



2008 Stocktake of Child and Adolescent Mental Health Services in New Zealand



2009

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2008 Stocktake

of

Child and Adolescent Mental Health Services in New Zealand

**The Werry Centre for Child & Adolescent Mental
Health**

Workforce Development

2009



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EXECUTIVE SUMMARY

This is the third Stocktake of the Child and Adolescent Mental Health and Alcohol and other Drug Sector conducted by the Werry Centre. It provides a snapshot of activity undertaken by District Health Board (DHB) providers and Non Government Organisations (NGOs). Information collected is intended to assist the Ministry of Health (MOH), Planners and Funders and Service Leaders to assess current capacity and accurately plan for future service development.

The Werry Centre for Child and Adolescent Mental Health Workforce Development, at the request of the MOH, undertook the first National Stocktake of Child & Adolescent Mental Health Services in New Zealand in 2004. It indicated deficiencies in access rates and workforce numbers. It was however acknowledged that the information needed to be interpreted cautiously as the DHB access data may have been incomplete and identified that NGO access data was not collected.

As recommended in *Whakamārama te Huarahi: To Light the Pathway. A Strategic Framework for Child and Adolescent Mental Health Workforce Development 2006-2016* (Wille, 2006), a second national Stocktake was conducted in 2006. This survey highlighted continued deficiencies in workforce numbers and access rates but indicated a six percent increase in funding to DHB's and NGO's and increased focus on intersectoral collaborative programmes. Low numbers of Māori and Pacific workers in relation to the composition of the population under 20 years continued to be evident.

The Werry Centre has now completed this third Stocktake which provides an opportunity to compare trends over time in both workforce and access and to consider the relationships of funding, staffing and access. While the 2004 Stocktake included a comprehensive report and literature summary, this report, like the 2006 update, presents data in selected key areas. A brief survey of the utility of the 2006 Stocktake to stakeholders and users was undertaken in September 2008. The outcomes of this survey have also partially determined the content of the 2008 update. Of particular note in this current Stocktake is the high response rate of DHB providers and NGO's to return survey data. DHB returns were at 100% and NGO returns were 99%. This may well be an indication of how useful planners, funders and service leaders have found the previous two Stocktakes.

FINDINGS

The 2008 update specifically includes:

- MOH funded DHB (Inpatient & Community) Child and Adolescent Mental Health (CAMHS)/Alcohol and Other Drug (AoD) Services workforce data (actual & vacant Full Time Equivalents (FTEs) & ethnicity by occupational group) as at 30th June 2008.
- DHB funded Non-Government Organisations (NGOs) workforce data (actual & vacant FTEs by occupational group & ethnicity) as at 30th June 2008.
- Mental Health Information National Collection (MHINC) access to service data for 2006 to mid 2008.

The 2008 workforce data has been compared with data collected from the previous Stocktakes in 2004 and 2006 and against the Mental Health Commission's (MHC) (1997) strategic Benchmarks set in the *Blueprint for Mental Health Services in New Zealand*. Reference has also been made to The World Health Organisation (WHO) Guidelines (WHO, 2003) with regard to optimal staffing levels for psychiatrists.

Population

- The 2008 0-19 years projected population statistics indicate a national increase of 4% since 2006, with the largest increase in the Northern region (7%).
- Almost half (45%) of the Māori population in New Zealand are 0-19 years old. Māori children and adolescents make up 24% of New Zealand's 0-19 year olds.

Funding

- Since the 2004/2005 financial year there has been a 30% increase in total funding for child and adolescent mental health services.
- Funding per head of child and adolescent population increased by 32% (including inpatient funding) since the 2004/2005 financial year.
- Across the country the average funding per child, not including inpatient services, is \$90.73. The Northern region has the lowest funding per child (\$76.53) and also has the lowest access rate (1.2%) while the Southern Region has the highest funding per child (\$102.34) and the highest access rate (1.57%).

Caution: The calculation for individual DHBs does not reflect referrals to regional services. The effect of inter DHB referrals is negligible except in the Northern region. The major effect in the Northern region is a result of referrals from Counties Manukau DHB to Waitemata DHB regional services (see Appendix D, Table 6).

Workforce

- Since 2004 there has been a 16% increase in the total workforce, largely in the clinical workforce (23%).
- There has been a 25% decrease in vacancies since 2004 with the 2008 vacancy rate at 8%.
- There was an overall increase of 29% in the Māori workforce since 2004; this increase was in the clinical workforce.
- There was a 21% increase in the Pacific workforce since 2004; this increase was in the clinical workforce.
- The total Asian workforce in this sector has increased from 25 in 2006 to 34 in 2008.

Access

- Since 2004, there has been a 13% increase in the total number of clients accessing CAMH/AoD services
- There was a continuing trend of males making up the majority of clients with the 2008 figure being 57%.
- The trend of most clients receiving service being in the 15-19 year age group also continued.
- There was a 38% increase in Māori clients since the end of 2004 with the largest increase in the Northern and Southern regions.
- There was a 90% increase in clients since the end of 2004 for all age groups. The largest increase was in the Northern region.
- The Southern region reported the highest access rate while the Northern region had the lowest access rate.
- Nationally there continues to be some progress toward Blueprint Benchmarks (MHC, 1997), although the national access rate in the first half of 2008 at 1.28% is still low compared with the Blueprint access target of 3%.

Recommendations

1. That the relationship between staffing levels and access rates be more fully explored to identify all factors.
2. Despite progress in national access rates further consideration is needed as to how capacity can meet the increased demand to achieve benchmark targets.
3. That the relationship between funding and disparities in access rates between regions be further explored and considered against population growth.
4. While services are tending to see more clients in the 15 to 19 year age range this may be compromising service delivery to the 0 to 15 year age group. Further work is needed to ensure the needs of this group are being met.
5. Although the workforce has increased, there still needs to be a focus on recruitment and retention strategies to ensure progress continues and is sustained.
6. There is a need for continued monitoring. Monitoring trends is necessary to ensure that progress in staffing and services are keeping pace with population increases and moving toward Benchmark targets.
7. Consideration should be given to what additional data could be collected in future Stocktakes to assist with settings priorities and future planning.

CONCLUSION

As *Te Raukura – Mental Health and Alcohol and Other Drugs: Improving Outcomes for Children and Youth* (Ministry of Health, 2007) has highlighted, there needs to be a focus on continuing to build and broaden the range and choice of services and support for children severely affected by mental health disorders. Further to this is the need to reduce inequalities and improve access to services for Māori and Pacific peoples. Should this not occur, children and adolescents with unrecognised and untreated problems in this country could face poor outcomes throughout their lives. From a cost-benefit perspective regarding children and adolescents, the WHO (2003) has stated:

Improving mental health leads to:

- improved physical health
- enhanced productivity
- increased stability

On the other hand, failure to improve mental health leads to:

- increased crime
- unemployment
- violence
- other risk related behaviours

This Stocktake highlights that there continues to be progress in the right direction toward the key strategic priorities of *Te Tahuu* (Minister of Health, 2005) and *Te Raukura* (MOH, 2007). However the national access rate for the first half of 2008 at 1.28% falls well below the Blueprint target of 3%. Data collected regarding workforce and access rates are “blunt instruments” and cannot give a full picture on the complexities associated with increasing access and building workforce in the child and adolescent mental health sector. It is possible to say that there needs to be increased priority and focus on supporting services that are able to meet the needs of children, youth and their whanau with mental health and/or alcohol and other drug concerns. Adequate funding and increasing the trained workforce are key steps toward increasing access rates.

INTRODUCTION

BACKGROUND

In 1998, *New Futures: A Strategic Framework for Specialist Mental Health Services for Children and Young People in New Zealand* (MOH, 1998) recommended that specialist mental health services for children and young people be expanded and strengthened to more effectively meet the needs of children and young people with severe mental health disorders. This framework was also aligned with the Mental Health Commission's (MHC) draft Blueprint for Mental Health Services in New Zealand (1997) which highlighted benchmarks for access to specialist services for children and youth. In 2004, the MHC annual report (MHC, 2004) identified a lack of progress towards its goals for service provision for mental health needs of children, young people and their families. Workforce issues were also identified as a constraint on progress towards service provision for children, young people and their families.

In 2004, the Werry Centre for Child & Adolescent Mental Health Workforce Development at the request of the MOH conducted the first national Stocktake of child & adolescent mental health services. Some of the key findings were:

- That the prevalence of mental health problems in children and adolescents was significantly higher than existing Blueprint targets.
- In comparing access rates, there appeared to be a deficit in service delivery (although noted were problems in collecting data across both District Health Board's (DHB) and Non-Government Organisation's (NGOs).
- That workforce numbers fell significantly short of Blueprint targets and there were particularly low numbers of Māori and Pacific workers.

During this period, there have been a number of strategic developments highlighting key priorities in the child and adolescent sector. *Te Tahuu – Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan* (Minister of Health, 2005) identified the needs of the mental health and wellbeing of children and youth as a key government priority. *Te Kokiri: The Mental Health and Addiction Plan 2006–2015* (Minister of Health, 2006) subsequently set the future direction for child and youth mental health and Alcohol and Other Drugs (AoD) services.

The more recent *Te Raukura – Mental Health and Alcohol and Other Drugs: Improving Outcomes for Children and Youth* (Ministry of Health, 2007) has highlighted that there needs to be a focus on continuing to build and broaden the range and choice of services and support for children severely affected by mental health.

To progress workforce issues, *Whakamarama te Huarahi – To Light the Pathways: A Strategic Framework for Child and Adolescent Mental Health Workforce Development 2006-2016* (Willie, 2006) outlined a national approach to tackle systemic obstacles limiting workforce development and a process to support regional, inter-district and local planning processes.

Whakapakari Ake Te Tipu – Māori Child and Adolescent Mental Health and Addiction Workforce Strategy (Te Rau Matatini, 2007) also identified priorities and actions for developing the Māori Child and Adolescent Mental Health and Addiction Service (CAMHAS) workforce. Further to this is the need to reduce inequalities and improve access to services for Māori and Pacific peoples.

As recommended in *Whakamarama te Huarahi* (Willie, 2006), a second national Stocktake was conducted in 2006. This survey highlighted a continuation of deficiencies in access rates and workforce numbers but noted the following:

- A 6% increase in funding to DHB's and NGO's.
- Increasing focus on intersectoral collaborative programmes.
- Workforce vacancies were significant across all regions with low numbers of Māori and Pacific Workers in relation to the composition of the population under 20 years.
- Comprehensive data collection continued to be problematic in 2006 with anecdotal reports of incomplete returns to Mental Health Information National Collection (MHINC) and lack of data on access via NGO and other government funded agencies.

THE 2008 STOCKTAKE OF CHILD & ADOLESCENT MENTAL HEALTH SERVICES

While the 2004 Stocktake included a comprehensive report, this report like the 2006 update, presents data in selected key areas such as workforce numbers and access to child and adolescent mental health services. A brief survey of the utility of the 2006 Stocktake undertaken in September 2008 has also partially determined the content of the 2008 update.

The 2008 update specifically includes:

- MOH funded DHB (Inpatient & Community) Child & Adolescent Mental Health (CAMHS)/AoD Services workforce data (actual & vacant Full Time Equivalents (FTEs) & ethnicity by occupational group) as at 30th June 2008.
- DHB funded NGOs workforce data (actual & vacant FTEs by occupational group & ethnicity) as at 30th June 2008.
- MHINC access to service data for the 2006 to 2008 periods.

The workforce data collection occurred in two phases. Phase one commenced in September 2008 and included the survey of all DHB (Inpatient & Community) CAMH/AoD services. Phase Two included the survey of DHB funded NGOs and commenced in early October 2008.

The resulting 2008 workforce data from both DHB (Inpatient & Community) CAMH/AoD and DHB funded NGOs is reported by region. The 2008 aggregated workforce data is included in the Appendices.

2008 DHB CAMHS Workforce Survey

The workforce surveys were sent to all DHB Chief Executive Officers (CEOs) and Mental Health Managers in early September 2008 with a one month return date with a 100% response rate.

The resulting 2008 DHB CAMH/AoD workforce data is organised by region and the 2004 and 2006 workforce data are also presented as a comparison. For a more detailed look at the 2004 and 2006 workforce data, please refer to the Stocktake reports available on the Werry Centre website (www.werrycentre.org.nz).

2008 DHB Funded Child & Adolescent Mental Health Non-Government Organisation Workforce Survey

The list of DHB funded NGOs providing child and adolescent mental health and AoD services as at June 2008 was extracted from the 2007/2008 Price Volume Schedules (PVS) supplied by the MOH.

A total of 100 DHB funded NGO providers were identified for the 2008 update. These services were surveyed via post in mid October 2008. Telephone survey follow-up from October to November 2008, was conducted by Margaret Vick. 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.

Although workforce data is collected and presented on the basis of the above categories, FTEs are not funded and allocated to the above occupational groups. DHBs recruit staff from various disciplines based on relevant skills and competencies to fill a certain number of funded Clinical FTEs.

2007/2008 DHB & NGO Child & Adolescent Mental Health Funding Data

The 2007/2008 funding data was extracted from the 2007/2008 PVS supplied by the MOH.

Mental Health Information National Collection Access to Mental Health Services Data

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.

For this update, the whole of 2006 and 2007 and the first six month data for 2008 was purchased from the New Zealand Health Information Service (NZHIS) and analysed by Raewyn Vague. This update only includes MHINC client data that was relevant to each region and DHB. Client data is presented for the 2nd 6 months of 2004 to 2007 and the 1st 6 months of 2008. The complete analysis of the 2004 to 2008 data can be downloaded separately from the Werry Centre Website (www.werrycentre.org.nz).

Children & Adolescent Population Statistics

Three sets of child and adolescent (0-19 years) population statistics have been used in this update:

- The 2008 population projections used in this update are derived from the resident population 30 June 2006 (total response). 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.
- 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 projections were also based on prioritised ethnicity which 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).
- 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 2005 data.

Prioritised ethnicity population statistics is the most frequently used in MOH 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 is 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.

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

Janice Beazley, Mali Erick and Patrick Au have contributed to the analyses of the Māori, Pacific and Asian workforce and client data.

Limitations

Workforce Data

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

The 2004 and 2006 Stocktake data are also presented in this report and serves as a comparison. However, due to the possible inclusion of adult FTEs in the NGO data 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 NGO child and adolescent mental health workforce. 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 in 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 ethnicity and 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 (FTE and 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:

- Data for the 2008 Stocktake although provided by the same agencies in many instances has been provided by different staff members. This may account for some of the changes in data suggesting that trends may or may not be significant.
- There is no central agency that holds information on all mental health contracts currently being delivered.

- Contract information from the PVS which was 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 Ministry of Social Development (MSD), Accident Compensation Corporation (ACC), and Youth Justice). 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 the MOH funded child and adolescent contract is often difficult for providers.
- NGO contracts may be given to different providers and NGOs also receive variable number of contracts.
- 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.

Due to the small number of NGOs reporting to MHINC, NGOs have been excluded from the access analyses. Therefore access data presented in this report is limited to DHB clients and this will have a small impact on access rates against the MHC's strategic access benchmarks.

Population Data

The 2008 population statistics used in this update are based on medium projections (2006 base, total response) and the use of projected population statistics tends to be less accurate and any comparisons with Census data which was based on prioritised ethnicity will carry that inaccuracy.

USING THE STOCKTAKE

The data is available for each DHB to assess their own position and implement steps to improve access. More detailed data and the previous Stocktakes are available on the Werry Centre website (www.werrycentre.org.nz).

For example:

West Coast DHB now has staffing matching the Blueprint guidelines and access rates (2.79%) closing in on the 3% target, on a spend per child of \$103.22. While they still have a shortage of psychiatry input and a need for diversity of ethnicity to reflect the population, this is excellent progress.

Counties Manukau DHB has the lowest funding per child in the country at \$51.06 and could appear as seriously under-funded; however, a large number of children are seen in regional services. In the second six months of 2007 Waitemata DHB received 565 referrals from Counties Manukau relating to services to 461 clients. This is the DHB with the largest and fastest growing child and adolescent population in the country. It has the largest staffing deficit compared with the Blueprint (this is overestimated because of using regional services) and has access rates of 1.37%. The access rates are not affected by regional services as they are based on the DHB where the client lives (DHB of Domicile).

Waikato and Auckland DHBs have the lowest access rates in the country at 0.81% and 0.89% respectively with spend per child of \$88.08 and \$104.29 respectively.

NATIONAL SUMMARY

TOTAL CHILD & ADOLESCENT POPULATION

- Twenty-eight percent of New Zealand's population are 0-19 years old (1,213,808) with the majority residing in the Northern region (38%), largely in Counties Manukau (34%) and Waitemata (32%).
- The 2008 0-19 years projected population statistics indicate a national increase of 4% since 2006, with the largest increase in the Northern region (7%).

Table 1. Total Child & Adolescent Population (2001-2008)

0-19 yrs Population	Total			Māori			Pacific		
	2001 ¹	2006 ¹	2008 ²	2001 ¹	2006 ¹	2008 ²	2001 ¹	2006 ¹	2008 ²
Northern	398,487	436,344	465,638	78,888	83,568	95,160	62,199	70,584	82,140
Midland	233,151	237,273	243,650	80,460	81,954	90,320	5,079	5,733	6,480
Central	230,787	234,093	238,410	55,953	58,299	64,200	15,153	15,633	17,365
Southern	250,545	260,010	266,110	30,693	33,807	36,930	5,292	6,345	7,445
Total	1,113,027	1,167,720	1,213,808	246,009	257,628	286,610	87,741	98,295	113,430

1. Census Data (Prioritised Ethnicity Statistics)
2. Population Projections (Total Response, Base 2006)

FUNDING OF CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

- In 2007/2008, child and adolescent mental health/AoD services received 11.4% of the overall mental health funding.
- Since the 2004/2005 financial year, there has been a 30% increase in total funding for child & adolescent mental health services (a 26% increase in total DHB provider funding & a 45% increase in total NGO provider funding).

Table 2. Total Child & Adolescent Mental Health/AoD Funding (2004-2008)

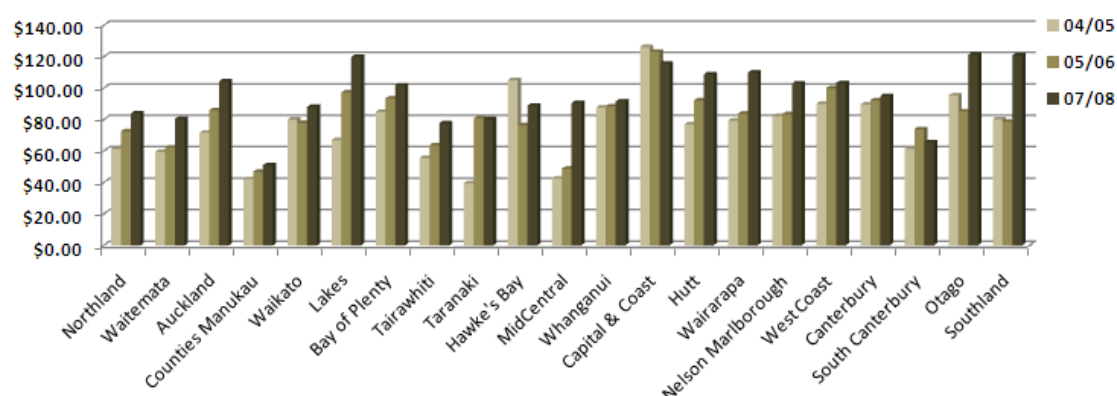
Total Funding	04/05	05/06	07/08
Total	\$96,191,844	\$104,343,189	\$124,934,700
DHB	\$77,722,778	\$83,735,823	\$98,113,276
NGO	\$18,469,066	\$20,607,366	\$26,821,424

- Funding per head of child and adolescent population increased by 29% (excluding Inpatient funding) since the 2004/2005 financial year (by 32% when inpatient funds are included).

Table 3. Total Funding per Head Child & Adolescent Population (2004-2008)

Funding per Child	04/05	05/06	07/08
Including Inpatient	\$78.11	\$89.36	\$102.93
Excluding Inpatient	\$70.27	\$78.20	\$90.73

Figure 1. Funding per head child & adolescent population by DHB (2004-2008)



PROVISION OF CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

DHB CAMH/AoD Services

- There are 21 DHBs providing a range of specialist child & adolescent mental health and AoD services.
- 3 DHBs provide regional Inpatient child & adolescent mental health services: Auckland, Capital & Coast & Canterbury DHBs.
- 6 DHBs fund Kaupapa Māori child & adolescent services: Counties Manukau, Bay of Plenty, Lakes, Capital & Coast, Hutt and Wairarapa DHBs.
- 2 DHBs provide a total of 2 Pacific CAMH/AoD Services: Waitemata (Tupu: Pacific Alcohol & Drug Service) & Capital & Coast (Health Pasifika) DHBs.

NGOs

- 100 NGOs were identified as providing DHB funded child and adolescent mental health/AoD services for a one year reporting period (as at 30th June 2008).
- Of the 100 NGOs, 99 responded to the 2008 survey.
- The Midland region had the largest number of DHB funded NGOs (38).
- Of the 100 NGOs, there were a total of 21 child & adolescent funded Kaupapa Māori NGOs. Of the 21 Kaupapa Māori services, 15 were based in the Midland region.
- A total of 5 Pacific NGOs was identified as providing child & adolescent funded mental health/AoD services and reported a total of 11 Pacific staff. Of the 5 Pacific NGOs, one was in the Northern region (Counties Manukau), two in the Midland region (Waikato), one in the Central region (Capital & Coast) and one in the Southern region (Canterbury).

CHILD & ADOLESCENT MENTAL HEALTH WORKFORCE

Total

- The 2008 child & adolescent mental health workforce (DHB Inpatient & Community CAMH/AoD & NGOs) equated to **1,268.79** actual FTEs with a further **111.73** vacant FTEs.
- Since 2004, there has been a **16% increase** in the total workforce, largely in the Clinical workforce (23%).
- There has been a **25% decrease** in vacancies since 2004 with the 2008 vacancy rate at 8%.

Table 4. Total Child & Adolescent Mental Health/AoD Workforce (2004-2008)

	2004	2006	2008
Total Actual FTEs	1,095.69	1,185.47	1,268.79
DHB Inpatient	124.70	136.10	153.35
DHB Community	632.94	696.20	735.48
NGOs	338.05	353.17	379.96

Table 5. Total Child & Adolescent Mental Health/AoD Vacancies (2004-2008)

	2004	2006	2008
Total Vacant FTEs	148.02	133.30	111.73
DHB Inpatient	27.40	25.10	14.90
DHB Community	98.77	98.60	80.53
NGOs	21.85	9.60	16.30

Figure 2. Total Actual & Vacant FTEs (2004-2008)

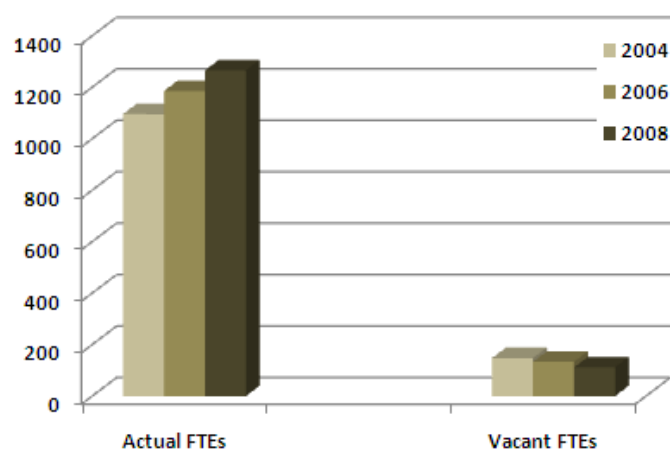
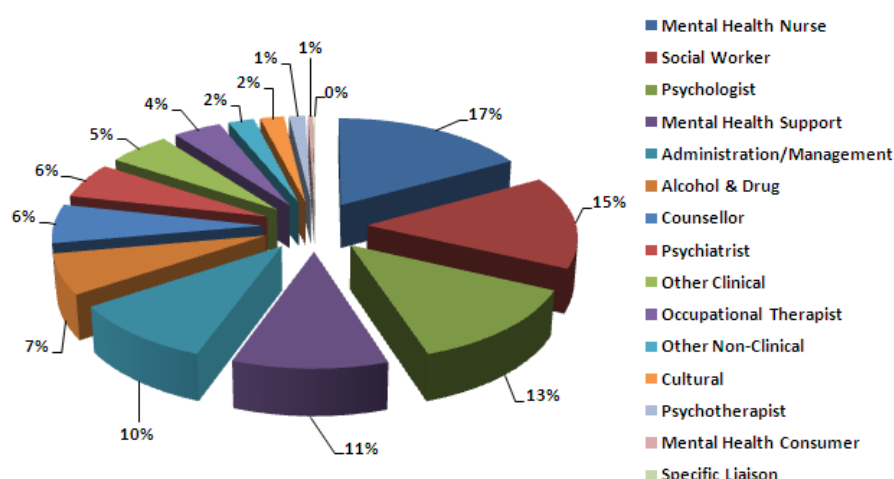


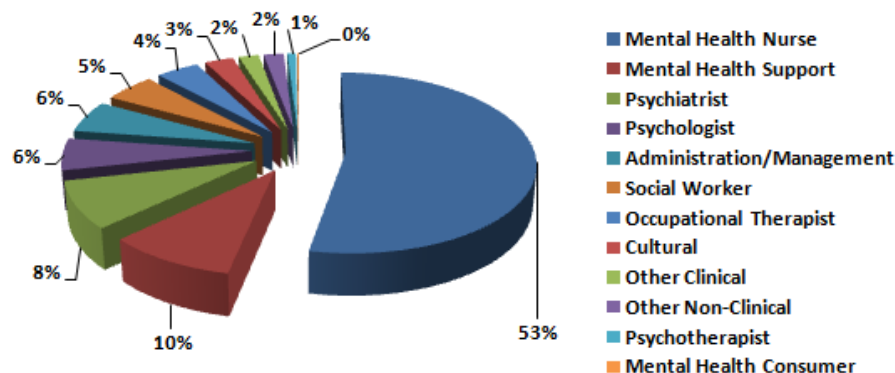
Figure 3. Total Child & Adolescent Mental Health Workforce by Occupational Group (2008)



DHB Inpatient

- The DHB Inpatient Units reported a total of **153.35** actual FTEs with a further **14.9** FTEs reported vacant (9% vacancy rate).
- There was a 23% increase in the Inpatient workforce since 2004.
- Auckland DHB Child & Family Unit reported the largest Inpatient workforce (73.25 actual FTEs) followed by Canterbury (46.2 actual FTEs) & Capital & Coast (33.9 actual FTEs) DHBs.
- The Inpatient Clinical workforce was comprised mainly of Mental Health Nurses (81.7 actual FTEs) and the vacancies were largely in this occupational group.
- The Non-Clinical Inpatient workforce was comprised mainly of Mental Health Support Workers (15 actual FTEs).

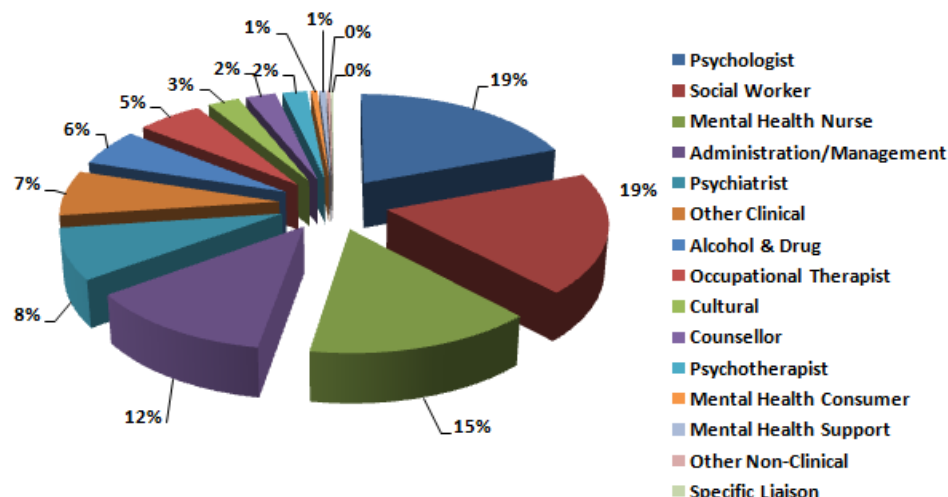
Figure 4. DHB Inpatient Child & Adolescent Mental Health Workforce by Occupational Group (2008)



DHB Community

- DHB Community CAMH/AoD services reported a total of **735.43** actual FTEs with a further **80.53** FTEs reported vacant (10% vacancy rate).
- There was a 16% increase in DHB Community workforce since 2004.
- The Northern region DHB CAMH/AoD services reported the largest Community workforce (274.27 actual FTEs) followed by Central (172.58 actual FTEs), Southern (168.13 actual FTEs) & Midland (120.5 actual FTEs) regions.
- The DHB Community Clinical workforce was largely comprised of Psychologists (142.28 actual FTEs), Social Workers (136.74 actual FTEs), & Mental Health Nurses (108.42 actual FTEs).
- Clinical vacancies were largely for Mental Health Nurses (19.8 FTEs), Social Workers (18.4 FTEs) & Psychiatrists (11.63 FTEs).
- The DHB Community Non-Clinical workforce consisted largely of Cultural Workers (16.7 actual FTEs).

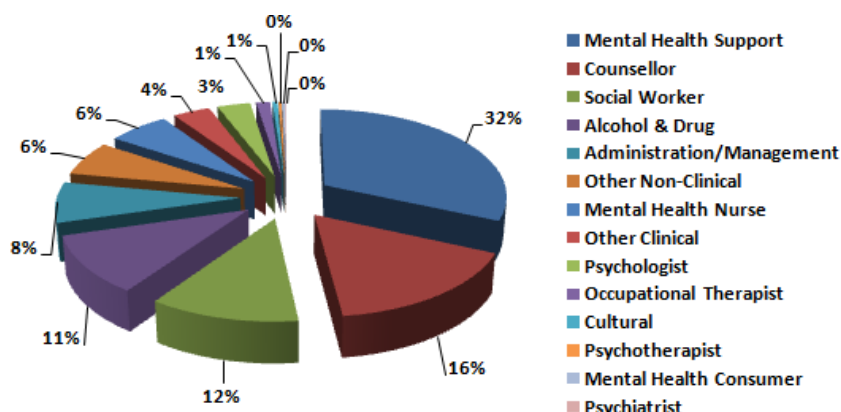
Figure 5. DHB Community Child & Adolescent Mental Health/AoD Workforce by Occupational Group (2008)



NGO

- NGOs reported a total of **379.96** actual FTEs with a further **16.3** FTEs reported vacant (a 4% vacancy rate).
- The Southern region NGOs reported the largest workforce (133.58 actual FTEs) followed by Midland (112.93 actual FTEs), Central (74.8 actual FTEs) & Northern (58.65 actual FTEs) regions.
- The total NGO workforce was largely comprised of Mental Health Support Workers (114.10 actual FTEs), 32% of the total NGO workforce.
- The NGO Clinical workforce was mainly comprised of Counsellors (59.2) & Social Workers (42.7 actual FTEs) & Alcohol & Drug Workers (38.88 actual FTEs).

Figure 6. NGO Child & Adolescent Mental Health/AoD Workforce by Occupational Group (2008)



Community Clinical Workforce compared to MHC Blueprint Resource Guidelines

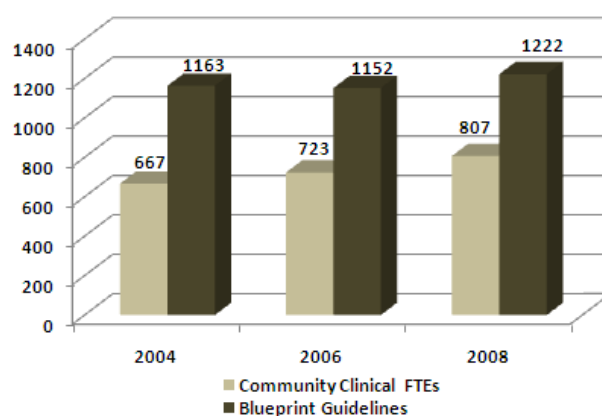
- In 2008, DHB CAMH/AoD community services and NGOs reported a total of **806.97** actual Community Clinical FTEs, a 21% increase since 2004.
- While Community Clinical staff numbers have grown since 2004, there remains a gap of 51% to meet Blueprint Guidelines for the 2008 population with the largest increase required in the Northern region (by 74%).

Table 6. Community Clinical Child & Adolescent Mental Health/AoD Workforce compared to Blueprint Guidelines (2004-2008)

Year	DHB & NGO FTEs	Blueprint Guidelines ¹	FTEs Needed	% Increase Needed
2004	666.82	1,163.37	496.55	74
2006	723.28	1,151.72	428.44	59
2008	806.97	1,222.34	415.37	51

1. MHC's Blueprint Resource Guidelines for Community Clinical FTEs (28.6 FTEs/100,000 total population)

Figure 7. Community Clinical FTEs compared to Blueprint Guidelines (2004-2008)



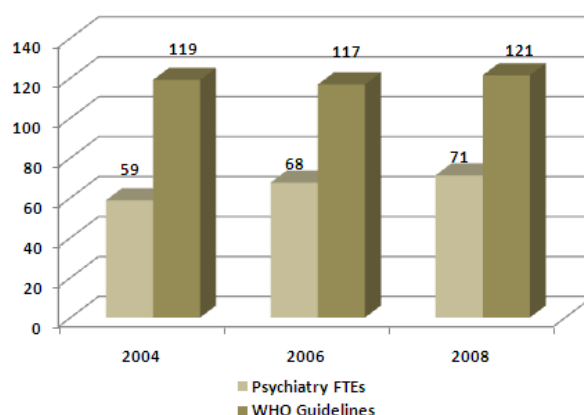
Psychiatry Workforce compared to WHO Recommendations

In 2008, DHB CAMH/AoD services and NGOs reported a total of 71.31 Psychiatry FTEs, a 21% increase in the Psychiatry workforce since 2004 showing slight improvements towards WHO levels. A significant increase (70%) is still required to reach recommended levels of 121.38 FTEs with the largest increase required in the Midland region.

Table 7. Child & Adolescent Mental Health/AoD Psychiatry Workforce compared to WHO Guidelines (2004-2008)

Year	DHB & NGO FTEs	WHO Recommendations	FTEs Needed	% Increase Needed
2004	58.73	119.02	60.29	103
2006	67.68	116.77	49.09	73
2008	71.31	121.38	50.07	70

Figure 8. Psychiatry FTEs compared to WHO Recommendations (2004-2008)



ACCESS TO CHILD & ADOLESCENT MENTAL HEALTH SERVICES

- Since 2004, there has been a 13% increase in the total number of clients accessing CAMH/AoD services.
- Males continue to make up the majority of clients (57%).
- Access by age group shows that the majority of clients were in the 15-19 year age group.
- While there were more males in the 0-9 & 10-14 year age groups, there were more females accessing services in the 15-19 year age group.

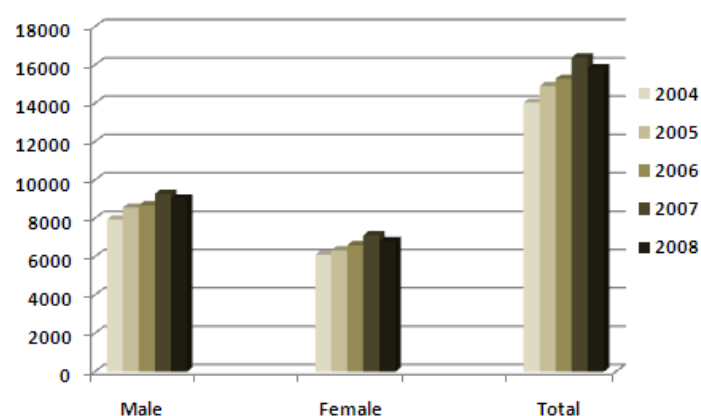
Table 8. Total Clients by Gender (2004-2008)

Total Clients	Gender		
	Male	Female	Total
2004	7,936	6,105	14,041
2005	8,567	6,335	14,904 ¹
2006	8,682	6,604	15,286
2007	9,280	7,116	16,396
2008 ²	9,037	6,807	15,844

1. Includes 2 clients without gender information

2. 1st 6 months 2008

Figure 9. Total Clients by Gender (2004-2008)



- At the end of the 1st 6 months of 2008, the Northern region had the highest number of clients accessing mental health/AoD services followed by the Southern region.

Table 9. 0-19 yrs Clients by Region (2004-2008)

0-19 Yrs Clients	Year				
	2004	2005	2006	2007	2008 ¹
Northern	3,804	4,470	5,182	5,635	5,568
Midland	2,973	3,137	3,042	3,245	3,177
Central	3,007	2,798	2,841	3,265	3,086
Southern	4,261	4,499	4,221	4,251	4,013
Total	14,045	14,904	15,286	16,396	15,844

1. 1st 6 months 2008

Access Rates compared to MHC Strategic Access Benchmarks

Although there have been slight increases in access rates since 2004, access rates for all three age groups continue to remain below the MHC's access benchmarks with the largest disparity in the 15-19 year age group (see Table 10).

Table 10. National Access Rates by Age Group (2003-2008)

National Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2003	0.50%	1.50%	2.10%	1.20%
2004	0.45%	1.44%	2.17%	1.15%
2005	0.45%	1.55%	2.32%	1.23%
2006	0.43%	1.53%	2.47%	1.24%
2007	0.45%	1.66%	2.65%	1.34%
2008 ¹	0.44%	1.60%	2.49%	1.28%

1. 1st 6 months 2008

- The Southern region reported the highest access rate while the Northern and the Central regions had the lowest access rates for all three age groups.

Table 11. 0-19 yrs Access Rates by Region (2004-2008)

0-19 yrs Access Rates	Year				
	2004	2005	2006	2007	2008 ¹
Northern	1.00%	1.00%	1.08%	1.21%	1.16%
Midland	1.16%	1.23%	1.27%	1.34%	1.32%
Central	1.28%	1.21%	1.16%	1.31%	1.24%
Southern	1.58%	1.68%	1.57%	1.58%	1.47%

1. 1st 6 months 2008

Figure 10. 0-19 yrs Access Rates by Region (2004-2008)

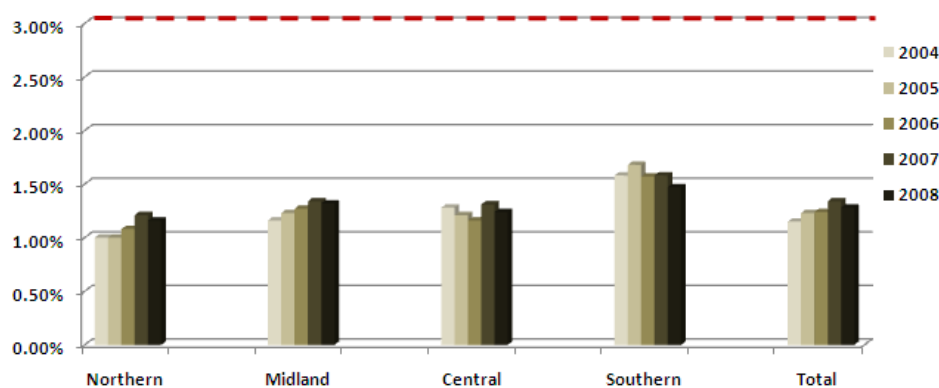
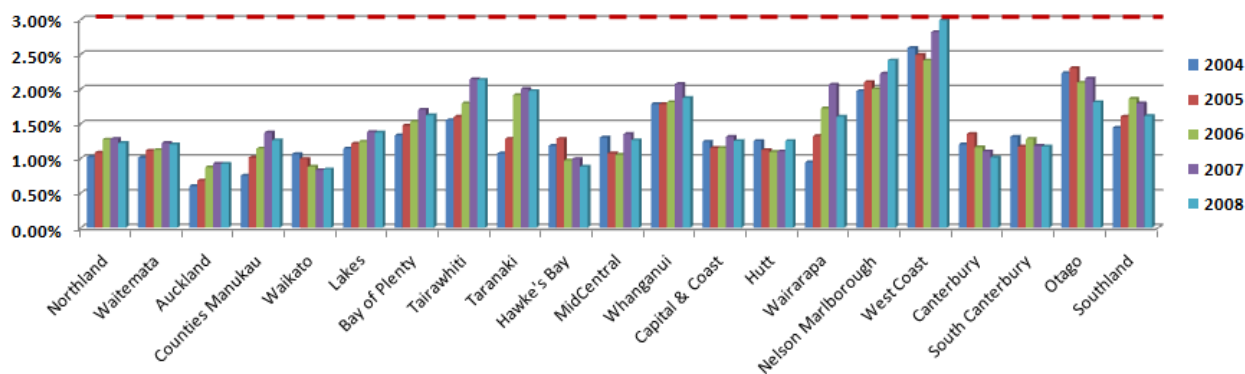


Figure 11. 0-19 yrs Access Rates by DHB (2004-2008)



MĀORI

Child & Adolescent Population

- Almost half (45%) of the Māori population in New Zealand are 0-19 years old.
- Māori children and adolescents make up 24% of New Zealand's 0-19 year population and 33% of the population reside in the Northern region. Of the Northern region Māori population, 39% reside in Counties Manukau, 24% in Waitemata and 23% in Northland.
- The 2008 0-19 Māori population statistics projected an increase of 11% based on the 2006 Census, with the largest increase in the Northern region (14%).

Workforce

Total Workforce

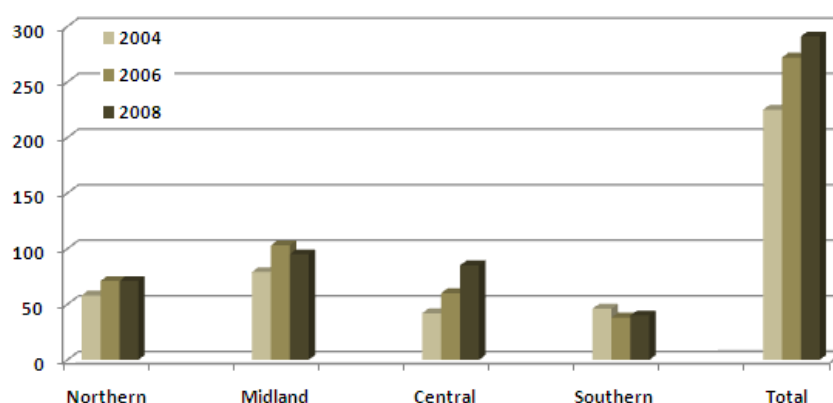
- The total Māori child & adolescent mental health/AoD workforce (DHB Inpatient & Community CAMHS & NGOs) equated to **291** Māori staff making up 20% of the total workforce with a third (33%) of the total Māori workforce in the Midland region.
- Over half of the Māori workforce (54%) was employed in NGO services and of those in NGO services, 28% were employed in Kaupapa Māori services.
- There was an overall increase of 29% in the Māori workforce since 2004; this increase was seen in the Clinical workforce.

Table 12. Total Māori Child & Adolescent Mental Health/AoD Workforce (2004-2008)

Māori	2004			2006			2008		
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total
Northern	34	24	58	34	37	71	43	28	71
Midland	39	40	79	47	56	103	48	42	95 ¹
Central	19	23	42	23	37	60	40	45	85
Southern	21	25	46	14	24	38	24	16	40
Total	113	112	225	118	154	272	155	131	291 ¹

1. Includes 5 Māori additional Staff without Occupational Group data

Figure 12. Total Māori Workforce by Region (2004-2008)



Inpatient

- DHB Inpatient Units reported a total of **23** Māori staff with an increase of 6 Māori staff since 2006.
- Capital & Coast DHB's Inpatient Unit reported the largest Māori Inpatient workforce (11), with an increase of 2 Māori staff since 2006.
- Māori staff in the DHB Inpatient Units were largely in Non-Clinical roles as Mental Health Support Workers (7) & Cultural Workers (5).
- Māori Inpatient Clinical staff were Mental Health Nurses (2).

DHB Community

- DHB Community CAMH/AoD services reported a total of **110** Māori staff a decrease of **6** since 2006.
- The Northern region reported the largest Māori DHB Community CAMHS workforce (40) followed by Central (35), Midland (27) & Southern (8) regions.
- Māori staff in the DHB Community CAMH/AoD services were largely in Clinical roles as Social Workers (22), Mental Health Nurses (13), Alcohol & Drug Workers (11) & Psychologists (11).
- Māori Non-Clinical staff were mainly Cultural workers (17).

NGO

- NGOs reported a total of **158** Māori staff.
- The total Māori NGO workforce is underestimated due to missing data from a large NGO provider in the Midland region.
- The Midland region reported the largest NGO Māori workforce (68) followed by the Central (39), Southern (28) & Northern (23) regions.
- Māori staff in NGOs were mainly in Non-Clinical roles as Mental Health Support Workers (59).
- Māori NGO Clinical staff were mainly Counsellors (30) & Social Workers (18) & Alcohol & Drug Workers (16).
- Kaupapa Māori NGOs reported a total of 45 Māori staff who were also largely Mental Health Support Workers (15). Clinical staff were mainly Counsellors (8) & Social Workers (7).

Workforce as a proportion of the Māori 0-19 year population

- Based on 2008 projected population statistics, the Māori 0-19 year population make up approximately **24%** of the total child & adolescent population while the Māori workforce (excluding Admin/Management staff) made up only **21%** of the total workforce.

Māori Clinical Workforce compared to the MHC Blueprint Resource Guidelines

- DHB CAMH/AoD services & NGOs reported a total Māori Community Clinical workforce of **131.8** actual FTEs, an increase of 24% since 2006 showing a slight increase towards Blueprint levels. A significant increase of 119% (157 FTEs) in the Māori workforce is still required to meet the MHC's national recommended guideline of **288.6** FTEs especially in the Northern region.

Table 13. Total Māori Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

Year	Māori Community Clinical FTEs	Blueprint Guidelines	FTEs Needed	% Increase Needed
2006	106.3	254.1	147.8	139
2008	131.8	288.6	156.9	119

Māori Access Rates

- Māori children & adolescents made up 24% of the clients accessing mental health services with more Māori males accessing services than Māori females.
- There was a 38% increase in Māori clients since the end of 2004 with the largest increases in the Northern & Southern regions (69% & 61% respectively).

Table 14. Total Māori Clients (2004-2008)

Māori	Year				
	2004	2005	2006	2007	2008 ¹
Northern	8,33	1,018	1,303	1,398	1,407
Midland	798	853	926	1028	995
Central	693	662	694	760	688
Southern	347	342	567	580	557
Total	2,671	2,875	3,490	3,766	3,647

1. 1st 6 months 2008

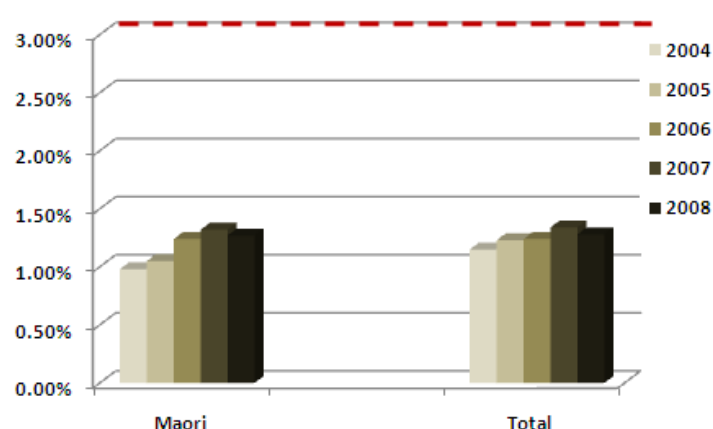
- There has been some increase in Māori access rates since 2004 (see Table 14).
- While the total 0-19 years Māori access rate of 1.05% for the 1st 6 months of 2008 was below the total 0-19 years client access rate of 1.28% for the same period, the access rate for the 15-19 year age group was higher than the total access rate for the same age group.

Table 15. Total Māori Access Rates by Age Group (2004-2008)

National Māori Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.32%	1.32%	2.15%	0.98%
2005	0.31%	1.43%	2.30%	1.05%
2006	0.36%	1.54%	2.84%	1.24%
2007	0.40%	1.60%	3.03%	1.32%
2008 ¹	0.39%	1.53%	2.94%	1.27%
National Rate 2008	0.44%	1.60%	2.49%	1.28%

1. 1st 6 months 2008

Figure 13. Total 0-19 yrs Māori Access Rates compared to Total Client Access Rates (2004-2008)



PACIFIC

Child & Adolescent Population

- Almost half (42%) of the Pacific population in New Zealand are 0-19 years old.
- Pacific children and adolescents make up 9% of New Zealand's total 0-19 years population.
- Most of New Zealand's (72%) Pacific children & adolescents reside in the Northern region, and over half (54%) of the Northern region Pacific child & adolescent population reside in Counties Manukau.
- The 2008 0-19 Pacific projected population statistics indicate that the Pacific child & adolescent population had a population growth of 15% since 2006. There was a similar growth rate in the Northern & Southern regions.

Workforce

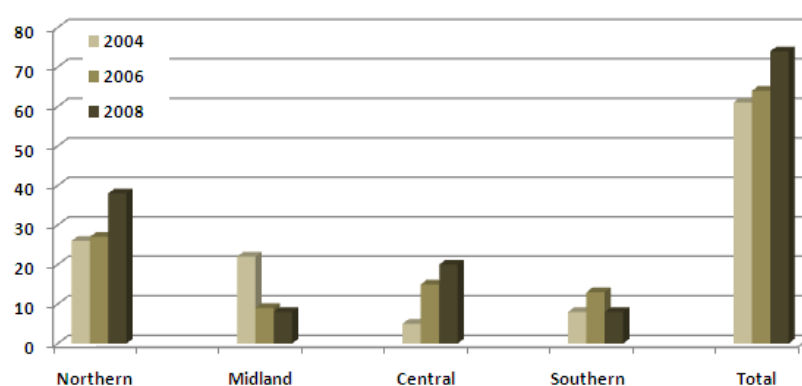
Total

- The total Pacific child & adolescent mental health/AoD workforce (DHB Inpatient & Community CAMHS & NGOs) equated to 74 Pacific staff making up 5% of the total workforce with half (51%) of the total Pacific workforce in the Northern region.
- Over half (59%) of the Pacific workforce are employed in DHB services.
- There was a 21% increase in the Pacific workforce since 2004. This increase was seen in the Pacific Clinical workforce.

Table 16. Total Pacific Child & Adolescent Mental Health/AoD Workforce (2004-2008)

Pacific	2004			2006			2008		
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total
Northern	16	10	26	16	11	27	22	16	38
Midland	7	15	22	5	4	9	4	4	8
Central	0	5	5	5	10	15	11	9	20
Southern	4	4	8	7	6	13	4	4	8
Total	27	34	61	33	31	64	41	33	74

Figure 14. Total Pacific Workforce by Region (2004-2008)



Inpatient

- The DHB Inpatient services reported a total of **10** Pacific staff, an increase of 4 since 2006. Five were reported by the Auckland DHB's Child & Family Unit & the other 5 were reported by Capital & Coast's Regional Inpatient Units.
- Pacific DHB Inpatient service Clinical roles were Mental Health Nurses (5).
- The remaining Non-Clinical roles were Mental Health Support Workers (4) & Cultural Worker (1).

DHB Community

- DHB Community CAMH/AoD services reported a total of 34 Pacific staff, an increase of 10 since 2006.
- The Northern region reported the largest Pacific DHB Community CAMHS workforce (24) followed by the Central (9), Midland (1) regions. There were no Pacific staff reported by the Southern region.
- Pacific staff in the DHB Community services were largely in Clinical roles as Alcohol & Drug Workers (7), Social Workers (7) & Psychologists (4).
- Pacific Non-Clinical staff were mainly Cultural workers (4).

NGO

- NGOs reported a total of **30** Pacific staff.
- The Northern region reported the largest NGO Pacific workforce (9) followed by the Southern (8), Midland (7) & Central (6) regions.
- Pacific staff in NGOs were largely in Non-Clinical roles as Mental Health Support Workers (15).
- Pacific NGO staff in Clinical roles were mainly Social Workers (7), Mental Health Nurses (2) & Alcohol & Drug Workers (1).

Workforce as a proportion of the Pacific 0-19 year population

- Based on 2008 projected population statistics, the Pacific 0-19 year population make up approximately **9%** of the total child & adolescent population while the Pacific workforce (excluding Admin/Management staff) made up only **5%** of the total workforce.

Pacific Clinical Workforce compared to the MHC Blueprint Resource Guidelines

- DHB CAMH/AoD & NGOs reported a total Pacific Clinical workforce of **33.95** actual FTEs, an increase of 32% since 2006. Despite gains in the Community Clinical Pacific workforce, there still needs to be a significant increase (80.3 Community Clinical FTEs) in the workforce to meet the MHC's recommended guideline of 114.2 FTEs, especially in the Northern region.

Table 17. Total Pacific Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

Year	Pacific Community Clinical FTEs	Blueprint Guidelines	FTEs Needed	% Increase Needed
2006	25.70	96.90	71.20	277
2008	33.95	114.20	80.30	236

Pacific Access Rates

- Pacific children & adolescents made up 5% of clients accessing mental health services with more Pacific males accessing services than Pacific females.
- There was a 90% increase in Pacific clients since the end of 2004 and an increase in Pacific access rates for all three age groups. The largest increase was in the Northern (107%).

Table 18. Total Pacific Clients (2004-2008)

Pacific	Year				
	2004	2005	2006	2007	2008 ¹
Northern	278	371	515	565	575
Midland	26	27	19	39	34
Central	66	71	102	97	102
Southern	36	48	50	67	60
Total	406	517	686	768	771

1. 1st 6 months 2008

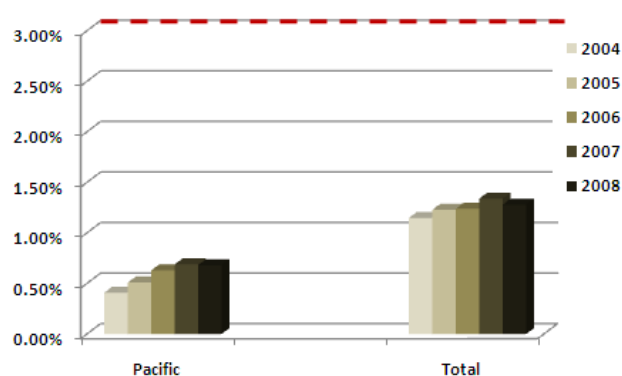
- While Pacific access rates for all three age groups have increased since 2004, Pacific access rates continue to remain below National access rates and well below access targets rates.

Table 19. Total Pacific Access Rates by Age Group (2004-2008)

National Pacific Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.12%	0.31%	1.20%	0.41%
2005	0.15%	0.51%	1.31%	0.51%
2006	0.17%	0.69%	1.54%	0.63%
2007	0.16%	0.81%	1.69%	0.69%
2008 ¹	0.16%	0.85%	1.63%	0.68%
National Rate 2008	0.44%	1.60%	2.49%	1.28%

2. 1st 6 months 2008

Figure 15. Total 0-19 yrs Pacific Access Rates compared to Total Access Rates (2004-2008)



ASIAN

Child & Adolescent Population

Asian children and adolescents has been estimated to make up approximately 12% of the total 0-19 years population with over half (57%) residing in the Northern region. Forty percent of the Northern region Asian population reside in Auckland.

Workforce

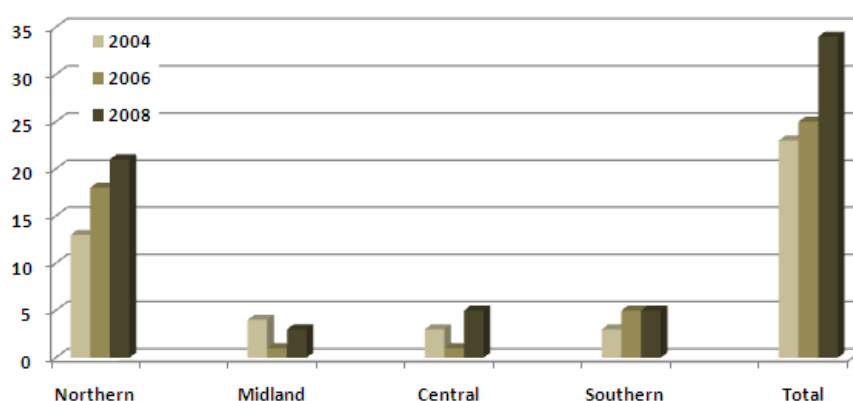
Total

- The total Asian child & adolescent mental health/AoD workforce (DHB Inpatient & Community CAMH/AoD Services & NGOs) equated to **34** Asian staff making up 2% of the total workforce.
- The Asian workforce were largely employed in DHB services (85%) and held mainly Clinical roles.
- There was an increase of 11 Asian staff since 2004, largely in the Clinical workforce.

Table 20. Total Asian Child & Adolescent Mental Health/AoD Workforce (2004-2008)

Asian	2004			2006			2008		
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total
Northern	11	2	13	11	7	18	18	3	21
Midland	4	0	4	1	0	1	2	0	3
Central	3	0	3	1	0	1	3	2	5
Southern	3	0	3	2	3	5	4	1	5
Total	21	2	23	15	10	25	27	6	34

Figure 16. Total Asian Workforce by Region (2004-2008)



DHB Inpatient

- All Asian Inpatient staff were reported by Auckland DHB's Child & Family Unit. The DHB Inpatient Unit reported a total of **7** Asian staff, a decrease of one since 2006.
- Asian DHB Inpatient staff were mainly in Clinical roles as Mental Health Nurses (4) with one Psychiatrist.
- Asian Inpatient Non-Clinical staff were Mental Health Support Workers (2).

DHB Community

- DHB Community CAMH/AoD services reported a total of 22 Asian staff, an increase of 17 since 2006.
- The Northern region continued to report the largest Asian DHB Community CAMHS workforce (11), followed by Central (5), Southern (3) & Midland (3) regions.
- Most of the Asian staff in the DHB Community CAMHS were in Clinical roles as Psychologists & Psychiatrists.
- The Non-Clinical Asian staff were in Administration/Management roles.

NGO

- NGOs reported a total of 5 Asian staff.
- The Northern region reported the largest Asian NGO workforce (3) followed by the Southern (2). No Asian staff were reported by the NGOs in the Midland & Central regions.
- Asian NGO staff were mainly in Clinical roles as Mental Health Nurses & Social Workers.
- The Asian NGO Non-Clinical staff was a Mental Health Support Worker.

Workforce as a proportion of the Asian 0-19 year population

- Based on 2008 projected population statistics, the Asian 0-19 year population make up approximately 12% of the total child & adolescent population while the Asian workforce (excluding Admin/Management staff) made up only 2% of the total workforce.

Access Rates

Asian children and adolescents made up 2% of clients accessing mental health services with more Asian males accessing services than Asian females.

Table 21. Total Asian Clients (2004-2008)

Asian	Year				
	2004	2005	2006	2007	2008 ¹
Northern	157	204	247	264	268
Midland	20	25	26	27	25
Central	41	49	42	45	49
Southern	32	46	64	68	42
Total	250	324	379	404	384

1. 1st 6 months 2008

- There has been a 54% overall increase in Asian clients since the end of 2004 with the largest increase in the Northern region (71%).
- Asian access rates were only available for the first & second 6 months of 2006. Access data shows a slight increase in access rates; however, Asian access rates remain below the national rates for all three age groups & regions & continue to be the lowest out of all three ethnic groups.

Table 22. Total Asian Access Rates by Age Group (2006)

National Asian Access Rates	Age in Years - Total			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
1 st 6mo 2006	0.12%	0.30%	0.66%	0.33%
2 nd 6mo 2006	0.14%	0.36%	0.74%	0.38%
National Rate 2 nd 6 mo 2006	0.43%	1.53%	2.47%	1.24%

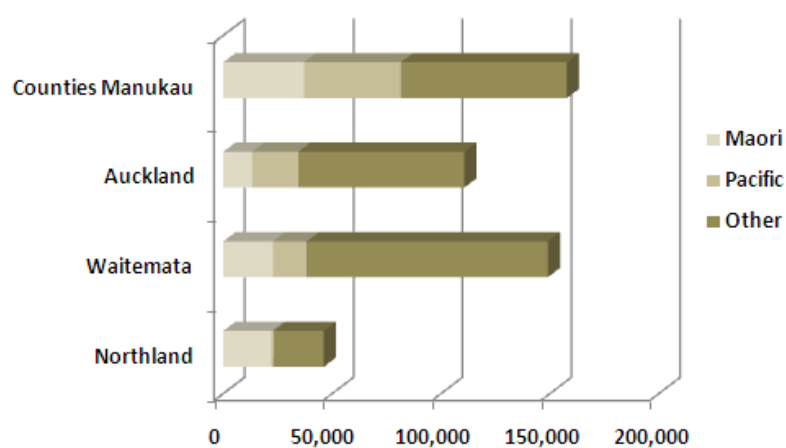
NORTHERN REGION CHILD & ADOLESCENT MENTAL HEALTH & AOD OVERVIEW

NORTHERN REGION CHILD & ADOLESCENT POPULATION PROFILE

The Northern region has New Zealand's largest (38%) child & adolescent (0-19 yrs) population, residing mainly in Counties Manukau (34%) & Waitemata (32%) (see Figure 1).

The 2008 population projections (base 2006, total response) indicate a 7% projected increase since 2006.

Figure 1. Northern Region Child & Adolescent Population Projection (2008)



Māori

The Northern region has one of the largest Māori child and adolescent populations (33%) in the country and Māori children and adolescents make up 20% of the region's total 0-19 yrs population. Counties Manukau has the largest Māori child and adolescent population (39%) followed by Waitemata (24%) and Northland (23%) DHB areas.

The 2008 population projections indicate a 14% increase in the regional Māori child and adolescent population and projections by DHB show that Counties Manukau had the largest increase by 15%.

Pacific

The Northern region has the country's largest Pacific child and adolescent population (72%) in the country and Pacific children and adolescents make up 18% of the regions total 0-19 year population. Over half (54%) of the Northern region's Pacific child and adolescent population reside in the Counties Manukau DHB area.

The 2008 population projections indicate an increase of 16% since 2006.

Asian

Over half (57%) of New Zealand's Asian child and adolescent population reside in the Northern region. Auckland has the largest Asian child and adolescent population (23%) in the region.

PROVISION OF CHILD & ADOLESCENT MENTAL HEALTH SERVICES IN THE NORTHERN REGION

DHBs

Four DHBs in the Northern region provide specialist child & adolescent mental health and alcohol and drug services: Northland, Waitemata, Auckland and Counties Manukau DHBs.

Kaupapa Māori services, in the Price Volume Schedule (PVS), are listed under the MHCS39 purchase unit code. There was one DHB Kaupapa Māori child and adolescent mental health service in Counties Manukau DHB identified from the 2004/2005 PVS in the Northern region.

As there is no specific purchase unit code to identify Pacific child and adolescent mental health services from the PVS, therefore 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 workforce survey, Waitemata DHB's Isa Lei Pacific Mental Health Service & Tupu Alcohol & Drug Service.

DHB funded NGOs

Twelve DHB funded NGOs were identified as providing child and adolescent mental health and alcohol and drug services for the reporting period (30th June 2008).

Of the 12 NGOs in the region, there was only one DHB funded child & adolescent Kaupapa Māori NGO, Ngati Hine Health Trust Board based in Northland for the Northern region.

There were no Pacific NGOs identified 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 or maybe in a sub-contracting arrangement with a larger provider such as Penina who sub-contract jointly with Mahi Tahi to Richmond Fellowship in Counties Manukau.

Table 1. Northland Child & Adolescent Mental Health /AoD Services (2007/2008)

Northland DHB
Te Roopu Kimiora Child & Youth Mental Health & Alcohol & Other Drug Service
Northland NGOs
<i>Ngati Hine Health Trust Board</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Child & Youth Day Services
Rubicon Charitable Trust Board
Children & Youth Alcohol & Drug Community Services
Children & Young People Community Services
Te Hauora O Te Hiku O Te Ika Ngati Kahu Social Services
Advocacy/Peer Support-Families/Whanau
Te Runanga O Te Rarawa Inc.
Children & Youth Alcohol & Drug Community Services

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

Table 2. Waitemata Child & Adolescent Mental Health/AoD Services (2007/2008)

Waitemata DHB
Marinoto North Child & Adolescent Mental Health Services
Marinoto West (Child & Adolescent Teams)
Regional Services
Altered High Youth Alcohol & Drug Services (Waitemata, Auckland & Counties Manukau DHBs)
Intensive Clinical Support Services (Waitemata, Auckland & Counties Manukau DHBs)
Pacific Services
Tupu-Pacific Alcohol & Drug Service
Māori Services
Te Atea Marino-Regional Māori Alcohol & Drug Service (Waitemata, Auckland, Counties Manukau)

Waitemata NGOs
Mind Matters Trust
Child & Youth Day Services (part of inpatient service)

Table 3. Auckland Child & Adolescent Mental Health/AoD Services (2007/2008)

Auckland DHB
CAMHS Community Team – East
CAMHS Community Team – West
Youth Transitional Programme
Youth Early Intervention Service
Tu Tangata Tonu Children of Parents with Mental Illness
Infant Mental Health
Regional Services
Consult Liaison Service (Starship)
Child & Adolescent Liaison Service (Waitemata & Auckland DHBs)
Regional Youth Forensic Service (Northland, Waitemata & Auckland DHBs)
Child & Family Unit (Inpatient Service) (Northern & Midland Region)
Auckland NGOs
Odyssey House Trust
Children & Youth Community Residential Care
Children & Youth Alcohol & Drug Community Services
Richmond Fellowship
Child & Youth Community Residential Care: Te Matariki
Child & Youth Wrap Around Services

Table 4. Counties Manukau Child & Adolescent Mental Health/AoD Services (2007/2008)

Counties Manukau DHB
Whirinaki: Child & Adolescent Mental Health Services
Kidz First Mental Health
Counties Manukau NGOs
Mahitahi Trust
Advocacy/Peer Support-Families/Whanau
Raukura Hauora O Tainui Trust
Advocacy/Peer Support-Families/Whanau
Richmond Fellowship/Penina Trust*
Child & Youth Wrap Around Service
Waimokoia School
Advocacy/Peer Support-Families/Whanau

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

NORTHERN REGION FUNDING

Since the 2004/2005 financial year, there has been a 38% increase in total funding for child & adolescent mental health & AoD services (a 33% increase in DHB & a 95% increase in NGO funding) in the Northern region (see Figures 2 & 3).

