

2010 Stocktake

of Infant, Child and Adolescent
Mental Health and Alcohol and Other
Drug Services in New Zealand



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of

**Infant, Child and Adolescent Mental Health and
Alcohol and Other Drug Services in New Zealand**

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

2011



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FOREWORD

The Werry Centre for Child and Adolescent Mental Health Workforce Development programme works with infant, child and adolescent mental health and alcohol and other drug (ICAMH/AOD) services to develop their capacity and capability to deliver excellent services at local, regional and national levels.

This is the fourth Stocktake of the ICAMH/AOD workforce and client access rates conducted by the Werry Centre. The information collected is intended to assist the Ministry of Health and District Health Boards (DHBs) and Non Government Organisations (NGOs), national, regional and local planners and funders and service leaders to assess current capacity and accurately plan for future service and workforce development.

This report provides a snapshot of activity undertaken during 2010 by DHB providers and NGOs. Because this is the fourth such study, we are able to identify trends and make predictions regarding capacity and demand that will help policy makers, planners, funders and services better meet the needs of their populations.

In order to effectively deliver the right intervention at the right time to the right people policy makers, funders, planners and clinicians need up to date information about their workforce and who are accessing services.

The information provided in this stocktake can assist services to be even more targeted in the delivery of ICAMH/AOD services and support the provision of better, sooner and more convenient services.

While it is clear that many gains have been made over the past six years, findings in this report, as in preceding years, make it clear that there are significant barriers to children, adolescents and their families accessing the mental health services they need. The sector continues to face substantial challenges in recruitment and retention of skilled staff.



Sue Treanor
Director
Werry Centre Workforce Development Programme

EXECUTIVE SUMMARY

This is the fourth *Stocktake* of the Infant, Child and Adolescent Mental Health and Alcohol and other Drug workforce and client access rates conducted by the Werry Centre. It provides a snapshot of activity undertaken during 2010 by District Health Board (DHB) providers and Non Government Organisations (NGOs). Information collected is intended to assist the Ministry of Health, national, regional and local planners and funders and service leaders to assess current capacity and accurately plan for future service and workforce development.

In 2004, the Werry Centre for Child and Adolescent Mental Health, Workforce Development Programme, at the request of the Ministry of Health, undertook the first National *Stocktake of Child & Adolescent Mental Health Services in New Zealand*. The data indicated some progress towards Mental Health Commission's (MHC) benchmarks yet deficiencies in access rates and workforce numbers were evident. It was however acknowledged that the information needed to be interpreted with caution as the DHB and NGO access data may have been incomplete.

As recommended in the Werry Centre's strategic framework for the infant, child and adolescent mental health services, *Whakamārama te Huarahi* (Wille, 2006), further national *Stocktakes* were conducted in 2006 and 2008. These *Stocktakes* showed increases in funding to DHB infant, child and adolescent mental health/AoD services and NGO's and increased focus on intersectoral collaborative programmes. They also highlighted ongoing deficiencies in workforce numbers and access rates against MHC's benchmarks (MHC, 1998). They indicated there continued to be low numbers of Māori, Pacific and Asian workers in relation to the composition of the population under 20 years.

The Werry Centre has now completed this fourth *Stocktake*. The accumulated data provides a unique opportunity to identify trends over time in both workforce and access rates and to consider the interactions of funding, staffing and access. While the 2004 *Stocktake* included a comprehensive report and literature summary, this report, like the 2006 and 2008 *Stocktakes*, presents data in key areas. A brief survey of the usefulness of the 2008 *Stocktake* to stakeholders and users undertaken in June 2010 has informed the content of the 2010 *Stocktake*. Of particular note is the high response rate of DHB providers and NGO's returning survey data. DHB returns were 100% and NGO returns were 99%. This may well be an indication of how useful planners, funders and service leaders have found the previous three *Stocktakes*.

CONTENT OF THE STOCKTAKE

The 2010 *Stocktake* includes:

- Infant, child and adolescent population data: Statistics NZ Census data and projections by ethnicity and DHB
- Funding data for DHB and NGO services for the 2009/2010 financial year (extracted from Price Volume Schedules supplied by the Ministry of Health)
- DHB workforce data: Ministry of Health funded DHB (Inpatient & Community) Infant, 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 2010
- NGO workforce data: DHB funded Non-Government Organisations (NGOs) workforce data (actual & vacant FTEs by occupational group & ethnicity) as at 30th June 2010

- Access to service data extracted from the Programme for the Integration of Mental Health Data (PRIMHD) which includes access to service data from 2004 to 2009
- Comparisons of workforce data against the MHC's strategic resource guidelines set in the *Blueprint for Mental Health Services in New Zealand* (MHC, 1998)
- Comparisons of access to service data against MHC's access target rates for the infant, child and adolescent population (MHC, 1998).

FINDINGS

Infant, Child & Adolescent (0-19 yrs) Population

- While Census and projected population data has shown an increasing infant, child and adolescent population, projections indicate that this increasing trend will not continue in the long term for all New Zealanders (Statistics New Zealand, 2004)
- The 2010 infant, child and adolescent (0-19 yrs) population made up 28% of New Zealand's total population. Population projections (which were based on the 2006 Census) indicated very little change in the population between 2008 and 2010
- In 2010, Māori infants, children and adolescents made up 24% of the total 0-19 years population. The Māori population continue to have a young age structure where 44% of the population were 0-19 years old. While projections from the 2006 Census to 2008 indicated a 14% increase in the Māori population, projections from 2008 to 2010 indicated a smaller increase of only 1.2%
- In 2010, Pacific (Samoan, Cook Islands Māori, Tongan, Niuean, Fijian & Tokelauan) infants, children and adolescents made up 10% of the total 0-19 year population. The Pacific population also continue to have a young age structure where 41% of the population were 0-19 years old. While projections from the 2006 Census to 2008 indicated a 15% increase in the Pacific 0-19 population, projections from 2008 to 2010 indicated a much smaller increase of 2%
- In 2010, Asian (Chinese, Indian & Korean) infants, children and adolescents made up 11% of the population of the total 0-19 population. Projections from the 2006 Census for 2008 and 2010 indicated a similar percentage growth of 6% for both time periods. However, the growth of the Asian child and adolescent population was greater than the growth rates of Māori and Pacific populations for the same period.

Funding for Infant, Child & Adolescent Mental Health/AoD Services

- From 2007 and 2010, there was a 16% increase in DHB funding for infant, child and adolescent mental health/AoD services
- The Blueprint (MHC, 1998) recommended that child and adolescent mental health services should receive 26% of the total mental health funding
- For the 2009/2010 financial year, infant, child and adolescent mental health received 12% of the overall mental health spend (approximately \$1,169 million), 14% short of the recommended figure
- Funding per head of the infant, child and adolescent population increased by 17% (inclusive of inpatient funding)
- Average national funding per 0-19 years was \$119.96 (inclusive of inpatient funding)
- AoD services showed the largest increase in funding of 23%.

Infant, Child & Adolescent Mental Health/AOD Workforce

Workforce changes from 2008 to 2010:

- A 6% increase in the infant, child and adolescent mental health/AoD workforce
- Growth was largely in the Clinical workforce at 7%
- A 9% increase in vacancies with the 2010 vacancy rate of 8% overall
- A 9% decrease in Māori workforce; this decrease was seen in the Clinical workforce
- A 26% increase in the Pacific workforce; this increase was seen in the Clinical workforce
- A growing Asian workforce from 34 to 48 Asian staff (head count)

Access to Infant, Child & Adolescent Mental Health/AOD Services

Access to services from 2007 to 2009:

- Nationally there continues to be progress toward Benchmarks access target rates for the 0-19 year population (MHC, 1998)
- A 20% increase in the number of clients accessing infant, child & adolescent mental health/AOD services
- The largest increase was in the Male 15-19 year age group. This is a continuing trend with males making up the majority of clients accessing services. In the second half of 2009, males made up 59% of those accessing services
- The Northern region had the largest increase in clients by 37%
- A 38% increase in Māori clients with the largest increase in the Northern (61%) and Southern (30%) regions
- In the second half of 2009, 86% of Māori clients were accessing mainstream services
- A 51% increase in Pacific clients with the largest increase in the Northern (64%) and Central (37%) regions
- In the second half of 2009, 86% of Pacific clients were accessing mainstream services
- A 36% increase in Asian clients with the largest increase in the Northern (52%) and Central (33%) regions
- In the second half of 2009, the national access rate for 0-19 year olds was 1.49%; however this still represents 50% of the Blueprint access target rate of 3.0%
- The Southern region reported the highest access rate (1.75%) while the Midland region had the lowest (1.45%)
- Māori had the highest access rate out of the three ethnic groups (Māori, Pacific & Asian) at 1.76% and higher than the national average rate of 1.49% compared to their demographic
- The Pacific access rate was 0.99% and lower than the national average rate of 1.49% compared to their demographic
- The Asian access rate was the lowest at 0.46%

CONCLUSION

This *Stocktake* highlights that there continues to be progress towards key strategic priorities of *Te Tahuhu* (Minister of Health, 2005), *Te Raukura* (Ministry of Health, 2007) and the *Mental Health Action Plan* (Ministry of Health, 2010).

The four Werry Centre *Stocktakes* of the infant, child and adolescent mental health workforce and access to service paints a picture of positive trends in the sector. While many gains have been made for this vulnerable population, there remain persistent gaps in funding to *Blueprint* (MHC, 1998) and significant disparities in comparison with the levels of funding and services available to the adult population.

It is widely recognised that early intervention frequently leads to improved outcomes (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004; Ministry of Health, 2007; 2008; 2010). These include reduced social, emotional and economic burdens on individuals, whānau and society. At times such as these, when there are significant constraints on public health funding, it is prudent to target funding to the most effective and efficient interventions. Improving access to services for young families and children to prevent long term negative outcomes is highly cost effective (Aos, Lieb, Mayfield, Miller, & Pennucci, 2004).

Between 2007 and 2010 there was a 16% increase in funding to ICAMH/AoD services. Between 2008 and 2010 there was a 6% increase in the workforce and between 2007 and 2009 there was a 20% increase in the total number of clients accessing ICAMH/AoD services. While the relationships between funding, staffing and access are complex, it seems clear that investment in services and workforce has led to worthwhile gains. While gains have been made, there are persistent gaps that need to be addressed.

RECOMMENDATIONS

In light of these 2010 *Stocktake* findings and to ensure alignment with current government priorities and progress toward workforce strategic goals outlined in *Whakamārama Te Huarahi* (Werry Centre, 2006), the following recommendations are made. Recommendations specific to Māori, Pacific and Asian service provision and workforce are outlined in the National Overview.

Funding

- Increase funding for infant, child and adolescent mental health/AoD services from 12% to the recommended Blueprint level of 26% of the total mental health spend

Development/Provision of Services

- Given the majority of children and young people are seen in mainstream services, increase dual clinical/cultural competency in services
- Continue development of Early Intervention services at primary level and enhance primary to secondary service pathways

Workforce

- Continue to focus on recruitment and retention of the workforce to ensure progress is sustained
- Increase the diversity of the workforce through the development of core competencies, new roles and new ways of working

- Continue investment in the targeted recruitment and retention of workforce across all roles for Māori and other ethnicities

Client Access to Services

- Continue to build on increased access rates and enhanced outcomes

Data Collection

- Strengthen national data collection (PRIMHD) to include data from all mental health/AoD services
- Extend *Stocktake* data collection to include new developments in the infant, child and adolescent mental health/AoD service sector (e.g. Primary Mental Health, Inter-Agency Collaborations, Early Intervention, Eating Disorders, Whānau Ora implementation)
- Extend scope of workforce stocktake to include analysis of outcomes data and “snapshot” capture of workforce demographics, career pathways and professions
- Extend scope of service user stocktake to include analysis of outcomes
- Continue to monitor trends to ensure that progress in staffing and services is keeping pace with population increases and moving toward government priorities and Benchmark targets

INTRODUCTION

BACKGROUND

There are a number of recent strategic developments that identify key priorities for the child and adolescent mental health/AoD sector.

Te Tahuu – Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan (Minister of Health, 2005) identified 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.

Te Raukura – Mental Health and Alcohol and Other Drugs: Improving Outcomes for Children and Youth (Ministry of Health, 2007) emphasised the need to continue to build and broaden the range and choice of services and support for children severely affected by mental health issues.

The Mental Health and Addictions Action Plan (Ministry of Health, 2010) accentuated the need for “mental health and addictions services that help to divert children and young people away from the negative pathways and increase their life chances.”

While previous government priorities for the mental health and addictions sector still inform service delivery, a change of government in 2008 has led to new priorities that aim to deliver services of higher quality and better value for money. As of 2010, an extra \$512 million has been allocated to health and an additional \$174 million for mental health is planned over the next four years (Minister of Health, 2010).

The new priorities outlined in *Mental Health and Addiction Action Plan, 2010* (Ministry of Health, 2010) pertain to infants, children, adolescents and their families and include:

- Greater collaboration and new ways of delivering well connected and coordinated services involving primary care, DHBs and NGOs
- Greater use of clinical leadership
- Increasing the frontline workforce
- Increasing funding for primary care and additional primary care services (early intervention, \$144 million allocation), including family health centres
- Increasing primary mental health services for mild to moderate mental health problems (\$5.3 million allocation) and improving access to these services
- Enhancing eating disorder services (\$26 million allocation over four years) and this funding also to be invested for training and increasing the specialist workforce in this area
- Providing additional alcohol and drug treatment programmes for young offenders
- Implementing *Whānau Ora* which is an inter-agency family centred and family driven approach to providing services for the overall wellbeing of whānau and families (\$134 million has been allocated over four years for the implementation of *Whānau Ora* across New Zealand)
- Improving information about publicly-funded mental health and addictions services

Workforce Development

In order to meet the mental health/AoD needs of infants, children, adolescents and their families/whānau, effective services, delivered by highly skilled, well supported mental health and addictions workers are required. However, workforce shortages in the sector are a constraint on improved service provision for infants, children, young people and their families. Therefore increasing and improving the mental health/AoD workforce remains a key government priority.

The four mental health and addictions workforce development centres have embraced the following five strategic imperatives (Ministry of Health, 2002):

- Workforce development infrastructure
- Organisational development
- Recruitment and retention
- Training and development
- Research and evaluation

Effective workforce development requires accurate information (research & evaluation) concerning demand, service configuration and access data. Due to the comparatively small size and low profile of the sector there has been very little information detailing the infant, child and adolescent mental health/addictions workforce.

To fill this gap, in 2004, the Werry Centre for Child and Adolescent Mental Health, Workforce Development Programme conducted the first *National Stocktake* of the infant, child and adolescent mental health/AoD workforce at the request of the Ministry of Health.

Data from the first *Stocktake* highlighted deficiencies in funding; access rates and workforce numbers compared to strategic guidelines (MCH, 1998). It was also noted that comprehensive data collection was problematic with incomplete returns to Mental Health Information National Collection (MHINC) and lack of data on access from NGOs.

To progress workforce development in this sector, the Werry Centre produced *Whakamārama te Huarahi – To Light the Pathways: A Strategic Framework for Child and Adolescent Mental Health Workforce Development 2006-2016* (Wille, 2006). This document outlines a long term national approach to systemic enhancements to support the capacity and capability of the workforce. Recommendations were made to support regional, inter-district and local planning processes informed by ongoing research and evaluation (data collection).

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 workforce. A key focus is to reduce inequalities and improve access to services for Māori and Pacific peoples.

As recommended in *Whakamārama te Huarahi* (Wille, 2006), the Werry Centre has undertaken biennial workforce and access to service data collection. This dataset covers the 2004 to 2010 period.

This current report presents the 2010 *Stocktake* of the infant, child and adolescent mental health/AoD workforce. Like the previous reports, it aims to provide a snapshot of the infant, child and adolescent mental health service environment. It describes the population the workforce serves, the number of clients who are accessing services and how the current workforce compares to government Blueprint targets. It also provides a comparison in terms of government priorities, the MHC's resource guidelines for the workforce and access to service target rates for New Zealand's infant, child and adolescent population.

METHOD

The data collected for each successive *Stocktake* has been informed by brief utility surveys which follow the publication of each *Stocktake* report. While the 2004 document reported data from a national perspective, subsequent reports have included regional data sets. Based on feedback since 2004, data is now presented nationally and regionally.

The 2010 *Stocktake* includes:

- Infant, child and adolescent population data: Statistics NZ Census data and projections by ethnicity and DHB
- DHB service workforce data: DHB (Inpatient & Community) Infant, 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 2010
- NGO workforce data: DHB funded Non-Government Organisations (NGOs) workforce data (actual & vacant FTEs by occupational group & ethnicity) as at 30th June 2010
- Access to service data extracted from the Programme for the Integration of Mental Health Data (PRIMHD) which includes access to service data from the 2006 to 2009 period
- Comparisons of workforce data against the Mental Health Commission's strategic benchmarks set in the *Blueprint for Mental Health Services in New Zealand (MHC,1998)*
- Comparisons of access to service data against MHC's access target rates for the child and adolescent population.

The workforce data collection occurred in two phases.

Phase one began in August 2010 and included the survey of all DHB (Inpatient & Community) CAMH/AoD services (see Appendix E).

Phase Two included a survey of DHB funded NGOs and began in October 2010 and ended in December 2010.

The 2010 National workforce dataset is reported by region. The 2010 aggregated workforce data is included in the Appendices (for a more detailed description of workforce data, please refer to the *Stocktake* reports available on the Werry Centre website (www.werrycentre.org.nz)).

2010 DHB ICAMH/AOD Workforce Survey

The workforce surveys were sent to all DHB Chief Executive Officers (CEOs) and Mental Health Managers in early August 2010 and had a 100% response rate.

2010 DHB Funded ICAMH/AOD Non-Government Organisation Workforce Survey

The list of DHB funded NGOs providing infant, child and adolescent mental health and AoD services as at June 2010 was extracted from the 2009/2010 Price Volume Schedules (PVS) supplied by the Ministry of Health.

A total of 83 DHB funded NGO providers were identified for this *Stocktake*. These services were surveyed by post in October 2010. A telephone survey follow-up from October to December 2010 was also conducted. Of the 83 NGOs, 82 provided data for this *Stocktake* resulting in a 99% response rate.

Workforce Categories

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

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

The Non-Clinical Workforce includes the workforce that provides direct support or care for clients and in this report includes Cultural workers (Kaumātua, 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 necessarily funded or allocated to the occupational groups. DHBs recruit staff from various disciplines based on relevant skills and competencies to fill a certain number of funded Clinical FTEs. Recruitment is not necessarily conducted according to occupational groups.

2009/2010 DHB & NGO Infant, Child & Adolescent Mental Health/AOD Health Funding Data

The 2009/2010 funding data was extracted from the 2009/2010 Price Volume Schedule supplied by the Ministry of Health. Funding information for previous *Stocktake* periods are also presented for comparison. Funding data is presented by Region and DHB.

Mental Health Information National Collection/Programme for the Integration of Mental Health Data (PRIMHD)-Client Access to Mental Health Services Data

In July 2008, the Ministry of Health conducted an integration of mental health data that incorporated both MHINC and the Mental Health Standard Measures of Assessment and Recovery (MH-SMART) to form a single national database for mental health and addiction called PRIMHD.

The PRIMHD database contains both service activity data as well as information on outcomes at local, regional and national levels. The database also contains information on the provision of secondary mental health and alcohol and drug services purchased by the Mental Health Group (Ministry of Health). This includes secondary, inpatient, outpatient and community care provided by DHBs and NGOs. DHBs and NGOs send their previous month's mental health and addiction services data electronically, i.e. referral, activity and outcomes data to the PRIMHD system. However, PRIMHD *does not* include data on NGO diagnosis, classifications or legal status; nor NGO outcome data. Nor does it include information from Primary Health Organisations (PHOs) or General Practitioners (GPs) who may be delivering mental health or addiction services.

While all 20 DHBs are now reporting to PRIMHD, of the approximately 375 NGOs that are providing mental health and addictions services, only 83 NGOs are reporting to PRIMHD. It is expected that the implementation of PRIMHD for the remainder of the NGO sector will be over the next three years.

Due to the incomplete data from the NGO sector, all *Stocktake* reports thus far include only DHB client data.

Access to service data for the 2004 to 2008 period was extracted from the Mental Health Information National Collection (MHINC) database. The July to December 2008 to 2009 period was extracted from PRIMHD. Client access data is based on the second half of each year. The comparisons/findings described in this report are from the 2007 (the last data point reported in the previous *Stocktake*) to 2009 period. The complete analysis of the 2004 to 2009 data can be downloaded separately from the Werry Centre website (www.werrycentre.org.nz).

Infant, Child & Adolescent Population Statistics

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

- The 2008 and 2010 population projections are derived from the resident population 30 June 2006 Census (total response). The projections are based on assumptions about fertility, mortality, and migration and provide an indication of possible changes in the size of each population. This data was provided by the Ministry of Health.
- The 2006 Census (prioritised ethnicity population statistics, Māori, Pacific, Asian and Other for the 0-19 year age group) was used in the analysis of the 2006 infant, child and adolescent mental health workforce data. This data was provided by Statistics NZ. The projections were also based on prioritised ethnicity which is defined as;

“Where a service user reports more than 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” (Ministry of Health, 2004a, p.16).

- The 2005 population projections for the 0-19 year age group (based on the 2001 Census) were used to calculate the population based access rates for the MHINC section of the 2005 data. This population data was provided by the Ministry of Health.

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

LIMITATIONS

Workforce Data

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

The 2004, 2006 and 2008 workforce data are also presented in this report and serve as a comparison. However, due to the possible inclusion of adult FTEs in the NGO data and the lower response rate in 2004, the 2004 data may not be directly comparable. This may largely explain some of the significant changes in the 2006 and 2008 NGO infant, child and adolescent mental health workforce. With subsequent improvements in data collection processes, the data is likely to be a more accurate reflection of the infant, child and adolescent mental health/AoD workforce.

Missing data from one large NGO in the Midland region also impacts on the accuracy of this *Stocktake*. Total FTE volume data from the Ministry of Health's PVS was used to estimate this NGO's workforce instead. However, this data does not include FTE information by ethnicity and occupational group and therefore limits the analysis of the Midland region workforce.

All services that were surveyed were asked to provide the number of Māori, Pacific and Asian staff (FTE & Head Count) by Occupational Group. Ethnicity information 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

was not provided in a consistent manner. Therefore, ethnicity data presented in this *Stocktake* should be interpreted with caution.

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

As identified from the first *Stocktake*, 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 an increased response rate via telephone, there continues to be difficulties in obtaining completely accurate information about the NGO sector for the following reasons:

- Contract information from the PVS which was used as a benchmark for this data collection was found to be inaccurate or out of date in some instances
- There is no central agency that holds information on all mental health contracts currently being delivered
- A number of infant, 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 Ministry of Health 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 infant, child and adolescent mental health contracts provide a seamless service spanning ages through to adulthood. In many services, the focus may be on mental health issues within the whole family. Identifying which portion of the FTE fits within the DHB funded infant, child and adolescent contract is often difficult for providers to ascertain
- NGO contracts may be devolved to a number of different providers. NGOs also receive a variable number of contracts over time
- Rural and isolated areas have issues with recruiting and retaining staff who have an interest or skills in the infant, 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 and were reluctant to participate fully

MHINC/PRIMHD Access Data

Previous MHINC and the current PRIMHD database contains the raw data sent in by providers and is therefore subject to the quality of information captured by the client management system of each DHB and NGO.

Of the 83 NGOs that currently report to PRIMHD, only 21 that were surveyed for this *Stocktake* were included in the dataset. Due to the lack of data from 75% of the NGOs that were identified for this *Stocktake*, the NGO access to service data is excluded for the analysis. As a result, access data presented in this report is limited to DHB clients. This has a negative impact on access rates against the MHC's strategic access benchmarks.

Population Data

The 2010 population statistics used in this report are based on medium projections (2006 base, total response) and the use of projected population statistics tends to be less accurate. Any comparisons with Census data which was based on prioritised ethnicity will carry that inaccuracy.

USING THE *STOCKTAKE*

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

NATIONAL OVERVIEW

INFANT, CHILD & ADOLESCENT POPULATION

- In 2010, infants, children and adolescents (0-19 years) made up 28% of New Zealand's total population (see Table 1).
- The majority resided in the Northern region (39%). The largest proportions of the Northern region's 0-19 years population resided in Counties Manukau (34%) and Waitemata (32%) DHB areas (see Appendix A, Table 1).
- While projections from the 2006 Census to 2008 indicated an increasing 0-19 year population, the 2008 to 2010 population projections indicated a slight decrease (-0.3%) (see Table 1).
- The 2008 to 2010 projections indicated that the Northern region was the only region that experienced a slight growth (0.6%) in the infant, child and adolescent population (see Table 1).

Table 1. Infant, Child & Adolescent (0-19 yrs) Population (2001-2010)

Region	Year				Total All Ages 2010	% of 0-19 yrs Population	% Change (2010-2008)
	2001 ¹	2006 ¹	2008 ²	2010 ²			
Northern	398,487	436,344	465,638	468,320	1,643,600	28	0.6
Midland	233,151	237,273	243,650	241,820	832,300	29	-0.8
Central	230,787	234,093	238,410	235,860	857,800	27	-1.1
Southern	250,545	260,010	266,110	264,390	1,027,700	26	-0.6
Total	1,113,027	1,167,720	1,213,808	1,210,390	4,361,400	28	-0.3

1. Census Data (Prioritised Ethnicity Statistics)

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

FUNDING OF INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

- The Blueprint recommends that infant, child and adolescent mental health services should receive 26% of the total mental health funding (MHC, 1998, p.29). This figure was based on the estimated number of infants, children and adolescents likely to have a mental illness and require treatment, and the population of this age group.
- In 2009/2010, infant, child and adolescent mental health/AoD provider services received 12% (\$145M) of the overall DHB mental health funding (approximately \$1,169M).
- From 2007 to 2010, there was a 16% increase in total DHB funding for infant, child and adolescent mental health/AoD services (see Table 2).
- This increase was only seen in DHB provider service funding (see Table 2).
- Funding for NGO services had decreased by 2% for the same period (see Table 2).
- From 2007 to 2010, the largest increase in funding was in AoD services, by 23% (see Table 3).

Table 2. Infant, Child & Adolescent Mental Health/AoD Funding (2004-2010)

Provider Services	Year			
	04/05	05/06	07/08	09/10
DHB	\$77,722,778	\$83,735,823	\$98,113,276	\$118,869,541
NGO	\$18,469,066	\$20,607,366	\$26,821,424	\$26,333,659
Total	\$96,191,844	\$104,343,189	\$124,934,700	\$145,203,200

Figure 1. Infant, Child & Adolescent Mental Health/AoD Funding (2004-2010)

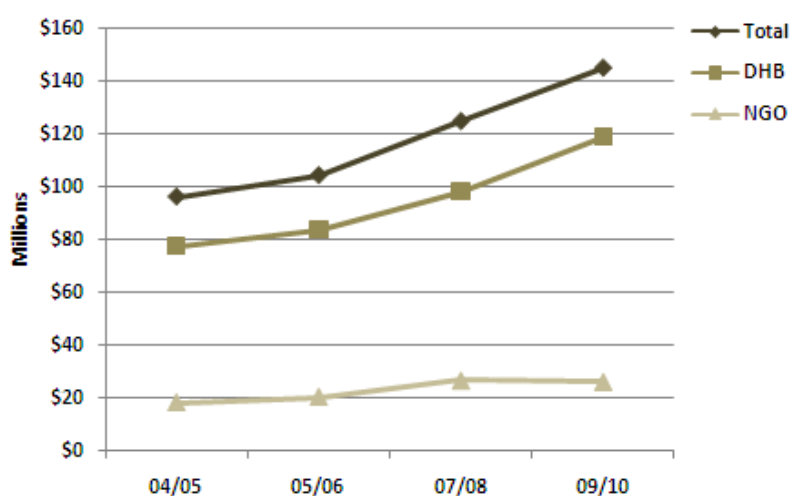


Table 3. Infant, Child & Adolescent Funding by Services (2007-2010)

Services	Year		
	07/08	09/10	% Change
Inpatient	\$16,116,851	\$16,233,302	1
Alcohol & Other Drugs ¹	\$8,688,761	\$10,663,950	23
Kaupapa Māori	\$7,985,321	\$7,109,554	-11
All Other MH Services	\$92,143,768	\$111,196,395	21
Total	\$124,934,700	\$145,203,200	16

Includes Residential Services

Source: Ministry of Health Price Volume Schedule 2007/2008 & 2009/2010

- From 2007 to 2010, funding per head of 0-19 years had increased by 17% (see Table 4).
- For the 2009/2010 financial year, funding per 0-19 years population was \$119.96 (inclusive of Inpatient funding) (Table 4).
- During the financial year of 2009/2010, the Southern and Central regions had the highest spend per infant, child and adolescent population and the Midland region had the lowest (see Table 4).

Table 4. Spend per 0-19 years Population by Region (2004-2010)

Region	Year			
	04/05	05/06	07/08	09/10
Northern	\$69.26	\$76.92	\$90.63	\$110.38
Midland	\$70.91	\$83.93	\$94.08	\$107.77
Central	\$92.30	\$101.05	\$115.38	\$134.73
Southern	\$99.36	\$104.65	\$121.34	\$134.92
National Average Spend	\$78.11	\$89.36	\$102.93	\$119.96

Note: Inclusive of Inpatient Funding

PROVISION OF INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

- There are 20 DHBs that provide a range of specialist Inpatient and Community based infant, child and adolescent (0-19 age group) mental health and AoD services (in May 2010 Southland & Otago DHBs formed Southern DHB).
- Regional child and adolescent mental health Inpatient services are provided by three DHBs:
 - Auckland
 - Capital & Coast (Wellington)
 - Canterbury (Christchurch)
 - Where child and adolescent mental health Inpatient services are not available, DHBs have allocated infant, child and adolescent inpatient beds within their local adult inpatient units.
- Infant, child and adolescent mental health/AoD services are also provided by DHB funded NGOs and in some cases Primary Health Organisations (PHOs).
- For the June 2009 to July 2010 period, 83 NGOs were identified as providing DHB funded infant, child and adolescent mental health/AoD services.
- From 2008 to 2010, increases can be seen in funding and in the number and types of services that are available for infants, children and adolescents. Some services are now more inclusive of infants (0-4 years age group) with either dedicated services or teams for the infant population.
- The increases in the development and provision of services for infants, children and adolescents are aligned with the priorities of *Te Raukura* (Ministry of Health, 2007):
 - *Children of Parents/Whānau with a Mental Illness*: Auckland DHB
 - *Youth Forensic Services/funding*: Northland, Auckland, Waikato, Capital & Coast and Canterbury DHBs
 - *Child and Adolescent AoD Services*:
 - Eleven DHBs
 - 30 NGOs
 - *Maternal and Infant Mental Health*: Auckland and Counties Manukau DHBs

- *Eating Disorder Services/funding:* Northland, Waitemata, Counties Manukau, Bay of Plenty, Tairāwhiti, Hutt and Nelson Marlborough DHBs
- *Conduct Disorder Service:* MidCentral DHB CAMHS in collaboration with Group Special Education
- *Migrant and Refugee Mental Health services:* Northland and Canterbury DHBs
- *Services for Māori:*
 - Five DHB Kaupapa Māori mental health/AoD services/teams: Counties Manukau, Bay of Plenty, Capital & Coast, Hutt and Wairarapa DHBs
 - Twenty NGOs: Northland (1), Waikato (5), Bay of Plenty (7), Taranaki (2) Hutt (1), Nelson Marlborough (1), Canterbury (2), Southern (1)
- *Services for Pacific:*
 - Pacific DHB Services/Teams:
 - Two dedicated DHB Pacific CAMH service:
 - Counties Manukau DHB: *Vakatoa Pacific Adolescent Service*
 - Capital & Coast DHB: *Health Pasifika*
 - Two DHB Pacific services funded under adult services:
 - Waitemata DHB: *Isa Lei Pacific Mental Health Service* and *Tupu Pacific Alcohol & Drug Service*
 - Three Pacific NGOs: Counties Manukau (*Penina Trust*), Capital & Coast (*Taeaomanino Trust*) and Canterbury (*Pacific Trust Canterbury*)

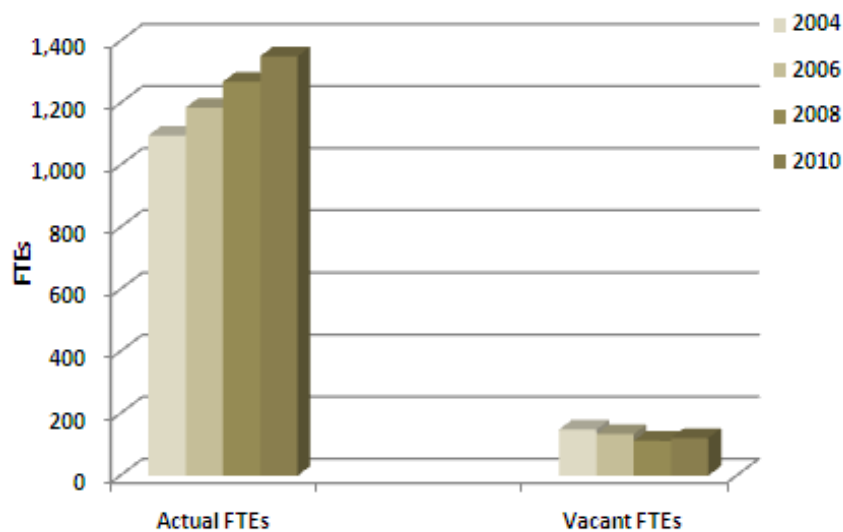
INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

- The 2010 infant, child and adolescent mental health/AoD workforce (DHB Inpatient & Community CAMH/AoD & NGOs) equated to 1,342.31 actual FTEs with a further 121.5 vacant FTEs (see Table 5).
- From 2004 to 2010, there was a steady growth in the infant, child and adolescent mental health/AoD workforce with an average growth rate of 7% (see Table 5).
- From 2008 to 2010, the total workforce had increased by 6% (see Table 5).
- This growth in the workforce was seen in mainly DHB Community services (12%) (see Table 5).
- The increase in the total workforce was due to the increase in the Clinical workforce by 7% (from 929.02 to 993.61 FTEs).
- The NGO workforce reported a decrease of 6%. This decrease could be attributed to contractual changes (see Table 5).
- From 2008 to 2010, there was a 9% increase in total vacancies (8% vacancy rate), with vacancies largely for Clinical positions (an increase by 10% from 92.93 to 102.1 FTEs).
- DHB Community services reported a 25% increase in vacancies.
- DHB Inpatient services reported a 40% decrease (see Table 5).

Table 5. Total Infant, Child & Adolescent Mental Health/AoD Workforce (2004-2010)

Provider Service	Actual FTEs				Vacant FTEs			
	2004	2006	2008	2010	2004	2006	2008	2010
DHB Inpatient	124.70	136.10	153.35	163.89	27.40	25.10	14.90	9.0
DHB Community	632.94	696.20	735.48	822.91	98.77	98.60	80.53	100.5
NGO	338.05	353.17	379.96	355.51	21.85	9.60	16.30	12.0
Total	1,095.69	1,185.47	1,268.79	1,342.31	148.02	133.30	111.73	121.5

Figure 2. Total Infant, Child & Adolescent Mental Health/AOD Actual & Vacant FTEs (2004-2010)



DHB Inpatient Infant, Child & Adolescent Mental Health Workforce

- In 2010, DHB Inpatient services reported a total of 163.9 actual FTEs with a further 9.0 FTEs reported vacant (5% vacancy rate).
- From 2008 to 2010, there was a 7% increase in the Inpatient workforce and a 40% decrease in vacancies (see Table 5).
- The Inpatient Clinical workforce was comprised mainly of Mental Health Nurses (87.6 actual FTEs) and the vacancies were largely in this occupational group.
- The Non-Clinical Inpatient workforce (Non-clinical support for clients) was comprised mainly of Mental Health Support Workers (17 actual FTEs).
- Auckland DHB Child and Family Unit reported the largest Inpatient workforce (77.9 actual FTEs) followed by Canterbury (50.8 actual FTEs) and Capital & Coast (35.2 actual FTEs) DHBs.

DHB Community Infant, Child & Adolescent Mental Health/AoD Workforce

- In 2010, DHB Community CAMH/AoD services reported a total of 822.91 actual FTEs with a further 100.5 FTEs reported vacant (11% vacancy rate) (see Table 5).
- From 2008 to 2010, there was a 12% increase in the DHB Community workforce and a 25% increase in vacancies (see Table 5).
- The DHB Community Clinical workforce was largely comprised of Social Workers (156.6 actual FTEs), Psychologists (153.2 actual FTEs) and Mental Health Nurses (138.48 actual FTEs).
- Clinical vacancies were largely for Mental Health Nurses (13.6 FTEs), Alcohol and Drug Workers (9.0 FTEs) and Psychologists (6.3 FTEs).
- The DHB Community Non-Clinical (support for clients) workforce consisted largely of Cultural Workers/Appointments (28.4 actual FTEs).
- The Northern region reported the largest Community workforce (315.09 actual FTEs) followed by Southern (190.48 actual FTEs), Central (182.81 actual FTEs) and Midland (133.8 actual FTEs) regions.

NGO Infant, Child & Adolescent Mental Health/AoD Workforce

- In 2010, NGOs reported a total of 355.51 actual FTEs with a further 12.0 FTEs reported vacant (3% vacancy rate).
- From 2008 to 2010, there was a 6% decrease in the NGO workforce from 379.96 to 355.51 FTEs and this decrease could be attributed to contractual changes.
- The total NGO workforce was mainly comprised of Mental Health Support Workers (104.07 actual FTEs), which made up 29% of the total NGO workforce (see Table 6).
- The NGO Clinical workforce was mainly comprised of Alcohol and Drug Workers (25%; 87.4 actual FTEs) and Social Workers (13%; 44.7 actual FTEs) (see Table 6).
- The Southern region reported the largest NGO workforce (122.05 actual FTEs) followed by Midland (112.5 actual FTEs), Northern (64.9 actual FTEs) and Central (52.52 actual FTEs) regions.

Table 6. Total Infant, Child & Adolescent Mental Health/AoD Workforce by Occupational Group (2010)

Occupational Group	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	44.7	44.7	87.4	132.1
Counsellor	1.0	7.6	8.6	15.2	23.8
Mental Health Nurse	87.6	134.48	222.08	16.8	238.88
Occupational Therapist	5.5	50.4	55.9	4.0	59.9
Psychiatrist	9.96	58.07	68.03	0.4	68.43
Psychotherapist	2.0	15.2	17.2	0.5	17.7
Psychologist	7.6	153.2	160.8	4.4	165.2
Social Worker	6.6	156.6	163.2	44.7	207.9
Other Clinical	9.43	49.17	58.6	21.1	79.7
Clinical Sub-Total	129.69	669.42	799.11	194.5	993.61
Cultural Appointment	2.6	28.4	31.0	1.3	32.3
Specific Liaison	2.0	2.0	4.0	-	4.0
Mental Health Consumer Advisor	0.2	3.75	3.95	0.05	4.0
Mental Health Support Worker	17.0	5.2	22.2	104.07	126.27
Other Non-Clinical Support for Clients	2.0	6.5	8.5	7.85	16.35
Non-Clinical Support for Clients Sub-Total	23.8	45.85	69.65	113.27	182.92
Administration/Management	10.4	107.64	118.04	18.5	136.54
National Total	163.89	822.91	986.80	355.51	1,342.31

Figure 3. Total Infant, Child & Adolescent Mental Health/AoD Workforce by Occupational Group (2010)

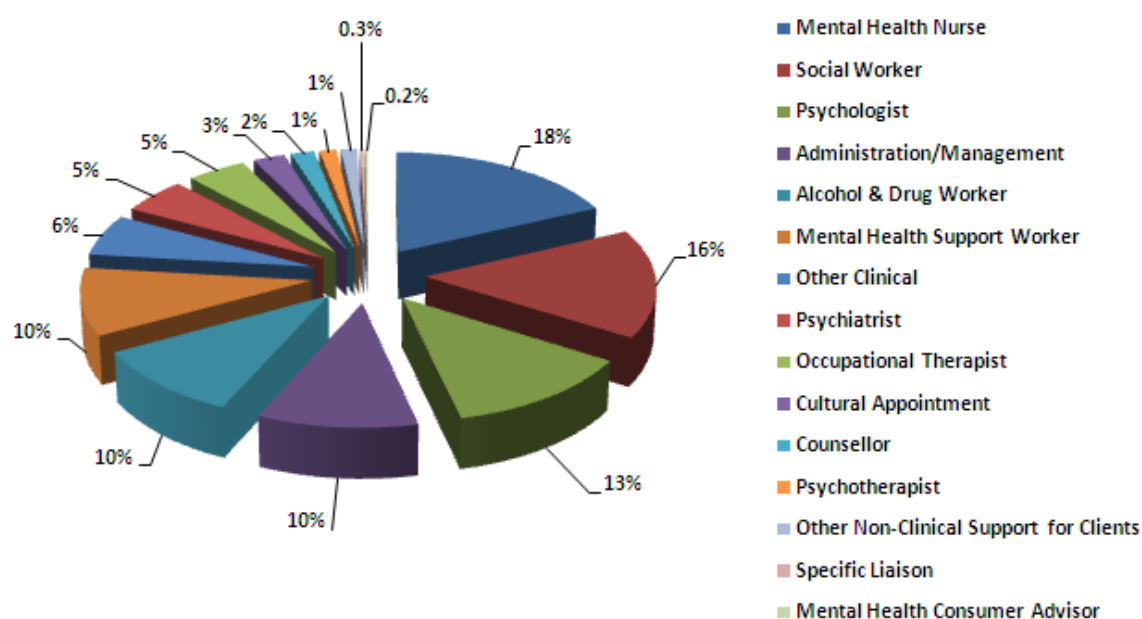
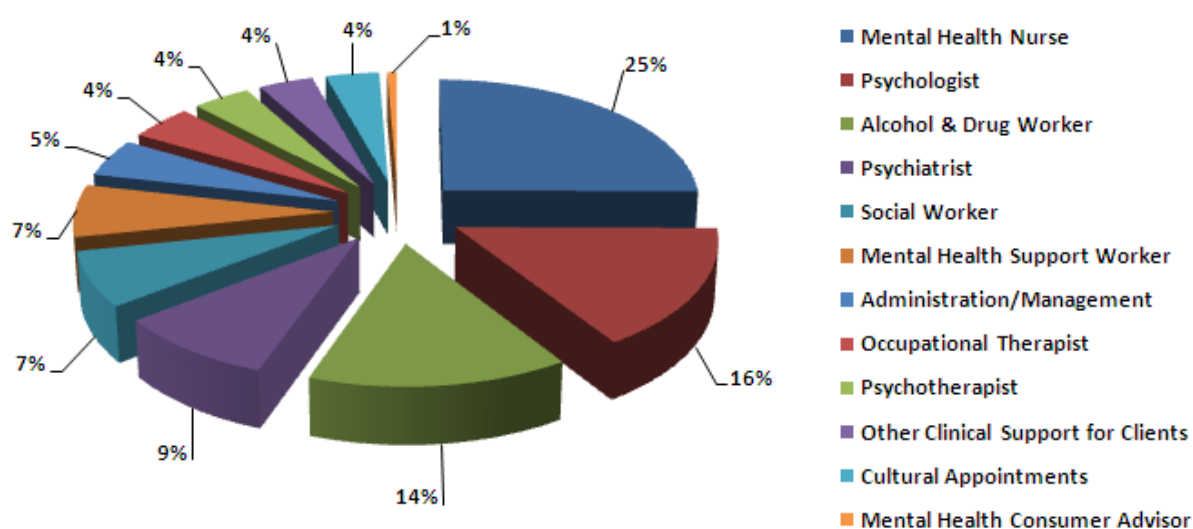


Table 7. Total Infant, Child & Adolescent Mental Health/AoD Workforce Vacancies by Occupational Group (2010)

Occupational Group	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	15.0	15.0	2.8	17.80
Counsellor	-	-	-	-	-
Mental Health Nurse	5.9	22.6	28.5	2.0	30.5
Occupational Therapist	-	5.4	5.4	-	5.4
Psychiatrist	1.0	10.1	11.1	-	11.1
Psychotherapist	-	4.9	4.9	-	4.9
Psychologist	0.6	18.5	19.1	-	19.1
Social Worker	-	8.7	8.7	-	8.7
Other Clinical	1.5	3.1	4.6	-	4.6
Clinical Sub-Total	9.0	88.3	97.3	4.8	102.1
Cultural Appointment	-	4.5	4.5	-	4.5
Specific Liaison	-	-	-	-	-
Mental Health Consumer Advisor	-	0.8	0.8	-	0.8
Mental Health Support Worker	-	1.0	1.0	7.2	8.2
Other Non-Clinical Support for Clients	-	-	-	-	-
Non-Clinical Support for Clients Sub-Total	-	6.3	6.3	7.2	13.5
Administration/Management	-	5.9	5.9	-	5.9
National Total	9.0	100.5	109.5	12.0	121.5

Figure 4. Total Infant, Child & Adolescent Mental Health/AoD Workforce Vacancies by Occupational Group (2010)



Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce Compared to MHC's Blueprint Resource Guidelines

- The MHC's Blueprint Resource Guideline for the Community Clinical workforce for the infant, child and adolescent population (0-19 years) is 28.6 FTEs per 100,000 population (MHC, 1998). Calculated for the 2010 0-19 year population, the recommended community FTE equated to 1,247.36 FTEs (see Table 8).
- In 2010, DHBs and NGOs reported a total of 861.82 actual Community Clinical FTEs.
- From 2008 to 2010, there was a 7% increase in the Community Clinical workforce (see Table 8).
- With a static infant, child and adolescent population and the growing workforce, the Community Clinical workforce has made some progress towards the recommended Blueprint level for 2010.
- However, an increase of 45% (an additional 386 Clinical FTEs) in the Clinical workforce is still required to meet the 2010 Blueprint Guideline with the largest increase needed in the Northern region (56%) (see Table 9 & Figure 6).

Table 8. Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce Compared to MHC's Blueprint Guidelines (2004-2010)

Year	DHB & NGO Community Clinical 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
2010	861.82	1,247.36	385.50	45

1. MHC's Blueprint Resource Guidelines for Community Clinical FTEs (28.6 FTEs/100,000 total population) (MHC, 1998)

Figure 5. Community Clinical Infant, Child & Adolescent Mental Health/AOD FTEs compared to MHC's Blueprint Guidelines (2004-2010)

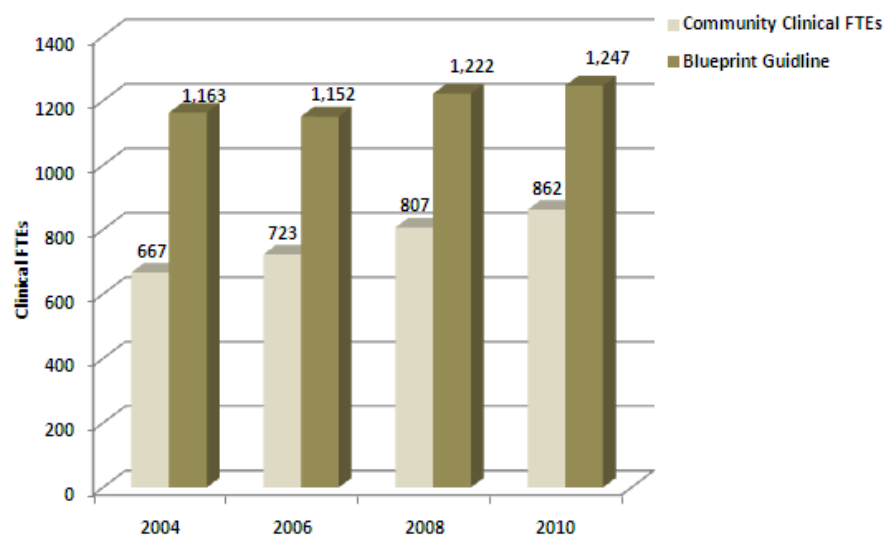
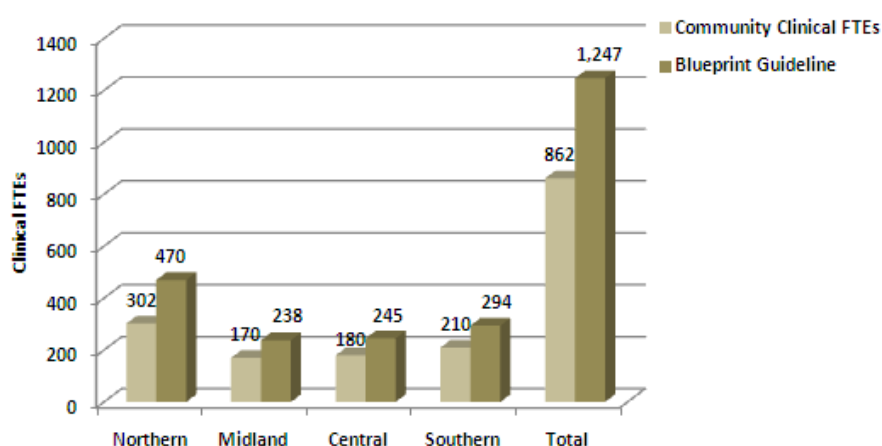


Table 9. Community Clinical Infant, Child & Adolescent Mental Health/AOD FTEs compared to MHC's Blueprint Guidelines by Region (2010)

Region	DHB & NGO Community Clinical FTEs	Blueprint Guidelines 2010 ¹	FTEs Needed	% Increase Needed
Northern	302.19	470.07	167.88	56
Midland	170.03	238.04	68.0	40
Central	180.00	245.33	65.33	36
Southern	209.60	293.92	84.3	40
Total	861.82	1247.36	385.5	45

1. MHC's Blueprint Resource Guidelines for Community Clinical FTEs (28.6 FTEs/100,000 total population) (MHC,1998)

Figure 6. Community Clinical Infant, Child & Adolescent Mental Health/AOD FTEs Compared to MHC's Blueprint Guidelines by Region (2010)



CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

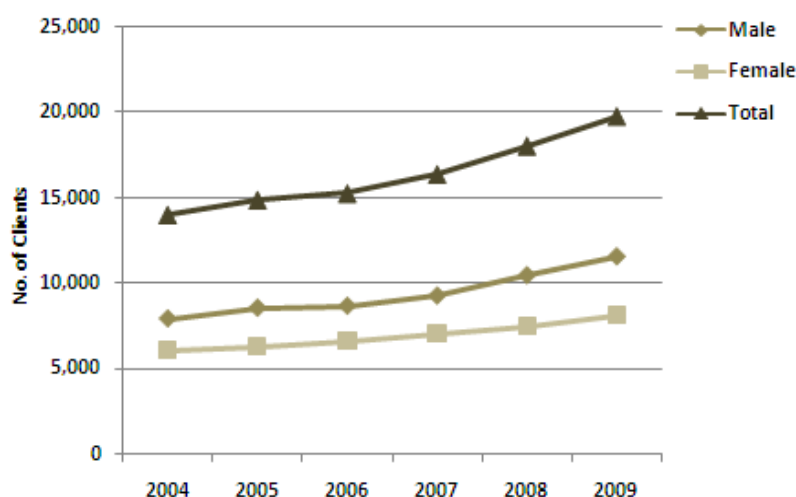
- From 2007 to 2009, there was a 20% increase in the total number of clients accessing infant, child and adolescent mental health/AoD services. This increase was largely seen in the Male client group (25%) (see Table 10 & Figure 7).
- In the second half of 2009, more males were accessing mental health/AoD services (59%) than females (41%).
- Access by age group showed that a little over half of the total clients accessing services (55%) were in the 15-19 year age group.
- Access by age group and gender showed that in the 0-9 and 10-14 year age group, more males were accessing services than females.
- While more females were accessing services in the 15-19 year age group from 2004 to 2007, more males were assessing services in this age group from 2008 to 2009.

Table 10. Clients by Gender & Age Group (2004-2009)

Year	Gender & Age Group (yrs)								
	Male				Female				DHB Total
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total	
2004	1,825	2,848	3,263	7,936	727	1,754	3,624	6,105	14,045
2005	1,854	3,119	3,594	8,567	686	1,735	3,914	6,335	14,904
2006	1,795	2,993	3,894	8,682	656	1,786	4,162	6,604	15,286
2007	1,891	3,197	4,192	9,280	703	1,906	4,507	7,116	16,396
2008	2,225	3,403	4,851	10,479	836	2,007	4,713	7,556	18,035
2009	2,314	3,663	5,609	11,586	870	2,064	5,233	8,167	19,753

Note: Data is for the 2nd 6 months of each year

Figure 7. 0-19 yrs Clients by Gender (2004-2009)



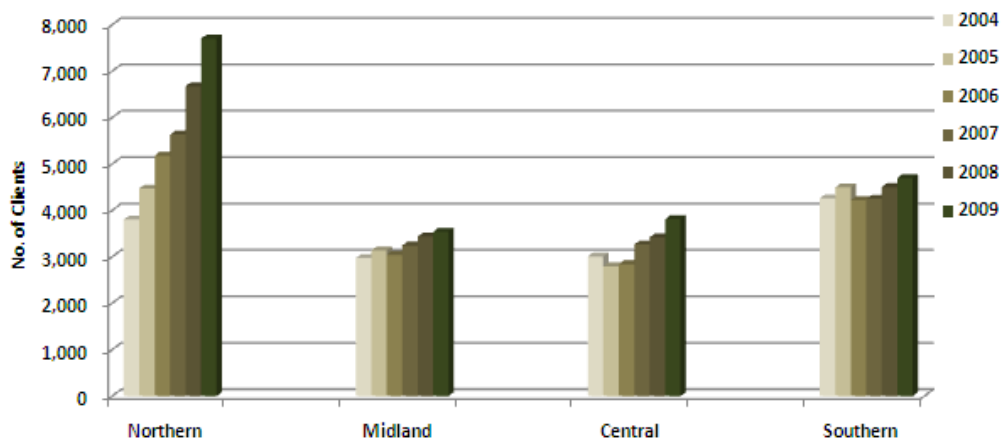
- From 2007 to 2009, the Northern region had the largest increase in clients (37%) accessing services compared to the other three regions (see Table 11 & Figure 8).
- In the second half of 2009, the Northern region had the highest number of clients accessing mental health/AoD services (see Table 11 & Figure 8).

Table 11. 0-19 yrs Clients by Region (2004-2009)

Region	Year					
	2004	2005	2006	2007	2008	2009
Northern	3,804	4,470	5,182	5,635	6,676	7,702
Midland	2,973	3,137	3,042	3,245	3,438	3,539
Central	3,007	2,798	2,841	3,265	3,419	3,813
Southern	4,261	4,499	4,221	4,251	4,502	4,699
Total	14,045	14,904	15,286	16,396	18,035	19,753

Note: Data is for the 2nd 6 months of each year

Figure 8. 0-19 yrs Clients by DHB (2004-2009)



Client Access Rates compared to Mental Health Commission's (MHC) Strategic Access Benchmarks

The Mental Health Commission suggests that 3% of the total child and adolescent population should be able to access appropriate services according to need (which equates to 36,312 for the 2010 0-19 year population). The Blueprint access benchmark rate for the 0-19 year age group has been set at 3% of the population over a six month period (MHC, 1998). Due to different prevalence rates for mental health illness in different age groups, the MHC has set appropriate access rates for each age group with 15-19 year olds having the greatest need (see Table 12).

Client access data from the NGO sector was excluded due to incomplete returns to the MHINC/PRIMHD database. The low access rates presented in this report could be partly due to this exclusion. Until the full NGO client data becomes available, it remains difficult to ascertain the true child and adolescent access rates to mental health services and comparisons to benchmarks. Therefore these results should be interpreted with caution.

- From 2004 to 2009, DHB National client access data showed a steady increase for the total 0-19 year age group: from 1.15% to 1.49% (see Table 12).

Table 12. National Access Rates by Age Group (2004-2009)

Year	Access Rates by Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%
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	0.51%	1.74%	2.81%	1.43%
2009	0.53%	1.81%	2.95%	1.49%

Note: Data is for the 2nd 6 months of each year

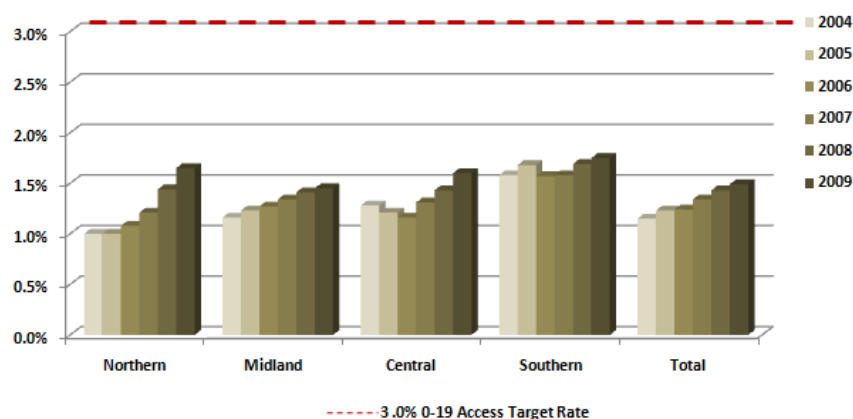
- In the second half of 2009, the Southern region reported the highest access rate (1.75%) while the Midland region reported the lowest (1.45%) (see Table 13 & Figure 9).
- While all of the DHB services have reported progress towards the target rate set by the MHC (1998), access rates still need to improve significantly in all four regions (see Table 13).
- The greatest gap between benchmark and actual access rates is in the Northern region where the largest infant, child and adolescent population reside (see Table 13).

Table 13. 0-19 yrs Access Rates by Region (2004-2009)

Region	Year					
	2004	2005	2006	2007	2008	2009
Northern	1.00%	1.00%	1.08%	1.21%	1.44%	1.65%
Midland	1.16%	1.23%	1.27%	1.34%	1.41%	1.45%
Central	1.28%	1.21%	1.16%	1.31%	1.43%	1.60%
Southern	1.58%	1.68%	1.57%	1.58%	1.69%	1.75%

Note: Data is for the 2nd 6 months of each year

Figure 9. 0-19 yrs Client Access Rates by Region (2004-2009)



CONCLUSION

Between 2007 and 2010 there was a 16% increase in funding to ICAMH/AoD services. Between 2008 and 2010 there was a 6% increase in the workforce and between 2007 and 2009 there was a 20% increase in the total number of clients accessing ICAMH/ AoD services. While the relationships between funding, staffing and access are complex, it seems clear that investment in services and workforce has led to worthwhile gains. It is possible to say that while gains have been made, there are persistent gaps that need to be addressed.

RECOMMENDATIONS

In light of these 2010 *Stocktake* findings, and to ensure alignment to current government priorities and progress toward workforce strategic goals outlined in *Whakamārama Te Huarahi* (Wille, 2006), the following recommendations are made. Recommendations specific to Māori, Pacific and Asian service provision and workforce are outlined in the National Overview.

Funding

- An increase in funding for infant, child and adolescent/AoD services from 12% to the recommended Blueprint level of 26% of the total mental health spend

Development/Provision of Services

- Given the majority of children and young people are seen in mainstream services, increase dual clinical/cultural competency in services
- Continue development of Early Intervention services at primary level and enhance primary to secondary service pathways

Workforce

- A continued focus on recruitment and retention of the workforce to ensure progress is sustained
- Increase the diversity of the workforce through the development of core competencies, new roles and new ways of working
- Continued investment in the targeted recruitment and retention of workforce across all roles for Māori and other ethnicities

Client Access to Services

- Continue to build on increased access rates and enhanced outcomes

Data Collection

- Broaden national data collection to include data from all services
- Extend data collection to include new developments in the sector (e.g. Primary Mental Health, Inter-Agency Collaborations, Early Intervention, Eating Disorders, Whānau Ora implementation)
- Extend scope of workforce stocktake to include analysis of outcomes data and “snapshot” capture of workforce demographics, career pathways and professions
- Extend scope of service user stocktake to include analysis of outcomes
- Continue to monitor trends to ensure that progress in staffing and services are keeping pace with population increases and moving toward government priorities and Benchmark targets

MĀORI NATIONAL OVERVIEW

MĀORI TAMARIKI & RANGATAHI POPULATION

- Māori are a youthful population. Based on the 2010 population projections, 44% of the Māori population in New Zealand were 0-19 years old. Approximately a quarter (24%) of New Zealand's 0-19 year population was Māori.
- These projections by regions also showed a 1% increase in three out of the four regions (see Table 14).
- A third of the country's Māori infant, children and adolescent population resided in the Northern region (39% resided in Counties Manukau, 24% in Waitemata and 23% in Northland). Auckland continued to have the lowest Māori population in the Northern region (14%).
- The 2008 to 2010 population projections indicated a 1% national increase in the Māori infant, child and adolescent population.
- The Southern region had the lowest percentage of New Zealand's Māori infant, child and adolescent population (13%).
- Projections for 2008 to 2010 indicated a 3% increase for the Southern region. If reached this would be proportionally the largest increase in the Māori population out of the four regions.
- This projected increase in the Māori population was identified in Otago (4% increase) and Canterbury (3% increase) DHB areas (see Appendix A, Table 1).

Table 14. Māori Infant, Child & Adolescent (0-19 yrs) Population (2001-2010)

Region	Year			Total Māori All Ages 2010 ²	% Change (2010-2008)
	2006 ¹	2008 ²	2010 ²		
Northern	83,568	95,160	96,340	221,700	1
Midland	81,954	90,320	90,850	207,300	1
Central	58,299	64,200	64,600	147,900	1
Southern	33,807	36,930	37,880	86,000	3
Total	257,628	286,610	289,670	662,900	1

1. Census Data (Prioritised Ethnicity Statistics)

2. Population Projections (Total Response, Base 2006)

MĀORI TAMARIKI & RANGATAHI MENTAL HEALTH NEEDS

- The Māori population in New Zealand are more likely to come from areas of greater deprivation than non-Māori (Ministry of Health, 2010). Economic deprivation has been linked to a higher incidence of mental health problems (Fortune et al., 2010).
- Higher need for mental health services for Māori children and adolescents has been documented by Fergusson, Poulton, Horwood, Milne & Swain-Campbell (2003) and reiterated by the Adolescent Health Research Group (2004, 2010).

- Māori prevalence rates of mental health disorders were double the rates for non-Māori youth (Fergusson et al., 2003).
- *Youth 2007* results indicated that Māori youth were more likely to report depressive symptoms, suicidal thoughts and attempted suicide than NZ Europeans (Clark et al., 2008).
- The recession in New Zealand (due to the global recession) began in 2008. This resulted in higher than usual unemployment rates (The Treasury, 2010). The unemployment rate increased from 4.2% in December 2008 to 7.3% in December 2009 (Morgan, 2010).
- The Māori unemployment rate increased at much higher rates than the national average. The Māori unemployment rate rose from a record low of 7.9% in 2007 to 12.7% in December 2009 (MSD, 2010).
- The unemployment rate for Māori youth was even higher. In 2009, the Māori 15-24 years unemployment rate was at 25.7% compared to the national average rate for youth (16.6%) (MSD, 2010).
- The increase in the unemployment rate from 2008 to 2009 will further impact the mental health and well-being of those already in high risk groups. This in turn can predict an even greater need for mental health services.

FUNDING & PROVISION OF SERVICES FOR MĀORI TAMARIKI & RANGATAHI

- Of the 20 DHBs that provide specialist infant, child and mental health/AoD services, only five received specific Kaupapa Māori infant, child and adolescent funding (Purchase Unit Code: MHCS39). These Kaupapa Māori services/teams operate within the following DHBs:
 - Northern Region: Counties Manukau DHB (*He Kākano, Child & Adolescent Kaupapa Māori Mental Health Team*)
 - Midland Region: Bay of Plenty DHB
 - Central Region: Wairarapa, Hutt and Capital & Coast (*Te Whare Marie, Specialist Māori Mental Health Services*) DHBs
- In Waitemata DHB, Māori children, adolescents and their families have access to two Māori mental health services, *MOKO Māori Mental Health Service* and *Te Atea Marino Regional Māori Alcohol & Drug Service*. However, these services do not receive specific child and youth kaupapa Māori funding and are under adult or AoD funding.
- Where specific DHB Kaupapa Māori mental health/AoD services are not available, most DHBs fund local NGOs to provide these services.
- Of the 83 NGOs that were identified by the 2010 workforce *Stocktake*, 20 were funded to provide specific child and adolescent Kaupapa Māori mental health/AoD services. One operated in the Northern region, 14 in Midland, one in Central and four in the Southern region.
- Māori tamariki and rangatahi are also able to access other DHB funded mainstream child and adolescent mental health/AoD, peer-support and advocacy services.
- From 2008 to 2010, while total funding for infant child and adolescent mental health/AoD had increased by 16%, the specific funding for Kaupapa Māori services had decreased by 11% (see Table 3).

MĀORI INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

- In 2010, the total Māori infant, child and adolescent mental health/AoD workforce (DHB Inpatient & Community CAMHS & NGOs) equated to 265 Māori staff. They made up 18% of the total workforce (1,436 head count).
- From 2008 to 2010, there was a 9% decrease in the Māori workforce (from 291 to 265).
- The overall decrease in the Māori workforce was seen in the Clinical workforce by 12% (from 155 to 137).
- The decrease in the workforce was largely seen in the Central (from 85 to 63) and the Midland regions (95 to 83) (see Table 15).
- The largest Māori workforce was reported in the Midland region (83) and followed by Northern region (81).
- There were more Māori employed in NGOs than DHB services (see Table 15).
- Māori were largely employed as Mental Health Support Workers, Alcohol and Drug Workers, Social Workers and Cultural workers (see Table 15).
- While three out of the four regions reported a decrease in the Māori workforce, the Northern region reported a 14% increase from 71 to 81 (see Table 15).

Table 15. Total Māori Infant, Child & Adolescent Mental Health/AoD Workforce (Headcount, 2004-2010)

Region	DHB ¹				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Northern	44	39	48	53	14	32	23	28	58	71	71	81
Midland	18	34	27	25	61	69	68	58	79	103	95	83
Central	29	43	46	37	13	16	39	26	42	59	85	63
Southern	13	11	12	16	33	27	28	22	46	38	40	38
Total	104	127	133	131	121	144	158	134	225	271	291	265

1. Includes Inpatient Services

DHB Inpatient Māori Infant, Child & Adolescent Mental Health Workforce

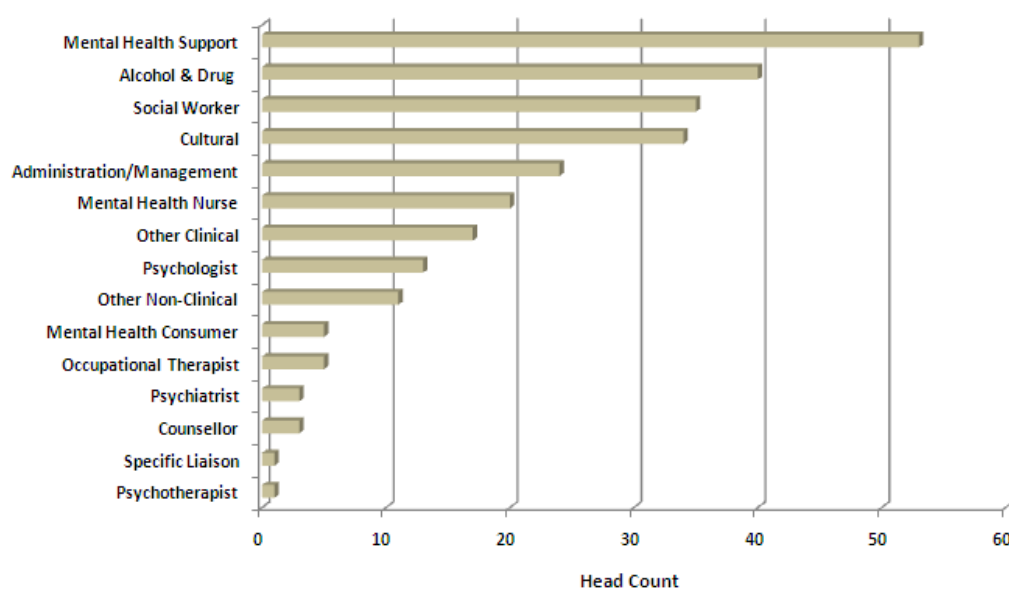
- In 2010, DHB Inpatient services reported a total of 11 Māori staff (See Table 16).
- Two of the three Inpatient services, Auckland (6) and Capital & Coast (5) reported a Māori workforce in 2010.
- The Māori Inpatient workforce was mainly in Non-Clinical (support for clients) roles as Mental Health Support Workers (4) and Cultural Workers (3).
- There were only four Māori staff in Clinical roles as Mental Health Nurses (2); Psychiatrist (1) and a Social Worker (1) (see Table 16).
- From 2008 to 2010, the Inpatient services reported a decrease of 12 Māori staff. This decrease was seen in both the Clinical and Non-Clinical workforces.

- Capital & Coast Inpatient Unit reported the largest decrease followed by the Canterbury DHB (6) Inpatient service (4).

Table 16. Total Māori Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

Occupational Group	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	11	11	29	40
Counsellor	-	1	1	2	3
Mental Health Nurse	2	10	12	8	20
Occupational Therapist	-	4	4	1	5
Psychiatrist	1	2	3	-	3
Psychotherapist	-	1	1	-	1
Psychologist	-	12	12	1	13
Social Worker	1	16	17	18	35
Other Clinical Appointment	-	3	3	14	17
Clinical Sub-Total	4	60	64	73	137
Cultural Appointment	3	28	31	3	34
Specific Liaison	-	1	1	-	1
Mental Health Consumer Advisor	-	4	4	1	5
Mental Health Support Worker	4	3	7	46	53
Other Non-Clinical Support for Clients	-	5	5	6	11
Non-Clinical Support for Clients Sub-Total	7	41	48	56	104
Administration/Management	-	19	19	5	24
Regional Total	11	120	131	134	265

Figure 9. Total Māori Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)



DHB Community Māori Infant, Child & Adolescent Mental Health/AoD Workforce

- In 2010, the DHB Community CAMH/AoD services reported a total of 120 Māori staff (see Table 16).
- The Northern region reported the largest Māori DHB Community workforce (47) followed by Central (32), Midland (25) and Southern (16) regions.
- The Māori workforce in the DHB Community services was mainly in Clinical roles as Social Workers (16), Psychologists (12), Alcohol and Drug Workers (11) and Mental Health Nurses (10) (see Table 16).
- The Māori Non-Clinical workforce were mainly Cultural workers (28) (see Table 16).
- From 2008 to 2010, the DHB Community services reported an increase of 10 Māori staff.
- This increase was seen in the Southern (8) and the Northern (7) regions.
- DHB Community services in the Midland and Central regions reported decreases in the Māori workforce.

NGO Māori Infant, Child & Adolescent Mental Health/AoD Workforce

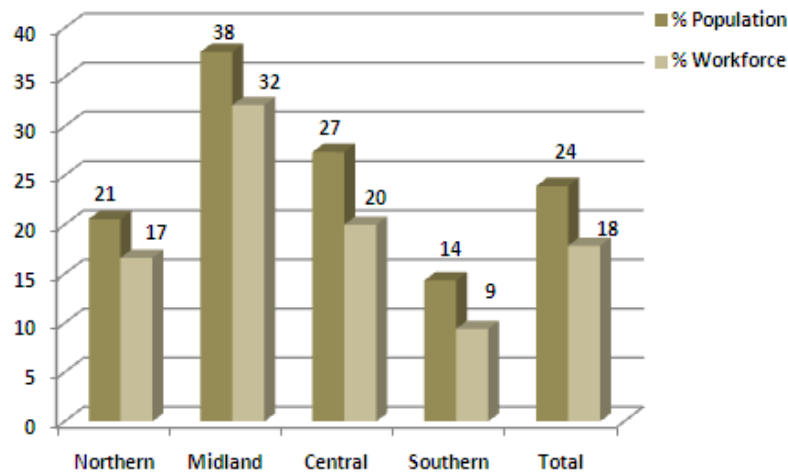
Please note: The total 2010 NGO Māori workforce is underestimated due to missing workforce data from a large NGO provider in the Midland region.

