Werry Centre by the **20<sup>th</sup> of November 2006**. You can contact **Julliet Bir** (contact details below) if you would like an electronic version of your survey.

Thank you for your participation. If you have any questions relating to this process please do not hesitate to contact Julliet Bir or Margaret Vick:

#### **Julliet Bir**

Assistant Research Fellow  
The Werry Centre  
Psychological Medicine  
University of Auckland  
Private Bag 92019  
Auckland

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NGO Advisor  
The Werry Centre

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Fax: + 64 (0)9 379 4034  
Mobile: + 64 (0)21 912 997  
Email: [m.vick@auckland.ac.nz](mailto:m.vick@auckland.ac.nz)

Naku noa

**NGO Service:****DHB Funded Child & Adolescent Mental Health Services**

Please confirm the service/s in the table below and amend or add any other DHB child and adolescent contracted services that are not included:

Purchase Unit Code	Purchase Unit Description	Blueprint Heading	Blueprint Volume	BP Unit Measure

**Child & Adolescent Mental Health Services** are defined by this survey as all Mental Health Services provided specifically for ages **0-19 years**. To capture how your services are structured, please list your service teams including any specialist Māori or Pasifika teams and the age group for which they provide services.

Service Teams	Age Group

**NGO Service:**

Please ensure the workforce information is provided for the DHB funded child and adolescent contract only (as outlined in the previous section).

Child & Adolescent FTEs & Vacancies as at 30<sup>th</sup> June 2006. Please provide FTEs to 1 decimal point.

To calculate FTEs = Number of hours worked divided by 40 hours

e.g. FTE calculation for 20 hours worked:  $20/40 = 0.5$  FTEs

Occupational Group	Actual FTEs as at 30 <sup>th</sup> June 2006	Vacant FTEs as at 30 <sup>th</sup> June 2006*
Alcohol & Drug Workers/Counsellors		
Counsellors		
Mental Health Nurses/Registered Nurses		
Occupational Therapists		
Child Psychiatrists		
Adult Psychiatrists or other Senior Medical Officers		
Psychotherapists		
Registered Psychologists		
Social Workers		
Other Clinical		
Liaison/Consult Liaison Appointment		
Kaumātua, Kuia		
Advocacy/Peer Support-Consumers		
Advocacy/Peer Support-Family/Whanau		
Mental Health Consumer & Family Workers		
Mental Health Support Workers/ Kaiāwhina/Kaiatawhai		
Other Non-Clinical Support (for clients)		
Administrative/Management/Quality/Training		
Needs Assessors & Service Co-ordinators		
Educators		
Specific Cultural Positions not listed		
<b>Other</b> (please state in the spaces provided below)		
<b>Total</b>		

\*For Vacant FTEs please count from departure of previous employee, or establishment of new position.



**Ethnicity of the above Workforce as at 30th June 2006. Please confirm ethnicity with the individual.**

Occupational Group	Ethnic Groups							
	Māori		Pacific		Asian		Māori & Pacific*	
	Actual FTEs	Head Count	Actual FTEs	Head Count	Actual FTEs	Head Count	Actual FTEs	Head Count
Alcohol & Drug Workers/Counsellors								
Counsellors								
Mental Health Nurses/Registered Nurses								
Occupational Therapists								
Child Psychiatrists								
Adult Psychiatrists or other Senior Medical Officers								
Psychotherapists								
Registered Psychologists								
Social Workers								
Other Clinical								
Liaison/Consult Liaison								
Kaumatua, Kuia								
Advocacy/Peer Support-Consumers								
Advocacy/Peer Support-Families/Whanau								
Mental Health Consumer & Family Workers								
Mental Health Support Workers/ Kaiawhina/Kaiatawhai								
Administrative/Management/Quality/ Training								
Needs Assessors & Service Co-ordinators								
Educators								
Specific Cultural Positions not listed. (please state):								
Other (please state in the spaces provided below)								
<b>Total</b>								

\*Please do not count in Māori or Pacific columns if Ethnicity is 'Māori & Pacific'

**Other Comments:**

**Contact Details**

Please fill in so that we can contact you to verify information as necessary.

<b>Name</b>	
<b>Email Address</b>	
<b>Phone Number</b>	

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The Werry Centre for  
Child and Adolescent Mental Health  
[www.werrycentre.org.nz](http://www.werrycentre.org.nz)



THE UNIVERSITY OF AUCKLAND  
FACULTY OF MEDICAL AND  
HEALTH SCIENCES

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