Figure 2. Child & Adolescent Funding (2004-2008)

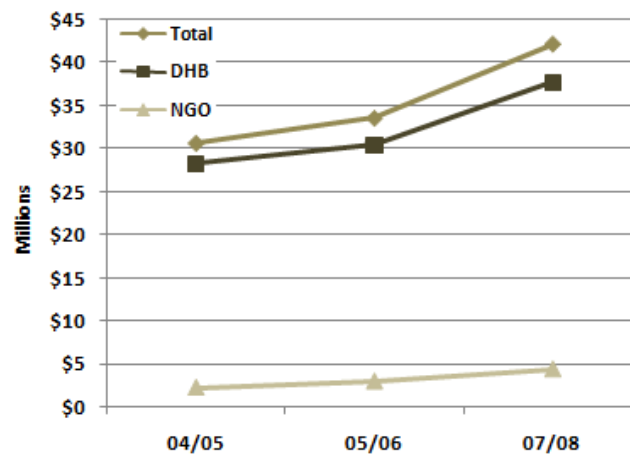
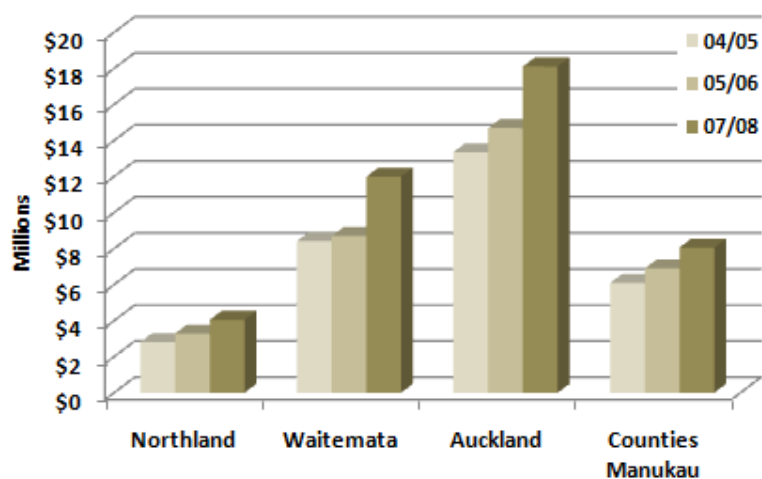


Figure 3. Child & Adolescent Funding by DHB (2004-2008)



Funding per Head of Child & Adolescent Population

Funding per head of population is a method by which we can look at the equity of funding across the regions and DHBs. Clearly this is not the actual amount spent per child as only a small proportion of this population access services. When looking at individual DHBs the calculation does not reflect inter DHB referrals including referrals to regional services (see Appendix C, Table 6).

Since 2004/2005, there was a 52% increase in the regional spend per child (excluding Inpatient costs) and a 31% increase when inpatient costs are included (see Appendix B, Table 4 & Figure 4).

The effect of inter DHB referrals is negligible except for the Northern region. Counties Manukau DHB has the lowest funding per child in the country at \$51.06 and could appear as seriously under-funded; however, a large number of children are seen in regional services. In the first six months of 2008, Waitemata DHB received referrals from Counties Manukau which related to services to 367 clients (see Appendix D, Table 7).

Figure 4. Funding per head Child & Adolescent Population (2004-2008)

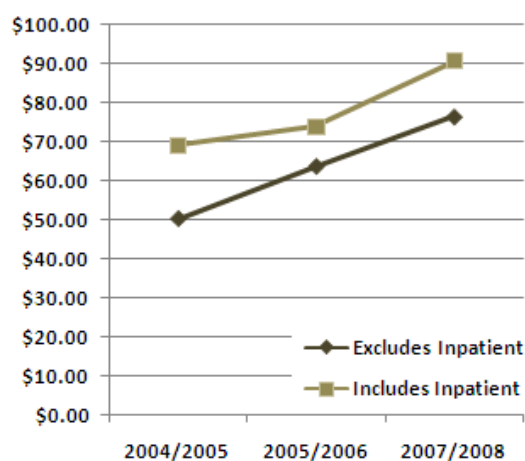
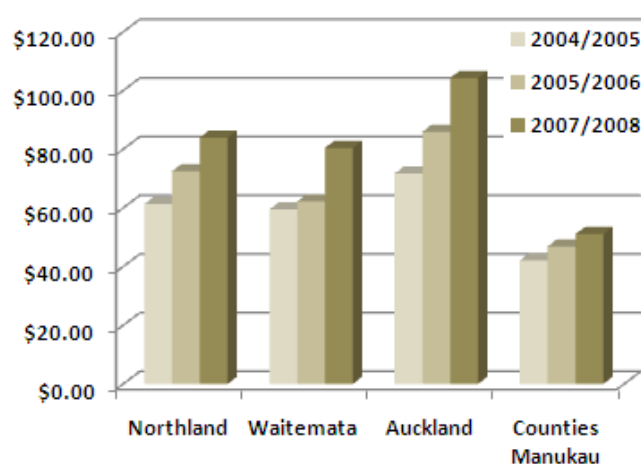


Figure 5. Funding per head Child & Adolescent Population by DHB (2004-2008)



NORTHERN REGION CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

Total Northern Region Child & Adolescent Mental Health/AoD Workforce

The Northern region DHB (Inpatient & Community) CAMH/AoD services & NGOs reported a total of **406.17** actual FTEs with a further **48.65** FTEs reported vacant with the majority of vacancies (86%) reported by DHB (Inpatient & Community) services. By 2008, total FTEs increased had increased by 41% since 2004 and 10% since 2006. Vacancies were down by 34% since 2004 and 18% since 2006 (see Table 5 & Figures 6 & 7).

Table 5. Total Northern Region Child & Adolescent Mental Health Workforce (2004-2008)

Northern Region	DHB ¹			NGOs			Total ²		
	Actual	Vacant	% Vacancy	Actual	Vacant	% Vacancy	Actual	Vacant	% Vacancy
2004	245.73	64.37	21	41.40	9.00	18	287.13	73.37	20
2006	298.85	54.50	15	69.26	5.00	7	368.11	59.50	14
2008	347.52	41.75	11	58.65	6.90	11	406.17	48.65	11

1. Includes Inpatient Data

2. Includes Administration/Management Workforce

Figure 6. Northern Region Total Actual FTEs (2004-2008)

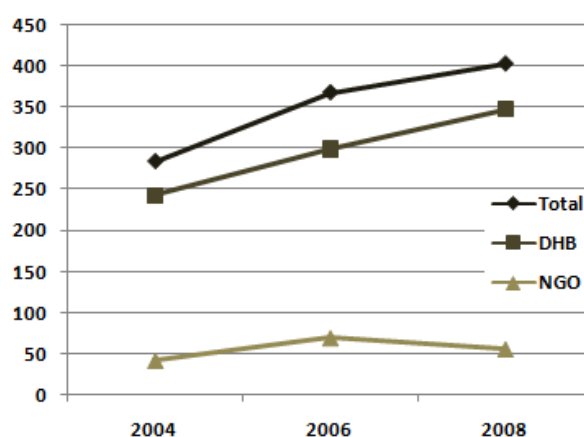


Figure 7. Northern Region Total Vacant FTEs (2004-2008)

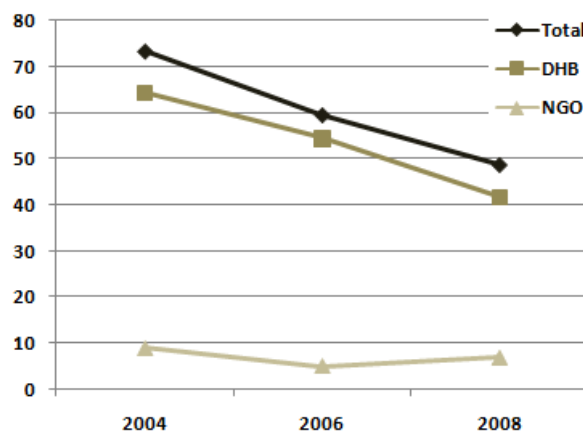


Table 6. Child & Adolescent Mental Health Workforce by Occupational Group (2008)

Northern Region Actual FTEs	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	62.05	238.02	300.07	24.10	324.17
Alcohol & Drug	-	30.30	30.30	10.00	40.30
Counsellor	-	0.60	0.60	2.00	2.60
Mental Health Nurse	39.05	40.70	79.75	3.90	83.65
Occupational Therapist	3.00	25.60	28.60	1.00	29.60
Psychiatrist	9.30	22.89	32.19	0.20	32.39
Psychotherapist	1.30	7.90	9.20	1.00	10.20
Psychologist	5.80	50.38	56.18	1.00	57.18
Social Worker	3.20	51.15	54.35	4.00	58.35
Other Clinical ¹	0.40	8.50	8.90	1.00	9.90
Non-Clinical Sub-Total	7.20	9.70	16.90	28.55	45.45
Cultural	1.00	7.80	8.80	1.25	10.05
Specific Liaison	-	-	-	-	0.00
Mental Health Consumer	0.20	1.20	1.40	-	1.40
Mental Health Support	6.00	0.50	6.50	25.30	31.80
Other Non-Clinical	-	0.20	0.20	2.00	2.20
Administration/Management	4.00	26.55	30.55	6.00	36.55
Regional Total	73.25	274.27	347.52	58.65	406.17

1. Other Clinical Occupational Group includes: Physiotherapist, Registrars, Art Therapy Intern, Psychology Intern, Registered Nurse, Dual Diagnosis Nurse, General Nurses

Table 7. Vacancy by Occupational Group (2008)

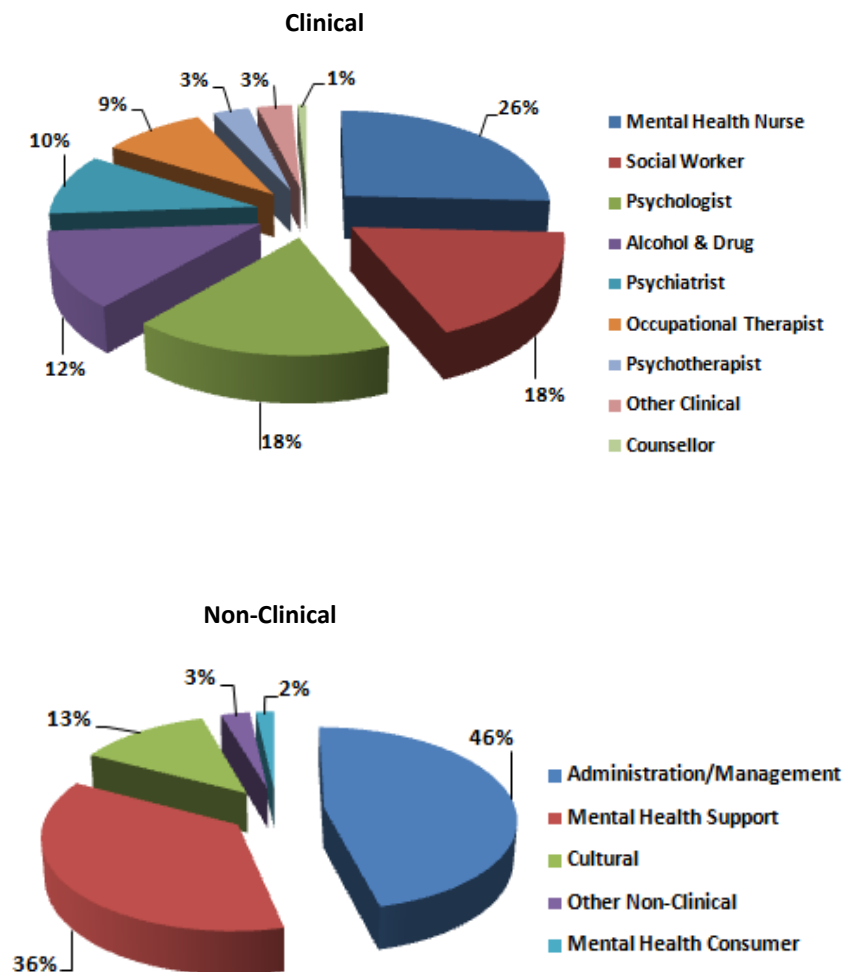
Northern Region Vacant FTEs	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Clinical Sub-Total	11.00	29.70	40.70	3.50	44.20
Alcohol & Drug	-	4.00	4.00	-	4.00
Counsellor	-	-	-	-	-
Mental Health Nurse	7.00	12.80	19.80	1.50	21.30
Occupational Therapist	3.00	1.00	4.00	-	4.00
Psychiatrist	-	1.80	1.80	-	1.80
Psychotherapist	-	-	-	-	0.00
Psychologist	1.00	1.80	2.80	-	2.80
Social Worker	-	8.30	8.30	-	8.30
Other Clinical	-	-	-	2.00	2.00
Non-Clinical Sub-Total	0.20	0.00	0.20	3.40	3.60
Cultural	-	-	-	-	-
Specific Liaison	-	-	-	-	-
Mental Health Consumer	0.20	-	0.20	-	0.20
Mental Health Support	-	-	-	3.40	3.40
Other Non-Clinical	-	-	-	-	-
Administration/Management	0.10	0.75	0.85	-	0.85
Regional Total	11.30	30.45	41.75	6.90	48.65

Total Clinical & Non-Clinical Workforce

As at June 2008, the total Northern region Clinical workforce (including DHB Inpatient, Community & NGOs) had increased by 46% since 2004 and 15% since 2006.

Eighty percent of the Northern region child & adolescent mental health & AoD workforce were Clinical staff with the majority (93%) employed in DHB services (see Figure 8). Eleven percent of the workforce was in Non-Clinical roles (see Figure 8).

Figure 8. 2008 Northern Region Clinical & Non-Clinical Workforce (2008)



DHB Inpatient Child & Adolescent Mental Health Workforce

In June 2008, the Child and Family Unit reported a total of 73.3 actual FTEs with a further 11.3 FTEs reported vacant (see Table 8), an 85% increase since 2005 due to a significant increase in Clinical FTEs and a lower vacancy rate (13%) (see Table 8 & Figures 9 & 10).

The 2006 and 2008 vacancies in the Mental Health Nurse role were significantly less than those reported in 2005 (see Table 6). Vacancies were mainly in Clinical roles mainly for Mental Health Nurses & Occupational Therapists (see Table 7).

Table 8. DHB Inpatient CAMHS Workforce (2005-2008)

Auckland DHB Inpatient Service: Child & Family Unit	Actual FTEs			Vacant FTEs			% Vacancy
	Clinical	Non-Clinical*	Total	Clinical	Non-Clinical*	Total	
2005	23.80	15.80	39.60	21.20	0.60	21.80	36
2006	39.30	12.40	51.70	13.60	0.60	14.80	22
2008	62.05	11.20	73.30	11.00	0.30	11.30	13

*Includes Administration & Management

Figure 9. Inpatient Actual FTEs (2005-2008)

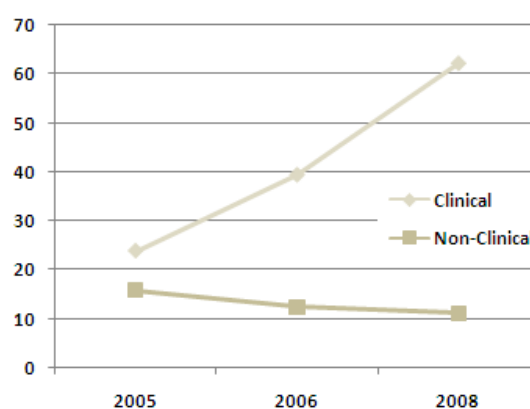
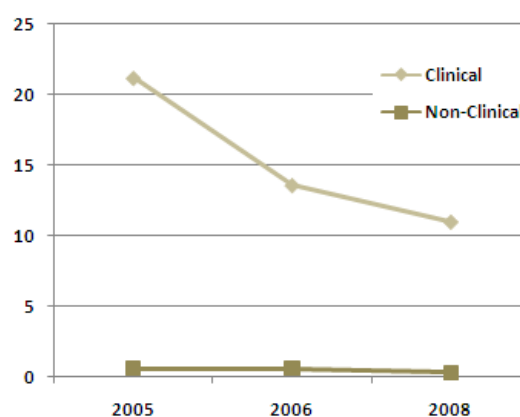


Figure 10. Inpatient Vacant FTEs (2005-2008)



DHB Community Child & Adolescent Mental Health/AoD Workforce

The Northern region DHB Community CAMH/AoD services reported a total of **274.27** actual FTEs with a further **30.45** FTEs reported vacant, a 35% increase in the workforce since 2004/2005. Waitemata and Counties Manukau DHBs reported the largest workforce (107.1 & 73.42 actual FTEs respectively) in the region (see Table 9).

Since 2004/2005, there was a 28% decrease in the total number of vacancies (see Table 9). Northland DHB reported an increase in vacancies since 2006, and the remainder of the DHBs in the region reported decreases with Counties Manukau DHB reporting a significant decrease (72%) since 2004.

Table 9. Northern Region DHB Community CAMH/AoD Workforce (2004-2008)

Northern Region	2004/2005			2006			2008		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Northland	19.70	-	0	20.60	2.00	9	21.4	3.2	13
Waitemata	83.86	10.00	11	92.10	15.40	15	107.1	12.9	11
Auckland	56.54	13.00	19	81.00	11.20	12	72.35	8.85	11
Counties Manukau	42.93	19.57	31	53.45	11.10	17	73.42	5.5	7
Regional Total	203.13	42.57	17	247.15	39.70	14	274.27	30.45	10

Figure 11. Northern Region DHB Community CAMH/AoD Actual FTEs (2005-2008)

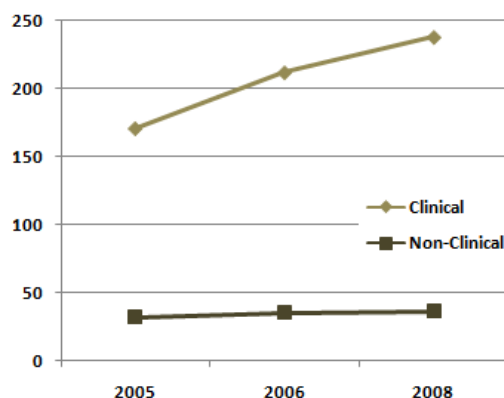
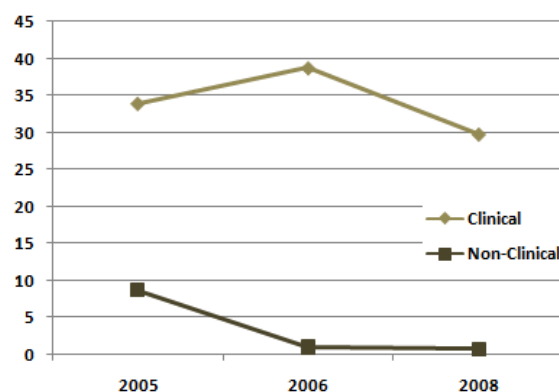


Figure 12. Northern Region DHB Community CAMH/AoD Vacant FTEs (2005-2008)

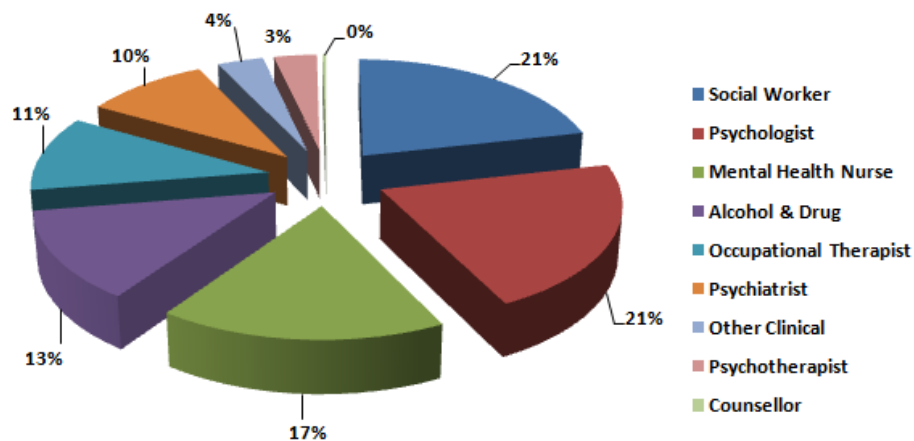


DHB Community Clinical & Non-Clinical Workforce

There was a 39% increase in the total Community Clinical workforce with Counties Manukau DHB Community CAMHS reporting the largest increase (88%) since 2004/2005.

Eighty-seven percent of the DHB Community Clinical CAMH/AoD staff were in Clinical roles (see Table 7 & Figure 13).

Figure 13. Northern Region DHB Community CAMH/AoD Clinical Workforce (2008)



The largest increase in the Clinical workforce since 2004 was in following roles:

- Alcohol & Drug Workers
- Occupational Therapists
- Social Workers

In the period 2004 to 2006, a 14% increase in the total number of Community Clinical vacancies was reported. This has been reversed in the 2006 to 2008 period with a 23% decrease. While Waitemata DHB Community CAMH/AoD services reported the largest Clinical vacancies (15.4 FTEs) in 2006, they reported a significant decrease (16%) by 2008.

The largest number of Clinical vacancies was for:

- Mental Health Nurses (12.8 vacant FTEs)
- Social Workers (8.3 vacant FTEs)
- Alcohol & Drug Workers (4.0 vacant FTEs)

The 2008 Non-Clinical Community CAMHS workforce (9.7 actual FTEs) made up the remainder of the Northern region community workforce mainly in Cultural roles (7.80 actual FTEs) which was down by 29% (from 11.06 to 7.80 actual FTEs) since 2004.

NGO CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

As at 30th June 2008, a total of 13 NGOs in the Northern region were identified for this update. Although 2004 NGO workforce data is presented in this section, comparisons are limited to the 2006 workforce data due to comparable data sets.

In 2008, the Northern Region NGOs reported a total of **58.65** actual FTEs and a further **6.90** vacant FTEs, a 15% decrease in the NGO workforce and with a higher vacancy rate (11%) since 2006 (see Table 10).

Although every attempt is made to collect accurate data, the quality of data is dependent on the source. Although the workforce data for the 2008 Stocktake is provided by the same agencies, in many instances, data has been provided by different staff members. This may account for some of the changes in data. Contractual changes may also account for some of the variances in the NGO workforce data.

Auckland (21.30 actual FTEs) and Northland (15.65 actual FTEs) reported the largest NGO workforce in the region.

Table 10. NGO Child & Adolescent Mental Health Workforce (2004-2008)

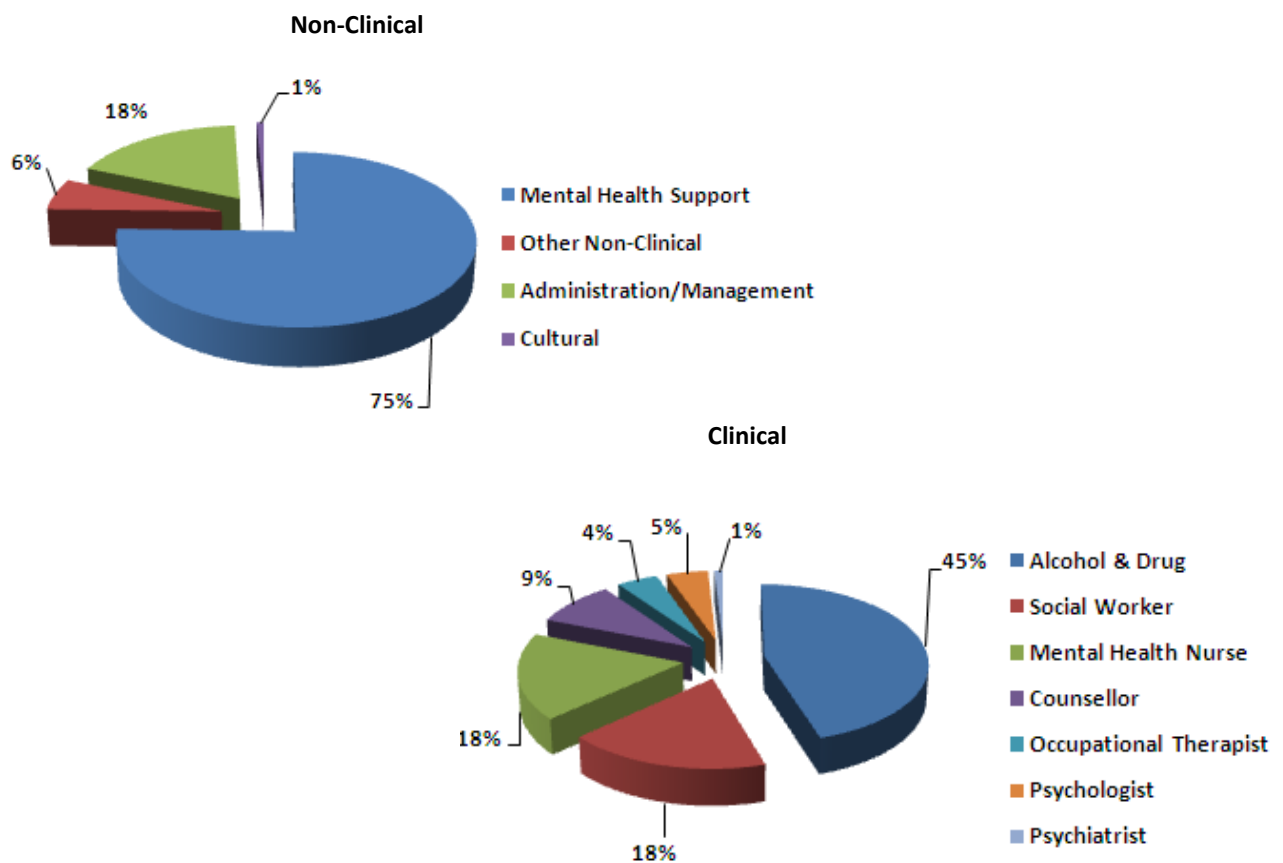
Northern Region NGOs	2004			2006			2008		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Northland	3.00	0.00	-	14.50	1.0	6	15.65	-	-
Waitemata	-	-	-	-	-	-	8.50	1.00	11
Auckland	31.90	6.00	16	27.88	4.00	13	21.30	4.90	19
Counties Manukau	6.50	3.00	32	26.88	-	-	13.20	1.00	7
Total	41.40	9.00	18	69.26	5.00	7	58.65	6.90	11

NGO Clinical & Non-Clinical Workforce

The Northern region NGO workforce was largely (59%) in Non-Clinical roles (including Admin/Management staff) (see Table 7 & Figure 14).

The remainder of the NGO workforce (41%) was in Clinical roles (see Table 7 & Figure 14).

Figure 14. Northern Region NGO Non-Clinical & Clinical Workforce (2008)



COMMUNITY CLINICAL WORKFORCE COMPARED TO THE MHC RESOURCE GUIDELINES

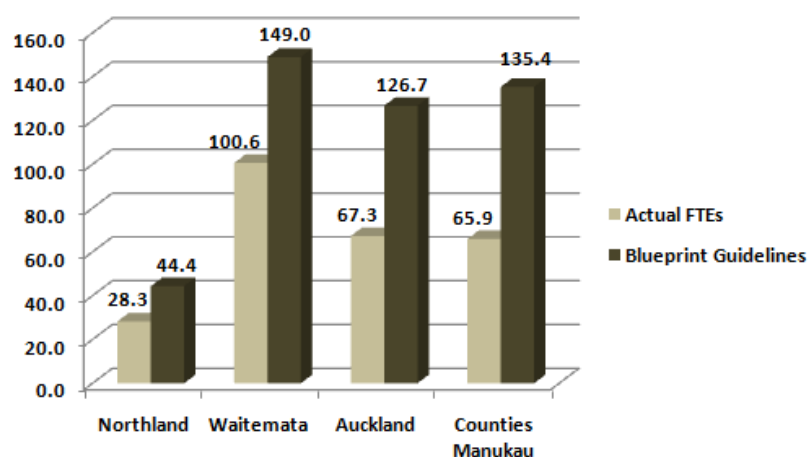
Since 2004 there has been a 34% increase in the regional Community Clinical workforce however, between 2006 and 2008, the growth in the workforce has not kept pace with population growth. The Community Clinical workforce would still need to increase by **74%** to meet MHC's recommended resource guideline of **455.48** FTEs for the Northern region's child and adolescent population (see Table 11 & Figure 15).

Table 11. Community Clinical Workforce compared to Blueprint Guidelines (2004-2008)

Northern Region	Actual Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase Needed
2004	196.17	426.18	230.01	117
2006¹	242.26	417.64	175.38	72
2008²	262.10	455.48	193.36	74

1. 2006 Census (Prioritised Ethnicity)
2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a).

Figure 15. Community Clinical Workforce compared to Blueprint Guidelines by DHB (2008)



Recommendations for the Child & Adolescent Mental Health Psychiatry Workforce

There was a 48% increase in Psychiatry FTEs (from 21.83 FTEs to 32.39 actual FTEs) since 2004. While psychiatry FTEs have come closer to recommended levels, they continue to remain below the World Health Organization (WHO) recommendation level of 46.56 actual FTEs for the region. Therefore the Northern region Psychiatry FTEs would need to increase by 44% (14.17 FTEs) to reflect the regional child and adolescent population (see Table 12 & Figure 16).

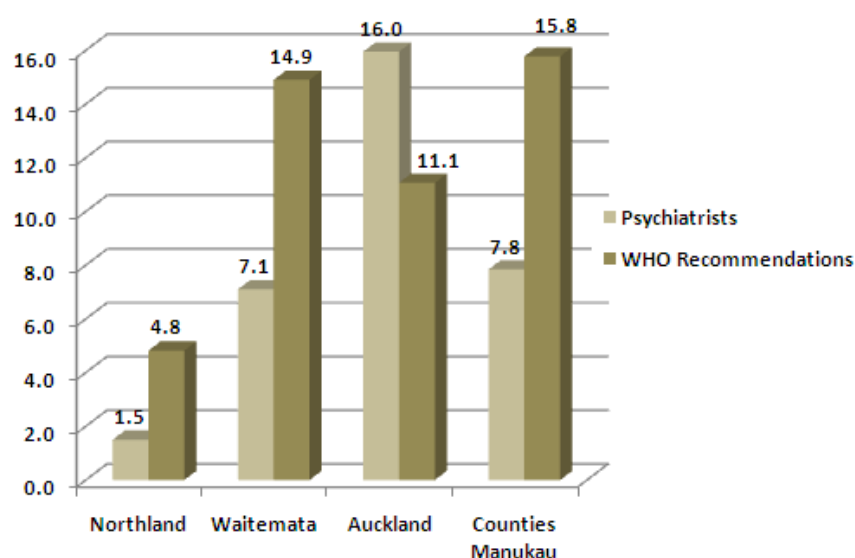
Table 12. Northern Region Actual Psychiatry FTEs against WHO Recommendations (2004-2008)

Northern Region	Actual Psychiatry FTEs ¹	WHO Recommendations ²	FTEs Needed	% Increase
2004	21.83	44.24	22.41	103
2006³	27.88	43.63	16.23	59
2008⁴	32.39	46.56	14.17	44

1. Includes DHB Inpatient , Community CAMH/AoD Services & NGOs
2. WHO Recommendations for Psychiatrists=10/100,000 Total Population (WHO,2001)
3. 2006 Census (Prioritised Ethnicity)
4. 2008 Population Projections (2006 Base, Total Response, Medium Projections)

Auckland DHB currently provides four child and adolescent regional services including Inpatient services and may therefore appear to have more than recommended numbers of Psychiatrists. Waitemata & Counties Manukau DHBs on the other hand, continue to fall significantly below recommended levels (see Figure 16).

Figure 16. Northern Region Actual Psychiatry FTEs against WHO Recommendations by DHB (2004-2008)



NORTHERN REGION ACCESS TO CHILD & ADOLESCENT MENTAL HEALTH SERVICES

The following section has been extracted from the MHINC 2004 to 2008 (2nd 6 months for data up to 2007 & 1st 6 months for the 2008 dataset) analyses. This section only contains MHINC access data that is relevant to the region. The complete MHINC National access data is available on the Werry Centre Website (www.werrycentre.org.nz).

Northern Region Access to Services

Since 2004, the Northern region continued to have the highest total number of clients accessing mental health/AoD services compared to the other regions, with access to services increasing with age. Since the end of 2004, there has been a 46% increase in the total number of clients accessing services in the region (see Table 13).

Table 13. Northern Region DHB of Service Clients by Gender (2004-2008)

Northern Region	Gender								DHB Total
	Male				Female				
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total	
2004	466	753	1,004	2,223	118	417	1,043	1,578	3,804 ¹
2005	504	937	1,211	2,652	150	472	1,194	1,816	4,470 ²
2006	576	990	1,480	3,046	171	587	1,378	2,136	5,182
2007	613	1,086	1,532	3,231	223	634	1,547	2,404	5,635
2008 ³	627	1,057	1,561	3,245	207	624	1,492	2,323	5,568

1. Includes 3 clients listed as Gender "Unknown"
2. Includes 2 Clients listed as Gender "Unknown"
3. 1st 6 months 2008

At the end of the first 6 months of 2008, Waitemata DHB CAMHS report the highest number of total client in the region followed by Counties Manukau, Auckland and Northland DHBs (see Table 14).

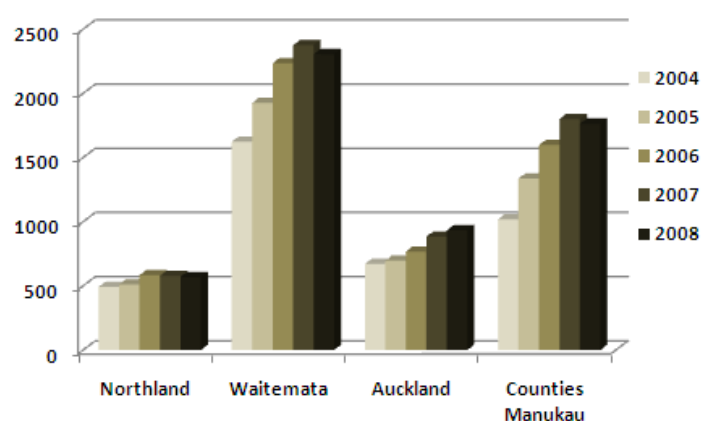
All DHBs reported an increase in the number of clients, with Counties Manukau DHB reporting the largest increase (73%).

Table 14. Northern Region DHB of Service Clients by Gender (2004-2008)

DHB	Year				
	2004	2005	2006	2007	2008 ¹
Northland	492	511	583	577	568
Waitemata	1,623	1,926	2,235	2,375	2305
Auckland	670	697	767	883	932
Counties Manukau	1,019	1,336	1,597	1,800	1,763
Total	3,804	4,470	5,182	5,635	5,568

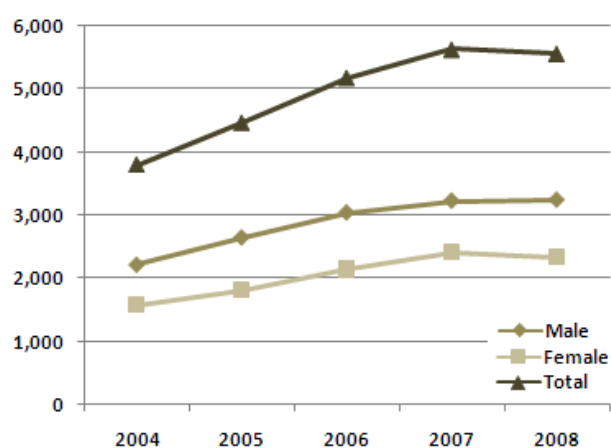
1. 1st 6 months 2008

Figure 17. Total Clients by DHB (2004-2008)



Male clients continue to be the largest client group (58%) in the region with a 46% increase in the total number of male clients since 2004 (see Figure 18). There was also a similar increase (47%) in total female clients in the region.

Figure 18. Northern Region Clients (2004-2008)



The largest client group in the Northern region continues to be 15-19 year olds (55%). While more 0-9 and 10-14 year old male clients were accessing services, there were slightly more females accessing services in the 15-19 year age group.

Since 2004, the largest increase for male clients was in the 15-19 year age group (55%) and the largest increase for female clients was in the 0-9 year age group (75%).

Northern Region Access Rates Compared to MHC Access Benchmarks

The 2004 to 2008 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 population. Access rates are not affected by referral to regional services as they are based on the DHB where the client lives (DHB of Domicile).

While the Northern region access rates have continued to be the lowest in the country, access rates have increased slightly since 2004. All four Northern Region DHBs reported a slight increase in access rates in all three age groups especially in the 15-19 year age group; however Auckland DHB continued to report the lowest access rates in the region (see Figure 19).

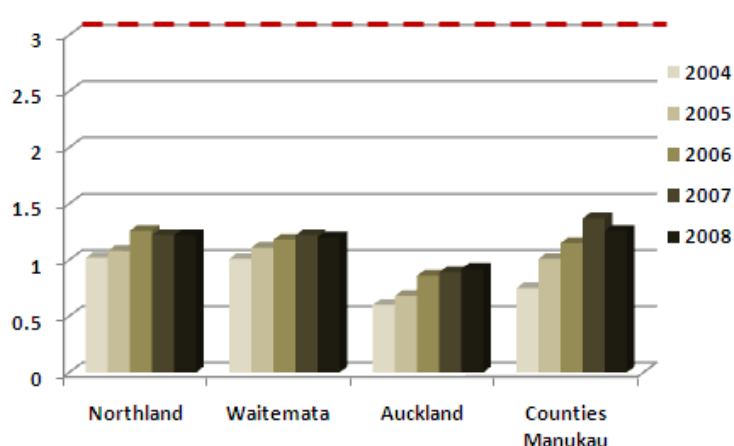
Despite the slight increase in access rates, these rates continue to fall well below the Mental Health Commission's access benchmarks for all three age groups with the largest disparity in the 15-19 year age group (see Table 15).

Table 15. Northern Region Access Rates (2004-2008)

Northern Region Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%
2004	0.30%	1.00%	1.70%	1.00%
2005	0.30%	1.20%	2.00%	1.00%
2006	0.33%	1.32%	2.27%	1.08%
2007	0.37%	1.48%	2.50%	1.21%
2008¹	0.36%	1.43%	2.36%	1.16%

1. 1st 6 months 2008

Figure 19. Northern Region 0-19 Access Rates by DHB (2004-2008)



NORTHERN REGION MĀORI CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2008, the Northern region DHB (Inpatient & Community) CAMH/AoD services and NGOs reported a total of **71** Māori staff, with no change in the total Māori workforce since 2006. The DHB services reported an increase in Māori staff by 23% and the NGOs reported a decrease of 28% (see Table 16).

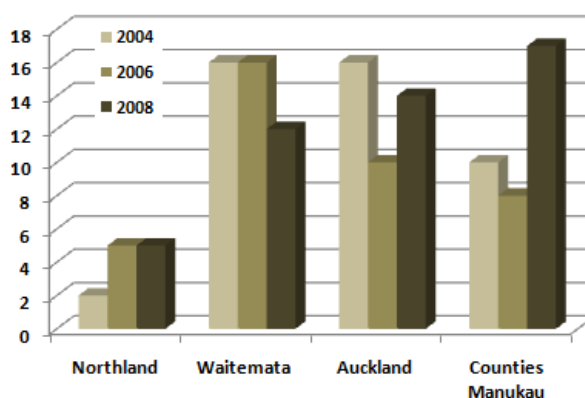
Over half (68%) of the region's Māori workforce was employed in DHB services (see Table 16). Although the majority of the Māori workforce worked in DHB services, Māori staff made up a greater proportion (39%) of the NGO workforce.

Table 16. Total Māori Workforce (2004-2008)

Northern Region Māori Workforce (Head Count)	2004			2006			2008		
	DHB	NGOs	Total	DHB	NGOs	Total	DHB	NGOs	Total
Northland	2	5	7	5	13	18	5	13	18
Waitemata	16	-	16	16	-	16	12	-	12
Auckland	16	4	20	10	7	17	14	5	19
Counties Manukau	10	5	15	8	12	20	17	5	22
Total	44	14	58	39	32	71	48	23	71

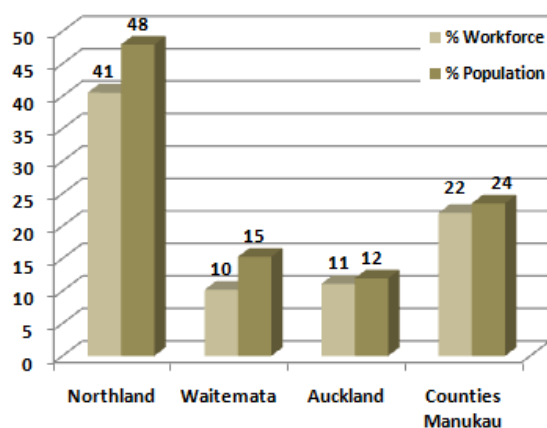
Note: Includes Inpatient & Administration/Management Workforce

Figure 20. Total Māori Workforce by DHB (2004-2008)



The 2006 to 2008 population data shows a 14% increase in the regional 2008 Māori child and adolescent population; however, the Northern region services reported no change in the total Māori workforce. The regional population and workforce comparisons show that while in 2008, Māori children and adolescents made up 20% of the region's population, the Māori workforce (excluding the Administration /Management workforce) made up only 15% of the total Northern region workforce. The Māori workforce appears to be representative of the population it serves in some DHB areas such as Counties Manukau and Auckland but still needs to increase in Northland and Waitemata (see Figure 21).

Figure 21. Proportion of Māori Workforce compared to Proportion of Māori 0-19 yrs Population (2008)



Māori Clinical & Non-Clinical Workforce

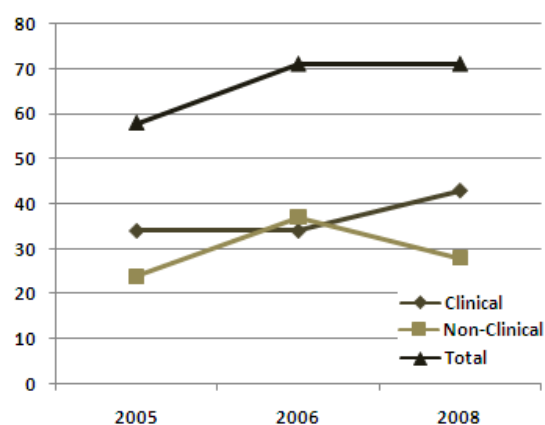
Although the total Māori workforce has remained the same since 2006, services reported a 26% increase in the Māori Clinical workforce. This increase was reported by the DHB services. NGOs on the other hand, reported a decrease in Māori Clinical staff since 2006 (see Table 17).

Table 17. Northern Region Māori Clinical & Non-Clinical Workforce (2004-2008).

Northern Region Māori Workforce (Head Count)	Inpatient			Community			NGOs			Total	
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical
2004/2005	4	6	10	23	11	34	7	7	14	34	24
2006	-	5	5	18	16	34	16	16	32	34	37
2008	5	3	8	29	11	40	9	14	23	43	28

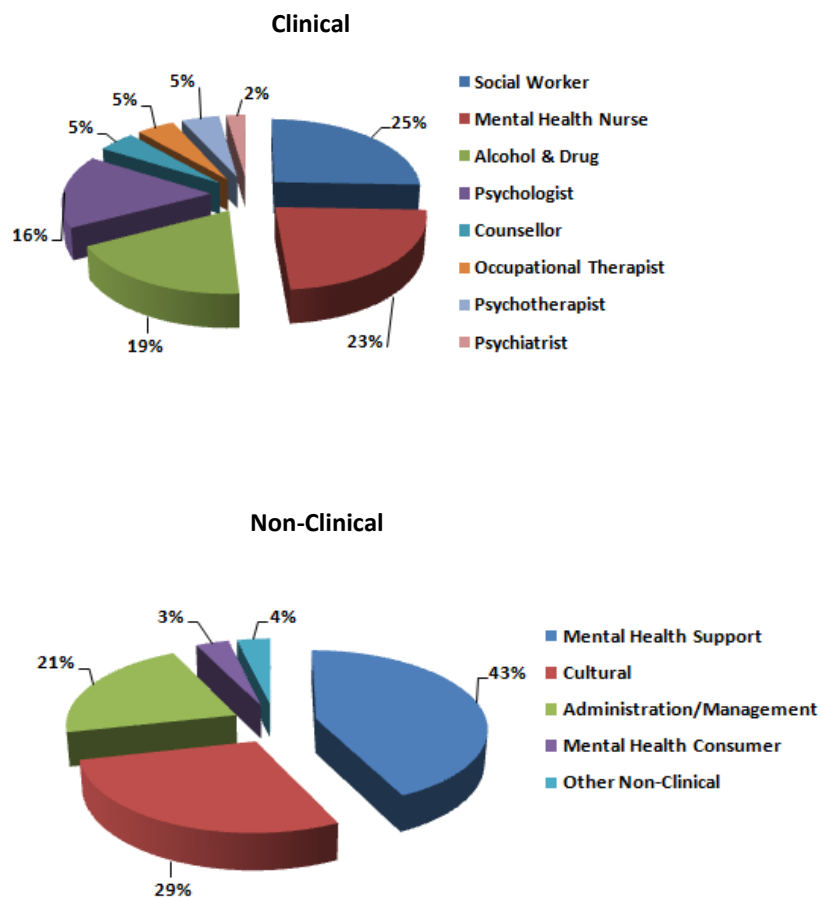
Note: Includes Administration/Management Workforce

Figure 22. Māori Clinical & Non-Clinical Workforce (2004-2008)



Almost two thirds (61%) of the total Northern region Māori staff were in Clinical roles (see Table 18 & Figure 23).

Figure 23. Māori Clinical & Non-Clinical Workforce by Occupational Group (2008)



DHB Māori Workforce

Inpatient

While the Auckland DHB Inpatient service reported a decrease in Māori staff in 2006 from 10 in 2004, to 5, Māori staff numbers had increased to 8 by June 2008 (see Table 18).

Community

In 2008, the Northern region DHB CAMHS reported a total of **40** Māori staff and increase of six since 2006 with Counties Manukau DHB CAMHS reporting the largest Māori workforce (17) in the region (see Appendix C, Table 10).

There was one funded DHB child and adolescent Kaupapa Māori service in the Northern Region, as well as various Māori services available in Waitemata DHB area.

NGO Māori Workforce

The Northern region NGO sector reported a total of **23** Māori Staff, a 28% decrease since 2006. Due to the poor response rate of the 2004 workforce survey, it is difficult to ascertain the change in the NGO Māori workforce since 2004. The majority of the Northern region Māori workforce were employed in the Northland DHB area (13) (see Table 18).

Only one NGO service, *Ngati Hine Health Trust* was contracted as a Kaupapa Māori service (Purchase Unit Code: MHCS39) in the Northland DHB area and this service reported a total of 4 Māori Clinical staff (2 Counsellors, 1 Mental Health Nurse & 1 Psychologist).

Table 18. Northern Region Māori Workforce by Occupational Group (2008)

Northern Region Māori Workforce (Head Count)	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	5	29	34	9	43
Alcohol & Drug	-	5	5	3	8
Counsellor	-	-	-	2	2
Mental Health Nurse	3	6	9	1	10
Occupational Therapist	-	2	2	-	2
Psychiatrist	-	1	1	-	1
Psychotherapist	1	1	2	-	2
Psychologist	-	6	6	1	7
Social Worker	1	8	9	2	11
Other Clinical	-	-	-	-	-
Non-Clinical Sub-Total	3	7	10	12	22
Cultural	1	5	6	2	8
Specific Liaison	-	-	-	-	-
Mental Health Consumer	-	1	1	-	1
Mental Health Support	2	-	2	10	12
Other Non-Clinical	-	1	1	-	1
Administration/Management	-	4	4	2	6
Regional Total	8	40	48	23	71

Māori Community Clinical Workforce compared to MHC's Resource 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 Northern region would require a total of **90.1** Māori Community Clinical FTEs to reflect the Māori child and adolescent population.

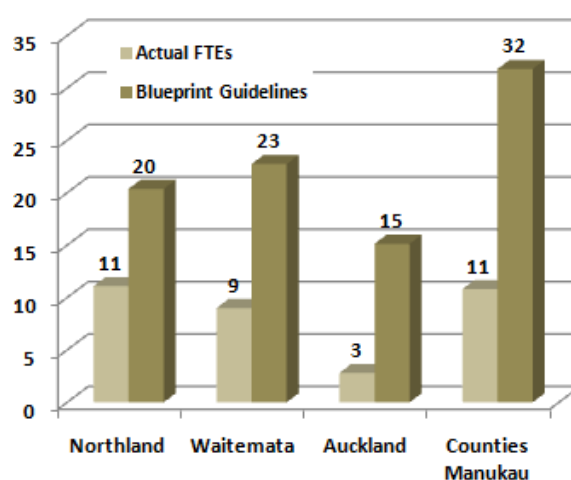
The regional Māori Community Clinical workforce in 2008 only totalled **33.7** FTEs showing no change since 2006. Therefore the Northern region Māori workforce would need to more than double to reflect the regional Māori child and adolescent population (see Table 19 & Figure 24).

Table 19. Māori Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

Northern Region	Actual Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase
2006 ¹	33.9	80.0	46.1	136
2008 ²	33.7	90.1	56.4	167

1. 2006 Census (Prioritised Ethnicity)
2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a).

Figure 24. Māori Community Clinical Workforce compared to Blueprint Guidelines (2008)



Māori Access to CAMH/AoD Services

The Northern region had the largest number of Māori clients in the country with Māori clients making up 25% of the total number of clients in the region.

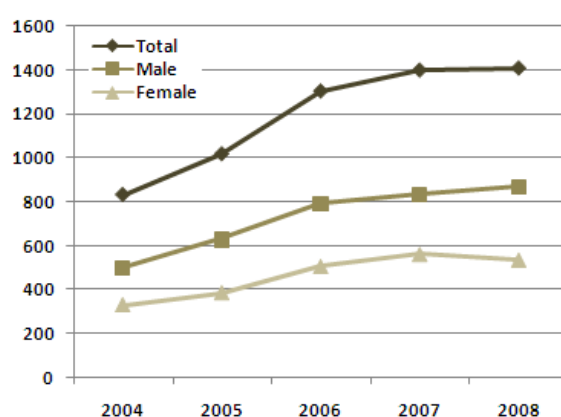
Since 2004, there has been a significant increase (69%) in the total number of Māori clients accessing services in the Northern region with the largest increase in the Māori male client group (73%) (see Table 20).

Table 20. Māori Clients by Age Group (2004-2008)

Māori Clients	Gender		
	Male	Female	Total
2004	502	331	833
2005	631	387	1,018
2006	795	508	1,303
2007	835	563	1,398
2008 ¹	870	537	1,407

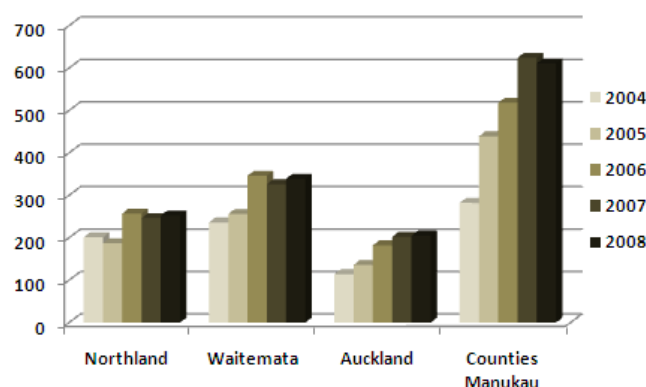
1. 1st 6 months 2008

Figure 25. Māori Clients by Gender (2004-2008)



Counties Manukau DHB reported the largest number of Māori clients and Northland DHB reported the largest proportion of Māori clients (45% of total clients) (see Figure 25). Counties Manukau DHB also reported a significant increase (117%) in the number of Māori clients since the end of 2004 especially in the Māori female client group; however total Māori clients had decreased slightly in the first half of 2008.

Figure 26. Māori Clients by DHB (2004-2008)



Northern Region Māori Access Rates

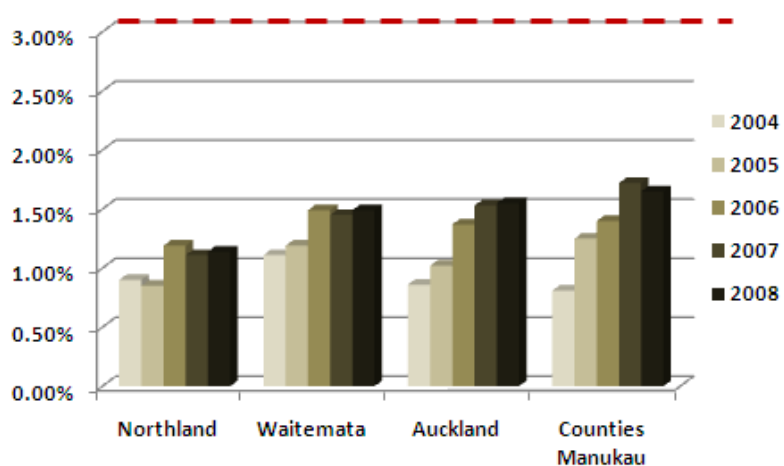
There has been an increase in the total 0-19 year Māori access rates since 2004. Although the total Māori 0-19 years access rate of 1.48% was better than the regional rate of 1.16%, Māori access rates remain significantly below the target access rates for all three age groups (see Figure 21).

Table 21. Māori Access Rates by Age Group (2004-2008)

Northern Region Māori Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.26%	1.17%	2.23%	0.91%
2005	0.26%	1.44%	2.74%	1.11%
2006	0.33%	1.80%	3.27%	1.38%
2007	0.42%	1.79%	3.53%	1.49%
2008¹	0.38%	1.77%	3.61%	1.48%
Regional Rate¹	0.36%	1.43%	2.36%	1.16%

1. 1st 6 months 2008

Figure 27. Māori 0-19 yrs Access Rates by DHB (2004-2008)



NORTHERN REGION PACIFIC CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2008, the Northern Region DHB (Inpatient & Community) CAMH/AoD services and NGOs reported a total of **38** Pacific staff (including Administration/Management staff), an increase of six since 2006.

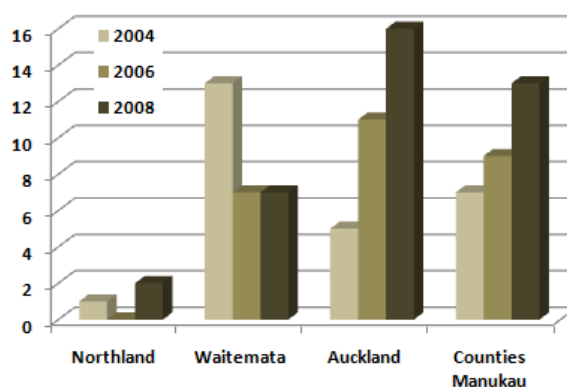
The majority of Pacific staff in the region (76%) worked in DHB CAMH/AoD services. However a larger proportion of Pacific staff worked in NGO services (see Table 22).

Table 22. Total Pacific Workforce (2004-2008)

Northern Region Pacific Workforce (Head Count)	2004			2006			2008		
	DHB	NGOs	Total	DHB	NGOs	Total	DHB	NGOs	Total
Northland	-	1	1	-	-	0	-	2	2
Waitemata	13	-	13	7	-	7	7	-	7
Auckland ¹	5	-	5	8	3	11	12	4	16
Counties Manukau	7	-	7	3	6	9	10	3	13
Total	25	1	26	18	9	27	29	9	38

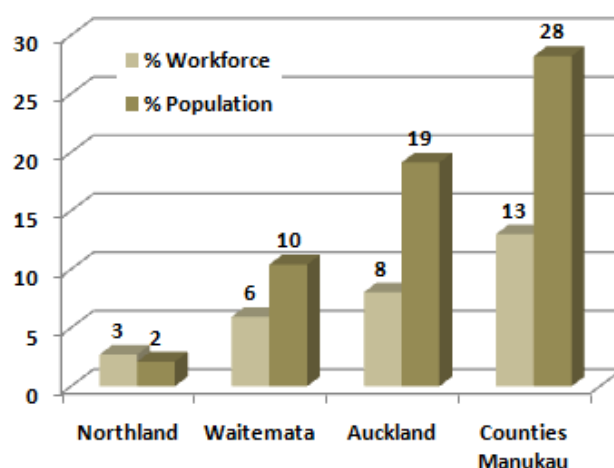
1. Includes Inpatient Workforce

Figure 28. Total Pacific Workforce by DHB (2004-2008)



Pacific children and adolescents made up 18% of the regions population, and projections indicate a growth of 16% since 2006. The Pacific workforce (excluding Administration/Management staff) made up only 8% of the total Northern region workforce with a 46% growth since 2004. Despite the growth in the Pacific workforce since 2004, significant disparities continue to exist between the Pacific population and their representation in the workforce for most DHBs in the greater Auckland area especially in Counties Manukau where the largest proportion of the Pacific child and adolescent reside (see Figure 29).

Figure 29. Proportion of Pacific Workforce compared to Proportion of Pacific 0-19 yrs Population (2008)



Pacific Clinical & Non-Clinical Workforce

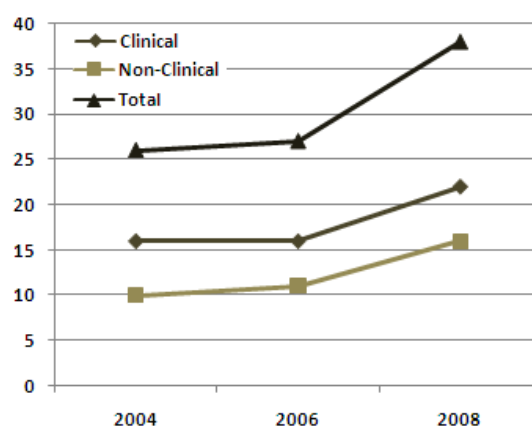
There was a total increase of six Pacific Clinical staff since 2004 (DHB services reported an increase of 5 Pacific Clinical staff and NGOs reported a decrease of 3 since 2004) (see Table 23).

Table 23. Pacific Clinical & Non-Clinical Workforce (2004-2008)

Northern Region Pacific Workforce	Inpatient			Community			NGOs			Total	
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical
2004	-	3	3	15	7	22	1	-	1	16	10
2006	-	3	3	11	4	15	5	4	9	16	11
2008	3	2	5	17	7	24	2	7	9	22	16

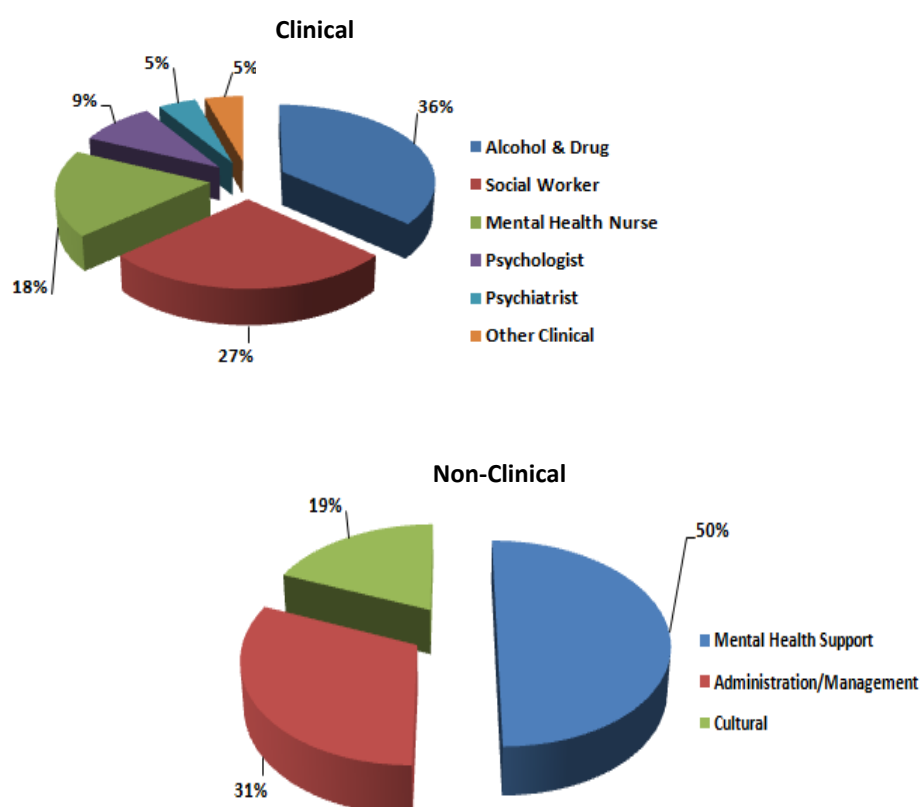
1. Includes Administration/Management

Figure 30. Pacific Clinical & Non-Clinical Workforce (2004-2008)



Over half (58%) of the total Northern region Pacific staff were in Clinical roles and the remainder were in Non-Clinical roles (see Table 24)

Figure 31. Pacific Clinical & Non-Clinical Workforce by Occupational Group (2008)



DHB Workforce

Inpatient

The Northern region DHB Inpatient Unit reported a total of five Pacific staff, three were Mental Health Nurse and two were Mental Health Support workers (see Table 24).

Community

In 2008, the Northern region DHB Community CAMH/AoD Services reported a total 24 Pacific staff. Although the number of Pacific staff was down in 2006, an increase of two staff has been reported since (see Table 24).

NGO Workforce

The Northern region NGOs reported a total of **nine** Pacific staff (see Table 24). There was no change in Pacific staff numbers since 2006. Due to poor response rates in the 2004 Stocktake it is difficult to ascertain the change in the NGO Pacific workforce since 2004.

Table 24. Pacific Workforce by Occupational Group (2008)

Northern Region Pacific Workforce (Head Count)	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	3	17	20	2	22
Alcohol & Drug	-	7	7	1	8
Counsellor	-	-	-	-	-
Mental Health Nurse	3	1	4	-	4
Occupational Therapist	-	-	-	-	-
Psychiatrist	-	1	1	-	1
Psychotherapist	-	-	-	-	-
Psychologist	-	2	2	-	2
Social Worker	-	5	5	1	6
Other Clinical	-	1	1	-	1
Non-Clinical Sub-Total	2	3	5	6	11
Cultural	-	3	3	-	3
Specific Liaison	-	-	-	-	-
Mental Health Consumer	-	-	-	-	-
Mental Health Support	2	-	2	6	8
Other Non-Clinical	-	-	-	-	-
Administration/Management	-	4	4	1	5
Regional Total	5	24	29	9	38

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 regional 0-19 Pacific population, the Northern region would require an additional **63** Pacific Community Clinical FTEs to reflect the Pacific child and adolescent population (see Table 24).

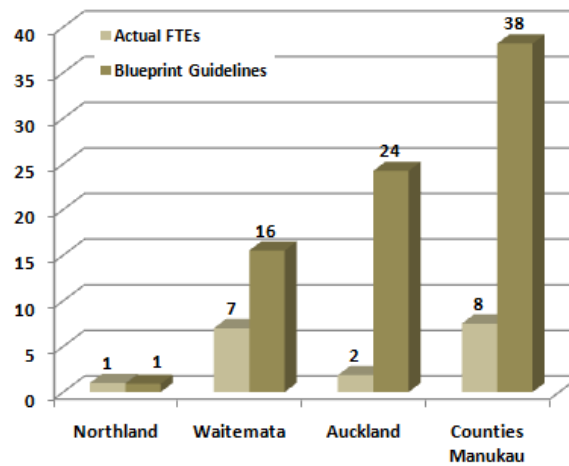
There has been very little improvement in the regional Pacific community clinical workforce since 2006. Therefore the Pacific Clinical workforce would need to increase almost five times to reflect the regional Pacific child and adolescent population (see Table 25).

Table 25. Pacific Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

Northern Region	Actual Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase
2006 ¹	11.60	67.6	56.0	482
2008 ²	17.35	80.3	63.0	363

1. 2006 Census (Prioritised Ethnicity)
2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a).

Figure 32. Pacific Community Clinical Workforce compared to Blueprint Guidelines by DHB (2008)



Pacific Access to CAMH/AoD Services

In the 1st 6 months of 2008, Pacific children and adolescents made up 11% of the total number of clients in the Northern region.