- In 2010, DHB-funded NGOs reported a total of 134 Māori staff (see Table 16).
- The Midland region NGOs reported the largest Māori workforce (58) followed by the Northern (28) Central (26) and Southern (22) regions.
- The NGO Māori workforce was mainly in Non-Clinical roles as Mental Health Support Workers (46) (see Table 16).
- Māori NGO Clinical staff was mainly Alcohol and Drug Workers (29) and Social Workers (18).
- From 2008 to 2010, there was a 15% decrease in the NGO Māori workforce from 158 to 134 Māori staff.
- This decrease was reported in Midland, Central and Southern regions.
- The overall decrease in the NGO Māori workforce was largely seen in the Non-Clinical workforce with some decreases seen in the Clinical workforce.
- However, the Northern region reported an increase of five Māori staff.

Workforce & Population Comparisons

- Based on the 2010 population projections, the Māori 0-19 year population made up approximately 24% of the total infant, child and adolescent population while the Māori workforce (241, excluding Admin/Management staff) made up only 18% of the total workforce (1,349 Headcount) (see Figure 10).
- The largest disparity between the population and the workforce was seen in the Central region, followed by the Midland region (see Figure 10).

Figure 10. Māori Population & Workforce Comparisons by Region (2010)



Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to the MHC's Blueprint Resource Guidelines

Since there are no specific MHC Blueprint Resource Guidelines for the Māori Community Clinical workforce, the recommended Māori Clinical Resource Guidelines presented in this report were estimated from the MHC's Blueprint Resource Guidelines for the general 0-19 year population.

- When the guidelines were calculated for the 2010 Māori 0-19 years proportion of the population, the recommended Māori Resource Guideline for the Community Clinical workforce was estimated at 292.8 FTEs (see Table 17).
- In 2010, the total Māori Community Clinical workforce equated to 121.4 actual FTEs (see Table 17).
- From 2008 to 2010, there was an 8% decrease in the total Māori Community Clinical workforce (see Table 17).
- Therefore, the Māori Community Clinical workforce had moved away from Blueprint levels and required a significant increase of 171.4 FTEs to meet the MHC's national recommended guideline for 2010 (see Table 17).

Table 17. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)

Year	Māori Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed
2006 ¹	106.3	254.1	147.8
2008 ²	131.8	288.6	156.9
2010 ²	121.4	292.8	171.4

1. 2006 Census (Prioritised Ethnicity)

2. 2008/2010 Population Projections (Base 2006, Total Response, Medium Projections)

3. Includes DHB Community CAMH/AoD Services & NGOs

4. Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional 0-19 Pacific population (MHC, 1998a).

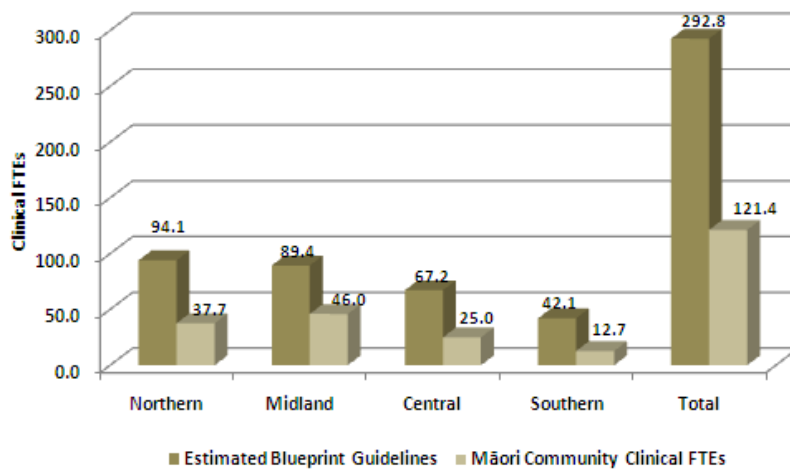
- The largest increase in the Māori Community Clinical workforce was required in the Northern region (see Table 18 & Figure 10).

Table 18. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines by Region (2010)

Region	Māori Community Clinical FTEs ¹	Blueprint Guidelines ²	FTEs Needed
Northern	37.7	94.1	56.4
Midland	46.0	89.4	43.4
Central	25.0	67.2	42.2
Southern	12.7	42.1	29.4
Total	121.4	292.8	171.4

1. Includes DHB Community CAMH/AoD Services & NGOs
2. Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional 0-19 Pacific population (2010 Population Projections, Base 2006).

Figure 10. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines by Region (2010)



TAMARIKI & RANGATAHI CLIENT ACCESS TO SERVICES

Due to the lack of epidemiological data, Blueprint Access benchmarks for Māori were set at 6% over a 6 month period, 3% higher than the general population due to a higher need for mental health services (MHC, 1998).

- From 2007 to 2009, there was a 38% increase in Māori clients with the largest increases in the Northern (61%) and Southern (35%) regions (see Table 19).
- In the second half of 2009, Māori pepe, tamariki and rangatahi made up 26% of the total clients accessing mental health/AoD services (5,179/19,753).
- There were more Māori males (3,248, 63%) accessing services than females (1,931, 37%).

- DHB Service Use data for the second half of 2009 showed that most Māori tamariki and rangatahi accessed mainstream mental health services (86%) compared to Kaupapa Māori services (14%) (Appendix D, see Table 6).

Table 19. Māori Tamariki & Rangatahi Clients by Region (2004-2009)

Region	Year					
	2004	2005	2006	2007	2008	2009
Northern	8,33	1,018	1,303	1,398	1,754	2,245
Midland	798	853	926	1028	1,166	1,198
Central	693	662	694	760	850	980
Southern	347	342	567	580	714	756
Total	2,671	2,875	3,490	3,766	4,484	5,179

Note: Data is for the 2nd 6 months of each year

- From 2004 to 2009, Māori access rates have showed an increasing trend (see Table 20 & Figure 11).
- From 2007 to 2009, Māori access rates increased from 1.32% to 1.76%, which was higher than the national average access rate of 1.49% (see Table 20 & Figure 11).
- Access rates by region showed that the Northern region had the highest Māori 0-19 years access rates in the country for the second six months of 2009 (see Table 21).

Table 20. Māori Tamariki & Rangatahi Client Access Rates by Age Group (2004-2009)

Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%/6.0%
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	0.45%	1.86%	3.68%	1.56%
2009	0.47%	2.10%	4.38%	1.76%
National Rate 2009	0.53%	1.81%	2.95%	1.49%

Note: Data is for the 2nd 6 months of each year

Figure 11. Māori 0-19 yrs Access Rates compared to Total Client Access Rates (2004-2009)

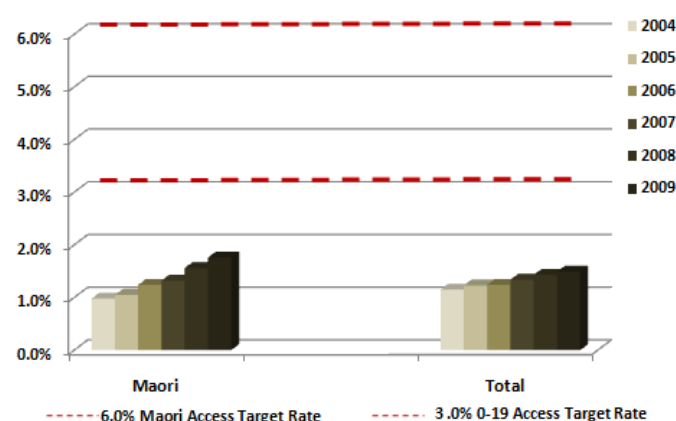


Table 21. Māori Access Rates by Age Group & Region (2009)

Region	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.00%	3.90%	5.50%	3.00%
Northern	0.45%	2.64%	6.24%	2.28%
Midland	0.38%	1.72%	2.92%	1.30%
Central	0.52%	1.84%	3.39%	1.50%
Southern	0.62%	2.15%	4.87%	1.97%
National Māori Access Rate	0.47%	2.10%	4.38%	1.76%

Note: Data is for the 2nd 6 months of 2009

SUMMARY

Almost half of the Māori population is between 0-19 years of age. They experience lower socioeconomic status and have double the prevalence rates of mental health disorder than the general population (Fergusson et al., 2003; Clark et al., 2008). Regions with large populations of Māori pepe, tamariki and rangatahi such as the Northern, Midland and parts of the Central region (Hawke's Bay & Whanganui) should anticipate continued demand on services.

Provision of Services for Māori Pepe, Tamariki & Rangatahi

From 2008 to 2010, some progress can be seen in funding and in the number and types of secondary and tertiary mental health/AoD services that are available to Māori tamariki, rangatahi and their whānau nationally. However, there continues to be a limited number of Māori mental health/AoD services available to Māori especially in the Northern region.

Māori Infant, Child & Adolescent Mental Health/AoD Workforce

While the *Stocktake* data from 2004 to 2008 showed an increasing trend in the Māori workforce, the 2008 to 2010 workforce data showed a decrease of 9%. This has created greater disparities between the tamariki and rangatahi population and the Māori workforce serving them. This decrease was seen in the NGO sector. A reduction in the number of DHB funded NGO contracts for the same time period especially in the Midland region could account for this decrease.

The decrease in the Māori workforce is associated with further shortages in the Māori Clinical workforce. According to the Blueprint Resource Guideline for the Māori workforce, the Clinical workforce would need to more than double in order to serve the needs of Māori tamariki and rangatahi. The largest increase is required in the Northern region.

Māori Tamariki & Rangatahi Access to Services

While Māori tamariki and rangatahi access rates have increased from 2004 to 2009, they have yet to reach either 3% (recommended for the general 0-19 years population) or the 6% target rate (MHC, 1998) recommended for Māori.

While Māori pepe, tamariki and rangatahi are accessing services more than any other ethnic group, access rates have not increased at a rate that is comparable to need.

One factor that could account for some of the low access data for Māori clients is the missing data from the NGO sector.

Additionally, such low access rates for Māori could also be attributed to the lack of specific kaupapa Māori services and shortages in the Māori workforce (lack of Māori Clinical staff).

The *Youth2007* data on Māori high school students (Clark et al., 2008), identified that more Māori than NZ European youth reported problems with accessing health care and were more likely to identify barriers to accessing health care. The barriers reported by the Māori students were:

- Didn't want to make a fuss
- Couldn't be bothered
- Too scared
- Worried it wouldn't be kept private
- Cost too much
- Couldn't get an appointment
- Had no transport

RECOMMENDATIONS

In light of these 2010 *Stocktake* findings and to ensure alignment to current government priorities (Ministry of Health, 2007; 2008; 2010) and progress toward workforce strategic goals outlined in *Whakamārama Te Huarahi* (Wille, 2006), the following recommendations support improvements in the mental health outcomes for all Māori pepe, tamariki and rangatahi:

- Increase the number of kaupapa Māori mental health/AoD services
- Given that Māori largely access mainstream services, increase the dual competency of mainstream services to be clinically and culturally competent
- Develop early intervention strategies and services (infant health/mental health) for Māori in secondary and primary care settings as early intervention and earlier access to services are essential for Māori (Ministry of Health, 2008)
- Increase the Māori ICAMH workforce through enhanced training and career pathways into mental health/AoD
- Retain and develop the existing Māori mental health/AoD workforce by increasing the diversity of the Māori workforce in all parts of the sector through new roles and new ways of working
- In consultation with tangata whaiora, identify effective strategies to increase Māori access rates
- Extend data collection to include new developments in the sector (e.g. Primary Mental Health, Inter-Agency Collaborations, Early Intervention, Whānau Ora implementation)
- Strengthen national data collection (PRIMHD) to include data from a

PACIFIC NATIONAL OVERVIEW

INFANT, CHILD & ADOLESCENT POPULATION

- The Pacific population in New Zealand includes a culturally diverse group made up of 22 different ethnic groups. The largest Pacific groups are Samoan, Cook Islands Māori, Tongan, Niuean, Fijian and Tokelauan (Statistics New Zealand, 2010).
- The Pacific population of New Zealand is a youthful population compared to the total New Zealand population. Based on the 2010 projections, 41% of the Pacific population in New Zealand were 0-19 years old (see Table 22).
- In 2010, Pacific infants, children and adolescents made up 10% of New Zealand's total 0-19 years population.
- The majority of New Zealand's Pacific infants, children and adolescents resided in the Northern region (73%). Over half of the Northern region's Pacific population resided in Counties Manukau (55%).
- While there was a 15% increase in Pacific infants, children and adolescents from the 2006 Census to 2008, the 2008 to 2010 projections indicated a 2% national increase in the population (see Table 22).
- These projections indicated a 3% growth in the Northern region with a 4% increase in both Waitemata and Counties Manukau where most of the Pacific infant, children and adolescents already resided.
- Projections for Midland and Central region Pacific populations showed very little change while the Southern region projections showed a decrease in the Pacific population by 1.5% (see Table 22).

Table 22. Pacific Infant, Child & Adolescent (0-19 yrs) Population (2001-2010)

Region	Year			Pacific All Ages 2010 ²	% Change (2010-2008)
	2006 ¹	2008 ²	2010 ²		
Northern	70,584	82,140	84,510	200,650	3.0
Midland	5,733	6,480	6,500	16,070	0.3
Central	15,633	17,365	17,355	44,560	-0.1
Southern	6,345	7,445	7,335	17,730	-1.5
Total	98,295	113,430	115,700	279,010	2.0

1. Census Data (Prioritised Ethnicity Statistics)

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

PACIFIC MENTAL HEALTH NEEDS

- Pacific populations in New Zealand experience higher socio-economic deprivation than the general population (Statistics New Zealand, 2002).
- Pacific people experience mental health disorder at higher levels than the general population and NZ-born Pacific people are bearing a higher burden of mental illness. They have a 31% 12-month prevalence rate compared to 15% for Pacific migrants (Ministry of Health, 2006).

- For Pacific Peoples, the leading cause of mortality is injury which is largely attributable to suicide. There are also higher rates mental health admissions for schizophrenia and schizotypal/delusional disorders (Mila-Schaaf, 2008).
- The effects of the global and NZ recession can also be seen to impact differentially on Pacific Peoples. The recession in NZ began in 2008 resulting in higher than usual unemployment rates (The Treasury, 2010). The general unemployment rate increased from 4.2% in December 2008 to 7.3% in December 2009 (Morgan, 2010). The Pacific unemployment rate increased to much higher rates, rising from 7.4% in December 2008 to 13.4% in December 2009. This was the highest for all ethnic groups (MSD, 2010).
- The unemployment rate for Pacific youth was even higher. In 2009, the Pacific 15-24 years unemployment rate was at 27.8%, highest for all ethnic groups (Māori 25.7%; European 14.1%; Asian & Other 17%) (MSD, 2010).
- The significant and rapid increase in unemployment rates during the recession will further negatively impact on the mental health and well-being of those already in high risk groups. This in turn is likely to lead to increased demand for mental health services.
- Younger Pacific people, 16-24 year olds, are more likely to experience a mental health disorder that is classified as serious compared with older Pacific people (Mila-Schaaf, Robinson, Schaaf, Denny & Watson, 2008).
- The *Youth2007* study on 1,190 Pacific high school students indicated that while there was no significant difference in reported depressive symptoms between Pacific (11%) and NZ European students (9%), more Pacific students than NZ European students were likely to have attempted suicide (Helu et al., 2009).
- More Pacific students reported sexual abuse than NZ European students. Reported sexual abuse was higher in female students than males with significantly more Pacific female students (25%) reporting sexual abuse compared to NZ European female students (16%) (Helu et al., 2009).
- Rates of smoking and using marijuana were also higher in Pacific students (12%) than NZ European students (8%) (Helu et al., 2009).
- These economic and generational factors for Pasifika infants, children and adolescents strongly signal the need to improve mental health outcomes for Pacific children and young people as a key priority.

FUNDING & SERVICE PROVISION FOR PACIFIC INFANTS, CHILDREN & ADOLESCENTS

- In New Zealand, Pacific infants, children and adolescents and their families have access to both mainstream and Pacific CAMH/AoD services. Of the 20 DHBs that currently provide specialist CAMH/AoD services, only two are providing a total of two dedicated Pacific services for the 0-19 year age group. These Pacific services/teams operate in the following regions and DHBs:
 - Northern Region:
 - Counties Manukau DHB: *Vaka Toa Pacific Adolescent Team*
 - Central Region:
 - Capital & Coast DHB: *Health Pasifika Child Adolescent & Family Services*
- In Waitemata DHB, Pacific infants, children, adolescents and their families have access to two Pacific mental health services, *Isa Lei Pacific Mental Health Service* and *Tupu Pacific Regional Alcohol & Drug Service* which are funded under adult services.

- Where specific DHB Pacific mental health/AoD services are not available, most DHBs fund their local NGOs to provide such services.
- Of the 83 NGOs that were identified for the 2010 *Stocktake*, only three were dedicated Pacific services in the following regions and DHB areas:
 - Northern Region: Counties Manukau DHB: *Penina Trust*
 - Central Region: Capital & Coast DHB: *Taeaomanino Trust*
 - Southern Region: Canterbury DHB: *Pacific Trust Canterbury*
- Pacific infants, children and adolescents are also able to access other DHB funded mainstream child and adolescent mental health/AoD, peer-support and advocacy services.
- Given that 96% of the Pacific population are enrolled in PHOs (Ministry of Health, 2004), primary health care organisations have a key role in improving the mental health status of Pacific people.

PACIFIC INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

- In 2010, the total Pacific infant, child and adolescent mental health/AoD workforce (DHB Inpatient & Community CAMHS & NGOs) equated to 93 Pacific staff which made up 6% of the total workforce (1,436 headcount) (see Table 23).
- From 2008 to 2010, there was a 26% increase in the Pacific workforce and this increase was in seen in DHB services (see Table 23).
- The overall increase in the Pacific workforce was seen in the Pacific Clinical workforce.
- The majority of the Pacific workforce (61%, 57 head count) was employed in DHB services (see Table 23).
- The Pacific workforce were largely employed as Mental Health Support Workers, Alcohol and Drug Workers and Social Workers (see Table 23 & Figure 12)
- The largest Pacific workforce was reported in the Northern region (52) followed by the Central region (23) (see Table 23).
- The Northern region reported the largest increase in the Pacific workforce (see Table 23)

Table 23. Total Pacific Infant, Child & Adolescent Mental Health/AoD Workforce (Headcount, 2004-2010)

Region	DHB ¹				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Northern	25	18	29	35	1	9	9	17	26	27	38	52
Midland	4	4	1	2	18	5	7	6	22	9	8	8
Central	4	7	14	19	1	8	6	4	5	15	20	23
Southern	1	0	0	1	7	12	8	9	8	12	8	10
Total	34	29	44	57	27	34	30	36	61	63	74	93

1. Includes Inpatient Services

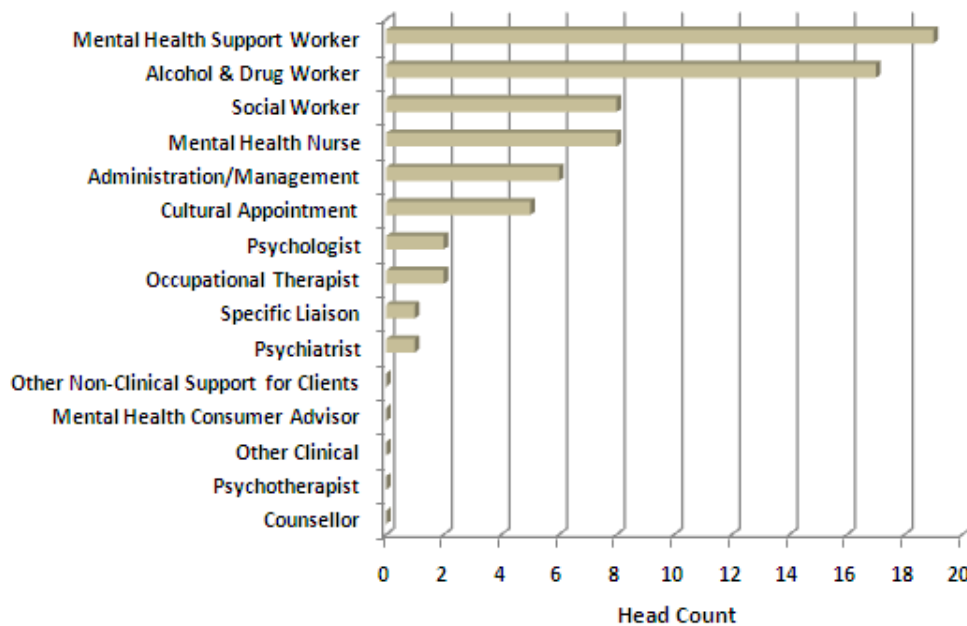
DHB Inpatient Pacific Infant, Child & Adolescent Mental Health Workforce

- In 2010, DHB Inpatient services reported a total of 15 Pacific staff (see Table 24).
- Two of the three Inpatient services, Auckland (5) and Capital & Coast (10) reported Pacific workforces.
- The Pacific Inpatient workforce was mainly in Non-Clinical (support for clients) roles as Mental Health Support Workers (8) (see Table 24).
- The Pacific Non-Clinical workforce was Mental Health Nurses (3) (see Table 24).
- From 2008 to 2010, the Capital & Coast Inpatient service reported an increase of 5 Pacific staff. The Pacific workforce in this service had doubled since 2008. This increase was seen in the Non-Clinical workforce.

Table 24. Total Pacific Infant, Child & Adolescent Mental Health/AoD Workforce (Headcount, 2010)

Occupational Group	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	7	7	11	18
Counsellor	-	-	-	-	-
Mental Health Nurse	3	6	9	3	12
Occupational Therapist	-	2	2	-	2
Psychiatrist	-	1	1	-	1
Psychotherapist	-	-	-	-	-
Psychologist	-	3	3	-	3
Social Worker	1	9	10	3	13
Other Clinical Appointment	-	1	1	-	1
Clinical Sub-Total	4	29	33	17	50
Cultural Appointment	1	6	7	-	7
Specific Liaison	-	1	1	-	1
Mental Health Consumer Advisor	1	-	1	-	1
Mental Health Support Worker	8	-	8	16	24
Other Non-Clinical Support for Clients	1	-	1	-	1
Non-Clinical Support for Clients Sub-Total	11	7	18	16	34
Administration/Management	-	6	6	3	9
Regional Total	15	42	57	36	93

Figure 12. Total Pacific Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)



DHB Community Pacific Infant, Child & Adolescent Mental Health/AoD Workforce

- In 2010, DHB Community CAMH/AoD services reported a total of 42 Pacific staff (see Table 24).
- From 2008 to 2010, there was an increase of 8 Pacific Staff reported by the DHB Community services.
- The Pacific DHB Community workforce was mainly in Clinical roles as Social Workers (9) Alcohol and Drug Workers (7) and Mental Health Nurses (6) (see Table 24).
- Pacific Non-Clinical staff were mainly Cultural workers (6) (see Table 24).
- The increase in Pacific staff was largely in the Clinical workforce from 17 to 21
- This increase was reported by services in the Northern region from 24 to 30.
- The Northern region (30) reported the largest Pacific DHB Community workforce followed by the Central (9) and Midland (2) regions. There was only one Pacific staff reported by the Southern region.

NGO Pacific Infant, Child & Adolescent Mental Health/AoD Workforce

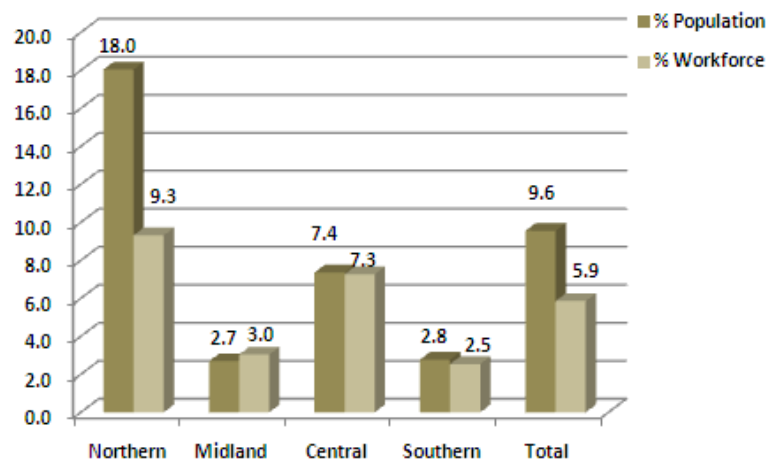
- In 2010, DHB Funded NGOs reported a total of 36 Pacific staff (see Table 24).
- From 2008 to 2010, there was an increase of 6 Pacific staff reported by the NGO sector.
- The increase in Pacific staff was largely seen in Clinical roles from 12 to 17.
- This increase was largely reported by the NGOs in the Northern region from 2 to 8.
- The Northern region (17) reported the largest NGO Pacific workforce followed by the Southern (9), Midland (6) and Central (4) regions.
- Pacific NGO staff were mainly in Non-Clinical roles as Mental Health Support Workers (16) (see Table 24).

- Pacific staff in Clinical roles were mainly Alcohol and Drug Workers (11) Mental Health Nurses (3) and Social Workers (3) (see Table 24).

Workforce & Population Comparisons

- Based on the 2010 projected population, the Pacific 0-19 year population made up approximately 10% of the total infant, child and adolescent population while the Pacific workforce (79, excluding Administration/Management) made up 6% of the total workforce (1,349 Headcount) (see Figure 13).
- Despite a growth in the Pacific workforce, it was not large enough to address the significant disparities that exist between the size of the Pacific workforce and the national and regional populations they serve.
- The largest disparity between the workforce and the population was seen in the Northern region (see Figure 13).

Figure 13. Pacific Workforce & Population Comparisons by Region (2010)



Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to the MHC's Blueprint Resource Guidelines

Since there are no specific MHC Blueprint Resource Guidelines for the Pacific Community Clinical workforce, the recommended Pacific Clinical Resource Guidelines were estimated from the MHC's Blueprint Resource Guidelines for the general 0-19 year population.

- When the guidelines were calculated for the 2010 Pacific 0-19 years proportion of the population, the estimated Pacific Resource Guideline for the Community Clinical workforce was 119.2 FTEs (see Table 25).
- In 2010, DHB CAMH/AoD and NGOs reported a total Pacific Clinical workforce of 42.6 actual FTEs (see Table 25).
- From 2008 to 2010, there was a 25% increase in the Pacific Community Clinical workforce. Despite this growth, a very significant increase is still required (76.6 FTEs) to meet the MHC's national recommended guideline for 2010 (see Table 25).

Table 25. Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)

Year	Pacific Community Clinical FTEs ³	Estimated Blueprint Guidelines ⁴	FTEs Needed
2006 ¹	25.7	96.9	71.2
2008 ²	33.95	114.2	80.3
2010 ²	42.6	119.2	76.6

1. 2006 Census (Prioritised Ethnicity)
2. 2008/2010 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional 0-19 Pacific population (MHC, 1998a).

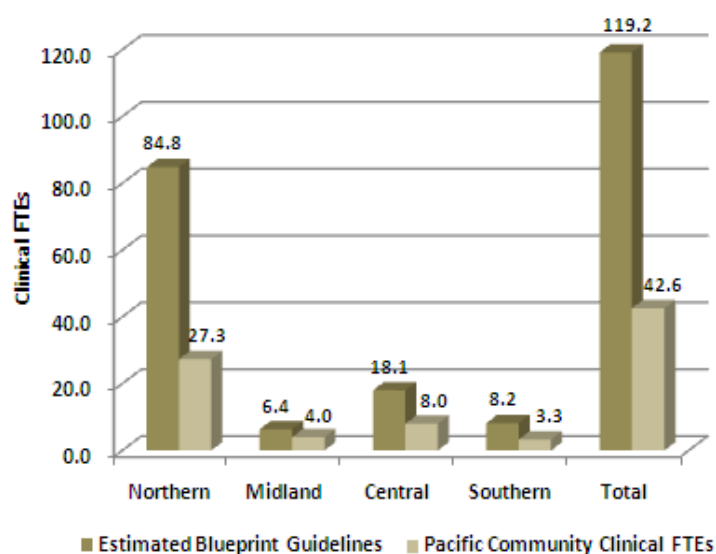
- A significant increase in the Pacific Community Clinical workforce is required in the Northern region (see Table 26 & Figure 14).

Table 26. Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines by Region (2010)

Region	Pacific Community Clinical FTEs ¹	Estimated Blueprint Guidelines ²	FTEs Needed
Northern	27.30	84.8	57.5
Midland	4.00	6.4	2.4
Central	8.00	18.1	10.1
Southern	3.30	8.2	4.9
Total	42.6	119.2	76.6

1. Includes DHB Community CAMH/AoD Services & NGOs
2. Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional 0-19 Pacific population (2010 Population Projections, Base 2006).

Figure 14. Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines by Region (2010)



PACIFIC ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

- In the second half of 2009, Pacific infants, children and adolescents made up 6% of the total clients accessing infant, child and adolescent mental health/AoD services (1,156/19,753).
- From 2007 to 2009, there was a 51% increase in Pacific clients (see Table 27).
- The largest increase in Pacific clients was in the Northern (64%) followed by the Central region (37%) (see Table 27).
- There were more Pacific males (64%, 3,248 clients) accessing services than females (36%, 414 clients).

Table 27. Pacific 0-19 yrs Clients by Region (2004-2009)

Region	Year					
	2004	2005	2006	2007	2008	2009
Northern	278	371	515	565	826	924
Midland	26	27	19	39	38	29
Central	66	71	102	97	35	133
Southern	36	48	50	67	67	70
Total	406	517	686	768	1,035	1,156

Note: Data is for the 2nd 6 months of each year

- DHB Service Use data in the second half of 2009 showed that the majority of Pacific clients had accessed mainstream mental health services (73%) compared to Pacific Island Teams/Services (2%) (see Appendix D, Table 6).
- From 2007 to 2009, PRIMHD data indicated a steady increase in the National Pacific access rates in all three age groups and in all regions (see Tables 28 & 29 & Figure 15).
- In the second half of 2009, the Northern region had the highest Pacific access rate for the total 0-19 Pacific population (1.08%). This was followed by the Southern region (0.94%) (see Table 29).
- While Pacific access rates have increased over time, they have not increased at a rate that is comparable to need. Access to services remains significantly below the MHC's Blueprint access targets for all age groups and all regions (see Tables 28 & 29).

Table 28. Pacific Access Rates by Age Group (2004-2009)

Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%
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	0.23%	0.96%	2.33%	0.92%
2009	0.19%	1.04%	2.74%	0.99%
National Rate 2009	0.53%	1.81%	2.95%	1.49%

Note: Data is for the 2nd 6 months of each year

Figure 15. Pacific 0-19 yrs Access Rates compared to Total Access Rates (2004-2009)

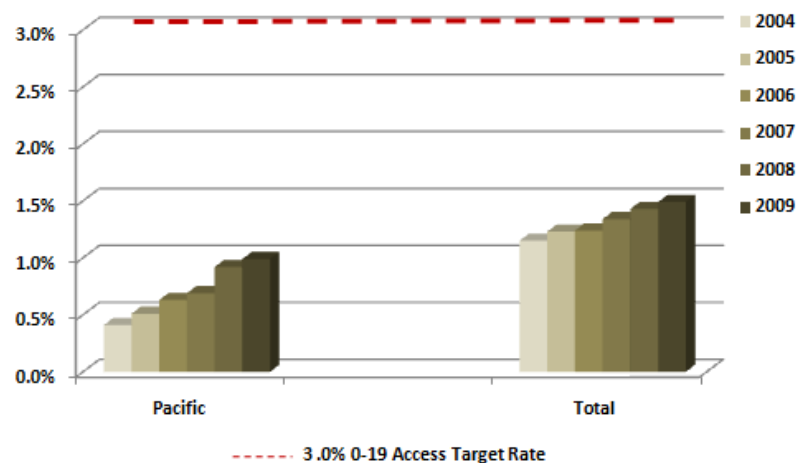


Table 29. Pacific Access Rates by Age Group & Region (2009)

Region	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%
Northern	0.15%	1.12%	3.17%	1.08%
Midland	0.18%	0.79%	0.61%	0.43%
Central	0.30%	0.82%	1.66%	0.74%
Southern	0.35%	0.79%	2.44%	0.94%
National Pacific Access Rate	0.19%	1.04%	2.74%	0.99%

Note: Data is for the 2nd 6 months of 2009

SUMMARY

A large proportion (40%) of the Pacific population is between 0-19 years of age. They experience greater socioeconomic deprivation and have greater mental health needs than the general population. Regions with large populations of Pacific infants, children and adolescents such as the Northern region (Counties Manukau, Auckland & Waitemata) and Central region (Capital & Coast & Hutt Valley) should continue to anticipate higher demand for services.

Provision of Services for Pacific Infants, Children & Adolescents

From 2008 to 2010, some increases can be seen in funding and in the number and types of secondary and tertiary mental health/AoD services that are available to Pacific infants, children and adolescent and their families. However, there continues to be a limited number of Pacific mental health/AoD services available to Pacific consumers especially in areas of highest populations.

In 2010, almost three quarters of the Pacific infant, child and adolescent population resided in the Northern Region (mostly Counties Manukau DHB area). This region had experienced the largest Pacific population growth since 2008. It had one of the largest increases in Pacific clients for the same period. However, there is only one DHB Pacific team at Counties Manukau DHB and one NGO Pacific service (*Penina Trust*) providing dedicated Pacific infant, child and adolescent mental health/AoD services.

Auckland DHB had the second highest Pacific infant, child and adolescent population in the region yet is not providing any Pacific services.

Pacific Infant, Child & Adolescent Mental Health/AoD Workforce

There has been considerable growth in the Pacific workforce. The *Stocktake* data from 2004 to 2010 showed a 26% increase particularly in the Clinical workforce. However the clinical workforce would need to more than double to serve the needs of Pacific infants, children and adolescents. The largest increase in the Clinical workforce is required in the Northern region.

Pacific Access to Services

From 2004 to 2009, MHINC/PRIMHD client access data showed an increasing trend in Pacific access rates to services. However, the overall Pacific access rate of 0.99% in the second half of 2009 has continued to remain significantly below the target access rate of 3.0% in all regions. While the overall Pacific access rate has been compared to the 3% rate recommended by the MHC, the Pacific population experience higher levels of mental health disorder than the general population (Ministry of Health, 2006) and therefore the target access rate of 3% is a conservative estimate of actual need.

While some NGOs are now submitting client data to PRIMHD, data remains incomplete. Therefore Pacific access rates presented in this report only refers to DHB services and could partly explain these low access rates.

Additionally, the lack of services available to Pacific and the lack of culturally and clinically competent staff could also explain why Pacific infant, 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). Even if Pacific People are able to access services, they may not utilise them if these services are not responsive to their cultural norms (Kingi, 2008).

The *Youth2007* data on Pacific high school students (Helu et al., 2009), identified that more Pacific than NZ European youth reported problems with accessing health care and were more likely to identify barriers to accessing health care. These barriers included:

- Didn't want to make a fuss
- Couldn't be bothered
- Too scared
- Worried it wouldn't be kept private
- Had no transport
- Don't know how to

RECOMMENDATIONS

In light of these 2010 *Stocktake* findings and to ensure alignment to current government priorities (Ministry of Health, 2007; 2010) and progress toward workforce strategic goals outlined in *Whakamārama Te Huarahi* (Wille, 2006), the following recommendations are made to improve the mental health outcomes for all Pacific infants, children and adolescents:

- Increase the number of Pacific culturally appropriate mental health/AoD services
- Increase the Pacific workforce numbers through enhanced training and career pathways in mental health/AoD
- Retain and develop the existing Pacific mental health/AoD workforce by increasing the diversity of the Pacific workforce in all parts of the sector through new roles and new ways of working
- Increase the dual competency of mainstream services to be clinically and culturally competent in relationship to the populations they serve
- Develop early intervention strategies and services (infant health/mental health) for Pacific in secondary and primary care settings
- In consultation with Pacific service users, identify effective strategies to increase Pacific access rates
- Extend data collection to include new developments in the sector (e.g. Primary Mental Health, Inter-Agency Collaborations, Early Intervention, Whānau Ora implementation)
- Strengthen national data collection (PRIMHD) to include data from all services

ASIAN NATIONAL OVERVIEW

INFANT, CHILD & ADOLESCENT POPULATION

- While the term 'Asian' is commonly used as a single ethnic category, it actually includes a large number of ethnic groups who are very diverse in culture, language, education and migration experiences. New Zealand's 'Asian' population (defined as people from East, South East and South Asia) is made up of over 40 different ethnic groups and the three largest ethnic groups are: Chinese, Indian and Korean (Statistics NZ, 2006). Middle East and Central Asia have been excluded from this group (Rasanathan, Craig & Perkins, 2006).
- The Asian population is the fastest growing population in New Zealand especially in Auckland (Statistics NZ, 2004).
- From 1996 to 2006, the Asian population growth has doubled and this growth has been the largest out of the four main ethnic groups in New Zealand (European, Māori, Pacific & Asian) (Statistics NZ, 2004). This increase was largely due to immigration, increase in international students and the intake of refugee populations.
- Based on the 2010 Asian population projections, the 0-19 years population made up 11% of New Zealand's total infant, child and adolescent population.
- The 2010 Asian 0-19 population was larger than the Pacific population and has become the third largest ethnic population in the country.
- The 2008 to 2010 projections indicated that the Asian population continued to be the fastest growing population out of the four main ethnic groups. The Asian population experienced a 6% growth in the population compared to the growth in the Māori (1%) and Pacific (2%) populations for the same period.
- The majority (70%) of the Asian infant, child and adolescent population resided in the Northern region and 42% of this region's Asian population resided in the Auckland DHB area (see Appendix A, Table 1).
- In addition to the resident Asian population in New Zealand, the number of international Asian students residing in New Zealand needs to be considered. In July 2010, there were 8,591 international fee-paying school students from the Asian region with the majority of the students living in the greater Auckland region (Ministry of Education, 2010).

Table 30. Asian Projected Infant, Child & Adolescent Resident Population (2006-2010)

Region	Year			Asian All Ages 2010 ²	% Change (2010-2008)
	2006 ¹	2008 ²	2010 ²		
Northern	84,080	88,960	94,610	314,920	6
Midland	9,180	10,000	10,570	36,420	6
Central	14,150	14,825	15,390	58,575	4
Southern	12,660	13,850	14,735	53,180	6
Total	120,070	127,635	135,305	463,095	6

1. Census Data (Prioritised Ethnicity Statistics)

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

ASIAN MENTAL HEALTH NEEDS

- The process of immigration can negatively affect a new immigrant's psychological well-being in various ways (Ho, Au, Bedford & Cooper, 2003):
 - Language difficulties can prolong the process of acculturation/integration and prevent new immigrants from acquiring appropriately skilled jobs
 - Despite higher levels of tertiary qualifications, the Asian immigrant population experience high unemployment rates which are double those of the total population. The majority earn less than \$30,000 per annum (Ministry of Health, 2006). High unemployment rates have been linked to a high risk for mental health problems
 - Isolation and disruption of family and support networks impact negatively on mental health
 - For the refugee population, traumatic experiences have long lasting consequences. This population is at higher risk for Post Traumatic Stress Disorder, depression and psychosomatic problems. Refugee youth are a specific vulnerable group within this high risk group.

FUNDING & PROVISION OF SERVICES FOR ASIAN INFANTS, CHILDREN & ADOLESCENTS

- Of the 20 DHBs that provide specialist infant, child and mental health/AoD services, none are specifically funding infant, child and adolescent mental health/AoD services for Asian infants, children and adolescents. Some DHB provider services have Asian mental health teams operating within their existing mental health services or receive specific funding for Migrant and Refugee services:
 - *Migrant & Refugee Mental Health Services*: Northland and Canterbury DHBs.
- There are Asian services that are available to Asian people operating within DHBs which are funded under adult services:
 - Auckland DHB: *Asian Mental Health Team*.
 - Waitemata DHB: *Asian Health Support Services* which includes the *Asian Mental Health Client Coordination and Support Service*.
 - Counties Manukau DHB: *Asian Mental Health Service* which is mainly a coordination service providing advice on available resources, mental health services and links to support groups.
- Where specific DHB mental health/AoD services are not available, most DHBs fund their local NGOs to provide services that can be accessed by Asian people.
- Of the 83 NGOs that were identified for the 2010 workforce *Stocktake*, none received funding to provide specific Asian infant, child and adolescent mental health/AoD services.
- Asian infants, children and adolescents are able to access DHB funded community based mainstream infant, child and adolescent mental health/AoD, peer-support and advocacy services.

ASIAN INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

- In 2010, the total Asian infant, child and adolescent mental health/AoD workforce (DHB Inpatient & Community CAMH/AoD Services & NGOs) equated to 48 Asian staff: 3% of the total workforce (1,436 head count).
- The Asian workforce were largely employed in DHB services (94%, 45/48) and held mainly Clinical roles as Psychiatrists, Social Workers, Psychologists, Mental Health Nurses and Occupational Therapists (see Table 31 & 32 & Figure 15).
- From 2008 to 2010, there was an increase of 14 Asian staff and this increase was largely seen in the Northern region from 21 to 36 (see Table 31).
- The largest Asian workforce was reported in the Northern region (see Table 31)
- The increase in the Asian workforce was seen in the Clinical workforce.

Table 31. Total Asian Infant, Child & Adolescent Mental Health/AoD Workforce (Headcount, 2004-2010)

Region	DHB ¹				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Northern	13	11	18	33	-	7	3	3	13	18	21	36
Midland	4	-	3	5	-	1	-	-	4	1	3	5
Central	3	1	5	6	-	-	-	-	3	1	5	6
Southern	2	1	3	1	1	4	2	-	3	5	5	1
Total	22	13	29	45	1	12	5	3	23	25	34	48

1. Includes Inpatient Services

DHB Inpatient Asian Infant, Child & Adolescent Mental Health Workforce

- In 2010, DHB Inpatient services reported a total of seven Asian staff (see Table 32).
- Two of the three Inpatient services reported Asian workers Auckland (6) and Capital & Coast (1) Inpatient Services.
- The Asian Inpatient workforce largely held Clinical roles as Mental Health Nurses (5) (see Table 32).
- From 2008 to 2010, there was no change in the total Asian Inpatient workforce numbers. However, Auckland DHB reported a loss of one Asian staff and Capital & Coast reported an addition of one since 2008.

DHB Community Asian Infant, Child & Adolescent Mental Health/AoD Workforce

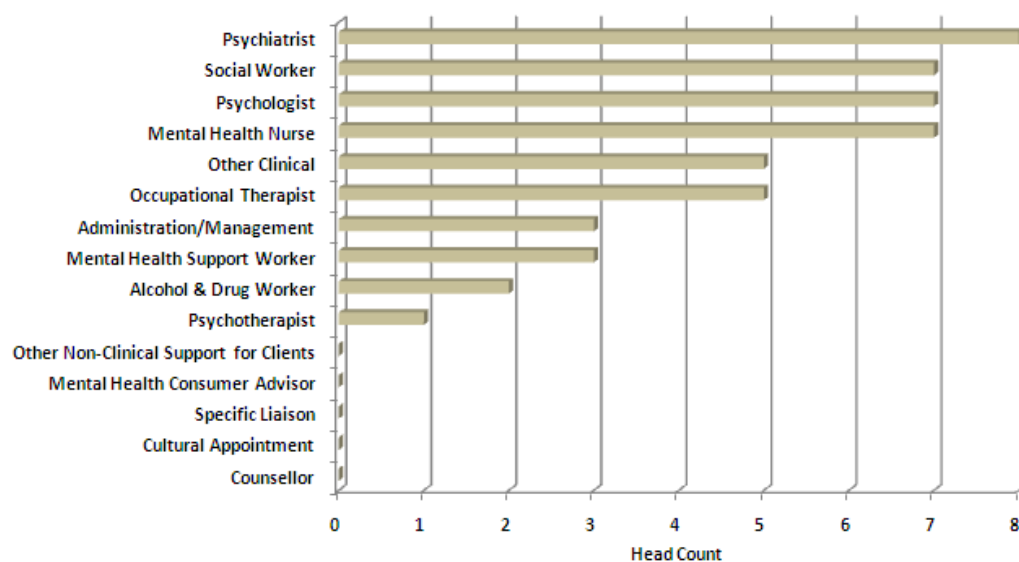
- In 2010, the DHB Community services reported a total of 38 Asian staff (see Table 32).
- From 2008 to 2010, there was an increase of 10 Asian staff.
- The Northern region reported the largest Asian Community workforce (36), followed by Central (5), Midland (5) and Southern (1) regions.
- The Asian DHB Community workforce was largely in Clinical roles as Psychiatrists, Psychologists and Social Workers.

- The Non-Clinical Asian staff were in Mental Health Support and Administration/Management roles (see Table 32).
- An increase was seen in the Northern region Asian Clinical workforce which had more than doubled.
- There was no change in the number of Asian staff in the Central region and a decrease of two Asian staff in the Southern region DHB CAMH/AoD services.

Table 32. Total Asian Infant, Child & Adolescent Mental Health/AoD Workforce (Headcount, 2010)

Occupational Group	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	1	1	1	2
Counsellor	-	-	-	-	-
Mental Health Nurse	5	2	7	-	7
Occupational Therapist	-	5	5	-	5
Psychiatrist	-	8	8	-	8
Psychotherapist	-	1	1	-	1
Psychologist	-	7	7	-	7
Social Worker	-	7	7	-	7
Other Clinical Appointment	1	4	5	-	5
Clinical Sub-Total	6	35	41	1	42
Cultural Appointment	-	-	-	-	-
Specific Liaison	-	-	-	-	-
Mental Health Consumer Advisor	-	-	-	-	-
Mental Health Support Worker	1	-	1	2	3
Non-Clinical Support for Clients Sub-Total	1	-	1	2	3
Administration/Management	-	3	3	-	3
National Total	7	38	45	3	48

Figure 16. Asian Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)



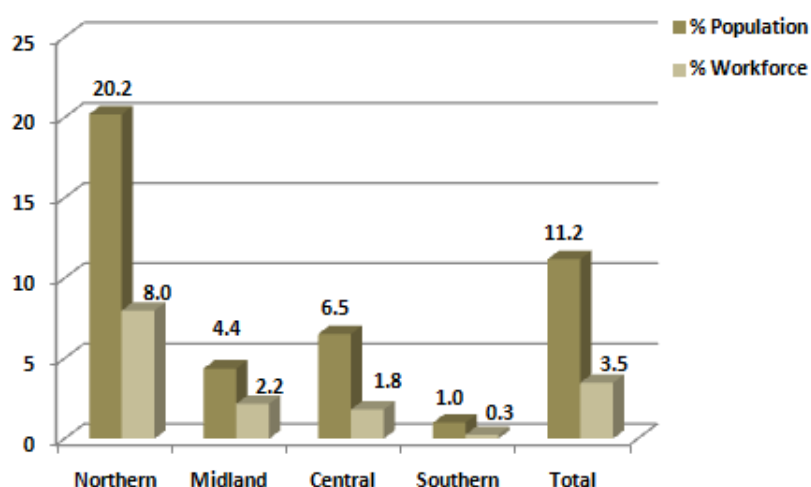
NGO Asian Infant, Child & Adolescent Mental Health/AoD Workforce

- In 2010, DHB funded NGOs reported a total of three Asian staff (see Table 32).
- From 2008 to 2010, there was a decrease of two Asian staff reported by the NGO sector.
- The Asian NGO workforce were mainly in Clinical roles as Psychiatrists, Social Workers, Psychologists and Mental Health Nurses (see Table 32 & Figure 16).
- The Asian NGO Non-Clinical staff were Mental Health Support Workers.
- The Northern region reported the only Asian NGO workforce (3) in the country.

Workforce & Population Comparisons

- Based on the 2010 projected population, the Asian 0-19 year population made up approximately 11% of the total infant, child and adolescent population (135,305/1,210,390) while the Asian workforce (excluding Administration/Management) made up only 4% of the total workforce (47/1,349 Headcount) (see Figure 17).
- This disparity was even more significant in the Northern region where the Asian population made up 20% of the total infant, child and adolescent population (94,610/468,320) while the Asian workforce only made up 8% of the total regional workforce (36/451).

Figure 17. Asian 0-19 yrs Population compared to the Asian Workforce by Region (2010)



ASIAN CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

- In the second half of 2009, Asian infants, children and adolescents made up 3% of the total clients accessing mental health/AoD services (550/19,753) (PRIMHD) (see Table 33).
- There were more Asian males (54%, 296) accessing services than females (46%, 254).
- From 2007 to 2009, there was a 36% increase in Asian clients accessing services.
- The largest number of clients accessing services was in the Northern region (73%).
- The largest increase was seen in the Northern (52%) followed by Central (33%) region.

Table 33. Asian 0-19 yrs Clients by Region (2004-2009)

Region	Year					
	2004	2005	2006	2007	2008	2009
Northern	157	204	247	264	376	402
Midland	20	25	26	27	27	32
Central	41	49	42	45	35	60
Southern	32	46	64	68	52	56
Total	250	324	379	404	490	550

Note: Data is for the 2nd 6 months of each year

- Due to the lack of epidemiological data on the mental health needs of Asian people, the Asian access rates have been compared to the MHC target rates set for the general New Zealand child and adolescent population (MHC, 1998).
- From 2006 to 2009, despite a growth in the Asian population, there has been very little growth in Asian access rates. The Asian access rate had only increased by 0.08% (see Table 34 & Figure 18).
- The Northern region reported the highest Asian access rates (0.50%), followed by the Central Region (0.40%) (see Table 35).
- Access rates for Asian infants, children and adolescents were the lowest out of the three ethnic groups (Māori 1.76%; Pacific 0.99% & Asian 0.46%).
- Asian access rates have remained significantly below the National rates and MHC's target rates for all three age groups in all regions (see Tables 34 & 35 & Figure 18).

Table 34. Asian Access Rates by Age Group (2006-2009)

Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%
2006	0.14%	0.36%	0.74%	0.38%
2007	0.13%	0.34%	0.67%	0.35%
2008	0.16%	0.39%	0.81%	0.42%
2009	0.15%	0.47%	0.92%	0.46%
National Rate 2009	0.53%	1.81%	2.95%	1.49%

Note: Data is for the 2nd 6 months of each year

Figure 18. Asian 0-19 yrs Client Access Rates (2006-2009)

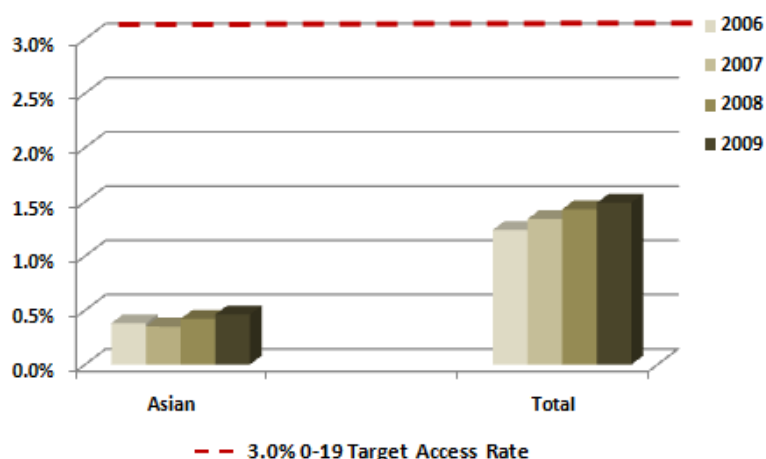


Table 35. Asian Access Rates by Age Group & Region (2009)

Region	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%
Northern	0.16%	0.53%	1.01%	0.50%
Midland	0.08%	0.21%	0.77%	0.31%
Central	0.17%	0.39%	0.83%	0.40%
Southern	0.10%	0.41%	0.69%	0.39%
National Asian Access Rate	0.15%	0.47%	0.92%	0.46%

Note: Data is for the 2nd 6 months of 2009

SUMMARY

Due to the rapid growth in the Asian infant, child and adolescent population as a result of immigration, the Asian population is now the third largest ethnic group in New Zealand.

Most Asian migrants are mentally healthy. However, as a consequence of the immigration process, they may have a higher risk of developing mental health problems (Ho, Au, Bedford & Cooper, 2003). Therefore regions with large populations of Asian infants children and adolescents such as the Northern (Auckland, Counties Manukau & Waitemata), Central (Capital & Coast, Hutt Valley & MidCentral) and Southern (Canterbury) have a high need for mental health services for this population.

Provision of Services for Asian Infants, Children & Adolescents

While some progress can be seen in the number and types of mental health services that are available to the general infant, child and adolescent population, very little progress can be seen in service provision specifically for Asian infants, children and adolescents. Currently, Asian infants, children and adolescents have access to mental health teams within existing mental health services or adult mental health services in some DHBs. However, there are no specifically funded DHB or NGO child and adolescent mental health/AoD services available for the Asian population.

Asian Infant, Child & Adolescent Mental Health/AoD Workforce

The *Stocktake* data from 2004 to 2008 showed an increasing trend in the Asian workforce. However, the growth in the Asian workforce has not kept pace with the rapid growth in the Asian population and significant disparities have continued to exist nationally and regionally. The most significant disparity between the workforce and the population was seen in the Northern region.

Asian Access to Services

While some growth was seen in Asian access rates from 2004 to 2009, Asian access rates have continued to be the lowest out of the three ethnic groups (Māori, Pacific & Asian). The overall Asian access rate of 0.46% in the second half of 2009 remained significantly below the target access rate of 3.0% in all regions. While the Asian access rates have been compared to the target rates recommended by the MHC, there are currently no epidemiological data to suggest that these rates represent the actual need of the Asian population.

The reasons for such low access rates are complex and may in part be attributed to the stigma associated with mental health disorders in Asian cultures. Grappling with an additional language, lack of awareness of existing services; lack of culturally sensitive services; lack of understanding of rights and the New Zealand health system and cultural differences in the assessment and treatment of mental health disorders could also act as barriers to accessing mental health services for the Asian population (Ho, Au, Bedford & Cooper, 2003).

RECOMMENDATIONS

In light of these 2010 *Stocktake* findings and to ensure alignment to current government priorities (Ministry of Health, 2007; 2010) and progress toward workforce strategic goals outlined in *Whakamārama Te Huarahi* (Wille, 2006), the following recommendations are made to improve the health outcomes for all Asian infants, children and adolescents:

- Develop specific culturally appropriate DHB mental health/AoD and community support services for the Asian 0-19 years population
- Develop early intervention strategies and services (infant health/mental health & positive parenting programmes) for Asian people in secondary and primary care settings
- While growing the Asian workforce and establishing Asian mental health services is a long term solution, increasing the cultural competency of mainstream clinicians with the assistance of Non-Clinical staff can be an important short-term strategy (Nayar & Tse, 2006)
- Establish a consultation team of Asian clinicians to clarify diagnosis and to ensure culturally appropriate clinical interventions for the Asian population. This team could also be available to other regions which need assistance while working with Asian clients
- Increase the Asian workforce through enhanced training and career pathways in mental health/AoD
- Retain and develop the existing Asian mental health/AoD workforce by increasing the diversity of the Asian workforce in all parts of the sector through new roles and new ways of working
- Continue to build on increasing Asian access. In order to address some of the barriers to access for Asian clients and their families, services should be encouraged to develop educational materials and professional interpreter services (Ho, Au, Bedford & Cooper, 2003)
- Extend *Stocktake* data collection to include new developments in the sector (e.g. Primary Mental Health, Inter-Agency Collaborations, Early Intervention)
- Strengthen national data collection (PRIMHD) to include data from all services



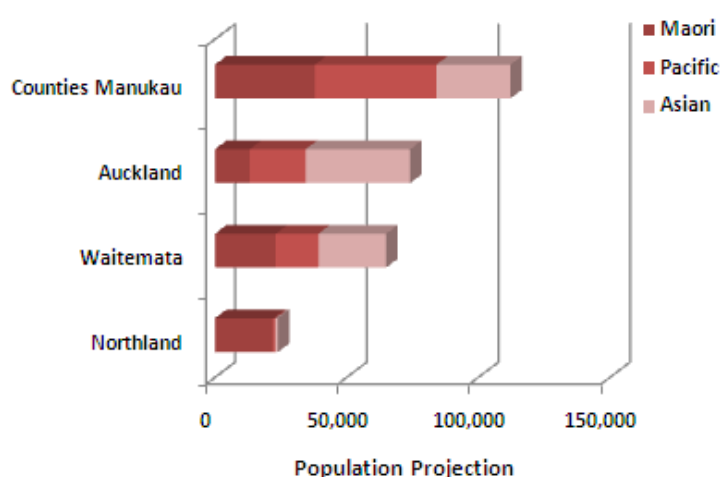
INFANT, CHILD & ADOLESCENT POPULATION PROFILE

Based on the 2010 population projections, the Northern region had New Zealand's largest infant, child and adolescent (0-19 yrs) population (39%).

The 2008 to 2010 population projections (base 2006, total response) indicated a 0.6% increase in the regional population (see Table 1, Appendix 1).

They resided mainly in Counties Manukau (34%) and Waitemata (32%) DHB areas (see Appendix A, Table 1 & Figure 1).

Figure 1. Infant, Child & Adolescent Population Projection (2010)



Māori Infant, Child & Adolescent Population

In 2010, the Northern region had one of the largest Māori infant, child and adolescent populations (a third of New Zealand's Māori infant, child & adolescent population).

While the 2006 to 2008 population projections indicated a 14% increase in the regional Māori population, the 2008 to 2010 population projections indicated a very small increase (1%) (see Appendix A, Table 1).

Māori infants, children and adolescents made up 21% of the Northern region's total 0-19 yrs population.

The largest Māori infant, child and adolescent population in the Northern region resided in Counties Manukau (39%), Waitemata (24%) and Northland (23%) DHB areas (see Appendix A, Table 1).

Pacific Infant, Child & Adolescent Population

The Northern region also had the country's largest Pacific infant, child and adolescent population (73%).

While the 2006 to 2008 population projections indicated a 16% increase in the regional Pacific population, the 2008 to 2010 projections showed a smaller growth (3%) in the region's Pacific infant, child and adolescent population (see Appendix A, Table 1).

Pacific infants, children and adolescents made up 18% of the regions total 0-19 year population.

Over half of the region's Pacific infant, child and adolescent population resided in the Counties Manukau DHB area (55%) (see Appendix A, Table 1).

Asian Infant, Child & Adolescent Population

In 2010, the Northern region had the country's largest Asian infant, child and adolescent population (70%).

Population projections show that the Asian infant, child and population is the fastest growing population out of the four main ethnic groups (Māori, Pacific, Asian & European) in New Zealand. The 2008 to 2010 projections indicated a 6% increase in the regional Asian population which was larger than the growth in the region's Māori (1%) and Pacific (3%) populations (see Appendix A, Table 1).

Asian infants, children and adolescents made up 20% of the region's total 0-19 year population, which was greater than the regional Pacific 0-19 year population (18%).

Almost half (42%) of the region's Asian infant, child and adolescent population resided in Auckland (see Appendix A, Table 1).

PROVISION OF INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

There are four DHBs that provide a range of specialist Inpatient and Community based infant, child and adolescent mental health and AoD services in the Northern region: Northland, Waitemata, Auckland and Counties Manukau DHBs.

Regional Inpatient mental health services are provided by Auckland DHB (*Starship Child & Family Inpatient Service*).

Infant, child and adolescent mental health/AoD services are also provided by DHB funded NGOs. For the June 2009 to July 2010 period, 11 NGOs were identified as providing DHB funded infant, child and adolescent mental health/AoD services. Of the 11 NGOs, three were contracted AOD providers.

From 2008 to 2010, progress can be seen in the funding and in the number and types of services that are available for infants, children and adolescents in the Northern region. Some services are now inclusive of infants (0-4 years age group) with either dedicated services or teams for the infant population.

The increases in the development and provision of services for infants, children and adolescents are aligned with the priorities of *Te Raukura* (Ministry of Health, 2007):

- *Children of Parents/Whānau with a Mental Illness Service*: Auckland DHB
- *Youth Forensic Services/funding*: Northland and Auckland DHBs
- *Child and Youth AoD Services*:
 - Two DHBs received funding for AoD Services: Waitemata (regional AoD service) and Counties Manukau DHBs
 - Three DHB funded NGOs
- *Youth Early Intervention Service*: Auckland DHB
- *Maternal and Infant Mental Health Service*: Auckland and Counties Manukau DHBs.
- *Regional Eating Disorder Service*: Provided by Auckland DHB for Northland, Waitemata, Counties Manukau DHBs
- *Migrant and Refugee Mental Health Service/funding*: Northland DHB
- *Services for Māori*:
 - One DHB CAMH Kaupapa Māori Team: Counties Manukau DHB (*He Kākano*)
 - There are other DHB Māori mental health/AoD services that are funded under adult services:

- Waitemata DHB: *MOKO Māori Mental Health Services and Te Atea Marino-Regional Māori Alcohol & Drug Service*
 - One Kaupapa Māori NGO: Northland DHB: *Ngati Hine Health Trust Board*
 - There are other Māori NGOs in the Northern region that do not receive specific kaupapa Māori funding but provide infant, child and adolescent mental health/AoD services
- *Services for Pacific:*
 - One DHB Pacific CAMH team: Counties Manukau DHB: *Vaka Toa Pacific Adolescent Service*
 - There are other DHB Pacific mental health/AoD services that are funded under adult services:
 - Waitemata DHB: *Isa Lei: Pacific Mental Health Service and Tupu Pacific Alcohol & Drug Service*
 - There was one Pacific NGO: Counties Manukau: *Penina Trust*
 - There are other Pacific NGOs in the Auckland region that do not receive specific infant, child and adolescent funding but may provide infant, child and adolescent mental health services as part of their family-based service.

Table 1. Northland Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

NORTHLAND DHB
Te Roopu Kimiora: Child & Youth Mental Health & Alcohol & Other Drug Service
<i>Also receive funding for Youth Forensics, Eating Disorders & Refugee/Migrant Mental Health Services</i>
NORTHLAND DHB FUNDED NGOS
<i>Ngati Hine Health Trust Board</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Advocacy/Peer Support - Families/Whānau (Child & Youth)
<i>Ngati Kahu Social Services</i>
Advocacy/Peer Support - Families/Whānau (Child & Youth)
<i>Rubicon Charitable Trust Board</i>
Children & Youth Alcohol & Drug Community Services
<i>Te Runanga O Te Rarawa Inc.</i>
Children & Youth Alcohol & Drug Community Services
<i>Note: Italicised Services are Kaupapa Māori Services (PU Code: MHCS39)</i>

Table 2. Waitemata Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

WAITEMATA DHB
Marinoto North Child & Adolescent Mental Health Services
Marinoto West (Child & Adolescent Teams)
Early Psychosis Intervention
<i>Also receives funding for Eating Disorders Service</i>
Māori Services
Moko Māori Mental Health Service
Pacific Services
Isa Lei: Pacific Mental Health Service
REGIONAL SERVICES
Altered High Youth Alcohol & Drug Services (Waitemata, Auckland & Counties Manukau DHBs)
Intensive Clinical Support Services (Waitemata, Auckland & Counties Manukau DHBs)
Pacific Regional Services
Tupu-Pacific Alcohol & Drug Service
Māori Regional Services
Te Atea Marino-Regional Māori Alcohol & Drug Service (Waitemata, Auckland, Counties Manukau)

Table 3. Auckland Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

AUCKLAND DHB
CAMHS Community Team – East
CAMHS Community Team – West
Infant Mental Health
Tu Tangata Tonu: Children of Parents with Mental Illness
Youth Transitional Programme
Youth Early Intervention Service
REGIONAL SERVICES
Consult Liaison Service (Starship)
Regional Youth Forensic Service & Child & Adolescent Liaison Service (Northland, Waitemata & Auckland DHBs)
Eating Disorders Service
Child & Family Unit (Inpatient Service) (Northern & Midland Region)

AUCKLAND DHB FUNDED 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 Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

COUNTIES MANUKAU DHB
Whirinaki: Child & Adolescent Mental Health Services
Kidz First Mental Health
Infant Mental Health Service
<i>Also receives funding for Eating Disorders Services</i>
Māori Services
He Kākano: Kaupapa Māori Child & Adolescent Mental Health Service
Pacific Services
Vaka Toa Pacific Adolescent Service

COUNTIES MANUKAU DHB FUNDED NGOS
Mahitahi Trust
Advocacy/Peer Support-Families/Whānau
Odyssey House Trust
Child and Youth Community Alcohol and Drug Residential Services
Raukura Hauora O Tainui Trust
Advocacy/Peer Support-Families/Whānau
Richmond Fellowship/Penina Trust*
Child & Youth Wrap Around Service

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

FUNDING OF INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

For the June 2009 to July 2010 financial year, the Northern region provider services received \$51.7 million for infant, child and adolescent mental health/AoD services (see Appendix B, Table 1).

From 2007 to 2010, there was a 22% increase in total funding for infant, child and adolescent mental health/AoD services.

This increase was largely seen in DHB funding (24%) while NGO funding had increased by only 9% (see Appendix A, Table 1 & Figures 2 & 3).

Figure 2. Infant, Child & Adolescent Mental Health/AOD Funding by DHB & NGO (2004-2010)

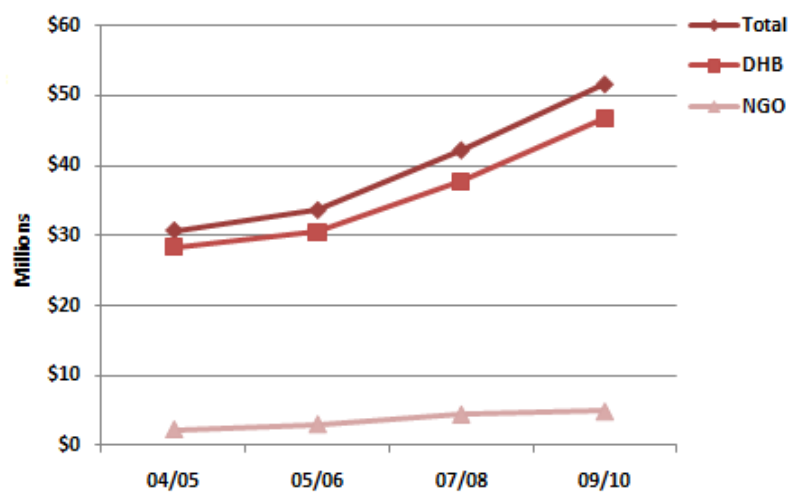
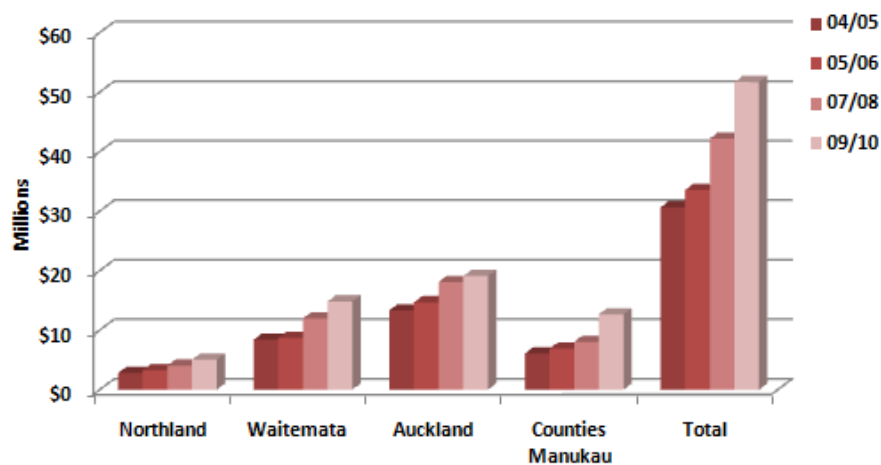


Figure 3. Infant, Child & Adolescent Mental Health/AOD Funding by DHB (2004-2010)



From 2007 to 2010, Kaupapa Māori services had received the largest increase in funding (76%) followed by Alcohol and Other Drug services by 21% (see Table 5).

Table 5. Infant, Child & Adolescent Mental Health/AOD Funding by Services (2007-2010)

Services	Year		
	2007/2008	2009/2010	% Change
Inpatient	\$6,565,869	\$5,680,824	-13
Alcohol & Other Drugs	\$1,800,888	\$2,187,919	21
Kaupapa Māori	\$748,263	\$1,313,434	76
All Other Services	\$33,086,078	\$42,511,931	28
Total	\$42,201,097	\$51,694,108	22

Source: Ministry of Health Price Volume Schedule 2009/2010

Funding per Head of Infant, Child & Adolescent Population

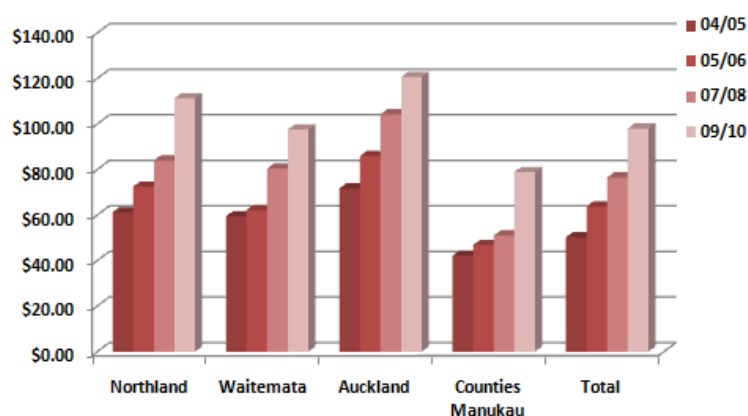
Funding per head of population is a method by which we can look at the equity of funding across the regions and DHBs. Clearly this is not the actual amount spent per 0-19 years population as only a small proportion of this population access services. When looking at individual DHBs, the calculation does not reflect inter DHB referrals including referrals to regional services (see Appendix B, Table 2).

From 2007 to 2010, there was a 22% increase in the regional spend per head of the 0-19 year population (Inpatient costs included) (see Appendix B, Table 2 & Figure 4).

For the 2009/2010 financial year, the Northern region spend per head of the 0-19 year population was \$110.38 (see Appendix B, Table 2).

Counties Manukau DHB had the lowest funding per 0-19 years in the country at \$78.94 and could appear as seriously under-funded; however, a large number of the DHB's clients are seen in regional services (Auckland & Waitemata DHBs). In the second half of 2009, 120 Counties Manukau DHB clients were referred to Waitemata DHB and 103 were referred to Auckland DHB (see Appendix D, Table 7).

Figure 4. Funding per head Infant, Child & Adolescent Population by DHB (2004-2010)



INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2010, the Northern region DHB (Inpatient & Community) CAMH/AoD services and NGOs reported a total of 457.89 actual FTEs, indicating an increasing trend in the total workforce from 2004 to 2010 (see Table 6 & Figure 5).

From 2008 to 2010, there was a 13% increase in the total Northern region workforce.

The DHB workforce had increased by 13% and the NGO workforce had increased by 11% (see Table 6).

For the same period, total vacancies had remained stable at around 11% (54.4 FTEs).

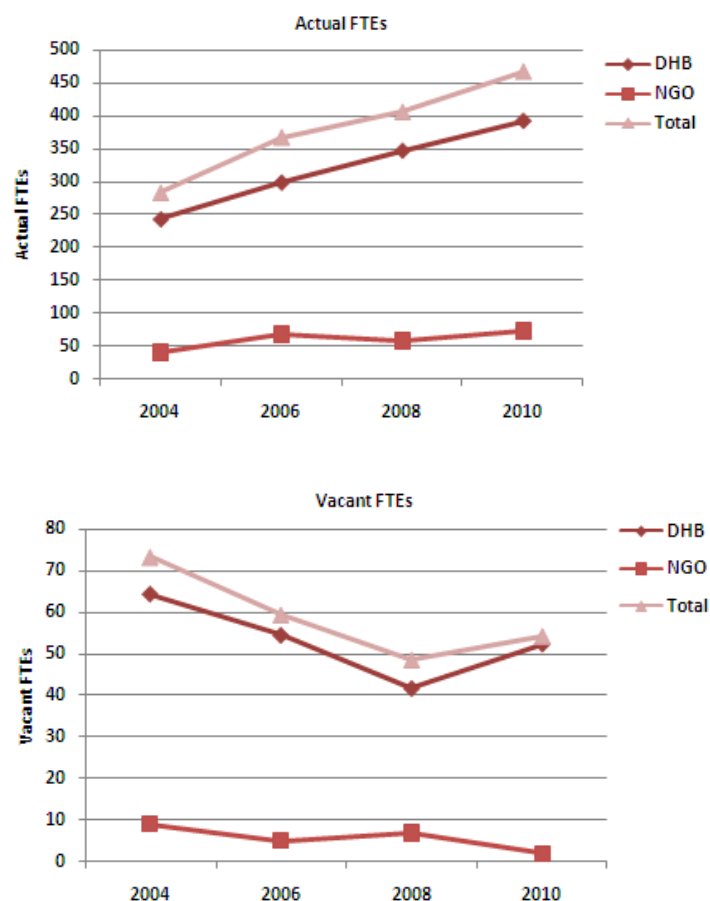
However, vacancies had increased slightly in DHB services and decreased in NGOs (see Table 6 & Figure 5).

Table 6. Total Infant, Child & Adolescent Mental Health/AOD Workforce (2004-2010)

Year	DHB ¹			NGOs			Total		
	Actual	Vacant	% Vacancy	Actual	Vacant	% Vacancy	Actual	Vacant	% Vacancy
2004	245.73	64.37	21	41.40	9.0	18	287.13	73.37	20
2006	298.85	54.50	15	69.26	5.0	7	368.11	59.50	14
2008	347.52	41.75	11	58.65	6.9	11	406.17	48.65	11
2010	392.99	52.40	12	64.90	2.00	3	457.89	54.40	11

1. Includes Inpatient Service

Figure 5. Total Infant, Child & Adolescent Mental Health/AOD Workforce Actual & Vacant FTEs (2004-2010)



From 2008 to 2010, the total Northern region Clinical workforce had increased by 14% (from 320.57 to 363.99 FTEs).

Seventy-nine percent of the Northern region infant, child and adolescent mental health/AoD workforce were Clinical staff with the majority (89%) employed in DHB services (see Figure 6).

Vacancies were mainly in Clinical roles with vacancies largely for Mental Health Nurses (See Table 8).

The remainder of the total workforce (12%) were in Non-Clinical roles (excluding the Administration/Management workforce) and were largely employed in NGOs (Table 7 & see Figure 6).

Table 7. Total Infant, Child & Adolescent Mental Health/AoD Workforce by Occupational Group (2010)

Occupational Group	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	30.4	30.4	33.4	63.8
Counsellor	1.0	0.8	1.8	-	1.8
Mental Health Nurse	37.8	44.3	82.1	1.5	83.6
Occupational Therapist	3.0	30.7	33.7	-	33.7
Psychiatrist	6.0	21.15	27.15	0.1	27.25
Psychotherapist	2.0	5.0	7.0	-	7.0
Psychologist	4.6	56.57	61.17	0.5	61.67
Social Worker	2.0	53.8	55.8	4.0	59.8
Other Clinical Appointment ¹	5.4	19.47	24.87	0.5	25.37
Clinical Sub-Total	61.8	262.19	323.99	40.0	363.99
Cultural Appointment	1.0	13.0	14.0	0.5	14.5
Specific Liaison	1.0	1.0	2.0	-	2.0
Mental Health Consumer Advisor	-	0.5	0.5	-	0.5
Mental Health Support Worker	9.0	-	9.0	21.0	30.0
Other Non-Clinical Support for Clients ²	1.0	5.0	6.0	-	6.0
Non-Clinical Support for Clients Sub-Total	12.0	19.5	31.5	21.5	53.0
Administration/Management	4.1	33.4	37.5	3.4	40.9
Regional Total	77.9	315.09	392.99	64.9	457.89

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

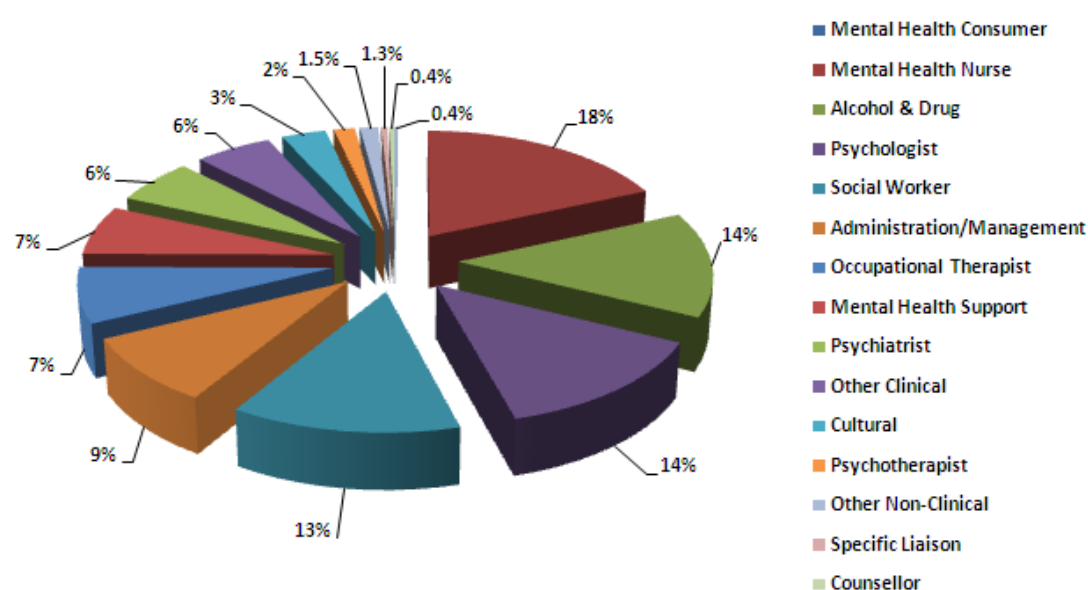
2. Other Non-Clinical Support for Clients Occupational Group Includes: Recreational Assistant, NGO Youth Workers

Table 8. Total Infant, Child & Adolescent Mental Health/AOD Workforce Vacancy by Occupational Group (2010)

Occupational Group	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	9.0	9.0	-	9.0
Counsellor	-	-	-	-	-
Mental Health Nurse	5.0	13.6	18.6	-	18.6
Occupational Therapist	-	3.0	3.0	-	3.0
Psychiatrist	1.0	3.1	4.1	-	4.1
Psychotherapist	-	1.5	1.5	-	1.5
Psychologist	0.6	6.3	6.9	-	6.9
Social Worker	-	2.6	2.6	-	2.6
Other Clinical Appointment ¹	1.5	-	1.5	-	1.5
Clinical Sub-Total	8.1	39.1	47.2	-	47.2
Cultural Appointment	-	1.0	1.0	-	1.0
Specific Liaison	-	-	-	-	-
Mental Health Consumer Advisor	-	0.4	0.4	-	0.4
Mental Health Support Worker	-	-	-	2.0	2.0
Non-Clinical Support for Clients Sub-Total	-	1.4	1.4	2.0	3.4
Administration/Management	-	3.8	3.8	-	3.8
Regional Total	8.1	44.3	52.4	2.0	54.4

1. Other Clinical Group=Paediatric Registrar, Psychiatric Registrar

Figure 6. Total Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (2010)



DHB Inpatient Infant, Child & Adolescent Mental Health Workforce

In June 2010, the Child and Family Inpatient service reported a total of 77.9 actual FTEs with a further 8.1 FTEs reported vacant (see Table 9).

From 2008 to 2010 there was a 6% increase in the workforce, and this increase was largely seen in the Non-Clinical workforce.

Data also showed a decreasing vacancy rate from 2005 to 2010.

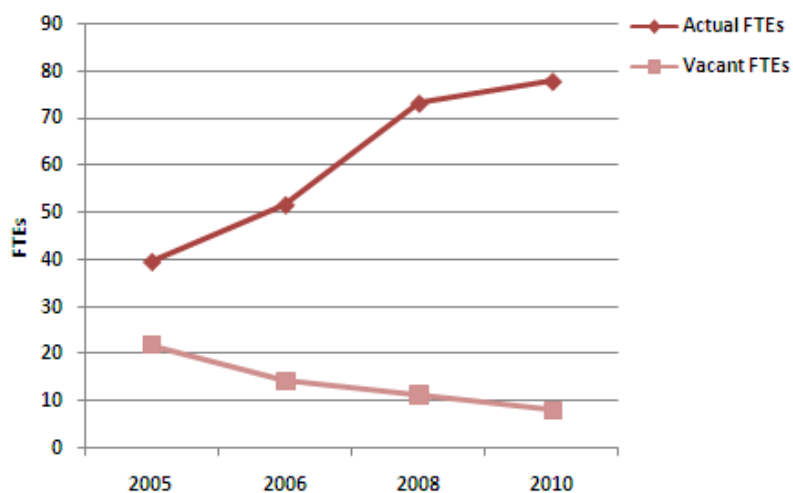
The 2010 Vacancy Rate was at 9%, a decrease of 28% since 2008 (see Table 9 & Figure 7).

The 2010 vacancies were only in Clinical roles and these were mainly for Mental Health Nurses (5.0 FTEs) (see Table 8).

Table 9. DHB Inpatient Infant, Child & Adolescent Mental Health Workforce (2005-2010)

Year	Actual FTEs			Vacant FTEs			% Vacancy
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	
2005	23.8	15.8	39.6	21.2	0.6	21.8	36
2006	39.3	12.4	51.7	13.6	0.6	14.8	22
2008	62.05	11.2	73.3	11.0	0.3	11.3	13
2010	61.8	16.1	77.9	8.1	-	8.1	9

Figure 7. DHB Inpatient Infant, Child & Adolescent Mental Health Workforce Actual & Vacant FTEs (2005-2010)



DHB Community Infant, Child & Adolescent Mental Health/AoD Workforce

In June 2010, the Northern region DHB Community CAMH/AoD services reported a total of 315.09 actual FTEs with a further 44.3 FTEs reported vacant.

Waitemata reported the largest workforce followed by Counties Manukau and Auckland DHBs (see Table 10).

From 2008 to 2010, there was a 15% increase in the total DHB Community workforce.

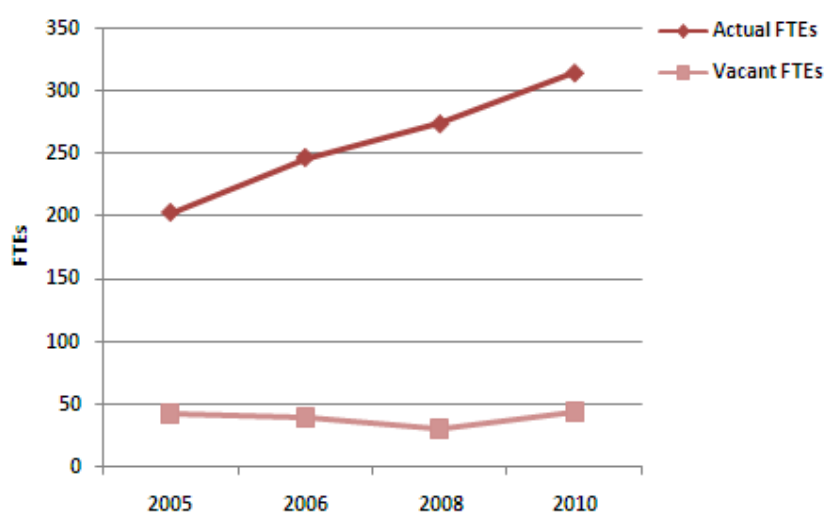
While the total regional vacancies were steadily decreasing from 2004 to 2008, there was a 45% increase in the total number of vacancies reported from 2008 to 2010 with a vacancy rate at 12% (see Table 10).

Auckland DHB vacancy rates had continued to decrease from 2004 to 2010. Vacancy rates remained variable for the remainder of the DHBs with most reporting slight increases in vacancies from 2008 to 2010.

Table 10. DHB Community Infant, Child & Adolescent Mental Health/AOD Workforce (2004-2010)

DHB	Actual FTEs				Vacant FTEs				Vacancy Rate (%)			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Northland	19.7	20.6	21.4	33.64	-	2.0	3.2	-	-	9	13	-
Waitemata	83.86	92.1	107.1	124.70	10.0	15.4	12.9	22.1	11	14	11	15
Auckland	56.54	81.0	72.35	74.12	13.0	11.2	8.85	7.7	19	12	11	9
Counties Manukau	42.93	53.45	73.42	82.63	19.57	11.1	5.5	14.5	31	17	7	15
Regional Total	203.13	247.15	274.27	315.09	42.57	39.7	30.45	44.3	17	14	10	12

Figure 8. DHB Community Infant, Child & Adolescent Mental Health/AOD Actual & Vacant FTEs (2005-2010)



Waitemata DHB also reported the largest Community Clinical workforce (106 FTEs) (40% of the region's total Community Clinical workforce, 262.19 FTEs) in the region followed by Counties Manukau (71.43 FTEs), Auckland (60.12 FTEs) and Northland (24.64 FTEs) (see Appendix C, Table 6).

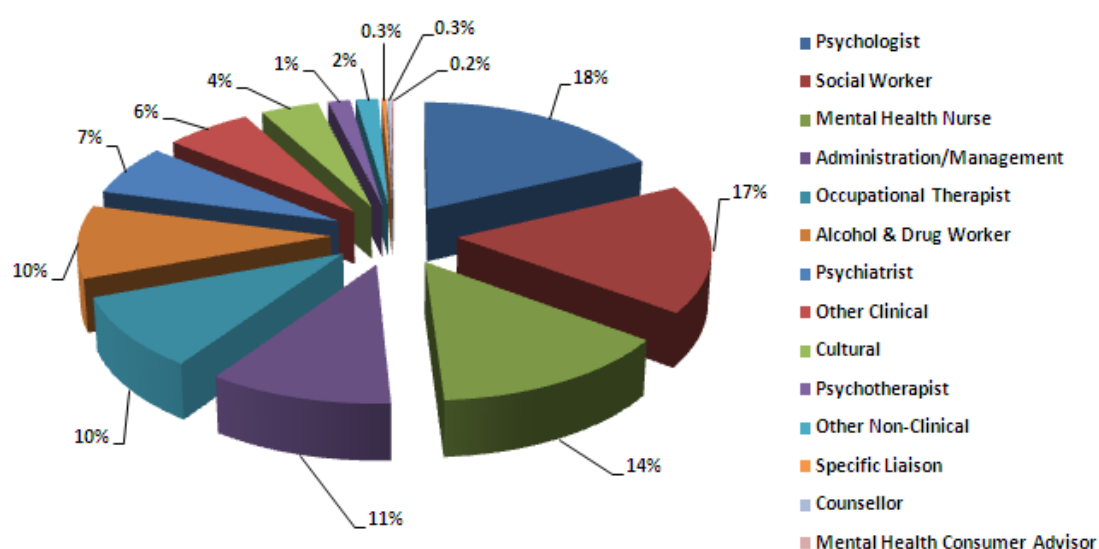
The Clinical workforce (262.19 FTEs) made up 83% of the total Community workforce (315.08 FTEs). The workforce is largely comprised of Psychologists, Social Workers and Mental Health Nurses (see Table 7 & Figure 9).

From 2008 to 2010, there was a 10% increase in the DHB Community Clinical Workforce with most DHBs reporting an increase (from 238.02 to 262.19 FTEs).

Northland DHB reported the largest increase by 38% (from 17.9 to 24.64 FTEs) followed by Counties Manukau by 12% (from 63.72 to 71.43 FTEs), Waitemata by 12% (from 96.10 to 106.0 FTEs).

There was very little change in the Clinical workforce reported by Auckland DHB (60.3 to 60.12 FTEs).

Figure 9. DHB Community Infant, Child & Adolescent Mental Health/AOD Workforce (2010)



While the number of Clinical vacancies had decreased from 2006 to 2008, 2008 to 2010 workforce data indicated a 32% increase in vacancies in the region.

Clinical vacancies in 2010 were largely for:

- Mental Health Nurses (13.6 FTEs)
- Alcohol and Drug Workers (9.0 FTEs)
- Psychologists (6.3 FTEs)

The DHB 2010 Non-Clinical Community workforce (17% of the total Community workforce, 52.9/315.09 FTEs) made up the remainder of the Northern region community workforce mainly in Cultural roles (13.0 FTEs) which had increased by 67% (from 7.8 to 13.0 FTEs) from 2008 to 2010.

NGO Infant, Child & Adolescent Mental Health/AoD Workforce

Please note that although every attempt is made to ensure data accuracy, the quality of data is dependent on the source. Variations in data over time could also be due to the reporting of data by different staff members from the same agencies at each data collection point and contractual changes may also account for some of the variances seen.

In 2010, a total of 11 NGOs in the Northern region were identified for this *Stocktake*. Waitemata DHB did not have a contracted NGO for the data collection period (June 2010).

In 2010, the Northern Region NGOs reported a total of 64.9 actual FTEs and a further 2.0 vacant FTEs (see Table 11).

Auckland and Counties Manukau reported the largest NGO workforce in the region (see Table 11).

From 2008 to 2010, there was an 11% increase in the NGO workforce and a decrease in the vacancy rate from 11% to 3% (see Table 11).

Table 11. NGO Infant, Child & Adolescent Mental Health/AoD Workforce (2004-2010)

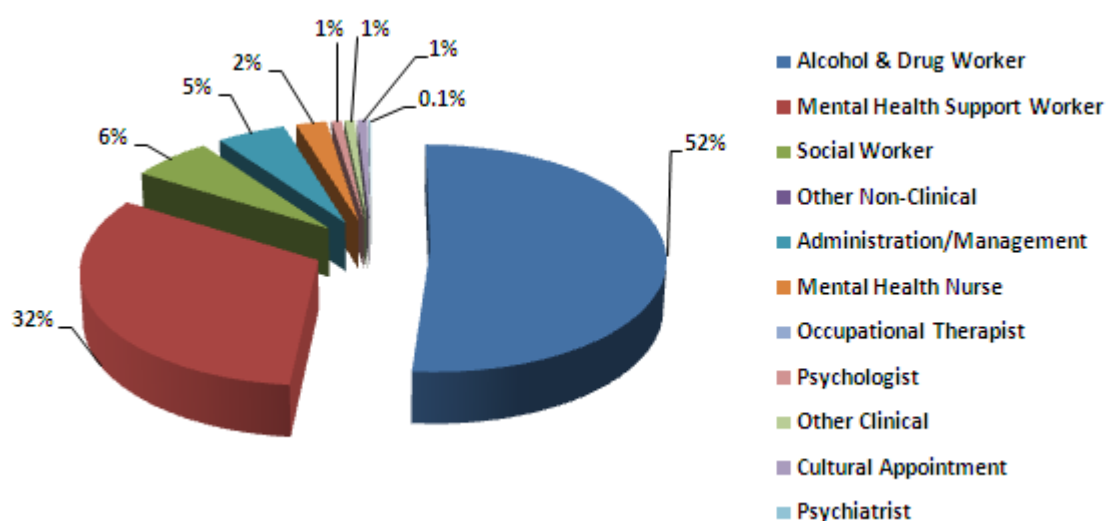
NGOs	Actual FTEs				Vacant FTEs				Vacancy Rate (%)			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Northland	3	14.5	15.65	15.0	-	1		-	-	6	-	-
Waitemata	-	-	8.5	-	-	-	1.0	-	-	-	11	-
Auckland	31.9	27.88	21.3	26.6	6	4	4.9	0.5	16	13	19	2
Counties Manukau	6.5	26.88	13.2	23.3	3	0	1.2	1.5	32	-	8	4
Regional Total	41.4	69.26	58.65	64.9	9	5	7.1	2.0	18	7	11	3

From 2008 to 2010, there was a shift in the Northern region composition of the NGO workforce towards a more Clinical structure. While in 2008, the Non-Clinical workforce was slightly larger than the Clinical, in 2010, the majority of the workforce now holds Clinical roles (62%) largely as Alcohol and Drug Workers/Counsellors (see Table 7 & Figure 10).

From 2008 to 2010, the NGO Clinical workforce had almost doubled from 24.10 FTEs to 40.0 FTEs.

The remainder of the NGO workforce (33%) were in Non-Clinical roles largely as Mental Health Support Workers (see Table 7 & Figure 10).

Figure 10. NGO Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (2010)



Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to the MHC's Resource Guidelines

From 2004 to 2010, there was an increasing trend in the Community Clinical workforce (see Table 12).

Due to the 15% growth in the workforce from 2008 to 2010 and the small growth in the population for the same period, the Clinical workforce had made some progress towards the recommended Resource Guideline for the region (see Table 12).

Despite the increase in the Community Clinical workforce, the workforce would still need to increase by 56% to meet MHC's recommended resource guideline of 470.07 FTEs for the Northern region's infant, child and adolescent population (see Table 12 & Figure 11).

Table 12. Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2004-2010)

Year	Actual Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase Needed
2004	196.17	426.18	230.01	117
2006 ¹	242.26	417.64	175.38	72
2008 ²	262.10	455.48	193.36	74
2010 ²	302.19	470.07	167.88	56

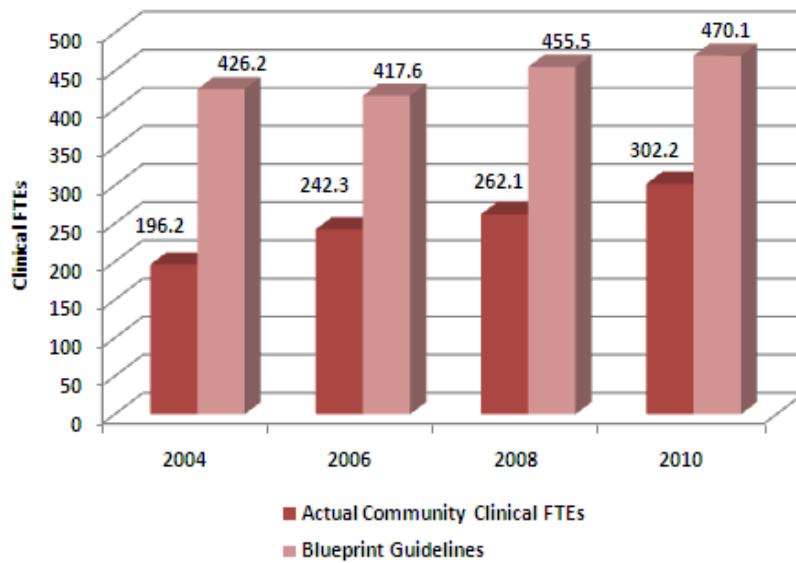
1. 2006 Census (Prioritised Ethnicity)

2. 2008/2010 Population Projections (Base 2006, Total Response, Medium Projections)

3. Includes DHB Community CAMH/AoD Services & NGOs

4. MHC's Blueprint Resource Guidelines for the Community Clinical Workforce: 28.6/100,000 Total Population (MHC, 1998).

Figure 11. Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2010)



CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

The 2004 to 2009 Client access data has been extracted from the MHINC/PRIMHD. Due to incomplete data from the NGO sector, NGO client data has been excluded. Therefore this section only contains MHINC/PRIMHD DHB client data that is relevant to each region, which could account for the low access rates reported in this section. The complete MHINC/PRIMHD National DHB client data is available on the Werry Centre Website (www.werrycentre.org.nz).

From 2004 to 2009, the Northern region had the highest number of clients accessing mental health/AoD services compared to the other three regions (see Appendix D, Table 1).

In the second half of 2009, the largest client group were 15-19 year old Males (60%).

Client access to mental health/AoD services had also increased in the Northern region. From 2007 to 2009 there was a 37% increase in the total number of clients. There was a 43% increase in the total number of male clients and a 28% increase in Female clients (see Table 13 & Figure 12).

The largest increase for male clients was in the 15-19 year age group (60%) and the largest increase for female clients was also in the 15-19 year age group (35%) (see Table 13).

Figure 12. 0-19 yrs Clients by Gender (2004-2009)

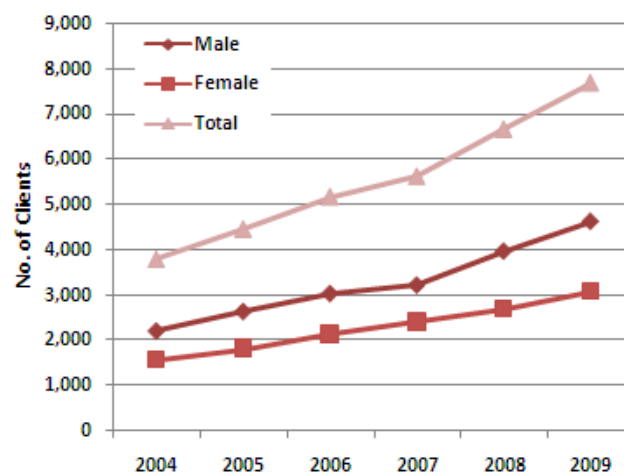


Table 13. Clients by Gender & Age Group (2004-2009)

Year	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	776	1234	1,966	3,976	283	690	1,727	2,700	6,676
2009	799	1383	2,449	4,631	282	700	2,089	3,071	7,702

Note: Data is for the 2nd 6 months of each year

1. Includes 3 clients listed as Gender "Unknown"

2. Includes 2 Clients listed as Gender "Unknown"

In the second half of 2009, Waitemata DHB reported the highest number of total clients in the region followed by Counties Manukau, Auckland and Northland DHBs (see Table 14 & Figure 13).

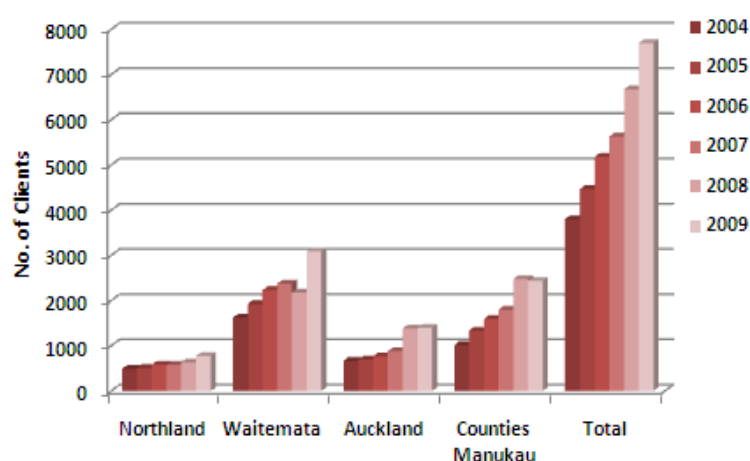
From 2007 to 2009, all four DHBs in the region reported an increase in the number of clients.

Counties Manukau DHB reported the largest increase (36%) in the Northern region (see Table 14 & Figure 13).

Table 14. 0-19 yrs Clients by DHB (2004-2009)

DHB	Year					
	2004	2005	2006	2007	2008	2009
Northland	492	511	583	577	634	772
Waitemata	1,623	1,926	2,235	2,375	2,182	3,092
Auckland	670	697	767	883	1,383	1,399
Counties Manukau	1,019	1,336	1,597	1,800	2,477	2,439
Total	3,804	4,470	5,182	5,635	6,676	7,702

Note: Data is for the 2nd 6 months of each year

Figure 13. 0-19 yrs Clients by DHB (2004-2009)

0-19 yrs Client Access Rates Compared to MHC's Access Benchmarks

The 2004 to 2009 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 has had the lowest access rates from 2004 to 2008 (see Appendix D, Table 9), client data showed access rates in the Northern region had improved from 2004 to 2009 (from 1.0% to 1.65%). For the second half of 2009, the Northern region access rate (1.65%) was higher than the national rate of 1.49% which made it the second highest access rate in the country.

From 2004 to 2009, 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 had continued to report the lowest access rates in the region (see Figure 14).

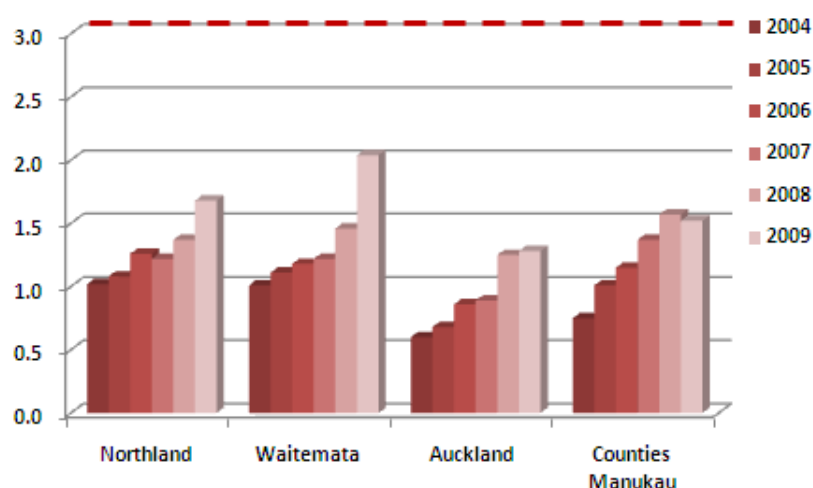
Despite the increasing access rates in the region, these rates continue to fall well below the Mental Health Commission's access benchmarks for all three age groups, with the largest disparity in the 15-19 year age group (see Table 15).

Table 15. Access Rates by Age Group (2004-2009)

Year	Age Group (yrs)				National Access Rate 0-19
	0-9	10-14	15-19	0-19	
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%	3.0%
2004	0.30%	1.00%	1.70%	1.00%	1.15%
2005	0.30%	1.20%	2.00%	1.00%	1.23%
2006	0.33%	1.32%	2.27%	1.08%	1.24%
2007	0.37%	1.48%	2.50%	1.21%	1.34%
2008	0.47%	1.67%	3.02%	1.44%	1.43%
2009	0.47%	1.83%	3.68%	1.65%	1.49%

Note: Data is for the 2nd 6 months of each year

Figure 14. 0-19yrs Client Access Rates by DHB (2004-2009)



MĀORI INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2010, the Northern region DHB (Inpatient & Community) CAMH/AoD services and NGOs reported a total of 81 Māori staff (77.5 FTEs).

While the majority of the Māori workforce worked in DHB services (65%), the NGO Māori workforce made up a greater proportion (34%) of the total NGO workforce.

From 2008 to 2010, there was a 14% increase in the total Māori workforce (from 71 to 81) (see Table 16). Both DHB services and NGOs reported an increase (see Table 16).

The increase in the Māori workforce was seen in the NGO Non-Clinical workforce (see Table 18).

Over half (52%) of the total Northern region Māori workforce were in Clinical roles largely as Alcohol and Drug Workers and Social Workers (see Table 18 & Figure 17).

The remainder (41%) were in Non-Clinical roles as Mental Health Support Workers and Cultural Workers (see Table 18 & Figure 17).

Table 16. Māori Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

DHB	DHB				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Northland	2	5	5	15	5	13	13	12	7	18	18	27
Waitemata	16	16	12	14	-	-	-	-	16	16	12	14
Auckland ¹	16	10	14	12	4	7	5	3	20	17	19	15
Counties Manukau	10	8	17	12	5	12	5	13	15	20	22	25
Total	44	39	48	53	14	32	23	28	58	71	71	81

1. Includes Inpatient Workforce

Figure 15. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by DHB (Headcount, 2004-2010)

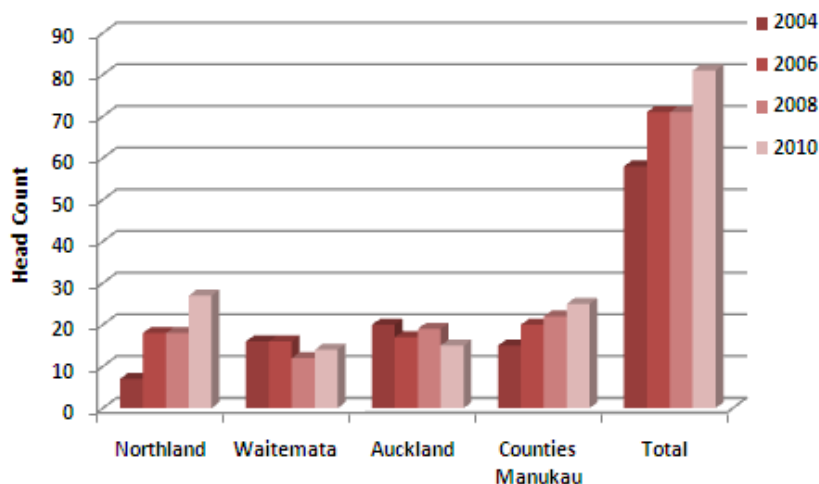
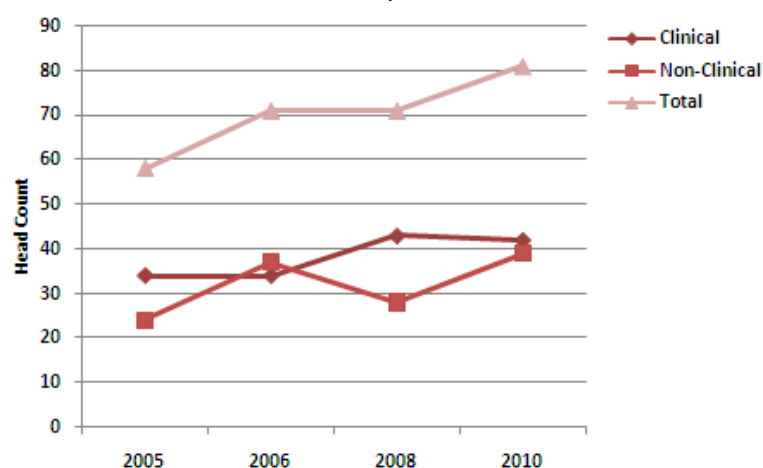


Table 17. Māori Clinical & Non-Clinical Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

Year	DHB Inpatient			DHB Community			NGOs			Total		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	58
2006	-	5	5	18	16	34	16	16	32	34	37	71
2008	5	3	8	29	11	40	9	14	23	43	28	71
2010	3	3	6	28	16	44	11	17	28	42	39	81

Note: Non-Clinical Group includes Administration/Management Workforce

Figure 16. Māori Clinical & Non-Clinical Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)



DHB Inpatient Māori Infant, Child & Adolescent Mental Health Workforce

Auckland DHB Inpatient service reported 6 Māori Staff, a decrease of 2 Māori staff from 2008 to 2010. This decrease was seen in the Clinical workforce.

DHB Community Māori Infant, Child & Adolescent Mental Health/AoD Workforce

The Northern region DHB CAMHS reported a total of 47 Māori staff. From 2008 to 2010, there was an increase of 7 Māori staff in the DHB Community services. Northland DHB CAMHS reported the largest Māori workforce (15) closely followed by Waitemata DHB (14).

NGO Māori Infant, Child & Adolescent Mental Health/AoD Workforce

The Northern region NGOs reported a total of 28 (26.5 FTEs) Māori Staff. From 2008 to 2010, there was an increase of 5 Māori staff. The majority of the Northern region Māori workforce was employed in the Counties Manukau NGOs (13) (see Table 16). Māori in NGOs were mainly Mental Health Support Workers and Alcohol and Drug Workers (see Table 18).

Only one NGO service, *Ngati Hine Health Trust* was contracted as a Kaupapa Māori service (Purchase Unit Code: MHCS39) in Northland and this service reported a total of four Māori staff (2 Alcohol & Drug Counsellors; 1 Social Worker & 1 in a Peer Support role) (see Table 18).

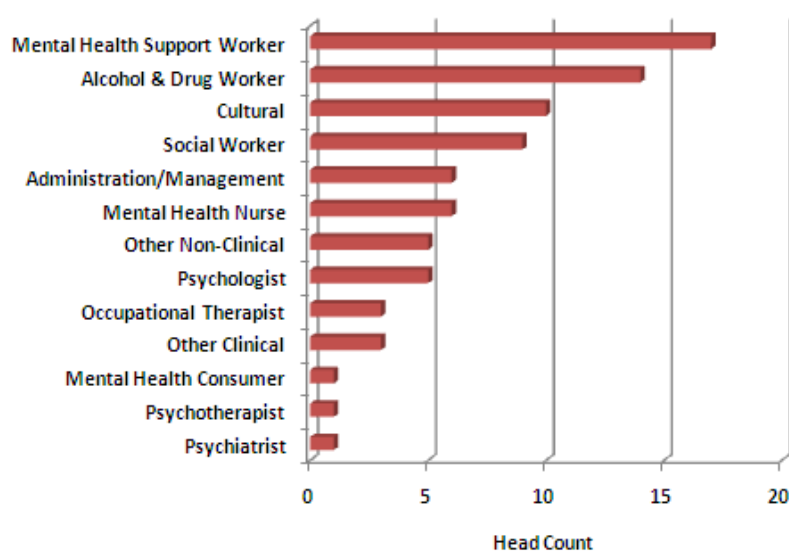
Table 18. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

Occupational Group	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	6	6	8	14
Counsellor	-	-	-	-	-
Mental Health Nurse	1	4	5	1	6
Occupational Therapist	-	3	3	-	3
Psychiatrist	1	-	1	-	1
Psychotherapist	-	1	1	-	1
Psychologist	-	4	4	1	5
Social Worker	1	7	8	1	9
Other Clinical Appointment ¹	-	3	3	-	3
Clinical Sub-Total	3	28	31	11	42
Cultural Appointment	1	8	9	1	10
Specific Liaison	-	-	-	-	-
Mental Health Consumer Advisor	-	1	1	-	1
Mental Health Support Worker	2	-	2	15	17
Other Non-Clinical Support for Clients ²	-	5	5	-	5
Non-Clinical Support for Clients Sub-Total	3	14	17	16	33
Administration/Management	-	5	5	1	6
Regional Total	6	47	53	28	81

1. Other Clinical Occupational= Interns: Psychology; Information Specialist

2. Other Non-Clinical Group= NGO Youth Workers

Figure 17. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

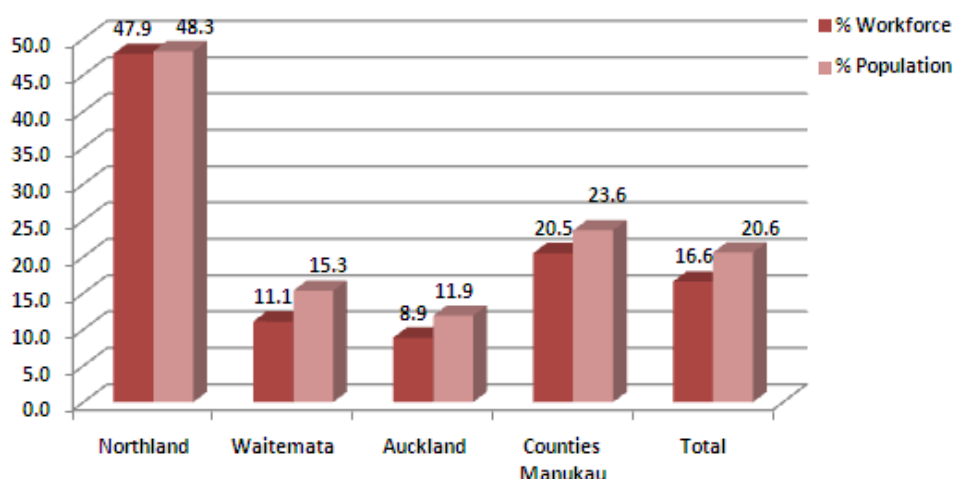


Workforce & Population Comparisons

Based on the 2010 population projections, Māori infant, children and adolescents made up 21% of the region's population and the Māori workforce (excluding the Administration/Management workforce) made up 17% of the total Northern region workforce (75/451).

The reported increase in the Māori workforce from 2008 to 2010 has resulted in a regional Māori workforce that is more representative of the regional Māori population. However, individual disparities continue to exist between the workforce and the population in individual DHB areas such as Waitemata, Auckland and Counties Manukau (see Figure 18).

Figure 18. Proportion of Māori Workforce compared to Proportion of Māori 0-19 yrs Population (2010)



Māori Community Clinical Infant, Child & Adolescent Mental Health Workforce compared to MHC's Resource Guidelines

Since there are no specific MHC Blueprint Resource Guidelines for the Māori Community Clinical workforce, the recommended Māori Clinical Resource Guideline was estimated from the MHC's Blueprint Resource Guideline for the general 0-19 year population.

When the Guideline was calculated for the regional Māori 0-19 years proportion of the population, the recommended Māori Resource Guideline for the Northern region Community Clinical workforce was estimated at 91.4 FTEs (see Table 19).

From 2008 to 2010, the Māori Community workforce had increased by only 4.0 FTEs (see Table 19).

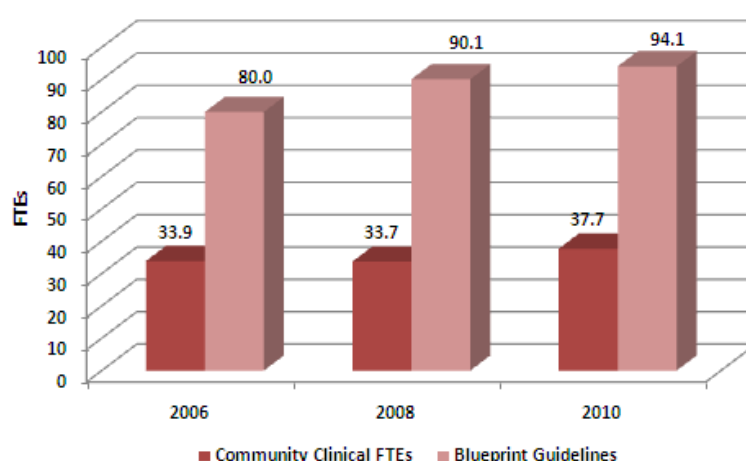
Therefore a significant increase in the Māori Clinical workforce is still required (56.4 FTEs) to meet the needs of the regional Māori infant, child and adolescent population (see Table 19).

Table 19. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)

Year	Māori Community Clinical FTEs ³	Estimated Blueprint Guidelines ⁴	FTEs Needed
2006 ¹	33.9	80.0	46.1
2008 ²	33.7	90.1	56.4
2010 ²	37.7	94.1	56.4

1. 2006 Census (Prioritised Ethnicity)
2. 2008/2010 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Using the MHC's Blueprint Resource Guidelines for Community Clinical FTEs: 28.6/100,000 Total Population (MHC, 1998) and proportioning according to the regional 0-19 Māori population.

Figure 19. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)



MĀORI CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

The 2004 to 2009 Māori Client access data has been extracted from the MHINC/PRIMHD. Due to incomplete data from the NGO sector, NGO client data has been excluded. Therefore this section only contains MHINC/PRIMHD DHB client data that is relevant to each region, which could account for the low access rates reported in this section.

The Northern region reported the largest number of Māori clients in the country (see Appendix D, Table 9).

In the second half of 2009, Māori clients made up 29% of the total number of clients accessing services in the region (see Table 20).

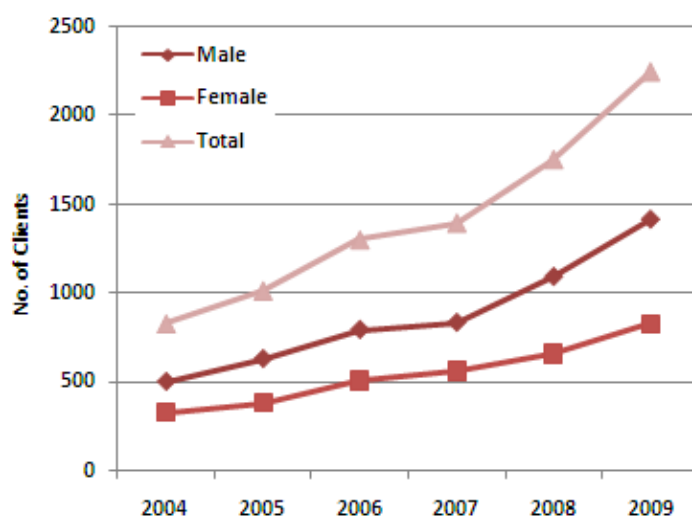
From 2007 to 2009, there was a 61% increase in Māori clients accessing services in the Northern region. The largest increase was seen in the Māori male client group by 70% (see Table 20 & Figure 20).

Table 20. Māori 0-19 yrs Clients by Gender (2004-2009)

Year	Gender			Total Clients
	Male	Female	Total	
2004	502	331	833	3,631
2005	631	387	1,018	4,316
2006	795	508	1,303	4,992
2007	835	563	1,398	5,531
2008	1,094	660	1,754	6,676
2009	1,417	828	2,245	7,702

Note: Data is for 2nd 6 months of each year

Figure 20. Māori 0-19 yrs Clients by Gender (2004-2009)



In the second half of 2009, Waitemata DHB reported the largest number of Māori clients accessing services and Northland DHB reported the largest proportion of Māori clients (45% of total clients) (see Table 21 & Figure 21).

From 2007 to 2009, all four DHBs in the region reported increases in the number of Māori clients. Waitemata DHB reported the largest increase of 151%.

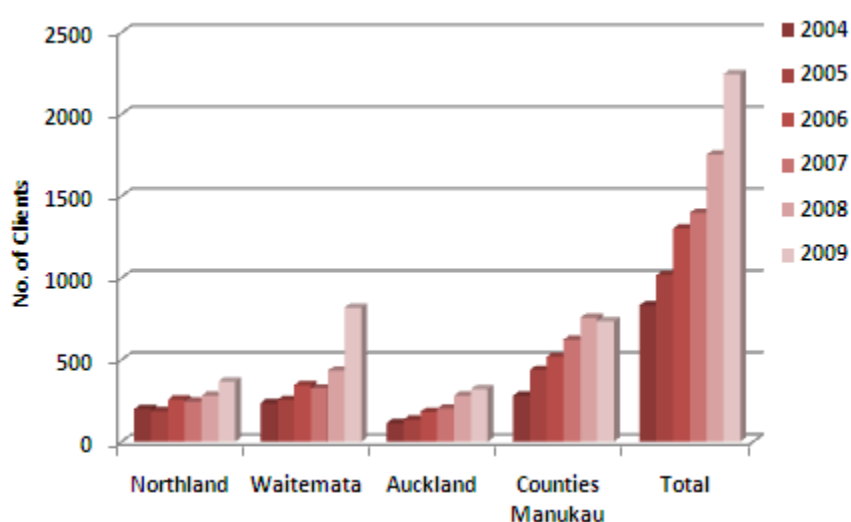
Counties Manukau reported the smallest increase in Māori clients (18%). However, referrals to regional services provided by Auckland and Waitemata DHBs could account for some of this data.

Table 21. Māori 0-19 yrs Clients by DHB (2004-2009)

Year	DHB				Total Māori Clients
	Northland	Waitemata	Auckland	Counties Manukau	
2004	201	236	114	282	833
2005	187	256	136	439	1,018
2006	257	346	182	518	1,303
2007	246	326	202	624	1,398
2008	281	434	282	757	1,754
2009	368	819	322	736	2,245

Note: Data is for 2nd 6 months of each year

Figure 21. Māori 0-19 years Clients by DHB (2004-2009)



Māori Client Access Rates

From 2004 to 2009, there was a significant improvement in the regional Māori access rates (see Table 22). The 0-19 Māori access rate had increased from 0.91% to 2.28% (see Table 22).

In the second half of 2009, the total Māori access rate of 2.28% was higher than the average regional rate of 1.65% and close to the 3% target rate (see Table 22). The Māori access rate for the 15-19 year age group had also exceeded the target rate for this age group.

However, due to a higher need for mental health services, the MHC has recommended that the Blueprint access benchmarks for Māori be set at 6% over a 6 month period (MHC, 1998).

While Māori access rates had significantly improved from 2004 to 2009 and were close to the 3% recommended rate for the general population, they have yet to reach the 6% recommended rate for Māori.

Table 22. Māori Access Rates by Age Group (2004-2009)

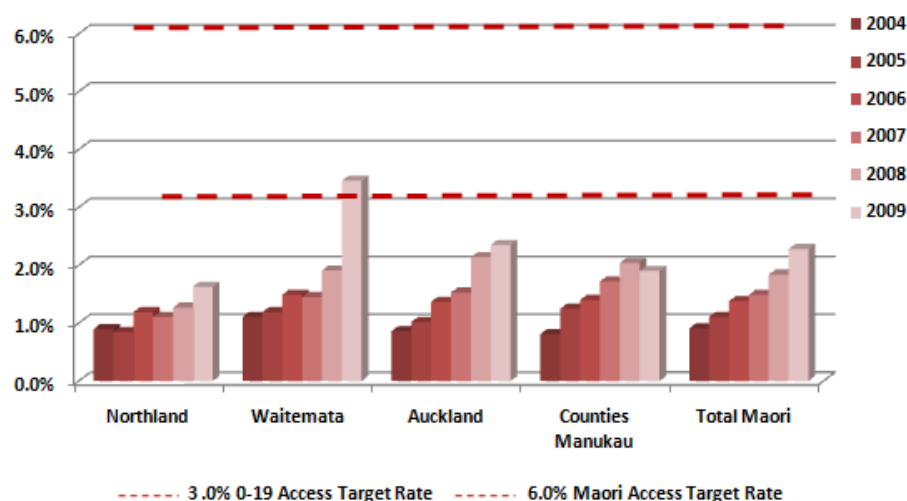
Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%/6.0%
2004	0.26%	1.17%	2.23%	0.91%
2005	0.26%	1.44%	2.74%	1.11%
2006	0.33%	1.80%	3.27%	1.38%
2007	0.42%	1.79%	3.53%	1.49%
2008	0.47%	2.21%	4.50%	1.84%
2009	0.45%	2.64%	6.24%	2.28%
Regional Rate 2009	0.47%	1.83%	3.68%	1.65%

Note: Data is for the 2nd 6 months of each year

From 2004 to 2009, most of the DHBs in the Northern region, except for Counties Manukau, reported an increasing trend in Māori access rates (see Figure 22).

In the second half of 2009, Waitemata DHB reported a Māori access rate that had exceeded the 3% target rate for the general population. However, the access rate remained significantly below the 6% rate recommended for Māori.

Figure 22. Māori 0-19 yrs Access Rates by DHB (2004-2009)



PACIFIC INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2010, the Northern Region DHB (Inpatient & Community) CAMH/AoD services and NGOs reported a total of 52 (42.1 FTEs) Pacific staff.

The majority of Pacific staff in the Northern region (67%) worked in DHB services. However a larger proportion of Pacific staff worked in NGO services (see Table 23).

From 2008 to 2010, there was an increase of 14 Pacific staff largely reported by the NGOs.

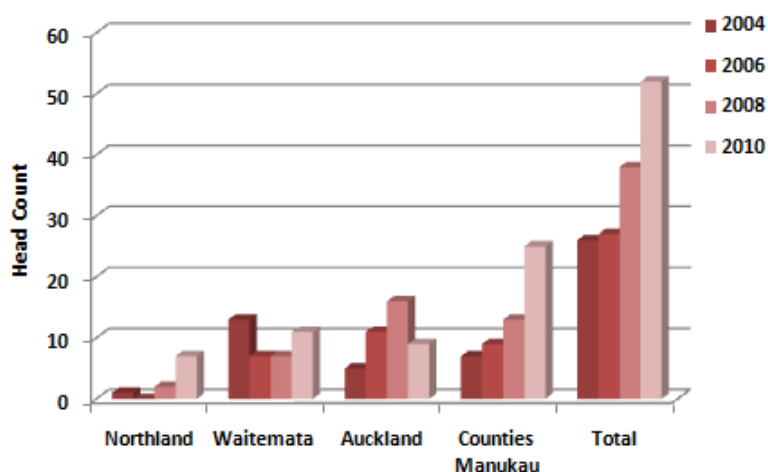
This increase was seen in both Clinical and Non-Clinical roles (see Table 24).

Table 23. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

DHB	DHB				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Northland	-	-	-	6	1	-	2	1	1	-	2	7
Waitemata	13	7	7	11	-	-	-	-	13	7	7	11
Auckland	5	8	12	6	-	3	4	3	5	11	16	9
Counties Manukau	7	3	10	12	-	6	3	13	7	9	13	25
Total	25	18	29	35	1	9	9	17	26	27	38	52

Note: Includes Inpatient & Administration/Management Workforces

Figure 23. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce by DHB (Headcount, 2004-2010)



In 2010, the total Pacific Clinical workforce (58%) was largely Alcohol and Drug Counsellors and Mental Health Nurses (see Table 25 & Figure 25).

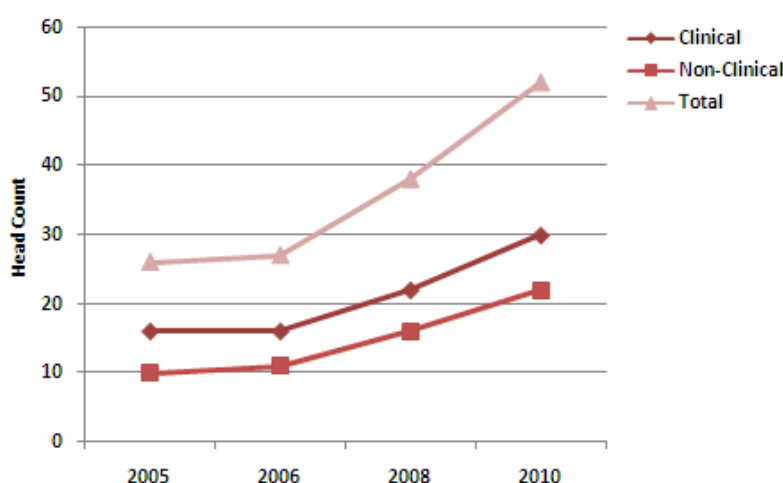
The Pacific Non-Clinical workforce was largely Mental Health Support and Cultural workers (see Table 25 & Figure 25).

Table 24. Pacific Clinical & Non-Clinical Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

Year	DHB Inpatient			DHB Community			NGOs			Total		
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total
2004	-	3	3	15	7	22	1	-	1	16	10	26
2006	-	3	3	11	4	15	5	4	9	16	11	27
2008	3	2	5	17	7	24	2	7	9	22	16	38
2010	1	4	5	21	9	30	8	9	17	30	22	52

Note: Non-Clinical Workforce includes Administration/Management Staff

Figure 24. Pacific Clinical & Non-Clinical Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2005-2010)



DHB Inpatient Pacific Infant, Child & Adolescent Mental Health Workforce

In 2010, the Northern region DHB Inpatient service reported a total of 5 Pacific staff (see Table 24). From 2008 to 2010, there was no change in the total Pacific staff numbers. Pacific staff in the Inpatient service were mainly Mental Health Support Workers (see Table 25).

DHB Community Pacific Infant, Child & Adolescent Mental Health/AoD Workforce

The Northern region DHB Community CAMH/AoD Services reported a total 30 Pacific staff. From 2008 to 2010 there was an increase of six Pacific staff reported by the Community services (see Table 24). This increase was seen in both Pacific Clinical (increase of 4) and Non-Clinical roles (increase of 3). The Pacific workforce in the DHB Community services were mainly Alcohol and Drug workers and in Cultural Appointments (see Table 25).

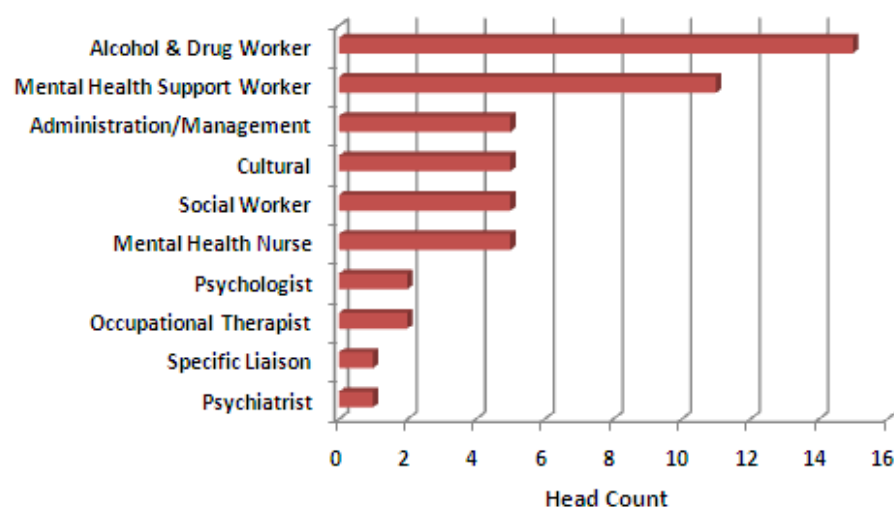
NGO Pacific Infant, Child & Adolescent Mental Health/AoD Workforce

NGOs in the Northern region reported a total of 17 Pacific staff (see Table 23). From 2008 to 2010, there was an increase of eight Pacific staff. This increase was mainly seen in Clinical roles. The NGO Pacific workforce were mainly Alcohol and Drug Workers and Mental Health Support Workers (see Table 25).

Table 25. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

Occupational Group	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	7	7	8	15
Counsellor	-	-	-	-	-
Mental Health Nurse	1	4	5	-	5
Occupational Therapist	-	2	2	-	2
Psychiatrist	-	1	1	-	1
Psychotherapist	-	-	-	-	-
Psychologist	-	2	2	-	2
Social Worker	-	5	5	-	5
Clinical Sub-Total	1	21	22	8	30
Cultural Appointment	-	5	5	-	5
Specific Liaison	-	1	1	-	1
Mental Health Consumer Advisor	-	-	-	-	-
Mental Health Support Worker	4	-	4	7	11
Non-Clinical Support for Clients Sub-Total	4	6	10	7	17
Administration/Management	-	3	3	2	5
Regional Total	5	30	35	17	52

Figure 25. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

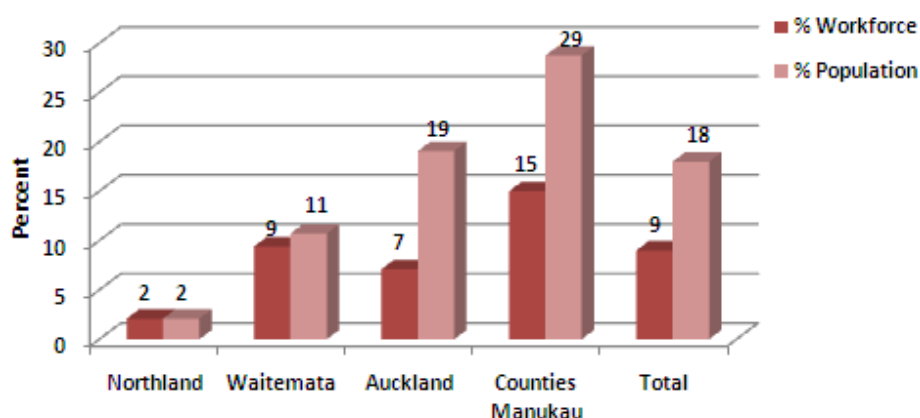


Workforce & Population Comparisons

Based on the population projections for 2010, Pacific infants, children and adolescents made up 18% of the region's population. The 2010 Pacific workforce (excluding Administration/Management staff) made up only 9% of the total Northern region workforce (42/451).

Despite the growth in the Pacific workforce from 2008 to 2010, significant disparities continue to exist between the Pacific population and the workforce in the greater Auckland area especially in Counties Manukau where the largest proportion of the Pacific infants, children and adolescents reside (see Figure 26).

Figure 26. Proportion of Pacific Workforce compared to Proportion of Pacific 0-19 yrs Population (2010)



Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines

Since there are no specific MHC Blueprint Resource Guidelines for the Pacific Community Clinical workforce, the recommended Pacific Clinical Resource Guideline was estimated from the MHC's Blueprint Resource Guideline for the general 0-19 year population.

When the guidelines were calculated for the regional Pacific 0-19 years proportion of the population, the recommended Pacific Resource Guideline for the Northern region Community Clinical workforce was estimated at 84.8 FTEs (see Table 26).

From 2008 to 2010, the services in the Northern region reported an increase in the total Pacific Clinical workforce from 17.4 to 27.3 FTEs (see Table 26).

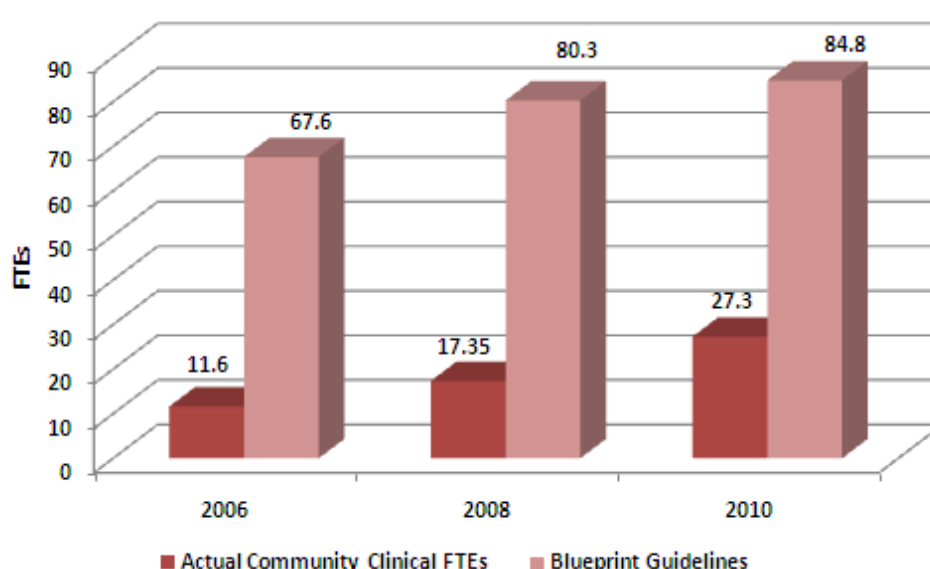
Despite a growth in the Pacific Community Clinical workforce, a significant increase in the workforce is still required by 57.5 FTEs to meet the needs of the regional Pacific infant, child and adolescent population (see Table 26).

Table 26. Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2009)

Year	Pacific Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed
2006 ¹	11.6	67.6	56.0
2008 ²	17.4	80.3	63.0
2010 ²	27.3	84.8	57.5

1. 2006 Census (Prioritised Ethnicity)
2. 2008/2010 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Using the MHC Blueprint Resource Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional 0-19 Pacific population (MHC, 1998a).

Figure 27. Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)



PACIFIC CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

The 2004 to 2009 Pacific Client access data has been extracted from the MHINC/PRIMHD. Due to incomplete data from the NGO sector, NGO client data has been excluded. Therefore this section only contains MHINC/PRIMHD DHB client data that is relevant to each region, which could account for the low access rates reported in this section.

In the second half of 2009, Pacific infants, children and adolescents made up 12% of the total number of clients in the Northern region. Pacific Male clients made up the majority of the clients accessing services in the Northern region (65%) (see Table 27).

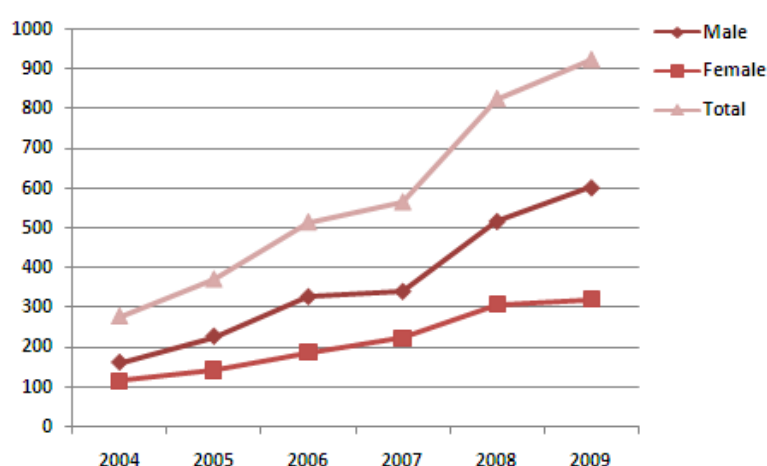
From 2007 to 2009, there was a 64% increase in the total number of Pacific clients accessing services in the Northern region. This increase was the largest increase of all four ethnic groups (Māori, Pacific, Asian & Other).

Table 27. Pacific 0-19 yrs Clients by Gender (2004-2009)

Year	Pacific Clients by Gender			Total 0-19 yrs Clients
	Male	Female	Total	
2004	162	116	278	3,631
2005	228	143	371	4,316
2006	328	187	515	4,992
2007	341	224	565	5,531
2008	518	308	826	6,676
2009	603	321	924	7,702

Note: Data is for the 2nd 6 months of each year

Figure 28. Pacific 0-19 yrs Clients by Gender (2004-2009)



From 2004 to 2009, Counties Manukau continued to report the largest number of Pacific clients (46%) followed by Waitemata DHB (35%) (see Table 28 & Figure 29).

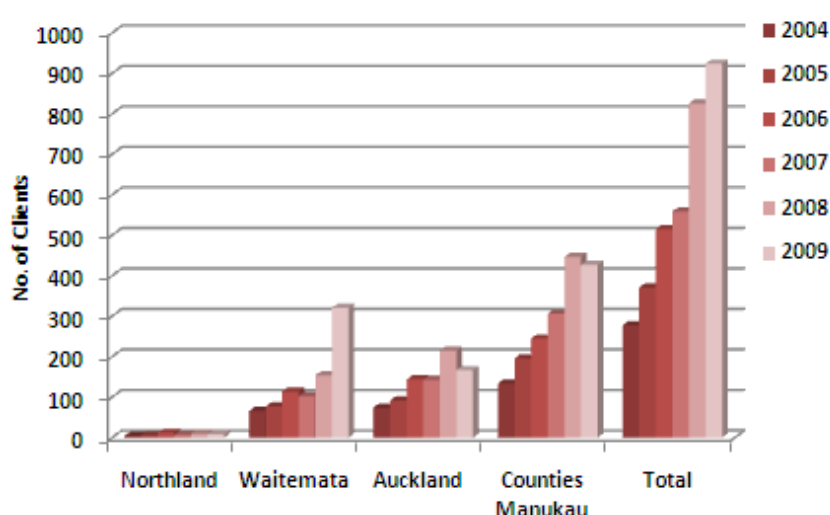
From 2007 to 2009, all DHB services reported an increase in Pacific clients accessing services. Waitemata DHB reported the largest increase of 212% (see Table 28). Auckland DHB reported the lowest increase in Pacific clients (17%) while having the second largest Pacific population in the region.

Table 28. Pacific 0-19 yrs Clients by DHB (2004-2009)

Year	DHB				Total Pacific Clients
	Northland	Waitemata	Auckland	Counties Manukau	
2004	4	66	74	134	278
2005	6	77	92	196	371
2006	12	114	144	245	515
2007	7	103	143	306	559
2008	10	154	215	447	826
2009	9	321	167	427	924

Note: Data is for the 2nd 6 months of each year

Figure 29. Pacific 0-19 yrs Clients by DHB (2004-2009)



Pacific 0-19 yrs Client Access Rates

From 2004 to 2009, Pacific access rates in the Northern region had continued to increase.

Despite an increase in the second half of 2009, the total Pacific access rate remains below the average regional rate of 1.65% and therefore significantly below targets rates for all three age groups (see Table 29).

From 2008 to 2009, while most DHBs in the Northern region reported a decrease in Pacific access rates, Waitemata DHB reported a significant increase.

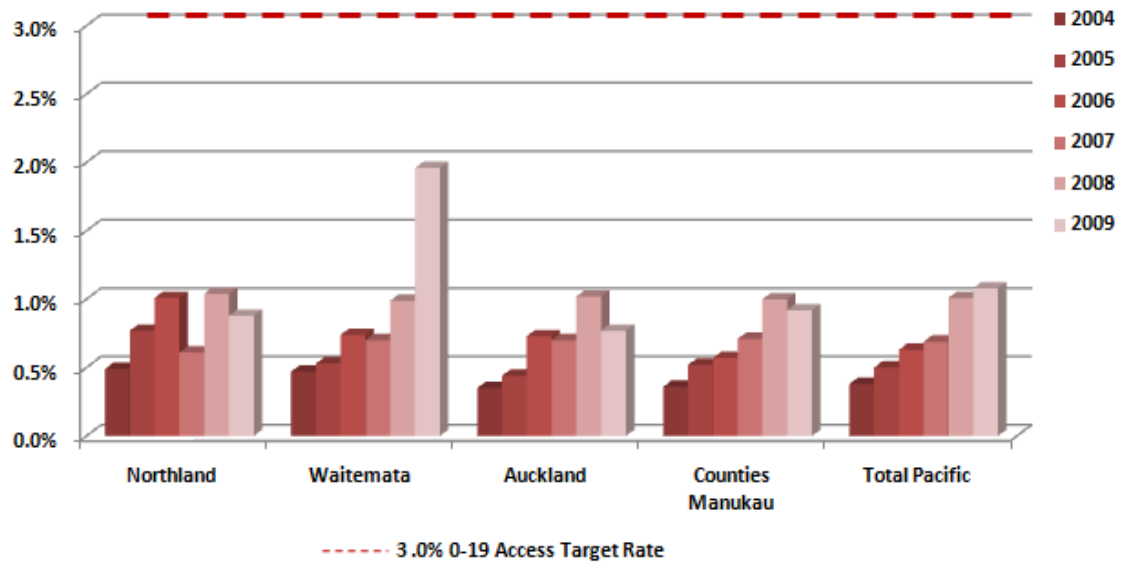
However, Pacific access rates have continued to remain significantly below the target rate of 3% for all four DHBs (see Figure 30).

Table 29. Pacific 0-19 yrs Access Rates by Age Group (2004-2009)

Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%
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%
2008	0.23%	1.05%	2.64%	1.01%
2009	0.15%	1.12%	3.17%	1.08%
Regional Rate 2009	0.47%	1.83%	3.68%	1.65%

Note: Data is for the 2nd 6 months of each year

Figure 30. Pacific 0-19 yrs Access Rates by DHB (2004-2009)



ASIAN INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2010, the Northern region DHB (Inpatient & Community) CAMH/AoD services and NGOs reported a total of 36 Asian staff (see Table 30).

From 2008 to 2010, there was an increase of 15 Asian staff in DHB services only (see Table 30).

In 2010, almost all of the Asian staff were reported by DHB services (Inpatient & Community services).

A total of six Asian staff was reported by the Child and Family Inpatient Unit with a decrease of one Asian staff from 2008 to 2010.

From 2008 to 2010, there was a significant increase in Asian staff in the DHB Community services. Asian staff numbers had more than doubled (from 11 to 27). While Auckland DHB reported the largest Asian community workforce (14), the largest increase in the Asian workforce was reported by Counties Manukau DHB (see Table 30 & Figure 31).