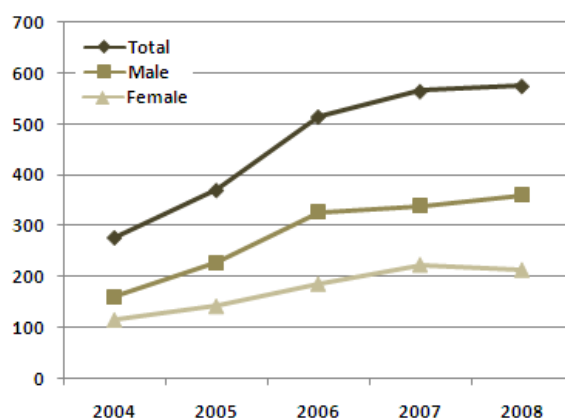
Since 2004, there has been a significant increase in (107%) in the total number of Pacific clients accessing services in the Northern region, the largest increase of all ethnic groups in the region. There was a greater increase in Pacific male clients compared to Pacific female clients (see Table 26).

Table 26. Pacific Clients by Age Group (2004-2008)

Pacific Clients	Gender		
	Male	Female	Total
2004	162	116	278
2005	228	143	371
2006	328	187	515
2007	341	224	565
2008 ¹	361	214	575

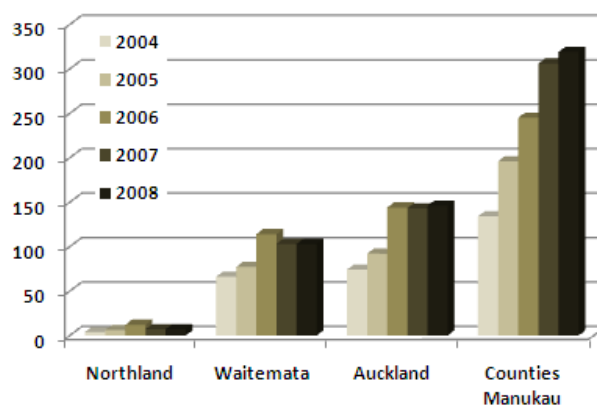
1. 1st 6 months 2008

Figure 33. Pacific Clients by Gender (2004-2008)



Counties Manukau reports the largest number of Pacific clients (55%) in the region followed by Auckland (25%) (see Figure 34). Counties Manukau DHB also reported the largest increase (138%) in the total number of Pacific clients since the end of 2004 especially in the Pacific male client group.

Figure 34. Pacific Clients by DHB (2004-2008)



Northern Region Pacific Access Rates

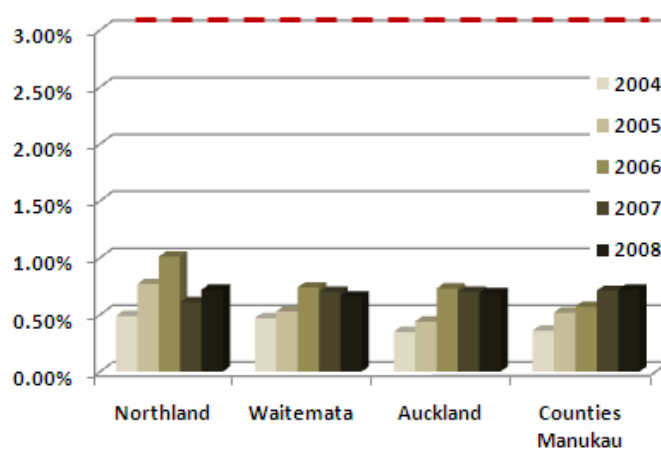
There has been a slight increase in the total 0-19 year Pacific access rates since 2004. However increases in Pacific access rates remain well below the total regional rate of 1.16% and therefore significantly below targets rates for all three age groups (see Table 27).

Table 27. Pacific Access Rates by Age Group (2004-2008)

Northern Region Pacific Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.08%	0.29%	1.22%	0.38%
2005	0.13%	0.48%	1.38%	0.50%
2006	0.17%	0.69%	1.54%	0.63%
2007	0.16%	0.81%	1.69%	0.69%
2008¹	0.16%	0.85%	1.63%	0.68%
Regional Rate¹	0.36%	1.43%	2.36%	1.16%

1. 1st 6 months 2008

Figure 35. Pacific 0-19 yrs Access Rates by DHB (2004-2008)



NORTHERN REGION ASIAN CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

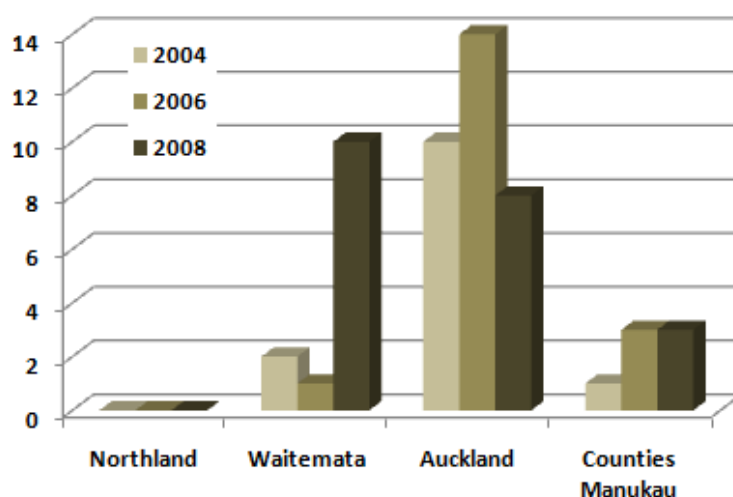
In 2008, the Northern region DHB (Inpatient & Community) CAMH/AoD services and NGOs reported a total of 21 Asian staff (including Administration/Management), an increase of 8 since 2004 (see Table 28).

Table 28. Total Asian Workforce (2004-2008)

Northern Region Asian Workforce (Head Count)	2004			2006			2008		
	DHB	NGOs	Total	DHB	NGOs	Total	DHB	NGOs	Total
Northland	-	-	-	-	-	-	-	-	-
Waitemata	2	-	2	1	-	1	7	3	10
Auckland	10	-	10	9	5	14	8	-	8
Counties Manukau	1	-	1	1	2	3	3	-	3
Total	13	-	13	11	7	18	18	3	21

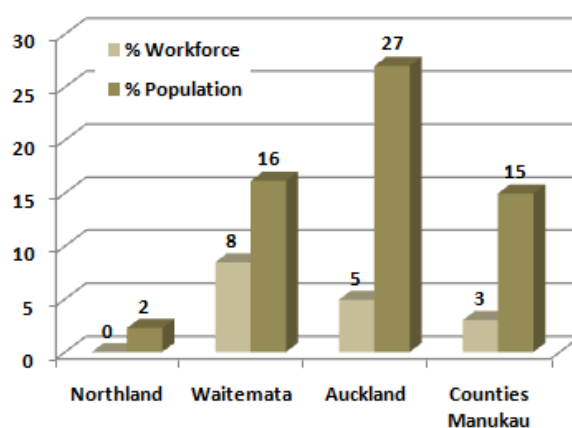
Note: Includes Inpatient & Administration/Management Workforce

Figure 36. Total Asian Workforce by DHB (2004-2008)



The 2008 Asian children and adolescent population was estimated to make up approximately 16% of the region's population, and the Asian workforce (excluding Administration/Management staff) made up 5% of the region's workforce. Therefore significant disparities exist between the Asian population and their representation in the workforce at the regional level as well as at individual DHB areas especially in the Auckland DHB area where the majority of the Asian population reside (see Figure 37).

Figure 37. Proportion of Asian Workforce compared to Proportion of Asian 0-19 yrs Population



Asian Clinical & Non-Clinical Workforce

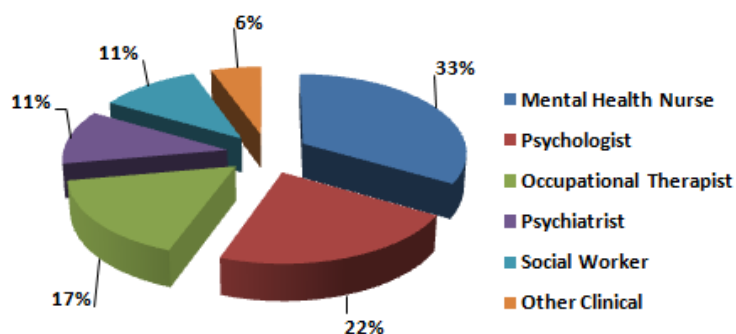
There has been an increase in the Asian Clinical workforce by seven since 2004. While there has been very little change in the Asian Clinical workforce in DHB Inpatient services and NGOs, DHB Community services reported an increase of seven since 2006 (see Table 29).

Table 29. Asian Clinical & Non-Clinical Workforce (2004-2008)

Northern Region Asian (Head Count)	Inpatient			Community			NGOs			Total	
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical
2004	4	2	6	7	-	7	-	-	0	11	2
2006	5	2	7	4	-	4	2	5	7	11	7
2008	5	2	7	11	-	11	2	1	3	18	3

Almost all of the Asian staff (86%) were in Clinical roles with the majority of the Clinical staff (89%) employed in DHB services (see Table 29 & Figure 38).

Figure 38. Asian Clinical Workforce (2008)



DHB Inpatient

As at 30th June 2008, a total of seven Asian staff were reported by the Child and Family Unit (see Table 30). There has been no change in Asian staff numbers since 2006.

DHB Community

In 2008, the Northern region DHB Community CAMH/AoD services reported a total of 11 Asian staff, an increase of seven since 2006. Waitemata DHB reported the largest Asian workforce (7) in the region (see Table 30).

NGO

Only one NGO in the Northern region (Waitemata DHB) reported a total of three Asian staff, a decrease of four since 2006 (see Table 30).

Table 30. Asian Workforce by Occupational Group (2008)

Northern Region Asian Workforce (Head Count)	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	5	11	16	2	18
Alcohol & Drug	-	-	-	-	-
Counsellor	-	-	-	-	-
Mental Health Nurse	4	-	4	2	6
Occupational Therapist	-	3	3	-	3
Psychiatrist	1	1	2	-	2
Psychotherapist	-	-	-	-	-
Psychologist	-	4	4	-	4
Social Worker	-	2	2	-	2
Other Clinical	-	1	1	-	1
Non-Clinical Sub-Total	2	0	2	1	3
Cultural	-	-	-	-	-
Specific Liaison	-	-	-	-	-
Mental Health Consumer	-	-	-	-	-
Mental Health Support	2	-	2	1	3
Other Non-Clinical	-	-	-	-	-
Administration/Management	-	-	-	-	-
Regional Total	7	11	18	3	21

Asian Access to CAMH/AoD Services

Asian children and adolescents make up 5% of the total number of clients in the Northern region.

By the end of the first 6 months of 2008, there was a significant increase (71%) in Asian clients with Counties Manukau DHB reporting the largest increase followed by Auckland and Waitemata DHBs (see Figure 39). Despite increases in Asian clients in the region, Asian clients accessing services in the Northern region remain relatively low.

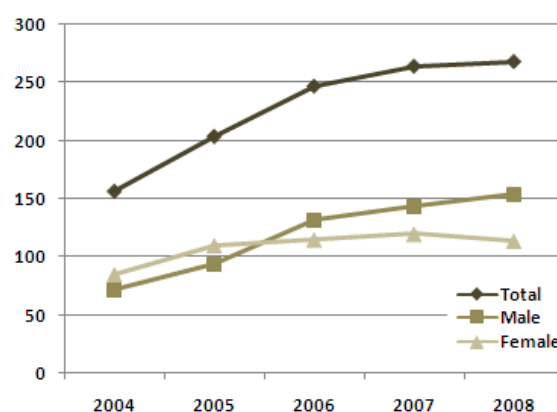
Table 31. Asian Clients by Age Group (2004-2008)

Asian Clients	Gender		
	Male	Female	Total
2004	72	85	157
2005	94	110	204
2006	132	115	247
2007	144	120	264
2008¹	154	114	268

1. 1st 6 months 2008

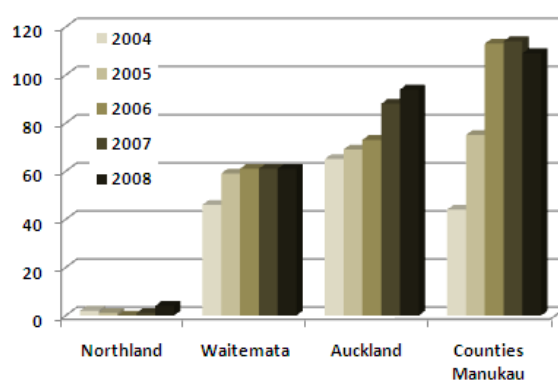
Slightly more Asian female clients were accessing services at the end of 2004 (see Table 30 & Figure 40). However, by 2008, Asian male client number had increased significantly and exceeded female client numbers in the region (see Figure 40).

Figure 39. Asian Clients by Gender (2004-2008)



Counties Manukau DHB reports the largest number of Asian clients (109) (closely followed by Auckland DHB, 94), and Auckland DHB continues to have the largest proportion of Asian clients (9% of total clients) in the region.

Figure 40. Asian Clients by DHB (2004-2008)



Asian Access Rates

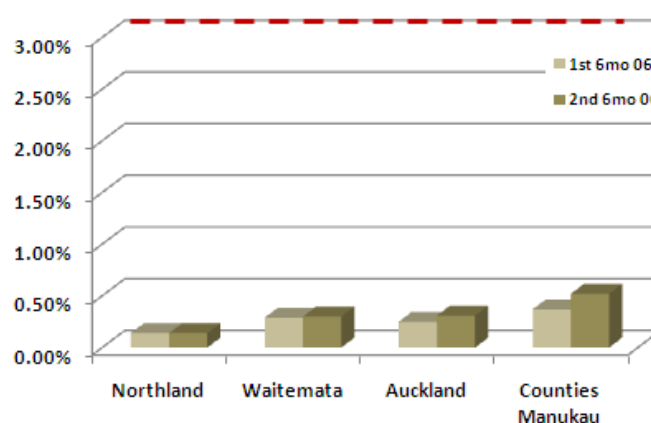
Due to the unavailability of 2007 and 2008 projected Asian population statistics, the 2006 Asian access rates based on the 2006 Census Statistics (prioritised ethnicity statistics) is presented in this section.

Asian access rates in all three age groups had increased slightly since the first half of 2006. Despite these increases, Asian access rates remain significantly below the total 0-19 yrs regional rate of 1.08% and target rates for all three age groups (see Table 32).

Table 32. Asian Access Rates by Age Group (2006)

Northern Region Asian Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
1 st 6mo 2006	0.10%	0.25%	0.65%	0.30%
2 nd 6mo 2006	0.13%	0.36%	0.71%	0.37%
Regional Rate 2 nd 6 mo 2006	0.33%	1.32%	2.27%	1.08%

Figure 41. Asian 0-19 yrs Access Rates by DHB (2006)

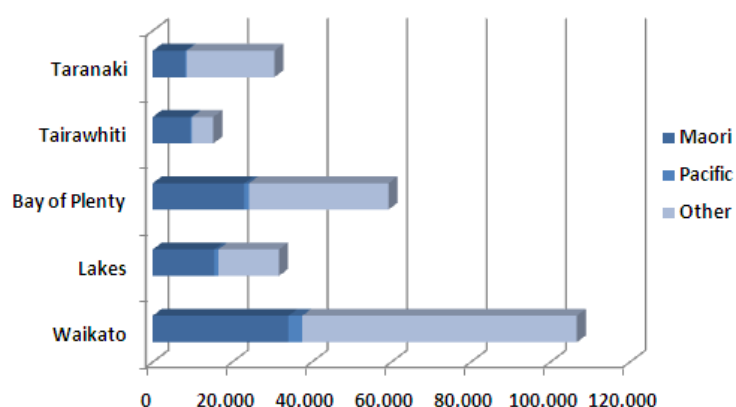


MIDLAND REGION CHILD & ADOLESCENT MENTAL HEALTH & AOD OVERVIEW

MIDLAND REGION CHILD & ADOLESCENT POPULATION PROFILE

The Midland region has New Zealand's third largest (20%) child & adolescent (0-19 yrs) population, residing mainly in Waikato (44%) & Bay of Plenty (24%) (see Appendix A, Table 1). The 2008 population projections (base 2006, total response) indicate a regional increase of 3% since 2006 with the largest increase of 5% in Bay of Plenty.

Figure 1. Midland Region Child & Adolescent Population (2008)



Māori

The Midland region has the second largest Māori 0-19 year population (32%) in the country. Proportionally, Māori children and adolescents make up 37% of the Midland region's total 0-19 years population with large proportions of Māori children and adolescents residing in Tairāwhiti (62%) and Lakes (49%).

The 2008 population projections indicate a 10% increase and projections by DHB show that Bay of Plenty had the largest increase in Māori population (13%) followed by Tairāwhiti (11%) and Taranaki (10%).

Pacific

The Midland region had the smallest (6%) but growing Pacific child and adolescent population. Proportionally, Pacific children and adolescents make up 3% of the region's total 0-19 years population.

Over half (54%) of the region's Pacific children and adolescents reside in the Waikato DHB area with larger proportions residing in the Waikato and Lakes.

The 2008 population projections indicate a 13% increase since 2006 and projections by DHB show that Tairāwhiti had the largest increase in Pacific population (28%) followed by Bay of Plenty (22%).

Asian

The Midland region had the smallest Asian population (7%), making up 4% of the total regional child and adolescent population and over half (60%) of the region's Asian 0-19 year population reside in the Waikato area.

PROVISION OF CHILD & ADOLESCENT MENTAL HEALTH SERVICES IN THE MIDLAND REGION

DHBs

Five DHBs in the Midland region provide specialist child & adolescent mental health and AoD services: Waikato, Bay of Plenty, Lakes, Tairāwhiti and Taranaki DHBs.

Kaupapa Māori services in the Price Volume Schedule (PVS) are listed under the MHCS39 purchase unit code. There were two DHBs that received Kaupapa Māori child and adolescent mental health/AoD funding: Bay of Plenty and Lakes DHBs.

There were no DHB Pacific child and adolescent mental health services in the Midland region.

DHB funded NGOs

Thirty-eight DHB funded NGOs were providing relevant child and adolescent mental health and AoD services in the Midland region for the reporting period (30th June 2008).

Of the 38 NGOs in the region, 15 received funding for Kaupapa Māori child and adolescent/AoD services in the Midland region.

Two Pacific NGOs in the Waikato DHB area were funded for child and adolescent/AoD services in the Midland region (see Table 1).

Table 1. Waikato Child & Adolescent Mental Health/AoD Services (2007/2008)

Waikato DHB
Child & Adolescent Mental Health Services
Youth Forensic Service
Waikato NGOs
CareNZ Ltd
Children & Youth Alcohol & Drug Community Services
Hauora Waikato Māori Mental Health Services
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Children & Young People Community Services
Maniapoto Māori Trust Board
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Northern King Country Drug & Alcohol Counselling & Education
Community Children & Young People Community Services
Parentline Charitable Trust
Community Children & Young People Community Services
Advocacy/Peer Support-Families/Whanau
Raukawa Trust Board
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Richmond Fellowship
Child & Youth Community Residential Care
Child & Youth Community Services
Child & Youth Planned Respite
Child & Youth Crisis Respite
Te Korowai Hauora o Hauraki Inc.
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Te Runanga O Kirikiriroa
Whai Marama Youth Connex
Needs Assessment & Service Co-ordination
Children & Young People Community Services
Children & Youth Alcohol & Drug Community Services
The Youth Horizons Trust
Child & Youth Intensive Clinical Support Service
Child & Youth Wrap Around Services
Child & Youth Planned Respite
Waikato Pacifica Health Trust: Kaute Pasifika
Children & Young People Community Services
Waikato Pacifica Health Trust: South Waikato Pacific Island Health Committee
Pacific Adolescent Mental Health Community Services

Table 2. Lakes Child & Adolescent Mental Health/AoD Services (2007/2008)

Lakes DHB
Child & Adolescent Mental Health Services (Taupo/Turangi)
Child Mental Health Services (Rotorua)
Youth Specialty Team (Rotorua)
Lakes NGOs
<i>Poutiri Charitable Trust: Rau O Te Huia</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
<i>Poutiri Charitable Trust: Te Toi Huarewa</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Te Aratu Trust
Children & Youth Day Activity Service
Te Utuhina Manaakitanga Trust
Children & Youth Alcohol & Drug Community Services
The Youth Horizons Trust
Child & Youth Intensive Clinical Support Service
Child & Youth Crisis Respite
Tuwharetoa Health Services Ltd
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi

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

Table 3. Bay of Plenty Child & Adolescent Mental Health/AoD Services (2007/2008)

Bay of Plenty DHB
Child & Adolescent Mental Health Services (Tauranga)
Voyagers Child & Adolescent Mental Health Services (Whakatane)
Early Intervention 1 st Time Psychosis (Tauranga & Whakatane)
Bay of Plenty NGOs
Healthcare of New Zealand Ltd
Child & Youth Wrap Around Services
<i>Nga Mataapuna Oranga</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Children & Young People Community Services
Ngati Ranginui Iwi Society Inc
Children & Young People Community Services
Piriakau Hauora
Tamariki & Rangatahi Mental Health Service

Bay of Plenty NGOs (continued)
Poupoua Trust
Advocacy/Peer Support-Families/Whanau
<i>Poutiri Charitable Trust: Te Ika Whenua a Murapara</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Children & Young People Community Services
Advocacy/Peer Support-Families/Whanau
<i>Poutiri Charitable Trust: Nga Kakano</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Children & Young People Community Services
Advocacy/Peer Support-Families/Whanau
Runanga Ngai Tamawhariua Inc
Children & Young People Community Services
Advocacy/Peer Support/Consumers
Serious Fun 'n' Mind Charitable Trust
Children & Youth Day Activity Service
Te Manu Toroa Trust
Children & Young People Community Services
Advocacy/Peer Support/Consumers/Families/Whanau
<i>Te Runanga O Te Whanau Charitable Trust</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Te Tomika Trust
Children & Young People Community Services
The Youth Horizons Trust
Child & Youth Planned Respite
Child & Youth Crisis Respite
Toughlove Tauranga/Coastal BOP Inc
Advocacy /Peer Support-Families/Whanau
Tuhoe Maturanga Trust
Advocacy/Peer Support/Consumers
<i>Tuhoe Hauora Trust Rakeiwhenua Trust</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Tuwharetoa Ki Kawerau Health Education & Social Services
Children & Young People Community Services
Western Bay of Plenty Primary Health Organisation Ltd
Needs Assessment & Service Co-ordination
Whakatohea Māori Trust Board
Children & Young People Community Services
Advocacy/Peer Support/Consumers/Families/Whanau

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

Table 4. Tairāwhiti Child & Adolescent Mental Health/AoD Services (2007/2008)

Tairāwhiti DHB
Child & Adolescent Mental Health Services

Tairāwhiti NGOs
Ngāti Porou Hauora Inc.
Children & Young People Community Services
Te Kupenga Net Trust
Advocacy/Peer Support/Consumers

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

Table 5. Taranaki Child & Adolescent Mental Health/AoD Services (2007/2008)

Taranaki DHB
Child & Adolescent Mental Health Services

Taranaki NGOs
<i>Tui Ora Ltd.: Mahia Mai</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Children & Young People Community Services
<i>Tui Ora Ltd.: Raumano</i>
Kaupapa Māori Services-Mental Health Assessment & Treatment
Children & Young People Community Services

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

MIDLAND REGION FUNDING

Since the 2004/2005 financial year, there has been a 25% increase in total funding for child & adolescent mental health/AoD services in the Midland region, with percentage increase in funding similar for both DHB and NGOs (see Figures 2 & 3).

Figure 2. Total Funding (2004-2008)

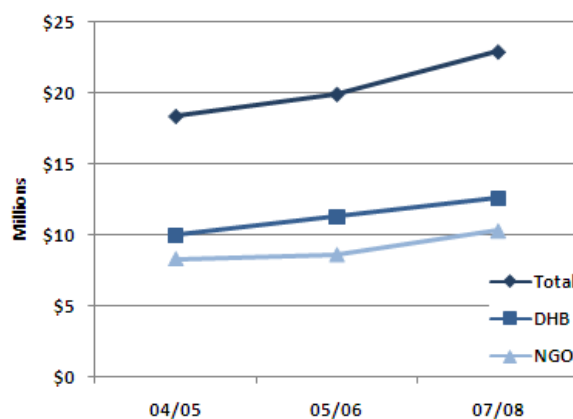
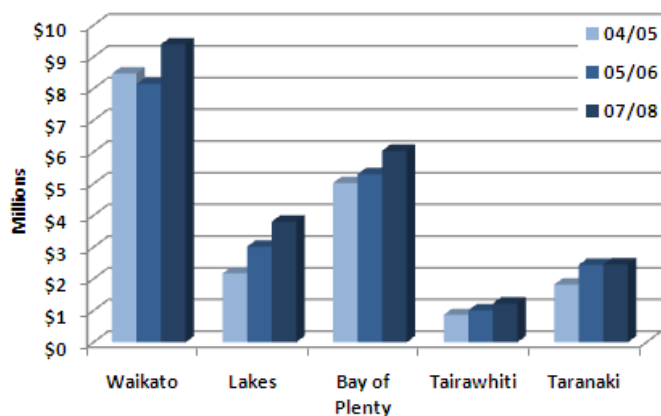


Figure 3. Total Funding by DHB (2004-2008)

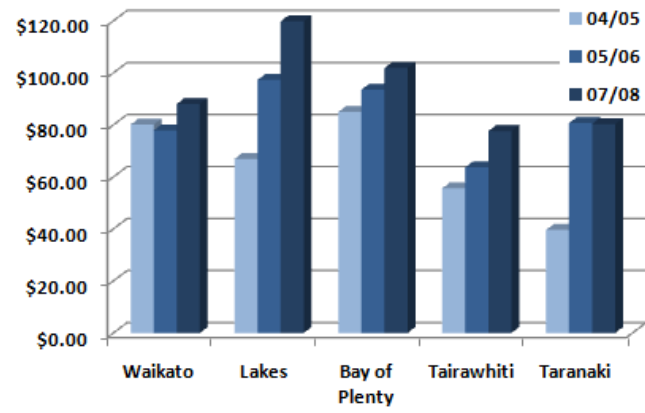


Funding per Head of Child & Adolescent Population

Since 2004/2005, there has been a 32% increase in the regional spend per child (excluding Inpatient costs) and a 33% increase when inpatient costs are included (see Figure 4).

Funding per head of population is a method by which we can look at the equity of funding across the regions and DHBs. Clearly this is not the actual amount spent per child as only a small proportion of this population access services. The effect of inter DHB referrals is negligible for the Midland region (see Appendix D, Table 7).

Figure 4. Funding per Head of Child & Adolescent Population (2004-2008)



MIDLAND REGION CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

Total Midland Region Child & Adolescent Mental Health/AoD Workforce

Due to missing data from one NGO provider in the Waikato area, the workforce data presented for this region may not reflect the actual Midland region workforce. Where possible, the total FTE volume figure from the Price Volume Schedule has been used to estimate this NGOs workforce. However, the total FTE Volume figure is not broken down by occupational group and ethnicity therefore limits the Midland region workforce analysis.

The Midland region DHB CAMH/AoD services & NGOs reported a total of **233.43** actual FTEs with a further **27.95** FTEs reported vacant with the majority of vacancies reported by DHB services. Total FTEs increased by 5% since 2006 and vacancies increased by 13% (see Table 6).

Table 6. Total Child & Adolescent Mental Health/AoD Workforce (2004-2008)

Midland Region	DHB			NGOs			Total		
	Actual	Vacant	% Vacancy	Actual	Vacant	% Vacancy	Actual	Vacant	% Vacancy
2004	108.31	18.90	15	86.80	5.25	6	195.11	24.15	11
2006	119.85	21.05	15	102.86	3.60	3	222.71	24.65	10
2008	120.50	21.05	15	112.93	6.90	6	233.43	27.95	11

Figure 5. Total Workforce (2004-2008)

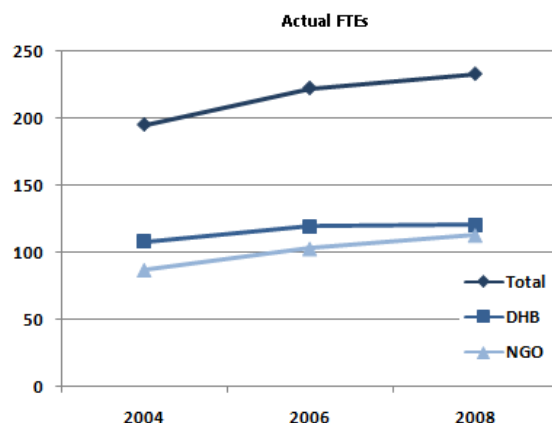
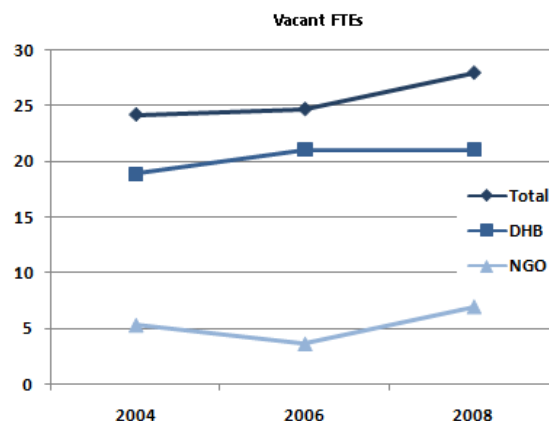


Figure 6. Total Vacant FTEs (2004-2008)



Total Clinical & Non-Clinical Workforce

There has been a seven percent increase in the total Clinical workforce since 2006. Total percentage change in the Clinical workforce was not calculated from 2004 as the 2004 NGO data was incomplete.

Sixty-eight percent of the Midland region workforce was in Clinical roles with the majority (65%) employed in DHB CAMH/AoD services (see Table 7 & Figure 7).

The remainder of the workforce (23%) were in Non-Clinical roles (see Table 7 & Figure 7).

Figure 7. Clinical & Non-Clinical Workforce (2008)

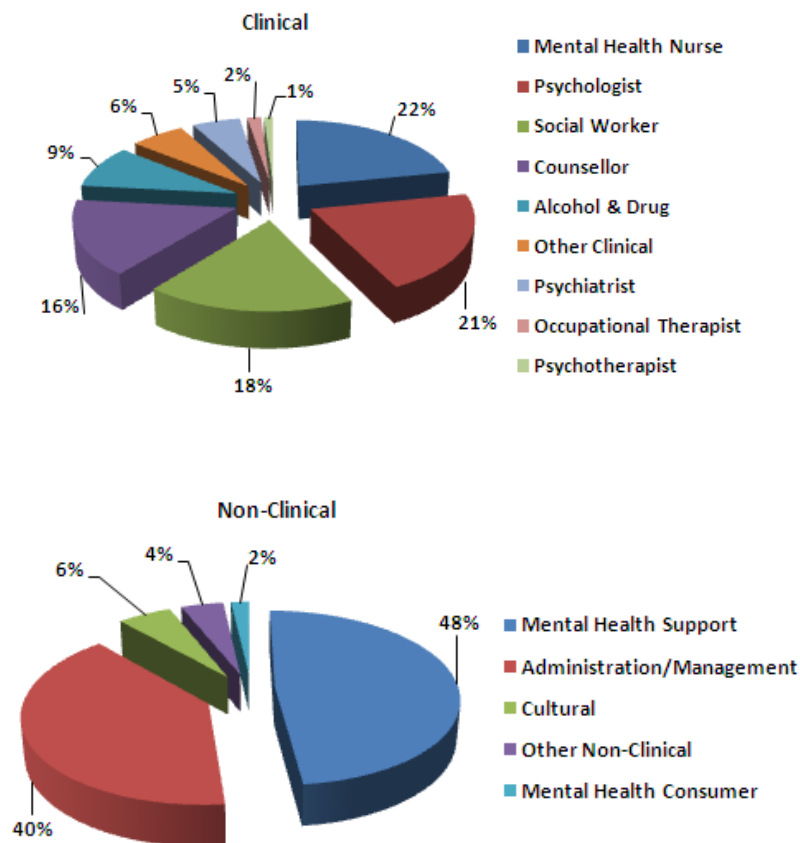


Table 7. Total Child & Adolescent Mental Health/AoD Workforce by Occupational Group (2008)

Midland Region	DHB Total	NGOs	Total
Clinical Sub-Total	103.00	55.88	158.88
Alcohol & Drug	5.00	9.38	14.38
Counsellor	11.90	13.10	25.00
Mental Health Nurse	25.25	9.50	34.75
Occupational Therapist	2.50	-	2.50
Psychiatrist	8.70	-	8.70
Psychotherapist	1.60	-	1.60
Psychologist	27.95	5.00	32.95
Social Worker	15.60	13.50	29.10
Other Clinical	4.50	5.40	9.90
Non-Clinical Sub-Total	3.00	29.85	32.85
Cultural	3.00	-	3.00
Specific Liaison	0.00	-	0.00
Mental Health Consumer	0.00	1.00	1.00
Mental Health Support	0.00	26.50	26.50
Other Non-Clinical	0.00	2.35	2.35
Administration/Management	14.50	7.50	22.00
Regional Total	120.50	112.93¹	233.43

1. Total FTE includes 19.7 FTEs for Hauora Waikato

2. Other Clinical Occupational Group includes: MOSS, Dual Diagnosis, Paediatric Consultant, Youth & Transition Psychotherapy

Table 8. Vacancies by Occupational Group (2008)

Midland Region	DHB Total	NGOs	Total
Clinical Sub-Total	19.05	0.45	19.5
Alcohol & Drug	-	0.45	0.45
Counsellor	1.35	-	1.35
Mental Health Nurse	3.7	-	3.7
Occupational Therapist	-	-	-
Psychiatrist	2.5	-	2.5
Psychotherapist	1.0	-	1.0
Psychologist	2.1	-	2.1
Social Worker	4.0	-	4.0
Other Clinical ¹	4.4	-	4.4
Non-Clinical Sub-Total	-	5.45	5.45
Cultural	-	-	-
Specific Liaison	-	-	-
Mental Health Consumer	-	-	-
Mental Health Support	-	4.0	4.0
Other Non-Clinical	-	1.45	1.45
Administration/Management	2.0	1.0	3.0
Regional Total	21.05	6.90	27.95

1. Other Clinical Occupational Group Vacancies Includes: Dual Diagnosis, Tamariki Rangatahi Clinicians

Midland Region DHB Community Child & Adolescent Mental Health/AoD Workforce

The Midland region DHB Community CAMH/AoD services reported a total of **120.5** actual FTEs with a further **21.05** FTEs reported vacant with Waikato and Bay of Plenty DHBs reported the largest workforce (35.8 & 32.35 actual FTEs respectively) in the region (see Table 9).

There has been an 11% increase in the workforce since 2004 with Tairāwhiti DHB reporting the largest increase from 8.55 to 15.05 FTEs.

Regionally, vacancy rates in the DHB Community services have remained stable since 2004, at around 15% (see Table 9). While Bay of Plenty & Waikato DHBs reported an increase in vacancies since 2004, the remainder of the DHBs in the region reported a decrease with Lakes DHB reporting a significant decrease since 2004.

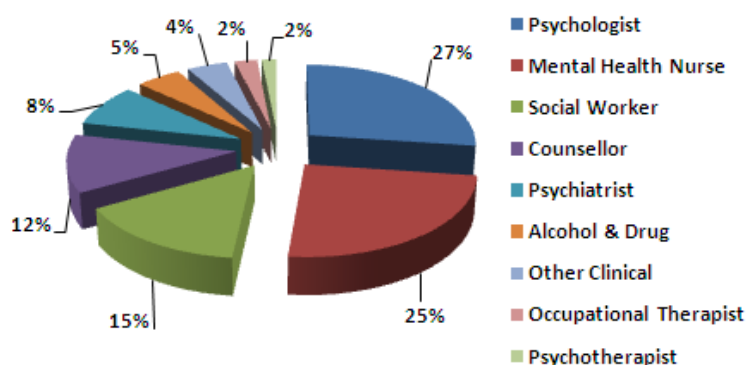
Table 9. DHB Community CAMH/AoD Services Workforce (2004-2006)

Midland Region	2004			2006			2008		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Waikato	31.61	1.00	3	40.90	8.00	16	35.80	4.40	11
Lakes	16.15	12.20	43	19.40	7.20	27	18.10	6.00	25
Bay of Plenty	36.10	1.40	4	32.35	5.20	14	32.35	10.25	24
Tairāwhiti	8.55	1.30	13	10.70	0.65	6	15.05	-	-
Taranaki	15.90	3.00	16	16.50	-	-	19.20	0.40	2
Total	108.31	18.90	15	119.85	21.05	15	120.50	21.05	15

DHB Community Clinical & Non Clinical Workforce

Eighty-five percent of the DHB Community Clinical CAMH/AoD staff were in Clinical roles with an 11% increase in the Clinical workforce since 2004. Tairāwhiti DHB Community CAMHS reported the largest increase (from 6.5 to 11.75 FTEs).

Figure 8. DHB Community CAMH/AoD Clinical Workforce (2008)



The largest growth in the Clinical workforce since 2004 was in following roles:

- Occupational Therapists
- Mental Health Nurse
- Other Clinical

Although in 2006, DHB Community services reported an 8% increase in the total number of Community Clinical vacancies since 2004, the 2008 data indicates a decrease by 5% since 2006. While most of the DHB services reported a decrease in Clinical vacancies since 2004, Waikato and Bay of Plenty DHB CAMHS reported an increase with Bay of Plenty DHB reporting the largest increase in Clinical vacancies since 2004.

Clinical vacancies were largely for the following roles (see Table 8):

- Other Clinical
- Social Workers
- Mental Health Nurses
- Psychiatrists

The 2008 Non-Clinical Community CAMH/AoD workforce (17.5 actual FTEs) made up the remainder of the Midland region community workforce mainly in Administration/Management and Cultural roles (see Table 7).

NGO CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

As at 30th June 2008, a total of 38 NGOs were identified as providing child and adolescent mental health and AoD services in the Midland region. Due to missing data from a large provider in the Waikato area, the data provided in this section may not be an accurate representation of the NGO sector in the Midland region and therefore should be interpreted with caution. Although 2004 NGO workforce data is presented in this section, due to a lower response rate for the 2004 Stocktake, comparisons are limited to the 2006 workforce data.

In 2008, the NGOs in the Midland region reported a total of **112.93** actual FTEs and a further **6.90** vacant FTEs, with NGOs in the Waikato and the Bay of Plenty areas reported the largest NGO workforce in the region (see Table 10).

There has been a nine percent decrease in the NGO workforce and with a higher vacancy rate of 6% since 2006 (see Table 10 & Figure 11) with NGOs in the Waikato area reporting the largest decrease in the workforce as well reporting a higher vacancy rate of 8%.

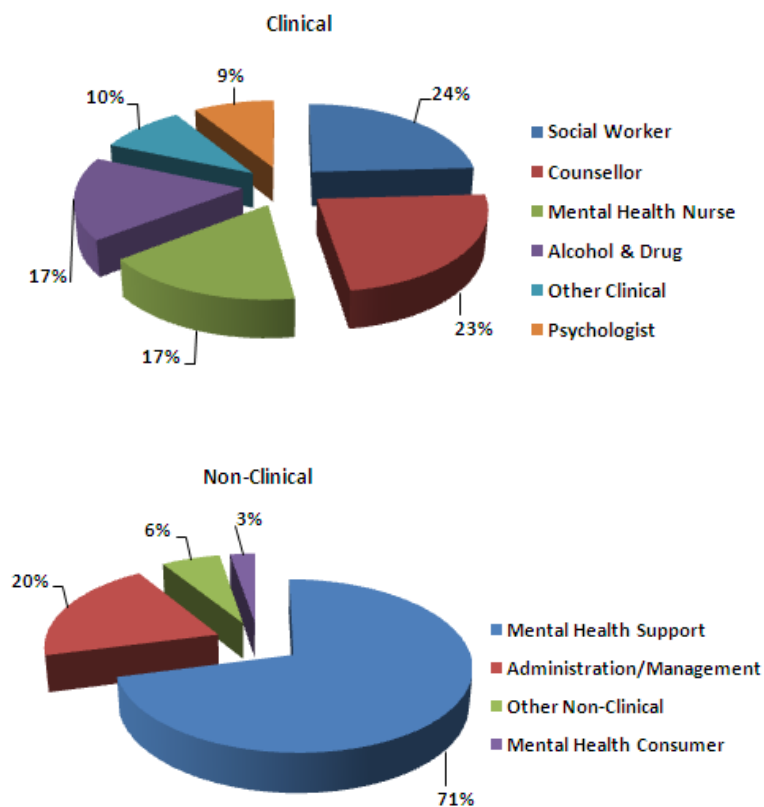
Table 10. NGO Child & Adolescent Mental Health Workforce (2004-2008)

Midland Region NGOs	2004			2006			2008		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Waikato	70.70	3.00	4	70.83	3.60	5	57.23	4.90	8
Lakes	7.70	1.00	11	16.70	-	-	15.50	-	-
Bay of Plenty	27.30	1.25	4	28.15	-	-	31.20	2.00	6
Tairāwhiti	1.00	-	-	3.00	-	-	3.00	-	-
Taranaki	3.00	-	-	5.00	-	-	6.00	-	-
Total	109.70	5.25	5	123.68	3.60	3	112.93	6.90	6

NGO Clinical & Non-Clinical Workforce

The Midland region NGO workforce were largely (49%) in Clinical roles. The remainder of the staff were (33%) were in Non-Clinical roles (see Table 7 & Figure 9).

Figure 9. NGO Clinical Workforce (2008)



Community Clinical Workforce compared to the MHC Resource Guidelines

Since 2004, there has been an 18% increase in the regional Community Clinical workforce. Despite the slight improvement towards Blueprint, the growth in the Community Clinical workforce has not kept pace with population growth and would therefore need to increase by **47%** to meet MHC's recommended resource guideline of **234.32** FTEs for the 2008 regional child and adolescent population (see Table 11 & Figure 10).

Table 11. Community Clinical Workforce compared to Blueprint Guidelines (2004-2008)

Midland Region	Actual Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase
2004	134.40	237.65	103.25	77
2006¹	147.96	223.52	75.60	51
2008²	158.90	234.32	75.4	47

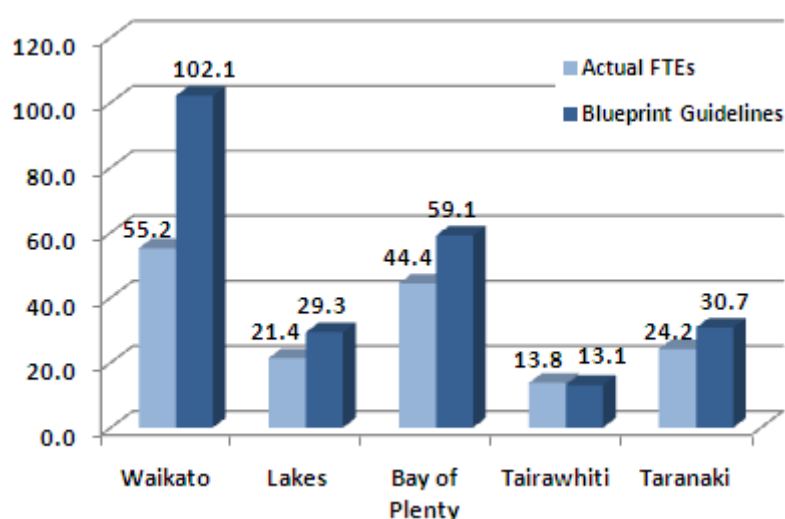
1. 2006 Census (Prioritised Ethnicity)

2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)

3. Includes DHB Community CAMH/AoD Services & NGOs

4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a).

Figure 10. Community Clinical Workforce compared to Blueprint Guidelines by DHB (2008)



Recommendations for the Child & Adolescent Mental Health Psychiatry Workforce

While a 20% increase in the Midland region Psychiatry FTEs was reported in 2006, services reported a 17% decrease in Psychiatry FTEs for the 2008 period which was back to 2004 levels. Therefore Psychiatry FTEs for the Midland region would need to increase by 180% (15.67 FTEs) to reflect the regional child and adolescent population (see Table 12 & Figure 11).

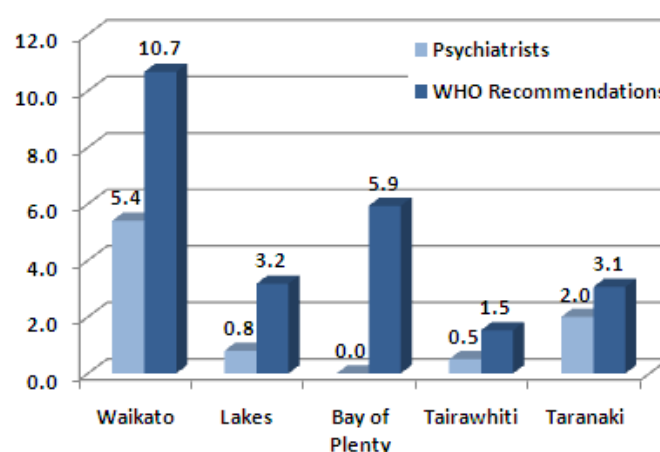
Table 12. Psychiatry Workforce compared to WHO Recommendations (2004-2008)

Midland Region	Actual Psychiatry FTEs ¹	WHO Recommendations ²	FTEs Needed	% Increase
2004	8.72	24.46	15.74	180
2006³	10.45	23.73	13.83	140
2008⁴	8.70	24.37	15.67	180

1. Includes DHB Inpatient , Community CAMH/AoD Services & NGOs
2. WHO Recommendations for Psychiatrists: 10/100,000 Total Population (WHO, 2001)
3. 2006 Census (Prioritised Ethnicity)
4. 2008 Population Projections (2006 Base, Total Response, Medium Projections)

DHBs that have not reported Psychiatry FTEs had contracted external Psychiatrists to provide services for the reporting period.

Figure 11. Psychiatry Workforce compared to WHO Recommendations (2008)



MIDLAND REGION ACCESS TO CHILD & ADOLESCENT MENTAL HEALTH SERVICES

The following section has been extracted from the MHINC 2004 to 2008 (2nd 6 months data up to 2007 & 1st 6 months of 2008) analyses. This section only contains MHINC access data that is relevant to the region. The complete MHINC National access data is available upon request.

Since 2004, the Midland region continued to have the third highest number of clients accessing mental health/AoD services compared to the other regions, with access to services increasing with age. Since the end of 2004, there has been a seven percent increase in the total number of clients accessing services in the region (see Table 13).

Table 13. Clients by Gender (2004-2008)

Midland Region	Gender								
	Male				Female				DHB Total
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total	
2004	395	672	611	1,678	176	421	698	1,295	2,973
2005	437	748	668	1,853	144	366	774	1,284	3,137
2006	411	675	664	1,750	161	365	766	1,292	3,042
2007	412	737	754	1,903	147	396	799	1,342	3,245
2008 ¹	418	729	740	1,887	154	376	760	1,290	3,177

1. 1st 6 months 2008

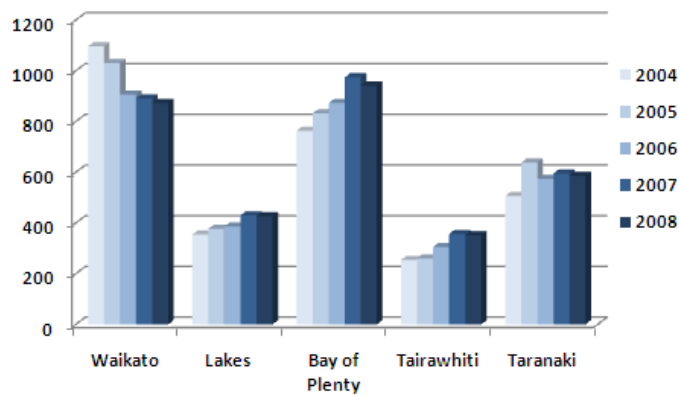
Waikato DHB reported the highest number of total clients in the region from 2004 to the end of 2006; however, 2008 data indicates a 20% decrease in clients since 2004 with Bay of Plenty reporting the highest number of clients in the region by the end of the first 6 months of 2008 (see Table 14 & Figure 12).

Table 14. Clients by DHB (2004-2008)

Midland Region	Year				
	2004	2005	2006	2007	2008 ¹
Waikato	1,096	1,030	905	890	872
Lakes	354	377	386	430	426
Bay of Plenty	763	832	872	974	942
Tairāwhiti	254	260	305	356	351
Taranaki	506	638	574	595	586
Total	2,973	3,137	3,042	3,245	3,177

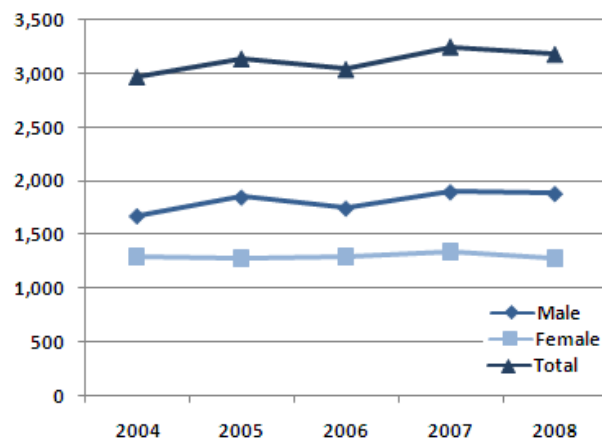
1. 1st 6 months 2008

Figure 12. Clients by DHB (2004-2008)



Male clients continue to be the largest client group in the region (59%) with a 12% increase since 2004.

Figure 13. Clients by Gender (2004-2008)



The largest client group in the Midland region continues to be 15-19 year olds (47%). While more 0-9 and 10-14 year old males were accessing mental health/AoD services, there were slightly more females accessing services in the 15-19 year age group.

Most of the DHBs in the region reported an increase in both male and female clients since 2004; however Waikato DHB reported a decrease in both male and female clients with the largest decrease in the 10-14 year old female client group (30%).

Midland Region Access Rates Compared to MHC Access Benchmarks

The 2004 to 2008 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 population. Access rates are not affected by referral to regional services as they are based on the DHB where the client lives (DHB of Domicile).

The Midland region access rates have continued to be the third highest in the country and access rates have increased slightly since 2004. Most of the Midland region DHBs, except for Waikato DHB, reported a slight increase in access rates in all three age groups especially in the 15-19 year age group by the end of 2007, however access rates had dropped slightly in the first half of 2008 (see Table 15 & Figures 14).

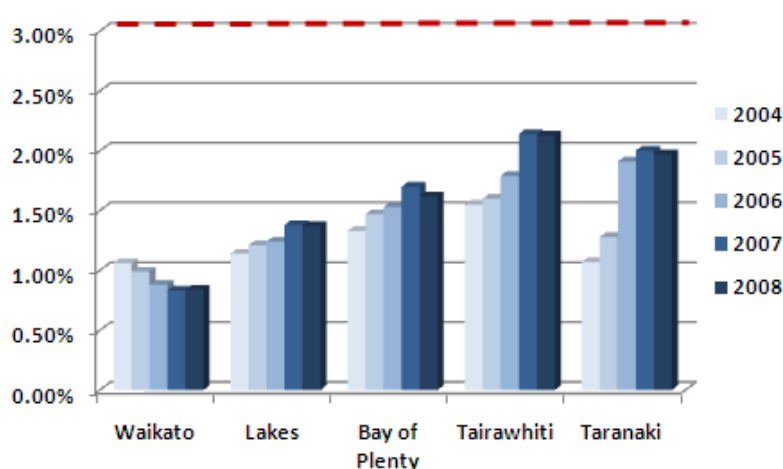
Despite slight increase in access rates since 2004, they continue to fall well below the Mental Health Commission's access benchmarks for all three age groups with the largest disparity in the 15-19 year age group (see Table 15).

Table 15. Access Rates by Age Group (2004-2008)

Midland Region Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%
2004	0.46%	1.58%	2.06%	1.16%
2005	0.48%	1.61%	2.26%	1.23%
2006	0.50%	1.65%	2.37%	1.27%
2007	0.48%	1.81%	2.51%	1.34%
2008¹	0.49%	1.79%	2.44%	1.32%

1. 1st 6 months 2008

Figure 14. 0-19 yrs Access Rates by DHB (2004-2008)



MIDLAND REGION MĀORI CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

Due to non-response of a major provider in the Waikato DHB area, the Māori workforce numbers reported for this region is likely to be underestimated and should therefore be interpreted with caution.

In 2008, the Midland region DHB CAMH/AoD services and NGOs reported a total of **95** Māori staff (75.2 actual FTEs), an 8% decrease since 2006. This decrease was largely reported by the Midland region DHB services.

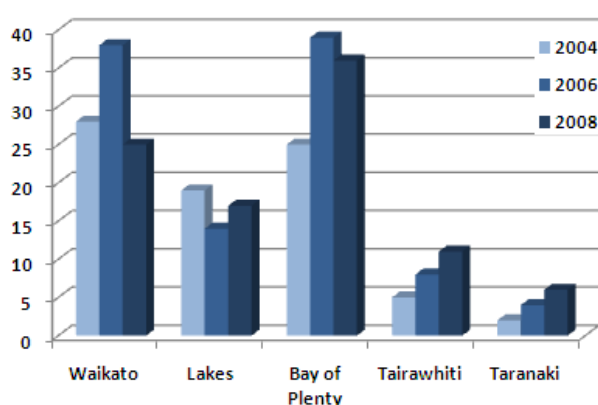
The Māori workforce in the Midland region were largely employed in NGOs (72%) in the Bay of Plenty and Waikato areas (see Table 16 & Figure 15). The Midland region NGOs also reported a larger proportion of Māori staff with over half (61%) who were Māori.

Table 16. Total Māori Workforce (2004-2008)

Midland Region Māori Workforce (Headcount)	2004			2006			2008		
	DHB	NGO	Total	DHB	NGO	Total	DHB	NGO	Total
Waikato	2	26	28	12	26	38	4	21	25
Lakes	3	16	19	3	11	14	5	12	17
Bay of Plenty	8	17	25	13	26	39	8	28	36
Tairāwhiti	4	1	5	5	3	8	9	2	11
Taranaki	1	1	2	1	3	4	1	5	6
Total	18	61	79	34	69	103	27	68	95

Note: Includes Administration/Management Workforce

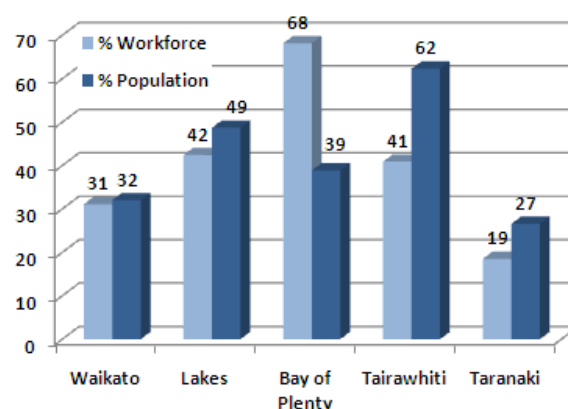
Figure 15. Total Māori Workforce by DHB (2004-2008)



The 2006 to 2008 population data shows a 10% increase in the regional 2008 Māori child and adolescent population; however the Midland region services reported an 8% decrease in the Māori workforce.

Although overall regional workforce (38%) and population proportions (37%) were similar, there were slight disparities between the workforce and population in most of the DHB areas, with the largest disparity reported in the Tairāwhiti DHB area (see Figure 16).

Figure 16. Proportion of Māori Workforce compared to Proportion Māori 0-19 yrs Population (2008)



Māori Clinical & Non-Clinical Workforce

The Midland region Māori workforce was almost evenly split between Clinical and Non-Clinical roles with the majority employed in NGO services (see Table 17). The total Māori Clinical staff numbers remained similar to 2006 numbers.

DHBs reported a decrease in Māori Clinical staff in 2008 back to 2004 levels and the NGOs reported a 36% increase in Māori clinical staff numbers since 2006.

Table 17. Māori Clinical & Non-Clinical Workforce (2004-2008)

Midland Region Māori Workforce	Community			NGOs			Total	
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical
2004	14	4	18	25	36	61	39	40
2006	22	12	34	25	44	69	47	56
2008	14	8	27	34	34	68	48	42

Note: Includes Administration/Management Workforce

Figure 17. Māori Clinical & Non-Clinical Workforce (2004-2008)

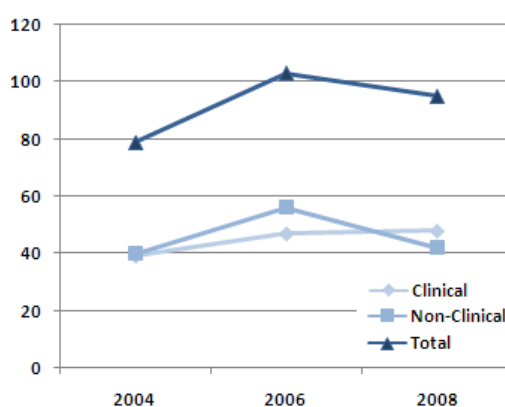


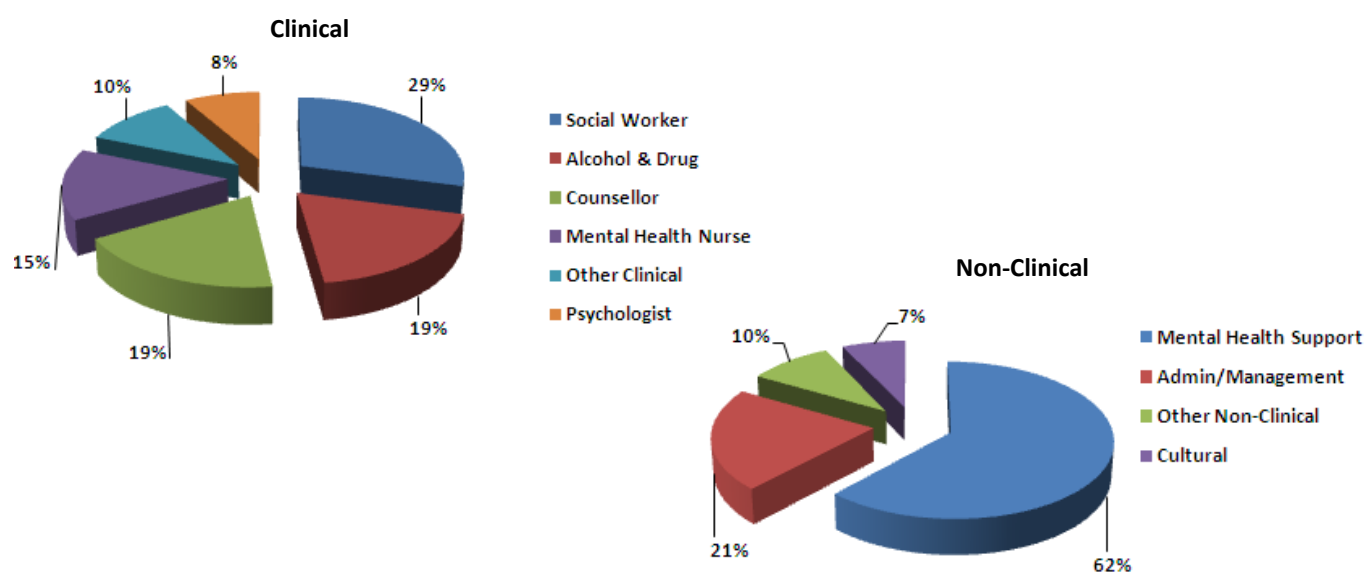
Table 18. Midland Region Māori Workforce by Occupation Group (2008)

Midland Region Māori Workforce	DHB	NGO	Total
Clinical Sub-Total	14	34	48
Alcohol & Drug	2	7	9
Counsellor	1	8	9
Mental Health Nurse	3	4	7
Occupational Therapist	-	-	-
Psychiatrist	-	-	-
Psychotherapist	-	-	-
Psychologist	3	1	4
Social Worker	4	10	14
Other Clinical	1	4	5
Non-Clinical Sub-Total	3	30	33
Cultural	3	-	3
Specific Liaison	-	-	-
Mental Health Consumer	-	-	-
Mental Health Support	-	26	26
Other Non-Clinical	-	4	4
Administration/Management	5	4	9
Regional Total	27 ¹	68	95 ¹

1. Includes 5 Māori Staff, data not provided by ethnicity.

Half (51%) of the total Midland region Māori staff were in Clinical roles. The remainder were in Non-Clinical roles largely as Mental Health Support Workers (see See Table 17 & Figure 17).

Figure 18. Māori Clinical & Non-Clinical Workforce (2008)



DHB Māori Workforce

In 2008, the Midland region DHB services reported a total of **27** Māori staff, a decrease of seven since 2006 with Tairāwhiti reporting the largest Māori workforce in the region (see Table 18).

NGO Māori Workforce

The total Midland region NGO sector reported a total of **68** Māori Staff, similar to that reported in 2006. Due to the non-response of a major Kaupapa Māori service provider in the region, the total number of Māori staff is likely to be under estimated (see Table 18).

Fifteen NGOs were contracted as Kaupapa Māori services (Purchase Unit Code: MHCS39), received approximately 17% of the total regional NGO funding and had over two thirds (66%) of the Māori staff numbers reported by the NGOs in the region (see Table 19).

Out of the **45** Māori staff reported by the Kaupapa Māori NGO services, 20 held Clinical roles largely as Social Workers and Alcohol & Drug Workers.

Table 19. Midland Region Kaupapa Māori Services (2007/2008)

Midland Region Kaupapa Māori NGOs ¹
Waikato
Hauora Waikato Māori Mental Health Services
Maniapoto Māori Trust Board
Raukawa Trust Board
Te Korowai Hauora o Hauraki Inc
Te Runanga o Kirikiriroa
Lakes
Poutiri Charitable Trust: Rau O Te Huia
Poutiri Charitable Trust: Te Toi Huarewa
Bay of Plenty
Nga Mataapuna Oranga PHO
Pirirakau Hauora
Poutiri Charitable Trust: Nga Kakano
Poutiri Charitable Trust: Te Ika Whenua A Murapara
Rakeiwhenua Trust t/a Tuhoe Hauora Trust
Te Runanga O Te Whanau Charitable Trust
Taranaki
Tui Ora Ltd: Mahia Mai
Tui Ora Ltd: Raumano Health

1. Purchase Unit Code: MHCS39

Māori Community Clinical Workforce compared to MHC's Resource 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 Midland region would require a total of **86.9** Māori Community Clinical FTEs to reflect the regional Māori child and adolescent population

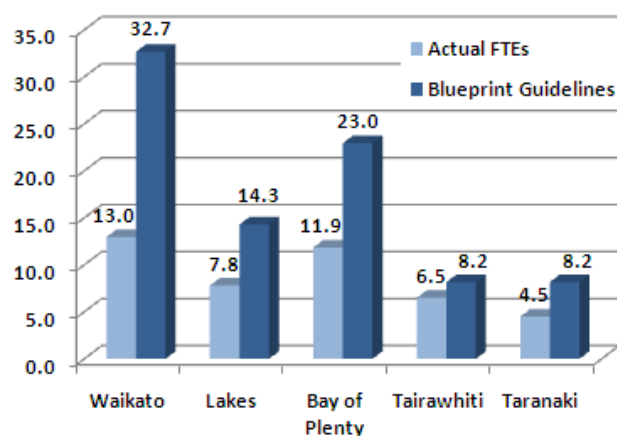
There has been very little improvement in the regional Māori Community Clinical workforce since 2006. According to Blueprint Guidelines for the Midland region, the Māori community Clinical workforce would need to double to reflect the regional Māori child and adolescent population (see Table 20 & Figure 19).

Table 20. Māori Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

Midland Region	Actual Māori Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase
2006 ¹	41.8	77.2	31.9	76
2008 ²	43.6	86.9	43.3	99

1. 2006 Census (Prioritised Ethnicity)
2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998).

Figure 19. Māori Community Clinical Workforce compared to Blueprint Guidelines by DHB (2008)



MĀORI ACCESS TO CAMH/AOD SERVICES

In the 1st 6 months of 2008, 31% of the total number of clients in the Midland region was Māori, with Māori males making up the majority (64%) of the region's client group (see Table 21 & Figure 20).