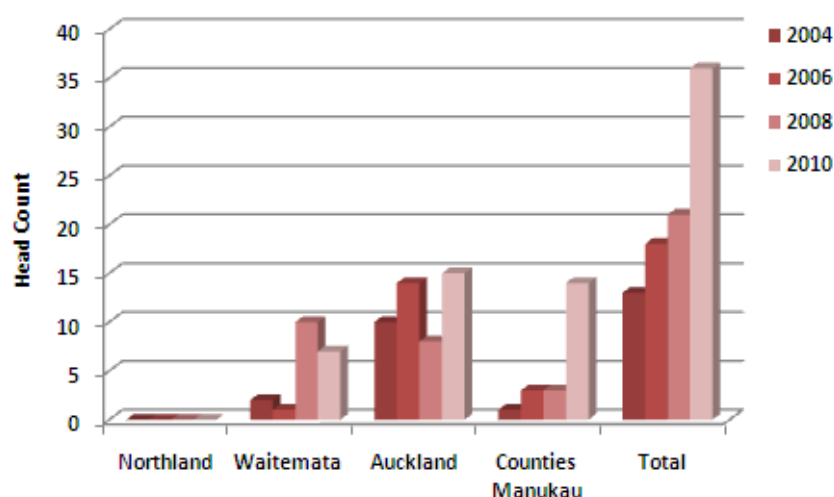
In 2010, a total of three Asian staff was reported by two NGOs in the Auckland and Counties Manukau DHB areas. From 2008 to 2010, there was no change in NGO Asian staff numbers (see Table 30).

Table 30. Asian Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

DHB	DHB				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Northland	-	-	-	-	-	-	-	-	-	-	-	-
Waitemata	2	1	7	7	-	-	3	-	2	1	10	7
Auckland ¹	10	9	8	14	-	5	-	1	10	14	8	15
Counties Manukau	1	1	3	12	-	2	-	2	1	3	3	14
Total	13	11	18	33	-	7	3	3	13	18	21	36

1. Includes Inpatient Workforce Data

Figure 31. Asian Infant, Child & Adolescent Mental Health/AOD Workforce by DHB (Headcount, 2004-2010)



From 2004 to 2010, the increase in the Asian workforce was largely seen in the Clinical workforce (see Table 31).

Eighty-six percent of the Asian staff were in Clinical roles largely as Psychologists, Mental Health Nurses and Occupational Therapists with almost all of the Asian Clinical workforce (97%) employed in DHB services (see Table 32 & Figure 32).

The Non-Clinical workforce were mainly Mental Health Support Workers employed in NGOs (see Table 32 & Figure 32).

Table 31. Asian Clinical & Non-Clinical Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

Year	Inpatient			Community			NGOs			Total		
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total
2004	4	2	6	7	-	7	-	-	-	11	2	13
2006	5	2	7	4	-	4	2	5	7	11	7	18
2008	5	2	7	11	-	11	2	1	3	18	3	21
2010	5	1	6	25	2	27	1	2	3	31	5	36

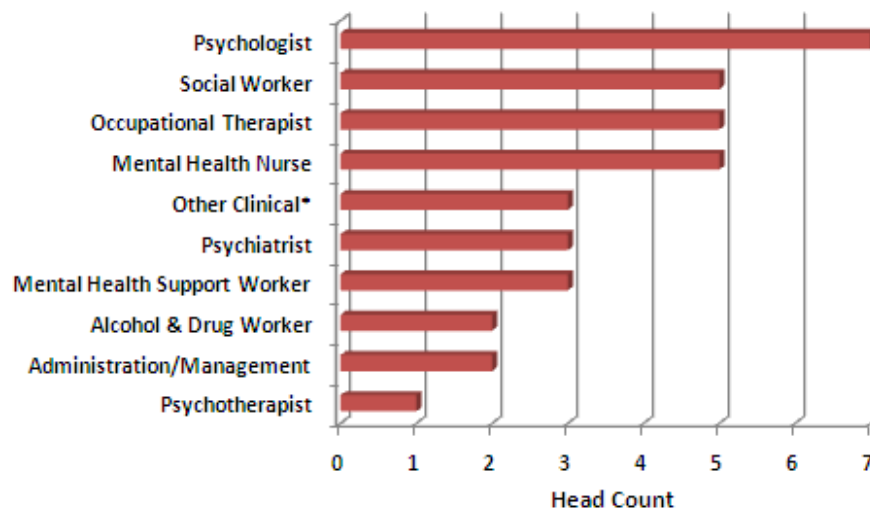
Note: Non-Clinical Workforce includes Administration/Management Staff

Table 32. Asian Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

Occupational Group	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	1	1	1	2
Counsellor	-	-	-	-	-
Mental Health Nurse	4	1	5	-	5
Occupational Therapist	-	5	5	-	5
Psychiatrist	-	3	3	-	3
Psychotherapist	-	1	1	-	1
Psychologist	-	7	7	-	7
Social Worker	-	5	5	-	5
Other Clinical Appointment ¹	1	2	3	-	3
Clinical Sub-Total	5	25	30	1	31
Cultural Appointment	-	-	-	-	-
Specific Liaison	-	-	-	-	-
Mental Health Consumer Advisor	-	-	-	-	-
Mental Health Support Worker	1	-	1	2	3
Non-Clinical Support for Clients Sub-Total	1	-	1	2	3
Administration/Management	-	2	2	-	2
Regional Total	6	27	33	3	36

1. Other Clinical Group = Registered Medical Officer, Family Therapist, Psychiatry Registrar

Figure 32. Asian Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

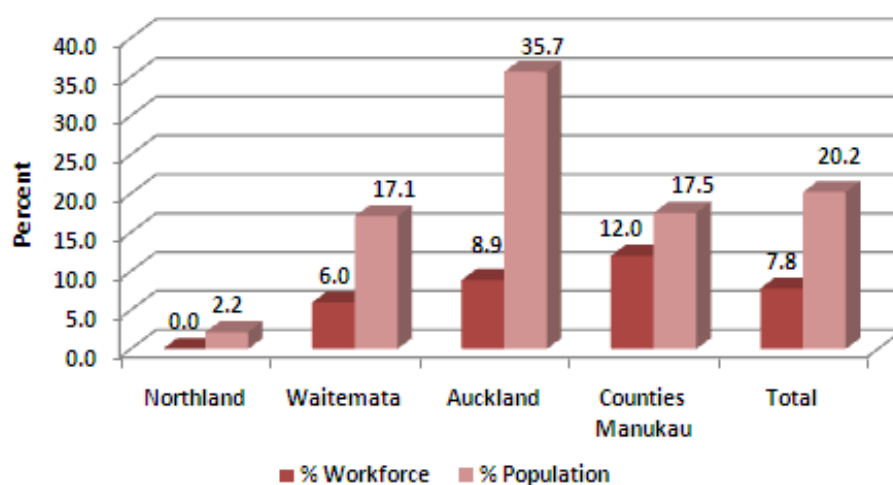


Workforce & Population Comparisons

Based on the 2010 population projections, the Asian infant, children and adolescent population made up 20% of the region's population, and the Asian workforce (excluding Administration/Management staff) made up only 8% of the region's total workforce (36/451).

From 2008 to 2010, the growth in the Asian workforce has not kept pace with the growth in the regional Asian population. Significant disparities between the Asian population and the workforce at the regional level as well as at individual DHB areas continue to exist. The largest disparity was seen in the Auckland DHB area where the majority of the Asian population reside (see Figure 33).

Figure 33. Proportion of Asian Workforce compared to Proportion of Asian 0-19 yrs Population



ASIAN CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

The 2004 to 2009 client access data has been extracted from the MHINC/PRIMHD. Due to incomplete data from the NGO sector, NGO client data has been excluded. Therefore this section only contains MHINC/PRIMHD DHB client data that is relevant to each region, which could account for the low access rates reported in this section.

In the second half of 2009, Asian infants, children and adolescents made up 5% of the total number of clients in the Northern region (see Table 33). Asian male clients made up the majority of the clients accessing services in the Northern region (54%) (see Table 33).

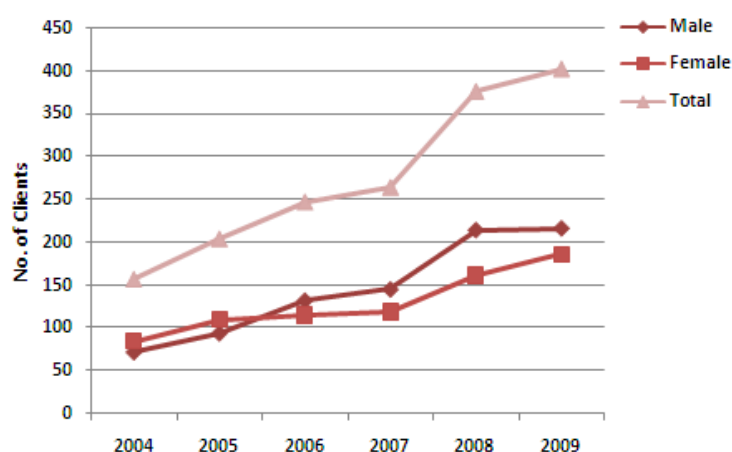
From 2007 to 2009, there was 52% increase in Asian clients accessing services in the Northern region (see Table 33).

Table 33. Asian 0-19 yrs Clients by Gender (2004-2009)

Year	Asian Clients by Gender			Total Clients
	Male	Female	Total	
2004	72	85	157	3,631
2005	94	110	204	4,316
2006	132	115	247	49,92
2007	144	120	264	5,531
2008	214	162	376	6,676
2009	216	186	402	7,702

Note: Data is for 2nd 6 months of each year

Figure 34. Asian 0-19 yrs Clients by Gender (2004-2009)



In the second half of 2009, Counties Manukau DHB reported the largest number of Asian clients, closely followed by Waitemata DHB. Auckland DHB reported the lowest number of Asian clients (see Table 34).

From 2007 to 2009, all of the DHBs reported an increase in Asian clients. Counties Manukau DHB reported the largest increase followed by Auckland and Waitemata DHBs (see Table 34 & Figure 35).

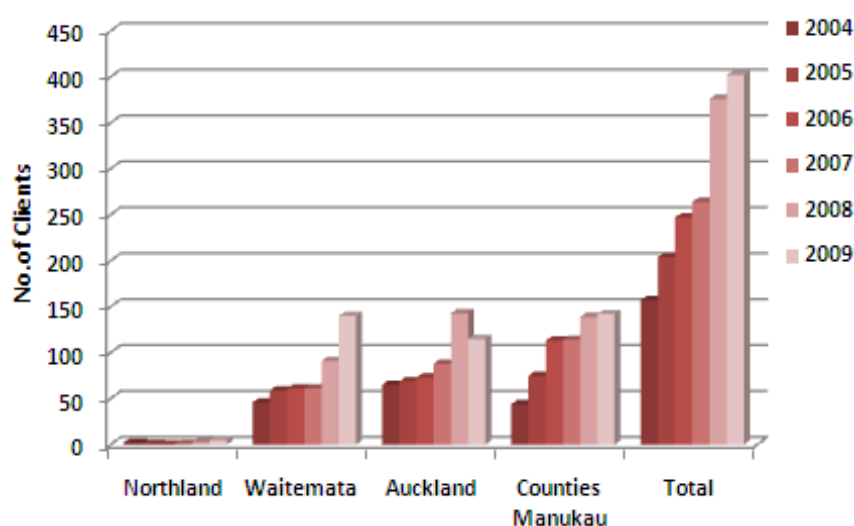
Despite an increase, Asian client numbers have remained relatively low compared to Māori (2,245) and Pacific (924) client numbers.

Table 34. Asian 0-19 yrs Clients by DHB (2004-2009)

Year	Asian 0-19 years Clients by DHB				Total Asian 0-19 yrs Clients
	Northland	Waitemata	Auckland	Counties Manukau	
2004	2	46	65	44	157
2005	1	59	69	75	204
2006	0	61	73	113	247
2007	1	61	88	114	264
2008	3	91	143	139	376
2009	5	140	115	142	402

Note: Data is for 2nd 6 months of each year

Figure 35. Asian 0-19 yrs Clients by DHB (2004-2009)



Asian 0-19 yrs Client Access Rates

From 2007 to 2009, the total regional Asian access rate had increased slightly from 0.35% to 0.50%. However, access rates by age group only showed increases in the 10-14 and 15-19 year age groups.

Asian access rates have also remained the lowest out of all three ethnic groups (Māori 2.28%, Pacific 1.08%, Asian 0.50%) and therefore remain significantly below target rates for all three age groups (see Table 35).

Table 35. Asian Access Rates by Age Group (2006-2009)

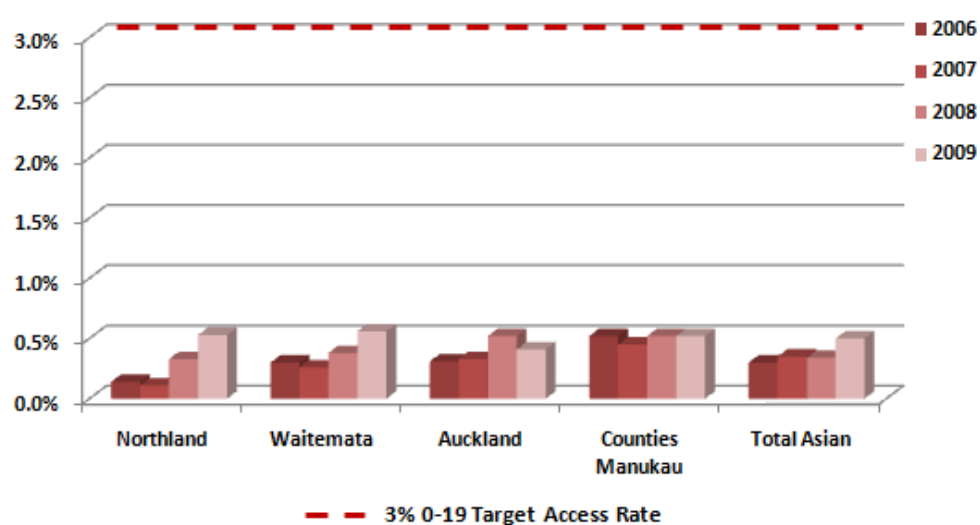
Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%
2006	0.13%	0.36%	0.71%	0.37%
2007	0.12%	0.33%	0.69%	0.35%
2008	0.18%	0.41%	0.97%	0.48%
2009	0.16%	0.53%	1.01%	0.50%
Regional Rate 2009	0.47%	1.83%	3.68%	1.65%

Note: Data is for the 2nd 6 months of each year

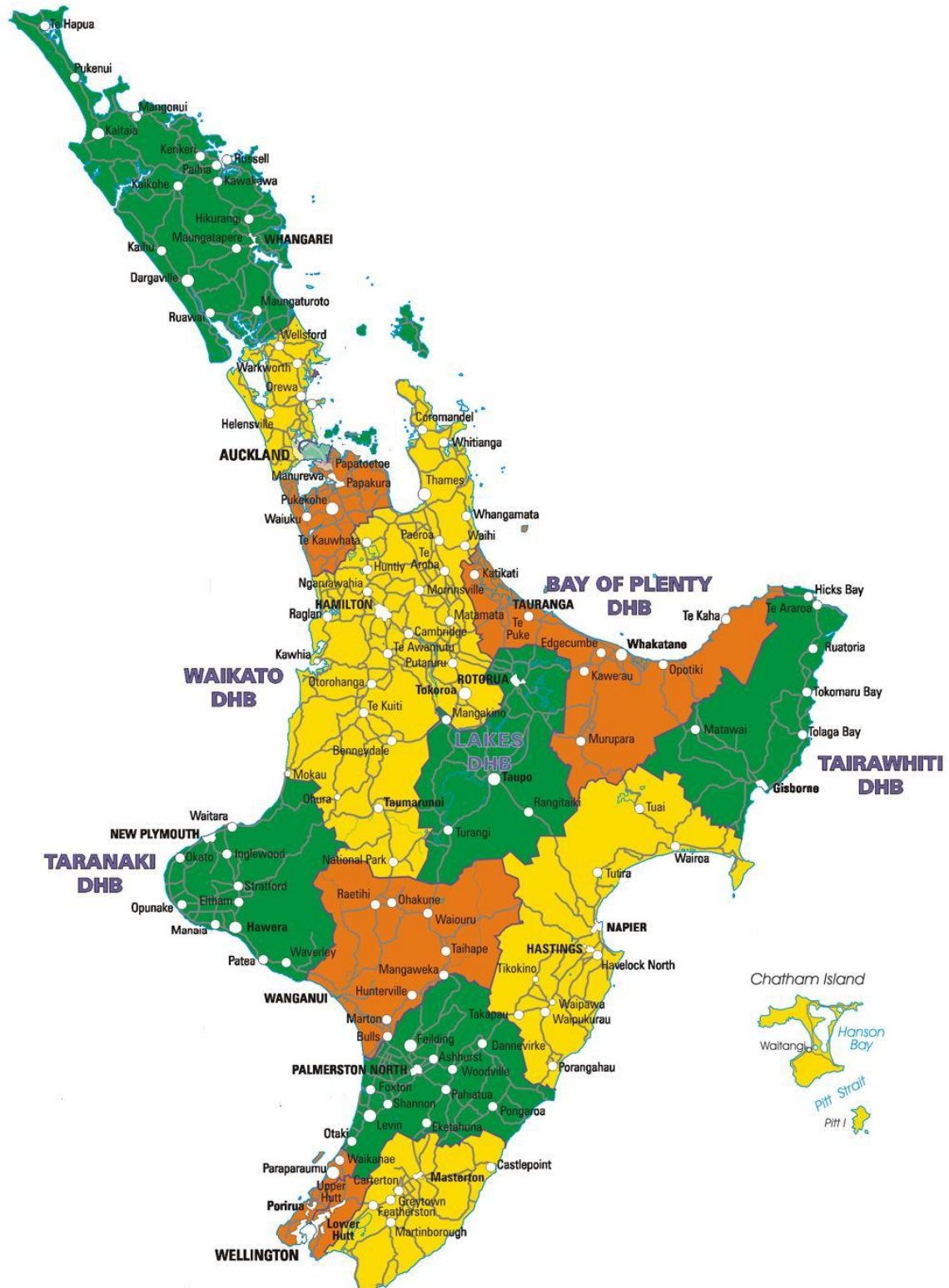
From 2007 to 2009, Northland and Waitemata DHBs were the only DHBs in the region that reported an increase in Asian access rates.

There was no change in Asian access rates reported by Counties Manukau DHB and there was decrease in Asian access rates in Auckland DHB (see Figure 36).

Figure 36. Asian 0-19 yrs Access Rates by DHB (2006-2009)



MIDLAND REGION INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD OVERVIEW



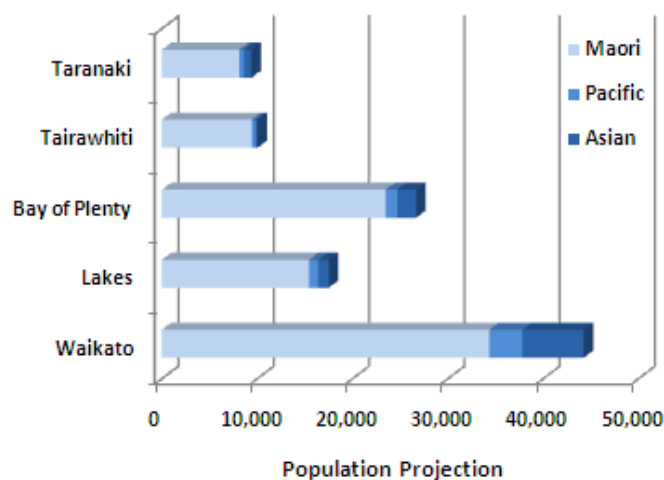
INFANT, CHILD & ADOLESCENT POPULATION PROFILE

Based on the 2010 population projections, the Midland region had New Zealand's third largest (20%) infant, child and adolescent (0-19 yrs) population (see Appendix A, Table 1 & Figure 1).

The 2008 to 2010 population projections indicated a slight decrease (1%) in the regional 0-19 years population (see Appendix A, Table 1).

The majority of the population resided in Waikato (44%) and Bay of Plenty (25%) DHB areas (see Appendix A, Table 1).

Figure 1. Infant, Child & Adolescent Population (2010)



Māori Infant, Child & Adolescent Population

In 2010, the Midland region had the second largest Māori 0-19 year population (31%) in the country.

The 2008 to 2010 population projections indicated a 1% increase in the regional Māori population. Projections by DHB show that Bay of Plenty had the largest increase by 2% (see Appendix A, Table 1).

The Māori infants, children and adolescents made up 38% of the region's total 0-19 years population with large proportions of Māori infants, children and adolescents residing in Tairāwhiti (63%) and Lakes (49%) (see Appendix A, Table 1).

Pacific Infant, Child & Adolescent Population

In 2010, the Midland region had the smallest Pacific infant, child and adolescent population (6%) in the country.

The 2008 to 2010 population projections indicated a slight increase in the region's Pacific infant, child and adolescent population by 0.3% (see Appendix A, Table 1).

The Pacific infants, children and adolescents make up 3% of the region's total 0-19 years population.

Over half (53%) of the region's Pacific infants, children and adolescents resided in the Waikato DHB area (see Appendix A, Table 1).

Asian Infant, Child & Adolescent Population

In 2010, the Midland region continued to have the smallest Asian population (8%) in the country.

The 2008 to 2010 population projection indicated a 6% increase in the regional Asian population; the largest growth out of the three main ethnic groups (see Appendix A, Table 1).

The Asian infant, child and adolescent population made up 4% of the regional infant, child and adolescent population.

The majority of the Asian population (61%) resided in the Waikato DHB area.

PROVISION OF INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

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

Regional Inpatient mental health services are provided by Auckland DHB (Starship Child & Family Inpatient Service).

Infant, child and adolescent mental health/AoD services are also provided by DHB funded NGOs and in some cases, Primary Health Organisations.

In 2006, Waikato DHB conducted a review and appraisal of the infant, child and adolescent mental health and addictions services which highlighted that despite the increased number of NGOs delivering services to infants, children and adolescents in the region, there remains low access to services, inadequacies in service integration, gaps and duplications and a lack of trust and credibility in the services (Waikato DHB, 06-07). As a result of these findings, the Waikato DHB area has undergone considerable changes in the NGO sector.

As a result of the review, for the June 2009 to July 2010 period, 30 NGOs were identified as providing DHB funded infant, child and adolescent mental health and AoD services in the Midland region. Of the 30 NGOs, 7 were contracted AoD providers.

From 2008 to 2010, progress can be seen in funding and in the number and types of services available for infants, children and adolescents in the region. Some services are now more inclusive of infants with either dedicated services or teams for the infant (0-4 age group) population.

The progress in the development and provision of services for infants, children and adolescents has been in line with the priorities outlined in *Te Raukura* (Ministry of Health, 2007):

- *Youth Forensic Services*: Waikato DHB.
- *Child and Adolescent AoD Services/Funding*:
 - All five DHBs.
 - Seven NGOs.
- *Eating Disorder Funding*: Bay of Plenty and Tairāwhiti DHBs.
- *Services for Māori*: Kaupapa Māori services:
 - Bay of Plenty DHB.
 - Fourteen Kaupapa Māori NGOs
- *Services for Pacific*: No dedicated Pacific DHB or NGO services, however Pacific infants, children and adolescents have access to Māori or mainstream DHB and NGO mental health/AoD services in the region.

Table 1. Waikato Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

WAIKATO DHB
Child & Adolescent Mental Health/AoD Services
REGIONAL 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
Children & Youth Alcohol & Drug Community Services
Child & Youth Acute Care Packages
NGA RINGA AWHINA O HAUORA TRUST
Children & Youth Alcohol & Drug Community Services
Child & Youth Intensive Clinical Support Service
Children & Young People Community Services
Kaupapa Māori Mental Health Services - Tamariki & Rangatahi
Advocacy/Peer Support - Families/Whānau
RAUKAWA TRUST BOARD
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Advocacy/Peer Support - Families/Whānau
RICHMOND FELLOWSHIP
Child & Youth Community Residential Care
ROSTREVOR HOUSE
Children & Young People Community Services
Advocacy/Peer Support - Families/Whānau
TAUMARUNUI COMMUNITY KOKIRI TRUST
ICAY community mental health services Kaupapa Māori
Kaupapa Māori Mental Health Services - Tamariki & Rangatahi
Advocacy/Peer Support - Families/Whānau
TE KOROWAI HAUORA O HAURAKI INC.
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Children & Young People Community Services
Advocacy/Peer Support - Families/Whānau

WAIKATO NGOs Continued
TE RUNANGA O KIRIKIROA
Whai Marama Youth Connex
Children & Young People Community Services
Advocacy/Peer Support - Families/Whānau
Child, Adolescent & Youth Community - Accommodation
Rongo Atea: Youth Community Alcohol & Drug Services -Accommodation
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
<i>Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)</i>

Table 2. Lakes Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

LAKES DHB
Child & Adolescent Mental Health Services (Taupo/Turangi)
Child Mental Health Services (Rotorua)
Youth Specialty Team (Rotorua)

LAKES NGOs
Te Utuhina Manaakitanga Trust
Children & Youth Alcohol & Drug Community Services
<i>Note: Italicised Services are Kaupapa Māori Services (PU Code MHCS39)</i>

Table 3. Bay of Plenty Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

BAY OF PLENTY DHB
Child & Adolescent Mental Health Services (Tauranga)
Voyagers Child & Adolescent Mental Health Services (Whakatane)
Early Intervention 1 st Time Psychosis: Delivered through the Intensive Case Management roles (Tauranga & Whakatane)
<i>*Also receives funding for Eating Disorders</i>

BAY OF PLENTY NGOs
HEALTHCARE OF NEW ZEALAND LTD
Child & Youth Wrap Around Services
MAKETU HEALTH & SOCIAL SERVICES
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Children & Youth Alcohol & Drug Community Services

BAY OF PLENTY NGOs Continued
<i>POUTIRI CHARITABLE TRUST: TE IKA WHENUA HAUORA INC</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Advocacy/Peer Support-Families/Whānau
<i>POUTIRI CHARITABLE TRUST: NGA KAKANO FOUNDATION</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
Advocacy/Peer Support-Families/Whānau
<i>TE MANU TOROA TRUST</i>
Children & Young People Community Services
Advocacy/Peer Support/Consumers/Families/Whānau
Peer Support Service - Kaupapa Māori - Children Adolescents and Youth
<i>TE PUNA HAUORA MAORI SERVICES</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
<i>TE RUNANGA NGAI TAMAWHARIUA INC</i>
Children & Young People Community Services
Advocacy/Peer Support/Consumers
Peer Support Service - Kaupapa Māori - Children Adolescents & Youth
<i>NGA MATAPUNA ORANGA PHO: TE RUNANGA NGATI PIKIAO TRUST</i>
Kaupapa Māori Mental Health Services - Tamariki & Rangatahi
<i>TE TOMIKA TRUST</i>
Children & Young People Community Services
<i>THE YOUTH HORIZONS TRUST</i>
Child & Youth Planned Respite
Child & Youth Crisis Respite
Child & Youth Intensive Clinical Support Service
Child & Youth Wrap Around Services
<i>TOUGHLOVE TAURANGA/COASTAL BOP INC</i>
Advocacy /Peer Support-Families/Whānau
<i>TUHOE MATAURANGA TRUST</i>
Whānau Ora Contract: Eke Panuku Programme (Mental Health Programme for Youth at Risk)
<i>TUHOE HAUORA TRUST RAKEIWHENUA TRUST</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
<i>TUWHARETOA KI KAWERAU HEALTH EDUCATION & SOCIAL SERVICES</i>
Children & Young People Community Services
ICAY Community Mental Health Services Kaupapa Māori
<i>WESTERN BAY OF PLENTY PRIMARY HEALTH ORGANISATION LTD</i>
Needs Assessment & Service Co-ordination

BAY OF PLENTY NGOs Continued
WHAKATOHEA MĀORI TRUST BOARD
Children & Young People Community Services
Advocacy/Peer Support/Consumers/Families/Whānau
ICAY community mental health services Kaupapa Māori
Peer Support Service - Kaupapa Māori - Children Adolescents & Youth

Table 4. Tairāwhiti Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

TAIRAWHITI DHB
Child & Adolescent Mental Health Services
<i>*Also receives funding for Eating Disorders & AoD</i>
TAIRAWHITI NGOs
NGATI POROU HAUORA INC
Children & Young People Community Services
TE KUPENGA NET TRUST
Advocacy/Peer Support/Consumers

Table 5. Taranaki Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

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)

FUNDING FOR INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

For the June 2009 to July 2010 financial year, the Midland region provider services received \$26,060,397 for infant, child and adolescent mental health/AoD services (see Appendix B, Table 1).

From 2007 to 2010, there was a 14% increase in total funding for infant, child and adolescent mental health/AoD services (see Appendix B, Table 1).

This increase was seen in DHB funding only (29%) while there was a 5% decrease in NGO funding (see Figures 2 & 3).

Figure 2. Infant, Child & Adolescent Mental Health/AOD Funding (2004-2010)

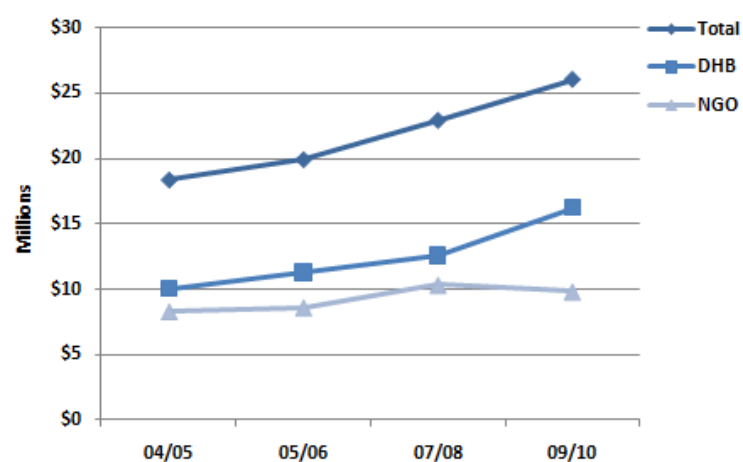
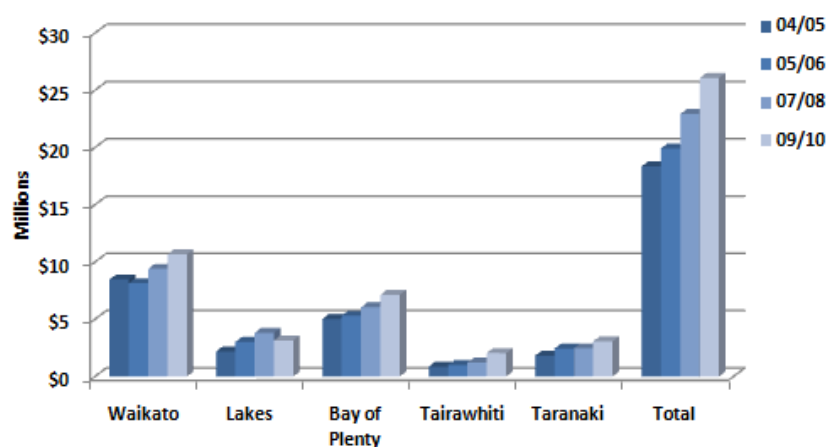


Figure 3. Infant, Child & Adolescent Mental Health/AOD Funding by DHB (2004-2010)



From 2007 to 2010, the largest increase in funding was in Alcohol and Other Drugs services, while Kaupapa Māori funding had decreased by 20% (see Table 6).

Table 6. Funding by Services (2007-2010)

Services	Year		
	2007/2008	2009/2010	% Change
Inpatient	\$138,679	\$164,429	19
Alcohol & Other Drugs	\$1,412,810	\$2,510,423	78
Kaupapa Māori	\$3,812,197	\$3,053,355	-20
All Other Services	\$17,558,156	\$20,332,190	16
Total	\$22,921,842	\$26,060,397	14

Source: Ministry of Health Price Volume Schedule 2007/2008 & 2009/2010

Funding per Head of Infant, Child & Adolescent Population

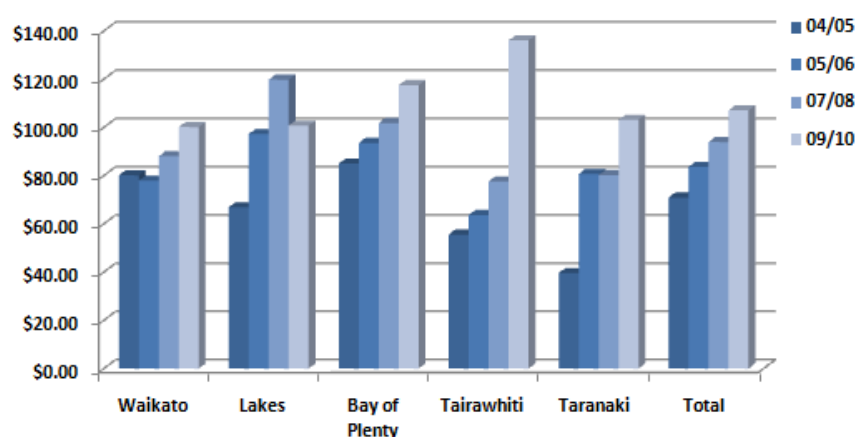
Funding per head of population is a method by which we can look at the equity of funding across the regions and DHBs. Clearly this is not the actual amount spent per 0-19 years as only a small proportion of this population access services. The effect of inter DHB referrals is negligible for the Midland region (see Appendix D, Table 7).

From 2007 to 2010, there was a 15% increase in the regional spend per head of the 0-19 population (Inpatient costs included) (see Appendix B, Table 2 & Figure 4).

For the 2009/2010 financial year, the Midland region spend per head of the 0-19 year population was \$107.77 (see Appendix B, Table 2).

The largest increase in spending per 0-19 years was seen in the Tairāwhiti DHB area. However, spend per 0-19 years had decreased in the Lakes DHB area (see Figure 4).

Figure 4. Funding per Head of Infant, Child & Adolescent Population (2004-2010)



INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

Please note that 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 for 2010. Where possible, the total FTE volume figure extracted from the Price Volume Schedule has been used to estimate this NGOs workforce. However, this FTE figure is not broken down by occupational group and ethnicity therefore limits the presentation of the Midland region workforce.

In 2010, the Midland region DHB CAMH/AoD services and NGOs reported a total of 249.82 actual FTEs with a further 21.3 FTEs reported vacant. The majority of vacancies were reported by DHB services.

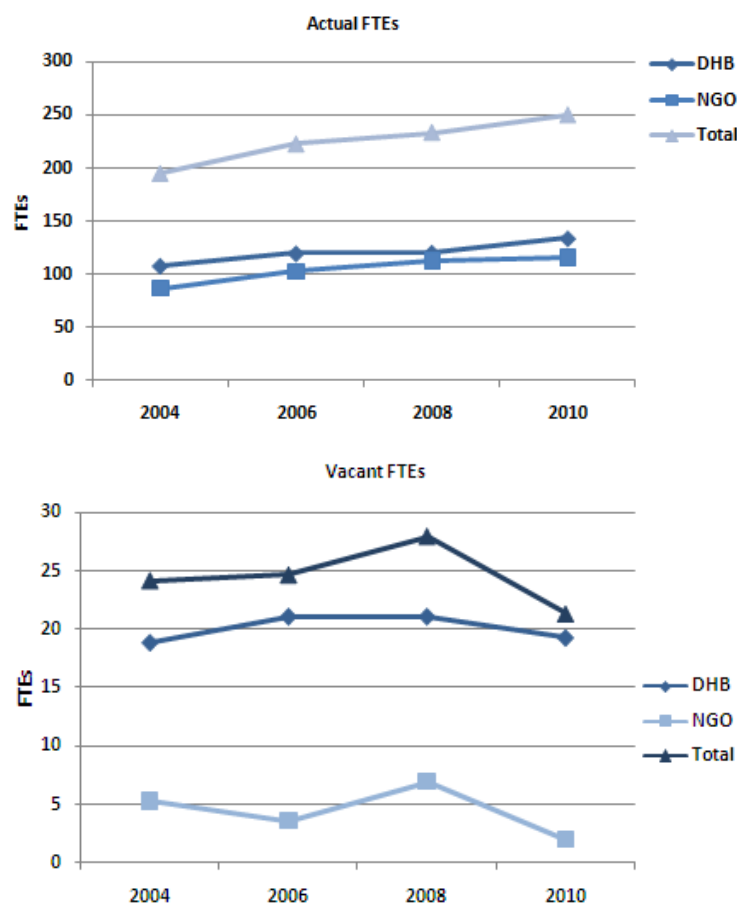
From 2008 to 2010, total workforce had increased by 7% and vacancies had decreased by 24% with a vacancy rate of 8% reported in 2010 (see Table 7 & Figure 5).

Table 7. Total Infant, Child & Adolescent Mental Health/AoD Workforce (2004-2010)

Year	DHB			NGOs			Total		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% 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	3.6	3	222.71	24.65	10
2008	120.50	21.05	15	112.93	6.9	6	233.43	27.95	11
2010	133.80	19.30	13	116.04 ¹	2.0	2	249.82	21.30	8

1. Includes 29.24 Contracted FTEs for Hauora Waikato for the 2009/2010 period

Figure 5. Total Infant, Child & Adolescent Mental Health/AOD Workforce Actual & Vacant FTEs (2004-2010)



The increase in the total workforce was seen in the Clinical workforce in both DHB services and NGOs (from 158.88 to 170.03 FTEs).

The majority of the Midland region workforce (68%) were in Clinical roles and mainly (64%) employed in DHB CAMH/AoD services (see Table 8 & Figure 6).

The remainder of the workforce (20%) were in Non-Clinical roles largely as Administrators and Managers and Mental Health Support Workers (see Table 8 & Figure 6).

Figure 6. Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (2010)

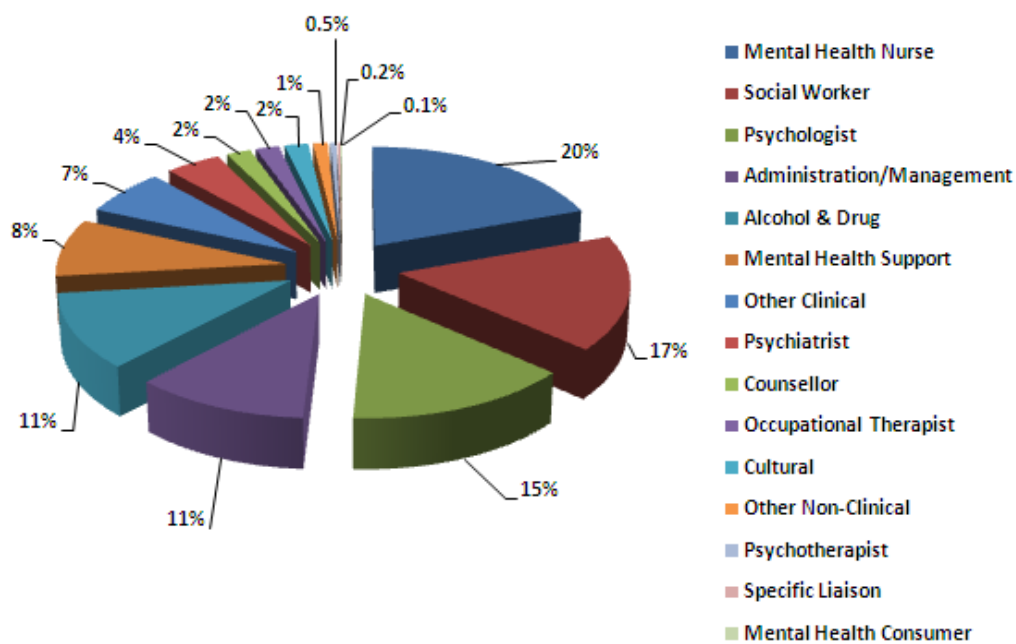


Table 8. Infant, Child & Adolescent Mental Health/AoD Workforce by Occupational Group (2010)

Occupational Group	DHB	NGOs	Total
Alcohol & Drug Worker	7.0	17.0	24.5
Counsellor	1.6	2.5	4.1
Mental Health Nurse	31.8	11.3	43.1
Occupational Therapist	4.0	-	4.0
Psychiatrist	9.2	0.3	9.5
Psychotherapist	1.0	-	1.0
Psychologist	32.03	-	32.03
Social Worker	18.3	18.8	37.1
Other Clinical Appointment ²	3.7	11.0	14.7
Clinical Sub-Total	109.13	60.9	170.03
Cultural Appointment	4.0	-	4.0
Specific Liaison	0.5	-	0.5
Mental Health Consumer	0.2	-	0.2
Mental Health Support Worker	1.0	17.6	18.6
Other Non-Clinical Support for Clients ³	-	2.5	2.5
Non-Clinical Support for Clients Sub-Total	5.7	20.1	25.8
Administration/Management	18.95	5.8	24.75
Regional Total	133.8	116.04¹	249.82¹

1. Total FTE includes 25.7 FTEs for Hauora Waikato
2. Other Clinical Group includes = Family Therapists; Clinical ICAY Assessor; Educational Psychologists; Clinical Supervisor; CAFS Support Workers; Interns: Counselling, Social Work.
3. Other Non-Clinical = Advocacy Peer Support Family/Whānau/Consumer Roles; Educators Primary Liaison Role

Table 9. Infant, Child & Adolescent Mental Health/AOD Workforce Vacancies by Occupational Group (2010)

Occupational Group	DHB	NGOs	Total
Alcohol & Drug Worker	5.0	-	5.0
Counsellor	-	-	-
Mental Health Nurse	2.0	2.0	4.0
Occupational Therapist	-	-	-
Psychiatrist	2.6	-	2.6
Psychotherapist	1.0	-	1.0
Psychologist	4.3	-	4.3
Social Worker	2.0	-	2.0
Other Clinical Appointment ¹	1.0	-	1.0
Clinical Sub-Total	17.9	2.0	19.9
Cultural Appointment	-	-	-
Specific Liaison	-	-	-
Mental Health Consumer Advisor	0.4	-	0.4
Mental Health Support Worker	1.0	-	1.0
Non-Clinical Support for Clients Sub-Total	1.4	-	1.4
Administration/Management	-	-	-
Regional Total	19.3	2.0	21.3

1. Other Clinical Group = Registrar

DHB Community Infant, Child & Adolescent Mental Health/AoD Workforce

In 2010, the Midland region DHB Community CAMH/AoD services reported a total of **133.8** actual FTEs with a further **19.3** FTEs reported vacant.

Bay of Plenty and Waikato DHBs reported the largest workforce in the region (see Table 10).

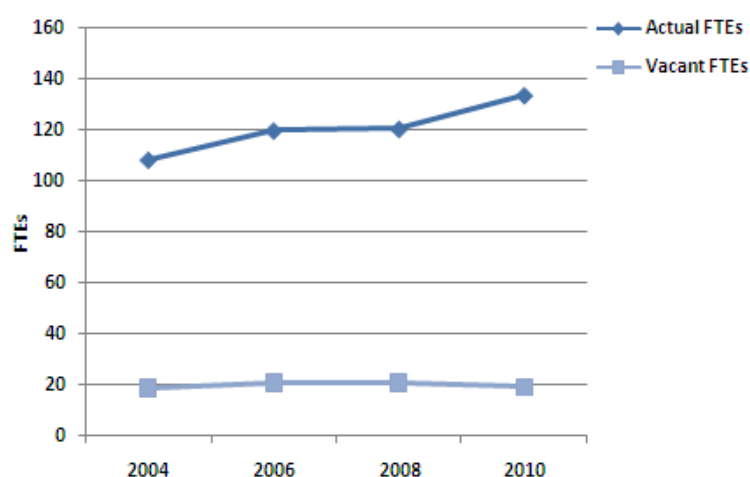
From 2008 to 2010, there was an 11% increase in the total Community workforce. Bay of Plenty DHB reported the largest increase from 32.35 to 40.4 FTEs (25% increase).

From 2008 to 2010, the vacancy rate had decreased slightly to 13% (see Table 10).

Table 10. DHB Community Infant, Child & Adolescent Mental Health/AOD Workforce (2004-2010)

DHB	Actual FTEs				Vacant FTEs				Vacancy Rate %			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Waikato	31.61	40.9	35.8	38.0	1.0	8.0	4.4	7.3	3	16	11	16
Lakes	16.15	19.4	18.1	21.1	12.2	7.2	6.0	3.0	43	27	25	12
Bay of Plenty	36.1	32.35	32.35	40.4	1.4	5.2	10.25	4.4	4	14	24	10
Tairāwhiti	8.55	10.7	15.05	16.9	1.3	0.65	-	2.6	13	6	-	13
Taranaki	15.9	16.5	19.2	17.4	3.0	-	0.4	2.0	16	-	2	10
Total	108.31	119.85	120.5	133.8	18.9	21.05	21.05	19.3	15	15	15	13

Figure 7. DHB Community Infant, Child & Adolescent Mental Health/AOD Actual & Vacant FTEs (2004-2010)



The increase in the DHB Community workforce was largely seen in the Clinical workforce by 6% (from 103 to 109.13 FTEs).

Bay of Plenty DHB Community CAMHS reported the largest increase in the Clinical workforce (from 28.35 to 34.23 FTEs).

In 2010, 82% of the DHB Community Clinical CAMH/AoD staff were in Clinical roles.

From 2008 to 2010, the largest growth in the Clinical workforce occurred in the following roles:

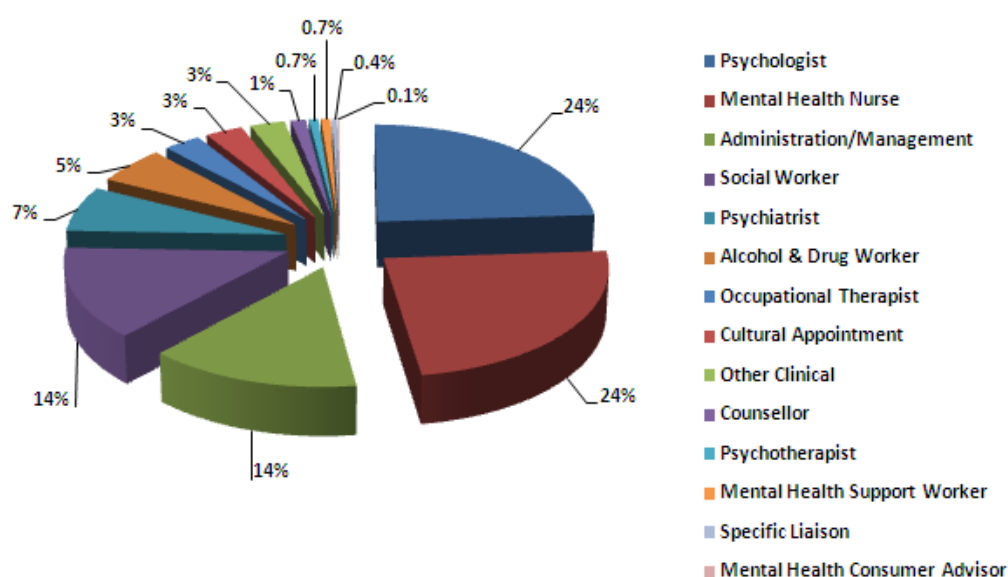
- Occupational Therapists (from 2.5 to 4.0 FTEs)

- Alcohol and Drug Workers (from 5.0 to 7.5 FTEs)
- Mental Health Nurses (from 25.5 to 31.8 FTEs)

In 2010, Clinical vacancies were largely for Alcohol and Drug Workers and Psychologists (see Table 9).

The DHB Non-Clinical Community CAMH/AoD workforce (24.65 actual FTEs including Administration/Management) made up the remainder of the Midland region community workforce mainly in Administration/Management and Cultural roles (see Table 8).

Figure 8. DHB Community Infant, Child & Adolescent Mental Health/AOD Workforce (2010)



NGO Infant, Child & Adolescent Mental Health/AoD Workforce

Please note that although every attempt is made to ensure data accuracy, the quality of data is dependent on the source. Variations in data over time could also be due to the reporting of data by different staff members from the same agencies at each data collection point and contractual changes may also account for some of the variances seen.

As at 30th June 2010, a total of 30 NGOs were identified as providing infant, 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.

Furthermore in 2006/2007, Waikato DHB conducted a review and appraisal of the infant, child and adolescent mental health and addictions services which highlighted that despite the increased number of NGOs delivering services to infants, children and adolescents in the region, there remains low access to services, inadequacies in service integration, gaps and duplications and a lack of trust and credibility in the services (Waikato DHB, 06-07). As a result of these findings, the Waikato DHB area has undergone considerable changes in the NGO sector which is reflected in the data presented.

In 2010, the NGOs in the Midland region reported a total of 116.04 actual FTEs and a further 2.0 vacant FTEs.

From 2008 to 2010, there was a 3% increase in the NGO workforce (see Table 11).

Regional vacancies had decreased to a vacancy rate of 2% for the same period.

In 2010, NGOs in the Waikato and the Bay of Plenty areas reported the largest NGO workforce in the region (see Table 11).

Table 11. NGO Infant, Child & Adolescent Mental Health/AOD Workforce (2004-2010)

NGOs	Actual FTEs				Vacant FTEs				Vacancy Rate (%)			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Waikato ¹	70.7	70.83	57.23	66.34 ¹	3.0	3.6	4.9	1.0	4	5	9	2
Lakes	7.7	16.7	15.5	7.0	1.0	-	-	-	13	-	-	-
Bay of Plenty	27.3	28.15	31.2	35.7	1.25	-	2.0	-	5	-	6	-
Tairāwhiti	1.0	3.0	3.0	3.0	-	-	-	-	-	-	-	-
Taranaki	3.0	5.0	6.0	4.0	-	-	-	1.0	-	-	-	20
Total	109.7	123.68	112.93	116.04¹	5.25	3.6	6.9	2.0	5	3	6	2

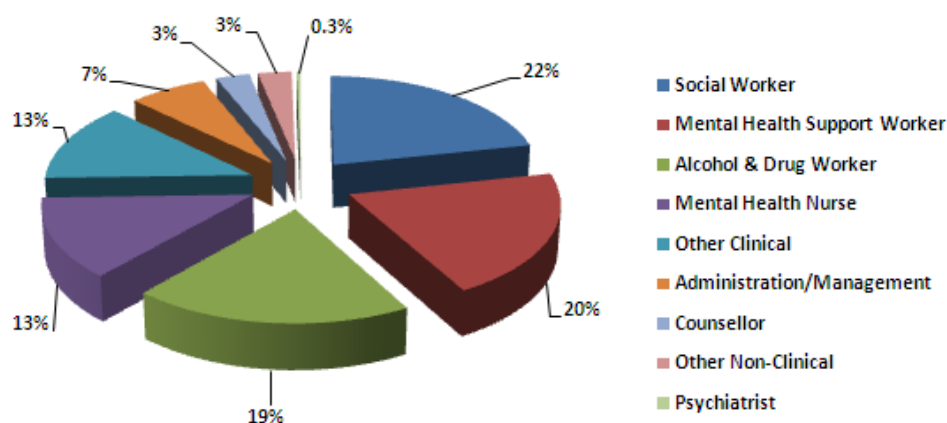
1. Includes Contracted (29.24 FTEs) not Actual FTE Volumes for Hauora Waikato

The increase in the NGO workforce from 2008 to 2010 was seen in the Clinical workforce.

In 2010, the Clinical workforce made up 52% of the total NGO workforce. The NGO Clinical workforce was mainly Social Workers, Alcohol and Drug Counsellors and Mental Health Nurses (see Table 8 & Figure 8).

The remainder of the workforce (22%) were in Non-Clinical roles as Mental Health Support Workers (see Table 8 & Figure 8).

Figure 9. NGO Infant, Child & Adolescent Mental Health/AOD Workforce (2010)



Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to the MHC's Resource Guidelines

From 2004 to 2010, there was an increasing trend in the region's Community Clinical workforce (see Table 12).

Due to the 7% growth in the Community Clinical workforce from 2008 to 2010, the regional Clinical workforce had made some progress towards the 2010 recommended Resource Guideline for the region (see Table 12).

However, the Community Clinical workforce would still need to increase by 40% to meet MHC's recommended resource guideline of 238.04 FTEs for the region's infant, child and adolescent population (see Table 12 & Figure 10).

Table 12. Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2004-2010)

Year	Actual Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase
2004	134.4	237.65	103.25	77
2006 ¹	147.96	223.52	75.6	51
2008 ²	158.9	234.32	75.4	47
2010 ²	170.03	238.04	68.0	40

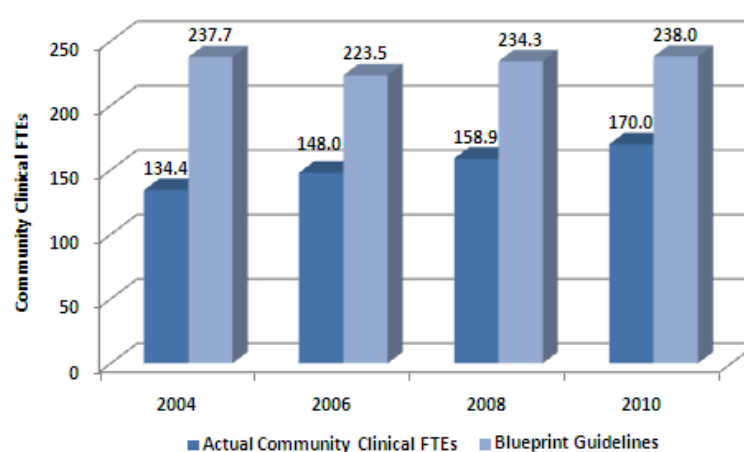
1. 2006 Census (Prioritised Ethnicity)

2. 2008/2010 Population Projections (Base 2006, Total Response, Medium Projections)

3. Includes DHB Community & NGO CAMH/AoD Services

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

Figure 10. Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2004-2010)



CLIENT ACCESS TO CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

The 2004 to 2009 Client access data has been extracted from the MHINC/PRIMHD. Due to incomplete data from the NGO sector, NGO client data has been excluded. Therefore this section only contains MHINC/PRIMHD DHB client data that is relevant to each region and could account for the low access rates reported in this section. The complete MHINC/PRIMHD National DHB client data is available on the Werry Centre Website (www.werrycentre.org.nz).

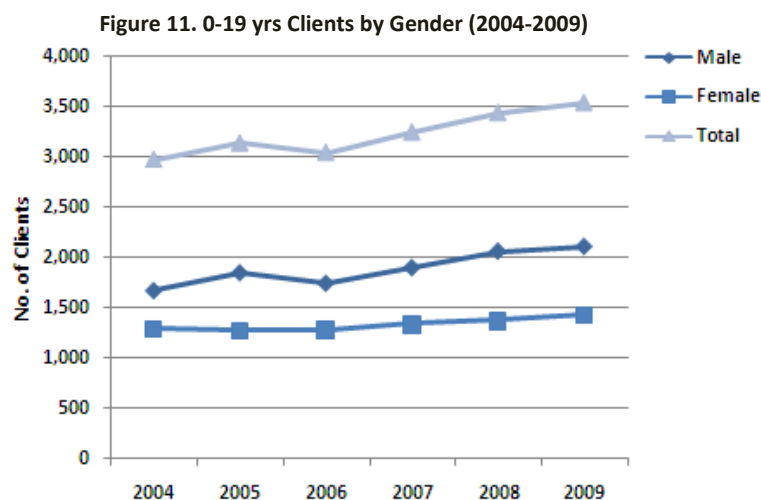
In the second half of 2009, the Midland region had the third largest number of clients accessing mental health/AoD services in the country (see Appendix D, Table 1). Male clients made up the majority of clients accessing services in the region (60%).

From 2007 to 2009, there was a 9% increase in the total number of clients accessing services in the Midland region (see Table 13 & Figure 11).

Table 13. Clients by Gender & Age Group (2004-2009)

Year	Gender								DHB Total
	Male				Female				
	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	459	732	873	2,064	152	401	821	1,374	3,438
2009	440	751	919	2,110	152	410	867	1,429	3,539

Note: Data is for the 2nd 6 months of each year



In the second half of 2009, Waikato DHB reported the highest number of clients (30%) in the region followed by Bay of Plenty DHB (29.8%) (see Table 14 & Figure 12).

From 2007 to 2009, most DHBs reported an increase in client numbers. Waikato DHB reported the largest increase of 20% followed by Tairāwhiti DHB (see Table 14).

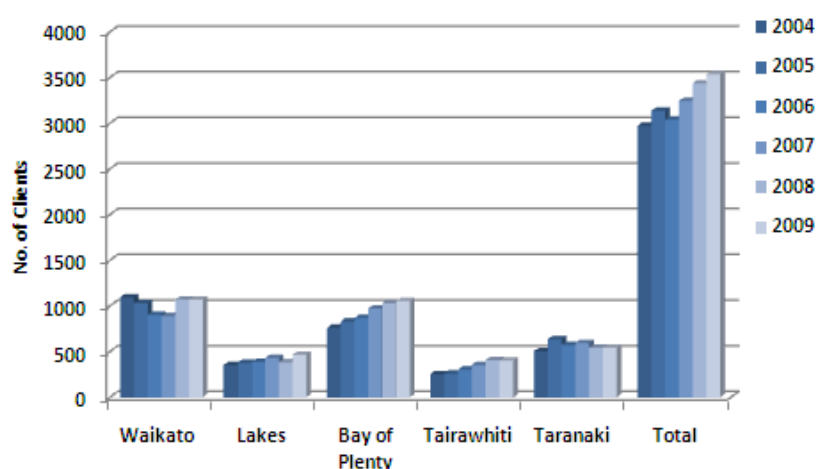
Taranaki DHB reported a decrease by 9% for the same period (see Table 14).

Table 14. 0-19 yrs Clients by DHB (2004-2009)

DHB	Year					
	2004	2005	2006	2007	2008	2009
Waikato	1,096	1,030	905	890	1,072	1,071
Lakes	354	377	386	430	382	468
Bay of Plenty	763	832	872	974	1,032	1,056
Tairāwhiti	254	260	305	356	409	401
Taranaki	506	638	574	595	543	543
Total	2,973	3,137	3,042	3,245	3,438	3,539

Note: Data is for the 2nd 6 months of each year

Figure 12. 0-19 yrs Clients by DHB (2004-2009)



0-19 yrs Client Access Rates Compared to MHC's Access Benchmarks

The 2004 to 2008 MHINC/PRIMHD 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).

In the second six months of 2009, the Midland region access rate was the lowest in the country (see Appendix D, Table 9).

However, client access rates from 2004 to 2009 had improved from 1.16% to 1.45%. Access rates by age showed improvements in the 10-14 and 15-19 year age groups only (see Table 15).

Table 15. Client Access Rates by Age Group (2004-2009)

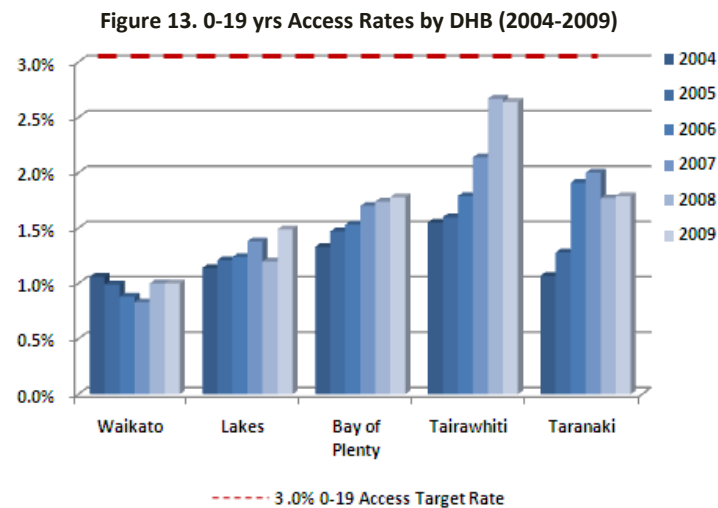
Year	Age Group (yrs)				National Access Rate 0-19
	0-9	10-14	15-19	0-19	
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%	3.0%
2004	0.46%	1.58%	2.06%	1.16%	1.15%
2005	0.48%	1.61%	2.26%	1.23%	1.23%
2006	0.50%	1.65%	2.37%	1.27%	1.24%
2007	0.48%	1.81%	2.51%	1.34%	1.34%
2008	0.52%	1.81%	2.70%	1.41%	1.43%
2009	0.49%	1.87%	2.89%	1.45%	1.49%

Note: Data is for the 2nd 6 months of each year

From 2007 to 2009, most of the DHBs, except for Taranaki DHB, reported an increase in access rates.

In the second half of 2009, Tairāwhiti DHB reported an access rate of 2.64% which was close to the target rate of 3% (see Appendix D, Table 9, Table 15 & Figure 13). Waikato reported the lowest access rates (1.0%) in the region.

Despite the increase, access rates in all DHBs have remained significantly below target rates for all three age groups, with the largest disparity in the 15-19 year age group (see Table 15).



MĀORI INFANT, 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 are likely to be underestimated and should be interpreted with caution.

In 2010, the Midland region DHB and NGO CAMH/AoD services reported a total of 83 Māori staff (71.7 actual FTEs).

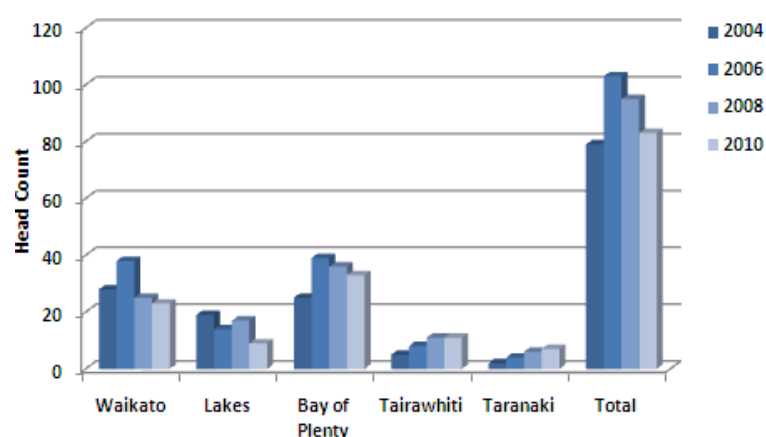
The majority of the Māori workforce (70%) were employed in NGOs in the Bay of Plenty and Waikato DHB areas (see Table 16 & Figure 14).

From 2008 to 2010, there was a 13% decrease in the Māori workforce (see Table 16). This decrease was largely seen in the NGOs in Waikato due to the restructure of NGOs in that area.

Table 16. Māori Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

DHB	DHB				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Waikato	2	12	4	2	26	26	21	21	28	38	25	23
Lakes	3	3	5	4	16	11	12	5	19	14	17	9
Bay of Plenty	8	13	8	7	17	26	28	26	25	39	36	33
Tairāwhiti	4	5	9	10	1	3	2	1	5	8	11	11
Taranaki	1	1	1	2	1	3	5	5	2	4	6	7
Total	18	34	27	25	61	69	68	58	79	103	95	83

Figure 14. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by DHB (Headcount, 2004-2010)



The decrease in the regional Māori workforce was seen in the NGO Non-Clinical workforce (see Table 17).

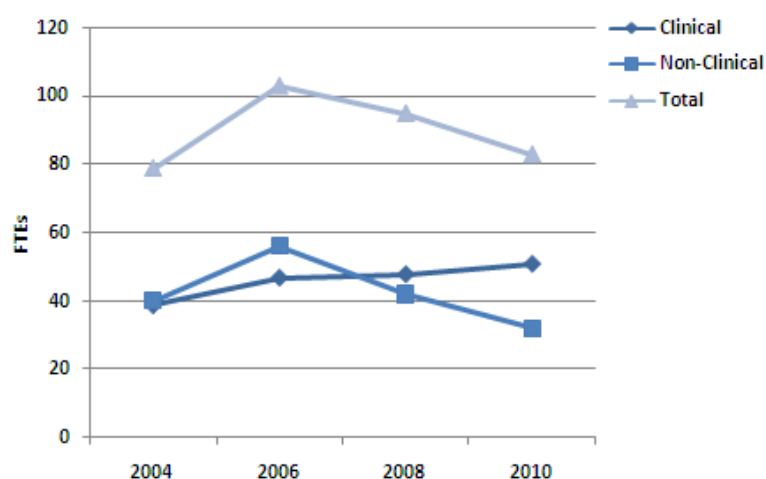
From 2008 to 2010, the Clinical Māori workforce had increased and therefore the majority of the Māori workforce in 2010 was in Clinical roles (61%) (see Table 17 & 18 and Figures 14 & 15).

Table 17. Māori Clinical & Non-Clinical Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

Year	DHB Community			NGOs			Total		Total
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	
2004	14	4	18	25	36	61	39	40	79
2006	22	12	34	25	44	69	47	56	103
2008	14	8	27	34	34	68	48	42	95
2010	11	14	25	40	17	58	51	32	83

Note: Non-Clinical Workforce includes Administration/Management Staff

Figure 15. Māori Clinical & Non-Clinical Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)



DHB Community Māori Infant, Child & Adolescent Mental Health/AoD Workforce

In 2010, the Midland region DHB Community services reported a total of 25 Māori staff. Tairāwhiti DHB CAMHS reported the largest Māori workforce in the region (10) (see Table 16).

Māori staff in DHB Community services were mainly in Clinical roles (see Table 18).

From 2008 to 2010, the DHB Community services reported a decrease of two Māori staff.

NGO Māori Infant, Child & Adolescent Mental Health/AoD Workforce

In 2010, NGOs reported a total of 58 Māori Staff (51.5 FTEs). Please note, 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 16).

The majority of the Māori workforce were in Clinical roles as Alcohol and Drug Workers and Social Workers (see Table 18). The remainder of the workforce were Mental Health Support Workers.

From 2008 to 2010, there was a 17% decrease in the NGO Māori workforce. This decrease was seen in the Non-Clinical workforce (see Table 17).

Fourteen NGOs were contracted to provide Kaupapa Māori services (Purchase Unit Code: MHCS39), received approximately 26% (\$2,519,749) of the total regional NGO funding (\$9,826,867) and reported almost half (47%, 27/58) of the Māori NGO staff in the region.

Out of the 27 Māori staff reported by the Kaupapa Māori services, the majority were in Clinical roles as Social Workers (8) and Alcohol and Drug Workers (4) while the remainder were Mental Health Support Workers (6).

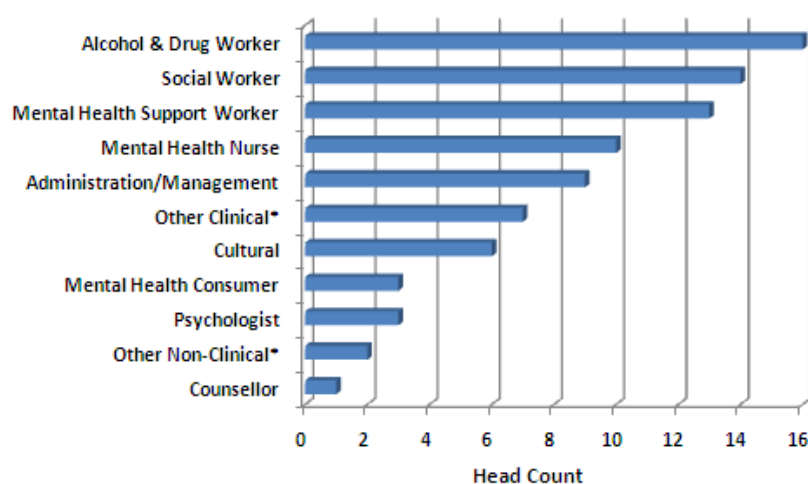
Table 18. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

Occupational Group	DHB	NGO	Total
Alcohol & Drug Worker	3	13	16
Counsellor	-	1	1
Mental Health Nurse	3	7	10
Occupational Therapist	-	-	-
Psychiatrist	-	-	-
Psychotherapist	-	-	-
Psychologist	3	-	3
Social Worker	2	12	14
Other Clinical Appointment ¹	-	7	7
Clinical Sub-Total	11	40	51
Cultural Appointment	5	1	6
Specific Liaison	-	-	-
Mental Health Consumer Advisor	1	1	2
Mental Health Support Worker	-	13	13
Other Non-Clinical Support for Clients ²	-	2	2
Non-Clinical Support for Clients Sub-Total	6	17	23
Administration/Management	8	1	9
Regional Total	25	58	83

1. Other Clinical Group=Family Therapists

2. Other Non-Clinical Group= Educators Primary Liaison Role; Youth Worker

Figure 16. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount 2010)



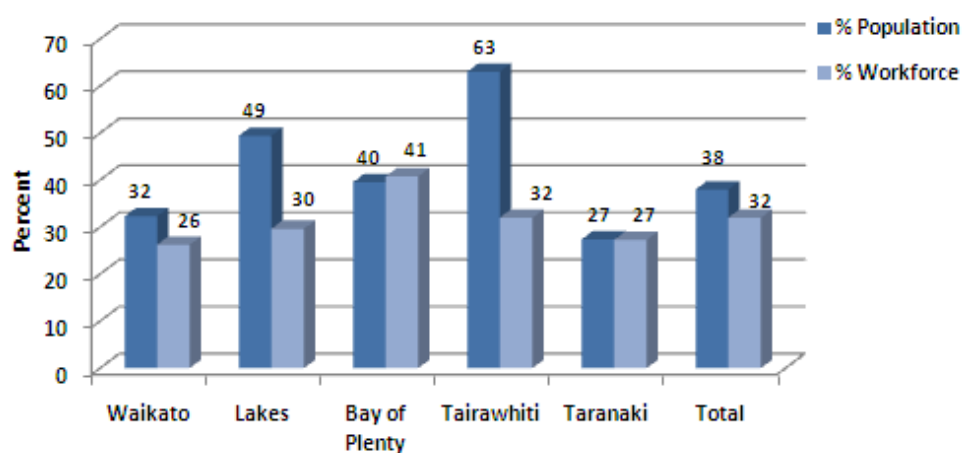
Workforce & Population Comparisons

Based on the 2010 population projections, the regional Māori infant, child and adolescent population made up 38% of the population and the Māori workforce (excluding Administration/Management) made up 32% of the total regional workforce (74/230).

The disparity between the workforce and the population is difficult to ascertain due to the missing data from a large Kaupapa Māori NGO provider in Waikato.

While the regional disparity between the workforce and the population cannot be accurately measured, workforce and population comparisons conducted at an individual DHB level (excluding Waikato) showed significant disparities in the Tairāwhiti and Lakes DHB area (see Figure 17).

Figure 17. Proportion of Māori Workforce compared to Proportion Māori 0-19 yrs Population (2010)



Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Resource Guidelines

Since there are no specific Blueprint Resource Guidelines for the Māori Community Clinical workforce, the recommended Māori Clinical Resource Guideline was estimated from the Blueprint Resource Guideline for the general 0-19 year population.

When the guidelines were calculated for the regional Māori 0-19 years proportion of the population, the recommended Māori Resource Guideline for the Northern region Community Clinical workforce was estimated at 89.4 FTEs (see Table 19).

From 2008 to 2010, there was an increase of only 2.4 FTEs in the total Māori Clinical workforce from 43.6 to 46.0 FTEs (see Table 19).

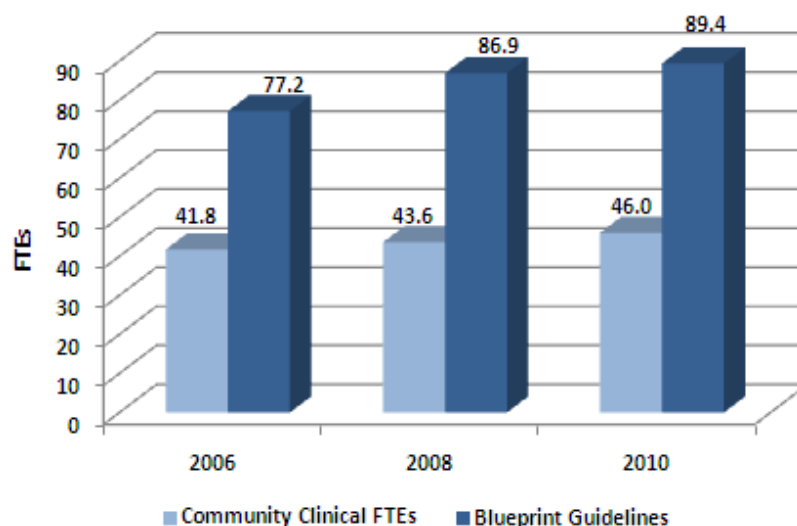
Due to a small increase in the Māori Clinical Community workforce in the region, a significant increase in the workforce is still required by 43.4 FTEs to meet the needs of the regional Māori infant, child and adolescent population (see Table 19).

Table 19. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)

Year	Māori Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed
2006 ¹	41.8	77.2	31.9
2008 ²	43.6	86.9	43.3
2010 ²	46.0	89.4	43.4

1. 2006 Census (Prioritised Ethnicity)
2. 2008/2010 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Using the MHC's Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population & proportioning according to the regional 0-19 Māori population (MHC, 1998).

Figure 18. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Resource Guidelines (2006-2010)



MĀORI CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

Due to incomplete data from the NGO sector, NGO client data has been excluded. Therefore this section only contains MHINC/PRIMHD DHB client data that is relevant to each region, which could account for the low access rates reported in this section.

In the second half of 2009, Māori clients made up 34% of the total number of clients in the Midland region. Māori males made up the majority (64%) of the Māori Clients accessing services in the region(see Table 20 & Figure 19).

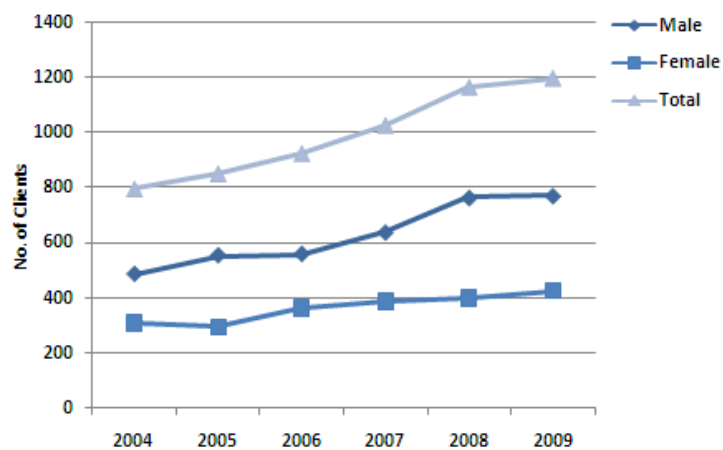
From 2007 to 2009, there was a 17% increase in the total number of Māori clients accessing services. This increase was largely seen in the Māori male client group by 21% (see Figure 19).

Table 20. Māori 0-19 yrs Clients by Gender (2004-2009)

Year	Māori 0-19 yrs Clients by Gender			Total Clients
	Male	Female	Total	
2004	487	311	798	3,027
2005	555	298	853	3,217
2006	560	366	926	3,093
2007	638	390	1,028	3,273
2008	764	402	1,166	3,438
2009	771	427	1,198	3,539

Note: Data is for the 2nd 6 months of each year

Figure 19. Māori 0-19 yrs Clients by Gender (2004-2009)



In the second half of 2009, Bay of Plenty DHB reported the largest number of Māori clients (35%) and Tairāwhiti DHB reported the largest proportion of Māori clients (58% of total clients, 401) accessing services in the region (see Table 21 & Figure 20).

From 2004 to 2009, most of the DHBs, except for Taranaki, reported a steady increase in Māori clients.

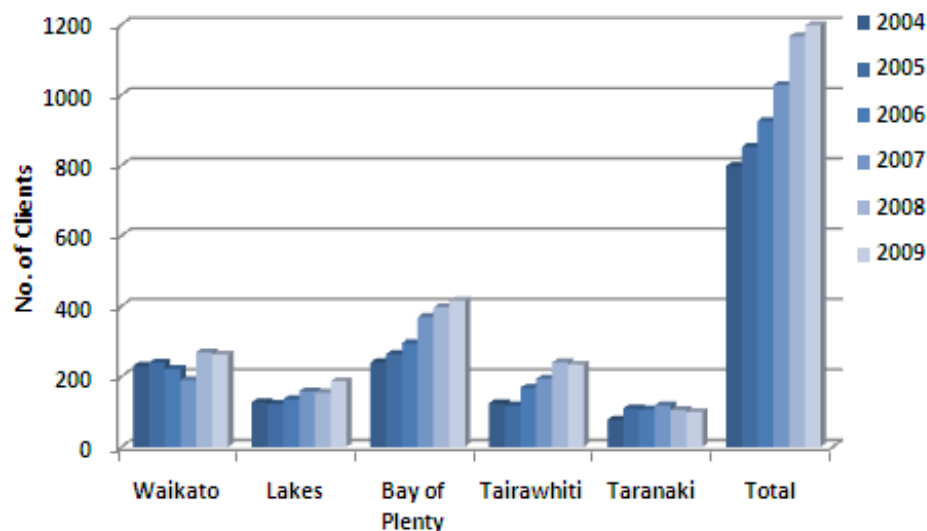
From 2007 to 2009, Taranaki DHB reported a 16% decrease in Māori clients (Table 21 & Figure 20).

Table 21. Māori 0-19 yrs Clients by DHB (2004-2009)

Year	DHB					
	Waikato	Lakes	Bay of Plenty	Tairāwhiti	Taranaki	Total
2004	230	127	240	124	77	798
2005	239	123	264	118	109	853
2006	221	136	295	168	106	926
2007	189	158	369	194	118	1,028
2008	269	155	397	240	105	1,166
2009	262	187	416	234	99	1,198

Note: Data is for the 2nd 6 months of each year

Figure 20. Māori 0-19 yrs Clients by DHB (2004-2009)



Māori 0-19 yrs Client Access Rates

From 2004 to 2009, there was a steady increase in Māori access rates in the Midland region from 0.8% to 1.3% (see Table 22). However, in the second half of 2009, Māori access rates to services in the Midland region remained below the regional average rates in all three age groups (see Table 22).

Due to a higher need for mental health services, the MHC (1998) has recommended that the Blueprint access benchmarks for Māori be set at 6% over a 6 month period. While access rates have increased from 2004 to 2009, they have not increased at a rate that is relative to need and have yet to reach either 3% (recommended for the general 0-19 year population) or the 6% target rate recommended for Māori.

Table 22. Māori Client Access Rates by Age Group (2004-2009)

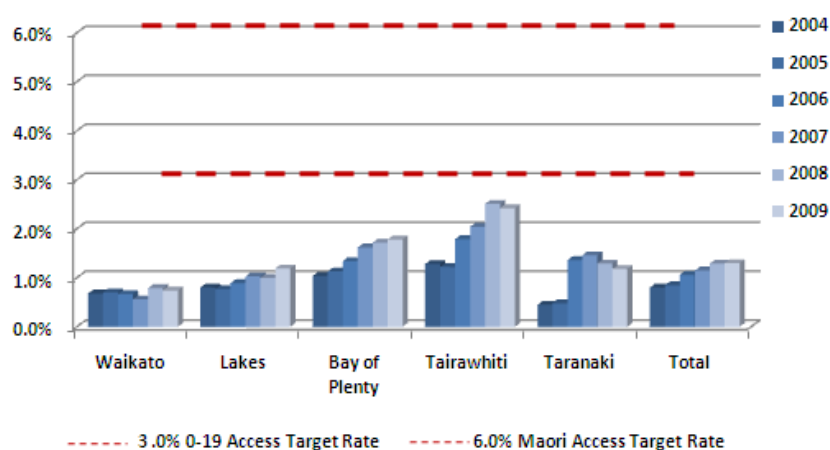
Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%/6.0%
2004	0.26%	1.23%	1.57%	0.80%
2005	0.30%	1.19%	1.72%	0.85%
2006	0.41%	1.30%	2.22%	1.06%
2007	0.37%	1.51%	2.43%	1.15%
2008	0.38%	1.59%	2.92%	1.29%
2009	0.38%	1.72%	2.92%	1.30%
Regional Rate 2009	0.49%	1.87%	2.89%	1.45%

Note: Data is for the 2nd 6 months of each year

From 2004 to 2009, Lakes and Bay of Plenty DHBs were the only two DHB services in the region that reported an increase in Māori access rates.

Despite a decreasing trend seen in the Māori access rate in Tairāwhiti DHB, this DHB reported the highest access rate of 2.42% in the second half of 2009 which was close to the target rate of 3% set for the general 0-19 population. However for Māori, this rate remained significantly short of the 6% recommended rate (see Figure 21).

Figure 21. Māori 0-19 yrs Client Access Rate by DHB (2004-2009)



PACIFIC INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2010, DHB CAMH/AoD services and NGOs reported a total of 8 Pacific staff (6.5 actual FTEs).

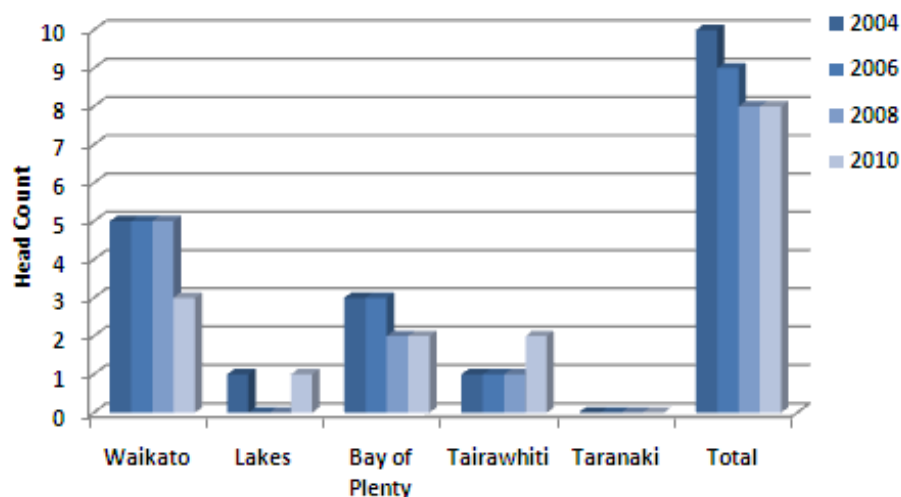
From 2008 to 2010, there was no change in the regional Pacific infant, child and adolescent mental health workforce. However, slight changes in the workforce were seen in individual DHB areas (see Table 23 & Figure 22).

From 2008 to 2010, DHB services reported an increase of one Pacific staff while NGOs reported a decrease of one (see Table 23).

Table 23. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

DHB	DHB				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Waikato	-	-	-	-	5	5	5	3	5	5	5	3
Lakes	-	-	-	1	1	-	-	-	1	-	-	1
Bay of Plenty	3	3	-	-	-	-	2	2	3	3	2	2
Tairāwhiti	1	1	1	1	-	-	-	1	1	1	1	2
Taranaki	-	-	-	-	-	-	-	-	-	-	-	-
Total	4	4	1	2	6	5	7	6	10	9	8	8

Figure 22. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce by DHB (Headcount, 2004-2010)



In 2010, the regional Pacific workforce was evenly split between Clinical and Non-Clinical roles.

From 2008 to 2010, there was no change in the Pacific Clinical workforce (see Table 24).

Pacific staff in Clinical roles were Mental Health Nurses and Social Workers (see Table 25).

Pacific in Non-Clinical roles were Mental Health Support Workers (see Table 25).

Table 24. Pacific Infant, Child & Adolescent Mental Health/AOD Clinical & Non-Clinical Workforce (Headcount, 2004-2010)

DHB	DHB			NGOs			Total		Total
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	
2004	4	-	4	3	3	6	7	3	10
2006	3	1	4	2	3	5	5	4	9
2008	1	-	1	3	4	7	4	4	8
2010	1	1	2	3	3	6	4	4	8

Note: Non-Clinical Workforce includes Administration/Management Staff

Table 25. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

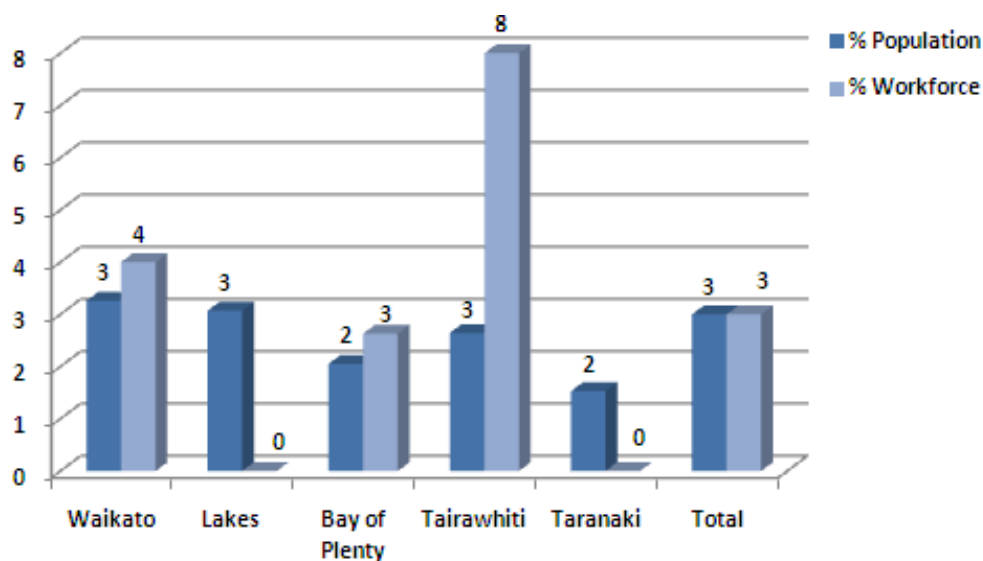
Occupational Group	DHBs	NGOs	Total
Alcohol & Drug Worker	-	-	-
Counsellor	-	-	-
Mental Health Nurse	-	2	2
Occupational Therapist	-	-	-
Psychiatrist	-	-	-
Psychotherapist	-	-	-
Psychologist	-	-	-
Social Worker	1	1	2
Clinical Sub-Total	1	3	4
Cultural Appointment	-	-	-
Specific Liaison	-	-	-
Mental Health Consumer Advisor	-	-	-
Mental Health Support Worker	-	2	2
Non-Clinical Support for Clients Sub-Total	1	2	3
Administration/Management	1	-	1
Regional Total	2	5	7

Workforce & Population Comparisons

Based on the 2010 population projections, the Pacific infant, child and adolescent population made up 3% of the total regional population and the Pacific workforce (excluding Administration/Management staff) made up 3% of the total workforce (7/230).

While regionally there appears to be no disparity between the Pacific workforce and the Pacific population, disparities can be seen in individual DHB areas, such as in Lakes and Taranaki (see Figure 23).

Figure 23. Proportion of Pacific Workforce compared to Proportion of Pacific 0-19 yrs Population (2010)



Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines

Since there are no specific MHC Blueprint Resource Guideline for the Pacific Community Clinical workforce, the recommended Pacific Clinical Resource Guideline was estimated from the MHC's Blueprint Resource Guideline for the general 0-19 year population.

When the guidelines were calculated for the regional Pacific 0-19 years proportion of the population, the recommended Pacific Resource Guideline for the Midland region Community Clinical workforce was estimated at 6.4 FTEs (see Table 26).

From 2008 to 2010, there was no change in the Pacific Clinical workforce.

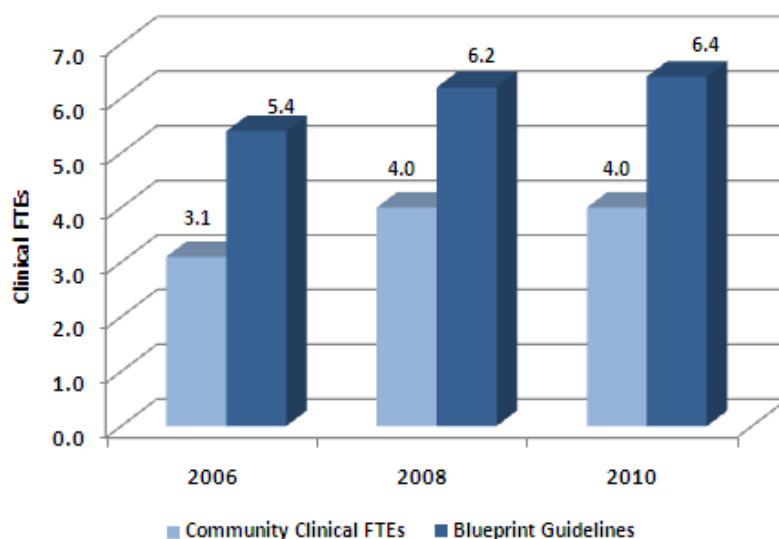
The Pacific workforce in the Midland region was very close to the Blueprint Guideline and would only need an additional 2.4 FTEs to meet the needs of the regional Pacific infant, child and adolescent population (see Table 26).

Table 26. Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)

Year	Pacific Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed
2006 ¹	3.1	5.4	2.3
2008 ²	4.0	6.2	2.2
2010 ²	4.0	6.4	2.4

1. 2006 Census (Prioritised Ethnicity)
2. 2008/2010 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Using MHC's Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population & proportioning according to the regional Pacific 0-19 years population (MHC, 1998).

Figure 24. Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)



PACIFIC CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

Due to incomplete data from the NGO sector, NGO client data was excluded. Therefore this section only contains MHINC/PRIMHD DHB client data and could account for the low access rates that are presented.

In the second half of 2009, the Midland region had the lowest number of Pacific clients in the country (see Appendix D, Table 4).

In the second half of 2009, Pacific infant, children and adolescents made up 1% of the total number of clients in the region. Pacific Male clients made up the majority (62%) of the clients accessing services in the region (see Table 27 & Figure 25).

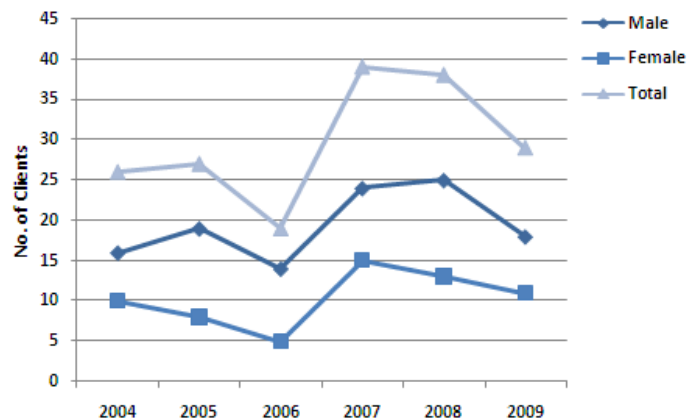
While Pacific client numbers showed a variable trend from 2004 to 2006, there was a decreasing trend seen in Pacific client numbers accessing services in the region from 2007 to 2009 (see Table 27).

Table 27. Pacific 0-19 yrs Clients by Gender (2004-2009)

Year	Pacific Clients by Gender			Total Clients
	Male	Female	Total	
2004	16	10	26	3,027
2005	19	8	27	3,217
2006	14	5	19	3,093
2007	23	14	37	3,273
2008	25	13	38	3,438
2009	18	11	29	3,539

Note: Data is for the 2nd 6 months of each year

Figure 25. Pacific 0-19 yrs Clients by Gender (2004-2009)



In the second half of 2009, Waikato DHB reported the largest number of Pacific clients in the region (41%).

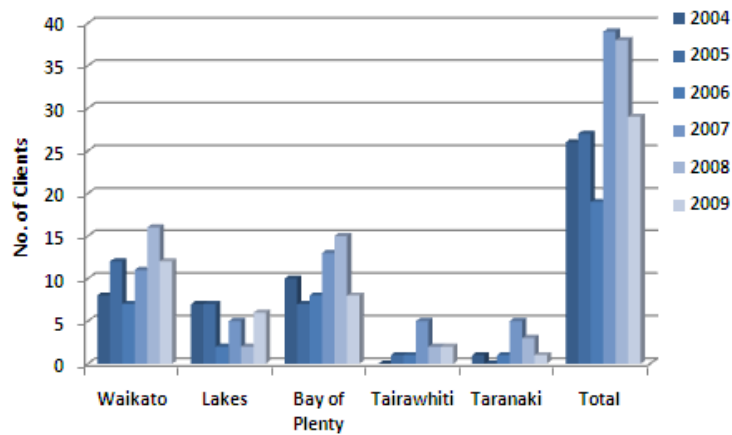
Waikato and Lakes DHBs were also the only services that reported an increase in Pacific clients from 2007 to 2009 (see Table 28 & Figure 26).

Table 28. Pacific 0-19 yrs Clients by DHB (2004-2009)

Year	DHB					Total
	Waikato	Lakes	Bay of Plenty	Tairāwhiti	Taranaki	
2004	8	7	10	0	1	26
2005	12	7	7	1	0	27
2006	7	2	8	1	1	19
2007	11	5	13	5	5	39
2008	16	2	15	2	3	38
2009	12	6	8	2	1	29

Note: Data is for the 2nd 6 months of each year

Figure 26. Pacific 0-19 yrs Clients by DHB (2004-2009)



Pacific 0-19 yrs Client Access Rates

From 2004 to 2009, Pacific access rates in the Midland region showed a variable trend. However, there was a general improvement in the Pacific access rate from 0.37% to 0.43% for the same period (see Table 29). Improvements in Pacific access rates were only seen in the 10-14 and 15-19 year age groups.

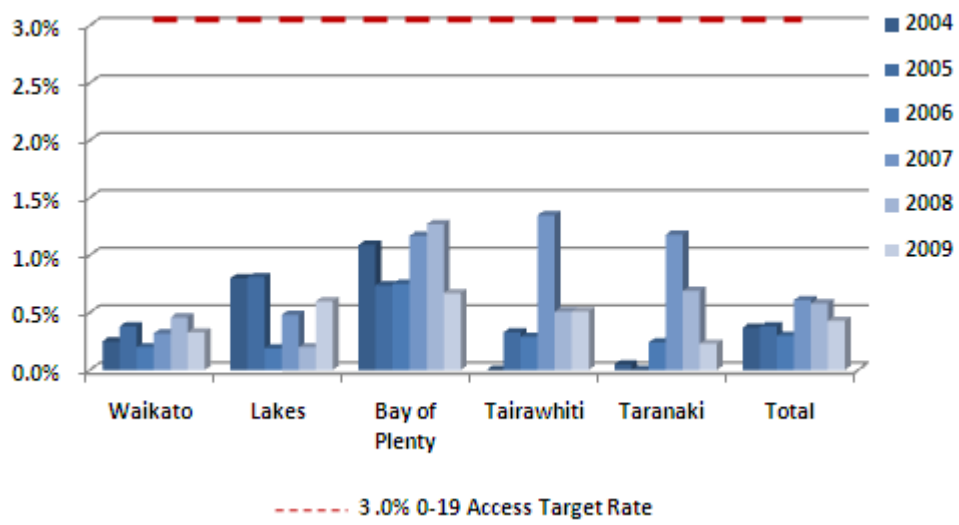
Despite these regional improvements, Pacific client access rates have remained low. They were lower than the average regional rate and therefore significantly lower than the target access rate for all three age groups (see Table 29 & Figure 27).

Table 29. Pacific 0-19 yrs Client Access Rates (2004-2009)

Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%
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%
2008	0.16%	0.84%	1.16%	0.58%
2009	0.18%	0.79%	0.61%	0.43%
Regional Rate 2009	0.49%	1.87%	2.89%	1.45%

Note: Data is for the 2nd 6 months of each year

Figure 27. Pacific 0-19 yrs Access Rates by DHB (2004-2009)



ASIAN INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2010, the Midland region DHB CAMH/AoD services reported a total of five Asian staff (4.8 Actual FTEs).

From 2008 to 2010, there was an increase of two Asian staff in the region (see Table 30). This increase was reported by DHB services only.

All of the Asian staff held Clinical positions as Psychiatrists (2), Social Workers (2) and a Mental Health Nurse.

Table 30. Asian Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

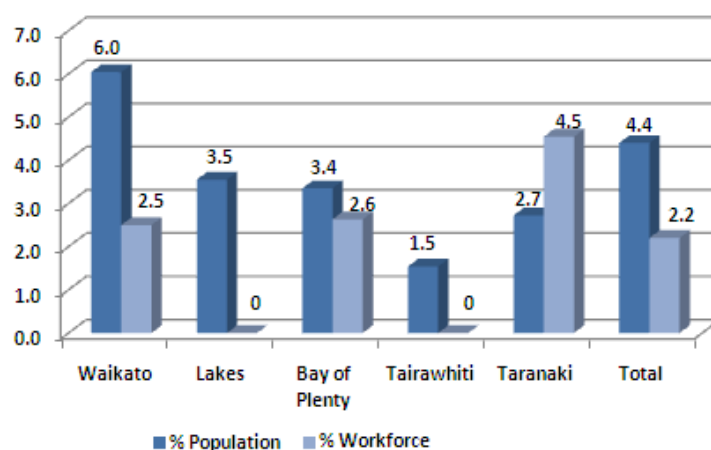
DHB	DHB				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Waikato	2	-	2	2	-	-	-	-	2	-	2	2
Lakes	2	-	-	-	-	-	-	-	2	-	-	-
Bay of Plenty	-	-	1	2	-	-	-	-	-	-	1	2
Tairāwhiti	-	-	-	-	-	-	-	-	-	-	-	-
Taranaki	-	-	-	1	-	1	-	-	-	1	-	1
Total	4	-	3	5	-	1	-	-	4	1	3	5

Workforce & Population Comparisons

Based on the 2010 population projections, the Asian infant, child and adolescent population made up 4% of the region's population, and the Asian workforce (excluding Administration/Management) made up 2% of the total Midland region workforce (5/230).

The very small growth in the regional Asian workforce, from 2008 to 2010, was not large enough to reduce the regional disparities that exist between the population and the workforce (see Figure 28). Therefore, significant disparities between the Asian population and the Asian workforce have continued to exist in the Waikato, Lakes DHB areas.

Figure 28. Asian Proportion of Workforce compared to Asian 0-19 yrs proportion of Population (2010)



ASIAN ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

Due to incomplete data from the NGO sector, NGO client data was excluded from the analysis. Therefore this section only contains MHINC/PRIMHD DHB client data and could account for the low access rates that are presented.

In the second half of 2009, the Midland region had the lowest number of Asian clients in the country (see Appendix D, Table 5).

Asian clients in the Midland region made up 1% of the total clients in the region.

There were slightly more Asian females accessing services than males (see Table 31).

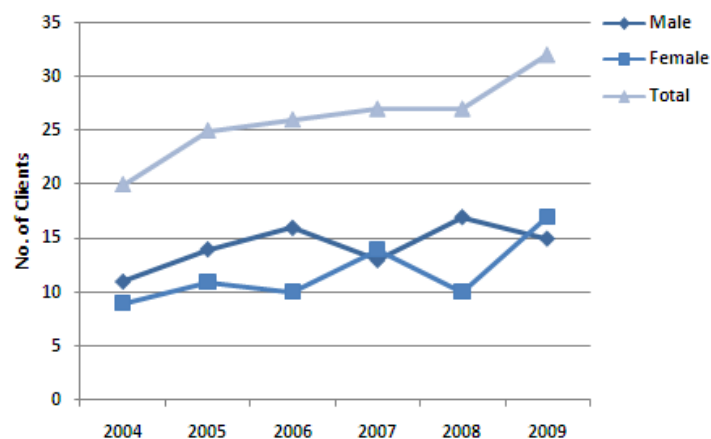
From 2007 to 2009, there was very little change seen in Asian client numbers accessing services in the region (see Table 31).

Table 31. Asian 0-19 yrs Clients by Gender (2004-2009)

Year	Asian 0-19 yrs Clients by Gender			Total Clients
	Male	Female	Total	
2004	11	9	20	3,027
2005	14	11	25	3,217
2006	16	10	26	3,093
2007	13	14	27	3,273
2008	17	10	27	3,438
2009	15	17	32	3,539

Note: Data is for the 2nd 6 months of each year

Figure 29. Asian 0-19 yrs Clients by Gender (2004-2009)



In the second half of 2009, Waikato DHB reported the largest number of Asian clients in the region (see Table 32 & Figure 30).

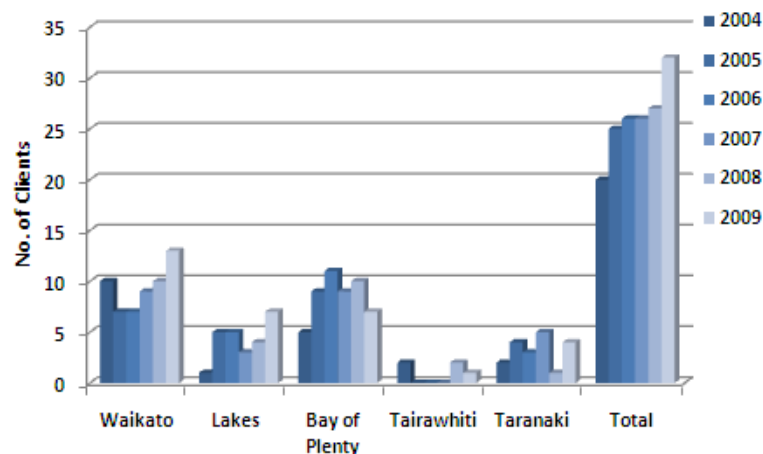
From 2008 to 2010, most of the DHBs, except for Bay of Plenty DHB, reported an increase in Asian clients.

Table 32. Asian 0-19 yrs Clients by DHB (2004-2009)

Year	DHB					
	Waikato	Lakes	Bay of Plenty	Tairāwhiti	Taranaki	Total
2004	10	1	5	2	2	20
2005	7	5	9	0	4	25
2006	7	5	11	0	3	26
2007	9	3	9	0	5	26
2008	10	4	10	2	1	27
2009	13	7	7	1	4	32

Note: Data is for the 2nd 6 months of each year

Figure 30. Asian 0-19 yrs Clients by DHB (2004-2009)



Asian 0-19 yrs Client Access Rates

While there was a slight improvement in the regional Asian access rate from 2006 to 2009, Asian access rates by age group showed improvements in the 10-14 and 15-19 year age groups only.

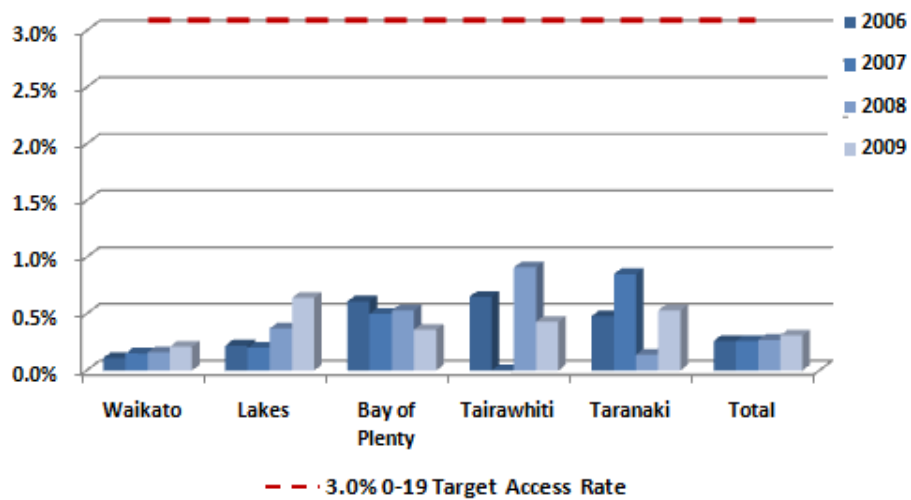
In the second half of 2009, Asian access rates had continued to be the lowest out of the three ethnic groups (Māori 1.30%, Pacific 0.43% & Asian 0.31%) and therefore continued to remain significantly below the access target rate of 3% (see Table 33 & Figure 31).

Table 33. Asian 0-19 yrs Client Access Rates (2006-2009)

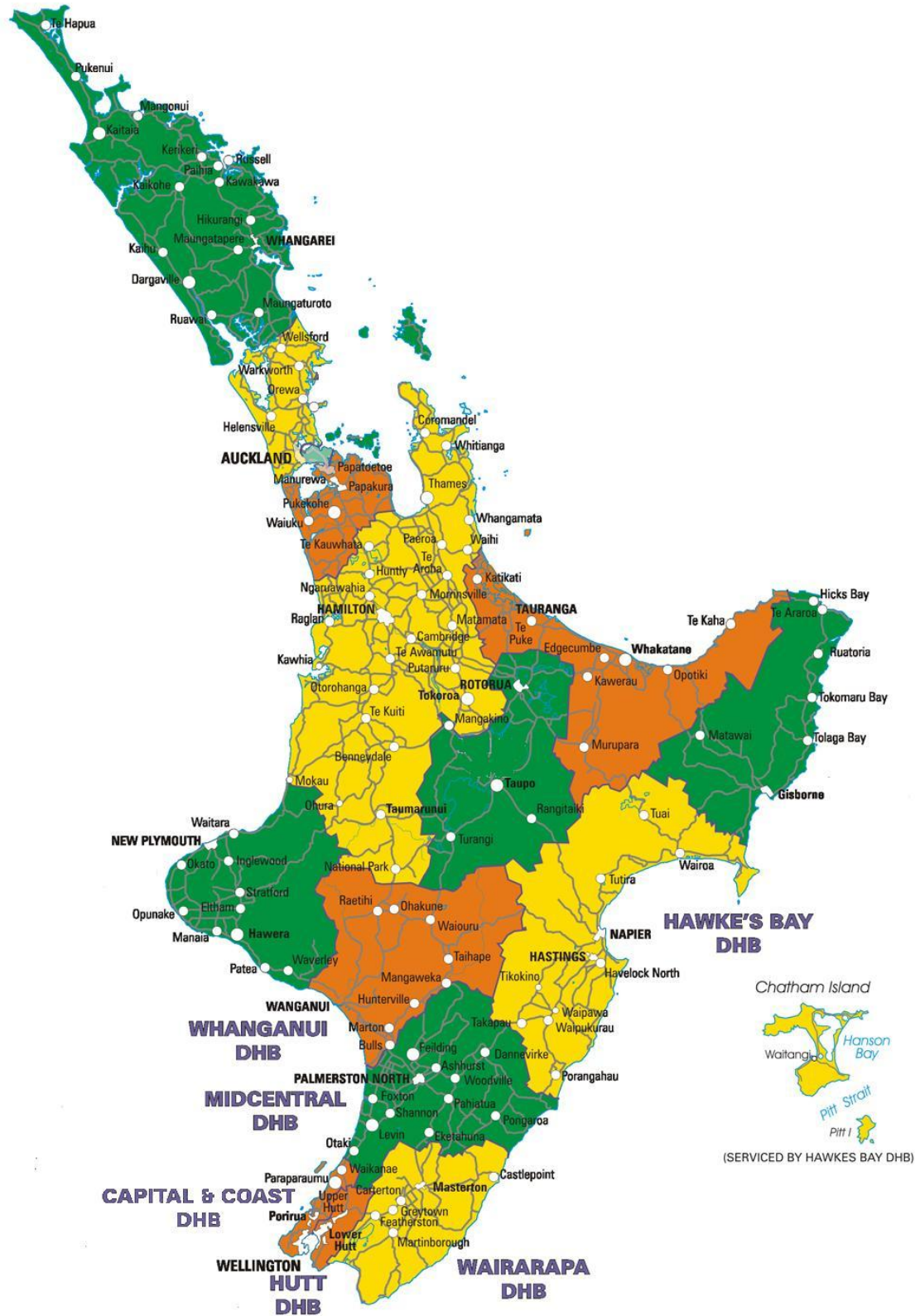
Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Strategic Access Benchmarks	1.0%	3.9%	5.5%	3.0%
2006	0.16%	0.21%	0.46%	0.26%
2007	0.11%	0.30%	0.53%	0.28%
2008	0.11%	0.25%	0.54%	0.27%
2009	0.08%	0.21%	0.77%	0.31%
Regional Rate 2009	0.59%	1.87%	2.89%	1.45%

Note: Data is for the 2nd 6 months of each year

Figure 31. Asian 0-19 yrs Access Rates by DHB (2006-2009)



CENTRAL REGION INFANT, CHILD & ADOLESCENT MENTAL HEALTH & AOD OVERVIEW

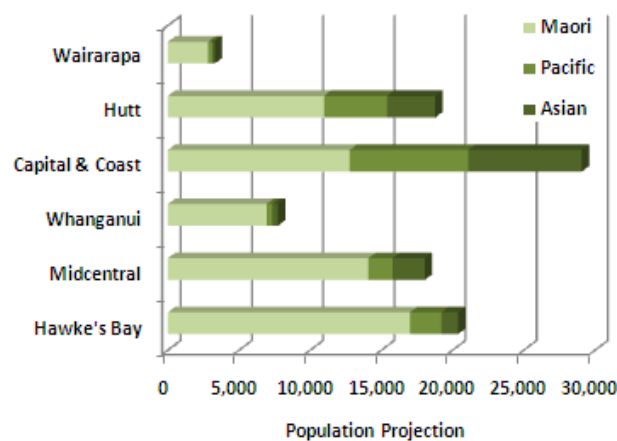


INFANT, CHILD & ADOLESCENT POPULATION PROFILE

Based on the 2010 population projections (Base 2006), the Central region had a fifth (19%) of New Zealand's infant, child and adolescent population (0-19 yrs) mainly residing in Capital & Coast (31%) and MidCentral (20%) DHB areas (see Appendix A, Table 1 & Figure 1).

The 2008 to 2010 population projections indicated a 1% decrease in the regional infant, child and adolescent population.

Figure 1. Infant, Child & Adolescent Population Projection (2010)



Māori Infant, Child & Adolescent Population

In 2010, almost a quarter (22%) of New Zealand's Māori infant, child and adolescent population resided in the Central region.

The 2008 to 2010 population projections indicated very little change in the Māori population (0.6% increase) (see Appendix A, Table 1).

Māori infant, child and adolescent population made up 27% of the region's total 0-19 years population.

Hawke's Bay had the largest percentage of Māori infant, child and adolescent population in the region (26%), and Whanganui had the largest proportion (40%) of the Māori infant, child and adolescent population residing in the area followed by Hawke's Bay (38%) (see Appendix A, Table 1).

Pacific Infant, Child & Adolescent Population

In 2010, the Central region had the second largest Pacific infant, child and adolescent population (15%) in the country (see Appendix A, Table 1).

The regional 2008 to 2010 projections indicated very little change in the Pacific population. However, projections by DHB showed that while most DHB areas in the region experienced a projected decrease or no change, there was a 4.2% increase in the Pacific population in the Hawke's Bay DHB area (see Appendix A, Table 1).

Pacific infants, children and adolescents made up 7% of the region's infant, child and adolescent population.

Capital & Coast had the largest Pacific infant, child and adolescent population (48%) followed by Hutt Valley (26%) (see Appendix A, Table 1).

Asian Infant, Child & Adolescent Population

In 2010, the Central region had the second largest Asian infant, child and adolescent population in the country (11%) (see Appendix A, Table 1).

From 2008 to 2010, there was a 4% increase in the regional Asian infant, child and adolescent population, the largest growth out of the four main ethnic groups (see Appendix A, Table 1).

Over half of the region's Asian population (52%) resided in the Capital & Coast DHB area.

PROVISION OF INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

There are six DHBs providing a range of specialist Inpatient and Community based infant, child and adolescent mental health/AoD services in the Central region: Hawke's Bay, MidCentral, Whanganui, Capital & Coast, Hutt Valley and Wairarapa DHBs.

Regional Inpatient mental health services are provided by Capital & Coast DHB (Regional Rangatahi Inpatient Service).

Infant, child and adolescent mental health/AoD services in the region are also provided by DHB funded NGOs. For the June 2009 to July 2010 period, 16 NGOs were identified as providing DHB funded infant, child and adolescent mental health/AoD services. Of the 16 NGOs, 5 were contracted AoD service providers.

From 2008 to 2010, progress can be seen in the funding and in the number and types of services available to infants, children and adolescents in the Central region. Services are now more inclusive of infants (0-4 age group) with either dedicated services or teams for the infant population.

The progress in the development and provision of services for infants, children and adolescents has been in line with the priorities outlined in *Te Raukura* (Ministry of Health, 2007):

- *Youth Forensic Services:* Capital & Coast DHB
- *Child and Youth AoD services:*
 - MidCentral, Whanganui, Hutt and Capital & Coast DHBs
 - Five NGOs
- *Regional Eating Disorder Service:* Provided by Hutt DHB for Capital & Coast, Hutt Valley, Wairarapa, MidCentral, Whanganui & Hawke's Bay DHBs
- *Conduct Disorder Service:* MidCentral DHB in collaboration with Group Special Education
- *Services for Māori:*
 - Three DHB CAMHS with Kaupapa Māori infant, child and adolescent mental health/AoD funding: Hutt, Capital & Coast & Wairarapa DHBs
 - One NGO with funding for Kaupapa Māori infant, child and adolescent/AoD services in the Central region, *Te Paepae Arahi Trust Board* in Hutt Valley
- *Services for Pacific:*
 - One DHB Pacific service provided by Capital & Coast DHB, *Health Pasifika*
 - One Pacific NGO, *Teamanino Trust* funded in the Capital & Coast DHB area

Table 1. Hawke's Bay Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

HAWKES BAY DHB
Child & Adolescent Mental Health Services
HAWKES BAY NGOs
Richmond Fellowship
Children & Young People Community Services
Te Taiwhenua O Heretaunga
Children & Young People Community Services
Child & Youth Planned Respite
Te Whatuiapiti Trust/Central Health
Child & Youth Community Alcohol & Drug Residential Services

Table 2. MidCentral Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

MIDCENTRAL DHB
Child, Adolescent & Family Mental Health Services (Palmerston North)
Child, Adolescent & Family Mental Health Services (Levin)
Alcohol & Other Drugs
Oranga Hinengaro: Kaupapa Māori Mental Health Services (Kaumatua & Pasifika dedicated roles that can be accessed by all mental health teams)
<i>Also provides Conduct Disorder Service in collaboration with Group Special Education</i>
MIDCENTRAL DHB FUNDED NGOs
M.A.S.H Trust Board
Child & Youth Crisis Respite
Te Runanga O Raukawa Inc.
Children & Young People Community Services
Te Whatuiapiti Trust/Central Health
Children & Youth Alcohol & drug Community Services
Child & Youth Wrap Around Services
The Youth One Stop Shop
Children & Young People Community Services

Table 3. Whanganui Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

WHANGANUI DHB
Child, Adolescent & Family Mental Health Alcohol & Other Drug Service
Regional Services
Regional funding of Rangatahi Unit
Child & Youth Planned Respite
Child & Youth Crisis Respite

WHANGANUI DHB FUNDED NGOS
Te Oranganui Trust
Children & Young People Community Services

Table 4. Capital & Coast Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

CAPITAL & COAST DHB
Child & Adolescent Mental Health Services (Wellington)
Child & Adolescent Mental Health Services (Porirua/Kapiti)
Kaupapa Māori Service
<i>Te Whare Marie, Specialist Māori Mental Health Services</i>
Pacific Service
Health Pasifika Child, Adolescent & Family Services
Regional Services
Early Intervention Service (Central Region)
Regional Rangatahi Inpatient Unit (Central Region)
Regional Youth Forensic Service

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

CAPITAL & COAST DHB FUNDED NGOS
Taeaomanino Trust
Pacific Children & Young People Community Services
The Wellink Trust
Child & Youth Crisis Respite
Wellington Refugees as Survivors Trust
Children & Young People Community Services
Liaison with Child Youth & Family Service

Table 5. Hutt Valley Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

HUTT VALLEY DHB
Child Specialty Service
Youth Specialty Service
Regional Services
Intensive Clinical Support Services (Capital & Coast, Wairarapa & Hutt Valley DHBs)
Eating Disorder Service

HUTT VALLEY DHB FUNDED NGOS
Q-Nique
Children & Youth Day Activity Service
Infant, Child, Adolescent & Youth Community Support Services
<i>Te Paepae Arahi Trust</i>
Kaupapa Māori Mental Health Services-Tamariki & Rangatahi
WellTrust
Children & Youth Alcohol and Drug Community Services

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

Table 6. Wairarapa Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

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

FUNDING OF INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

For the June 2009 to July 2010 financial year, the Central region provider services received \$31.8 million for infant, child and adolescent mental health/AoD services (see Appendix B, Table 1).

From 2007 to 2010, there was a 16% increase in total funding for infant, child and adolescent mental health/AoD services (see Appendix B, Table 1 & Figures 2 & 3).

This increase was largely seen in DHB funding by 18% while NGO funding had only increased by 1%.

Figure 2. Infant, Child & Adolescent Mental Health/AOD Funding by DHB & NGO (2004-2010)

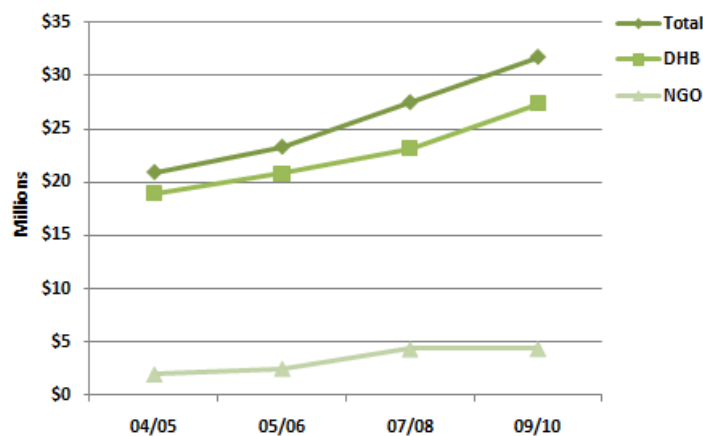
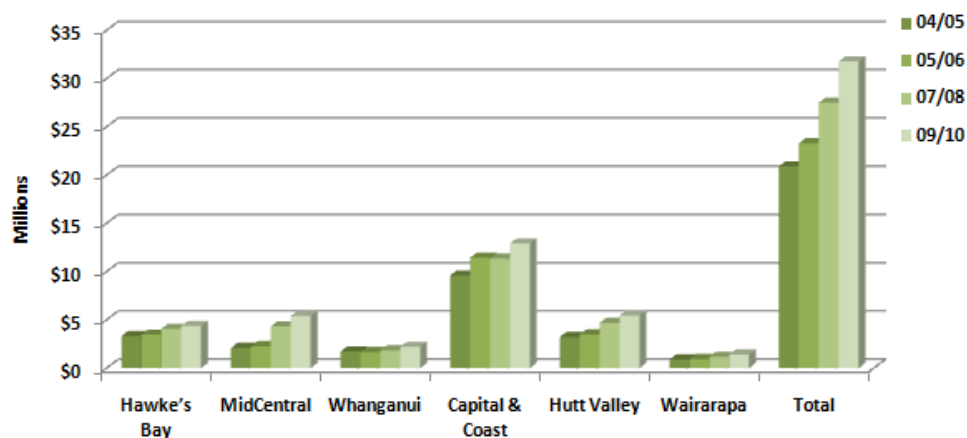


Figure 3. Infant, Child & Adolescent Mental Health/AOD Funding by DHB (2004-2010)



From 2007 to 2010, the largest increase in funding was for AoD services followed by Inpatient services. However, there was a 23% decrease in Kaupapa Māori funding (see Table 7).

Table 7. Infant, Child & Adolescent Mental Health/AOD Funding by Services (2007-2010)

Services	Year		
	2007/2008	2009/2010	% Change
Inpatient	\$3,711,453	\$4,398,625	19
Alcohol & Other Drugs	\$1,947,178	\$2,672,320	37
Kaupapa Māori	\$2,642,490	\$2,037,788	-23
All Other Services	\$19,205,790	\$22,669,365	18
Total	\$27,506,911	\$31,778,099	16

Source: Ministry of Health Price Volume Schedule 2007/2008 & 2009/2010

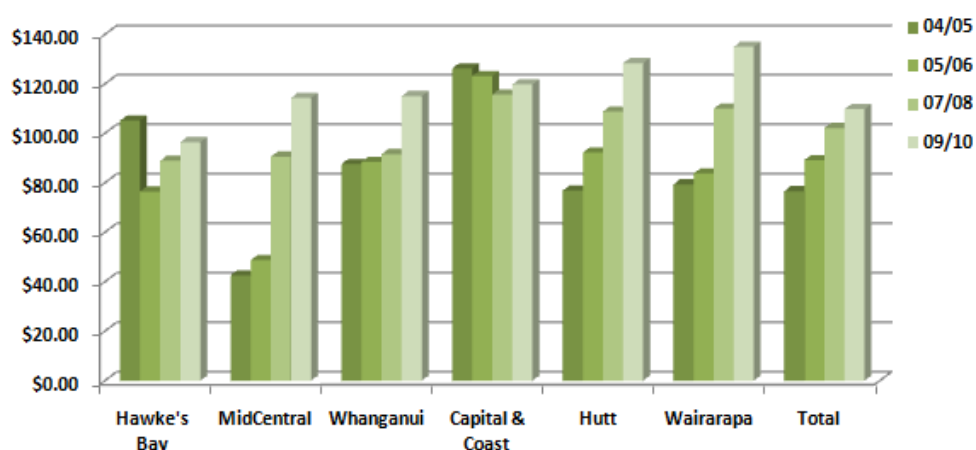
Funding per Head Infant, Child & Adolescent Population

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 0-19 years 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 D, Table 7).

From 2007 to 2010, there was a 17% increase in the regional spend per head of the 0-19 population (inclusive of Inpatient funding) (see Appendix B, Table 2 & Figure 4).

For the 2009/2010 financial year, the Central region spend per head of the 0-19 year population was \$134.73.

Figure 4. Funding per head Infant, Child & Adolescent Population by DHB (2004-2010)



INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In June 2010, the Central region DHB (Inpatient & Community) CAMH/AoD services and NGOs reported a total of 271.28 actual FTEs with a further 25.6 FTEs reported vacant with all of the vacancies reported by DHB services (see Table 8).

From 2008 to 2010, there was a 4% decrease in the total regional workforce (see Table 8).

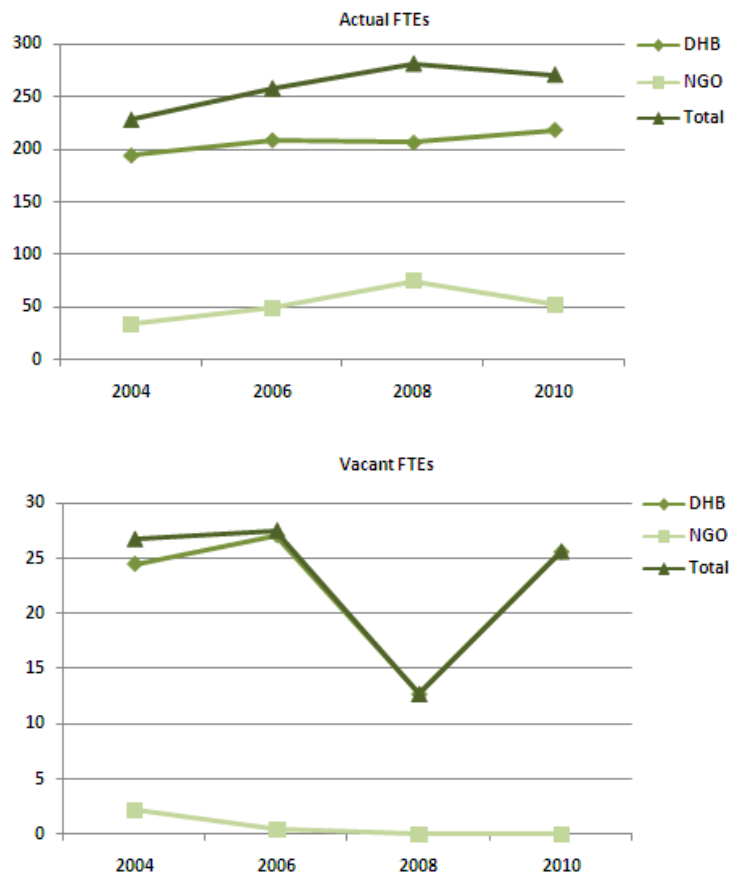
For the same period, total regional vacancies had significantly increased and were back up to 2004 levels (see Table 8 & Figures 5).

Table 8. Total Infant, Child & Adolescent Mental Health/AoD Health Workforce (2004-2010)

Year	DHB ¹			NGOs			Total		
	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy	Actual FTEs	Vacant FTEs	% Vacancy
2004	194.14	24.53	11	34.1	2.2	6	228.24	26.73	10
2006	208.79	27.1	11	49.5	0.4	1	258.29	27.5	10
2008	206.48	12.75	6	75.3	-	-	281.28	12.75	4
2010	218.76	25.60	10	52.52	-	-	271.28	25.60	9

1. Includes Inpatient Workforce Data

Figure 5. Total Infant, Child & Adolescent Mental Health/AOD Actual & Vacant FTEs (2004-2010)



The decrease in the total workforce was seen in the Non-Clinical workforce by 17% (from 83.41 to 69.18 FTEs). This decrease could be due to a smaller number of NGO contracts in 2010.

For the same period, there was a 2% increase in the regional Clinical workforce.

In 2010, the Clinical workforce made up 74% of the total regional infant, child and adolescent mental health/AoD workforce.

The majority of the Clinical workforce (85%) was employed in DHB services (see Table 9 & Figure 6).

Figure 6. Total Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (2010)

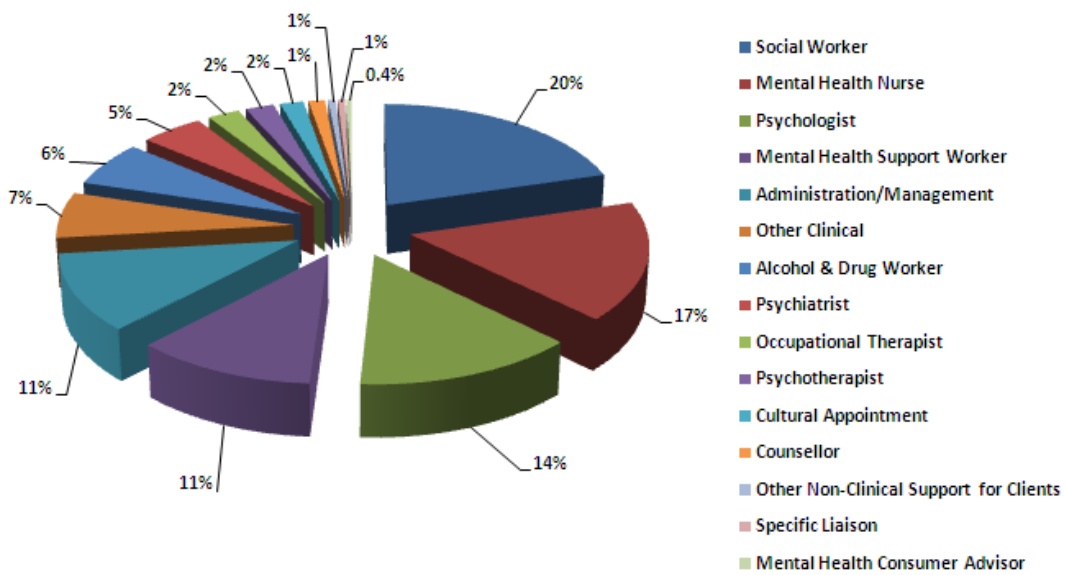


Table 9. Total Infant, Child & Adolescent Mental Health/AoD Workforce by Occupational Group (2010)

Occupational Group	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	4.3	4.3	13.0	17.3
Counsellor	-	2.9	2.9	0.5	3.4
Mental Health Nurse	17.0	28.6	45.6	-	45.6
Occupational Therapist	1.0	5.6	6.6	-	6.6
Psychiatrist	1.0	12.0	13.0	-	13.0
Psychotherapist	-	5.4	5.40	0.5	5.9
Psychologist	1.0	35.3	36.3	1.0	37.3
Social Worker	2.0	43.4	45.4	10.0	55.4
Other Clinical Appointment ¹	-	13.1	13.1	4.5	17.6
Clinical Sub-Total	22.0	150.6	172.6	29.5	202.1
Cultural Appointment	1.0	3.8	4.8	-	4.8
Specific Liaison	1.0	0.5	1.5	-	1.5
Mental Health Consumer Advisor	0.2	0.85	1.05	-	1.05
Mental Health Support Worker	8.0	2.5	10.5	19.87	30.37
Other Non-Clinical Support for Clients ²	1.0	-	1.0	0.55	1.55
Non-Clinical Support for Clients Sub-Total	11.2	7.65	18.85	20.42	39.27
Administration/Management	2.0	25.31	27.31	2.6	29.91
Regional Total	35.2	183.56	218.76	52.52	271.28

1. Other Clinical Group = Family Therapist, Clinical Supervisor

2. Other Non-Clinical Group = Art Facilitator

Table 10. Infant, Child & Adolescent Mental Health/AOD Workforce Vacancy by Occupational Group (2010)

Occupational Group	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	1.0	1.0	-	1.0
Counsellor	-	-	-	-	-
Mental Health Nurse	-	4.2	4.2	-	4.2
Occupational Therapist	-	2.2	2.2	-	2.2
Psychiatrist	-	3.0	3.0	-	3.0
Psychotherapist	-	2.4	2.4	-	2.4
Psychologist	-	5.7	5.7	-	5.7
Social Worker	-	3.1	3.1	-	3.1
Clinical Sub-Total	-	21.6	21.6	-	21.6
Cultural Appointment	-	2.5	2.5	-	2.5
Specific Liaison	-	-	-	-	-
Mental Health Consumer	-	-	-	-	-
Mental Health Support Worker	-	-	-	-	-
Non-Clinical Support for Clients Sub-Total	-	2.5	2.5	-	2.5
Administration/Management	-	1.5	1.5	-	1.5
Regional Total	-	25.6	25.6	-	25.6

DHB Inpatient Infant, Child & Adolescent Mental Health Workforce

In June 2010, the Capital & Coast Inpatient Service reported a total of 35.2 actual FTEs with no vacancies reported (see Table 11).

From 2008 to 2010, there was a 4% increase in the total Inpatient workforce (see Table 11 & Figure 7).

This increase was largely seen in the Clinical workforce by 13% (see Table 11).

The majority of the Inpatient workforce (63%) was in Clinical roles; largely as Mental Health Nurses (see Table 9).

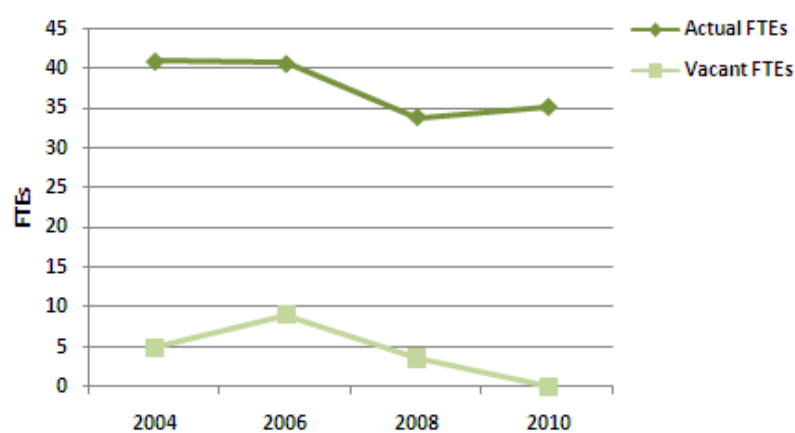
The remainder were in Non-Clinical roles predominantly as Mental Health Support Workers (see Table 9).

Table 11. DHB Inpatient Infant, Child & Adolescent Mental Health Workforce (2005-2010)

Year	Actual FTEs			Vacant FTEs			% Vacancy
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	
2005	24.5	16.5	41.0	2.0	2.9	4.9	11
2006	30.8	9.9	40.7	7.1	1.9	9.0	18
2008	19.4	14.5	33.9	3.6	-	3.6	10
2010	22.0	13.2	35.2	-	-	-	-

Note: Non-Clinical Workforce includes Administration/Management Staff

**Figure 7. DHB Inpatient Infant, Child & Adolescent Mental Health Workforce
Actual & Vacant FTEs (2004-2010)**



DHB Community Infant, Child & Adolescent Mental Health/AoD Workforce

In June 2010, the Central region DHB Community CAMH/AoD services reported a total of 183.6 actual FTEs with a further 25.6 FTEs reported vacant (see Table 12).

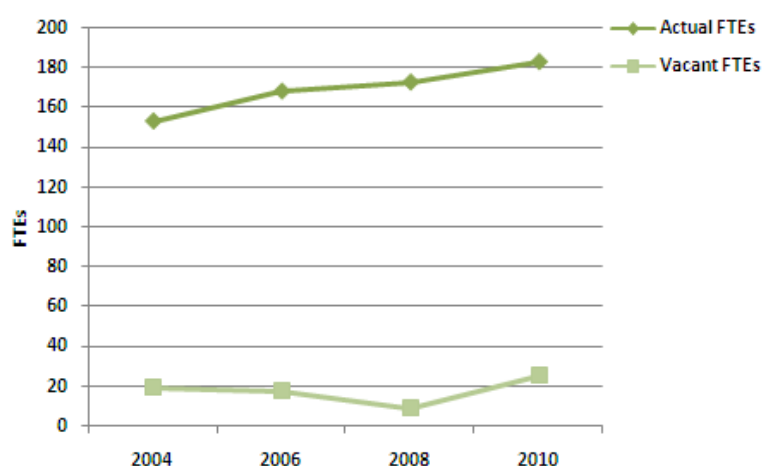
From 2008 to 2010, there was a 6% increase in the total DHB Community workforce (see Table 12). While most of the DHBs in the Central region reported very little change in their workforces, Capital & Coast (by 15%) and Whanganui (by 7%) DHBs reported an increase (see Table 12).

While vacancies were decreasing from 2004 to 2008, there was a significant increase in the total number of vacancies from 2008 to 2010 (from 9.15 to 25.63 FTEs) (see Table 12 & Figure 8).

Table 12. DHB Community Infant, Child & Adolescent Mental Health/AoD Workforce (2004-2010)

DHB	Actual FTEs				Vacant FTEs				Vacancy Rate (%)			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Hawke's Bay	19.16	19.5	25.37	25.1	2.0	2.4	-	3.0	9	11	0	11
MidCentral	22.8	28.95	28.85	28.5	2.0	0.8	-	6.0	8	3	0	17
Whanganui	10.3	14.04	16.11	17.2	5.4	2.4	3.25	-	34	15	17	0
Capital & Coast	69.6	68.0	67.25	77.6	5.9	9.5	4.9	10.1	8	12	7	12
Hutt	25.88	29.2	26.2	26.6	2.63	2.0	-	3.5	9	6	0	12
Wairarapa	5.4	8.4	8.8	8.5	1.7	1.0	1.0	3.0	24	11	10	26
Regional Total	153.14	168.09	172.58	183.6	19.63	18.1	9.15	25.6	11	10	5	12

Figure 8. DHB Community Infant, Child & Adolescent Mental Health/AOD Workforce Actual & Vacant FTEs (2004-2010)

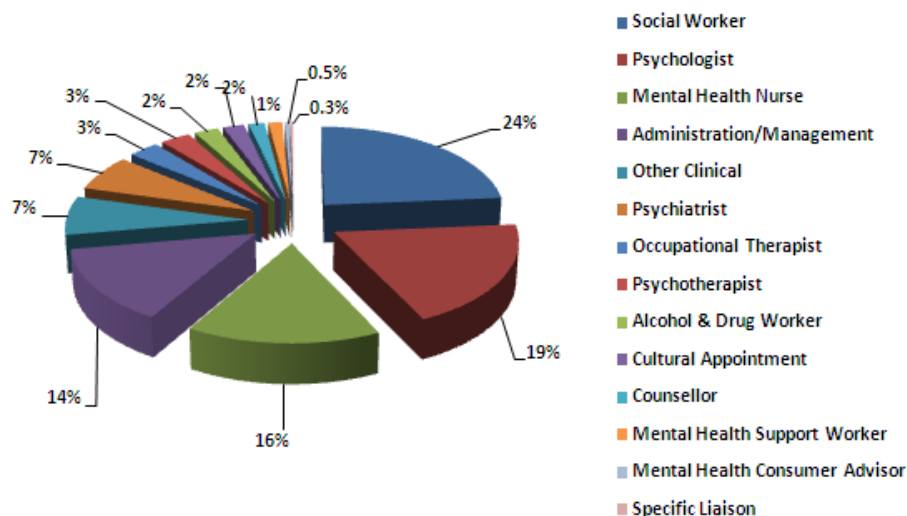


The increase in the DHB Community workforce was largely seen in the Clinical workforce by 7% (from 140.32 to 150.6 FTEs in 2010).

While most of the DHBs reported decreases in their Clinical workforces, Capital & Coast and Whanganui DHBs reported an increase. The largest increase was reported by Capital & Coast by 14% (50.2 to 64.3 FTEs) and Whanganui by 15% (from 10.8 to 12.4 FTEs).

The majority of the DHB Community workforce (82%) were in Clinical roles largely as Social Workers, Psychologists and Mental Health Nurses (see Table 9 & Figure 9).

Figure 9. DHB Community Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (2010)



The largest growth in the DHB Community Clinical workforce from 2008 to 2010 was in the following Clinical roles:

- Occupational Therapists (from 2.6 to 5.6 FTEs)
- Counsellors (1.4 to 2.9 FTEs)
- Alcohol and Drug Workers (from 3.0 to 4.3 FTEs)

From 2008 to 2010, DHB Community services reported a significant increase in Clinical vacancies (from 7.65 to 21.60 FTEs). The largest number of Clinical Vacancies was for Psychologists, Psychotherapists and Mental Health Nurses (see Table 10).

The Non-Clinical Community CAMHS workforce made up the remainder (18%) of the Central region community workforce mainly in Administration/Management and Cultural roles (see Table 9 & Figure 9).

NGO Infant, Child & Adolescent Mental Health/AoD Workforce

Please note that although every attempt is made to ensure data accuracy, the quality of data is dependent on the source. Variations in data over time could also be due to the reporting of data by different staff members from the same agencies at each data collection point and contractual changes may also account for some of the variances seen.

In June 2010, a total of 16 NGOs was identified as providing DHB funded infant, child and adolescent mental health/AoD services in the Central region.

The Central Region NGOs reported a total of 52.52 actual FTEs with no reported vacancies. MidCentral and Hawke's Bay had the largest NGO workforce in the region (14.6 & 11.5 FTEs respectively) (see Table 13).

From 2008 to 2010, there was a 30% decrease in the NGO workforce and this could be due to the decrease in the number of NGO contracts for the 2009 to 2010 period.

Table 13. NGO Infant, Child & Adolescent Mental Health/AoD Workforce (2004-2010)

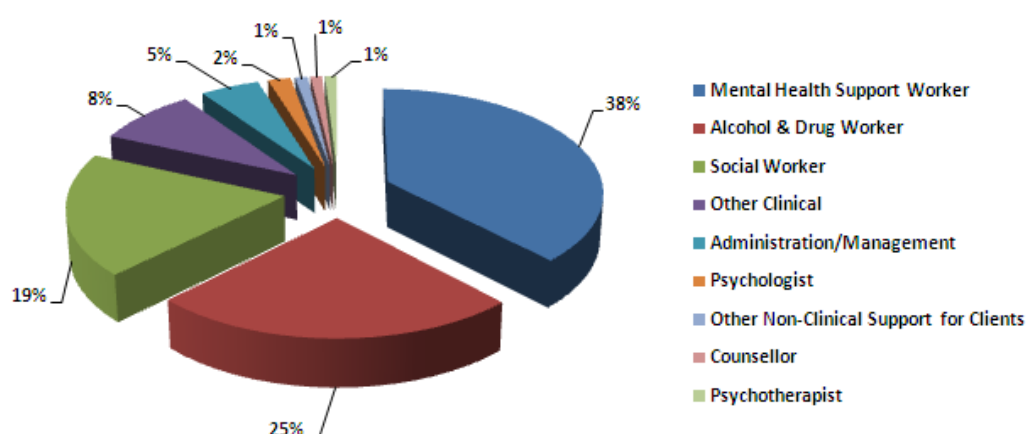
DHB	Actual FTEs				Vacant FTEs				Vacancy Rate (%)			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Hawke's Bay	4.0	10.0	23.0	11.5	-	-	-	-	-	-	-	-
MidCentral	-	11.0	15.2	14.6	-	0.4	-	-	-	4	-	-
Whanganui	4.5	2.0	4.1	1.0	1.0	-	-	-	18	-	-	-
Capital & Coast	7.7	10.7	7.9	5.57	0.0	-	-	-	-	-	-	-
Hutt	12.7	13.8	22.5	7.8	1.2	-	-	-	9	-	-	-
Wairarapa	5.2	2.0	2.1	2.05	-	-	-	-	-	-	-	-
Regional Total¹	34.10	49.5	74.8	52.52¹	2.2	0.4	-	-	6	1	-	-

1. Total Regional FTEs include 10.0 FTEs from Richmond Fellowships Central sub-regional MST teams funded by Capital & Coast, Hutt & Wairarapa DHBs

The NGO workforce in the Central region were largely in Clinical roles (56%) however the single largest occupational group was Mental Health Support Workers (38%) (see Table 9 & Figure 10).

The remainder of the workforce were in Clinical roles mainly as Alcohol and Drug Workers, Social Workers and in Other Clinical roles (see Table 9 & Figure 10).

Figure 10. NGO Infant, Child & Adolescent Mental Health/AOD Workforce (2010)



Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to the MHC's Resource Guidelines

Despite a decrease in the NGO workforce, the total regional Clinical workforce showed a very slight increase by 1% from 2008 to 2010.

Furthermore, due to the very little change in the regional infant, child and adolescent population, the recommended Blueprint Guideline for the region has remained similar to the 2008 figure.

However, services had made very little progress towards the recommended Blueprint resource guideline for the region (see Table 14 & Figure 11).

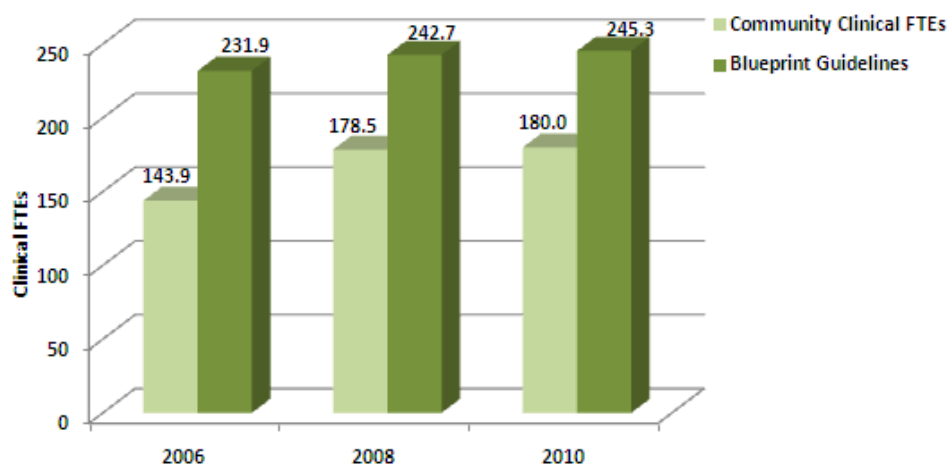
The regional Clinical workforce still needs to increase by 36% (an additional 65.3 FTEs) to serve the needs of the region's infant, child and adolescent population.