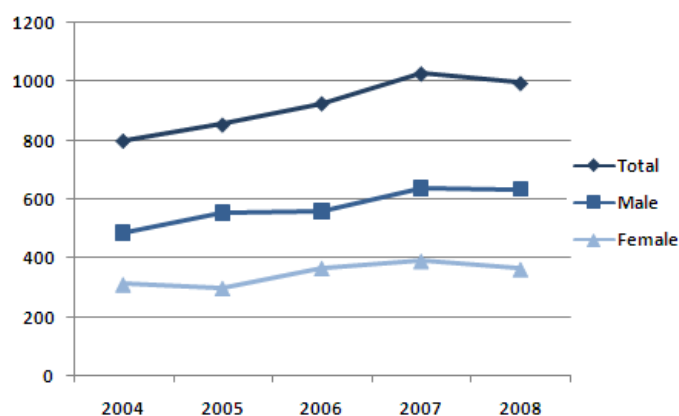
Table 21. Māori Clients by Gender (2004-2008)

Māori Clients	Gender		
	Male	Female	Total
2004	487	311	798
2005	555	298	853
2006	560	366	926
2007	638	390	1,028
2008¹	633	362	995

1. 1st 6 months 2008

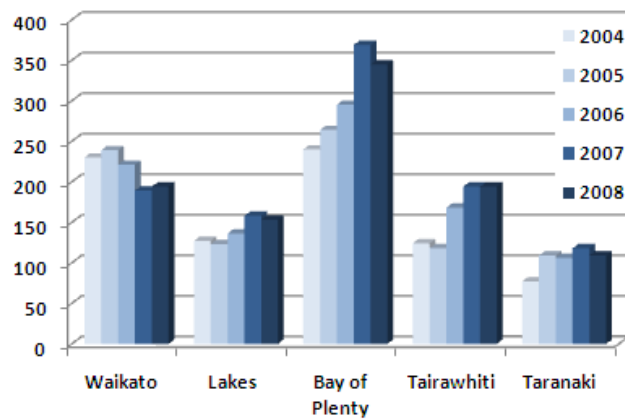
Since 2004, there has been a 25% increase in the total number of Māori clients accessing services in the Midland region. While there has been a steady increase in Māori client numbers for the 2004 to 2007 period, the first six month data for 2008 shows a decrease, especially in the Māori female client group (see Figure 20).

Figure 20. Māori Clients by Gender (2004-2008)



Bay of Plenty DHB reported the largest number of Māori clients (345) and Tairāwhiti DHB reported the largest proportion of Māori clients (59% of total clients) in the region.

Figure 21. Māori Clients by DHB (2004-2008)



While most of the DHBs in the region reported a steady increase in Māori clients for the 2004 to 2007 period, Waikato DHB reported an 18% decrease largely in the Māori male client group (see Appendix D, Table 3 & Figure 22).

The first 6 month data for 2008 shows a decrease in Māori clients for most of the DHBs except for Waikato DHB (see Figure 21).

Midland Region Māori Access Rates

There has been an increase in Māori access rates in the Midland region for the 2004 to 2008 period (see Table 22). However, the first 6 months of the 2008 data shows decreases in access rates in all three age groups and for all DHBs except for Waikato DHB.

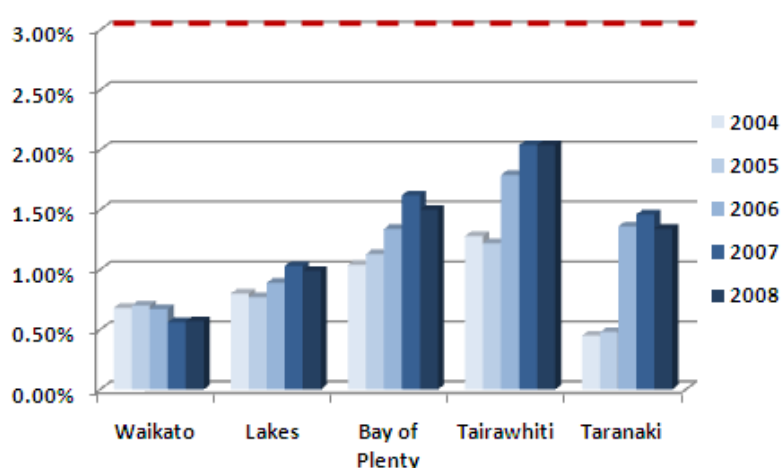
Despite a general increasing trend in Māori access rates, access rates remained below the regional rate of 1.32% and well below the target rates for all three age groups (see Table 22 & Figure 22).

Table 22. Māori Access Rates by Age Group (2004-2008)

Midland Region Māori Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.26%	1.23%	1.57%	0.80%
2005	0.30%	1.19%	1.72%	0.85%
2006	0.41%	1.30%	2.22%	1.06%
2007	0.37%	1.51%	2.43%	1.15%
2008¹	0.38%	1.41%	2.33%	1.10%
Regional Rate 2008¹	0.49%	1.79%	2.44%	1.32%

1. 1st 6 months 2008

Figure 22. Māori 0-19 yrs Access Rate by DHB (2004-2008)



MIDLAND REGION PACIFIC CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

While the 2004 data is presented in this section, comparisons will be limited to the 2006 data due a lower response rate and the possible inclusion of the 'adult' staff in the 2004 workforce data.

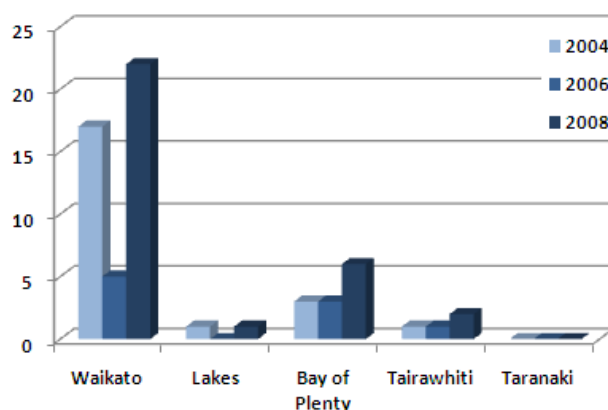
In 2008, the Midland region DHB CAMH/AoD services and NGOs reported a total of **8** Pacific staff (7.2 actual FTEs), a decrease of one since 2006. This decrease was reported by the Midland region DHB services. NGOs in the Waikato area continue to report the largest and growing Pacific workforce (see Table 23 & Figure 23)).

Table 23. Total Pacific Workforce (2004-2008)

Midland Region Pacific Workforce (Head Count)	2004			2006			2008		
	DHB	NGOs	Total	DHB	NGOs	Total	DHB	NGOs	Total
Waikato	-	17	17	-	5	5	-	5	5
Lakes	-	1	1	-	-	-	-	-	-
Bay of Plenty	3	-	3	3	-	3	-	2	2
Tairāwhiti	1	-	1	1	-	1	1	-	1
Taranaki	-	-	-	-	-	-	-	-	-
Total	4	18	22	4	5	9	1	7	8

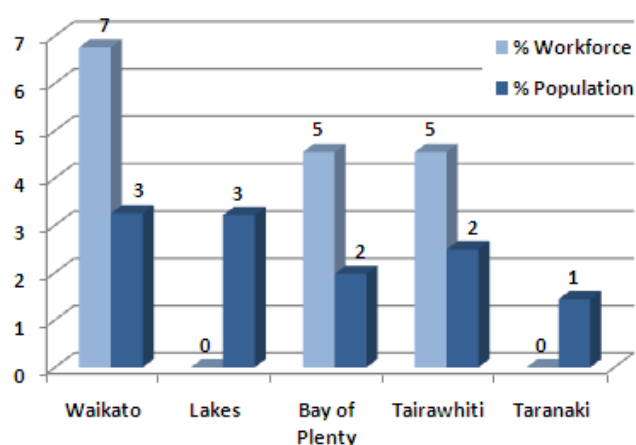
1. Includes Administration/Management Workforce

Figure 23. Total Pacific Workforce by DHB (2004-2008)



The Pacific workforce (excluding Administration/Management staff) made up 3% of the total workforce which was similar to the proportion of the Pacific child and adolescent (4%) in the region. Differences between the workforce and the population are seen in individual DHBs, for instance in Lakes and Taranaki (see Figure 24).

Figure 24. Proportion of Pacific Workforce compared to Proportion of Pacific 0-19 yrs Population (2008)



Pacific Clinical & Non-Clinical Workforce

Pacific staff were evenly split between Clinical and Non-Clinical roles with a decrease of one Pacific Clinical staff since 2006 (see Table 24).

While there has been a loss of two Clinical Pacific staff reported by the DHB services, NGOs gained one Pacific Clinical staff since 2006.

Table 24. Pacific Clinical & Non-Clinical Workforce (2004-2008)

Midland Region Pacific Workforce (Head Count)	DHB			NGOs			Total	
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical
2004	4	-	4	3	15	18	7	15
2006	3	1	4	2	3	5	5	4
2008	1	-	1	3	4	7	4	4

1. Includes Administration/Management Workforce

DHB Community

One DHB in the region, Tairāwhiti DHB, reported one Pacific staff that held a Clinical position as a Social Worker (see Table 25).

NGO

Five NGOs reported a total of seven Pacific staff, of which two were Pacific services (Kaute Pasifika & South Waikato Pacific Island Health Committee). The two Pacific services reported three of the seven Pacific staff in the region (see Table 25).

Table 25. Pacific Workforce by Occupational Group (2008)

Midland Region Pacific Workforce (Head Count)	DHBs	NGOs	Total
Clinical Sub-Total	1	3	4
Alcohol & Drug	-	-	-
Counsellor	-	-	-
Mental Health Nurse	-	2	2
Occupational Therapist	-	-	-
Psychiatrist	-	-	-
Psychotherapist	-	-	-
Psychologist	-	1	1
Social Worker	1	-	1
Other Clinical	-	-	-
Non-Clinical Sub-Total	0	4	4
Cultural	-	-	-
Specific Liaison	-	-	-
Mental Health Consumer	-	-	-
Mental Health Support	-	4	4
Other Non-Clinical	-	-	-
Administration/Management	-	-	-
Regional Total	1	7	8

Midland Region Pacific Community Clinical Workforce compared to MHC Blueprint Guidelines

Using the MHC Blueprint Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional Pacific 0-19 years population, the Midland region would require a total of 6.2 FTEs to reflect the regional Pacific child and adolescent population.

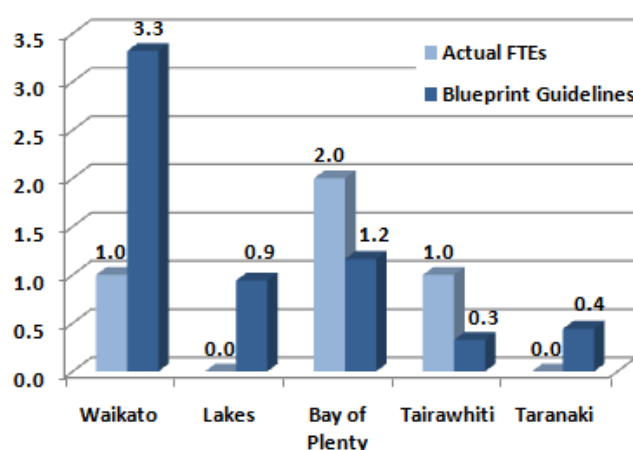
The slight increase in the Pacific Community Clinical workforce means that the Pacific workforce in the Midland region is a lot closer to reaching Blueprint levels for the region. Therefore the Pacific Community Clinical workforce would need to increase by 2.2 FTEs to reflect the regional Pacific child and adolescent population (see Table 26 & Figure 25).

Table 26. Pacific Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

Midland Region	Pacific Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase
2006 ¹	3.1	5.4	2.3	74
2008 ²	4.0	6.2	2.2	56

1. 2006 Census (Prioritised Ethnicity)
2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a).

Figure 25. Pacific Community Clinical Workforce compared to Blueprint Guidelines by DHB (2008)



Pacific Access to CAMH/AoD Services

The Midland region had the lowest numbers of Pacific clients in the country with Pacific children and adolescents making up 1% of the total number of clients in the region.

The MHINC data also shows a decreasing trend in Pacific clients from the 2004 to 2008 period in the region (see Table 27).

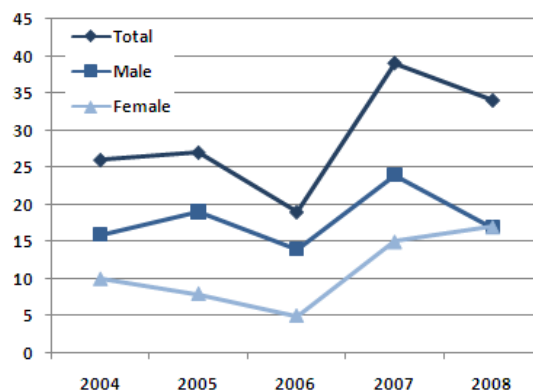
Table 27. Pacific Clients (2004-2008)

Pacific Clients	Gender		
	Male	Female	Total
2004	16	10	26
2005	19	8	27
2006	14	5	19
2007	23	14	37
2008¹	17	17	34

1. 1st 6 months 2008

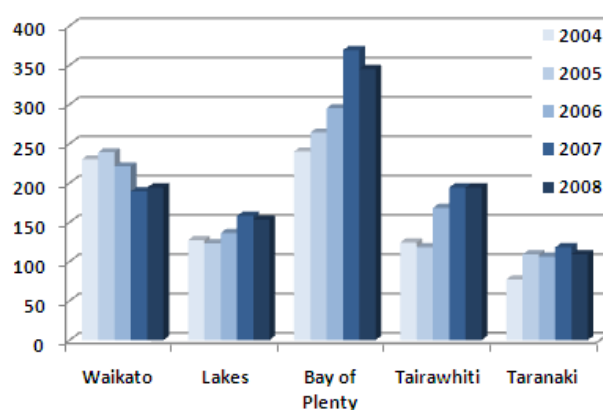
While the majority of the clients accessing services were Pacific male clients for the 2004 to 2006 period, there were equal numbers of Pacific male and female clients accessing services by the first half of 2008 (see Table 27 & Figure 26).

Figure 26. Pacific Clients by Gender (2004-2008)



Bay of Plenty continued to report the largest number of Pacific clients in the region. Most DHBs, except for Waikato DHB, reported a decrease in Pacific clients since the end of 2007 (see Figure 27).

Figure 27. Pacific Clients by DHB (2004-2008)



Pacific Access Rates

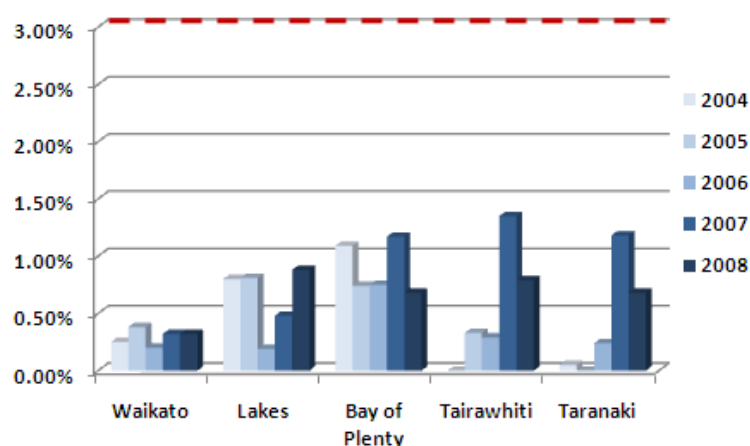
There have been general improvements in Pacific access rates for all three age groups since 2004 however; Pacific clients numbers have remained very low and therefore access rates continue to remain significantly below the regional rate as well as the target access rate for all three age groups (see Table 28 & Figure 28).

Table 28. Pacific Access Rates (2004-2008)

Midland Region Pacific Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.19%	0.32%	0.81%	0.37%
2005	0.22%	0.38%	0.71%	0.38%
2006	0.03%	0.73%	0.39%	0.30%
2007	0.28%	0.67%	1.19%	0.61%
2008¹	0.13%	0.85%	0.98%	0.52%
Regional Rate¹	0.49%	1.79%	2.44%	1.32%

1. 1st 6 months 2008

Figure 28. Pacific 0-19 yrs Access Rates by DHB (2004-2008)



MIDLAND REGION ASIAN CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2008, the Midland region DHB CAMH/AoD services reported a total of 3 Asian staff, an increase of two since 2006 (see Table 29). Although a total of 3 Asian staff were reported by the DHBs, occupational data was only provided for two. Both Asian staff held Clinical positions as Psychiatrists.

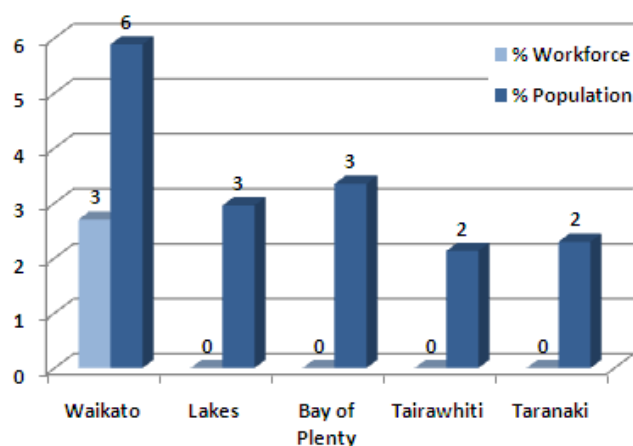
Table 29. Total Asian Workforce (2004-2008)

Midland Region Asian Workforce (Head Count)	2004			2006			2008		
	DHB	NGOs	Total	DHB	NGOs	Total	DHB	NGOs	Total
Waikato	2	-	2	-	-	-	2	-	2
Lakes	2	-	2	-	-	-	-	-	-
Bay of Plenty	-	-	-	-	-	-	1	-	1
Tairāwhiti	-	-	-	-	-	-	-	-	-
Taranaki	-	-	-	-	1	1	-	-	-
Total	4	-	4	-	1	1	3	-	3

Note: Includes Administration/Management Workforce

The 2008 Asian child and adolescent population was estimated at 3% of the region's population, and the Asian workforce (excluding Administration/Management staff) made up 1% of the total Midland region workforce. Asian workforce growth does not appear to match the Asian population growth in the region. Significant disparities continue to exist at the regional level as well as at individual DHB areas (see Figure 29).

Figure 29. Asian Proportion of Workforce compared to Asian 0-19 yrs proportion of Population (2008)



Asian Access to CAMH/AoD Services

The Midland region had the lowest number of Asian clients in the country with Asian clients making up 1% of the total clients in the region. There has been very little change in Asian client numbers since 2004 (see Table 30).

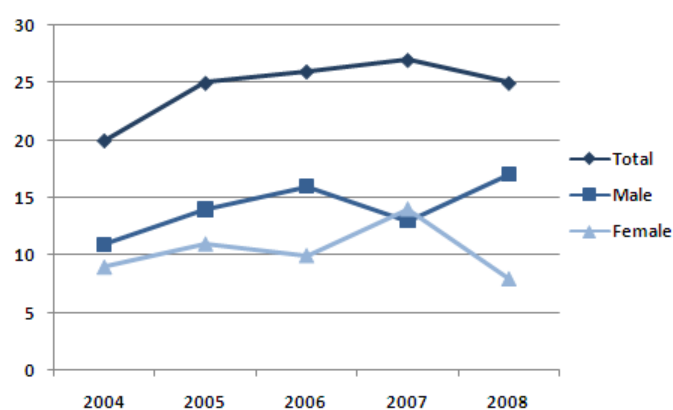
Table 30. Asian Clients by Gender (2004-2008)

Asian Clients	Gender		
	Male	Female	Total
2004	11	9	20
2005	14	11	25
2006	16	10	26
2007	13	14	27
2008¹	17	8	25

1. 1st 6 months of 2008

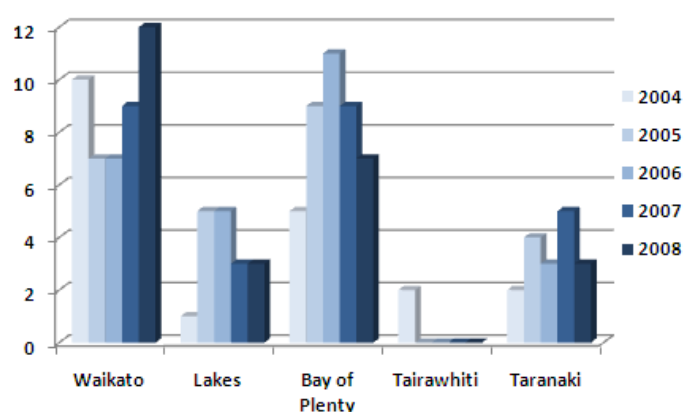
There were more male Asian clients accessing services till the end of 2006, however by the end of 2007, Asian male client numbers had decreased to numbers similar to those of female client numbers and had exceeded female client numbers again by the end of the 1st 6 months of 2008 (see Table 30 & Figure 30).

Figure 30. Asian Clients by Gender (2004-2008)



Waikato and Bay of Plenty DHBs continue to report the largest number of Asian clients in the region (see Figure 31). Most of the DHBs, except for Waikato DHB, reported a decrease in Asian clients at the end of the first 6 months of 2008.

Figure 31. Asian Clients by DHB (2004-2008)



Asian Access Rates

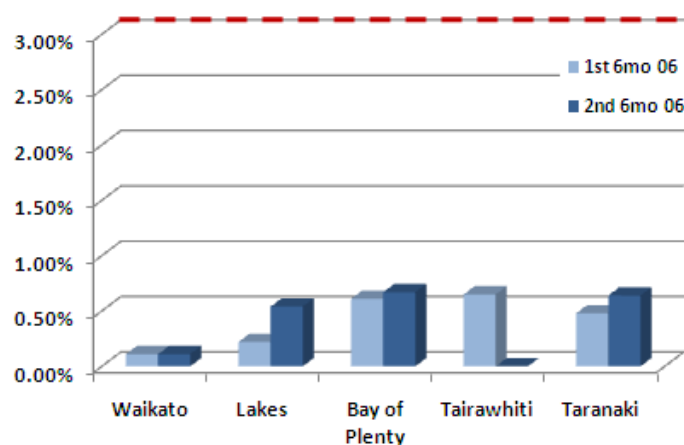
Due to the unavailability of 2007 and 2008 projected Asian population statistics, the 2006 Asian access rates based on the 2006 Census Statistics (prioritised ethnicity statistics) are presented in this section.

While there was a slight increase in Asian access rates in all three age groups and for most of the DHBs in the region except for Tairāwhiti DHB, access rates continue to remain significantly below the regional rate of 1.27% and the target rates for all three age groups (see Table 31 & Figure 32).

Table 31. Asian Access Rates (2006)

Midland Region Asian Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
1 st 6mo 2006	0.16%	0.21%	0.46%	0.26%
2 nd 6mo 2006	0.18%	0.29%	0.51%	0.30%
Regional Rate 2nd 6 mo 2006	0.50%	1.65%	2.37%	1.27%

Figure 32. Asian 0-19 yrs Access Rates by DHB (2006)



CENTRAL REGION CHILD & ADOLESCENT MENTAL HEALTH & AOD OVERVIEW

CENTRAL REGION CHILD & ADOLESCENT POPULATION PROFILE

Based on the 2008 projected child and adolescent population statistics (Base 2006, Total Response), 20% of New Zealand's child and adolescent population (0-19 yrs) reside in the Central region, mainly in Capital & Coast (31%) and MidCentral (20%) (see Figure 1).

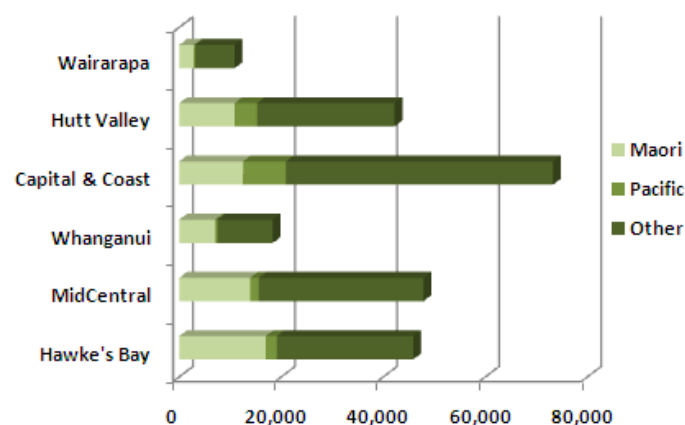
The 2008 population projections indicate a 2% increase in the regional child and adolescent population since 2006.

Māori

Twenty-two percent of the New Zealand's Māori child and adolescent population reside in the Central region making up 27% of the total regional child and adolescent population.

Hawke's Bay had the largest percentage of Māori child and adolescent population in the region, and Whanganui had the largest proportion (39%) of the Māori child and adolescent population residing in the area followed by Hawke's Bay (37%).

Figure 1. Central Region Child & Adolescent Population Projection (2008)



The 2008 projected population data indicate a 10% regional increase and projections by DHB show that the Hawke's Bay had the largest Māori child and adolescent population (26%), a 13% increase since 2006, followed by MidCentral (22%) and Capital & Coast (20%).

Pacific

The Central region had the second largest Pacific child and adolescent population (15%) in the country. Pacific children and adolescents made up seven percent of the region's child and adolescent population. Capital Coast had the largest Pacific child and adolescent population (48%) followed by Hutt Valley (25%).

The 2008 projections indicate an 11% increase since 2006 and projections by DHB show that while Capital Coast are had the largest Pacific population, Hawke's Bay had the largest growth by 21% since 2006.

Asian

The Central region had the second largest Asian child and adolescent population in the county (7%) with over half of the region's population (53%) residing in the Capital & Coast area.

PROVISION OF CHILD & ADOLESCENT MENTAL HEALTH SERVICES IN THE CENTRAL REGION

DHBs

Six DHBs in the Central region provide specialist child & adolescent mental health/AoD services: Hawke's Bay, MidCentral, Whanganui, Capital & Coast, Hutt Valley and Wairarapa DHBs.

Kaupapa Māori services, in the Price Volume Schedule (PVS), are listed under the MHCS39 purchase unit code. Three DHBs in the Central region receive funding for Kaupapa Māori child and adolescent mental health services, Capital & Coast, Hutt Valley and Wairarapa DHBs.

As there is no specific purchase unit code to identify Pacific child and adolescent mental health services from the MOH PVS, Pacific services are identified by the name of the provider instead. One DHB Pacific child and adolescent mental health services in the Central region was identified via the workforce survey, Health Pasifika in Capital & Coast DHB.

DHB funded NGOs

Twenty DHB funded NGOs were providing child and adolescent mental health/AoD services in the Central region for the reporting period (30th June 2008).

Of the 20 NGOs in the region, there was only one DHB funded child & adolescent Kaupapa Māori NGO, Te Paepae Arahi Trust Board based in Hutt Valley.

There was one Pacific NGO identified in the Central region, Taeaomanino Trust based in Capital & Coast.

Table 1. Hawke's Bay Child & Adolescent Mental Health/AoD Services (2007/2008)

Hawke's Bay DHB
Child & Adolescent Mental Health Services
Hawke's Bay NGOs
Richmond Fellowship
Child & Youth Community Residential Care
Children & Young People Community Services
Te Taiwhenua O Heretaunga
Children & Young People Community Services
Child & Youth Planned Respite
Te Taiwhenua O Te Whanganui A Orotu
Children & Young People Community Services
Te Whatuiapiti Trust
Child & Youth Community Alcohol & Drug Residential Services

Table 2. MidCentral Child & Adolescent Mental Health/AoD Services (2007/2008)

MidCentral DHB
Child, Adolescent & Family Mental Health Services (Palmerston North)
Child, Adolescent & Family Mental Health Services (Levin)
Alcohol & Other Drugs
<i>Oranga Hinengaro Kaupapa Māori Child & Adolescent Mental Health Services</i>

MidCentral NGOs
M.A.S.H Trust Board
Child & Youth Crisis Respite
Richmond Fellowship
Child & Youth Planned Respite
Te Runanga O Raukawa Inc.
Children & Young People Community Services
Te Whatuiapiti Trust
Children & Youth Alcohol & drug Community Services
Child & Youth Wrap Around Services
The Youth One Stop Shop
Children & Young People Community Services

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

Table 3. Whanganui Child & Adolescent Mental Health/AoD Services (2007/2008)

Whanganui DHB
Child, Adolescent & Family Mental Health Alcohol & Other Drug Service
Te Hunga-Piki-Te Ora Māori Mental Health (Mainstream)

Whanganui NGOs
Life to the Max Trust
Child & Youth Wrap Around Services

Table 4. Capital & Coast Child & Adolescent Mental Health/AoD Services (2007/2008)

Capital & Coast DHB
Child & Adolescent Mental Health Services (Wellington)
Child & Adolescent Mental Health Services (Porirua/Kapiti)
Youth Specialty Service
Kaupapa Māori Service
Te Whare Marie Māori Child, Adolescent & Family Services
Pacific Service
Health Pasifika Child, Adolescent & Family Services
Regional Services
Early Intervention Service (Central Region)
Regional Rangatahi Inpatient Unit (Central Region)

Capital & Coast NGOs
Taeaomanino Trust
Pacific Children & Young People Community Services
Child & Youth Wrap Around Services
The Wellink Trust
Child & Youth Crisis Respite
Wellington Refugees as Survivors Trust
Children & Young People Community Services
Liaison with Child Youth & Family Service

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

Table 5. Hutt Valley Child & Adolescent Mental Health/AoD Services (2007/2008)

Hutt Valley DHB
Child Specialty Service
Youth Specialty Service
Facilitating Long Term Integrated Plans (FLIP)
<i>Kaupapa Māori Service</i>
Alcohol & Other Drug Service
Regional Services
Intensive Clinical Support Services (Capital & Coast, Wairarapa & Hutt Valley DHBs)

Hutt Valley NGOs
Vibe Hutt Valley Youth Health Trust
Children & Youth Day Activity Service
Children & Youth Alcohol & Drug Community Services
Q-Nique
Children & Youth Day Activity Service
Richmond Fellowship
Child & Youth Community Residential Care
Child & Youth Planned Respite
Children & Youth Alcohol & Drug Community Services
Child & Youth Wrap Around Services
Te Paepae Arahi Trust
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
WellTrust
Children and Youth Alcohol and Drug Community Services

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

Table 6. Wairarapa Child & Adolescent Mental Health/AoD Services (2007/2008)

Wairarapa DHB
Child & Adolescent Mental Health Service
Wairarapa NGOs
King Street Artworks Inc
Children & Youth Day Activity Service
Wairarapa Addiction Service Inc
Children & Youth Alcohol & Drug Community Services

CENTRAL REGION FUNDING

Since the 2004/2005 financial year, there has been a 32% increase in total funding for child & adolescent mental health & AoD services (a 22% increase in DHB & a 124% increase in NGO funding) in the Central region (see Figures 2 & 3).

Figure 2. Total Funding (2004-2008)

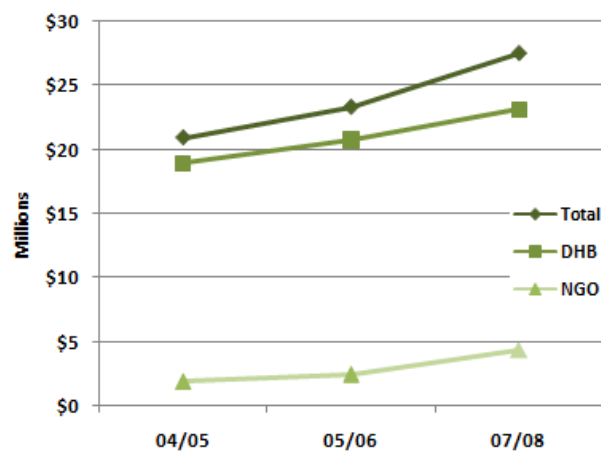
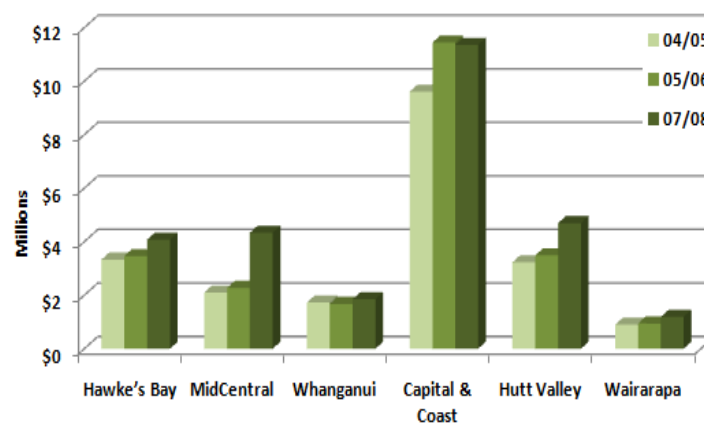


Figure 3. Total Funding by DHB (2004-2008)



Funding per Head Child & Adolescent Population

Funding per head of population is a method by which we can look at the equity of funding across the regions and DHBs. Clearly this is not the actual amount spent per child as only a small proportion of this population access services. When looking at individual DHBs the calculation does not reflect inter DHB referrals including referrals to regional services (see Appendix C, Table 6).

Since 2004/2005, there has been a 33% increase in the regional funding per Child (excluding Inpatient costs) and a 25% increase when inpatient costs are included (see Figure 4). While there has been a regional increase in funding per Child, Hawke's Bay and Capital & Coast showed a decrease since 2004 (see Figure 5).

Figure 4. Funding per head Child & Adolescent Population (2004-2008)

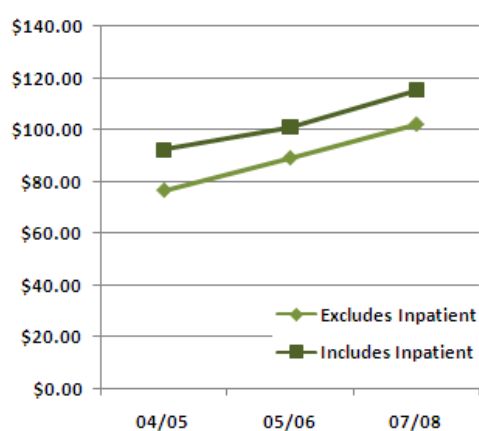
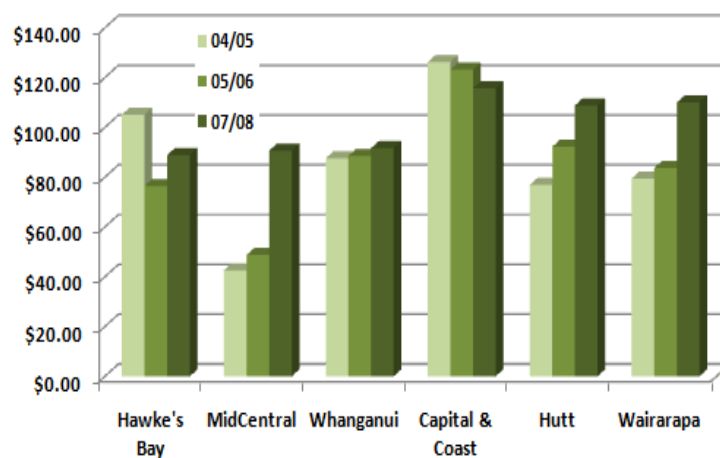


Figure 5. Funding per head Child & Adolescent Population by DHB (2004-2008)



CENTRAL REGION CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

Total Central Region Child & Adolescent Mental Health/AoD Workforce

The Central region DHB (Inpatient & Community) CAMH/AoD services & NGOs reported a total of **281.78** actual FTEs with a further **12.75** FTEs reported vacant with all of the vacancies reported by DHB services (see Table 7). While total FTEs increased by 9% since 2006, vacancies were down by 54% (see Table 7 & Figures 6 & 7).

Table 7. Total Central Region Child & Adolescent Mental/AoD Health Workforce (2004-2008)

Central Region	DHB ¹			NGOs			Total ²		
	Actual	Vacant	% Vacancy	Actual	Vacant	% Vacancy	Actual	Vacant	% Vacancy
2004	194.14	24.53	11	34.10	2.20	6	228.24	26.73	10
2006	208.79	27.10	11	49.50	0.40	1	258.29	27.50	10
2008	206.48	12.75	6	75.30	-	-	281.28	12.75	4

1. Includes Inpatient Data

2. Includes Administration/Management Workforce

Figure 6. Total Actual FTEs (2004-2008)

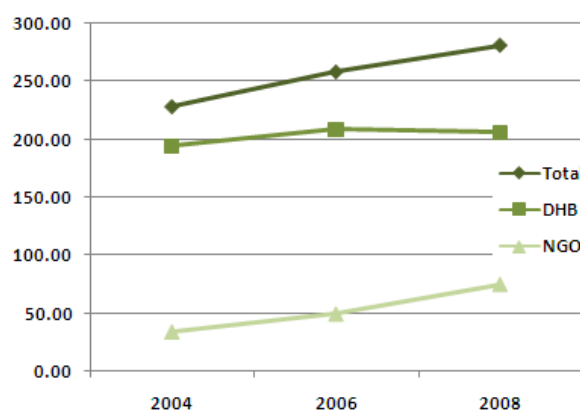


Figure. 7. Total Vacant FTEs (2004-2008)

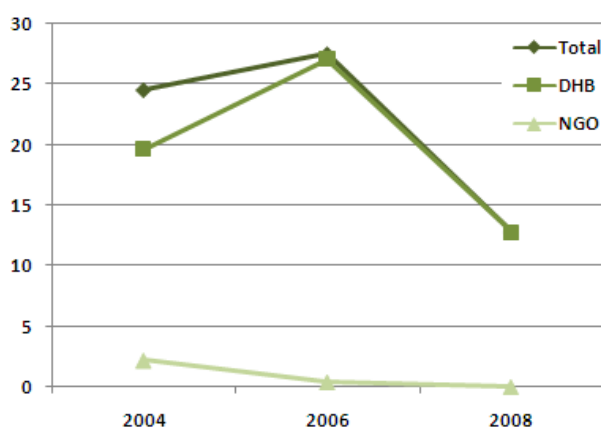


Table 8. Child & Adolescent Mental Health/AoD Workforce by Occupational Group (2008)

Central Region Actual FTEs	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	19.40	140.32	159.72	38.15	197.87
Alcohol & Drug	-	3.00	3.00	7.90	10.90
Counsellor	-	1.40	1.40	15.50	16.90
Mental Health Nurse	13.40	20.95	34.35	2.80	37.15
Occupational Therapist	2.00	2.60	4.60	-	4.60
Psychiatrist	1.00	12.82	13.82	0.10	13.92
Psychotherapist	-	3.90	3.90	-	3.90
Psychologist	1.00	37.00	38.00	3.40	41.40
Social Worker	2.00	38.00	40.00	5.20	45.20
Other Clinical ¹	-	20.65	20.65	3.25	23.90
Non-Clinical Sub-Total	14.50	8.10	22.60	30.85	53.45
Cultural	2.50	5.50	8.00	0.60	8.60
Specific Liaison	-	0.50	0.50	-	0.50
Mental Health Consumer	-	0.60	0.60	-	0.60
Mental Health Support	9.00	-	9.00	25.60	34.60
Other Non-Clinical	3.00	1.50	4.50	4.65	9.15
Administration/Management	-	24.16	24.16	5.80	29.96
Regional Total	33.90	172.58	206.48	74.80	281.28

1. 'Other Clinical' Occupational Group includes: Child Therapists, Trainee Psychologists, Intake Clinician, ADHD Liaison Psychologist, Assessment Clinician, Family Therapist, Clinical Nurse Specialist, Family Therapist, Workforce Coordinator, Employment Consultant, Registered Nurse.

Table 9. Vacancy by Occupational Group (2008)

Central Region Vacant FTEs	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	3.60	7.65	11.25	0.00	11.25
Alcohol & Drug	-	-	-	-	-
Counsellor	-	-	-	-	-
Mental Health Nurse	3.60	1.00	4.60	-	4.60
Occupational Therapist	-	-	-	-	-
Psychiatrist	-	1.95	1.95	-	1.95
Psychotherapist	-	0.20	0.20	-	0.20
Psychologist	-	0.40	0.40	-	0.40
Social Worker	-	4.00	4.00	-	4.00
Other Clinical ¹	-	0.10	0.10	-	0.10
Non-Clinical Sub-Total	0.00	0.50	0.50	0.00	0.50
Cultural	-	-	-	-	-
Specific Liaison	-	-	-	-	-
Mental Health Consumer	-	0.50	0.50	-	0.50
Mental Health Support	-	-	-	-	-
Other Non-Clinical	-	-	-	-	-
Administration/Management	-	1.00	1.00	-	1.00
Regional Total	3.60	9.15	12.75	0.00	12.75

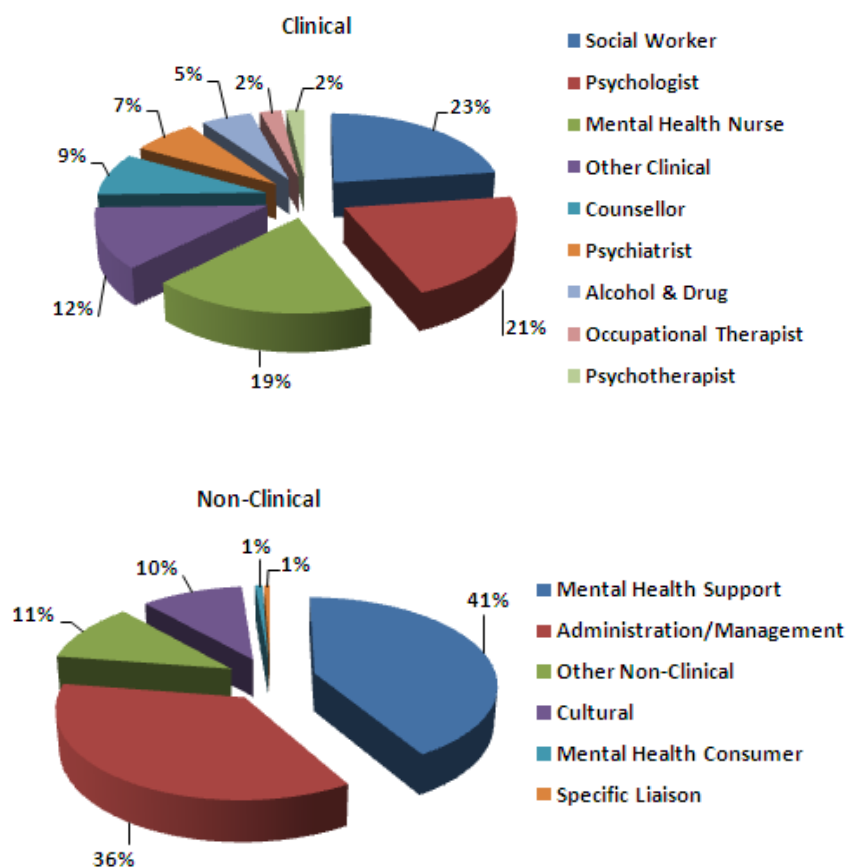
Clinical & Non-Clinical Workforce

There has been a 13% increase in the total Clinical workforce since 2006. Total percentage change in the Clinical workforce was not calculated from 2004 as the 2004 NGO data was incomplete.

Seventy percent of the Central region child & adolescent mental health & AoD workforce were Clinical staff with the majority (81%) employed in DHB services (see Table 8 & Figure 8).

The remainder of the workforce (19%) were in Non-Clinical roles (see Table 8 & Figure 8).

Figure 8. Clinical Workforce by Occupational Group (2008)



DHB Inpatient Child & Adolescent Mental Health Workforce

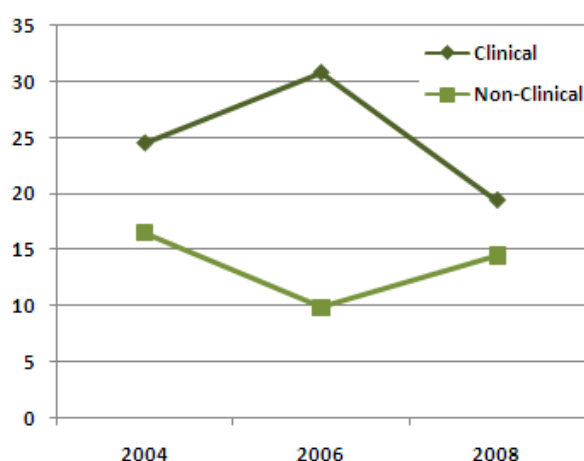
In June 2008, the Capital & Coast Inpatient Service reported a total of 33.9 actual FTEs with a further 3.6 FTEs reported vacant, a 17% decrease since 2005. The Vacancy rate (11%) was back down to 2005 levels (see Table 10 & Figure 10).

Table 10. DHB Inpatient Workforce (2005-2008)

Capital & Coast Inpatient Service	Actual FTEs			Vacant FTEs			% Vacancy
	Clinical	Non-Clinical ¹	Total	Clinical	Non-Clinical*	Total	
2005	24.5	16.5	41.00	2.00	2.90	4.90	12
2006	30.8	9.9	40.70	7.10	1.90	9.00	22
2008	19.4	14.5	33.90	3.60	-	3.60	11

1. Includes Administration & Management

Figure 10. DHB Inpatient Clinical & Non-Clinical FTEs (2004-2008)



Clinical & Non-Clinical Workforce

Fifty-seven percent of the Inpatient staff were in Clinical roles (see Table 8).

The remainder were in Non-Clinical roles predominantly as Mental Health Support Workers (see Table 8).

Clinical Vacancies

All vacancies reported in 2008 were for Mental Health Nurses (see Table 9).

DHB Community Child & Adolescent Mental Health/AoD Workforce

The Central region DHB Community CAMHS reported a total of 172.58 actual FTEs with a further 9.15 FTEs reported vacant. Capital & Coast and MidCentral DHBs reported the largest workforce in the region (see Table 11).

There has been a 13% increase in the total Community workforce and a 53% decrease in the total number of vacancies since 2004 (see Table 11).

Table 11. DHB Community Child & Adolescent Mental Health/AoD Services Workforce (2004-2008)

Central Region	2004/2005			2006			2008		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Hawke's Bay	19.16	2.00	10	19.50	2.40	12	25.37	-	-
MidCentral	22.80	2.00	9	28.95	0.80	3	28.85	-	-
Whanganui	10.30	5.40	52	14.04	2.40	17	16.11	3.25	20
Capital & Coast	69.60	5.90	8	68.00	9.50	14	67.25	4.90	7
Hutt	25.88	2.63	10	29.20	2.00	7	26.20	-	-
Wairarapa	5.40	1.70	31	8.40	1.00	12	8.80	1.00	11
Regional Total	153.14	19.63	13	168.09	18.10	11	172.58	9.15	5

Figure 11. DHB Community CAMHS Actual FTEs (2004-2008)

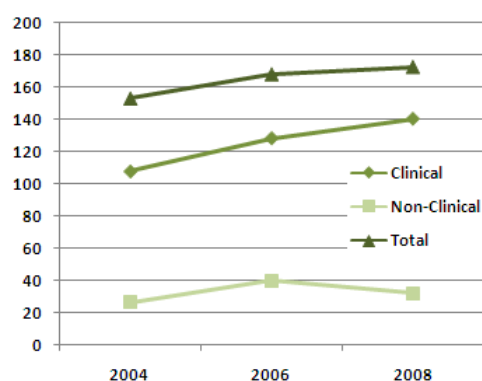
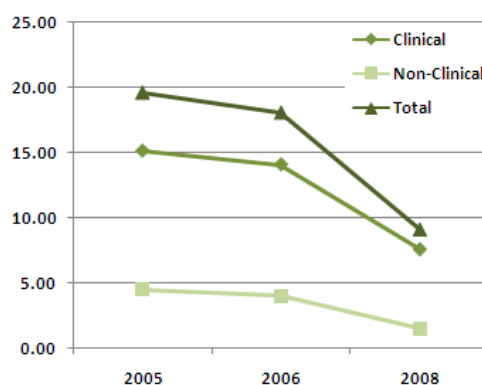


Figure 12. DHB Community CAMHS Vacant FTEs (2004-2008)

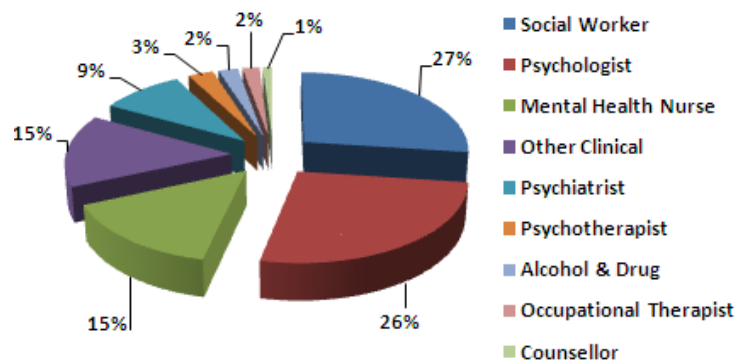


DHB Community Clinical & Non Clinical Workforce

There has been a 30% increase in the total DHB Community Clinical workforce since 2004.

Eighty-one percent of the staff in the DHB Community CAMH/AoD services were in Clinical roles (see Table 8 & Figure 13).

Figure 13. DHB Community Clinical Workforce (2008)



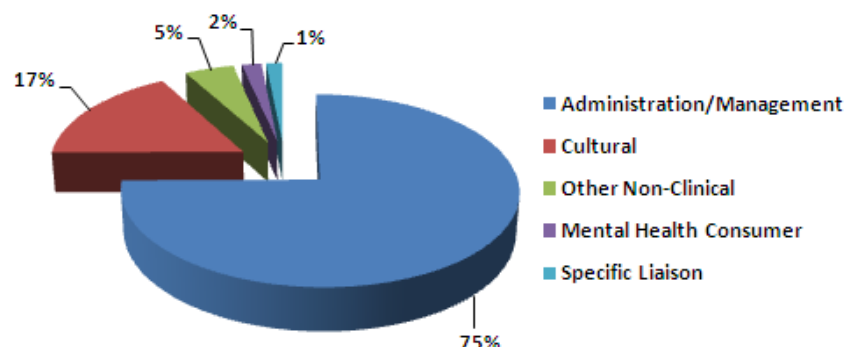
The largest growth in the Clinical workforce since 2004 was in following roles:

- 'Other' Clinical Staff
- Mental Health Nurses
- Psychologists
- Occupational Therapists

DHB Community services reported a 49% decrease in Clinical vacancies since 2004. The largest number of Clinical Vacancies was for Social Workers & Psychiatrists (see Table 8).

The 2008 Non-Clinical Community CAMHS workforce made up the remainder of the Central region community workforce mainly in Administration/Management and Cultural roles (see Table 8 & Figure 14).

Figure 14. DHB Community Non-Clinical Workforce (2008)



NGO Child and Adolescent Mental Health Workforce

As at 30th June 2008, a total of 20 NGOs in the Central region was identified for this update. Although 2004 NGO workforce data is presented in this section, comparisons are limited to the 2006 workforce data as these are comparable data sets.

In 2008, the Central Region NGOs reported a total of **75.30** actual FTEs with no reported vacancies (see Table 12). Hawke's Bay and Hutt Valley had the largest NGO workforce in the region.

There has been a 52% increase in the NGO workforce since 2006.

Table 12. NGO Child & Adolescent Mental Health/AoD Workforce

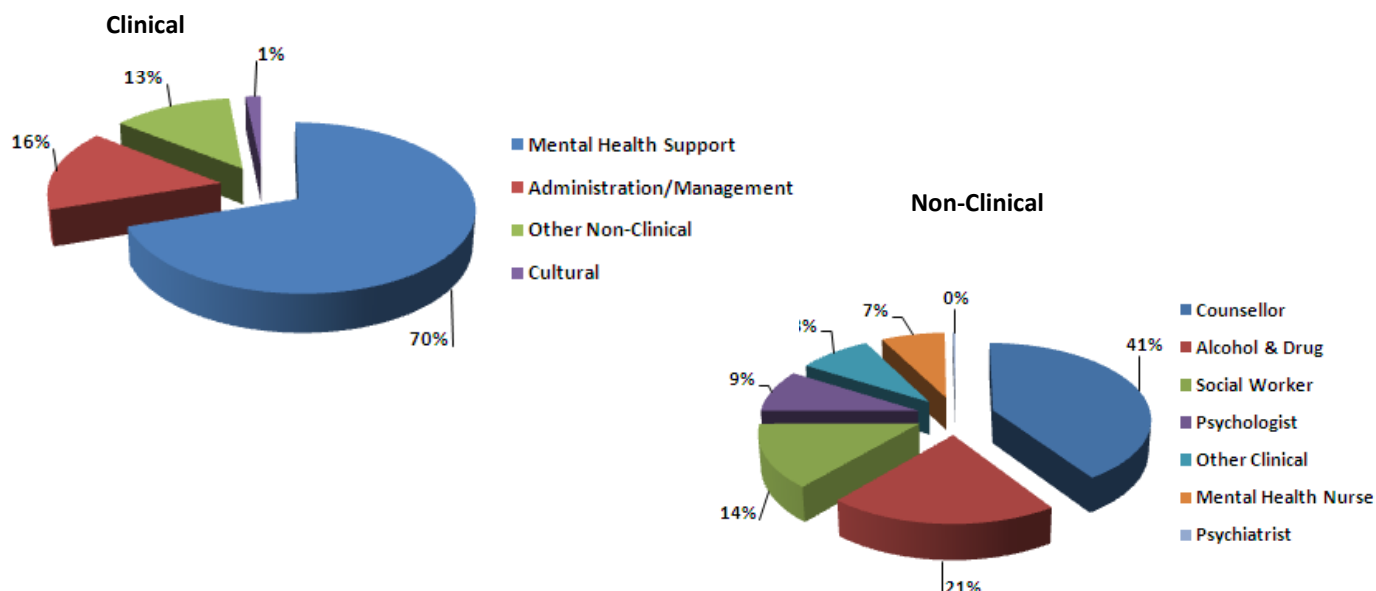
Central Region NGOs	2004			2006			2008		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Hawke's Bay	4.00	-	-	10.00	-	-	23.50	-	-
MidCentral	-	-	-	11.00	0.40	4	15.20	-	-
Whanganui	4.50	1.00	22	2.00	-	-	4.10	-	-
Capital & Coast	7.70	-	-	10.70	-	-	7.90	-	-
Hutt	12.70	1.20	9	13.80	-	-	22.50	-	-
Wairarapa	5.20	-	-	2.00	-	-	2.10	-	-
Regional Total	34.10	2.20	6	49.50	0.40	1	75.30	0.00	0

1. Includes Kaupapa Māori Services

NGO Clinical & Non-Clinical Workforce

Staff in the Central region NGO sector were largely (51%) in Clinical roles (see Table 8 & Figure 15). The remainder of the staff were (41%) were in Non-Clinical roles (see Figure 15).

Figure 15. NGO Non-Clinical & Clinical Workforce (2008)



Community Clinical Workforce compared to the MHC Resource Guidelines

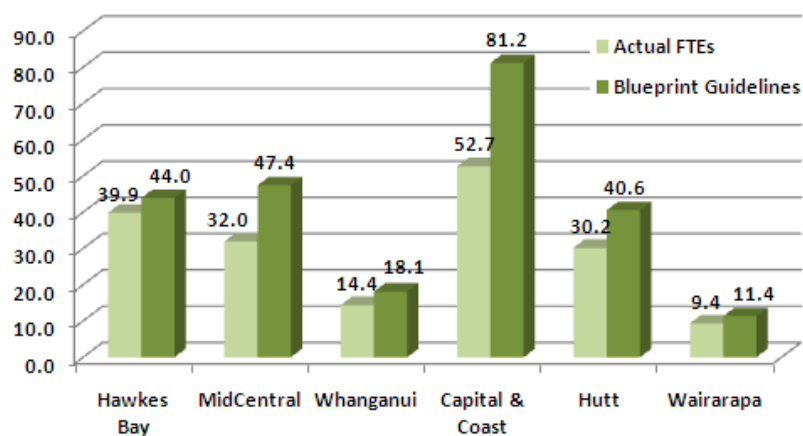
There has been a 24% increase in the regional Community Clinical workforce since 2006, 42% increase since 2004, showing improvements towards the regional Blueprint level of 242.67 FTEs (see Table 13 & Figure 16).

Table 13. Community Clinical Workforce compared to Blueprint Guidelines (2004-2008)

Central Region	Actual Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase Needed
2004	126.04	223.17	97.13	77
2006¹	143.85	231.89	88.04	61
2008²	178.50	242.67	64.20	36

1. 2006 Population Census (Prioritised Ethnicity)
2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a).

Figure 16. Community Clinical Workforce Compared to Blueprint Guidelines by DHB (2008)



Recommendations for the Child & Adolescent Mental Health Psychiatry Workforce

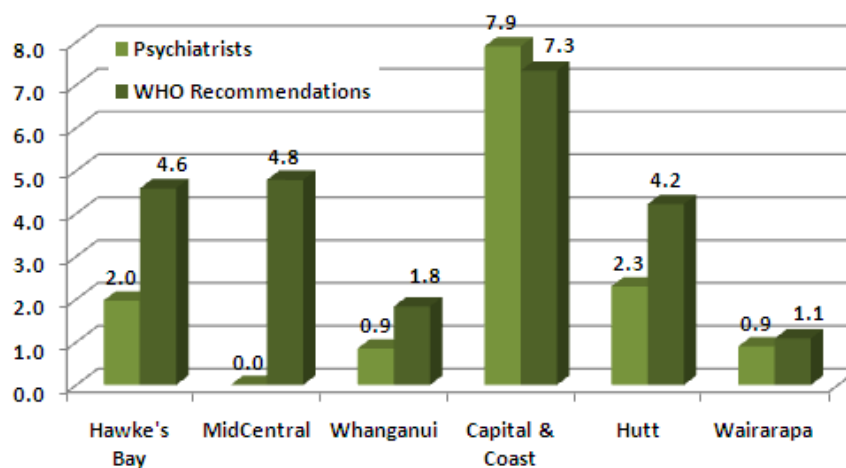
There has been a 6% decrease in the regional Psychiatry FTEs since 2004. Therefore the Central region Psychiatry FTEs would need to increase by **71%** (9.92 FTEs) to reflect the regional child and adolescent population (see Table 14 & Figure 17).

Table 14. Psychiatry Workforce compared to WHO Recommendations (2004-2008)

Central Region	Actual Psychiatry FTEs ¹	WHO Recommendations ²	FTEs Needed	% Increase
2004	14.80	24.08	9.28	63
2006³	13.80	23.41	9.61	70
2008⁴	13.92	23.84	9.92	71

1. Includes DHB Inpatient , Community CAMH/AoD Services & NGOs
2. WHO Recommendations for Psychiatrists: 10/100,000 Total Population (WHO, 2001)
3. 2006 Census (Prioritised Ethnicity)
4. 2008 Population Projections (2006 Base, Total Response, Medium Projections)

Figure 17. Psychiatry Workforce compared to WHO Recommendations by DHB (2008)



CENTRAL REGION ACCESS TO CHILD & ADOLESCENT MENTAL HEALTH SERVICES

The following section has been extracted from the MHINC 2004 to 2008 (2nd 6 months of data up to 2007 & 1st 6 months of 2008) analyses. This section only contains MHINC access data that is relevant to the region. The complete MHINC National access data is available upon request.

Since 2004, the Central region continued to have the lowest number of clients accessing mental health services compared to other regions (see Table 15). There has been a 3% increase in the total number of clients accessing services in the region.

Table 15. Total Clients by Gender (2004-2008)

Central Region	Gender								DHB Total
	Male				Female				
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total	
2004	404	561	712	1,677	201	404	724	1,329	3,007
2005	368	537	662	1,220	175	340	716	1,231	2,798
2006	340	512	707	1,559	148	337	797	1282	2,841
2007	369	589	852	1,810	149	362	944	1,455	3,265
2008 ¹	352	559	789	1,700	177	330	879	1,386	3,086

1. 1st 6 months 2008

Male clients continue to be the largest client group in the region (55%). After the initial decline at the end of 2005, both male and female client numbers have increased and are back to the 2004 figures (see Figure 18).

Figure 18. Total Clients by Gender (2004-2008)



The largest client group in the Central region continues to be 15-19 year olds (53%). While there were more 0-9 and 10-14 year old males accessing services, there were slightly more females in the 15-19 year age group.

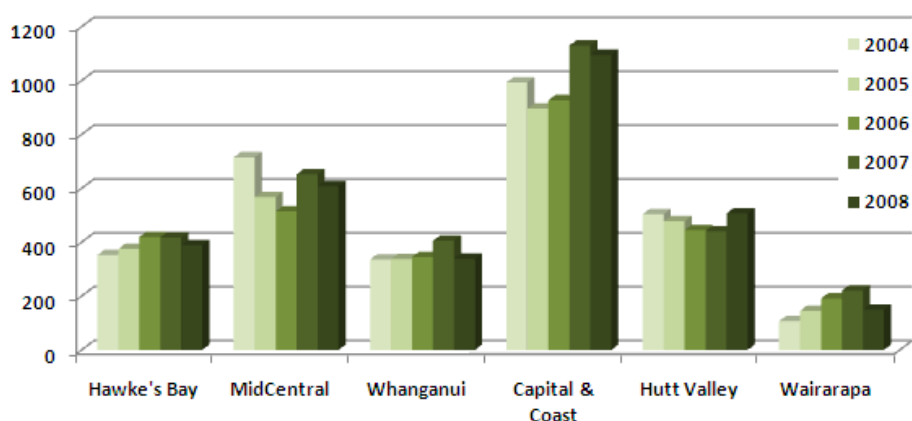
Capital & Coast DHB continues to report the highest number of total clients in the region followed by MidCentral DHB. While most of the DHBs in the region reported increases in total client numbers since 2004, MidCentral & Hutt Valley DHBs reported decreases in client numbers (see Table 16 & Figure 19).

Table 16. Total Clients by DHB (2004-2008)

Central Region	Year				
	2004	2005	2006	2007	2008 ¹
Hawke's Bay	352	375	419	417	389
MidCentral	715	567	514	652	608
Whanganui	336	337	345	405	338
Capital & Coast	993	896	927	1,130	1,095
Hutt Valley	504	478	445	440	507
Wairarapa	107	145	191	221	149
Total	3,007	2,798	2,841	3,265	3,086

1. 1st 6 months 2008

Figure 19. Clients by DHB (2004-2008)



Central Region Access Rates Compared to MHC Access Benchmarks

The 2004 to 2008 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 population.

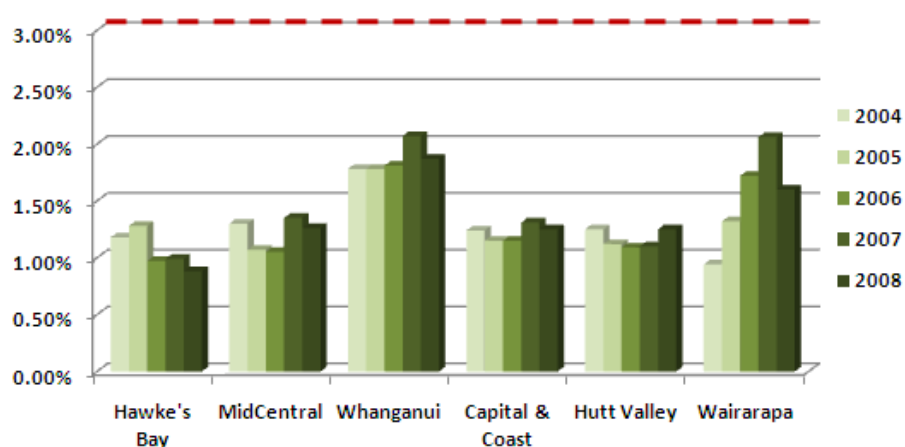
The Central region access rates have continued to be 2nd lowest in the country and access rates have decreased since 2004 therefore moving further away from reaching access target rates (see Table 18 & Figure 20).

Table 17. Access Rates by Age (2004-2008)

Central Region Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%
2004	0.56%	1.58%	2.29%	1.28%
2005	0.51%	1.47%	2.16%	1.21%
2006	0.42%	1.38%	2.30%	1.16%
2007¹	0.45%	1.56%	2.64%	1.31%
2008¹	0.46%	1.48%	2.45%	1.24%

1. 1st 6 months 2008

Figure 20. 0-19 yrs Access Rates by DHB (2004-2008)



CENTRAL REGION MĀORI CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

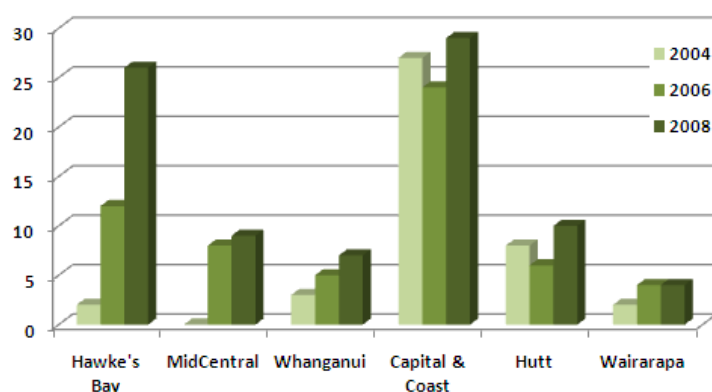
In 2008, the Central region DHB child and adolescent mental health/AoD (Inpatient & Community) services and NGOs reported a total of **85** Māori staff (70 actual FTEs). Hawke's Bay and Capital & Coast reported the largest Māori workforce (see Table 18). The Central region services (both DHB & NGOs) reported a significant increase (102%) in the Māori workforce. This increase was largely reported by the NGO services in Hawke's Bay. There were slightly more Māori staff in DHB services, however proportionally Māori staff made up a larger percentage of the NGO sector (39%).

Table 18. Total Māori Workforce (2004-2008)

Central Region Māori Workforce (Head Count)	2004			2006			2008		
	DHB	NGO	Total	DHB	NGO	Total	DHB	NGO	Total
Hawke's Bay	2	-	2	6	6	12	5	21	26
MidCentral	-	-	-	4	4	8	1	8	9
Whanganui	2	1	3	3	2	5	6	1	7
Capital & Coast ¹	22	5	27	23	1	24	28	1	29
Hutt	1	7	8	4	2	6	3	7	10
Wairarapa	2	-	2	3	1	4	3	1	4
Total	29	13	42	43	16	59	46	39	85

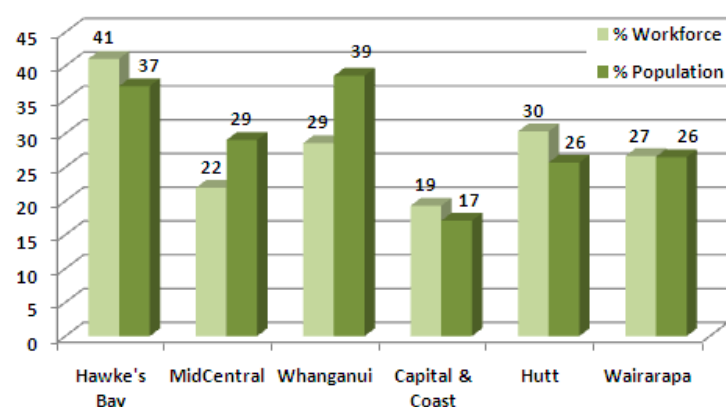
1. Includes Inpatient Workforce & Administration/Management Workforce

Figure 21. Total Māori Workforce by DHB (2004-2008)



Population projections for 2008 indicate a 10% increase in the Māori 0-19 yrs population since 2006, and the Central region services reported a 44% increase in the Māori workforce. Although overall regional workforce (26%) and population proportions (27%) were similar, there were slight disparities between the workforce and population in two of the DHB areas, with the largest disparity in the Whanganui area (see Figure 22).

Figure 22. Proportion of Māori Workforce compared to Proportion of Māori 0-10 yrs Population (2008)



Māori Clinical & Non-Clinical Workforce

Overall, there continues to be more Māori in Non-Clinical Clinical roles, however Māori Clinical staff numbers have increased in both DHB Community services and NGOs since 2006 (see Table 19).

Table 19. Māori Clinical & Non-Clinical Workforce (2004-2008)

Central Region Māori Workforce (Head Count)	Inpatient			Community			NGOs			Total	
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical
2004	1	6	7	13	9	22	5	8	13	19	23
2006	2	8	10	19	14	33	2	15	17	23	37
2008	1	10	11	21	14	35	18	21	39	40	45

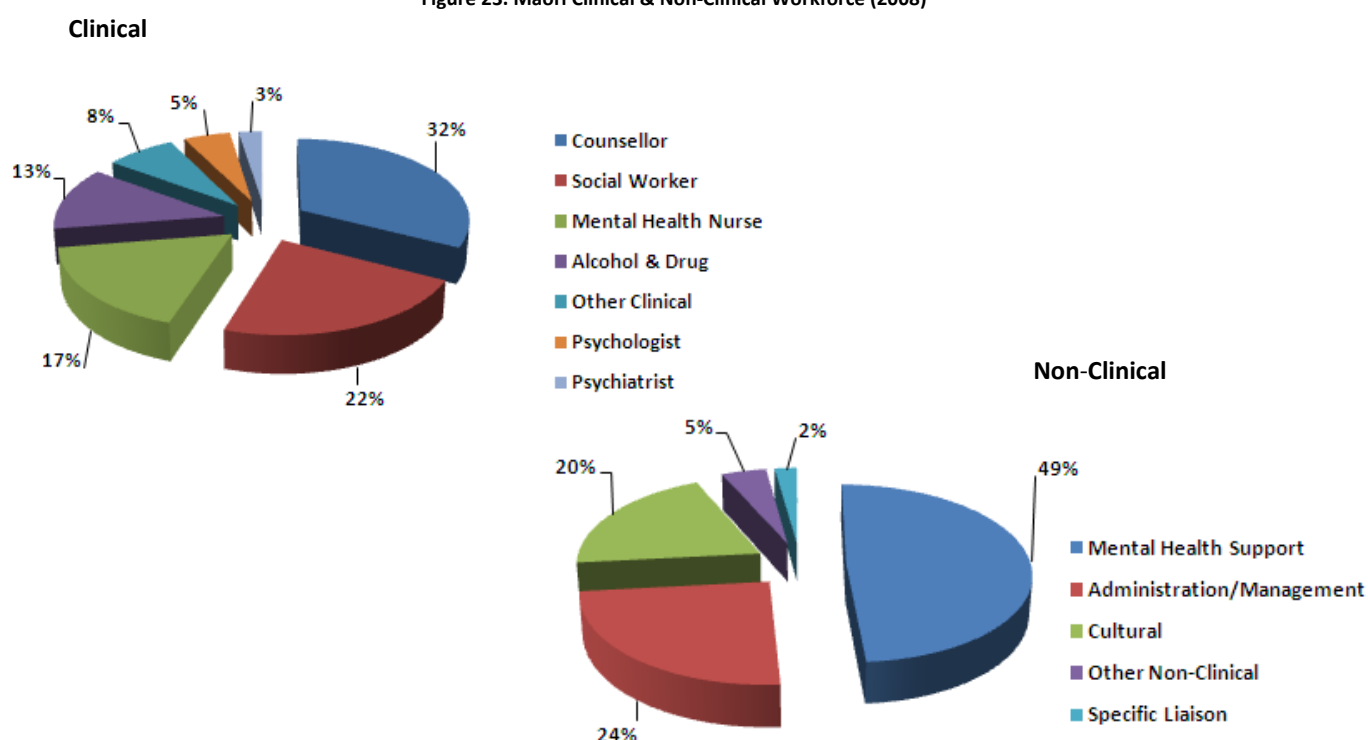
Note: Includes Administration/Management Workforce

Table 20. Māori Workforce by Occupational Group (2008)

Central Region Māori Workforce	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	1	21	22	18	40
Alcohol & Drug	-	3	3	2	5
Counsellor	-	-	-	13	13
Mental Health Nurse	1	4	5	2	7
Occupational Therapist	-	-	-	-	-
Psychiatrist	-	1	1	-	1
Psychotherapist	-	-	-	-	-
Psychologist	-	2	2	-	2
Social Worker	-	8	8	1	9
Other Clinical	-	3	3	-	3
Non-Clinical Sub-Total	7	8	15	19	34
Cultural	2	6	8	1	9
Specific Liaison	-	1	1	-	1
Mental Health Consumer	-	-	-	-	-
Mental Health Support	5	-	5	17	22
Other Non-Clinical	-	1	1	1	2
Administration/Management	3	6	9	2	11
Regional Total	11	35	46	39	85

Almost half (47%) of the total Central region Māori staff were in Clinical roles (see Table 20 & Figure 23). The remainder were in Non-Clinical roles (see Table 20 & Figure 23).

Figure 23. Māori Clinical & Non-Clinical Workforce (2008)



DHB Māori Inpatient Workforce

In 2008, the Capital & Coast DHB Inpatient Services reported eleven Māori staff, an increase of one since 2006.

Almost all of the Māori Inpatient staff were in Non-Clinical positions (see Table 20). One Māori staff held a Clinical position as a Mental Health Nurse.

DHB Māori Community Workforce

In 2008, the Central region DHB Community services reported a total of **35** Māori staff, an increase of two since 2006 with Capital & Coast DHB reporting the largest Māori workforce in the region (see Table 18). The majority of the DHB Māori staff (21) were in Clinical roles (see Table 20).

NGO Māori Workforce

The total Central region NGO sector reported a total of **39** Māori Staff, a significant increase since 2006 (see Table 18). Nearly half of the Māori staff in NGOs were in Clinical roles as (see Table 20)

One NGO, Te Paepae Arahi Trust, was contracted as Kaupapa Māori service (Purchase Unit Code: MHCS39), received approximately 3% of the total regional NGO funding and reported two Māori staff who held Non-Clinical positions as Mental Health Support Workers.

Māori Community Clinical Workforce compared to Blueprint Resource 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 Central region would require a total of **65.3** Māori Community Clinical FTEs to reflect the Māori child and adolescent population.

Despite a significant increase of 75% in the Māori Community Clinical workforce, the regional Māori Community Clinical workforce in 2008 only totalled **36.5** FTEs. Therefore the Central region Māori workforce would need to almost double to reflect the regional Māori child and adolescent population (see Table 21 & Figure 24).

Table 21. Māori Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

Central Region	Actual Māori Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase
2006 ¹	20.9	57.8	36.9	176
2008 ²	36.5	65.3	28.9	79

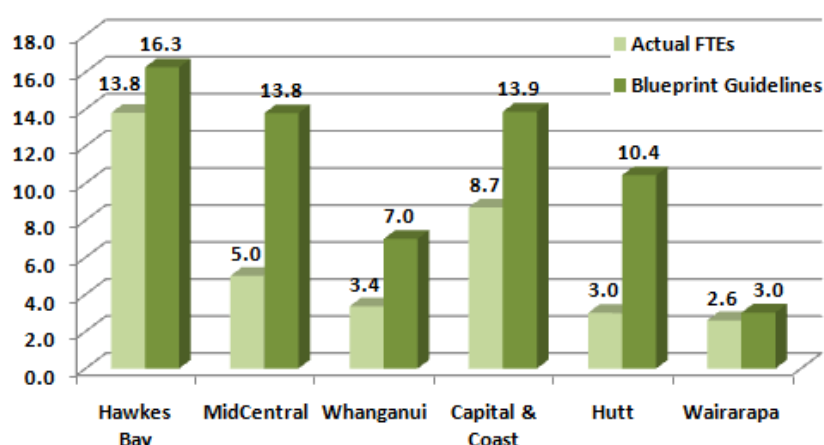
1. 2006 Population Census (Prioritised Ethnicity)

2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)

3. Includes DHB Community CAMH/AoD Services & NGOs

4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a).

Figure 24. Māori Community Clinical Workforce compared to Blueprint Guidelines by DHB (2008)



MĀORI ACCESS TO CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

In the 1st 6 months of 2008, 23% of the total number of clients in the Central region were Māori with Māori males making up the majority of the Māori client group.

There has been very little change in Māori client numbers since 2004 (see Table 22 & Figure 25).

Table 22. Māori Clients by Gender (2004-2008)

Māori Clients	Gender		
	Male	Female	Total
2004	425	268	693
2005	401	267	668
2006	394	300	694
2007	453	307	760
2008 ¹	426	262	688

1. 1st 6 months 2008

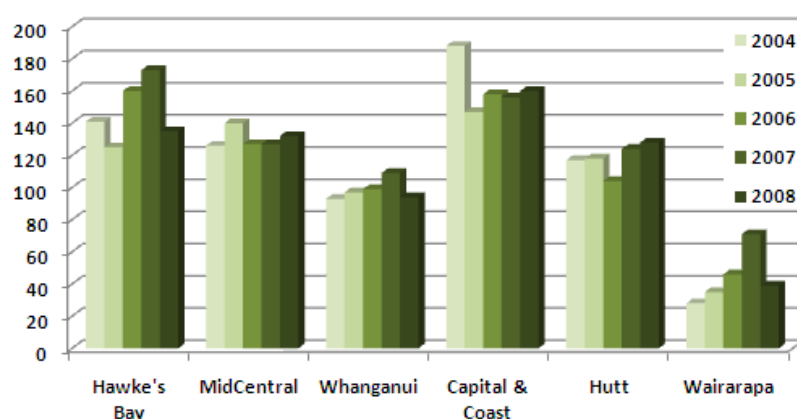
Māori clients by gender however showed very little change in Māori male clients and a 2% decrease in Māori female clients since 2004 (see Table 22).

Figure 25. Total Māori Clients by Gender (2004-2008)



Capital & Coast DHB reported the largest number of Māori clients in the region while Hawke's Bay reported the largest proportion of Māori clients (34% of total clients) (see Figure 26). While most of the DHBs reported an increase in overall Māori client numbers since 2004, Capital & Coast DHB reported a decrease.

Figure 26. Māori Clients by DHB (2004-2008)



Central Region Māori Access Rates

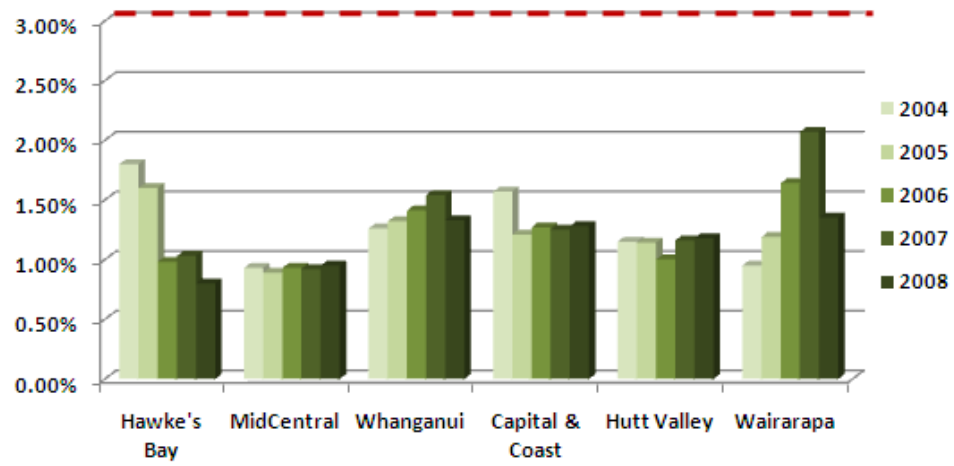
There has been a decrease in total 0-19 year Māori access rate in the region since 2004, the largest decrease reported by Hawke's Bay DHB. Decrease in Māori access rates were seen in all three age groups and therefore remained below the total regional rate of 1.24% and well below target rates (see Table 23 & Figure 27).

Table 23. Māori Access Rates by Age (2004-2008)

Central Region Māori Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.48%	1.62%	2.92%	1.31%
2005	0.41%	1.71%	2.62%	1.24%
2006	0.30%	1.41%	2.56%	1.11%
2007	0.34%	1.34%	2.82%	1.17%
2008 ¹	0.35%	1.27%	2.44%	1.07%
Regional Rate ¹	0.46%	1.48%	2.45%	1.24%

1. 1st 6 months 2008

Figure 27. Māori 0-19 yrs Access Rates by DHB (2004-2008)



CENTRAL REGION PACIFIC CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

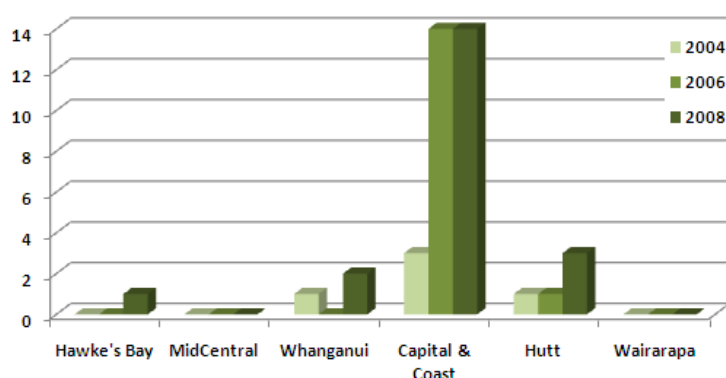
In 2008, the Central region DHB child and adolescent mental health/AoD (Inpatient & Community) services and NGOs reported a total of **20** Pacific staff (17.95 actual FTEs) (see Table 24). While the 2004 data is presented in this section, comparisons will be limited to the 2006 data due a lower response rate and the possible inclusion of the 'adult' staff in the 2004 workforce data. DHB Pacific staff numbers doubled in 2008 and NGOs reported a loss of two since 2006 (see Table 24).

Table 24. Total Pacific Workforce (2004-2008)

Central Region Pacific Workforce (Head Count)	2004			2006			2008		
	DHB	NGOs	Total	DHB	NGOs	Total	DHB	NGOs	Total
Hawke's Bay	-	-	-	-	-	-	1	-	1
MidCentral	-	-	-	-	-	-	-	-	-
Whanganui	-	1	1	-	-	-	-	2	2
Capital & Coast	3	-	3	7	7	14	12	2	14
Hutt	1	-	1	-	1	1	1	2	3
Wairarapa	-	-	-	-	-	-	-	-	-
Total	4	1	5	7	8	15	14	6	20

1. Includes Inpatient Services & Administration/Management Workforce

Figure 28. Total Pacific Workforce by DHB (2004-2008)



The Pacific workforce (excluding Administration/Management staff) made up 6% of the total workforce which was similar to the overall proportion of the Pacific child and adolescent (7%) in the region. However, disparities between the workforce and the population continue to exist in individual DHB areas, for instance in MidCentral, Hawke's Bay and Wairarapa (see Figure 29).

Figure 29. Proportion of Pacific Workforce compared to Proportion of Pacific 0-19 yrs Population (2008)

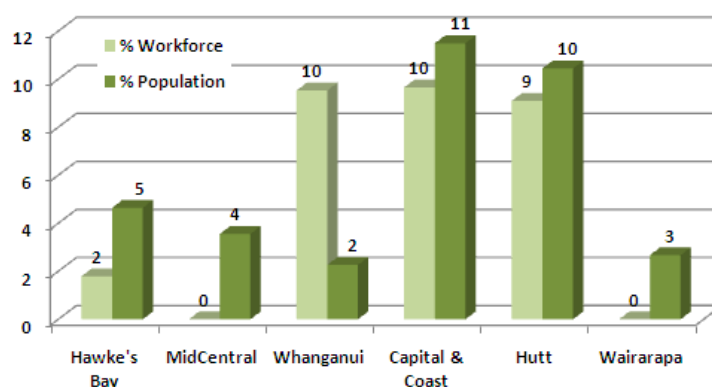


Table 25. Pacific Workforce by Occupational Groups (2008)

Central Region Māori Workforce (Head Count)	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	2	6	8	3	11
Alcohol & Drug	-	-	-	-	-
Counsellor	-	-	-	-	-
Mental Health Nurse	2	1	3	-	3
Occupational Therapist	-	-	-	-	-
Psychiatrist	-	-	-	-	-
Psychotherapist	-	-	-	-	-
Psychologist	-	2	2	-	2
Social Worker	-	1	1	3	4
Other Clinical	-	2	2	-	2
Non-Clinical Sub-Total	3	1	4	2	6
Cultural	1	1	2	-	2
Specific Liaison	-	-	-	-	-
Mental Health Consumer	-	-	-	-	-
Mental Health Support	2	-	2	1	3
Other Non-Clinical	-	-	-	1	1
Administration/Management	-	2	2	1	3
Regional Total	5	9	14	6	20

Clinical & Non-Clinical Workforce

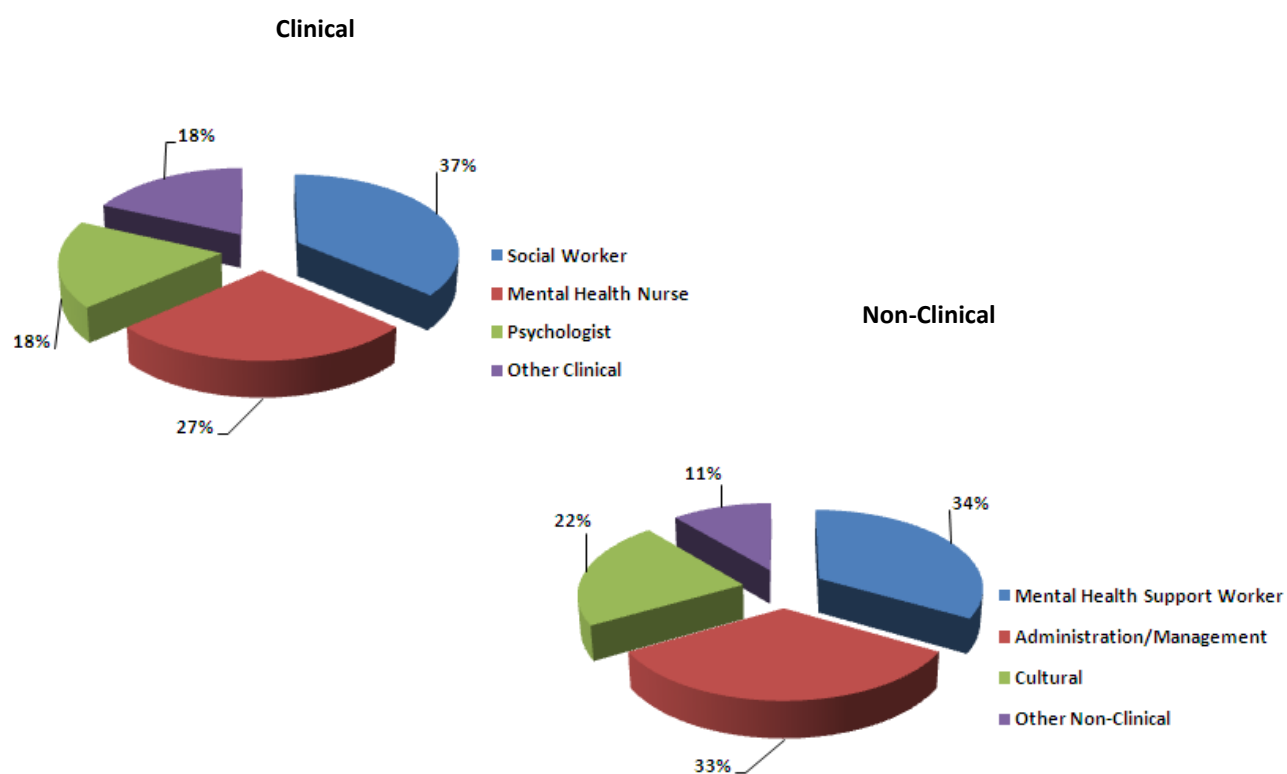
DHB services, mainly DHB Community services reported increases in Pacific Clinical staff since 2006. NGOs on the other hand reported a loss of one Clinical staff since 2006 (see Table 26).

Table 26. Pacific Clinical & Non-Clinical Workforce (2004-2008)

Central Region Pacific Workforce (Head Count)	Inpatient			Community			NGOs			Total	
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical
2004	-	2	2	-	2	2	-	1	1	-	5
2006	-	2	2	1	4	5	4	4	8	5	10
2008	2	3	5	6	3	9	3	3	6	11	9

In 2008, over half (55%) of the Pacific staff were in Clinical roles compared to only 30% in 2006.

Figure 30. Pacific Clinical & Non-Clinical Workforce (2008)



DHB Inpatient

Capital & Coast Inpatient service reported a total of 5 Pacific staff, an overall increase of 3 since 2006. The Inpatient service reported three new Pacific staff since 2006 that held Clinical positions as Mental Health Nurses. Non-Clinical Pacific staff were Mental Health Support Workers and a Cultural Worker (see Table 25).

DHB Community

DHB Community services reported a total of 9 Pacific staff, an increase of 4 since 2006. Of the 9 Pacific staff, 6 held Clinical roles as Psychologists, Other Clinical roles, and a Mental Health Nurse (see Table 25).

NGOs

Four NGOs reported a total of 6 Pacific staff; of which one was a Pacific service (Taeamanino Trust). This service reported two of the 6 Pacific staff in the region.

Of the 6 Pacific staff reported by the NGOs, three held Clinical positions as Social Workers and the remainder, three, were in Non-Clinical positions (see Table 25).

Central Region 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 regional 0-19 Pacific population, the Central region would require a total of 17.7 Pacific Community Clinical FTEs to reflect the regional Pacific child and adolescent population.

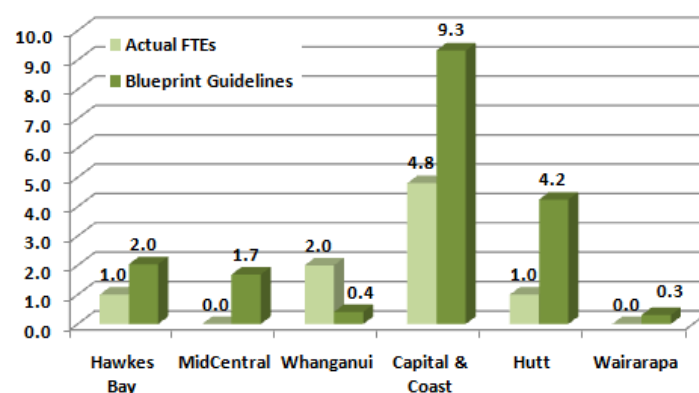
Despite improvements in Pacific Community Clinical FTEs since 2006, the regional Pacific Community Clinical workforce in 2008 only totalled 8.8 FTEs. Therefore the Central region Pacific workforce would need to double to reflect the regional Pacific child and adolescent population (see Table 27 & Figure 31).

Table 27. Pacific Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

Central Region	Pacific Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase
2006 ¹	5.0	15.5	10.5	210
2008 ²	8.8	17.7	8.9	101

1. 2006 Population Census (Prioritised Ethnicity)
2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a).

Figure 31. Pacific Community Clinical Workforce compared to Blueprint Guidelines by DHB (2008)



Pacific Access to CAMH/AoD Services

In the 1st 6 months of 2008, the Central region had the second largest number of Pacific clients accessing mental health/AoD services in the country with Pacific clients making up 3% of the total number of clients in the region.

Since the end of 2004, the overall number of Pacific clients had increased by 55%, the largest increase of all ethnic groups in the region (see Table 28 & Figure 32).

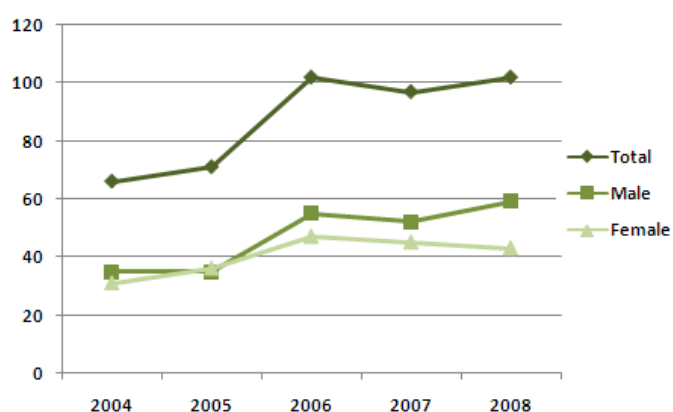
Table 28. Pacific Clients by Gender (2004-2008)

Pacific Clients	Gender		
	Male	Female	Total
2004	35	31	66
2005	35	36	71
2006	55	47	102
2007	52	45	97
2008¹	59	43	102

1. 1st 6 months 2008

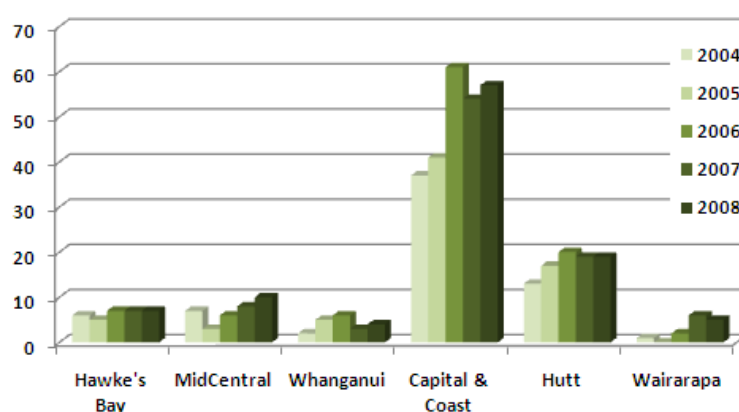
While there were equal numbers of Pacific male and female clients accessing services during the 2004 to 2005 period, Pacific male client numbers had increased and exceeded Pacific female client numbers by the end of 2006.

Figure 32. Pacific Clients by Gender (2004-2008)



Capital & Coast DHB reported the largest number of Pacific clients followed by Hutt Valley DHB (see Figure 33). All DHBs in the Central region reported increases in Pacific clients since 2004.

Figure 33. Pacific Clients by DHB (2004-2008)



Central Region Pacific Access Rates

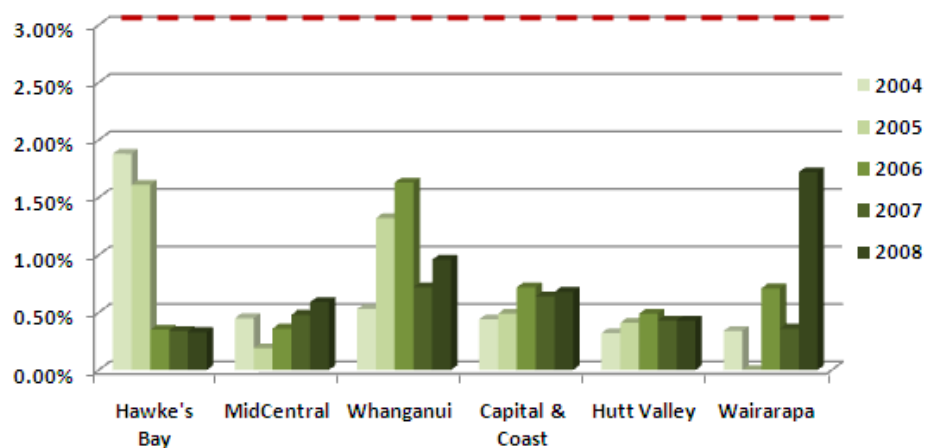
There has been an increase in total Pacific access rates for the 2004 and 2005 period. Despite improvements in the overall Pacific access rates, they continue to remain well below the total regional rate of 1.24% and target rates for all three age groups (see Table 29 & Figure 34).

Table 29. Pacific Access Rates (2004-2007)

Central Region Pacific Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.28%	0.44%	0.77%	0.44%
2005	0.23%	0.52%	0.92%	0.47%
2006	0.26%	0.67%	1.23%	0.60%
2007	0.13%	0.84%	1.05%	0.53%
2008¹	0.17%	0.99%	1.05%	0.59%
Regional Rate¹	0.46%	1.48%	2.45%	1.24%

1. 1st 6 months 2008

Figure 34. Pacific 0-19 yrs Access Rate by DHB (2004-2006)



CENTRAL REGION ASIAN CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2008, the Central region DHB child and adolescent mental health/AoD services reported a total of 5 Asian staff. DHB services reported a loss of 2 Asian staff in 2006, but an increase of four was reported for the 2008 period (see Table 30).

Table 30. Total Asian Workforce (2004-2008)

Central Region Asian Workforce (Head Count)	2004			2006			2008		
	DHB	NGOs	Total	DHB	NGOs	Total	DHB	NGOs	Total
Hawke's Bay	-	-	-	-	-	-	4	-	4
MidCentral	1	-	1	-	-	-	1	-	1
Whanganui	-	-	-	-	-	-	-	-	-
Capital & Coast	2	-	2	1	-	1	-	-	-
Hutt	-	-	-	-	-	-	-	-	-
Wairarapa	-	-	-	-	-	-	-	-	-
Total	3	-	3	1	-	1	5	-	5

Note: Includes Inpatient Services & Administration/Management Workforce

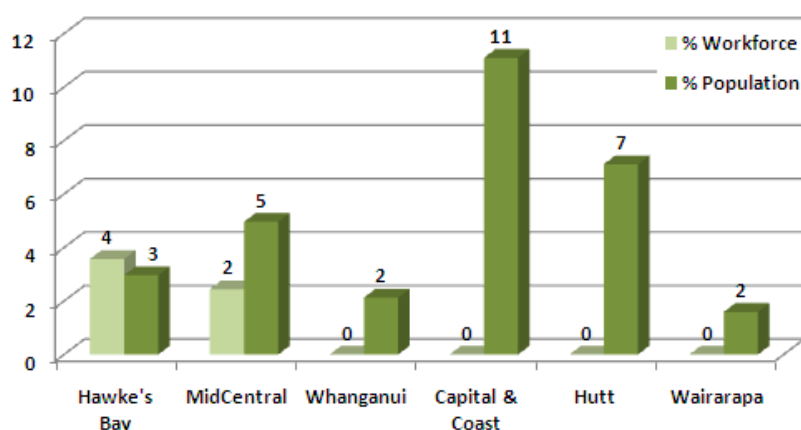
The five Asian staff were reported by Hawke's Bay and MidCentral DHB Community CAMHS.

Of the 5 Asian staff reported in the region, three held Clinical positions as a Mental Health Nurse, Psychiatrist and Other Clinical.

The remainder, two, held Non-Clinical positions as Administration/Management staff.

Asian children and adolescents made up approximately 7% of the region's population, while the Asian workforce (excluding Administration & Management staff) made up only 1% of the region's workforce. Therefore disparities continue to exist between the workforce and population at the regional level as well as at individual DHB, especially in the Capital & Coast area where the majority of the region's Asian children and adolescents reside (see Figure 35).

Figure 35. Proportion of Asian Workforce compared to Proportion of Asian 0-19 yrs Population (2008)



Asian Access to Child & Adolescent Mental Health/AoD Services

In the 1st 6 months of 2008, Asian children and adolescents made up 2% of the total number of clients in the Central region. There has been very little change in Asian client numbers since 2004 (see Table 31).

Table 31. Asian Clients by Gender (2004-2008)

Asian Clients	Gender		
	Male	Female	Total
2004	24	17	41
2005	26	23	49
2006	22	20	42
2007	26	19	45
2008 ¹	23	26	49

1. 1st 6 months 2008

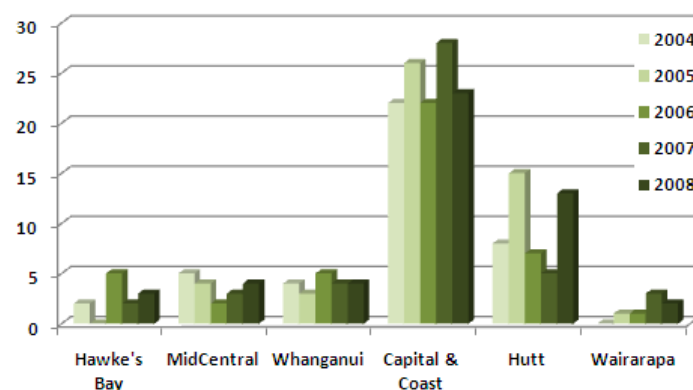
There were slightly more Asian male clients accessing services from the 2004 to 2007 period however by the end of the 1st half of 2008, there were slightly more females accessing services. There has been very little change in both Asian male and female client numbers since 2004 (see Figure 36).

Figure 36. Asian Clients by Gender (2004-2008)



Capital & Coast DHB continues to report the largest number of Asian clients in the region (47%) (see Figure 37).

Figure 37. Asian Clients by DHB (2004-2008)



Asian Access Rate

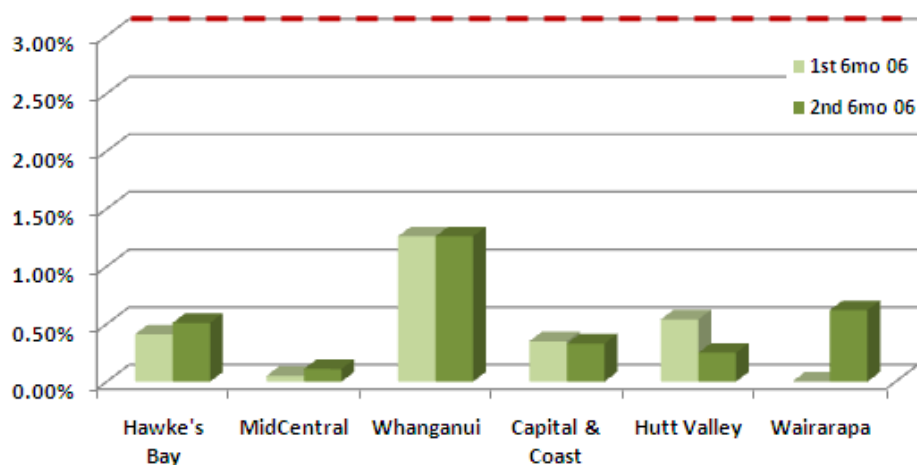
Due to the unavailability of 2007 and 2008 projected Asian population statistics, the 2006 Asian access rates based on the 2006 Census Statistics (prioritised ethnicity statistics) is presented in this section.

There has been a slight decrease in Asian access rates in all three age groups and for most of the DHBs in the region except for Hawke's Bay and MidCentral DHBs. Total Asian access rate of 0.32% remain significantly below the total regional rate of 1.16%, the lowest of the three ethnic groups, and continue to remain significantly below target rates for all three age groups (see Table 32 & Figure 38).

Table 32. Asian Access Rates (2006)

Central Region Asian Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
1 st 6mo 2006	0.19%	0.44%	0.63%	0.38%
2 nd 6mo 2006	0.13%	0.38%	0.60%	0.32%
Regional Rate 2 nd 6 mo 2006	0.42%	1.38%	2.30%	1.16%

Figure 38. Asian 0-19 yrs Access Rates by DHB (2006)



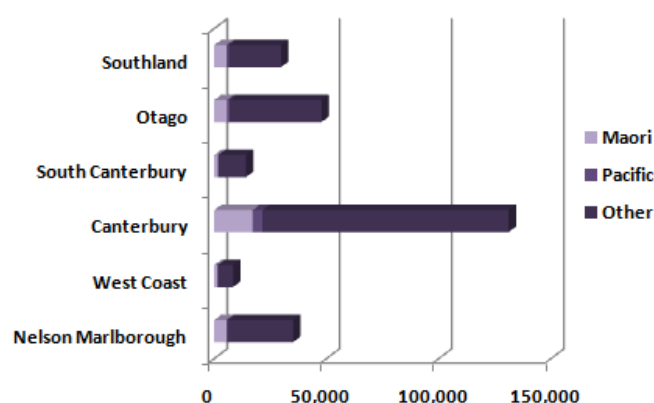
**SOUTHERN REGION CHILD & ADOLESCENT MENTAL HEALTH & AOD
OVERVIEW**

SOUTHERN REGION CHILD & ADOLESCENT POPULATION PROFILE

Based on the 2008 projected child and adolescent population statistics (base 2006, total response), the Southern region has New Zealand's second largest (22%) and child & adolescent (0-19 yrs) population, with nearly half of the region's population residing in Canterbury (see Figure 1).

The 2008 population projections indicate a regional increase of 2% since 2006 with the largest increase in Canterbury by 4%.

Figure 1. Southern Region Child & Adolescent Population Projection (2008)



Māori

The Southern region has the smallest Māori child and adolescent population (13%) in the country. Māori children and adolescents make up 14% of the region's 0-19 years population.

Canterbury had the largest percentage of Māori 0-19 years population (46%), and Southland and West Coast had the largest proportions of Māori children and adolescents 19% and 17 respectively) in the region.

The 2008 population projections indicate a 9% increase in the regional Māori child and adolescent population and projections by DHB show that Canterbury had the largest increase (11%) followed by South Canterbury (10%) and Southland (10%).

Pacific

The Southern region continues to have the one of the smallest (7%) but fastest growing Pacific child and adolescent population. Pacific children and adolescent make up 3% of the total 0-19 years population.

Over half (59%) of the region's Pacific children and adolescents reside in Canterbury with larger proportions residing in the Canterbury, Otago and Southland.

The 2008 population projections indicate a 17% increase in the regional Pacific child and adolescent population, making it the largest increase of Pacific children and adolescents in the county. Projections by DHB indicate an increasing Pacific population in the West Coast, Southland and South Canterbury areas.

Asian

The Southern region had the third largest Asian population (5%), making up 9% of the total regional child and adolescent population. Almost all of the region's Asian child and adolescent population (70%) reside in the Canterbury area.

PROVISION OF CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES IN THE SOUTHERN REGION

DHBs

Six DHBs in the Southern region provide specialist CAMH/AoD services: Nelson Marlborough, West Coast, Canterbury, South Canterbury, Otago and Southland DHBs.

Kaupapa Māori services, in the Price Volume Schedule (PVS), are listed under the MHCS39 purchase unit code. There were no DHB Kaupapa Māori and Pacific CAMHS identified from the 2004/2005 PVS in the Southern region.

DHB funded NGOs

Thirty DHB funded NGOs were providing relevant child and adolescent mental health and AoD services in the Southern region for the reporting period (30th June 2008).

Of the 30 NGOs in the region, there were only four DHB funded Kaupapa Māori child & adolescent mental health/AOD NGOs.

There was only one Pacific NGO, Pacific Trust, identified in the Canterbury area (see Table 3).

Table 1. Nelson Marlborough Child & Adolescent Mental Health/AoD Services (2007/2008)

Nelson Marlborough DHB
Child & Adolescent Mental Health Services
Adult Community Team
Alcohol & Other Drugs
Day Hospital Programme
24 Hour Crisis Intervention
MCT Crisis Intervention

Nelson Marlborough NGOs
Care Solutions
Child & Youth Planned Respite
Child & Youth Crisis Respite
Gateway Housing Trust
Child & Youth Community Residential Care
Horizon Trust Board
Children & Youth Alcohol & Drug Community Services
<i>Te Rapuora O Te Waiharakeke Trust</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi

Note: Italicised Services are Kaupapa Māori Services

Table 2. West Coast Child & Adolescent Mental Health/AoD Services (2007/2008)

West Coast DHB
Child & Adolescent Mental Health Service & Alcohol & Drug Services

Note: West Coast DHB had no DHB Funded NGOs for the reporting period.

Table 3. Canterbury Child & Adolescent Mental Health/AoD Services (2007/2008)

Canterbury DHB
Child Specialty Services
Youth Specialty Services
Family Mental Health
Youth Day Programme
Child Day Programme
Consult Liaison Service to NGOs/PHOs
Regional Services
Child & Family Inpatient Unit (Southern Region)
Youth Inpatient Unit (Southern Region)
Intensive Case Management (Canterbury DHB)

Canterbury NGOs
Adventure Development Ltd.
Children & Youth Alcohol & Drug Community Services
Ashburton Community Alcohol & Drug Service Inc
Children & Youth Alcohol & Drug Community Services
Christchurch City Mission
Children & Youth Alcohol & Drug Community Services
Depression Support Network
Advocacy/Peer Support/Consumers
Odyssey House Trust
Child & Youth Community Alcohol & Drug Residential Services
Pacific Trust Canterbury
Children & Young People Community Services
Children & Youth Alcohol & Drug Community Services
Purapura Whetu Trust
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Richmond Fellowship
Child & Youth Community Residential Care
St John of God Youth & Community Services-Waipuna Trust
Children & Youth Alcohol & Drug Community Services
Stepping Stone Trust
Children & Young People Community Services
Child & Youth Crisis Respite
Stop Trust
Children & Young People Community Services
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Waimakariri Community Development Trust
Children & Youth Alcohol & Drug Community Services
Youth Health Trust
Children & Young People Community Services
Children & Youth Alcohol & Drug Community Services

Note: Italicised Services are Kaupapa Māori Services (MHCS39)

Table 4. South Canterbury Child & Adolescent Mental Health/AoD Services (2007/2008)

South Canterbury DHB
Child & Adolescent Psychiatric Services
Māori Mental Health Team
Youth Alcohol & Other Drug Service

South Canterbury NGOs
Adventure Development Ltd
Children & Young People Community Services
Stepping Stone Trust
Child & Youth Community Residential Care

Table 5. Otago Child & Adolescent Mental Health AoD Services (2007/2008)

Otago DHB
Child & Family Service
Youth Specialty Service

Otago NGOs
Adventure Development Ltd.
Children & Young People Community Services
Children & Youth Alcohol & Drug Community Services
Aroha Ki Tamariki Charitable Trust
Children & Young People Community Services
Children & Youth Alcohol & Drug Community Services
Child & Youth Planned Respite
Costorphine Baptist Community Trust
Children & Young People Community Residential Care
Miramare Ltd.
Needs Assessment & Service Co-ordination
Otago Youth Wellness Trust
Children & Young People Community Services
Taieri & Strath Taieri Primary Health Organisation
Children & Young People Community Services

Table 6. Southland Child & Adolescent Mental Health/AoD Services (2007/2008)

Southland DHB
Child, Adolescent & Family Service (includes Queenstown & Gore areas)
Southland NGOs
Adventure Development Ltd.
Children & Young People Community Services
Children & Youth Alcohol & Drug Community Services
<i>Nga Kete Matauranga Pounamu Charitable Trust</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
PACT Group
Child & Youth Community Residential Care
Children & Young People Community Services
Children & Youth Day Activity Service
Child & Youth Crisis Respite
Schizophrenia Fellowship Southland Branch Inc
Advocacy/Peer Support-Families/Whanau
Southland Youth Health One Stop Shop Trust
Children & Young People Community Services

Note: Italicised Services are Kaupapa Māori Services (MHCS39)

SOUTHERN REGION FUNDING

Since the 2004/2005 financial year, there has been a 24% increase in total funding for child & adolescent mental health & AoD services in the Southern region, with a larger increase in funding for NGOs (35%) (see Figures 2 & 3).

Figure 2. Total Funding (2004-2008)

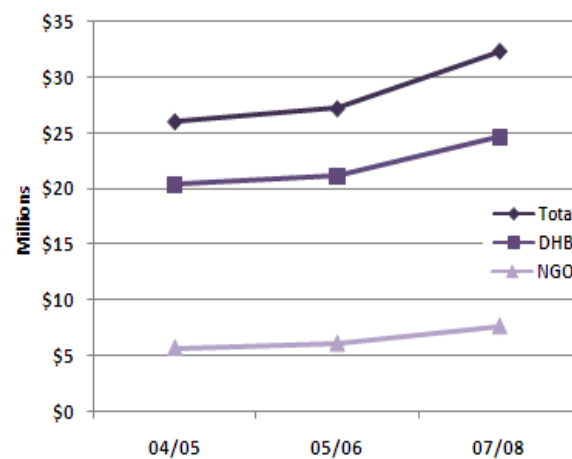
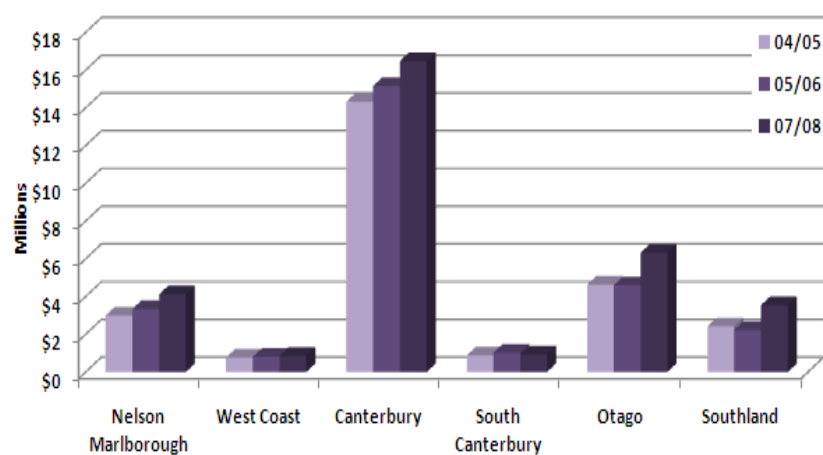


Figure 3. Total Funding by DHB (2004-2008)



Funding per Head Child & Adolescent Population

Funding per head of population is a method by which we can look at the equity of funding across the regions and DHBs. Clearly this is not the actual amount spent per child as only a small proportion of this population access services. The effect of inter DHB referral is negligible for the Southern region (see Appendix D, Table 6).

Since 2004/2005, there has been a 19% increase in the regional spend per child (excluding Inpatient costs) and a 22% increase when inpatient costs are included (see Figure 4). While there has been a regional increase in funding per head child and adolescent population, funding per child and adolescent by DHB showed that South Canterbury and Canterbury DHBs had the least increases since 2004 (see Figure 5).

Figure 4. Funding per head Child & Adolescent Population (2004-2008)

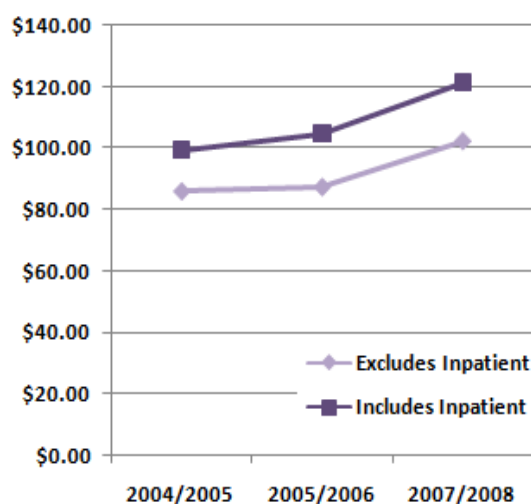
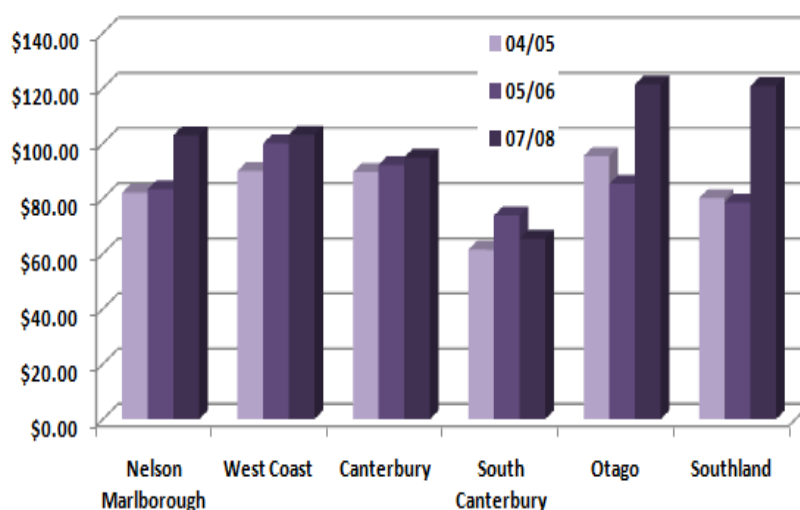


Figure 5. Funding per head Child & Adolescent Population by DHB (2004-2008)



SOUTHERN REGION CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

Total Southern Region Child & Adolescent Mental Health/AoD Workforce

The Southern region DHB (Inpatient & Community) child and adolescent mental health/AoD services & NGOs reported a total of **347.91** actual FTEs with a further **22.38** FTEs reported vacant with the majority of vacancies (89%) reported by the DHB services.

Since 2006, total FTEs had increased by 3% and vacancies had increased by 4% (see Table 7).

Table 7. Total Southern Region Child & Adolescent Mental Health Workforce (2004-2008)

Southern Region	DHB ¹			NGOs			Total ²		
	Actual	Vacant	% Vacancy	Actual	Vacant	% Vacancy	Actual	Vacant	% Vacancy
2004	212.46	20.33	9	143.20	3.80	3	355.66	24.13	6
2006	204.81	21.04	9	132.55	0.50	0	337.36	21.54	6
2008	214.33	19.88	8	133.58	2.50	2	347.91	22.38	6

1. Includes Inpatient Data

2. Includes Administration/Management Workforce

Figure 6. Total Actual FTEs (2004-2008)

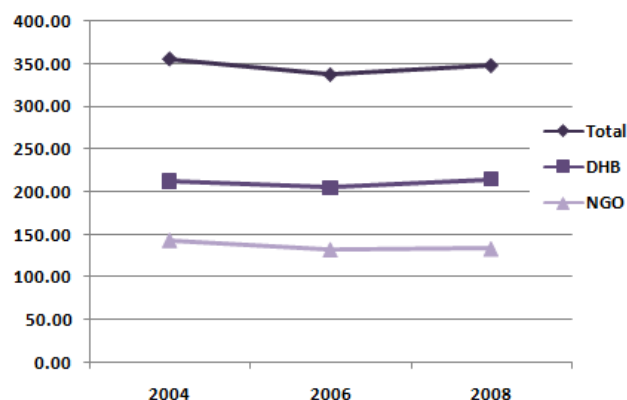


Figure. 7. Total Vacant FTEs (2004-2008)

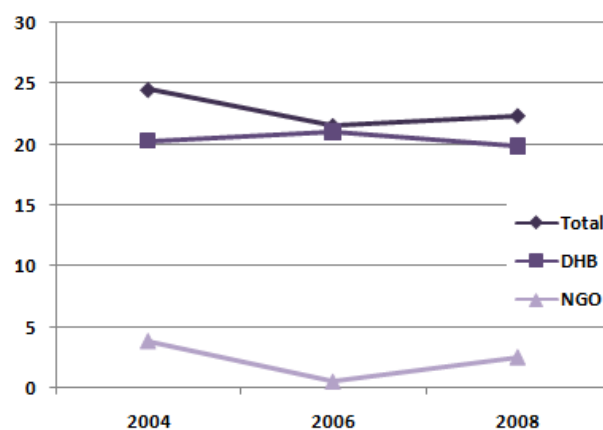


Table 8. Total Child & Adolescent Mental Health/AoD Workforce by Occupational Group (2008)

Southern Region Actual FTEs	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	40.60	132.20	172.80	75.30	248.10
Alcohol & Drug	-	4.00	4.00	11.60	15.60
Counsellor	-	4.79	4.79	28.60	33.39
Mental Health Nurse	29.20	21.52	50.72	5.90	56.62
Occupational Therapist	1.50	10.05	11.55	4.00	15.55
Psychiatrist	2.80	13.50	16.30	-	16.30
Psychotherapist	-	1.80	1.80	-	1.80
Psychologist	2.00	26.95	28.95	2.50	31.45
Social Worker	2.50	31.99	34.49	19.00	53.49
Other Clinical ¹	2.60	17.60	20.20	3.70	23.90
Non-Clinical Sub-Total	0.80	10.40	11.20	50.70	61.90
Cultural	0.80	3.40	4.20	-	4.20
Specific Liaison	-	0.80	0.80	-	0.80
Mental Health Consumer	-	2.20	2.20	-	2.20
Mental Health Support	-	3.50	3.50	36.70	40.20
Other Non-Clinical ²	-	0.50	0.50	14.00	14.50
Administration/Management	4.80	25.53	30.33	7.58	37.91
Regional Total	46.20	168.13	214.33	133.58	347.91

1. Other Clinical Occupational Group includes: Allied Health Child & Family Worker; Research Officer, Duty Worker; Speech Language Therapist; Music Therapist; COPMI, Comprehensive Nurse; Intake; Education/Liaison; RMO; Family Therapist
2. Other Non-Clinical Includes: Youth Workers

Table 9. Vacant FTEs by Occupational Group (2008)

Southern Region Vacant FTEs	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	-	17.98	17.98	-	17.98
Alcohol & Drug	-	0.70	0.70	-	0.70
Counsellor	-	-	0.00	-	-
Mental Health Nurse	-	2.30	2.30	-	2.30
Occupational Therapist	-	1.00	1.00	-	1.00
Psychiatrist	-	5.38	5.38	-	5.38
Psychotherapist	-	-	0.00	-	-
Psychologist	-	3.50	3.50	-	3.50
Social Worker	-	2.10	2.10	-	2.10
Other Clinical	-	3.00	3.00	-	3.00
Non-Clinical Sub-Total	-	0.80	0.80	2.50	3.30
Cultural	-	0.80	0.80	-	0.80
Specific Liaison	-	-	0.00	-	-
Mental Health Consumer	-	-	0.00	-	0.00
Mental Health Support	-	-	0.00	1.50	1.50
Other Non-Clinical ²	-	-	0.00	1.00	1.00
Administration/Management	-	1.10	1.10	-	1.10
Regional Total	-	19.88	19.88	2.50	22.38

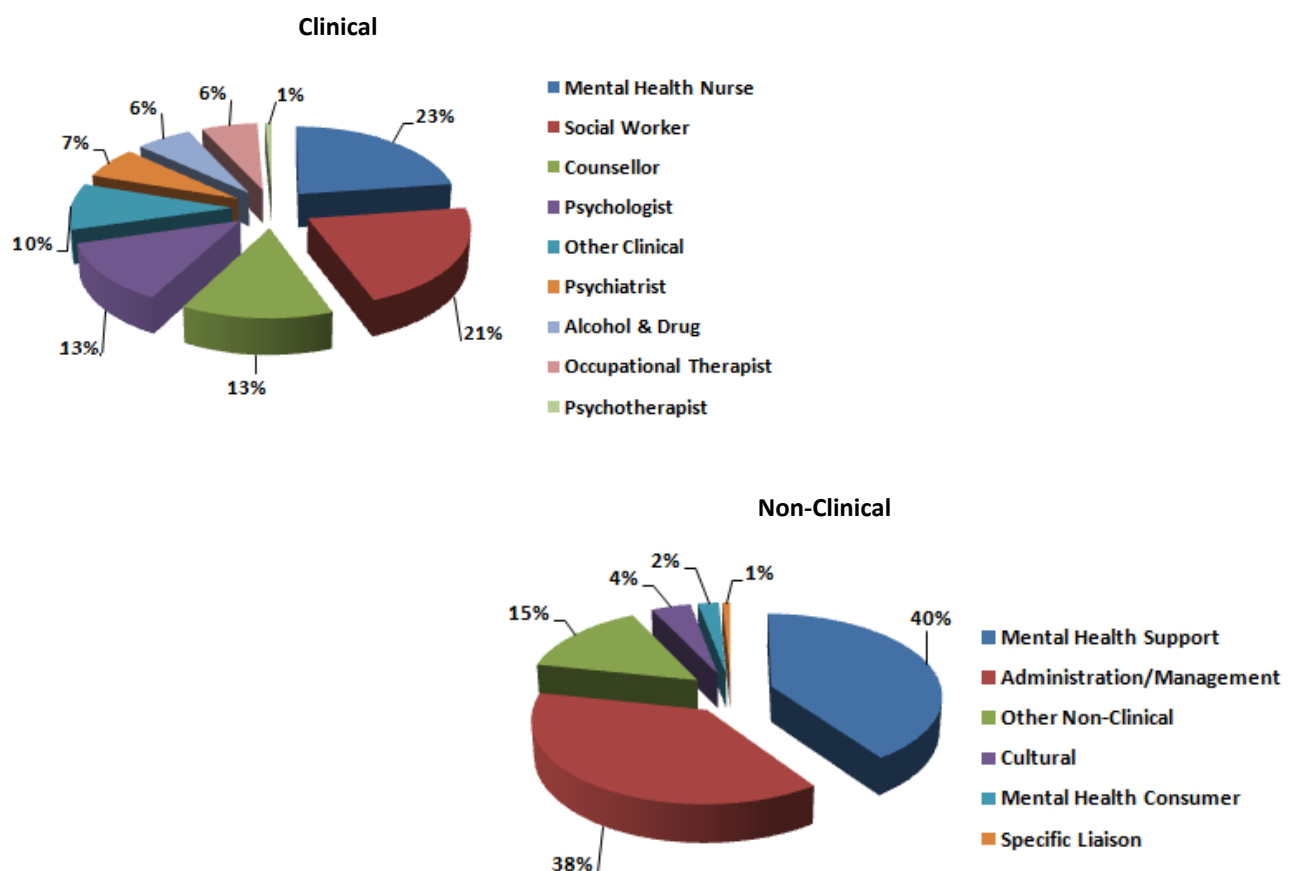
Total Clinical & Non-Clinical Workforce

There has been a 9% increase in the total Clinical workforce since 2006. Total percentage change in the Clinical workforce was not calculated from 2004 as the 2004 NGO data was incomplete and contained Adult FTEs.

Seventy-one percent of the Southern region child & adolescent mental health & AoD workforce were Clinical staff with the majority (70%) employed in DHB CAMH/AoD services (see Table 8 & Figure 8).

The remainder of the workforce (18%) were in Non-Clinical roles (see Table 8 & Figure 8)

Figure 8. Clinical & Non-Clinical Workforce by Occupational Group (2008)



DHB Inpatient Child & Adolescent Mental Health Workforce

In June 2008, the Canterbury DHB Inpatient Service reported a total of 46.2 actual FTEs with no reported vacancies (see Table 10).

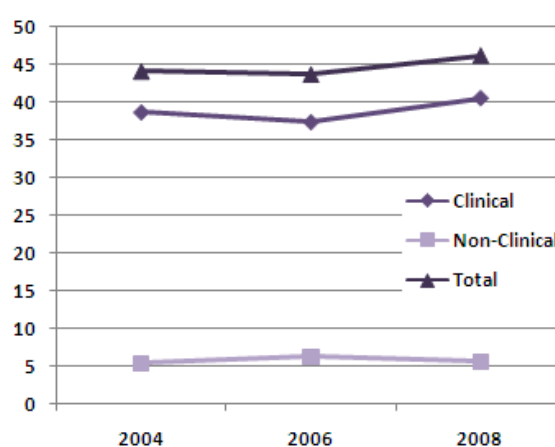
There has been a five percent increase in the Inpatient workforce since 2004 (see Table 10 & Figure 9).

Table 10. DHB Inpatient CAMHS Workforce (2004-2008)

Canterbury DHB Inpatient Service:	Actual FTEs			Vacant FTEs			% Vacancy
	Clinical	Non-Clinical ¹	Total	Clinical	Non-Clinical*	Total	
2004	38.7	5.4	44.10	0.70	-	0.70	2
2006	37.4	6.3	43.70	1.00	0.30	1.30	3
2008	40.6	5.6	46.20	-	-	0.00	0

1. Includes Administration & Management Staff

Figure 9. DHB Inpatient Clinical & Non-Clinical FTEs (2004-2008)



Clinical & Non-Clinical Workforce

Eighty-eight percent of the Inpatient staff were in Clinical roles with an increase of 5% since 2004 (see Table 8).

The remainder were in Non-Clinical roles predominantly as Administration/Management and Cultural roles (see Table 8).

Southern Region DHB Community CAMH/AoD Workforce

The Southern region DHB Community CAMH/AoD services reported a regional total of **168.13** actual FTEs with a further 19.88 FTEs reported vacant with Canterbury and Otago DHBs reporting the largest workforce (68.23 & 32.60 actual FTEs respectively) in the region (see Table 11).

There has been a 10% increase in the regional community workforce since 2004 and a 13% increase in vacancies (see Table 11 & Figures 10 & 11).

Table 11. DHB Community CAMH/AoD Services Workforce (2004-2008)

Southern Region	2004			2006			2008		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Nelson Marlborough	20.67	4.00	19	26.60	3.50	13	23.40	-	-
West Coast	11.40	0.30	3	10.40	2.50	24	11.50	3.80	33
Canterbury	77.74	9.87	13	69.65	7.84	11	68.23	9.85	14
South Canterbury	8.80	1.00	11	7.85	2.20	28	10.00	-	-
Otago	35.90	-	-	33.51	-	-	32.60	0.70	2
Southland	13.85	2.50	18	13.10	3.70	28	22.40	5.53	25
Total	153.14	17.67	10	161.11	18.10	11	168.13	19.88	12

Figure 10. DHB Community CAMHS Actual FTEs (2004-2008)

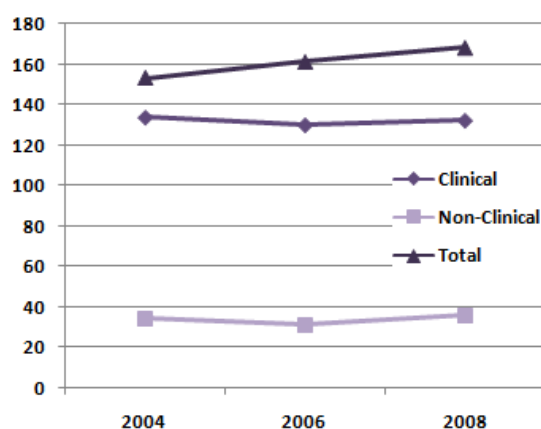
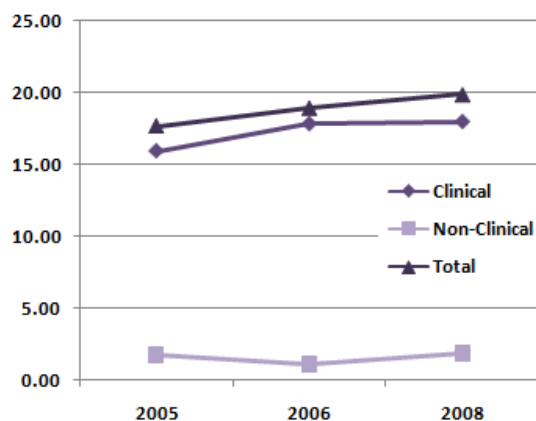


Figure 11. DHB Community CAMHS Vacant FTEs (2004-2008)

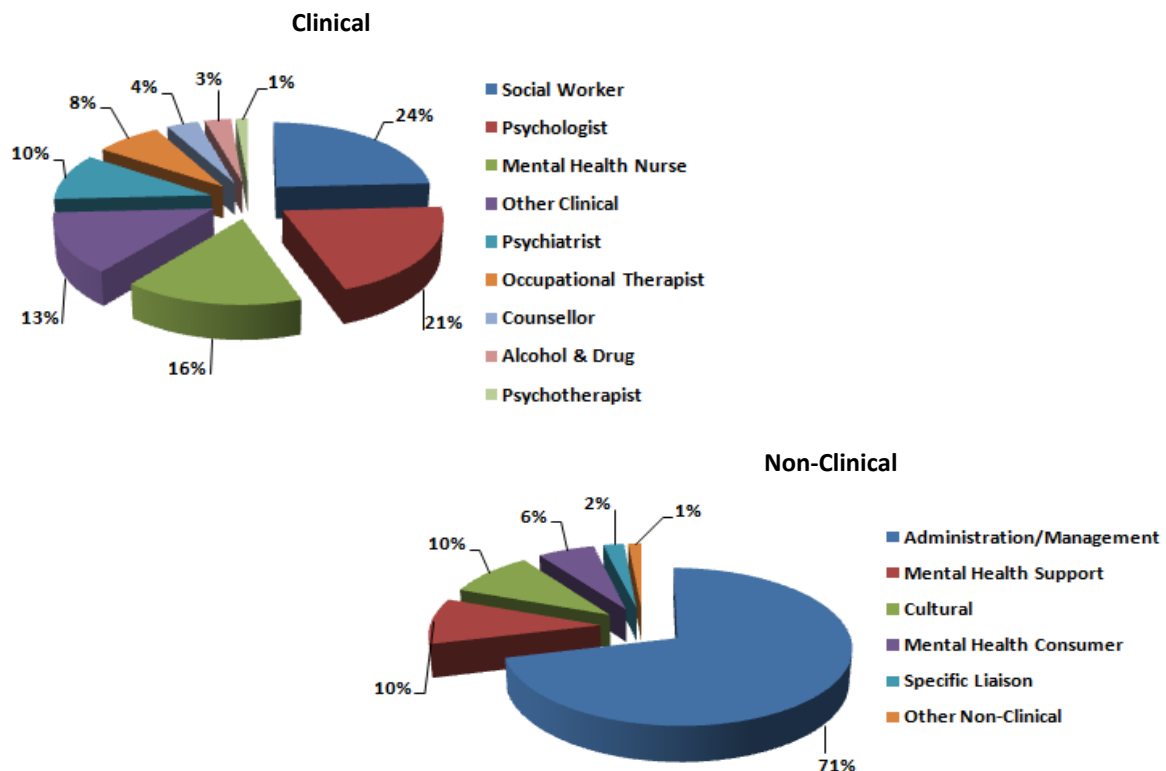


Clinical & Non Clinical Workforce

While there has been a slight decrease in the Clinical workforce in 2006, the 2008 regional Clinical workforce was back up to 2004 levels. The largest increase was reported by Southland DHB.