Table 14. Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2004-2010)

Year	Actual Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed	% Increase Needed
2006 ¹	143.85	231.89	88.0	61
2008 ²	178.5	242.67	64.2	36
2010 ²	180.0	245.33	65.3	36

1. 2006 Population Census (Prioritised Ethnicity)
2. 2008/2010 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 11. Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)



CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

The 2004 to 2009 Client access data has been extracted from the MHINC/PRIMHD. Due to incomplete data from the NGO sector, NGO client data has been excluded. Therefore this section only contains MHINC/PRIMHD DHB client data that is relevant to each region, which could account for the low access rates reported in this section. The complete MHINC/PRIMHD National DHB client data is available on the Werry Centre Website (www.werrycentre.org.nz).

From 2007 to 2010, the Central region continued to have the second lowest number of clients accessing mental health services compared to other regions (see Appendix D, Table 1).

There was a 17% increase in the total number of clients accessing services in the region for the same period.

In the second half of 2009, Male clients continued to be the largest client group accessing services in the region (57%).

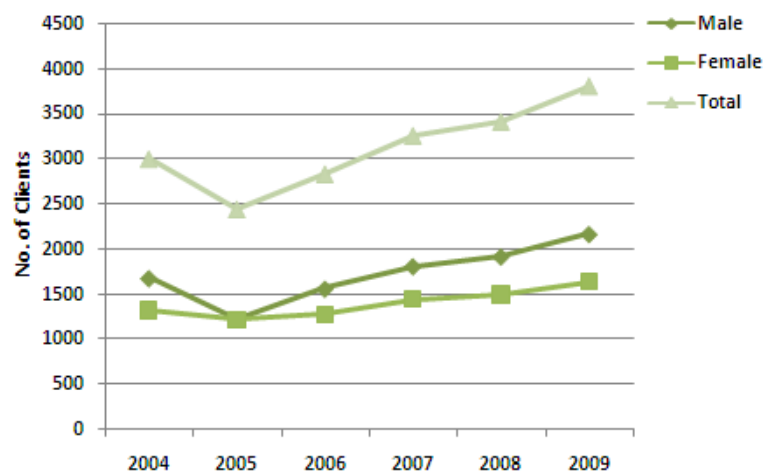
The largest client group in the Central region continued to be 15-19 year olds (52%).

Table 15. Clients by Gender & Age Group (2004-2009)

Year	Age Group & 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	412	629	877	1,918	189	392	920	1,501	3,419
2009	508	661	1,000	2,169	222	441	981	1,644	3,813

Note: Date is for the 2nd 6 month of each year

Figure 12. 0-19 yrs Clients by Gender (2004-2009)



In the second half of 2009, Capital & Coast DHB reported the highest number of total clients in the region followed by MidCentral DHB (see Table 16).

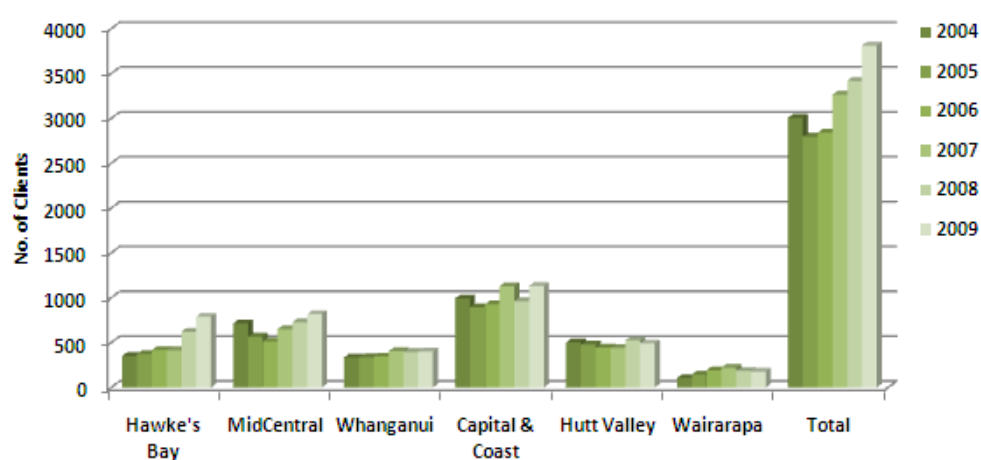
From 2007 to 2009, most of the DHBs, except for Wairarapa and Whanganui, reported an increase in total client numbers (see Table 16 & Figure 13).

Table 16. 0-19 yrs Clients by DHB (2004-2009)

DHB	Year					
	2004	2005	2006	2007	2008	2009
Hawke's Bay	352	375	419	417	621	789
MidCentral	715	567	514	652	728	819
Whanganui	336	337	345	405	396	402
Capital & Coast	993	896	927	1,130	963	1,133
Hutt Valley	504	478	445	440	526	492
Wairarapa	107	145	191	221	185	178
Total	3,007	2,798	2,841	3,265	3,419	3,813

Note: Date is for the 2nd 6 month of each year

Figure 13. 0-19 yrs Clients by DHB (2004-2009)



0-19 yrs Access Rates Compared to MHC's Access Benchmarks

The 2004 to 2008 MHINC/PRIMHD 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 DHB clients in each age band per six month period by the corresponding population.

While total access rates in the Central region showed a decreasing trend from 2004-2006, data shows that access rates from 2007 to 2009 have steadily increased for all age groups (see Table 17 & Figure 14).

In the second half of 2009, the Central region total client access rate (1.60%) was higher than the national rate of 1.49%.

Despite these improvements, access rates in the Central region have not improved enough to reach the recommended target rates for all three age groups.

Table 17. Access Rates by Age Group (2004-2009)

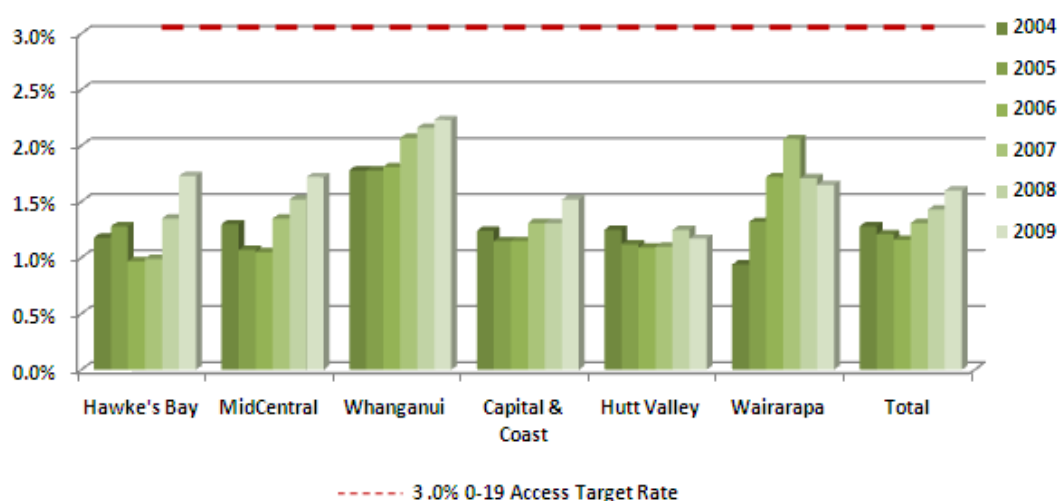
Year	Age Group (yrs)				National Rate 0-19
	0-9	10-14	15-19	0-19	
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%	3.0%
2004	0.56%	1.58%	2.29%	1.28%	1.15%
2005	0.51%	1.47%	2.16%	1.21%	1.23%
2006	0.42%	1.38%	2.30%	1.16%	1.24%
2007	0.45%	1.56%	2.64%	1.31%	1.34%
2008	0.52%	1.71%	2.85%	1.43%	1.43%
2009	0.63%	1.88%	3.10%	1.60%	1.49%

Note: Data is for the 2nd 6 months of each year

Access rates by DHB shows an increasing trend for most of the DHB services in the Central region except for Hutt Valley and Wairarapa DHBs (see Figure 14).

In the second half of 2009, Whanganui DHB's 0-19 access rate was closer to the target rate of 3%, while access rates for all the other DHBs continued to remain well below the target rate of 3.0%.

Figure 14. 0-19 yrs Access Rates by DHB (2004-2009)



MĀORI INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2010, the Central region DHB infant, child and adolescent mental health/AoD (Inpatient & Community) services and NGOs reported a total of 63 Māori staff (58.05 actual FTEs). There were Māori employed in DHB services and Capital & Coast DHB reported the largest Māori workforce in the region (see Table 18 & Figure 15).

From 2008 to 2009, both DHB services and NGOs reported a decrease in the Māori workforce from 85 to 63.

This decrease was seen in the NGO sector (see Table 18). The decrease in the Māori workforce could be due to changes in the number of contracted NGOs since 2008.

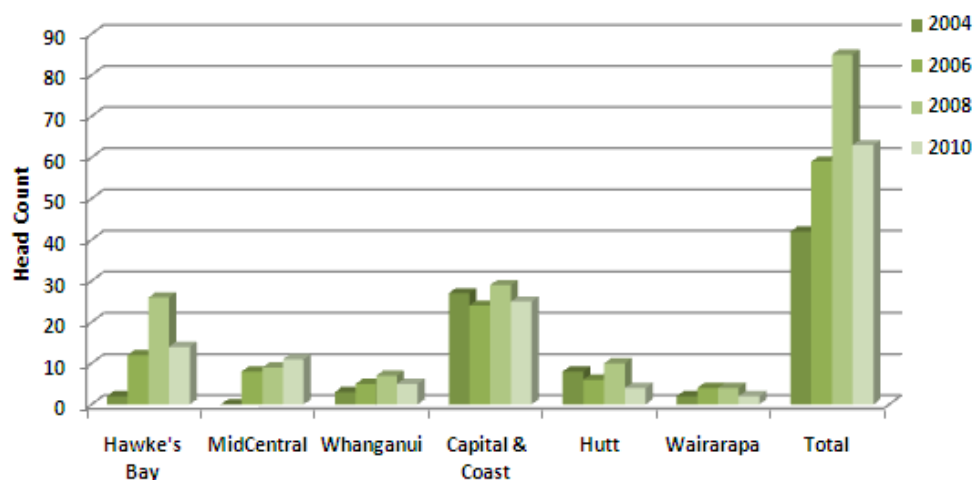
Table 18. Māori Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

DHB	DHB				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Hawke's Bay	2	6	5	5	-	6	21	9	2	12	26	14
MidCentral	-	4	1	1	-	4	8	10	-	8	9	11
Whanganui	2	3	6	4	1	2	1	1	3	5	7	5
Capital & Coast	22	23	28	25	5	1	1	-	27	24	29	25
Hutt	1	4	3	1	7	2	7	3	8	6	10	4
Wairarapa	2	3	3	1	-	1	1	1	2	4	4	2
Total	29	43	46	37	13	16	39	26	42	59	85	63¹

Note: Includes Inpatient Workforce

1. Total includes 2 Māori staff from Richmond Fellowship Central Sub-Regional MST Teams funded by Capital & Coast, Hutt & Wairarapa DHBs

Figure 15. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by DHB (Headcount, 2004-2010)



The decrease in the Māori workforce was largely seen in Clinical roles (see Table 19).

Table 19. Māori Clinical & Non-Clinical Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

Year	DHB Inpatient			DHB Community			NGO			Total		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	42
2006	2	8	10	19	14	33	2	15	17	23	37	60
2008	1	10	11	21	14	35	18	21	39	40	45	85
2010	1	4	5	17	15	32	10	16	26	28	35	63

Note: Non-Clinical Workforce Includes Administration/Management Staff

DHB Inpatient Māori Infant, Child & Adolescent Mental Health Workforce

In 2010, the Capital & Coast DHB Inpatient Services reported five Māori staff.

From 2008 to 2010, there was a decrease of six Māori staff reported by the Inpatient service.

In 2010, almost all of the Māori Inpatient staff were in Non-Clinical positions in Cultural positions and Mental Health Support roles (see Table 20).

One Māori staff held a Clinical position as a Mental Health Nurse (see Table 20).

DHB Community Māori Infant, Child & Adolescent Mental Health/AoD Workforce

In 2010, the Central region DHB Community services reported a total of **32** Māori staff.

From 2008 to 2010, there was a decrease of three since 2008. Capital & Coast DHB reported the largest Māori workforce in the region (see Table 18).

The majority of the DHB Māori staff (21) were in Clinical roles, largely as Psychologists, Social Workers and Mental Health Nurses (see Table 20).

Non-Clinical Māori staff were in Administration/Management and Cultural roles (see Table 20).

NGO Māori Infant, Child & Adolescent Mental Health/AoD Workforce

In 2010, 10 NGOs reported a total **26** Māori Staff.

From 2008 to 2010, there was a decrease of 13 Māori staff (see Table 18).

In 2010, the Māori NGO staff were largely Mental Health Support Workers and Māori Clinical staff were Family Therapists and Alcohol and Drug Workers (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.

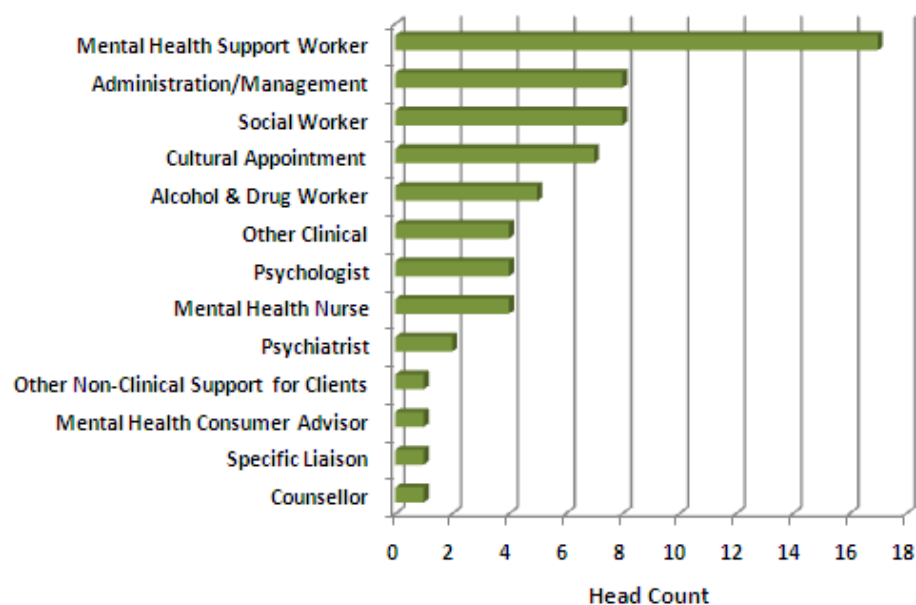
Table 20. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

Occupational Group	DHB		DHB Total	NGO	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	2	2	3	5
Counsellor	-	1	1	-	1
Mental Health Nurse	1	3	4	-	4
Occupational Therapist	-	-	-	-	-
Psychiatrist	-	2	2	-	2
Psychotherapist	-	-	-	-	0
Psychologist	-	4	4	-	4
Social Worker	-	5	5	3	8
Other Clinical Appointment ¹	-	-	-	4	4
Clinical Sub-Total	1	17	18	10	28
Cultural Appointment	2	5	7	-	7
Specific Liaison	-	1	1	-	1
Mental Health Consumer Advisor	-	1	1	-	1
Mental Health Support Worker	2	2	4	13	17
Other Non-Clinical Support for Clients ²	-	-	-	1	1
Non-Clinical Support for Clients Sub-Total	4	9	13	14	27
Administration/Management	-	6	6	2	8
Regional Total	5	32	37	26	63

1. Other Clinical Group = Family Therapists; Clinical Supervisor

2. Other Non-Clinical Group = Art Facilitator

Figure 16. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

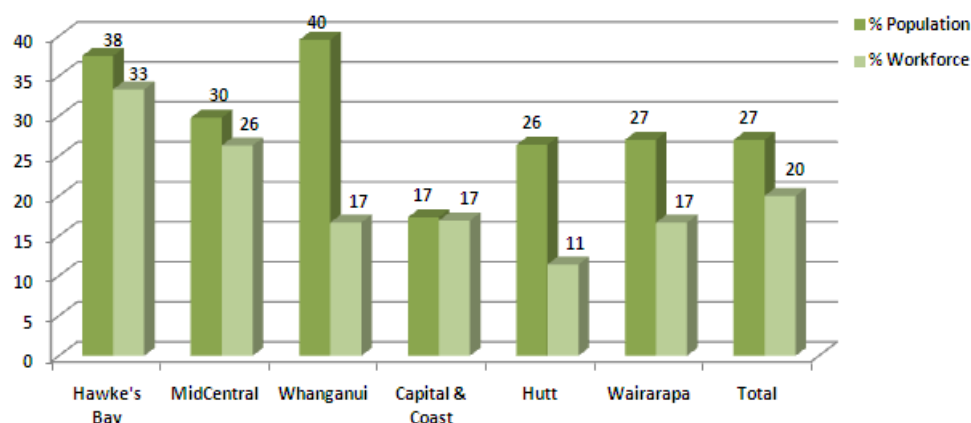


Workforce & Population Comparisons

The population projections from 2008 to 2010 indicated very little change (0.6% increase) in the Māori 0-19 yrs population, and the services in the region reported a decrease in the Māori workforce for the same period.

The decrease in the Māori workforce had created a noticeable disparity between the workforce (20%, 55/275 excluding Administration/Management) and the population (27%) not only regionally but within individual DHB areas (see Figure 17). The largest disparity between the workforce and the population was seen in Whanganui DHB.

Figure 17. Proportion of Māori Workforce compared to Proportion of Māori 0-10 yrs Population (2010)



Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Resource Guidelines

Since there are no specific Blueprint Resource Guideline for the Māori Community Clinical workforce, the recommended Māori Clinical Resource Guideline was estimated from the Blueprint Resource Guideline for the general 0-19 year population.

When the guidelines were calculated for the regional Māori 0-19 years proportion of the population, the recommended Māori Resource Guideline for the Central region Community Clinical workforce was estimated at 67.2 FTEs (see Table 21 & Figure 18).

From 2008 to 2010, the services in the Central region reported a decrease in the total Māori Clinical workforce from 36.5 to 25.0 FTEs (see Table 21 & Figure 18).

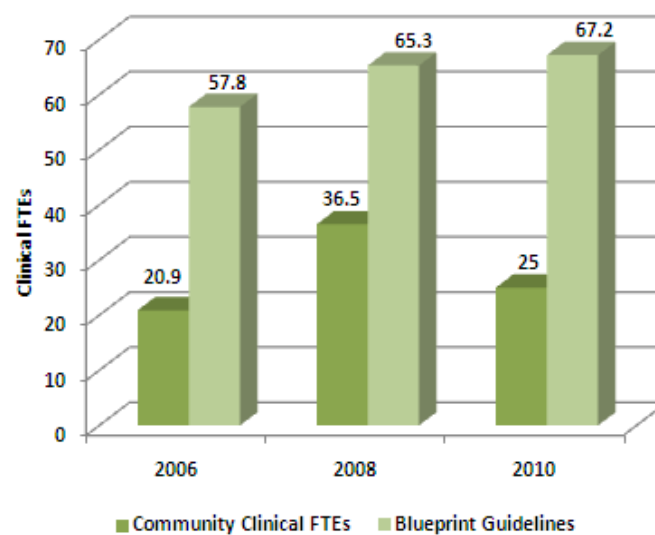
A significant increase in the workforce by 42.2 FTEs is required to meet the needs of the Māori infant, child and adolescent population (see Table 21 & Figure 18).

Table 21. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)

Year	Māori Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed
2006 ¹	20.9	57.8	36.9
2008 ²	36.5	65.3	28.9
2010 ²	25.0	67.2	42.2

1. 2006 Population Census (Prioritised Ethnicity)
2. 2008/2010 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Using the MHC's Blueprint Resource Guidelines for Community Clinical FTEs: 28.6/100,000 Total Population (MHC, 1998) and proportioning according to the regional 0-19 Māori population

Figure 18. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2010)



MĀORI ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

In the second half of 2009, Māori clients made up 26% of the total number of clients accessing services in the Central region. Māori males made up the majority (62%) of the total Māori clients accessing services (see Table 22).

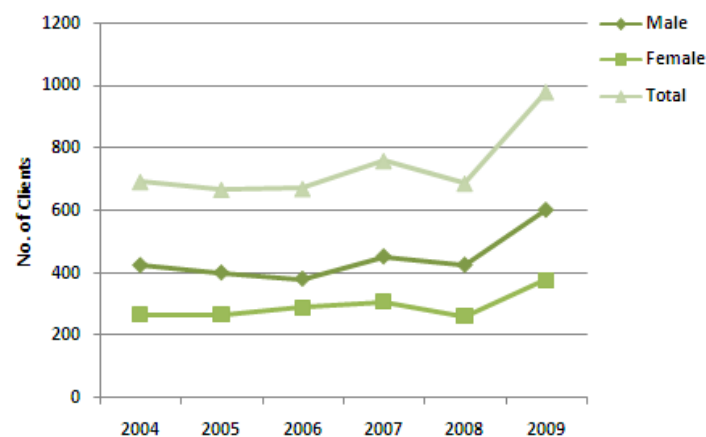
From 2004 to 2009, there was a 29% increase in Māori clients accessing services in the Central region (see Table 22 & Figure 19).

Table 22. Māori 0-19 yrs Clients by Gender (2004-2009)

Year	Māori 0-19 yrs Clients by Gender			Total Clients
	Male	Female	Total	
2004	425	268	693	2,895
2005	401	267	668	2,726
2006	394	300	694	2,777
2007	453	307	760	3,238
2008	426	262	688	3,419
2009	603	377	980	3,813

Note: Data is for the 2nd 6 months of each year

Figure 19. Māori 0-19 yrs Clients by Gender (2004-2009)



In the second half of 2009, Capital & Coast DHB reported the largest number of Māori clients, while Hawke's Bay reported the largest proportion of Māori clients (35% of total clients, 274/789) (see Table 23 & Figure 20).

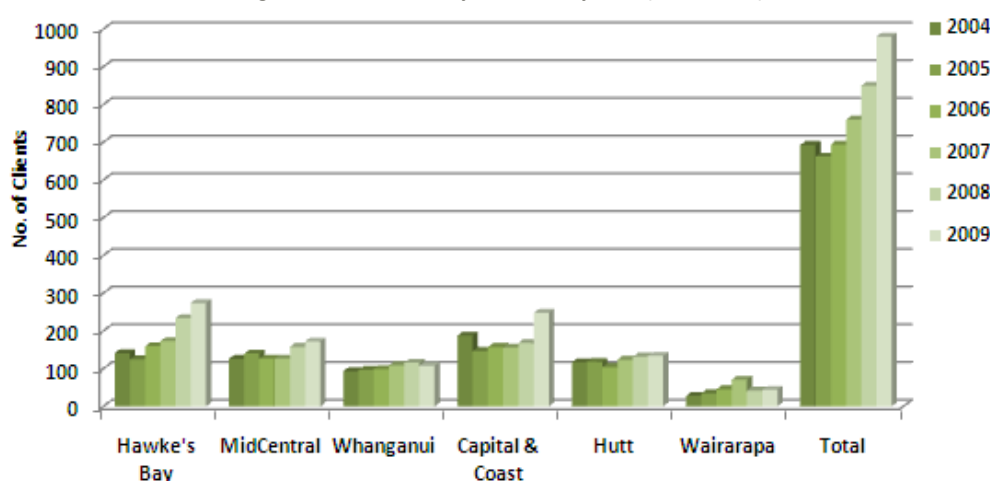
From 2004 to 2009, most of the DHBs except Capital & Coast, reported an increase in overall Māori client numbers (see Table 23).

Table 23. Māori 0-19 yrs Clients by DHB (2004-2009)

DHB	Year					
	2004	2005	2006	2007	2008	2009
Hawke's Bay	141	125	160	173	234	274
MidCentral	126	140	127	127	158	172
Whanganui	93	97	99	109	116	108
Capital & Coast	188	147	158	156	168	248
Hutt Valley	117	118	104	124	132	134
Wairarapa	28	35	46	71	42	44
Total	693	662	694	760	850	980

Note: Data is for the 2nd 6 months of each year

Figure 20. Māori 0-19 yrs Clients by DHB (2004-2009)



Māori 0-19 yrs Client Access Rates

While Māori access rates in the Central region showed a decreasing trend from 2004-2006, access data from 2006 to 2009 showed a steady increase in Māori access for all three age groups (see Table 24 & Figure 21).

In the second half of 2009, while the overall Māori access rate (1.5%) was lower than the regional average rate of 1.6%, Māori access rates for the 15-19 year age group (3.39%) was higher than the regional rate of 3.1%.

Due to a higher need for mental health services, the MHC has recommended that the Blueprint access benchmarks for Māori be set at 6% over a 6 month period (MHC, 1998). While Māori access rates have increased from 2006 to 2009 in the Central region, they have not increased at a rate that is relative to need and have yet to reach either 3% (recommended for the general population) or the 6% recommended rate for Māori.

Table 24. Māori Access Rates by Age Group (2004-2009)

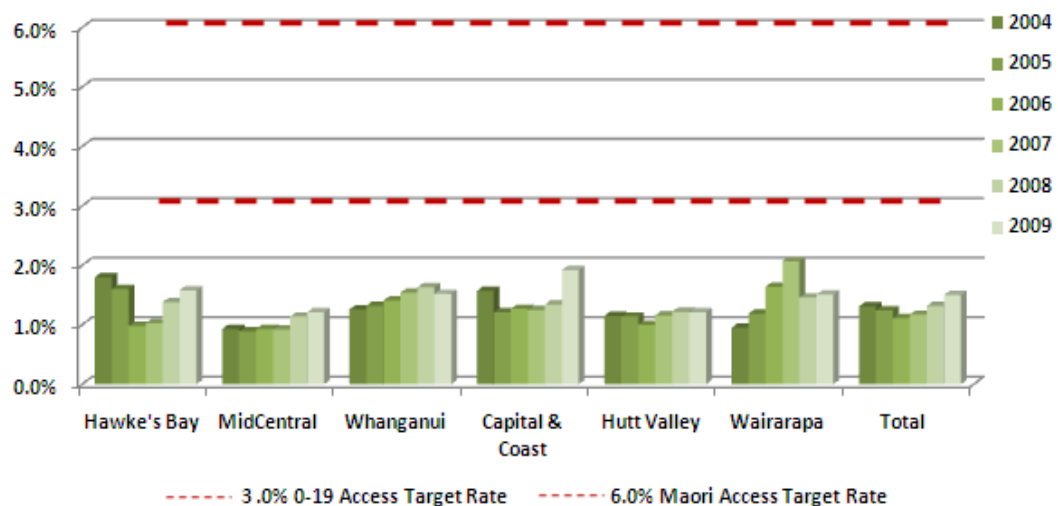
Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%/6.0%
2004	0.48%	1.62%	2.92%	1.31%
2005	0.41%	1.71%	2.62%	1.24%
2006	0.30%	1.41%	2.56%	1.11%
2007	0.34%	1.34%	2.82%	1.17%
2008	0.38%	1.58%	3.12%	1.32%
2009	0.52%	1.84%	3.39%	1.50%
Regional Rate 2009	0.63%	1.88%	3.10%	1.60%

Note: Data is for the 2nd 6 months of each year

From 2006 to 2009, most DHBs except Whanganui and Wairarapa, reported an increase in Māori access rates to services (see Figure 21).

However, Māori access rates for all DHBs in the Central region have remained significantly below the recommended rate of 3% (for the general population) and the 6% recommended rate for Māori.

Figure 21. Māori 0-19 yrs Access Rates by DHB (2004-2009)



PACIFIC INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

Please note that 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 2010, the Central region DHB infant, child and adolescent mental health/AoD (Inpatient & Community) services and NGOs reported a total of **23** Pacific staff (19.4 actual FTEs).

From 2008 to 2010, there was an increase of three Pacific staff in the region. The increase in the Pacific workforce was seen in DHB services while NGOs continued to report a decreasing Pacific workforce and this could possibly be due to contractual changes in 2010 (see Table 25).

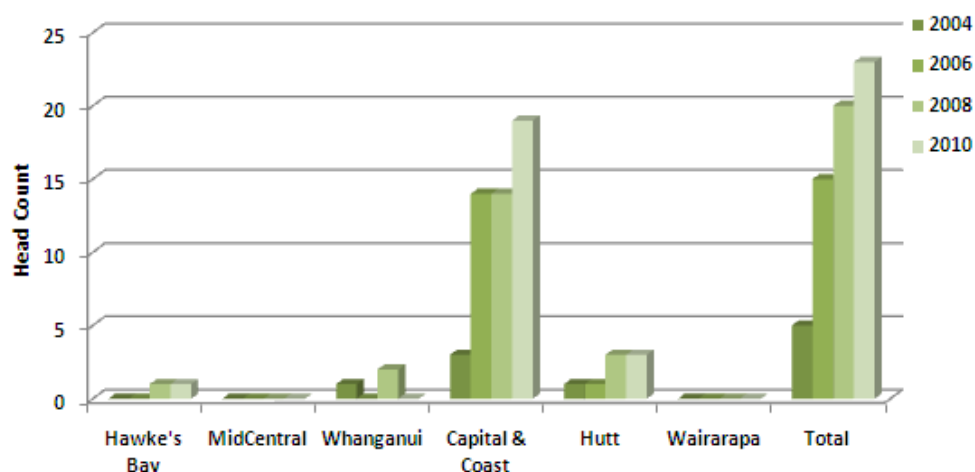
In 2010, Capital & Coast continued to report the largest Pacific workforce in the region (see Table 25 & Figure 22).

Table 25. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

DHB	DHB ¹				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Hawke's Bay	-	-	1	-	-	-	-	1	-	-	1	1
MidCentral	-	-	-	-	-	-	-	-	-	-	-	-
Whanganui	-	-	-	-	1	-	2	-	1	-	2	-
Capital & Coast	3	7	12	17	-	7	2	2	3	14	14	19
Hutt	1	-	1	2	-	1	2	1	1	1	3	3
Wairarapa	-	-	-	-	-	-	-	-	-	-	-	-
Total	4	7	14	19	1	8	6	4	5	15	20	23

1. Includes Inpatient Services

Figure 22. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce by DHB (Headcount, 2004-2010)



From 2008 to 2010, there was a very slight increase (of one) in the Pacific Clinical workforce. With an increase of two Non-Clinical staff, total Clinical and Non-Clinical staff numbers were very similar (see Table 26).

The DHB Inpatient service was the only service that reported increases in both Clinical and Non-Clinical Pacific staff. Pacific Clinical staff numbers in DHB community services and NGOs remained the same as 2008.

NGOs on the other hand reported a loss of two Non-Clinical staff from 2008 to 2010 (see Table 26).

Table 26. Pacific Clinical & Non-Clinical Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

Year	DHB Inpatient			DHB Community			NGOs			Total		Total
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	
2004	-	2	2	-	2	2	-	1	1	-	5	5
2006	-	2	2	1	4	5	4	4	8	5	10	15
2008	2	3	5	6	3	9	3	3	6	11	9	20
2010	3	7	10	6	3	9	3	1	4	12	11	23

Note: Non-Clinical Workforce includes Administration/Management Staff

DHB Inpatient Pacific Infant, Child & Adolescent Mental Health Workforce

In June 2010, the Capital & Coast Inpatient service reported a total of 10 Pacific staff. Pacific staff numbers in this Inpatient Service have doubled from 2008 to 2010. This increase in Pacific staff numbers was seen in mainly Non-Clinical roles (see Table 27).

Pacific staff at the Inpatient Service largely held Non-Clinical positions (6 Pacific staff) as Mental Health Support Workers, Cultural Appointment, Youth Consumer Advisor and an 'Other' Non-Clinical role as an Occupational Therapist Assistant (see Table 27).

Three Pacific staff held Clinical positions as Mental Health Nurses, and a Social Worker.

DHB Community Pacific Infant, Child & Adolescent Mental Health/AoD Workforce

The Central region DHB Community services reported a total of nine Pacific staff.

While Pacific staff numbers had increased from 2004 to 2006, there was no change in Pacific staff numbers from 2008 to 2010 (see Table 25).

Pacific staff in DHB community services was mainly in Clinical positions. Of the six Pacific Clinical staff, two were Mental Health Nurses, two were Psychologists, one a Psychologist and one a Family Therapist (see Table 27).

NGO Pacific Infant, Child & Adolescent Mental Health/AoD Workforce

Three NGOs reported a total of 4 Pacific staff; of which one was a Pacific service (*Taeaomanino Trust*). This service reported two of the 4 Pacific staff in the region.

The Pacific NGO workforce was largely in Clinical roles as Social Workers (2) and Alcohol and Drug Worker (1) and the remaining staff was in an Administration role (see Table 27).

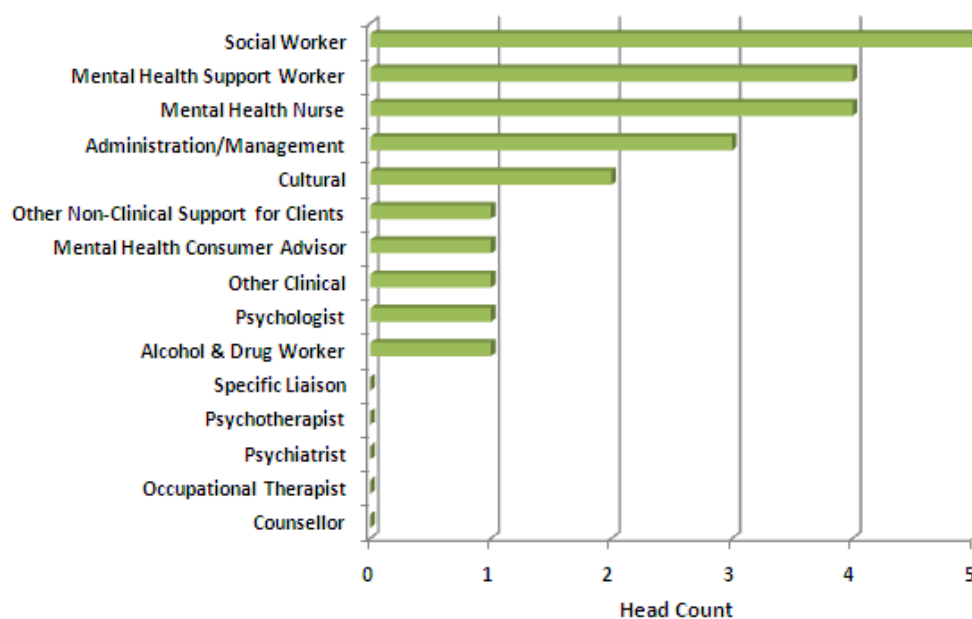
Table 27. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

Occupational Group	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	-	-	1	1
Counsellor	-	-	-	-	-
Mental Health Nurse	2	2	4	-	4
Occupational Therapist	-	-	-	-	-
Psychiatrist	-	-	-	-	-
Psychotherapist	-	-	-	-	-
Psychologist	-	1	1	-	1
Social Worker	1	2	3	2	5
Other Clinical Appointment ¹	-	1	1	-	1
Clinical Sub-Total	3	6	9	3	12
Cultural Appointment	1	1	2	-	2
Specific Liaison	-	-	-	-	-
Mental Health Consumer Advisor	1	-	1	-	1
Mental Health Support Worker	4	-	4	-	4
Other Non-Clinical Support for Clients ²	1	-	1	-	1
Non-Clinical Support for Clients Sub-Total	7	1	8	-	8
Administration/Management	-	2	2	1	3
Regional Total	10	9	19	4	23

1. Other Clinical Group = Family Therapist

2. Other Non-Clinical Group = Occupational Therapy Assistant

Figure 23. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

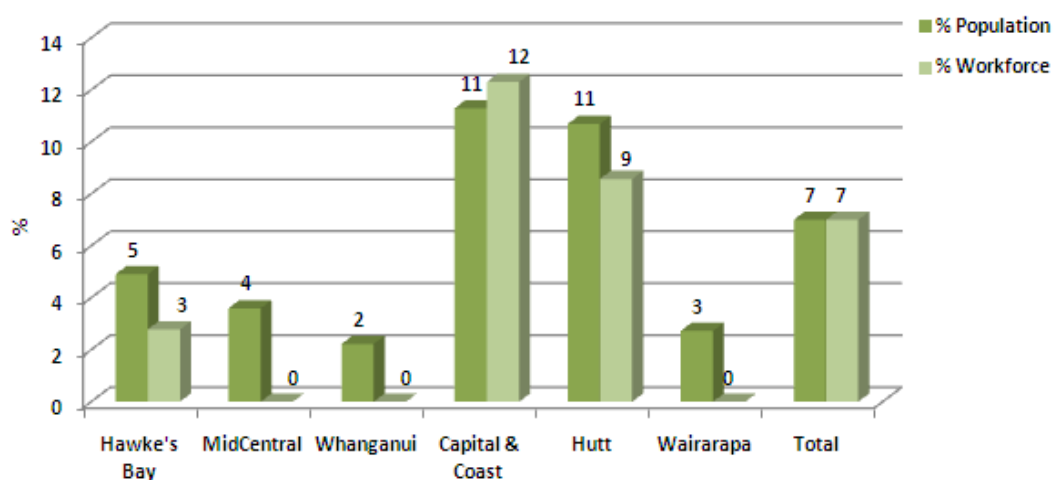


Workforce & Population Comparisons

Based on the 2010 population projections, the Pacific infant, child and adolescent population made up 7% of the total population and the workforce (excluding Administration/Management) made up 7% of the total workforce (20/275) which was similar to the overall proportion of the Pacific in the region.

While there were no apparent regional disparities seen between the workforce and the population, disparities did exist within individual DHB areas. The largest disparities were seen in MidCentral, Hawke's Bay and Wairarapa DHB areas (see Figure 24).

Figure 24. Proportion of Pacific Workforce compared to Proportion of Pacific 0-19 yrs Population (2010)



Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines

Since there are no specific Blueprint Resource Guideline for the Pacific Community Clinical workforce, the recommended Pacific Clinical Resource Guideline was estimated from the Blueprint Resource Guideline for the general 0-19 year population.

When the guidelines were calculated for the regional Pacific 0-19 years proportion of the population, the recommended Pacific Resource Guideline for the Central region Community Clinical workforce was estimated at 18.1 FTEs (see Table 28 & Figure 25).

From 2008 to 2010, the services in the Central region reported a decrease in the total Pacific Clinical workforce from 8.8 to 8.0 FTEs (see Table 28 & Figure 25).

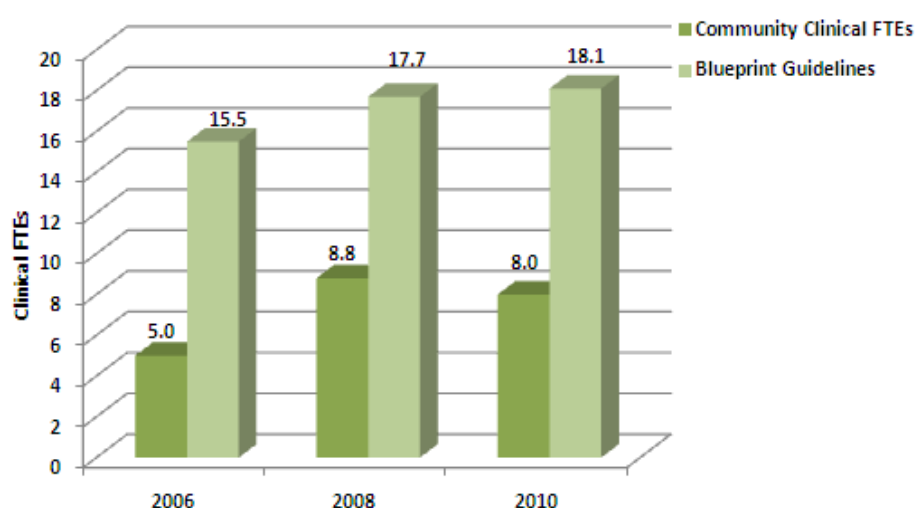
A significant increase in the workforce by 10.1 FTEs is required to meet the needs of the regional Pacific infant, child and adolescent population (see Table 28 & Figure 25).

Table 28. Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)

Year	Pacific Community Clinical FTEs ³	Blueprint Guidelines ⁴	FTEs Needed
2006 ¹	5.0	15.5	10.5
2008 ²	8.8	17.7	8.9
2010 ²	8.0	18.1	10.1

1. 2006 Population Census (Prioritised Ethnicity)
2. 2008/2010 Population Projections (Base 2006, Total Response, Medium Projections)
3. Includes DHB Community CAMH/AoD Services & NGOs
4. Using the MHC's Blueprint Resource Guidelines for Community Clinical: 28.6/100,000 Total Population (MHC, 1998a) and proportioning according to the regional 0-19 Pacific population.

Figure 25. Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guideline (2010)



PACIFIC CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

In the second half of 2009, the Central region had the second largest number of Pacific clients accessing mental health/AoD services in the country (see Appendix D, Table 1). Pacific clients made up 3% of the total number of clients in the region (see Table 29).

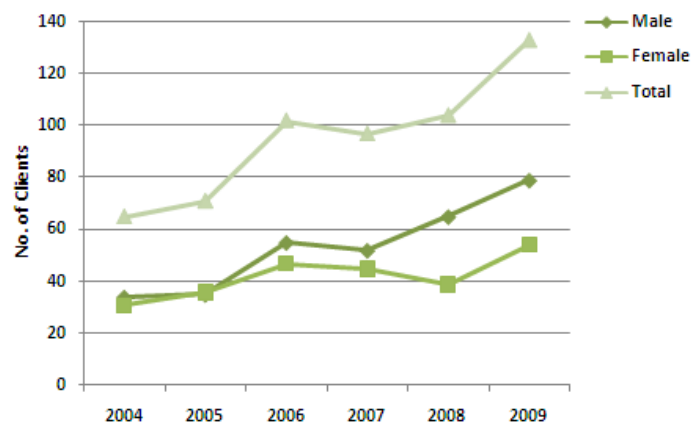
From 2007 to 2009, the overall number of Pacific clients had increased by 37%, the largest increase out of the three ethnic groups (Māori, Pacific & Asian) in the region (see Table 29 & Figure 26).

Table 29. Pacific 0-19 yrs Clients by Gender (2004-2009)

Year	Pacific 0-19 yrs Clients by Gender			Total Clients
	Male	Female	Total	
2004	35	31	66	2,895
2005	35	36	71	2,726
2006	55	47	102	2,777
2007	52	45	97	3,238
2008	65	39	104	3,419
2009	79	54	133	3,813

Note: Data is for the 2nd 6 months of each year

Figure 26. Pacific 0-19yrs Clients by Gender (2004-2009)



In the second half of 2009, Capital & Coast DHB reported the largest number of Pacific clients followed by Hutt Valley DHB (see Table 30 & Figure 27).

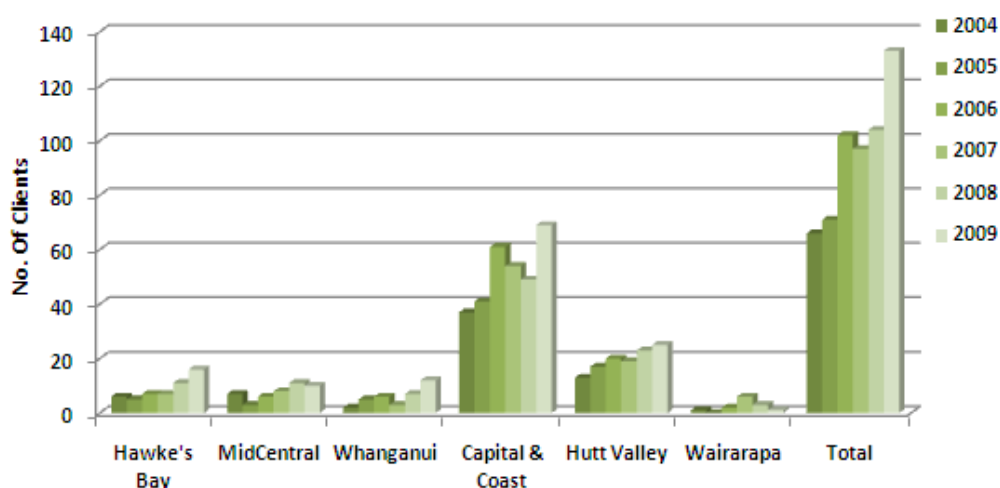
From 2007 to 2009, most of the DHBs, except for MidCentral and Wairarapa, reported an increase in Pacific clients (see Table 30).

Table 30. Pacific 0-19 yrs Clients by DHB (2004-2009)

DHB	Year					
	2004	2005	2006	2007	2008	2009
Hawke's Bay	6	5	7	7	11	16
MidCentral	7	3	6	8	11	10
Whanganui	2	5	6	3	7	12
Capital & Coast	37	41	61	54	49	69
Hutt Valley	13	17	20	19	23	25
Wairarapa	1	0	2	6	3	1
Total	66	71	102	97	104	133

Note: Data is for the 2nd 6 months of each year

Figure 27. Pacific 0-19 yrs Clients by DHB (2004-2009)



Pacific 0-19 yrs Client Access Rates

From 2004 to 2007, the Pacific client access rates (for all three age groups) in the Central region showed a variable trend.

However, improvements in Pacific client access rates can be seen from 2007 to 2009.

Despite these improvements, Pacific access continued to remain well below the total average Regional Rate of 1.60% and target rates for all three age groups (see Table 31 & Figure 28).

Table 31. Pacific 0-19 yrs Client Access Rates (2004-2009)

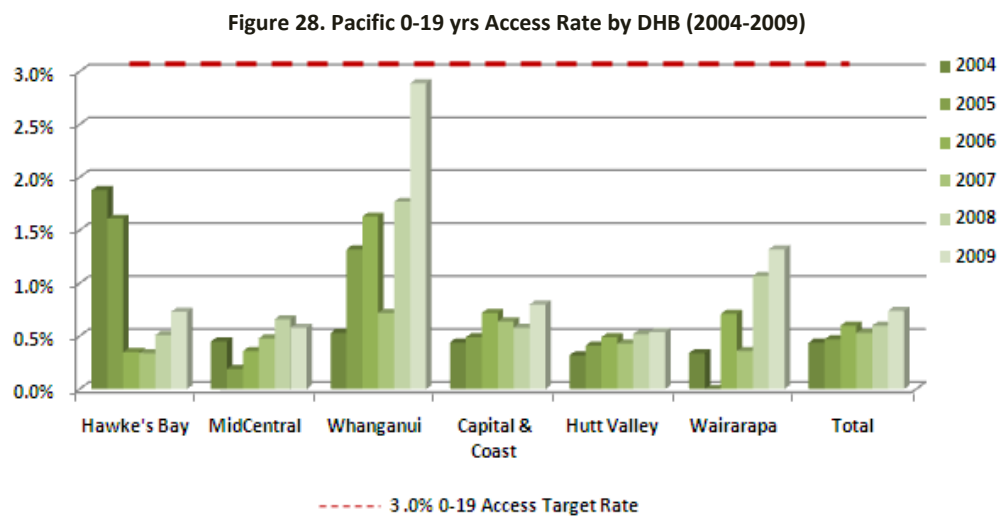
Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%
2004	0.28%	0.44%	0.77%	0.44%
2005	0.23%	0.52%	0.92%	0.47%
2006	0.26%	0.67%	1.23%	0.60%
2007	0.13%	0.84%	1.05%	0.53%
2008	0.23%	0.71%	1.26%	0.60%
2009	0.30%	0.82%	1.66%	0.74%
Regional Rate 2009	0.63%	1.88%	3.10%	1.60%

Note: Data is for the 2nd 6 months of each year

From 2007 to 2009, Pacific client access rates in all DHBs in the Central region showed a variable trend.

From 2007 to 2009, an increase in Pacific access rates was seen in most of the DHB services. There was a significant increase in Pacific access rates in Whanganui DHB with an access rate (2.89%) that was close to the 3% target rate (see Figure 28). While this is a positive result, the 3% target rate is a conservative estimate due to high mental health needs in the Pacific population.

From 2004 to 2009, Pacific access rates in Hutt Valley and Capital & Coast DHBs continued to be very low compared to the other DHB services in the region.



ASIAN INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2010, the Central region DHB infant, child and adolescent mental health/AoD services reported a total of six Asian staff.

From 2008 and 2010 there was an increase of one Asian staff in the region (see Table 32). This increase was reported by the Capital & Coast DHB Inpatient Service.

Majority of the Asian staff were in Clinical roles (Psychiatrists, Mental Health Nurse, Registrar & Psychology Intern).

Table 32. Asian Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

DHB	DHB ¹			
	2004	2006	2008	2010
Hawke's Bay	-	-	4	-
MidCentral	1	-	1	-
Whanganui	-	-	-	-
Capital & Coast	2	1	-	6
Hutt	-	-	-	-
Wairarapa	-	-	-	-
Total	3	1	5	6

1. Includes Inpatient Workforce

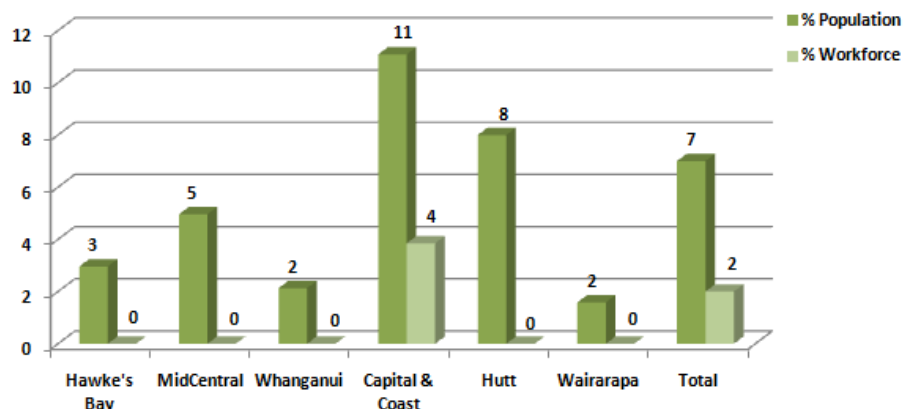
Workforce & Population Comparisons

Based on the 2010 population projections, Asian infants, children and adolescents made up 7% of the region's population and the Asian workforce (excluding Administration & Management staff) made up 2% of the region's total workforce (5/275).

Significant disparities between the Asian workforce and Asian population continued to exist at the regional and individual DHB levels.

The largest disparity between the workforce and the population was seen in the Capital & Coast DHB area (see Figure 29).

Figure 29. Proportion of Asian Workforce compared to Proportion of Asian 0-19 yrs Population (2010)



ASIAN CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

In second half of 2009, Asian infants, children and adolescents made up 2% of the total number of clients in the Central region (see Table 33).

From 2007 to 2009, there was a 33% increase in Asian clients accessing services. This increase was seen in both genders (see Table 33 & Figure 30).

Despite this increase, the Asian client number (60) has remained relatively low compared to the number of Māori (980) and Pacific (133) clients accessing services in the region.

Table 33. Asian 0-19 yrs Clients by Gender (2004-2009)

Year	Asian 0-19 yrs Clients by Gender			Total Clients
	Male	Female	Total	
2004	24	17	41	2,895
2005	26	23	49	2,726
2006	22	20	42	2,777
2007	26	19	45	3,238
2008	17	18	35	3,419
2009	28	32	60	3,813

Note: Data is for 2nd 6 months of each year



From 2004 to 2009, Capital & Coast DHB continued to report the largest number of Asian clients (48%) followed by MidCentral and Hutt Valley DHBs (see Table 34 & Figure 31).

Asian client numbers were variable from 2004 to 2007 in all DHBs.

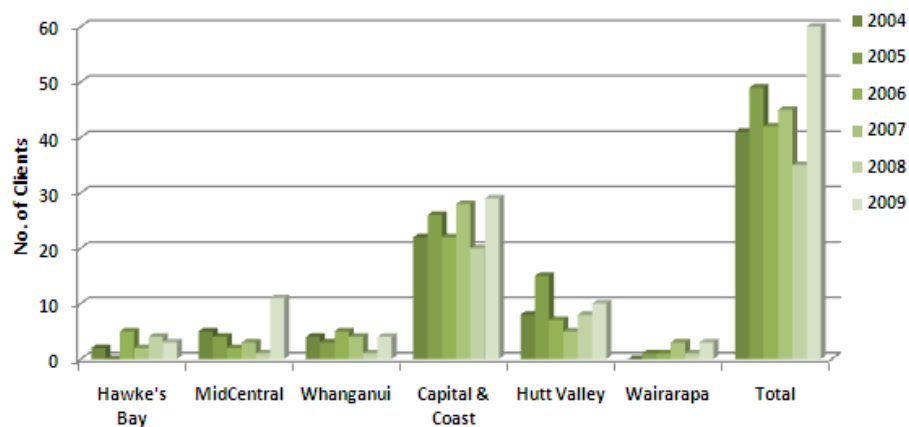
However from 2008 to 2009, most DHBs in the region reported an increase in Asian clients accessing services.

Table 34. Asian 0-19 yrs Clients by DHB (2004-2009)

DHB	Year					
	2004	2005	2006	2007	2008	2009
Hawke's Bay	2	-	5	2	4	3
MidCentral	5	4	2	3	1	11
Whanganui	4	3	5	4	1	4
Capital & Coast	22	26	22	28	20	29
Hutt Valley	8	15	7	5	8	10
Wairarapa	0	1	1	3	1	3
Total	41	49	42	45	35	60

Note: Data is for 2nd 6 months of each year

Figure 31. Asian 0-19 yrs Clients by DHB (2004-2009)



Asian 0-19 yrs Client Access Rates

After the initial decrease in the regional Asian access rate from 2006 to 2008, slight improvements in access rates for all three age groups were seen from 2008 to 2009.

In the second half of 2009, the Asian regional access rate of 0.4% remained the lowest compared to access rates for Māori (1.5%) and Pacific (0.74%) and therefore significantly below target rates for all three age groups (see Table 35 & Figure 32).

Table 35. Asian Client Access Rates by Age Group (2006-2009)

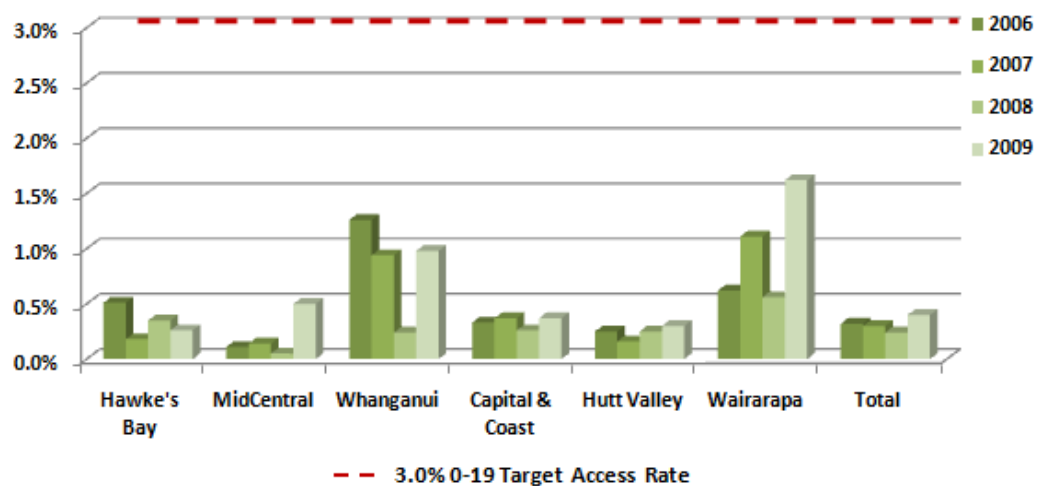
Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%
2006	0.13%	0.38%	0.60%	0.32%
2007	0.17%	0.26%	0.56%	0.30%
2008	0.11%	0.29%	0.42%	0.24%
2009	0.17%	0.39%	0.83%	0.40%
Regional Rate 2009	0.63%	1.88%	3.10%	1.60%

Note: Data is for 2nd 6 months of each year

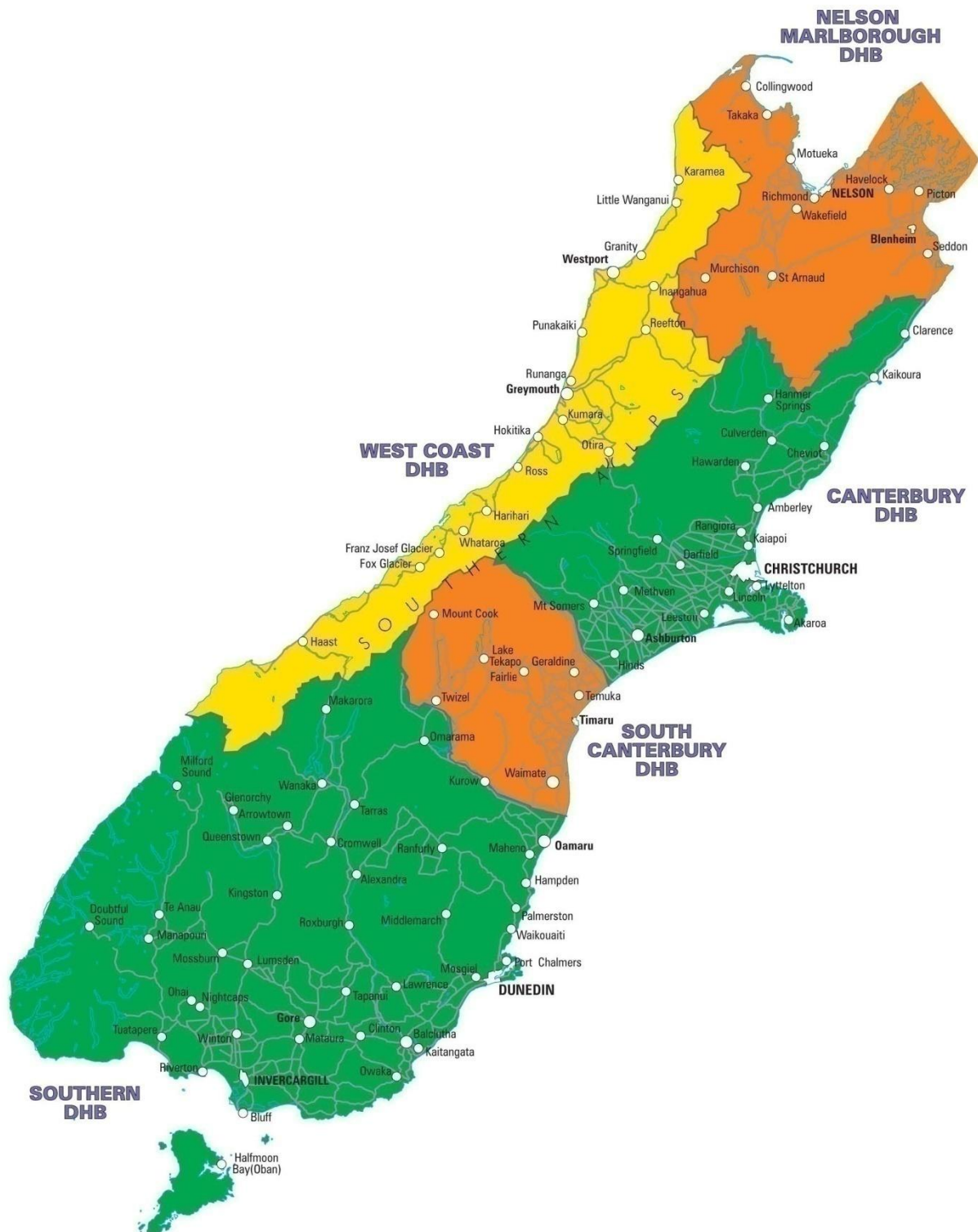
From 2008 to 2009, most of the DHBs, except for Hawke's Bay, reported an increase in Asian access rates. Wairarapa DHB reported the largest increase in Asian access rates for the same period (see Figure 32).

However, Asian access rates have continued to remain significantly below the target access rate of 3% for all six DHB services in the Central region.

Figure 32. Asian 0-19 yrs Access Rates by DHB (2006-2009)



SOUTHERN REGION INFANT, CHILD & ADOLESCENT MENTAL HEALTH & AOD OVERVIEW



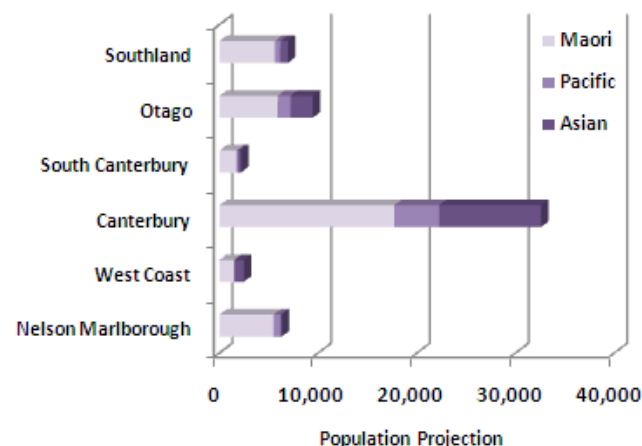
INFANT, CHILD & ADOLESCENT POPULATION PROFILE

Based on the 2010 projected infant, child and adolescent population statistics, the Southern region had New Zealand's second largest (22%) infant, child and adolescent (0-19 yrs) population (see Appendix A, Table 1 & Figure 1).

The 2008 to 2010 population projections indicated a slight decrease (0.6%) in the infant, child and adolescent population (see Appendix A, Table 1).

Half of the region's 0-19 years population resided in the Canterbury DHB area (see Appendix A, Table 1 & Figure 1).

Figure 1. Infant, Child & Adolescent Population Projection (2010)



Māori Infant, Child & Adolescent Population

In 2010, the Southern region had the smallest Māori infant, child and adolescent population (13%) in the country.

Māori infants, children and adolescents made up 14% of the region's 0-19 years population. Nearly half (47%) of the region's Māori infant, child and adolescent population resided in the Canterbury DHB area. However, proportionally, Southland (19%) and West Coast DHB (18%) had the largest proportions of Māori infants, children and adolescents residing in these DHB areas.

While the 2006 to 2008 population projections indicated a 9% increase in the Māori infant, child and adolescent population, the 2008 to 2010 projections showed a much smaller increase (3%) in the population. Despite a smaller population growth from 2008 to 2010, the projection indicated that the Southern region had the largest increase of Māori children and adolescents in the country (the national average increase was projected at 1%). This increase was seen in the Otago (4%) and Canterbury (3%) DHB areas.

Pacific Infant, Child & Adolescent Population

In 2010, the Southern region continued to have one of the smallest Pacific infant, child and adolescent population in New Zealand (6%). Pacific infants, children and adolescents made up 3% of the region's total 0-19 years population (see Appendix A, Table 1).

While the 2006 to 2008 projections indicated a 17% increase in the Pacific population (which made it the largest increase of Pacific infants, children and adolescents in the country), the 2008 to 2010 projections indicated a decreasing regional Pacific population. This decrease in the population was especially seen in the Southland and West Coast DHB areas. However, projections by DHB indicated an increasing Pacific population in the Nelson Marlborough (6%), Otago (5%), Canterbury (4%) and South Canterbury (3%) DHB areas (see Appendix A, Table 1).

Almost two thirds (62%) of the region's Pacific 0-19 year population resided in the Canterbury DHB area with larger proportions residing in the Canterbury and Otago DHB areas.

Asian Infant, Child & Adolescent Population

Based on the 2010 population projections, the Southern region had the third largest Asian population (11%) in the country (see Appendix A, Table 1).

From the 2008 to 2010 population projections, the Asian population had experienced the largest growth by 6% compared to the growth in the Māori (3%) and Pacific populations (see Appendix A, Table 1).

Asian infants, children and adolescents made up 6% of the total infant, child and adolescent population in the region which was larger than the Pacific population. Almost all of the region's Asian infants, children and adolescents (70%) resided in the Canterbury DHB area.

PROVISION OF INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

With the merger of Otago and Southland DHBs in 2010, there are five DHBs that provide specialist Inpatient and Community based CAMH/AoD services: Nelson Marlborough, West Coast, Canterbury, South Canterbury and Southern DHB.

Regional Inpatient mental health services are provided by Canterbury DHB.

Infant, child and adolescent mental health/AoD services are also provided by DHB funded NGOs and in some cases PHOs.

For the June 2009 to July 2010 period, 26 NGOs were identified as providing DHB funded infant, child and adolescent mental health/AoD services. Of the 26 NGOs, 12 were contracted AoD providers.

From 2008 to 2010, progress can be seen in funding and in the number and types of services that are available for infants, children and adolescents. Services are now more inclusive of infants with either dedicated services or teams for the infant (0-4 age group) population.

The progress in the development and provision of services for infants, children and adolescents has been in line with the priorities outlined in *Te Raukura* (Ministry of Health, 2007):

- *Youth Forensic Services*: Canterbury DHB.
- *Child and Youth AoD Services*:
 - Four DHBs: West Coast, Canterbury, South Canterbury and Southern DHBs.
 - Twelve NGOs.
- *Regional Eating Disorder Service*: Provided by Canterbury DHB for Canterbury, Nelson Marlborough, West Coast, South Canterbury and Southern DHBs.
- *Migrant and Refugee Mental Health Service*: Canterbury DHB.

- *Services for Māori:*
 - Four NGOs provide specifically funded Kaupapa Māori services.
 - Māori have access to other Māori mainstream mental health/AoD services in the region.
- *Services for Pacific:*
 - There was one Pacific NGO in the Canterbury DHB area.

Table 1. Nelson Marlborough Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

NELSON MARLBOROUGH DHB
Child & Adolescent Mental Health Services
Adult Community Team (18-19 years old)
Alcohol & Other Drugs
Regional Services
Child & Family Unit (Canterbury)
Eating Disorder Unit (Canterbury)
Youth Inpatient Unit (Canterbury)

NELSON MARLBOROUGH NGOS
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 (MHCS39)

Table 2. West Coast Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

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 Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

CANTERBURY DHB
Child Specialty Services
Youth Specialty Services
Family Mental Health
Youth Day Programme
Child Day Programme
Consult Liaison Service to NGOs/PHOs
Child, Adolescent & Family Rural Service
Intensive Case Management (Canterbury DHB)
Regional Services
Child & Family Inpatient Unit (Southern Region)
Youth Inpatient Unit (Southern Region)
Eating Disorder Services
<i>Receives funding for Youth Forensics & Refugee & Migrant Mental Health Services</i>
CANTERBURY DHB FUNDED 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
Well Child Framework 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/Hauora Trust
Children & Youth Alcohol & Drug Community Services
Children & Young People Community Services

CANTERBURY DHB FUNDED NGOs Continued
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

Table 4. South Canterbury Infant, Child & Adolescent Mental Health/AoD Services (2009/2010)

SOUTH CANTERBURY DHB
Child & Adolescent Psychiatric Services
Māori Mental Health Team
Youth Alcohol & Other Drug Service

SOUTH CANTERBURY DHB FUNDED NGOs
Adventure Development Ltd
Children & Young People Community Services

Table 5. Southern Infant, Child & Adolescent Mental Health AoD Services (2009/2010)

SOUTHERN DHB
Child & Family Service (Otago, Waitaki, Balclutha, Dunstan)
Youth Specialty Service (Otago)
Child, Adolescent & Family Service (Wakatipu, Gore, Invercargill areas)

SOUTHERN DHB FUNDED 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
Children & Young People Community Service

SOUTHERN DHB FUNDED NGOs Continued
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
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
Child & Youth Community Residential Care
Children & Young People Community Services
Children & Youth Day Activity Service
Child & Youth Crisis Respite
Supporting Families for Mental Wellness Southland
Advocacy/Peer Support-Families/Whānau
Note: Italicised Services are Kaupapa Māori Services (MHCS39)

FUNDING OF INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

For the June 2009 to July 2010 financial year, the Northern region provider services received \$35.7 million for infant, child and adolescent mental health/AoD services (see Appendix B, Table 1).

From 2007 to 2010, there was a 10% increase in total funding for infant, child and adolescent mental health/AoD services.

This increase was seen mainly in DHB funding by 15% while there was a 5% decrease in NGO funding (see Figures 2 & 3).

Figure 2. Infant, Child & Adolescent Mental Health/AOD Funding by DHB & NGO (2004-2010)

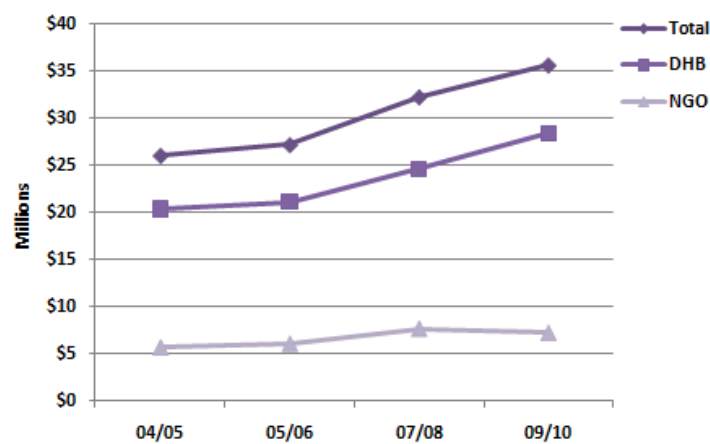
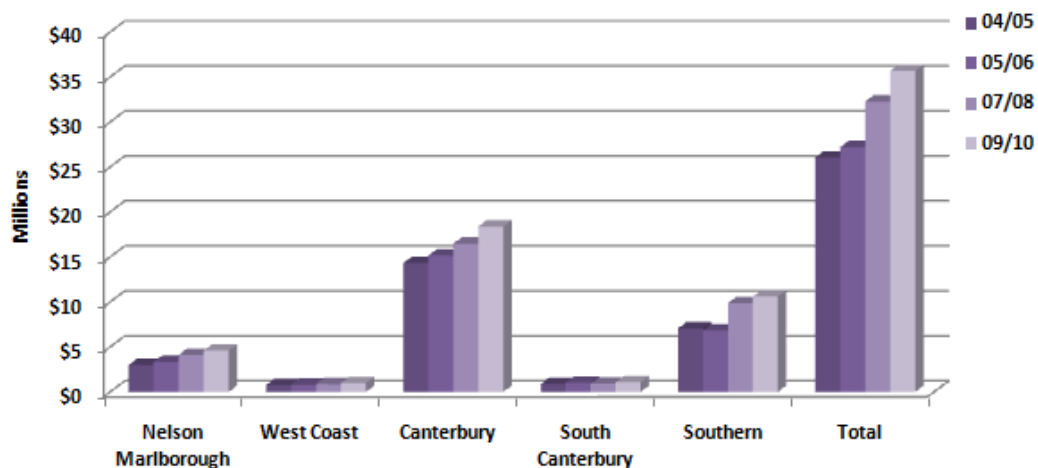


Figure 3. Infant, Child & Adolescent Mental Health/AOD Funding by DHB (2004-2010)



From 2007 to 2010, the regional funding data by services showed decreases in funding for Alcohol and Other Drugs and Kaupapa Māori Services in the Southern region (see Table 6).