Seventy-nine percent of the DHB Community Clinical CAMH/AoD staff were in Clinical roles (see Table 8 & Figure 12).

Figure 12. DHB Community Clinical & Non-Clinical Workforce (2008)



The largest growth since 2004 was in following roles:

- Other Clinical
- Occupational Therapists
- Counsellors

There has been a 13% increase in the total number of Community Clinical vacancies reported since 2004.

The largest number of Clinical vacancies was for:

- Psychiatrists
- Psychologists

The 2008 Non-Clinical Community CAMH/AoD workforce made up the remainder of the Southern region community workforce mainly in Administration/Management roles; Mental Health Support Workers and Cultural staff (see Table 8 & Figure 12).

NGO Child & Adolescent Mental Health/AoD Workforce

As at 30th June 2008, a total of 30 NGOs in the Southern region were identified for this update. There were no NGOs providing child and adolescent services in the West Coast area. Although 2004 NGO workforce data is presented in this section, comparisons are limited to the 2006 workforce data due to comparable data sets.

In 2008, the NGOs in the Southern region reported a total of **133.58** actual FTEs and a further **2.50** vacant FTEs. The regional NGO workforce remained stable since 2006, and there has been a slight increase in reported vacancies (see Table 12 & Figure 11).

Canterbury and Otago reported the largest NGO workforce in the region (see Table 12).

Table 12. NGO Child & Adolescent Mental Health Workforce

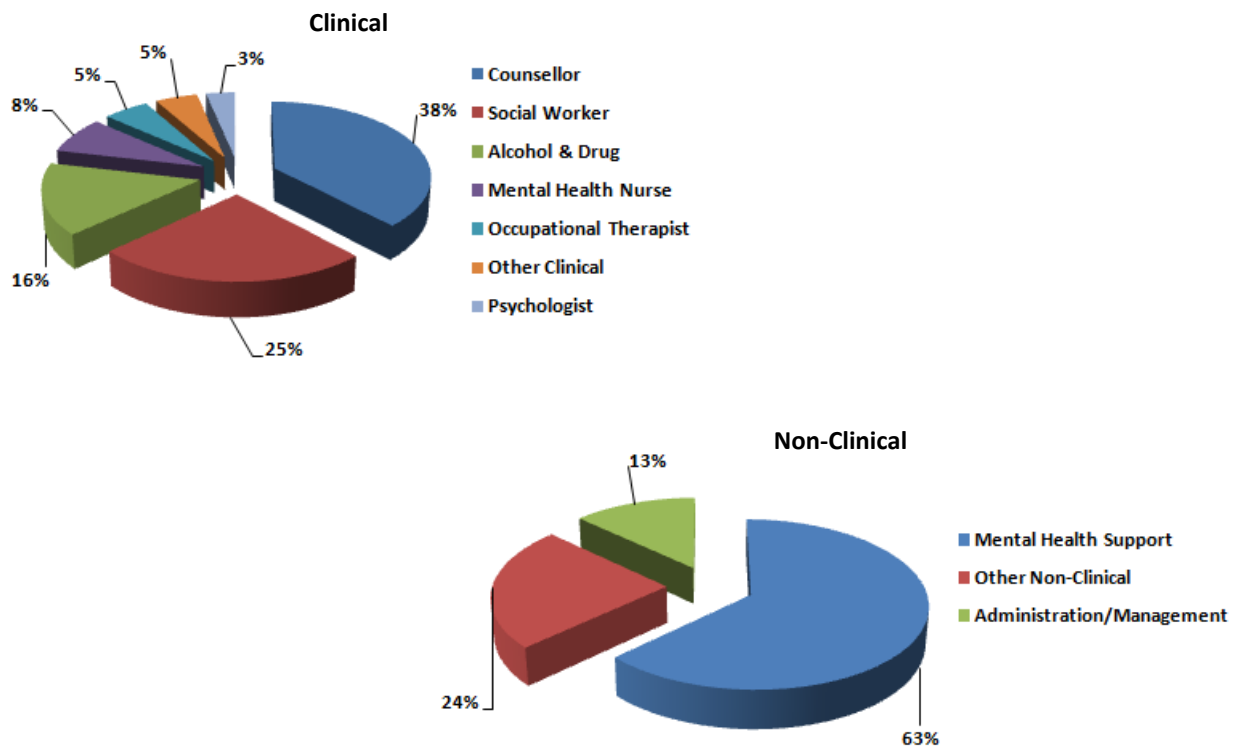
Southern Region NGOs	2004			2006			2008		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
Nelson Marlborough	19.4	3.8	20	17.25	-	-	15.30	-	-
Canterbury	77.5	-	-	75.00	-	-	59.38	1.50	3
South Canterbury	-	-	-	0.70	-	-	11.00	-	-
Otago	39.1*	-	-	28.10	0.5	2	30.10	-	-
Southland	14	-	-	11.50	-	-	17.80	1.00	6
Total	110.90	3.80	3	132.55	0.50	0.4	133.58	2.50	2

NGO Clinical & Non-Clinical Workforce

Staff in the Southern region NGO sector were largely (56%) in Clinical roles (see Table 8 & Figure 13).

The remainder of the staff were (38%) were in Non-Clinical roles (see Table 8 & Figure 13)

Figure 13. NGO Clinical & Non-Clinical Workforce (2008)



Community Clinical Workforce compared to the MHC Resource Guidelines

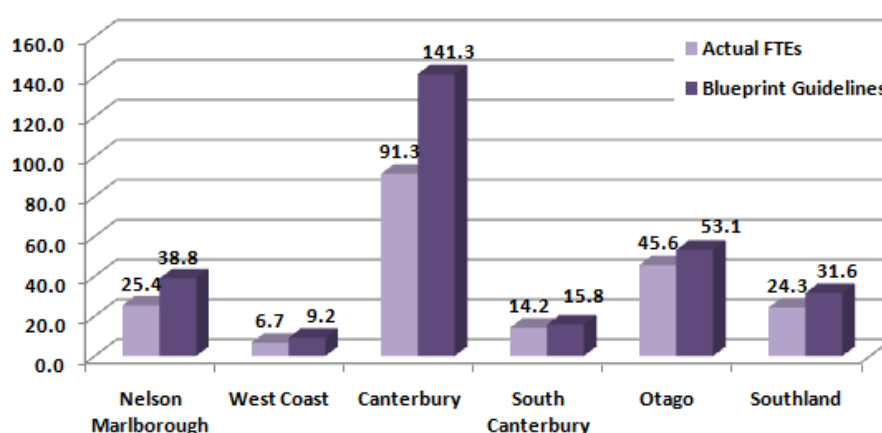
There has been a significant increase (44%) in the regional Community Clinical workforce since 2006 from 143.85 to 207.5 FTEs). FTEs were closer to blueprint levels than in 2006, however the Community Clinical workforce would still need to increase by **40%**, an additional 82.36 FTEs, to meet the MHC's recommended resource guideline of **289.86** FTEs for the Southern region (see Table 13 & Figure 14).

Table 13. Community Clinical Workforce compared to Blueprint Guidelines (2004-2008)

Southern Region	Actual Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase Needed
2004	210.21	276.37	66.16	31
2006 ¹	143.85	231.89	88.04	61
2008 ²	207.50	289.86	82.36	40

1. 2006 Census (Prioritised Ethnicity)
2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a).

Figure 14. Community Clinical Workforce compared to Blueprint Guidelines by DHB (2008)



Recommendations for the Child & Adolescent Mental Health Psychiatry Workforce

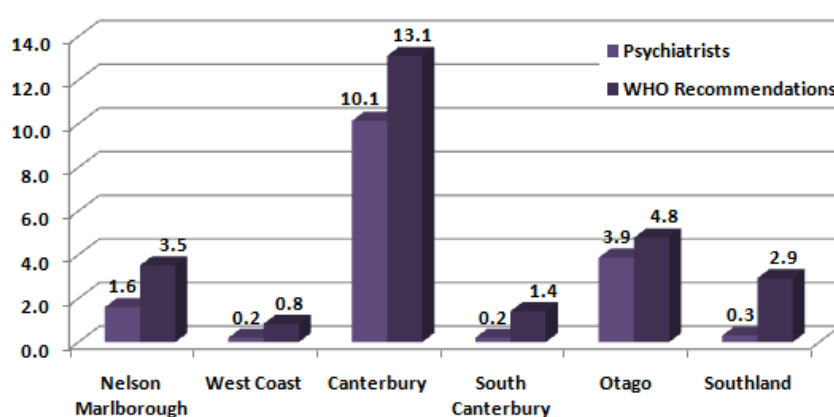
There has been a 22% increase in Psychiatry FTEs (from 13.38 FTEs to 16.30 actual FTEs) since 2004; while psychiatry FTEs were closer to recommended levels compared to 2004, they continue to remain well below the WHO recommendation level of **26.61** actual FTEs for the region. Therefore the Southern region Psychiatry FTEs would need to increase by **63%** (10.31 FTEs) to reflect the regional child and adolescent population (see Table 14 & Figure 15).

Table 14. Psychiatry Workforce compared to WHO Recommendations (2004-2008)

Southern Region	Actual Psychiatry FTEs ¹	WHO Recommendations ²	FTEs Needed	% Increase
2004	13.38	26.24	12.86	96
2006³	13.80	23.41	9.61	70
2008⁴	16.30	26.61	10.31	63

1. Includes DHB Inpatient , Community CAMH/AoD Services & NGOs
2. WHO Recommendations for Psychiatrists: 10/100,000 Total Population (WHO, 2001)
3. 2006 Census (Prioritised Ethnicity)
4. 2008 Population Projections (2006 Base, Total Response, Medium Projections)

Figure 15. Psychiatry Workforce compared to WHO Recommendations by DHB (2008)



SOUTHERN REGION ACCESS TO CHILD & ADOLESCENT MENTAL HEALTH SERVICES

The following section has been extracted from the MHINC 2004 to 2007 (2nd 6 months) analyses. This section only contains MHINC access data that is relevant to the region. The complete MHINC National access data is available upon request.

Since 2004, the Southern region continued to have the second highest number of clients accessing mental health/AoD services in the country. Since 2004, there has been a six percent decrease in total client numbers in the region (see Table 15 & Figure 16).

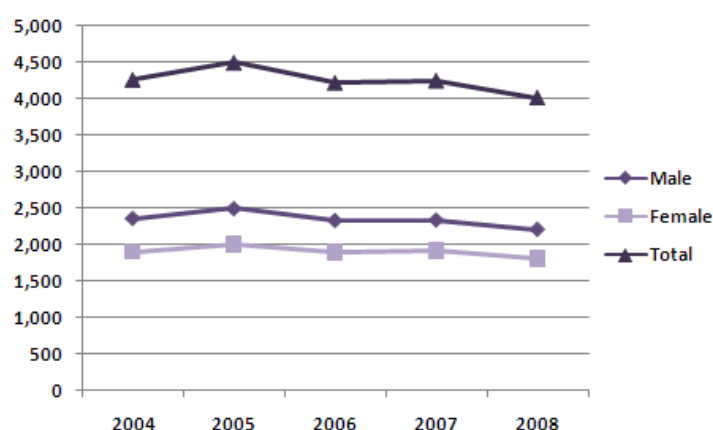
Table 15. Total Clients by Gender (2004-2008)

Southern Region	Gender								
	Male				Female				DHB Total
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total	
2004	560	862	936	2,358	232	512	1,159	1,903	4,261
2005	545	897	1,053	2,495	217	557	1,230	2,004	4,499
2006	468	816	1,043	2,327	176	497	1,221	1,894	4,221
2007	497	785	1,054	2,336	184	514	1,217	1,915	4,251
2008 ¹	467	774	964	2,205	191	442	1,175	1,808	4,013

1. 1st 6 months 2008

Male clients continue to be the largest client group in the region (55%) with very little change in both male and female client numbers since 2004.

Figure 16. Total Clients by Gender (2004-2008)



The largest client group in the Southern region continues to be 15-19 year olds (53%). While more 0-9 and 10-14 year old males were accessing mental health/AoD services, there were slightly more females accessing services in the 15-19 year age group. While there has been very little change in total number of client, clients by age group show that the only increase was in the 15-19 year age group by 2%.

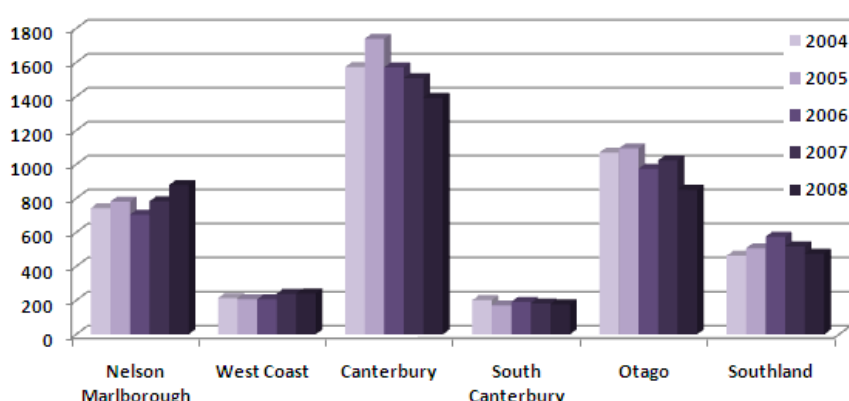
Canterbury continues to report the highest number of total clients in the region followed by Otago (see Figure 19). Three of the six DHBs reported slight increases in the total number of clients since 2004, with Nelson Marlborough and West Coast DHBs reporting the largest increases (18% & 13% respectively); however South Canterbury, Otago and Canterbury reported decreases since 2004, the largest decrease reported by Otago by 21% (see Table 16 & Figure 17).

Table 16. Total Clients by DHB (2004-2008)

Southern Region	Year				
	2004	2005	2006	2007	2008 ¹
Nelson Marlborough	743	781	704	783	879
West Coast	213	207	206	239	241
Canterbury	1,572	1,739	1,571	1,507	1,392
South Canterbury	201	171	191	181	176
Otago	1,070	1,094	974	1,023	850
Southland	462	507	575	518	475
Total	4,261	4,499	4,221	4,251	4,013

1. 1st 6 months 2008

Figure 17. Total Clients by DHB (2004-2008)



Southern Region Access Rates Compared to MHC Access Benchmarks

The 2004 to 2008 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 population. Access rates are not affected by referral to regional services as they are based on the DHB where the client lives (DHB of Domicile).

The Southern region access rates were the highest in the country however there has been a slight decrease in regional access rates since 2004 and remains well below target rates for all three age groups (see Table 17).

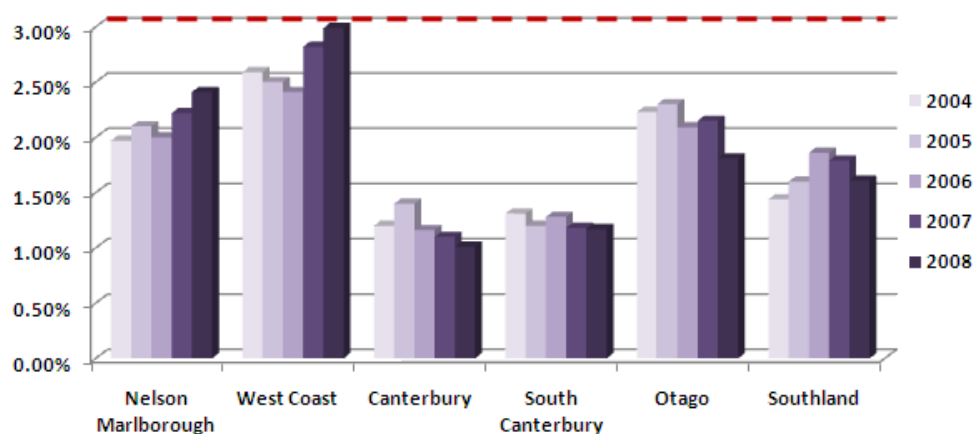
Access rates by DHB shows that West Coast DHB was the only DHB to reach targets levels in the Southern region (see Figure 18).

Table 17. Access Rates by Age Group (2004-2008)

Southern Region Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%
2004	0.65%	1.93%	2.75%	1.58%
2005	0.63%	2.12%	2.94%	1.68%
2006	0.52%	1.91%	3.03%	1.57%
2007	0.55%	1.91%	2.99%	1.58%
2008¹	0.52%	1.81%	2.76%	1.47%

1. 1st 6 months 2008

Figure 18. 0-19 yrs Access Rates by DHB (2004-2008)



SOUTHERN REGION MĀORI CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

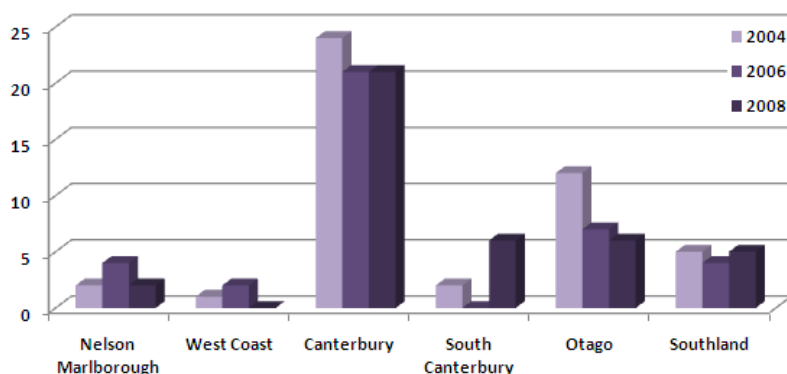
In 2008, the Southern region DHB CAMH/AoD (Inpatient & Community) services and NGOs reported a total of **40** Māori staff (32.1 actual FTEs), an increase of two since 2006 with NGOs continuing to report 70% of the Māori workforce largely based in the Canterbury DHB area (see Table 18 & Figure 19).

Table 18. Total Māori Workforce (2004-2008)

Southern Region Māori Workforce (Headcount)	2004			2006			2008		
	DHB ¹	NGO	Total	DHB ¹	NGO	Total	DHB ¹	NGO	Total
Nelson Marlborough	-	2	2	-	4	4	-	2	2
West Coast	1	-	1	2	-	2	-	-	-
Canterbury	7	17	24	6	15	21	6	15	21
South Canterbury	2	-	2	-	-	0	4	2	6
Otago	2	10	12	2	5	7	-	6	6
Southland	1	4	5	1	3	4	2	3	5
Total	13	33	46	11	27	38	12	28	40

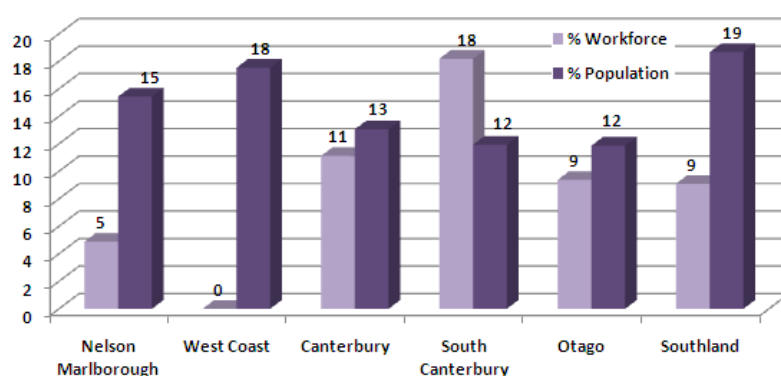
1. Includes Inpatient Workforce & Administration/Management Workforce

Figure 19. Total Māori Workforce by DHB (2004-2008)



The 2008 population projections indicate a 9% increase in the Māori 0-19 yrs population since 2006; however the Southern region reported a 5% increase in the regional Māori workforce. Population and workforce comparisons shows that while the Māori 0-19 yrs population made up 14% of the region's population, the regional Māori workforce made up only 9% of the total workforce. Therefore disparities between the workforce and the population continue to exist at the regional level as well as within individual DHB areas especially in the West Coast and Nelson & Marlborough and Southland DHBs (see Figure 20).

Figure 20. Proportion of Māori Workforce compared to Proportion of Māori 0-19 yrs Population (2008)



Māori Clinical & Non-Clinical Workforce

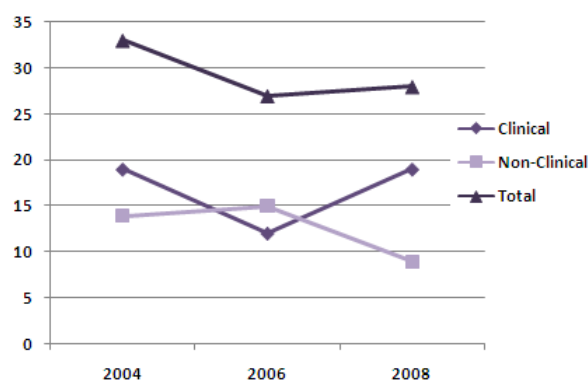
Overall, there continues to be more Māori in Clinical roles, with Māori Clinical staff numbers increasing in both DHB services and NGOs since 2006. While Māori Clinical staff had increased, services reported decreases in Māori Non-Clinical staff (see Table 19 & Figure 21).

Table 19. Māori Clinical & Non-Clinical Workforce (2004-2008)

Southern Region Māori Workforce (Head Count)	Inpatient			Community			NGOs			Total	
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical
2004	-	2	2	2	9	11	19	14	33	21	25
2006	-	2	2	2	7	9	12	15	27	14	24
2008	2	2	4	3	5	8	19	9	28	24	16

Note: Includes Administration/Management Workforce

Figure 21. Māori Clinical & Non-Clinical Workforce (2004-2008)



Over half (60%) of the total Southern region Māori staff were in Clinical roles (see Table 20 & Figure 22).
 The remainder were in Non-Clinical roles largely as Mental Health Support Workers (see Table 20 & Figure 22).

Figure 22. Māori Clinical & Non-Clinical Workforce (2008)

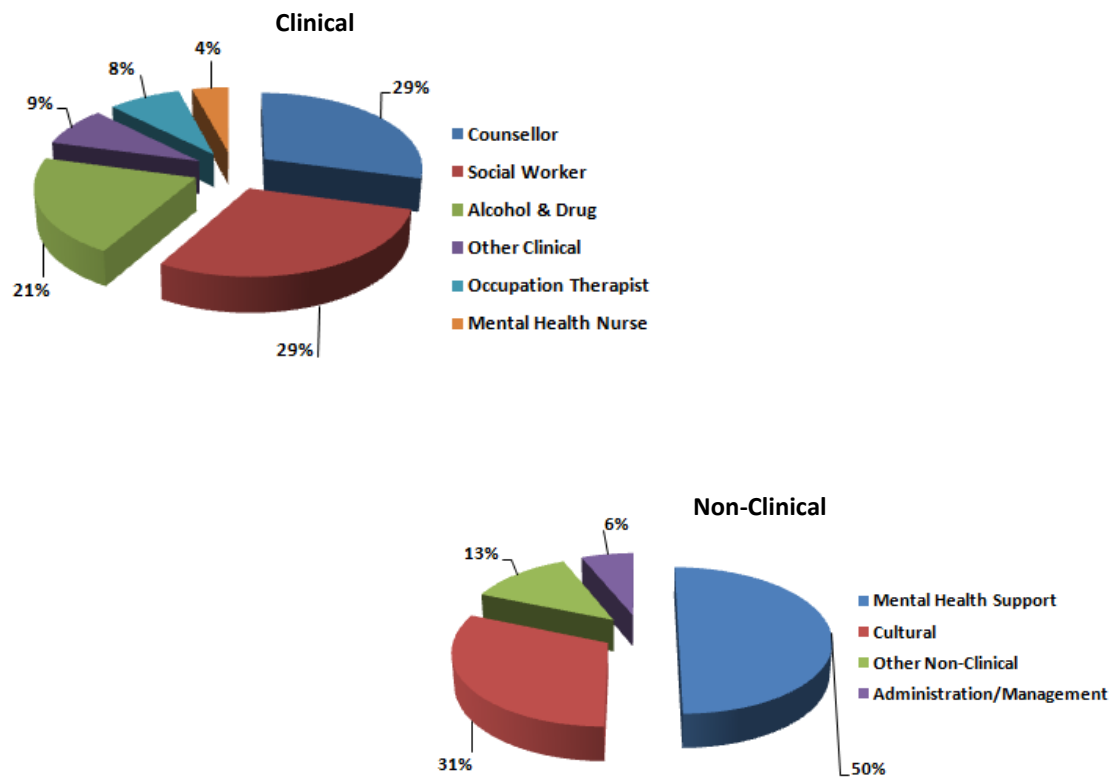


Table 20. Māori Workforce by Occupational Group (2008)

Southern Region Māori Workforce (Head Count)	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	2	3	5	19	24
Alcohol & Drug	-	1	1	4	5
Counsellor	-	-	-	7	7
Mental Health Nurse	1	-	1	-	1
Occupational Therapist	1	-	1	1	2
Psychiatrist	-	-	-	-	-
Psychotherapist	-	-	-	-	-
Psychologist	-	-	-	-	-
Social Worker	-	2	2	5	7
Other Clinical	-	-	-	2	2
Non-Clinical Sub-Total	2	5	7	8	15
Cultural	2	3	5	-	5
Specific Liaison	-	-	-	-	-
Mental Health Consumer	-	-	-	-	-
Mental Health Support	-	2	2	6	8
Other Non-Clinical	-	-	-	2	2
Administration/Management	-	-	-	1	1
Regional Total	4	8	12	28	40

DHB Inpatient Workforce

In 2008, the Canterbury DHB Inpatient Services reported 4 Māori staff, an increase of two since 2006.

Two of the Māori Inpatient staff were in Clinical positions (see Table 20). And the other two were in Non-Clinical roles as Cultural staff.

DHB Community Workforce

In 2008, the Southern region DHB Community services reported a total of 8 Māori staff, a decrease of one since 2006, with Canterbury DHB reporting the largest Māori DHB Community workforce (see Table 20). The majority of the Māori staff (5) were in Non-Clinical roles.

NGO Workforce

Of the 31 NGOs providing child and adolescent mental health and AoD services in the Southern region, 15 reported a total of 28 Māori Staff, an increase of one since 2006 (see Table 17). Māori staff in NGOs were largely in Clinical roles (see Table 20).

Of the 31 NGOs, four NGOs, Te Rapuora O Te Waiharakeke Trust, Purapura Whetu Trust, Stop Trust and Nga Kete Matauranga Pounamu Charitable, Trust were contracted as Kaupapa Māori services (Purchase Unit Code: MHCS39), received approximately 10% of the total regional NGO funding and reported four Māori staff. Of the four Māori staff, three were in Clinical positions as Counsellors and one held an unspecified Non-Clinical position.

Māori Community Clinical Workforce compared to Blueprint Guidelines

Using the MHC Blueprint resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional 0-19 years Māori population, the Southern region would require a total of 40.2 Māori Community Clinical FTEs to reflect the Māori child and adolescent population.

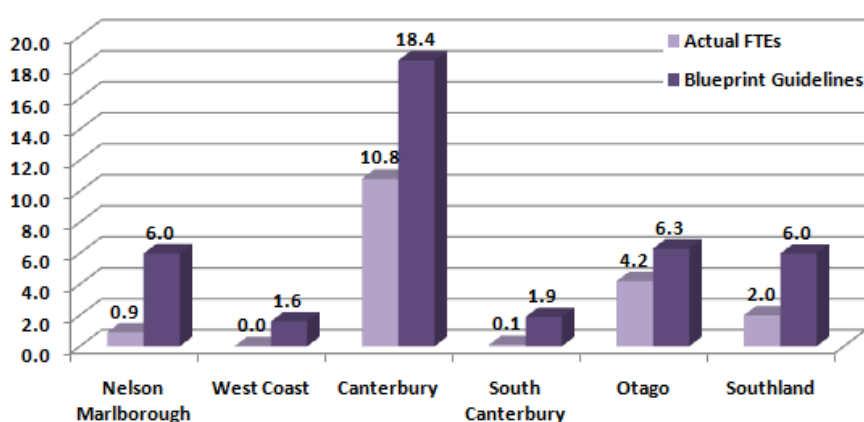
Despite a significant increase in the Māori Community Clinical workforce, the regional Māori Community Clinical workforce in 2008 only totalled **18** FTEs. Therefore the Southern region Māori workforce need to more than double to reflect the regional Māori child and adolescent population (see Table 21 & Figure 23).

Table 21. Māori Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

Southern Region	Actual Māori Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed
2006 ¹	9.7	36.2	26.5
2008 ²	18.0	40.2	22.2

1. Includes DHB Inpatient , Community CAMH/AoD Services & NGOs
2. WHO Recommendations for Psychiatrists: 10/100,000 Total Population (WHO, 2001)
3. 2006 Census (Prioritised Ethnicity)
4. 2008 Population Projections (2006 Base, Total Response, Medium Projections)

Figure 23. Māori Community Clinical Workforce compared to Blueprint Guidelines by DHB (2008)



Māori Access to CAMH/AoD Services

In the first 6 months of 2008, 14% of the total number of clients in the Southern region were Māori with Māori males (58%) making up the majority of the total Māori client group (see Table 22). The overall Māori client numbers had increased by 39% since 2004.

Table 22. Total Māori Clients by Gender (2004-2008)

Māori Clients	Gender		
	Male	Female	Total
2004	233	169	402
2005	246	157	403
2006	342	225	567
2007	359	221	580
2008¹	324	233	557

1. 1st 6 months 2008

Māori clients by gender showed a significant increase in both Māori male clients during the 2004 to 2006 period however there has been very little change in male and female client numbers since 2006 (see Table 22 & Figure 24).

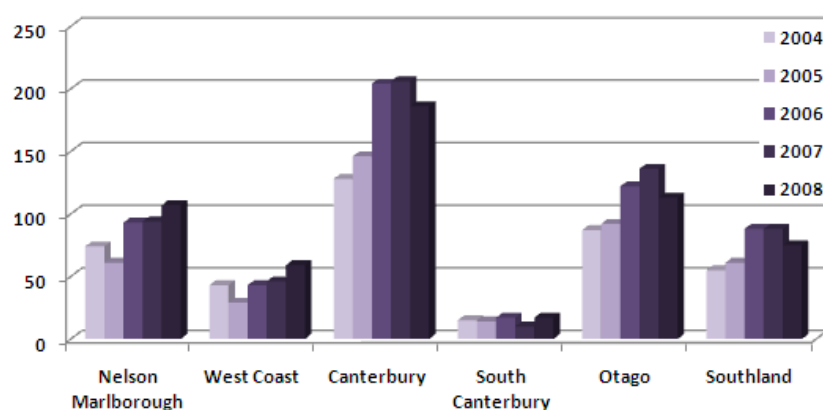
Figure 24. Māori Clients by Gender (2004-2008)



Canterbury DHB reported the largest number of Māori clients (33%) however West Coast reported the largest proportion of Māori clients in the region.

All of the DHBs reported an increase in total Māori client numbers since 2004, with the largest increase in Nelson Marlborough and Canterbury DHBs (see Figure 25).

Figure 25. Māori Clients by DHB (2004-2008)



Southern Region Māori Access Rates

While there has been an increase in the total 0-19 yrs Māori access rate during the 2004 to 2007 period, access rates had decreased by the end of the first half of 2008. However, the 2008 Māori 0-19 year access rate of 1.51% was higher than the total regional access rate of 1.47% (see Table 23).

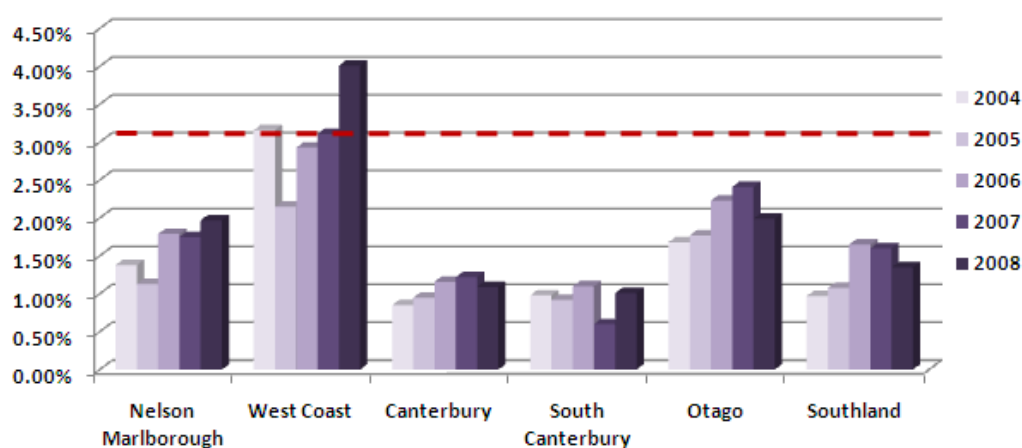
Access rates for all three age groups and for all DHBs, except West Coast DHB, continue to remain significantly below access target rates (see Table 23 & Figure 26).

Table 23. Māori Access Rates by Age Group (2004-2008)

Southern Region Māori Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.48%	1.62%	2.92%	1.31%
2005	0.41%	1.71%	2.62%	1.24%
2006	0.45%	1.73%	3.68%	1.56%
2007	0.55%	1.83%	3.54%	1.59%
2008¹	0.48%	1.66%	3.57%	1.51%
Regional Rate¹	0.52%	1.81%	2.76%	1.47%

1. 1st 6 months 2008

Figure 26. Māori 0-19 yrs Access Rates by DHB (2004-2008)



SOUTHERN REGION PACIFIC CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

While the 2004 data is presented in this section, comparisons will be limited to the 2006 data due a lower response rate and the possible inclusion of the 'adult' staff in the 2004 workforce data.

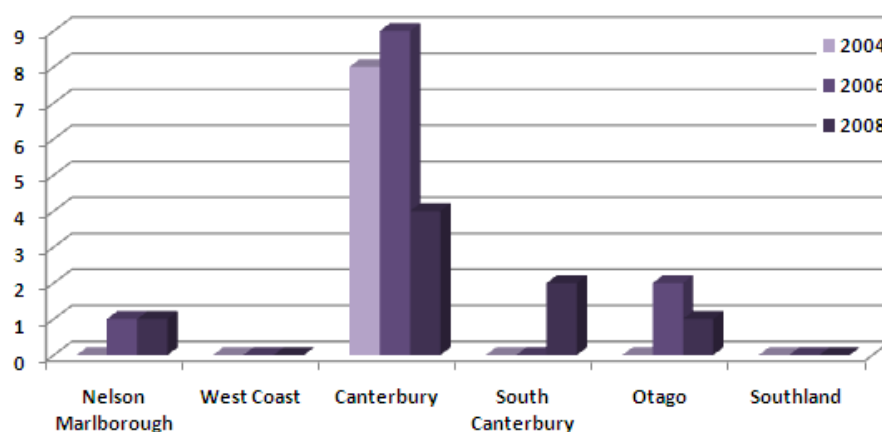
In 2008, the Southern region NGOs reported a total of **8** Pacific staff (12.8 actual FTEs), an overall decrease of 4 since 2006. NGOs in the Canterbury DHB area reported the largest Pacific workforce in the region (see Table 24 & Figure 27).

Table 24. Total Pacific Workforce (2004-2008)

Southern Region Pacific Workforce (Head Count)	2004			2006			2008		
	DHB	NGOs	Total	DHB	NGOs	Total	DHB	NGOs	Total
Nelson Marlborough	-	-	-	-	1	1	-	1	1
West Coast	-	-	-	-	-	-	-	-	-
Canterbury	1	7	8	-	9	9	-	4	4
South Canterbury	-	-	-	-	-	-	-	2	2
Otago	-	-	-	-	2	2	-	1	1
Southland	-	-	-	-	-	-	-	-	-
Total	1	7	8	-	12	12	-	8	8

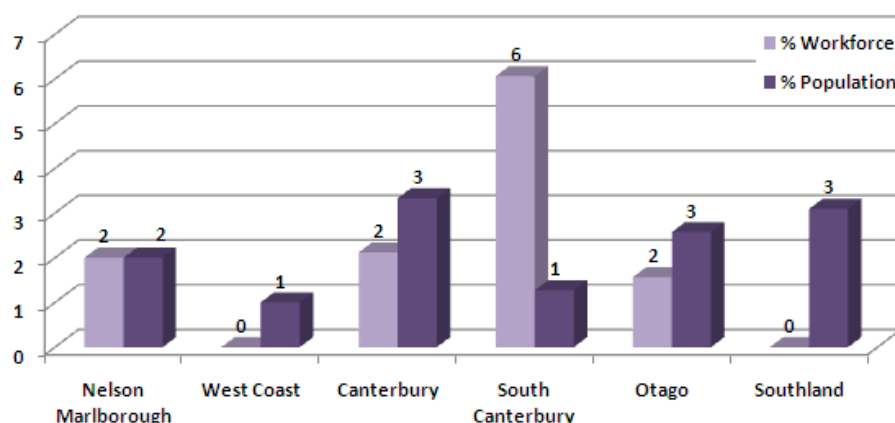
Note: Includes Inpatient Services & Administration/Management Workforce

Figure 27. Total Pacific Workforce by DHB (2004-2007)



The Pacific workforce (excluding Administration/Management staff) made up 2% of the total workforce which was similar to the overall proportion of the Pacific child and adolescent (3%) in the region. This representation is unevenly spread in individual DHBs (see Figure 28).

Figure 28. Proportion of Pacific Workforce compared to Proportion of Pacific 0-19 yrs Population (2008)



Pacific Clinical & Non-Clinical Workforce

There were equal number of Pacific staff in Clinical and Non-Clinical roles. Both the DHB Inpatient Service and NGOs reported a decrease in Pacific Clinical staff since 2006 (see Table 25).

Table 25. Pacific Clinical & Non-Clinical Workforce (2004-2008)

Southern Region Pacific Workforce (Head Count)	Inpatient			Community			NGOs			Total	
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical
2004	-	-	-	1	-	1	3	4	7	4	4
2006	1	-	1	-	-	-	6	6	12	7	6
2008	-	-	-	-	-	-	4	4	8	4	4

Note: Includes Administration/Management Workforce

DHB Inpatient Workforce

In 2008, Canterbury DHB Inpatient Service reported a loss of their only Pacific staff since 2006.

DHB Community Workforce

DHB Community services have not reported Pacific staff since 2004.

NGO Workforce

Of the 31 NGOs providing child and adolescent mental health/AoD services in the Southern region, four NGOs reported a total of eight Pacific staff; of which one was a Pacific service (Pacific Trust Canterbury). This service reported three of the eight Pacific staff in the region.

Of the eight Pacific staff reported by the NGOs, four held Clinical positions as:

- Social Workers (3)
- Counsellor (1)

The remainder were in Non-Clinical roles as Mental Health Support Worker (4).

Southern Region 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 regional 0-19 Pacific population, the Southern region would require a total of 8.1 Pacific Community Clinical FTEs to reflect the regional Pacific child and adolescent population (see Table 26).

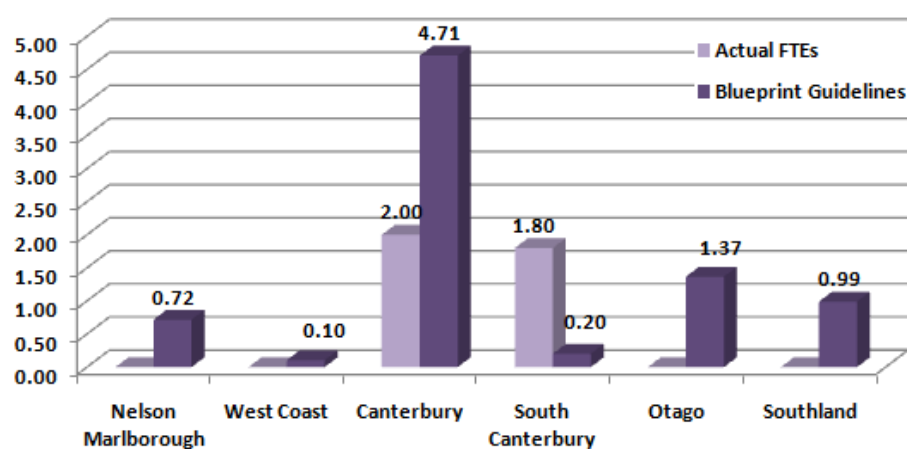
A decrease in Pacific Community Clinical FTEs since 2006 from 6.0 to 3.8 FTEs means that the regional Pacific Community Clinical workforce is further away from reaching blueprint levels for the Southern region. The Pacific workforce will need to more than double to reflect the regional Pacific child and adolescent population (see Table 26 & Figure 29).

Table 26. Pacific Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

Southern Region	Actual Pacific Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed
2006 ¹	6.00	6.80	0.80
2008 ²	3.80	8.10	4.30

1. Includes DHB Inpatient, Community CAMH/AoD Services & NGOs
2. WHO Recommendations for Psychiatrists: 10/100,000 Total Population (WHO, 2001)
3. 2006 Census (Prioritised Ethnicity)
4. 2008 Population Projections (2006 Base, Total Response, Medium Projections)

Figure 29. Pacific Community Clinical Workforce compared to Blueprint Guidelines by DHB (2008)



Pacific Access to CAMH/AoD Services

In the 1st 6 months of 2008, Pacific children and adolescents made up 2% of the total number of clients in the Southern region (see Table 27).

The total number of Pacific clients had nearly doubled by the end of 2008, the second largest increase of all ethnic groups in the region. Despite increases in Pacific clients, the number of Pacific clients accessing services remains very low.

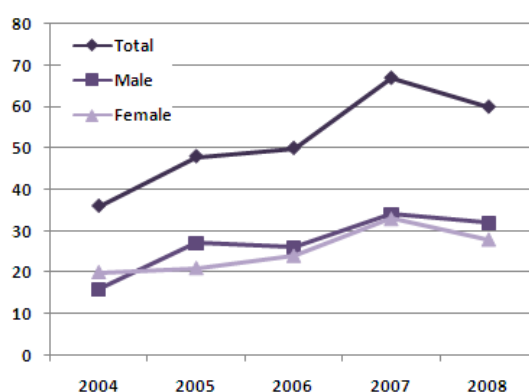
Table 27. Pacific Clients by Gender (2004-2008)

Pacific Clients	Gender		
	Male	Female	Total
2004	16	20	36
2005	27	21	48
2006	26	24	50
2007	34	33	67
2008¹	32	28	60

1. 1st 6 months 2008

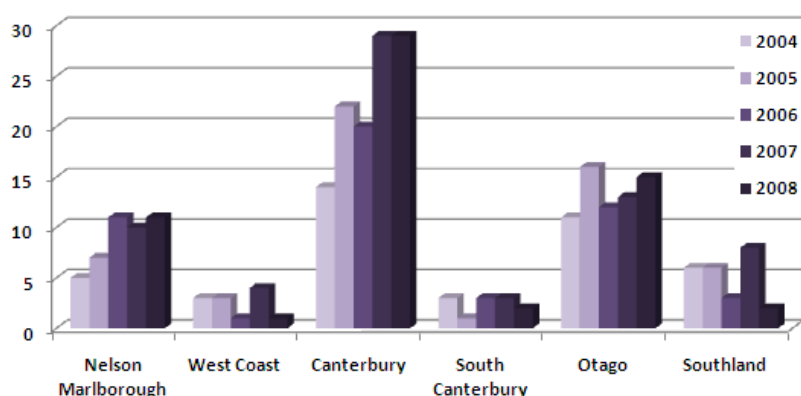
There has been a steady increase in both Pacific male and female clients during the 2004 to 2007 period with equal numbers of Pacific male and female clients accessing services by the end of 2007 (see Figure 30).

Figure 30. Pacific Clients by Gender (2004-2008)



Canterbury DHB reported the largest number of Pacific clients followed by Otago DHB (see Figure 31). All of the DHBs in the Southern region reported increases in Pacific clients since the end of 2004, with Canterbury and Nelson Marlborough DHBs reporting the largest increases in the region (see Figure 31).

Figure 31. Pacific Clients by DHB (2004-2008)



Southern Region Pacific Access Rates

Despite slight increases in Pacific access rates since 2004, Pacific access rates remain significantly below the regional rate of 1.47% and significantly below target rates for all three age groups (see Table 28).

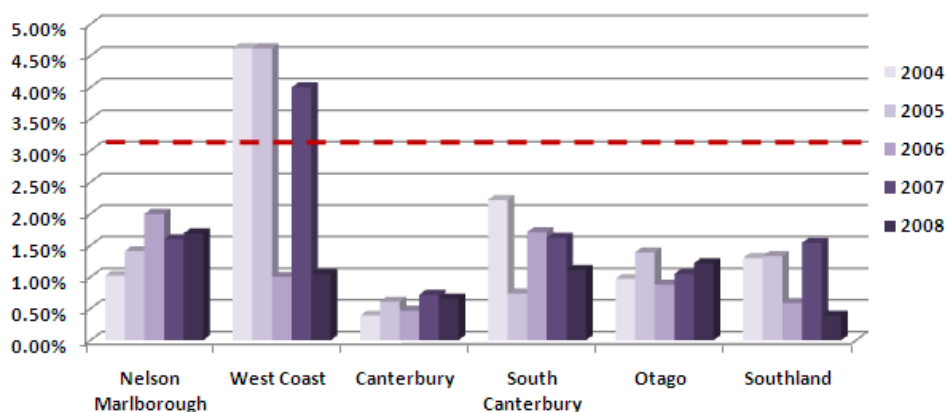
Access rates by DHB showed that Canterbury DHB had the lowest Pacific access rates in the region (see Figure 32).

Table 28. Pacific Access Rates (2004-2008)

Southern Region Pacific Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.14%	0.19%	2.37%	0.72%
2005	0.21%	1.12%	2.09%	0.93%
2006	0.12%	0.91%	1.75%	0.73%
2007	0.42%	0.74%	2.37%	0.99%
2008¹	0.24%	0.56%	2.39%	0.85%
Regional Rate¹	0.52%	1.81%	2.76%	1.47%

1. 1st 6 months 2008

Figure 32. Pacific 0-19 yrs Access Rate by DHB (2004-2008)



SOUTHERN REGION ASIAN CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2008, the Southern region DHB child and adolescent mental health/AoD services reported a total of 5 Asian staff with no change in Asian staff numbers since 2006. NGOs reported a decrease of 2 Asian staff in 2008, and the DHB services reported an increase of two (see Table 29).

Table 29. Total Asian Workforce (2004-2008)

Southern Region Asian Workforce (Head Count)	2004			2006			2008		
	DHB	NGOs	Total	DHB	NGOs	Total	DHB	NGOs	Total
Nelson Marlborough	-	-	-	1	-	1	1	-	1
West Coast	-	-	-	-	-	-	-	-	-
Canterbury	1	1	2	-	4	4	-	1	1
South Canterbury	1	-	1	-	-	-	-	1	1
Otago	-	-	-	-	-	-	2	-	2
Southland	-	-	-	-	-	-	-	-	-
Total	2	1	3	1	4	5	3	2	5

Note: Includes Inpatient Services & Administration/Management Workforce

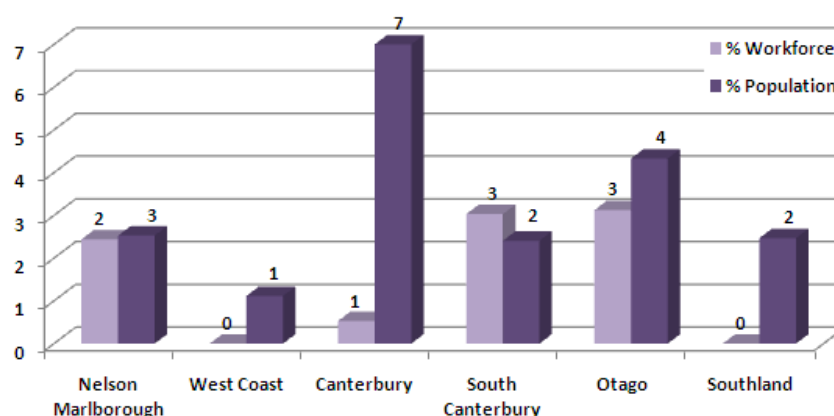
Of the five Asian staff reported in the Southern region, three were employed in DHB Community Services and two were in NGOs.

All three Asian staff in the DHB Community services held Clinical positions as Psychologists (2) and a Mental Health Nurse.

Of the two Asian staff reported by the NGOs, one was a Social Worker and the other was in an unspecified Non-Clinical position.

Asian children and adolescents made up approximately 7% of the region's population, while the Asian workforce (excluding Administration & Management staff) made up only 1% of the region's workforce. These differences are seen in individual DHBs, especially in Canterbury where the majority of the region's Asian children and adolescents reside (see Figure 33).

Figure 33. Proportion of Asian Workforce compared to Proportion of Asian 0-19 yrs Population (2008)



Asian Access to CAMH/AOD Services

Asian children and adolescents make up 1% of the total number of clients in the Southern region.

By the end of 2007, the total number of Asian clients in the region had nearly doubled (see Table 30). However, at the end of the first 6 months of 2008, Asian client numbers had decreased.

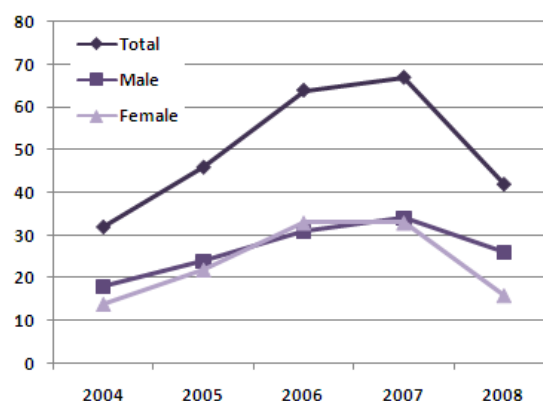
Table 30. Asian Clients by Gender (2004-2008)

Asian Clients	Gender		
	Male	Female	Total
2004	22	14	36
2005	24	22	46
2006	31	33	64
2007	34	33	67
2008¹	26	16	42

1. 1st 6 months 2008

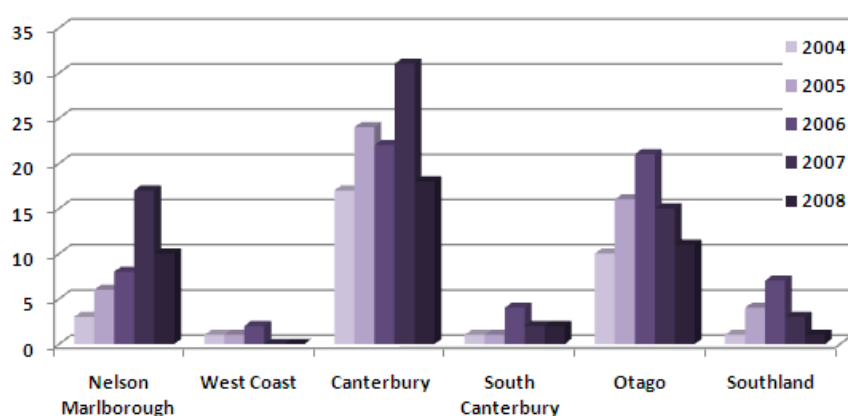
There has been very little difference in Asian male and female numbers accessing services however, at the end of the first half of 2008, there were slightly more Asian male clients accessing services in the region (see Table 30 & Figure 34).

Figure 34. Asian Clients by Gender (2004-2008)



Canterbury DHB continues to report the largest number of Asian clients in the region (43%) (see Figure 35). Most of the DHBs in the region, except for West Coast DHB, reported increases in total Asian client numbers during the 2004 to 2007 period and all of the DHBs reported a decrease in Asian clients at the end of the first six months of 2008.

Figure 35. Asian Clients by DHB (2004-2008)



Asian Access Rates

Due to the unavailability of 2007 and 2008 projected Asian population statistics, the 2006 Asian access rates based on the 2006 Census Statistics (prioritised ethnicity statistics) is presented in this section.

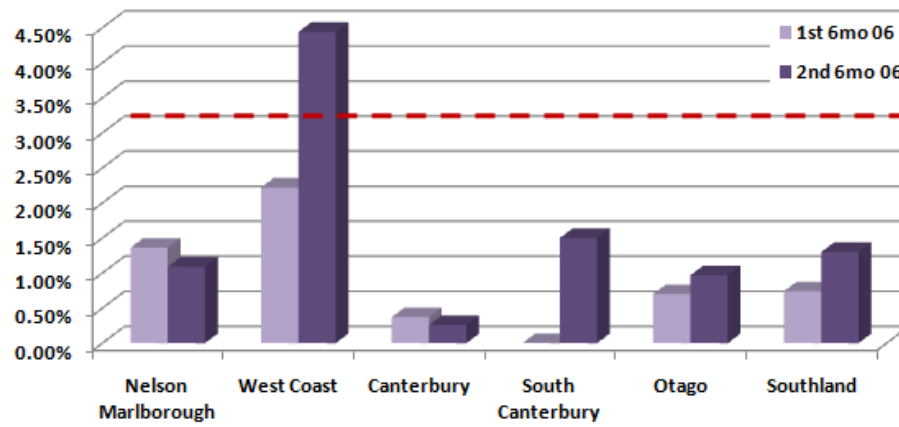
There have been slight increases in the total 0-19 and 15-19 years access rates for Asian clients since the 1st 6 months of 2006. However, access rates had decreased slightly for the 0-9 and 10-14. Total Asian access rate of 0.53% remain below the total regional rate of 1.57%, the lowest of the three ethnic groups, and continue to remain significantly below target rates for all three age groups (see Table 31).

Access rates by DHB showed that out of all the DHBs in the region West Coast DHB access rates for Asian clients exceeded benchmark levels for the 0-19 year age group (see Figure 36).

Table 31. Asian Access Rates by Age Group (2006)

Southern Region Asian Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
1 st 6mo 2006	0.13%	0.54%	0.85%	0.51%
2 nd 6mo 2006	0.11%	0.44%	1.01%	0.53%
Regional Rate 2006	0.52%	1.91%	3.03%	1.57%

Figure 36. Asian 0-19 yrs Access Rates by DHB (2006)



MĀORI TAMAIRKI & RANGATAHI MENTAL HEALTH & AOD OVERVIEW

The 2006 Stocktake articulated the importance of viewing Māori tamariki and rangatahi within:

- The harakeke (flax) metaphor which embodies children and youth within their whanau, hapu and iwi.
- Their indigenous status as validated in Te Tiriti o Waitangi.
- A wholistic view of health as recognized by national and international health literature (WHO, 2001).

MĀORI TAMARIKI & RANGATAHI POPULATION

Currently Māori tamariki and rangatahi make up 24% of New Zealand's 0-19 years population and the majority reside in the Northern region (33%). They largely live in Counties Manukau (39%), Waitemata (24%) and Northland (23%). Given that almost half (45%) of the Māori population is between 0-19 years old and this population has increased by 11% since 2006 and have double the prevalence rates of mental health disorder (Fergusson et al., 2003), many regions, especially the Northern region, will continue to experience higher pockets of need which will need to be met.

Table 1. Māori 0-19 yrs Population by Region (2006-2008)

Region	Māori 0-19 years Population		
	2006 ¹	2008 ²	% Change
Northern	83,568	95,160	14
Midland	81,954	90,320	10
Central	58,299	64,200	10
Southern	33,807	36,930	9
Total	257,628	286,610	11

1. 2006 Census (Prioritised Ethnicity) Source Statistics NZ Ref: KID1617

2. 2008 Population Projections (2006 Base, Medium Projections, Total Response) Source: Statistics NZ Ref: RIS18647

MĀORI ACCESS TO CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

Māori tamariki and rangatahi made up 24% of the clients accessing mental health services with more Māori males accessing services than females.

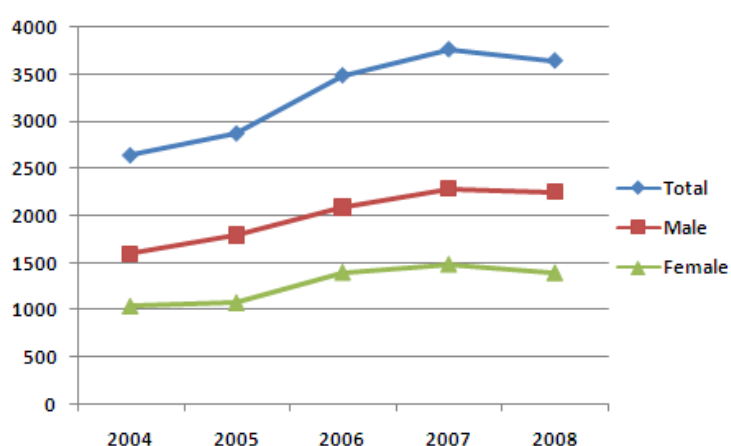
There has been a 37% increase in total Māori clients since the end of 2004 with the largest increases in the Northern (69%) & Southern (61%) regions (see Table 5).

Table 2. Total Māori Clients by Region (2004-2008)

Māori Clients	Year				
	2004	2005	2006	2007	2008 ¹
Northern	833	1,018	1,303	1,398	1,407
Midland	798	853	926	1028	995
Central	693	662	694	760	688
Southern	347	342	567	580	557
Total	2,671	2,875	3,490	3,766	3,647

1. 1st 6 months 2008

Figure 1. Total Māori Clients (2004-2008)



Access by region also shows a steady increase in Māori access rates with the largest increase in the Northern region. Access rates by age group for the first half of 2008 showed that access rates for the 15-19 year age group (2.94%) was greater than the total access rate (2.49%) for the same age group. However, total Māori (0-19 yrs) access rate (1.27%) remained slightly below the National 0-19 yr rate (1.28%) and well below target access rates of 3.0%.

Table 3. Total Māori Access Rates (2004-2008)

National Māori Access Rates	Age in Years - Total			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.32%	1.32%	2.15%	0.98%
2005	0.31%	1.43%	2.30%	1.05%
2006	0.36%	1.54%	2.84%	1.24%
2007	0.40%	1.60%	3.03%	1.32%
2008¹	0.39%	1.53%	2.94%	1.27%
National Rate 2008	0.44%	1.60%	2.49%	1.28%

1. 1st 6 months 2008

Table 4. Māori 0-19 yrs Access Rates by Region (2004-2008)

Māori 0-19 years Access Rates	Year				
	2004	2005	2006	2007	2008 ¹
Northern	0.91%	1.11%	1.38%	1.49%	1.48%
Midland	0.80%	0.85%	1.06%	1.15%	1.10%
Central	1.31%	1.24%	1.11%	1.17%	1.07%
Southern	1.18%	1.17%	1.56%	1.59%	1.51%
National Māori	0.98%	1.05%	1.24%	1.32%	1.27%

1. 1st 6 months 2008

Figure 2. Māori 0-19 yrs Access Rates by Region (2004-2008)

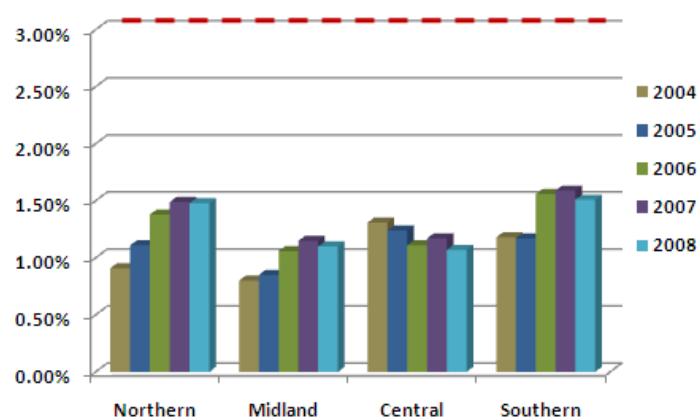
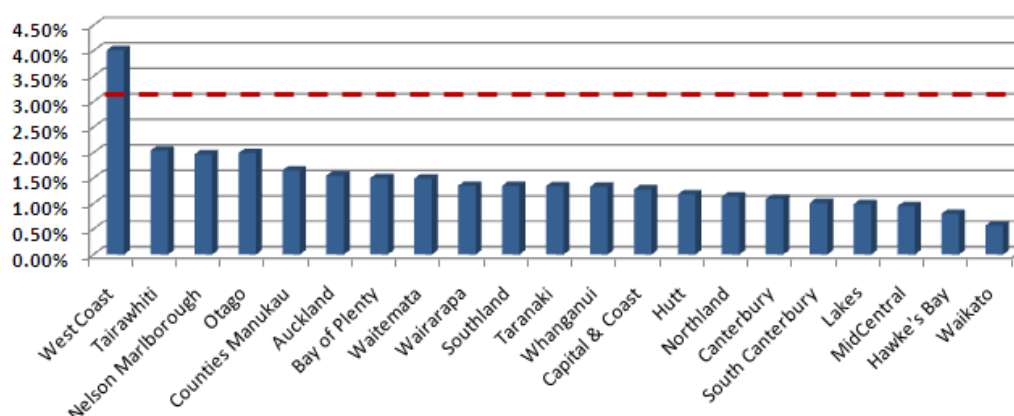


Figure 3. Māori 0-19 yrs Access Rates by DHB (1st 6 mo 2008)



Māori Access Issues

Mental Health Information National Collection (MHINC) data indicates that Māori access rates have increased in all regions since 2004, however, they have not increased at a rate that is relative to need and still remain below the Mental Health Commission's Blueprint access targets for all age groups.

Māori prevalence rates of mental health disorder are double the rates for non-Māori youth (Fergusson et al, 2003). Youth 2000 and 2007 findings also indicate that Māori youth are more likely to report depressive symptoms, suicidal thoughts and attempted suicide than NZ Europeans (Adolescent Research Group, 2004). Therefore the target access rate of 3% is likely to be a conservative estimate of actual need for Māori children and adolescents.

Reasons for such poor access rates may include lack of services available to Māori, lack of culturally and clinically competent staff, and personal reasons why Māori tamariki, rangatahi and their whanau are not accessing services.

According to the Youth 2000 findings (Adolescent Research Group, 2004), Māori tamariki, rangatahi and their whanau are more likely to report difficulties accessing health care than their New Zealand European peers because they:

- didn't want to make a fuss
- couldn't be bothered
- were uncomfortable with the person
- were concerned it wouldn't be kept private
- were too scared
- were concerned about costs.

All of these barriers impact on Māori accessing services and there continues to be a need to address these concerns.

Service use data from the 1st 6 months of 2008 (MHINC) showed that most Māori tamariki and rangatahi access mainstream mental health services (86%). Reasons why Māori mainly access mainstream services remain unknown but it could be due to personal choice or lack of services available to them. Therefore mainstream services not only need to be clinically effective but culturally effective as well.

Table 5. Māori Client by Service Use Type (2008)

Team Type	Māori Clients
Child, Adolescent & Family Team	2,176
Community Team	630
Youth Specialty Team	387
Alcohol & Drug Team	239
Forensic Team	155
Inpatient Team	96
Needs Assessment & Service Coordination Team	32
Children & youth, alcohol & drug service Team	28
Alcohol & Drug Dual Diagnosis Team	20
Community Skills Enhancement Team	12
Maternal Mental Health Team	11
Intellectual Disability Dual Diagnosis Team	10
Residential Team	5
Psychogeriatric Team	2
Eating Disorder Team	1
Specialist Psychotherapy Team	1
Other	18
Total Māori in Mainstream Services	3,823
Kaupapa Māori Team	429
Alcohol & Drug Kaupapa Māori Team	130
Kaupapa Māori Tamariki and Rangatahi (child & youth) mental health services	57
Kaupapa Māori dual diagnosis mental health & alcohol & drug services	2
Total Māori in Kaupapa Māori Teams	618
Pacific Island Team	22
Total	4,463

Source: MHINC January-June 2008

MĀORI SERVICE PROVISION

DHB CAMH/AoD services

In New Zealand, Māori tamariki, rangatahi and their whanau have access to both mainstream and kaupapa Māori child and adolescent mental health/AoD services. Of the 21 DHBs that currently provide specialist child and adolescent mental health/AoD services, only 6 are providing specifically funded kaupapa Māori services (MHCS39). These kaupapa Māori services/teams operate within the following DHBs:

- Counties Manukau (Māori Clinical Team, Whirinaki Child & Adolescent Service) (Northern Region),
- Bay of Plenty (Te Puna Hauora), Lakes (Midland Region),
- Capital and Coast (Te Whare Marie), Hutt & Wairarapa DHBs (Central Region).

NGO services

Māori tamariki, rangatahi and their whanau also have access to NGOs providing both mainstream and kaupapa Māori child and adolescent mental health/AoD services. A 100 NGO's were identified for the 2008 Stocktake period. Of the 100 services, 21 were specifically funded as kaupapa Māori services and 15 of the 21 services were operating in the Midland Region (see Table 2).

The Māori population distribution in New Zealand shows that while a third of the Māori tamariki and rangatahi population reside in the Northern Region, this region has the largest population growth and the largest growth in Māori clients. There is only one DHB funded kaupapa Māori service currently provided at Counties Manukau DHB (which has been set up since 2006) and one NGO kaupapa Māori funded service (Ngati Hine Health Trust Board). Furthermore, Waitemata DHB has the second highest Māori tamariki and rangatahi population in the region yet are not currently providing a kaupapa Māori service for tamariki and rangatahi.

While Māori tamariki and rangatahi are also able to access other peer support and advocacy kaupapa Māori services i.e. Mahitahi Trust and Raukura Hauora o Tainui Trust in the Northern region, there is an obvious gap in the choices available to Māori to attend DHB funded kaupapa Māori clinical services.

Table 6. Kaupapa Māori Child & Adolescent Mental Health/AoD Services (2007/2008)

DHB 07/08	Kaupapa Māori Services
Northern	Counties Manukau (Whirinaki Māori Clinical Team)
Midland	Bay of Plenty (Te Puna Hauora)
	Lakes
Central	Capital & Coast (Te Whare Marie)
	Hutt
	Wairarapa

NGOs 07/08	Kaupapa Māori Services
Northern	
Northland	Ngati Hine Health Trust Board
Midland	
Waikato	Hauora Waikato Māori Mental Health Services
	Maniapoto Māori Trust Board
	Raukawa Trust Board
	Te Korowai Hauora o Hauraki Inc
	Te Runanga O Kirikiriroa
Lakes	Poutiri Charitable Trust: Rau O Te Huia
	Poutiri Charitable Trust: Te Toi Huarewa
Bay of Plenty	Nga Mataapuna Oranga PHO
	Pirakau Hauora
	Poutiri Charitable Trust: Nga Kakano
	Poutiri Charitable Trust: Te Ika Whenua A Murapara
	Rakeiwhenua Trust t/a Tuhoe Hauora Trust
	Te Runanga O Te Whanau Charitable Trust
Taranaki	Tui Ora: Mahia Mai
	Tui Ora: Raumano
Central	
Hutt	Te Paepae Arahi Trust
Southern	
Nelson Marlborough	Te Rapuora o te Waiharakeke Trust
Canterbury	Purapura Whetu Trust
	STOP Trust
Southland	Nga Kete Matauranga Pounamu Charitable Trust

Source: MOH Price Volume Schedule 07/08 Purchase Unit Code: MHCS39

MĀORI CHILD & ADOLESCENT MENTAL HEALTH WORKFORCE

In 2008, all services that were surveyed were asked to provide the number of Māori staff (FTE & Head Count) by occupational group. Information on the numbers of staff was provided by managers and not by the individuals themselves. Additionally missing data from a large Māori NGO provider in the Midland region also impacts on the accuracy of the data presented in this section. Therefore the Māori workforce is very likely to be underestimated and data presented in this section should be interpreted with caution.

The total 2008 Māori child & adolescent mental health workforce (DHB Inpatient & Community CAMHS & NGOs) equated to **291** Māori staff making up 20% of the total workforce with a third of the total Māori workforce in the Midland region. Over half of the Māori workforce (54%) was employed in NGO services.

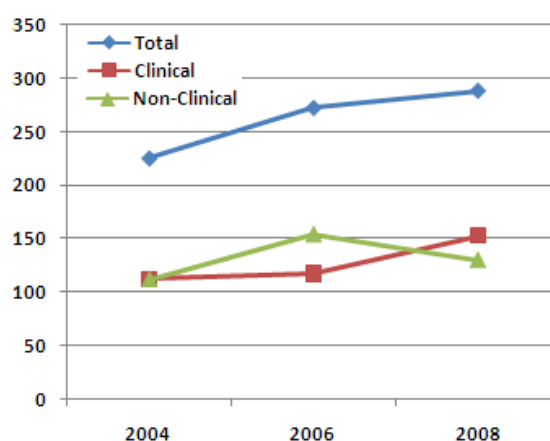
There was an overall increase of 7% in the Māori workforce since 2006 and this increase was seen in the Māori Clinical workforce (31%) (see Table 3 & Figure 1).

Table 7. Māori Clinical & Non-Clinical Workforce (2004-2008)

Māori (Head Count)	2004			2006			2008		
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total
Northern	34	24	58	34	37	71	43	28	71
Midland	39	40	79	47	56	103	48	42	95
Central	19	23	42	23	37	60	40	45	85
Southern	21	25	46	14	24	38	24	16	40
Total	113	112	225	118	154	272	155	131	291

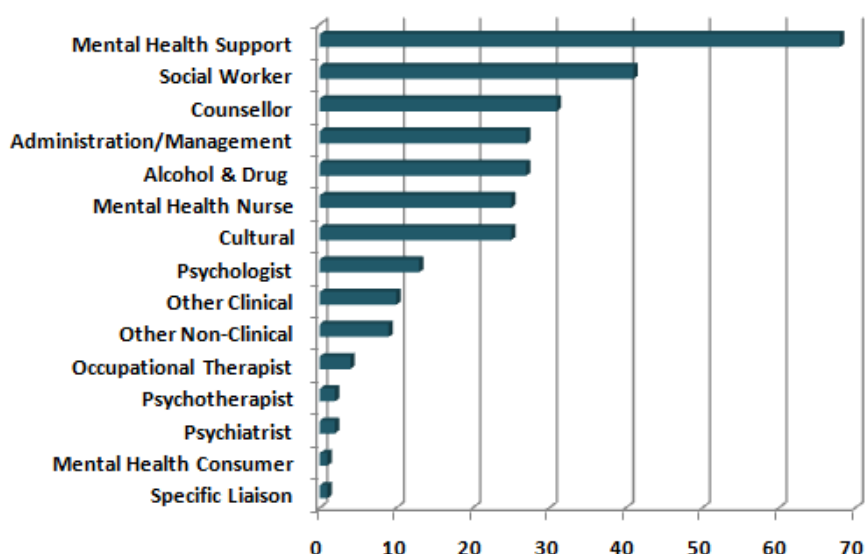
Note: Includes Inpatient & Administration/Management Workforce

Figure 4. Māori Clinical & Non-Clinical Workforce (2004-2008)



While Māori in clinical roles have increased since 2006, when looking at single occupational groups, there were more Māori (24%) in Mental Health Support Worker roles due to more Māori employed in NGO services (see Figure 2).

Figure 5. Māori Workforce by Occupational Groups (2008)



Māori Clinical Workforce compared to the MHC Blueprint Resource Guidelines

Since there are no specific Māori child and adolescent Blueprint Resource Guidelines for the Māori Community Clinical workforce, the Māori Clinical guidelines presented in this section were estimated according to the proportion of Māori using the guidelines for the total Community Clinical workforce.

In 2008, services reported a total Māori Community Clinical workforce of **131.8** actual FTEs, an increase of 24% since 2006 and showing slight improvements towards recommended levels of 288.6 actual FTEs. Despite the overall increase in the workforce, the Community Clinical Māori workforce would need to double (157 Community Clinical FTEs) to meet the MHC's national recommended guideline, especially in the Northern region (see Table 4).

Table 8. Māori Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

DHBs	2006 ¹				2008 ²			
	Māori FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase	Māori FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase
Northern	33.9	80.0	46.1	136	33.7	90.1	56.4	167
Midland	41.8	77.2	31.9	76	43.6	86.9	43.3	99
Central	20.9	57.8	36.9	176	36.45	65.3	28.9	79
Southern	9.7	36.2	26.5	274	18.00	40.2	22.2	123
Total	106.3	254.1	147.8	139	131.8	288.6	156.9	119

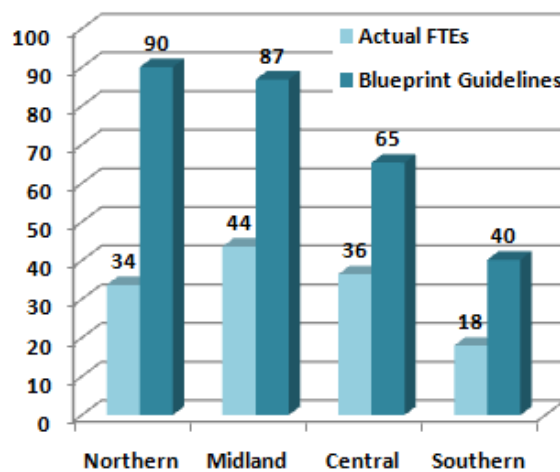
1. 2006 Census (Prioritised Ethnicity)

2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)

3. Includes DHB Community CAMH/AoD Services & NGOs

4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a)

Figure 6. Māori Clinical FTEs compared to Blueprint Guidelines (2008)



While an increase of Māori staff is required throughout all clinical disciplines there is a particular shortage of Psychiatrists, Psychologists, Occupational Therapists and Psychotherapists (see Figure 2). Māori workforce development strategies should target these gaps in the current workforce. Furthermore, increasing the non-clinical pool of Māori workers may also have the potential to upskill Māori in the non-clinical roles into clinical roles.

CONCLUSION

The 2008 Stocktake provides further updated information from which to progress the development of CAMH/AoD services and workforce for Māori tamariki and rangatahi. This together with other research (Adolescent Research Group, 2000 & 2007) supports the need to increase the Māori tamariki and rangatahi mental health workforce and to address Māori access issues to better serve the Māori tamariki and rangatahi population.

RECOMMENDATIONS

- More kaupapa Māori services are needed nationally to give Māori choice.
- Māori workforce numbers need to increase significantly to meet Blueprint levels, especially in the Northern region.
- Mainstream services and staff need to be more clinically and culturally effective.
- Recruitment strategies need to target both Māori clinical and non-clinical workforce to ensure dual competency of services.
- Barriers to access needs to be further explored and strategies to reduce these needs to be considered.
- Data collection needs to continue to identify trends and monitor progress.

PACIFIC CHILD & ADOLESCENT MENTAL HEALTH & AOD OVERVIEW

PACIFIC CHILD & ADOLESCENT POPULATION

The majority of Pacific children and adolescents are born in New Zealand and currently make up 9% of New Zealand's 0-19 years population. The distribution of the Pacific 0-19 years population show that 72% reside in the Northern region and over half of the Northern region population live in Counties Manukau (54%) followed by Auckland (26%) and Waitemata (19%).

Given that almost half (42%) of the Pacific population is between 0-19 years old and this population has increased by 15% since 2006 and have greater mental health needs than their NZ European peers, many regions, especially the Northern region, will continue to experience higher pockets of need which will need to be met (see Table 1).

Table 1. Pacific 0-19 yrs Population (2006-2008)

Region	Pacific 0-19 years Population		
	2006 ¹	2008 ²	% Change
Northern	70,584	82,140	16
Midland	5,733	6,480	13
Central	15,633	17,365	11
Southern	6,345	7,445	17
Total	98,295	113,430	15

1. 2006 Census (Prioritised Ethnicity) Source Statistics NZ Ref: KID1617
2. 2008 Population Projections (2006 Base, Medium Projections, Total Response) Source: Statistics NZ Ref: RIS18647

PACIFIC ACCESS TO CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

Pacific children & adolescent made up only 5% of clients accessing mental health services with more Pacific males accessing services than females.

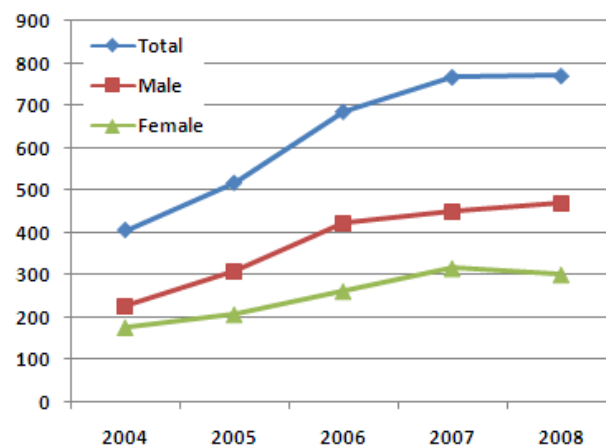
There has been a 90% increase in Pacific clients since the end of 2004 with the largest increases in the Northern & Southern regions (see Table 2).

Table 2. Pacific 0-19 yrs Clients by Region (2004-2008)

Pacific Clients	Year				
	2004	2005	2006	2007	2008 ¹
Northern	278	371	515	565	575
Midland	26	27	19	39	34
Central	66	71	102	97	102
Southern	36	48	50	67	60
Total	406	517	686	768	771

1. 1st 6 months 2008

Figure 1. Pacific 0-19 yrs Clients (2004-2008)



Access by region also shows a steady increase in Pacific access rates with the largest increase in the Northern and Southern regions. However, While Pacific access rates for all three age groups have improved since 2004 Pacific access rates continue to remain below National access rates and well below access targets rates for all three age groups (see Table 3 & 4).

Table 3. Pacific Access Rates by Age Group (2004-2008)

National Pacific Access Rates	Age in Years - Total			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
2004	0.12%	0.31%	1.20%	0.41%
2005	0.15%	0.51%	1.31%	0.51%
2006	0.17%	0.69%	1.54%	0.63%
2007	0.16%	0.81%	1.69%	0.69%
2008¹	0.16%	0.85%	1.63%	0.68%
National Rate 2008	0.44%	1.60%	2.49%	1.28%

1. 1st 6 months 2008

Table 4. Pacific 0-19 yrs Access Rates by Region (2004-2008)

Regional Pacific Access Rates	Year				
	2004	2005	2006	2007	2008 ¹
Northern	0.38%	0.50%	0.65%	0.70%	0.70%
Midland	0.37%	0.38%	0.30%	0.61%	0.52%
Central	0.44%	0.47%	0.60%	0.53%	0.59%
Southern	0.72%	0.93%	0.73%	0.99%	0.85%
Total	0.41%	0.51%	0.63%	0.69%	0.68%

1. 1st 6 months 2008

Figure 2. Pacific 0-19 yrs Access Rates by Region (2004-2008)

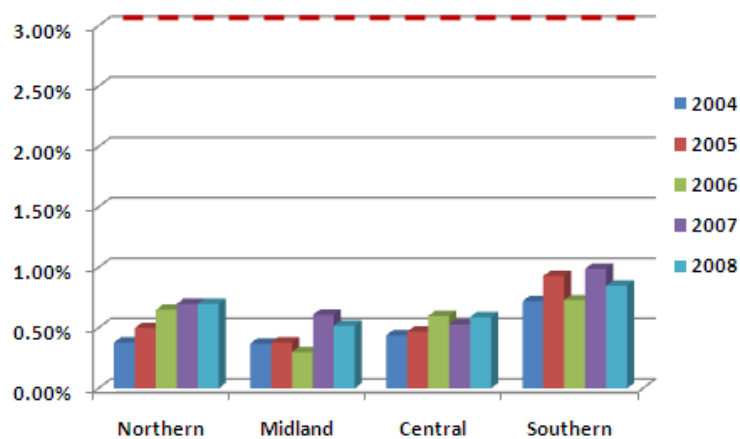
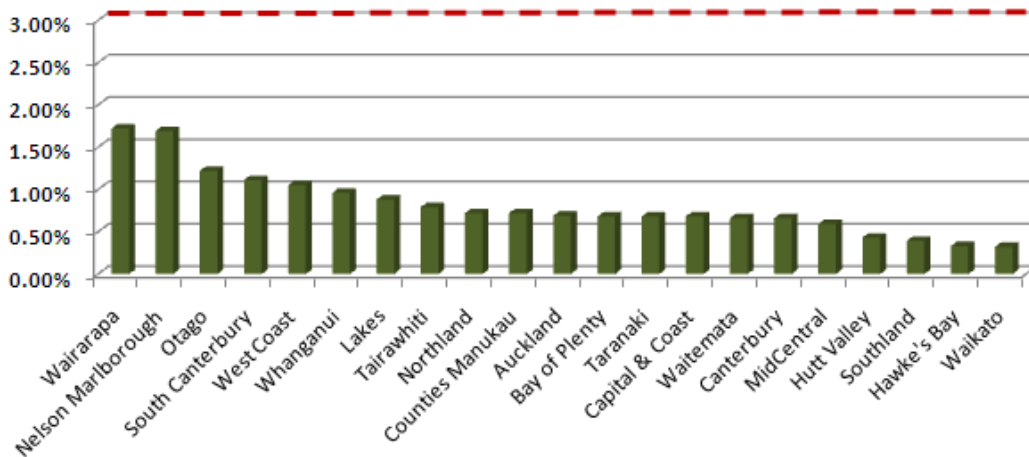


Figure 3. Pacific 0-19 yrs Access Rates by DHB (1st 6 mo 2008)



Pacific Access Issues

Te Rau Hinengaro: New Zealand Mental Health Survey (MOH, 2006) identified that the NZ Pacific people experience mental disorder at higher levels than the general population. Results also indicated that NZ-born Pacific people are bearing a higher burden of mental illness with a 31% 12-month prevalence rate compared to 15% for Pacific migrants.

Results from the Youth2000 study on 9,567 Pacific students (Mila-Schaaf et al., 2008) indicated that more Pacific students (18%) reported depressive symptoms than NZ Europeans (11.7%). There were no significant differences in suicide thoughts between Pacific (27%) and NZ European (22.6%) youth. On the other hand, significantly more Pacific students (13%) than NZ Europeans had attempted suicide in the previous year (Mila-Schaaf, Robinson, Schaaf, Denny & Watson, 2008). Also, younger Pacific people, 16-24 year olds, are more likely to experience a mental disorder that is classified as serious compared with older Pacific people. For Pacific Peoples, the leading cause of mortality is injury which is largely attributable to suicide. There are also higher mental health admissions for schizophrenia and schizotypal/delusional disorders (Mila-Schaaf, 2008). These strongly indicate that mental health is a key priority for Pacific young people and therefore the target access rate of 3% is therefore a conservative estimate of actual need.

Mental Health Information National Collection (MHINC) data indicates that Pacific access rates have increased in all regions since 2004, however they have not increased at a rate that is relative to need and still remains significantly below the Mental Health Commission's Blueprint access targets for all age groups.

Service use data from the 1st 6 months of 2008 (MHINC) showed that the majority of Pacific clients access mainstream mental health services (79%) (see Table 5). Reasons why Pacific mainly access mainstream services remain unknown but it could be due to personal choice or lack of services available to them. Therefore mainstream services not only need to be clinically effective but culturally effective as well.

Table 5. Pacific Client by Service Use Type (2008)

Team Type	Pacific Clients
Child, Adolescent & Family Team	416
Youth Specialty Team	115
Community Team	112
Alcohol & Drug Team	43
Forensic Team	37
Inpatient Team	8
Maternal Mental Health Team	7
Residential Team	4
Needs Assessment & Service Coordination Team	3
Psychogeriatric Team	2
Community Skills Enhancement Team	1
Alcohol & Drug Dual Diagnosis Team	1
Intellectual Disability Dual Diagnosis Team	1
Eating Disorder Team	1
Other	1
Total Pacific in Mainstream Services	752
Kaupapa Māori Team	77
Alcohol & Drug Kaupapa Māori Team	5
Kaupapa Māori Tamariki & Rangatahi (child & youth) mental health services	3
Total Pacific in Kaupapa Māori Services	85
Pacific Island Team	119
Total	956

Source: MHINC January-June 2008

Reasons for such poor access rates may include lack of services available to Pacific, lack of culturally and clinically competent staff, and personal reasons why Pacific children and adolescent and their families are not accessing services. It is well noted that Pacific People are 'hard to reach New Zealanders' (Kingi, 2008). More Pacific than NZ European youth reported problems with accessing health care and were more likely to identify barriers to accessing health care (Mila-Schaaf et al., 2008). These barriers include:

- Don't want to make a fuss
- Couldn't be bothered
- Don't feel comfortable
- Too scared
- Worried about privacy
- Cost too much

Even if Pacific People have access to services, they may not utilise them if these services are not responsive to their cultural norms (Kingi, 2008). All of these barriers impact on Pacific accessing services and there continues to be a need to address these concerns.

PACIFIC SERVICE PROVISION

DHB CAMH/AoD services

In New Zealand, Pacific children and adolescents and their families have access to both mainstream and Pacific CAMH/AoD services. Of the 21 DHBs that currently provide specialist CAMH/AoD services, only two are providing Pacific services. These Pacific services/teams operate within the following DHBs:

- Waitemata (Tupu Pacific Alcohol & Drug Service).
- Capital & Coast (Health Pasifika).

NGOs

Pacific children and adolescents and their families also have access to NGOs providing both mainstream and Pacific child and adolescent mental health/AoD services. A 100 NGO's were identified for the 2008 Stocktake period. Of the 100 services, only 5 were identified as Pacific services (see Table 6).

Furthermore, given that 96% of the Pacific population are enrolled in PHOs (MoH, 2004), primary health care organisations also has a key role in improving the health status of Pacific people.

The Pacific population distribution in New Zealand shows that three quarters of the Pacific child and adolescent population reside in the Northern Region and this region has the largest population growth, as well as one of the largest increases in Pacific clients. However there is only one DHB Pacific service currently provided at Waitemata DHB and one NGO Pacific service (Penina Trust). Furthermore Auckland DHB has the second highest Pacific child and adolescent population in the region yet are not currently providing any Pacific services.

While Pacific children and adolescents are also able to access other peer support and advocacy Pacific services in the Northern region, there is an obvious gap in the choices available to Pacific to attend DHB funded Pacific Clinical services.

Table 6. Pacific Child & Adolescent Mental Health Services (2007/2008)

DHB 07/08	Pacific Services
Northern	
Waitemata	Tupu-Pacific Alcohol & Drug Service
Central	
Capital & Coast	Health Pasifika Child, Adolescent & Family Services
NGOs 07/08	
Pacific Services	
Northern	
Counties Manukau	Penina Trust
Midland	
Waikato	Kaute Pasifika
	South Waikato Pacific Island Health Committee
Central	
Capital & Coast	Taeaomanino Trust
Southern	
Canterbury	Pacific Trust Canterbury

Source: MOH Price Volume Schedule 07/08

PACIFIC CHILD & ADOLESCENT MENTAL HEALTH WORKFORCE

In 2008, all services that were surveyed were asked to provide the number of Pacific staff (FTE & Head Count) by occupational group. Information on the numbers of staff was provided by managers and not by the individuals themselves. Therefore the Pacific workforce is very likely to be underestimated and data presented in this section should be interpreted with caution.

The total 2008 Pacific child & adolescent mental health workforce (DHB Inpatient & Community CAMHS & NGOs) equated to **74** Pacific staff making up 5% of the total workforce with half (51%) of the total Pacific workforce in the Northern region. Over half of the Pacific workforce (59%) was employed in DHB services.

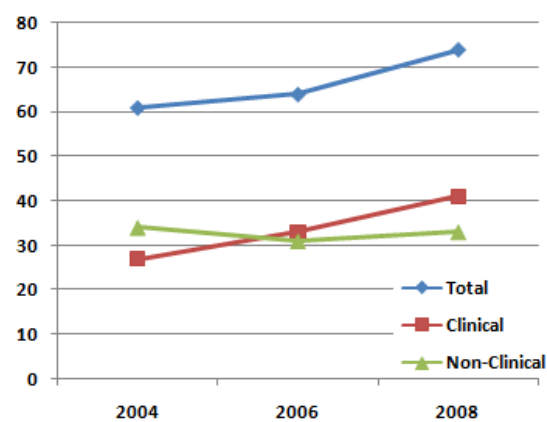
There was an overall increase of 21% in the Pacific workforce since 2006 and this increase was seen in the Pacific Clinical workforce (52%) (see Table 7 & Figure 4).

Table 7. Pacific Clinical & Non-Clinical Workforce (2004-2006)

Pacific (Head Count)	2004			2006			2008		
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total
Northern	16	10	26	16	11	27	22	16	38
Midland	7	15	22	5	4	9	4	4	8
Central	0	5	5	5	10	15	11	9	20
Southern	4	4	8	7	6	13	4	4	8
Total	27	34	61	33	31	64	41	33	74

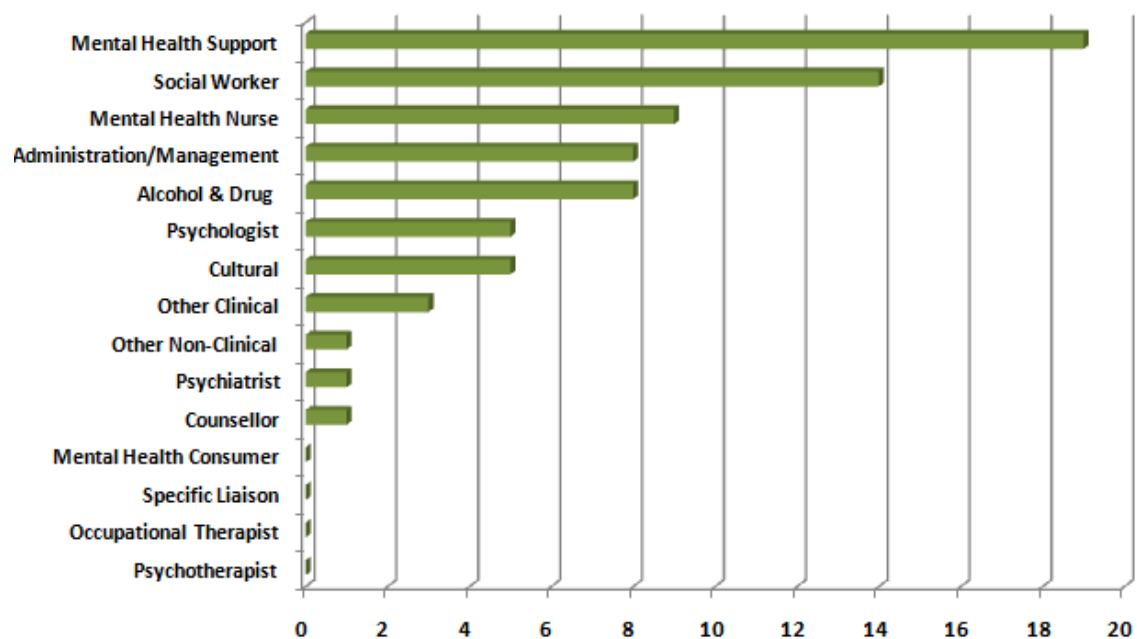
Note: Includes Inpatient & Administration/Management Workforce

Figure 4. Pacific Clinical & Non-Clinical Workforce (2004-2008)



While Pacific in Clinical roles have increased, when looking at single occupational groups, there were more Pacific (26%) in Mental Health Support Worker roles due to more Pacific employed in NGO services (see Figure 5).

Figure 5. Total Pacific Workforce by Occupational Group (2008)



Pacific Clinical Workforce compared to the MHC Blueprint Resource Guidelines

Since there are no specific Pacific child and adolescent Blueprint Resource Guidelines for the Pacific Community Clinical workforce, the Pacific Clinical guidelines presented in this section were estimated according to the proportion of Pacific child and adolescent population using the guidelines for the total Community Clinical workforce (28.6 FTEs/total population) (MHC, 1998).

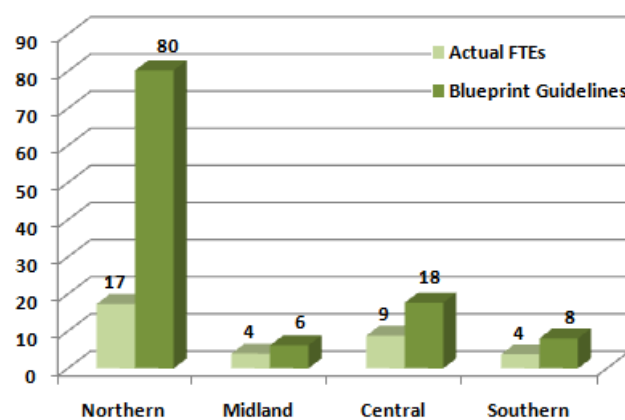
In 2008, DHB & NGO Community services reported a total Pacific Community Clinical workforce of **33.95** actual FTEs, an increase of 32% since 2006 however showing very little improvement towards recommended levels of 114.2 actual FTEs. Despite the overall increase in the workforce, the Community Clinical Pacific workforce would need to more than triple (80.3 Community Clinical FTEs) to meet the MHC's national recommended guideline, especially in the Northern region (see Table 8 & Figure 6).

Table 8. Pacific Community Clinical Workforce compared to Blueprint Guidelines (2006-2008)

DHBs	2006 ¹				2008 ²			
	Pacific FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase	Pacific FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase
Northern	11.6	67.6	56.0	482	17.35	80.3	63.0	363
Midland	3.1	5.4	2.3	3.1	4.00	6.2	2.2	56
Central	5.0	15.5	10.5	210	8.8	17.7	8.9	101
Southern	6.0	6.8	0.8	13	3.8	8.1	4.3	113
Total	25.7	96.9	71.2	277	33.95	114.2	80.3	236

1. 2006 Census (Prioritised Ethnicity)
2. 2008 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Mental Health Commission Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a)

Figure 6. Pacific Clinical FTEs compared to Blueprint Guidelines (2008)



While an increase of Pacific staff is required throughout all clinical disciplines there is a particular shortage of Psychiatrists, Psychologists, Occupational Therapists and Psychotherapists (see Figure 2). Pacific workforce development strategies should target these gaps in the current workforce. Furthermore, increasing the Non-Clinical pool of Pacific workers may also have the potential to upskill Pacific in the Non-Clinical roles into Clinical roles. Additionally, the development of the non-regulated health workforce is also an important strategy as they are more cost effective and mobile therefore more able to reach the hard to reach groups and can therefore complement the role of clinicians (Perese, 2008).

CONCLUSION

The 2008 Stocktake provides further updated information from which to progress the development of CAMH/AoD services and workforce for Pacific children and adolescents. This together with other research (Adolescent Research Group, 2000) supports the need to increase the Pacific child and adolescent mental health workforce and to address Pacific access issues to better serve the Pacific child and adolescent population.

RECOMMENDATIONS

- More Pacific services are needed nationally to give Pacific choice.
- Pacific workforce numbers need to increase significantly to meet Blueprint levels, especially in the Northern region.
- Mainstream services and staff need to be more clinically and culturally effective.
- Recruitment strategies need to target both Pacific clinical and non-clinical workforce to ensure dual competency of services.
- Barriers to access needs to be further explored and strategies to reduce these needs to be considered.
- Data collection needs to continue to identify trends and monitor progress.

ASIAN CHILD & ADOLESCENT MENTAL HEALTH & AOD OVERVIEW

This is the third Stocktake report addressing the Asian child and adolescent mental health/AoD workforce.

This chapter presents a brief introduction to the growth of the Asian child and adolescent population followed by a description of the Asian workforce and workforce issues across the four regions in New Zealand. The Asian child and adolescent access to child and adolescent mental health/AoD services are also addressed.

To date, there have been no studies conducted to investigate the mental health needs of Asian people. However, recently, considerable work has led to the development of research topics pertaining to Asian mental health (Te Pou, 2008). One such topic is the prevalence of mental health disorder within the Asian community and the barriers contributing to their low access to mental health services. However, the commencement of such work is unknown, therefore until then, the mental health/emotional needs of Asian young people will be informed by the Youth2000/2007 project which provides a picture of the emotional well being of Asian High School Students.

ASIAN CHILD & ADOLESCENT POPULATION

Due to the unavailability of projected Asian population data for 2008, this section is based on the 2006 Census data. According to Census 2006, there were 101,139 Asian young people who were under 19 years old in New Zealand (see Table 1). Approximately 67% (67,965) resided in the Northern Region.

Between 2001 and 2006, the Northern region continued to have the largest growth of the Asian 0-19 year population with a 37% growth in Auckland, Counties Manukau & Waitemata DHB areas. Although the majority of Asian young people lived in the Northern region, the Asian population continued to grow outside the Northern region. Bay of Plenty, Southland, Whanganui and South Canterbury DHBs also reported a growth of over 30% in the Asian population; however, the actual numbers were relatively small compared to the Northern Region.

Projections show that the Asian population will continue to grow to an average annual increase of 3.4 percent, making them the largest growing population in New Zealand (Statistics NZ, 2008). It is unfortunate that the projection to date does not provide specific data for the 0-19 age group.

In addition to the resident Asian population in New Zealand, the numbers of Asian international students residing in New Zealand also needs to be considered. According to Ministry of Education data, the total international fee-paying students under the age of 19 were 11,649 in 2007. These students were distributed in the North and South Islands.

Given that 67% of the Asian population live in the Northern region and there is a high proportion of young adults (31%) aged between 15 and 29 years (the age group from which the potential workforce comes from), and where the highest demand for services is, the Northern region appears to be the ideal place for workforce development and will therefore be the primary focus of this chapter.

Table 1. Census Asian 0-19 yrs Population

0-19 NZ Asian Population	Census 2001	Census 2006	Change 2001-2006	% Change
Northern	49,644	67,965	18,321	37%
Northland	576	702	126	22%
Waitemata	14,595	20,430	5,835	40%
Auckland	19,638	24,303	4,665	24%
Counties Manukau	14,835	22,530	7,695	52%
Akl Region (ADHB+WDHB+CMDHB)	49,068	67,263	18,195	37%
Midland	6,378	8,295	1,917	30%
Waikato	3,960	5,070	1,110	28%
Lakes	750	909	159	21%
Bay of Plenty	1,017	1,551	534	53%
Tairāwhiti	114	138	24	21%
Taranaki	537	627	90	17%
Central	11,289	12,951	1,662	15%
Hawke's Bay	807	963	156	19%
MidCentral	1,827	1,857	30	2%
Whanganui	267	354	87	33%
Capital & Coast	5,823	6,783	960	16%
Hutt	2,409	2,841	432	18%
Wairarapa	156	153	-3	-2%
Southern	9,423	11,778	2,355	25%
Nelson Marlborough	573	693	120	21%
West Coast	36	45	9	25%
Canterbury	6,351	8,139	1,788	28%
South Canterbury	201	273	72	36%
Otago	1,854	2,085	231	12%
Southland	408	543	135	33%
Total NZ	76,884	101,139	24,255	32%

Source: Statistics NZ, 2006

ASIAN CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2008, the Northern region DHB (Inpatient & Community) child and adolescent mental health/AoD services and NGOs reported a total of 21 Asian staff (including Administration/Management), an increase of eight since 2004 (see Table 2).

Table 2. Total Northern Region Asian Workforce (2004-2008)

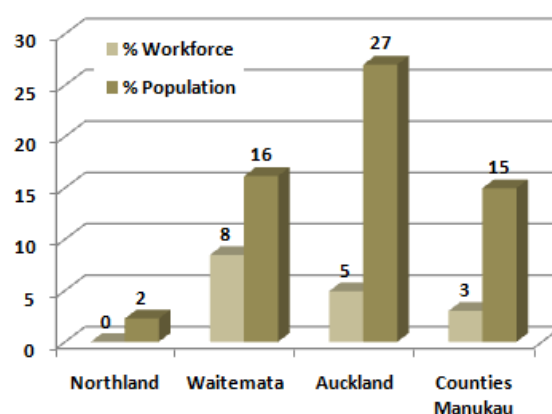
Northern Region Asian Workforce (Head Count)	2004			2006			2008		
	DHB	NGOs	Total	DHB	NGOs	Total	DHB	NGOs	Total
Northland	-	-	-	-	-	-	-	-	-
Waitemata	2	-	2	1	-	1	7	3	10
Auckland ¹	10	-	10	9	5	14	8	-	8
Counties Manukau	1	-	1	1	2	3	3	-	3
Total	13	0	13	11	7	18	18	3	21

1. Includes Inpatient Workforce & Administration/Management Workforce

Due to the unavailability of projected Asian population data for 2008, the comparison between the population and the workforce data is approximated from the 2011 projections (Base 2000).

While Asian children and adolescents was estimated to make up 16% of the Northern region's population in 2008, the Asian workforce (excluding Administration/Management staff) made up only 5% of the total Northern region workforce. The regional Asian population growth is not reflected in the regional Asian workforce growth. This difference is also seen at DHB level (see Figure 1).

Figure 1. Proportion of Asian Workforce compared to Proportion of Asian 0-19 yrs Population (2008)



Asian Clinical & Non-Clinical Workforce

Overall, almost all of the Asian workforce were in Clinical roles with the majority employed in DHB services.

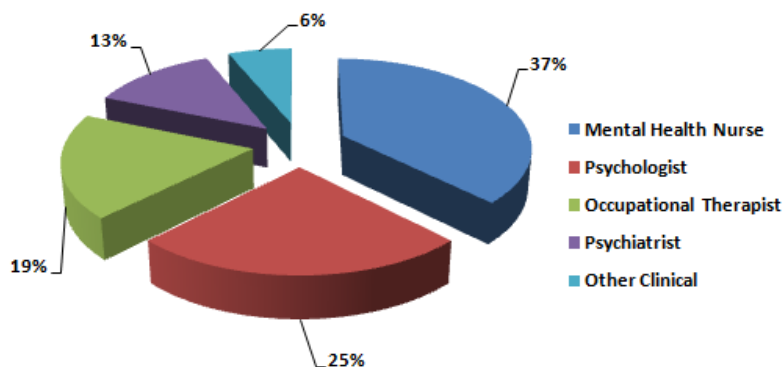
While there were less Asian Non-Clinical Clinical staff reported by the NGOs in 2008, Clinical Asian staff numbers remained similar in DHB Inpatient services and NGOs and increased by three in DHB community services.

Table 3. Northern Region Asian Clinical & Non-Clinical Workforce (2004-2008)

Northern Region Asian Workforce (Head Count)	Inpatient			Community			NGOs			Total	
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical
2005	4	2	6	7	-	7	-	-	0	11	2
2006	5	2	7	4	-	4	2	5	7	11	7
2008	5	2	7	11	-	11	2	1	3	18	3

Almost all of the Asian staff (86%) in the Northern region were in Clinical roles (see Figure 2 & Table 4). The remainder were in Non-Clinical roles as Mental Health Support Workers (see Table 4).

Figure 2. Northern Region Asian Clinical Workforce (2008)



DHB Inpatient

As at 30th June 2008, a total of seven Asian staff were reported by the Child and Family Unit. Five held Clinical roles and two held Non-Clinical roles as Mental Health Support Workers (see Table 4).

DHB Community

In 2008, the Northern region DHB Community CAMH/AoD services reported a total of 11 Asian staff, an increase of seven since 2006 with Waitemata DHB reporting the largest Asian workforce in the region followed by Auckland (see Table 2).

All of the Asian DHB Community CAMH/AoD services staff were in Clinical roles (see Table 4).

NGOs

Only one NGO in the Northern region (Waitemata DHB area) reported a total of three Asian staff, a decrease of three since 2006. 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.

Two Asian staff in NGOs were Mental Health Nurses and one was a Mental Health Support Worker (see Table 4).

Table 4. Northern Region Asian Workforce by Occupational Group (2008)

Northern Region Asian Workforce (Head Count)	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Clinical Sub-Total	5	11	16	2	18
Alcohol & Drug	-	-	-	-	-
Counsellor	-	-	-	-	-
Mental Health Nurse	4	-	4	2	6
Occupational Therapist	-	3	3	-	3
Psychiatrist	1	1	2	-	2
Psychotherapist	-	-	-	-	-
Psychologist	-	4	4	-	4
Social Worker	-	2	2	-	2
Other Clinical	-	1	1	-	1
Non-Clinical Sub-Total	2	0	2	1	3
Cultural	-	-	-	-	-
Specific Liaison	-	-	-	-	-
Mental Health Consumer	-	-	-	-	-
Mental Health Support	2	-	2	1	3
Other Non-Clinical	-	-	-	-	-
Administration/Management	-	-	-	-	-
Regional Total	7	11	18	3	21

The Asian Workforce outside the Northern Region

The following is a summary of the Asian Workforce in the other regions.

Table 5. Asian Workforce in other Regions (2004-2008)

Region	2004		2006		2008	
	DHB	NGO	DHB	NGO	DHB	NGO
Midland	4	-	-	1	3	-
Central	3	-	1	-	5	-
Southern	2	1	1	4	3	2
Total	9	1	2	5	11	2

Note: Includes Inpatient & Administration/Management Workforce

WORKFORCE ISSUES

There has been little improvement in the Asian workforce across all regions. Since 2004, only eight Asian staff have been added to the Northern region workforce and only three since 2006.

The Asian workforce remains insignificant, considering the growth of the population. Asian population projections indicate a significant growth in the Asian population, at least in the 0-39 age range until 2021.

The Asian workforce is even more insignificant when compared to the Mental Health Commission's (MHC) recommended guideline for the Community Clinical workforce (28.6/100,000 total population) (MHC, 1998a). When the MHC recommended guideline is applied in proportion to the Asian population we will need 5.5 times the current Asian workforce in the Northern region and 7.4 times nationally in order to reflect the 0-19 years Asian population.

One way to increase the Asian workforce is including the promotion of child and adolescent mental health services in training institutes. The involvement of Asian clinicians in training institutes could also provide mentorship and role models, thus encouraging and enhancing workforce growth.

ASIAN ACCESS TO CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

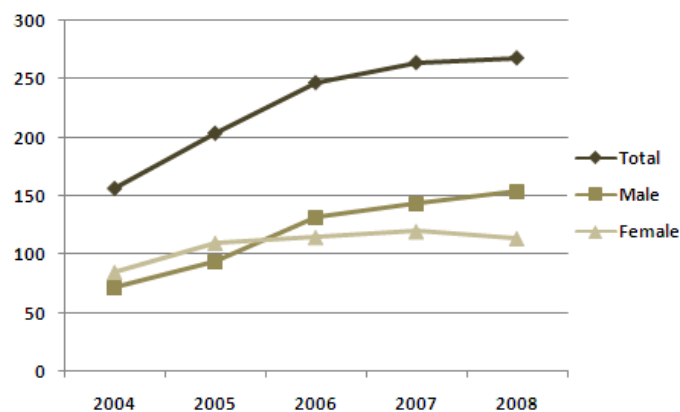
Although Asian client numbers in the Northern region remained at 5% since the end of 2006, there has been a significant increase (71%) in Asian clients since 2004 especially in the Asian male client group, the second largest increase out of all the ethnic groups in the region.

Table 6. Northern Region Asian Clients by Age Group (2004-2008)

Asian Clients	Gender		
	Male	Female	Total
2004	72	85	157
2005	94	110	204
2006	132	115	247
2007	145	119	264
2008 ¹	154	114	268

1. 1st 6 months 2008

Figure 3. Northern Asian Clients by Gender (2004-2008)



Counties Manukau DHB continues to report the largest number of Asian clients (109) and the largest growth (148%) in Asian clients in the region. Auckland DHB continues to have the largest proportion of Asian clients (9% of total clients) in the region.

Asian Access Rate

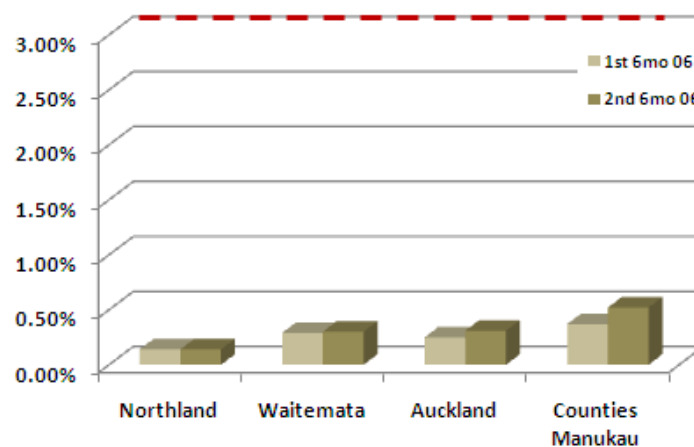
Due to the unavailability of 2007 projected Asian population statistics, the 2006 Asian access rates based on the 2006 Census Statistics (prioritised ethnicity statistics) are presented in this section.

Asian access rates in all three age groups had increased slightly since the first half of 2006. Despite these increases, Asian access rates remain significantly below the total 0-19 yrs regional rate of 1.08% and target rates for all three age groups (see Table 31).

Table 7. Northern Region Asian Access Rates by Age Group (2006)

Northern Region Asian Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
1st 6mo 2006	0.10%	0.25%	0.65%	0.30%
2nd 6mo 2006	0.14%	0.36%	0.73%	0.37%
Regional Access Rates	0.33%	1.32%	2.27%	1.08%

Figure 4. Northern Region Asian 0-19 yrs Access Rates by DHB (2006)



Access Rate for the other Regions

The total Asian population in the Midland, Central and Southern Regions was 33,450 (Census, 2006). The average access rate for the 2nd 6 months of 2006 was less than 1% of the total number of clients in each region.

Out of the three major ethnic groups (Māori, Pacific Island & Asian), Asian children and young people utilise CAMH services the least. It is well documented that Asians are not “model citizens”; they do need emotional care and clinical intervention (Ho et al, 2002).

Table 8. Northern Region Access Rates by Ethnicity (2nd 6 mo 2006)

Northern Region Asian Access Rates	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
Total	0.33%	1.32%	2.27%	1.08%
Māori	0.33%	1.80%	3.27%	1.38%
Pacific	0.16%	0.68%	1.69%	0.65%
Asian	0.14%	0.36%	0.73%	0.37%

Asian Access Issues

Asian students tend to present their emotional issues as academic problems and Asian parents usually perceive their children's problems as physical or behavioural in origin, and seeking help from mental health professionals is not their priority (Ho et al, 2002). It is a common belief that the low access rate for Asian people is due to "shame and loss of face". While literature indicates that these factors are major barriers to accessing services, it may not necessarily be the case. It is the writer's view that given the strong bond between parents and children, most Asian parents, when it comes to their children's health and wellbeing will seek the best options, including seeking help from CAMH services, to deal with their children's "behaviour". Shame of their children's 'behaviour' could instead be a motivator for parents to seek help. Therefore shame and loss of face may not be a deterrent as widely suggested. Once parents have the correct information about their children's condition and know where to seek help, it is very unlikely that the parents will not do anything to help their children.

If the lack of understanding of mental health problems is a major factor contributing to low access to secondary mental health services, then focus should be placed on the community; the primary health setting. Most young people and their families initially seek help from school teachers, church pastors or their GPs. It is also the writer's experience that there are limited community services for young Asians or their parents for educational or preventive intervention. Other than the school liaison projects between DHB CAMH services and primary and high schools, there are limited outreach, support and primary mental health services available to the younger population. It is unclear if any of the projects have an "Asian element" to it; i.e. to educate school teachers and the community on how to identify Asian young people who are at risk of developing or have developed mental health problems.

While there are various reasons that could explain Asian people's reluctance in utilising the mental health services, the lack of a representative workforce who understands the subtlety of the use of language, the cultural values, the presentation and the explanation of symptoms could be possible barriers to attract Asian young people to use the existing mental health services (Lee, 1997). Given the Asian people's close knitted familial connection, Hackett (1999) suggested that clinicians should also need to understand how the young people's parents perceive and accept the disorders. Failure to identify where the young people and their parents perceive the clinical presentation might deter their utilisation of the services.

Kagawa-Singer and Chung (2002) contended that, by directly translating the clinical assessment tools and questions from English to an Asian language, one may overlook the specific cultural values and

the complexity of the language. It is also the writer's experience that, while working cross culturally, clinicians are usually confronted with assessment and diagnosis challenges:

- not understanding the cultural values and being too fixated on the diagnostic criteria might run the risk of over-diagnosing on "culturally normal" behaviour;
- being too fixated on the cultural issues might prevent clinicians from diagnosing the client appropriately.

Having a clinician from the same or similar culture might help to clarify the diagnosis and hence giving a better direction to the treatment process.

CONCLUSION

Despite significant growth in the Asian child and adolescent population, the Asian CAMHS workforce remained relatively static and significantly under benchmark levels. Compared to the 2004 Stocktake, there has been little improvement in the Asian workforce across all regions. Since 2004, only eight Asian staff have been added to the Northern region workforce and only three since 2006.

While the growth of the Asian workforce may be a long term outcome, increasing the cultural competency of mainstream clinicians with the assistance of Non-Clinical staff is an important short-term solution (Nayar & Tse, 2006).

Lee (1997) recommends using Interpreters to work alongside the mainstream clinicians. Given the scant supply of clinicians, the use of non-clinically trained workforce such as the Interpreters and Community Support Workers could be a short term solution until more Asian clinicians have been trained. The services also did not report a sound development of a Non-Clinical workforce to offset the current shortage of Asian staff level.

The Asian access rates showed little change and are significantly below the national rates and benchmark levels. Therefore barriers to access needs to be further explored and strategies to reduce these barriers need to be considered.

In terms of the supply of a workforce, the main workforce starts from the tertiary training institutes. In order to attract more Asian new graduates to join the CAMHS workforce, involving Asian clinicians in the professional training programmes run by the training institutes may need to be considered.

RECOMMENDATIONS

- Asian workforce numbers need to increase significantly to meet blueprint levels, especially in the Northern region.
- Mainstream services and staff need to be more clinically and culturally effective.
- Recruitment strategies need to target the Asian clinical and non-clinical workforce to ensure their representation in services.
- Barriers to access needs to be further explored and strategies to reduce these needs to be considered.
- Data collection needs to continue to identify trends and monitor progress.

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APPENDICES

APPENDIX A: POPULATION DATA

Table 1. Child & Adolescent Population (2001-2008)

Total	Total				Māori				Pacific			
	2001 ¹	2006 ²	2008 ³	% Change	2001 ¹	2006 ²	2008 ³	% Change	2001 ¹	2006 ²	2008 ³	% Change
Northern	398,487	436,344	465,638	7	78,888	83,568	95,160	14	62,199	70,584	82,140	16
Northland	44,379	45,267	48,198	6	19,152	19,722	22,140	12	750	822	970	18
Waitemata	127,923	139,758	149,030	7	18,462	19,809	22,740	15	11,589	13,176	15,510	18
Auckland	97,386	104,139	110,660	6	11,598	11,778	13,210	12	18,144	18,846	21,160	12
Counties Manukau	128,799	147,180	157,750	7	29,676	32,259	37,070	15	31,716	37,740	44,500	18
Midland	233,151	237,273	243,650	3	80,460	81,954	90,320	10	5,079	5,733	6,480	13
Waikato	100,995	104,574	106,720	2	30,585	31,341	34,160	9	2,907	3,219	3,470	8
Lakes	31,086	30,990	31,730	2	14,100	14,190	15,470	9	840	879	1,020	16
Bay of Plenty	54,207	56,700	59,340	5	19,974	20,475	23,060	13	783	957	1,170	22
Tairāwhiti	15,279	14,724	15,270	4	8,700	8,571	9,500	11	252	297	380	28
Taranaki	31,584	30,285	30,590	1	7,101	7,377	8,130	10	297	381	440	15
Central	230,787	234,093	238,410	2	55,953	58,299	64,200	10	15,153	15,633	17,365	11
Hawke's Bay	44,760	45,327	45,880	1	15,417	15,024	16,980	13	1,635	1,764	2,130	21
MidCentral	19,785	46,716	47,850	2	11,496	12,738	13,900	9	345	1,551	1,700	10
Whanganui	46,890	18,939	18,320	-3	6,657	6,729	7,070	5	1,407	405	415	2
Capital & Coast	40,605	71,070	73,320	3	9,081	11,280	12,520	11	3,774	7,602	8,420	11
Hutt	67,452	40,785	42,200	3	10,617	9,810	10,850	11	7,725	4,017	4,410	10
Wairarapa	11,295	11,256	10,840	-4	2,685	2,718	2,880	6	267	294	290	-1
Southern	250,545	260,010	266,110	2	30,693	33,807	36,930	9	5,292	6,345	7,445	17
Nelson Marlborough	34,308	34,806	35,200	1	4,752	5,079	5,430	7	453	576	650	13
West Coast	8,538	8,151	8,420	3	1,248	1,356	1,470	8	57	33	95	188
Canterbury	116,127	125,832	131,120	4	13,353	15,420	17,110	11	3,192	3,918	4,370	12
South Canterbury	14,343	14,046	14,160	1	1,401	1,536	1,690	10	135	147	180	22
Otago	47,334	48,735	47,840	-2	4,740	5,346	5,670	6	1,008	1,194	1,230	3
Southland	29,895	28,440	29,370	3	5,199	5,070	5,560	10	447	477	920	93
Total	1,113,027	1,167,720	1,213,808	4	246,009	257,628	286,610	11	87,741	98,295	113,430	15

1. 2001 Census (Prioritised Ethnicity) Source Statistics NZ; Ref No: C12110TM
2. 2006 Census (Prioritised Ethnicity) Source Statistics NZ; Ref No: KID1617
3. 2008 Population Projections (2006 Base, Medium Projections, Total Response) Source: Statistics NZ; Ref No: RIS18647

Table 2. 0-19 yrs Population Projections (2008, 2006 Base, Medium Projections, Total Response)

Region	Age Group (yrs)				
	0-9	10-14	15-19	0-19	All Ages
Northern	228,298	114,960	122,380	465,638	1,592,600
Northland	24,468	12,460	11,270	48,198	155,100
Waitemata	71,460	37,430	40,140	149,030	521,100
Auckland	53,890	25,550	31,220	110,660	443,100
Counties Manukau	78,480	39,520	39,750	157,750	473,300
Midland	118,370	62,550	62,730	243,650	819,300
Waikato	51,430	27,000	28,290	106,720	356,900
Lakes	15,800	8,150	7,780	31,730	102,500
Bay of Plenty	28,890	15,520	14,930	59,340	206,500
Tairāwhiti	7,600	3,990	3,680	15,270	45,900
Taranaki	14,650	7,890	8,050	30,590	107,500
Central	115,420	59,760	63,230	238,410	848,500
Hawke's Bay	22,340	12,140	11,400	45,880	153,700
MidCentral	22,320	11,900	13,630	47,850	165,900
Whanganui	8,500	4,940	4,880	18,320	63,400
Capital & Coast	36,400	17,410	19,510	73,320	283,900
Hutt Valley	20,660	10,530	11,010	42,200	141,900
Wairarapa	5,200	2,840	2,800	10,840	39,700
Southern	124,750	65,980	75,380	266,110	1,013,500
Nelson Marlborough	16,770	9,150	9,280	35,200	135,700
West Coast	3,970	2,300	2,150	8,420	32,100
Canterbury	62,360	32,120	36,640	131,120	494,100
South Canterbury	6,450	3,870	3,840	14,160	55,300
Otago	20,700	11,030	16,110	47,840	185,800
Southland	14,500	7,510	7,360	29,370	110,500
Total	586,838	303,250	323,720	1,213,808	4,273,900

Source: Statistics NZ Ref: RIS18647

Table 3. Māori 0-19 yrs Population Projections (2008)

Region	Age Group (yrs)				
	0-9	10-14	15-19	0-19	Māori All Ages
Northern	49,750	22,820	22,590	95,160	214,900
Northland	10,910	5,660	5,570	22,140	49,300
Waitemata	11,910	5,360	5,470	22,740	50,900
Auckland	6,880	3,020	3,310	13,210	35,700
Counties Manukau	20,050	8,780	8,240	37,070	79,000
Midland	46,280	22,310	21,730	90,320	202,150
Waikato	17,640	8,340	8,180	34,160	76,100
Lakes	7,910	3,820	3,740	15,470	35,000
Bay of Plenty	11,790	5,840	5,430	23,060	51,400
Tairāwhiti	4,760	2,350	2,390	9,500	21,900
Taranaki	4,180	1,960	1,990	8,130	17,750
Central	33,260	15,720	15,220	64,200	144,100
Hawke's Bay	8,780	4,240	3,960	16,980	37,600
MidCentral	7,170	3,410	3,320	13,900	30,000
Whanganui	3,480	1,850	1,740	7,070	15,850
Capital & Coast	6,690	2,870	2,960	12,520	30,700
Hutt Valley	5,740	2,600	2,510	10,850	23,900
Wairarapa	1,400	750	730	2,880	6,050
Southern	19,220	8,840	8,870	36,930	82,900
Nelson Marlborough	2,700	1,380	1,350	5,430	12,350
West Coast	700	390	380	1,470	3,150
Canterbury	9,100	4,060	3,950	17,110	38,300
South Canterbury	880	390	420	1,690	3,600
Otago	2,870	1,340	1,460	5,670	12,950
Southland	2,970	1,280	1,310	5,560	12,550
Total	148,510	69,690	68,410	286,610	644,050

Source: Statistics NZ Ref: RIS18647 (2006 base, total response, medium projections)

Table 4. Pacific 0-19 yrs Population Projections (2008)

Region	Age Group (yrs)				
	0-9	10-14	15-19	0-19	Pacific All Ages
Northern	42,780	19,630	19,730	82,140	192,100
Northland	460	260	250	970	2,300
Waitemata	8,200	3,640	3,670	15,510	36,500
Auckland	10,750	5,010	5,400	21,160	52,400
Counties Manukau	23,370	10,720	10,410	44,500	100,900
Midland	3,185	1,655	1,640	6,480	15,590
Waikato	1,690	870	910	3,470	8,450
Lakes	470	270	280	1,020	2,500
Bay of Plenty	600	310	260	1,170	2,700
Tairāwhiti	210	90	80	380	930
Taranaki	215	115	110	440	1,010
Central	8,835	4,230	4,300	17,365	43,430
Hawke's Bay	1,140	500	490	2,130	4,850
MidCentral	850	410	440	1,700	3,850
Whanganui	175	110	130	415	1,030
Capital & Coast	4,210	2,100	2,110	8,420	21,900
Hutt Valley	2,310	1,040	1,060	4,410	11,100
Wairarapa	150	70	70	290	700
Southern	3,675	2,010	17,60	7,445	16,970
Nelson Marlborough	355	145	150	650	1,530
West Coast	35	30	30	95	240
Canterbury	2,290	1,000	1,080	4,370	10,400
South Canterbury	90	50	40	180	430
Otago	610	280	340	1,230	3,000
Southland	295	505	120	920	1,370
Total	58,475	27,525	27,430	113,430	268,090

Source: Statistics NZ Ref: RIS18647 (2006 base, total response, medium projections)

Table 5. 2011 Projected Asian 0-19 yrs Population (Base 2001)

Region	Age Group (yrs)			
	0-9	10-14	15-19	0-19
Northern	49,540	22,880	24,260	96,680
Northland	740	270	260	1,270
Waitemata	14,250	6,600	7,450	28,300
Auckland	19,650	9,360	9,870	38,880
Counties Manukau	14,900	6,650	6,680	28,230
Midland	6,520	2,470	2,670	11,660
Waikato	3710	1,500	1,730	6,940
Lakes	660	270	270	1,200
Bay of Plenty	1,470	490	420	2,380
Tairāwhiti	250	70	50	370
Taranaki	430	140	200	770
Central	1,0845	3,790	3,725	18,360
Hawke's Bay	940	340	300	1,580
MidCentral	1,510	530	780	2,820
Whanganui	285	80	90	455
Capital & Coast	5,860	2,040	1,810	9,710
Hutt Valley	2,140	750	710	3,600
Wairarapa	110	50	35	195
Southern	7,345	2,780	4,875	15,000
Nelson Marlborough	620	190	220	1,030
West Coast	50	20	25	95
Canterbury	4,930	2,100	3,500	10,530
South Canterbury	195	70	80	345
Otago	1,050	250	880	2,180
Southland	500	150	170	820
Total	83,690	43,445	41,675	168,810

Source: The Werry Centre. (2005). New Zealand Population Projection Statistics 2006, 2011, 2016.