Table 6. Infant, Child & Adolescent Mental Health/AOD Funding by Services (2007-2010)

Services	Year		
	2007/2008	2009/2010	% Change
Inpatient	\$5,491,702	\$5,877,775	7
Alcohol & Other Drugs	\$3,513,717	\$3,293,288	-6
Kaupapa Māori	\$782,371	\$653,588	-16
All Other Services	\$22,502,892	\$25,845,944	15
Total	\$32,290,683	\$35,670,595	10

Source: Ministry of Health Price Volume Schedule 2007/2008 & 2009/2010

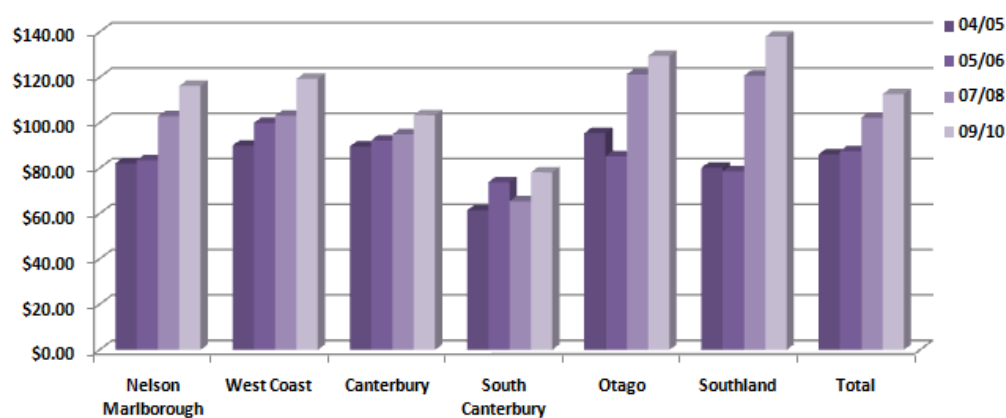
Funding per Head Infant, Child & Adolescent Population

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 0-19 years 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 7).

From 2007 to 2010, there was an 11% increase in the regional spend per head of the 0-19 population (inclusive of Inpatient funding) (see Figure 4).

For the 2009/2010 financial year, the Southern region spend per head of the 0-19 year population was \$134.92 (see Appendix B, Table 2).

Figure 4. Funding per head Infant, Child & Adolescent Population by DHB (2004-2010)



INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In June 2010, the Southern region DHB (Inpatient & Community) infant, child and adolescent mental health/AoD services and NGOs reported a total of 363.14 actual FTEs with a further 20.2 FTEs reported vacant (5% vacancy rate) (see Table 7).

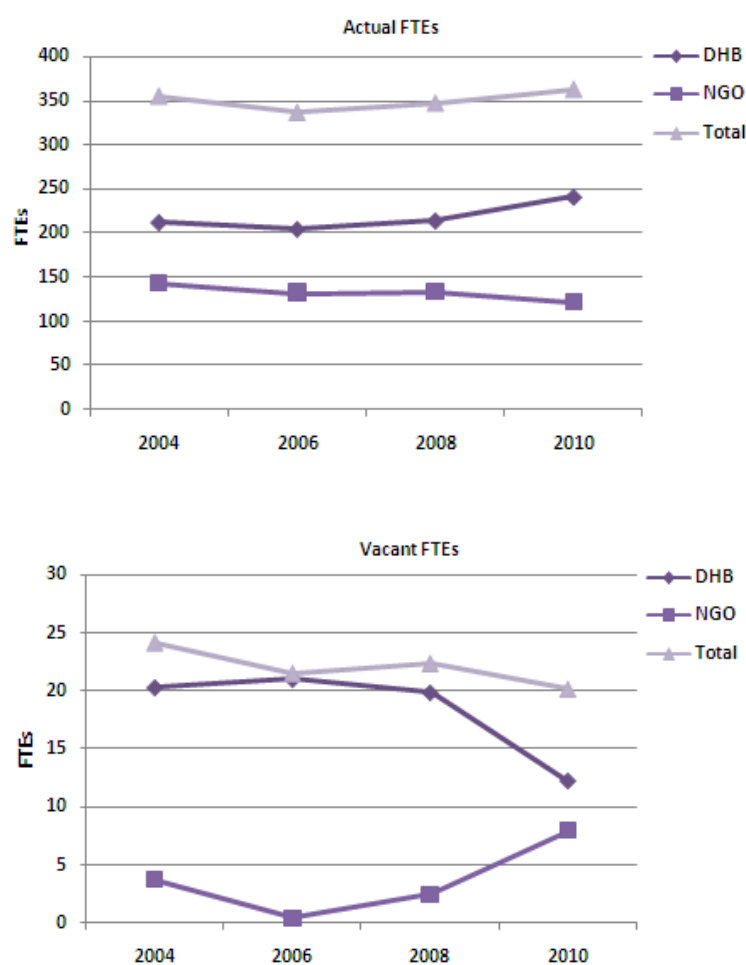
From 2008 to 2010, there was a 4% increase in the workforce and a 10% decrease in vacancies (see Table 7 & Figure 5).

Table 7. Total Infant, Child & Adolescent Mental Health/AOD Workforce (2004-2010)

Year	DHB ¹			NGOs			Total		
	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
2010	241.09	12.20	5	122.05	8.00	6	363.14	20.20	5

1. Includes Inpatient Data

Figure 5. Total Infant, Child & Adolescent Mental Health/AOD Actual & Vacant FTEs (2004-2010)



Seventy percent of the Southern region infant, child and adolescent mental health/AoD workforce were Clinical staff with an increase of three percent from 2008 to 2010 (from 248.10 to 255.49 FTEs) (see Table 8).

The majority of the Clinical workforce (76%) was employed in DHB CAMH/AoD services with the exception of Alcohol and Drug Counsellors/Workers who were largely employed in NGOs (see Table 8).

The remainder of the workforce (30%) were in Non-Clinical roles mainly employed in NGOs as Mental Health Support Workers (see Table 8 & Figure 6).

Table 8. Total Infant, Child & Adolescent Mental Health/AoD Workforce by Occupational Group (2010)

Occupational Group	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	2.5	2.5	24.0	26.5
Counsellor	-	2.3	2.3	12.2	14.5
Mental Health Nurse	32.8	29.78	62.58	4.0	66.58
Occupational Therapist	1.5	10.1	11.6	4.0	15.6
Psychiatrist	2.96	15.72	18.68	-	18.68
Psychotherapist	-	3.8	3.8	-	3.8
Psychologist	2.0	29.3	31.3	2.9	34.2
Social Worker	2.6	41.1	43.7	11.9	55.6
Other Clinical Appointment ¹	4.03	12.9	16.93	3.1	20.03
Clinical Sub-Total	45.89	147.5	193.39	62.1	255.49
Cultural Appointment	0.6	7.6	8.2	0.8	9.0
Mental Health Consumer Advisor	-	2.2	2.2	0.05	2.25
Mental Health Support Worker	-	1.7	1.7	47.6	49.3
Other Non-Clinical Support for Clients ²	-	1.5	1.5	4.8	6.3
Non-Clinical Support for Clients Sub-Total	0.6	13.0	13.6	53.25	66.85
Administration/Management	4.30	29.8	34.28	6.7	40.98
Regional Total	50.79	190.3	241.27	122.05	363.32

1. Other Clinical Group = Music Therapist; Coordinator; House Surgeon; Child Therapist; Medical Officer; Clinical Nurse Specialist; Research Officer; Child Protection Coordinator; Interns: Psychology, Counselling, Social Work

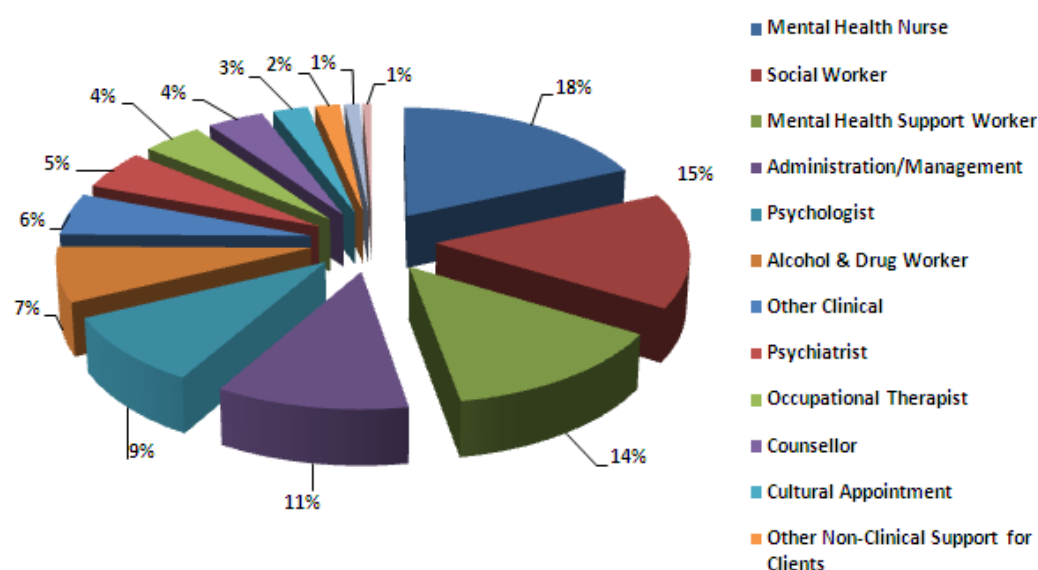
2. Other Non-Clinical Group = Intake Worker; COPMI Worker; Whānau Ora Practitioners; Needs Assessors & Service Coordinators

Table 9. Total Infant, Child & Adolescent Mental Health/AOD Workforce Vacant FTEs by Occupational Group (2010)

Occupational Group	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	-	-	2.8	2.8
Counsellor	-	-	-	-	-
Mental Health Nurse	0.9	2.8	3.7	-	3.7
Occupational Therapist	-	0.2	0.2	-	0.2
Psychiatrist	-	1.4	1.4	-	1.4
Psychotherapist	-	-	-	-	-
Psychologist	-	2.2	2.2	-	2.2
Social Worker	-	1.0	1.0	-	1.0
Other Clinical Appointment ¹	-	2.1	2.1	-	2.1
Clinical Sub-Total	0.9	9.7	10.6	2.8	13.4
Cultural Appointment	-	1.0	1.0	-	1.0
Specific Liaison	-	-	-	-	-
Mental Health Consumer Advisor	-	-	-	-	-
Mental Health Support Worker	-	-	-	5.2	5.2
Non-Clinical Sub-Total	-	1.0	1.0	5.2	6.2
Administration/Management	-	0.6	0.6	-	0.6
Regional Total	0.9	11.3	12.2	8.0	20.2

1. Other Clinical Group = Duty Worker/Enuresis Coordinator; Intern: Psychology

Figure 6. Total Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (2010)



DHB Inpatient Infant, Child & Adolescent Health Workforce

In June 2010, the Canterbury DHB Inpatient Service reported a total of **45.9** actual FTEs with **0.9** reported vacant (see Table 10).

The *Stocktake* data from 2006 to 2010 shows an increasing trend in the Inpatient workforce.

From 2008 to 2010, there was a 10% increase in Inpatient workforce (see Table 10 & Figure 6).

This increase was seen in the Clinical Inpatient Workforce with a 13% increase for the same period.

In 2010, the Inpatient Clinical workforce made up 90% of the total Inpatient Workforce (see Table 10 & Figure 7).

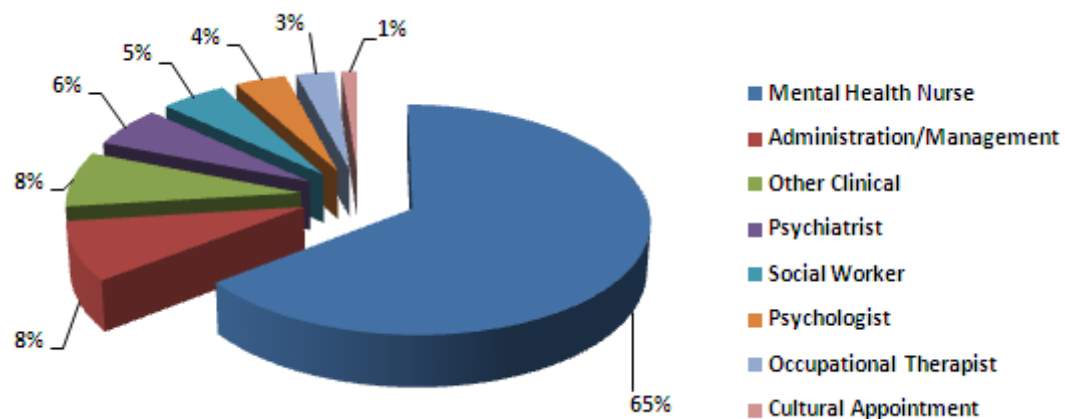
The Non-Clinical Inpatient workforce was largely Administrators and Managers with one staff member holding a cultural role as Pukenga (see Table 8 & Figure 7).

Table 10. DHB Inpatient Infant, Child & Adolescent Mental Health Workforce (2004-2010)

Year	Actual FTEs			Vacant FTEs			% Vacancy
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	
2004	38.7	5.4	44.1	0.7	-	0.7	2
2006	37.4	6.3	43.7	1.0	0.3	1.3	3
2008	40.6	5.6	46.2	-	-	0.0	0
2010	45.9	4.9	50.8	0.9	-	0.9	2

Note: Non-Clinical Workforce includes Administration/Management Staff

Figure 7. DHB Inpatient Infant, Child & Adolescent Mental Health Workforce by Occupational Group (2010)



DHB Community Infant, Child & Adolescent Mental Health/AoD Workforce

In 2008, Otago and Southland DHBs merged to form the Southern DHB. Workforce data from the previous two DHBs have been combined to illustrate the Southern DHB's workforce over time.

In June 2010, the Southern region DHB Community CAMH/AoD services reported a regional total of 190.5 actual FTEs with a further 11.3 FTEs reported vacant (6% vacancy rate) (see Table 11).

Canterbury DHB CAMHS reported the largest workforce (85.3 FTEs) followed by Southern DHB (57.4 FTEs) (see Table 11).

The *Stocktake* data from 2006 to 2010 shows an increasing trend in the Community workforce.

From 2008 to 2010, there was a 13% increase in the Community workforce and a significant decrease in vacancies (from 19.88 to 11.3 FTEs) (see Table 11 & Figure 8).

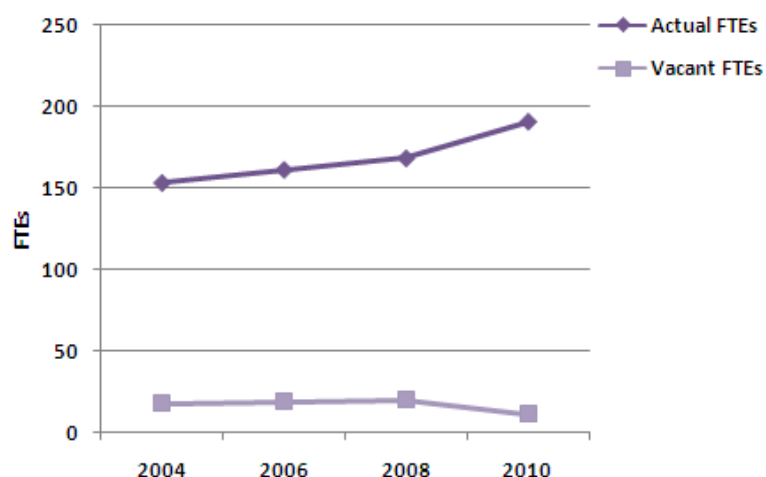
This increase was largely seen in the Clinical workforce by 12% (from 132.2 to 147.5 FTEs).

From 2008 to 2010, Clinical vacancies had almost halved (from 17.98 to 9.70 FTEs). Vacancies had decreased for almost all Clinical roles except for Mental Health Nurses.

Table 11. DHB Community Infant, Child & Adolescent Mental Health/AOD Workforce (2004-2010)

DHB	Actual FTEs				Vacant FTEs				Vacancy Rate			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Nelson Marlborough	20.67	26.6	23.4	24.9	4.0	3.5	-	2.0	16	12	-	7
West Coast	11.4	10.4	11.5	12.4	0.3	2.5	3.8	1.2	3	19	25	9
Canterbury	77.74	69.65	68.23	85.3	9.87	7.84	9.85	3.0	11	10	13	3
South Canterbury	8.8	7.85	10.0	10.5	1.0	2.2	-	2.7	10	22	-	20
Southern	49.75	46.61	55.0	57.4	2.5	3.7	6.23	2.4	5	7	10	4
Otago	35.9	33.51	32.6	-	-	-	0.70	-	-	-	2	-
Southland	13.85	13.1	22.4	-	2.5	3.7	5.53	-	15	22	20	-
Regional Total	153.14	161.11	168.13	190.5	17.67	18.10	19.88	11.3	10	11	11	6

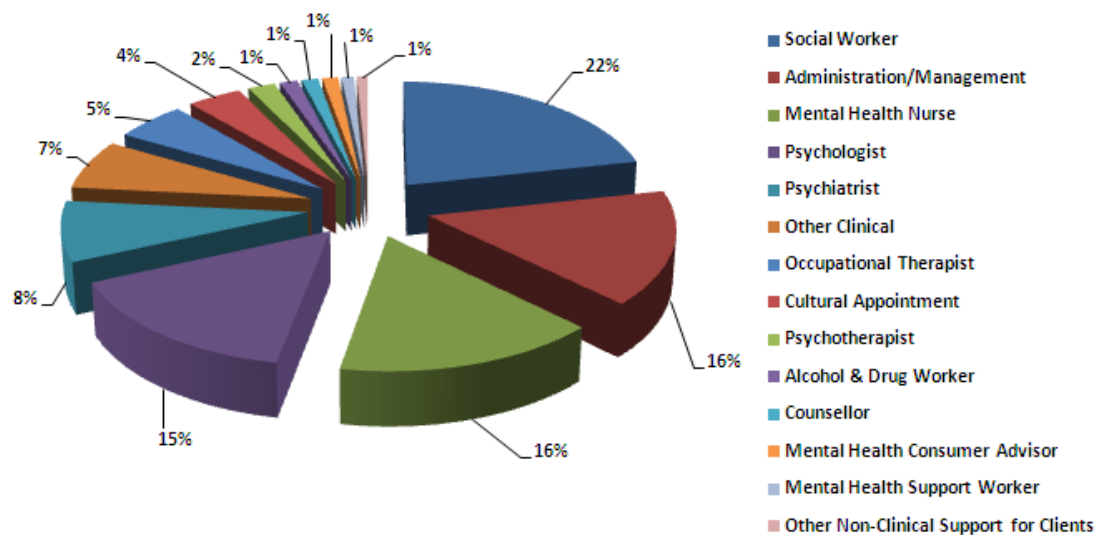
Figure 8. DHB Community Infant, Child & Adolescent Mental Health/AOD Actual & Vacant FTEs (2004-2010)



In 2010, 80% of the DHB Community Clinical CAMH/AoD workforce was in Clinical roles.

In 2010, the remainder of the Community workforce were in Non-Clinical roles (22%) largely as Administrators/Managers and Cultural workers with very few reported vacancies in this workforce (see Table 8 & Figure 9).

Figure 9. DHB Community Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (2010)



NGO Infant, Child & Adolescent Mental Health/AoD Workforce

Please note that although every attempt is made to ensure data accuracy, the quality of data is dependent on the source. Variations in data over time could also be due to the reporting of data by different staff members from the same agencies at each data collection point and contractual changes may also account for some of the variances seen.

A total of 26 DHB funded NGOs in the Southern region were identified for the 2010 *Stocktake*.

In June 2010, the NGOs in the Southern region reported a total of 122.05 actual FTEs and a further 8.0 vacant FTEs.

From 2008 to 2010, there was 9% decrease in the NGO workforce and an increase in vacancies from 2.5 to 8.0 FTEs) (see Table 12 & Figure 10).

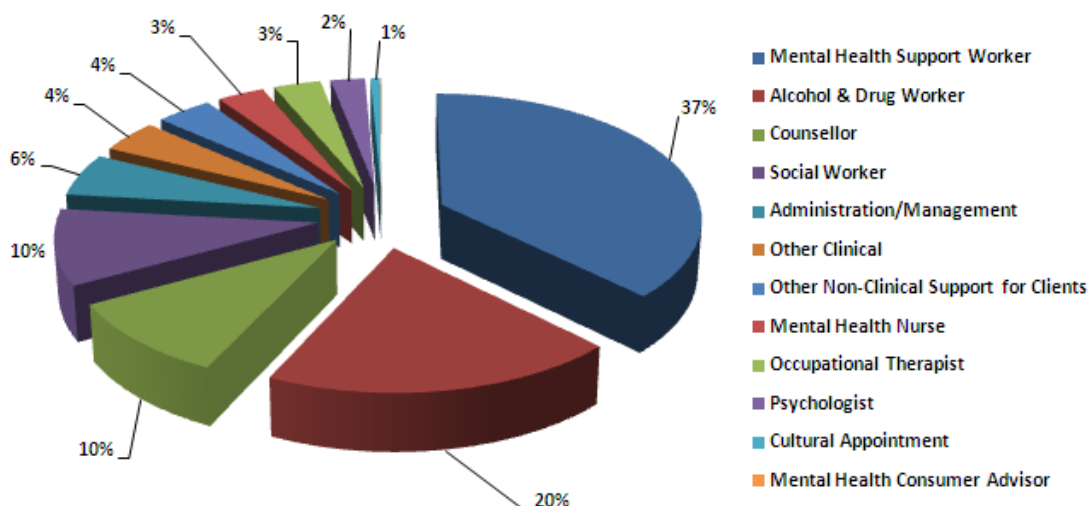
NGO staff were largely Mental Health Support Workers and Alcohol and Drug Workers (see Table 8 & Figure 10).

Table 12. NGO Infant, Child & Adolescent Mental Health/AOD Workforce (2004-2010)

DHB	Actual FTEs				Vacant FTEs				Vacancy Rate			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Nelson Marlborough	19.4	17.25	15.3	11.3	3.8	-	-	-	16	-	-	-
Canterbury	77.5	75.0	59.38	57.2	-	-	1.5	6.6	-	-	2	10
South Canterbury	-	0.7	11.0	3.7	-	-	-	1.0	-	-	-	21
Southern	53.1	39.6	47.9	49.85	-	-	-	0.4	-	-	-	1
Otago	39.1*	28.1	30.1	33.25	-	0.5	-	0.4	-	2	-	1
Southland	14.0	11.5	17.8	16.6	-	-	1.0	-	-	-	5	-
Regional Total	110.9	132.55	133.58	122.05	3.8	0.5	2.5	8.0	3	0.4	2	6

*Includes Adult FTEs

Figure 10. NGO Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (2010)



Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to the MHC's Resource Guidelines

From 2008 to 2010 there was a very small increase (1%) in the regional Community Clinical workforce (from 207.5 to 209.6 FTEs).

Therefore, the Community Clinical workforce would still need to increase significantly (by 40%) to meet the MHC's recommended resource guideline of 293.92 FTEs for the Southern region infant, child and adolescent population (see Table 13 & Figure 11).

Table 13. Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2004-2010)

Year	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	207.5	289.86	82.36	40
2010	209.6	293.92	84.30	40

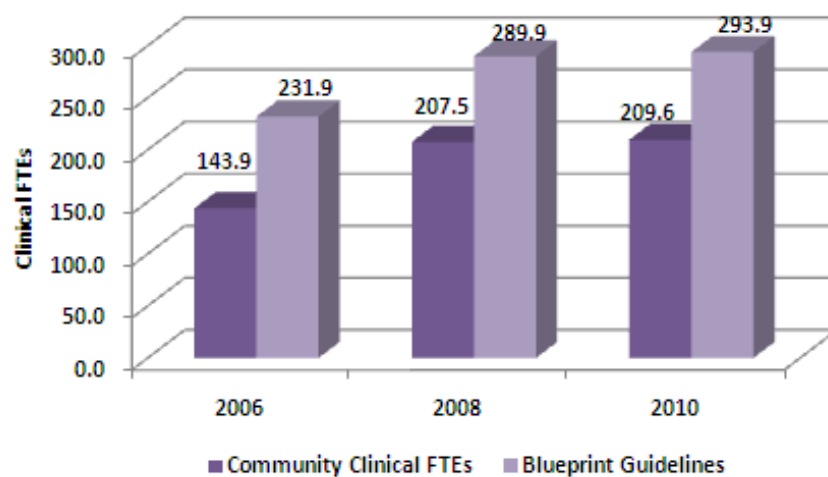
1. 2006 Census (Prioritised Ethnicity)

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 11. Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to Blueprint Guidelines by DHB (2010)



CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD 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) and from PRIMHD 2008 (2nd 6 months) to 2010 (1st 6 months) analyses. Due to incomplete data from the NGO sector, NGO client data has been excluded. Therefore this section only contains MHINC/PRIMHD DHB client data that is relevant to each region and could account for the low access rates reported in this section. The complete MHINC/PRIMHD National DHB client data is available on the Werry Centre Website (www.werrycentre.org.nz).

From 2004 to 2009, the Southern region continued to report the second highest number of clients accessing mental health/AoD services in the country (see Appendix D, Table 1).

There was an 11% increase in clients accessing services in the region from 2007 to 2009. This increase was seen in Male clients by 15% (see Table 14 & Figure 12).

From 2004 to 2009, the largest client group accessing services has continued to be 15-19 year olds (54%).

In the second half of 2009, 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 (see Table 14 & Figure 12).

Table 14. Clients by Gender & Age Group (2004-2009)

Year	Gender								DHB Total
	Male				Female				
	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	578	808	1,135	2,521	212	524	1,245	1,981	4,502
2009	567	868	1,241	2,676	214	513	1,296	2,023	4,699

Note: Data is for 2nd 6 months of each year

Figure 12. 0-19 yrs Clients by Gender (2004-2009)



From 2004 to 2009, Canterbury DHB continued to report the highest number of total clients followed by Southern DHB in the Otago region (see Table 15 & Figure 13).

From 2007 to 2009, all of the DHBs reported an increase in the total number of clients. South Canterbury reported the largest increase by 39%.

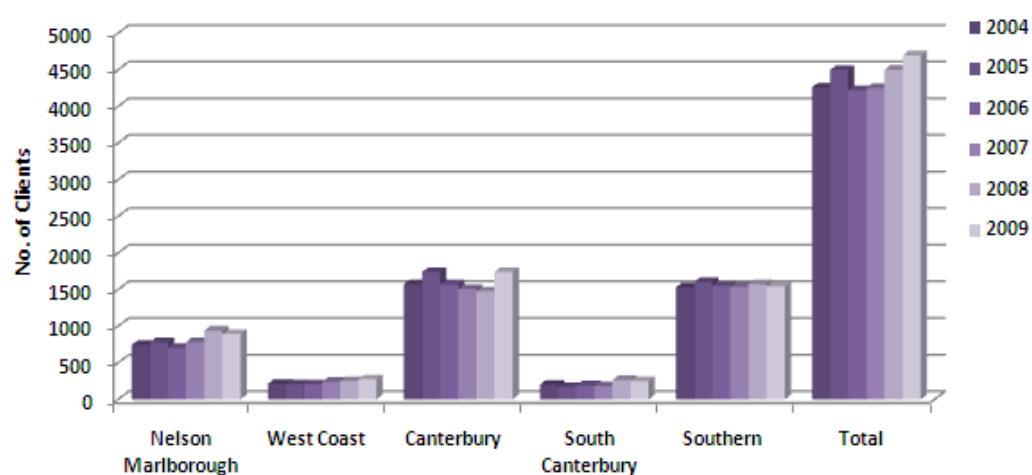
Southern DHB showed very little change in client numbers for the same period (see Table 15 & Figure 13).

Table 15. 0-19 yrs Clients by DHB (2004-2009)

DHB	Year					
	2004	2005	2006	2007	2008	2009
Nelson Marlborough	743	781	704	783	940	892
West Coast	213	207	206	239	249	274
Canterbury	1,572	1,739	1,571	1,507	1,477	1,740
South Canterbury	201	171	191	181	264	251
Southern	1,532	1,601	1,549	1,541	1,572	1,542
<i>Otago</i>	<i>1,070</i>	<i>1,094</i>	<i>974</i>	<i>1,023</i>	<i>1,084</i>	<i>1,065</i>
<i>Southland</i>	<i>462</i>	<i>507</i>	<i>575</i>	<i>518</i>	<i>488</i>	<i>477</i>
Total	4,261	4,499	4,221	4,251	4,502	4,699

Note: Data is for 2nd 6 months of each year

Figure 13. 0-19 yrs Clients by DHB (2004-2009)



0-19 yrs Client Access Rates Compared to MHC's Access Benchmarks

The 2004 to 2009 MHINC/PRIMHD DHB 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).

After the initial decrease in regional access rates from 2004-2006, access rates show an increasing trend from 2006 to 2009. The Southern region access rate (1.75%) continued to be the highest in the country in all three age groups and has been consistently higher than the national rates from 2004 to 2009 (see Appendix C, Table 9).

Despite these increases, the 2009 regional access rates remain well below target rates for all three age groups (see Table 16).

Table 16. 0-19 yrs Client Access Rates by Age Group (2004-2009)

Year	Age Group (yrs)				National Rate 0-19
	0-9	10-14	15-19	0-19	
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%	3.0%
2004	0.65%	1.93%	2.75%	1.58%	1.15%
2005	0.63%	2.12%	2.94%	1.68%	1.23%
2006	0.52%	1.91%	3.03%	1.57%	1.24%
2007	0.55%	1.91%	2.99%	1.58%	1.34%
2008	0.63%	2.02%	3.16%	1.69%	1.43%
2009	0.61%	2.12%	3.35%	1.75%	1.49%

Note: Data is for 2nd 6 months of each year

From 2004 to 2009, access rates for each DHB showed an increasing trend for most DHBs in the region except for Southland DHB. Of note in 2008 and 2009, West Coast DHB was the only DHB to reach the target level of 3% (see Figure 14). Of concern is the low access rate for Canterbury DHB where the majority of the Southern region infant, child and adolescent population reside and therefore an area of greater need for mental health services. Furthermore, the significant impact of two large scale earthquakes which occurred in 2010 and 2011 may make this area one of high need in New Zealand.

Figure 14. 0-19 yrs Access Rates by DHB (2004-2009)



MĀORI INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

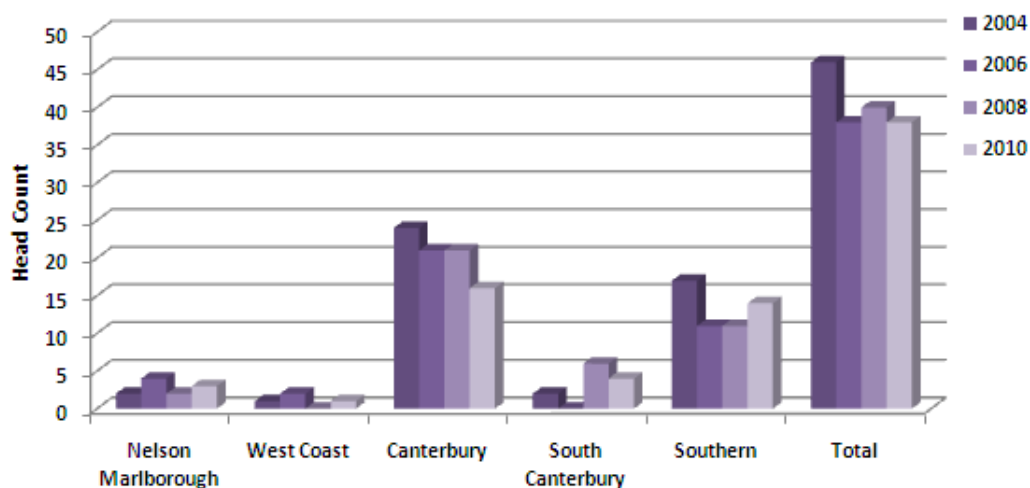
In June 2010, the Southern region DHB CAMH/AoD (Inpatient & Community) services and NGOs reported a total of 38 Māori staff (31.07 actual FTEs), a decrease of two since 2008. NGOs have continued to report 58% of the Māori workforce largely based in the Canterbury DHB area (see Table 17 & Figure 15).

Table 17. Māori Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

DHB	DHB				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Nelson Marlborough	-	-	-	-	2	4	2	3	2	4	2	3
West Coast	1	2	-	1	-	-	-	-	1	2	-	1
Canterbury	7	6	6	7	17	15	15	9	24	21	21	16
South Canterbury	2	-	4	4	-	-	2	-	2	-	6	4
Southern	3	3	2	4	14	8	9	10	17	11	11	14
Otago	2	2	-	3	10	5	6	7	12	7	6	10
Southland	1	1	2	1	4	3	3	3	5	4	5	4
Total	13	11	12	16	33	27	28	22	46	38	40	38

1. Includes Inpatient Workforce

Figure 15. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by DHB (Headcount, 2004-2010)



While there were more Māori in Clinical roles in 2008, the 2010 Māori workforce was largely made up of Non-Clinical roles (see Table 19 & Figure 16).

The loss of Māori Clinical staff was largely seen in NGOs (see Table 18).

Table 18. Māori Clinical & Non-Clinical Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

Year	Inpatient			Community			NGOs			Total		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	46
2006	-	2	2	2	7	9	12	15	27	14	24	38
2008	2	2	4	3	5	8	19	9	28	24	16	40
2010	-	-	-	4	12	16	10	12	22	14	24	38

Note: Non-Clinical Workforce includes Administration/Management Staff

DHB Inpatient Māori Infant, Child & Adolescent Mental Health Workforce

In June 2010, the Canterbury DHB Inpatient service had reported a loss of their Māori workforce since 2008 (see Table 18).

DHB Community Māori Infant, Child & Adolescent Mental Health/AoD Workforce

From 2008 to 2009, the Māori workforce in the DHB Community services had doubled, from eight (see Table 18).

Canterbury DHB continued to report the largest Māori DHB Community workforce (see Table 17).

The Māori workforce in the DHB Community services was largely in Non-Clinical roles in Cultural Appointments (i.e. Kaumātua & Pukenga roles).

The Māori Clinical staff were Social Workers, an Occupational Therapist and a Psychologist.

NGO Māori Infant, Child & Adolescent Mental Health/AoD Workforce

In 2010, NGOs in the Southern region reported a total of **22** Māori Staff.

From 2008 to 2010, there was an increase of one Māori staff (see Table 18).

In 2010, of the 26 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). They received approximately nine percent (\$653,588) of the total regional NGO funding (\$7,238,936) and reported a total of four Māori staff.

Half of the NGO Māori workforce were in Non-Clinical roles as Mental Health Support Workers (see Table 18 & Figure 16).

The other half of the workforce were in Clinical roles largely as Alcohol and Drug Workers (see Table 19 & Figure 16).

Table 19. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)

Occupational Group	DHB		DHB Total	NGOs	Total
	Inpatient	Community			
Alcohol & Drug Worker	-	-	-	5	5
Counsellor	-	-	-	1	1
Mental Health Nurse	-	-	-	-	-
Occupational Therapist	-	1	1	1	2
Psychiatrist	-	-	-	-	-
Psychotherapist	-	-	-	-	-
Psychologist	-	1	1	-	1
Social Worker	-	2	2	2	4
Other Clinical Appointment ¹	-	-	-	1	1
Clinical Sub-Total	-	4	4	10	14
Cultural Appointment	-	10	10	1	11
Specific Liaison	-	-	-	-	-
Mental Health Consumer Advisor	-	1	1	-	1
Mental Health Support Worker	-	1	1	7	8
Other Non-Clinical Support for Clients ²	-	-	-	3	3
Non-Clinical Support for Clients Sub-Total	-	12	12	11	23
Administration/Management	-	-	-	1	1
Regional Total	-	16	16	22	38

1. Other Clinical Group= Educational Psychologist
2. Other Non-Clinical Group= Whānau Ora Practitioners

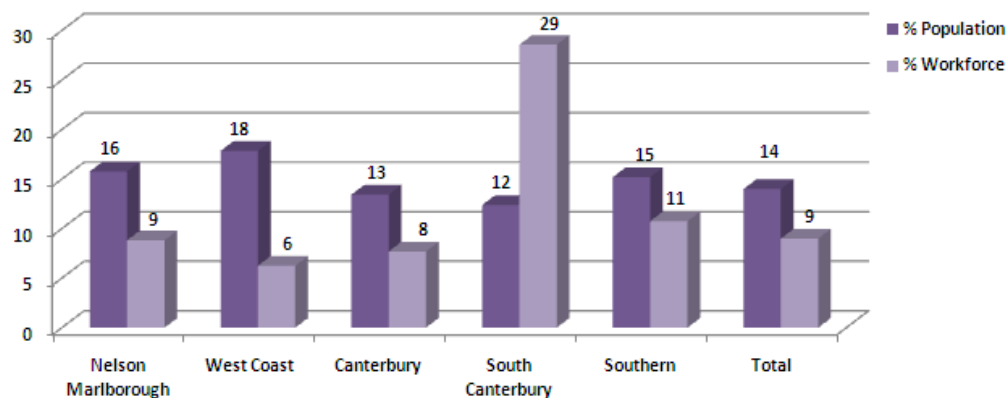
Figure 16. Māori Infant, Child & Adolescent Mental Health/AOD Workforce by Occupational Group (Headcount, 2010)



Workforce & Population Comparisons

The 2008 to 2010 population projections indicated a 3% increase in the regional Māori 0-19 yrs population and the Southern region reported a slight decrease 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 infant, child and adolescent population, the regional Māori workforce (37, excluding Administration/Management) made up only 9% of the total workforce (393). Therefore, disparities between the workforce and the population have continued to exist at the regional level as well as within individual DHB areas especially in the West Coast and Nelson Marlborough DHB areas (see Figure 17).

Figure 17. Proportion of Māori Workforce compared to Proportion of Māori 0-19 yrs Population (2010)



Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines

Since there are no specific Blueprint Resource Guideline for the Māori Community Clinical workforce, the recommended Māori Clinical Resource Guideline presented in this report was estimated from the Blueprint Resource Guideline for the general 0-19 year population.

When the guidelines were calculated for the 2010 Māori 0-19 years proportion of the population, the recommended Māori Resource Guideline for the Community Clinical workforce was estimated at 42.1 FTEs (see Table 20 & Figure 18).

From 2008 to 2010, DHBs and NGOs in the Southern region reported a decrease in the Māori Community Clinical workforce from 18.0 to 12.7 FTEs (see Table 20).

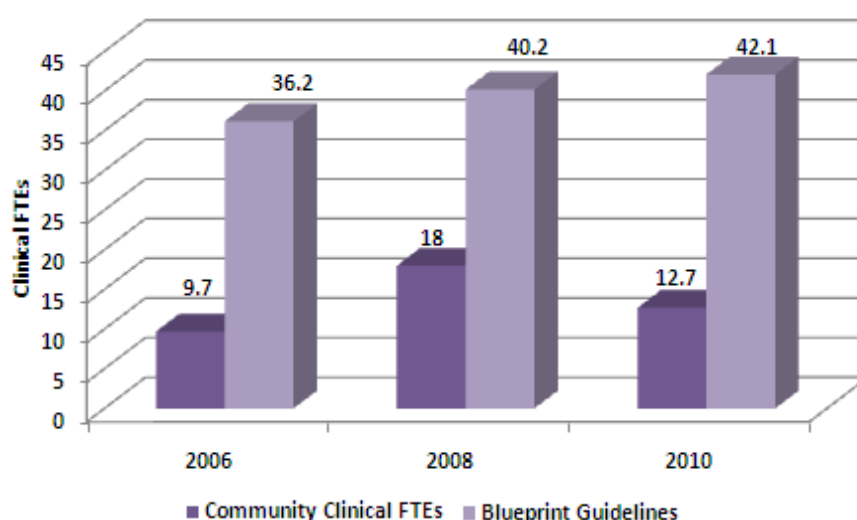
Therefore, the Māori Clinical workforce would need to increase by additional 29.4 FTEs to meet the needs of the Māori infants, children and adolescents in the region (see Table 20).

Table 20. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)

Year	Māori Community Clinical FTEs ¹	Blueprint Guidelines ²	FTEs Needed
2006 ³	9.7	36.2	26.5
2008 ⁴	18.0	40.2	22.2
2010 ⁴	12.7	42.1	29.4

1. Includes DHB Community CAMH/AoD Services & NGOs
2. Using the Mental Health Commission's Blueprint Guidelines ((28.6 FTEs/100,000 total population) and proportioning according to the regional 0-19 years Māori population.
3. 2006 Census (Prioritised Ethnicity)
4. 2008/2010 Population Projections (2006 Base, Total Response, Medium Projections)

Figure 18. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines by DHB (2006-2010)



MĀORI CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

Due to incomplete data from the NGO sector, NGO client data has been excluded. This section contains MHINC/PRIMHD DHB client data. However the incomplete data from the NGO sector could account for some of the low access rates reported in this section.

In the second half of 2009 Māori made up 16% of the total number of clients accessing services in the region. Māori males (60%) made up the majority of the total Māori client group (see Table 21).

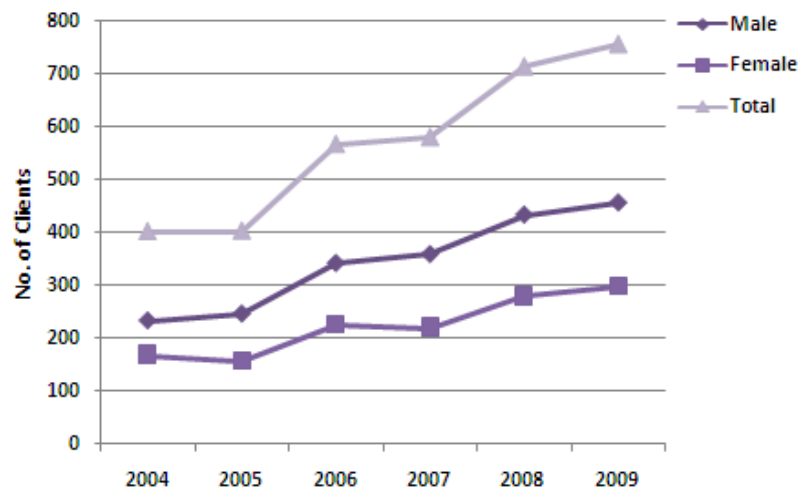
From 2007 to 2009, the overall Māori client numbers had increased by 30% and this increase was largely seen in the Māori female client group by 35% (see Table 21 & Figure 19).

Table 21. Māori 0-19 yrs Clients by Gender (2004-2009)

Year	Māori Clients by Gender			Total Clients
	Male	Female	Total	
2004	233	169	402	4,140
2005	246	157	403	4,394
2006	342	225	567	4,180
2007	359	221	580	4,191
2008	434	280	714	4,502
2009	457	299	756	4,699

Note: Data is for 2nd 6 months of each year

Figure 19. Māori 0-19 yrs Clients by Gender (2004-2009)



In the second half of 2009, Canterbury DHB reported the largest number of Māori clients (37%) and West Coast DHB reported the largest proportion (28%, 77/274) of Māori clients accessing services (see Table 22 & Figure 20).

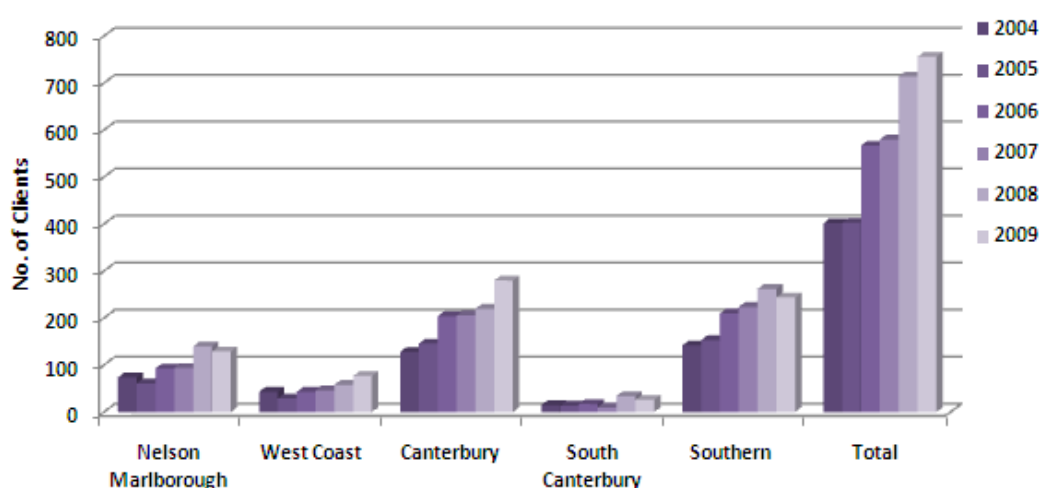
From 2007 to 2009, all of the DHBs in the region reported an increase in total Māori clients with the largest increase reported by South Canterbury and West Coast DHBs (see Table 22 & Figure 20).

Table 22. Māori 0-19 yrs Clients by DHB (2004-2009)

DHB	Year					
	2004	2005	2006	2007	2008	2009
Nelson Marlborough	74	61	93	94	140	129
West Coast	43	29	43	46	58	77
Canterbury	128	146	204	206	220	280
South Canterbury	15	14	17	10	34	26
Southern	142	153	210	224	262	244
Otago	87	92	122	136	163	144
Southland	55	61	88	88	99	100
Total	402	403	567	580	714	756

Note: Data is for 2nd 6 months of each year

Figure 20. Māori 0-19 yrs Clients by DHB (2004-2009)



Māori Client Access Rates

The Southern region Māori access rates showed an increasing trend from 2005 to 2009. They were the second highest access rates for Māori in the country for all three age groups (see Appendix C, Table 1).

Māori access rates in the Southern region were also higher than the regional average rates for all three age groups (see Table 23).

Due to a higher need for mental health services, the MHC has recommended that the Blueprint access benchmark for Māori be set at 6% over a 6 month period (MHC, 1998). However, while access rates have increased from 2005 to 2009, they have not increased at a rate that is relative to need and have yet to reach either 3% (recommended for the general population) or 6% recommended for Māori.

Table 23. Māori 0-19 yrs Client Access Rates by Age Group (2004-2009)

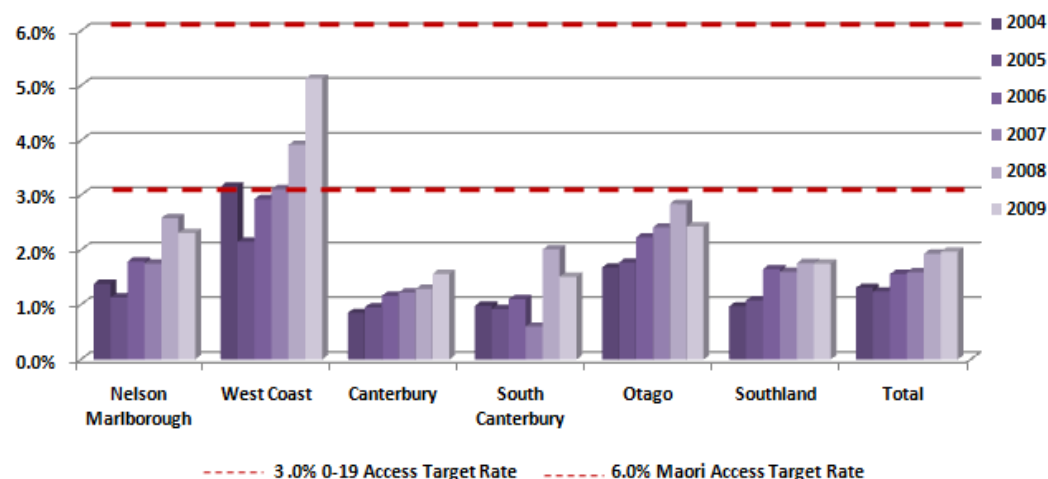
Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%/6.0%
2004	0.48%	1.62%	2.92%	1.31%
2005	0.41%	1.71%	2.62%	1.24%
2006	0.45%	1.73%	3.68%	1.56%
2007	0.55%	1.83%	3.54%	1.59%
2008	0.67%	2.17%	4.42%	1.93%
2009	0.62%	2.15%	4.87%	1.97%
Regional Rate 2009	0.61%	2.12%	3.35%	1.75%

Note: Data is for the 2nd 6 months of each year

From 2007 to 2009, West Coast DHB reported a Māori access rate that exceeded the 3% target rate with an access rate of 5.13% in the second half of 2009 (see Figure 21).

For the remainder of the DHBs, Māori access rates remained significantly short of the recommended rate of 3% and 6% especially in the Canterbury DHB area where the majority of the region's Māori infants, children and adolescents reside (see Figure 21). Furthermore, with the impact of two large earthquakes which occurred in 2010 and early 2011, the Canterbury DHB area may become an area of high need for services in the country, especially for vulnerable groups such as Māori.

Figure 21. Māori 0-19 yrs Access Rates by DHB (2004-2009)



PACIFIC INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In June 2010, the Southern region DHB CAMH/AoD services and NGOs reported a total of 10 Pacific staff (6.9 actual FTEs).

From 2008 to 2010, there was an increase of two Pacific staff.

Both DHB Community services and NGOs reported an increase of one (see Table 24).

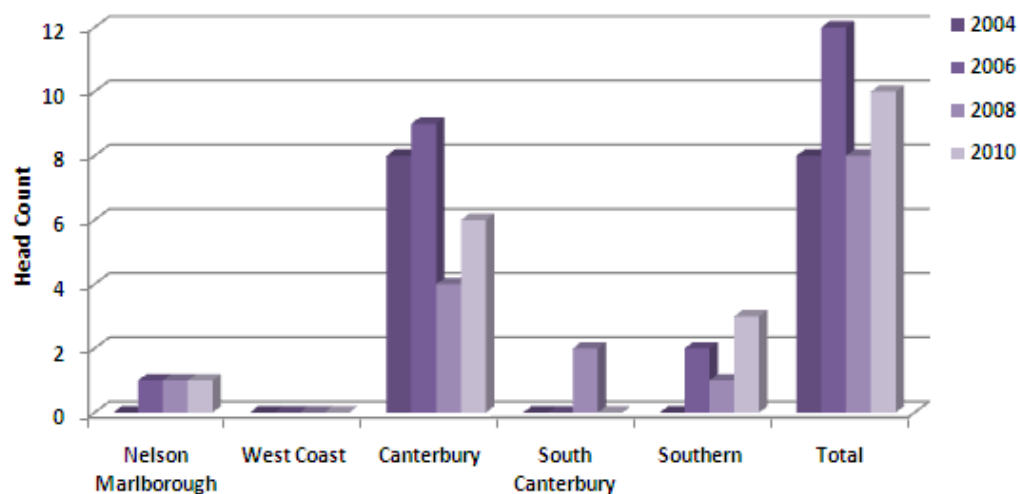
The majority of the Pacific workforce continued to be employed in NGOs mainly in the Canterbury DHB area (see Table 24 & Figure 23).

Table 24. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

DHB	DHB				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Nelson Marlborough	-	-	-	-	-	1	1	1	-	1	1	1
West Coast	-	-	-	-	-	-	-	-	-	-	-	-
Canterbury	1	-	-	1	7	9	4	5	8	9	4	6
South Canterbury	-	-	-	-	-	-	2	-	-	-	2	-
Southern	-	-	-	-				3				3
Otago	-	-	-	-	-	2	1	3	-	2	1	3
Southland	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	-	-	1	7	12	8	9	8	12	8	10

Note: Includes Inpatient Services

Figure 22. Pacific Infant, Child & Adolescent Mental Health/AOD Workforce by DHB (Headcount, 2004-2010)



From 2008 to 2010, there was no change in the total Pacific Clinical workforce (see Table 25). However there was an increase of one Pacific Clinical staff from 2008 to 2010 in the DHB community services.

NGOs reported a loss of one Clinical staff for the same period.

The increase in the Pacific workforce was in Non-Clinical roles and the increase was reported by NGOs.

Table 25. Pacific Clinical & Non-Clinical Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

Year	DHB Inpatient			DHB Community			NGO			Total		Total
	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	
2004	-	-	-	1	-	1	3	4	7	4	4	8
2006	1	-	1	-	-	-	6	6	12	7	6	13
2008	-	-	-	-	-	-	4	4	8	4	4	8
2010	-	-	-	1	-	1	3	6	9	4	6	10

Note: Non-Clinical Workforce includes Administration/Management Staff

DHB Inpatient Pacific Infant, Child & Adolescent Mental Health Workforce

There was no change in the Pacific Inpatient workforce for the 2008 to 2010 period. The Pacific Inpatient workforce remains at zero.

DHB Community Pacific Infant, Child & Adolescent Mental Health/AoD Workforce

While DHB community services had reported no Pacific staff in 2008, there was an addition of one in Canterbury DHB CAMHS in 2010.

NGO Pacific Infant, Child & Adolescent Mental Health/AoD Workforce

In 2010, four NGOs reported a total of nine Pacific staff; of which one was a Pacific service (*Pacific Trust Canterbury*). This service reported four of the eight Pacific staff in the region.

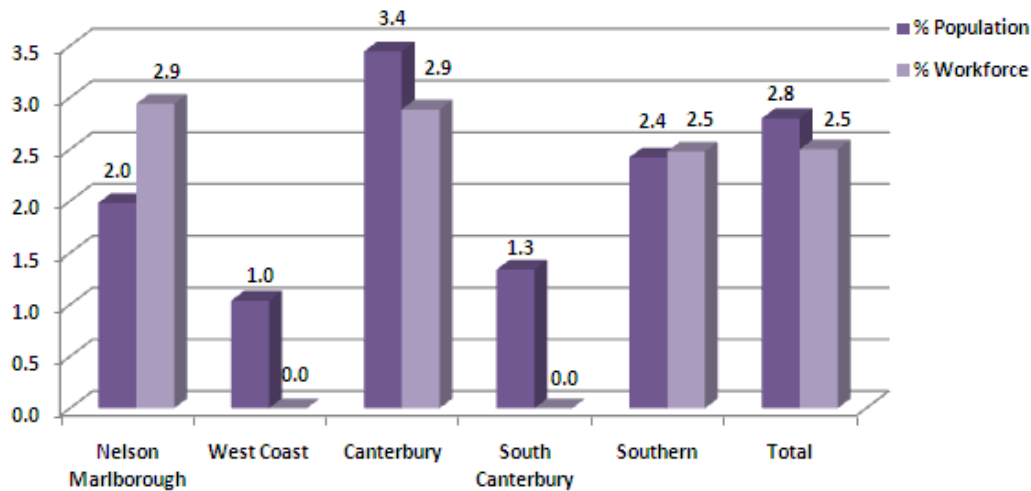
The NGO Pacific workforce were mainly Mental Health Support Workers (6).

The remainder (3) were in Clinical positions as Alcohol and Drug Counsellors/Workers (2) and a Mental Health Nurse.

Workforce & Population Comparisons

The Pacific workforce (excluding Administration/Management staff) made up 2.5% of the total workforce (10/393) which was similar to the overall proportion of the Pacific infant, child and adolescent population (2.8%) in the region. While regionally there appeared to be very little disparity between the workforce and the population, the disparity was more evident within individual DHB areas (see Figure 23).

Figure 23. Proportion of Pacific Workforce compared to Proportion of Pacific 0-19 yrs Population (2010)



Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines

Since there are no specific Blueprint Resource Guideline for the Pacific Community Clinical workforce, the recommended Pacific Clinical Resource Guideline was estimated from the Blueprint Resource Guideline for the general 0-19 year population.

When the guidelines were calculated for the 2010 Pacific 0-19 years proportion of the population, the recommended Pacific Resource Guideline for the Community Clinical workforce was estimated at 8.2 FTEs (see Table 26).

In 2010, DHB CAMH/AoD and NGOs reported a total Pacific Clinical workforce of 3.3 actual FTEs (see Table 26).

From 2006 to 2010, the Pacific Clinical workforce in the Southern region showed a decreasing trend (see Table 26).

The Pacific Clinical workforce would need to increase by an additional 4.9 FTEs to meet the needs of the Pacific infants, children and adolescents in the region (see Table 26).

Table 26. Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines (2006-2010)

Year	Pacific Community Clinical FTEs ¹	Blueprint Guidelines ²	FTEs Needed
2006 ³	6.0	6.8	0.8
2008 ⁴	3.8	8.1	4.3
2010 ⁴	3.3	8.2	4.9

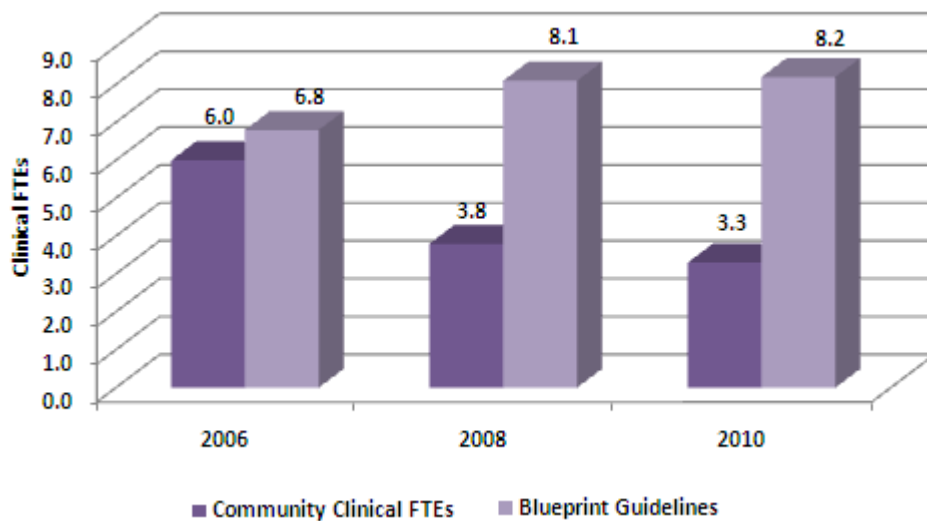
1. Includes Community CAMH/AoD Services & NGOs

2. Using the MHC's Blueprint Guidelines (28.6 FTEs/100,000 total population) and proportioning according to the regional 0-19 Pacific population

3. 2006 Census (Prioritised Ethnicity)

4. 2008/2010 Population Projections (2006 Base, Total Response, Medium Projections)

Figure 24. Pacific Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC's Blueprint Guidelines by DHB (2010)



PACIFIC CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

Due to incomplete data from the NGO sector, NGO client data for this region has been excluded. Therefore this section only contains MHINC/PRIMHD DHB client data. However, the exclusion of the NGO client data could account for some of the low client numbers and access rates reported in this section.

In the second half of 2009, Pacific infants, children and adolescents made up 1.5% of the total number of clients accessing services in the region (see Table 27). Pacific male clients have continued to make up the majority of the clients accessing services in the region (see Table 27 & Figure 25).

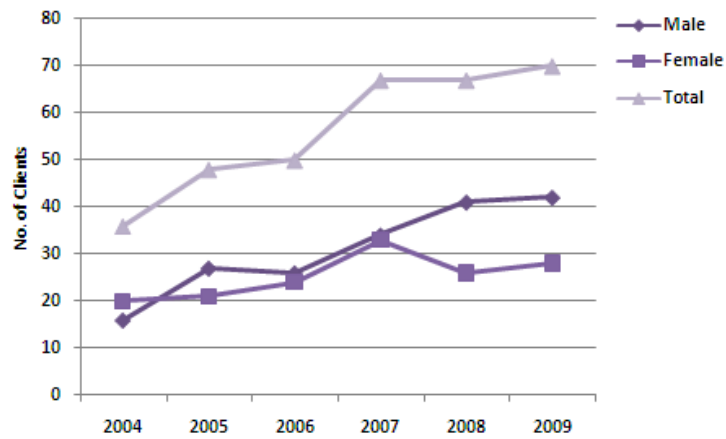
From 2007 to 2009, there was very little change reported in the number of Pacific clients accessing services and Pacific client numbers have remained persistently low (see Table 27).

Table 27. Pacific 0-19 yrs Clients by Gender (2004-2009)

Year	Gender			Total Clients
	Male	Female	Total	
2004	16	20	36	4,140
2005	27	21	48	4,394
2006	26	24	50	4,180
2007	34	33	67	4,191
2008	41	26	67	4,502
2009	42	28	70	4,699

Note: Data is for the 2nd 6 months of each year

Figure 25. Pacific 0-19 yrs Clients by Gender (2004-2009)



From 2004 to 2009, Canterbury DHB reported the largest number of Pacific clients followed by Southern DHB (Otago DHB area) (see Table 28 & Figure 26).

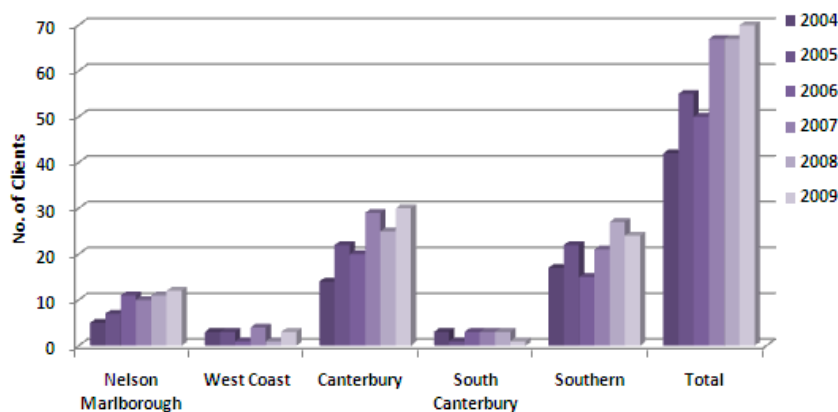
While the regional trend showed an increasing trend in Pacific client numbers from 2004 to 2009, individual DHB services reported a variable trend in Pacific clients (see Table 28 & Figure 26).

Table 28. Pacific 0-19 yrs Clients by DHB (2004-2009)

DHB	Year					
	2004	2005	2006	2007	2008	2009
Nelson Marlborough	5	7	11	10	11	12
West Coast	3	3	1	4	1	3
Canterbury	14	22	20	29	25	30
South Canterbury	3	1	3	3	3	1
Southern	17	22	15	21	27	24
Otago	11	16	12	13	18	17
Southland	6	6	3	8	9	7
Total	42	55	50	67	67	70

Note: Data is for the 2nd 6 months of each year

Figure 26. Pacific 0-19 yrs Clients by DHB (2004-2009)



Pacific 0-19 yrs Access Rates

From 2004 to 2009, Pacific client access rates in the Southern region showed a variable trend. However, in the second half of 2009, Pacific access rates had improved for all three age groups (see Table 29).

Despite improvements over time, Pacific access rates have continued to remain significantly below target rates for all three age groups (see Table 29).

Table 29. Pacific 0-19 yrs Access Rates (2004-2009)

Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%
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%
2008	0.36%	0.56%	2.54%	0.95%
2009	0.35%	0.79%	2.44%	0.94%
Regional Rate 2009	0.62%	2.15%	4.87%	1.97%

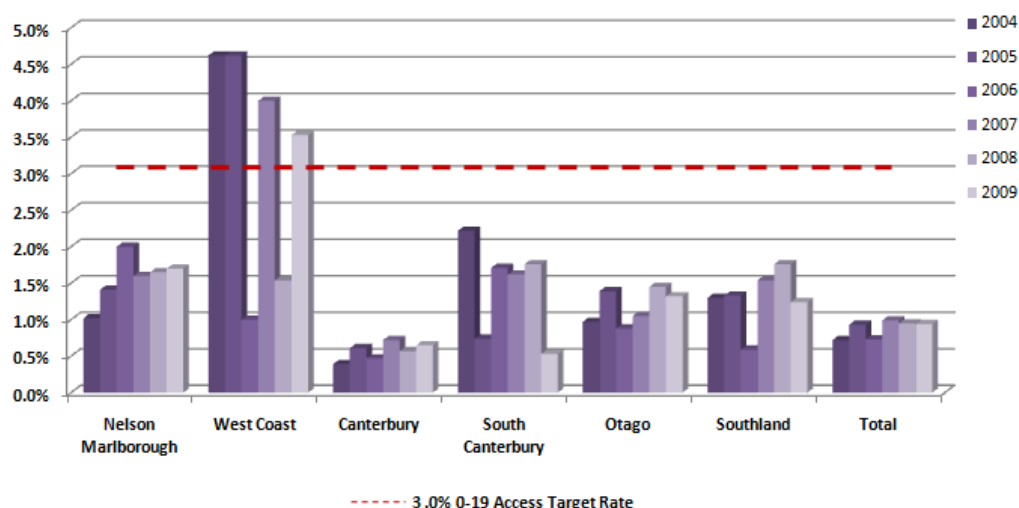
Note: Data is for the 2nd 6 months of each year

Access rates by DHB also showed a variable trend in Pacific access rates from 2004 to 2009.

West Coast DHB reported Pacific access rates that exceeded the 3% target rate in 2004, 2005 2007 and 2009 (see Figure 27).

From 2004 to 2009, Canterbury DHB had consistently reported the lowest Pacific access rates in the region, which is of concern as this is where the majority of the Southern region Pacific infants, children and adolescents reside (see Figure 27). Furthermore, with the impact of two large earthquakes that occurred in 2010 and early 2011, the Canterbury DHB area may become an area of high need for services in the country, especially for vulnerable groups such as Pacific.

Figure 27. Pacific 0-19 yrs Access Rate by DHB (2004-2009)



ASIAN INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE

In 2010, the Southern region DHB infant, child and adolescent mental health/AoD services reported one Asian staff in Canterbury DHB (see Table 30).

From 2008 to 2010, there was a decrease of four Asian staff in the region (see Table 30).

Table 30. Asian Infant, Child & Adolescent Mental Health/AOD Workforce (Headcount, 2004-2010)

DHB	DHB				NGO				Total			
	2004	2006	2008	2010	2004	2006	2008	2010	2004	2006	2008	2010
Nelson Marlborough	-	1	1	-	-	-	-	-	-	1	1	-
West Coast	-	-	-	-	-	-	-	-	-	-	-	-
Canterbury	1	-	-	1	1	4	1	-	2	4	1	1
South Canterbury	1	-	-	-	-	-	1	-	1	-	1	-
Southern	-	-	2	-	-	-	-	-	-	-	2	-
Otago	-	-	2	-	-	-	-	-	-	-	2	-
Southland	-	-	-	-	-	-	-	-	-	-	-	-
Total	2	1	3	1	1	4	2	-	3	5	5	1

Note: Includes Inpatient Services

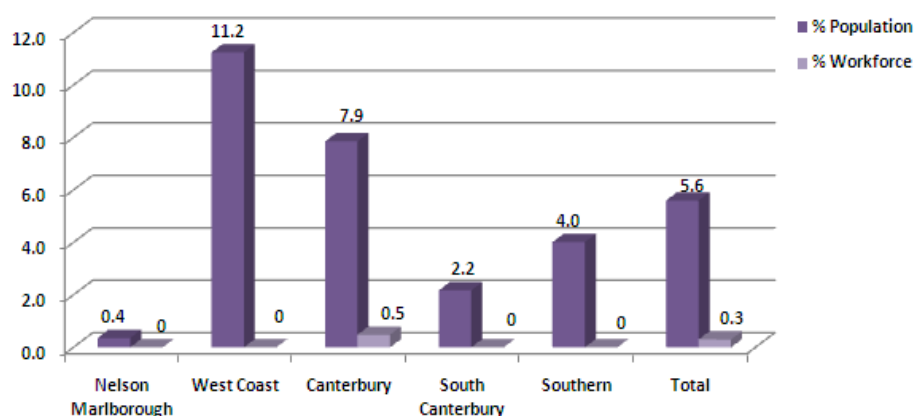
Workforce & Population Comparisons

Based on the 2010 population projections, Asian infants, children and adolescents made up 6% of the region's population. The Asian workforce (excluding Administration & Management staff) made up only 0.3% of the region's total workforce (1/393).

With the projected growth in Asian population from 2008 to 2010 and the reported decrease in the Asian workforce for the same period, discrepancies between the workforce and the population have significantly increased.

The largest discrepancy between the workforce and the population was seen in the Canterbury DHB area where the majority of the region's Asian population reside (see Figure 28).

Figure 28. Proportion of Asian Workforce compared to Proportion of Asian 0-19 yrs Population (2010)



ASIAN CLIENT ACCESS TO INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD SERVICES

Due to incomplete data from the NGO sector, NGO client data for this region has been excluded. This section only contains MHINC/PRIMHD DHB client data. However, the exclusion of NGO client data could account for some of the low access rates reported in this section.

In the second half of 2009, Asian infants, children and adolescents made up 1% of the total number of clients accessing services in the region. Asian Male clients (66%) made up the majority of clients accessing services in the Southern region.

From 2004 to 2007, the number of Asian clients had nearly doubled. However, from 2007 to 2009, Asian client numbers had decreased by 17% (see Table 31 & Figure 29).

From 2004 to 2009, Asian client numbers were the lowest out of the four ethnic groups (Māori, Pacific, Asian & Other).

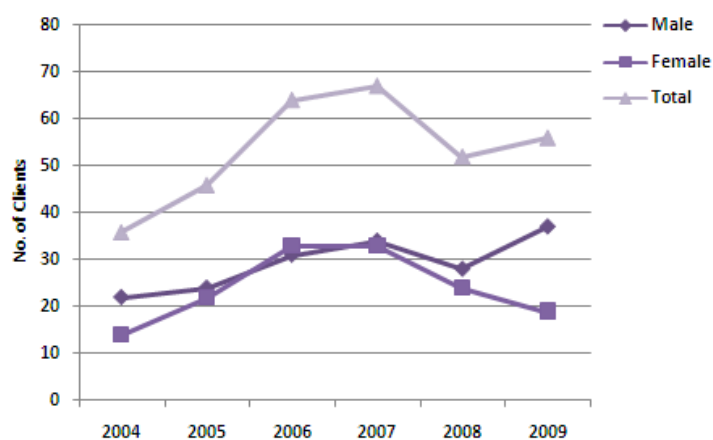
In the second half of 2009, Asian client numbers were significantly lower than Māori clients (557) but similar to Pacific (70) client numbers.

Table 31. Asian 0-19 yrs Clients by Gender (2004-2009)

Year	Asian 0-19 yrs Clients by Gender			Total Clients
	Male	Female	Total	
2004	19	14	33	4,140
2005	26	26	52	4,394
2006	31	33	64	4,180
2007	33	35	68	4,191
2008	28	24	52	4,502
2009	37	19	56	4,699

Note: Data is for the 2nd 6 months of each year

Figure 29. Asian 0-19 yrs Clients by Gender (2004-2009)



From 2004 to 2009, Canterbury DHB continued to report the largest number of Asian clients in the region (48%).

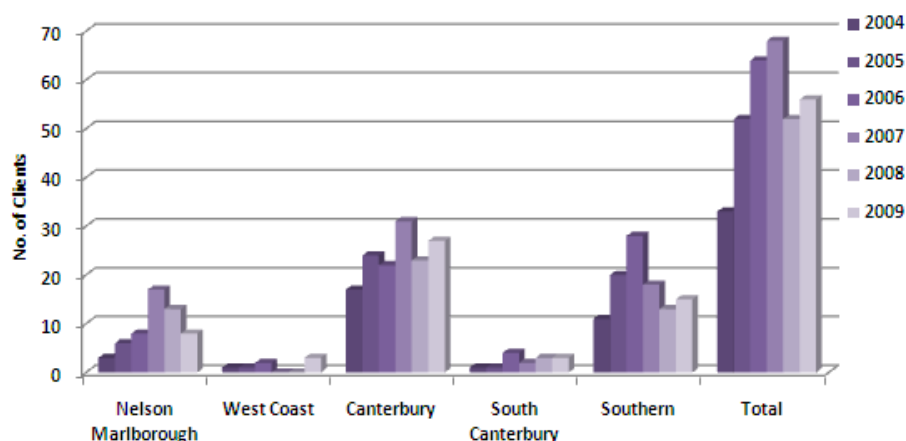
All DHB services in the Southern region reported a variable trend in Asian clients for the same period (see Table 32 & Figure 30).

Table 32. Asian 0-19 yrs Clients by DHB (2004-2009)

DHB	Year					
	2004	2005	2006	2007	2008	2009
Nelson Marlborough	3	6	8	17	13	8
West Coast	1	1	2	0	0	3
Canterbury	17	24	22	31	23	27
South Canterbury	1	1	4	2	3	3
Southern	11	20	28	18	13	15
Otago	10	16	21	15	11	13
Southland	1	4	7	3	2	2
Total	33	52	64	68	52	56

Note: Data is for the 2nd 6 months of each year

Figure 30. Asian 0-19 yrs Clients by DHB (2004-2009)



Asian 0-19 yrs Client Access Rates

From 2006 to 2009, the Asian access rates for all three age groups showed a variable trend. Furthermore, there was very little change seen in the Asian access rates from 2008 to 2009.

Asian access rates have continued to be the lowest out of the four ethnic groups (Māori, Pacific, Asian & Other).

In the second half of 2009, the Asian access rate (0.39%) was significantly lower than the Māori (1.97%) and Pacific (0.94%) access rates and therefore have remained significantly below target rates for all three age groups (see Table 33).

Table 33. Asian Client Access Rates by Age Group (2006-2009)

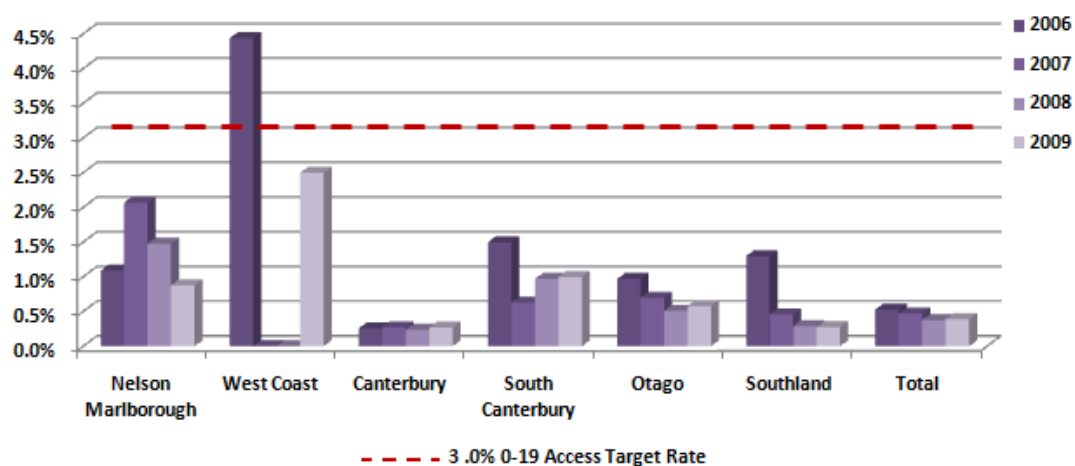
Year	Age Group (yrs)			
	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%
2006	0.11%	0.44%	1.01%	0.53%
2007	0.18%	0.48%	0.75%	0.47%
2008	0.13%	0.46%	0.58%	0.38%
2009	0.10%	0.41%	0.69%	0.39%
2009 Regional Rate	0.47%	1.83%	3.68%	1.65%

Note: Data is for the 2nd 6 months of each year

Asian Access rates by individual DHBs from 2004 to 2009 also showed a variable trend (see Figure 31).

In the second half of 2009, West Coast DHB reported the highest Asian access rate in the region while Canterbury DHB reported the lowest. The persistently low Asian access rates reported by Canterbury DHB are of concern as this is where the majority of the region's Asian infants, children and adolescents reside. Furthermore, with the impact of two large earthquakes that occurred in 2010 and early 2011, the Canterbury DHB area may become an area of high need for services in the country, especially for vulnerable groups such as the Asian population.

Figure 31. Asian 0-19 yrs Access Rates by DHB (2006-2009)



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APPENDICES

APPENDIX A: POPULATION DATA

Table 1. Child & Adolescent Population (2006-2010)

	Total 0-19 yrs				Māori 0-19 yrs				Pacific 0-19 yrs				Asian 0-19 yrs			
	2006	2008	2010	% Change	2006	2008	2010	% Change	2006	2008	2010	% Change	2006	2008	2010	% Change
Northern	436,344	465,638	468,320	0.6	83,568	95,160	96,340	1	70,584	82,140	84,510	2.9	84,080	88,960	94,610	6
Northland	45,267	48,198	45,570	-5.5	19,722	22,140	22,000	-1	822	970	950	-2.1	870	920	990	8
Waitemata	139,758	149,030	150,880	1.2	19,809	22,740	23,140	2	13,176	15,510	16,160	4.2	22,350	24,190	25,760	6
Auckland	104,139	110,660	111,330	0.6	11,778	13,210	13,250	0	18,846	21,160	21,240	0.4	36,160	37,360	39,720	6
Counties Manukau	147,180	157,750	160,540	1.8	32,259	37,070	37,950	2	37,740	44,500	46,160	3.7	24,700	26,490	28,140	6
Midland	237,273	243,650	241,820	-0.8	81,954	90,320	90,850	1	5,733	6,480	6,500	0.3	9,180	10,000	10,570	6
Waikato	104,574	106,720	106,460	-0.2	31,341	34,160	34,360	1	3,219	3,470	3,470	0.0	55,50	6,090	6,430	6
Lakes	30,990	31,730	31,270	-1.4	14,190	15,470	15,450	0	879	1,020	960	-5.9	1,020	1,080	1,110	3
Bay of Plenty	56,700	59,340	59,400	0.1	20,475	23,060	23,480	2	957	1,170	1,220	4.3	1,750	1,870	1,990	6
Tairāwhiti	14,724	15,270	14,940	-2.2	8,571	9,500	9,420	-1	297	380	395	3.9	200	220	230	5
Taranaki	30,285	30,590	29,750	-2.7	7,377	8,130	8,140	0	381	440	455	3.4	660	740	810	9
Central	234,093	238,410	235,860	-1.1	58,299	64,200	64,600	1	15,633	17,365	17,355	-0.1	14,150	14,825	15,390	4
Hawke's Bay	45,327	45,880	45,300	-1.3	15,024	16,980	17,000	0	1,764	2,130	2,220	4.2	1,090	1,150	1,180	3
MidCentral	46,716	47,850	47,300	-1.1	12,738	13,900	14,090	1	1,551	1,700	1,700	0.0	2,090	2,170	2,260	4
Whanganui	18,939	18,320	17,550	-4.2	6,729	7,070	6,940	-2	405	415	390	-6.0	415	425	405	-5
Capital & Coast	71,070	73,320	73,690	0.5	11,280	12,520	12,770	2	7,602	8,420	8,320	-1.2	7,350	7,660	7,990	4
Hutt	40,785	42,200	41,550	-1.5	9,810	10,850	10,970	1	4,017	4,410	4,440	0.7	3,030	3,240	3,370	4
Wairarapa	11,256	10,840	10,470	-3.4	2,718	2,880	2,830	-2	294	290	285	-1.7	175	180	185	3
Southern	260,010	266,110	264,390	-0.6	33,807	36,930	37,880	3	6,345	7,445	7,335	-1.5	12,660	13,850	14,735	6
Nelson Marlborough	34,806	35,200	34,790	-1.2	5,079	5,430	5,490	1	576	650	690	6.2	780	110	125	14
West Coast	8,151	8,420	8,180	-2.9	1,356	1,470	1,460	-1	33	95	85	-10.5	90	880	920	5
Canterbury	125,832	131,120	131,800	0.5	15,420	17,110	17,700	3	3,918	4,370	4,540	3.9	8,750	9,680	10,350	7
South Canterbury	14,046	14,160	13,820	-2.4	1,536	1,690	1,710	1	147	180	185	2.8	300	310	300	-3
Southern	77,175	77,210	75,800	-1.8	10,416	11,230	11,520	3	1,671	2,150	1,835	-14.7	2,740	2,870	3,040	6
Otago	48,735	47,840	46,900	-2.0	5,346	5,670	5,900	4	1,194	1,230	1,290	4.9	2,140	2,170	2,280	5
Southland	28,440	29,370	28,900	-1.6	5,070	5,560	5,620	1	477	920	545	-40.8	600	700	760	9
Total	1,167,720	1,213,808	1,210,390	-0.3	257,628	286,610	289,670	1	98,295	113,430	115,700	2.0	12,0070	12,7635	13,5305	6

1. 2006 Census (Prioritised Ethnicity) Source Statistics NZ; Ref No: KID1617 2. 2008 Population Projections (2006 Base, Medium Projections, Total Response) Source: Statistics NZ; Ref No: RIS18647

APPENDIX B: FUNDING DATA (2004-2010)

Table 1. Infant, Child & Adolescent Mental Health/AoD Funding 2004-2010)

Provider	2004/2005			2005/2006			2007/2008			2009/2010		
	DHB	NGO	Total \$	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	\$46,814,051	\$4,880,058	\$51,694,108
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	\$3,792,906	\$1,278,685	\$5,071,591
Waitemata	\$8,407,613	-	\$8,407,613	\$8,694,911	-	\$8,694,911	\$11,782,555	\$209,148	\$11,991,703	\$14,727,110	\$111,648	\$14,838,758
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	\$17,140,078	\$1,970,956	\$19,111,034
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	\$11,153,956	\$1,518,769	\$12,672,725
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	\$16,233,530	\$9,826,867	\$26,060,397
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	\$4,368,777	\$6,292,914	\$10,661,691
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	\$2,522,475	\$628,470	\$3,150,945
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	\$4,899,661	\$2,231,483	\$7,131,144
Tairāwhiti	\$826,061	\$36,079	\$862,140	\$968,090	\$36,804	\$1,004,894	\$959,236	\$261,636	\$1,220,872	1,769,619	\$277,380	\$2,046,999
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	\$2,672,998	\$396,620	\$3,069,618
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	\$27,390,301	\$4,387,798	\$31,778,099
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	\$3,036,321	\$1,334,099	\$4,370,420
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	\$4,281,527	\$1,128,338	\$5,409,865
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	\$2,218,674		\$2,218,674
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	\$12,460,385	\$457,116	\$12,917,501
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	\$4,143,636	\$1,304,109	\$5,447,745
Wairarapa	\$774,041	\$127,454	\$901,495	\$810,932	\$131,664	\$942,596	\$1,052,991	\$139,140	\$1,192,131	\$1,249,758	\$164,136	\$1,413,894
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	\$28,431,659	\$7,238,936	\$35,670,595
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	\$3,995,788	\$619,131	\$4,614,919
West Coast	\$771,997	-	\$771,997	\$815,154	-	\$815,154	\$869,141	-	\$869,141	\$976,632	-	\$976,632
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	\$15,077,193	\$3,313,130	\$18,390,323
South Canterbury	\$884,255	-	\$884,255	\$983,894	\$54,000	\$1,037,894	\$750,198	\$176,747	\$926,945	\$1,081,221	-	\$1,081,221
Southern	\$5,169,364	\$1,900,176	\$7,069,540	\$4,849,664	\$1,991,067	\$6,840,731	\$6,395,616	\$3,482,637	\$9,878,253	\$7,300,826	\$3,306,675	\$10,607,501
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	\$4,509,405	\$2,110,935	\$6,620,340
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	2,791,421	\$1,195,740	\$3,987,161
Ministry of Health	-	\$222,222	\$222,222	-	\$357,328	\$357,328	-	\$14,168	-	-	-	\$0
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	\$118,869,541	\$26,333,659	\$145,203,200

Source: Ministry of Health Price Volume Schedules 2004-2010

Table 2. National Funding per Infant, Child & Adolescent (2004-2010)

Spend per Child	2004/2005			2005/2006			2007/2008			2009/2010		
	Total DHB & NGO	Excludes Inpatient Costs	Includes Inpatient Costs	Total DHB & NGO	Excludes Inpatient Costs	Includes Inpatient Costs	Total DHB & NGO	Excludes Inpatient Costs	Includes Inpatient Costs	Total DHB & NGO	Excludes Inpatient	Includes Inpatient
Northern	\$30,642,636	\$50.27	\$69.26	\$33,564,324	\$63.77	\$76.92	\$42,201,097	\$76.53	\$90.63	\$51,694,108	\$98.01	\$110.38
Northland	\$2,804,519	\$61.27	\$61.27	\$3,281,307	\$72.49	\$72.49	\$4,047,967	\$83.99	\$83.99	\$5,071,591	\$111.29	\$111.29
Waitemata	\$8,407,613	\$59.45	\$59.45	\$8,694,911	\$62.21	\$62.21	\$11,991,703	\$80.47	\$80.47	\$14,838,758	\$97.61	\$98.35
Auckland	\$13,345,657	\$71.67	\$120.38	\$14,690,413	\$85.95	\$141.07	\$18,106,608	\$104.29	\$163.62	\$19,111,034	\$120.63	\$171.66
Counties Manukau	\$6,084,847	\$42.14	\$42.14	\$6,897,693	\$46.87	\$46.87	\$8,054,820	\$51.06	\$51.06	\$12,672,725	\$78.94	\$78.94
Midland	\$18,355,110	\$70.91	\$70.91	\$19,913,257	\$83.64	\$83.93	\$22,921,842	\$93.93	\$94.08	\$26,060,397	\$107.09	\$107.77
Waikato	\$8,476,554	\$80.12	\$80.12	\$8,147,261	\$77.91	\$77.91	\$9,399,909	\$88.08	\$88.08	\$10,661,691	\$100.15	\$100.15
Lakes	\$2,170,224	\$66.92	\$66.92	\$3,014,727	\$97.28	\$97.28	\$3,802,229	\$119.83	\$119.83	\$3,150,945	\$100.77	\$100.77
Bay of Plenty	\$5,026,278	\$84.98	\$84.98	\$5,302,821	\$93.52	\$93.52	\$6,043,346	\$101.84	\$101.84	\$7,131,144	\$117.52	\$120.05
Tairāwhiti	\$862,140	\$55.59	\$55.59	\$1,004,894	\$63.69	\$68.25	\$1,220,873	\$77.62	\$79.95	\$2,046,999	\$136.09	\$137.01
Taranaki	\$1,819,914	\$39.59	\$39.59	\$2,443,554	\$80.69	\$80.69	\$2,455,485	\$80.27	\$80.27	\$3,069,618	\$103.18	\$103.18
Central	\$20,905,973	\$76.63	\$92.30	\$23,654,455	\$89.17	\$101.05	\$27,506,911	\$102.18	\$115.38	\$31,778,099	\$109.79	\$134.73
Hawke's Bay	\$3,331,843	\$105.14	\$105.14	\$3,466,147	\$76.47	\$76.47	\$4,079,353	\$88.91	\$88.91	\$4,370,420	\$96.48	\$96.48
Mid Central	\$2,103,034	\$42.58	\$42.58	\$2,275,537	\$48.71	\$48.71	\$4,336,484	\$90.63	\$90.63	\$5,409,865	\$114.37	\$114.37
Whanganui	\$1,729,062	\$87.57	\$87.57	\$1,675,726	\$88.48	\$88.48	\$1,850,668	\$91.64	\$101.02	\$2,218,674	\$115.11	\$126.42
Capital & Coast	\$9,608,765	\$126.22	\$132.86	\$11,444,599	\$123.15	\$161.03	\$11,353,841	\$115.66	\$154.85	\$12,917,501	\$119.82	\$175.30
Hutt	\$3,231,775	\$76.86	\$76.86	\$3,849,850	\$92.21	\$94.39	\$4,694,433	\$108.85	\$111.24	\$5,447,745	\$128.41	\$131.11
Wairarapa	\$901,495	\$79.39	\$79.39	\$942,596	\$83.74	\$83.74	\$1,192,131	\$109.98	\$109.98	\$1,413,894	\$135.04	\$135.04
Southern	\$26,065,904	\$86.18	\$99.36	\$27,211,154	\$87.57	\$104.65	\$32,290,682	\$102.34	\$121.34	\$35,670,595	\$112.69	\$134.92
Nelson Marlborough	\$3,003,801	\$82.21	\$82.21	\$3,350,363	\$83.46	\$96.26	\$4,125,971	\$103.02	\$117.22	\$4,614,919	\$116.29	\$132.65
West Coast	\$771,997	\$90.03	\$90.03	\$815,154	\$100.01	\$100.01	\$869,141	\$103.22	\$103.22	\$976,632	\$119.39	\$119.39
Canterbury	\$14,336,312	\$89.62	\$115.65	\$15,167,012	\$92.29	\$120.53	\$16,490,372	\$94.98	\$125.77	\$18,390,323	\$103.40	\$139.53
South Canterbury	\$884,255	\$61.47	\$61.47	\$1,037,894	\$73.89	\$73.89	\$926,945	\$65.46	\$65.46	\$1,081,221	\$78.24	\$78.24
Southern	\$7,069,539			\$6,840,731			\$9,878,253	\$242.23	\$253.13	\$10,607,501	\$132.73	\$139.94
Otago	\$4,639,953	\$95.45	\$95.45	\$4,603,392	\$85.34	\$94.46	\$6,329,999	\$121.42	\$132.32	\$4,509,405	\$129.50	\$141.16
Southland	\$2,429,586	\$80.24	\$80.24	\$2,237,339	\$78.67	\$78.67	\$3,548,255	\$120.81	\$120.81	\$2,791,421	\$137.96	\$137.96
MINISTRY OF HEALTH	\$222,222			\$357,328			\$14,168					
Grand Total	\$96,191,845	\$70.27	\$78.11	\$104,343,190	\$78.20	\$89.36	\$124,934,700	\$90.73	\$102.93	\$145,203,200	\$106.55	\$119.96

Source: Ministry of Health Price Volume Schedules 2004-2010

APPENDIX C: INFANT, CHILD & ADOLESCENT MENTAL HEALTH/AOD WORKFORCE DATA

Table 1. Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC Resource Guidelines (2006-2010)

DHBs	2004				2006				2008				2010			
	DHB & NGO FTEs	Blueprint Guidelines	FTEs Needed	% Increase	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	302.19	470.07	167.88	52
Northland	21.2	42.2	21	99	29.6	42.6	13.02	44	28.3	44.4	16.06	57	34.64	45.0	10.41	30
Waitemata	71.6	139.5	67.9	95	90.48	136.4	45.91	51	100.6	149	48.43	48	106.00	153.6	47.64	45
Auckland	64.54	122.2	57.66	89	70.8	115.9	45.11	64	67.3	126.7	59.43	88	82.32	130.9	48.55	59
Counties Manukau	38.83	122.2	83.37	215	51.38	122.7	71.34	139	65.92	135.4	69.44	105	79.23	140.5	61.28	64
Midland	134.4	237.65	103.25	77	147.96	223.52	75.6	51	158.88	234.32	75.44	47	170.03	238.04	68.0	40
Waikato	56.55	96.5	39.95	71	57.51	97.4	39.9	69	55.18	102.1	46.89	85	50.3	103.9	53.6	107
Lakes	15.6	29.2	13.6	87	27.1	28.6	1.5	5	21.4	29.3	7.92	37	23.6	29.6	6.0	25
Bay of Plenty	37.6	56.3	18.7	50	34.15	55.4	21.2	62	44.35	59.1	14.71	33	61.53	60.6	-0.9	-1
Tairāwhiti	7.75	12.9	5.15	66	9.5	12.6	3.1	32	13.75	13.1	-0.62	-5	15.2	13.1	-2.1	-14
Taranaki	16.9	42.8	25.9	153	19.7	29.6	9.9	50	24.2	30.7	6.55	27	19.4	30.8	11.4	59
Central	126.04	223.17	97.13	77	143.85	231.89	88.04	61	178.47	242.67	64.20	36	180.0	245.33	65.33	36
Hawke's Bay	18.06	30.2	12.14	67	16.6	42.6	26	156	39.87	44	4.09	10	26.8	44.3	17.5	65
MidCentral	20.4	47.1	26.7	131	24.55	45.2	20.6	84	31.95	47.4	15.50	49	31.3	48.0	16.7	53
Whanganui	8.8	18.6	9.8	111	10.4	18	7.6	74	14.4	18.1	3.73	26	12.4	18.0	5.6	45
Capital & Coast	47	76.6	29.6	63	53.8	76.2	22.4	42	52.7	81.2	28.50	54	69.6	82.9	13.3	19
Hutt	26.38	39.4	13.02	49	31.6	38.7	7.1	22	30.2	40.6	10.38	34	29.6	40.9	11.3	38
Wairarapa	5.4	11.2	5.8	107	6.9	11.2	4.3	62	9.35	11.4	2.00	21	10.3	11.4	1.1	11
Southern	210.21	276.37	66.16	31	189.21	278.68	89.5	47	207.5	289.86	82.36	40	209.6	293.92	84.3	40
Nelson Marlborough	20.15	38.1	17.95	89	30.7	37.6	6.9	23	25.4	38.8	13.41	53	23.5	39.4	15.9	68
West Coast	8.7	8.8	0.1	1	6.4	9.2	2.8	43	6.7	9.2	2.48	37	8.3	9.2	0.9	11
Canterbury	106.11	131.8	25.69	24	88.98	133.8	44.8	50	91.28	141.3	50.03	55	93.5	144.3	50.8	54
South Canterbury	8.8	15.4	6.6	75	8.25	15.4	7.1	87	14.2	15.8	1.62	11	9.0	15.8	6.8	76
Southern													75.3	85.2	9.9	13
Otago	52.3	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	861.82	1,247.36	385.5	45

Table 2. Māori Community Clinical Infant, Child & Adolescent Mental Health/AOD Workforce compared to MHC Blueprint Guidelines (2006-2010)

DHBs	2006			2008			2010		
	DHB & NGO	Blueprint Guidelines	FTEs Needed	DHB & NGO	Blueprint Guidelines	FTEs Needed	DHB & NGO	Blueprint Guidelines	FTEs Needed
Northern	33.9	80	46.1	33.7	90.1	56.4	37.7	94.1	56.4
Northland	15	18.6	3.6	11.1	20.4	9.3	14.0	21.7	7.7
Waitemata	9.3	19.3	10	9	22.7	13.7	10.0	23.6	13.6
Auckland	2.7	13.1	10.4	2.8	15.1	12.3	4.0	15.6	11.6
Counties Manukau	6.9	26.9	20	10.8	31.8	21	9.7	33.2	23.5
Midland	41.8	77.2	31.9	43.6	86.9	43.3	46.0	89.4	43.4
Waikato	14.3	29.2	14.4	12.95	32.7	19.7	8.6	33.5	24.9
Lakes	8	13.1	5.1	7.8	14.3	6.5	7.0	14.6	7.6
Bay of Plenty	11.8	20	5.2	11.85	23	11.1	20.3	24.0	3.7
Tairāwhiti	4.7	7.3	2.6	6.5	8.2	1.7	5.1	8.3	3.2
Taranaki	3	7.2	4.2	4.5	8.2	3.7	5.0	8.4	3.4
Central	20.9	57.8	36.9	36.45	65.3	28.9	25.0	67.2	42.2
Hawke's Bay	2	14.1	12.1	13.8	16.3	2.5	6.0	16.6	10.6
MidCentral	4	12.3	8.3	5	13.8	8.8	5.5	14.3	8.8
Whanganui	2.5	6.4	3.9	3.35	7	3.6	1.0	7.1	6.1
Capital & Coast	6.4	12.1	5.7	8.7	13.9	5.2	10.17	14.4	4.2
Hutt	4	9.3	5.3	3	10.4	7.4	1.67	10.8	9.1
Wairarapa	2	2.7	0.7	2.6	3	0.4	0.67	3.1	2.4
Southern	9.7	36.2	26.5	18	40.2	22.2	12.7	42.11	29.41
Nelson Marlborough	1	5.5	4.5	0.9	6	5.1	-	6.21	6.21
West Coast	-	1.5	1.5	0	1.6	1.6	-	1.64	1.64
Canterbury	5.9	16.4	10.5	10.8	18.4	7.6	5.5	19.38	13.88
South Canterbury	-	1.7	1.7	0.1	1.9	1.8	-	1.96	1.96
Southern							7.2	12.95	5.75
Otago	2.8	5.7	2.9	4.2	6.3	2.1	4.2	4.16	-0.04
Southland	-	5.5	5.5	2	6	4	2.0	3.80	1.8
Total	106.3	254.1	147.8	131.8	288.6	156.9	121.4	292.84	171.44

Table 3. Pacific Community Clinical Workforce compared to MHC Blueprint Guidelines (2006-2010)

DHBs	2006			2008			2010		
	DHB & NGO	Blueprint Guidelines	FTEs Needed	DHB & NGO	Blueprint Guidelines	FTEs Needed	DHB & NGO	Blueprint Guidelines	FTEs Needed
Northern	11.6	67.6	56	17.35	80.3	63	27.3	84.8	57.5
Northland	-	0.8	0.8	1	0.9	-0.1	1.0	0.9	-0.1
Waitemata	6.7	12.9	6.2	7	15.5	8.5	9.0	16.5	7.5
Auckland	3	21	18	1.85	24.2	22.4	3.5	25.0	21.5
Counties Manukau	1.9	31.5	29.6	7.5	38.2	30.7	13.8	40.4	26.6
Midland	3.1	5.4	2.3	4	6.2	2.2	4.0	6.4	2.4
Waikato	1.8	3	1.2	1	3.3	2.3	-	3.4	3.4
Lakes	-	0.8	0.8	-	0.9	0.9	-	0.9	0.9
Bay of Plenty	1.3	0.9	-0.4	2	1.2	-0.8	2.0	1.2	-0.8
Tairāwhiti	-	0.3	0.3	1	0.3	-0.7	2.0	0.3	-1.7
Taranaki	-	0.4	0.4	-	0.4	0.4	-	0.5	0.5
Central	5	15.5	10.5	8.8	17.7	8.9	8.0	18.1	10.1
Hawke's Bay	-	1.7	1.7	1	2	1	1.0	2.2	1.2
MidCentral	-	1.5	1.5	-	1.7	1.7	-	1.7	1.7
Whanganui	-	0.4	0.4	2	0.4	-1.6	-	0.4	0.4
Capital & Coast	5	8.2	3.2	4.8	9.3	4.5	4.6	9.4	4.8
Hutt	-	3.8	3.8	1	4.2	3.2	2.4	4.4	2.0
Wairarapa	-	0.3	0.3	-	0.3	0.3	-	0.3	0.3
Southern	6	6.8	0.8	3.8	8.1	4.3	3.3	8.2	4.9
Nelson Marlborough	1	0.6	-0.4	-	0.7	0.7	-	0.8	0.8
West Coast	-	0	0	-	0.1	0.1	-	0.1	0.1
Canterbury	5	4.2	-0.8	2	4.7	2.7	3.3	5.0	1.7
South Canterbury	-	0.2	0.2	1.8	0.2	-1.6	-	0.2	0.2
Southern							-	2.1	2.1
<i>Otago</i>	-	1.3	1.3	-	1.4	1.4			
<i>Southland</i>	-	0.5	0.5	-	1	1			
Total	25.7	96.9	71.2	33.95	114.2	80.3	42.6	119.2	76.6

Table 4. DHB Inpatient CAMHS Workforce (30 June, 2010)

Occupational Groups	Auckland		Capital & Coast		Canterbury		Total FTEs
	Actual FTEs	Vacant FTEs	Actual FTEs	Vacant FTEs	Actual FTEs	Vacant FTEs	
Alcohol & Drug Worker	-	-	-	-	-	-	-
Counsellors	1.0	-	-	-	-	-	1.0
Mental Health Nurse	37.8	5.0	17.0	-	32.8	0.9	87.6
Occupational Therapist	3.0	-	1.0	-	1.5	-	5.5
Psychiatrist	6.0	1.0	1.0	-	3.0	-	10.0
Psychotherapist	2.0	-	-	-	-	-	2.0
Psychologist	4.6	0.6	1.0	-	2.0	-	7.6
Social Worker	2.0	-	2.0	-	2.6	-	6.6
Other Clinical Appointment	5.4	1.5	-	-	4.0	-	9.4
Clinical Sub-Total	61.8	8.1	22.0	-	45.9	0.9	129.7
Cultural Appointment	1.0	-	1.0	-	0.6	-	2.6
Specific Liaison	1.0	-	1.0	-	-	-	2.0
Mental Health Consumer Advisor	-	-	0.2	-	-	-	0.2
Mental Health Support Worker	9.0	-	8.0	-	-	-	17.0
Other Non-Clinical Support for Clients	1.0	-	1.0	-	-	-	2.0
Non-Clinical Support for Clients Sub-Total	12.0	-	11.2	-	0.6	-	23.8
Administration/Management	4.1	-	2.0	-	4.3	-	10.4
Total	77.9	8.1	35.2	-	50.8	0.9	163.9

Table 5. DHB Inpatient Māori, Pacific & Asian CAMHS Workforce (Head Count, 30 June 2010)

DHB Inpatient Workforce by Ethnicity (Head Count 2010)	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	-	-	2	-	1	-	-	1	-	4	3	-	-	4	-	7	-	11
Auckland	-	-	1	-	1	-	-	1	-	3	1	-	-	2	-	3	-	6
Capital & Coast	-	-	1	-	-	-	-		-	1	2	-	-	2	-	4	-	5
Canterbury	-	-	-	-	-	-	-		-	-	-	-	-	-	-	-	-	-
Pacific	-	-	3	-	-	-	-	1	-	4	1	-	1	8	1	11	-	15
Auckland	-	-	1	-	-	-	-		-	1	-	-	-	4	-	4	-	5
Capital & Coast	-	-	2	-	-	-	-	1	-	3	1	-	1	4	1	7	-	10
Asian	-	-	5	-	-	-	-		1	6	-	-	-	1	-	1	-	7
Auckland	-	-	4	-	-	-	-		1	5	-	-	-	1	-	1	-	6
Capital & Coast	-	-	1	-	-	-	-		-	1	-	-	-	-	-	-	-	1
NZ European	-	-	78	5	8	-	4	5	10	110	-	1	-	4	1	6	11	127
Auckland	-	-	27	3	3	-	2	1	4	40	-	1	-	2	1	4	4	48
Capital & Coast	-	-	12	-	1	-	-	1	-	14	-	-	-	2	-	2	2	18
Canterbury	-	-	39	2	4	-	2	3	6	56	-	-	-	-	-	-	5	61
Other	-	-	2	1	1	-	1	-	-	5	-	-	-	-	-	-	-	5
Capital & Coast	-	-	1	1	1	-	1	-	-	4	-	-	-	-	-	-	-	4
Canterbury	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1

Table 6. DHB Community CAMH/AoD Workforce (Actual FTEs, 30 June 2010)

DHB Community Workforce (Actual FTEs 2010)	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	30.4	0.8	44.3	30.7	21.15	5.0	56.57	53.8	19.47	262.2	13.0	1.0	0.5	-	5.0	19.5	33.4	315.1
Northland	5.8	0.8	9.2	1.8	1.0	-	0.6	3.8	1.64	24.6	1.0	-	-	-	5.0	6.0	3.0	33.6
Waitemata	21.6	-	20.3	11.4	8.6	1.0	18.8	18.6	5.7	106.0	3.0	1.0	0.5	-	-	4.5	14.2	124.7
Auckland ¹	1.0	-	5.0	11.0	4.65	-	21.67	13.8	3.0	60.1	5.0	-	-	-	-	5.0	9.0	74.1
Counties Manukau	2.0	-	9.8	6.5	6.9	4.0	15.5	17.6	9.13	71.4	4.0	-	-	-	-	4.0	7.2	82.6
Midland	7.5	1.6	31.8	4.0	9.2	1.0	32.03	18.3	3.7	109.1	4.0	0.5	0.2	1.0	--	5.7	18.95	133.8
Waikato	1.5	-	7.2	1.0	5.1	-	10.4	4.5	-	29.7	-	0.5	-	1.0	-	1.5	6.8	38.0
Lakes	1.0	-	3.6	-	1.2	1.0	6.0	3.3	0.5	16.6	1.0	-	-	-	-	1.0	3.5	21.1
Bay of Plenty	-	1.0	11.0	3.0	1.3	-	8.73	6.0	3.2	34.2	2.0	-	0.2	-	-	2.2	4.0	40.4
Tairāwhiti	4.0	0.6	4.0	-	0.6	-	3.0	1.0	-	13.2	1.0	-	-	-	-	1.0	2.65	16.9
Taranaki	1.0	-	6.0	-	1.0	-	3.9	3.5	-	15.4	-	-	-	-	-	0.0	2.0	17.4
Central	4.3	2.9	28.6	5.6	12.0	5.4	35.3	43.4	13.1	150.6	3.8	0.5	0.85	2.5	-	7.7	25.31	183.6
Hawke's Bay	-	1.9	2.8	0.8	1.8	-	6.0	5.1	3.4	21.8	0.3	-	-	-	-	0.3	3.0	25.1
MidCentral	1.0	-	5.0	-	1.0	-	5.3	11.5	0.5	24.3	-	-	-	-	-	0.0	4.2	28.5
Whanganui	1.0	-	5.5	-	1.1	1.6	0.6	2.6	-	12.4	1.0	-	-	-	-	1.0	3.81	17.2
Capital & Coast	2.0	-	12.5	4.8	5.7	1.6	16.4	13.9	7.4	64.3	2.5	0.5	0.85	0.5	-	4.4	9.0	77.7
Hutt	0.3	-	0.8	-	1.5	2.2	6.4	9.3	1.8	22.3	-	-	-	-	-	0.0	4.3	26.6
Wairarapa	-	1.0	2.0	-	0.9	-	0.6	1.0	-	5.5	-	-	-	2.0	-	2.0	1.0	8.5
Southern	2.5	2.3	29.78	10.1	15.72	3.8	29.3	41.1	12.9	147.5	7.6	-	2.2	1.7	1.5	13.0	29.98	190.5
Nelson Marlborough	-	0.3	5.0	2.0	1.6	1.0	4.6	6.0	-	20.5	-	-	-	0.7	-	0.7	3.7	24.9
West Coast	1.5	1.0	1.5	0.2	0.2	-	0.8	1.0	2.1	8.3	0.5	-	-	-	1.5	2.0	2.1	12.4
Canterbury	-	-	11.0	3.5	7.82	1.8	12.1	21.5	7.8	65.5	2.6	-	1.0	-	-	3.6	16.18	85.3
South Canterbury	-	-	2.0	1.0	0.4	-	0.1	2.0	-	5.5	2.0	-	0.2	1.0	-	3.2	1.8	10.5
Southern	1.0	1.0	10.28	3.4	5.7	1.0	11.7	10.6	3.0	47.7	2.5	-	1.0	-	-	3.5	6.2	57.4
Total	44.7	7.6	134.5	50.4	58.1	15.2	153.2	156.6	49.2	669.4	28.4	2.0	3.8	5.2	6.5	45.9	107.6	822.9

Table 7. DHB Community CAMH/AoD Vacancies (Vacant FTEs, 30 June 2010)

DHB Community Vacancies (Vacant FTEs 2010)	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	9.0	-	13.6	3.0	3.1	1.5	6.3	2.6	-	39.1	1.0	-	0.4	-	-	1.4	3.8	44.3
Northland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Waitemata	7.0	-	7.1	-	1.2	-	0.2	1.6	-	17.1	1.0	-	0.2	-	-	1.2	3.8	22.1
Auckland	2.0	-	-	-	1.4	-	4.1	-	-	7.5	-	-	0.2	-	-	0.2	-	7.7
Counties Manukau	-	-	6.5	3.0	0.5	1.5	2.0	1.0	-	14.5	-	-	-	-	-	-	-	14.5
Midland	5.0	--	2.0	-	2.6	1.0	4.3	2.0	1.0	17.9	-	-	0.4	1.0	--	1.4	-	19.3
Waikato	2.0	-	-	-	1.0	-	3.3	-	-	6.3	-	-	-	1.0	-	1.0	-	7.3
Lakes	1.0	-	1.0	-	-	1.0	-	-	-	3.0	-	-	-	-	-	-	-	3.0
Bay of Plenty	1.0	-	-	-	-	-	1.0	1.0	1.0	4.0	-	-	0.4	-	-	0.4	-	4.4
Tairāwhiti	1.0	-	-	-	0.6	-	-	1.0	-	2.6	-	-	-	-	-	-	-	2.6
Taranaki	-	-	1.0	-	1.0	-	-	-	-	2.0	-	-	-	-	-	-	-	2.0
Central	1.0	-	4.2	2.2	3.0	2.4	5.7	3.1	-	21.6	2.5	-	-	-	-	2.5	1.5	25.6
Hawke's Bay	-	-	1.0	-	-	-	1.0	1.0	-	3.0	-	-	-	-	-	-	-	3.0
MidCentral	1.0	-	2.0	1.0	1.0	-	1.0	-	-	6.0	-	-	-	-	-	-	-	6.0
Whanganui	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital & Coast	-	-	1.2	1.2	1.0	1.4	1.7	1.6	-	8.1	1.5	-	-	-	-	1.5	0.5	10.1
Hutt	-	-	-	-	1.0	1.0	1.0	0.5	-	3.5	-	-	-	-	-	-	-	3.5
Wairarapa	-	-	-	-	-	-	1.0	-	-	1.0	1.0	-	-	-	-	1.0	1.0	3.0
Southern	-	-	2.8	0.2	1.4	-	2.2	1.0	2.1	9.7	1.0	-	-	-	-	1.0	0.6	11.3
Nelson Marlborough	-	-	-	-	-	-	1.0	1.0	-	2.0	-	-	-	-	-	-	-	2.0
West Coast	-	-	-	-	-	-	-	-	-	-	1.0	-	-	-	-	1.0	0.2	1.2
Canterbury	-	-	0.8	-	0.7	-	-	-	1.1	2.6	-	-	-	-	-	-	0.4	3.0
South Canterbury	-	-	2.0	0.2	-	-	0.5	-	-	2.7	-	-	-	-	-	-	-	2.7
Southern	-	-	-	-	0.7	-	0.7	-	1.0	2.4	-	-	-	-	-	-	-	2.4
Total	15.0	-	22.6	5.4	10.1	4.9	18.5	8.7	3.1	88.3	4.5	-	0.8	1.0	-	6.3	5.9	100.5

Table 8. DHB Community Māori Infant, Child & Adolescent Mental Health/AOD Workforce (Head Count, 30 June 2010)

DHB Community Māori Workforce (Head Count 2010)	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	6	-	4	3	-	1	4	7	3	28	8	-	1	-	5	14	5	47
Northland	3	-	2	-	-	-	-	1	-	6	1	-	-	-	5	6	3	15
Waitemata	3	-	1	1	-	-	1	4	-	10	2	-	1	-	-	3	1	14
Auckland	-	-	-	1	-	-	1		1	3	3	-	-	-	-	3	-	6
Counties Manukau	-	-	1	1	-	1	2	2	2	9	2	-	-	-	-	2	1	12
Midland	3	-	3	-	-	-	3	2	-	11	5	-	1	-	-	6	8	25
Waikato	-	-	1	-	-	-		-	-	1	-	-	-	-	-	-	1	2
Lakes	1	-	-	-	-	-	1	-	-	2	1	-	-	-	-	1	1	4
Bay of Plenty	-	-	-	-	-	-	1	1	-	2	2	-	1	-	-	3	2	7
Tairāwhiti	2	-	2	-	-	-	1	-	-	5	2	-	-	-	-	2	3	10
Taranaki	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	1	2
Central	2	1	3	-	2	-	4	5	-	17	5	1	1	2	-	9	6	32
Hawke's Bay	-	1	-	-	-	-	1	1	-	3	1	-	-	-	-	1	1	5
MidCentral	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-		1
Whanganui	-	-	-	-	-	-	-	1	-	1	1	-	-	-	-	1	2	4
Capital & Coast	2	-	3	-	2	-	3	1	-	11	3	1	1	1	-	6	3	20
Hutt	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1
Wairarapa	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Southern	-	-	-	1	-	-	1	2	-	4	10	-	1	1	-	12	-	16
West Coast	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	1
Canterbury	-	-	-	1	-	-	1	2	-	4	3	-	-	-	-	3	-	7
South Canterbury	-	-	-	-	-	-	-	-	-	-	2	-	1	1	-	4	-	4
Southern	-	-	-	-	-	-	-	-	-	-	4	-	-	-	-	4	-	4
Total	11	1	10	4	2	1	12	16	3	60	28	1	4	3	5	41	19	120

Table 9. DHB Community Pacific Infant, Child & Adolescent Mental Health/AOD Workforce (Head Count, 30 June 2010)

DHB Community Pacific Workforce (Head Count 2010)	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	7	-	4	2	1	-	2	5	-	21	5	1	-	-	-	6	3	30
Northland	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1
Waitemata	6	-	2	-	-	-	-	1	-	9	1	1	-	-	-	2	-	11
Auckland	-	-	-	-	-	-	2	-	-	2	2	-	-	-	-	2	2	6
Counties Manukau	1	-	2	2	1	-	-	3	-	9	2	-	-	-	-	2	1	12
Midland	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	1	2
Lakes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Tairāwhiti	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1
Central	-	-	2	-	-	-	1	2	1	6	1	-	-	-	-	1	2	9
Capital & Coast	-	-	1	-	-	-	1	1	1	4	1	-	-	-	-	1	2	7
Hutt	-	-	1	-	-	-	-	1	-	2	-	-	-	-	-	-	-	2
Southern	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1
Canterbury	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1
Total	7	-	6	2	1	-	3	9	1	29	6	1	-	-	-	7	6	42

Table 10. DHB Community Asian Infant, Child & Adolescent Mental Health/AOD Workforce (Head Count, 30 June 2010)

DHB Community Asian Workforce (Head Count 2010)	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	-	1	5	3	1	7	5	2	25	-	-	-	-	-	-	2	27
Waitemata	-	-	-	2	2	-	2	-	-	6	-	-	-	-	-	-	1	7
Auckland	-	-	-	2	1	-	4	1	-	8	-	-	-	-	-	-	-	8
Counties Manukau	1	-	1	1	-	1	1	4	2	11	-	-	-	-	-	-	1	12
Midland	-	-	1	-	2	-	-	2	-	5	-	-	-	-	-	-	-	5
Waikato	-	-	-	-	2	-	-	-	-	2	-	-	-	-	-	-	-	2
Bay of Plenty	-	-	1	-	-	-	-	1	-	2	-	-	-	-	-	-	-	2
Taranaki	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	1
Central	-	-	-	-	2	-	-	-	2	4	-	-	-	-	-	-	1	5
Capital & Coast	-	-	-	-	2	-	-	-	2	4	-	-	-	-	-	-	1	5
Southern	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1
Canterbury	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1
Total	1	-	2	5	8	1	7	7	4	35	-	-	-	-	-	-	3	38

Table 11. NGO Infant, Child & Adolescent Mental Health/AOD Workforce (Actual FTEs, 30 June 2010)

NGO Workforce (Actual FTEs 2010)	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	33.4	-	1.5	-	0.1	-	0.5	4.0	0.5	40.0	0.5	-	-	21.0	-	21.5	3.4	64.9
Northland	9.0	-	-	-	-	-	-	1.0	-	10.0	-	-	-	3.0	-	3.0	2.0	15.0
Auckland	19.4	-	0.5	-	0.1	-	-	2.2	-	22.2	-	-	-	3.8	-	3.8	0.6	26.6
Counties Manukau	5.0	-	1.0	-	-	-	0.5	0.8	0.5	7.8	0.5	-	-	14.2	-	14.7	0.8	23.3
Midland	17.0	2.50	11.3	-	0.3	-	-	18.8	11.0	60.9	-	-	-	17.6	2.5	20.1	5.8	116.04
Waikato	6.0	0.5	3.5	-	0.3	-	-	5.8	4.5	20.6	-	-	-	11.0	0.5	11.5	5.0	66.34
Lakes	7.0	-	-	-	-	-	-	-	-	7.0	-	-	-	-	-	-	-	7.0
Bay of Plenty	3.0	2.0	5.8	-	-	-	-	10.0	6.5	27.3	-	-	-	5.60	2.0	7.6	0.8	35.7
Tairāwhiti	-	-	2.0	-	-	-	-	-	-	2.0	-	-	-	1.0	-	1.0	-	3.0
Taranaki	1.0	-	-	-	-	-	-	3.0	-	4.0	-	-	-	-	-	-	-	4.0
Central	13.0	0.5	-	-	-	0.5	1.0	10.0	4.5	29.5	-	-	-	19.87	0.55	20.42	2.6	52.52
Hawke's Bay	3.0	-	-	-	-	-	-	1.0	1.0	5.0	-	-	-	5.5	-	5.5	1.0	11.5
MidCentral	0.5	0.5	-	-	-	-	1.0	1.5	3.5	7.0	-	-	-	7.1	-	7.1	0.5	14.6
Whanganui	-	-	-	-	-	-	-	-	-	-	-	-	-	1.0	-	1.0	-	1.0
Capital & Coast	-	-	-	-	-	0.5	-	1.5	-	2.0	-	-	-	2.47	-	2.47	1.1	5.57
Hutt	4.0	-	-	-	-	-	-	-	-	4.0	-	-	-	3.8	-	3.8	-	7.8
Wairarapa	1.5	-	-	-	-	-	-	-	-	1.5	-	-	-	-	0.55	0.55	-	2.05
Southern	24.0	12.2	4.0	4.0	-	-	2.9	11.9	3.1	62.1	0.8	-	0.05	47.6	4.8	53.25	6.7	122.05
Nelson Marlborough	1.0	1.0	-	-	-	-	-	-	1.0	3.0	-	-	-	8.3	-	8.3	-	11.3
Canterbury	14.5	2.0	1.0	-	-	-	2.0	8.2	0.3	28.0	0.8	-	-	23.8	3.0	27.6	1.6	57.2
South Canterbury	-	1.0	-	1.0	-	-	0.5	1.0	-	3.5	-	-	-	-	-	-	0.2	3.7
Otago	7.5	7.0	1.0	1.0	-	-	0.4	1.0	1.8	19.7	-	-	0.05	6.8	1.8	8.65	4.9	33.25
Southland	1.0	1.2	2.0	2.0	-	-	-	1.7	-	7.9	-	-	-	8.7	-	8.70	-	16.6
Total	87.4	15.2	16.8	4.0	0.4	0.5	4.4	44.7	19.1	192.5	1.3	-	0.1	106.1	7.9	115.3	18.5	355.5

Table 12. NGO Infant, Child & Adolescent Mental Health/AOD Vacancies (30 June 2010)

NGO Vacancies (Vacant FTEs 2010)	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	-	-	-	-	-	-	-	-	-	-	-	-	-	2.0	-	2.0	-	2.0
Auckland	-	-	-	-	-	-	-	-	-	-	-	-	-	0.5	-	0.5	-	0.5
Counties Manukau	-	-	-	-	-	-	-	-	-	-	-	-	-	1.5	-	1.5	-	1.5
Midland	-	-	2.0	-	-	-	-	-	-	2.0	-	-	-	-	-	-	-	2.0
Waikato	-	-	1.0	-	-	-	-	-	-	1.0	-	-	-	-	-	-	-	1.0
Taranaki	-	-	1.0	-	-	-	-	-	-	1.0	-	-	-	-	-	-	-	1.0
Southern	2.8	-	-	-	-	-	-	-	-	2.8	-	-	-	5.2	-	5.2	-	8.0
Canterbury	1.8	-	-	-	-	-	-	-	-	1.8	-	-	-	4.8	-	4.8	-	6.6
South Canterbury	1.0	-	-	-	-	-	-	-	-	1.0	-	-	-	-	-	-	-	1.0
Southern	-	-	-	-	-	-	-	-	-	-	-	-	-	0.4	-	0.4	-	0.4
Total	2.8	-	2.0	-	-	-	-	-	-	4.8	-	-	-	7.2	-	7.2	-	12.0

Table 13. NGO Māori Infant, Child & Adolescent Mental Health/AOD Workforce (Head Count, 30 June 2010)

NGO Māori Workforce (Head Count 2010)	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	8	-	1	-	-	-	1	1	-	11	1	-	-	15	-	16	1	28
Northland	7	-	-	-	-	-	-	1	-	8	-	-	-	3	-	3	1	12
Auckland	1	-	-	-	-	-	-	-	-	1	-	-	-	2	-	2	-	3
Counties Manukau	-	-	1	-	-	-	1	-	-	2	1	-	-	10	-	11	-	13
Midland	13	1	7	-	-	-	-	12	7	40	1	-	1	13	2	17	1	58
Waikato	3	-	2	-	-	-	-	3	2	10	1	-	1	7	1	10	1	21
Lakes	5	-	-	-	-	-	-	-	-	5	-	-	-	-	-	-	-	5
Bay of Plenty	3	1	4	-	-	-	-	6	5	19	-	-	-	6	1	7	-	26
Tairāwhiti	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Taranaki	2	-	-	-	-	-	-	3	-	5	-	-	-	-	-	-	-	5
Central	3	-	-	-	-	-	-	3	4	10	-	-	-	13	1	14	2	26
Hawke's Bay	3	-	-	-	-	-	-	-	-	3	-	-	-	5	-	5	1	9
MidCentral	-	-	-	-	-	-	-	1	4	5	-	-	-	4	-	4	1	10
Whanganui	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Hutt	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-	3
Wairarapa	-	-	-	-	-	-	-	-	-	-	-	-	-	0	1	1	-	1
Southern	5	1	-	1	-	-	-	2	1	10	1	-	-	7	3	11	1	22
Nelson Marlborough	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	3	-	3
Canterbury	1	-	-	-	-	-	-	1	-	2	1	-	-	3	3	7	-	9
Otago	3	1	-	-	-	-	-	1	1	6	-	-	-	-	-	-	1	7
Southland	1	-	-	1	-	-	-	-	-	2	-	-	-	1	-	1	-	3
Total	29	2	8	1	-	-	1	18	12	71	3	-	1	48	6	58	5	134

Table 14. NGO Pacific Infant, Child & Adolescent Mental Health/AOD Workforce (Head Count, 30 June 2010)

NGO Pacific Workforce (Head Count 2010)	Alcohol & Drug	Counsellor	Mental Health Nurse	Occupational Therapist	Psychiatrist	Psychotherapist	Psychologist	Social Worker	Clinical Sub- Total	Cultural	Specific Liaison	Mental Health Consumer	Mental Health Support	Non-Clinical Sub-Total	Administration/ Management	Total
Northern	8	-	-	-	-	-	-	-	8	-	-	-	7	7	2	17
Northland	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Auckland	3	-	-	-	-	-	-	-	3	-	-	-	-	-	-	3
Counties Manukau	5	-	-	-	-	-	-	-	5	-	-	-	7	7	1	13
Midland	-	-	2	-	-	-	-	1	3	-	-	-	3	3	-	6
Waikato	-	-		-	-	-	-	-	-	-	-	-	3	3	-	3
Bay of Plenty	-	-	1	-	-	-	-	1	2	-	-	-	-	-	-	2
Tairāwhiti	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	1
Central	1	-	-	-	-	-	-	2	3	-	-	-	-	-	1	4
Hawke's Bay	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1
Capital & Coast	-	-	-	-	-	-	-	1	1	-	-	-	-	-	1	2
Hutt	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Southern	2	-	1	-	-	-	-	-	3	-	-	-	6	6	-	9
Nelson Marlborough	-	-		-	-	-	-	-	-	-	-	-	1	1	-	1
Canterbury	2	-	1	-	-	-	-	-	3	-	-	-	2	2	-	5
Otago	-	-		-	-	-	-	-	-	-	-	-	3	3	-	3
Total	11	-	3	-	-	-	-	3	17	-	-	-	16	16	3	36

Table 15. NGO Asian Infant, Child & Adolescent Mental Health/AOD Workforce (Head Count, 30 June 2010)

NGO Asian Workforce (Head Count 2010)	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/M anagement	Total
Northern	1	-	-	-	-	-	-	-	-	1	-	-	-	2	-	2	-	3
Auckland	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Counties Manukau	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2	-	2
Total	1	-	-	-	-	-	-	-	-	1	-	-	-	2	-	2	-	3

Table 16. Total Ethnicity of the Infant, Child & Adolescent Mental Health/AOD Workforce by DHB (Head Count, 30 June 2010)

DHB	Ethnicity (Head Count, 2010)					
	NZ European	Other	Māori	Pacific	Asian	Total
Northern Region	266	63	81	52	36	498
Northland	19	5	27	2	-	53
Waitemata	62	42	14	11	7	136
Auckland Inpatient	48	-	6	5	6	65
Auckland Community	81	11	9	9	9	119
Counties Manukau	56	5	25	25	14	125
Midland Region	102	57	83	8	5	255
Waikato	31	27	23	3	2	86
Lakes	13	9	9	1	-	32
Bay of Plenty	35	12	33	2	2	84
Tairāwhiti	12	4	11	2	-	29
Taranaki	11	5	7	-	1	24
Central Region	174	41	63	23	6	305
Hawke's Bay	13	10	14	1	-	38
MidCentral	28	3	11	-	-	42
Whanganui	18	-	5	-	-	23
Capital & Coast Inpatient	18	4	5	10	1	38
Capital & Coast Community	58	16	20	9	5	108
Hutt	28	8	4	3	-	43
Wairarapa	11	-	2	-	-	13
Southern	282	45	38	10	1	376
Nelson Marlborough	25	9	3	1	-	38
West Coast	12	6	1	-	-	19
Canterbury Inpatient	61	1	-	-	-	62
Canterbury Community	135	8	16	6	1	166
South Canterbury	12	-	4	-	-	16
Southern	37	21	14	3	-	75
<i>Otago</i>	22	19	10	3	-	54
<i>Southland</i>	15	2	4	-	-	21
Total	824	206	265	93	48	1,434

APPENDIX D: PROGRAMME FOR THE INTREGRATION OF MENTAL HEALTH DATA (PRIMHD)

Table 1. Total 0-19 yrs Clients by DHB (2004-2009)

DHB	Year					
	2004	2005	2006	2007	2008	2009
Northern Region	3,804	4,470	5,182	5,635	6676	7702
Northland	492	511	583	577	634	772
Waitemata	1,623	1,926	2,235	2,375	2,182	3,092
Auckland	670	697	767	883	1,383	1,399
Counties Manukau	1,019	1,336	1,597	1,800	2,477	2,439
Midland	2,973	3,137	3,042	3,245	3438	3539
Waikato	1,096	1,030	905	890	1,072	1,071
Lakes	354	377	386	430	382	468
Bay of Plenty	763	832	872	974	1,032	1,056
Tairāwhiti	254	260	305	356	409	401
Taranaki	506	638	574	595	543	543
Central	3,007	2,798	2,675	3,265	3,419	3,813
Hawke's Bay	352	375	419	417	621	789
MidCentral	715	567	514	652	728	819
Whanganui	336	337	345	405	396	402
Capital & Coast	993	896	761	1,130	963	1,133
Hutt Valley	504	478	445	440	526	492
Wairarapa	107	145	191	221	185	178
Southern	4,261	4,499	4,221	4,251	4,502	4,699
Nelson Marlborough	743	781	704	783	940	892
West Coast	213	207	206	239	249	274
Canterbury	1,572	1,739	1,571	1,507	1,477	1,740
South Canterbury	201	171	191	181	264	251
Otago	1,070	1,094	974	1,023	1,084	1,065
Southland	462	507	575	518	488	477
Total	14,045	14,904	15,120	16,396	18,035	19,753

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year.

Table 2. Clients by Gender & Age Group (2009)

2009	Gender								Total
	Male				Female				
	0-9	10-14	15-19	Total	0-9	10-14	15-19	Total	
Northern	799	1383	2449	4,631	282	700	2089	3,071	7,702
Northland	66	161	223	450	29	83	210	322	772
Waitemata	256	428	1276	1,960	95	204	833	1,132	3,092
Auckland	126	227	399	752	66	153	428	647	1,399
Counties Manukau	351	567	551	1,469	92	260	618	970	2439
Midland	440	751	919	2,110	152	410	867	1,429	3539
Waikato	91	232	284	607	43	122	299	464	1,071
Lakes	77	100	105	282	22	54	110	186	468
Bay of Plenty	107	239	304	650	48	135	223	406	1056
Tairāwhiti	88	69	90	247	19	46	89	154	401
Taranaki	77	111	136	324	20	53	146	219	543
Central	508	661	1000	2,169	222	441	981	1,644	3,813
Hawke's Bay	118	141	190	449	60	89	191	340	789
MidCentral	101	170	215	486	33	93	207	333	819
Whanganui	55	63	105	223	16	61	102	179	402
Capital & Coast	147	172	339	658	70	115	290	475	1,133
Hutt Valley	65	82	112	259	34	55	144	233	492
Wairarapa	22	33	39	94	9	28	47	84	178
Southern	567	868	1241	2,676	214	513	1296	2,023	4,699
Nelson Marlborough	79	150	264	493	40	107	252	399	892
West Coast	54	53	74	181	21	19	53	93	274
Canterbury	211	317	437	965	67	188	520	775	1,740
South Canterbury	40	51	58	149	13	32	57	102	251
Otago	116	206	295	617	47	110	291	448	1,065
Southland	67	91	113	271	26	57	123	206	477
Total	2,314	3,663	5,609	1,1586	870	2,064	5,233	8,167	19,753

Source: MHINC/PRIMHD: 2nd 6 months of 2009

Table 3. Total Māori Clients by DHB (2004-2009)

Māori 0-19 yrs Clients by DHB	Year						% Change 2007-2009
	2004	2005	2006	2007	2008	2009	
Northern Region	833	1,018	1,303	1,398	1,754	2,245	61
Northland	201	187	257	246	281	368	50
Waitemata	236	256	346	326	434	819	151
Auckland	114	136	182	202	282	322	59
Counties Manukau	282	439	518	624	757	736	18
Midland	798	853	926	1,028	1,166	1,198	17
Waikato	230	239	221	189	269	262	39
Lakes	127	123	136	158	155	187	18
Bay of Plenty	240	264	295	369	397	416	13
Tairāwhiti	124	118	168	194	240	234	21
Taranaki	77	109	106	118	105	99	-16
Central Region	665	662	671	760	850	980	29
Hawke's Bay	141	125	160	173	234	274	58
MidCentral	126	140	127	127	158	172	35
Whanganui	93	97	99	109	116	108	-1
Capital & Coast	188	147	135	156	168	248	59
Hutt Valley	117	118	104	124	132	134	8
Wairarapa	28	35	46	71	42	44	-38
Southern	347	342	567	580	714	756	30
Nelson Marlborough	74	61	93	94	140	129	37
West Coast	43	29	43	46	58	77	67
Canterbury	128	146	204	206	220	280	36
South Canterbury	15	14	17	10	34	26	160
Otago	87	92	122	136	163	144	6
Southland	55	61	88	88	99	100	14
Total	2,643	2,875	3,467	3,766	4,484	5,179	38

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year.

Table 4. Total Pacific Clients by DHB (2004-2009)

Pacific Clients	Year						% Change 2007-2009
	2004	2005	2006	2007	2008	2009	
Northern Region	278	371	515	565	826	924	64
Northland	4	6	12	6	10	9	50
Waitemata	66	77	114	106	154	321	203
Auckland	74	92	144	147	215	167	14
Counties Manukau	134	196	245	306	447	427	40
Midland	26	27	19	39	38	29	-26
Waikato	8	12	7	11	16	12	9
Lakes	7	7	2	5	2	6	20
Bay of Plenty	10	7	8	13	15	8	-38
Tairāwhiti	0	1	1	5	2	2	-60
Taranaki	1	0	1	5	3	1	-80
Central Region	65	71	97	97	104	133	37
Hawke's Bay	6	5	7	7	11	16	129
MidCentral	7	3	6	8	11	10	25
Whanganui	2	5	6	3	7	12	300
Capital & Coast	37	41	56	54	49	69	28
Hutt Valley	13	17	20	19	23	25	32
Wairarapa	1	0	2	6	3	1	-83
Southern	36	48	50	67	67	70	4
Nelson Marlborough	5	7	11	10	11	12	20
West Coast	3	3	1	4	1	3	-25
Canterbury	14	22	20	29	25	30	3
South Canterbury	3	1	3	3	3	1	-67
Otago	11	16	12	13	18	17	31
Southland	6	6	3	8	9	7	-13
Total	405	517	681	768	1,035	1,156	51

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year.

Table 5. Total Asian Clients by DHB (2004-2009)

Asian Clients	Year						% Change 2007-2009
	2004	2005	2006	2007	2008	2009	
Northern Region	157	204	247	264	376	402	52
Northland	2	1	-	1	3	5	400
Waitemata	46	59	61	61	91	140	130
Auckland	65	69	73	88	143	115	31
Counties Manukau	44	75	113	114	139	142	25
Midland	20	25	26	27	27	32	19
Waikato	10	7	7	9	10	13	44
Lakes	1	5	5	3	4	7	133
Bay of Plenty	5	9	11	9	10	7	-22
Tairāwhiti	2	-	-	-	2	1	-
Taranaki	2	4	3	6	1	4	-33
Central Region	41	49	41	45	35	60	33
Hawke's Bay	2	-	5	2	4	3	50
MidCentral	5	4	2	3	1	11	267
Whanganui	4	3	5	4	1	4	-
Capital & Coast	22	26	21	28	20	29	4
Hutt Valley	8	15	7	5	8	10	100
Wairarapa	0	1	1	3	1	3	-
Southern	32	46	64	68	52	56	-18
Nelson Marlborough	3	6	8	17	13	8	-53
West Coast	1	1	2	-	-	3	-
Canterbury	17	24	22	31	23	27	-13
South Canterbury	1	1	4	2	3	3	50
Otago	10	16	21	15	11	13	-13
Southland	1	4	7	3	2	2	-33
Total	250	324	378	404	490	550	36

Source: MHINC/PRIMHD : Data is for the 2nd 6 months of each year.

Table 6. Client by Service Use (2009)

Māori & Pacific 0-19 yrs Clients by Service Use (2009)	No. of Clients	%
Māori	5,605	
Mainstream Services	4,791	86
Kaupapa Māori Team/Service	770	14
Pacific Island Team	44	1
Pacific	1,222	
Mainstream Services (includes AoD services)	888	73
Pacific Island Team	314	26
Kaupapa Māori Team/Service	20	2

Table 7. DHB of Domicile vs. DHB of Service (2nd 6mo 2009)

Service	Domicile of Service																					
	Auckland	Bay of Plenty	Canterbury	Capital & Coast	Counties Manukau	Hawke's Bay	Hutt Valley	Lakes	Mid Central	Nelson Marlborough	Northland	Otago	South Canterbury	Southland	Tairawhiti	Taranaki	Waikato	Wairarapa	Waitemata	West Coast	Whanganui	Total
Auckland	1399	15	4	5	103	1	2	10	8	-	32	4	-	1	-	7	24	-	253	-	3	1871
Bay of Plenty	16	1056	3	7	10	-	1	9	2	1	2	-	1	-	1	3	12	-	9	-	1	1134
Canterbury	5	5	1740	4	2	-	1	-	2	15	1	13	14	6	-	2	4	-	6	5	1	1826
Capital & Coast	5	7	2	1133	5	25	53	6	30	4	8	7	-	-	7	3	6	10	12	-	20	1343
Counties Manukau	105	9	1	4	2439	2	2	9	3	2	9	6	-	-	-	2	8	-	121	-	3	2725
Hawke's Bay	1	-	-	24	2	789	3	1	6	2	1	-	-	-	3	-	1	-	4	-	-	837
Hutt Valley	2	1	1	55	3	1	492	4	4	2	2	-	-	-	-	-	3	5	-	-	6	581
Lakes	11	8	-	4	8	1	3	468	2	-	-	1	-	-	-	-	14	-	3	-	1	524
Mid Central	6	2	1	30	3	6	3	1	819	2	1	2	-	-	2	-	-	4	2	-	10	894
Nelson Marlborough	-	1	15	4	1	3	2	-	3	892	-	4	1	-	-	1	-	-	-	2	2	931
Northland	28	3	1	5	8	1	2	-	1	-	772	2	-	-	-	1	7	-	42	-	-	873
Otago	5	-	13	7	7	-	-	1	2	4	2	1065	2	12	-	-	2	-	6	-	1	1129
South Canterbury	-	1	14	-	-	-	-	-	-	1	-	2	251	1	-	-	-	-	-	1	-	271
Southland	1	-	6	-	-	-	-	-	-	-	-	13	1	477	-	-	1	-	4	1	-	504
Tairawhiti	-	1	-	7	-	3	-	-	1	-	-	-	-	-	401	-	1	-	1	-	-	415
Taranaki	7	2	3	3	1	-	-	-	-	2	1	-	-	-	-	543	5	-	1	-	-	568
Waikato	24	12	3	6	9	2	3	16	-	-	5	2	-	1	2	4	1071	-	15	-	1	1176
Wairarapa	-	-	-	10	-	-	5	-	7	-	-	-	-	-	-	-	-	178	-	-	-	200
Waitemata	248	8	5	11	120	5	-	4	2	-	37	8	-	4	1	1	16	-	3092	-	4	3566
West Coast	-	-	4	-	-	-	-	-	-	2	-	-	1	2	-	-	-	-	-	274	-	283
Whanganui	4	1	1	20	2	-	5	2	7	2	-	1	-	-	-	-	1	-	4	-	402	452
Total	1867	1132	1817	1339	2723	839	577	531	899	931	873	1130	271	504	417	567	1176	197	3575	283	455	22103

Note: Counties Manukau: 120 Clients are referred to Waitemata DHB CAMH/AoD Services; 103 Referred to Auckland DHB CAMHS

Source: PRIMHD 2nd 6 months of 2009

Table 8. Māori Access Rates Compared to Total Access Rates by Region (2004-2009)

MHC Strategic Access Benchmarks	Total				Māori			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
	1.0%	3.9%	5.5%	3.0%	1.0%	3.9%	5.5%	3.0%
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	0.47%	1.67%	3.02%	1.44%	0.47%	2.21%	4.50%	1.84%
2009	0.47%	1.83%	3.68%	1.65%	0.45%	2.64%	6.24%	2.28%
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	0.52%	1.81%	2.70%	1.41%	0.38%	1.59%	2.92%	1.29%
2009	0.49%	1.87%	2.89%	1.45%	0.38%	1.72%	2.92%	1.30%
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	0.52%	1.71%	2.85%	1.43%	0.38%	1.58%	3.12%	1.32%
2009	0.63%	1.88%	3.10%	1.60%	0.52%	1.84%	3.39%	1.50%
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	0.63%	2.02%	3.16%	1.69%	0.67%	2.17%	4.42%	1.93%
2009	0.61%	2.12%	3.35%	1.75%	0.62%	2.15%	4.87%	1.97%

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year

Table 9. Pacific Access Rates by Region (2004-2009)

	Total				Pacific			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%	1.0%	3.9%	5.5%	3.0%
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	0.47%	1.67%	3.02%	1.44%	0.23%	1.05%	2.64%	1.01%
2009	0.47%	1.83%	3.68%	1.65%	0.15%	1.12%	3.17%	1.08%
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	0.52%	1.81%	2.70%	1.41%	0.16%	0.84%	1.16%	0.58%
2009	0.49%	1.87%	2.89%	1.45%	0.18%	0.79%	0.61%	0.43%
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	0.52%	1.71%	2.85%	1.43%	0.23%	0.71%	1.26%	0.60%
2009	0.63%	1.88%	3.10%	1.60%	0.30%	0.82%	1.66%	0.74%
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	0.63%	2.02%	3.16%	1.69%	0.36%	0.56%	2.54%	0.95%
2009	0.61%	2.12%	3.35%	1.75%	0.35%	0.79%	2.44%	0.94%

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year

Table 10. Asian Access Rates by Age & Region (2006-2009)

	Total				Asian			
	0-9	10-14	15-19	0-19	0-9	10-14	15-19	0-19
MHC Access Benchmarks	1.0%	3.9%	5.5%	3.0%	1.0%	3.9%	5.5%	3.0%
Northern								
2006	0.33%	1.32%	2.27%	1.08%	0.14%	0.36%	0.73%	0.37%
2008	0.47%	1.67%	3.02%	1.44%	0.18%	0.41%	59.70%	0.34%
2009	0.47%	1.83%	3.68%	1.65%	0.16%	0.53%	1.01%	0.50%
Midland								
2006	0.50%	1.65%	2.37%	1.27%	0.18%	0.29%	0.51%	0.30%
2008	0.52%	1.81%	2.70%	1.41%	0.11%	0.25%	0.54%	0.27%
2009	0.49%	1.87%	2.89%	1.45%	0.08%	0.21%	0.77%	0.31%
Central								
2006	0.42%	1.38%	2.30%	1.16%	0.13%	0.38%	0.60%	0.32%
2008	0.52%	1.71%	2.85%	1.43%	0.11%	0.29%	0.42%	0.24%
2009	0.63%	1.88%	3.10%	1.60%	0.17%	0.39%	0.83%	0.40%
Southern								
2006	0.52%	1.91%	3.03%	1.57%	0.11%	0.44%	1.01%	0.53%
2008	0.63%	2.02%	3.16%	1.69%	0.13%	0.46%	0.58%	0.38%
2009	0.61%	2.12%	3.35%	1.75%	0.10%	0.41%	0.69%	0.39%

Source: MHINC/PRIMHD: Data is for the 2nd 6 months of each year

APPENDIX E: DHB & NGO WORKFORCE SURVEY FORMS (2010)

DHB Infant, Child & Adolescent Mental Health/AoD Services

Infant, child and 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 & confirm the list of services below & amend as necessary:

Service Teams	Age Group

Regional & Sub-Regional Services	DHB Areas Covered

Do you receive Funding for any of the following services for the 0-19 age group?
(Please tick as many that apply):

- ☐ Youth Forensics
- ☐ Eating Disorders
- ☐ Infant Mental Health
- ☐ Refugee/Migrant Mental Health
- ☐ Other : Please Specify: _____

DHB Service:

Actual FTEs & Vacancies as at 30th June 2010. Please provide FTEs to 1 decimal point.

Employee Group	Actual FTEs (as at 30 th June 2010)	Vacant FTEs (as at 30 th June 2010)	Vacancies that have lasted more than 3 Months* (as at 30 th June 2010)
Alcohol & Drug Workers			
Counsellors			
Mental Health Nurses			
Occupational Therapists			
Child Psychiatrists			
Adult Psychiatrists/Other SMO			
Psychotherapists			
Registered Psychologists			
Social Workers			
Family Therapists			
Other Clinical (please list in spaces below)			
Clinical Placements/Interns (please list below)			
Kaumātua/Kuia			
Cultural Appointments			
Specific Liaison Appointment			
Youth Consumer Advisors			
Family/Whānau Advisors			
Mental Health Support Workers			
Other Non-Clinical Support (for clients) (please list)			
Whānau Ora Practitioners			
Administration			
Management			
Total			

*Count from departure of previous employee or establishment of new position.

Ethnicity of the above Workforce as at 30th June 2010. Please confirm ethnicity with the individual.

Employee Group	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/Other SMO										
Psychotherapists										
Registered Psychologists										
Social Workers										
Family Therapists										
Other Clinical (please list)										
Clinical Placements/Interns (please list)										
Kaumātua/Kuia										
Cultural Appointments										
Specific Liaison Appointment										
Mental Health Support Workers										
Youth Consumer Advisors										
Family/Whānau Advisors										
Other Non-Clinical Support (for clients) (please list)										
Whānau Ora Practitioners										
Administration										
Management										
Total										

Contact Details:

NAME			
PHONE:	EMAIL:		

Thank you.

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The Werry Centre for Child & Adolescent Mental Health
Workforce Development

www.werrycentre.org.nz



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