Table 6. 2008 0-19 Yrs 'Other' Ethnicity Group

DHB	Age Group (yrs)				
	0-9	10-14	15-19	0-19	All Ages
Northern	133,730	72,480	80,060	286,270	1,592,600
Northland	11,070	6,520	5,470	23,060	155,100
Waitemata	51,350	28,440	31,000	110,790	521,100
Auckland	36,250	17,510	22,500	76,260	443,100
Counties Manukau	35,060	20,010	21,090	76,160	473,300
Midland	68,860	38,570	39,340	14,6770	819,300
Waikato	32,090	17,780	19,180	69,050	356,900
Lakes	7,430	4,070	3,760	15,260	102,500
Bay of Plenty	16,450	9,370	9,240	35,060	206,500
Tairāwhiti	2,620	1,540	1,210	5,370	45,900
Taranaki	10,270	5,810	5,950	22,030	107,500
Central	73,440	39,800	43,670	156,910	848,500
Hawke's Bay	12,440	7,390	6,940	26,770	153,700
MidCentral	14,320	8,090	9,860	32,270	165,900
Whanganui	4,880	2,970	3,010	10,860	63,400
Capital & Coast	25,490	12,430	14,420	52,340	283,900
Hutt Valley	12,640	6,890	7,440	26,970	141,900
Wairarapa	3,670	2,030	2,000	7,700	39,700
Southern	101,830	55,520	64,720	222,070	1,013,500
Nelson Marlborough	13,690	7,640	7,770	29,100	135,700
West Coast	3,230	1,850	1,740	6,820	32,100
Canterbury	50,970	27,060	31,630	109,660	494,100
South Canterbury	5,500	3,410	3,380	12,290	55,300
Otago	17,190	9,410	14,290	40,890	185,800
Southland	11,250	6,150	5,910	23,310	110,500
Total	377,860	206,370	227,790	812,020	4,273,900

APPENDIX B: FUNDING DATA

Table 1. DHB Provider Funding for FTEs, Programmes & Bed Days (2004-2008)

Region	FTE Volume	FTE \$	Programmes	Bed Days	Attendances	Total
Northern						
04/05	-	\$22,273,090	\$677,022	\$5,400,860	-	\$28,350,973
05/06	240.48	\$24,073,497	\$709,707	\$5739,832	-	\$30,523,036
07/08	260.57	\$30,274,383	\$900,646	\$6,565,869	-	\$37,740,898
Midland						
04/05	-	\$9,474,716	\$496,519	\$64,972	-	\$10,036,207
05/06	107.41	\$10,590,009	\$637,310	\$67,116	-	\$11,294,435
07/08	112.87	\$11,931,058	\$625,780	\$35,576	-	\$12,592,414
Central						
04/05	-	\$14,131,360	\$2,100,502	\$2,727,061	-	\$18,958,923
05/06	134.4	\$13,233,625	\$4,780,167	\$2,781,510	-	\$20,795,303
07/08	164.16	\$17,870,917	\$2,129,210	\$3,146,065	-	\$23,146,191
Southern						
04/05	-	\$15,372,310	\$315,199	\$4,317,583	\$371,583	\$20,376,676
05/06	153.6	\$15,973,732	\$324,044	\$4,443,286	\$381,988	\$21,123,049
07/08	161.83	\$18,810,353	\$331,719	\$5,057,754	\$433,948	\$24,633,774
Total						
04/05	-	\$61,251,476	\$358,242	\$12,510,477	\$371,583	\$77,722,778
05/06	635.89	\$63,870,863	\$6,451,228	\$13,031,744	\$381,988	\$83,735,823
07/08	699.43	\$78,886,712	\$3,987,353	\$14,805,263	\$433,948	\$98,113,276

Source: MOH Price Volume Schedules 2004-2008

Table 2. NGO Provider Funding for FTEs, Programmes & Bed Days (2004-2008)

Region	2004/2005			2005/2006				2007/2008			
	FTE \$	Bed Days	Total	FTE Volume	FTE \$	Bed Days	Total	FTE Volume	FTE \$	Bed Days	Total
Northern	\$2,175,301	\$116,362	\$2,291,663	36.13	\$2,882,840	\$158,448	\$3,041,288	45.7	\$3,847,247	\$612,952	\$4,460,199
Midland	\$8,156,523	\$162,380	\$8,318,903	97.95	\$8,391,661	\$227,161	\$8,618,822	108.3	\$10,072,333	\$257,095	\$10,329,428
Central	\$994,667	\$952,384	\$1,947,051	20.69	\$1,528,959	\$972,864	\$2,501,823	44.9	\$3,491,811	\$868,909	\$4,360,720
Southern	\$3,438,851	\$2,250,376	\$5,689,227	55.81	\$3,819,614	\$2,268,491	\$6,088,105	81	\$6,354,067	\$1,302,842	\$7,656,909
MOH	\$222,222	-	\$222,222	4.02	\$357,328	-	\$357,328	0.2	\$14,168	-	\$14,168
Total	\$14,987,564	\$3,481,502	\$18,469,066	214.6	\$16,980,402	\$3,626,964	\$20,607,366	280.1	\$23,779,626	\$3,041,798	\$26,821,424

Source: MOH Price Volume Schedules 2004-2008

Table 3. Ministry of Health Child & Adolescent Mental Health Funding by DHB (2004-2008)

Provider	2004/2005			2005/2006			2007/2008		
	DHB	NGO	Total \$	DHB	NGO	Total \$	DHB	NGO	Total \$
Northern	\$28,350,973	\$2,291,663	\$30,642,636	\$30,523,036	\$3,041,288	\$33,564,324	\$37,740,898	\$4,460,199	\$42,201,097
Northland	\$2,033,627	\$770,892	\$2,804,519	\$2,282,975	\$998,332	\$3,281,307	\$2,931,766	\$1,116,201	\$4,047,967
Waitemata	\$8,407,613	-	\$8,407,613	\$8,694,911	-	\$8,694,911	\$11,782,555	\$209,148	\$11,991,703
Auckland	\$12,490,617	\$855,040	\$13,345,657	\$13,774,349	\$916,064	\$14,690,413	\$16,381,952	\$1,724,656	\$18,106,608
Counties Manukau	\$5,419,115	\$665,732	\$6,084,847	\$5,770,801	\$1,126,892	\$6,897,693	\$6,644,626	\$1,410,194	\$8,054,820
Midland	\$10,036,207	\$8,318,903	\$18,355,110	\$11,294,435	\$8,618,822	\$19,913,257	\$12,592,414	\$10,329,428	\$22,921,842
Waikato	\$3,051,410	\$5,425,144	\$8,476,554	\$3,218,179	\$4,929,082	\$8,147,261	\$3,629,880	\$5,770,029	\$9,399,909
Lakes	\$1,775,504	\$394,720	\$2,170,224	\$1,925,747	\$1,088,980	\$3,014,727	\$2,346,811	\$1,455,418	\$3,802,229
Bay of Plenty	\$2,993,392	\$2,032,886	\$5,026,278	\$3,183,105	\$2,119,716	\$5,302,821	\$3,575,161	\$2,468,185	\$6,043,346
Tairāwhiti	\$826,061	\$36,079	\$862,140	\$968,090	\$36,804	\$1,004,894	\$959,236	\$261,636	\$1,220,872
Taranaki	\$1,389,839	\$430,075	\$1,819,914	\$1,999,314	\$444,240	\$2,443,554	\$2,081,325	\$374,160	\$2,455,485
Central	\$18,958,923	\$1,947,051	\$20,905,974	\$20,795,303	\$2,501,823	\$23,297,126	\$23,146,191	\$4,360,720	\$27,506,911
Hawke's Bay	\$2,495,263	\$836,580	\$3,331,843	\$2,460,683	\$1,005,464	\$3,466,147	\$2,781,384	\$1,297,969	\$4,079,353
MidCentral	\$2,020,200	\$82,834	\$2,103,034	\$2,086,867	\$188,670	\$2,275,537	\$3,381,184	\$955,300	\$4,336,484
Whanganui	\$1,575,042	\$154,020	\$1,729,062	\$1,526,370	\$149,356	\$1,675,726	\$1,791,668	\$59,000	\$1,850,668
Capital & Coast	\$9,315,614	\$293,151	\$9,608,765	\$11,014,990	\$429,609	\$11,444,599	\$10,747,054	\$606,787	\$11,353,841
Hutt Valley	\$2,778,763	\$453,012	\$3,231,775	\$2,895,462	\$597,060	\$3,492,522	\$3,391,909	\$1,302,524	\$4,694,433
Wairarapa	\$774,041	\$127,454	\$901,495	\$810,932	\$131,664	\$942,596	\$1,052,991	\$139,140	\$1,192,131
Southern	\$20,376,676	\$5,689,227	\$26,065,903	\$21,123,049	\$6,088,105	\$27,211,154	\$24,633,774	\$7,656,909	\$32,290,683
Nelson Marlborough	\$2,441,255	\$562,546	\$3,003,801	\$2,671,470	\$678,893	\$3,350,363	\$3,392,042	\$733,930	\$4,125,972
West Coast	\$771,997	-	\$771,997	\$815,154	-	\$815,154	\$869,141	-	\$869,141
Canterbury	\$11,109,805	\$3,226,506	\$14,336,312	\$11,802,867	\$3,364,145	\$15,167,012	\$13,226,777	\$3,263,595	\$16,490,372
South Canterbury	\$884,255	-	\$884,255	\$983,894	\$54,000	\$1,037,894	\$750,198	\$176,747	\$926,945
Otago	\$3,414,120	\$1,225,833	\$4,639,953	\$3,418,959	\$1,184,433	\$4,603,392	\$4,115,713	\$2,214,285	\$6,329,998
Southland	\$1,755,244	\$674,343	\$2,429,586	\$1,430,705	\$806,634	\$2,237,339	\$2,279,903	\$1,268,352	\$3,548,255
MoH	-	\$222,222	\$222,222	-	\$357,328	\$357,328	-	\$14,168	\$14,168
Total	\$77,722,778	\$18,469,066	\$96,191,844	\$83,735,823	\$20,607,366	\$104,343,189	\$98,113,276	\$26,821,424	\$124,934,700

Source: MOH Price Volume Schedules 2004-2008

Table 4. National Funding per Child (2004-2006)

Region/ DHB	2004/2005			2005/2006			2007/2008		
	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)	Total DHB & NGO	Spend/ Child (excludes Inpatient Costs)	Spend/ Child (includes Inpatient Costs)
Northern	\$30,642,636	\$50.27	\$69.26	\$33,564,324	\$63.77	\$76.92	\$42,201,097	\$76.53	\$90.63
Northland	\$2,804,519	\$61.27	\$61.27	\$3,281,307	\$72.49	\$72.49	\$4,047,967	\$83.99	\$83.99
Waitemata	\$8,407,613	\$59.45	\$59.45	\$8,694,911	\$62.21	\$62.21	\$11,991,703	\$80.47	\$80.47
Auckland	\$13,345,657	\$71.67	\$120.38	\$14,690,413	\$85.95	\$141.07	\$18,106,608	\$104.29	\$163.62
Counties Manukau	\$6,084,847	\$42.14	\$42.14	\$6,897,693	\$46.87	\$46.87	\$8,054,820	\$51.06	\$51.06
Midland	\$18,355,110	\$70.91	\$70.91	\$19,913,257	\$83.64	\$83.93	\$22,921,842	\$93.93	\$94.08
Waikato	\$8,476,554	\$80.12	\$80.12	\$8,147,261	\$77.91	\$77.91	\$9,399,909	\$88.08	\$88.08
Lakes	\$2,170,224	\$66.92	\$66.92	\$3,014,727	\$97.28	\$97.28	\$3,802,229	\$119.83	\$119.83
Bay of Plenty	\$5,026,278	\$84.98	\$84.98	\$5,302,821	\$93.52	\$93.52	\$6,043,346	\$101.84	\$101.84
Tairāwhiti	\$862,140	\$55.59	\$55.59	\$1,004,894	\$63.69	\$68.25	\$1,220,873	\$77.62	\$79.95
Taranaki	\$1,819,914	\$39.59	\$39.59	\$2,443,554	\$80.69	\$80.69	\$2,455,485	\$80.27	\$80.27
Central	\$20,905,973	\$76.63	\$92.30	\$23,654,455	\$89.17	\$101.05	\$27,506,911	\$102.18	\$115.38
Hawke's Bay	\$3,331,843	\$105.14	\$105.14	\$3,466,147	\$76.47	\$76.47	\$4,079,353	\$88.91	\$88.91
Mid Central	\$2,103,034	\$42.58	\$42.58	\$2,275,537	\$48.71	\$48.71	\$4,336,484	\$90.63	\$90.63
Whanganui	\$1,729,062	\$87.57	\$87.57	\$1,675,726	\$88.48	\$88.48	\$1,850,668	\$91.64	\$101.02
Capital & Coast	\$9,608,766	\$126.22	\$132.86	\$11,444,599	\$123.15	\$161.03	\$11,353,841	\$115.66	\$154.85
Hutt	\$3,231,775	\$76.86	\$76.86	\$3,849,850	\$92.21	\$94.39	\$4,694,433	\$108.85	\$111.24
Wairarapa	\$901,495	\$79.39	\$79.39	\$942,596	\$83.74	\$83.74	\$1,192,131	\$109.98	\$109.98
Southern	\$26,065,903	\$86.18	\$99.36	\$27,211,154	\$87.57	\$104.65	\$32,290,682	\$102.34	\$121.34
Nelson	\$3,003,801	\$82.21	\$82.21	\$3,350,363	\$83.46	\$96.26	\$4,125,971	\$103.02	\$117.22
Marlborough	\$771,997	\$90.03	\$90.03	\$815,154	\$100.01	\$100.01	\$869,141	\$103.22	\$103.22
West Coast	\$14,336,312	\$89.62	\$115.65	\$15,167,012	\$92.29	\$120.53	\$16,490,372	\$94.98	\$125.77
Canterbury	\$884,255	\$61.47	\$61.47	\$1,037,894	\$73.89	\$73.89	\$926,945	\$65.46	\$65.46
South Canterbury	\$4,639,953	\$95.45	\$95.45	\$4,603,392	\$85.34	\$94.46	\$6,329,999	\$121.42	\$132.32
Otago	\$2,429,586	\$80.24	\$80.24	\$2,237,339	\$78.67	\$78.67	\$3,548,255	\$120.81	\$120.81
MOH	\$222,222	-	-	\$357,328	-	-	\$14,168		
Grand Total	\$92,969,622	\$70.27	\$78.11	\$104,343,190	\$78.20	\$89.36	\$124,934,700	\$90.73	\$102.93

Source: MOH Price Volume Schedules 2004-2008

APPENDIX C: CHILD & ADOLESCENT MENTAL HEALTH WORKFORCE DATA

Table 1. DHB Actual Community Clinical FTEs (2004-2006)

DHB Community Clinical Workforce	Actual Clinical FTEs				Vacant Clinical FTEs			
	2004	2006	2008	% Change (2008-2004)	2004	2006	2008	% Change (2008-2004)
National	505.1	567.1	613.54	21	82.6	90.6	72.98	-12
Northern	171.1	212.1	238.02	39	33.9	38.7	29.7	-12
Midland	92.7	96.85	103.00	11	17.7	20.0	19.05	8
Central	107.6	128.25	140.32	30	15.1	14.1	7.65	-49
Southern	133.7	129.91	132.20	-1	15.9	17.83	17.98	13

Table 2. Community Clinical Workforce compared to MHC Resource Guidelines (2006-2008)

DHBs	2004				2006				2008			
	DHB & NGO FTEs	Blueprint Guidelines	FTEs Needed	% Increase	DHB & NGO FTEs	Blueprint Guidelines	FTEs Needed	% Increase	DHB & NGO FTEs	Blueprint Guidelines	FTEs Needed	% Increase
Northern	196.17	426.18	230.01	117	242.26	417.64	175.38	72	262.12	455.48	193.36	74
Northland	21.20	42.2	21.0	99	29.60	42.6	13.02	44	28.3	44.4	16.06	57
Waitemata	71.60	139.5	67.9	95	90.48	136.4	45.91	51	100.6	149	48.43	48
Auckland	64.54	122.2	57.66	89	70.80	115.9	45.11	64	67.3	126.7	59.43	88
Counties Manukau	38.83	122.2	83.37	215	51.38	122.7	71.34	139	65.92	135.4	69.44	105
Midland	134.40	237.65	103.25	77	147.96	223.52	75.6	51	158.88	234.32	75.44	47
Waikato	56.55	96.5	39.95	71	57.51	97.4	39.9	69	55.18	102.1	46.89	85
Lakes	15.60	29.2	13.6	87	27.1	28.6	1.5	5	21.4	29.3	7.92	37
Bay of Plenty	37.60	56.3	18.7	50	34.15	55.4	21.2	62	44.35	59.1	14.71	33
Tairāwhiti	7.75	12.9	5.15	66	9.5	12.6	3.1	32	13.75	13.1	-0.62	-5
Taranaki	16.90	42.8	25.9	153	19.7	29.6	9.9	50	24.2	30.7	6.55	27
Central	126.04	223.17	97.13	77	143.85	231.89	88.04	61	178.47	242.67	64.20	36
Hawke's Bay	18.06	30.2	12.14	67	16.6	42.6	26.0	156	39.87	44	4.09	10
MidCentral	20.40	47.1	26.7	131	24.55	45.2	20.6	84	31.95	47.4	15.50	49
Whanganui	8.80	18.6	9.8	111	10.4	18.0	7.6	74	14.4	18.1	3.73	26
Capital & Coast	47.00	76.6	29.6	63	53.8	76.2	22.4	42	52.7	81.2	28.50	54
Hutt	26.38	39.4	13.02	49	31.6	38.7	7.1	22	30.2	40.6	10.38	34
Wairarapa	5.40	11.2	5.8	107	6.9	11.2	4.3	62	9.35	11.4	2.00	21
Southern	210.21	276.37	66.16	31	189.21	278.68	89.5	47	207.5	289.86	82.36	40
Nelson Marlborough	20.15	38.1	17.95	89	30.7	37.6	6.9	23	25.4	38.8	13.41	53
West Coast	8.70	8.8	0.1	1	6.4	9.2	2.8	43	6.7	9.2	2.48	37
Canterbury	106.11	131.8	25.69	24	88.98	133.8	44.8	50	91.28	141.3	50.03	55
South Canterbury	8.80	15.4	6.6	75	8.25	15.4	7.1	87	14.2	15.8	1.62	11
Otago	52.30	51.5	-0.8	-	38.48	51.9	13.4	35	45.62	53.1	7.52	16
Southland	14.15	30.8	16.65	118	16.4	30.8	14.4	88	24.3	31.6	7.30	30
Total	666.82	1,163.37	66.16	74	723.28	1,151.72	428.4	59	806.97	1222.34	415.37	51

Table 3. Māori Community Clinical Workforce compared to MHC Blueprint Guidelines (2008)

DHBs	2006				2008			
	DHB & NGO Māori FTEs	Blueprint Guidelines	FTEs Needed	% Increase	DHB & NGO Māori FTEs	Blueprint Guidelines	FTEs Needed	% Increase
Northern	33.9	80.0	46.1	136	33.7	90.1	56.4	167
Northland	15	18.6	3.6	24	11.1	20.4	9.3	84
Waitemata	9.3	19.3	10.0	108	9	22.7	13.7	153
Auckland	2.7	13.1	10.4	386	2.8	15.1	12.3	440
Counties Manukau	6.9	26.9	20.0	290	10.8	31.8	21.0	195
Midland	41.8	77.2	31.9	76	43.6	86.9	43.3	99
Waikato	14.3	29.2	14.4	101	12.95	32.7	19.7	152
Lakes	8	13.1	5.1	64	7.8	14.3	6.5	83
Bay of Plenty	11.8	20.0	5.2	44	11.85	23.0	11.1	94
Tairāwhiti	4.7	7.3	2.6	56	6.5	8.2	1.7	26
Taranaki	3	7.2	4.2	141	4.5	8.2	3.7	82
Central	20.9	57.8	36.9	176	36.45	65.3	28.9	79
Hawke's Bay	2	14.1	12.1	605	13.8	16.3	2.5	18
MidCentral	4	12.3	8.3	208	5	13.8	8.8	176
Whanganui	2.5	6.4	3.9	157	3.35	7.0	3.6	109
Capital & Coast	6.4	12.1	5.7	89	8.7	13.9	5.2	59
Hutt	4	9.3	5.3	133	3	10.4	7.4	248
Wairarapa	2	2.7	0.7	35	2.6	3.0	0.4	16
Southern	9.7	36.2	26.5	274	18	40.2	22.2	123
Nelson Marlborough	1	5.5	4.5	449	0.9	6.0	5.1	565
West Coast	-	1.5	1.5	-	0	1.6	1.6	-
Canterbury	5.9	16.4	10.5	178	10.8	18.4	7.6	71
South Canterbury	-	1.7	1.7	-	0.1	1.9	1.8	-
Otago	2.8	5.7	2.9	103	4.2	6.3	2.1	50
Southland	-	5.5	5.5	-	2	6.0	4.0	-
Total	106.3	254.1	147.8	139	131.8	288.6	156.9	119

Table 4. Pacific Community Clinical Workforce compared to MHC Blueprint Guidelines (2008)

DHBs	2006				2008			
	DHB & NGO Pacific FTEs	Blueprint Guidelines	FTEs Needed	% Increase	DHB & NGO Pacific FTEs	Blueprint Guidelines	FTEs Needed	% Increase
Northern	11.6	67.6	56.0	482	17.35	80.3	63.0	363
Northland	-	0.8	0.8	-	1.0	0.9	-0.1	-
Waitemata	6.7	12.9	6.2	92	7.0	15.5	8.5	122
Auckland	3.0	21.0	18.0	599	1.85	24.2	22.4	1210
Counties Manukau	1.9	31.5	29.6	1556	7.5	38.2	30.7	409
Midland	3.1	5.4	2.3	74	4.0	6.2	2.2	56
Waikato	1.8	3.0	1.2	67	1.0	3.3	2.3	232
Lakes	-	0.8	0.8	-	-	0.9	0.9	-
Bay of Plenty	1.3	0.9	-0.4	-28	2.0	1.2	-0.8	-42
Tairāwhiti	-	0.3	0.3	-	1.0	0.3	-0.7	-
Taranaki	-	0.4	0.4	-	-	0.4	0.4	-
Central	5.0	15.5	10.5	210	8.8	17.7	8.9	101
Hawke's Bay	-	1.7	1.7	-	1.0	2.0	1.0	-
MidCentral	-	1.5	1.5	-	-	1.7	1.7	-
Whanganui	-	0.4	0.4	-	2.0	0.4	-1.6	-
Capital & Coast	5.0	8.2	3.2	63	4.8	9.3	4.5	94
Hutt	-	3.8	3.8	-	1.0	4.2	3.2	-
Wairarapa	-	0.3	0.3	-	-	0.3	0.3	-
Southern	6.0	6.8	0.8	13	3.8	8.1	4.3	113
Nelson Marlborough	1.0	0.6	-0.4	-38	-	0.7	0.7	-
West Coast	-	0.0	0.0	-	-	0.1	0.1	-
Canterbury	5.0	4.2	-0.8	-17	2.0	4.7	2.7	135
South Canterbury	-	0.2	0.2	-	1.8	0.2	-1.6	-
Otago	-	1.3	1.3	-	-	1.4	1.4	-
Southland	-	0.5	0.5	-	-	1.0	1.0	-
Total	25.7	96.9	71.2	277	33.95	114.2	80.3	236

Table 5. Psychiatrist FTEs compared to WHO Recommendations (2004-2008)

DHB Name	2004				2006				2008			
	Psychiatrists Actual FTEs ¹	WHO Recommendation	FTEs Needed	% Increase	Psychiatrists Actual FTEs ¹	WHO Recommendation	FTEs Needed	% Increase	Psychiatrists Actual FTEs ¹	WHO Recommendation	FTEs Needed	% Increase
Northern	21.83	44.24	22.41	103	27.4	43.63	16.23	59	32.39	46.56	14.17	44
Northland	2.6	4.58	1.98	76	0.7	4.53	3.83	547	1.5	4.82	3.32	221
Waitemata	7.1	14.14	7.04	99	7.3	13.98	6.68	91	7.1	14.90	7.80	110
Auckland	7.8	11.09	3.29	42	13.5	10.41	-3.09	-23	15.95	11.07	-4.88	-31
Counties Manukau	4.33	14.44	10.11	233	5.9	14.72	8.82	149	7.84	15.78	7.94	101
Midland	8.72	24.46	15.74	180	9.9	23.73	13.83	140	8.7	24.37	15.67	180
Waikato	3.62	10.58	6.96	192	4.7	10.46	5.76	122	5.4	10.67	5.27	98
Lakes	0.6	3.24	2.64	441	0.8	3.10	2.30	287	0.8	3.17	2.37	297
Bay of Plenty	2.2	5.92	3.72	169	2	5.67	3.67	184	-	5.93	5.93	-
Tairāwhiti	0.3	1.55	1.25	417	0.4	1.47	1.07	268	0.5	1.53	1.03	205
Taranaki	2.0	3.17	1.17	58	2.0	3.03	1.03	51	2.0	3.06	1.06	53
Central	14.8	24.08	9.28	63	13.8	23.41	9.61	70	13.92	23.84	9.92	71
Hawke's Bay	1.7	4.60	2.90	170	-	4.53	4.53	-	1.97	4.59	2.62	133
Mid Central	0.8	4.94	4.14	517	3	4.67	1.67	56	-	4.79	4.79	-
Whanganui	0.8	1.97	1.17	147	-	1.89	1.89	-	0.85	1.83	0.98	-
Capital & Coast	8.3	7.23	-1.07	-13	7.3	7.11	-0.19	-3	7.9	7.33	-0.57	-7
Hutt	2.4	4.21	1.81	75	1.7	4.08	2.38	140	2.3	4.22	1.92	83
Wairarapa	0.8	1.14	0.34	42	1.8	1.13	-0.67	-37	0.9	1.08	0.18	20
Southern	13.38	26.24	12.86	96	16.58	26.00	9.42	57	16.3	26.61	10.31	63
Nelson Marlborough	1.0	3.65	2.65	265	1.6	3.48	1.88	118	1.6	3.52	1.92	120
West Coast	0.2	0.86	0.66	329	0.2	0.82	0.62	308	0.2	0.84	0.64	321
Canterbury	7.38	12.40	5.02	68	9.33	12.58	3.25	35	10.13	13.11	2.98	29
South Canterbury	0.4	1.44	1.04	260	0.45	1.40	0.95	212	0.2	1.42	1.22	608
Otago	4.4	4.86	0.46	10	3.6	4.87	1.27	35	3.87	4.78	0.91	24
Southland	-	3.03	3.03	-	1.4	2.84	1.44	103	0.3	2.94	2.64	879
Total	58.73	119.02	60.29	103	67.68	116.77	49.09	73	71.31	121.38	50.07	70

1. Includes DHB & NGO Psychiatry FTEs

Table 6. DHB Inpatient CAMHS Workforce (June, 2008)

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
Actual FTEs	-	-	81.70	6.50	13.10	1.30	8.80	7.70	3.00	122.1	4.30	-	0.20	15.00	3.00	22.50	8.80	153.40
Auckland	-	-	39.05	3.00	9.30	1.30	5.80	3.20	0.40	62.05	1.00	-	0.20	6.00	-	7.20	4.00	73.25
Capital & Coast	-	-	13.40	2.00	1.00	-	1.00	2.00	-	19.40	2.50	-	-	9.00	3.00	14.50	-	33.90
Canterbury	-	-	29.20	1.50	2.80	-	2.00	2.50	2.60	40.60	0.80	-	-	-	-	0.80	4.80	46.20
Vacant FTEs			10.60	3.00			1.00			14.60			0.20			0.20	0.10	14.90
Auckland	-	-	7.00	3.00	-	-	1.00	-	-	11.00	-	-	0.20	-	-	0.20	0.10	11.30
Capital & Coast	-	-	3.60	-	-	-	-	-	-	3.60	-	-	-	-	-	-	-	3.60

Table 7. DHB Inpatient Māori, Pacific & Asian CAMHS Workforce (Head Count, June 2008)

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
Māori	-	-	5	1	-	1	-	1	-	8	5	-	-	7	-	12	3	23
Auckland			3			1		1		5	1			2		3		8
Capital & Coast	-	-	1	-	-	-	-	-	-	1	2	-	-	5	-	7	3	11
Canterbury	-	-	1	1	-	-	-	-	-	2	2	-	-	-	-	2	-	4
Pacific			5							5	1			4		5		10
Auckland			3							3				2		2		5
Capital & Coast	-	-	2	-	-	-	-	-	-	2	1	-	-	2	-	3	-	5
Asian			4		1					5				2		2		7
Auckland			4		1					5				2		2		7
NZ European	-	-	66	6	10	-	5	5	5	97	-	-	-	2	0	2	5	104
Auckland	-	-	22	3	7	-	3	2	1	38	-	-	-	-	-	-	-	38
Capital & Coast	-	-	11	2	1	-	1	2	-	17	-	-	-	2	-	2	-	19
Canterbury	-	-	33	1	2	0	1	1	4	42	-	-	-	-	-	-	5	47
Other	-	-	7	-	4	-	1	1		13	-	-	-	-	-	-	1	13
Auckland	-	-	6	-	2	-	-	1	-	9	-	-	-	-	-	-	1	9
Canterbury	-	-	1	-	2		1	-	-	4	-	-	-	-	-	-	-	4

Table 8. DHB Community CAMH/AoD Workforce (Actual FTEs, June 2008)

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
Northern	30.30	0.60	40.70	25.60	22.89	7.90	50.38	51.15	8.50	238.02	7.80	0.00	1.20	0.50	0.20	9.70	26.55	274.27
Northland	2.70	0.60	7.30	1.00	1.50	-	1.20	2.60	1.00	17.90	-	-	-	0.50	-	0.50	3.00	21.40
Waitemata*																		
Auckland ¹	2.00	-	8.00	7.40	6.65	-	23.60	12.65	-	60.30	5.00	-	0.20	-		5.20	6.85	72.35
Counties Manukau	2.00	-	9.80	6.80	7.64	5.10	14.18	13.70	4.50	63.72	2.80	-	-	-	-	2.80	6.90	73.42
Midland	5.00	11.90	25.25	2.50	8.70	1.60	27.95	15.60	4.50	103.00	-	-	-	-	-	3.00	14.50	120.50
Waikato	-	2.50	7.50	0.50	5.40	-	10.00	3.50	1.40	30.80	-	-	-	-	-	-	5.00	35.80
Lakes	-	-	3.00	-	0.80	1.60	3.60	2.80	2.10	13.90	1.00	-	-	-	-	1.00	3.20	18.10
Bay of Plenty	2.00	6.50	6.15	2.00	-	-	6.20	4.50	1.00	28.35	1.00			-	-	1.00	3.00	32.35
Tairāwhiti	2.00	0.40	3.60	-	0.50	-	4.25	1.00	-	11.75	1.00	-	-	-	-	1.00	2.30	15.05
Taranaki	1.00	2.50	5.00	-	2.00	-	3.90	3.80	-	18.20	-	-	-	-	-	0.00	1.00	19.20
Central	3.00	1.40	20.95	2.60	12.82	3.90	37.00	38.00	20.65	140.32	5.50	0.50	0.60	0.00	1.50	8.10	24.16	172.58
Hawke's Bay	-	-	4.30	0.80	1.97	-	6.20	6.80	4.30	24.37	1.00	-	-	-	-	1.00	-	25.37
MidCentral	-	-	1.00	-		-	7.30	8.00	8.15	24.45	-	-	-	-	-	0.00	4.40	28.85
Whanganui	0.50	-	6.25	-	0.85	0.60	0.60	2.00	-	10.80	1.00	-	-	-	0.50	1.50	3.81	16.11
Capital & Coast	2.50	0.70	7.00	1.80	6.90	1.80	11.50	9.80	8.20	50.20	3.50	0.50	0.60	-	1.00	5.60	11.45	67.25
Hutt	-	-	1.00	-	2.20	1.50	10.00	8.00	-	22.70	-	-	-	-	-	0.00	3.50	26.20
Wairarapa	-	0.70	1.40	-	0.90	-	1.40	3.40	-	7.80	-	-	-	-	-	0.00	1.00	8.80
Southern	4.00	4.79	21.52	10.05	13.50	1.80	26.95	31.99	17.60	132.20	3.40	0.80	2.20	3.50	0.50	10.40	25.53	168.13
Nelson Marlborough	1.00	0.30	2.00	2.00	1.60	-	5.00	1.80	6.70	20.40	-	-	-	-	-	-	3.00	23.40
West Coast	0.80	1.00	2.00	0.20	0.20	-	0.90		1.60	6.70	-	-	-	2.00	0.50	2.50	2.30	11.50
Canterbury	1.00	-	8.50	2.90	7.33	1.80	9.95	18.30	2.30	52.08	1.80	0.60	-	-	-	2.40	13.75	68.23
South Canterbury	0.20	-	0.50	1.95	0.20	-	0.35	2.00	2.00	7.20	0.60	0.20	0.20	1.50	-	2.50	0.30	10.00
Otago	1.00	3.49	6.52	1.00	3.87	-	5.25	4.89	3.00	29.02	-	-	-	-	-	0.00	3.58	32.60
Southland	-	-	2.00	2.00	0.30	-	5.50	5.00	2.00	16.80	1.00	-	2.00	-	-	3.00	2.60	22.40
Total	42.30	18.69	108.42	40.75	57.91	15.20	142.28	136.74	51.25	613.54	16.70	1.30	4.00	4.00	2.20	31.20	90.74	735.48

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

Table 9. DHB Community CAMH/AoD (Vacant FTEs, June 2008)

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
Northern	4.00		12.80	1.00	1.80		1.80	8.30		29.70							0.75	30.45
Northland	-	-	2.20	-	-	-	-	1.00	-	3.20	-	-	-	-	-	-	-	3.20
Waitemata	1.00		6.40	1.00	1.30		0.20	3.00		12.90								12.90
Auckland ¹	2.00	-	2.00	-	0.50	-	1.60	2.00	-	8.10	-	-	-	-	-	-	0.75	8.85
Counties Manukau	1.00	-	2.20	-	-	-	-	2.30	-	5.50	-	-	-	-	-	-	-	5.50
Midland	-	1.35	3.70	0.00	2.50	1.00	2.10	4.00	4.40	19.05	-	-	-	-	-	-	2.00	21.05
Waikato	-	-	1.00	-	1.00	1.00	-	-	1.40	4.40	-	-	-	-	-	-	-	4.40
Lakes	-	-	1.00	-	-	-	2.00	1.00	2.00	6.00	-	-	-	-	-	-	-	6.00
Bay of Plenty	-	1.35	1.30	-	1.50	-	0.10	3.00	1.00	8.25	-	-	-	-	-	-	2.00	10.25
Taranaki	-	-	0.40	-	-	-	-	-	-	0.40	-	-	-	-	-	-	-	0.40
Central	-	-	1.00		1.95	0.20	0.40	4.00	0.10	7.65			0.50			0.50	1.00	9.15
Whanganui	-	-	-	-	1.15	0.20	0.40	1.00	-	2.75	-	-	0.50	-	-	-	-	3.25
Capital & Coast	-	-	1.00	-	0.80	-	-	2.00	0.10	3.90	-	-	-	-	-	-	1.00	4.90
Wairarapa	-	-	-	-	-	-	-	1.00	-	1.00	-	-	-	-	-	-	-	1.00
Southern	0.70	-	2.30	1.00	5.38		3.50	2.10	3.00	17.98	0.80					0.80	1.10	19.88
West Coast	0.70	-	-	-	-	-	1.10	-	2.00	3.80	-	-	-	-	-	-	-	3.80
Canterbury	-	-	1.30	-	3.15	-	1.40	2.10	-	7.95	0.80	-	-	-	-	-	1.10	9.85
Otago	-	-	-	-	0.70	-	-	-	-	0.70	-	-	-	-	-	-	-	0.70
Southland	-	-	1.00	1.00	1.53	-	1.00	-	1.00	5.53	-	-	-	-	-	-	-	5.53
Total	4.70	1.35	19.80	2.00	11.63	1.20	7.80	18.40	7.50	74.38	0.80	0.00	0.50	0.00	0.00	1.30	4.85	80.53

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

Table 10. DHB Community Māori CAMH/AoD Workforce (Head Count, June 2008)

DHB Community Māori	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
Northern	5	-	6	2	1	1	6	8	-	29	5	-	1	-	1	7	4	40
Northland	2	-	1	-	-	-	-	-	-	3	-	-	-	-	-	-	2	5
Waitemata	3	-	1	-	-	-	1	5	-	10	-	-	1	-	1	2	-	12
Auckland ¹	-	-	-	1	-	-	2	-	-	3	3	-	-	-	-	3	-	6
Counties Manukau	-	-	4	1	1	1	3	3	-	13	2	-	-	-	-	2	2	17
Midland	2	1	3	-	-	-	3	4	1	14	3	-	-	-	-	3	5	27
Waikato	-	-	1	-	-	-	1	1	-	3	-	-	-	-	-	-	1	4
Lakes	-	-	1	-	-	-	-	1	1	3	1	-	-	-	-	1	1	5
Bay of Plenty	-	1	-	-	-	-	-	2	-	3	-	-	-	-	-	-	-	8*
Tairāwhiti	2	-	1	-	-	-	2	-	-	5	2	-	-	-	-	2	2	9
Taranaki	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Central	3	-	4	-	1	-	2	8	3	21	6	1	-	-	1	8	6	35
Hawke's Bay	-	-	-	-	-	-	1	1	1	3	1	-	-	-	-	1	1	5
MidCentral	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1
Whanganui	1	-	2	-	-	-	-	-	-	3	1	-	-	-	1	2	1	6
Capital & Coast	2	-	2	-	1	-	-	2	2	9	3	1	-	-	-	4	4	17
Hutt	-	-	-	-	-	-	-	3	-	3	-	-	-	-	-	-	-	3
Wairarapa	-	-	-	-	-	-	1	2	-	3	-	-	-	-	-	-	-	3
Southern	1	-	-	-	-	-	-	2	-	3	3	-	-	2	-	5	-	8
Canterbury	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	1	-	2
South Canterbury	1	-	-	-	-	-	-	-	-	1	1	-	-	2	-	3	-	4
Southland	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	1	-	2
National Total	11	1	13	2	2	1	11	22	4	67	17	1	1	2	2	23	15	110*

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

* Includes an additional 5 Māori staff reported without Occupational Group.

Table 11. DHB Community Pacific CAMH/AoD Workforce (Head Count, June 2008)

DHB Community Pacific	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
Northern	7	-	1	-	1	-	2	5	1	17	3	-	-	-	-	3	4	24
Waitemata	6	-	-	-	-	-	-	1	-	7	-	-	-	-	-	-	-	7
Auckland ¹	-	-	-	-	-	-	2	-	-	2	2	-	-	-	-	2	3	7
Counties Manukau	1	-	1	-	1	-	-	4	1	8	1					1	1	10
Midland	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1
Tairāwhiti	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1
Central	-	-	1		-	-	2	1	2	6	1	-	-	-	-	1	2	9
Hawke's Bay	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	1
Capital & Coast	-	-	-	-	-	-	1	1	2	4	1	-	-	-	-	1	2	7
Hutt Valley	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
National Total	7	-	2	-	1	-	4	7	3	24	4	-	-	-	-	4	6	34

1. Auckland DHB data includes data from Consult Liaison Services

Table 12. DHB Community Asian CAMH/AoD Workforce (Head Count, June 2008)

DHB Community Asian	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Other Clinical	Clinical Sub- Total	Cultural	Specific Liaison	Mental H health Consumer	Mental Health Support Worker	Other Non-Clinical	Non Clinical Sub-Total	Administration/ Management	Total
Northern	-	-	-	3	1	-	4	2	1	11	-	-	-	-	-	-	-	11
Waitemata	-	-	-	3	1	-	2	-	1	7	-	-	-	-	-	-	-	7
Auckland ¹	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	1
Counties Manukau	-	-	-	-	-	-	1	2	-	3	-	-	-	-	-	-	-	3
Midland	-	-	-	-	2	-	-	-	-	2	-	-	-	-	-	-	-	3
Waikato	-	-	-	-	2	-	-	-	-	2	-	-	-	-	-	-	-	2
Bay of Plenty	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1*
Central	-	-	1	-	1	-	-	-	1	3	-	-	-	-	-	-	2	5
Hawke's Bay	-	-	1	-	1	-	-	-	-	2	-	-	-	-	-	-	2	4
MidCentral	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1
Southern	-	-	1	-	-	-	2	-	-	3	-	-	-	-	-	-	-	3
Nelson Marlborough	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	1
Otago	-	-	1	-	-	-	1	-	-	2	-	-	-	-	-	-	-	2
National Total	-	-	2	3	4	-	6	2	2	19	-	-	-	-	-	-	2	22

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

*Occupational group not reported.

Table 13. NGO Workforce (Actual FTEs, June 2008)

Northern Region 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
Northern	10.00	2.00	3.90	1.00	0.20	1.00	1.00	4.00	1.00	24.10	1.25	-	-	25.30	2.00	28.55	6.00	58.65
Northland	5.00	2.00	0.40	-	-	-	1.00	2.00	-	10.40	0.25	-	-	3.00	-	3.25	2.00	15.65
Waitemata	-	-	3.50	1.00	-	-	-	-	-	4.50	0.00	-	-	3.00	-	3.00	1.00	8.50
Auckland	5.00	-	-	-	-	1.00	-	-	1.00	7.00	0.50	-	-	10.30	2.00	12.80	1.50	21.30
Counties Manukau	-	-	-	-	0.20	-	-	2.00	-	2.20	0.50	-	-	9.00	-	9.50	1.50	13.20
Midland	9.38	13.10	9.50	-	-	-	5.00	13.50	5.40	55.88	-	-	1.00	26.50	2.35	29.85	7.50	112.93
Waikato	7.38	3.00	4.00	-	-	-	-	6.00	4.00	24.38	-	-	-	9.30	1.35	10.65	2.50	57.23
Lakes	-	6.00	0.50	-	-	-	-	1.00	-	7.50	-	-	-	5.00	-	5.00	3.00	15.50
Bay of Plenty	1.00	3.10	2.00	-	-	-	5.00	3.50	1.40	16.00	-	-	-	12.20	1.00	13.20	2.00	31.20
Tairāwhiti	-	-	2.00	-	-	-	-	-	-	2.00	-	-	1.00	-	-	1.00	-	3.00
Taranaki	1.00	1.00	1.00	-	-	-	-	3.00	-	6.00	-	-	-	-	-	-	-	6.00
Central	7.90	15.50	2.80	-	0.10	-	3.40	5.20	3.25	38.15	0.60	-	-	25.60	4.65	30.85	5.80	74.80
Hawke's Bay	-	10.00	2.00	-	-	-	2.00	-	1.50	15.50	-	-	-	5.50	-	5.50	2.00	23.00
MidCentral	1.00	5.00	-	-	-	-	1.00	-	0.50	7.50	-	-	-	7.20	-	7.20	0.50	15.20
Whanganui	-	-	-	-	-	-	-	3.60	-	3.60	-	-	-	-	-	-	0.50	4.10
Capital & Coast	-	0.50	-	-	-	-	0.40	1.60	-	2.50	0.50	-	-	4.20	-	4.70	0.70	7.90
Hutt	5.40	-	0.80	-	0.10	-	-	-	1.20	7.50	0.10	-	-	8.30	4.50	12.90	2.10	22.50
Wairarapa	1.50	-	-	-	-	-	-	-	0.05	1.55	-	-	-	0.40	0.15	0.55	-	2.10
Southern	11.60	28.60	5.90	4.00	-	-	2.50	19.00	3.70	75.30	-	-	-	36.70	14.00	50.70	7.58	133.58
Nelson Marlborough	-	2.50	1.30	0.50	-	-	-	-	0.70	5.00	-	-	-	7.30	1.00	8.30	2.00	15.30
Canterbury	2.00	21.20	-	-	-	-	1.00	12.00	3.00	39.20	-	-	-	12.00	4.70	16.70	3.48	59.38
South Canterbury	-	1.90	-	1.00	-	-	0.60	3.50	-	7.00	-	-	-	1.20	2.80	4.00	0.00	11.00
Otago	8.60	1.70	3.60	0.50	-	-	0.20	2.00	-	16.60	-	-	-	8.00	4.50	12.50	1.00	30.10
Southland	1.00	1.30	1.00	2.00	-	-	0.70	1.50	-	7.50	-	-	-	8.20	1.00	9.20	1.10	17.80
Total	38.88	59.20	22.10	5.00	0.30	1.00	11.90	41.70	13.35	193.43	1.85	0.00	1.00	114.10	23.00	139.95	26.88	360.25

Table 14. NGO Vacancies (June 2008)

NGO Vacant FTEs	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
Northern	-	-	1.50	-	-	-	-	-	2.00	3.50	-	-	-	3.40		3.40	-	6.90
Waitemata	-	-	1.00	-	-	-	-	-	-	1.00	-	-	-	-	-	-	-	1.00
Auckland	-	-	0.50	-	-	-	-	-	1.00	1.50	-	-	-	3.40	-	3.40	-	4.90
Counties Manukau	-	-	0.00	-	-	-	-	-	1.00	1.00	-	-	-	-	-	-	-	1.00
Midland	0.45	-	-	-	-	-	-	-	-	0.45	-	-	-	4.00	1.45	5.45	1.00	6.90
Waikato	0.45	-	-	-	-	-	-	-	-	0.45	-	-	-	3.00	0.45	3.45	1.00	4.90
Bay of Plenty	-	-	-	-	-	-	-	-	-	-	-	-	-	1.00	1.00	2.00	-	2.00
Southern	-	-	-	-	-	-	-	-	-	-	-	-	-	1.50	1.00	2.50	-	2.50
Canterbury	-	-	-	-	-	-	-	-	-	-	-	-	-	1.50	0.00	1.50	-	1.50
Southland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1.00	1.00	-	1.00
Total	0.45	-	1.50	-	-	-	-	-	2.00	3.95	-	-	-	8.90	2.45	11.35	1.00	16.30

Table 15. NGO Māori Workforce (Head Count, June 2008)

NGO Māori Workforce	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
Total Māori	16	30	7	1	-	-	2	18	6	80	3	-	-	59	7	69	9	157
Northern	3	2	1	-	-	-	1	2	-	9	2	-	-	10	-	12	2	23
Northland	3	2	1	-	-	-	1	2	-	9	1	-	-	2	-	3	1	13
Auckland	-	-	-	-	-	-	-	-	-	-	1	-	-	3	-	4	1	5
Counties Manukau	-	-	-	-	-	-	-	-	-	-	-	-	-	5	-	5	-	5
Midland	7	8	4	-	-	-	1	10	4	34	-	-	-	26	4	30	4	68
Waikato	5		1	-	-	-	-	3	2	11	-	-	-	7	2	9	1	21
Lakes	-	4	-	-	-	-	-	1	-	5	-	-	-	5	-	5	2	12
Bay of Plenty	1	3	1	-	-	-	1	3	2	11	-	-	-	14	2	16	1	28
Tairāwhiti	-	-	2	-	-	-	-	-	-	2	-	-	-	-	-	-	-	2
Central	2	13	2	-	-	-	-	1	-	18	1	-	-	17	1	19	2	39
Hawke's Bay	-	9	2	-	-	-	-	-	-	11	-	-	-	8	-	8	2	21
MidCentral	1	4	-	-	-	-	-	-	-	5	-	-	-	3	-	3	-	8
Whanganui	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1
Hutt	1	-	-	-	-	-	-	-	-	1	1			5	-	6	-	7
Wairarapa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
Southern	4	7	-	1	-	-	-	5	2	19	-	-	-	6	2	8	1	28
Nelson Marlborough	-	2	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	2
Canterbury	1	4	-	-	-	-	-	4	2	11	-	-	-	4	-	4	-	15
South Canterbury	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	2
Otago	3	1	-	-	-	-	-	1	-	5	-	-	-	1		1	-	6
Southland	-	-	-	1	-	-	-	-	-	1	-	-	-	-	1	1	1	3

Table 16. NGO Pacific Workforce (Head Count, June 2008)

NGO Pacific Workforce	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
Total Pacific	1	1	2	-	-	-	1	7	0	12	-	-	-	15	1	16	2	30
Northern	1	-	-	-	-	-	-	1	-	2	-	-	-	6	-	6	1	9
Auckland	-	-	-	-	-	-	-	1	-	1	-	-	-	3	-	3	-	4
Midland	-	-	2	-	-	-	1	-	-	3	-	-	-	4	-	4	-	7
Waikato	-	-	1	-	-	-	0	-	-	1	-	-	-	4	-	4	-	5
Bay of Plenty	-	-	1	-	-	-	1	-	-	2	-	-	-	-	-	-	-	2
Central	-	-	-	-	-	-	-	3	-	3	-	-	-	1	1	2	1	6
Whanganui	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-	-	2
Capital & Coast	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	1	2
Hutt	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	2
Southern	-	1	-	-	-	-	-	3	-	4	-	-	-	4	-	4	-	8
Nelson Marlborough	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Canterbury	-	1	-	-	-	-	-	1	-	2	-	-	-	2	-	2	-	4
South Canterbury	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-	-	2
Otago	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1

Table 17. NGO Asian Workforce (Head Count, June 2008)

NGO Asian Workforce	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
Total	-	-	2	-	-	-	-	1	-	3	-	-	-	1	1	2	-	5
Northern	-	-	2	-	-	-	-	-	-	2	-	-	-	1	-	1	-	3
Southern	-	-	-	-	-	-	-	1	-	1	-	-	-	-	1	1	-	2
Canterbury	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
South Canterbury	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1

Table 18. Total Ethnicity of the Workforce (Head Count, June 2008)

Region	Ethnicity (Head Count)					
	NZ European	Other	Māori	Pacific	Asian	Total
Northern Region	209	115	71	38	21	454
Northland	17	5	18	2	-	42
Waitemata	57	44	12	7	10	130
Auckland	90	47	19	16	8	180
Counties Manukau	45	19	22	13	3	102
Midland Region	105	39	95	8	3	250
Waikato	36	12	25	5	2	80
Lakes	13	11	17	-	-	41
Bay of Plenty	33	3	36	2	1	75
Tairāwhiti	8	5	11	1	-	25
Taranaki	15	8	6	-	-	29
Central Region	176	37	85	20	5	323
Hawke's Bay	21	9	26	1	4	61
MidCentral	32	8	9	-	1	50
Whanganui	17	-	7	2	-	26
Capital & Coast	75	17	29	14	-	135
Hutt	21	2	10	3	-	36
Wairarapa	10	1	4	-	-	15
Southern Region	323	54	40	8	5	430
Nelson Marlborough	37	6	2	1	1	47
West Coast	10	5	-	-	-	15
Canterbury	171	22	21	4	1	219
South Canterbury	19	5	6	2	1	33
Otago	48	13	6	1	2	70
Southland	38	3	5	-	-	46
Total	813	245	291	74	34	1,457

APPENDIX D: MENTAL HEALTH INFORMATION NATIONAL COLLECTION (MHINC) ACCESS DATA

Table 1. Total Clients by DHB (2004-2008)

Total Clients	Year				
	2004	2005	2006	2007	2008
Northern Region	3,804	4,470	5,182	5,635	5,568
Northland	492	511	583	577	568
Waitemata	1,623	1,926	2,235	2,375	2,305
Auckland	670	697	767	883	932
Counties Manukau	1,019	1,336	1,597	1,800	1,763
Midland	2,973	3,137	3,042	3,245	3,177
Waikato	1,096	1,030	905	890	872
Lakes	354	377	386	430	426
Bay of Plenty	763	832	872	974	942
Tairāwhiti	254	260	305	356	351
Taranaki	506	638	574	595	586
Central	3,007	2,798	2,675	3,265	3,086
Hawke's Bay	352	375	419	417	389
MidCentral	715	567	514	652	608
Whanganui	336	337	345	405	338
Capital & Coast	993	896	761	1,130	1,095
Hutt Valley	504	478	445	440	507
Wairarapa	107	145	191	221	149
Southern	4,261	4,499	4,221	4,251	4,013
Nelson Marlborough	743	781	704	783	879
West Coast	213	207	206	239	241
Canterbury	1,572	1,739	1,571	1,507	1,392
South Canterbury	201	171	191	181	176
Otago	1,070	1,094	974	1,023	850
Southland	462	507	575	518	475
Total	14,045	14,904	15,120	16,396	15,844

Source: MHINC: 2004-2007: 2nd 6 months client data; 2008: 1st 6 months client data

Table 2. Clients by Gender & Age Group (2008)

1 st 6mo 2008	Gender								Total
	Male				Female				
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total	
Northern	627	1,057	1,561	3,245	207	624	1,492	2,323	5,568
Northland	52	109	163	324	15	69	160	244	568
Waitemata	211	375	814	1,400	81	230	594	905	2,305
Auckland	88	173	225	486	33	116	297	446	932
Counties Manukau	276	400	359	1,035	78	209	441	728	1,763
Midland	418	729	740	1,887	154	376	760	1,290	3,177
Waikato	92	227	191	510	35	109	218	362	872
Lakes	76	96	78	250	35	45	96	176	426
Bay of Plenty	120	208	227	555	43	121	223	387	942
Tairāwhiti	62	68	87	217	10	39	85	134	351
Taranaki	68	130	157	355	31	62	138	231	586
Central	352	559	789	1,700	177	330	879	1,386	3,086
Hawke's Bay	34	65	118	217	12	39	121	172	389
MidCentral	65	113	142	320	30	75	183	288	608
Whanganui	45	63	73	181	13	31	113	157	338
Capital & Coast	110	193	336	639	62	106	288	456	1,095
Hutt Valley	82	99	96	277	51	58	121	230	507
Wairarapa	16	26	24	66	9	21	53	83	149
Southern	467	774	964	2,205	191	442	1,175	1,808	4,013
Nelson Marlborough	68	140	252	460	36	102	281	419	879
West Coast	36	59	52	147	15	31	48	94	241
Canterbury	174	285	284	743	80	142	427	649	1,392
South Canterbury	28	29	49	106	8	22	40	70	176
Otago	97	165	216	478	34	96	242	372	850
Southland	64	96	111	271	18	49	137	204	475
Total	1,864	3,119	4,054	9,037	729	1,772	4,306	6,807	15,844

Source: MHINC

Table 3. Total Māori Clients by DHB (2004-2008)

Māori Clients	Year					
	2004	2005	2006	2007	2008	% Change
Northern Region	833	1,018	1,303	1,398	1,407	69
Northland	201	187	257	246	252	25
Waitemata	236	256	346	326	339	44
Auckland	114	136	182	202	205	80
Counties Manukau	282	439	518	624	611	117
Midland	798	853	926	1,028	995	25
Waikato	230	239	221	189	194	-16
Lakes	127	123	136	158	153	20
Bay of Plenty	240	264	295	369	345	44
Tairāwhiti	124	118	168	194	194	56
Taranaki	77	109	106	118	109	42
Central Region	665	662	671	760	688	-1
Hawke's Bay	141	125	160	173	135	-4
MidCentral	126	140	127	127	132	5
Whanganui	93	97	99	109	94	1
Capital & Coast	188	147	135	156	160	-15
Hutt Valley	117	118	104	124	128	9
Wairarapa	28	35	46	71	39	39
Southern	347	342	567	580	557	61
Nelson Marlborough	74	61	93	94	107	45
West Coast	43	29	43	46	59	37
Canterbury	128	146	204	206	186	45
South Canterbury	15	14	17	10	17	13
Otago	87	92	122	136	113	30
Southland	55	61	88	88	75	36
Total	2,643	2,875	3,467	3,766	3,647	37

Note: 2004-2007: 2nd 6 months client data; 2008: 1st 6 months client data. Source: MHINC

Table 4. Total Pacific Clients by DHB (2004-2008)

Pacific Clients	Year					
	2004	2005	2006	2007	2008	% Change
Northern Region	278	371	515	565	575	107
Northland	4	6	12	6	7	75
Waitemata	66	77	114	106	103	56
Auckland	74	92	144	147	146	97
Counties Manukau	134	196	245	306	319	138
Midland	26	27	19	39	34	31
Waikato	8	12	7	11	11	38
Lakes	7	7	2	5	9	29
Bay of Plenty	10	7	8	13	8	-20
Tairāwhiti	0	1	1	5	3	-
Taranaki	1	0	1	5	3	200
Central Region	65	71	97	97	102	55
Hawke's Bay	6	5	7	7	7	17
MidCentral	7	3	6	8	10	43
Whanganui	2	5	6	3	4	100
Capital & Coast	37	41	56	54	57	54
Hutt Valley	13	17	20	19	19	46
Wairarapa	1	0	2	6	5	400
Southern	36	48	50	67	60	67
Nelson Marlborough	5	7	11	10	11	120
West Coast	3	3	1	4	1	-67
Canterbury	14	22	20	29	29	107
South Canterbury	3	1	3	3	2	-33
Otago	11	16	12	13	15	36
Southland	6	6	3	8	2	-67
Total	405	517	681	768	771	90

Note: 2004-2007: 2nd 6 months client data; 2008: 1st 6 months client data. Source: MHINC

Table 5. Total Asian Clients by DHB (2004-2008)

Asian Clients	Year					
	2004	2005	2006	2007	2008	% Change
Northern Region	157	204	247	264	268	71
Northland	2	1	0	1	4	100
Waitemata	46	59	61	61	61	33
Auckland	65	69	73	88	94	45
Counties Manukau	44	75	113	114	109	148
Midland	20	25	26	27	25	25
Waikato	10	7	7	9	12	20
Lakes	1	5	5	3	3	200
Bay of Plenty	5	9	11	9	7	40
Tairāwhiti	2	0	0	0	0	-100
Taranaki	2	4	3	6	3	50
Central Region	41	49	41	45	49	20
Hawke's Bay	2	0	5	2	3	50
MidCentral	5	4	2	3	4	-20
Whanganui	4	3	5	4	4	0
Capital & Coast	22	26	21	28	23	5
Hutt Valley	8	15	7	5	13	63
Wairarapa	0	1	1	3	2	-
Southern	32	46	64	68	42	31
Nelson Marlborough	3	6	8	17	10	233
West Coast	1	1	2	0	0	-100
Canterbury	17	24	22	31	18	6
South Canterbury	1	1	4	2	2	100
Otago	10	16	21	15	11	10
Southland	1	4	7	3	1	0
Total	250	324	378	404	384	54

Note: 2004-2007: 2nd 6 months client data; 2008: 1st 6 months client data. Source: MHINC

Table 6. Referral Sources (1st 6 months 2008)

Referral Source	Total	
	No.	%
General Practitioner	4,186	33
Self or Relative Referral	1,568	12
Other	1,121	9
Education Sector	932	7
Hospital Referral (non-psychiatric)	931	7
Police	649	5
Psychiatric Inpatient	509	4
Adult Community Mental Health Service	467	4
Social Welfare	445	3
Justice	386	3
Accident & Emergency	380	3
Paediatrics	320	3
Child adolescent & Mental Health Services	233	2
Private Practitioner	161	1
Unknown	150	1
Public Health	123	1
Māori	59	0
Psychiatric Outpatients	54	0
Mental Health Residential	19	0
Alcohol & Drug	18	0
Needs Assessment & Co-ordination Service	7	0
Day Hospital	1	0
Mental Health Community Skills Enhancement Programme	1	0
Total	12,720	100

Source: MHINC

Table 7. DHB of Domicile vs. DHB of Service (1st 6mo 2008)

<div> Domicile → Service ↓ </div>	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	MidCentral	Nelson Marlborough	Northland	Otago	Overseas	South Canterbury	Southland	Tairāwhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui	Total
Auckland	736	4	2	1	81	3	1	3	-	-	14	-	3	-	2	1	3	14	1	102	-	1	972
Bay of Plenty	1	976	2	1	1	3	2	6	1	-	1	-	2	-	4	-	-	9	-	3	-	-	1,012
Canterbury	2	4	1,269	4	7	-	3	3	3	16	3	33	4	12	17	-	-	3	-	4	11	2	1,400
Capital & Coast	3	7	8	849	14	32	82	2	47	4	3	2	-	1	1	10	8	8	22	4	1	18	1,126
Counties Manukau	74	9	4	4	1,637	1	-	1	-	1	14	1	3	-	1	-	4	16	-	31	-	-	1,801
Hawke's Bay	2	2	1	4	3	381	1	-	2	-	1	-	-	-	-	4	2	1	1	4	-	1	410
Hutt Valley	-	1	1	39	-	-	486	-	2	-	-	-	-	-	-	-	-	-	7	-	-	1	537
Lakes	-	9	-	1	1	1	2	431	-	-	1	-	1	-	-	-	-	7	-	3	-	1	458
Mid Central	-	2	3	8	2	5	1	1	576	-	1	-	-	-	1	-	3	6	4	1	1	6	621
Nelson Marlborough	1	1	14	1	-	2	2	-	-	834	-	7	2	-	2	-	4	2	-	2	9	1	884
Northland	5	1	1	18	9	1	-	-	1	-	556	-	-	-	1	-	1	2	-	5	-	-	601
Otago	1	1	6	1	-	-	-	-	2	2	-	826	-	2	4	-	1	-	-	3	3	1	853
South Canterbury	-	1	8	2	1	1	1	-	-	3	-	4	1	155	1	-	-	1	-	1	-	-	180
Southland	2	-	5		2	-	1	1	1	-	-	8	5	1	452	-	-	1	-	-	-	-	479
Tairāwhiti	3	5	-	5	6	9	1	-	4	-	1	-	-	-	-	319	1	3	-	-	-	-	357
Taranaki	-	1	2	2	1	-	1	-	4	-	-	-	-	-	-	1	616	5	1	-	-	4	638
Waikato	6	8	1	1	11	2	2	8	3	1	2	1	4	-	-	1	5	833	-	5	-	1	895
Wairarapa	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	167	-	-	-	169
Waitemata	267	8	3	-	367	2	2	14	-	-	26	-	9	-	1	1	-	18	1	1,935	-	-	2,654
West Coast	-	-	11	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	1	231	-	245
Whanganui	3	1	1	2	1	1	3	-	1	1	-	-	-	-	1	-	10	2	3	-	-	350	380
Total	1,107	1,041	1343	943	2,144	444	591	470	647	863	623	882	34	171	488	337	659	931	207	2,104	256	387	16,672

Note: 367 Counties Manukau Clients are referred to Waitemata DHB CAMH/AoD Services

Source: MHINC Jan-Jun 2008

Table 9. Māori Access Rates by Region (2004-2008)

Māori	Age - Total				Age - Māori			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%	1.00%	3.90%	5.50%	3.00%
Northern								
2004	0.26%	1.10%	1.93%	0.90%	0.24%	1.38%	2.86%	1.13%
2005	0.33%	1.32%	2.27%	1.08%	0.33%	1.80%	3.27%	1.38%
2006	0.35%	1.29%	2.24%	1.08%	0.36%	1.57%	3.31%	1.35%
2007	0.37%	1.48%	2.50%	1.21%	0.42%	1.79%	3.53%	1.49%
2008	0.36%	1.43%	2.36%	1.16%	0.38%	1.77%	3.61%	1.48%
Midland								
2004	0.45%	1.60%	2.27%	1.21%	0.33%	1.30%	2.04%	0.98%
2005	0.50%	1.65%	2.37%	1.27%	0.41%	1.30%	2.22%	1.06%
2006	0.50%	1.67%	2.46%	1.30%	0.37%	1.37%	2.26%	1.07%
2007	0.48%	1.81%	2.51%	1.34%	0.37%	1.51%	2.43%	1.15%
2008	0.49%	1.79%	2.44%	1.32%	0.38%	1.41%	2.33%	1.10%
Central								
2004	0.43%	1.38%	2.26%	1.16%	0.30%	1.29%	2.60%	1.09%
2005	0.42%	1.38%	2.30%	1.16%	0.30%	1.41%	2.56%	1.11%
2006	0.42%	1.42%	2.45%	1.21%	0.34%	1.35%	2.75%	1.16%
2007	0.45%	1.56%	2.64%	1.31%	0.34%	1.34%	2.82%	1.17%
2008	0.46%	1.48%	2.45%	1.24%	0.35%	1.27%	2.44%	1.07%
Southern								
2004	0.57%	1.88%	2.97%	1.57%	0.43%	1.81%	3.49%	1.52%
2005	0.52%	1.91%	3.03%	1.57%	0.45%	1.73%	3.68%	1.56%
2006	0.54%	1.88%	2.96%	1.55%	0.47%	1.68%	3.68%	1.55%
2007	0.55%	1.91%	2.99%	1.58%	0.55%	1.83%	3.54%	1.59%
2008	0.52%	1.81%	2.76%	1.47%	0.48%	1.66%	3.57%	1.51%

Note: 2004-2007: 2nd 6 months client data; 2008: 1st 6 months client data

Source: MHINC Jan-Jun 2008

Table 10. Pacific Access Rates by Region (2004-2008)

Pacific	Age - Total				Age - Pacific			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%	1.00%	3.90%	5.50%	3.00%
Northern								
2004	0.26%	1.10%	1.93%	0.90%	0.12%	0.48%	1.17%	0.45%
2005	0.33%	1.32%	2.27%	1.08%	0.16%	0.68%	1.69%	0.65%
2006	0.35%	1.29%	2.24%	1.08%	0.16%	0.68%	1.56%	0.62%
2007	0.37%	1.48%	2.50%	1.21%	0.14%	0.82%	1.81%	0.70%
2008	0.36%	1.43%	2.36%	1.16%	0.15%	0.84%	1.74%	0.70%
Midland								
2004	0.45%	1.60%	2.27%	1.21%	0.09%	0.55%	0.90%	0.41%
2005	0.50%	1.65%	2.37%	1.27%	0.03%	0.73%	0.39%	0.30%
2006	0.50%	1.67%	2.46%	1.30%	0.13%	0.55%	1.13%	0.48%
2007	0.48%	1.81%	2.51%	1.34%	0.28%	0.67%	1.19%	0.61%
2008	0.49%	1.79%	2.44%	1.32%	0.13%	0.85%	0.98%	0.52%
Central								
2004	0.43%	1.38%	2.26%	1.16%	0.24%	0.86%	1.11%	0.61%
2005	0.42%	1.38%	2.30%	1.16%	0.26%	0.67%	1.23%	0.60%
2006	0.42%	1.42%	2.45%	1.21%	0.18%	0.87%	1.12%	0.58%
2007	0.45%	1.56%	2.64%	1.31%	0.13%	0.84%	1.05%	0.53%
2008	0.46%	1.48%	2.45%	1.24%	0.17%	0.99%	1.05%	0.59%
Southern								
2004	0.57%	1.88%	2.97%	1.57%	0.09%	0.61%	1.80%	0.66%
2005	0.52%	1.91%	3.03%	1.57%	0.12%	0.91%	1.75%	0.73%
2006	0.54%	1.88%	2.96%	1.55%	0.20%	0.86%	2.32%	0.89%
2007	0.55%	1.91%	2.99%	1.58%	0.42%	0.74%	2.37%	0.99%
2008	0.52%	1.81%	2.76%	1.47%	0.24%	0.56%	2.39%	0.85%

Note: 2004-2007: 2nd 6 months client data; 2008: 1st 6 months client data

Source: MHINC Jan-Jun 2008

Table 11. Asian Access Rates by Age & Region (2006)

Asian	Age - Total				Age - Asian			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%	1.00%	3.90%	5.50%	3.00%
Northern								
1st 6 mo 2006	0.26%	1.10%	1.93%	0.90%	0.10%	0.25%	0.65%	0.30%
2nd 6 mo 2006	0.33%	1.32%	2.27%	1.08%	0.14%	0.36%	0.73%	0.37%
Midland								
1st 6 mo 2006	0.45%	1.60%	2.27%	1.21%	0.16%	0.21%	0.46%	0.26%
2nd 6 mo 2006	0.50%	1.65%	2.37%	1.27%	0.18%	0.29%	0.51%	0.30%
Central								
1st 6 mo 2006	0.43%	1.38%	2.26%	1.16%	0.19%	0.44%	0.63%	0.38%
2nd 6 mo 2006	0.42%	1.38%	2.30%	1.16%	0.13%	0.38%	0.60%	0.32%
Southern								
1st 6 mo 2006	0.57%	1.88%	2.97%	1.57%	0.13%	0.54%	0.85%	0.51%
2nd 6 mo 2006	0.52%	1.91%	3.03%	1.57%	0.11%	0.44%	1.01%	0.53%

Source: MHINC

APPENDIX E: 2008 DHB & NGO WORKFORCE SURVEY FORMS



DHB Child & Adolescent Mental Health/AoD Services Survey

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:

Service Teams	Age Group

Regional & Sub-Regional Services	DHB Areas Covered

Please ensure the workforce information is collected from all of these teams.

FTEs & Vacancies as at 30th June 2008. Please provide FTEs to 1 decimal point.

CAMHS/YSS Occupational Group	Actual FTEs as at 30th June 2008	Vacant FTEs as at 30th June 2008	FTEs Vacant > 3 Months at 30th June 2008*	FTEs Vacant > 6 Months at 30th June 2008*
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				
Total				

*Count from departure of previous employee, or establishment of new position.

Ethnicity of the above Workforce as at 30th June 2008.

Please confirm ethnicity with the individual.

Occupational Group	Ethnic Groups									
	Māori		Pacific		Asian		NZ European		Other	
	Actual FTEs	Head Count	Actual FTEs	Head Count	Actual FTEs	Head Count	Actual FTEs	Head Count	Actual FTEs	Head Count
Alcohol & Drug Workers										
Counsellors										
Mental Health Nurses										
Occupational Therapists										
Child Psychiatrists										
Adult Psychiatrists or other SMO										
Psychotherapists										
Registered Psychologists										
Social Workers										
Other Clinical										
Kaumatua, 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										
Total										

*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 2008

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

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 30th June 2008. 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 th June 2008	Vacant FTEs as at 30 th June 2008*
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		
Kaumatua, Kuia		
Advocacy/Peer Support-Consumers		
Advocacy/Peer Support-Family/Whanau		
Mental Health Consumer & Family Workers		
Mental Health Support Workers/ Kaiawhina/Kaiatawhai		
Other Non-Clinical Support (for clients)		
Administrative/Management/Quality/Training		
Needs Assessors & Service Co-ordinators		
Educators		
Specific Cultural Positions not listed		
Other (please state in the spaces provided below)		
Total		

*For Vacant FTEs please count from departure of previous employee, or establishment of new position.

Ethnicity of the above Workforce as at 30th June 2008. Please confirm ethnicity with the individual.

Occupational Group	Ethnic Groups									
	Māori		Pacific		Asian		NZ European		Other	
	Actual FTEs	Head Count	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)										
Total										

*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.

Name	
Email Address	
Phone Number	

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The Werry Centre for
Child and Adolescent Mental Health Workforce Development

www.werrycentre.org.nz